

Essentia Health Telehealth Update – Yr. 5



Governor's Broadband Task Force
Essentia Health Pine Medical - Sandstone, MN
July 19, 2017

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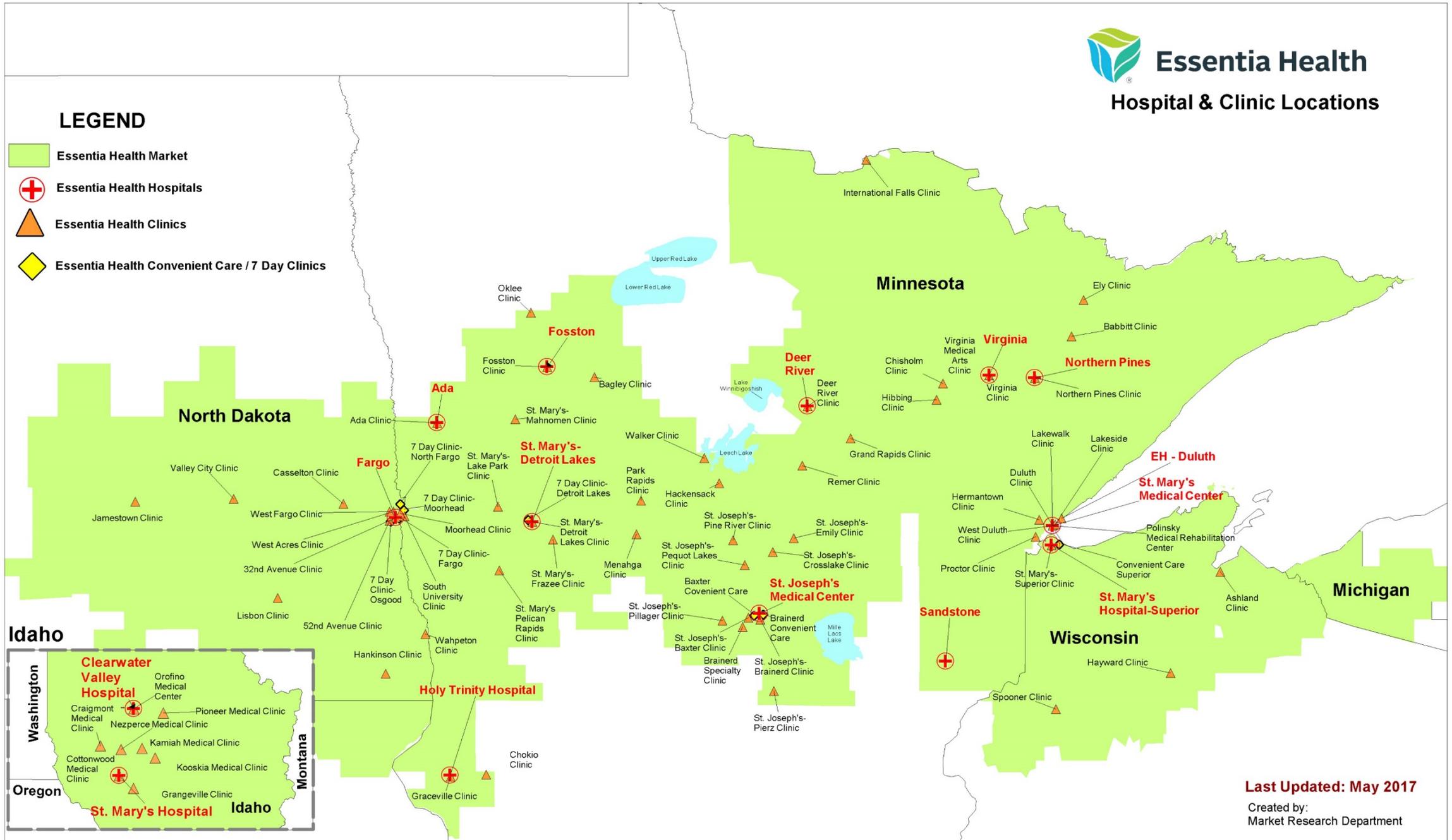


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Hospital & Clinic Locations

LEGEND

-  Essentia Health Market
-  Essentia Health Hospitals
-  Essentia Health Clinics
-  Essentia Health Convenient Care / 7 Day Clinics



Last Updated: May 2017

Created by:
Market Research Department

Dr. Park Using Telehealth



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Six Tele-Hospital Based Services

- Emergency Room Rural Hospital to Duluth or Fargo ER
- Pediatric ER
- Hospitalist
- Stroke Care
- Toxicology
- Behavioral Health Crisis
- Infectious Disease



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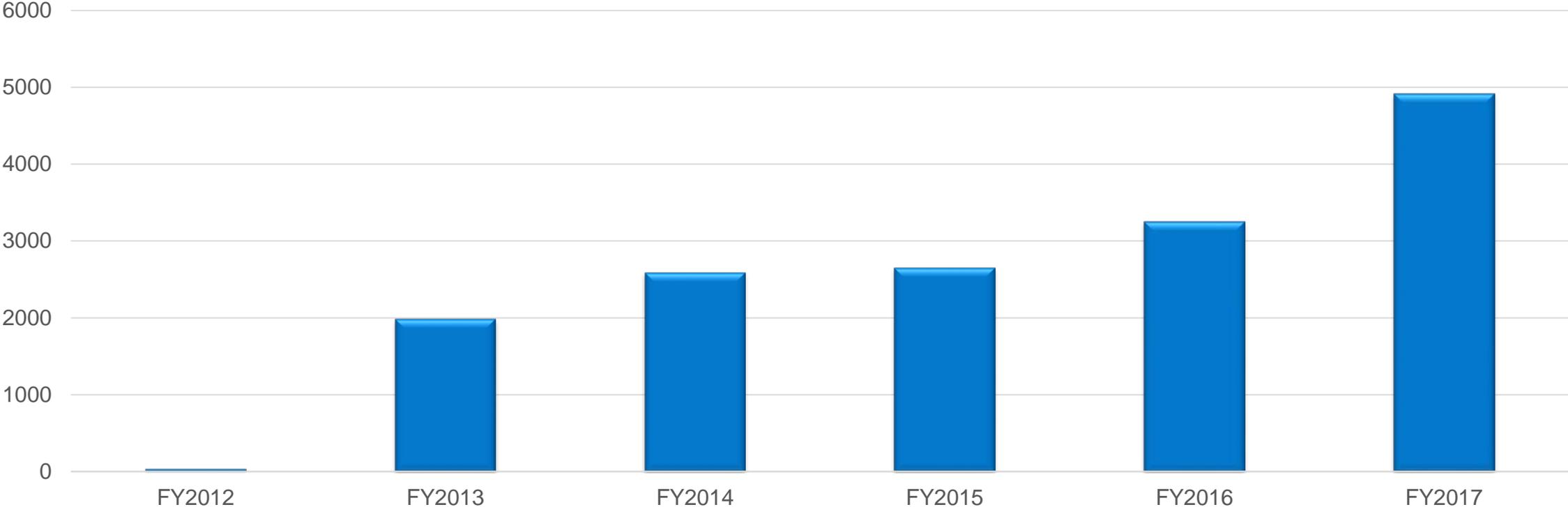
20 Tele-Clinic Based Services

- Allergy
- Audiology – Infant Diagnostic Testing
- Behavioral Health Therapy
- Cardiology -- (CHF, EP)
- Chronic Pain Management
- Dermatology
- Dietitian Services
- Gastroenterology
- Home Monitoring
- Infectious Disease
- ▶ Medical Weight Loss
- ▶ Medication Therapy Mgmt.
- ▶ Nephrology
- ▶ Oncology
- ▶ Opioid Tapering
- ▶ Podiatry – Wound Care
- ▶ Psych – Child & Adult
- ▶ Pulmonology
- ▶ Speech
- ▶ Urology



Essentia Health Telehealth Growth

Telehealth Encounters by Year



Total Encounters - FY12 thru FY 2017 = 15,118



Essentia Health Uses an Internal Business Model for Telehealth

- “One Mission, One Essentia”
- Largest Rural Health Care Provider in MN - ACO
- Over 17,000 employees in 4 states-MN, WI, ND and ID
- 1500 Physicians and Advanced Practice NP/PAs
- Bring specialists to rural sites and share between regional sites
- Support Primary Care Providers
- Telehealth capability in **every** Essentia clinic, hospital and nursing home
- Close to 5,000 Telehealth Visits/FY17
- Over 350 Telehealth Providers



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Internal Business Model

- Professional Fees are billed by the specialist provider
- Reimbursed the same as in-person
- Rural Site bills the Facility Fee
- Each facility purchases their own equipment-standardized and maintenance is centralized
- Help Desk is centralized in Telehealth for the visits



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The ROI of Telemed for 1 Clinic - Altru

Revenue	1223 encounters	Revenue related to Telemedicine encounters
Facility fee	\$28.00 x 1223 encounters	\$34,244.00/ yr
Lab fees kept local as ordered by Telemed*	\$5,808/month	\$69,696.00/yr
Imaging	48 Ortho patients /yr	?
Total		\$103,940.00/ yr

*only accounts for labs same day as telemedicine encounter

ROI for 10 Clinics over 1 year - Altru

Revenue	3087 Altru Clinic encounters in 2016*	Revenue related to Telemedicine encounters
Facility fee	\$28.00 x 3087 encounters	\$86,436.00/ yr
Lab fees kept local as ordered by Telemed for 1 month April 2016 for 10 clinics*	\$5808.00/month	\$333,352.00/yr
Imaging	48 Ortho patients /yr	?
Total		\$419.968.00/ yr

*5223 total encounters at all locations in 2016



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ROI for Nursing Home or Rural Hospital - Altru

Cost Savings	\$\$\$\$\$\$	
1 less van ride	Van driver; aide; gas/wear	86 yr old transported 2.5 hrs dx: Dementia and anxiety for 15 min visit med check
1 less ambulance ride	Driver, aide or 2	What does it cost hospital when they lose out on admit because ambulance is out of town?
Professional Networking and care planning	Invaluable	Rural care team and FAMILY is involved in reviewing the behavioral logs, med logs, developing a care plan
Revenue by keeping 1 patient at home in LTC?	\$\$\$\$\$	Omitting the inpt admit and the med changes and re-acclimated to LTC routine



How Are Patients Identified

- Specialty department notes patient's city of residence and offers the option
- Patient's know of the service and request to use telehealth
- Initial Visit defines who can be referred for follow up visits using telehealth
- Clinics offer the option at referral....travel or use telehealth
- Established Standards of Care
 - Tele-Hospitalists to Aurora
 - Tele-ER Protocols for NP use



Adding Programs

- Requests for telehealth services come from :
 - Specialty departments (Gastroenterology, Oncology)
 - Rural or Regional hospitals and clinics
 - Strategic Initiatives...(Elder Care-LTC & Medical Weight Loss)
 - External Partnerships -.....(Stroke, Gillette Children's, Mpls. Heart)



Telehealth Supports Primary Care

- Medical Weight Loss
- Dietitian
- Medication Therapy Management/Opioid Tapering
- Chronic Pain Management
- Dermatology
- Infectious Disease
- Tele-Home Monitoring
- Psychiatry



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Addressing Health Equity Across Essentia Health

- HPSAs
- Serving Native Americans – MN & WI (Deer River – 33% Native American)
- Poverty areas
- Mental Health Services
- Rural equity



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Tele-Opioid Tapering



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Sobering Statistics

78

Americans die every day from an opioid overdose.

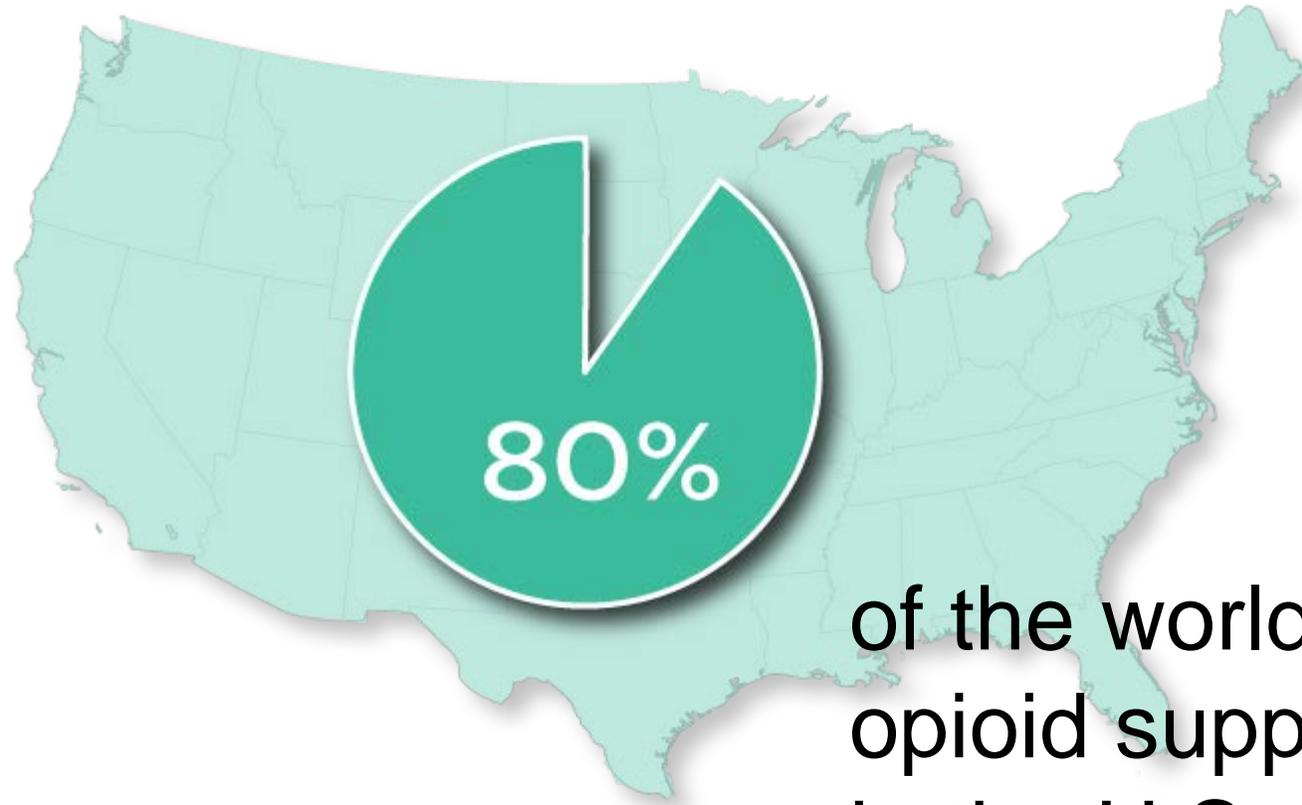
At least half of all opioid overdose deaths involve a prescription opioid.

Source: Centers for Disease Control and Prevention



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An American Issue



of the world's prescription
opioid supply is consumed
in the U.S.

Source: Manchikanti, Laxmaiah, MD Pain Physician 2007; 10:399-424 • ISSN 1533-3159

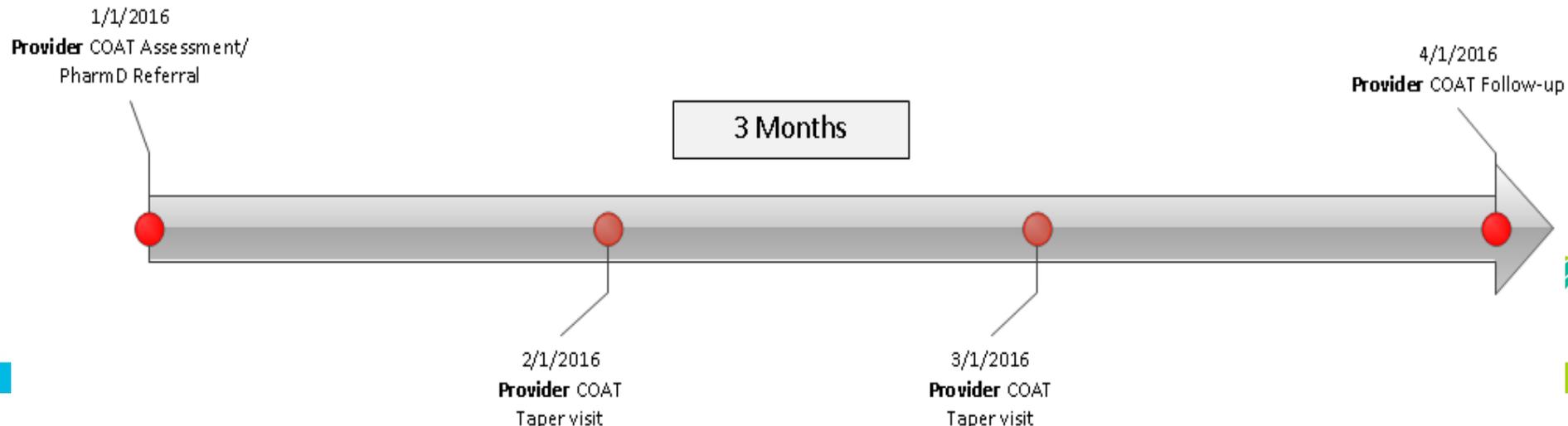


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Provider to PharmD Process

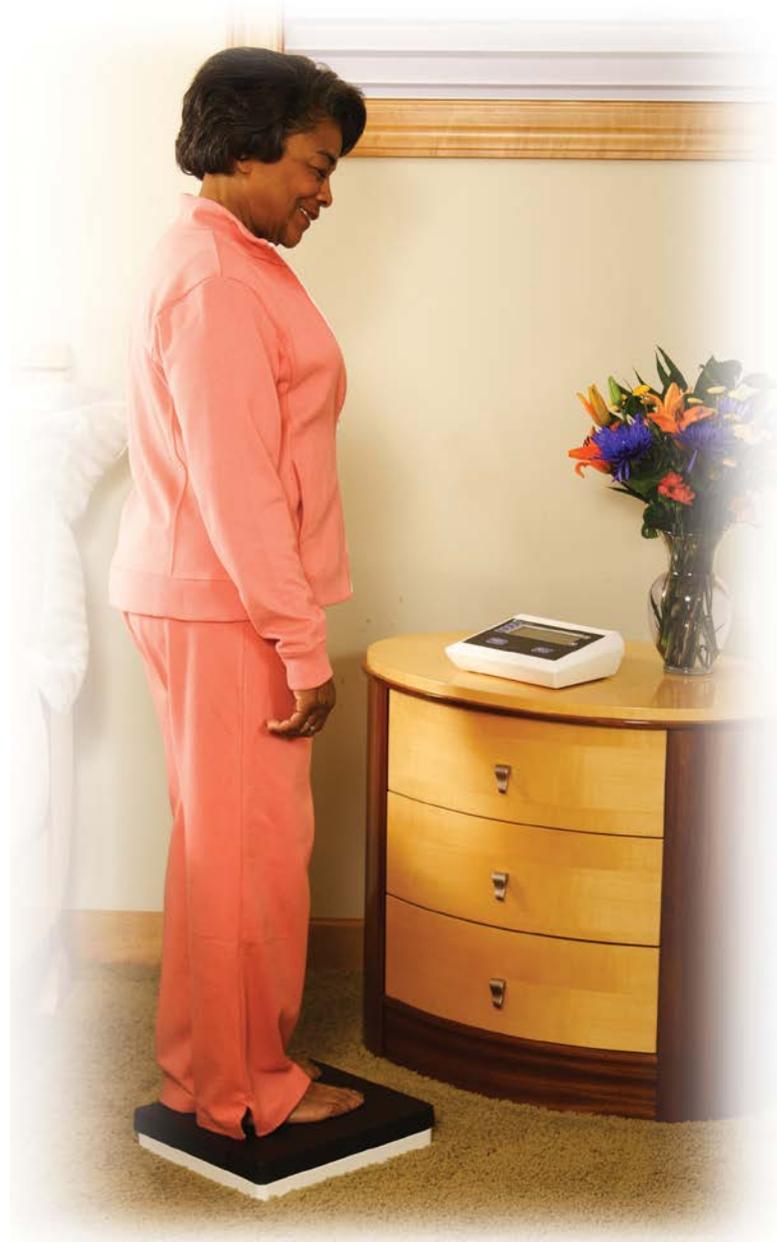
- Process Flow
 - Provider determines appropriate patient to taper and sends referral for PharmD taper
 - PharmD creates taper plan, meets with patient and communicates plan to provider
 - PharmD meets with patient every 1-4 weeks until goal achieved
 - PharmD visit to Provider visit ratio is **6:1**
 - **Provider visits for COAT tapers could triple without PharmD assistance**



Tele-Home Monitoring



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Why Heart Failure?

Prevalence

- Affects 5.8 million in the U.S.
- Over 650,000 new patients annually
- The lifetime risk of developing HF is 20% for Americans ≥ 40 years of age.
- HF is the most frequent cause of hospitalization in elderly (> 65 y/o)

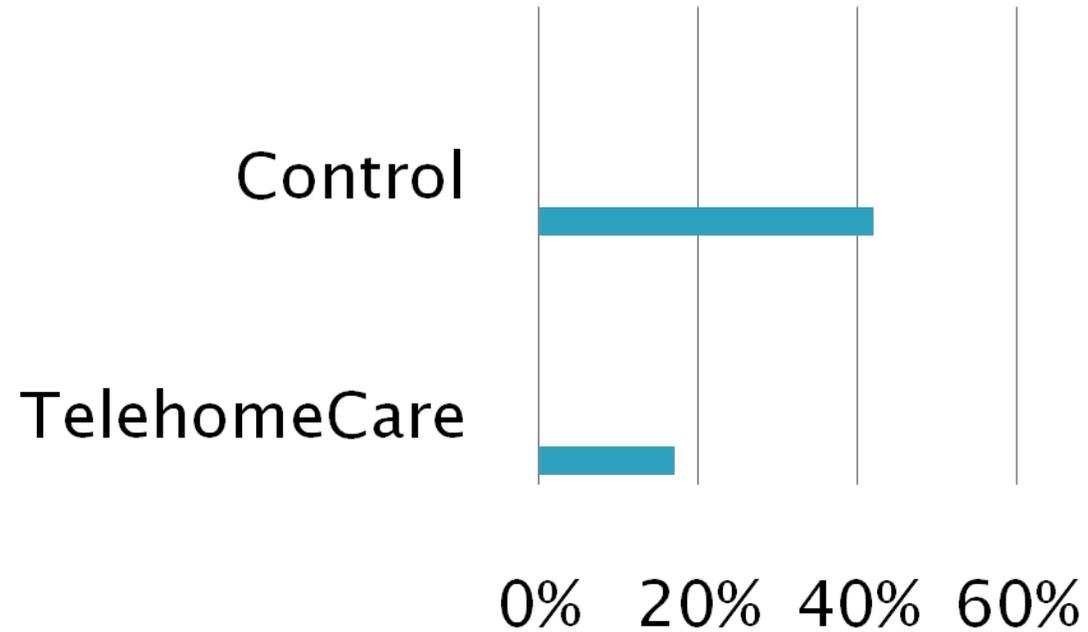
Prognosis

- 1/2 of people who develop HF die within 5 years of their diagnosis
- Less than 25% are alive at 10 years





Patient Outcomes: Admissions to a higher level of care



Future Trends

- Direct to Consumer
- Schools
- ↑ Tele-Home-Monitoring
- ↑ Consumer Convenience/access
- “Hospital at Home”



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- Johnston B, Wheeler L, Deuser J, Sousa KH. Outcomes of the Kaiser-Permanente Tele-Home health research project. Arch Fam Med 2000;9:40-45.



Questions...

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