

# Care Compass Network Telehealth Program

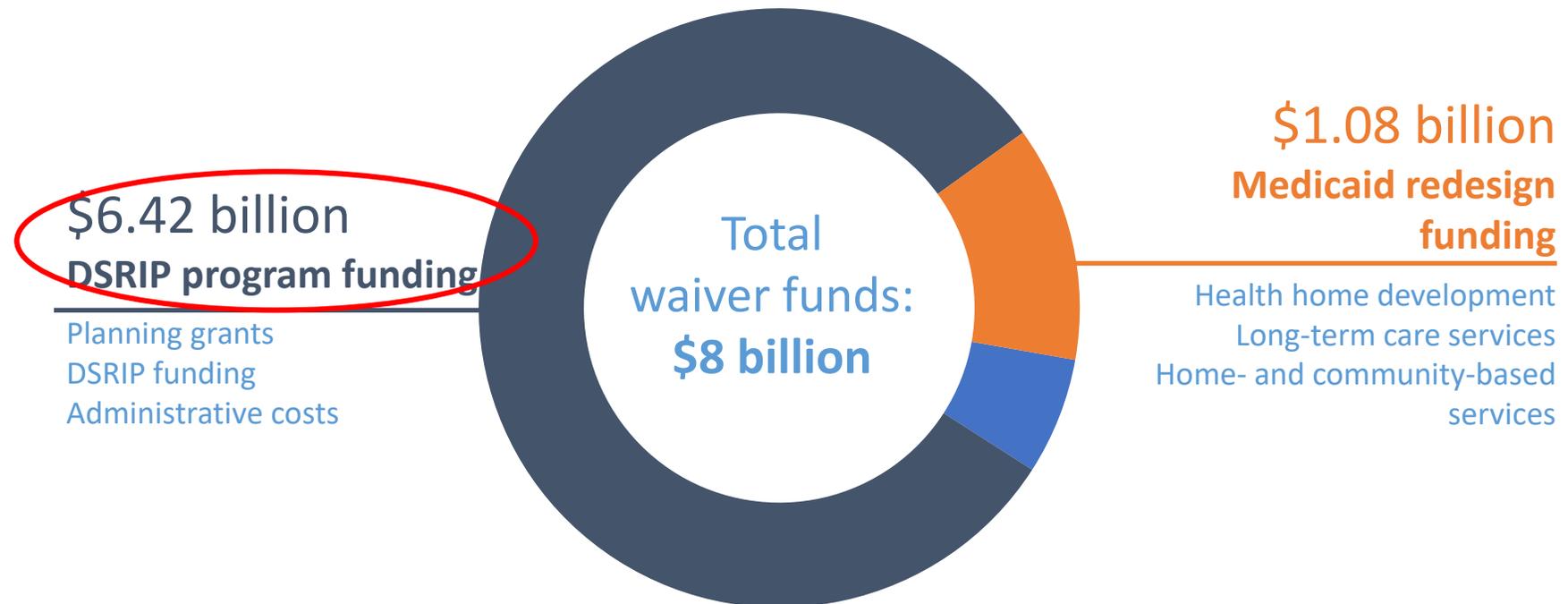
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Chief Medical Officer



## DSRIP – “Delivery System Reform Incentive Payment”

- Authorized under Section 1115 of the Social Security Act
- NY Medicaid Redesign Team established in 2011 – generated \$17.1 billion in savings
- 1115 Waiver granted April 2014 to reinvest \$8 billion of the savings
- DSRIP Funded through March 2020 (1115 waiver expires March 2021)

### Distribution of New York’s 1115 Waiver Funds

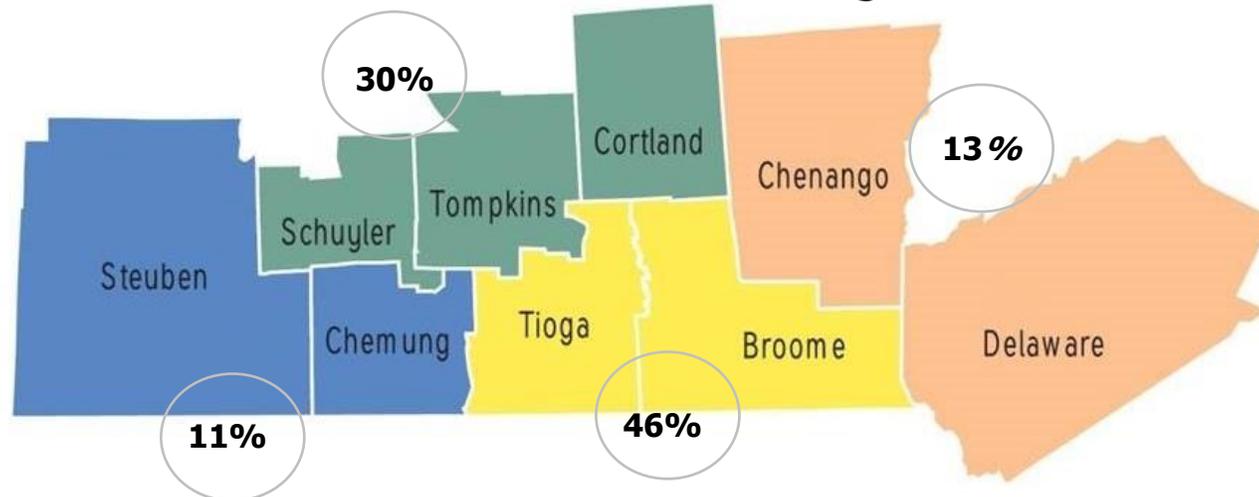


# Care Compass Network Region

The **Care Compass Network** represents 1/8<sup>th</sup> of the geography of New York State, divided into four operating regions called Regional Performing Units (RPUs) which allow for execution of DSRIP related projects and efforts at a localized level. The region includes approximately 700K lives, including 200K Medicaid members.

## Regional Counties

- **North RPU** – Cortland, Tompkins, & Schuyler Counties
- **South RPU** – Broome & Tioga Counties
- **East RPU** – Chenango & Delaware Counties
- **West RPU** – Steuben & Chemung Counties



Over 160 partner organizations

*Note: % Above Indicates Medicaid Member attribution by Region*

# Care Compass Network



## How does CCN impact the community?



- 11 initial projects – system transformation, clinical improvement, population health – speed and scale
- Workforce Initiatives and partner trainings
- Cultural Competency & Health Literacy
- Innovation Funds
- Metric Improvement Pilot Program
- Population Health Management and Analytics
- IT Infrastructure – EMR, RHIO, Care Management, Population Health, Telehealth
- Primary Care Involvement/Burnout Prevention
- **Capstone: The Cohort Management Program**

## CCN Mission



The mission of CCN is to improve the health and well-being of the community members in the CCN service area by supporting the development of enduring partnerships of clinical and community providers, empowering those partnerships to flourish in a value-based payment environment.

## **By 2025**

CCN envisions a care delivery environment that is more collaborative and better structured to deliver services that are integrated and coordinated around a person's needs. CCN will advance the transformation to supportive systems of care as a:

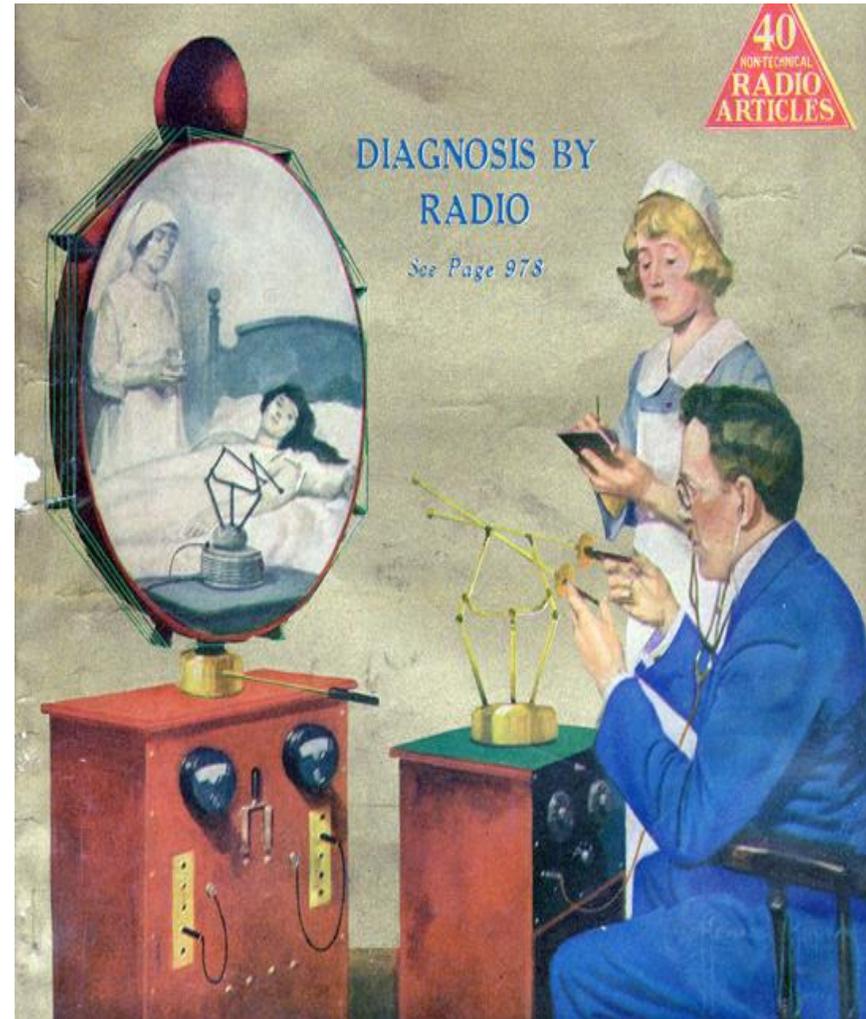
- **Convener of stakeholders**
- **Provider of services for network formation and operation**
- **Catalyst for innovation**

Together the CCN stakeholders are committed to service delivery that improves the health and well being of our communities

# Healthcare in the Flintstone Era

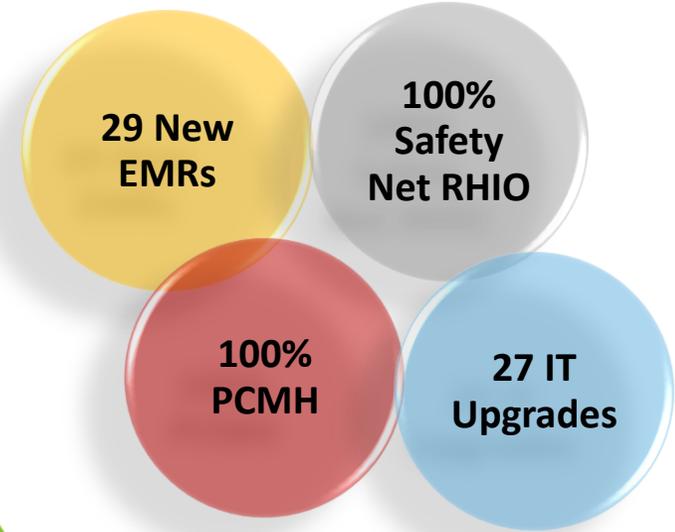
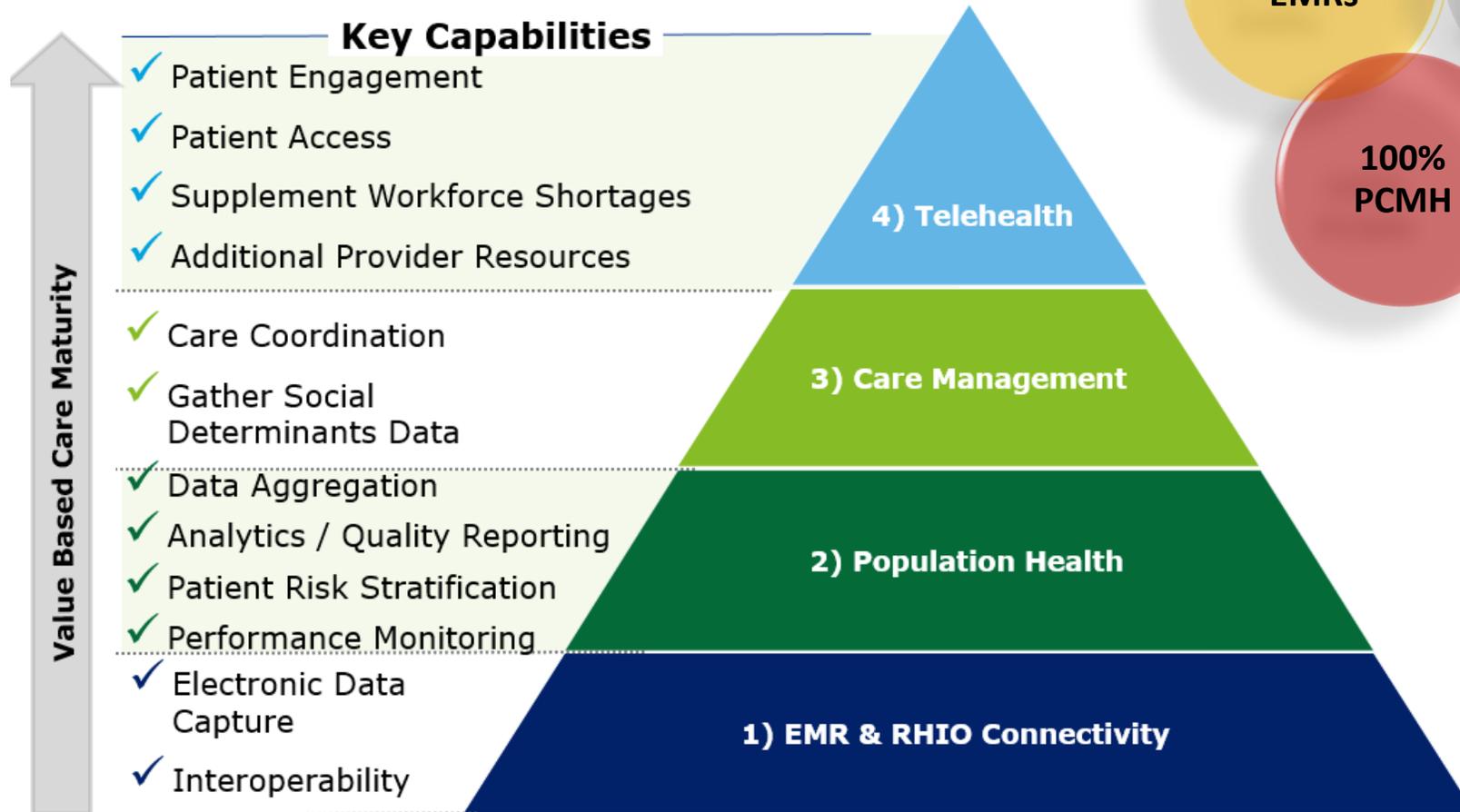


# Telemedicine was Predicted in 1924!



# CCN IT Infrastructure Enhancement

- Establish Standards of Regional IT Maturity
- Leverage Systems & Data to Inform Clinical Outcomes



## Benefits of Telemedicine/Telehealth

- Increased access to healthcare services
- Enhanced access to specialists
- Improved quality of care
- **Reduced hospitalizations/ED visits**
- Cost-effective method of service delivery
- Patient and provider satisfaction

## Primary Objective

To increase availability of and accessibility to medical and Behavioral Health providers to Care Compass Network's (CCN) partner organizations, in order to improve quality of care and reduce avoidable hospital admissions and ED visits.

# Telehealth Program Timeline



- 2017
  - Telehealth Business case is developed
  - Partners surveyed to determine need & interest.
  - An RFP is created, with partner input, to identify vendors for participation.
  - The RFP is distributed and proposals are collected.
- 2018
  - Telehealth steering committee is created.
  - Proposals are reviewed and vendors selected.
  - Use cases are approved by IT Governance.
  - An algorithm is created to rank SNFs and target them based on need and impact on DSRIP goals.
- 2019
  - Presentations are made to targeted partners.
  - Nine partners are selected for pilot group, contracts are approved by Finance Committee & executed.
  - Pilot Implementation begins.

# Telehealth Use Cases

Telehealth Program currently includes Five Approved Use Cases:

## Long-Term Care & Skilled Nursing Facilities

- Off-hours support for medical providers as well as scheduled and as needed access to behavioral health providers. SNF sites were selected based on their ranking using an algorithm that included bed-size, Medicaid percentage and current star ratings.

## Primary Care/BH Integration

- Primary care sites selected based on Salient data. Includes PCPs who have patients with a BH diagnosis in the past 6 months

## Support for Current Programs

- Cohort, MIPP, or Innovations. Partners recommended by CCN Staff (e.g., Cohort Network Facilitators) for opportunities for making significant progress towards high value DSRIP Goals

## Workforce Support

- High-need professions. Selection criteria using the HPSA ranking and in demand job roles within the PPS.

## Social Determinants of Health (SDOH) Support

- Use of Telehealth to mitigate SDOH barriers to receiving healthcare services.

# LTC / SNF Teleconsult Program

## What is Teleconsult?

- Real time, live interaction between patient and provider using high resolution audio and video.
- Can occur in a health care facility, the patient's home or a third-party location.
- Teleconsult technology gives providers the flexibility of having their own staff cover a larger geographic area or, bring in outside resources from virtually anywhere in the world.

## Goals of the CCN Teleconsult Program:

- Improve the overall quality of patient care, through increased accessibility to providers
- Enable partners to access providers in high-need specialties (*e.g., behavioral health*)
- Reduce avoidable patient transfers to the emergency department
- Reduce avoidable hospital admissions and re-admissions
- Provide Partner Organizations with short-term telehealth funding for long-term telehealth sustainability
- Provide Partner Organizations metrics on telehealth use – in preparation for **Value Based Payment (VBP)**

**Chosen for Highest Impact on DSRIP Metrics:** Reducing Potentially Preventable ED Visits and Hospitalizations

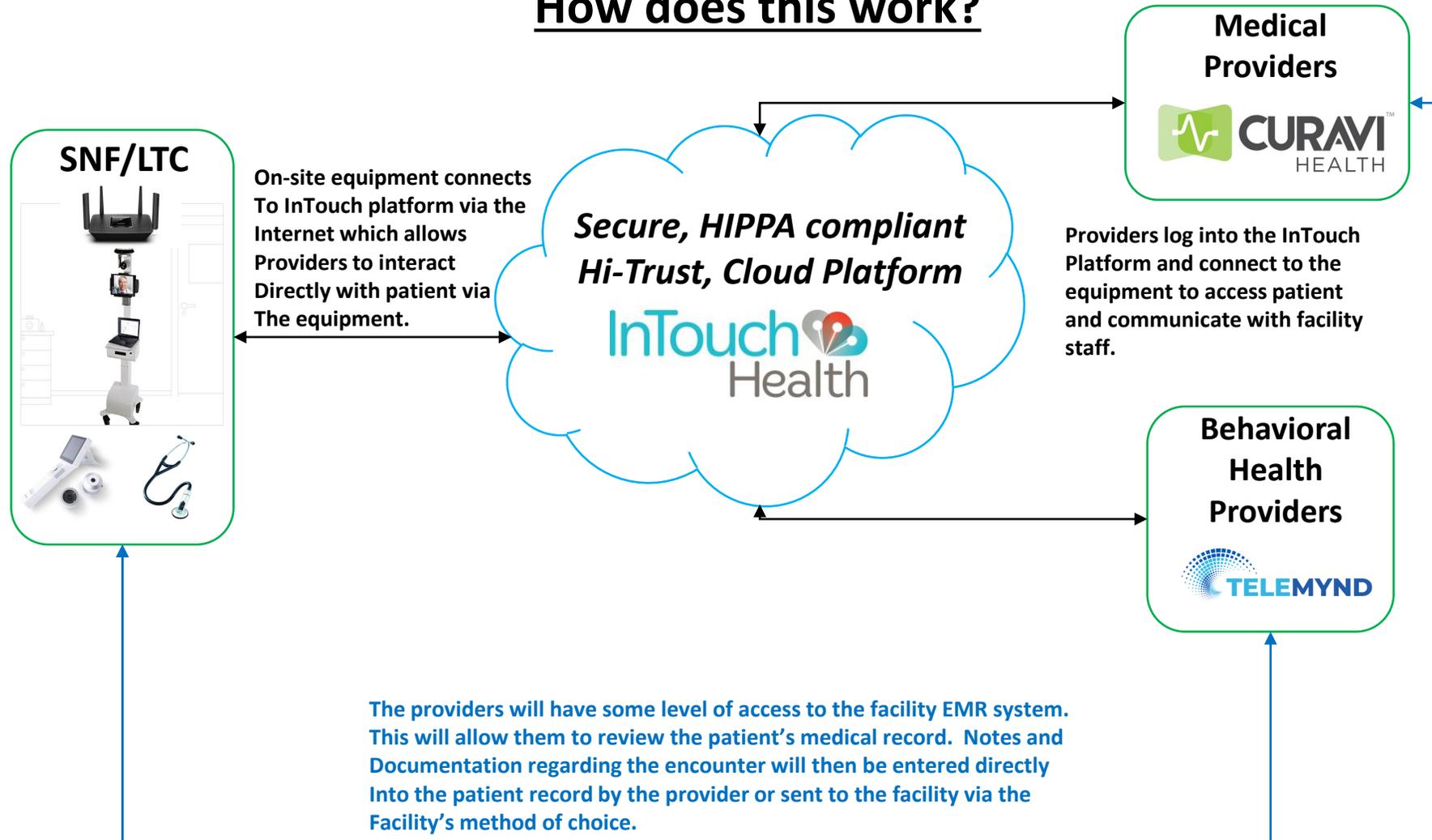
## Involves Multiple Vendors (service providers):

- **InTouch Health (Teladoc)** – for Telehealth Software Platform and Telehealth Devices
- **Curavi Health** - for Teleconsult Provider Services (*off-hours, change of condition, medical consults*)
- **Arcadian Telepsychiatry (Telemynd)** – for Teleconsult Provider Services (*scheduled, daytime, BH consults*)

## Teleconsult Pilot Group - 2019

- Since this was a “pilot” program intended to measure the effectiveness of Teleconsult methods in different care settings and with different patient populations, we knew that we would only be able to include a small number of our 21 SNF/LTC partner facilities.
- It was determined that we would initially offer inclusion in the program to those facilities with the highest need, where this program would hopefully have the biggest impact on the DSRIP metric of Potentially Preventable ED Visits (PPV).
- All 21 of the partner facilities were objectively scored by using an *algorithm* that took into account three variables: **1) Bed Size, 2) % Medicaid Population & 3) CMS Star Rating.**
- By ranking the facilities using this score we were able to identify the facilities with the highest need and prioritize them for inclusion in the Teleconsult Program.
- The **Six SNF/LTC facilities** that were ultimately included in the initial pilot group were all ranked in the **top ten** of our original priority list.

## How does this work?



# Teleconsult Program

## What's Included:

### Infrastructure Upgrades:



### Telehealth Devices & Platform:



### Teleconsult Services:



### Teleconsult Pilot Group - 2019

#### Feedback from Participants:

*“The equipment has worked flawlessly and I would recommend that Curavi offers the best encounter possible to reduce hospitalizations and improve Patient outcomes.”*

**– Jim Shadduck, Absolut Care Endicott**

*“This is a huge milestone in the history of our organization...our Telehealth setup has reduced the number of transfers to the ED and the TelePsych services has helped alleviate the problem of a shortage of psych providers in our area.”*

**– Nasar Khan, Groton Community Healthcare Center**



## Teleconsult Expansion

Encouraged by the significant impact made by the Teleconsult program in the SNF/LTC setting, as well as the positive feedback from the facilities' staff, the decision was made to offer the program to the remaining 15 SNF/LTC facility partners.



We anticipate leveraging the lessons learned from this program to further expand the use of Telehealth methodologies as a means of achieving key DSRIP goals in the future.

## SNF Outcomes

- As of 8/31/2020, the SNFs in our Teleconsult program have cumulatively facilitated **3143 Teleconsults** through this program.
  - 1826 were to address off-hours patient change of condition
  - **509 (27.9%) of these directly avoided a hospitalization.**
  - 1317 were scheduled behavioral health visits
  - There has been extensive use during the COVID-19 pandemic
- A total of twelve (12) SNFs are participating in the Teleconsult program with nine (9) of them being live at the end of August 2020.

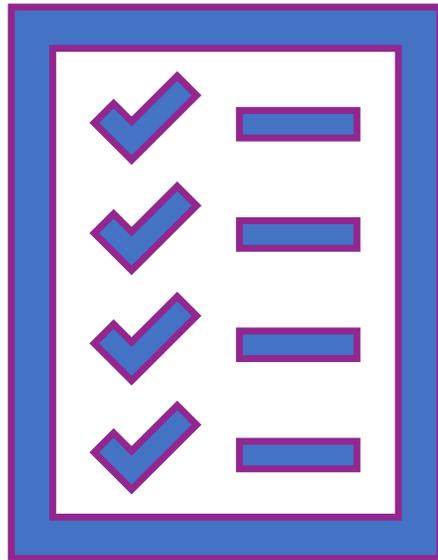
## Other Telehealth Projects

In addition to the partners currently engaged in our Teleconsult pilot group, we have three partners who began moving forward with other Telehealth Projects in late 2019:

1. **Gerould's Pharmacy** is implementing a Telemonitoring project for respiratory patients to connect with providers and receive care at home.
2. **Tioga County Mental Hygiene** is implementing an E-Visit project to provide BH services to rural patients who's access to services is limited by transportation and/or childcare challenges.
3. **Springbrook NY** is implementing a variant of Teleconsult where they will be using pre-existing, portable, telehealth equipment to serve the IDD population in several of their group homes.

[Article: Is Telehealth here to Stay? Telehealth Before and During the Pandemic](#)

# Mobilizing Patient Engagement



## Patient Engagement Application – 113 patients to date

- Daily patient check-in
- Screening tools provide a visual color score
- Red, yellow scores trigger clinician alerts
- Periodic assessment surveys trended for outcomes
- Instant access to respiratory clinician 24/7
- Remote device monitoring
- Telehealth connectivity
- Self Management Skills



# Current Program Outcomes

**55%**

reduction in hospitalizations

**50%**

reduction in ED Visits,

**100%**

Members meeting:  
receive responses to alerts within 2 hours

**80%**

Members achieving goals:

- Plan of Care
- Social Needs



## Tioga County Mental Hygiene

“I’m glad we were able to get the Telehealth up and running when we did. **The pandemic forced us to completely shift our service delivery beginning in the middle of March** when our staffing was reduced to 50% on site capacity, and minimal if any clients received services in person due to the lock down. At that time, we quickly began relying on Telehealth. **Though staff returned to 100% on-site by mid-May, the preferred service delivery method remained telehealth, and has continued to date.**”

A goal was to reduce the 30% no show rate (including cancelled and rescheduled appointments) for the behavioral health population being served by Tioga County Mental Hygiene. **“We’ve seen a 20% decrease in the number of no-shows for appointments,”** explained Lori Morgan, Director of Community Services for TCMH.

The move to Telemental health was made necessary by the pandemic, but it also proved to have unexpected advantages. **Clinical social worker Bobbie Deuel-Lewis has seen significant improvement in client engagement since implementing Telemental health.** “I meet people where they are. They seem to engage easier sitting at home rather than in the clinic, providing they can find a private environment.”

[Article: Telemental Health: Making a Difference in Tioga County](#)

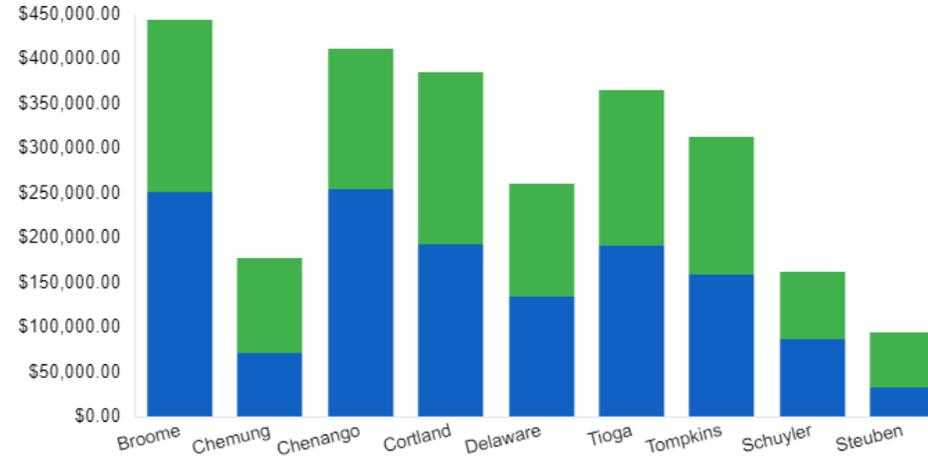
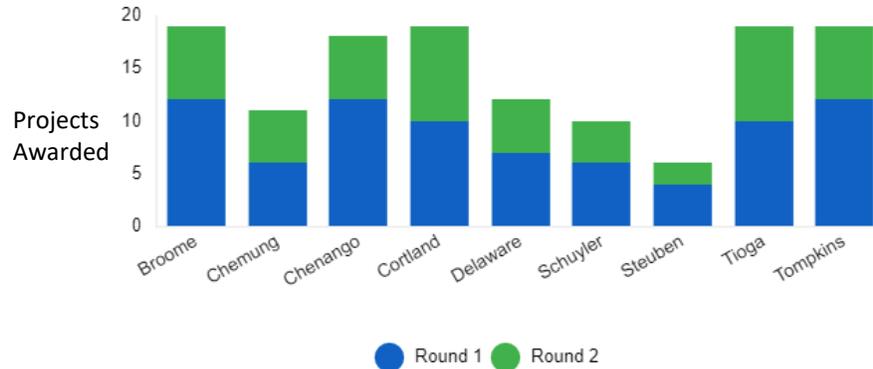
### COVID-19 Telehealth Assistance Program

*In response to the COVID-19 Pandemic, CCN rapidly implemented a funding opportunity for partner organizations with a Need for a Telehealth Video Conferencing solution for face-to-face clinical, behavioral health, or Social Determinant of Health interaction while maintaining social distancing guidelines:*

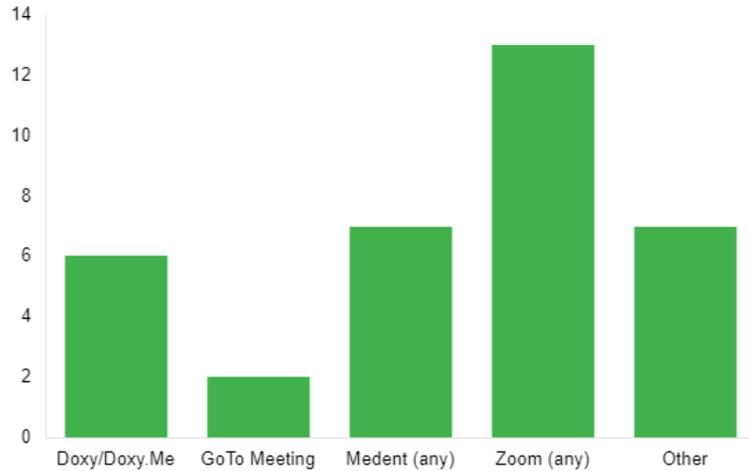
- Funding was available to cover Telehealth services for a period of **up to twelve months**.
- Funds were disbursed based on actual vendor costs for the system licensing and associated required telehealth equipment with an amount **not to exceed \$50,000 per awardee**.
- This program was intended to provide assistance to **rural, independent organizations** that may not qualify for other federal or state relief programs.
- These funds can be used to **implement a new or expand upon an existing Telehealth implementation**.
- Applications were prioritized for funding based on a **scoring rubric**.
- This program was **conceived by CCN in mid-March of 2020** and was opened to **receive applications on April 3<sup>rd</sup>**. A total of 34 organizations had submitted applications by the time the **final application period closed on May 8<sup>th</sup>**.  
All 34 applicants had their requests for assistance fully funded by the program.

# CTAP Snapshot

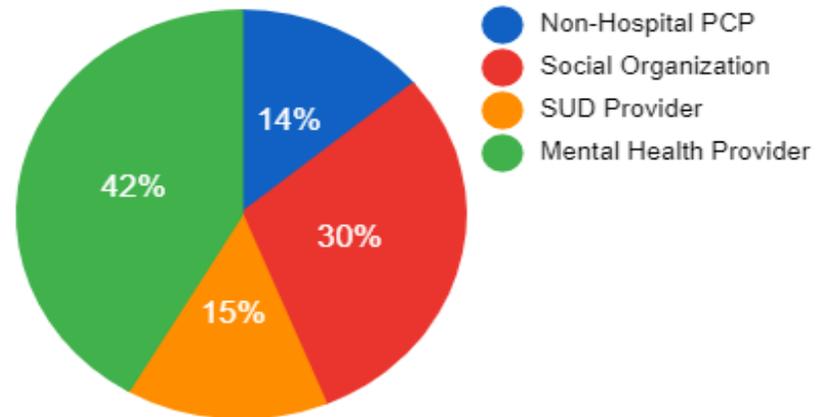
Total amount awarded: \$821, 204



\*Some Organizations are included in more than one county as they serve multiple counties on a regular basis\*



## Funds Distribution by Organization Type

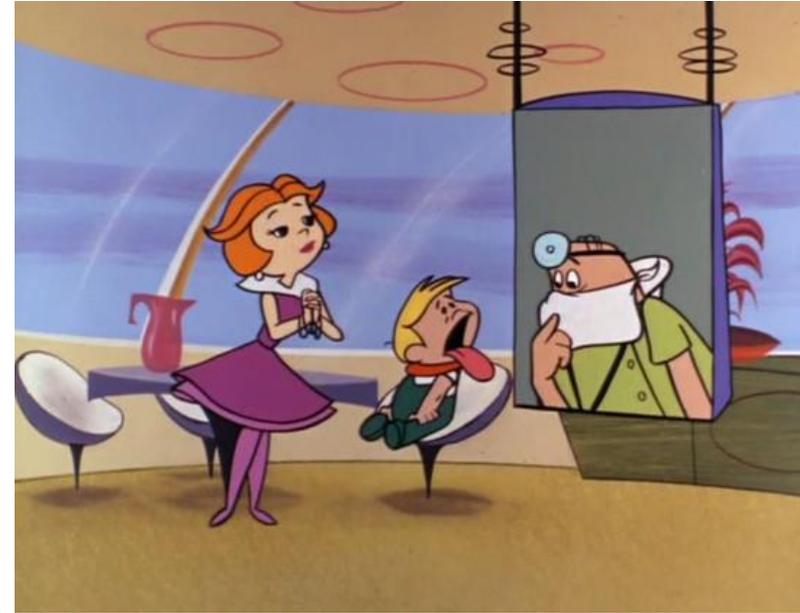


## CTAP Use Case Examples

- **Private Practice Physician:** “With telemedicine the focus is specifically on patients with mental health / behavioral issues. We are navigating the parents through these difficult times.” “Because the schools are closed, we monitor the patients in need of academic help and mental health conditions.”
- **Mental Health Provider:** “The COVID-19 crisis has negatively impacted our services by significantly limiting face-to-face contact with our clients and forcing us to rapidly deploy telehealth services to ensure that our clients have access to essential behavioral health services.”
- **Social Organization:** “We plan to use telehealth to provide insurance enrollment, health care advocacy, prescription assistance and cancer related financial assistance to our clients via Zoom for Healthcare.” “We will also use this platform to resume cancer support groups.”
- **SUD Provider:** “Our clients were used to being able to just pop into our office for support services. This provided them with a friendly face, contact with humans, to feel supported and to obtain services or assistance they needed immediately. The building we are hosted in has been closed and we are all working remotely which is difficult for our clients.”

# The Future of Telehealth

- Majority of states now have **parity laws** in place regarding Telehealth services.
- **RUSH Act** was introduced in congress in 2018 – expands access to emergency telehealth for Medicare patients in SNF's.



- Telehealth will play a critical role in a **Value Based Care** system.
- **Regulatory changes** in response to the pandemic have facilitated rapid change.
- Telehealth technologies can be leveraged for non-clinical applications to address a variety of **Social Determinants of Health**.

*Thank you!*

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