



THRIVINGTOGETHER

NORTH CENTRAL WASHINGTON

Thriving Together Telehealth Program Update to the Governing Board

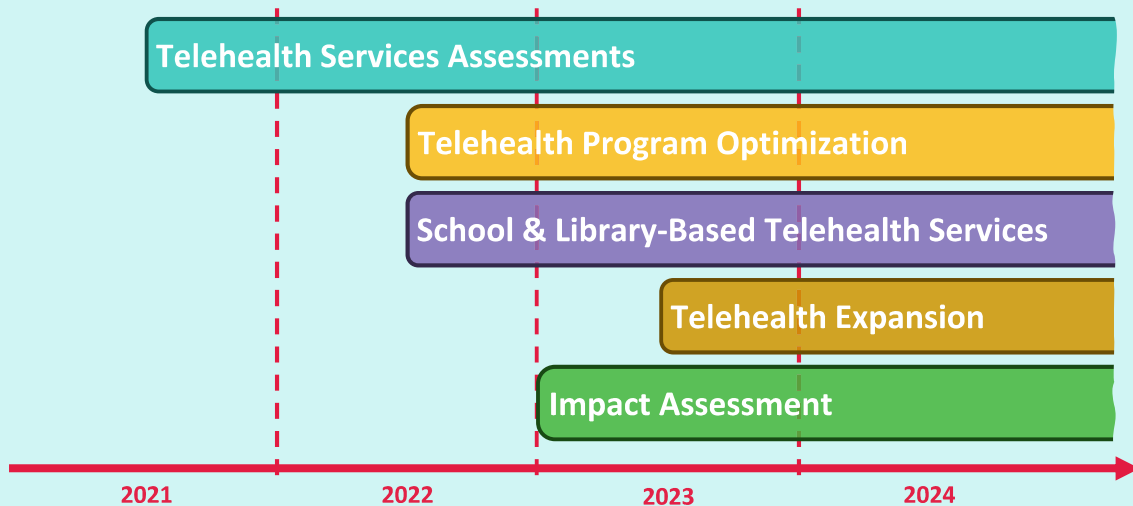
Monday, August 7, 2023



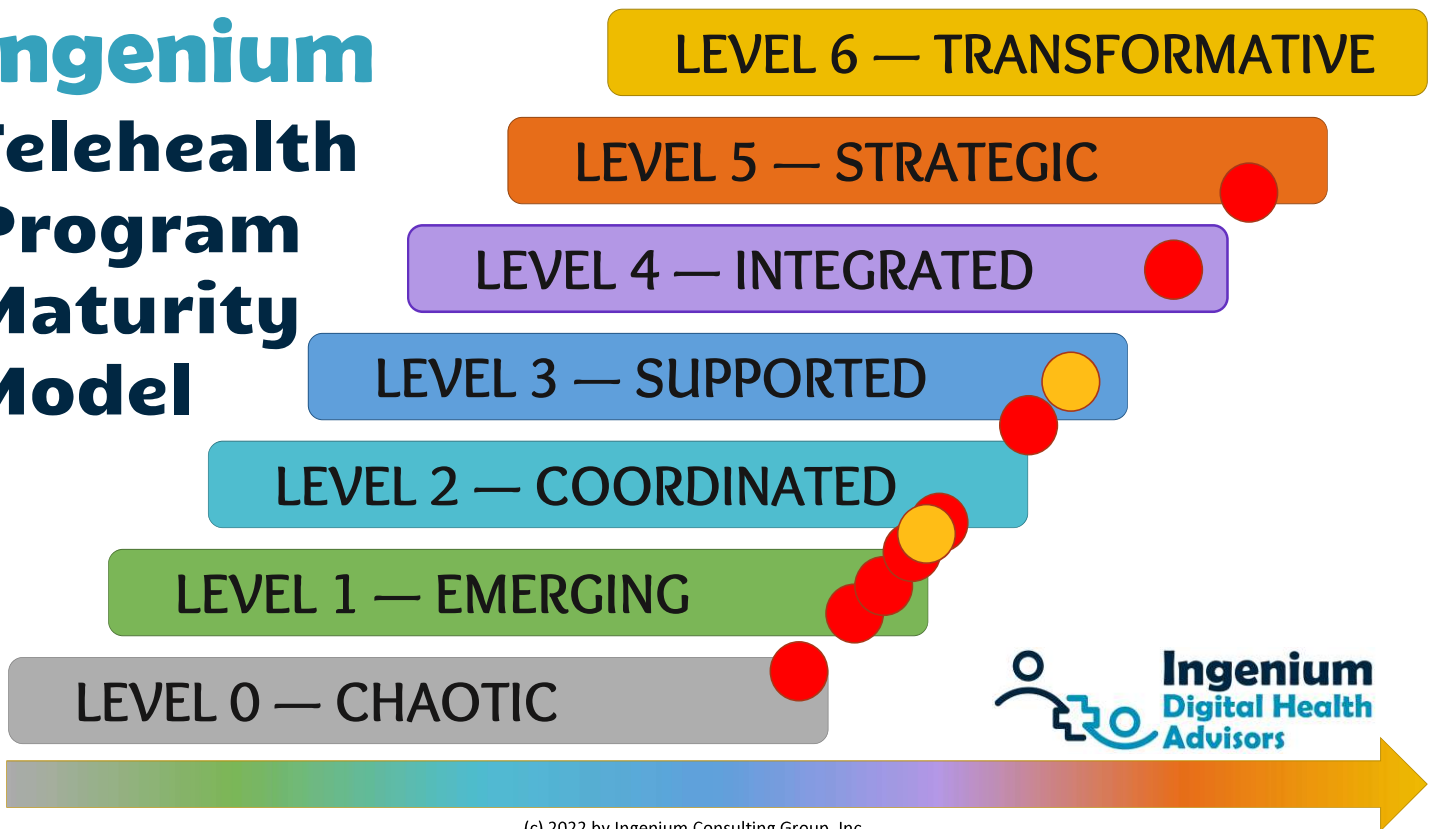
Christian Milaster • Founder & CEO

Telehealth Optimization Timeline

From Idea to Improved Access to Care



Ingenium Telehealth Program Maturity Model



Telehealth Optimization Strategy

Mission & Vision

NCACH REGIONAL TELEHEALTH OPTIMIZATION STRATEGY

Mission: Improving health & wellness in the NCACH community through Telehealth.

Vision: Every resident can easily access **ALL*** the care they need — **WHERE** they need it, **WHEN** they need it.

***ALL:** *primary, behavioral, dental, chronic, rehab, specialty, etc. care*

Multi-Pronged Strategy

Improving the Telehealth Capabilities of interested Clinical Partners

FQHCs

Behavioral Health Clinics

CAHs/RHCs

Addiction Treatment

Establishing Community-Focused Telehealth Service Initiatives

Schools

Libraries

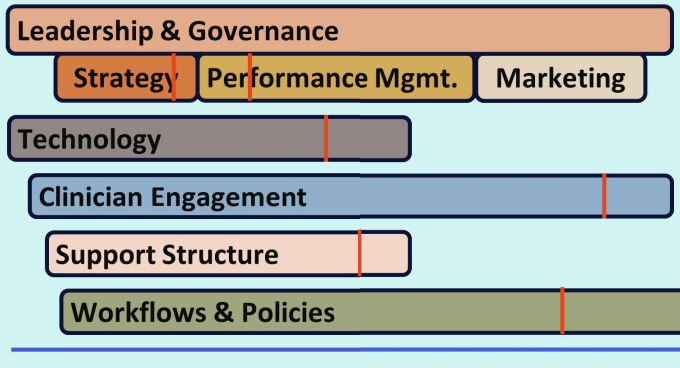
Fires Stations

Girls & Boys Club(s)

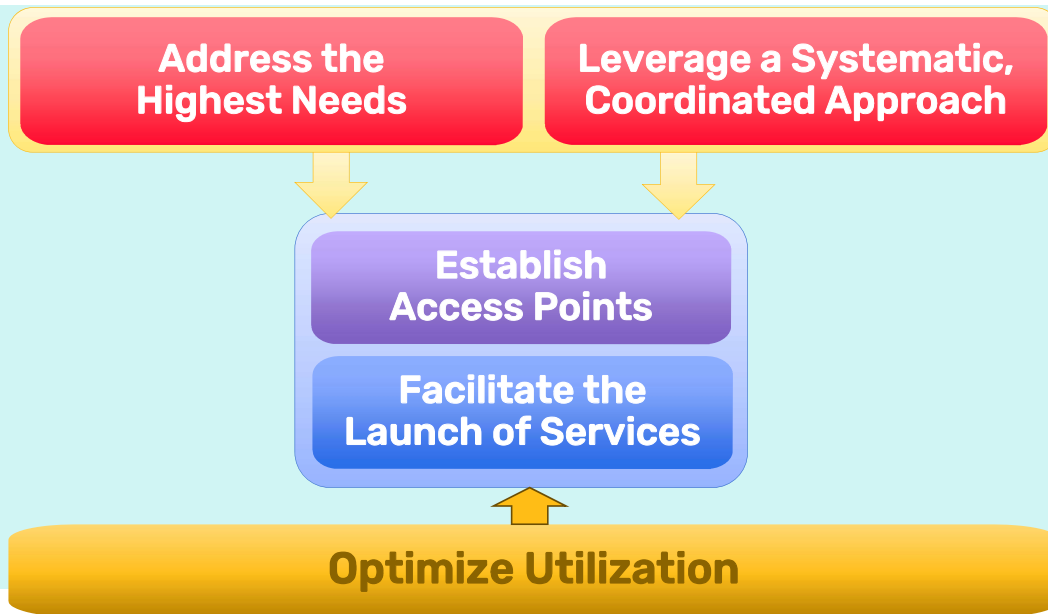
Comprehensive Optimization Approach



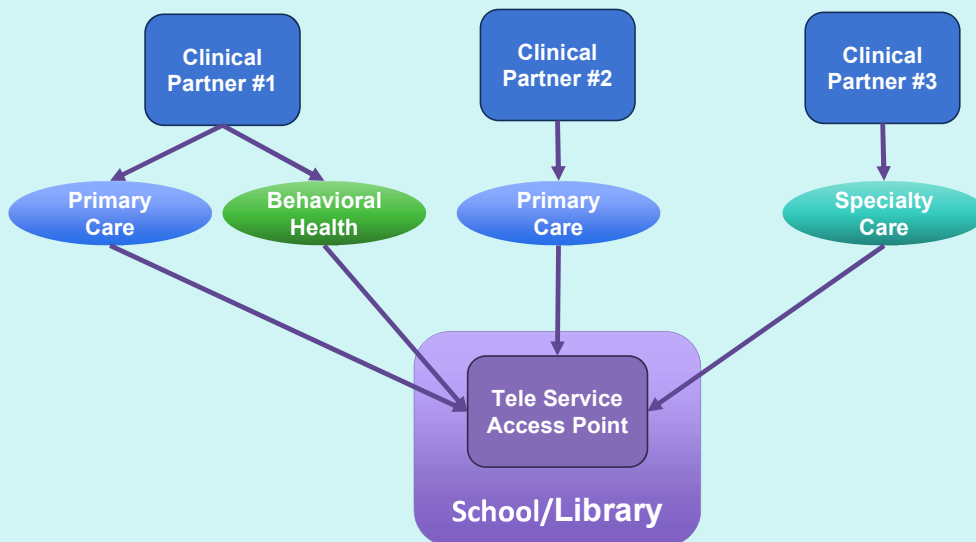
Telehealth Optimization Framework



School/Library Strategic Themes

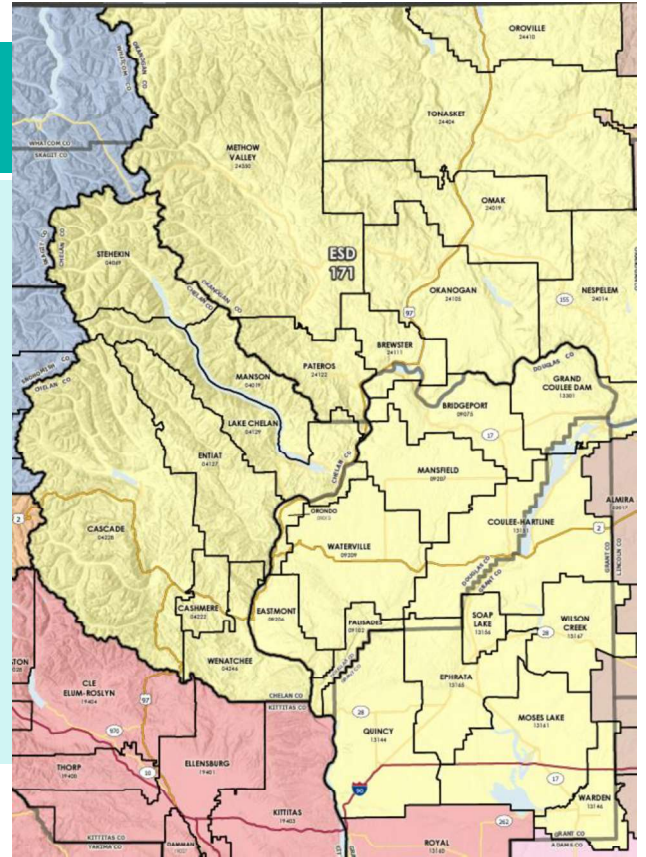


A Provider-Agnostic Virtual Care Services Model

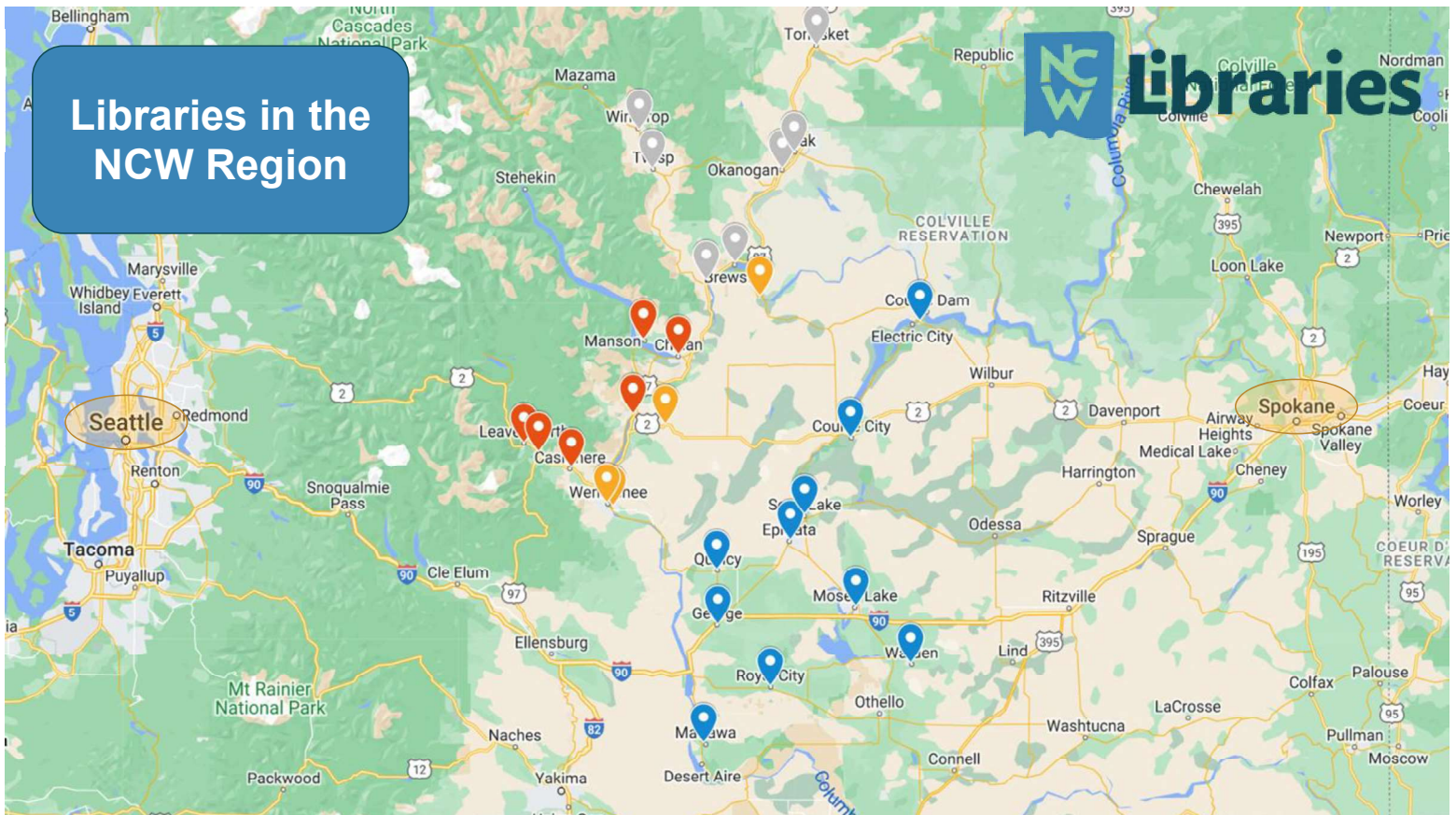


Schools

- ~30 School Districts
- ~150 Schools
- Provider-agnostic access points
- Service Design & Implementation
- Simple computer/webcam



Libraries in the NCW Region



+Tele Social Services for Libraries

Beyond Telehealth



Seven Vital Conditions for Health and Well-Being

Sample Social Services

State Benefits Enrollment

Health Insurance Enrollment

Veterans' Services

Social Security

Immigration

Tax Preparation

Job Interview Preparation

Legal / TeleCourt

Passport/Visa Application

Schools & Libraries Under Consideration

Launching Proof of Concepts

Current School Districts

- Manson SD, Chelan
- Orondo SD, Douglas
- Waterville SD, Douglas
- Soap Lake SD, Grant
- Wilson Creek SD, Grant
- Coulee Hartline SD, Grant

Current Libraries

- Leavenworth, Chelan
- Brewster, Okanogan
- Oroville, Okanogan

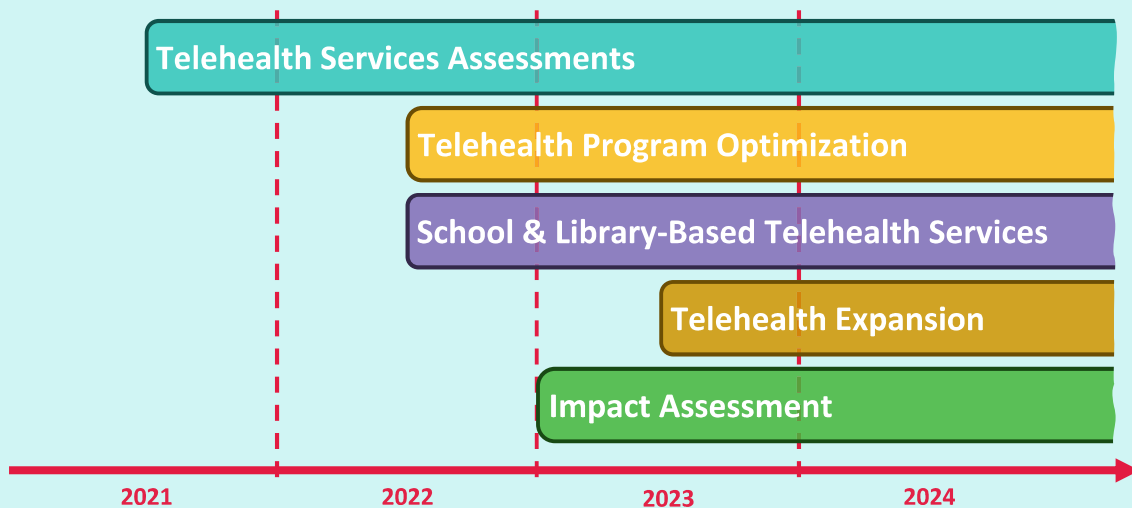
Sample Telehealth Expansion Projects

- Converting No-Shows and Cancellations to Video Visits (5)
- TeleCrisis services (BH) to Emergency Rooms
- TeleSUD services
- Remote Intake Service
- RPM for Chronic Care Management
- Inpatient TeleSpecialty Care
- Virtual Therapy for Inpatient Care
- TeleAddiction Treatment services to inpatients
- TeleBehavioral Health to students (3+)
- TeleAddiction Treatment services to students
- TeleVisits to Library (2)
- TeleSocial Service



Telehealth Optimization Timeline

From Idea to Improved Access to Care



Baseline Assessment and Framework for Advancing Telehealth



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Purpose

Understand telehealth
use and potential
across Chelan,
Douglas, Grant, and
Okanogan Counties

Develop a framework
to inform an interim
assessment

Key Research Questions

What are the key reasons that providers and patients **wish** to use telehealth services?

What are the key reasons that providers and patients do **not wish** to use telehealth services?

What are the most **frequent conditions treated** using telehealth?

How **effective** is telehealth in delivering care for these conditions?

How can the impact of telehealth on health care costs and quality be **objectively assessed**?

What barriers and obstacles inhibit telehealth adoption and use?

Methods

Data analysis

- Publicly available data from federal, state, and local sources (e.g., U.S. Census, Washington Department of Health)
- All Payers Claims Database for Washington state

Stakeholder interviews

- Health care providers
- Payors
- Community-based organizations
- Others (ombudsman, data expert, local business, etc.)

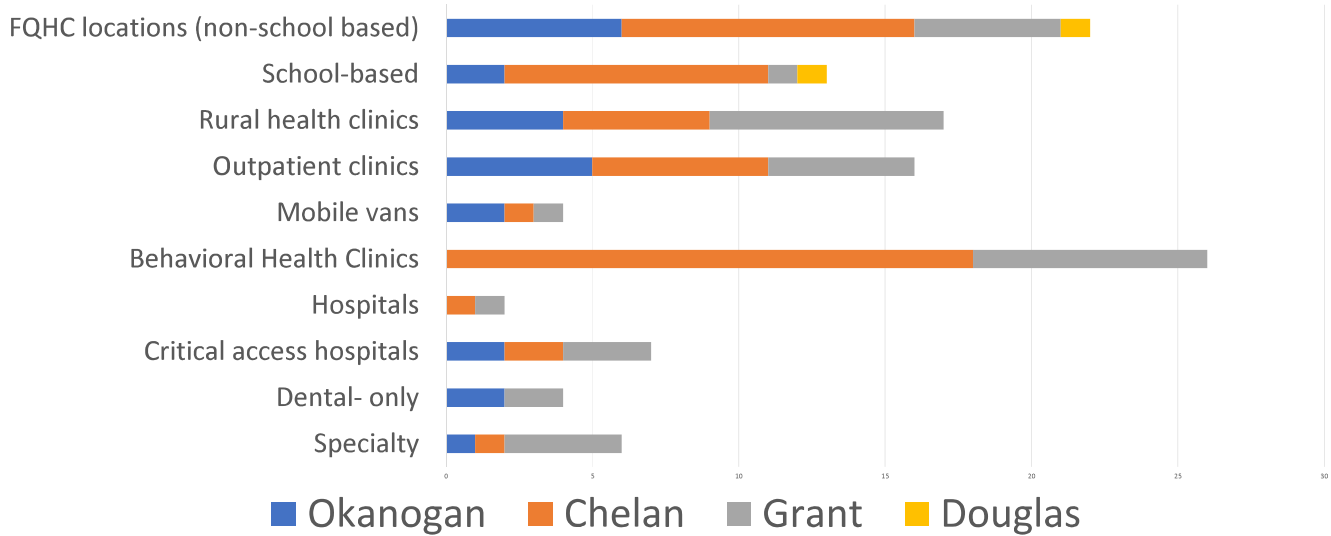
Survey

- Telehealth use
- Audio-only telehealth
- Challenges to the use of telehealth

Published literature

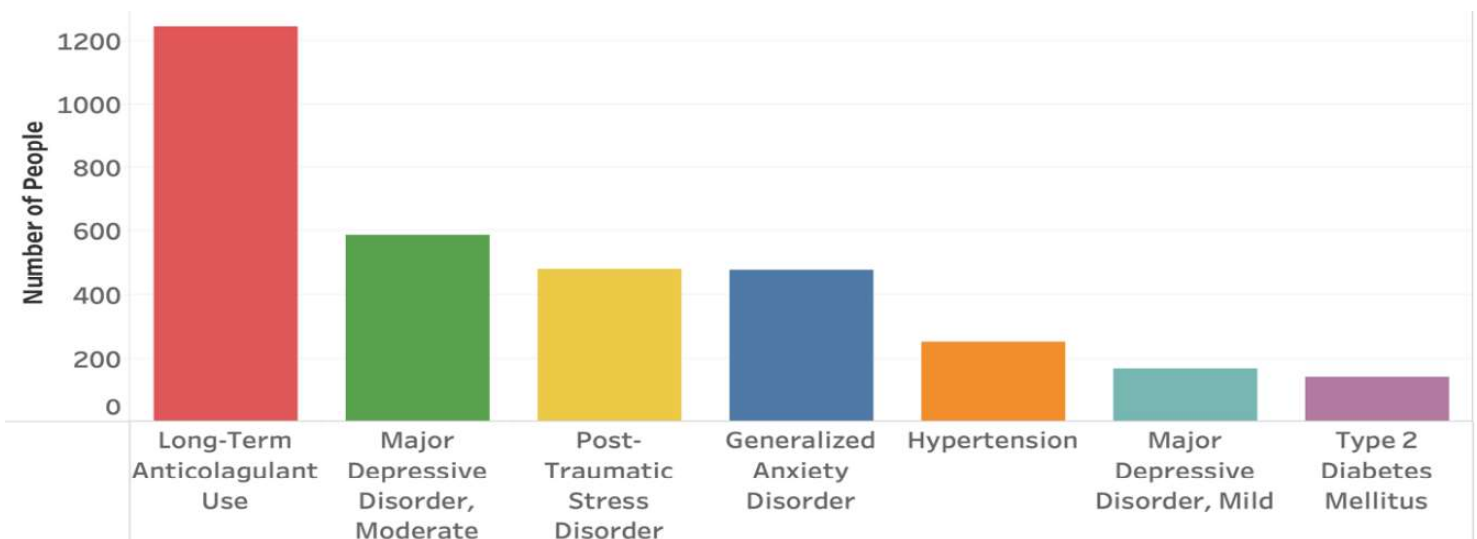
- Health care costs associated with in-person and telehealth care delivery
- Impact of telehealth on access to care and health care utilization

Availability of Medical Services in Region



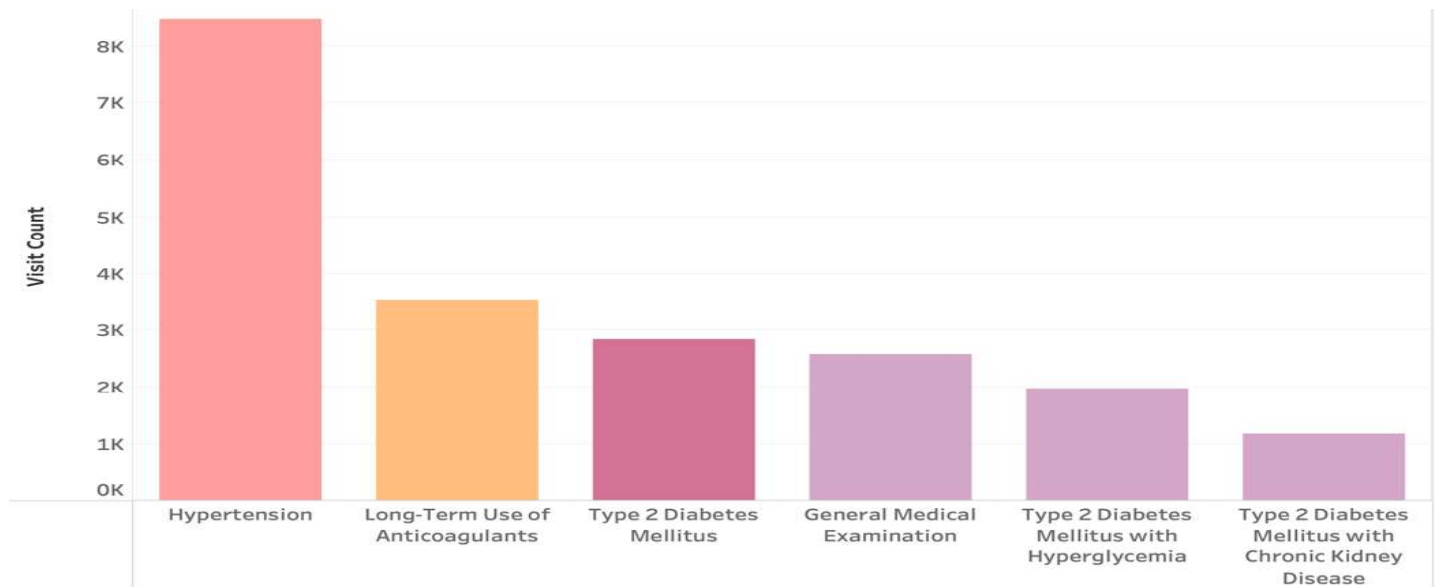
Sources: Health Resources and Services Administration; Washington State Department of Health; search for behavioral health services by county; review of individual provider websites.

Primary Diagnosis for Telehealth Visits



Source: Washington State All Payer Claims Database, 2023

Primary Diagnosis for In-Person Visits



Source: Washington State All Payer Claims Database, 2023



Stakeholder Feedback

- Telehealth has increased accessibility to care.
- Continued challenges related to telehealth adoption
- Telehealth use is highest for behavioral health and chronic disease
- Reimbursement is the primary predictor of telehealth expansion
- Integrate telehealth with in-person care to expand care options
- Expand programs to support education and digital navigation skills
- Telehealth has the potential to reduce health disparities



Survey Results

- Behavioral health accounts for the greatest volume of telehealth services
- Other uses of telehealth include: outpatient specialty care & case management
- Most organizations primarily use audio-only telehealth
- Key challenges:
 - Patient access to technology
 - Connectivity challenges
 - Limited broadband

Cost / Benefit of Telehealth



Costs associated with telehealth:
personnel, broadband, maintenance and operations



Savings attributable to telehealth:
reduced hospitalizations, reduced travel, increased patient productivity

Potential Cost Savings Per Year

Condition	Chelan	Douglas	Grant	Okanogan	TOTAL
Heart Disease	\$5.5M	\$6.0M	\$14.7M	\$5.6M	\$32 M
Major Depressive Disorder	\$10.0M	\$8.9M	\$21.5M	\$8.0M	\$48 M
PTSD	\$12.4M	\$10.5M	\$25.0M	\$9.3M	\$57 M
Generalized Anxiety Disorder	\$1.7M	\$3.6M	\$9.1M	\$3.6M	\$18 M
Hypertension	\$12.4M	\$10.5M	\$25.0M	\$9.3M	\$57 M
	\$42 M	\$40 M	\$95 M	\$36 M	\$213 M

Diabetes & Major Depression	Cost	Incremental Costs	Quality Adjusted Life Years
Hybrid	\$15,670	N/A	1.14
In-person care	\$19,228	\$3,559	1.16

Substance Use Disorder & Co-occurring Serious Mental Illness	Cost	Incremental Costs	Quality Adjusted Life Years
Hybrid	\$36,084	N/A	2.65
In-person care	\$37,209	\$1,122	2.45

Critical Care Tele-Neonatology	Value	Incremental Value
Tele-neonatal consult	\$18,186	N/A
Standard care	\$28,041	\$9,855

Cost Effectiveness

Recommendations

- **Key Recommendations:**

- Enhance outreach and communication between patients and providers
- Educate and train both providers and patients on telehealth to increase acceptance
- Develop telehealth services map to help patients locate where they can access telehealth services
- Establish partnerships with outside entities that can support adoption
- Use data to drive adoption by targeting specific patient groups

Recommendations (see Appendix)

- **Education and Communication**

- Educate health insurers on the impact of high co-payments
- Encourage patients to request telehealth if it is appropriate and more convenient
- ...

- **Data Use**

- Leverage data from managed care organizations
- ...

- **Policy Changes**

- Reimbursement parity
- Higher reimbursement for rural health clinics
- ...

- **Ad Hoc**

- Partner with outside entities to address provider shortages
- Reduce costly transfers by facilitating telehealth adoption in long term care and correctional facilities
- ...

Interim Assessment

- Community outreach
 - Increased awareness/acceptance of telehealth
 - Training on digital literacy
 - Enrollment in federal programs to get free or discounted devices and internet
 - Access to free and refurbished technology
- Access
 - Number of providers offering telehealth
 - Number of non-clinical locations where telehealth can be accessed
- Utilizations
 - Volume of services
 - Types of services
 - Video vs audio-only
 - Asynchronous technology including remote patient monitoring

Key Research Questions

How do telehealth implementation and utilization affect access?



How does telehealth affect clinical outcomes?



Can the use of telehealth in value-based programs lead to sufficient savings to incentivize and accelerate innovation?



Will telemedicine reduce health disparities and increase access for underserved populations?

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*Thank
you!*




Connect with Us

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Baseline Assessment Recommendations

Recommendations

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Recommendations

- **Education and communication:**

- Educate health insurers on the impact of high co-payments
- Ensure outreach efforts target all communities
- Demystify telehealth for new users
- Help community members locate places to access telehealth
- Encourage patients to requires telehealth care
- Ensure providers promote telehealth as an option
- Offer support to provider new or with limited experience using telehealth

Recommendations

- **Data use:**

- Leverage data from managed care organizations
- Use EHR data to target technical assistance

Recommendations

- **Ad Hoc:**

- Partner with outside health entities that can address provider shortages
- Use telehealth to help providers meet educational requirements
- Use telehealth to increase provider skills
- Reduce costly transfers by facilitating telehealth adoption in long term care and correctional facilities

Recommendations

- **Policy Changes:**

- Reimbursement parity
- Higher reimbursement for rural health clinics
- Telehealth can be provided to patients in non-medical locations (currently temporary)
- Reimbursement for audio-only telehealth
- Community based investments
- Privacy vs. accessibility
- Cross-state licensure