Telehealth Implementation Roadmap
Exploring Critical Success Factors for Telehealth Implementation
Integrated Leadership Panel Members

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Assess

- Clinical and Administrative Service Needs
- Technology Infrastructure and Equipment Inventory
- Leadership Support
- Clinical Provider Buy-in
- Relationships with Specialty Providers
• Unmet healthcare needs
  – Specialties
  – Volume
• Current telehealth experience
• Other uses for telehealth equipment?
  – Medical interpreting services
  – Administrative meetings
  – Continuing medical education

Operations

Needs Assessment: Clinical and Administrative Services

Short List of Telemedicine Services

- Allergy
- Burn
- Cardiology
- Child Development
- Dermatology
- Endocrinology
- Gastroenterology
- Genetics
- Hematology
- Hepatology (Hepatitis A-E)
- HIV and Aids
- Infectious Diseases
- Nephrology
- Neurology
- Neurosurgery
- Nutrition
- OB/GYN
- Occupational Medicine
- Oncology
- Ophthalmology
- Orthopedic Surgery
- Orthopedics
- Otolaryngology
- Pain Management
- Palliative Care
- Pediatric Cardiology
- Pediatric Critical Care
- Pediatric Dermatology
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Genetics
- Pediatric Hematology/Oncology
- Pediatric Nephrology
- Pediatric Neurology
- Pediatric Obesity
- Pediatric Otolaryngology
- Pediatric PM&R
- Pediatric Psychology
- Pediatric Rheumatology
- Pediatric Sexual Abuse QA
- Pediatric Urology
- Plastic Surgery
- Podiatry
- Psychiatry
- Psychology
- Pulmonary
- Rheumatology
- Stroke
- Surgery
- Surgical Oncology
- Transplant
- Urology
• Tele-communications
  – Secure, medical grade broadband in the staff meeting and clinic exam rooms?  Is it wired or wireless?

• Equipment and peripherals
  – Videoconferencing equipment
  – Peripherals (exam camera, stethoscope, otoscope)
  – Computer with webcam, microphone, speakers
  – Store and forward software, digital camera
• Program financing
  – Grant funding? For what, how much and how long?
  – Institutional funding commitment
• Staffing allocation
  – Program design, management and day to day operations
• Ongoing program support
  – Staffing, technology, change management
• Understand the value of telehealth to patients and clinical practice
• Willing to incorporate telehealth into daily practice
  – Patient identification and referral
  – Patient presentation and follow-up
• In-house
  – Within your organization, practicing at a different location

• In the community
  – Providers in your referral network that would benefit from enhanced services provided via telemedicine

• Statewide / Nationwide
Establish

- Telehealth Team
- Specialty Service Provider Partnerships
- Technology Infrastructure
- Revenue Cycle Management Program
Incorporate telehealth into the organization’s strategic plan

Provide strategic direction

Allocate staffing
  - Telehealth core team
  - Clinician practice time
  - Billing & compliance
  - Management oversight

Goal: Financial sustainability of the program

Maintains overall control of the program

Brings partners to the table

Respected member of the clinician community

Incorporates telehealth into daily practice

Promotes telehealth to other clinicians

Goal: Quality and efficiency of medical service

Program coordination, liaison and promotion duties between patients, presenters and specialty sites

Patient care scheduling and coordination

Education and outreach

Technology management

Goal: Program efficiency, patient and provider satisfaction

Telecommunications network planning and maintenance

Equipment selection, installation, training and troubleshooting

Equipment reliability and functionality – video conferencing, store and forward software & medical peripherals

Goal: Maintain, user-friendly, reliable technology

Telemedicine Coordinator

Technical Support

Executive Leadership

Clinician Champion

Telehealth Team

Goal: Quality and efficiency of medical service
• Partner stability
  – Is the program well supported? Does the program have telemedicine experience, and if so, for how long? Can the program handle your referral volume?

• Partner qualifications
  – Are the clinicians qualified to act as your partners? (i.e., licensure, board certification, adequate support staffing)

• Policies for credentialing and privileging
  – Will the service provider accept your preference for credentialing (full credentialing process or by proxy)
• Specialty service payment models
  – Originating site purchases time from distant site
  – Originating site pays per patient seen
  – Originating site pays the delta between distant site’s cost and collections
  – On-demand, 24/7 coverage (hospital, ED, ICU, & in-patient)
  – Health plan contracts directly with specialty service provider

• Specialty provider requirements
  – Level of provider required for patient presentation
  – Duration of appointments
• Established referral guidelines for each specialty
  – Clinical conditions appropriate for telemedicine
  – Patient medical information required prior to consult
• Technology requirements of the specialty provider for teleconsults
  – Hardware, software, peripheral devices
    • Proprietary or standards based?
    • Cloud access or point to point?
  – Requirements for transmitting patient information
  – Electronic health record access
• Equipment and peripherals
  • To accomplish the administrative and clinical service goals established by the needs assessment and specified by the specialty consultant

• Secure medical grade broadband to clinic and conference rooms
  • Sufficient to support the equipment and/or software
• Payer credentialing and contracting
  – Research and understand your payer environment
  – Develop payer reimbursement chart indicating for each major payer if they reimburse and which codes to submit
• Financial modeling and Pro Formas
  – Forecasting cost of program is critical for sustainability
  – Create a pro forma that estimates the monthly cost of the program over the first year as both utilization and payer reimbursements mature
• Key pro forma data points
  – Payer mix of patient population served
  – Anticipated volume by specialty
  – Estimated payer reimbursement
  – Physician compensation and service fees
  – Technology platform and recurring infrastructure costs
  – Staffing costs
  – Related financial benefits to the facility
Define Policies and Procedures
Operations

- Clinical guidelines for specialty referral
- Referral forms
- Process for patient consent
- Patient flow
- Specialty services billing/payment
- Exchanging medical information
- Clinic scheduling
- Patient insurance billing
- Credentialing & privileging

Policies and Procedures

University of California, Davis Health System
University of California, Irvine

Pediatric
NEUROLOGY

Telemedicine Program Referral Guideline for Live Video

The following is a listing of clinical conditions appropriate for telemedicine pediatric neurology consultation. If you would like to refer a patient with a condition that is not listed below, please send your request along with the patient's chart notes to the telemedicine coordinator for the specialist's consideration.

Clinical Conditions:
- Seizures
- Development/neurological deterioration
- Weakness/hypotonia
- Neuromuscular disorders
- Movement disorders

Clinical Information if Available:
- Complete H&P
- Pertinent outside records, documentation of previous neurological/developmental evaluation
- Current medications, allergies & drug levels
- Summary of patient's course regarding neurological issues: frequency, severity and response to interventions
- Copy of PCP initial intake & follow-up evaluation pertaining to problem prompting referral indicating his/her impression, plan & specific questions
- Relevant familial/history
- Report of labs, diagnostics (EEG), CT and MRI films
- Some assurance that family understands reasons for referral

Appointment Scheduling: 45-60 min
Level of Provider: Required: Primary Care Provider for the last 15 minutes of the appointment to assist with physical exam
Video Equipment Required:
1. Videoconferencing unit
2. Non-Virtual Equipment Required:
   1. Exam Table
   If possible, please also include:
   - Video ophthalmoscope
   - Electronic stethoscope
   - Reflex hammer
   - Sharp pin (for sensation testing)

The following information must be received prior to scheduling an appointment:
1. Telemedicine Consent Request form
2. "Necessary Clinical Information" listed in columns on left

Signed consent form, explained to the patient's satisfaction must be received before consult begins

UC Davis Consultant: Shubhangi Chitnis, M.D.
UC Irvine Consultant: Ira T. Lott, M.D.

Patient Preparation Considerations: Upon request, presenter must be able to direct the camera to the patient's foot to capture the gait. Patient must be placed in a comfortable chair or on the floor.

To refer a patient, please fax referral request form and patient medical information outlined in this guideline to either of the following:
For UC Davis: Intake Coordinator: (877) 430-5332 Intake Fax: (855) 202-8705
For UC Irvine: Clinic Coordinator: (714) 456-5332 Fax: (714) 456-8957

For patient scheduling and Neurology clinic coordination, please contact...
- Clinical guidelines
- **Referral forms**
- Process for patient consent
- Patient flow
- Specialty services billing/payment
- Exchanging medical information
- Clinic scheduling
- Patient insurance billing
- Credentialing & privileging
• Clinical guidelines
• Referral forms
• **Process for patient consent**
• Patient flow
• Specialty services billing/payment
• Exchanging medical information
• Clinic scheduling
• Patient insurance billing
• Credentialing & privileging
Operations

- Clinical guidelines
- Referral forms
- Process for patient consent

**Patient flow**
- Specialty services billing/payment
- Exchanging medical information
- Clinic scheduling
- Patient insurance billing
- Credentialing & privileging
• Clinical guidelines
• Referral forms
• Process for patient consent
• Patient flow
• **Specialty services billing/payment**
• **Exchanging medical information**
• **Clinic scheduling**
• Patient insurance billing
• Credentialing & privileging
- Clinical guidelines
- Referral forms
- Process for patient consent
- Patient flow
- Specialty services billing/payment
- Exchanging medical information
- Clinic scheduling
- **Patient insurance billing**
  - State laws and reimbursement policies nationwide – cchpca.org
- Credentialing & privileging
• Clinical guidelines
• Referral forms
• Process for patient consent
• Patient flow
• Specialty services billing/payment
• Exchanging medical information
• Clinic scheduling

• **Patient insurance billing**
  - CTRC Telehealth Reimbursement Guide
• Credentialing & privileging
• Clinical guidelines
• Referral forms
• Process for patient consent
• Patient flow
• Specialty services billing/payment
• Exchanging medical information
• Clinic scheduling
• Patient insurance billing
  – CTRC Telehealth Reimbursement Guide
  – http://caltrc.org/knowledge-center/reimbursement/
• Credentialing & privileging
- Clinical guidelines
- Referral forms
- Process for patient consent
- Patient flow
- Specialty services billing/payment
- Exchanging medical information
- Clinic scheduling
- Patient insurance billing
- **Credentialing & privileging**
Implement

- Technology
- Staff Training
- Provider Orientation
- Community and Patient Education
- Go Live with Patient Consults
• Hardware, software, peripheral equipment and telecommunications configuration and testing
• Who should you include in the staff training process?
  – Telemedicine coordinator, clinical staff, technical staff, billing, coding and compliance staff

• What should be included in the staff training?
  – Referral protocols
  – Equipment usage and troubleshooting
  – Patient presentation techniques
  – Coding and billing
  – Medical records
  – Patient consent
  – Process flow
• Equipment demonstrations
• Video meet and greet sessions with specialty providers to discuss referral requirements and patient presentation techniques
• Place telehealth on the agenda at medical staff meetings to review patient selection and process flow
Community and Patient Education

Equipment demo * Appointment fliers * Web site
Go Live with Patient Consults
Improve

Revenue Cycle Analysis
Provider Satisfaction
Organizational Culture
Program Diversity
• Review and update the financial model based on the key data points used to establish the initial pro forma:
  – Payer mix of patient population served
  – Anticipated volume by specialty
  – Estimated payer reimbursement
  – Physician compensation and service fees
  – Technology platform and recurring infrastructure costs
  – Staffing costs
  – Related financial benefits to the facility
• Review claims and payments for potential areas of process improvement
  – Assign a telemedicine lead or expert to own the process and ensure all codes are entered appropriately prior to submission
  – Mine and analyze all denials received and continually update the billing policy based on new payers or change in existing payer policy

• Management reports
  – Provide and track monthly productivity, income and expense reports to show trending over time
• Are your **specialty providers** getting the information they need to provide patient care?
• Are your **clinical providers** getting the information they need to provide patient care?
• Are your clinical providers satisfied with the relationship with and services they are receiving from the specialty provider group?
• Is the technology adequate, reliable and easy to use?
• Are there any changes to be made to the clinic flow process?
Common Integration Barriers (and impossibly easy solutions)

Primary Care Provider Buy-In:

1. “What are the benefits of telemedicine?”
   a. Engage the medical staff in the implementation and planning process. Buy-in has to be an organic process that starts with an identified need and desire for the service.
   b. Make literature available that documents increased access, quality of care and improved patient outcomes as a result of telehealth.
   c. The clinician champion can encourage the providers to participate in telemedicine.

2. “Who are these specialists? Are they qualified to see my patients?”
   a. Arrange meet and greets between the PCPs and the specialists in person or via video conferencing.
   b. Give the PCP the specialist bio so they can be more familiar with the specialists and their qualifications.
   c. Talk about telemedicine at the monthly clinic physician meetings.
   d. Have the physician champion invite colleagues to sit in on a consult.

3. “Will telemedicine put local specialists out of business?”
   a. For telemedicine in general, try to remember – telemedicine can supplement, not replace, what you have available in your community.
   b. Telemedicine should never be started in a community as a redundant service – it must be a perceived need identified by the referring site.

4. “What types of patients are appropriate for referral?”
   a. Inform the clinical staff of the existence of specialty referral guidelines, and make them available and easy to locate.
   b. Include a review of the referral guidelines in monthly clinical staff meetings.
   c. Place a set of referral guidelines at the referral coordinator’s workspace.
   d. Schedule a meet and greet with the specialist to discuss the referral guidelines, appropriate clinical conditions and requisite tests prior to referral.

5. “Referral Guidelines are too complicated – the specialist is requiring too much information prior to the consult.”
   a. Meet with the specialist to discuss and agree upon referral guidelines that will accomplish the needs of both parties: requirements that can be met by the referring provider, and information that will help the specialist conduct the consult.
   b. Sometimes a specialist is willing to see the patient without a complete clinical work-up if it’s not possible to obtain the information prior to the consult.
   c. Primary care providers are also more willing to buy into the referral requirements if the specialist can explain why each item is necessary.
   d. Uncomplicated guidelines will have a greater likelihood of being adopted and utilized.

Organizational Culture

Primary Care Provider Buy-in, continued:

6. “Using a video provider makes me feel disconnected from the specialist.”
   a. Engage the medical staff in the implementation and planning process.
   b. Discuss telemedicine in the monthly clinic staff meetings.
   c. Only use telehealth to supplement your community resources.
   d. Host a “meet and greet” video session with providers to break the ice.
   e. Negotiate referral guidelines to the satisfaction of the referring and specialty providers.

Schedule monthly recaps between the providers to review patient progress and answer questions.

Patient Buy-In

1. Fear of technology
   a. Educate the patient about telemedicine.
   b. Optimize the patient’s experience by ensuring that the equipment is working properly.
   c. Give the patient a demonstration of what will happen during their consult.
   d. Media blasts – newsletters, emails, local newspaper articles, handouts and posters in the waiting rooms.

2. There may be a perception the patient is receiving 2nd class, or a lower quality of care
   a. Show the patient the specialist’s bio with a picture.
   b. Explain the specialist will be there to support their own PCP.
   c. Train the staff to help the patients understand the benefits.

3. For non-English speaking patients: “How will I communicate with the specialist?”
   a. Make sure the patient you will use the clinic’s translators so that no family member will be required to be present.
   b. Have information handouts in the patient’s own language.
   c. When possible, select a specialist who speaks the patient’s native language.

Assure the patient the specialist was selected by their PCP to enhance their care.

Provide information handouts in the patient’s primary language.
Program Diversity

- Live Video
- Store & Forward
- Continuing Medical Education
- Patient Education
- Language Interpreting Services
- Admin Meetings

SUCCESS
Repeat the Process with Every New Initiative
“It takes 6 months to implement a program …

... and 10 years to become an overnight success!”

Dean Germano, CEO Shasta Community Health Center, Redding CA
THANK YOU

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