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An Independent Chapter of the American College of Healthcare Executives

TWO VITAL INDUSTRY EVENTS CO-LOCATED MAY 18-20, 2016 | GEORGE R. BROWN CONVENTION CENTER | HOUSTON, TEXAS

Telemedicine in the Healthcare Delivery System

An ACHE Face-to-Face (Category I) Session – 1.5 Hours CEUs

Moderator: Glenn Hammack, OD, MSHI
Panelists: Mark Ahearn, MD
Thomas (T.J.) Ferrante, JD
Loli Fulton

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Learning Objectives

- Ways telemedicine has been used and types of settings
- How effective is telemedicine
- Developing telemedicine services
- Financial and reimbursement implications
- Future applications of telemedicine — reimbursement, risks



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Introduction

Telemedicine has become increasingly popular throughout the years. Its innovative benefits are of vital interest amid the implementation of the Affordable Care Act. Telemedicine uses a variety of forms of electronic communication technology to provide a convenient method to deliver healthcare services and education. This program will explore the current and future role of telemedicine in the delivery of health care. The program surveying the various uses and settings of telemedicine will delve into how well this technology has been utilized and received by clinicians and patients. Technical, operational, regulatory and financial aspects of the development of telemedicine programs will be investigated. The expanding role that telemedicine holds in daily medicine and its direction into the future of the healthcare delivery system will be explored.



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Biography – Moderator



Dr. Glenn Hammack

Glenn G. Hammack, OD MSHI is the founding President and CEO of NuPhysicia Incorporated, created in 2007 providing telemedicine health services to markets across the U.S. and around the world. NuPhysicia has three key products: Medicine At Work™, a hybrid telemedicine-on-site clinic service for employee health, InPlace Medical™, a telemedicine-based medical care service for offshore and remote locations globally, and Digital Medical Services®, a consulting and technology support service for hospitals and health networks desiring to set up their own telemedicine service.

He serves on the Telemedicine Stakeholder group for the Texas Medical Board, and is a past member of the Telemedicine Advisory Committee of the Texas Department of Health and Human Services. He has also held various roles with the American Telemedicine Association. He has received several national and local recognition awards, contributed to several textbooks, has dozens of publications and abstracts in peer-reviewed literature, and is a frequent speaker and lecturer nationally and internationally.

In 2004, Dr. Hammack served as Assistant Vice President and founding Executive Director of the Electronic Health Network (EHN) at the University of Texas Medical Branch (UTMB), developing and managing telehealth and telemedicine programs. The EHN operated commercial and prison health telemedicine programs throughout the world, and also hosted the AT&T Center for Telehealth Research and Policy, which focused on outcomes research to guide public policy development.

He received his OD Optometry degree with honors in 1984 from the Michigan College of Optometry at Ferris State University. In 1999 he completed a MSHI Master of Science in Health Informatics from the University of Alabama at Birmingham with a Telemedicine internship at Massachusetts General Hospital.



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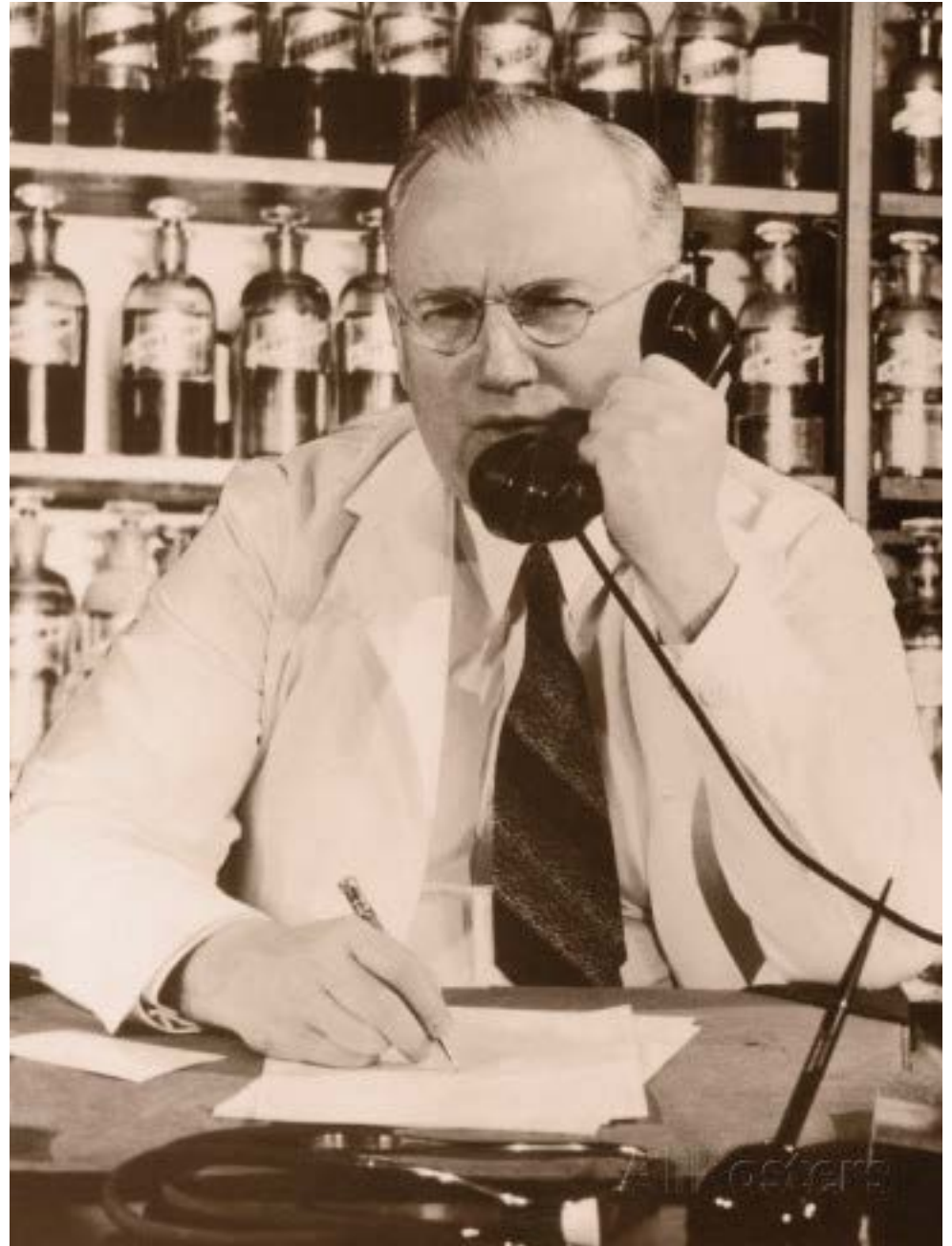


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The Great Tradition: FREE Telemedicine

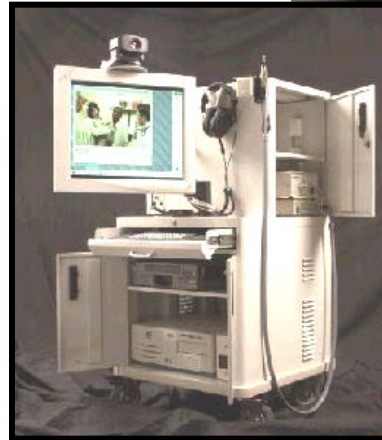
“Take 2 aspirin and call
me in the morning”



TELEMEDICINE AS A 20 YEAR OVERNIGHT SUCCESS STORY



Mass General Hospital –
Logan Airport 1970s



UTMB 2000

Key recent developments in telemedicine and their technology drivers

- Ubiquitous Web
- Smartphones and tablets
- Web chat – Facetime™ Skype
- Quality digital camera phones





DIVERGENT TRACKS

- **TELEMEDICINE**



How does telemedicine stack up today?

Old News	Hospital Institutional Programs	Direct to Consumer	Coming Soon, or Eventually
<ul style="list-style-type: none"> • Teleradiology • Telepsychology • Tele-Mental Health 	<ul style="list-style-type: none"> • Tele-stroke • Tele- ED • Tele-Trauma • Tele-ICU (NICU) 	<ul style="list-style-type: none"> • Teladoc • American Well • Doctors on Demand 	<ul style="list-style-type: none"> • ACO • PCMH • Capitated Care 

Biography – Panelist



Dr. Mark Ahearn

Mark Ahearn, MD, serves as Associate Medical Director for NuPhysicia Health of Texas, a Texas CNHO and professional physician group that exclusively provides telemedicine coverage services. He received his MD degree from Tufts University School of Medicine and completed his emergency medicine residency at University of California Los Angeles. He has been a board-certified specialist in emergency medicine for more than 20 years.

Since 2008, in addition to regular ER service, Dr. Ahearn has provided emergency and non-emergency diagnostic evaluation and treatment by video telemedicine to offshore and remote locations around the world. Serving sites ranging from air defense bases in Egypt, drilling rigs off Malaysia in the South China Sea, drill ships on transatlantic passages, workplace clinics within the USA, and walk-in clinics at WalMarts, he has performed thousands of telemedicine patient visits.

As a recognized expert in clinical telemedicine delivery, Dr. Ahearn also provides consultant services to hospitals and health systems for assessment and design of new telemedicine programs, and provides hands-on telemedicine patient-care process training to physicians doing new programs.



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Dr. Mark Ahearn

How I've Used Telemedicine:

- Remote Locations
 1. Gets the doctor or patient to locations they otherwise couldn't reach
 2. Patient's ranging from minor illnesses to MI's and life-threatening injuries
 3. Examples: offshore oil rigs, ships at sea
 4. Many illnesses and injuries can be treated without expensive and/or dangerous transport
- Workplace and Retail Health Clinics
 1. Gets a doctor to settings that might otherwise be cost-prohibitive
 2. Mostly minor illnesses and injuries



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Dr. Mark Ahearn

Telemedicine in Regional Health Systems

- Extends the reach of specialized care
- Keeps patients connected
- May be able to prevent readmission

How is a telemedicine encounter different?

- Mostly, it's not.
- Bad technology makes for bad encounters.
- With good video connection and simple tools, the "remoteness" goes away quickly
- Additional examination tools



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Biography – Panelist



**Thomas (T.J.)
Ferrante, J.D.**

Thomas (T.J.) Ferrante is a health care lawyer with Foley & Lardner LLP, where he focuses his practice on telemedicine, telehealth, and virtual care, as well as a wide range of transactional and related regulatory issues for health industry clients.

Mr. Ferrante works with hospitals, health systems, providers and start-ups to build telemedicine arrangements across the United States and internationally. He has experience with a variety of transactions, including mergers and acquisitions, joint ventures, strategic affiliations, obtaining and maintaining tax-exemption, employment contracts and leases, and other transactional matters.

Mr. Ferrante also advises health care clients in all aspects of federal and state regulatory matters, including anti-kickback, self-referral laws, state licensure, fee splitting, Medicare and Medicaid reimbursement and compliance.

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Telemedicine Provider Offerings



Telemedicine Legal Considerations



Biography – Panelist



Ms. Loli Fulton

Loli Fulton is a Director at Texas Children's Hospital in Information Services. Her current areas of responsibility include clinical applications, business intelligence- EDW, imaging informatics, telecommunications, and eHealth/Innovations.

She was previously in the role of Manager of Enterprise Systems whose teams develop and support the electronic medical record (EPIC). Prior to this Loli was a Product Manager at MediServe-Mediware. As a Product Manager she developed solutions targeting the ambulatory healthcare market. She also served as a Business Consultant and Clinical Consultant during her time there.

Loli is a graduate of the University of Texas Medical Branch, receiving her BS in Occupational Therapy. She practiced as a clinician and clinical manager for 11+ years. Her experience crosses the full continuum of care.



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Texas Children's Hospital: Our Journey

Historically: Established in 1993, the Texas Children's Center for TeleHealth was the first pediatric-based telemedicine program to go live.



Refresh: We engaged PWC

Objectives of the PWC Engagement

- Research existing market competition & educate TCH leadership
- eHealth vision for Texas Children's system
- Identify a roadmap
- Create an optimal eHealth operating model and governance structure

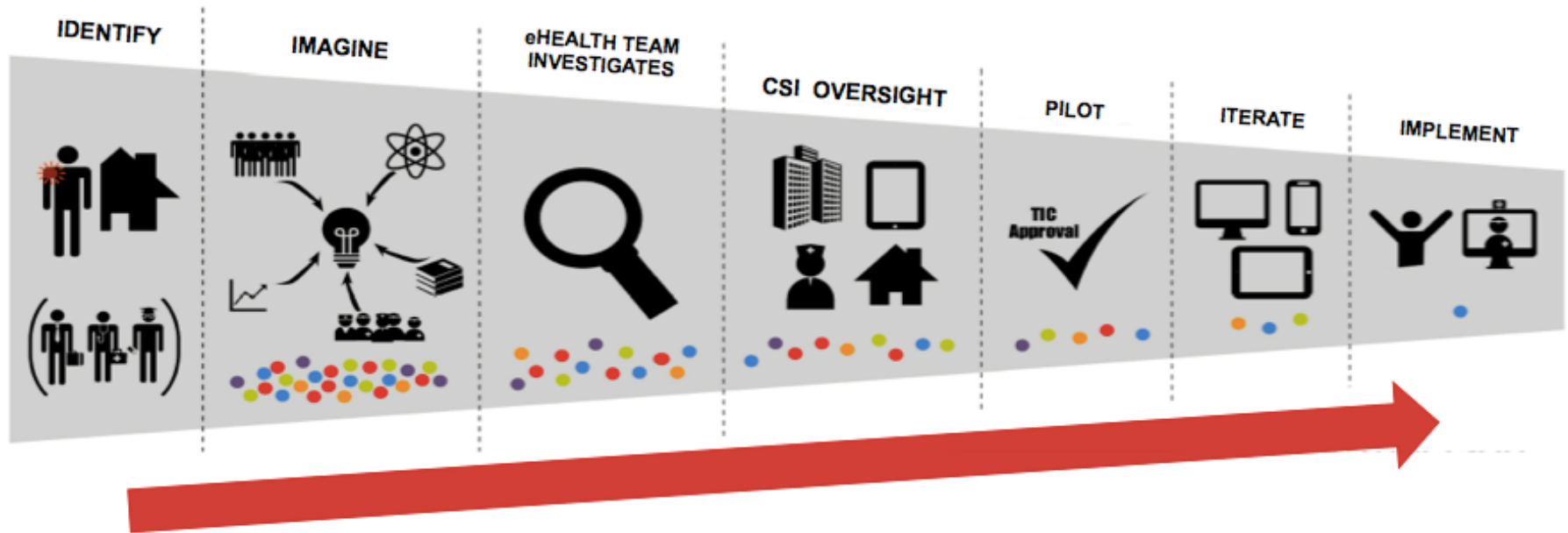
Outcomes of 6 week PWC engagement

- Developed proposed operating and governance model
 - Strategy and architecture
 - Support and operations
 - Knowledge and sharing
- Defined strategic anchor initiatives
 - eNICU / eMFM Product
 - Enable CV Partner Network
 - Core System Infrastructure
 - TCHP Medically Complex Children

eHealth is enormous:



eHealth innovation impact stream



eMFM

- Storefront build-out supported remotely from TCH Main Campus and remotely
- Providing OB/GYN, Dietician and Genetic Consult Services today via Telemedicine



eMFM First patient story:

Ultrasound revealed baby has a cardiac anomaly at what was to be a typical follow-up appointment... Dr. Steven Clark was able to provide successful real time emotional support via video conferencing and a referral was placed to our heart center. Current plan of care includes two cardiac surgeries post birth.

PANEL DISCUSSION

1. In what settings and for which types of patients have you used telemedicine services? How effective has telemedicine been in the treatment of these patients? How has it differed from treating patients face-to-face?
2. How has this technology assisted patients? What has been the patient satisfaction level with telemedicine services?
3. What are the technical requirements at both ends and the operational considerations for developing telemedicine services?
4. What are the financial circumstances surrounding telemedicine programs? How does (your State) telehealth reimbursement compare with other states? What is the current status of Commercial Insurance and Medical Assistance reimbursement for telehealth in (your State)?
5. What is the Medicare reimbursement for telehealth in rural and urban areas?
6. What do the credentialing and privileging guidelines/regulations under the CMS Conditions of
7. Participation mean for telehealth within hospitals?
8. How do licensure laws impact the ability to provide telehealth services across state lines?
9. How might telemedicine services play a role in the provision of healthcare in the possible future scenario of providers assuming greater financial risk for patient care?



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Thank you for attending this session