CCHAP Practice Manager’s Meeting
Telehealth
Tuesday March 11th 2014 Noon – 1:00PM

Instructions to join the meeting remotely:
1. Open a web browser and enter URL: www.readytalk.com
   Enter participant access code: 2093166
2. Phone in for the audio portion of the conference:
   1-866-740-1260 - then enter the access code: 2093166

MEETING HANDOUTS:
www.cchap.org/pmmeeting
CCHAP Practice Manager’s Meeting
Telehealth
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PRESENTER

John “Fred” Thomas, PhD
Director of Telehealth, Children’s Hospital Colorado
JOHN.THOMAS@UCDENVER.EDU

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www.cchap.org/pmmeeting
Children’s Hospital Colorado
Telehealth

March 11, 2014

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720-777-6639
### Children’s Colorado Strategic Themes and Sub- Themes

<table>
<thead>
<tr>
<th>Clinical, Operational and Service Excellence</th>
<th>Clinical Growth</th>
<th>Community Provider Alignment</th>
<th>Faculty Provider Alignment</th>
<th>Research Innovation, and Discovery</th>
<th>Maternal Fetal and Neonatal Medicine</th>
<th>Population Management</th>
<th>Community</th>
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<tbody>
<tr>
<td>Continuous Process Improvement</td>
<td>Strategic Partnerships</td>
<td>Clinical Integration</td>
<td>Recruitment</td>
<td>Research Emphasis Areas</td>
<td>Outreach /Strategic Partnerships</td>
<td>Network Development &amp; Alignment</td>
<td>Obesity</td>
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<td>Optimizing Automation</td>
<td>Network of Care</td>
<td>Financial Alignment</td>
<td>Infrastructure</td>
<td>Clinical Programs</td>
<td>Clinical Management</td>
<td>Clinical Management</td>
<td>Injury Prevention</td>
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<td>Patient Experience</td>
<td>Main Campus Expansion</td>
<td>Access</td>
<td>Productivity</td>
<td>Contracting</td>
<td>Contracting</td>
<td>Contracting</td>
<td>Access to Care</td>
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<td>People</td>
<td>Memorial</td>
<td>Resource of Choice</td>
<td>Infrastructure</td>
<td>Innovation and Research</td>
<td>Innovation and Research</td>
<td>Innovation and Research</td>
<td>Partnerships</td>
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<td>Quality Outcomes</td>
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**Telehealth** supports the execution of many of Children’s Colorado strategic themes/sub-themes
Children’s Colorado Telehealth Vision

To provide the right care to children in the right place at the right time across the nation.

- Building the right model...through partnerships and collaborations
- Commitment to children, their families and their providers.
- Commitment to Healthcare Training
- Commitment to Patient-centered Healthcare Research
AIM: CHCO Challenges

Telemedicine is being used to support the organization’s strategy to transform healthcare by delivering high-quality care at sustainable costs, to a widely dispersed population.
Vision:
To provide the right care to children at the right place at the right time across the nation. “where telehealth becomes...just excellent health care”

Objectives:
• To be leaders in telehealth - a combination of tools, resources, processes and workflows working together in an integrated fashion to deliver high-quality, affordable healthcare.
• To ensure children are seen in the most appropriate setting
• Improve patient satisfaction, through improving access to care, quality of life and outcomes of patients in distant locations
• To improve access with appropriate partnerships and collaborations
• To increase and improve efficiency of Specialty Outreach Clinics for Children (SOCC)
• To increase Continuing Education opportunities for community physicians and other providers
• To promote, partner and ensure meaningful telehealth research
• Penetrate new service areas and diversify the uses of telehealth
• To respond to changing healthcare dynamics with methods that augment care, promote best practices and deliver efficiencies
Current Clinical Efforts

- Billings, MT 24/7 Neurosurgery Consultations
- Wyoming Diabetes/Endocrine F/U Clinics
  - Cheyenne, Jackson, Casper
- Montrose, CO Psychiatry Follow-up Clinics
- Durango, CO Diabetes/Endocrine F/U Clinics
- Colorado Springs, CO Pulmonary Trach-Vent F/U
- Grand Junction, CO Neurology F/U Clinics
- Grand Junction Epilepsy Follow-up Clinics
- Grand Junction Orthopedics/Rehab F/U Clinics
- Grand Junction
- Grand Junction Fetal Echo Consultations
- Denver, CO Psychiatric Ambassador Program
# 2013 Telehealth Strategic Plan Overview

<table>
<thead>
<tr>
<th>Domain</th>
<th>Objectives/Tasks</th>
<th>Accomplishments</th>
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</table>
| System          | • Cultural Change  
                   • Improved Infrastructure  
                   • Diversify and Integrate Use  
                   • System diversification     | • Right People, Right Equipment, Right Time  
                   • Building Telehealth Team, Availability of Equipment, Improved Ease of Use, Training, Dedicated/Timely Support  
                   • Develop Clinical, Administrative, and Research Champions  
                   • Develop research collaborations  
                   • Integrated desktop solution -VIDYO |
| Clinical        | • Expansion of services at 2012 focus locations  
                   • NOC  
                   • Strategic Partnerships         | • Grand Junction  
                   • Neurology, N-Epilepsy, Orthopedics/Rehabilitation  
                   • Billings, MT – Neurosurgery Consult; Plans for GEDP, Cardiology  
                   • Wyoming  
                   • BDC – Cheyenne, Casper, Jackson  
                   • Billings, MT – Neurosurgery Consult; Plans for GEDP, Cardiology  
                   • South  
                   • Parker  
                   • Briargate (Genetics, Pulmonology, Nephrology)  
                   • Pueblo Specialty F/U  
                   • New CAPA practices  
                   • Dr. SEUSS (System to Enable University Student Success)  
                   • Estes Park Pediatrics Emergency Project  
                   • Grand Junction Western Pediatrics – CAPA DevPeds Trial |
| Population Health| • Scalable Pilots  
                   • Engagement in Research Projects with Force Multiplier Effect | • Baker – TrachVent Home Monitoring, Estes Park, Hospitalist AfterHrs Covg Pilot  
                   • COECHO, 0-5 Diabetes, PCORI, |
# 2014 Telehealth Next Steps

<table>
<thead>
<tr>
<th>Domain</th>
<th>Objectives/Tasks</th>
<th>Plans</th>
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<tbody>
<tr>
<td><strong>System</strong></td>
<td>• Cultural Change, continued</td>
<td>• Right People, Right Equipment, Right Time</td>
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<tr>
<td></td>
<td>• Improved Infrastructure</td>
<td>• Innovations Lab</td>
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<td>• Diversify and Integrate Use</td>
<td>• Additional Technical Support</td>
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<td>• System diversification</td>
<td>• Research Support (% FTE Epidemiologist)</td>
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<td>• Develop Clinical, Administrative, and Research Champions</td>
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<td>• Develop research collaborations</td>
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<td>• Desktop Solution Deployment</td>
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<td>• EPIC integration</td>
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<td><strong>Clinical</strong></td>
<td>• Outreach</td>
<td>• Grand Junction</td>
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<td>• Pulmonary, Nephrology, Hematology</td>
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<td></td>
<td>• NOC</td>
<td>• Billings, MT – ER Consult; Plans for GEDP, Cardiology</td>
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<td></td>
<td>• Strategic Partnerships</td>
<td>• Wyoming</td>
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<td>• New Mexico – Presbyterian Partnership</td>
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<td>• Durango – BDC</td>
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<td></td>
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<td>• Behavioral Health Integration into Select Primary Care Settings</td>
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<td>• South – Family Services, Other Ancillary</td>
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<td>• North Campus – ID, Derm, Family Svcs, Transfer Consult</td>
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<td>• Parker</td>
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<td>• Briargate BDC</td>
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<td>• Pueblo Specialty F/U</td>
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<td>• ER Consult – Reduce Unnecessary Transfers</td>
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<td>• Neuroscience Institute Additional Site</td>
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<td>• Increased % of HCP Clinics</td>
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<td>• MFM Initial Site</td>
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<td><strong>Population</strong></td>
<td>• Scalable Pilots</td>
<td>• Buchanan – Transplant Adherence (ψ), Baker – TrachVent Home Monitoring, Raymond Diabetes F/U, Estes Park, Hospitalist AfterHrs Covg, POC, ER Care Consult, Nurse School EPIC Access</td>
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<tr>
<td><strong>Health</strong></td>
<td>• Engagement in Research Projects with Force Multiplier Effect</td>
<td>• COECHO, 0-5 Diabetes, PCORI, EMER Model, Dr. SEUSS, Endowed Chair</td>
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<td><strong>Education</strong></td>
<td></td>
<td>• Centralized Education Offerings Portal</td>
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<td>• Spine Class Ortho, CME/CNE Strategy, St. Joe’s Ortho/Rehab, More consistent offerings to PEDS Connect Practices</td>
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<td>Domain</td>
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<td>• System diversification</td>
<td>• Manager Population Health Efforts</td>
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<td>• Develop Clinical, Administrative, and Research Champions</td>
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<td>• Continue with research collaborations/Publish Efforts</td>
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<td>• Scale Up Desktop Solution</td>
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<td>• Scale Up and Deploy EPIC integration</td>
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<td>• myChart Video</td>
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<td>Clinical</td>
<td>• Outreach</td>
<td>• Grand Junction : New Clinic Integration</td>
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<td></td>
<td>• NOC</td>
<td>• Billings, MT – New Clinic Integration, CME/CNE Offerings</td>
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<td>• Strategic Partnerships</td>
<td>• Wyoming – Additional Cheyenne offerings/MFM</td>
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<td>• New Mexico – Expansion</td>
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<td>• Durango- GEDP, Other SOCC</td>
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<td>• Nephrology Expansion</td>
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<td>• CCBD Outreach</td>
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<td>• Additional NOC Sites</td>
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<td>• North Campus – Additional Efforts</td>
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<td>• Briargate Additional Specialty Coverage F/U</td>
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<td>• Pueblo Specialty F/U</td>
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<td>• Ft. Collins?</td>
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<td>• Additional HCP Clinics</td>
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<td>• MFM Expansion</td>
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<td>• Care Coordination and support of primary care network</td>
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<td>Population Health</td>
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<td>• COECHO</td>
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<td>Education</td>
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<td>• Pediatric Emergency Services Model</td>
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<td>• Scaling of Dr SEUSS model to other specialties, other CU campuses</td>
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<td>• Additional Education Integration with Clinical Sites</td>
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Why You?

Why Us?

Why Now?
Community-based Health and Telemedicine

- Children’s Hospital Colorado Subspecialists & Educators
- Community-Based PCP
- Children’s Hospital Colorado Telemedicine

Place

People

Program

Community-Based Patient
Children’s Colorado Purpose
• To strengthen relationships with community providers to become the preeminent healthcare system of choice

Role for Telehealth:
• Provide capabilities to access Children’s Colorado resources from a provider’s home base
• Education of providers, community-based partners, children, caregivers
• Using clinicians’ time more efficiently
• Facilitating clinicians ability to share skills and expertise

Initiatives include
• Developing robust and dedicated educational telehealth programs
• Developing tele-consult, e-consult programs
  • CAPA scaled, Peds ONE CALL/DOD, TeleICU
• Expanding access to rural pediatric providers for educational and clinical programs
• Improve provider access and increase referrals
**Children’s Colorado Purpose**

- To improve the health status of children within our community through increases in our community benefit activities and community partnerships in the 4 priority areas – Access, Injury Prevention, Obesity and Behavioral Health

**Role of Telehealth:**

- Telehealth is necessary for providing the right care, at the right place, at the right time – in collaboration with our community partners
- Reducing health inequality and suboptimal geographic distribution of health services

**Initiatives include**

- Implementation of pilots to support an integrated behavioral health strategy
- Obesity and nutrition consults to CCO practices and others
- School-based health consults/support (asthma management, allergy education, behavioral health support, post-visit follow-up and care coordination plans with School nurse program
- DrSEUSS and Estes Park EMER models
Population Management

Children’s Colorado Purpose
• To develop a capabilities and road map that allows us to capitalize on changes in the external environment and the increased focus on population health rather than episodic care

Role of Telehealth
• Telehealth will provide a mechanism to effectively manage populations; provide lower cost care (employee wellness)
• Enabling Children’s to increase revenue by offering new medical services or expanding existing services
• Enabling Children’s to improve efficiencies

Initiatives include
• Reduce the cost of care encounters
• Transplant adherence
• Home monitoring pilots
• IP tablet solution
• Community kiosks
• Developing concierge care coordination
Questions you may have

Will I get paid?

All* services billed for in person can be billed via telehealth with a GT modifier. (see handout)

Colorado Medicaid and Medicare will reimburse for medical and mental health services and reimbursement must be the same as in-person services.

Counties with fewer than 150,000 or fewer residents cannot require face-to-face contact between a provider and patient that could be provided via telehealth.

- 44 states have some form of reimbursement for telehealth (6 that don’t: CT, IA, MA, NH, NJ, RI). Colorado does pay and is one of only 7 states that also pays for remote patient monitoring (for CHF, COPD, Asthma, Diabetes)
- 17 states allow for transmission fee, facility fee or both (including CO).
- Eligible providers for facility fee include: MD, Clinic, Osteopath, FQHC, Psychologist, MA Psychologist, PA, NP, Rural Health Clinic.

And who can get paid?

- All* services billed for in person can be billed via telehealth with a GT modifier.
- **Originating Site** (where patient is): PCP, Hospitals, Critical Access Hospitals, Rural Health Clinics, FQHCs, Community MH Sites, etc.
- **Distant Site** (MDs, NPs, PAS, Midwives, CNS, Psychologists, SW, Dietricians, Nutritionist
- Physician incentive-lack of reward for physicians spending their time conducting telehealth clinics

Are there different standards for each state?

- Remarkably, each state defines, governs and regulates the use of “telehealth” policies individually.
- Lack of reimbursement for urban service delivery (most NOC services and follow-ups)
- Lack of bandwidth or connectivity in some areas
- Liability, licensing and accreditation

Government/Other

- Hoping that healthcare reform does provide an integrative role for telehealth/ehealth
- Stark/Anti-kickback
Where to get more information

Colorado Medicaid/Medicare

Regional Telehealth Resource Center
Southwest Telehealth Resource Center
PO Box 245105
Tucson, AZ 85724
(520)626-4498
www.southwesttrc.org


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