TELEMEDICINE IN OREGON

The Telehealth Alliance of Oregon (TAO)
For
The CCO Summit
December 5, 2013
Is it telemedicine or telehealth?

- Terms are often used interchangeably.
- In most cases telemedicine refers to clinical services delivered to patients using tele-technology – those services that are or could be reimbursed when provided in person.
- Telehealth is often used to refer to the broader scope of health care education and services delivered via tele-technology.
History of telehealth in Oregon

- Began in 1993 with the RODEO Net grant. Linked 9 mental health clinics in eastern Oregon with OHSU, the Eastern Oregon Psychiatric Center, and Oregon State Hospital
- Very little growth during the ‘90s. Huge barriers in policy, bandwidth, equipment and lack of clinician acceptance
- TAO was formed in 1999 as a committee of the Oregon Telecommunications Council. It was charged with addressing some of the barriers to the growth of telehealth
- Became a stand alone non-profit in 2005
History of telehealth in Oregon

• 1999 – SB 622 created six large interconnected fiber rings throughout the state
• 2001 – bill# licensure of telemedicine across state lines
• 2004 – HJR 4 resolution stating that services delivered via telemedicine should be reimbursed the same as those delivered in person.
• 2009 – TAO’s application to the FCC to provide $221 million for the creation and development of the Oregon Health Network was approved.
• 2009 – SB 24 required that private payers reimburse for telemedicine
• 2011 – SB 569 created process for ubiquitous credentialing of telemedicine providers
The perfect storm for telehealth in Oregon

• OHN develops secure bandwidth to most hospital sites and many clinics throughout the state
• The reimbursement climate at both state and federal levels has significantly improved
• The equipment used to provide telehealth services is becoming smaller, more portable and less expensive.
• Oregon’s large tertiary centers make significant investments in telehealth
• Oregon’s health care reform creates demand for easier access to quality services at an affordable cost.
Today in Oregon

- Telemedicine is being received or provided in over half of hospitals throughout Oregon and many more programs and services are being planned.
- Telemedicine is occurring in at least 5 school based health centers with more being planned.
- Non-urgent care is being provided via telemedicine to people in their homes and workplaces by Health eXpress and ZoomCare.
- Home monitoring projects for chronic illnesses as well as the elderly are growing in several areas of the state.
The Effectiveness of Telemedicine in Oregon

Providence Health eXpress – Provides primary care telemedicine to patient workplace:

- provided fast, easy and inexpensive services to patients which have reduced time loss, ED and Urgent Care utilization
  - Established accurate clinical scope – 93% of patients who call for an appointment had one scheduled
  - A connected experience of care – 98.4% of surveyed patients would recommend the service to a friend or co-worker
  - Avoided duplicate costs to employer groups – only 0.7% of patients sought additional medical care within 5 days of a visit. 3% were escalated
  - Improved productivity by getting employees in for same-day appointments – 73.5 minutes ave. time between initial call and visit
The Effectiveness of Telemedicine in Oregon

Randall Children’s Hospital, Legacy Emanuel – provides neonatal resuscitation support to staff in smaller hospitals who have less experience in leading resuscitations:
30 Events ~ 2% of Deliveries

Reason for Tele-Baby Call

- Resp Distress 23%
- Abruptio Placenta 8%
- C/S Fetal Indication 34%
- Cord Prolapse 4%
- Preterm 23%
- C/S Maternal Indication 4%
- C/S Failed Vacuum 4%
The Effectiveness of Telemedicine in Oregon

- 1/3 of Events Transferred

Reason for Transfer

- Resp Distress
- Preterm
- HIE
The Effectiveness of Telemedicine in Oregon

- Quantitative Success

![Bar chart showing the comparison of cooling initiation and transfer initiation before and after Tele-Baby.]
The Effectiveness of Telemedicine in Oregon

- Qualitative Success

“I don’t ever want to be without it.”

“I immediately felt calmer when she beamed in.”

“The continuity of care is wonderful.”

“We felt very lucky to be getting the best care possible.”

Pediatrician

RN

NNP

Parent
The Effectiveness of Telemedicine in Oregon

OHSU=Bosch Health Buddy (HB) CHF Collaboration – Provides home monitoring services to CHF patients for 30 days following hospital discharge:

- 55 patients enrolled in program since December, 2012
- 72% of patients enrolled completed the HB program (some dropped out, some weren’t able to connect)
- Ave. # of patients monitored per day typically ranges from 2-5 with a high of 9
- Only 3% of HB monitored CHF patients were readmitted within 30 days compared to the nation average of 22% (does not include patients readmitted due to VAD placement, or expired with 72 hrs of discharge)
- 3 of 55 patients had reported ED visits in the interim of 30 days
The Effectiveness of Telemedicine in Oregon

OHSU Acute Care Telemedicine – Provides acute care services to 16 sites throughout the state based on local needs:

- Service lines include
  - Stroke
  - Genetics counseling
  - Neuroscience
  - Psychiatry
  - PICU
  - NICU
  - Trauma
- Total Consults: 653
  - Tele-stroke: 384
  - Tele-peds: 231
  - Tele-neonatology: 34
  - Newborn Medical Genetics: 4
The Effectiveness of Telemedicine in Oregon

- **OHSU Acute Care Telemedicine** – Provides acute care services to 16 sites throughout the state based on local needs:
  - Percentage of patients kept in local communities:
    - Tele-stroke 49%
    - Tele-peds 23%
    - Tele-nicu 21%
  - Estimated Transport Savings: $3,466,000
The Effectiveness of Telemedicine in Oregon

- Peace Health Telemental Health Crisis Services provides crisis evaluations for Sacred Heart Hospital University District, Sacred Heart River Bend both in Eugene and Peace Harbor Hospital in Florence. Crisis consultation was provided to the ED at River Bend from crisis workers at the University District Hospital beginning in 2009 to 2012 between the hours of midnight and 8 am when a crisis worker was not available. Services were also provided during times of high volume. In 2013 the roles were reversed.
- Both hospitals have provided services to Peace Harbor Hospital ED which does not have a crisis worker available.
- Since the inception of the program 626 evaluation have been provided via telemedicine.
- Over the past 18 months Riverbend has provided 50 outpatient adult psychiatry consults and 12 child psychiatry consults to patients in Florence.
The Telehealth Alliance of Oregon

• Established as a non-profit in 2005, TAO is a statewide membership organization
• Its focus is on education and policy pertaining to the use and implementation of telehealth
• TAO is an information resource for payers, providers, hospitals, clinics, and policy makers about the benefits of telehealth
• TAO provides conferences, a website, listserv and webinars to advance the knowledge, practice and policy of telehealth
• TAO works with 14 other resource centers throughout the United States to leverage the best knowledge and practices in telehealth for its members.
To Contact Us

• For information regarding telehealth or to ask about becoming a member of TAO contact:

Cathy Britain, Program Director
Csbritain@gmail.com
(541) 910-7366

Thank You!