The grassroots approach to developing a telehealth program

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About Navicent Health

- Georgia's only nationally verified level I trauma center
- Medical Center Navicent Health, academic tertiary
- Medical Center Peach County, critical access
- Rehabilitation Hospital
- Pine Pointe Hospice
- Carlyle Place, senior center
- Home Health
- Wellness Center
- Urgent Care
- Managed facilities
  - Putnam General Hospital, critical access
  - Monroe Regional Medical complex, critical access
- Navicent Health Physician Group (NHPG)
Learning objectives

• Learn best practices in telehealth program development
• Understand how the grassroots approach works
• How to apply it to your own setting
• Learn how to identify and solve challenges quickly
• Use and customize the Navicent telehealth toolbox to make it work in your setting
• Walk away with a plan to get started
Grassroots movements

• Utilize the people in a given domain as the basis for a social movement
• Utilize collective action from the local level to effect larger change
• Associated with bottom-up, rather than top-down decision making
• Sometimes considered more natural or spontaneous than more traditional power structures
• Utilize self-organization, encourages community members to contribute by taking responsibility and action for their community
“New mobile technologies are profoundly changing the way in which people and businesses buy and sell goods and services … extending the convenience and interactivity of online commerce into the physical bricks and mortar world.”

– GSMA (Group Speciale Mobile Association) 2015
Virtual health defined

Spectrum of Virtual Health Programs

- Telespecialty
- Virtual Conferencing
- Virtual Urgent Care
- Virtual Specialty Care
- Mobile Apps
- Geo-tagged Devices
- eICU
- eED
- Remote Monitoring
- Virtual Medication Management
- Kiosks
- Patient Portals
- Online Support Groups

Source: Sg2
Healthcare problems effected

Telehealth tackles the biggest problems in healthcare: cost, quality, and access

40% increase in primary care visits by 2025

Medically underserved rural population:
25% lives in rural areas, 10% physicians practice in rural areas

90,000 Physician Shortage 2025

American Academy of Medical Colleges; AAFP Foundation
Patients are keen on telehealth

Patient Interest in Telemedicine

- 15% Extremely interested
- 24% Very interested
- 37% Moderately interested
- 18% Minimally interested
- 6% Not at all interested

76% Interested

N = 519

Source: Patient Interest in Adopting Telemedicine, Software Advice, January 2015
Average telehealth retail prices (2015)

- Emergency Room: $750
- Urgent Care: $140
- PCP: $95
- Telehealth: $49

Source: healthcare bluebook
Business case for telehealth

- Increasing consumer demand for (ease of) access
- Convenient
- More efficient access and follow up with established patients
- Reasonably inexpensive, comparatively
- High quality
- Understand limitations and boundaries
- Growth new markets, new patients
- Regulatory and reimbursement environment improving
Navicent’s telehealth initial approach

- Decentralized
- Cost effective
- Cultivates individual provider interest
- Organized interested ‘volunteers’
- Enabled and facilitated new efforts
- Marketed success to recruit new parties
Telehealth oversight committee
Telehealth oversight committee

- Organized potential organizational resources in one forum
- Invited all interested parties (service lines, departments) telehealth
- Supported departmentally based efforts in implementation
- Shared expertise and education among current and experienced users
Why GPT?

Network of >400 presentation sites and providers that provides consulting, infrastructure, scheduling and marketing support.
Traditional: hub & spoke model
Social network diagram applied to telehealth?
Open access network model

- Creates a web of access points
- Any presentation site can connect to any other site
Navicent telehealth spectrum

- Surgical Oncology
- Pediatric GI
- Sleep Medicine
- Cancer Genetic Counseling
- Maternal Fetal Medicine
- Peds Endocrinology
- Colorectal Surgery
- Bariatric
- Cardio-thoracic Surgery
- Autism
- Peds Gyn
- Mobile Health
- Peds
- Gyn
- Endocrinology
- GI
Mobile (Integrated) Health

- Utilizes advanced care practitioners and EMS personnel in the field in mobile units equipped for primary care delivery
- *Telehealth* utilized in the mobile units
- Connection and oversight by licensed providers
- Goals of improved access, efficiency, quality of care
• Providing quality care to our pediatric gastroenterology patient population at the right place, time, and cost by means of telehealth
• Program started August 2015
• 280 patient visits since inception
• 100th patient got media attention, local media coverage and press release went out nationally
“We’re thankful for this program. The clinic is very convenient because it is close to home. It helps a ton with gas cost and time spent in the car, which weighs on you, and you get the same great service as you do if you drive in to Macon.”

Patient’s mother
Telehealth Roadmap

- Start with one pro-telehealth provider
- Leverage GPT for capability
- Create a group to assist and facilitate
- Engage other interested providers
- Expand offerings
Toolkit to get started and expand
Telehealth checklist: opportunities, sites, eligibility

- Identify type of patient (e.g. new, follow up, surgery prep, diagnostic)
- Verify provider eligibility for reimbursement (payer enrollment)
- Identify presenter sites
- Obtain credentialing for providers at presenter sites
- Identify cities/towns near presenter sites and identify patients in the area
- Check if site is eligible for Medicare reimbursement:  
  https://datawarehouse.hrsa.gov/tools/analyzers/geo/telehealth.aspx
Telehealth checklist: business case and proforma

• Determine budget and cost of program
• Complete “telehealth business case template”
• Ensure your malpractice/liability insurance covers telehealth
### General Information

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Pediatrics</th>
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<tbody>
<tr>
<td># of Providers to use e-Health</td>
<td>2</td>
</tr>
<tr>
<td>Appointment Types</td>
<td>NPV / month, F/U / month, Meds Mgmt / month</td>
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<tr>
<td>Follow-up Req’d? (y/N)</td>
<td>Laptop</td>
</tr>
<tr>
<td>Go-Live Date</td>
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<tr>
<td>Primary Contacts</td>
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<td>Project Approver</td>
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<tr>
<td>Department Director</td>
<td></td>
</tr>
<tr>
<td>Practice Manager (if applicable)</td>
<td></td>
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<tr>
<td>Provider Champion</td>
<td></td>
</tr>
<tr>
<td>Nurse Champion</td>
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### Core Assumptions:

- Projected Panel size: 20
- Projected Encounters: 20
- Average Visit Scheduled Time: 3 minutes
- Average visits per hour: 5,715.00
- Additional FTEs req’d: 60
- Additional FTE Cost: 9,185.00
- Additional equipment needed: 5,715.00
- GPT License Cost: incl. in laptop cost above
- GPT Monthly Fee per Physician: 60
- Laptop Cost (if needed): 9,185.00
- Medicaid Reimbursement: $135
- Commercial Reimbursement: $35.00
- Self-Pay Reimbursement: $75.00

### Payer Mix

- Medicaid: 80%
- Medicare: 20%
- Commercial: 20%
- Self-Pay: 20%

### Costs

#### Costs year 1

<table>
<thead>
<tr>
<th>Costs item</th>
<th>Totals</th>
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<tbody>
<tr>
<td>Capital Equipment</td>
<td>$0.00</td>
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<tr>
<td>e-Health Equipment</td>
<td>$15,620.00</td>
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<tr>
<td>Additional FTEs</td>
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<td><strong>Subtotal</strong></td>
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#### Costs year 2

<table>
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<tr>
<th>Costs item</th>
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<td>e-Health Equipment</td>
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<tr>
<td>Additional FTEs</td>
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<td><strong>Subtotal</strong></td>
<td><strong>$720.00</strong></td>
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### Revenue

#### Revenue year 1

<table>
<thead>
<tr>
<th>Revenue item</th>
<th>Net ROI Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gains in Productivity</td>
<td>$0.00</td>
</tr>
<tr>
<td>Reimbursement</td>
<td>$2,040.00</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$2,040.00</strong></td>
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</tbody>
</table>

#### Revenue year 2 and on (no change in volume)

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<th>Revenue item</th>
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<tr>
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#### Net ROI Year 1

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$23,760.00</strong></td>
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</table>
Telehealth checklist: operations and implementation

- Determine how many computers/laptops will need telehealth capabilities
- Determine equipment need in conjunction with computer
- Get with your IT department and GPT to order equipment and software
- Sort out internal systems to ensure set up for billing and scheduling of telehealth visits
- Ensure you know how to bill for telehealth visits
- Schedule training for employees on equipment and software
- Do mock visit
Telehealth checklist: marketing and growth

• Post PR flyer in your office advertising telehealth
• Leverage social media
• Get staff on board. Identify a telehealth champion
• Re-evaluate
Telehealth isn’t for everybody

Provider constraints, fears, preferences

- Must palpate and physically examine patients
- Competing demand for services
- Unfavorable technical experience
- Dependability of patients presenting to remote location
- Timeliness of being ‘on demand’
- Reimbursement
- Periodic ‘in person’ requirement
Combine with telementoring

Pediatric Growth & Endocrinology ECHO®

Providing free CME, nurse contact hours & convenient virtual learning to enhance your skills and knowledge!

Develops knowledge and capacity among community providers by using technology to leverage scarce resources, creating knowledge networks, reducing variations in processes or care, sharing best practices and case-based learning.
Navicent’s approach to telehealth growth

- Choose a good partner i.e. GPT
- Facilitate/support interest from individual providers
- Enable implementation, i.e. connector role
- Educate
- Facilitate creatively
- Promulgate success stories
- Market success and interest in patient growth and quality of services
Navicent telehealth: next steps

• Strategic plans describe service line based growth opportunities
• Centralize certain functions
• Dedicated personnel
• Dedicated budget
• Broaden partnership(s)
• Expand offerings
Navicent Health
Everything about us is all about you.