

# IMPROVING PATIENT ACCESS: TELEMEDICINE

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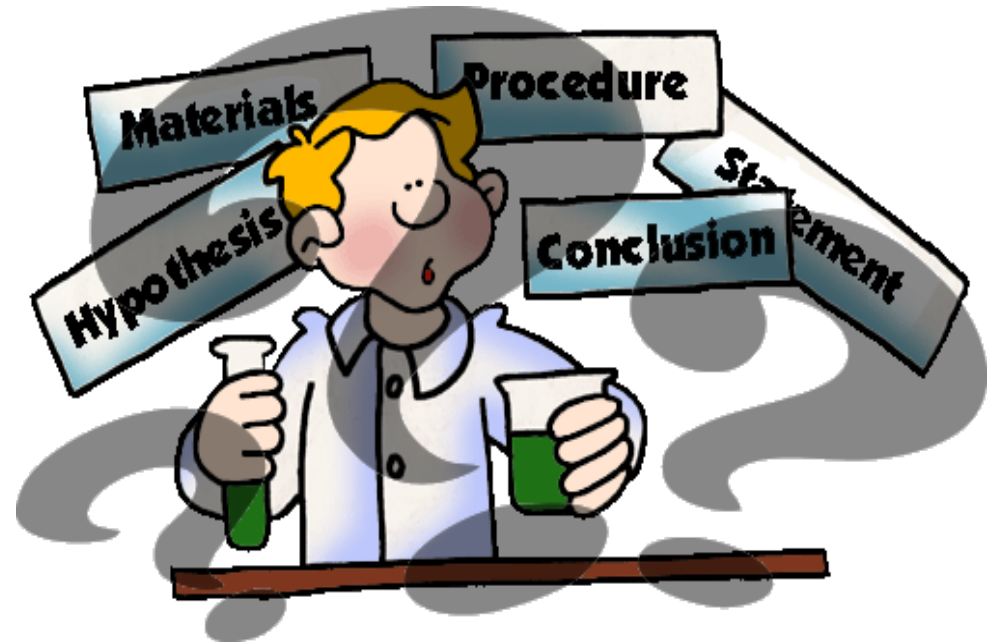
# Patient Access to ULP Clinics



- The Challenge
  - Improve patient experience
  - Improve unused capacity in clinics
  - Improve metrics including lost opportunity and 3<sup>rd</sup> next available new patient appointments

# Patient Access to ULP Clinics Team

- We met with Wade Mitzel, Cindy Lucchese and Tony Carraro
  - Each had their own ideas of patient access issues
    - Urgent Care
    - Call/Scheduling
    - 3<sup>rd</sup> next available
- BROAD SCOPE TOPIC!
  - SO many options
    - What would be doable in less than 1 year's time?!?
      - TELEHEALTH?.....



# Background - Telehealth



- Telehealth – refers to broader scope of services, domain of public health, general medical services, health education and promotion
- Telemedicine – subset of telehealth that refers to clinical services delivered remotely
- Terms are often used interchangeably

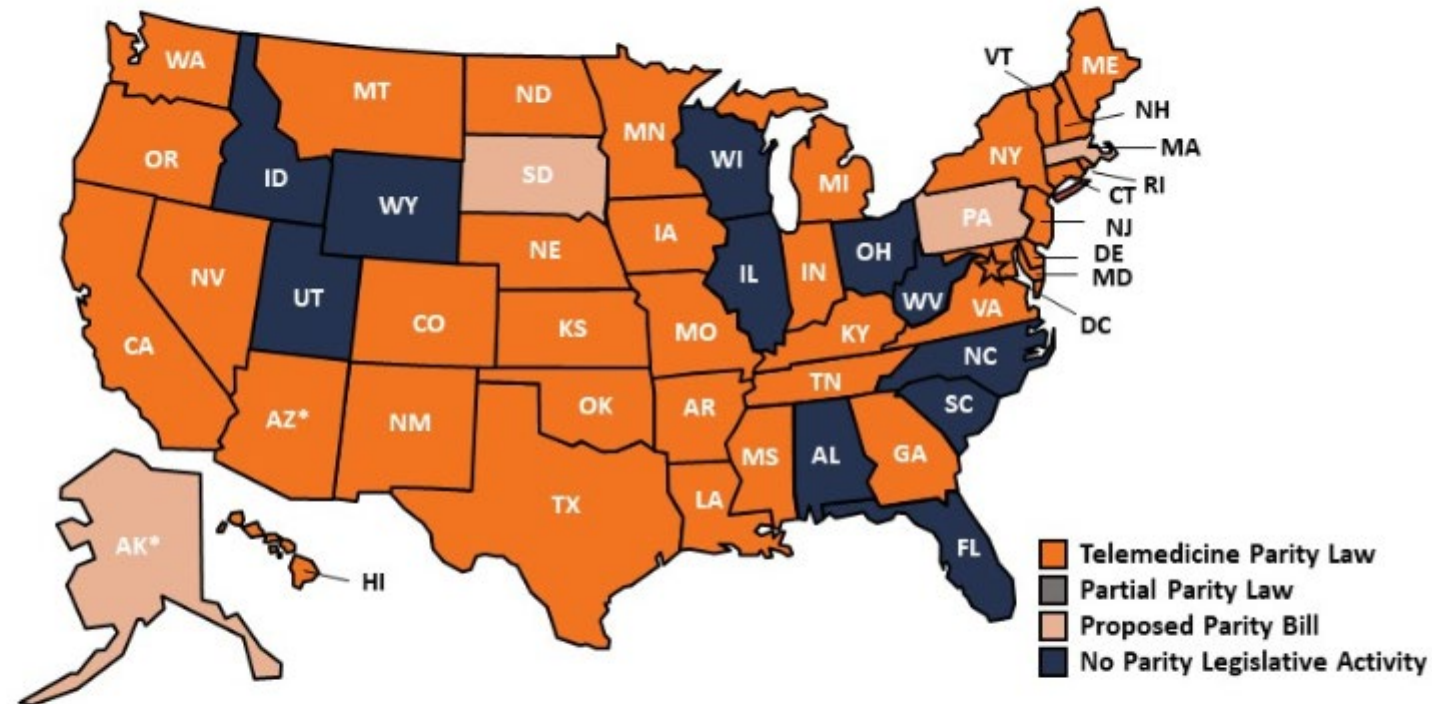
# Background



- KY SB 112, passed April 26, 2018
  - Imposed telehealth coverage and payment parity requirements for Kentucky Medicaid, Medicaid managed care organizations, and commercial health plans.
- Effective July 1, 2019
- Services no longer have to be provided as part of KY Telehealth Network, patients do not have to be at a “center” to obtain services



## States with Parity Laws for Private Insurance Coverage of Telemedicine (2018)



States with the year of enactment: Alaska (2016)\*, Arizona (2013)\*, Arkansas (2015), California (1996), Colorado (2001), Connecticut (2015), Delaware (2015), Georgia (2006), Hawaii (1999), Indiana (2015), Iowa (2018), Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Minnesota (2015), Mississippi (2013), Missouri (2013), Montana (2013), Nebraska (2017), Nevada (2015), New Hampshire (2009), New Jersey (2017), New Mexico (2013), New York (2014), North Dakota (2017), Oklahoma (1997), Oregon (2009), Rhode Island (2016), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010), Washington (2015) and the District of Columbia (2013)

States with proposed legislation: In 2018, Alaska, Massachusetts, Pennsylvania, and South Dakota

\*Coverage applies to certain health services.



# Background - Telemedicine



- Current Telemedicine providers at UL – Payments are contracted through the facility they see patients
  - Psychiatry
  - Neurology (Stroke service at remote sites)
  - UL ID sees HIV patients at Louisville Metro Corrections
  - OB/gyn - pregnant patients Louisville Metro Corrections
- How to get paid outside of contracts
  - Billing same as E/M office visit, ex 99213
  - Use modifier to distinguish telemedicine visit
    - 95 (old modifier is GT, which might be recognized by some payors)
    - POS (Place of Service) code 02 on claim indicates is telehealth visit
- Newer services
  - Burn Clinic seeing follow up patients via Telemedicine

# Need - Telemedicine

- Let's think about the audience...
  - Patients: Goal is to improve patient experience and improve access to ULP clinics
  - Patient survey data identified limited parking and cost as problems
  - Access data from October 2018:
    - Lost Opportunity (same day cancellation plus no shows) ranged from 16% at best to 38% at worst with average of 24%, *industry standard is less than 20%*
    - Average 3<sup>rd</sup> Available New Appointment, range from 7 days to 150 days, average of 39 days, *goal is 21 days*
    - Schedule utilization, range 60% to 99%, average 75%. *Industry standard >80%.*

# Need - Telemedicine



- What IS this patient's need??
  - Increase....
    - Access
    - Satisfaction
- What Need does this project fulfill??
  - For the:
    - Patient
    - Provider
    - ULP and the Health care system

# Approach

- Reviewed Data: October 2018 - May 2019
  - Access Data:
    - Lost Opportunity 24 % (Goal <20%) unchanged
    - Average 3<sup>rd</sup> Next New Appointment: 30 days Goal 21
    - Schedule Utilization 75 % Goal >80% unchanged
  - Satisfaction Data:
    - Not Satisfied/chronic
- Met with Executive Sponsor(s): monthly
  - Review data, narrow scope and focus
  - Department of Medicine
- Surveyed patients, staff and providers
  - Verified data
  - Identified downtown location and parking as barrier to access and a negative to patient experience and satisfaction

# Approach

- Identified Telemedicine as potential approach to:
  - improve access
  - reduce lost opportunity rate
  - improve satisfaction
  - increase revenue
- Identified Endocrine Diabetes Specialty Clinic as target clinic for telemedicine implementation:
  - small, single provider with telemedicine interest
  - frequent appointments for medication management

# Approach

- Data from Mississippi Diabetes Telehealth Network
  - increased adherence with treatment, improved health and significant cost savings to patients, payors and the state
- Established process to implement telemedicine to selected patients after review of rules and regulations, including documentation, consent and billing as well as clinical process of patient care
- Conducted several mock runs with clinical staff and physician to familiarize all with technology, process and anticipate potential problems and needed changes

# Benefit – For Patients

More convenient and decreased travel time and cost

Better access to specialists

Better management of chronic health conditions, ex. heart failure, diabetes

More timely treatment of urgent issues that may not require office visit

Follow-up of abnormal tests results that allows face to face time with physician via video screen

Follow-up after treatment of conditions that may not require physical exam

# Benefit – For Providers

- For Providers
  - Improved access for patients for chronic and acute conditions improves overall quality of care and patient satisfaction
  - Opens up clinical space for other necessary uses, such as needed office urgent care visits and new patients visits
  - Greater flexibility with schedules and utilization of clinical time, potentially even seeing patients from home
  - Reimbursement for previously non billable services
    - Phone calls can become video visits
    - Electronic communications (FMH) that are more complex could become video visit

# Benefit – For Systems

Potential to increase access for in office visits for new patients or more complex patients who require in office visit

Decrease cost overall to system because of decreased travel, time and cost associated with office visits

And decreased emergency visits because more close monitoring of chronic health conditions

Better health outcomes and better *value* in health care

# Competition

- Within the state, UK has telemedicine program
  - <https://kytelecare.med.uky.edu/kytelecare-clinical-telehealth-programs>
- Locally
  - Norton provides Telemedicine visits through eCare
  - NPs see Norton employees for free or for \$35 fee (not billed through insurance) will video visit any other patient
  - Specific diagnoses/symptoms only for non-urgent issues
  - Visits scheduled through patient portal

# Competition

- Many health insurance (Humana, Aetna) companies offer telehealth as part of insurance benefit to member
- Current on-line platforms: Teladoc, Doctor on Demand, others

## Humana and Doctor on Demand launch new virtual primary care health plan

Dubbed On Hand, Doctor on Demand touts the new plan as a way to give patients comprehensive services outside of traditional sites of care for "significantly lower monthly premiums."

## How Technology Is Revolutionizing Health Care



# Competition

- Provider seeing patient must be licensed in Kentucky (or the state where the patient is located)
- Any licensed provider in any location can potentially obtain Kentucky medical license and “see” patients under the SB 112 and get reimbursed for the visit
- Competition is going to get fierce!



# Current Status

- Seeing patients in Ste 310
- Diabetes follow-up



## Endo Telehealth Visit Type

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Patient Name:

Patient DOB:

## Endocrinology Telehealth:

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☐ Hospital Follow-up

☐ Diabetes Follow-up

☐ Gestational Diabetes \_\_\_\_ Weeks Gestation

☐ Postpartum

☐ Other \_\_\_\_\_

Here is the form in the Results/Data section that you requested:

## Diabetes Device Review

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Diabetes Device Review \_\_\_\_\_

# Future Directions??



HEPATITIS C CLINICS



ADVANCED HEART  
FAILURE CLINICS



OPIATE USE  
DISORDERS  
TREATMENT



HIV/INFECTIOUS  
DISEASE CLINICS

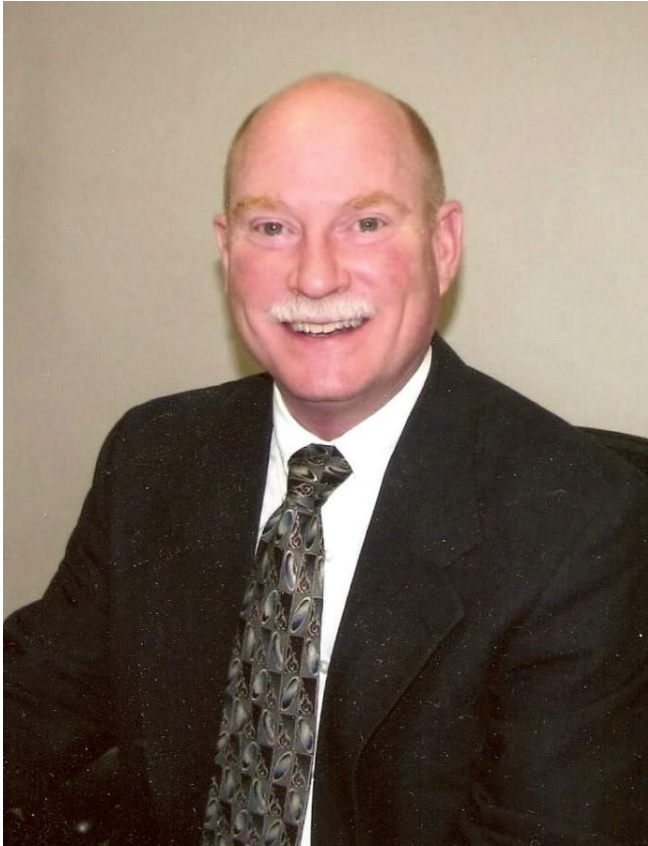


URGENT CARE  
APPOINTMENTS?...



INTER-PHYSICIAN  
CONSULTATIONS?...

# Special Thanks!



- Tim Bickel
  - TeleHealth Director
  - University of Louisville



QUESTIONS?