Session One
Telehealth Program Implementation: Strategies for Success

June 21, 2017
Agenda

• Housekeeping
• Opening Remarks
• Presentation
• Q&A
• Closing Remarks
Introduction to atom Alliance

Multi-state alliance for powerful change composed of three nonprofit, healthcare QI consulting companies.
Objectives

Attendees will learn about:

- Implementation of telemedicine services in your current workflow
- Navigation of compliance & HIPAA Concerns
- Telemedicine billing with payers in Tennessee
- Using telemedicine to expand outside of the walls of the hospital
- Using telemedicine to ensure the patient is in the appropriate setting
Housekeeping Items: Chat

• To ensure maximum sound quality, participant lines have been muted; however we welcome ALL questions and comments via the chat board on the right hand side of your screen.

• To submit questions or comments:
  Use WebEx chat – send messages to the panelists or all participants using the chat feature drop down menu.
Housekeeping Items: Q & A

To ask panelists questions directly, and privately

- The panelist can then decide to answer the question privately (only the person that asked the question will see the response), or the panelist can answer publicly, and all participants will see the question and the answer.
Housekeeping Items: Polling

During today’s presentations you may be asked to participate in some polling questions. These questions will come up on the right side of your screen. When you do answer a polling question, be sure to hit the submit button so we can capture your answer.
Polling Question 1

1. What is the status of telehealth at your organization?
   a) Do not plan to participate in telehealth
   b) In the beginning stages of planning for telehealth services
   c) We have been providing telehealth services for less than 1 year
   d) We have been providing telehealth services for more than 1 year
THIMA represents approximately 2,600 health information management professionals in TN and is a component state association of the American Health Information Management Association (AHIMA).

Our mission is to advance the health information management profession through development, education, member representation, and life long learning to ensure quality health information.

Our focus:
Quality healthcare through quality information
Telehealth Program Implementation: Strategies for Success

Penny Kyte, Director, EPMO
Mountain States Health Alliance
TELEHEALTH LESSONS LEARNED

PENNI KYTE, DIRECTOR, EPMO
MOUNTAIN STATES HEALTH ALLIANCE
“IN A RURAL SETTING, TELEHEALTH ISN’T JUST HELPFUL – IT’S A NECESSITY. OUR PATIENTS TYPICALLY REQUIRE MULTIPLE VISITS OVER MULTIPLE MONTHS, SO TELEHEALTH SAVES THEM A LOT OF TIME, MILES AND MONEY. WITH TELEHEALTH, WE GET TO FOLLOW PATIENTS MORE CLOSELY AND CAN SEE THEM QUICKER TOO. I ONLY TRAVEL TO OUTREACH CLINICS A FEW TIMES EACH MONTH, BUT IF THERE’S AN URGENT NEED I CAN SEE PATIENTS ALMOST IMMEDIATELY VIA TELEHEALTH.”

ARVIN L. SANTOS, MD, FACP, FASN
AVERA MEDICAL GROUP NEPHROLOGY SIOUX FALLS
SERVICE AREA

- 13 Hospitals, including region's only children's hospital
- Urgent Care, SNF, JV Rehab Hospital, Home Health, Hospice
- 29-County Service Area – 4 States
- 12,000 team members, physicians and volunteers
- 1.1 Million Service Area Population
- $1.1 Billion in Revenue

- 61,559 Total Admissions
- 1,732,808 Total Outpatient Visits
- 255,536 Total ER Visits

MSMG
- 107 Locations
- 315 Providers (200 Physicians, 115 mid-levels)
- 25 Specialties
WHY TELEMEDICINE?

• Solve a Problem such as lack of specialty service in an area, increase provider utilization
• Increase actual Doc to patient face time
• Provide for a healthcare need in a rural area that wouldn’t otherwise have this service
• Create convenience for the patient
• Create additional access to patients
WHICH SPECIALTIES TO FOCUS ON?

• Review the data
• In-House providers before community providers
• Provider buy-in
• Market need/environment change
Polling Question 2

1. What type of services is your organization providing
   a) None
   b) Pediatric Specialty
   c) Neurology
   d) Behavioral Health
CONTRACTS/LEGAL

CONTRACTING

• PROVIDER CONTRACTS FOR ADDITIONAL PAY FOR SERVICES
• THIRD PARTY CONTRACTS

Legal

- State and Federal requirements for telehealth (different for certain service lines such as behavioral)
- Consent for telehealth (explaining no captured video, audio, images of the visit)
PRIVILEGING/CREDENTIALING

- POSSIBLE ADDITION TO BY-LAWS FOR TELEMEDICINE
- MID-LEVELS AND THE OVERSEEING PHYSICIANS DUTIES IN A TELEMEDICINE SITUATION
- PROVIDER TO BE CREDENTIALED/PRIVILEGED AT HOSPITALS
- PROVIDERS NEED PRIVILEGING FOR TELEMEDICINE
- THIRD PARTY CONTRACTS
- PROVIDERS HAVE TO BE CREDENTIALED PAYER CONTRACTS
COMPLIANCE

- CONSENT FORMS
- REIMBURSEMENT
- NEW PROCESS FOR TELEMEDICINE
- HIPAA CONCERNS
- EMAILING/FAXING OF DOCUMENTS TO REMOTE FACILITY
- USE OF A FACILITATOR AND DEFINITION OF FACILITATOR
- USE OF TELEHEALTH WITHOUT FACILITATOR
- CLINICAL CHECKLISTS OF REVIEW OF SERVICES WITH PATIENT
INFORMATION TECHNOLOGY

- Equipment design according to service line
- Investment in the appropriate equipment/instruments
- Provider buy-in on equipment
- HIPAA approved
- Ensure no capture of images, video, data
- Wireless security (IT security assessment)
- Ensure data security to and from third party
- QoS on network with a distinct service level agreement of minimum video/voice packet loss
- Minimize systems to 3 manageable systems or less
BILLING/REIMBURSEMENT

• REVIEW AND UNDERSTAND STATE AND FEDERAL GUIDELINES ON REIMBURSEMENT

• UNDERSTAND MEDICARE IS SIGNIFICANTLY DIFFERENT THAN MEDICAID/COMMERCIAL PAYER IN PAYMENT

• CHANGE BILLING SYSTEMS TO MODIFY FOR GT MODIFIERS, PLACE OF SERVICE, ETC.

• REVIEW COMMERCIAL PAYERS RULES ON TELEHEALTH

• CREATE A 90 DAY PROCESS TO REVIEW REIMBURSEMENT AND DENIALS

• BUILD TELEMEDICINE REIMBURSEMENT INTO PAYER CONTRACTS
Polling Question 3

1. What are the major concerns that your organization has regarding telehealth?
   a) Getting paid for telehealth services
   b) Technology functioning correctly
   c) Patient Privacy/Security compliance concerns
   d) Documentation in medical record
MARKETING/OUTREACH

• EDUCATING COMMUNITY ON TELEHEALTH
• MARKETING TO RURAL AREAS OF PROVISION FOR SPECIALTY SERVICES
• SURVEY PATIENTS OF TELEMEDICINE TO SEE HOW TO IMPROVE THE PROCESS
• FACE TO FACE COMMUNICATION WITH LOCAL COMMUNITY PROVIDERS ON WHAT THE SERVICE WILL BRING TO AREA TO OBTAIN BUY-IN
• COMMUNICATION PLAN: HOW COMMUNICATION WILL FLOW TO COMMUNITY, THIRD PARTY, ETC.
TRAINING

• TRAINING OF CLINICAL & NON-CLINICAL TEAM AT RURAL FACILITIES
• HANDS-ON TRAINING WITH INSTRUMENTS
• UNDERSTAND YOUR FACILITATOR AND THEIR CONCERNS
• UNDERSTAND ENVIRONMENT FOR TELEMEDICINE TO BE PERFORMED
• RE-TRAIN EVERY 12 MONTHS
• CREATE YEARLY NURSING/PROVIDER COMPETENCY FOR TELEHEALTH SERVICE
• CREATE TOUCH BASE FOR USERS THAT STRUGGLE ON AN ACTUAL TELEHEALTH CALL
• PROVIDER/NURSE RELATIONSHIP
OPERATIONALIZATION

• STANDING ORDERS – HOW THEY WILL WORK?

• UTILIZATION OF PHYSICIAN ORDERS TO BEGIN THE TELEHEALTH PROCESS (CHANGE IN IT SYSTEM)

• CONSENT FORM CHANGES/VERBAL CONSENT USE

• EMAILING/FAXING CLINICAL INFORMATION

• MIMIC THE FACE TO FACE WORKFLOW AS MUCH AS POSSIBLE

• SURVEY PROVIDERS OF TELEMEDICINE TO SEE HOW TO IMPROVE THE PROCESS
OPERATIONALIZATION

• INTAKE CRITERIA/EVALUATION FOR NEW TELEMEDICINE INITIATIVES
• NEED FOR PHOTO ID – RISK ASSESSMENT
• CONSENT FORM EXPIRATION NEED (SCHOOL-BASED TELEMEDICINE)
• 60, 90, 120 DAY CHECK AFTER OPERATIONALIZATION
• NEED FOR SYSTEM FOCUS ON TELEHEALTH
• CLINICAL AND NON-CLINICAL SME (NURSING, PROVIDER, AND BUSINESS OWNER FOR SERVICE LINE)
LESSONS LEARNED

• CLINICAL AND NON-CLINICAL SME (NURSING, PROVIDER, AND BUSINESS OWNER FOR SERVICE LINE)

• OUTSIDE OF THE BOX THINKING FOR PROVIDING HEALTHCARE OUTSIDE OF HOSPITAL WALLS

• CLINICAL BUY-IN ON IT SYSTEMS

• DIFFERENT STATES WITH DIFFERENT RULES FOR TELEMEDICINE COMPARED TO FACE TO FACE SERVICE

• BILLING/REIMBURSEMENT CHANGES
LESSONS LEARNED

• PROVIDE RAMP UP TIME FOR SERVICE TO BE USED (1 TO 3 YEARS)

• SENIOR LEADERSHIP BUY-IN/EXECUTIVE SPONSOR

• FRONTLINE BUY-IN (PROVIDERS/NURSES)

• DO NOT CHANGE THE PROCESS FROM THE FACE TO FACE PROCESS UNLESS ABSOLUTELY NECESSARY

• HIRE A DEDICATED OPERATIONAL PERSON FOR TELEMEDICINE
Questions?
On-Demand Learning (ODL)

Our On-Demand Learning (ODL) area on www.atomAlliance.org allows you to participate in archived events when it is most convenient.

Live events are usually posted as an ODL opportunity 10 days after the live session.

Requirements to participate?

• Review the list of ODL opportunities
• Click “Go”
• Submit your name and other information for documentation
• Click “Submit” and you’ll have access to the ODL of your choice.
• Share the opportunity with your peers!
Thank you for joining us!

• Please complete the survey that will come up as you exit the webinar – we value your feedback in developing future events!

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www.pinterest.com/atomalliance/
Upcoming Sessions:  (All Sessions begin at 1 p.m. CT)

July 12  - Making the Right Call on Telemedicine (Speaker: Yarnell Beaty)
Aug. 16 - Overview of Telehealth: Outcomes and Lessons Learned
Sept. 20 - Telehealth Provider Training: Education and Simulation
Oct. 18  - Tele-Psychology