Embedding Telemedicine into Patient Services from my Community to Yours

By working together, we all get better.
Objectives

• Experience the journey of a regional tertiary care center as it uses its electronic medical record to facilitate expansion of telemedicine services to regional hospitals, clinics, nursing homes

• Understand the value of integrating the service delivery technology of Telemedicine into the current processes for patient services

• Learn how the integration of telemedicine into the existing EMR facilitates patient scheduling, documentation, coding, billing and uses the EMR to meet the essential requirements of a patient encounter
“Community” 200,000 residents

- Regional Tertiary hospital for 15 regional Critical Access Hospitals
- 9 Grand Forks locations
- 12 regional clinic locations
- 2 states ND/MN
- Member of the Mayo Clinic Care Network
Regional provider of technology

- Teleradiology
- Medical Provider Education
- PACs
- Data Hosting
- Telepharmacy
- Patient Remote Monitoring

“Most Wired” Hospitals & Health Networks

Telemedicine - 2007
EHR = EMR

The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. The EHR automates and streamlines the clinician's workflow. The EHR has the ability to generate a complete record of a clinical patient encounter - as well as supporting other care-related activities directly or indirectly via interface - including evidence-based decision support, quality management, and outcomes reporting.

According to Healthcare Information and Management Systems Society (HIMSS)
Telemedicine Services

• Specialist referral services/ Patient consultations
  – involves a patient "seeing" a specialist over a live, interactive audio/video connection
Who at Altru?

- MD’s
- Nurse Practitioner
- Physician Assistant
- Dieticians
- Clinical Social Worker
- Clinical Nurse specialists
- Oncology Navigators
- Prosthetics/Orthotics
- Diabetes Nurses Educators
What do they provide?

- Psychiatry
- Infectious Disease
- Dermatology
- Nephrology/Renal
- Urology
- Allergy
- Mental health
- Wound care
- Pulmonology
- Diabetes
- Neurology
- Oncology
- Orthopedics
- Medical Nutrition Tx
- GI
- Post-Surgical
New Services

• Tele-Consult
• Post-Sleep Study visit
• Palliative Care
• Diabetes Care — rural school personnel
• Juvenile Detention

• Oncology patient navigators
• Genetic counseling
• 3 way with CAH for Emergency with Avera

• Regions Burn Center !!!!!!
Provider Locations

- Altru Clinic
  - 8 regional locations
- Altru Regional Renal Units
- Mobile Physicians

Patient Locations

Non-Altru:

- Rural Hospitals – 13
- Nursing Homes – 8
- Indian Health Clinic
- Rural Community Health Clinic
- Student Health
- Adolescent residential facility
NO NETWORK
NO DEDICATED LINES
NO FUNDING SUPPORT – No charges to Rurals
EMR  April 4, 2010 “go live” Epic

7 CAH affiliates on Altru Epic platform
Roseau LifeCare: 10/2010
Grafton Unity
Park River 1st Care
Langdon Cavalier Co
Cavalier Pembina Co
McVille Nelson Co
Rugby Heart of America

All other Telemed sites have EpicCare Link
Patient Encounter Workflow

- Schedule  ➡ EMR
- Notify Arrival  ➡ EMR
- Connection point  ➡ EMR
- Patient clinical info  ➡ EMR
- Documentation  ➡ EMR
- Coding  ➡ EMR
- Billing  ➡ EMR
## Connect to  Who?  Where?

<table>
<thead>
<tr>
<th>Altru to Altru</th>
<th>Altru to Non-Altru Epic</th>
<th>Altru to Non Epic  Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altru provider</td>
<td>Altru provider</td>
<td>Altru provider</td>
</tr>
<tr>
<td>8 Rural Altru clinic</td>
<td>7 Epic CAH</td>
<td>13 rural non-Altru locations: SNF, Clinics,</td>
</tr>
</tbody>
</table>
Scheduled: “Telemed” appointment type

<table>
<thead>
<tr>
<th>Altru to Altru</th>
<th>Altru to Non-Altru Epic</th>
<th>Altru to Non Epic Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider</td>
<td>Provider</td>
<td>Rural side maintains their schedule</td>
</tr>
<tr>
<td>Room/camera GF</td>
<td>Room/camera GF</td>
<td></td>
</tr>
<tr>
<td>Room/camera rural clinic</td>
<td>Rural side schedules into their Epic schedule</td>
<td></td>
</tr>
</tbody>
</table>

Scheduling/Registration workflows are followed same as on-site patient. Insurance is verified, addresses are checked, patient rights sign off annually. Appointments are made in the call centers and at clinic appointment desks.
<table>
<thead>
<tr>
<th><strong>Altru to Altru</strong></th>
<th><strong>Altru to Non-Altru Epic Provider</strong></th>
<th><strong>Altru to Non Epic Site Provider</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Room/camera GF-<em>tells me where to “call or connect to”</em></td>
<td>Room/camera GF-<em>tells me where to “call or connect to”</em></td>
<td>Room/camera GF-<em>tells me where to “call or connect to”</em></td>
</tr>
<tr>
<td>In EMR – alert doc patient has ‘arrived’</td>
<td>GF doc tells GF staff to arrive the patient</td>
<td>GF doc tells GF staff to arrive the patient</td>
</tr>
</tbody>
</table>
## Clinical Information

<table>
<thead>
<tr>
<th>Altru to Altru</th>
<th>Altru to Non-Altru Epic</th>
<th>Altru to Non Epic Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Telemed Nurse opens the encounter, enters the vitals, verifies the meds, allergies, secures the encounter.</td>
<td>Rural telemed nurse reports vitals and clinical information to GF nurse or providers who enters them. Rural Telemed nurse sends via In-Basket to provider.</td>
<td>Rural telemed nurse reports vitals and clinical information to GF nurse or providers who enters them.</td>
</tr>
</tbody>
</table>

GF provider opens the encounter, sees the clinical information, finishes his notes, enters orders, escribes, and signs off.

Rural telemed nurse reports vitals and clinical information to GF nurse or providers who enters them.

Rural telemed nurse has an EMR Telemed Encounter note for rural documentation.

Rural telemed nurse documents in local EMR/chart.
## Clinical Information – PACs, labs, photos

<table>
<thead>
<tr>
<th>Altru to Altru</th>
<th>Altru to Non-Altru Epic</th>
<th>Altru to Non Epic Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Telemed Nurse attach digital still photos into same or primary clinical note- GF provider opens and views.</td>
<td>Rural Telemed Nurse attach digital still photos into primary providers clinical note-GF provider opens and views.</td>
<td>Rural telemed nurse send digital stills via secure email GF provider views and may save into Epic with documentation</td>
</tr>
<tr>
<td>GF provider all other information is seamless. Rural sites where PACs images are ‘pushed’ into our PACs.</td>
<td>GF provider all other information is seamless. Rural sites where PACs images are ‘pushed’ into our PACs.</td>
<td>Rural telemed nurse FAX labs</td>
</tr>
</tbody>
</table>
## Documentation

<table>
<thead>
<tr>
<th><strong>Altru to Altru</strong></th>
<th><strong>Altru to Non-Altru Epic</strong></th>
<th><strong>Altru to Non Epic Site</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>GF provider documentation is immediately available</td>
<td>GF provider documentation is immediately available; GF provider CC’s rural Telemed nurse in EMR comes into her In-Basket (secure email)</td>
<td>GF provider documentation is available to them on view only access</td>
</tr>
<tr>
<td>Rural Altru Telemed Nurse has entered clinic information, the note is complete</td>
<td>Rural telemed nurse has an EMR Telemed Encounter note for rural documentation to support facility fee</td>
<td>Rural telemed nurse documents in local EMR/chart Bills out facility fee according to processes</td>
</tr>
<tr>
<td>Altru to Altru</td>
<td>Altru to Non-Altru Epic</td>
<td>Altru to Non Epic Site</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Visit was scheduled under a Telemed Visit type: drops a GT modifier; note is coded per workflow process</td>
<td>Visit was scheduled under a Telemed Visit type: drops a GT modifier; note is coded per workflow process</td>
<td>Visit was scheduled under a Telemed Visit type: drops a GT modifier; note is coded per workflow process</td>
</tr>
<tr>
<td>Same visit type drops a facility fee on the rural clinic side or built as a non-charge item</td>
<td>Rural telemed nurse has a charge capture to drop a facility fee on the rural side. Provider documentation to support it.</td>
<td>Rural telemed nurse bills out facility fee according to processes. Can print off documentation to support it.</td>
</tr>
</tbody>
</table>
Quality Surveys

• My telemedicine appointment was easy to schedule: 95% agreed or strongly agreed
• I was comfortable with the technology used to administer my telemedicine appointment 100% agreed or strongly agreed
• The quality of the picture and sound enabled me to communicate adequately with the specialist 95% agreed or strongly agreed
• My questions and concerns were addressed during the telemedicine appointment 100% agreed or strongly agreed
• The nursing staff present during my telemedicine appointment was polite and professional 100% Strongly agreed
• My privacy and confidentiality were protected during my appointment 100.00% Strongly agreed
• I would recommend Altru’s telemedicine services without hesitation to others 100% agreed or strongly agreed
It’s about the patient.....

- NO Telemed department at Altru
- NO Telemed nurse at Altru GF
- ARE dedicated rural Telemed nurses at each site
Team starts at the Top

Telemed is one of many services assigned to
Scheduling supervisor
Centralized scheduling hub
Epic build team
Credentialing specialist
Info Tech applications specialist
Altru Rural Clinic nurse duties
Yet to come.....

- Televox for Telemed
- Appointments that auto schedule with nurse time built in
- Appointment cards print for Telemed

- AVS – after visit summary print location
- Referral for telemed
Telemed is not a program

It is one of the ways we deliver care to our ‘community’ patients

Marsha Waind, mawaind@altru.org
Sharon Brett, sbrett@lifecaremc.com