TELEMEDICINE IN OREGON

The Telehealth Alliance of Oregon (TAO) For The CCO Summit December 5, 2013

Is it telemedicine or telehealth?

- Terms are often used interchangeably
- In most cases telemedicine refers to clinical services delivered to patients using tele-technology – those services that are or could be reimbursed when provided in person
- Telehealth is often used to refer to the broader scope of health care education and services delivered via teletechnology

History of telehealth in Oregon

- Began in 1993 with the RODEO Net grant. Linked 9 mental health clinics in eastern Oregon with OHSU, the Eastern Oregon Psychiatric Center, and Oregon State Hospital
- Very little growth during the '90s. Huge barriers in policy, bandwidth, equipment and lack of clinician acceptance
- TAO was formed in 1999 as a committee of the Oregon Telecommunications Council. It was charged with addressing some of the barriers to the growth of telehealth
- Became a stand alone non-profit in 2005

History of telehealth in Oregon

- 1999 SB 622 created six large interconnected fiber rings throughout the state
- 2001— bill# licensure of telemedicine across state lines
- 2004 HJR 4 resolution stating that services delivered via telemedicine should be reimbursed the same as those delivered in person.
- 2009 TAO's application to the FCC to provide \$221 million for the creation and development of the Oregon Health Network was approved.
- 2009 SB 24 required that private payers reimburse for telemedicine
- 2011 SB 569 created process for ubiquitous credentialing of telemedicine providers

The perfect storm for telehealth in Oregon

- OHN develops secure bandwidth to most hospital sites and many clinics throughout the state
- The reimbursement climate at both state and federal levels has significantly improved
- The equipment used to provide telehealth services is becoming smaller, more portable and less expensive.
- Oregon's large tertiary centers make significant investments in telehealth
- Oregon's health care reform creates demand for easier access to quality services at an affordable cost.

Today in Oregon

- Telemedicine is being received or provided in over half of hospitals throughout Oregon and many more programs and services are being planned.
- Telemedicine is occurring in at least 5 school based health centers with more being planned
- Non-urgent care is being provided via telemedicine to people in their homes and workplaces by Health eXpress and ZoomCare
- Home monitoring projects for chronic illnesses as well as the elderly are growing in several areas of the state.

<u>Providence Health eXpress</u> – Provides primary care telemedicine to patient workplace:

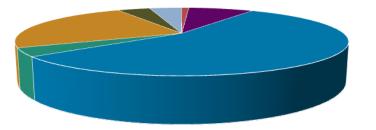
- provided fast, easy and inexpensive services to patients which have reduced time loss, ED and Urgent Care utilization
 - Established accurate clinical scope 93% of patients who call for an appointment had one scheduled
 - A connected experience of care 98,4% of surveyed patients would recommend the service to a friend or co-worker
 - Avoided duplicate costs to employer groups only 0.7% of patients sought additional medical care within 5 days of a visit. 3% were escalated
 - Improved productivity by getting employees in for same-day appointments – 73,5 minutes ave. time between initial call and visit

<u>Randall Children's Hospital, Legacy Emanuel</u> – provides neonatal resuscitation support to staff in smaller hospitals who have less experience in leading resuscitations:

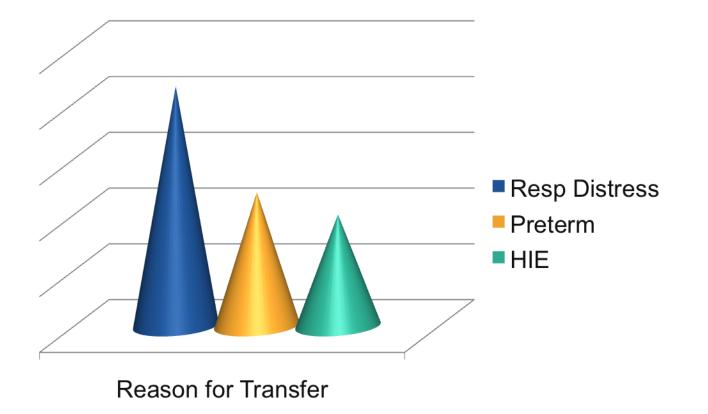
30 Events ~ 2% of Deliveries

Reason for Tele-Baby Call

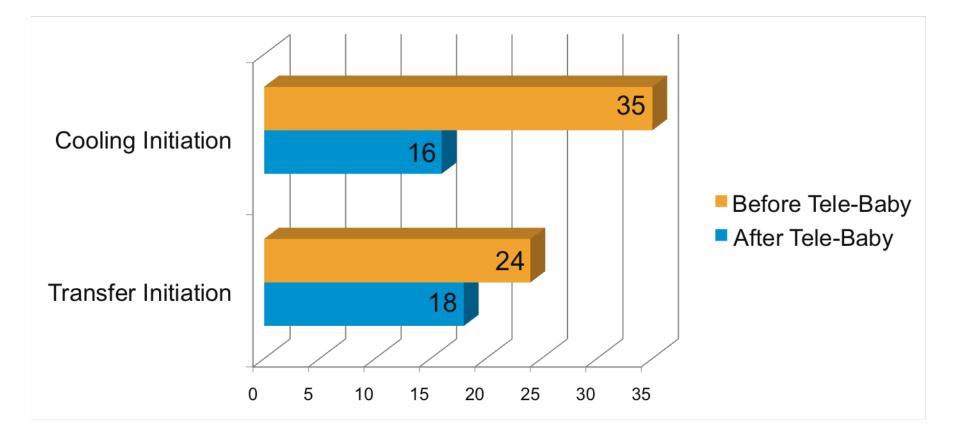
- Resp Distress 23%
- Abruption 8%
- C/S Fetal Indication 34%
- Cord Prolapse 4%
- Preterm 23%
- C/S Maternal Indication 4%
- C/S Failed Vacuum 4%

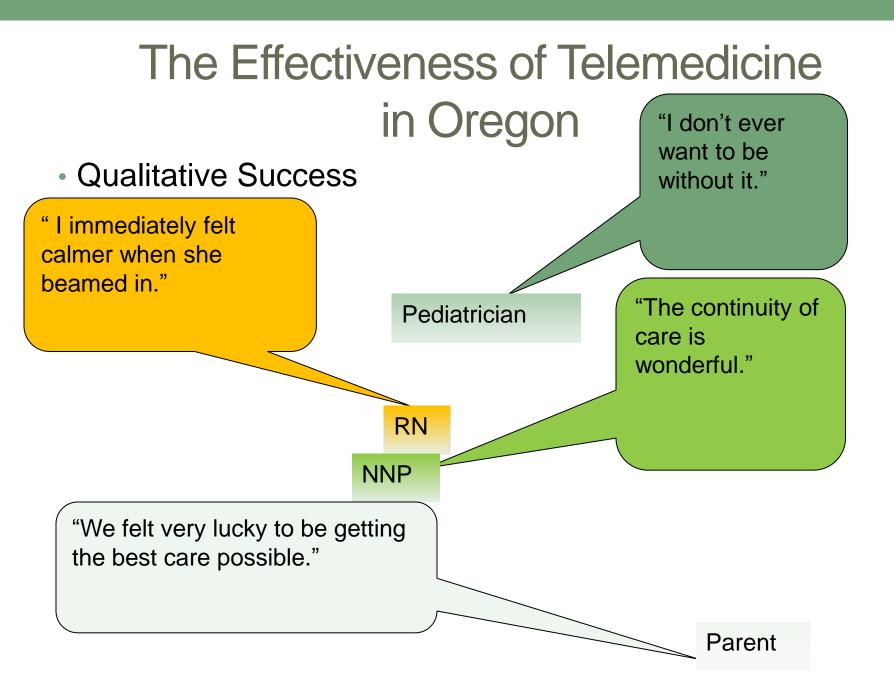


1/3 of Events Transferred



Quantitative Success





<u>OHSU=Bosch Health Buddy (HB) CHF Collaboration</u> – Provides home monitoring services to CHF patients for 30 days following hospital discharge:

- 55 patients enrolled in program since December, 2012
- 72% of patients enrolled completed the HB program (some dropped out, some weren't able to connect)
- Ave. # of patients monitored per day typically ranges from 2-5 with a high of 9
- Only 3% of HB monitored CHF patients were readmitted within 30 days compared to the nation average of 22% (does not include patients readmitted due to VAD placement, or expired with 72 hrs of discharge)
- 3 of 55 patients had reported ED visits in the interim of 30 days

<u>OHSU Acute Care Telemedicine</u> – Provides acute care services to 16 sites throughout the state based on local needs:

- Service lines include
 - Stroke
 - Genetics counseling
 - Neuroscience
 - Psychiatry
- Total Consults: 653
 - Tele-stroke: 384
 - Tele-peds: 231
 - Tele-neonatology: 34
 - Newborn Medical Genetics: 4

- PICU - NICU
- Trauma

- <u>OHSU Acute Care Telemedicine</u> Provides acute care services to 16 sites throughout the state based on local needs:
 - Percentage of patients kept in local communities:
 - Tele-stroke 49%
 - Tele-peds 23%
 - Tele-nicu 21%
 - Estimated Transport Savings: \$3,466,000

- Peace Health Telemental Health Crisis Services provides crisis evaluations for Sacred Heart Hospital University District, Sacred Heart River Bend both in Eugene and Peace Harbor Hospital in Florence. Crisis consultation was provided to the ED at River Bend from crisis workers at the University District Hospital beginning in 2009 to 2012 between the hours of midnight and 8 am when a crisis worker was not available. Services were also provided during times of high volume. In 2013 the roles were reversed.
- Both hospitals have provided services to Peace Harbor Hospital ED which does not have a crisis worker available.
- Since the inception of the program 626 evaluation have been provided via telemedicine.
- Over the past 18 months Riverbend has provided 50 outpatient adult psychiatry consults and 12 child psychaitry consults to patients in Florence.

The Telehealth Alliance of Oregon

- Established as a non-profit in 2005, TAO is a statewide membership organization
- Its focus is on education and policy pertaining to the use and implementation of telehealth
- TAO is and information resource for payers, providers, hospitals, clinics, and policy makers about the benefits of telehealth
- TAO provides conferences, a website, listserv and webinars to advance the knowledge, practice and policy of telehealth
- TAO works with 14 other resource centers throughout the United States to leverage the best knowledge and practices in telehealth for its members.

To Contact Us

 For information regarding telehealth or to ask about becoming a member of TAO contact:

> Cathy Britain, Program Director <u>Csbritain@gmail.com</u> (541) 910-7366

> > Thank You!