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DRCHSD Telehealth Series

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Sessions:

1. February 18, 2021- Telehealth to Improve Continuity of Care
2. February 25, 2021- Telehealth to Support Post-Acute Care
3. March 4, 2021- Telemental Health for Rural-based Long-term Care Facilities
4. March 11, 2021- Post-COVID Patient Transitions
5. March 18, 2021- Industry-based Telehealth Programs
6. March 25, 2021- Analytics to Measure your Telehealth Outcomes

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DRCHSD Telehealth Series Part 1

Improving Continuity of Care with Telehealth

FEBRUARY 18, 2021

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huronconsultinggroup.com

Facilitators

Kim Mayo
National Rural Health Resource Center
Sr. Program Specialist

Donna McHale
Huron Consulting Group
Senior Director
Health Care Practice

Jessica Duke
Huron Consulting Group
Manager
Health Care Practice

Kari Gali
Huron Consulting Group
Director
Health Care Practice

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Agenda

Topic	Facilitator	Time
Introductions	Kim Mayo	5 min
Session Learning Objectives	Jess Duke	2 min
Telehealth Evolution	Jess Duke	3 min
Telehealth Across the Continuum	Jess Duke	3 min
Proactive Population Health Programs	Jess Duke	2 min
Tele Education and Outreach for Patients with Co-Morbidities	Jess Duke	3 min
Digital Literacy and Barriers	Jess Duke	2 min
Tele Education – Virtually Shared Medical Appointments	Jess Duke	3 min
Population Health Program: Hypertension	Kari Gali	10 min
Question and Answer Session	Kim Mayo	20 min
Strategies to Remain Ahead	Jess Duke	5 min

Session Learning Objectives

- Learn how to think creatively about the enterprise approach to telehealth
- Hear from an industry leader about utilizing telehealth for ambulatory care
- Consider new ways to reach the patient across the care continuum
- Network, make new connections and have fun!

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Polling and Asking Questions Just Got Easy!

Answer the polling questions via the Polling Box

Ask your questions and/or raise your hand via the Chat Box

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Telehealth Evolution

1879
Telephone

1905
William Einthoven transfers EKG electronically

1925
Radio doctor

1925
"Teledactyl" invented by Hugo Gernsback

1950
"Telognosis" Transmission of radiologic images by telephone begins teleradiology

1955
Nebraska Psychiatric

1960's
NASA used telehealth to monitor health of astronauts in space

1970's
Lab, Pharmacy, Radiology

1980's
Personal Computer; cell phones

1990's
Internet / Email 2G cell phones

1990's
Telemedicine matures; acceptance of teleradiology practices

1993
American Telemedicine Association launched with inaugural 250 participants in Albuquerque, NM

2000's
Internet of Things

2000
First Tele-ICU program started in Sentara Healthcare in Virginia

2003
NICU program started in Arkansas, ANGELS

2010's
Virtual visit, ECHO,RPM

2017
AI Deep Learning

2020
Telehealth market explodes, patients and providers rely on telehealth, healthcare organizations scramble for solutions

COVID-19

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Telehealth Across the Care Continuum

Telehealth solution maturity is measured in part by how far the strategy is implemented across the organization. A truly transformational solution, driving the greatest value for the organization and for consumers, will typically reach at least 65% of the organization.

ACUTE CARE

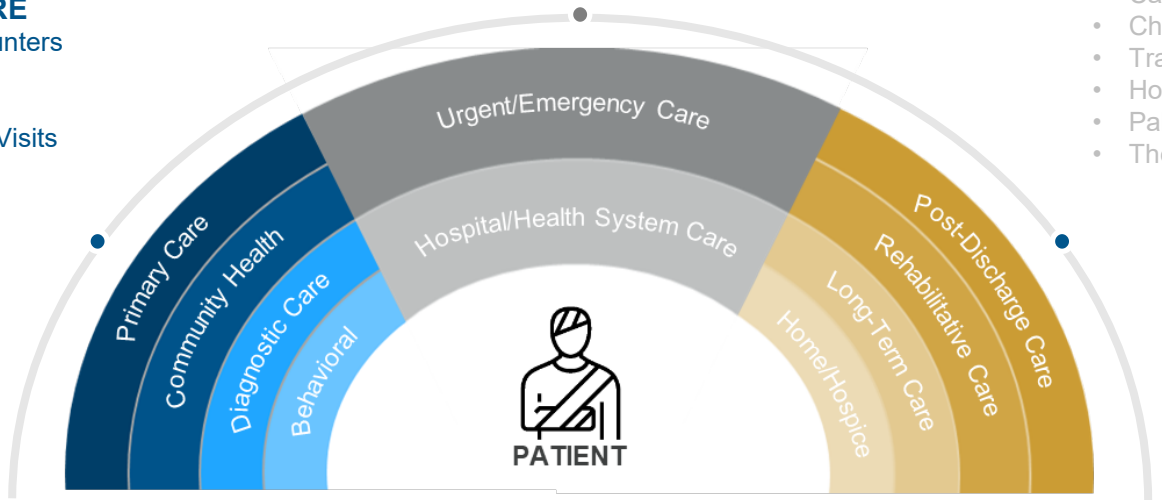
- Telestroke
- eICU
- Telepsych
- TeleNICU
- TelePICU
- Teleradiology
- Provider to Provider Consults
- ulance Triage /
- / Intervention

AMBULATORY CARE

- Primary Care Encounters
- Specialty Consults
- Behavioral Health
- Pre-/Post- Surgical Visits
- Dermatolo
- Non-urge
- Telepharr
- Populatio
- Patient Education

POST-ACUTE CARE

- Care Management
- Chronic Disease Management
- Transitional Care Management
- Home Health Care
- Palliative Care Services
- Therapies
- itional Care
- Studies



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Poll Question

Where are you currently using telehealth?

- Ambulatory?
- Acute?
- Post-Acute Care?
- All of the above?

Ambulatory Telehealth

Proactive Population Health Programs

PATIENT BENEFITS OF TELEHEALTH POP HEALTH PROGRAMS

- Increased access to community health programs
- Improved care continuity by bridging care gaps
- Engaged patients with the management of their own health outcomes

PROVIDER BENEFITS OF TELEHEALTH POP HEALTH PROGRAMS

- Timely delivery of patient information and education
- Better coordination of care
- Greater provider and patient satisfaction
- More efficient treatment of patients

EXAMPLES OF TELEHEALTH POP HEALTH PROGRAMS

- Smoking cessation
- Diabetes education
- Employee-based weight loss
- Medication management
- Asthma camp

TECHNOLOGY AVAILABLE

- Two-way audio video interaction platforms
- Zoom, Facetime, etc.
- Verbal/Audio only communication
- Asynchronous (store and forward) platforms

BARRIERS

- Access to technology, e.g., mobile devices, smartphone, and / or internet access
- Digital literacy, e.g., lack of technology skills
- Language

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Chat Question

- What are your biggest pain points with tele education or population health programs?
- Where do you see potential program successes?

Ambulatory Telehealth, Continued

Tele Education and Outreach for Patients with Co-Morbidities

PATIENT BENEFITS OF TELE EDUCATION PROGRAM

- Enhanced access to educational sources
- **Improved patient outcomes**
- Increase physical activity
- **Better communication with provider**
- **Increase confidence in managing disease/condition**

PROVIDER BENEFITS OF TELE EDUCATION PROGRAMS

- Timely delivery of patient information and education
- **Better coordination of care**
- More efficient treatment of patients
- **Re-admission rates decreased**

EXAMPLES OF TELE EDUCATION PROGRAMS

- **Chronic Disease Self Management Program**
- Diabetes Prevention
- Community based educational programs
- **Smoking Cessation**
- Diabetes Prevention
- Pre-Op Surgical Education
- Arthritis Self Care Course

TECHNOLOGY AVAILABLE

- **Remote patient monitoring with medical devices**
- Two-way audio video interaction platforms
- Zoom, Facetime, etc.
- **Verbal/Audio only communication**
- Asynchronous (store and forward) platforms

BARRIERS

- **Access to technology,** e.g., mobile devices, smart phone, and/or internet access
- **Digital literacy,** e.g., lack of technology skills
- **Language**

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Tele Education: Virtually Shared Medical Appointments (VSMA)

Traditional	Shared Medical Appointments	Benefits of VSMA
• Patients seen in office • Chronic care education and management one patient at a time	• Patients seen in a virtual group • Education and management to group (~8-10 patients)	• Efficiency and improved outcomes • Interdisciplinary team - practice to top of their license
• Home environment shared by recall/ verbally	• Home environment can be shared virtually addressing some of the challenges	• Broader management of chronic illness
• Support from provider office	• Support from provider office and group; VSMA longitudinal group	• Adds support in patient journey; learning collaborative
• During COVID 19, PPE requirements for in office visits • Reduction in travel	• No PPE required for in home VSMA • No / limited travel for VSMA	• Cost savings

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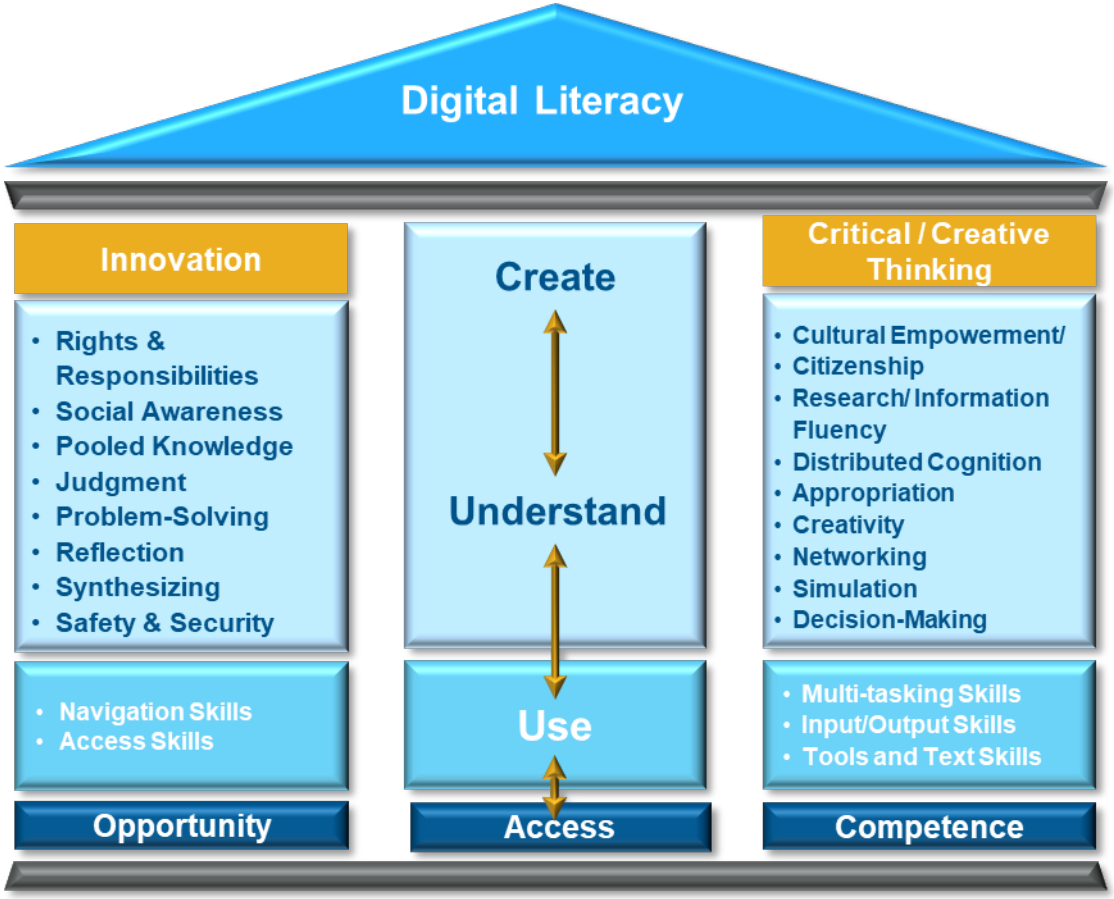
DIGITAL LITERACY

Definition: An individual's ability to find, evaluate, and compose clear information through writing and media on various digital platforms



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Digital Literacy Barriers

Study published by Harvard University found that people who had at least 12 years of education had a life span a year and a half longer than those with less education. (*American Journal of Public Health*)

$232B

a year is spent in healthcare cost **related to the inability to read and understand health information** *(American Journal of Public Health)*

21%

of adults in the United States (~ 43 million) are **illiterate or function in the illiterate category** *(National Center for Educational Statistics)*

Technology helps to connect with patients

- 90% of Americans use the internet
- 81% own a smart phone

(Pew Research Center)

Low literacy

Has been linked to problems with **use of preventive services**, **delayed diagnoses, adherence to medical instructions** and more *(American Journal of Public Health)*

Two-thirds

of fourth graders read below grade level, and the same number graduate from high school still reading below grade level *(National Center for Educational Statistics)*

Improving health communications

Reduces healthcare costs and **increases** the quality of health care *(Journal of Health Communication)*

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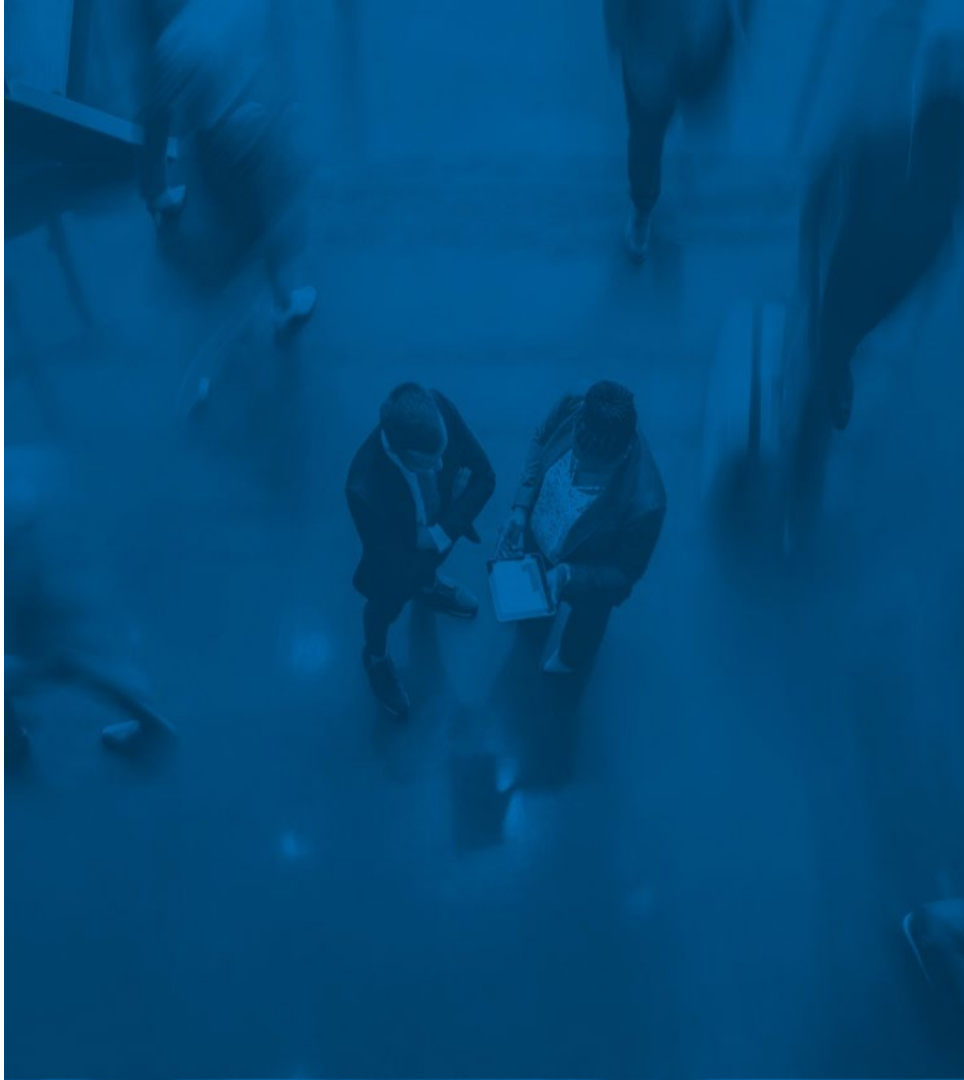
Guest Speaker

Hypertension

Kari Gali, Director

Huron Healthcare Practice



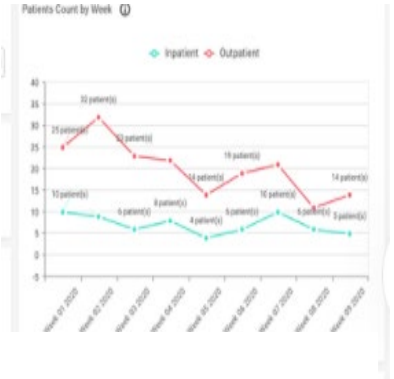
Population Health Program: Hypertension

Use Case	Pain Points	Lessons Learned
Pilot • Performed pilot to understand pitfalls and opportunities • Chose hypertension for the pilot since it aligned with work currently being done in Primary Care	• Time • Communication strategy • Develop Resources • Patients/ Providers unfamiliar • Vendor • Coaching Personnel • Internal Infrastructure/integration	• Selection of patients can be done at different points in time • Prepare orientation scripts for discussing with patient, office personnel (printed and electronic version); include FAQs • External vendor dashboard creates a prohibitive workflow
Provider/ Hospital • Trace pilot through as a provider/ patient/vendor • Establish workflow diagrams	• Office staff turn-over • Communication varies/local context • Time • Integrated into EMR • Distribution of devices • Confidence and skills for digital	• Orientation manuals aid with communication while training staff/ providers • Tailor office contacts to local staffing • Integration of order entry and data directly into EMR is very helpful • Distribute devices at the office or mail them to patients
Patient • Explain program scope; benefits, limitations, contacts • Receive device, Pair device, take accurate measurements • Relationship with primary care/ hospital	• Device distribution • Busy patient schedules -device portable • Team contacts and escalation process • How to take an accurate BP/ frequency • Coaching / patient education resources	• Provide onsite IT support for device set-up and distribution. Add this to orientation materials • Provide portable devices for those patients who may travel • With blood pressure cuffs, assure cuff size, that the patient can put it on, that the readings correlate with office readings, and patient understands how to take the blood pressure

Cleveland Clinic Hypertension Pilots

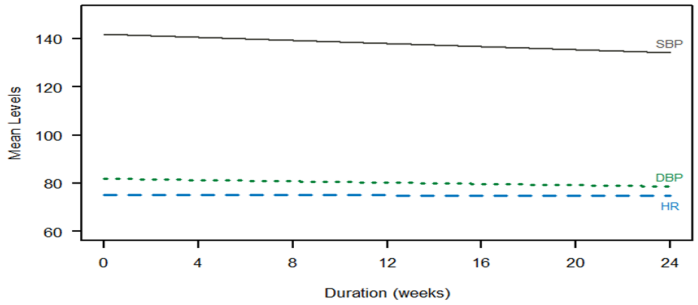
Pilot 1: Feasibility & Satisfaction

- Feasibility of remote monitoring integration for chronic hypertension (HTN), and patient/ provider satisfaction and engagement.
- The cohort (81 uncontrolled HTN patients) saw an estimated mean change of **-7.4 points in systolic blood pressure (SBP) and -3.1 points in diastolic blood** pressure (DBP) over a 24-week period.
- Patients that engaged in the coaching for ≥ 5 weeks maintained a controlled BP for over 18 months.
- They were able to manage their medications in a timely manner.
- Identified how to sustain and scale outcomes.



Pilot 2: Diagnosis and Medication Management

- Single family health center collaboration with Best Buy to impact hypertension including new diagnosis/ white coat syndrome and medication management.
- Over 200 patients enrolled; minimum 2-week program- maximum 3 months.
- Medication management cohort saw estimated **decrease is SBP of -6.3** within 7 weeks.



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Question and Answer Session

Kim Mayo
National Rural Health Resource Center
Moderator

Donna McHale
Huron Consulting Group
Senior Director
Health Care Practice

Jessica Duke
Huron Consulting Group
Manager
Health Care Practice

Kari Gali
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Director
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Strategies to Remain Ahead

Forward Thinking Strategy

- Develop initiatives to move your telehealth program across the care continuum
- Understand population health distress areas in your community in order to focus on them for change
- Provide recommendations to your organization on the best practices for a consumer-based telehealth solution

Think Beyond Current Solutions

- Push the limits on solutions outside of typical telehealth
- Remote patient monitoring devices
- Discover new possibilities for telehealth applications within your community, e.g., schools, businesses

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Key Session Takeaways

- Telehealth is constantly **evolving**
- Patients are acting as **consumers, using technology** to gather information and **meet their healthcare needs** and **preferences**
- Telehealth is an **enterprise** initiative across the **care continuum**
- Use the **lessons learned** from your peers about how they used telehealth to support their population health programs
- **Review** the strategies to remain ahead **with your leaders**

Contact Information

Kim Mayo
Mobile 218-260-7018
kmayo@ruralcenter.org

Donna McHale
Mobile 847-922-7906
dmchale@hcg.com

Jessica Duke
Mobile 843-929-8581
jduke@hcg.com

Kari Gali
Mobile 440-338-6696

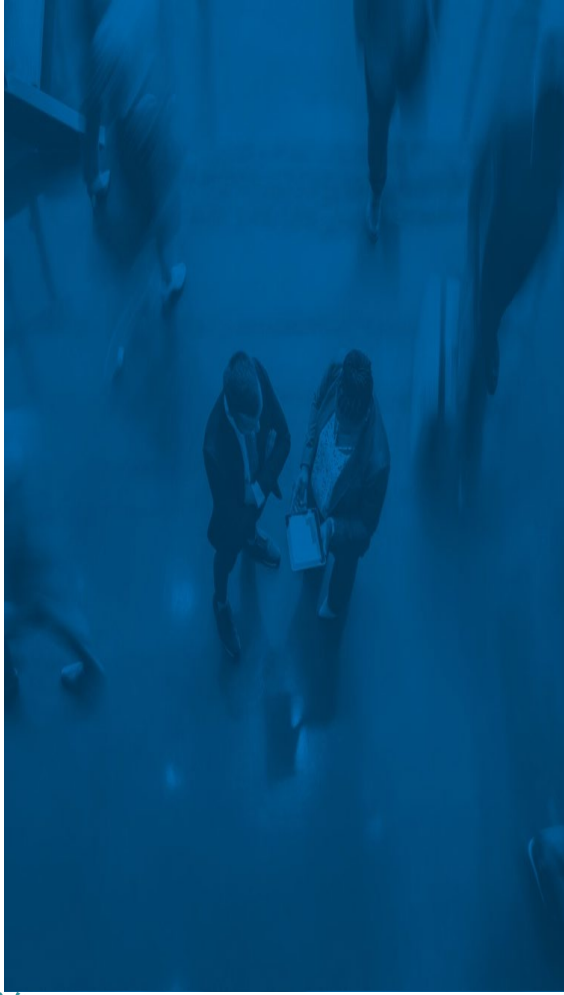
DRCHSD Telehealth Series Part 2

Expanding Telehealth to Support Post-Acute Care

- Date: Thursday, February 25, 2021
- Time: 11 am to Noon CT

Guest Speaker:

Mark Saxon, President of Virtual Healthcare Consulting



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Thank you

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