Northwest Regional Telehealth Resource Center and the Telehealth Alliance of Oregon

Welcome You

Bronze Sponsors:

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Exhibitors:

- amwell
- SimpleVisit

Non-profit:

- Pacific Northwest University of Health Sciences
- University of Utah Health Clinical Neuroscience
• Audio and video are muted for all participants
• Use the Q&A feature to ask questions
• Moderator will read questions to the speaker
• Presentation slides are posted at https://nrtrc.org/sessions. Recordings will be posted after the conference.
• Moderator: Rose Locklear
• Presenter:
  – Michelle Hager, Managing Partner, Blue Cirrus Consulting
Telehealth Strategy:
Bridging the Access to Care Gap
through Partnership and Collaboration
My Care Family Main Service Area

Communities in Massachusetts

- Lawrence
- Methuen
- Haverhill
- Lowell
- Andover
- North Andover
About My Care Family

► ACO Partners
  • Greater Lawrence Family Health Center
  • Lawrence General Hospital
  • Neighborhood Health Plan > Allways Health Partners

► Care Team
  • 130 Primary Care Physicians/16 practices
  • Nurse Care Manager(s)
  • Clinical Pharmacist
  • Social Worker(s)
  • Social Care Manager(s)
  • Community Health Worker(s)
  • Population Health Manager

► Patient Population:
  • 33,880 +/- Medicaid patients
MVACO Member Data

ACO Membership in Service Area
- Member: 12%
- Non-Member: 88%

Membership Age
- 0 to 12 mo: 3%
- 1 to 17 yr: 42%
- 18 to 21 yr: 8%
- 22 to 64 yr: 47%

Risk Stratum
- Low: 76%
- Rising: 19%
- High: 5%

Gender
- Male: 44%
- Female: 56%

Race
- Non-Hispanic: 81%
- Hispanic: 19%

Service Area Pop = 276,263

Approximate percentages

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Multiple suspected gas explosions reported in Lawrence, Andover and North Andover
Reported fires, explosions and gas odors according to Massachusetts State Police.
Patient Population

- **Transportation** - Lack of easy access to transportation options
- **Language** - 70% Hispanic (multiple dialects, primarily Dominican Republic)
- **Culture** - Traditionally seek primary care at hospital/ED
- **Homelessness** - Transient population/ displaced by explosions
- **Illegal Housing** - High cost of housing/shared domiciles
- **Fearful of Immigration enforcement** Aversion to video due to status
- **Communication** - Lack of access: cell phone, mail, computer, etc
<table>
<thead>
<tr>
<th>Program</th>
<th>Meeting My Care Family’s Needs</th>
<th>Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td><strong>Telepharmacy</strong></td>
<td>Provider-to-Patient</td>
</tr>
<tr>
<td></td>
<td><em>Medication therapy management</em> to improve downstream cost and utilization, continuity of care and quality, and patient engagement and self-efficacy</td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td><strong>MAVEN Project</strong></td>
<td>Provider-to-Provider Provider-to-Patient</td>
</tr>
<tr>
<td></td>
<td><em>Advisory consults, educational sessions and mentoring</em> in Dermatology, Rheumatology, Endocrinology, Urology, Allergy and Gastroenterology</td>
<td></td>
</tr>
</tbody>
</table>
My Care Family ACO Goals

- **Goal 1**  Reduce total cost of care
- **Goal 2**  Integrate providers and their services across the continuum of care for MVHP members
- **Goal 3**  Integrate information systems across the continuum of care in the MVHP
- **Goal 4**  Increase patients’ active involvement in their care, including goal-setting for their personal health and by expanding use of qualified interpreter services among MVHP providers
- **Goal 5**  Develop a new system to manage the measurement, reporting and tracking of quality measures across the continuum of care in order to set focused quality improvement targets based on gaps compared
The MyCareFamily/Telehealth Consulting Team

- My Care Family
  - Andrea Sullivan - Chief Executive Officer
  - Patrick Grotton - Chief Information Officer
  - LaShaun Shaw - Director of Operations

- Telehealth Consulting Team
  - Managing Partner
  - Operations Director
  - Sr. Telehealth Consultant/Team Lead
  - Sr. Telehealth Clinical Consultant/Quality Assurance
  - Sr. Management Technical Consultant
  - Business Analyst
Project Overview

Identifying the Telehealth Goals

Step 10: Business Plan
Step 9: Cost and Benefit Analysis
Step 8: Strategy Development
Step 7: Integration Strategy
Step 6: Regulatory Assessment
Step 5: Market Analysis
Step 4: Telehealth Services Review
Step 3: Readiness Assessment
Step 2: Needs and Opportunity Assessment
Step 1: Initial Discovery

Reaching Those Goals

Determining Why the Goals are Attainable

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Clinical Priorities

### My Care Family Stakeholder Feedback

<table>
<thead>
<tr>
<th>%</th>
<th>Priority</th>
<th>To Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>28%</td>
<td>Physician to specialist access</td>
<td>Provider-to-Patient</td>
</tr>
<tr>
<td>15%</td>
<td>Chronic disease management</td>
<td>Provider-to-Patient</td>
</tr>
<tr>
<td>13%</td>
<td>Access to primary care providers</td>
<td>Provider-to-Patient</td>
</tr>
<tr>
<td>13%</td>
<td>Access to Care</td>
<td>Patient-to-Provider</td>
</tr>
<tr>
<td>13%</td>
<td>Coordination of Care / Transitions of Care</td>
<td>Provider-to-Provider</td>
</tr>
<tr>
<td>8%</td>
<td>Triage / follow-up (home, homeless shelter, other)</td>
<td>Provider-to-Patient</td>
</tr>
<tr>
<td>8%</td>
<td>Decrease no show</td>
<td>Patient-to-Provider</td>
</tr>
<tr>
<td>5%</td>
<td>Community Outreach</td>
<td>Provider-to-Patient</td>
</tr>
</tbody>
</table>
### Clinical Priorities

#### Access to Specialists When Needed - Detail

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Specialist(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>16%</td>
<td>Dermatology</td>
</tr>
<tr>
<td>15%</td>
<td>Endocrinology</td>
</tr>
<tr>
<td>9%</td>
<td>Neurology, Pediatrics</td>
</tr>
<tr>
<td>7%</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>4%</td>
<td>Cardiology, Emergency Department, Hematology</td>
</tr>
<tr>
<td>2%</td>
<td>Infectious Disease, Nephrology</td>
</tr>
</tbody>
</table>
What We Heard from MCF - Challenges

- Convincing physicians of value /...
  - 16%
- Patient acceptance / education
  - 14%
- Staffing
  - 11%
- Lack of technology in community
  - 11%
- Funding
  - 6%
- Sustainability of program
  - 6%
- Reimbursement
  - 6%
- Lack of coordinated effort / strategy
  - 6%
- IT Ability to deliver / integration
  - 5%
- Undefined marketing / messaging...
  - 5%
- Lack of skillset/Education/Experience
  - 5%
- Competing corporate initiatives
  - 3%
- Device Technology
  - 3%
- Credentialing
  - 2%

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Legislating Telehealth

Parity Laws require that insurers reimburse telehealth providers exactly as they would for an in-person visit. As it stands, 29 states and the District of Columbia have parity Laws.

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SWOT Analysis: Organization

**Strengths**
- Executive Leadership support
- Organizational excitement about Telehealth
- TH roadmap and strategic plan being developed
- Strong primary care footprint in region
- Clinical Learning environment - high resident usage
- High usage of mid-level care (practice at top-of-license)
- PCPs providing widespread services
- GLFHC 2nd largest clinic in state
- Eager to pilot TH programs in clinics
- TH Governance forming
- MCF works with 13 home health agencies

**Weaknesses**
- TH not directly mapped to vision, mission & strategic plan
- TH Governance still forming
- Lack of some physician specialty resources
- No system wide EMR
- Unclear definition of patient risk stratification
- TH funding unclear
  - Organizational growing pains
  - Approval process for new programs unclear
  - ACO leaders TH vision still in development
  - Exec leaders @ clinics lack consensus
  - Community practices small in size

**Opportunities**
- Expand culturally appropriate translation capacity
- Expand access to patients
- Telehealth outreach to community partners
- Expand access for homeless patients
- Expand access to specialists
- Providers receptive to Telehealth
- Expand Care Coordination among care teams
- Improve patient compliance
- Pilot TH program at Haverhill: largest site

**Threats**
- Meeting requirements of ACO participation
- Keeping patients in network
- Hard to contact patients
- No MassHealth Reimbursement for TH*
  - Members numbers constantly changing
  - Communication and consistency in provision of care between multiple care providers and care teams
  - Members afraid of video due to Immigration Services

*TH funding unclear

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Decision Model Blueprint

- CHNAs and Analysis
- Community Needs
- Member Needs
- Corporate Priorities
- Clinical Needs
- Assessment
- Alignment
- Impact
- Telehealth Programs
- Business Goals

Corporate Strategy

Cost and Competition

Onsite Surveys
New Telehealth Programs

New program recommendations are based on data obtained during My Care Family’s Needs Assessment, stakeholder interviews, research and industry experience.

<table>
<thead>
<tr>
<th>Program</th>
<th>Meeting MCF’s Needs</th>
<th>Top Health Priority CHNA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td></td>
<td>* selected for proforma cost benefit analysis</td>
</tr>
<tr>
<td>Telebehavioral Health*</td>
<td>- Behavioral Health ranked 1st as specialist need&lt;br&gt;- Access to Care ranked 4th as clinical priority&lt;br&gt;- Decrease no show ranked 7th as clinical priority&lt;br&gt;- Community Outreach ranked 8th as clinical priority</td>
<td>- Access to Health Care&lt;br&gt;- Access to Behavioral &amp; Mental Health Services&lt;br&gt;- Access For Uninsured/Underinsured&lt;br&gt;- Access to Specialists&lt;br&gt;- Transportation&lt;br&gt;- Alcohol Use&lt;br&gt;- Depression&lt;br&gt;- Drug Use&lt;br&gt;- Pediatric Mental Health</td>
</tr>
<tr>
<td>Teledermatology</td>
<td>- Dermatology ranked 2nd as specialist need&lt;br&gt;- Physician to specialist access ranked 1st as clinical priority</td>
<td>- Access to Health Care Specialists&lt;br&gt;- Affordability of health care&lt;br&gt;- Senior Health &amp; Fitness&lt;br&gt;- Transportation</td>
</tr>
<tr>
<td>Virtual Visits - Primary Care</td>
<td>- Access to primary care providers ranked 3rd as clinical priority&lt;br&gt;- Access to care ranked as 4th as clinical priority&lt;br&gt;- Decrease no show ranked 7th as clinical priority&lt;br&gt;- Community Outreach ranked 8th as clinical priority</td>
<td>- Access to Health Care&lt;br&gt;- Access to Primary Care Provider&lt;br&gt;- Access For Uninsured/Underinsured&lt;br&gt;- Affordability of health care&lt;br&gt;- Transportation&lt;br&gt;- Senior Health &amp; Fitness</td>
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</table>
## New Telehealth Programs

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<tr>
<th>Program</th>
<th>Meeting MCF’s Needs</th>
<th>Top Health Priority CHNA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Urgent Care Kiosk</strong></td>
<td>• Access to Primary Care Providers was ranked 3rd as clinical priority</td>
<td>• Access to Health Care</td>
</tr>
<tr>
<td></td>
<td>• Access to Care was ranked 4th as clinical priority</td>
<td>• Access to Primary Care Provider</td>
</tr>
<tr>
<td></td>
<td>• Outreach ranked as 8th clinical priority</td>
<td>• Access For Uninsured/Underinsured</td>
</tr>
<tr>
<td></td>
<td>• Triage/follow up (home, homeless shelter, other) as 6th clinical priority</td>
<td>• Affordability of health care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Transportation</td>
</tr>
<tr>
<td><strong>Non-Medical Teleinterpreter</strong></td>
<td>• 70% of members are Hispanic</td>
<td>• Language</td>
</tr>
<tr>
<td>(in-house)</td>
<td>• Reduce Total Cost of Care - ACO Goal</td>
<td></td>
</tr>
<tr>
<td><strong>Non-Medical Telecare</strong></td>
<td>• Coordination of Care/Transition of Care ranked 5th as clinical priority</td>
<td>• Asthma Disease</td>
</tr>
<tr>
<td>Coordination</td>
<td></td>
<td>• Diabetes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Obesity</td>
</tr>
<tr>
<td><strong>Non-Medical Remote Patient</strong></td>
<td>• Chronic Disease Management ranked 2nd as clinical priority</td>
<td>• Affordability of healthcare</td>
</tr>
<tr>
<td>Monitoring</td>
<td>• 5% of members are High Risk stratum; 19% of members are Rising Risk stratum</td>
<td>• Asthma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Diabetes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Obesity</td>
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</table>

* selected for proforma cost benefit analysis

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Total ROI: $1.57M+ Year 1
Reaching $6.21M+ Year 5

- All results based on best available estimates of program costs and service fees.
- Additional benefits based on published studies. However, final program enrollment and growth estimates still needed.
- This template is only a guide for ROI assessment. Actual program data to be determined by My Care Family.
Recommendations

✓ Form the Telehealth Steering Committee
✓ Create a Telehealth Governance structure inclusive of clinical leadership
✓ Develop centralized internal translation service
✓ Develop Tele-behavioral Health Service
✓ Integrate Telehealth into Community-based Service team collaboration and support
✓ Make Telehealth services mobile:
  ▶ Homeless shelters
  ▶ Drop in centers/ Churches
  ▶ Mobile Clinic - parks & gathering places
  ▶ Food Banks/Food Kitchens
My Care Family Telehealth Update

- **Telehealth Project**
  - Strengthen the usage of MAVEN Project @ pilot sights
  - Expand MAVEN Project to additional GLFHC sites (4)
  - Exploratory conversations w/ senior management and potential vendors for Realtime Telederm consults for patients (MAVEN project is a doctor-to-doctor consultation project)

- **Home-Based Telehealth with Clinical Pharmacist phase 2**
  - Asthma Intervention PIP
    - Current focus pediatric population
    - Expand focus to include adult population effect July 1st.
  - Prescription Delivery
    - Expand to 3rd GLFHC site
    - Contract additional driver to increase manage prescription deliveries

- **Other Telehealth potential projects include:**
  - Preliminary discussions on Tele-behavioral Health in conjunction with the ACO behavior health provider
My Care Family Telehealth Update

- **COVID-19**
  - GLFHC clinics servicing the area had intended to provide services in person for those more acute clinic cases
  - One of the clinic providers tested positive and the entire clinical team was quarantined for 14 days overnight
    - Vulnerable population
    - Telehealth for all overnight
      - Quick start telehealth technologies with Zoom
    - Clinicians have recovered and continued service via telehealth
  - Describing themselves “shooting from the hip” right now
Thank you

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