Educational Webinar Series:

Telehealth Practice Innovation During the COVID-19 Pandemic

July 28 – November 3, 2020

Eight sessions: Alternating Tuesdays

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Housekeeping Tips

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All participant lines have been muted

- Please use the *"Chat Box"* located on the lower right side of your screen, to submit questions or comments
- If we are unable to respond to your question today, we will follow-up with you after the program
- After the session, the recording and slides will be posted to the IPRO QIN-QIO website: https://qi.ipro.org/2020/07/21/telehealth-qin-series/

Today's Presentation

Quality Improvement Organizations
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- About the IPRO QIN-QIO
- The Telehealth Series
- Telehealth Use Over The Years & Now:
  A Provider's Perspective
- Questions and Answers

The IPRO QIN-QIO: Who We Are

Quality Improvement Organizations
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The federally funded Medicare Quality Innovation Network–Quality Improvement Organization for 11 states and the District of Columbia

- A collaboration of three organizations: IPRO, Healthcentric Advisors, and Qlarant, led by IPRO.
- Offering enhanced resources and support to healthcare providers and the patients and residents they serve
- Promoting patient and family engagement in care
- Supporting implementation and strengthening of innovative, evidence-based, and data-driven methodologies to support improvements

The IPRO QIN-QIO: Where We Are

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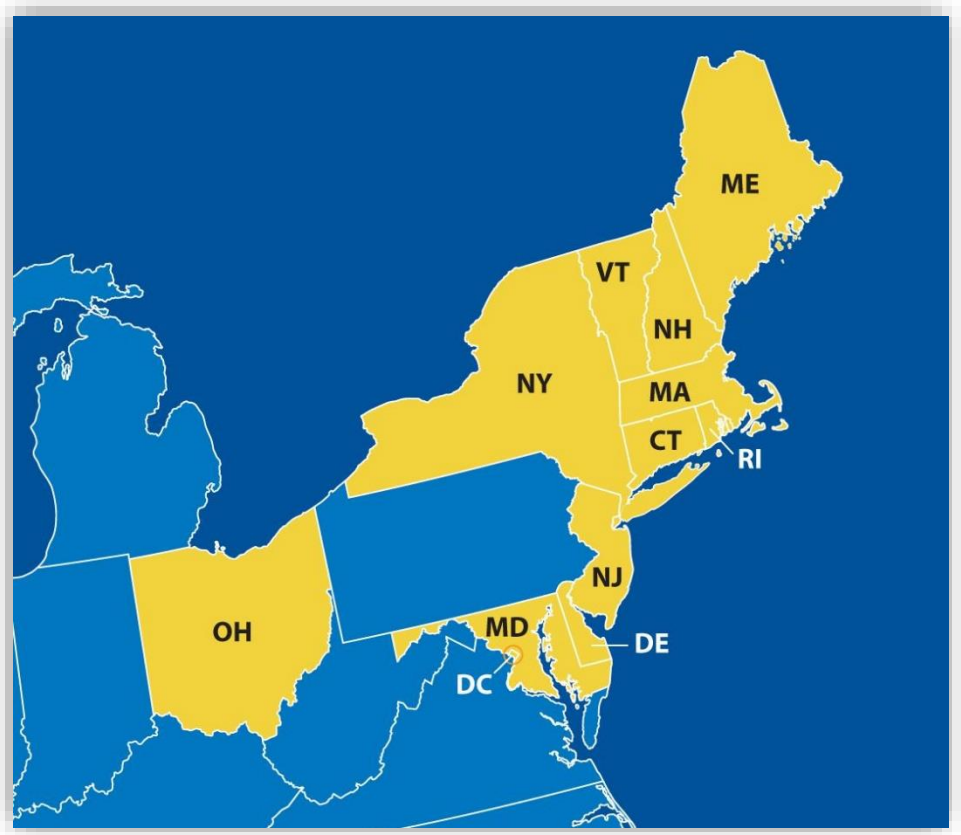
The IPRO QIN-QIO Region

IPRO:
New York, New Jersey, and Ohio

Healthcentric Advisors:
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:
Maryland, Delaware, and the District of Columbia



Working to ensure high-quality, safe healthcare for **20% of the nation's Medicare FFS beneficiaries**

The IPRO QIN-QIO: What We Do

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- Work toward better care, healthier people and communities, and smarter spending
- Catalyze change through a data-driven approach to improving healthcare quality
- Collaborate with providers, practitioners and stakeholders at the community level to share knowledge, spread best practices and improve care coordination
- Promote a patient-centered model of care, in which healthcare services are tailored to meet the needs of patients

Focus Areas Across Settings

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Nursing Homes	Community Coalitions		
✓ Working with more than 1,500 of the nursing homes in the region	✓ Communities that encompass at least 65% of the Medicare beneficiaries in each state ✓ Members collaborating to improve outcomes for the communities they serve:	• Acute Care Hospitals • Critical Access Hospitals • Federally Qualified Health Centers • Home Health Agencies	• Skilled Nursing Facilities • Physician Practices • Pharmacies • Community Based Organizations

Cross-Cutting Priority Areas

- Health Information Technology
- Health Equity
- Trauma-Informed Care
- Patient & Family Engagement
- Rural Health
- Vulnerable Populations

Program Focus Areas

- Behavioral Health & Opioid Use
- Patient Safety
- Chronic Disease Self-Management
- Care Transitions
- Nursing Home Quality

Ambulatory Care Practice Recruitment is happening now!

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- Assistance in tracking performance of over **10 MIPS/Shared Savings Program ACO quality measures** in the areas of behavioral health outcomes, patient safety and chronic disease management
- Expertise in **CDSME care management workflows and community-based referral systems to improve access and referrals to CDSME programs**.
- Increasing **access to behavioral health services** through training and technical assistance
- Improve processes within your four walls and within your community.
- Problem solve with experts and peers across 11 states and the District of Columbia.
- We offer enhanced resources and support to healthcare providers and the patients and residents they serve.

There is no cost to join! **Interested?** **View our Community of Care Coalitions webinar** and learn about the program with our expert panel.

If you have questions or are interested in participation, contact
Brian Pinga, CPhT, CPHQ, Senior Quality Improvement Specialist, BPinga@ipro.org

Telehealth Then & Now: A Provider's Perspective

IPRO Quality Innovation Network-Quality Improvement Organization (QIN-QIO)

August 25, 2020

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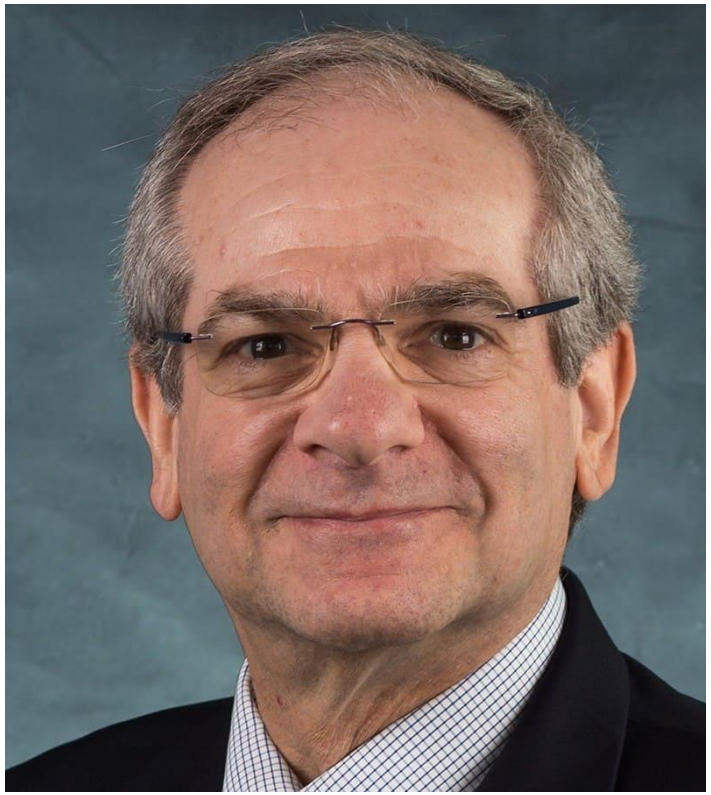
Our Presenter

Terry Rabinowitz, MD, DDS

Professor of Psychiatry and Family Medicine

The Robert Larner, MD College of Medicine
at The University of Vermont



NORTHEAST TELEHEALTH RESOURCE CENTER

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

*The NCTRC is dedicated to building **sustainable telehealth programs** and improving health outcomes for rural and underserved communities.*

Telehealth Then & Now- A Provider's Perspective

08/25/2020

Terry Rabinowitz, MD, DDS
Principal Investigator, NETRC
Medical Director, Psychiatry Consultation Service and Telemental Health Service, University of Vermont Medical Center
Professor of Psychiatry and Family Medicine, Larner College of Medicine at the University of Vermont

Thanks!

- Reid Plimpton, MPH and entire NETRC team
- Mike Ricci, MD, Past Medical Director of Telemedicine, UVMMC
- All TRC colleagues
- All those willing to give TMH a try
- All patients and their families who place their trust in us!

Me: Ultrabrief (academic) Biosketch

- Born, Bronx, NYC
- BA, HHLC/CUNY
- DDS, SUNY@SB
- MS, UI
- MD, CWRU
- Psychiatry training McLean/MGH
- To UVM in 1996

Me: Ultrabrief (real!) Biosketch

- Son
- Brother
- Husband
- DoD (Dad of Dogs)
- Flyfisher
- Coffee roaster (who knew!)
- World Music (esp bossa nova) fan

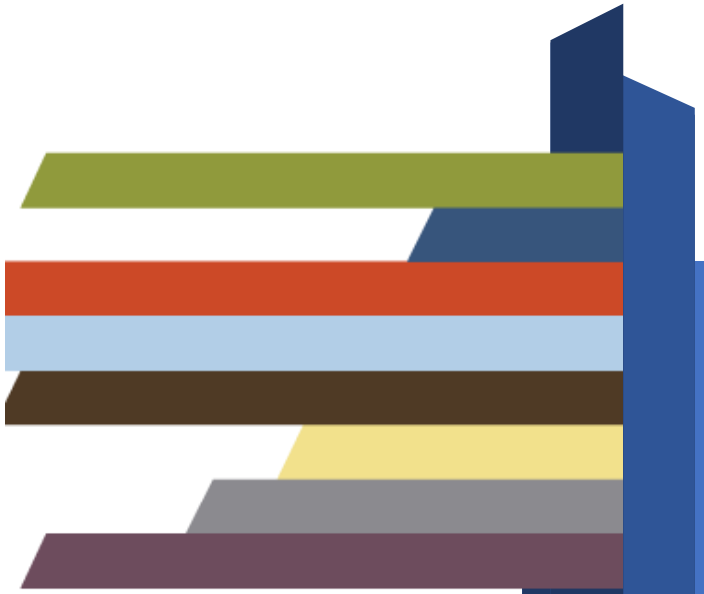
My Introduction to Telemedicine

Background

- I came to UVMMC in 1996 to be Medical Director of the Psychiatry Consultation Service (PCS)
  - The PCS consults to every medical and surgical service in the hospital
    - I was plenty busy!
    - I hadn't done any telemedicine and wasn't especially interested in it
    - A colleague and consultee, Mike Ricci, reached

Needs Assessment

- 2001-MR asked if I would be interested in developing a telepsychiatry consultation program
  - He said there were lots of **underserved people out there who weren't getting timely and appropriate mental health services**, and telemedicine might be a way to address the problem



So, I said OK

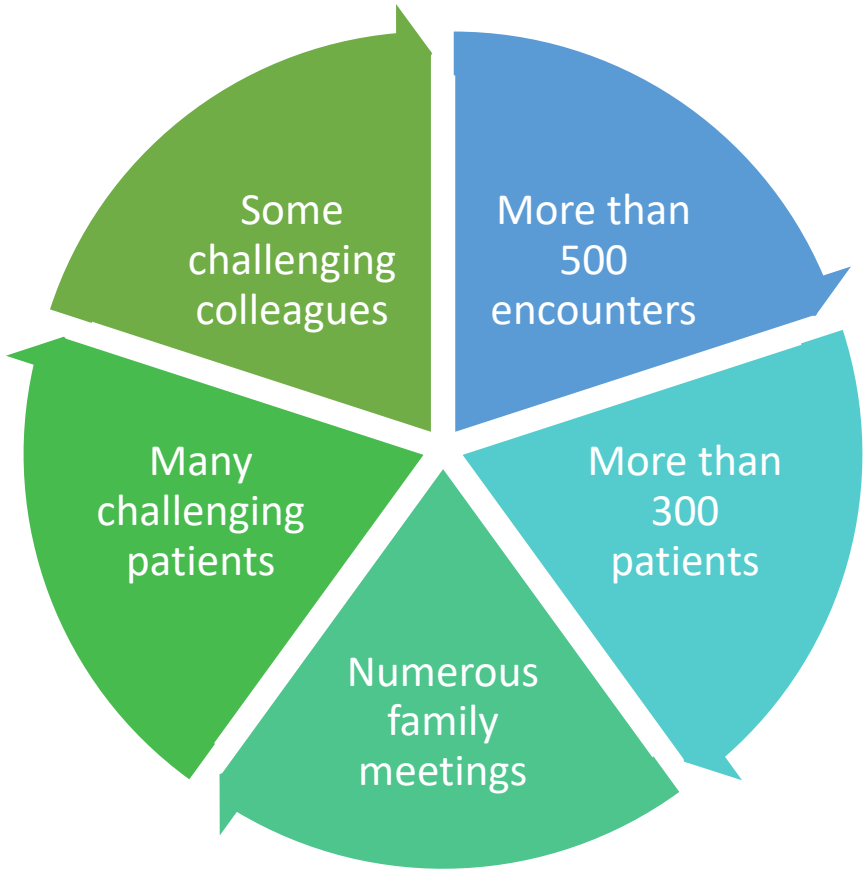
Facts

- Some barriers to receiving mental health care
  - Rurality
  - Severity of mental illness
  - Chronicity of mental illness
  - Types of mental illness
    - Hallucinations, delusions, personality disorders, self-harm, delirium, SI
  - Race, ethnicity, sexual orientation
  - Socioeconomic status
  - Educational level
- Who needs help?
  - Many different populations lacking adequate mental health services in Vermont and rural areas of New York State
  - Small communities that cannot financially support a psychiatrist
  - Underserved and vulnerable populations including prisoners, those with serious mental illnesses, veterans, and persons who are homebound
  - Older adults and those in nursing homes

Site Visits & Paperwork

- When assessing site location
  - What is the room like?
    - Where is it located?
    - How are the lighting and acoustics?
    - How close/far from key personnel?
- Safety issues need to be considered
    - Who is available for emergencies?
    - How quickly can emergency services be summoned?

What I've learned from almost two decades of telemental health encounters:



P4

(Proper Pre-Planning and Practice)

- Make sure you have real technical experts at the provider *and* patient sites
  - Don’t count on yourself to troubleshoot and solve all problems!
  - Build redundancy into the system
    - Cell phones, land lines, and other ways to reach your tech team for urgent needs
- Ensure that you have a safety plan in case you identify a problem that requires immediate attention for safety
  - In the nursing home, it is very possible to have elders with suicidal ideation, suicide plans, suicide behaviors

Practice! Practice! Practice!

- Make sure to do several telemedicine test runs to identify potential problems with the service
  - How was the connection?
    - Did you have any dropped packets or calls?
  - How did it work for you?
    - Did you have good telepresence?
  - How did it work for the distant site?
    - Did you have good telepresence?
    - Did those at the distant site identify any problems?
      - Take all comments seriously and act on them!

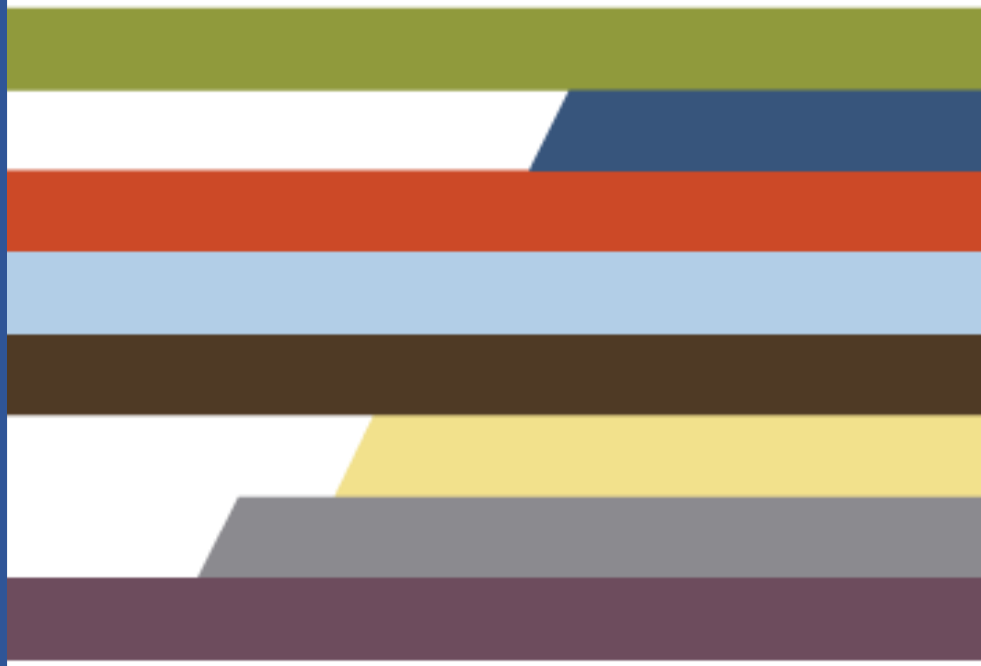
Other Variables to Consider

- Video “etiquette”
  - Camera Placement
  - Microphone/sound quality
  - Identification verification Protocols
  - Speed of speech (speak slower due to potential delays)
  - Mute yourself when typing
- Room Design and Help
  - Lighting
  - Background considerations (Door closed, window visibility, etc)
  - Tech considerations
    - Who is available to help?
    - How to reach them?
  - Wired (ethernet) vs. Wi-Fi when utilizing video
  - EHR integration

What we learned (and published) [Rabinowitz T, Murphy KM, Amour JL, Ricci MA, Caputo MP, Newhouse PA. *Benefits of a telepsychiatry consultation service for rural nursing home residents*. Telemed J E Health 2010.]

Characteristics and Outcomes for 106 NHRs Following 278 Encounters

- Average age 77.5 ±13.6 years
- 60% female
- Depression, dementia, and delirium each comprised 21% of diagnoses
- Adjustment disorders in 12.5%
- Behavioral disturbances in 17%
  - Exacerbated by vision and hearing problems



Results

Cost (USD) and Time Estimates for Face-to-Face and Telepsychiatry Services for 278 Encounters for 106 Nursing Home Residents

	Year						
	2002	2003	2004	2005	2006	2007	2008
Travel Time (hr)							
Yearly	28	106	154	177	133	134	111
Total	843 (35.1 days)						
Travel Distance (mi)							
Yearly	1456	5480	7976	9034	6806	6812	5632
Total	43,196						
Fuel costs							
Yearly	73	286	526	709	691	684	778
Total	3,747						
Range of personnel costs							
Patient-to-physician travel	33,739-67,477						
Physician-to-patient travel	84,347-253,040						
Telepsychiatry costs							
Videoconference unit, line charges, hardware, service contract							
NY	14,045						
VT	10,381						
Total	24,426						
Range of total potential cost savings							
Patient-to-physician travel	13,060-46,798						
Physician-to-patient travel	63,668-232,361						

More Telemedicine Education

Then

Equipment was bigger (larger footprint, heavier, taller, more cumbersome), more expensive ($1000s), less reliable (expect 1-3 dropped calls or suboptimal packets/10 calls)

[MSRP $5999, now discounted to $895!]

Now

Can get about the same quality image and better reliability with (e.g.) Logitech BCC950 or equivalent

Logitech BCC950 ($299.95)


FOR VIDEOCONFERENCING HELP
PAGE 121 - 4990
SAMSUNG
DELL

Then

Many more “technophobes.” Less willingness to try telemedicine. Less/no confidence it could/would work.

Now

- Many more TM adopters
  - Likely due to multiple factors
    - Cheaper
    - Easier access
    - Supported by hard data
      - Many published studies documenting improved outcomes, useable for many diagnostic categories, patient/provider satisfaction
    - Everyone is connected!
    - Herd “non-immunity”
      - The more users you have in a community, the more you are likely to get

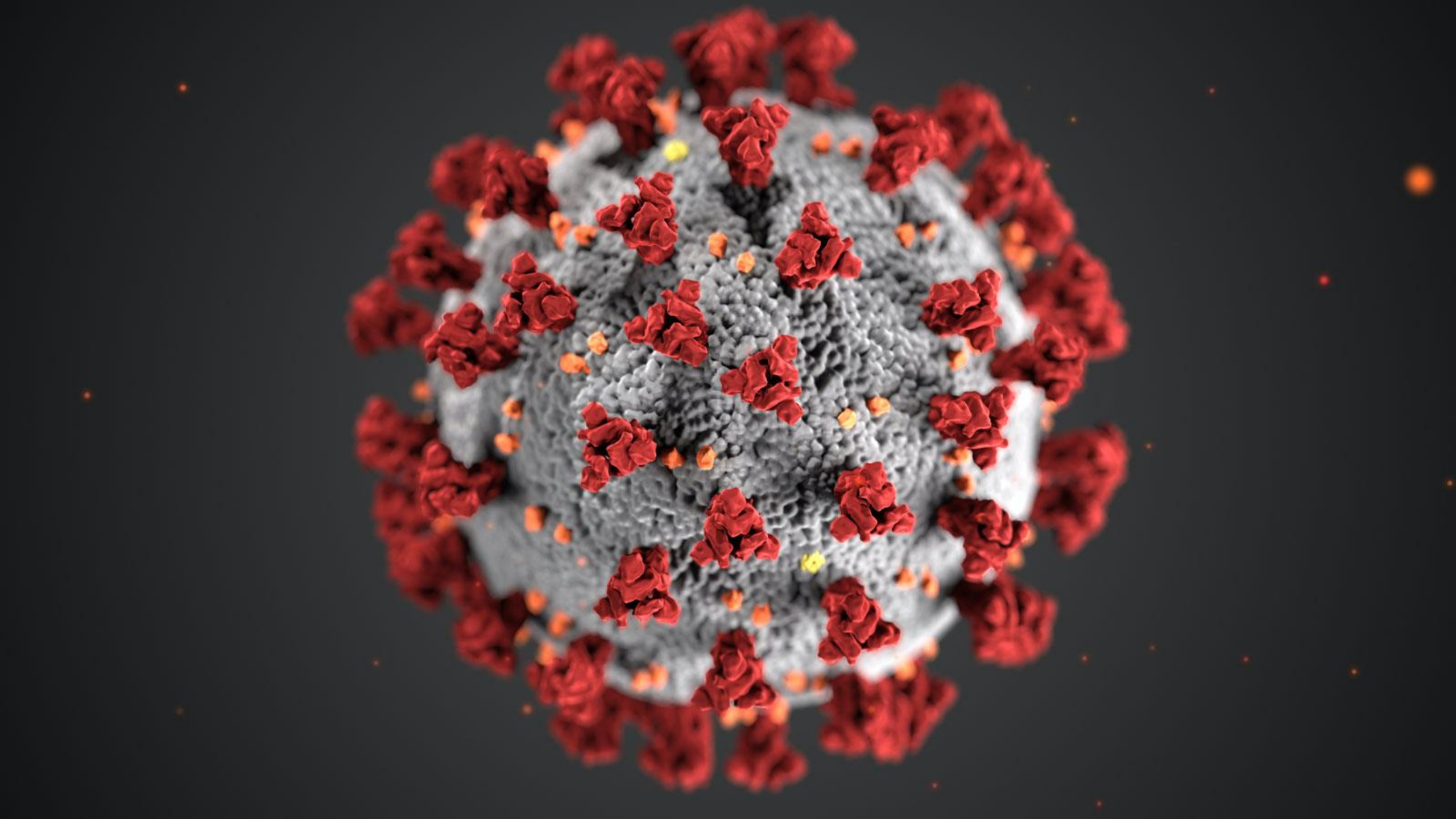
Then

- Less/no institutional support
  - Will it work?
  - What'll it cost?
  - Who pays?
  - Who will compete?
  - How safe?
  - Liability
  - Service
- Less/no insurance support
  - Not as good as FTF
- Licensure, malpractice insurance, and credentialing hassles

Now

- Institutions happier with it!
  - May save time and money
  - Patients happier and seen more quickly
- Insurers
  - Many states have mandated coverage/parity
- Much easier to get insurance, credentialed, and licensed

The New Now



COVID-19 and Telemedicine

- Challenges
  - Caught us by surprise
    - Many individuals/institutions not up to speed w/r/t telemedicine
  - Exponential spread
    - City →State →Country →World
  - Social distancing
    - Significant negative impact on patients and providers
      - Some having exacerbations of preexisting conditions and some developing additional new ones
  - Mask, glove, gown/Wash, wash, wash
    - + Time, + time, + time
    - Hassle, hassle, hassle

COVID-19 and Telemedicine

- Opportunities
  - Many experienced TM providers, researchers, administrators—including all TRCs— jumped right in
    - Helped new users to get started and existing programs to grow
  - Department chairs, hospital administrators, professional societies added their support
  - States, insurers, CMS, and others lifted restrictions on who could provide TM, where they could be provided, and what technology could be used
    - e.g., Some providers in VT can consult to NY patients without NYS license
    - Medicare requirements significantly relaxed
    - Telephone okay for some consultations
    - More insurers covering services and putting up fewer barriers

COVID-19 and Telemedicine

One-out-of-one Psychiatrist's Observations and Predicted Fallout

Lemonade from Lemons

More TM patients and providers

In every field, not just TMH

- It works
- It’s cost-effective
- It’s easy
- It’s well-accepted
- It’s convenient

You can’t/shouldn’t go back

That toothpaste is out of the tube!

- More regular/permanent users
- It’s convenient
- A great complement to in-person care

COVID-19-TMH Fun Fact

More patients keeping appointments!!!

What I've Learned (part II)

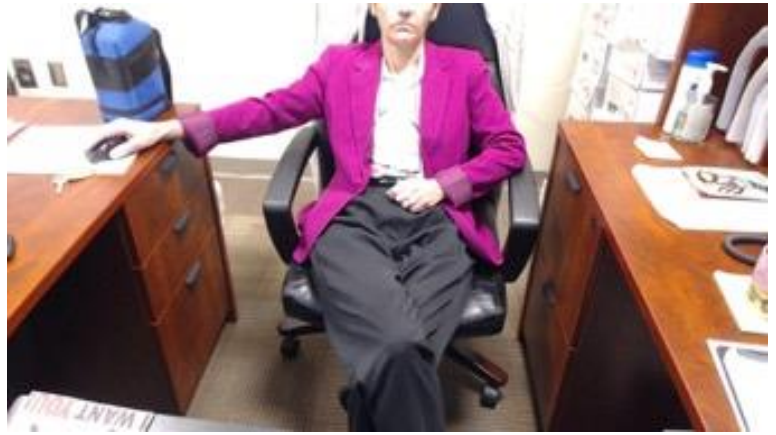
- If you act like telemedicine works, it will work!
  - If you apologize criticize, or in some other way suggest that telemedicine is inferior, you will guarantee that it will be seen as inferior
- Make sure to acknowledge and appreciate the hard work done by all of your colleagues to optimize the telemedicine encounter
  - Technical staff, nurses, social workers, family, patients, colleagues, administration
- Be accessible
  - You know how!
- Learn to roll with the punches
  - You are bound to encounter some technical problems
  - Chill!

Most Important…

Look at the Camera!





Join our newsletter!

Thanks!

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Questions?

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Please join us for upcoming webinars

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- **September 8:**
  Telehealth in Use During COVID-19: Integrated Care and a Nursing Home's Post-Acute Care Experience

- **September 22:**
  The Post-Acute Care Patient's Experience

- **October 6:**
  Telehealth Use During the Pandemic: A Clinician's Palliative Care in the Nursing Home and a Home Health Agency Provider's Experience

Thank you for attending today's webinar!

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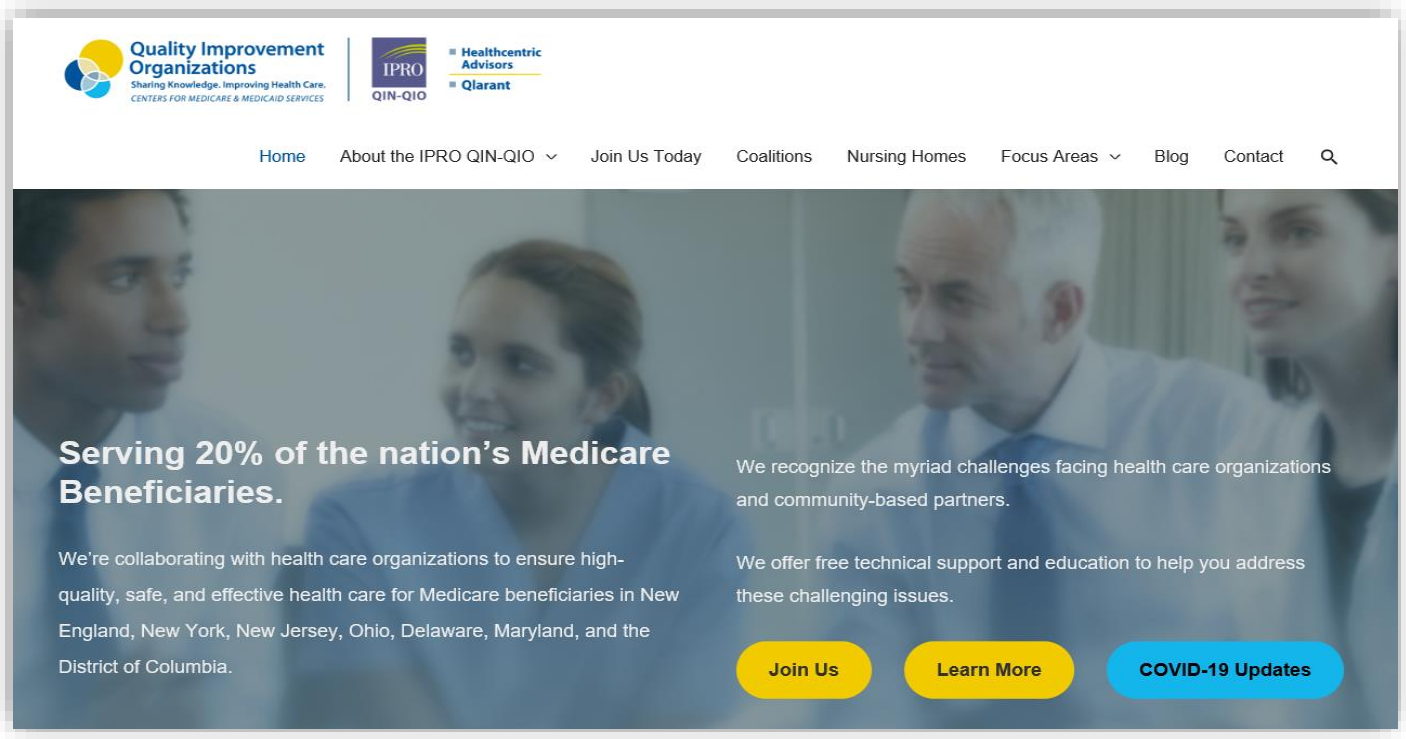
Questions?

Christine Stegel: cstegel@ipro.org

Webinar materials:
https://qi.ipro.org/2020/08/04/aug25-telehealth-then-now/

Learn More & Stay Connected

https://qi.ipro.org/



Follow IPRO QIN-QIO

This material was prepared by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-IPRO-QIN-TA-AA-20-171