Access to Care via Telehealth:

An Accountable Care Organization examines application of telehealth services in a high poverty, transient population

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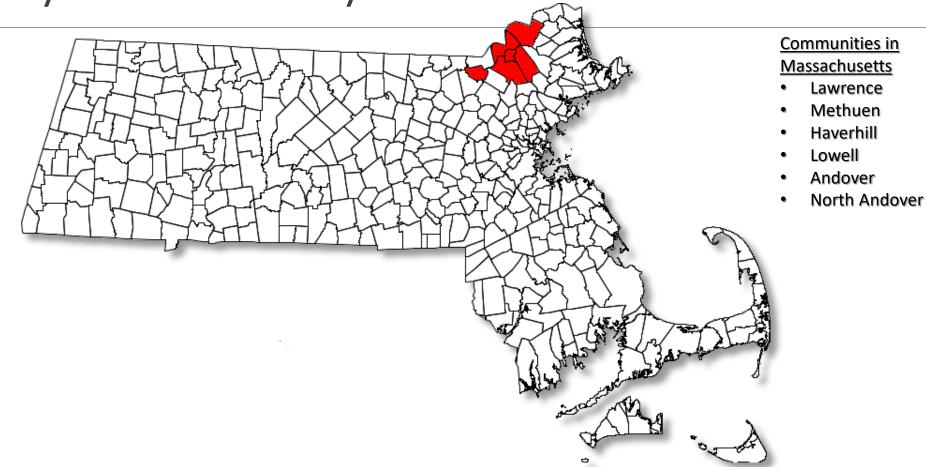
Presenter Disclosures

Candace Shaw

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

My Care Family Main Service Area











So good. So caring. So close.



Primary Care Partners

Hospital Partner



GLFHC Main Site



GLFHC North Site



GLFHC Lawrence High School



GLFHC West Site



Methuen Site



GLFHC Greater Lawrence
Technical School



GLFHC South Site



GLFHC Community based Center



Lawrence General Hospital



Lawrence Family Medicine Residency

About My Care Family

ACO Partners

- Greater Lawrence Family Health Center
- Lawrence General Hospital
- Neighborhood Health Plan > Allways Health Partners

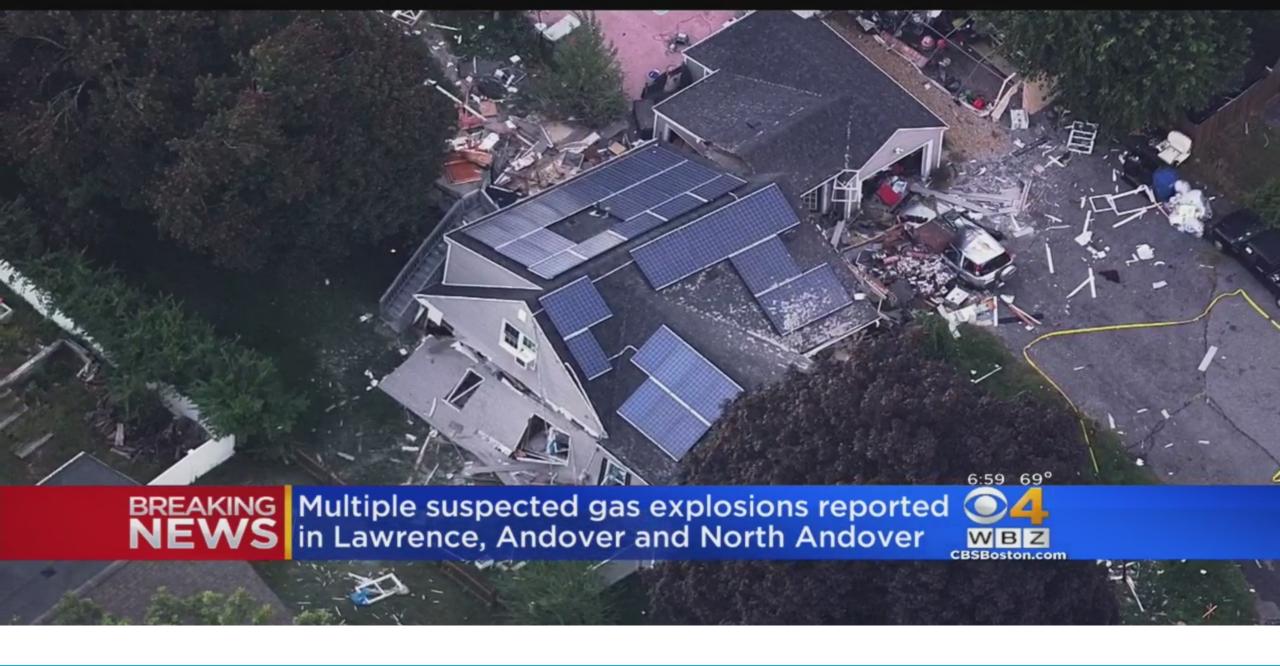
Care Team

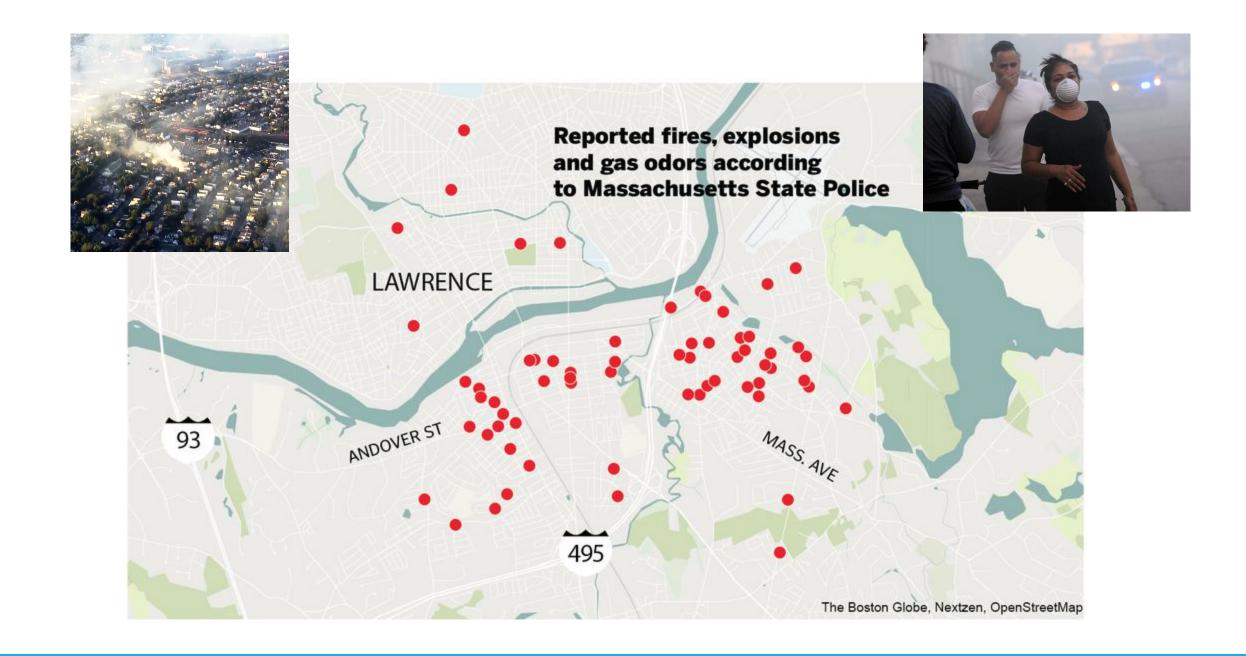
- 130 Primary Care Physicians/16 practices
- Clinical Pharmacist
- Social Care Manager(s)
- Population Health Manager

Patient Population:

• 33,880 +/- Medicaid patients

Nurse Care Manager(s)
Social Worker(s)
Community Health Worker(s)





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

Communication Lack of access: cell phone, mail, computer, etc

Telehealth Goals

- ACO Reduce costs & maintain quality of care
- Lawrence General Hospital Reduce Emergency Room visits that were low acuity
- Greater Lawrence Family Health Centers Maximize care when patient with provider

Project Overview

Identifying the Telehealth Goals



Clinical Priorities

My Care Family Stakeholder Feedback

Closer look

28%	Physician to specialist access	Provider-to-Provider Provider-to-Patient
15%	Chronic disease management	Provider-to-Provider Provider-to-Patient
13%	Access to primary care providers	Provider-to-Patient
13%	Access to Care	Patient-to-Provider
13%	Coordination of Care / Transitions of Care	Provider-to-Provider
8%	Triage / follow-up (home, homeless shelter, other)	Provider-to-Patient
8%	Decrease no show	Patient-to-Provider
5%	Community Outreach	Provider-to-Patient

Clinical Priorities

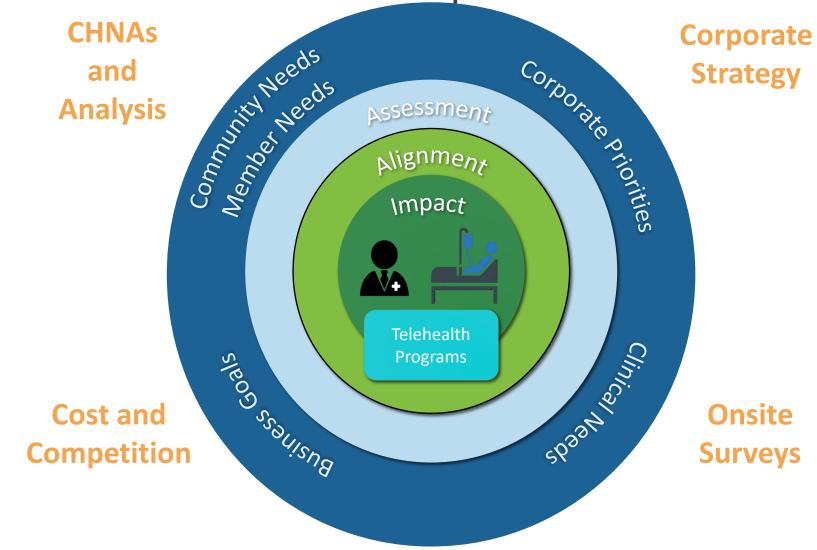
Access to Specialists When Needed - Detail			
29%	Behavioral Health		
16%	Dermatology		
15%	Endocrinology		
9%	Neurology Pediatrics		
7%	Rheumatology		
4%	CardiologyEmergency DepartmentHematology		
2%	Infectious Disease Nephrology		

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.

Decision Model Blueprint



New Telehealth Programs

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

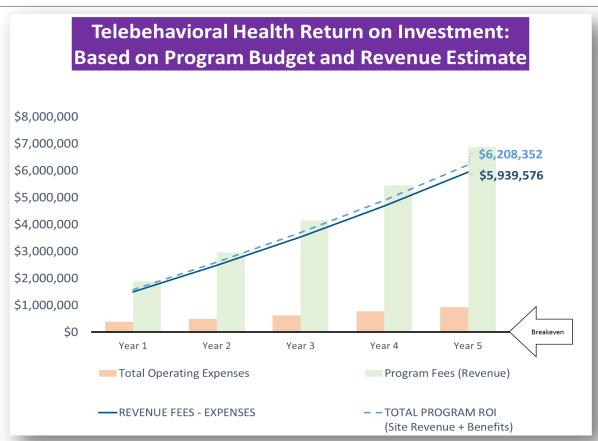
Program	Meeting MCF's Needs	Meeting LG and/or GLFHC
Ne ^{dical} Telebehavioral Health*	 Behavioral Health ranked 1st as specialist need Reduce costs with greater access to specialist 	LG - Assists with patient care when psychiatrist not at hospital GLFHC – Access to psychiatrist/behavioral health provider when patient in clinic
ule ^{dical} Urgent Care Kiosk	Reduces cost through reduction of inappropriate use of ER for primary care visits	LG – Reduces use of ER for primary care visits GLFHC – Provides after hours/weekends primary care access
Nestral Virtual Visits – Primary Care	Assists with access to care, continuity of care, improved outcomes	GLFHC - Reduces 'no show' rates GLFHC - Expands capacity and outreach

^{*} selected for proforma cost benefit analysis

Telebehavioral Health Proforma

Estimated Total 5 Year ROI

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 Telebehavioral 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

Telehealth Project

MAVEN Project

- Strengthened and expanded the usage of MAVEN Project (specialist telehealth visits)
- Exploring the expansion of new specialty services

Home-Based Telehealth

Virtual Visits –

- Pharmacist with patients in their home
- Asthma Intervention with pediatric population/ prescription delivery

Telebehavioral Health

Optum

Collaborate with behavioral health provider OPTUM

Thank you

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