To Infinity and Beyond: What’s Next in Telehealth
Objectives

• Discuss new eCARE initiatives in progress

• Describe how new services will enhance patient care
eCARE Vision: To improve the health and lives of people and communities through advanced technologies and improved access to health care.
eCARE Supports the Rural Workforce

Access to Care is Critical
eCARE Supports the Rural Workforce

- Access to colleagues & support for providers, nurses and pharmacists
- Availability of specialist consultants
- Staff retention
- Recruitment of new providers and nurses
eCARE Supports Rural Communities

• Keep care local
  – Increase service offerings
  – Additional revenues for diagnostics & ancillary services
  – New inpatient revenues
  – Patients heal better at home
Avera eCARE Services

- eConsult
- Avera eICU CARE
- ePharmacy
- eEmergency
- eLong Term Care
- eUrgent Care - Prisons
- eCARE Future
• Provides immediate access to Board Certified Emergency Physicians and experienced emergency nurses 24/7.

• Supports local providers and nurses in treating trauma, AMI, stroke, and other critical conditions.

• Allows rural hospitals to:
  – Access specialty consults
  – Initiate diagnostic testing before local provider arrival
  – Streamline emergency transfer arrangements
  – Eliminate unnecessary transfers
  – Obtain additional nursing support
- 65 Sites Live
- Over 362,000 Square Miles Covered
- More than **4,600** Patients Treated
- 8,700 Transfers Arranged
- Over **800 Transfers** Avoided
- Estimated $4M in Transfer Savings

**Chief Complaints**

- **Cardiac** 23%
- **Neuro** 15%
- **Other** 14%
- **Abd Pain** 6%
- **Ortho** 2%
- **Behavioral Health** 7%
- **Respiratory Distress** 9%
- **Major Trauma** 10%
- **Minor Trauma** 14%

**eEmergency Encounters by Quarter**

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KSTP News 11/2/2011

'E-Emergency' Rooms at Forefront of 21st Century Hospital Care

Avera eICU® CARE

- Provides around-the-clock, remote intensive care monitoring of critically ill patients by a team of critical care physicians and nurses.
- Supports bedside clinicians with a centralized, Intensivist-led care team that uses technology to continuously monitor, assess, and intervene on patients.
- Recognizes and addresses negative trends in vital signs faster than traditional care models.
- Supports consistent application of evidence-based medicine.
- 33 Sites Live in 6 States
- Second pair of eyes for 42,673 patients
- Saved **830 lives**
- Reduced ventilator days and Ventilator Acquired Pneumonia
- Achieved **100% compliance** with Stress Ulcer Prophylaxis among Ventilated Patients
ePharmacy

• Provides remote medication order review and approval prior to first dose, even when the local pharmacist is not available.
• Leads to a reduction of serious safety events related to duplication of medication, allergies, and drug to drug interactions.
• Provides 24/7 access to hospital-trained pharmacists for assistance with dosage calculations and additional medication questions.
ePharmacy

• 39 Sites Live
• Over 63,000 patients served
• 8,422 serious safety events avoided
• 727,000 orders reviewed
eConsult

- Allows rural patients to access scheduled specialty consults at their local facility through two-way video
- Video consults are supported by special stethoscopes, otoscopes, and examination cameras
- Benefits patients by providing
  - Local access to specialty consults
  - Saved time away from school or work
  - Saved expenses of round-trip travel
• 88 Sites Live
  – 62 Originating (Patient) Sites
  – 27 Specialties
  – 74 Providers
• In the last 12 months:
  – 5,615 Consults
  – $304,602 in Patient Travel Expense Saved
  – 1,366,986 Patient Miles Saved
  – 15,145 Patient Travel Hours Saved
eCARE PILOT PROJECTS
eLong Term Care

• eLTC uses telehealth technologies to improve long term care staff and residents’ access to provider and specialty services, in a manner that is high-quality, convenient, and low-cost.

• Current Status:
  – Pilot launched in February 2012
  – 4 Sites
  – 32 Residents Served
  – 14 Avoided Transfers
Next Steps

• Prove delivery model, refine service
• Expand to additional sites
• Set up hub physician operations
• Test mobile technologies
eUrgent Care in Correctional Facilities

- eCARE’s work in SD Correctional Facilities uses telehealth to provide physician-directed urgent care services to inmates, resulting in reduced unnecessary and costly transfers.

Current Status:
- Pilot launched in May 2012
- 3 sites
- Goal is to reduce cost of care by reducing transfers from the facility
- 129 Encounters; 64 Avoided Transfers (49.6%)
Reach for the sky!

What’s next for eCARE
New Initiatives

- Development of the **eHelm** for broad eCARE expansion
  - Co-locate eCARE services to expand capabilities into other settings and specialties
  - Support patients and providers with a virtual multidisciplinary team that can assist with care coordination

- **eHospital**

- **eBehavioral Health Services**
  - Partner with primary care and build local capacity for treating behavioral health issues
  - Provide access to needed specialty services via telehealth

*eCARE services across the continuum*
The eHelm

A new frontier in “eHealth” medicine...
The goal of the “eHelm” is to improve healthcare quality and patient outcomes; decrease costs related to health care service delivery; and most significantly, improve health care access for rural populations.
• The eHelm is:
  – The first telehealth center in the world to provide around-the-clock access to Intensivists, emergency physicians, hospital-trained pharmacists and experienced nurses.
  – An incubator for innovation.
  – A center for collaboration and implementation of team-based care models.
The eHelm
• Use existing telemedicine equipment to support local physicians during on-call hours
• Expand formal and informal access to specialist consultants
• Offer collegial support to local nursing and physician staff
**eBHS Concept Model**

- **ER Services**: Use Masters-Level Counselors to provide eCARE support for behavioral health crises in emergency rooms, using evidence based medicine.
- **Pharmacogenomics**: Pharmacogenomics testing with DMET chip for patients with 2 medication failures.
- **eBHS Consults**: Midlevel Providers under the direction of a Psychiatrist to provide behavioral health care via telehealth. Both one-time patient visits and ongoing care.
- **Learning Collaborative**: Support PCPs through quarterly education sessions, quarterly case conferences, and time available for peer consults.
- **Screening & Navigation Center**: PCPs screen patients annually & send scores to Nav Center who provides 180 day tx plans & ongoing support to PCPs.

**Fill Specialty Care Gaps**

**Partner with Primary Care & Build Local Capacity**

**Pharmcogenomics**

**eBHS Consults**

**Learning Collaborative:**
- Training, Multidisciplinary Case Conferences, Physician-to-Physician Consults

**Screening & Navigation Center:**
- PHQ-9 & Anxiety Screening in Primary Care, Navigation Center Treatment Plan Support
No one’s ever attempted a double by-pass brain transplant before!  

- Sid, Toy Story
Home Care Innovations
The Virtual Health Home

“I don’t believe that man ever went to medical school.”

Buzz Lightyear

Avera
Anywhere you go...
Even Where You Least Expect It...
Questions? Comments?

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