#### California HIT Day 2016 May 25, 2016













Redefining possible."



Alex Go Vice President Freed Associates atg@freedassociates.com

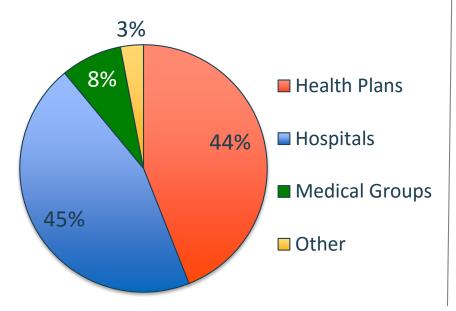
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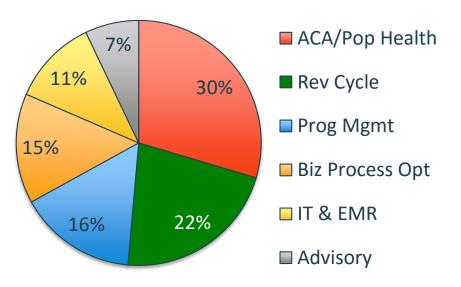


#### About Freed Associates

#### Broad Mix Of Clients



#### Diverse Consulting Services





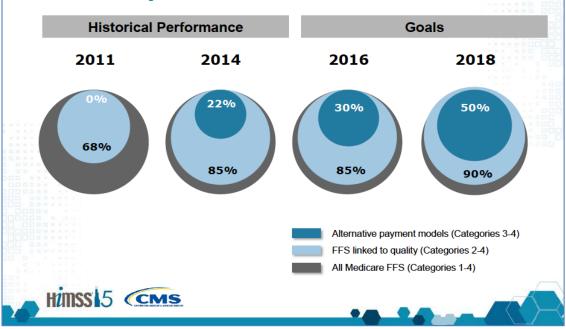
#### What Are The Next Waves Shaping Health?





### 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

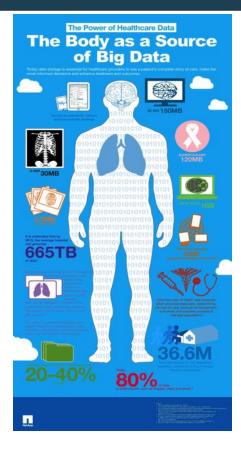








### Shift Towards Big Data/Analytics



OR





### **Powering the Pen with Data**

Joshua Tamayo-Sarver

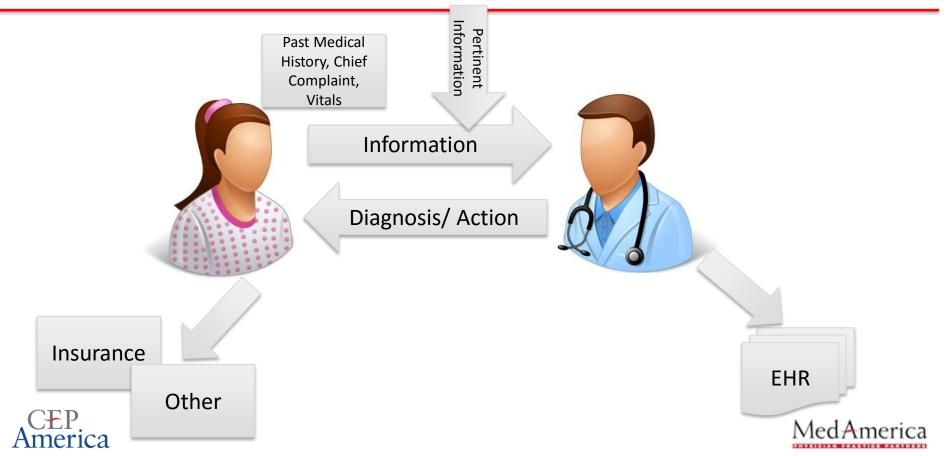




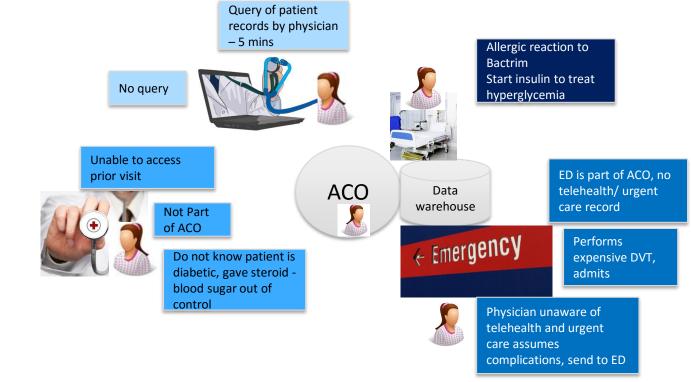
# Patient Experience

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

# **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

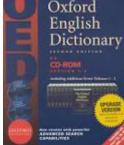




#### Advanced Options 41

| 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 | -  |          |



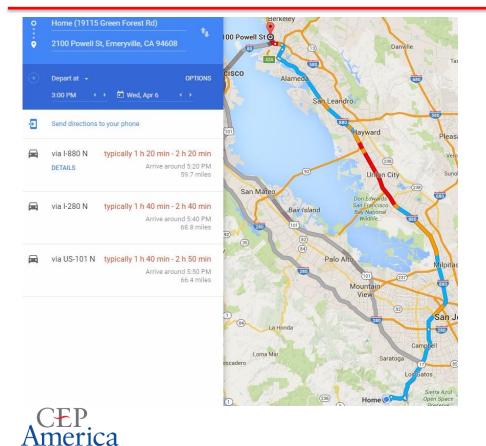
Risk Score - XX

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

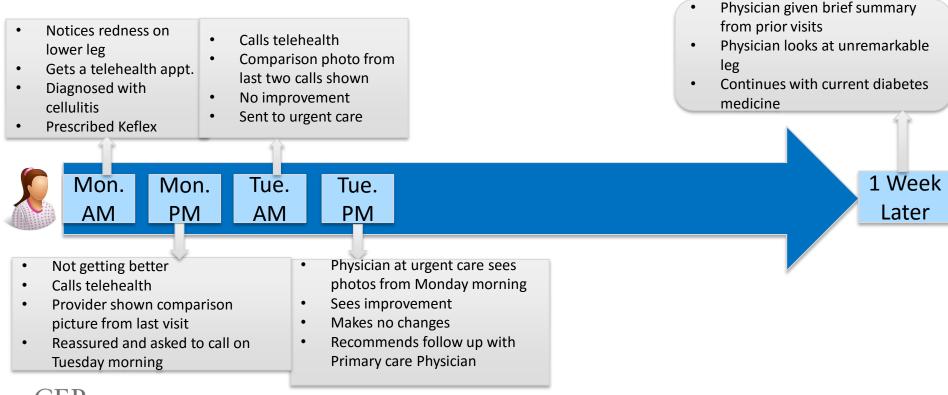


- Improved patient outcome and satisfaction
- ROI?





# **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**

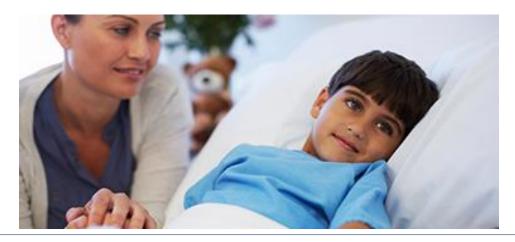
 Provider and patient or patient-representative should be able to converse in a language comfortable and familiar to both parties





## **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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