2014 TELEMEDICINE TASK FORCE

Clinical Advisory Group

Scope of Work

For Discussion

Evaluate New Models of Care Delivery Use Cases through the Use of Telehealth

Introduction

The Telemedicine Task Force expects to make recommendations regarding a set of use cases for inclusion in new models of care delivery, supported by existing technology facilitated by a provider directory. The use cases will focus on aligning telehealth with public health goals, impacting patient health outcomes by pairing provider resources with appropriate use cases, to increase access to care.

Telehealth communication can enhance provider and patient knowledge, enhance knowledge transfer, and mitigate barriers to access of care. Telehealth can be employed broadly across the continuum of wellness and across the continuum of health care. At each point across the continuum there are likely to be advantageous uses for telehealth that will improve outcomes and prove cost effective.

The Telemedicine Task Force Clinical Advisory Group (Clinical Advisory Group) is identifying innovative telehealth use cases where the use of telehealth can:

1. Have the greatest impact upon populations in need or at risk, high volume disease states, high societal value, and/or preventive care.

2. Be consistent with the mandates of the Affordable Care Act (ACA), enhance population health management, support innovative payment models (e.g. Accountable Care Organizations (ACOs), Total Patient Revenue (TPR) hospitals), support the CMS waiver, pay-for-performance, and to reduce re-hospitalizations (reduce readmissions seven percent per year for the next five years)

3. Be implementable, testable, and cost effective.

The description of the use case will be broad-based to elicit broad-based impact. The proposed use cases will evolve through the learning and demonstration phases. Priority uses for telehealth might align with already well-established programs such as behavioral health, stroke, radiology, and dermatology. Other priorities might align public health goals such as optimal management of hypertension and diabetes. For instance, telehealth might be explored as an advantageous intervention to avoid re-hospitalization for select disorders, such as congestive heart failure and stroke, during the 30-day post-hospital period.

The CAG identified the following use cases. It is anticipated that over time a wide implementation would support management of all these use cases and more.

Innovative Telehealth Use Cases

1. Improve transitions of care between acute and post acute settings through telehealth:

    i)   Movement either direction between long-term care and acute care settings[1]

    ii)   Provide psychiatric services to long-term care

    iii)   Develop long-term care facility shared savings programs with hospitals

    Impact: Vulnerable populations such as the isolated, morbidly impaired, and elderly can reduce unnecessary movements to the acute care facility and can enhance quality of care while in the long-term care facility

2.   The use of telehealth to manage hospital Prevention Quality Indicators such as:

    i)   Diabetes management and screening potential such as retinopathy, podiatry, etc.

    ii)   Hypertension

    iii)   Congestive heart failure

    iv)   Chronic obstructive pulmonary disease and asthma

    Impact: High volume/high impact patients; vulnerable populations such as underserved and young, at risk environments (poor, abusive, neglected)

3.   Incorporate telehealth in hospital innovative payment and service delivery models through ambulatory practice shared savings programs:

    i)   Primary Care Nucleus (defined to include all or most of the skill sets listed below)

        a.   Family medicine

        b.   Internal medicine

        c.   Geriatric medicine

        d.   Pediatrics

        e.   Obstetrics

        f.   General surgeon

    ii)   Specialists

        a.   Behavioral health

        b.   Dermatology

        c.   Radiology

        d.   Pathology

        e.   Critical care (tele-ICU)

        f.   Oncology

        g.   Rehabilitative and habilitative services

        h.   Dentistry

---

[1] For purposes of discussion, long-term care includes skilled nursing facilities, assisted living, and independent living.

      iii) Hospital Emergency Departments

         a. Cardiac emergencies

         b. Pediatric emergencies

         c. Stroke

         d. Trauma

         e. Dentistry

Impact: High risk of death or disability where time, distance, or provider supply are an issue. Recognize the necessity of the primary care nucleus (i.e. team of health care providers identified in 3.i. a. – f. above) which is not limited to just the primary care physician and thereby can drive development of strategies to recruit and retain core elements

4. Include telehealth as a key component of payor-based Patient Centered Medical Home and Community-Integrated Medical Home programs

      i)   Primary care physicians

      ii) Nurse Practitioners

      iii) Other health care professionals

Future Innovative Telehealth Use Cases

1. Emergency medical services

2. Public health, i.e. mobile immunization, dental health clinics and public health preparedness

3. School-based health

4. Patient engagement and consumer health education, including patient compliance

5. Ob/gyn, both routine and high risk, perhaps incorporating Text4Baby

6. Other?