

Utilizing TeleMedicine to Improve Access to Medical Care in Idaho

Presentation for the Idaho Health Care Task Force
September 10th, 2012

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Presentation Outline

- Introduction to TeleHealth Technology
- Idaho Overview
- Our Experiences
- The Future



Introduction

TeleHealth: *a mode of delivering health care services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from health providers.¹*

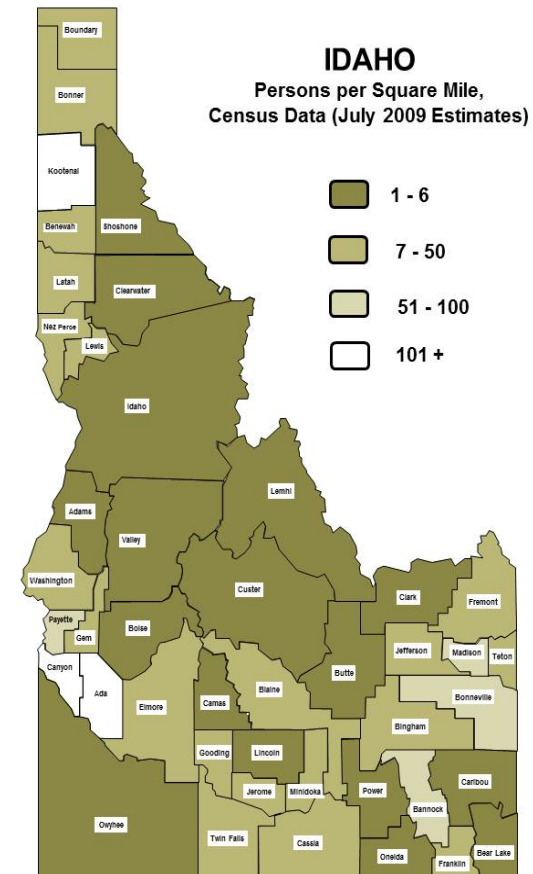


TeleMedicine : *The use of medical information exchanged from one site to another via electronic communications to improve patient's health status¹*

¹ Center for Connected Health Policy, "Advancing California's Leadership in TeleHealth Policy: A TeleHealth Model Statute and Other Policy Recommendations", February 2011

Why TeleMedicine

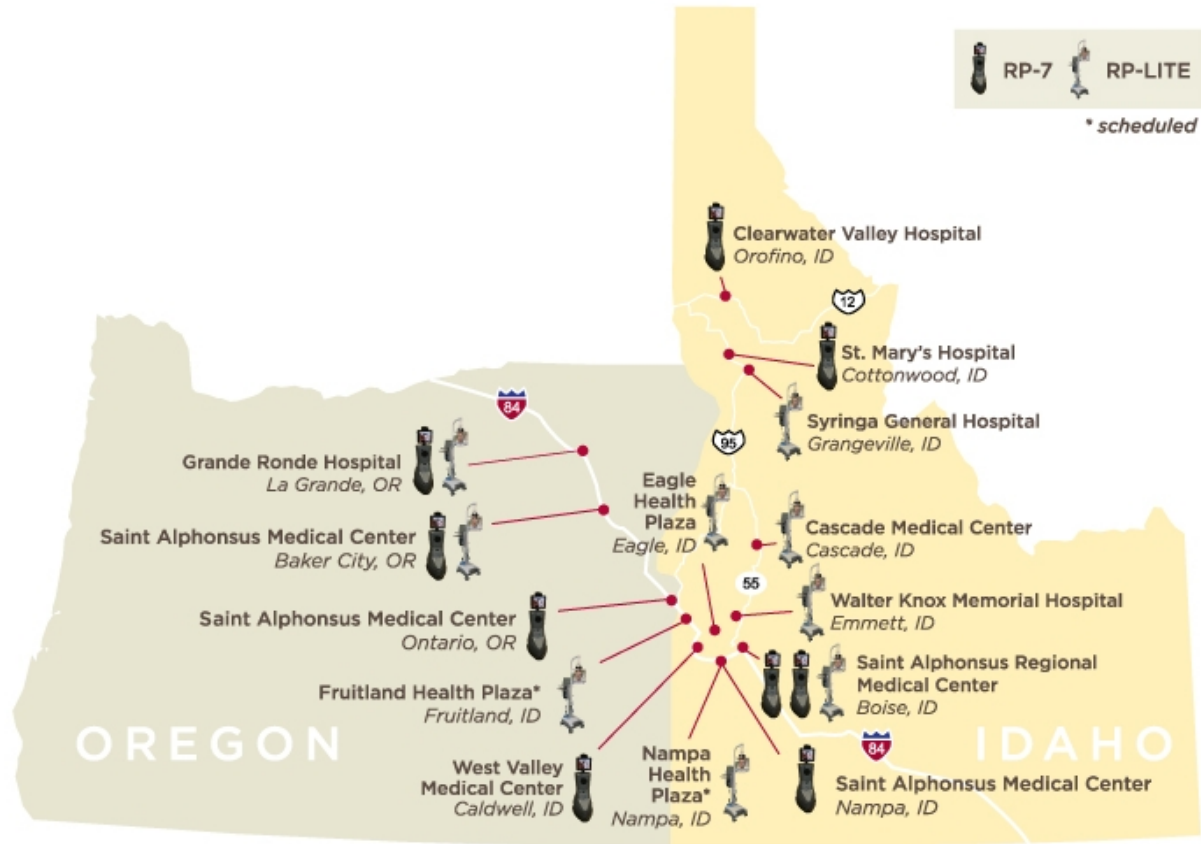
- 35 of Idaho's 44 counties are Rural or Frontier
- Idaho has 27 Critical Access Hospitals
- 48 Medically Underserved Areas/Populations
- 158 Health Professional Shortage Areas
- Rural Idaho faces recruitment and retention challenges
- Limited access to specialty care in many areas



Source: U.S. Census Bureau
Map: State Office of Rural Health & Primary Care, Idaho Department of Health and Welfare, 1/2011

Our Experience: The IDA/ORE Network

Saint Alphonbus | IDA/ORE NETWORK

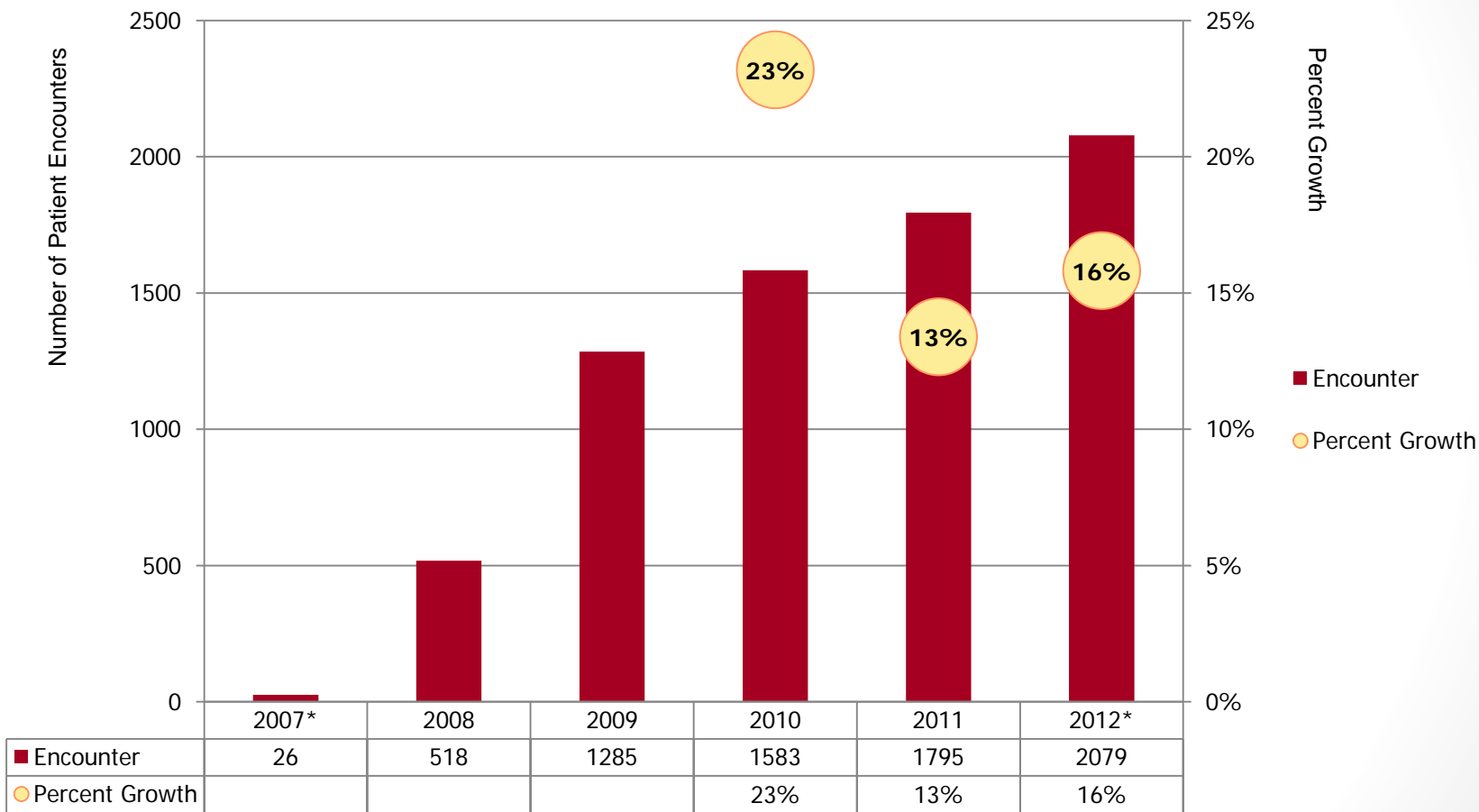


IDA/ORE Network Services

Emergency Consultations	Outpatient Services	In-Patient / Other Services
<ul style="list-style-type: none">▪ E.D. to E.D▪ Stroke▪ Burns▪ Neonatology	<ul style="list-style-type: none">▪ Psychiatry▪ Oncology▪ Orthopedics▪ Dermatology▪ Rheumatology▪ Cardiology▪ Genetic Counseling▪ Burn Follow-up Clinics▪ Wound Care*▪ Stress-echo Services*	<ul style="list-style-type: none">▪ Intensivist Program▪ Hospitalist Program▪ Interpretive Services▪ Televisit▪ Education

* In development

Service Utilization: Year over Year Growth



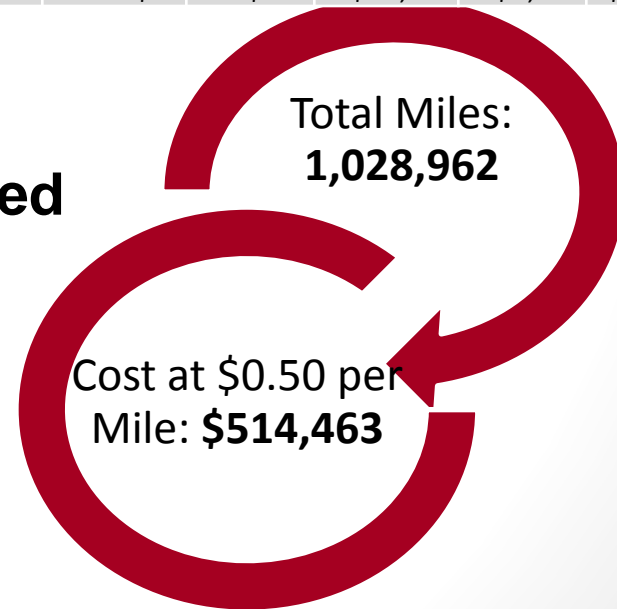
*2007 5 months of data

*2012 Data is annualized

Outpatient Clinics: Serving Patients at Home

Outpatient Travel Expenses	Clearwater Valley	St. Mary's*	Grande Ronde*	SA Baker City	SA Ontario	West Valley	Walter Knox	Cascade	Syringa	SARMC
Patient Encounters	2500	956	177	4	2	1	18	221	54	92
Travel Miles Avoided	615,262	276,608	28,896	632	224	100	1,044	35,360	8,424	62,376
Expense per Mile	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Total Expense	\$307,631	\$138,304	\$14,448	\$316	\$112	\$50	\$522	\$17,680	\$4,212	\$31,188

Total Patient Travel Expense **Avoided** due to Availability of TeleMedicine:



- *Cardiology patients at Grand Rhond must travel to Boise for care
- *Child Psychiatry patients at St. Mary's and Clearwater Valley must travel to CDA for care
- *SARMC patients with severe burns were traditionally transported to University of Utah's Burn Center for care prior to TeleMedicine implementation.

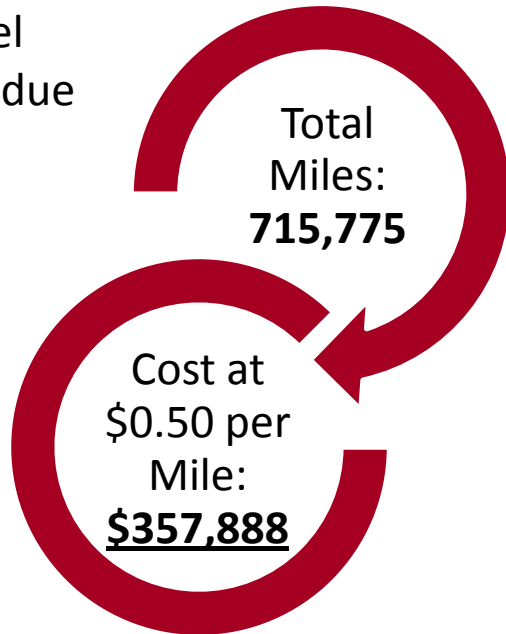
Telepsychiatry Program

February 2009 – July 2012

Adult Psychiatry

- ❖ 201 new patients served
- ❖ 1272 total patient encounters
- ❖ 80% no current psychiatric care

Total Patient Travel
Expense **Avoided** due
to Availability of
TelePsychiatry:



Child Psychiatry

- ❖ 90 new patients served
- ❖ 1582 total patient encounters
- ❖ 80% no current psychiatric care

Case Study: Telepsychiatry Health Care Cost Savings

Pre- Telepsychiatry Program:

- Diagnosed with schizophrenia and severe drug and alcohol abuse
- Average of 1 E.D. visit /month for 3 years = **\$46,728**
- 4 hospitalizations in 3 years

Telepsychiatry Program:

- 6 E.D. visits in 18 months = **\$7,788**
- 1 hospitalization in 18 months

Average cost of an E.D. visit = \$1298

Average Cost of telepsychiatry appointment = \$100

TeleHospitalist Services

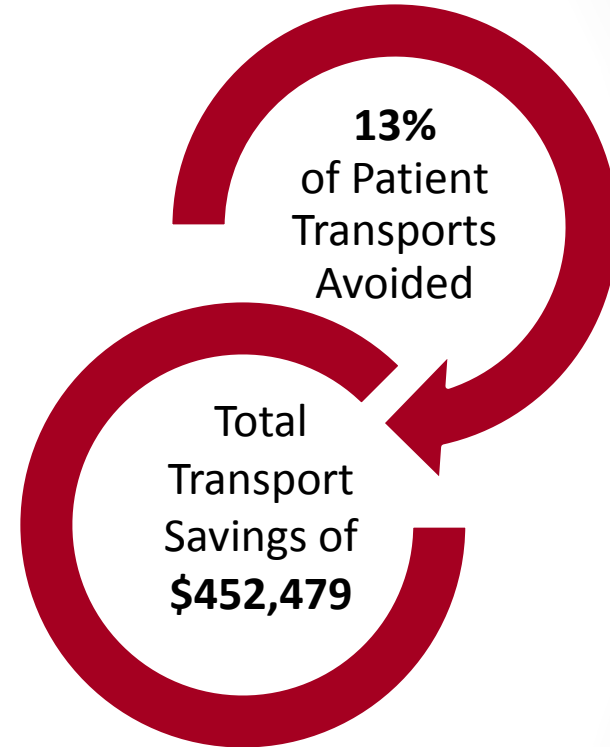
- ❖ 44 *inpatients* retained between Nov. 2010-Nov. 2011
- ❖ Resulting in 210 days of hospitalization
- ❖ Resulting net payments to critical access hospital: \$360,000

- ❖ Significant savings to patients/payors:
 - ❖ Avoided ground/air transfer costs
 - ❖ Avoided duplication of tests
 - ❖ Avoided family travel and loss of work time
 - ❖ Improved continuity of care

Emergency Specialist Program

November 2009 – July 2012

ESP Program by Type	Patient Encounters
Stroke/Neurology	105
Burns	30
Cardiology	5
All Other Emergent	40
Total	180

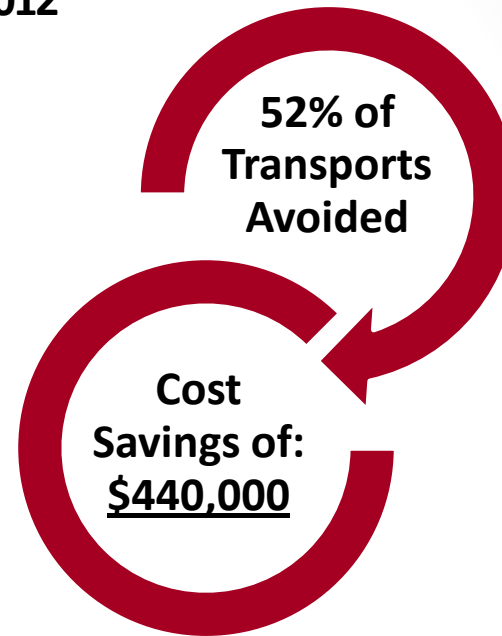


- The ESP Program coordinates specialty physicians in emergency situations using TeleMedicine technology.
- Patients can then receive care in their community hospitals when appropriate.

TeleBurn Service in Partnership with U of Utah

December 2011 – July 2012

Emergency Burn Prevented Transport	Patient Encounters
Patient Transport Avoided	11
Patient Transported to Utah	10
Total	21



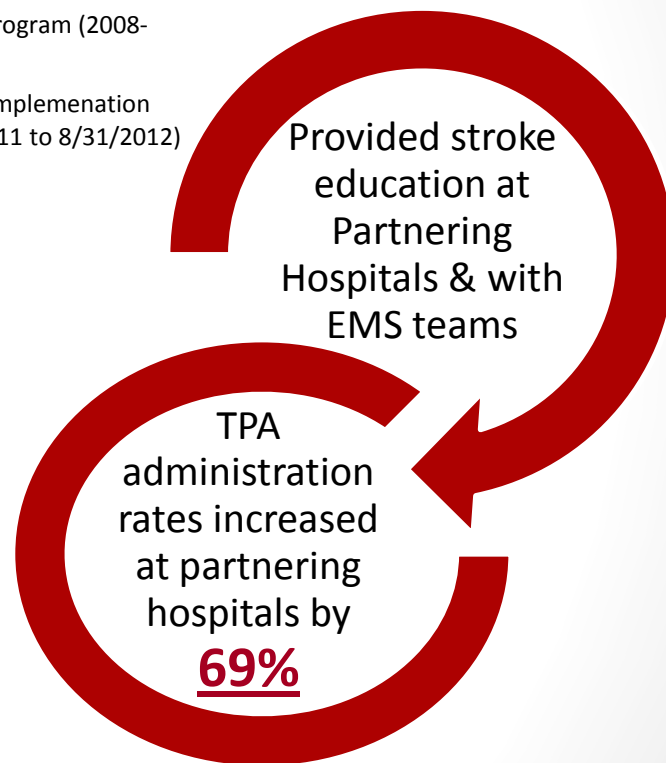
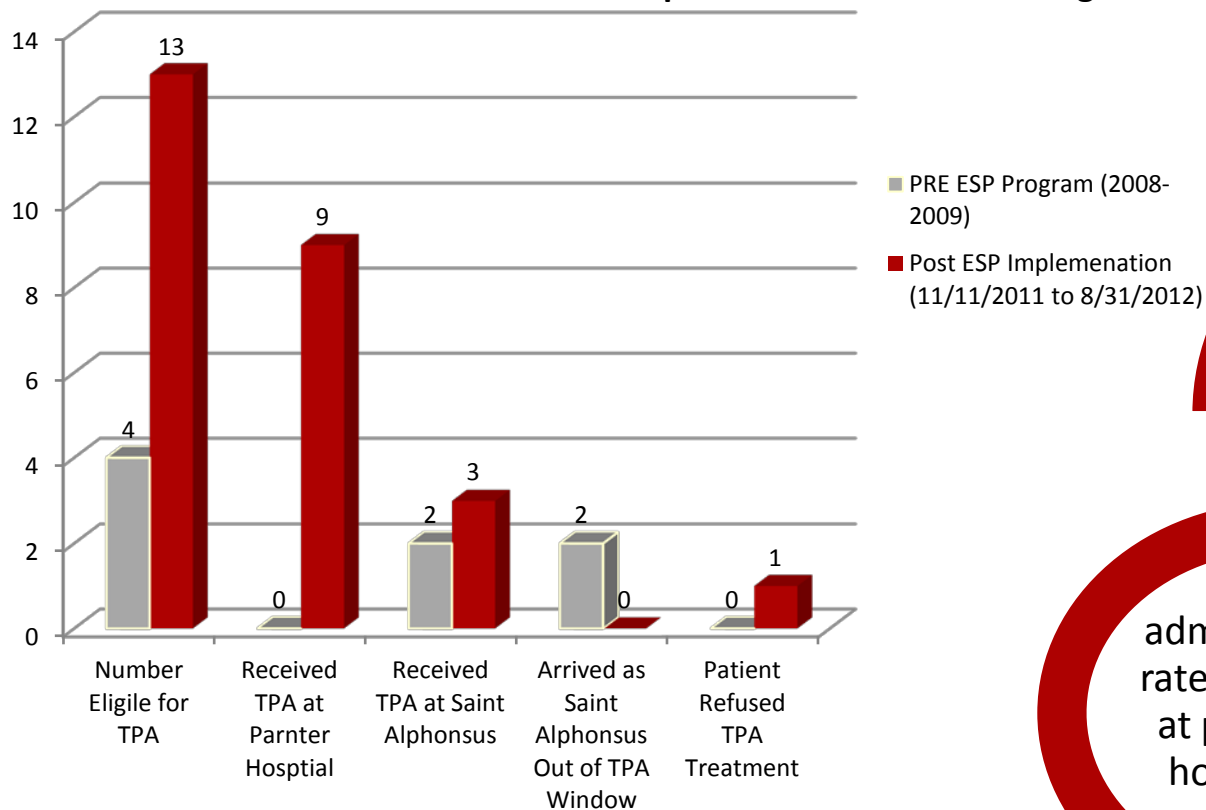
Burn Follow-Up Clinic	Patient Encounters
New Patients	39
Returning Patients	49
Unknown	4
Total	92
Travel Miles Avoided	62,376
Travel Dollars Saved	\$31,188



**Saint Alphonus
Health System**

TeleStroke Services

TPA Administration in Rural Hospitals Pre and Post ESP Program



*TPA must be administered within a set time frame from the onset of symptoms

Case Study: Improving Stroke Care and Outcomes

Patient presents to a partnering hospital emergency room with dense right sided weakness and loss of speech.

Patient was evaluated for stroke, sent for a rapid head CT, and a Tele-Stroke consult was initiated with a Neurologist

Tele-Stroke Neurologist was able to view the CT scan immediately

Patient was deemed a candidate for IV t-pa which was initiated at 1 hour and 55 minutes from stroke symptom onset then Transferred

- Tele-Stroke Neurologist was able to re-evaluate the patient pre and post administration of t-pa
- Two hours after treatment the patient was awake, alert, and able to answer questions
- The patient discharged with only mild weakness of his right arm
- Prior to Tele-Stroke, partnering hospital would transfer stroke patients without starting t-pa at their hospital



Future Vision

- Telehealth utilized to provide wide variety of inpatient, outpatient and emergency services throughout the state
- Rural hospitals remain financially viable as patient revenues remain in the community
- Patients receive **appropriate, timely** access to specialty services thereby reducing costs as focus switches to prevention and improved management

Thank you

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