

# Telehealth and Palliative Care

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# Disclosures

- None related to this topic

# What is telehealth?

- Remote healthcare
  - eConsults
  - Patient Portal
  - Text Messaging
  - Videoconferencing
  - Remote Monitoring





# WOW – SELF-DRIVING CAR DELIVERS DOMINO'S PIZZA TO YOUR DOOR



RIK MIKALS | October 2, 2018

credit:ford



# BORDERS

## STORE CLOSING

BORDERS

BORDERS

BORDERS

BORDERS

BORDERS

ESG-6295

DJW-252

W-44110

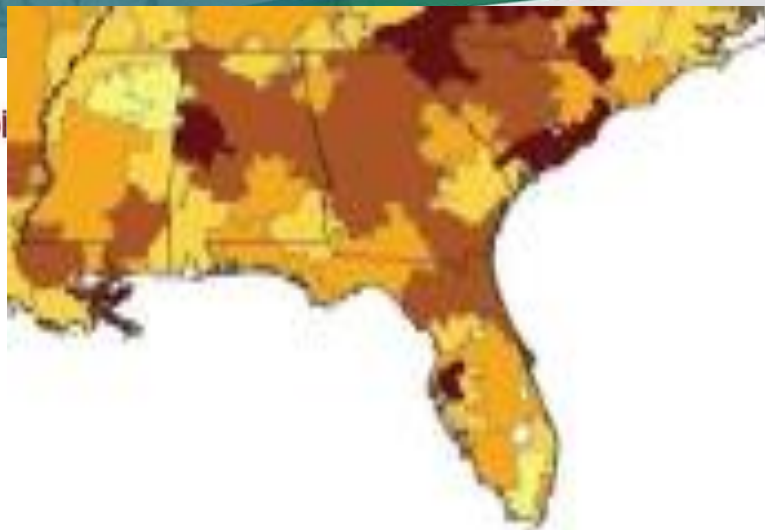
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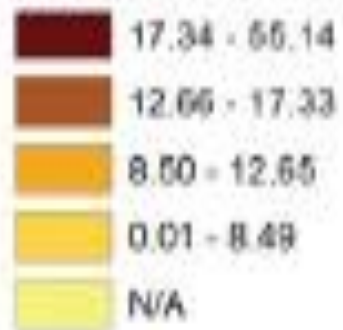
# Why telehealth?

- Geographic disparities in locations of providers
- Disparities exist in the use of palliative care with African Americans and hispanics being less likely to have hospice care at the end of life.
- Caregivers on hospice can be uncomfortable with following care plans and administration of opioids to the detriment of patient and caregiver
- Provider quality of life
- Provider shortages

Exhibi

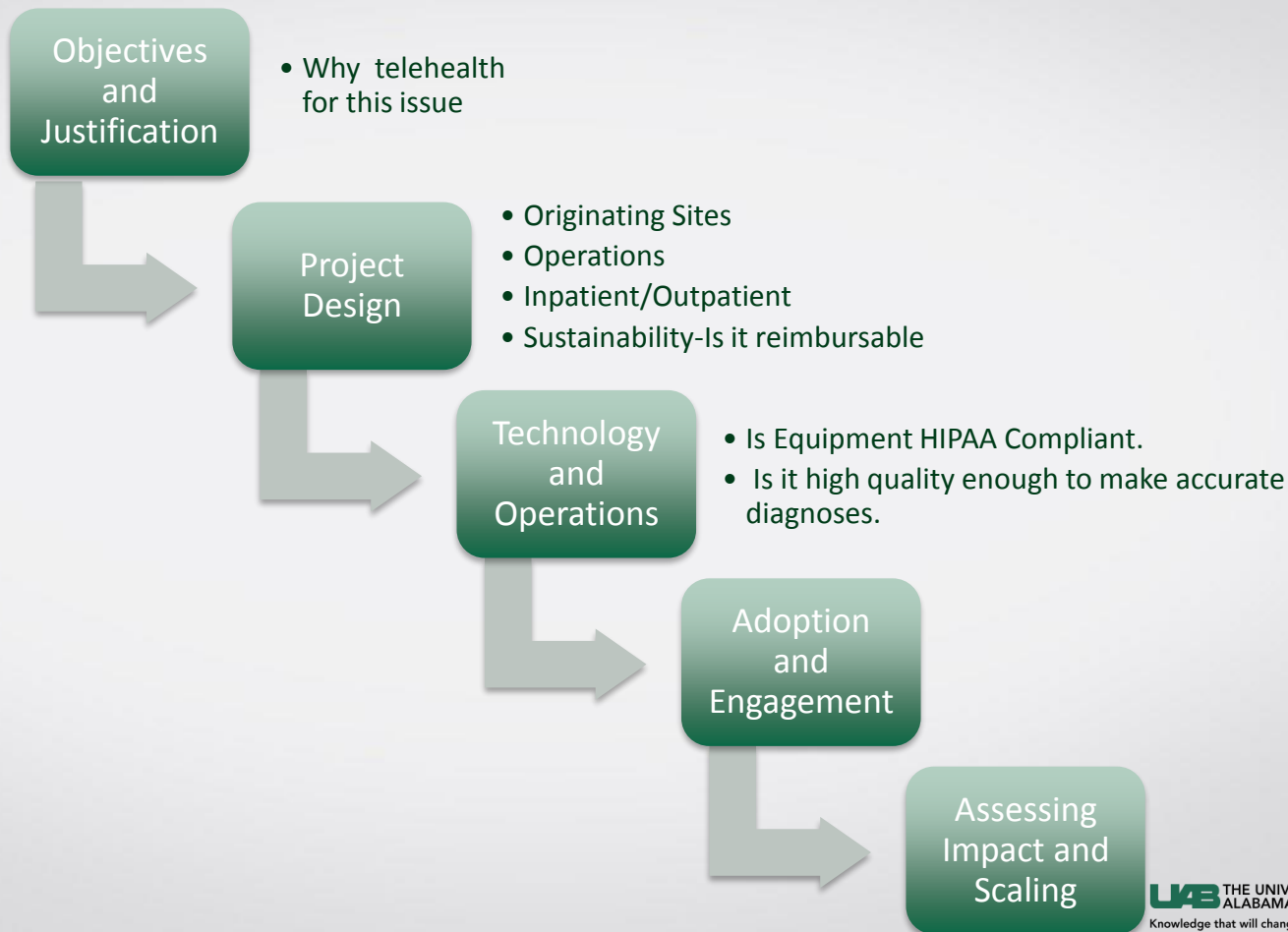


### HPM Doctors per 100,000 Population 65 and Older





# Telehealth Planning is More the Videoconferencing



# Hurdles

- Order in the EMR
- Arrival Process
- Vital Signs
- Scheduling paradigm
- Meaningful use
- Billing processes
- Buy In

# What are possible telehealth models

## Type

Asynchronous Care

On-Demand

Scheduled

Telementoring

Remote monitoring

## Setting

Home

Ambulatory

Inpatient

# Asynchronous

- Patient symptoms and concerns all collected electronically.
- Sends the data to a provider who then evaluates the data at another time
- Response sent back to the patient



## Welcome to UAB eMedicine!

We're here to help you feel better...fast. Our team of clinicians treats more than 20 common medical conditions virtually. Create an account, complete a short online interview, and our team will review your information and send you a treatment plan generally within an hour.

### I would like to...

[START A VISIT](#)[LEARN MORE](#)

You'll receive quality care from a trusted UAB eMedicine clinician



Most visits take just 15 minutes



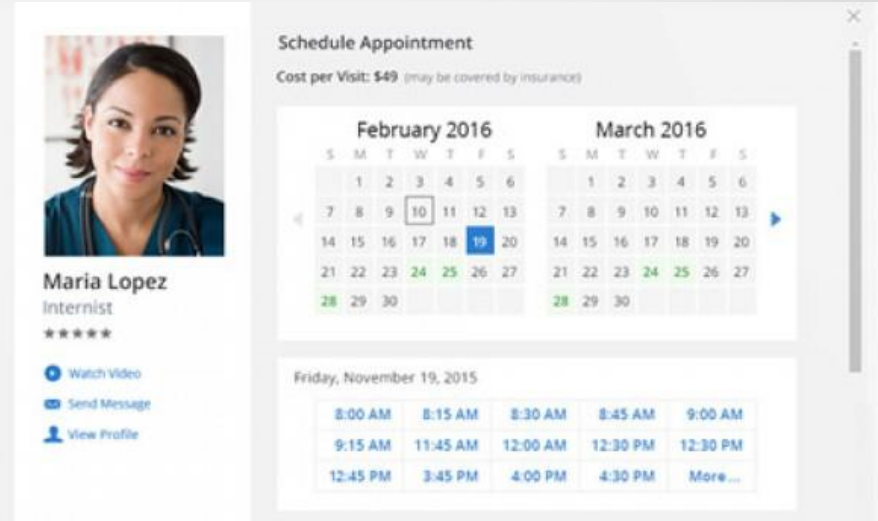
Online visits are \$25, similar to an insurance co-pay

# On Demand: Uber Model

- Patient puts in symptoms
- 3-4 providers on call
- First one to answer takes care of the patient

# Scheduled Home

- Patient scheduled
- Provider scheduled
  - Operation
  - Interface



The screenshot shows a user interface for scheduling an appointment. On the left is a profile card for Maria Lopez, an internist, with a 5-star rating and options to watch a video, send a message, or view her profile. On the right is a 'Schedule Appointment' window. It displays the cost per visit as \$49 (possibly covered by insurance) and shows two calendar views for February and March 2016. The February calendar has the 10th and 19th highlighted. Below the calendars, it shows the date 'Friday, November 19, 2015' and a grid of available appointment times from 8:00 AM to 4:30 PM, with a 'More...' link for additional options.

**Schedule Appointment**

Cost per Visit: \$49 (may be covered by insurance)

**February 2016**

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

**March 2016**

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Friday, November 19, 2015

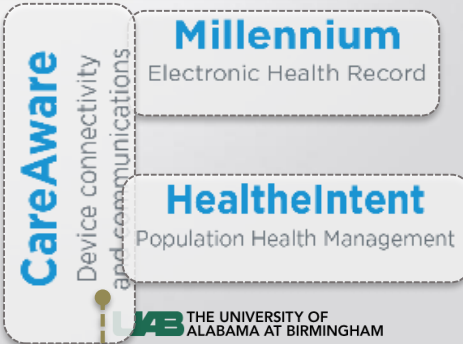
8:00 AM	8:15 AM	8:30 AM	8:45 AM	9:00 AM
9:15 AM	11:45 AM	12:00 AM	12:30 PM	12:30 PM
12:45 PM	3:45 PM	4:00 PM	4:30 PM	More...

# Remote Patient Monitoring

- FDA listed as a Class I Medical Device Data System (MDDS) in the U.S., Class I MDD and CE registered in Europe, and Class I in Canada
- Home-based kit that includes:
  - Cloud-based hub with a local connectivity
  - Interoperable with different medical devices
  - End-to-end wireless connectivity
  - Two-way connection capabilities
  - Auto blue-tooth pairing



**Validated Hub**  
3<sup>rd</sup> party home hub



Active monitoring

Augmented self-management

Quantified self



Assessment of timely responses to alerts

Are outcomes achieved?

Outcome

Clinician and "artificial learning"

Flags alerts and parameters set

Patient-relayed information and alert cleared

Clinical decision

Monitor biometric and treatment data

Clinical interpretation of data

Choose What to Monitor

Train the Patient and Nursing Staff on Equipment

Flags and Alerts Set

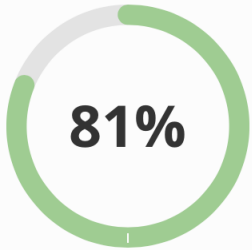
Patient Uses the Device

Surveillance of patient adherence to RPM

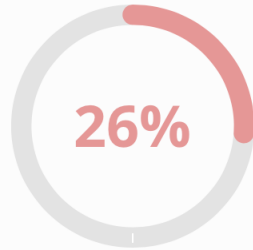
# Is this the new patient?



# Home Delivery Considerations: Internet Connectivity



BROADBAND COVERAGE



POPULATION UNDERSERVED



35.3

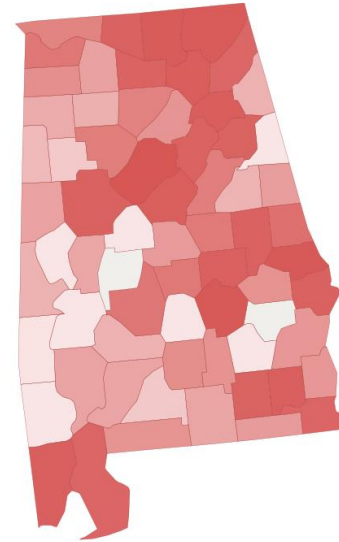
MBPS AVERAGE  
STATE-WIDE SPEED



41<sup>st</sup>

MOST  
CONNECTED STATE

## COVERAGE BY COUNTY



25+ mbps

100+ mbps

1 Gbit

[Embed this map](#)

[Customize map](#)

# Equipment in the Home



Remuneration considerations?





# Who is in the home?

- Patient
- Provider led
  - Home Health
  - Hospice Nurse
  - Family Member

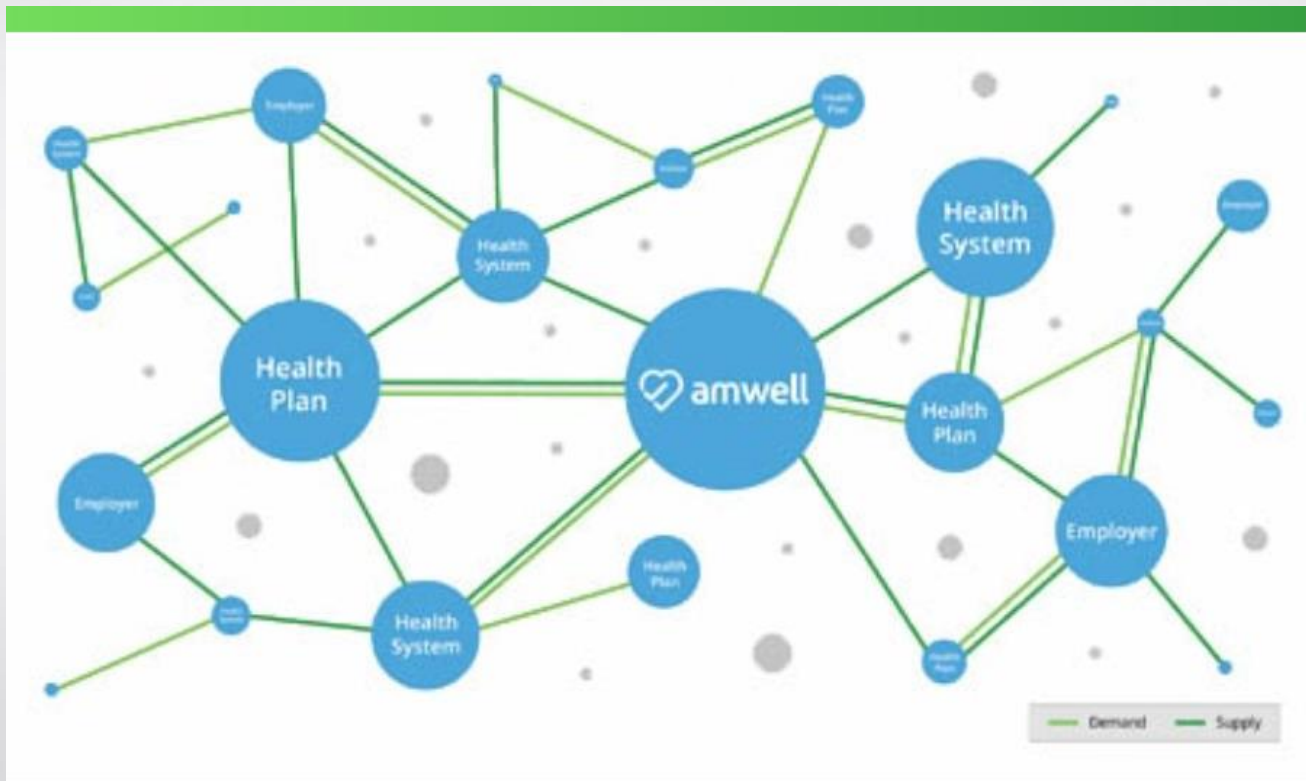
# Inpatient Consultation

- UAB is currently using Avizia—Now American Well for consultation and documentation
- How do you request the consult?
- Resources at external facilities
- Training at external facilities
- How do you view external medical record?
- How do you order in outside facilities?
- Privileging and Contracts?

# Tele-mentoring

- Project ECHO
- Started as a project in New Mexico to treat hepatitis C
- Other use cases are opioid abuse
- Palliative Care

# Nationwide Networks for Supersubspecialties: The Exchange



# Equipment



# HIPAA-Equipment

- In order to be HIPAA compliant all communications must be done with encrypted calls
- AND
- The user must enter into a **Business Associates Agreement** with the provider of the communications
- AND
- The **environment** which the call is taken must be HIPAA compliant



# Videoconferencing

- At Medical Facility equipment can be standardize but is expensive, and is not going to be put into place for low volumes of patients. But could be if multiple services were going to use the same equipment.
- Home
  - Patient needs a smart phone-of high enough quality to render a diagnosis.
  - Need internet. Some platforms test before the call



# Stethoscope

- Multiple stethoscopes exist for this purpose with an average cost of \$400-\$500 on top of software licensing when needed.
- Home
  - Is it required?
  - Is it necessary?

# Insurance Coverage



- Cannot be the patient's home
- Has to be a medical facility
- Facility has to be located in a rural area
- Does not cover asynchronous care
- RPM covered and not considered telehealth

- As of 11/1 covers all services via telehealth
  - Patient cannot be in their home
  - No rural urban distinction
  - No asynchronous care
  - No RPM

# Medicaid

- No rural urban distinction
- Does not cover originating sites
- Based on language- only covers physician visits



# Economic Models

- Home- Pay out of pocket for service
- Membership access
- Contractual with inpatient facility/hospice

# Regulatory



# Joint Commission

- Requires that each originating site ensure THROUGH WRITTEN AGREEMENT that providers meet minimum Medicare Conditions of Participation.
- Furthermore, ongoing privileging and ongoing professional practice evaluation (OPPE) must be provided by the Providers site

# Insurance and Liability

- Providers must ensure that there is wording within the insurance coverage to cover the provision of telehealth services.
- If language is not in the current insurance policy, this must added to ensure appropriate liability coverage.

# Other

- Privileging
- Contracts
- Consents

# Current Data and Projects

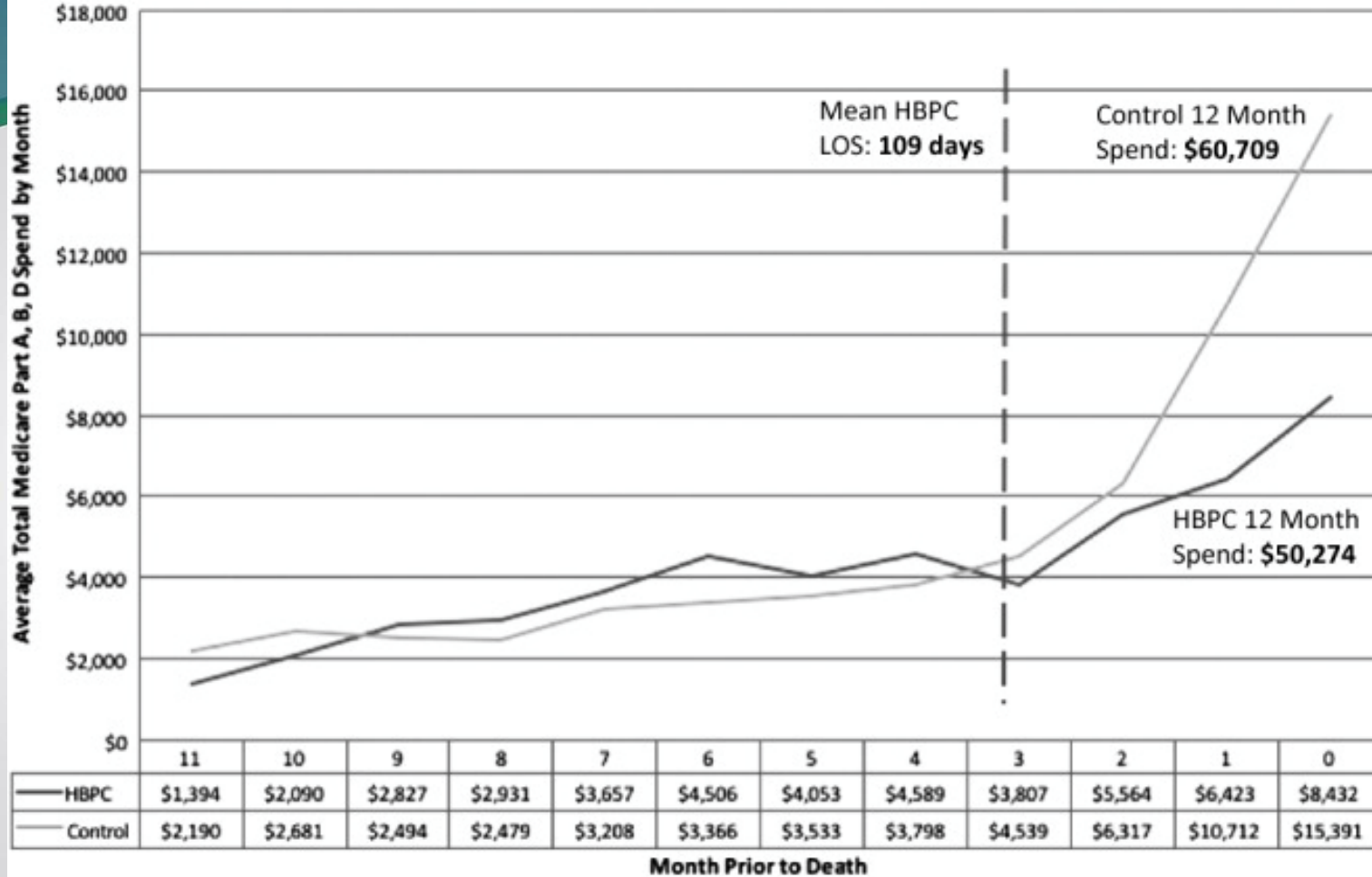


## HBPC in an ACO

- 651 decedents; 82 enrolled in a HBPC program compared to 569 receiving usual care in three New York counties who died between October 1, 2014, and March 31, 2016. We also compared hospital admissions, ER visits, and hospice utilization rates in the final months of life.
- Only 20% used telemedicine services, rest only telephone and inperson visits

[Lustbader et al. J Palliat Med.](#) 2017 Jan 1; 20(1): 23–28.

- \$12,000 lower with HBPC than with usual care (\$20,420 vs. \$32,420;  $p = 0.0002$ )
- 35% reduction in Medicare Part A (\$16,892 vs. \$26,171;  $p = 0.0037$ ).
- 37% reduction in Medicare Part B in the final three months of life compared to usual care (\$3,114 vs. \$4,913;  $p = 0.0008$ ).
- 34% HBPC resulted in a 35% increased hospice enrollment rate ( $p = 0.0005$ ) and a 240% increased median hospice length of stay compared to usual care (34 days vs. 10 days;  $p < 0.0001$ ).



[Lustbader et al. J Palliat Med. 2017 Jan 1; 20\(1\): 23–28](#)

# MUSC Plans a Statewide Telehealth Network for Palliative Care

The Medical University of South Carolina is looking to create a statewide telehealth network to give smaller hospitals and clinics a connected health platform for palliative care services.

## Project ECHO: A Disruptive Innovation to Expand Palliative Care

- Tele-mentoring
- \$750,000 in the Carolinas for expanding Project ECHO PC
- Results pending

*Rate of Change*

Human Adaptability

Technology

We are here

*Time* →



# Provider Satisfaction

## Why are drone pilots leaving the military?

BY CHRIS OFFER



# Conclusions

- Telehealth in palliative care...
  - Improves access to care
  - Decreases fear
  - Will help eliminate disparities if paired with culturally competent palliative delivery
  - Decreases costs and hospitalization
- We are just getting started