Action-Update: Using Telehealth to Address the Coronavirus Public Health Emergency

April 1, 2020
AGENDA

- Brief Intro of Alliance for Connected Care
- Leading Telehealth Programs, Background, and Experience
- Discussion of Key Questions
- Participant Q&A
ALLIANCE ADVISORY BOARD

- Alliance for Aging Research
- Alzheimer’s Foundation of America
- American Academy of Family Physicians
- American Nurses Association
- American Academy of Physician Assistants
- American Heart Association
- American Language-Speech-Hearing Association
- American Osteopathic Association
- Association for Behavioral Health and Wellness
- Children’s Mercy Hospitals and Clinics
- Digestive Disease National Coalition
- Evangelical Lutheran Good Samaritan Society
- Infectious Diseases Society of America
- HealthCare Chaplaincy Network
- Indiana University Health
- Mental Health America
- National Alliance on Mental Illness
- National Association of ACOs
- National Association of Chain Drug Stores
- National Association of Homecare & Hospice
- National Council for Behavioral Health
- National Council of State Boards of Nursing
- National Health IT Collaborative for the Underserved
- National Multiple Sclerosis Society
- National Organization for Rare Disorders
- Parkinson’s Action Network
- Population Health Alliance
- The ALS Association
- United Spinal Association
- Visiting Nurse Associations of America
Speakers from Telehealth Programs

- Dr. Ethan Booker
  Medical Director at MedStar Telehealth Innovation Center

- Dr. Todd J. Vento
  Medical Director for the Infectious Diseases Telehealth Service at Intermountain Healthcare

- Dr. Lawrence "Rusty" Hofmann
  Medical Director of Digital Health at Stanford Health
MedStar Telehealth Innovation Center

Alliance for Connected Care Virtual Hill Briefing:
Using Telehealth to Address the Coronavirus Public Health Emergency

April 1, 2020

Ethan Booker, MD, FACEP
Medical Director, MedStar Telehealth Innovation Center and MedStar eVisit
MedStar Health At-A-Glance

• Largest healthcare provider in Maryland and the Washington, D.C. area
  ▪ Not-for-profit, regional healthcare system based in Columbia, MD
  ▪ Georgetown University medical education and clinical partner

• 300+ locations including 10 hospitals as well as ambulatory and urgent care centers
  ▪ 4,927,643 outpatient visits, FY2018
  ▪ 133,512 inpatient admissions, FY2018

• 30,000 associates
  ▪ 4,700 affiliated physicians
  ▪ 8,400 nurses
  ▪ 1,100 residents/fellows; among largest graduate medical education programs nationally
Overview
Formally established in 2017, MTIC supports and coordinates telehealth activities across MedStar Health by providing:

- Telehealth infrastructure
- Best practices
- Subject matter expertise
- Project implementation
- Programmatic operational support

Building Telehealth Competency
Success requires creating a shared understanding and distributed expertise relating to telehealth operations across a wide range of MedStar Health teams.
Challenges to Building Telehealth Competency

Traditional VS. Connected Care

Barriers Before COVID-19

- Licensing / Credentialing
- Policy
- Provider Incentives
- Workflow Changes
- System Integrations
- Culture
- Scale Logistics
- Reimbursement

MedStar Health
MedStar Health COVID-19 Telehealth Response

MedStar TeleHealth Operations - Mar-27

Data updated: 3/27/2020

MedStar eVisit On Demand

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<th>Avg. Visit Duration</th>
<th>Avg. Visit Wait Time</th>
<th>eVisits On Demand (5 Days)</th>
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WedStar Scheduled Video Visit

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<th>Unique Visit Attempts</th>
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MedStar eConsult

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<th>eConsults (5 Days)</th>
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Telehealth Team

10 Pre-COVID19
130+ Post-COVID19
Thank you

It’s how we treat people.
Using Telehealth to Address the COVID-19 Public Health Emergency:

Intermountain Healthcare Experience

Todd J. Vento, MD, MPH, FACP, FIDSA
Medical Director, TeleHealth Infectious Diseases
Medical Director, Telehealth Specialty Services
- Integrated, not-for-profit health system
- Headquartered in Salt Lake City, Utah
- Team of 40,000 caregivers
- Serves healthcare needs of people across the Intermountain West
**Hospital TeleHealth Services**
- 35 programs
- 1,400 hospital access points
- 272,000 interactions/year

**Critical Care**
- Decreased small hospital mortality: 40%

**Newborn Critical Care**
- Cost savings: $1.2M / year

**Infectious Diseases**
- Reduced broad spectrum antibiotic use: 40%

**Crisis Care** (15 min response)
- Decreased ED stay: 53 mins
Direct to Patient Services

Nurse advice line
 24/7/365

Connect Care Urgent Care
 On-demand video

Primary/Specialty Video Visits
 Scheduled video follow-up

Chronic Care Management
 Remote patient monitoring
 Identify early clinical decompensation
 Prevent hospital readmission

Patient Acceptance

Connect Care Urgent Care
 72,000 completed visits
 170,000 enrollments

Flu seasons

Jan 01 2018-Oct 01 2019
COVID-19 TeleHealth Response

Why expand telehealth?
- Decrease exposures and conserve resources!

High capacity services
- Telephone triage nurse
- Web-based symptom checker
- Urgent care video visits

Detailed expertise services
- Expanded ED/hospital HCW tools
- Dedicated COVID-19 MD line (24/7)
- Screen symptomatic healthcare workers
- Expanded specialty care video visits (900/day)
CDC Home Isolation changes
- COVID-19 patients isolated voluntarily
- Shorter isolation period (7+ days)

Public Health Concerns
- Spread within households
- Prolonged community transmission
- Limited health department capacity

Role for telehealth home monitoring
- Recognize early clinical worsening
- Prevent transmission to household contacts

www.cdc.gov
Closing Points

- We must protect our vulnerable populations during the COVID-19 pandemic

- Telehealth is a critical public health and patient care weapon in the fight against COVID-19

- Telehealth is a critical protective measure for healthcare worker safety and resource conservation

- Importance of legislative support to ensure we can respond promptly to address new care needs that will arise

Thank You!
Digital Health Response to COVID-19

Last Updated March 31, 2020
In response to the COVID-19 crisis, Stanford Health Care has deployed digital solutions to improve the health and safety of the public.

1. Rapidly scale access to healthcare services via telemedicine

2. Minimize exposure risk to the community, even as demand on the health system increases

3. Ensure the safety of our vital healthcare workforce, and conserve personal protective equipment (PPE)

4. Support the needs of the nation by collecting data at scale that informs public health decision-making
Stanford Health Care Response to COVID-19, Current Progress

In two weeks, Stanford Health Care scaled video visits from <1% to >40% of all ambulatory visits, screening patients with URI symptoms, reducing unnecessary exposure, minimizing community spread, and maximizing medical resources.

**Enable Mass Digital Health**
Enabled +2,000 providers for video visits, with 1,415 unique providers using the feature

**Dedicate Virtual Express Care**
Virtual visits for all patients with COVID-19 symptoms, building the workflow to support "digital-first" care

**Leverage Nurse Hotline**
Screen and triage patients into the appropriate setting

**Remove Hurdles from Safe Community Testing**
Launched seven drive through testing sites

**Ensure Safety and Effectiveness of Providers**
Set up >600 providers with home workstations, limiting exposure and enabling quarantined team members

**Measure Progress, Solve Challenges Early**
Launched a virtual visits dashboard and provider feedback survey to track utilization

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**Volume of Virtual Visits**
(April 2019 - Present)

Transformed from <1% to >40% of all ambulatory care to a digital medium in two weeks

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Confidential
To exploit the 10 day delay between symptom onset and hospitalization: Stanford Medicine has created an *early warning system*, similar to a national radar defense system. This will comprise of a daily assessment, for *healthy and sick individuals*, to predict and monitor local COVID-19 outbreaks. Data will be used to *inform and prepare local and national responses*, such as allocating healthcare resources and instituting or lifting stay-at-home restrictions.

How will it work?

**Collect Information**  
**Predict Prevalence**  
**Intervene Effectively**

- Prepare citizens and providers for surges
- Allocated healthcare resources (PPE & ventilators)
- Guide stay-at-home restrictions

Interested? Contact Rusty Hofmann, MD, Twitter: @rustyhofmannMD, Email: lhofmann@stanford.edu
Stanford Medicine seeks your help to connect us with local and national health officials who can help disseminate the assessment and prepare to act upon insights.

Our dissemination plan:

- Health Care Systems
- Local/State Leaders
- Federal Government Leaders
- Corporate Partners
- Social Influencers

We solicit your partnership to:

- Create connections to local and national health officials who could effectively leverage insights
- Facilitate dissemination, such as public health announcements
- Engage additional partners to increase awareness or provide funding

Interested? Contact Rusty Hofmann, MD, Twitter: @rustyhofmannMD, Email: lhofmann@stanford.edu
DISCUSSION

Why is telehealth the right tool for this moment, both for COVID-19 related care and regular care delivery?
DISCUSSION

How has your system worked to respond to the COVID-19 pandemic using telehealth?
As you work to deliver more and more care remotely, can you speak to the different types of care you are working to deliver?

What are the unique challenges in each?
DISCUSSION

How are recent laws and regulatory changes affecting your ability to deliver care?
DISCUSSION

What remaining issues do we need to tackle to make sure the scaling of telehealth to meet this national need is successful?
QUESTIONS

Lunch and Learn – Telehealth Changes in the Time of COVID-19
Monday, April 6, Noon-1 ET

Registration Link: https://bit.ly/3dLAx8z