California HIT Day 2016 May 25, 2016













Redefining possible."



Alex Go Vice President Freed Associates atg@freedassociates.com

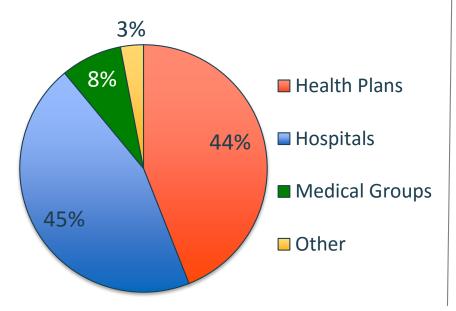
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Director of Clinical Analytics and Research; CEP America JoshuaTamayoSarver@cep.com Patty Nason Training Administrator UCSF Telehealth Patty.Nason@ucsf.edu

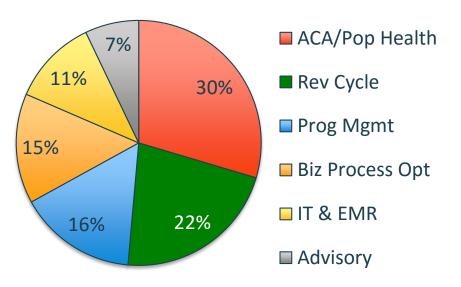


About Freed Associates

Broad Mix Of Clients



Diverse Consulting Services





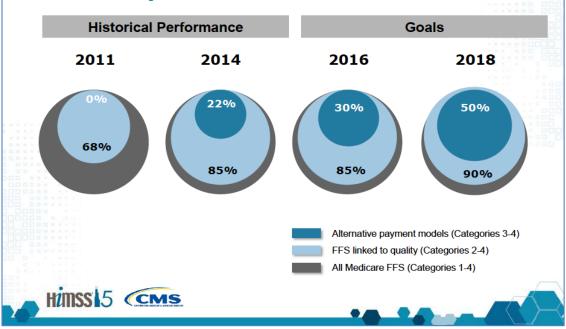
What Are The Next Waves Shaping Health?





Shift From Volume To Value (V2V)

Target percentage of payments in `FFS linked to quality' and `alternative payment models' by 2016 and 2018



Source: Kate Goodrich, Director of Quality Measurement & Health Assessment, CMS 5

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Shift Towards Health Consumerism

Cost Shifting To Consumers More Millennials Than Boomers 561 Boomers **Boomers** 62 \$15K 29 Million 78M Accounts \$7.6K Million Millennials Millennials Accounts 2011 2030 2010 2015 2001 2011 **7% larger** than the baby-boom generation 2X Growth in CDHP **Annual Premiums** U.S. Census Bureau, 2012 **Enrollments Have Doubled** FICO Forging Lasting Banking Relationships with Millennials

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Shift Towards New Models Of Care

Healthcare Goes Retail





Alternative Channels

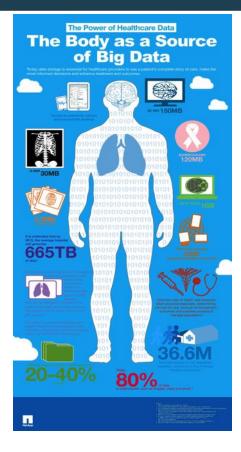








Shift Towards Big Data/Analytics



OR





Powering the Pen with Data

Joshua Tamayo-Sarver

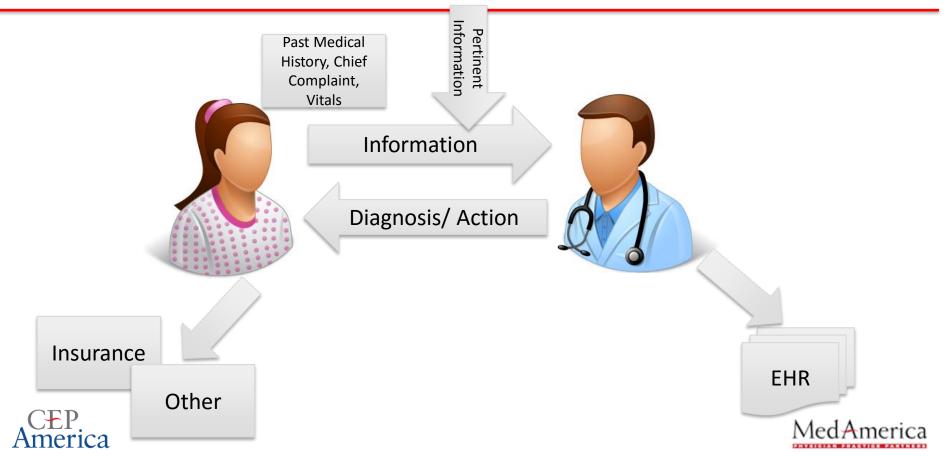




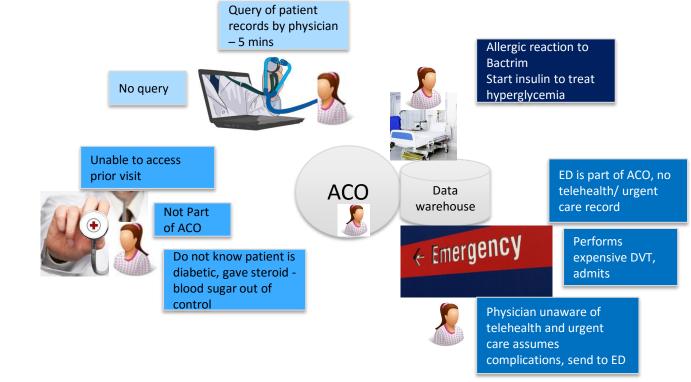
Patient Experience

| Notices redness on lower leg Gets a telehealth appt. Diagnosed with cellulitis Prescribed Keflex | Fatigue, malaise, light- headed Uncertain if redness is better Told to go to emergency department | Redness is better Diffuse itchy rash & wheezing Stop Bactrim Start Benadryl & Steroids | Physician looks at unremarkable leg Continues with current Insulin regimen |
|---|--|---|--|
| Mon. Mon. AM PM | Tue. AM PM | Wed. AM | Fri. 1 Week PM Later |
| Not getting better Calls telehealth, told to go to urgent care Diagnosed with contact derive Prescribed Solumedrol | matitis clot) • Blood worl high blood • Admitted f outpatient | l shows on DVT (blood < shows leukocytosis, | Discharged to home with Insulin Follow up with Primary Care Physician MedAmerica |

Data Flow



Incomplete Data – Unnecessary Treatments





PMD notes good blood sugar control and assumes patient needs insulin now



Unaware that hyperglycemic episode was related to steroid from urgent care

Data Access







Administrative Data (Monthly) - Retrospective Clinical Data (Overnight Batch) - Retrospective Actionable Decision Support-Real Time





Information Delivered





Scrabble Word Finder



Enter up to 12 letters into the scrabble word finder, all valid scrabble words will be generated. Use up to two ? as wildcards. The quickest scrabble words finder on the net

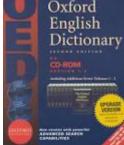




Advanced Options 41

| words F | ound | | |
|-------------|-------------|-----------------------|------|
| | | 5 Letter Scrabble Wor | ds |
| dhaks | | | |
| | | 4 Letter Scrabble Wor | ds |
| dags | <u>dahs</u> | daks | dash |
| <u>dhak</u> | gads | gash | hadj |
| hags | jags | shad | shag |
| skag | | | |







Information to Physician



| INERCOMPANY AND A CONTRACTOR | DERMAN RED | Emerald Alder OF Surgery | 25-331-2010 | 25 | 14 | |
|------------------------------------|---------------------|--|-------------|----|----|----------|
| station with the balance | CAIT DUTHERLAND | Genburge Birch Vedical Centre | 25-81-2010 | 15 | | +1 (+1%) |
| unRalakon-dufficiolinise | ALLISTAR BRICE | Hacduff Variew Wood QP Surgery | 25-316-2010 | 22 | 10 | |
| antick/minister/ | DAYLE DOKSON | Dallas Dhu Sycamore Illansh GP Surgery | 25-24-2010 | 22 | - | -1 (-1% |
| states and a state of the states | ZACHARIAN BURPHY | Dalas Dhu Sycanore Harah GP Surgery | 25-310-2010 | 10 | - | |
| x18NO11N0P2h3D14Dness | NETRA BOMLLAN | Fern Warsh Medical Centre | 25-302-2010 | 22 | | |
| Streen stabilized Allow All (2014) | PUEBEN 00114 | Royal Brackle Triture Mill Health Centre | 25-201-2010 | 20 | - | |
| unRith?istumlc20m-sis | BARBOD ALLAN | Genburge Birch Wedcal Centre | 25-816-2010 | 22 | 10 | |
| united Alarma Statistics | ALLEFAR BRUCE | Redult Version Wood QP Surgery | 25-34-2010 | 32 | | |
| and the scientific and the | BARTLOMEJ DONALDSON | Dalas Dhu Sycamore Karsh GP Surgery | 25-316-2010 | 82 | - | |



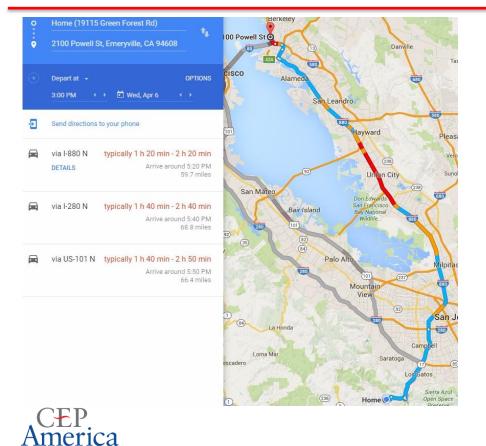
Risk Score - XX

Actionable and Manageable





Decision Support Done Right



| • | Home (19115 Green Forest Rd) 2100 Powell St, Emeryville, CA 94608 | | |
|---|---|------------|--|
| Ð | Leave now 👻 | OPTIONS | |
| Ð | Send directions to your phone | | |
| | via I-880 N | 1 h 40 min | |
| | 1 h 6 min without traffic | 59.7 miles | |
| | DETAILS | | |
| | via US-101 N | 2 h 1 min | |
| | 1 h 14 min without traffic | 66.4 miles | |
| | via I-280 N | 2 h 13 min | |
| | 1 h 14 min without traffic | 68.8 miles | |



Right Data at the Right Time

- Data sharing between all healthcare contacts
- Expert rules to push right information at the right time—before decision is made

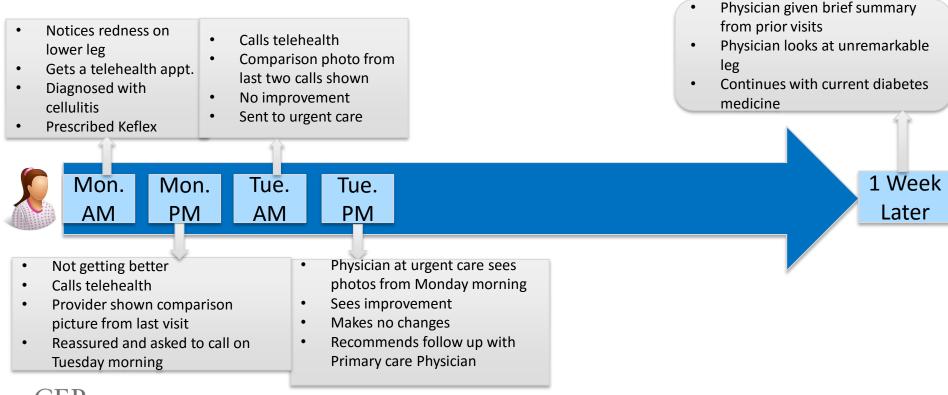


- Improved patient outcome and satisfaction
- ROI?





Integrated Care Patient Experience





Cost and Outcome difference







Contact Information



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UCSF Medical Center

Telehealth at UCSF HIMSS – State HIT Day

Patty Nason, MBA Telehealth Resource Center

5/25/2016

Overview

- Introduction to telehealth at UCSF
- Ethical considerations
- Cultural considerations
- Pediatric considerations
- Best practices





Telehealth at UCSF

- Telehealth Resource Center is designed to provide tools, operational infrastructure and information so that any provider interested in delivering care via telehealth can do so effectively and compliantly
- Flagship programs get direct efforts and assistance
- Telehealth and Video Technology team reports through IT Operations
- Other institutions use other models



Introduction - Telehealth Resource Center

- External Telehealth
 - Partnerships with rural hospitals in specialty areas (Critical Care, Emergency Medicine, Neonatology, Hospital Medicine, Cardiology)
- Internal Telehealth
 - Providers in one UCSF location use telehealth carts to see patients in another
- Home Telehealth
 - Providers see patients in their homes via video conferencing (WebEx)



External/Internal Telehealth

- External Telehealth
 - Partnerships with rural hospitals in specialty areas (Critical Care, Emergency Medicine, Neonatology, Hospital Medicine, Cardiology)
- Internal Telehealth
 - Providers in one UCSF location use telehealth carts to see patients in another UCSF location





Home Telehealth

- Home telehealth utilizes WebEx, and a patient's computer or smart phone
- 35 UCSF clinics are actively using home telehealth with some of their patients
- Ideal for patients that have to travel far for appointments, or who are too ill to leave home
- WebEx video is encrypted and not recorded, privacy breach risk is very small
- Provider must be licensed in the state the patient is located in at the time of the appointment

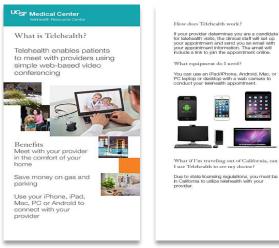


Available Resources

• For patients:

- Brochures, via email and hard copy, covering installation and use of WebEx on PCs, Androids, iPhone/iPad
- Video on how to set up WebEx
- For providers:
 - Training guides on how to set up WebEx
 appointments
 - Troubleshooting guide
 - In-person training for support staff and clinicians
 - Videos on telehealth cart usage
 - Wallet sized tip cards







ENCOUNTER REMINDERS

1. LOCATION. Provider must be licensed where the patient is.

2. IDENTITY. If patient isn't known to you, check two pieces of info from APeX or a photo ID.

3. BADGE. Position your badge so it is visible on camera.

4. CONSENT. Confirm that patient agrees to telehealth interaction:

- In-person visit may be required
- Data is encrypted in transit and not stored, low risk to privacy
- If you share your screen, ensure no other patient data is visible
- Do not record encounters
- 5. DOCUMENTATION. Use appropriate smart phrase and note type (see reverse).

UCSF Telehealth

APeX NOTES

Note types are determined based on patient location:

Home: Usual office visit note type UCSF inpatient : Internal Telehealth Consult Other hospital: External Telehealth Consult

APeX SMART PHRASE

.TELEMED - for video-based consultations



Ethical Considerations

- Telehealth should not be used to avoid seeing patients in person due to any protected status. Epidemics/pandemics are an exception.
- Conflict of interest telehealth must not be used solely for the purpose of enhancing income.
- Providers should have a policy in place to accommodate equipment/technical failures, and should document any technical issues in the patient's health record.
- If your level of licensure does not permit you to do something in person, you can't do it via telehealth either.



Cultural Considerations

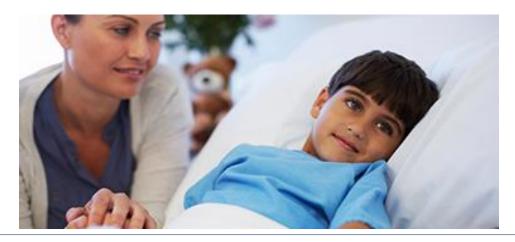
 Provider and patient or patient-representative should be able to converse in a language comfortable and familiar to both parties





Pediatric Considerations

- Encounters must include parent/guardian, except for in certain cases involving adolescents with behavioral or mental health issues.
- Pediatric patient does not need to be present, as long as you're discussing a treatment plan





Best Practices – External/Internal Telehealth

- Conduct training for all staff
- Offer re-training as staff changes at both your institution and external ones.
- Conduct routine equipment and connectivity checks.



Best Practices – Home Telehealth

- Conduct a test appointment 24 48 hours before the actual appointment
- Home telehealth providers should use laptops/desktops, or use a stand with a smartphone/tablet
- If you use dual monitors, make sure you're still looking into your webcam
- Convene telehealth user group to share knowledge















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