

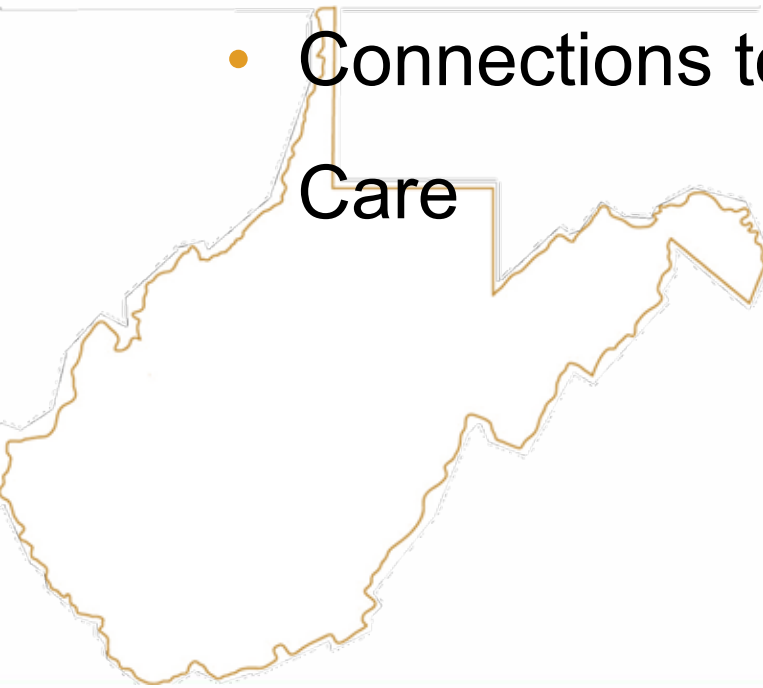


Telehealth at WVU  
Medicine

# Overview

- What is Telehealth?
- Current State @ WVU Medicine
- Connections to Value Based

Care



# What is Telehealth?

The use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status.

- American Telemedicine Association

**Why** invest in telehealth?

**What** are the applications?

**How** is telehealth offered?

## Use Cases



Diagnosis and Treatment



Professional Consultation



Monitoring and Care Coordination

## Modalities



Real-time Virtual Visits



Remote Patient Monitoring



Asynchronous Store-and-Forward

## Platforms



Telephonic



Web-based



Mobile, Smart Device



Kiosk



Bluetooth-Enabled Peripheral Devices

# Current Services

Program	Services	Sites	Reimbursement
Tele-Behavioral Medicine	Child and adolescent, adult, and addiction related services	18	Contract/Grant
Tele-Retinal	Digital retinal imaging with remote image interpretations	3	FFS
Tele-Pediatric Specialties	Sub-Specialty Pediatric services	4	FFS
Tele-Stroke/Tele-Neurology	Neurological evaluation of patients with stroke-like or other acute neurological symptoms	7	Contract
ECHO (Extension for Community Health Outcomes)	Project ECHO links expert specialist teams at an academic hub with primary care clinicians in local communities.	Varies	Grant
Tele-Maternal Fetal Medicine and Reproductive Medicine	Specialized Prenatal care and reproductive medicine consults	2	FFS

# Current Services Continued

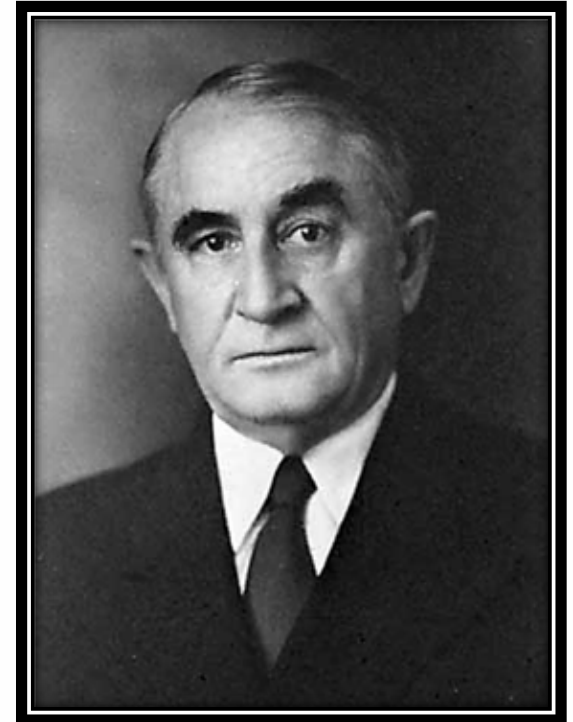
Program	Services	Sites	Reimbursement
Tele-Nephrology	Chronic Kidney Disease outreach services	3	FFS
Tele-NICU	Inpatient NICU consultations	1	Contract
Tele-Scribe	Scribing: Primary and Surgical Care Offices	2	Contract
Tele-HVI	Outpatient Cardiology Consults	1	FFS
E-visit Pilot	Urgent Care Needs asynchronously for ASO population	1	Cost Avoidance
Remote Home Monitoring	CHF, COPD, Uncontrolled Diabetics in at risk population	3	Cost Avoidance
Video Visits	Real-time Urgent Care Needs (at this point scheduled)	1	Cost Avoidance/New Potentials

## Transitions to Value Based Care

**“The past 50 years have been marked by advances in the science of medicine.**

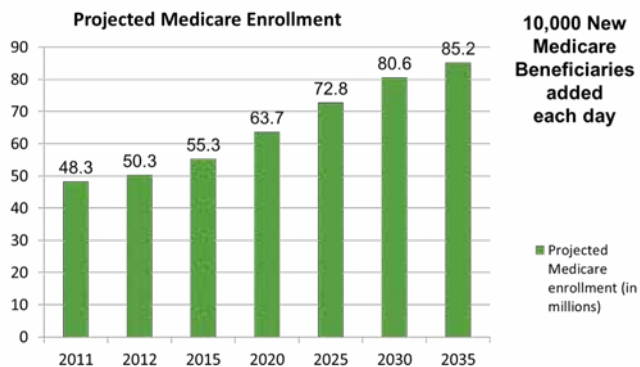
**The next 50 will be marked by improvements in the organization and teamwork of how health care is delivered.”**

– Charles H. Mayo  
January 1913



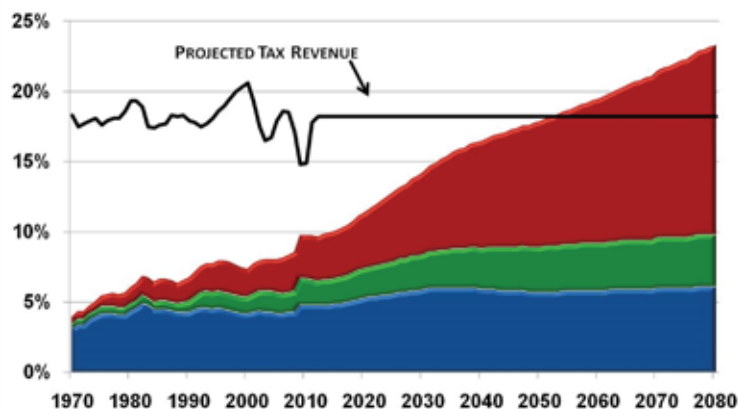
# Market Pressures

## 1. Aging Population



Source: 2012 Annual Report of the Boards of Trustees for the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds

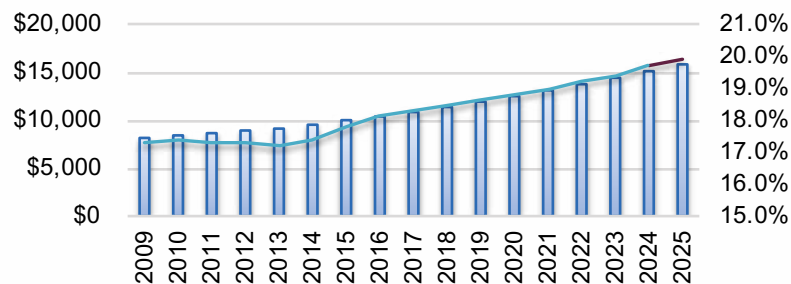
## 3. Not Fiscally Sustainable



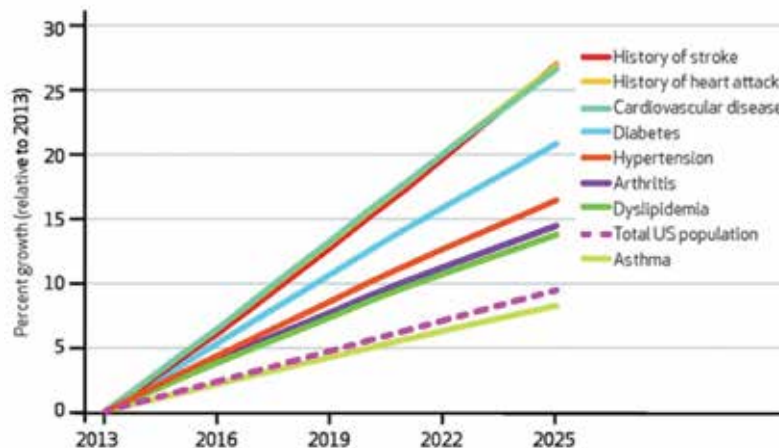
Source: CBO

## 2. Significant Spend Increase

### National Health Expenditures, per capita



## 4. Chronic Conditions



# CMS on Telehealth

“We believe that providing ACOs with additional flexibility to expand appropriate use of telehealth services has significant potential to improve patient care, improve communication between patients and their family and health care providers, support more timely treatment, and help to address barriers to access to care for some beneficiaries, such as those that require treatment or consultations with certain specialists.”

*CMS if Federal Register, /Vol. 80, No.110/Tuesday, June 9, 2015*



# Broad view of telehealth clinical data

PROVEN SAVINGS, EFFICIENCY, SATISFACTION, OUTCOMES



## Healthcare System Savings

- Decrease in overall medical costs<sup>2</sup>
- Decrease in ER visits, hospitalizations<sup>3,4,5,6</sup>



## Patient Satisfaction

Majority of patients satisfied or very satisfied with telehealth<sup>7</sup>



## Increased Efficiency

- Decrease in visitation rate<sup>2</sup>
- Decrease in number of home visits per 60-day episode<sup>8</sup>



## Improved Patient Outcomes

- Decrease in depression, depression symptoms<sup>3,4</sup>
- Decrease in mortality<sup>5,6</sup>
- Increase in quality of life (QOL)<sup>3</sup>

See references for citations

# Remote Home Monitoring Overview

A  
**COMPREHENSIVE  
WAY**  
TO MONITOR  
**CHRONIC, COMPLEX  
DISEASE**

## Programs designed to:

- Allow providers to monitor and direct home-based disease management, post-acute recovery and follow-up care
- Deliver actionable information to enable timely and effective clinical intervention
- Provide patient context & education, enabling clinical teams to focus care
- Help manage readmission risk & improve patient satisfaction

# E-visits and E-consults

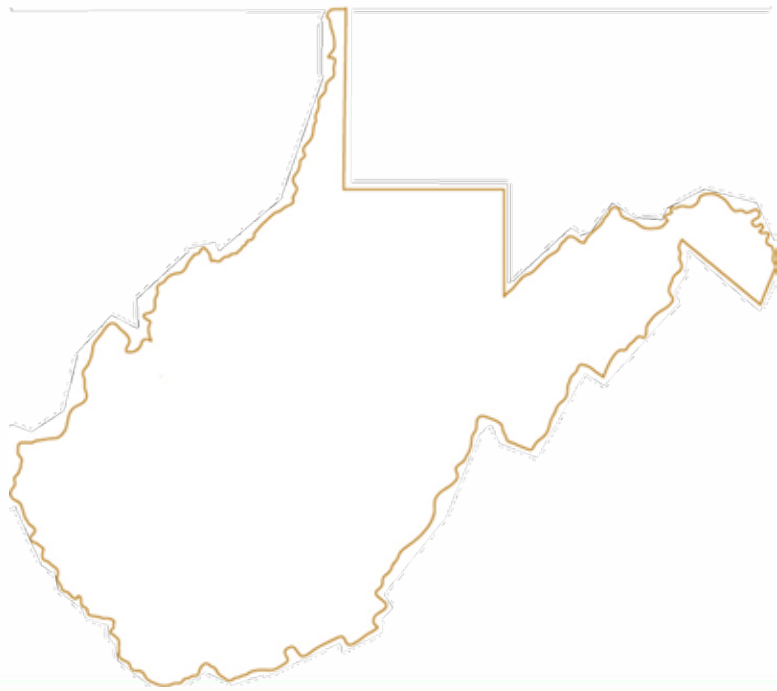
- Lower cost alternative to in-person visit
- Increased access and care coordination
- High patient satisfaction
- Improved Population Health

# Direct to Consumer Video Visits

- Lower cost alternative to in-person visit
- Increased access and care coordination
- High patient satisfaction
- Improved Population Health
- Improves patient compliance

# Thank

# YOU



**Shannon McAllister, BS, MBA**  
**[srmcallister@wvumedicine.org](mailto:srmcallister@wvumedicine.org)**