THE EVOLUTION OF A HUB AND SPOKE TELEMEDICINE PROGRAM INTO A REMOTE PRESENCE HEALTH SYSTEM

Douglas Romer, RN
Executive Director, Patient Care Services
Grande Ronde Hospital
www.grh.org
DISCLOSURES

No financial relationship exists with any of our partners other than contracts to provide healthcare services via telemedicine links.

One employer

*Grande Ronde Hospital*

Advisory Board Member

*Telehealth Alliance of Oregon*

Advisory Board Member

*Northwest Regional Telehealth Resource Center*
GRANDE RONDE HOSPITAL

Mission

We will ensure access to high-quality, cost-effective health care in a safe and customer-friendly environment for all those in need of our services.
Cougar killed in La Grande

By Dick Mason
The Observer

A cougar was shot and killed running into a residential area of La Grande late Wednesday night by a member of a law enforcement officer team. The cougar, an 88-pound male between 1 1/2 and 2 years old, was shot at 11:30 p.m. in the vicinity of Monroe Street and Jackson Avenue.

A team of three La Grande Police officers and two Oregon State Police troopers began searching for the animal after someone had reported to police at 11:15 p.m. of seeing a cougar at Fourth Street and Adams Avenue.

The team of law enforcement officers was then assembled and began conducting a grid-type search for the big cat.

A few minutes later after the search started the cougar was spotted running north through the railroad yard and was shot and killed.

Oregon Department of Fish and Wildlife personnel were then called and took possession of the cougar.

Lt. Derick Reddington of the La Grande Police Department credited all members of the team that found the cougar with using excellent judgment and tactics.

“Tappreciate their efforts,” See COUGAR, 3A

Wagon train tours area
FROM A RURAL PERSPECTIVE
WHY TELEHEALTH?

- Improves quality by the use of specialty physicians
- Provides access to care
- Keeps healthcare dollars in the community
- Encourages staff enhancement
- Fosters relationships with affiliate partners
- Increases reputation for remote and distant site
- Recruitment and retention
- Provides an increased caseload to facilitate a larger group and less call responsibility
CONSIDERATIONS FOR A SUCCESSFUL PROGRAM

• Infrastructure
  • Consents, connectivity, releases, contracting, national and regional resources billing, payment and credentialing

• Advocacy
  • Share the success and the need

• Partnerships
  • Choose those that understand the vision

• Culture
  • Takes a little time to develop
TELEMEDICINE AND THE TRIPLE AIM

- **Better Health for the Population** (disease and population management) -- leveraging resources
  - *Example: CHF & Diabetic Teaching, Community Education*

- **Better Care for Individuals** (safety, quality, enhanced experience)
  - *Example: ICU Intensivist Support, Endocrinology, Dermatology, Parkinson's, Televisits*

- **Lower Cost by Improvement** (treating Patients in the right environment)
  - *Example: Telestroke, reducing unnecessary transfers, access to specialists & best practice protocols*

The Triple Aim is a phrase coined by Dr. Berwick and it is all about focusing on how to drive improvement so that our populations are healthier, our patients receive better care, and instead of working within a volume based business model, move to one of quality and value that rewards prevention, wellness and a positive patient experience.
ICU EXPERIENCE

In 64 Months . . .

. . . 69 Patient transfers have been avoided.
= $1,932,972 savings to the system

Average Length of Stay: 7.47 days

515 Additional GRH ICU and Med Surg Days

*Healthcare dollars staying in the community & keeping Patients close to their support system*
Internist contacted if not the primary/attending physician. Consults will be initiated through the GRH Internal Medicine Physician.

Internist determines need for Intensivist consultation.

GRH I.C.U. staff facilitates and assist Primary/Attending physician by arranging physician to physician phone call.

ICU staff moves ROBOT into patient room for patient evaluation by Intensivist.

Internist calls and speaks directly to Intensivist on duty.

Intensivist evaluates patient’s medical record information and completes patient evaluation.

Intensivist returns call to patient’s Primary/Attending physician to discuss findings.

Intensivist and Primary physician determines plan of care and Intensivist ongoing involvement in patients plan of care.

Intensivist completes documentation – orders, consulting note, etc. and fax to GRH ICU.

GRH ICU staff collects copy of face sheet, consult order, progress notes, lab results, x-rays and test results as applicable and faxes to Advanced ICU Care.

Note: Serial x-rays may be required. If so, have radiology bring films to ICU, and GRH staff to place ROBOT by film view box for Intensivist to view via ROBOT. GRH staff assists in placing films for viewing via ROBOT.

NOTE: Refer to “Orders” flowsheet if writing new orders.

GRH Physician on-call schedule is maintained by the GRH admitting office and can be reached by calling the hospital main number.

Grande Ronde Hospital Intensivist Consultation Services

Intensivist Consultation

Final 2/21/08

Patient’s Primary/Attending Physician sees patient, completes evaluation.
REMOTE ICU BENEFIT SUMMARY

- Establishes ICU Patient Safety Initiative
- Improves professional and personal lives of the local practicing physicians and nurses
- Positive Impact for Patients and Families

“My ICU”
- Savings to the “system”
FACILITATING LANGUAGE ACCESS

- Effective communication is a critical aspect of safe, quality patient care
- In The United States, there are
  - 28 million people with hearing loss
  - 47 million people who speak a language other than English
  - JCAHO, CMS & Office of Civil Rights regulation
SIGN LANGUAGE IN ACTION
GRH TELEONCOLOGY

The circumference of the earth at the equator is 24,901 miles.

In 16 months the GRH TeleOncology Program has saved patients 27,348 miles.
ONCOLOGY HEALTHCARE

Our Experience

- The average patient visits his or her treatment team twice per month. Some visits are as often as 3x’s per week.

- The average visit time for a treatment, not including travel time, is 4 hours.

- Some patients are able to go back to work the same day they receive their treatment.

- The normal initial treatment plan is 6 months with many plans lasting the duration of the patient’s life.
ONCOLOGY PATIENT IMPACT

191 Patients Saved:
- 36,737 miles
- $18,729 in travel expense
- 717 hours travel time (patient only)
- 291 hours travel time (physician)

In just the first nine days of April 2013, 19 patients saved 5,384 travel miles, 87 hours of travel time and $3,041.96 in travel expenses!

An example of Health Care Reform that is generally not recognized
“The ability to get quality cancer treatment here locally was a big deciding factor for me in getting treatment at all. There is no way financially that I could have gotten treatment without working. Not only were they able to work with me and my work schedule, but I feel I got excellent care and treatment here.”
“The staff at Grande Ronde Hospital worked with me to fit my treatment in with my work schedule so that I was able to continue working full-time. As a single mom, that took the biggest fear of treatment off my mind – how I was going to support my family while battling cancer?”
229 Patients saved:

- 49,016 miles
- $24,511 in travel expense
- 1021 hours of travel time

It is approximately 15,000 miles from the tip of Alaska to the bottom of South America.

Patients will seek earlier help if it is available.
THE OUTPATIENT CLINIC EXPERIENCE

- Patient schedules with distant site
- Arrive at the RMC originating site
- Patient history & documentation in the EHR by clinic RN
- Beam in with live interactive patient exam & visit
- Prescriptions sent electronically to patient’s pharmacy
- Billing done from distant site
- Copy of patient record kept at originating site

Current Outpatient Services
- Dermatology
- Endocrinology
- Neurology
- Cardiology
- Rheumatology
- Oncology
Neonatal Intensive Care

- Neonatologists consultations available 24/7 for assessment of newborns
TELECARDIOLOGY SERVICES

- ER Consults
- Inpatient Consults
- Stress Echocardiograms
- Outpatient & Pacemaker Clinic
LIVE LONG DISTANCE ECHO CONSULT
LA GRANDE, OREGON--MOSCOW, RUSSIA 5,308 MILES
JUNE 29, 2011
NOCTURNIST-HOSPITALIST PROGRAM

• Valuable alternative to Locums Tenens
• Enhanced use of the Electronic Health Record
• Strong Patient and staff support
DOING THE RIGHT THING
REMOTE PRESENCE HEALTH SYSTEM STYLE

We are not doing risky new procedures
via Remote Presence but rather a continued expansion of services that have shown to
benefit patients, benefit the community and provide a standard of care consistent with
other on-site care services.

*It is evolving to become the Standard of Care.*
Senate Bill 24:

- requires the health benefit plans doing business in Oregon to provide coverage of services when they are provided through telemedicine.
- requires the services to be reimbursed be medically necessary, must replace services otherwise delivered in person and appropriate for delivery via telemedicine.
- defines telemedicine as the use of real-time two-way video communication in which the practitioner can directly assess the patient.
- does not impact Medicare, Medicaid or self-insured plans.
- does not distinguish between services delivered to patients in rural or urban areas.
- requires that provider fees for telemedicine services be negotiated between payer and provider.
DOING THE RIGHT THING…

Outstanding Rural Health Organization of 2009 awarded by NRHA

Leader in Innovative Excellence 2009 awarded by the OAHHS

Healthcare Achievement Award for Quality in Patient Care Delivery and Satisfaction 2010 awarded by Amerinet

Health Devices Achievement Award 2011 awarded by ECRI Institute

IDG’s Computerworld Honors Laureate and Health Category Finalist for Visionary Application of Information Technology 2012 awarded by Computerworld