Telehealth and Palliative Care
Eric Wallace, MD
Medical Director of Telehealth UAB
Disclosures

• None related to this topic
What is telehealth?

• Remote healthcare
  • eConsults
  • Patient Portal
  • Text Messaging
  • Videoconferencing
  • Remote Monitoring
WOW – SELF-DRIVING CAR DELIVERS DOMINO’S PIZZA TO YOUR DOOR
Why telehealth?

• Geographic disparities in locations of providers
• Disparities exist in the use of palliative care with African Americans and hispanics being less likely to have hospice care at the end of life.
• Caregivers on hospice can be uncomfortable with following care plans and administration of opioids to the detriment of patient and caregiver
• Provider quality of life
• Provider shortages
HPM Doctors per 100,000 Population 65 and Older

- 17.34 - 55.14
- 12.66 - 17.33
- 8.50 - 12.65
- 0.01 - 8.49
- N/A
Telehealth Planning is More the Videoconferencing

Objectives and Justification
- Why telehealth for this issue

Project Design
- Originating Sites
- Operations
- Inpatient/Outpatient
- Sustainability - Is it reimbursable

Technology and Operations
- Is Equipment HIPAA Compliant.
- Is it high quality enough to make accurate diagnoses.

Adoption and Engagement

Assessing Impact and Scaling
Hurdles

- Order in the EMR
- Arrival Process
- Vital Signs
- Scheduling paradigm
- Meaningful use
- Billing processes
- Buy In
## What are possible telehealth models

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Asynchronous

• Patient symptoms and concerns all collected electronically.
• Sends the data to a provider who then evaluates the data at another time
• Response sent back to the patient
Welcome to UAB eMedicine!

We’re here to help you feel better...fast. Our team of clinicians treats more than 20 common medical conditions virtually. Create an account, complete a short online interview, and our team will review your information and send you a treatment plan generally within an hour.

I would like to...

- [START A VISIT]
- [LEARN MORE]

![Icons showing quality care, fast visits, and affordable cost]

You'll receive quality care from a trusted UAB eMedicine clinician.

Most visits take just 15 minutes.

Online visits are $25, similar to an insurance co-pay.
On Demand: Uber Model

• Patient puts in symptoms
• 3-4 providers on call
• First one to answer takes care of the patient
Scheduled Home

- Patient scheduled
- Provider scheduled
  - Operation
  - Interface
Remote Patient Monitoring

• FDA listed as a Class I Medical Device Data System (MDDS) in the U.S., Class I MDD and CE registered in Europe, and Class I in Canada
• Home-based kit that includes:
  • Cloud-based hub with a local connectivity
  • Interoperable with different medical devices
  • End-to-end wireless connectivity
  • Two-way connection capabilities
  • Auto blue-tooth pairing

Validated Hub
3rd party home hub

Active monitoring
Augmented self-management
Quantified self
Patient-relayed information and alert cleared

Clinical decision

Clinical interpretation of data

Monitor biometric and treatment data

Flags alerts and parameters set

Clinician and “artificial learning”

Outcome

Are outcomes achieved?

Assessment of timely responses to alerts

Choose What to Monitor

Train the Patient and Nursing Staff on Equipment

Flags and Alerts Set

Patient Uses the Device

Surveillance of patient adherence to RPM

Are outcomes achieved?
Is this the new patient?
Home Delivery Considerations: Internet Connectivity

- Broadband Coverage: 81%
- Population Undererved: 26%
- MBPS Average State-Wide Speed: 35.3
- Most Connected State: 41st
Equipment in the Home

Remuneration considerations?
Who is in the home?

• Patient
• Provider led
  • Home Health
  • Hospice Nurse
  • Family Member
Inpatient Consultation

• UAB is currently using Avizia—Now American Well for consultation and documentation
• How do you request the consult?
• Resources at external facilities
• Training at external facilities
• How do you view external medical record?
• How do you order in outside facilities?
• Privileging and Contracts?
• Project ECHO
• Started as a project in New Mexico to treat hepatitis C
• Other use cases are opioid abuse
• Palliative Care
Nationwide Networks for Supersubspecialties: The Exchange
Equipment
• In order to be HIPAA compliant all communications must be done with encrypted calls
  AND
• The user must enter into a Business Associates Agreement with the provider of the communications
  AND
• The environment which the call is taken must be HIPAA compliant
Videoconferencing

- At Medical Facility equipment can be standardized but is expensive, and is not going to be put into place for low volumes of patients. But could be if multiple services were going to use the same equipment.

- Home
  - Patient needs a smart phone—of high enough quality to render a diagnosis.
  - Need internet. Some platforms test before the call
Multiple stethoscopes exist for this purpose with an average cost of $400-$500 on top of software licensing when needed.

Is it required?

Is it necessary?
Insurance Coverage
Medicare

• Cannot be the patient’s home
• Has to be a medical facility
• Facility has to be located in a rural area
• Does not cover asynchronous care
• RPM covered and not considered telehealth
• As of 11/1 covers all services via telehealth
  • Patient cannot be in their home
  • No rural urban distinction
  • No asynchronous care
  • No RPM
Medicaid

- No rural urban distinction
- Does not cover originating sites
- Based on language - only covers physician visits
Economic Models

- Home - Pay out of pocket for service
- Membership access
- Contractual with inpatient facility/hospice
Regulatory
Joint Commission

• Requires that each originating site ensure THROUGH WRITTEN AGREEMENT that providers meet minimum Medicare Conditions of Participation.

• Furthermore, ongoing privileging and ongoing professional practice evaluation (OPPE) must be provided by the Providers site
Insurance and Liability

- Providers must ensure that there is wording within the insurance coverage to cover the provision of telehealth services.
- If language is not in the current insurance policy, this must be added to ensure appropriate liability coverage.
• Privileging
• Contracts
• Consents
Current Data and Projects
HBPC in an ACO

- 651 decedents; 82 enrolled in a HBPC program compared to 569 receiving usual care in three New York counties who died between October 1, 2014, and March 31, 2016. We also compared hospital admissions, ER visits, and hospice utilization rates in the final months of life.
- Only 20% used telemedicine services, rest only telephone and inperson visits

• $12,000 lower with HBPC than with usual care ($20,420 vs. $32,420; \( p = 0.0002 \))

• 35% reduction in Medicare Part A ($16,892 vs. $26,171; \( p = 0.0037 \)).

• 37% reduction in Medicare Part B in the final three months of life compared to usual care ($3,114 vs. $4,913; \( p = 0.0008 \)).

• 34% HBPC resulted in a 35% increased hospice enrollment rate (\( p = 0.0005 \)) and a 240% increased median hospice length of stay compared to usual care (34 days vs. 10 days; \( p < 0.0001 \)).
MUSC Plans a Statewide Telehealth Network for Palliative Care

The Medical University of South Carolina is looking to create a statewide telehealth network to give smaller hospitals and clinics a connected health platform for palliative care services.
Project ECHO: A Disruptive Innovation to Expand Palliative Care

- Tele-mentoring
- $750,000 in the Carolinas for expanding Project ECHO PC
- Results pending
Why are drone pilots leaving the military?

BY CHRIS OPFER
Conclusions

- Telehealth in palliative care...
  - Improves access to care
  - Decreases fear
  - Will help eliminate disparities if paired with culturally competent palliative delivery
  - Decreases costs and hospitalization
- We are just getting started