



# MaineHealth Telehealth: A Systematic Approach

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# Disclosures

No relevant financial or nonfinancial  
relationships to disclose

# MaineHealth System Overview

- \$2.4 billion not-for-profit family of high-quality hospitals, providers and healthcare organizations
- 18,000 employees across 12 member organizations and 12 counties in Maine and New Hampshire
- In 2015, the MaineHealth system provided more than \$399 million in community health programs or services without reimbursement or other compensation, including over \$40 million in uncompensated care.
- Ranked among the nation's top 100 integrated healthcare delivery networks
- Public Health initiatives integrated into system

## Nationally Recognized for Quality



# WORKING TOGETHER

## SO OUR COMMUNITIES ARE THE HEALTHIEST IN AMERICA

As Northern New England's largest integrated health system,  
we work together to deliver high-quality, cost-effective health care for the communities we serve.

18,939 EMPLOYEES



8 Local Hospital Systems  
1 Behavioral Health Network  
1 Home Health Care Agency  
1 Accountable Care Organization  
1 Laboratory

**3,845** Registered Nurses

**1,245** Certified Nursing Assistants

**70** Licensed Practical Nurses

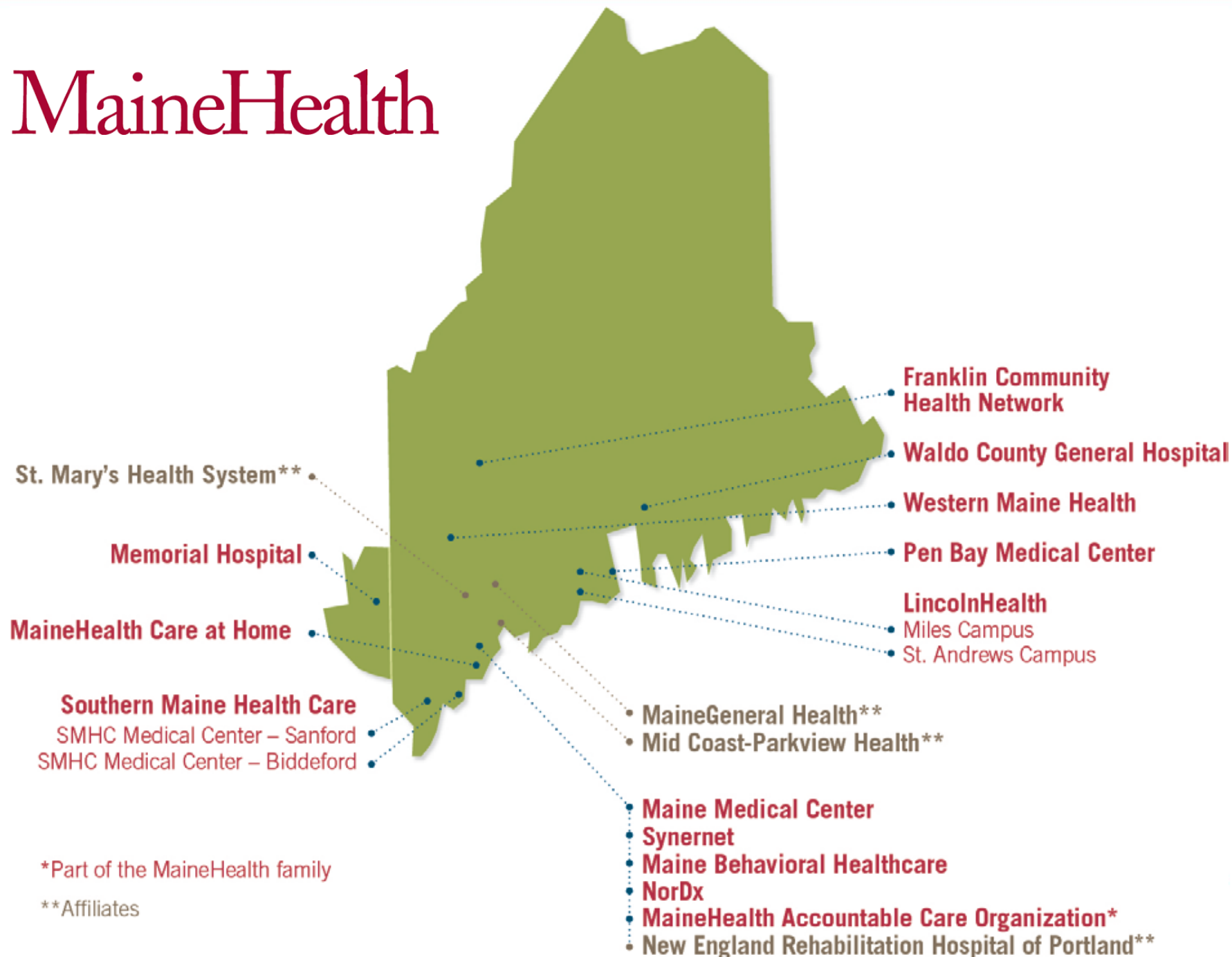


**963** Physicians

**540** Advanced Practice Providers

AS OF 3/31/18

# MaineHealth



\*Part of the MaineHealth family

\*\*Affiliates

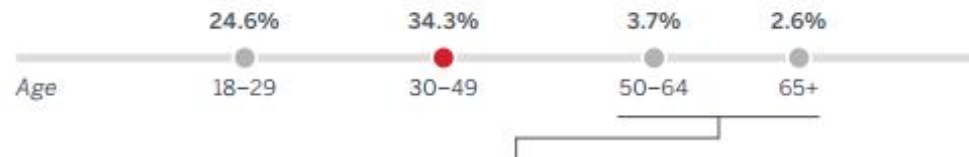
# Telehealth

# Advisory Board



Young

## Percentage Who Have Used a Virtual Visit at Least Once



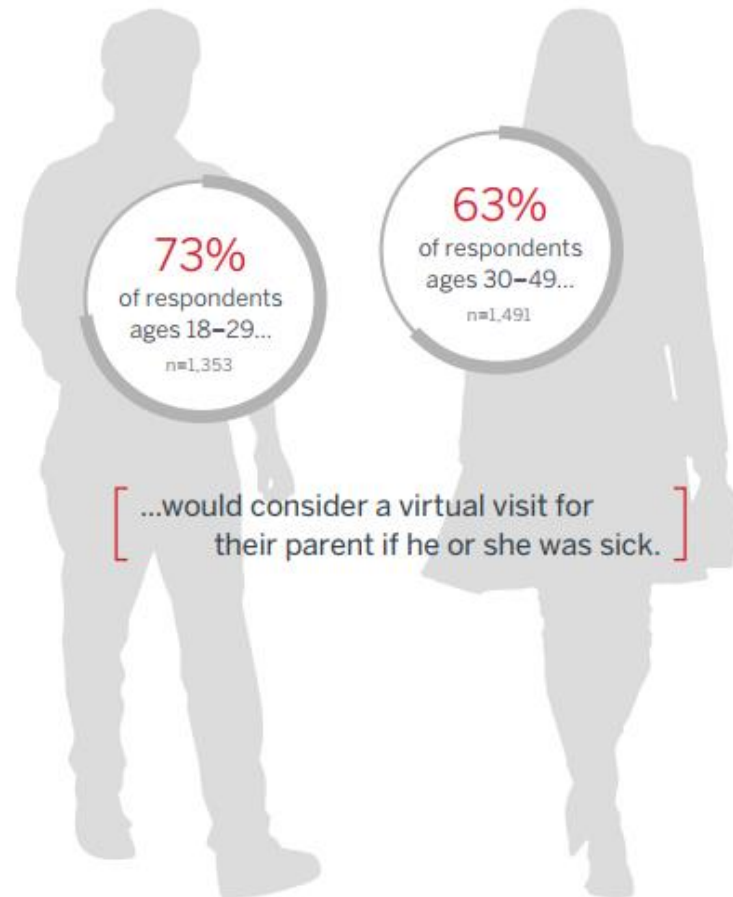
Medicare's reimbursement restrictions limit virtual visit availability for patients ages 65+. The low utilization rate for those ages 50 to 64 suggests the age divide here is likely generational as well as a product of insurance coverage, though.

- 1) Kokalitcheva K, "More Than Half of Kaiser Permanente's Patient Visits Are Done Virtually," *Fortune*, Oct. 2016.
- 2) National Business Group on Health.
- 3) "Closing the Telehealth Gap," Avizia, [www.avizia.com/research-report-closing-telehealth-gap/](http://www.avizia.com/research-report-closing-telehealth-gap/).

June 20, 2017

## Advisory Board

Gearing up for the caregivers.



June 20, 2017



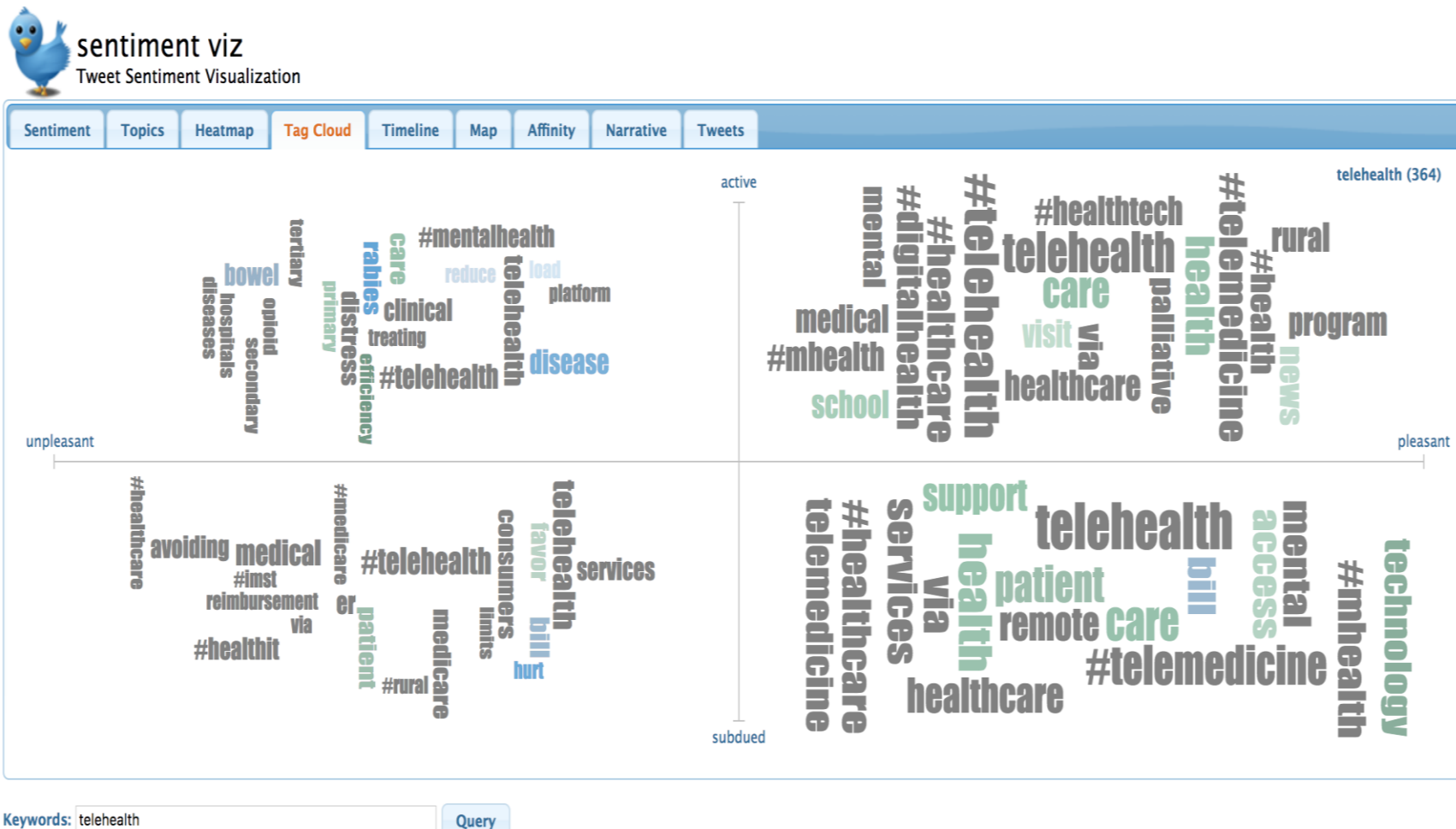
# The Growth of Telehealth

- 2017 Market Valuation = \$29.6 Billion
- Expected Growth rate = +19% from 2017-2022

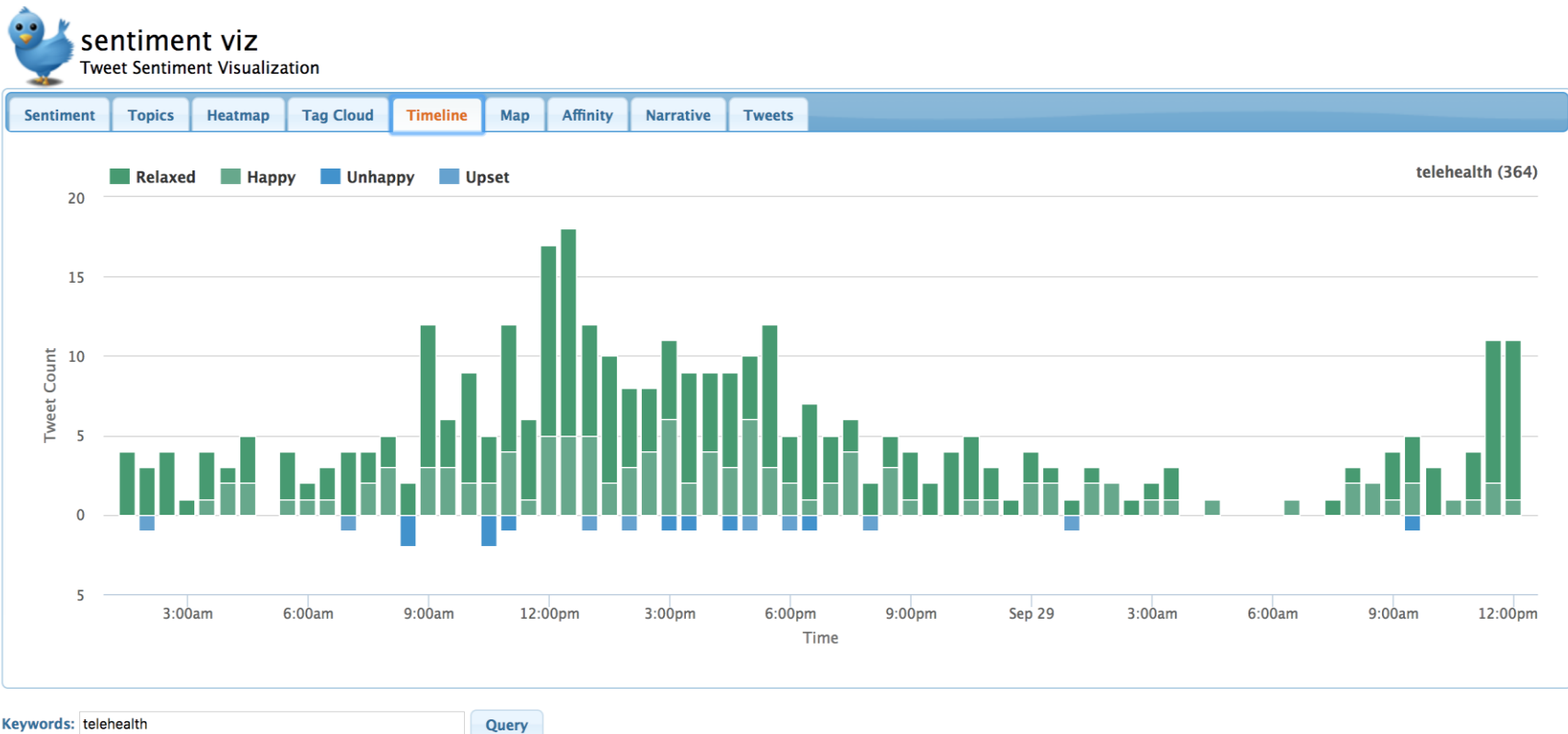
## Growth Drivers:



# Telehealth in Social Media



# Telehealth in Social Media



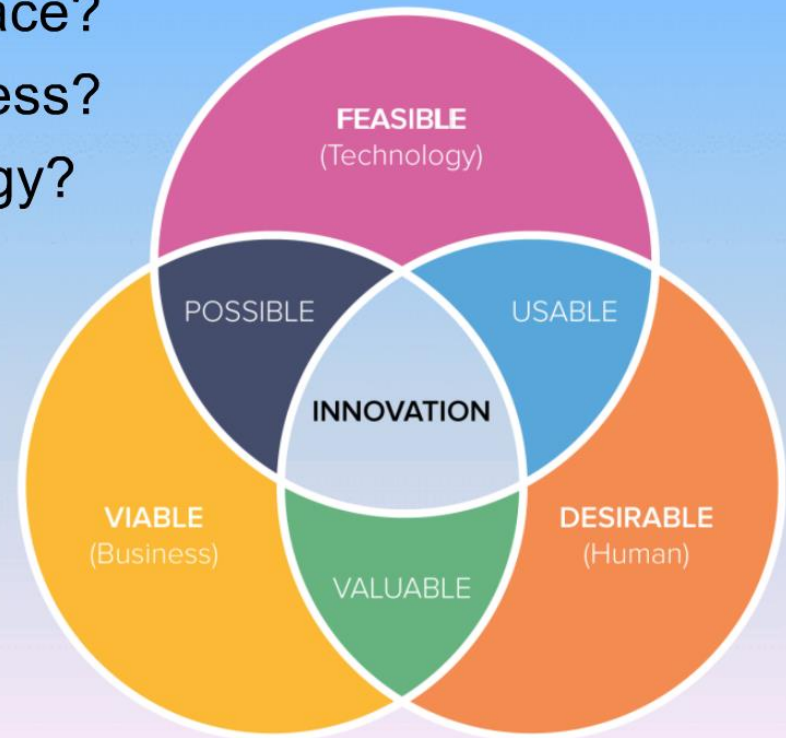
**Timeline.** Tweets are drawn in a bar chart to show the number of tweets posted at different times. Pleasant tweets are shown in green on the top of the chart, and unpleasant tweets are shown in blue on the bottom.

# MaineHealth Telehealth (MHT)

Improve Access to Care  
*Anywhere, Anytime*

# Understanding Innovation

- Innovation in an organization lies at the intersection of the answer to three significant questions:
- What is viable in the marketplace?
- What is desirable to the business?
- What is feasible with technology?




# Viability in Market - Reimbursement

American Telemedicine Association

50 State Telemedicine Gaps Analysis:  
Coverage and Reimbursement

February 2017

Telemedicine in Maine		
PARITY:		GAPS:
Private Insurance	A	<b>Progress</b> <ul style="list-style-type: none"><li>ME Medicaid published new rules which include originating site fees, and coverage for home RPM and interprofessional services provided by a consultative physician.<sup>118</sup></li></ul>
Medicaid <sup>121</sup>	A	
State Employee Health Plan	A	
<b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b>		<b>Private Insurance</b> <ul style="list-style-type: none"><li>ME's parity law for Medicaid and private insurance was enacted in 2009 and also includes coverage for state employee health plans.<sup>119</sup></li></ul>
Patient Setting	A	
Eligible Technologies	B	
Distance or Geography Restrictions	A	<b>Medicaid</b> <ul style="list-style-type: none"><li>No limits on patient setting, covered services, or eligible providers.</li><li>Coverage for remote patient monitoring, interactive audio-video as well as audio-only under certain circumstances.</li><li>New rules require the provider to obtain a written informed consent.</li></ul>
Eligible Providers	A	
Physician-provided Services	A	
Mental/behavioral Health Services	A	<b>Innovation</b> <ul style="list-style-type: none"><li>Maine Telemedicine Services is an open and interoperable network that offers clinical, educational, and administrative services via telemedicine across the state.</li><li>Health home proposal was approved by CMS. Model includes support for care management/coordination activities. The health home practice and community care team will have the option of utilizing technology conferencing tools including audio, video and/or web deployed solutions to support care management/coordination activities.<sup>120</sup></li></ul>
Rehabilitation	A	
Home Health	B	
Informed Consent	F	<b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>
Telepresenter	A	
State-wide Network <sup>122</sup>	✓	
Medicaid Managed Care		
Medicare-Medicaid Dual Eligibles		
Health Home	✓	
HCBS Waiver		
Corrections	✓	
Other		

# MHT Organizational Design

- Telehealth embedded as a system-level priority in 2015 three-year strategic plan
- Telehealth department reports up to MaineHealth CMO
  - Operational Team includes:
    - » 1 Telehealth Director
    - » 3 Program Managers
    - » 1 Admin
  - We are also supported by a 4 person IT team
- Supports efforts of hospital and system service lines, providers, and our ACO
  - Benefits:
    - » Removes barriers created by information silos
    - » Builds relationships across departments
    - » Allows patients to have a seamless healthcare experience

# Program Evolution Overview

## Future State

Full System Integration  
Large Department  
All Specialty, Location strategy  
Focus on Improving Care

Result: Telehealth available for all specialties in all sites and at home; Outcome metrics avail.

## Present State

Startup Business Model  
Growing Team  
Org. Aligned Strategy  
Focus on Standardization

Result: Defined program strategy; Standardized approach

## Past State

Entrepreneurial Model  
Small Team  
Reactive Strategy  
Focus on Proving Concept

Result: A few successful programs running independently



# Setting Down the Road

## 1. Define Program Strategy

- Where did you come from?
- Where are you now?
- Where do you going?

## 2. Develop Operating Procedures

- Who are your stakeholders?
- What needs to get done?
- What does “ready” look like?

## 3. Start Implementing!

## 4. Check for reactions

- Provider Experience
- Patient Experience



# 1. Define Program Strategy

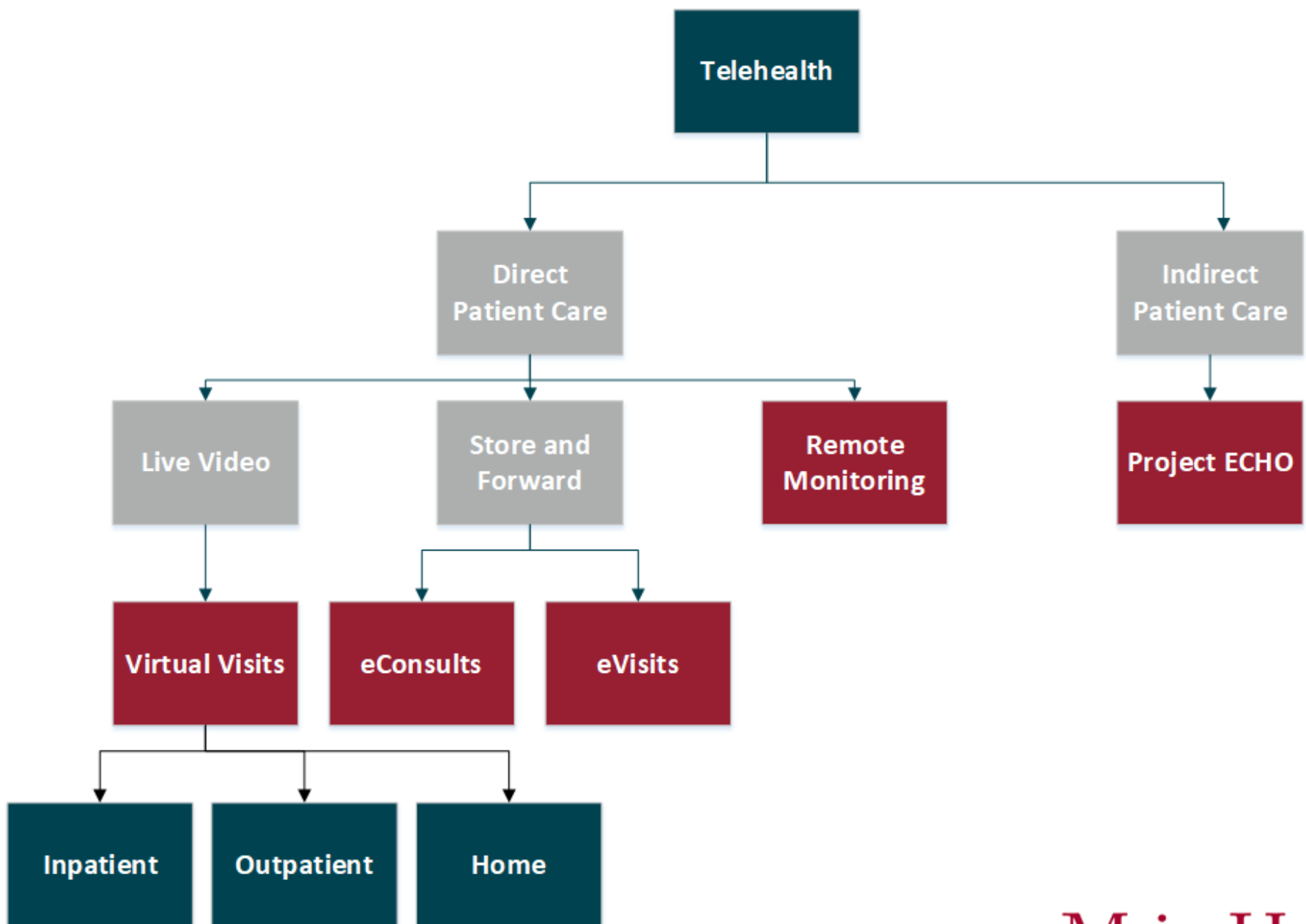
# Telehealth Strategic Planning

“... a virtual care program (or set of programs) should not be positioned as a standalone strategy. Rather, it’s a capability that can enable strategy, and is often best used as a stepping stone for achieving a larger goal. So **it is important to first focus on the strategic goals the organization is trying to meet**, and then map out how virtual visits can efficiently enable those goals to be met.”

(Sprung, 2016)

# MaineHealth Telehealth Purpose Statement:

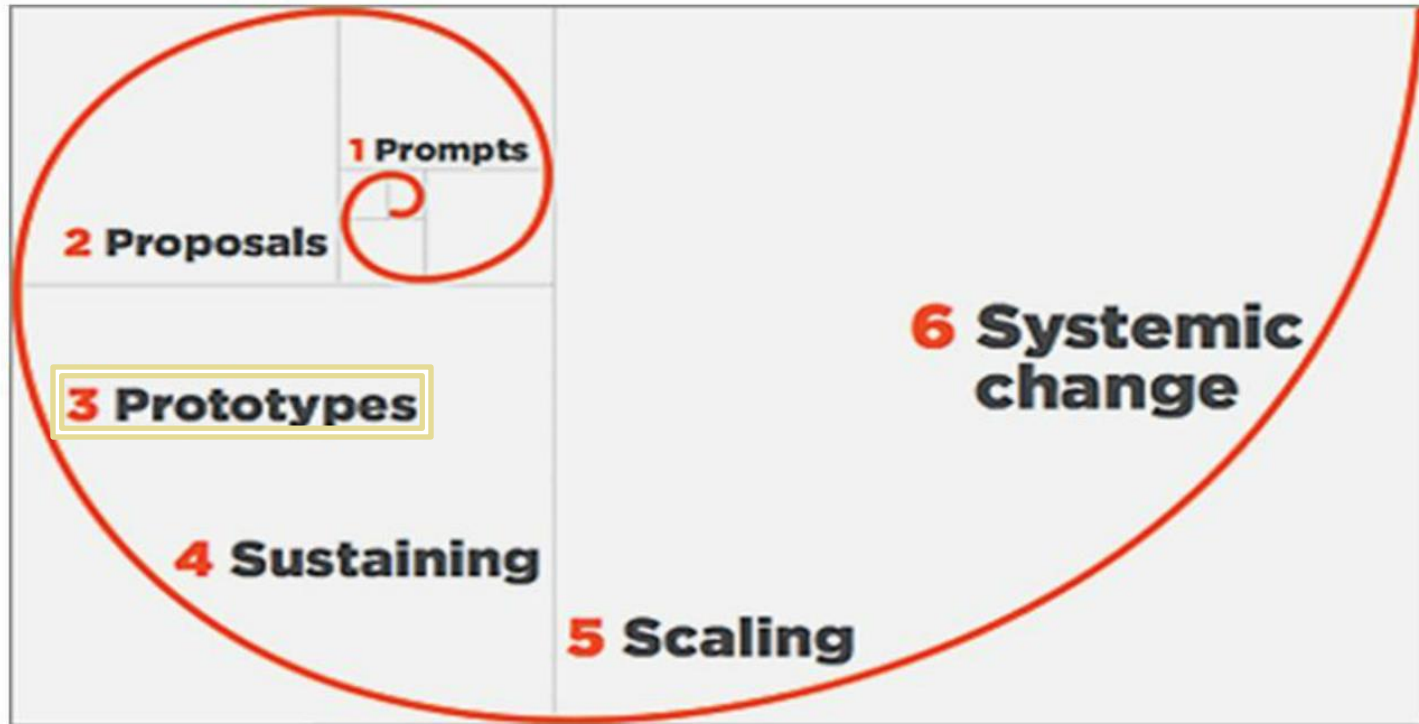
The purpose of MaineHealth Telehealth is to be the innovation hub for patient-centered healthcare delivery through the integration of advanced telemedicine technology. We aim to optimize the patient and provider experience by expanding access to high-quality, affordable healthcare.



Where did we come from?

# The Six Stages of Innovation

Successful innovation passes through six stages:

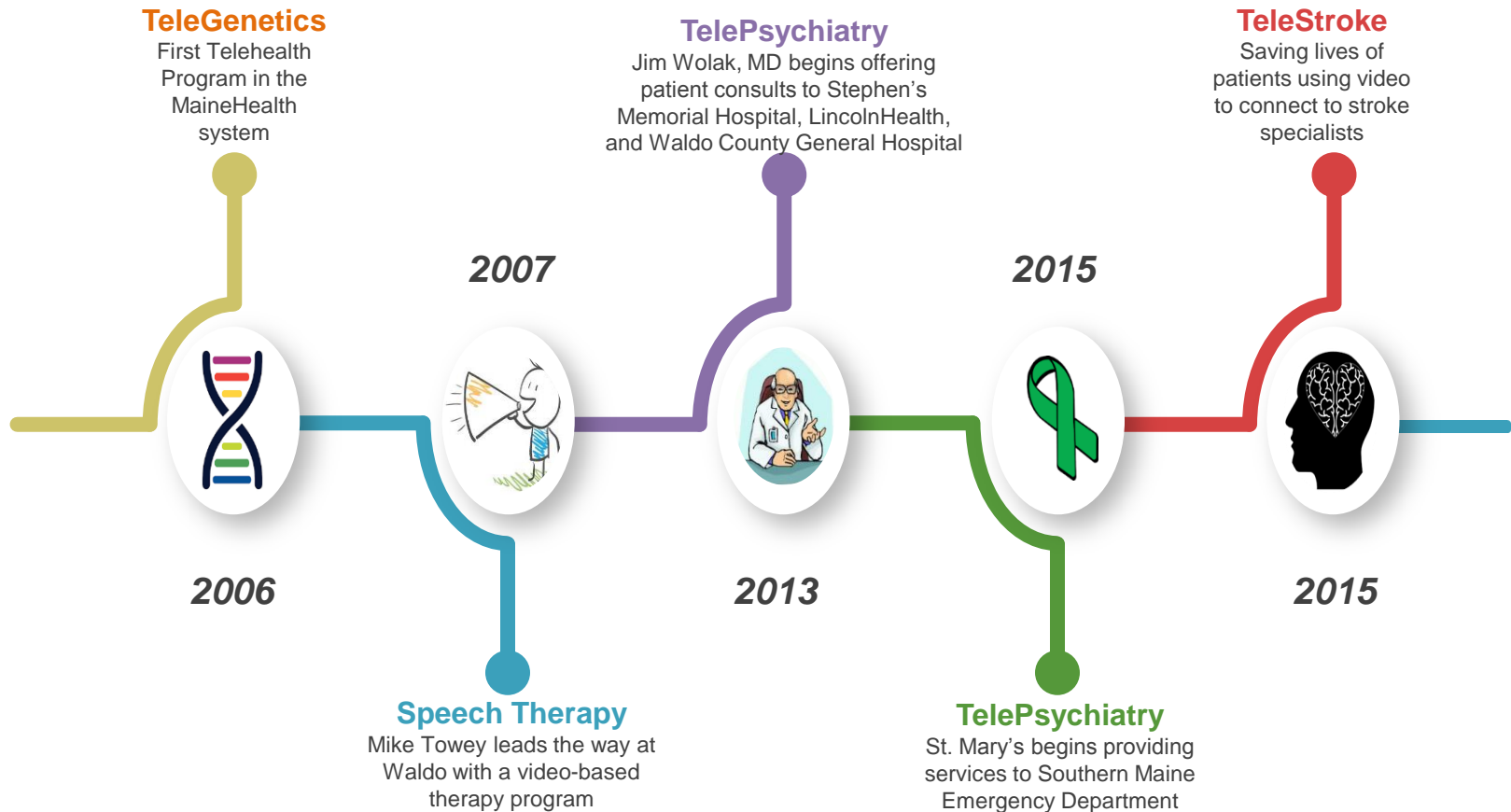


(Taken from p12-13 in Murray, R; Caulier-Grice, J and Mulgan, G (2010) *The Open Book of Social Innovation*. NESTA)

Nesta...

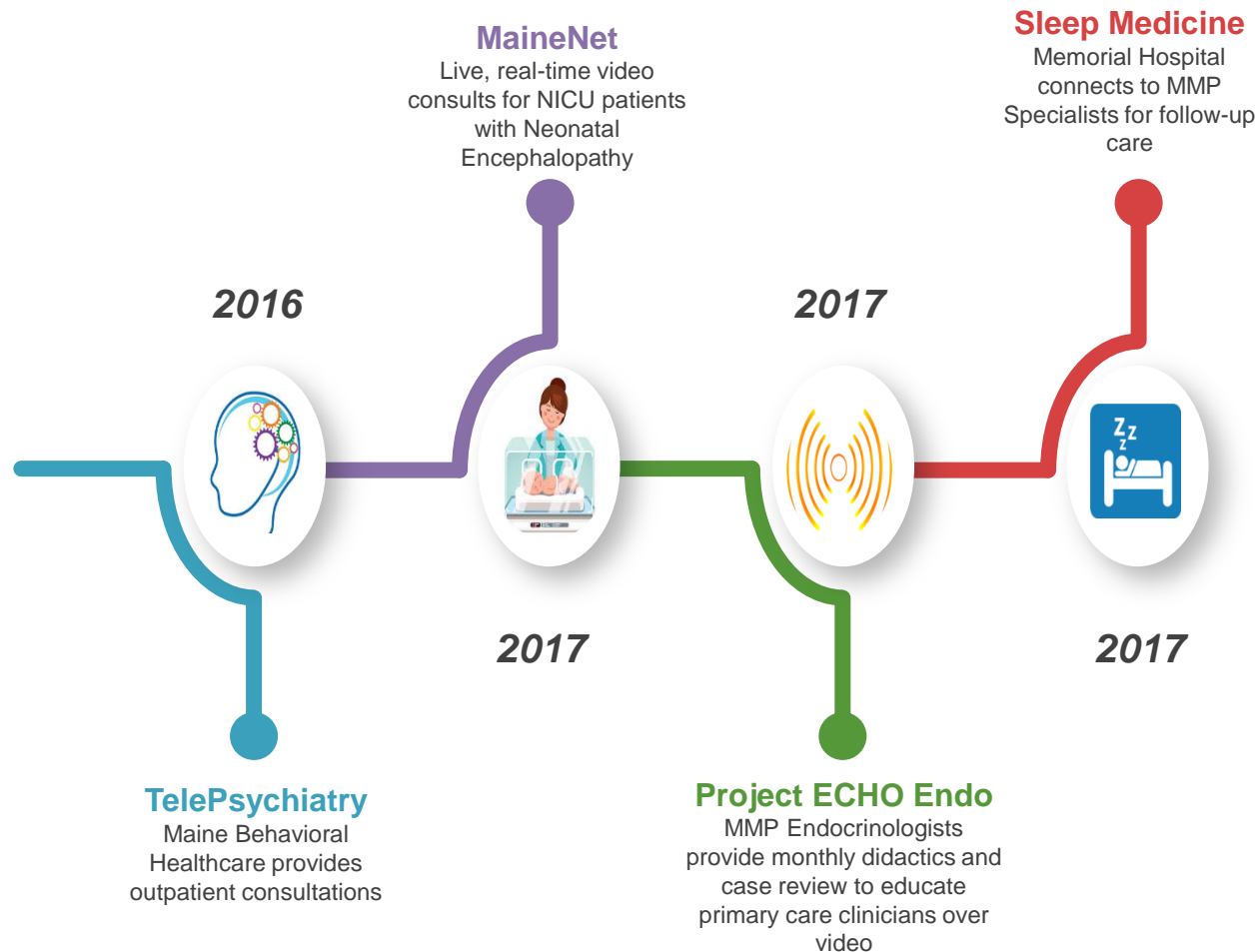
MaineHealth

## Telehealth at MaineHealth: A Timeline





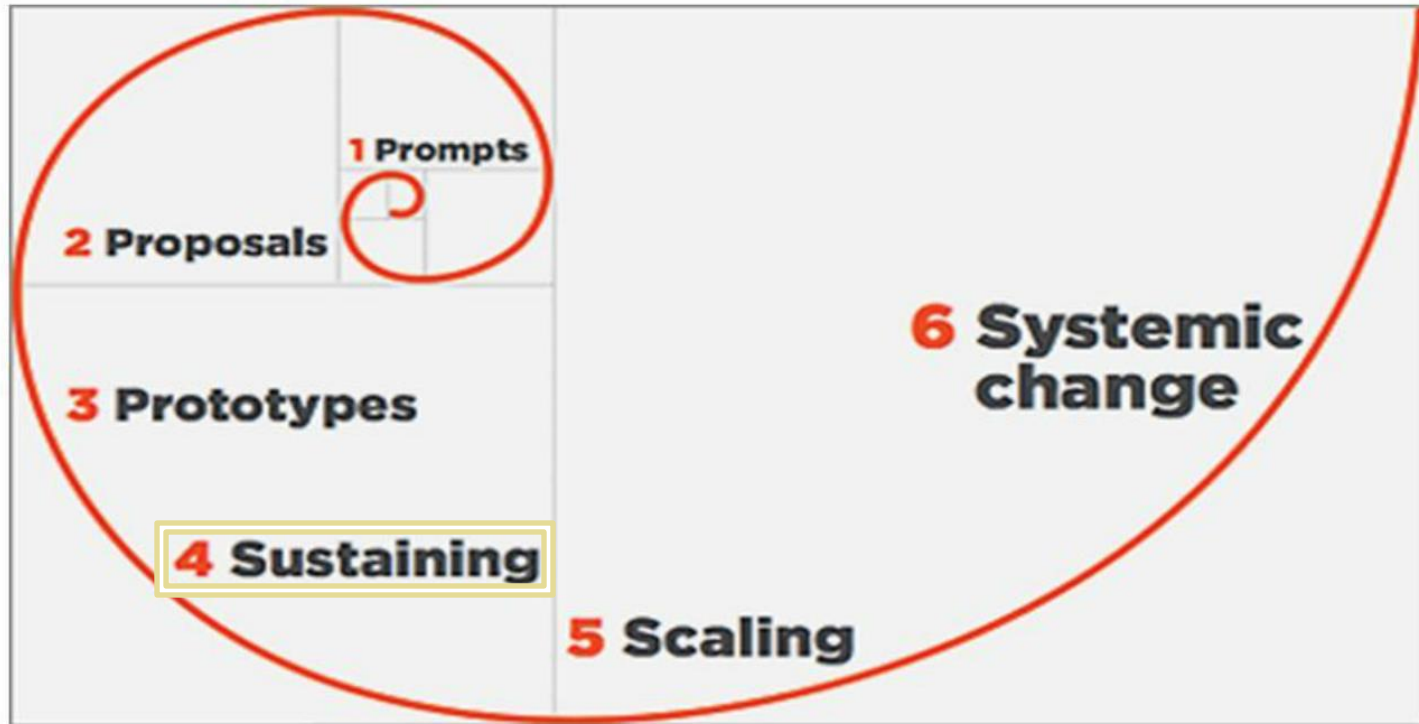
## Telehealth at MaineHealth: A Timeline



Where are we now?

# The Six Stages of Innovation

Successful innovation passes through six stages:

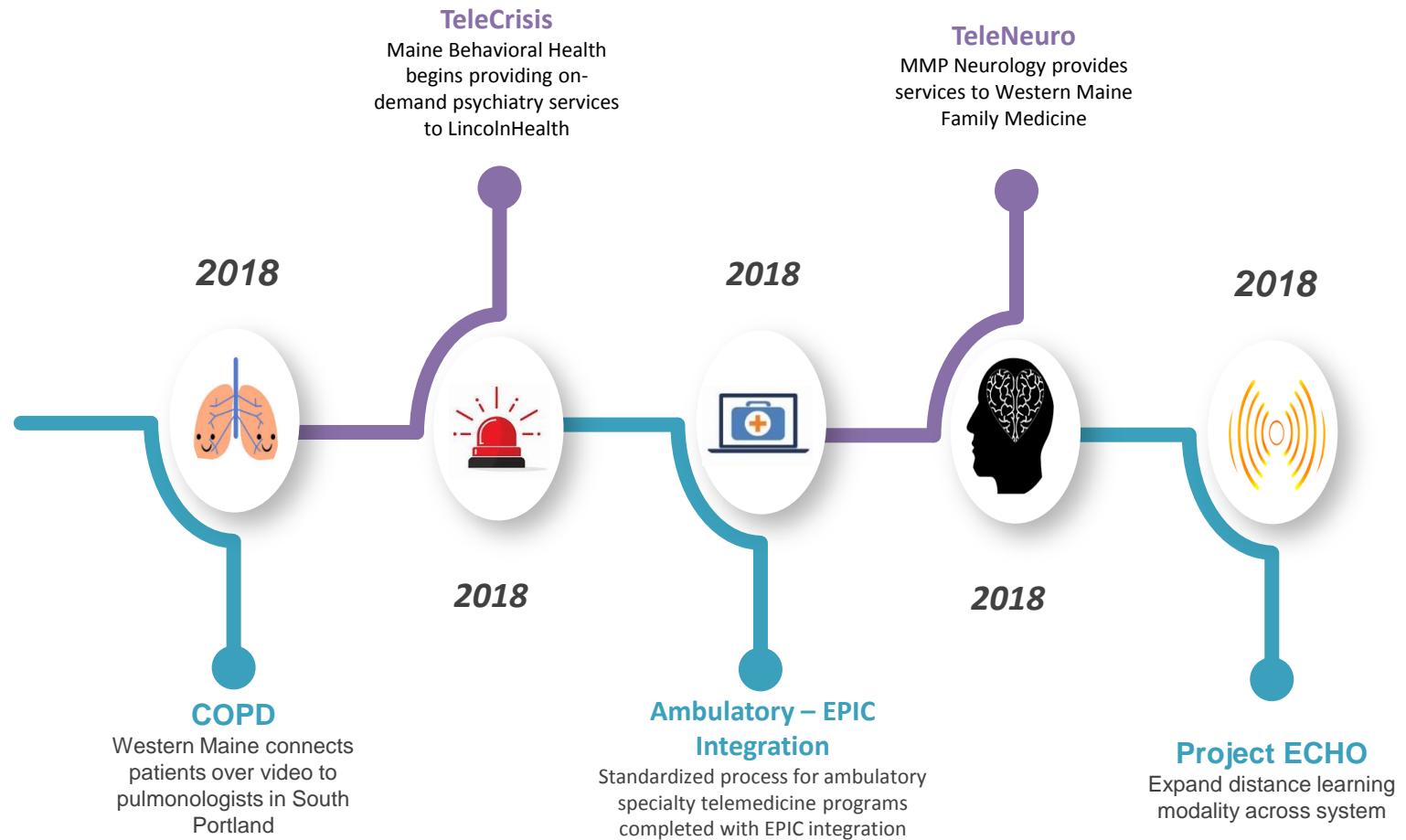


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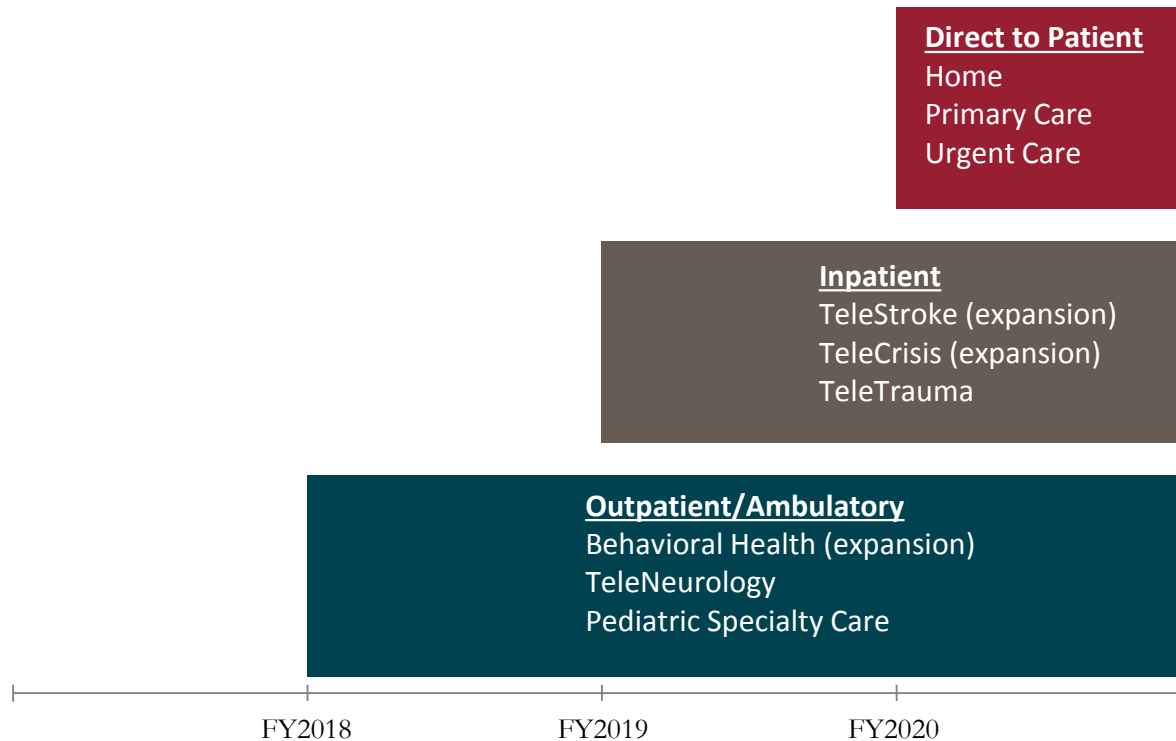
Nesta...

MaineHealth

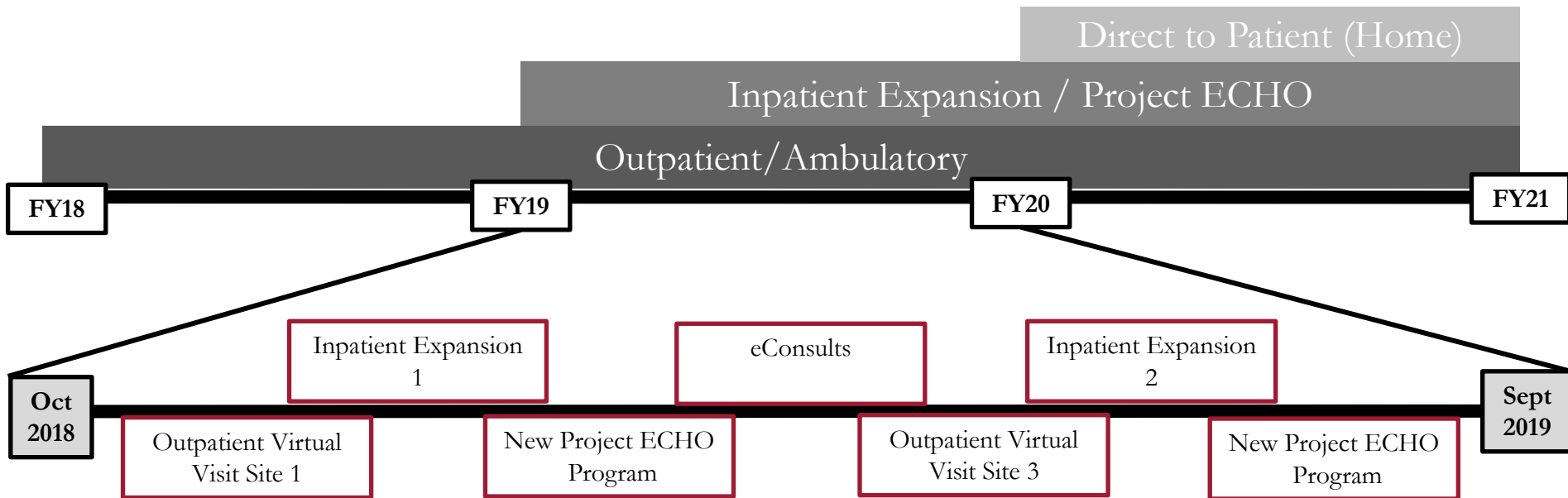
## Telehealth at MaineHealth: A Timeline



## 3 Year Telemedicine Plan

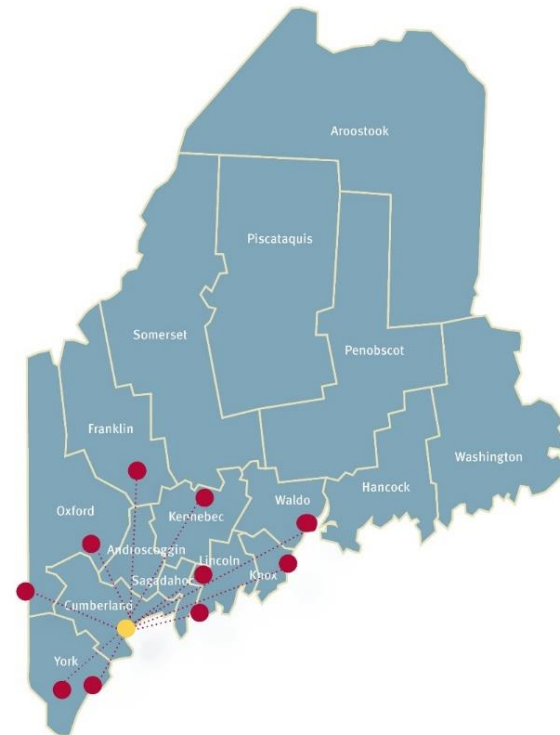


# MaineHealth Telehealth Strategy



# MaineHealth Telemedicine Network FY18 – FY19

- MaineHealth Members
  - Ambulatory
  - Point-to-Point
  - Employed Providers
- SeHR: Epic-to-Epic
- MaineHealth Technology
  - Standardize software and hardware
- Specialty Outreach
  - Regional Care Models
  - Patient Centered (care close to home)
- Split Billing
  - Originating site bills Q3014
  - Specialty site bills professional



# MaineHealth Telehealth

## Virtual Visits

### Primary Care Practice



- Specialist follow-up visits
- Add remote caregiver to visit
- Hand off with primary care and specialist

### Home



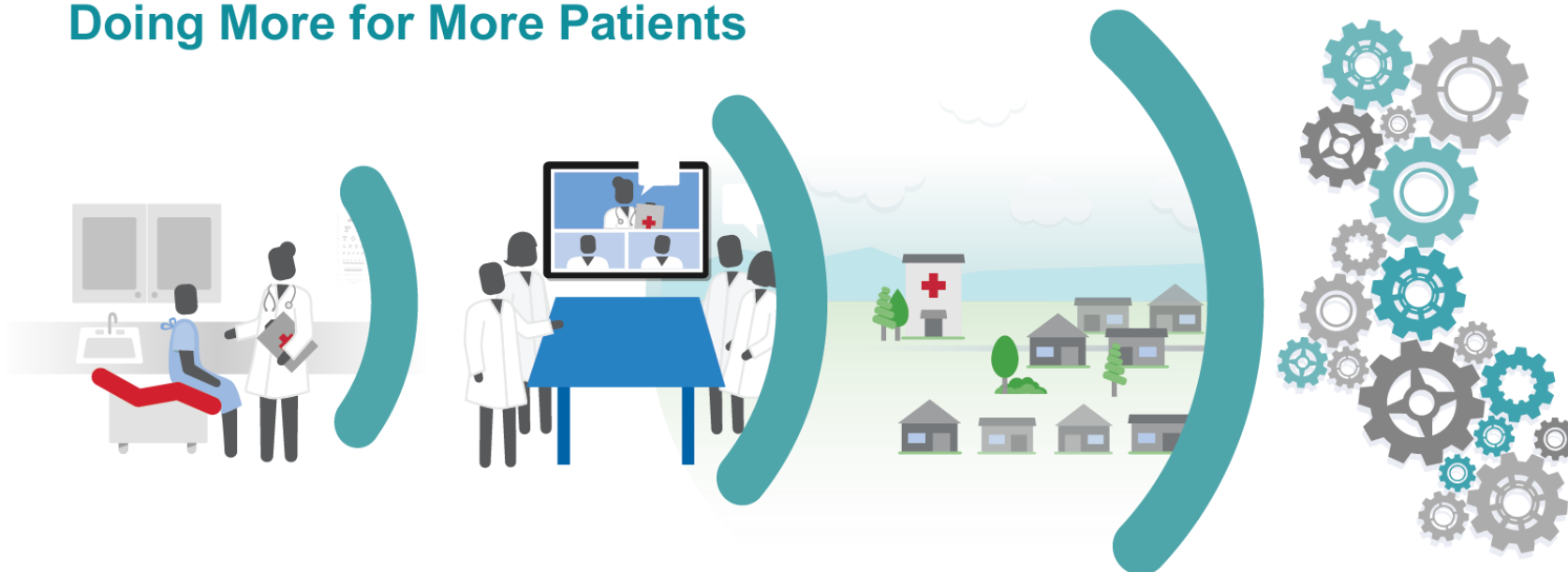
- Specialist follow-up visits
- Add remote caregiver to visit
- Primary care extended hours
- Urgent care: Common ailments
  - After hours, weekends, vacations





## Project ECHO – Extension for Community Healthcare Outcomes

### Doing More for More Patients



#### PATIENT

- Right Care
- Right Place
- Right Time

#### PROVIDER

- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

#### COMMUNITY

- Reduce Disparities
- Retain Providers
- Keep Patients Local

#### SYSTEM

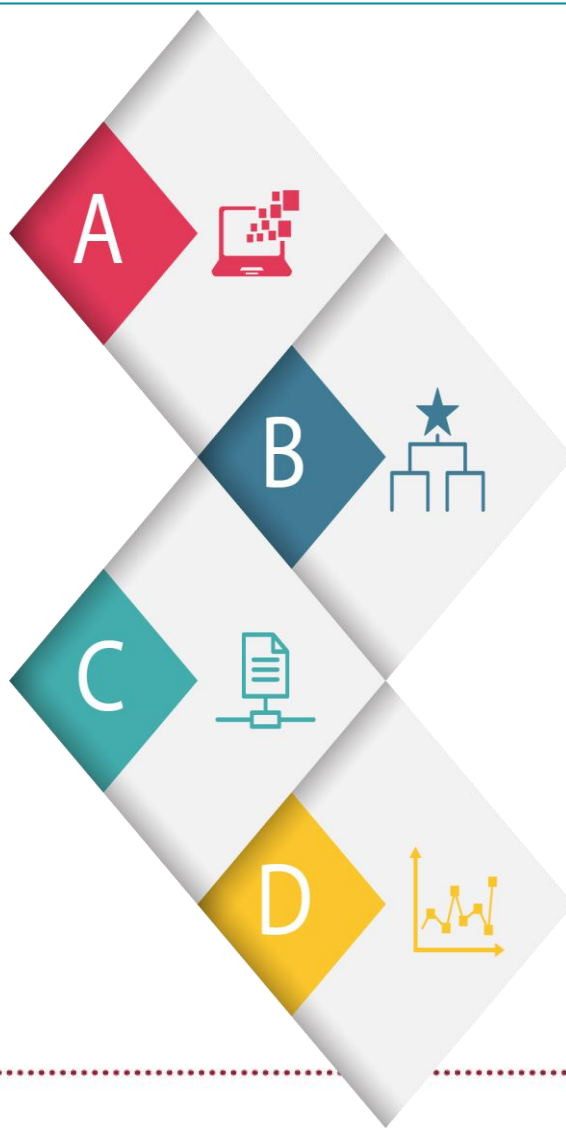
- Increase Access
- Improve Quality
- Reduce Cost

## Increases capacity and decreases unnecessary referrals

# The ECHO Model

**A**mplification – Use  
**Technology**  
to leverage scarce  
resources

**C**ase Based  
**Learning**  
to master  
complexity



Share **B**est  
**Practices** to  
reduce  
disparity

Web-based **D**atabase to  
**Monitor Outcomes**



Project ECHO®—  
Extension for Community Healthcare Outcomes

Mission – De-monopolize knowledge in order to expand access to best-practice medical care across the U.S. and globally

- Links expert specialist teams at an academic ‘hub’ with primary care providers in local communities – the ‘spokes’ of the model
- More than “virtual grand rounds” – combining a didactic presentation with case reviews
- Increases capacity and decreases unnecessary referrals



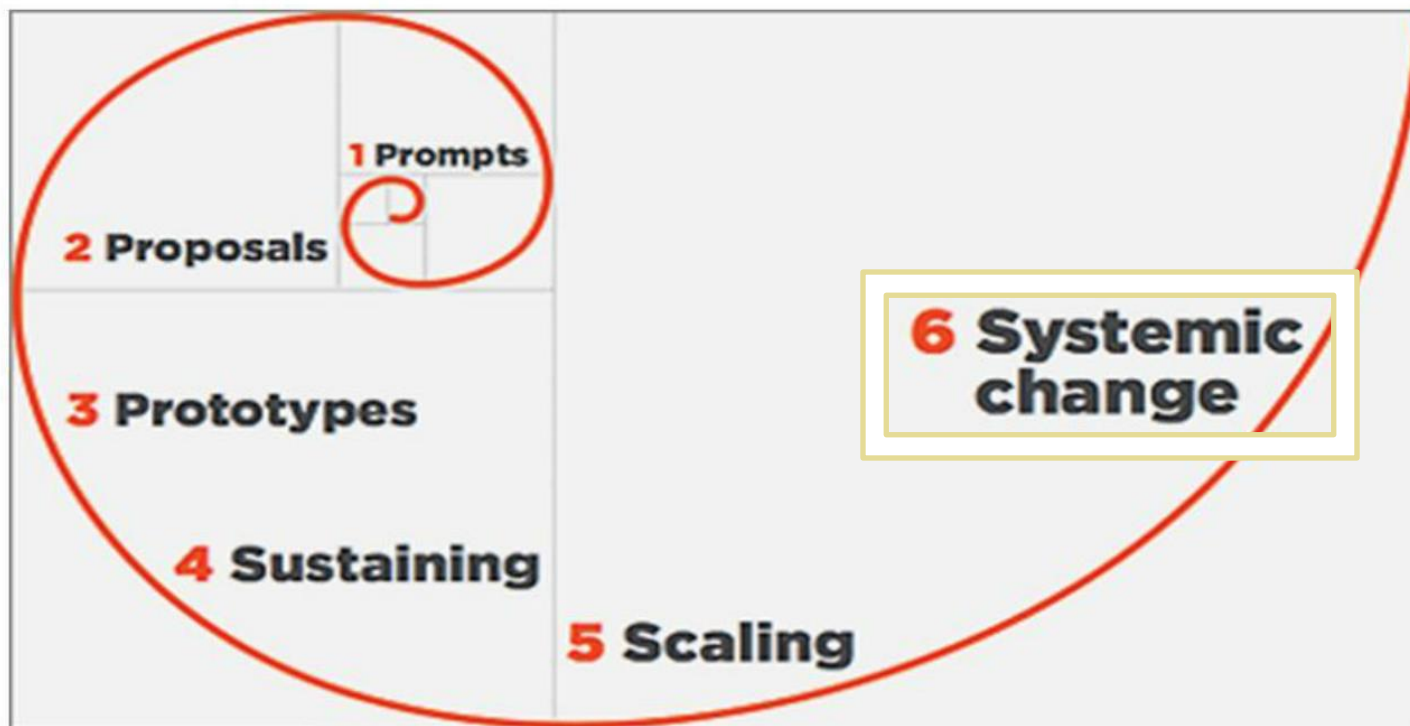
# FY19 ECHO Projects

Launch date	Topic	Hub/Sponsor	Spokes	When?
In process	Virology	MMC Virology Treatment Center	Primary care providers	3 <sup>rd</sup> Thursday of the month, 12-1pm
In process	Endocrinology	MMP Endo/Diabetes Center	Primary care providers	2 <sup>nd</sup> Tuesday of the month, 7:30-8:30am
Fall 2018 (October)	Cardiology	Maine Cardiovascular Service Line	Primary care providers	3 <sup>rd</sup> Tuesday of the month, 7-8am
Fall 2018 (October)	IMAT	Opioid Taskforce	Care teams	3 <sup>rd</sup> Thursday of the month, 12-1pm
Winter 2019 (January)	Palliative Care	Coastal Healthcare Alliance/State Palliative Care Advisory Council	Care teams	1 <sup>st</sup> Thursday of the month, 7:30-8:30am
Spring 2019	Breast Cancer Genetics	MaineHealth Cancer Care Network	Oncologists	Monthly in the morning, day of week TBD
Spring 2019	Diabetes	MMP Endo/Diabetes Center	Care teams	TBD

Where are we going?

# The Six Stages of Innovation

Successful innovation passes through six stages:

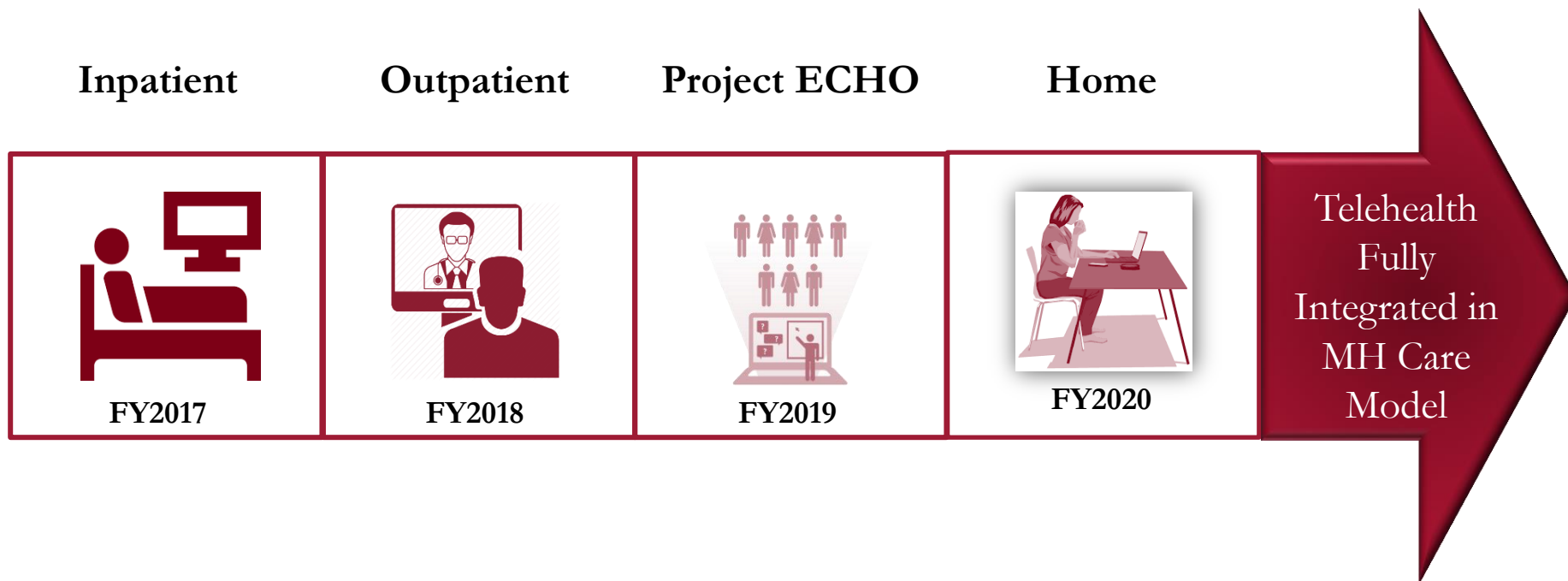


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Nesta...

MaineHealth

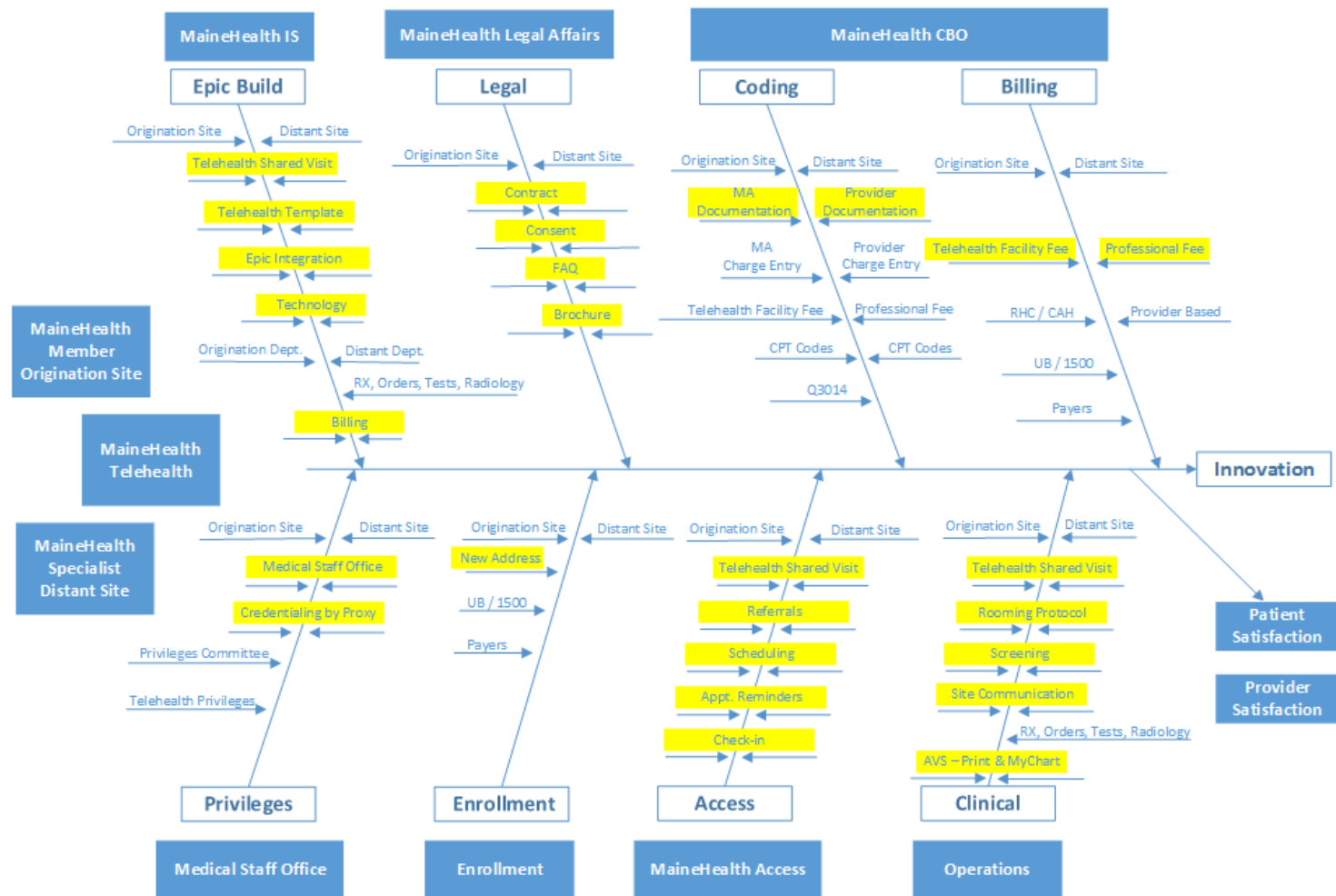
# Telehealth Strategy - Timeline



## 2. Develop Operating Procedures



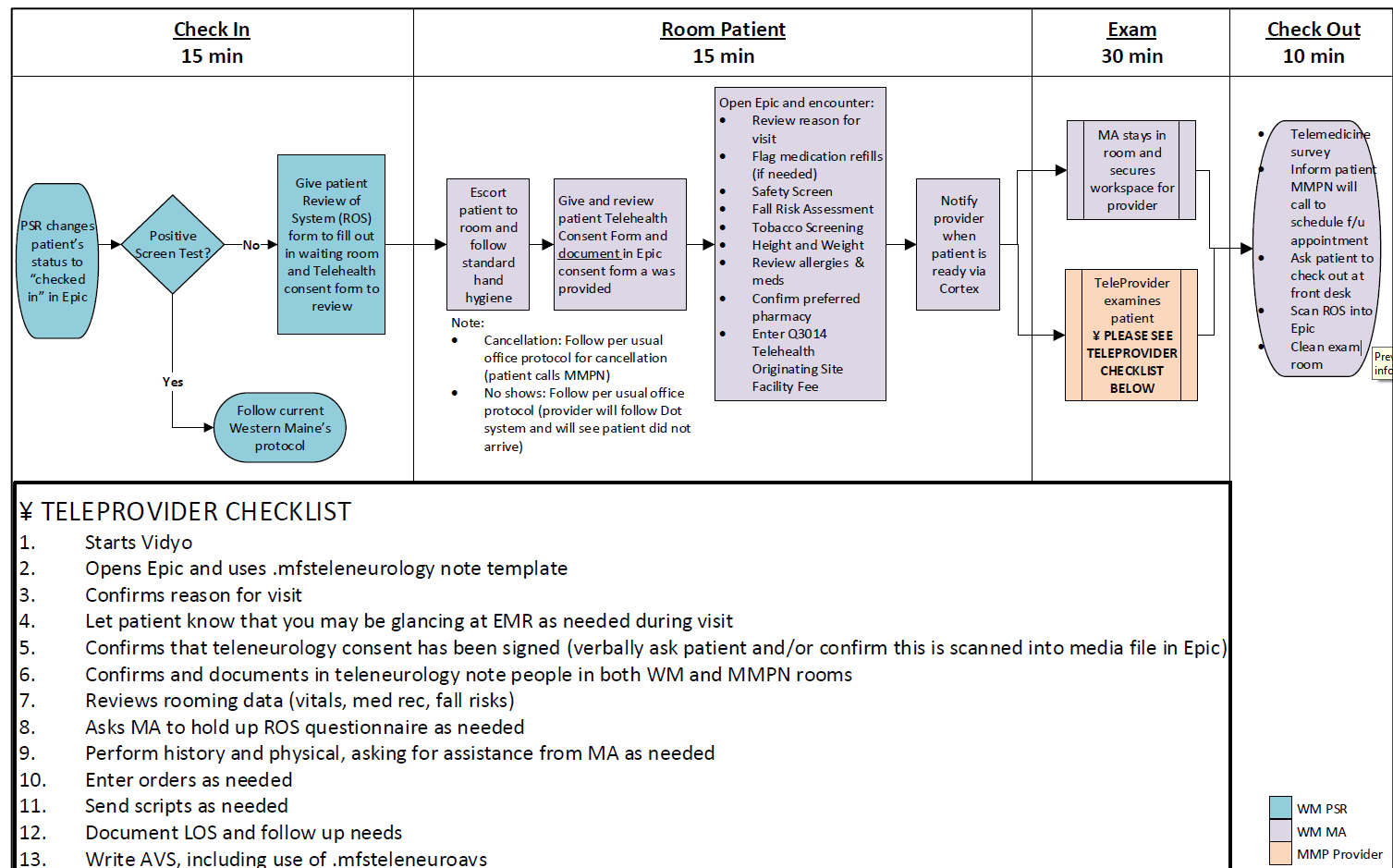
# 1. Identify Stakeholders



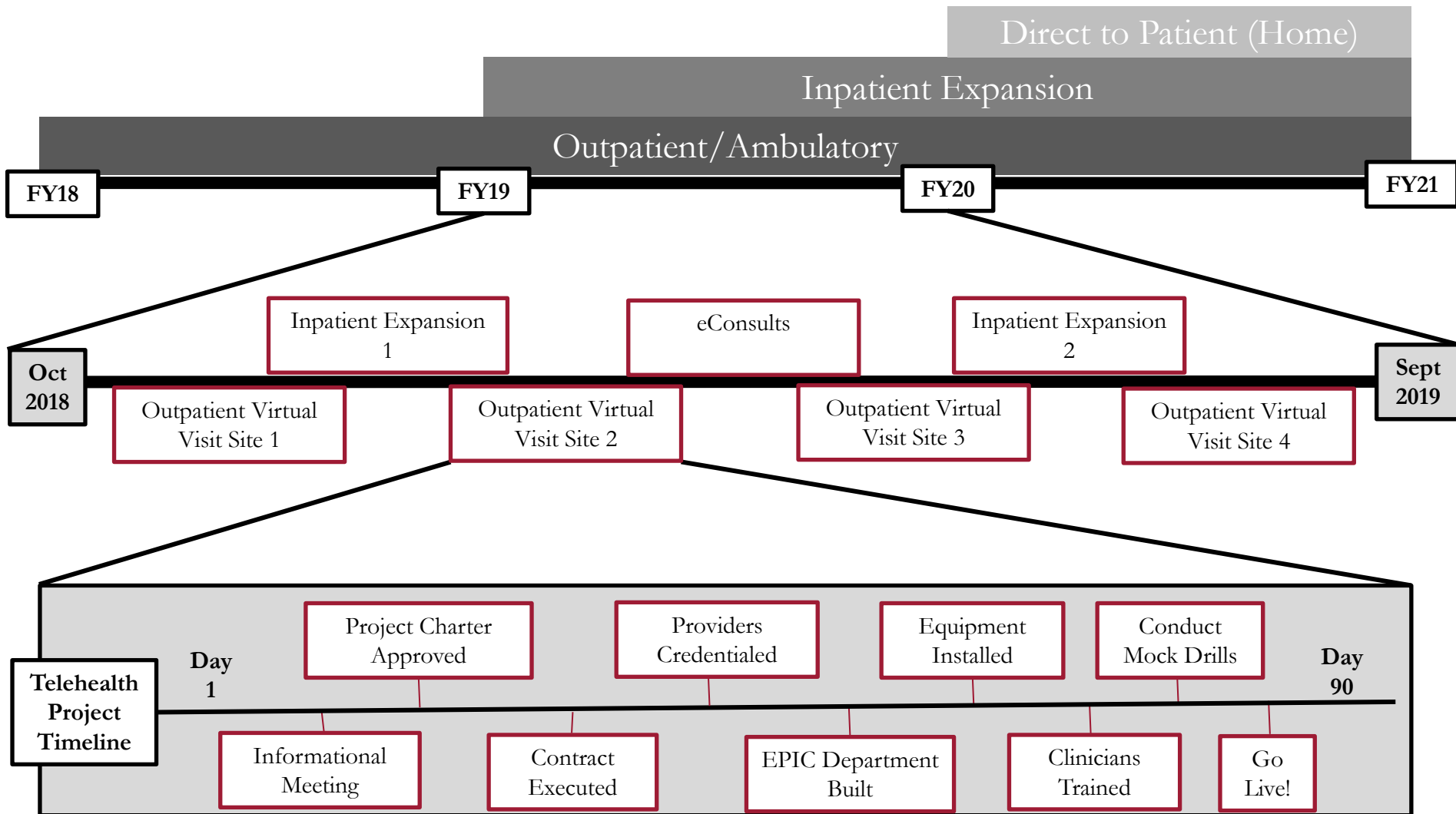


Who are your stakeholders?

## 2. Establish workflows



### 3. Develop Project Timeline



## 4. Define Technology



Pan/Tilt/Zoom Camera

Telemedicine Clinical  
Cart

HD Television Monitor

Web-based Video  
Platform

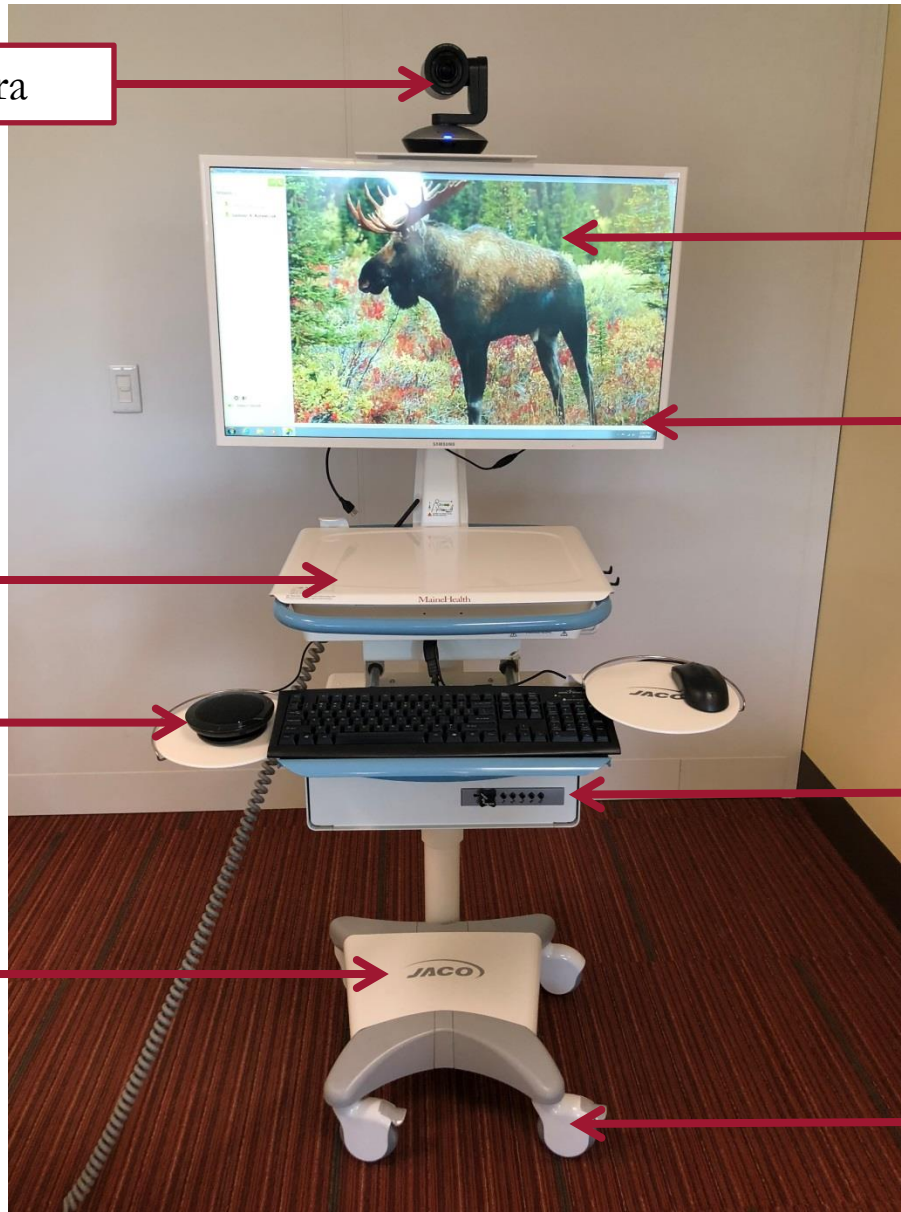
Storage Space

Speakerphone

WiFi-Enabled PC

Built on Standard  
Medical-grade Cart

Lightweight, Mobile  
Cart



# Digital Medical Peripherals

## Littmann Electronic Stethoscope



- Heart/Lung sounds digitally transmitted
- Remote Evaluation
- Live User Interface
- Seamless matches in-person experience

## Horus Scope Digital Telemedicine Camera



- HD Camera with touch screen interface
- Interchangeable Attachments for:
  - ENT
  - Dermatology
  - Ophthalmology
  - Audiology
  - General Examinations

### 3. Start Implementing!

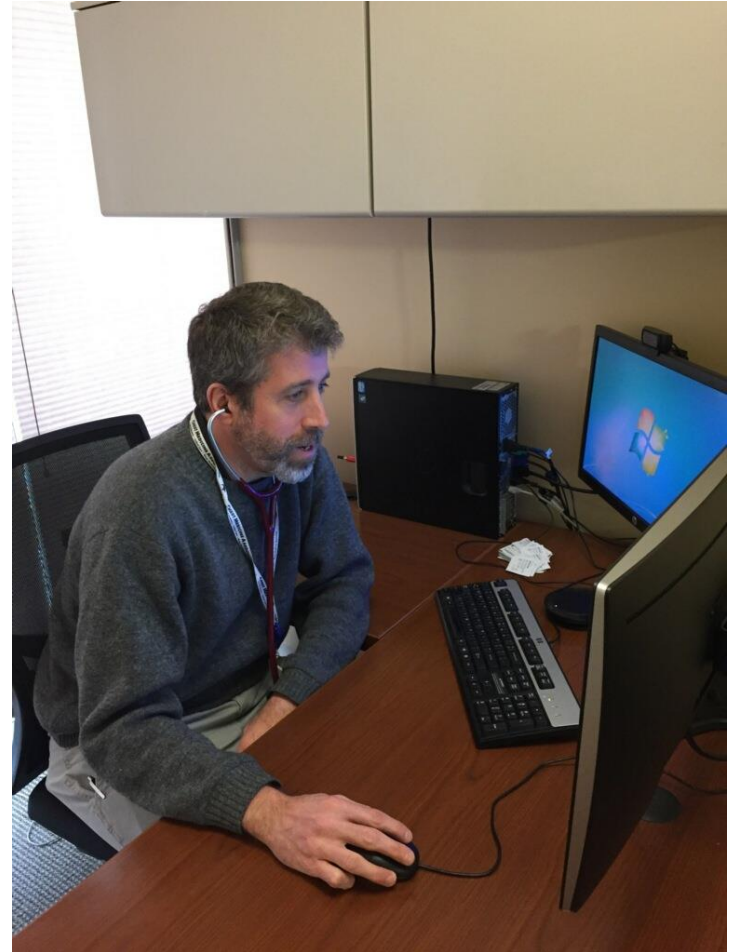


# Train Clinicians

- Align clinical staff with mission and message of telehealth
- Plan separate meetings with individual staff groups as well as larger group sessions so everyone understands each other's roles
- Define each role and develop checklists, as necessary
- Schedule at least two “mock clinical” sessions to dry test the workflows



# Mock Clinical



# Go-Live!



## 4. Check for Reactions

# Provider Experience – Virtual Visits

# Provider Satisfaction Survey - TeleStroke

## Consulting Hospital's Provider Feedback

The system and the neurologist was very helpful once she put on the headset so I could hear her.

I was very happy with the evaluation and consult that I received from Dr. Reynolds recently. All went well with the camera, computer, and connection.

I appreciate the support

Could not see the provider on the screen. Appreciate the physician's ability to talk with husband and reassure him with treatment in spite of the technical difficulties

The neurologist was great, interacting well with the patient and wife, this encounter was very helpful in helping the family be more at ease with this frightening experience and it helped them make an informed decision on treatment. Excellent

Dr Morris is an awesome resource.

Very helpful, Dr. Goodman provided significant recommendations in caring for the patient

# COPD

## **Feedback from Specialist:**

- » “This is very cool. The stethoscope sounds better than the scope I have here in the office”

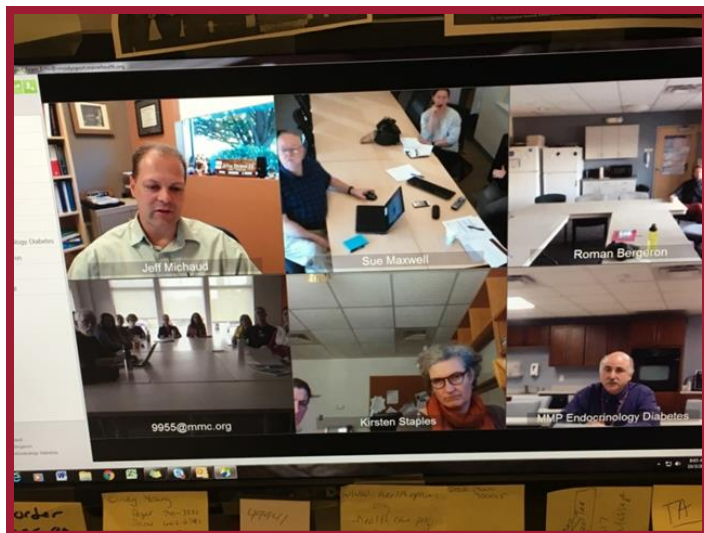
## **Feedback from Originating Site:**

- » On implementation process: “We didn’t have as many issues as I thought we’d have”; “I think its going really well” – Practice Manager

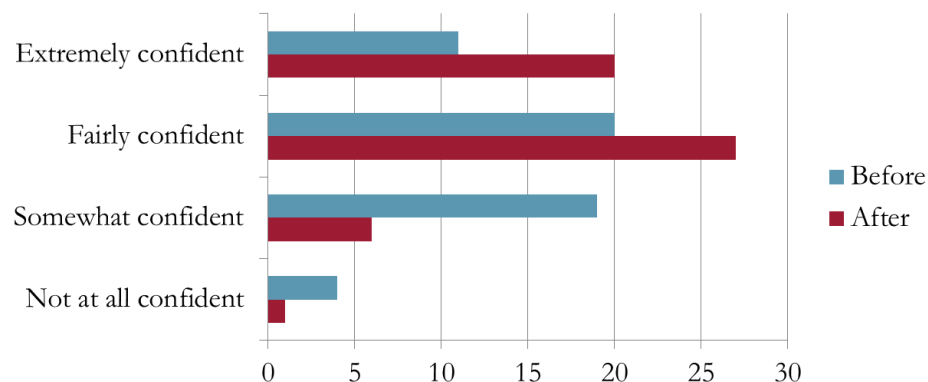
# Provider Experience – Project ECHO



# Project ECHO - Endocrinology



**Self-reported confidence in ability to manage the care for the case(s)/condition(s) presented :**

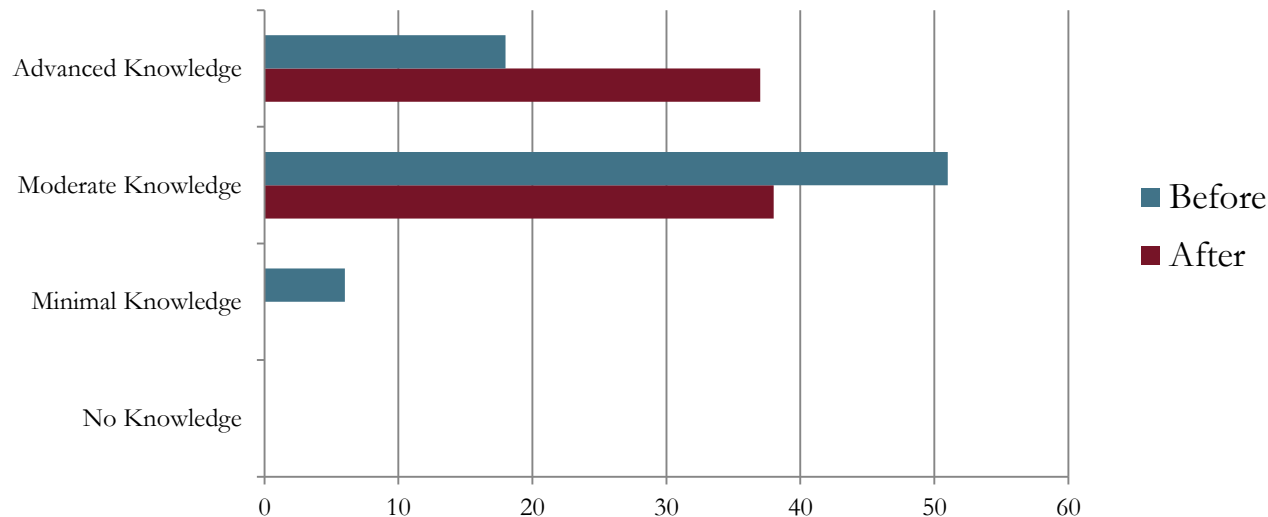


Participant responses indicating they were Fairly or Extremely Confident in managing the cases presented increased from **60% to 91%** after the Project ECHO Endo teleclinic\*

**100% of participants' responses indicate they...**

- Plan on attending next call
- Would recommend participating in an ECHO project to a colleague
- Believe that EndoECHO improves coordination and comprehensive care of patients\*

# Dependence on specialist



**100%** of participants felt that they had Moderate or Advanced Knowledge about when it's appropriate to consult with a specialist after the EndoECHO session.

“No local endocrinologist in our area, these presentations are very helpful to increase PCP knowledge to reduce burden on patient to travel to endocrinologist”

- MaineHealth PCP

# Patient Experience

# COPD - Patient

- All surveys indicated “Strongly Agree” or “Agree” to all survey questions
- Questions include:
  - » I was happy with the support and help that I was given during the session.
  - » The telehealth system met all of my needs for this appointment.

“Great Job!”

- Patient

# TeleStroke

“[TeleStroke] saved my life. Without it I couldn’t have received the blood clot breaking medicine.”

– Real Patient

# Key Takeaways

- Learn from Nike and “Just Do It”
- Build strong relationships with every department and check in with them at regular intervals
- Follow a few basic project management steps:
  - Develop a Project Plan
  - Create a Stakeholders Analysis and Communication Plan
  - Define Outcome Metrics and Reporting Process
- Make sure the program is in the best interest of the patient and data supports its need
- SHARE YOUR SUCCESSES!

# The Road Ahead

## 1. Monitor and Improve the Program

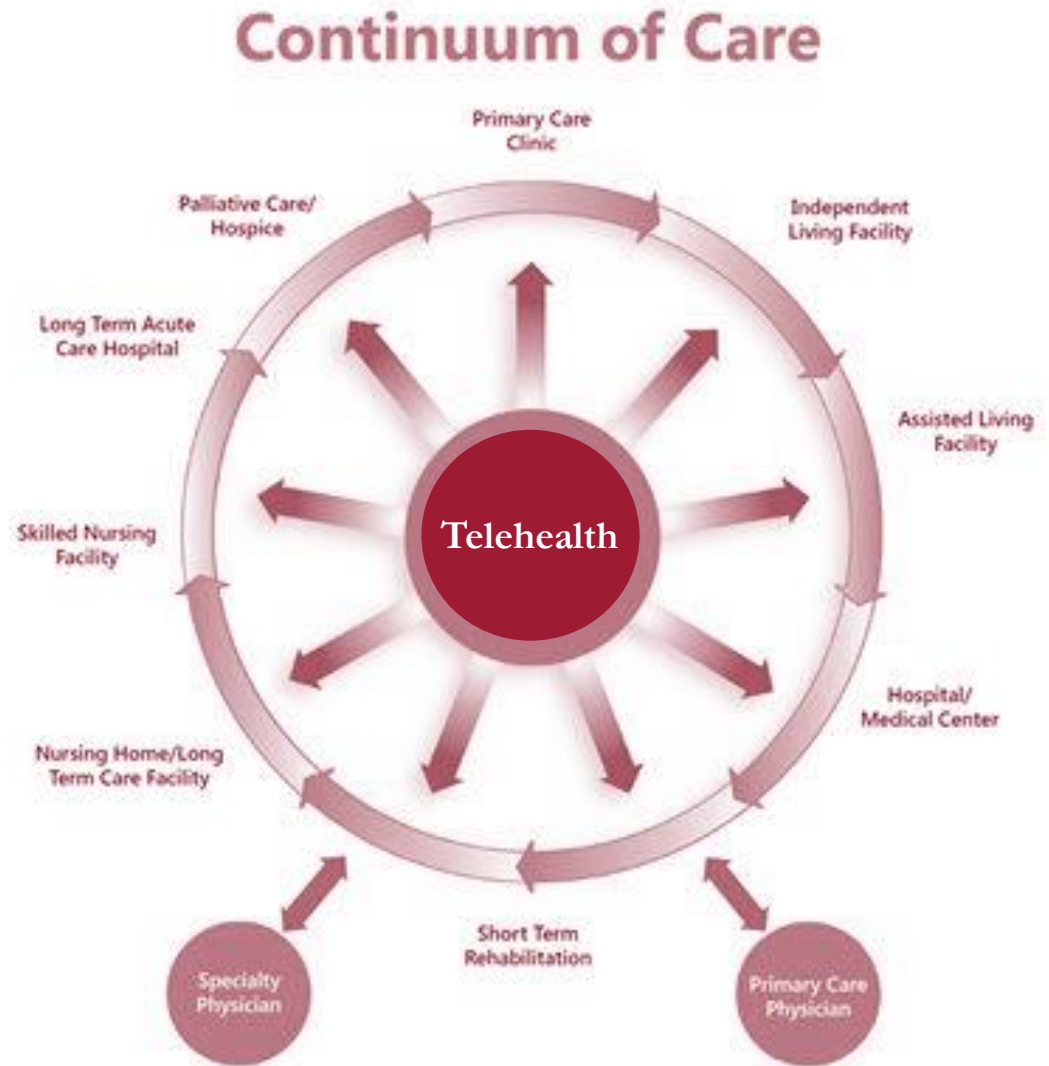


## 2. Balance the Business Model



# The Road Ahead

## 3. Embed Telehealth in Continuum of Care



# Q&A



Thank  
you

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