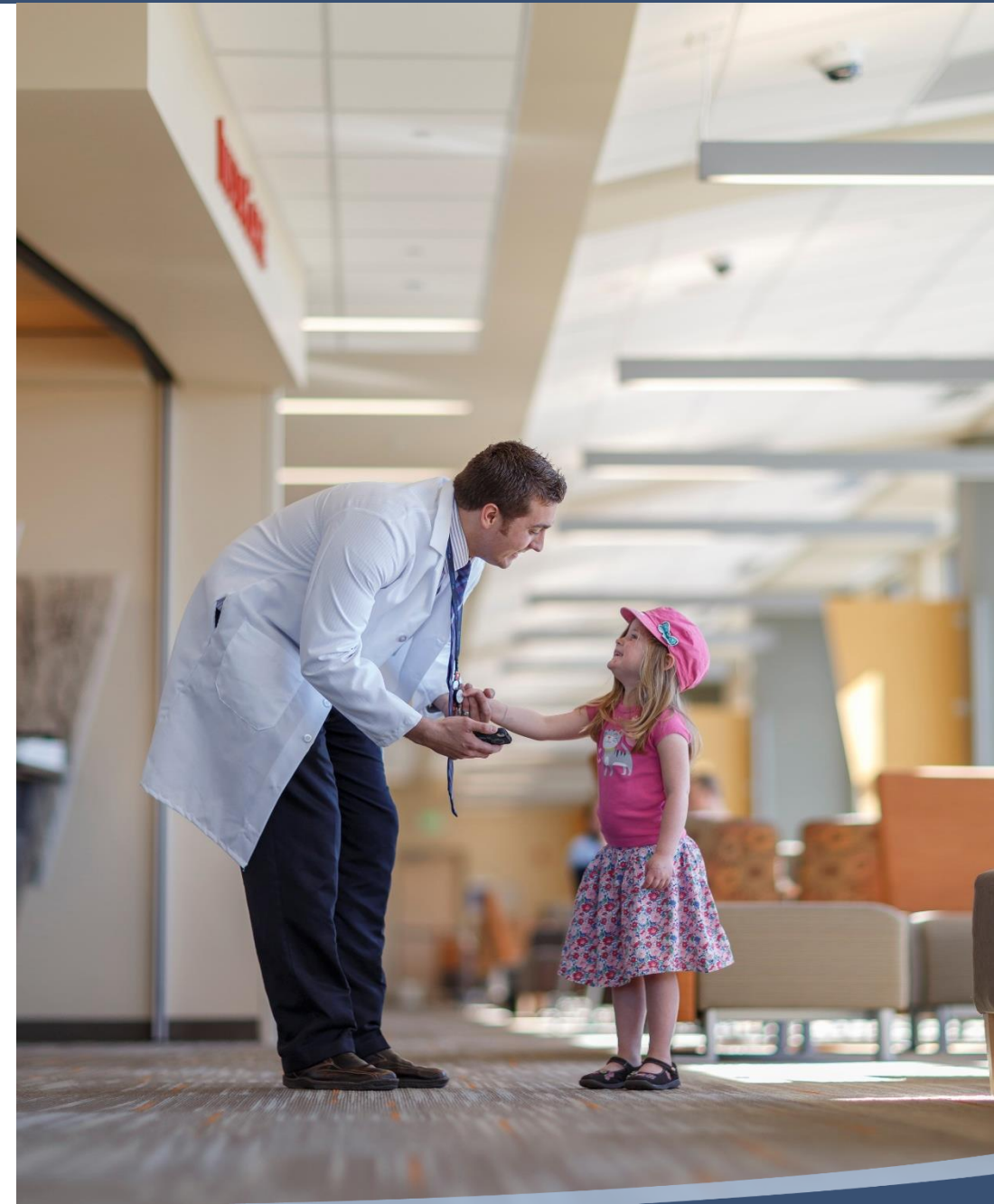


Guiding Organizational Telehealth Change: The Intermountain Healthcare Experience

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*NRTRC
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Salt Lake City*



Disclosures: None

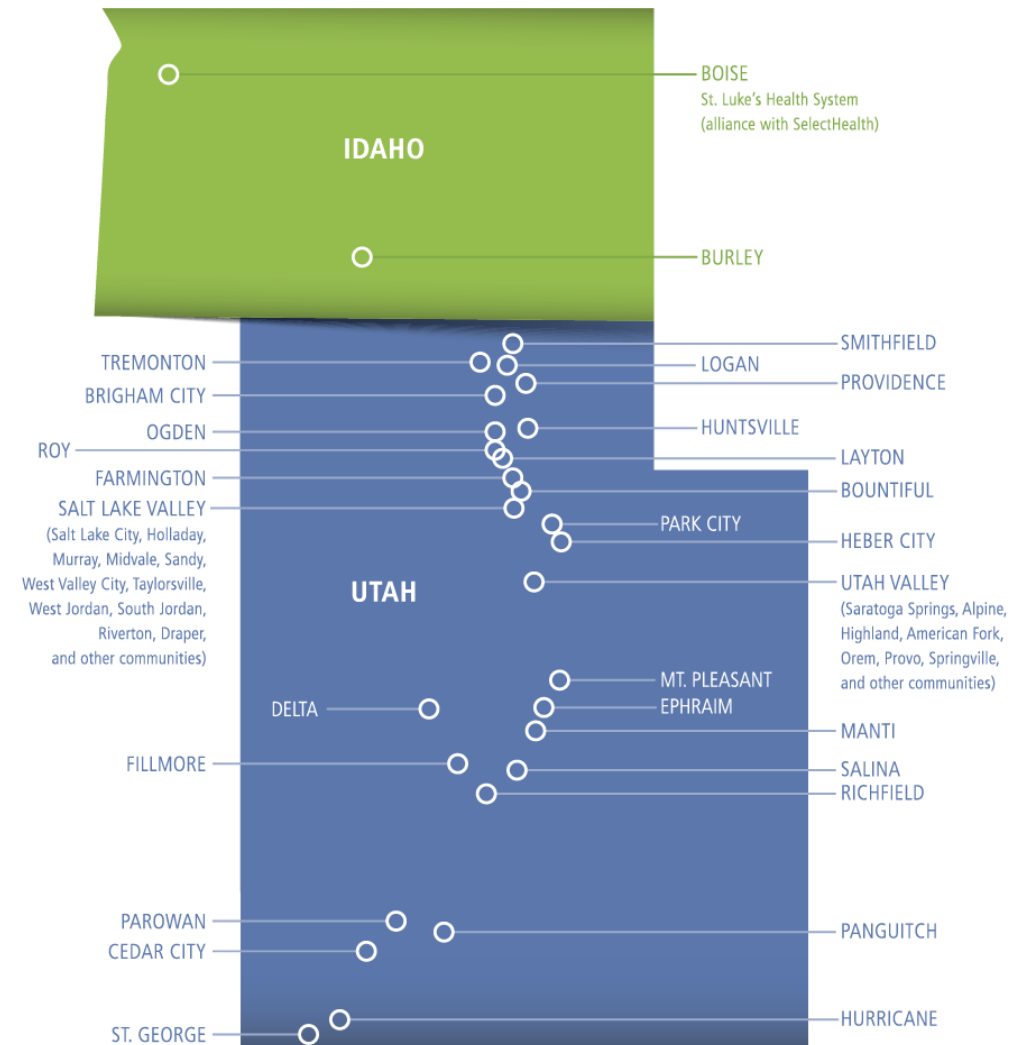
Agenda

- Intermountain Telehealth Introduction
- Five Big Change Questions
- Open Discussion

Intermountain Healthcare

“Be a model healthcare system”

- Salt Lake City-based integrated healthcare system
- 22 hospitals (2,800 beds), 180 clinics
- Employed (Intermountain Medical Group) and Affiliated Providers
- Wholly owned health plan (Select Health) with large commercial market share
- Numerous (and increasing) *at-risk* financial relationships
- High deductible health plans very common



Telehealth at Intermountain

Multiple Clinical Offerings

- Clinician-to-Clinician Consults (ICU, stroke, etc.)
- Direct-to-Consumer
- Remote Patient Monitoring
- Branding Considerations:
“Intermountain Connect”



Intermountain Connect Care Basics

Direct-to-Consumer On-Demand Urgent Care

- Started February 2016
- >30,000 visits; >75,000 enrollments
- American Well platform
- Staffing
 - 75% by Intermountain providers (Advanced Practice Clinicians)
 - 25% by American Well Online Care Group (MDs)
- Mostly mobile, some desktop, few kiosks
- Beyond urgent care...

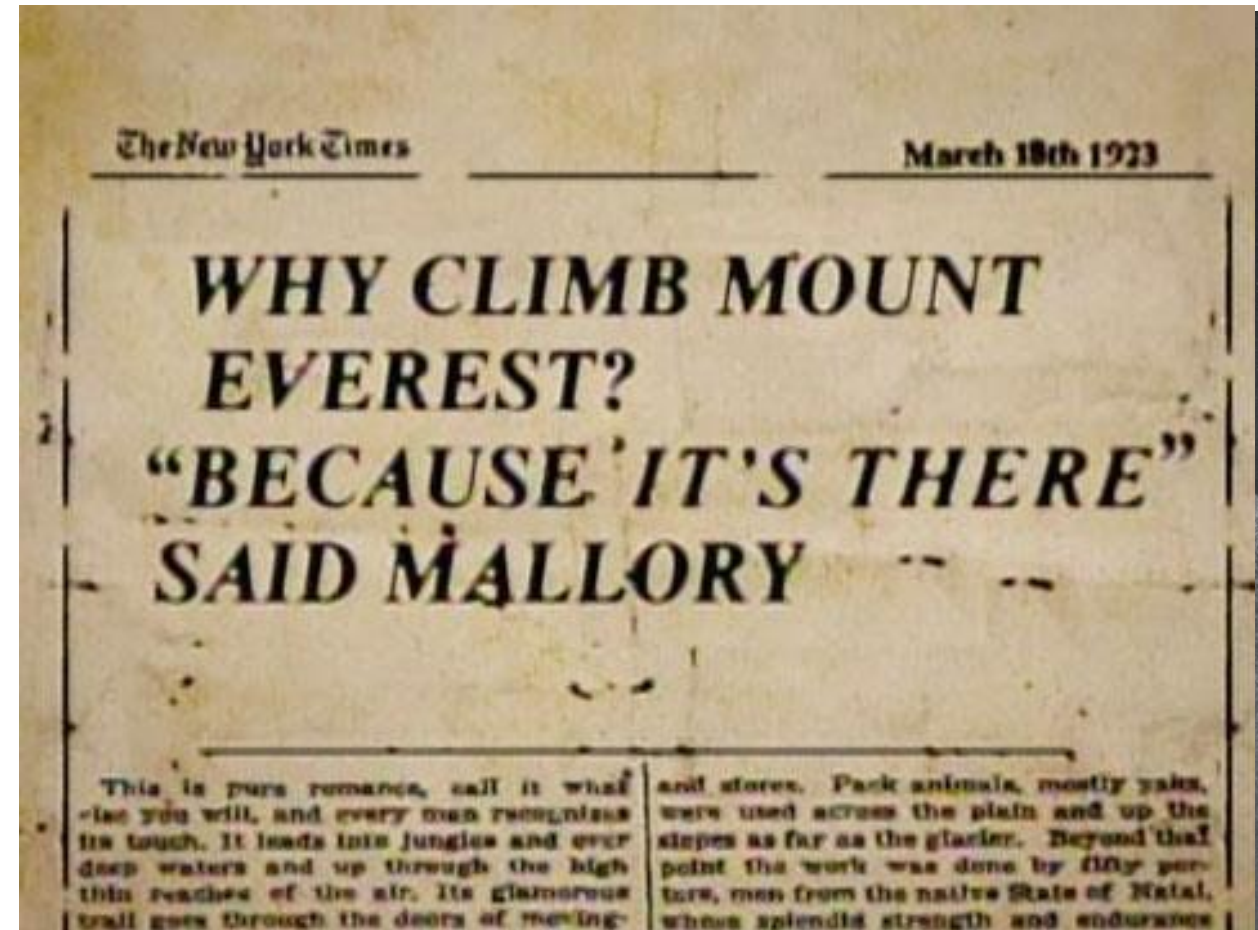


Big Questions

- Why are we doing this?
- How do we define success for a telehealth program?
- How do we measure success of a telehealth program?
- How do we create high quality programs?
- How do we guide the institution through telehealth changes?

Why are we doing this?

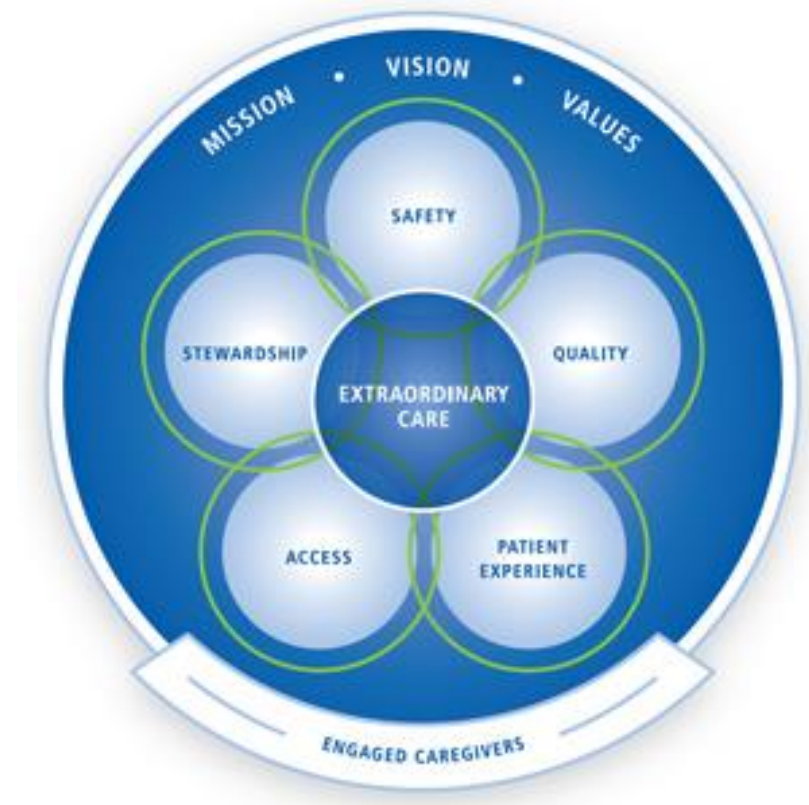
Simple question. Right?



How Do We Define Success at Intermountain?

Institutional Goals

- Provide access to safe, high quality care
- Lower cost of care (for all involved)
- Become more consumer-oriented
- Improve access to care
- Properly allocation resources



Intermountain
Fundamentals of Extraordinary Care

How Do We Measure Success?

Depends on the program. Depends on the goals.

Think in tiers of value.

1st Tier: Baseline Data

Examples:

Visit, Enrollments,
Antibiotic Prescriptions,
Wait Times, Patient
Satisfaction, etc.

2nd Tier: Value to Individuals and Programs

Examples:

Cost per episode of care,
Program P&L, Provider
Productivity

3rd Tier: Value to System

Examples:

Total Cost of Care, Avoided
Costs, Staffing/Physical
Plant Reallocation, Patient
“Stickiness”

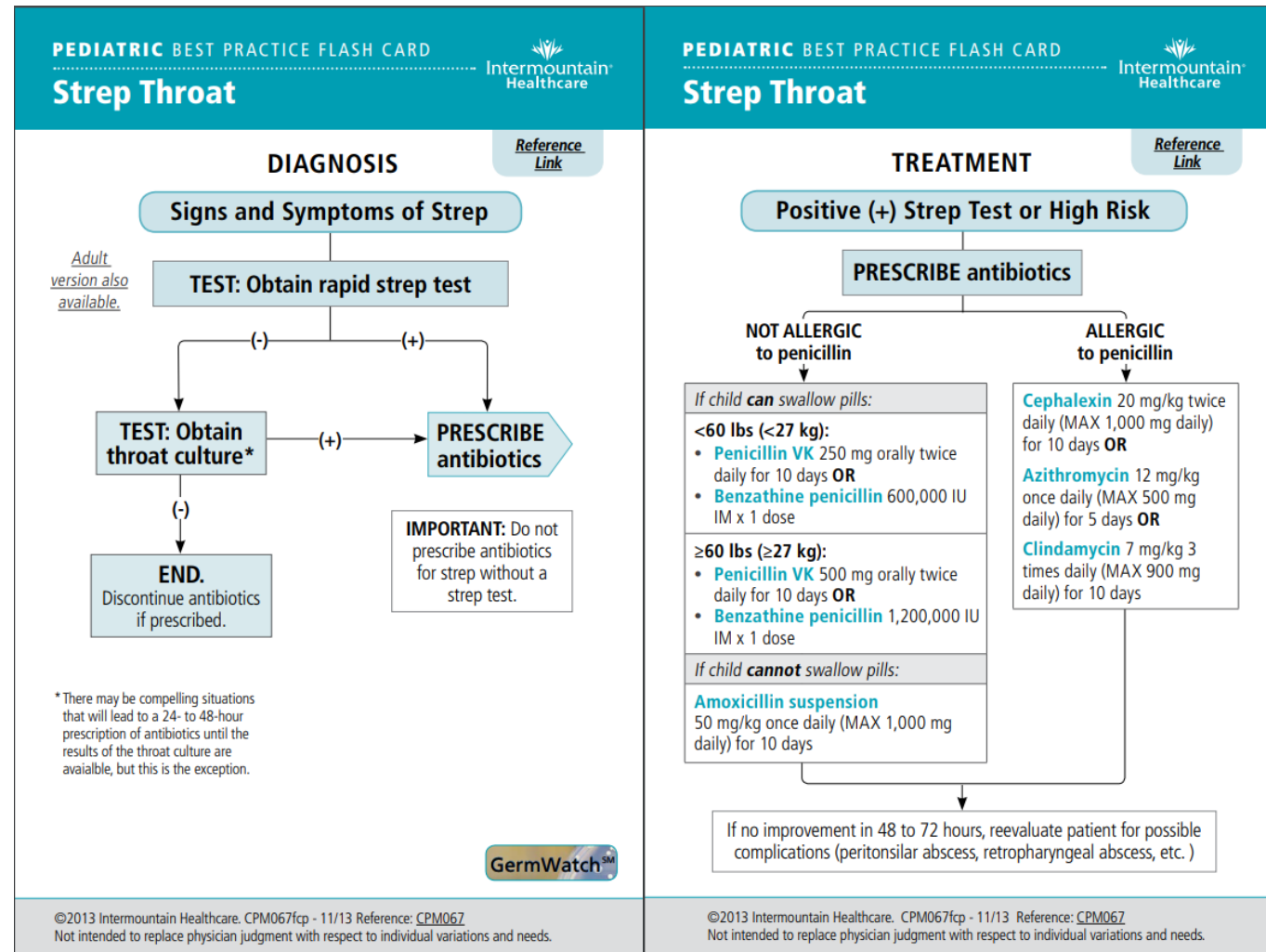
Difficulty of Calculating. Value to Program.

How Do We Create High Quality Programs?

Beg, borrow, and steal.

Reinvent when necessary.

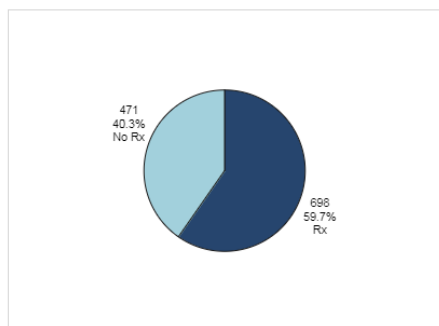
- Who defines “Quality” at your institution?
- What is “Quality” to them?
- Does that definition work for telehealth?
- When should telehealth adhere or deviate?
- Can’t formalize everything.



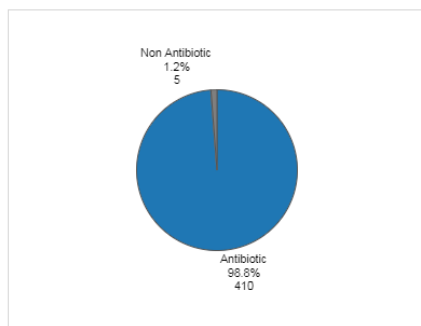
How Do We Create High Quality Programs?

Data- and case-driven. Clear standards. Meaningful outcomes.

Sinusitis Diagnosis Category



Sinusitis Diagnosis Category



Medication Prescribed

Doxycycline	Antibiotic	43.9%
Amoxicillin-clavulanate	Antibiotic	30.5%
Amoxicillin	Antibiotic	13.5%
Levofloxacin	Antibiotic	4.1%
Azithromycin	Antibiotic	3.1%
Cefdinir	Antibiotic	1.5%
Clarithromycin	Antibiotic	1.1%
Benzonate	Antitussive	0.6%
Cefuroxime	Antibiotic	0.4%
Clindamycin	Antibiotic	0.4%
Prednisone	Corticosteroid	0.3%

Start Date
2/16/2016

End Date
2/14/2017

Provider Group
☒ (All)
☒ Online Care Group
☒ Intermountain Health...

Payer Information
All

AGE_GROUP
☒ (All)
☒ Peds

Connect Care Standards of Care Screening List - Jan 1, 2018 to Apr 1, 2018

Diagnostic ...	Visit Date	Patient Name	DOB	Age Group	Gender	DX_CODE	DX_DIAGN...	DRUG_LAB...	NDC_CODES	MD_GROUP	Provider Name
Acute	3/20/2018			Adult	F	J20.9	Bronchitis/..	DOXYCYCLI...	005910411...	OCG	Henry, Michael
Bronchitis	2/17/2018			Peds	M	J06.9	Bronchitis/..	ZITHROMAX	000693120...	OCG	Mathen, Shaun
	1/15/2018			Adult	F	J06.9	Bronchitis/..	AUGMENTIN	435980021...	OCG	Caverhill, Carmelisa
	1/7/2018			Adult	M	J06.9	Bronchitis/..	AMOXICILLI...	000932275...	OCG	Eng, Antoinette
				Adult	F	J20.9	Bronchitis/..	AUGMENTIN	435980021...	OCG	Stiles, Linda

MD_GROUP
☒ (All)
☐ Intermountain
☐ OCG

Diagnostic Type
Acute Bronchitis

Screen Type
☐ (All)
☐ Needs Clarification
☒ Screen Positive
☐ Verify Rapid Strep

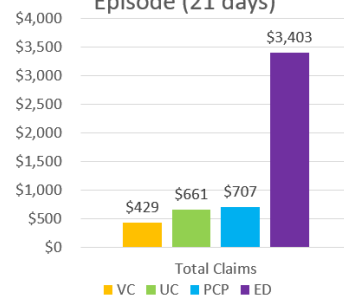
Age Group
☒ (All)
☐ Adult
☐ Peds

Date Range
Start/End Dates

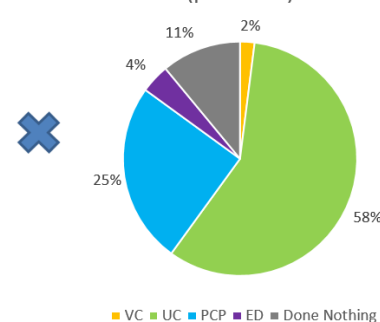
Start Date
1/1/2018

End Date
4/1/2018

Total Claim Cost Per Episode (21 days)



VC Redirect Patient Survey Response (post Visit)



Claims Reduction	
Savings Per Claim	\$323
VV Claims in Study	1,531
Total Claim Cost Reduction	\$494,543

Question 4: How Do We Guide Our Institution Through Change?

The hardest part

- Telehealth is not “installing a program” or a “killer app”
- 10% technology, 90% everything else
- Identify clinical goals and needs
- Serve those goals and needs, not arbitrary implementation endpoints
- Communicate relentlessly and realistically about the *why*, not just the *how*





Thank you
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