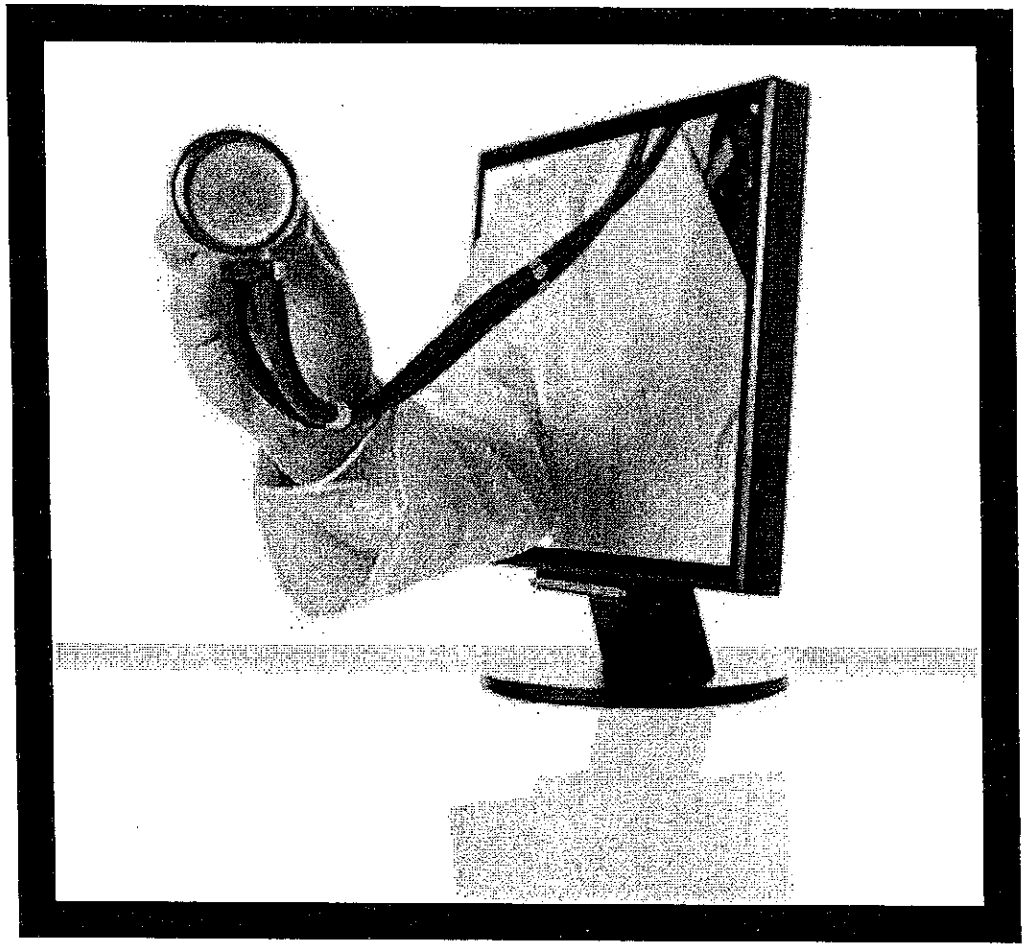
Tele-education for Rural Kansas



Agenda

Introduction

Tele-education through eMentoring

Discussion

Roger Cady, M.D.

Director of Headache Care Center
Director of Clinvest
Founder of the Primary Care Network

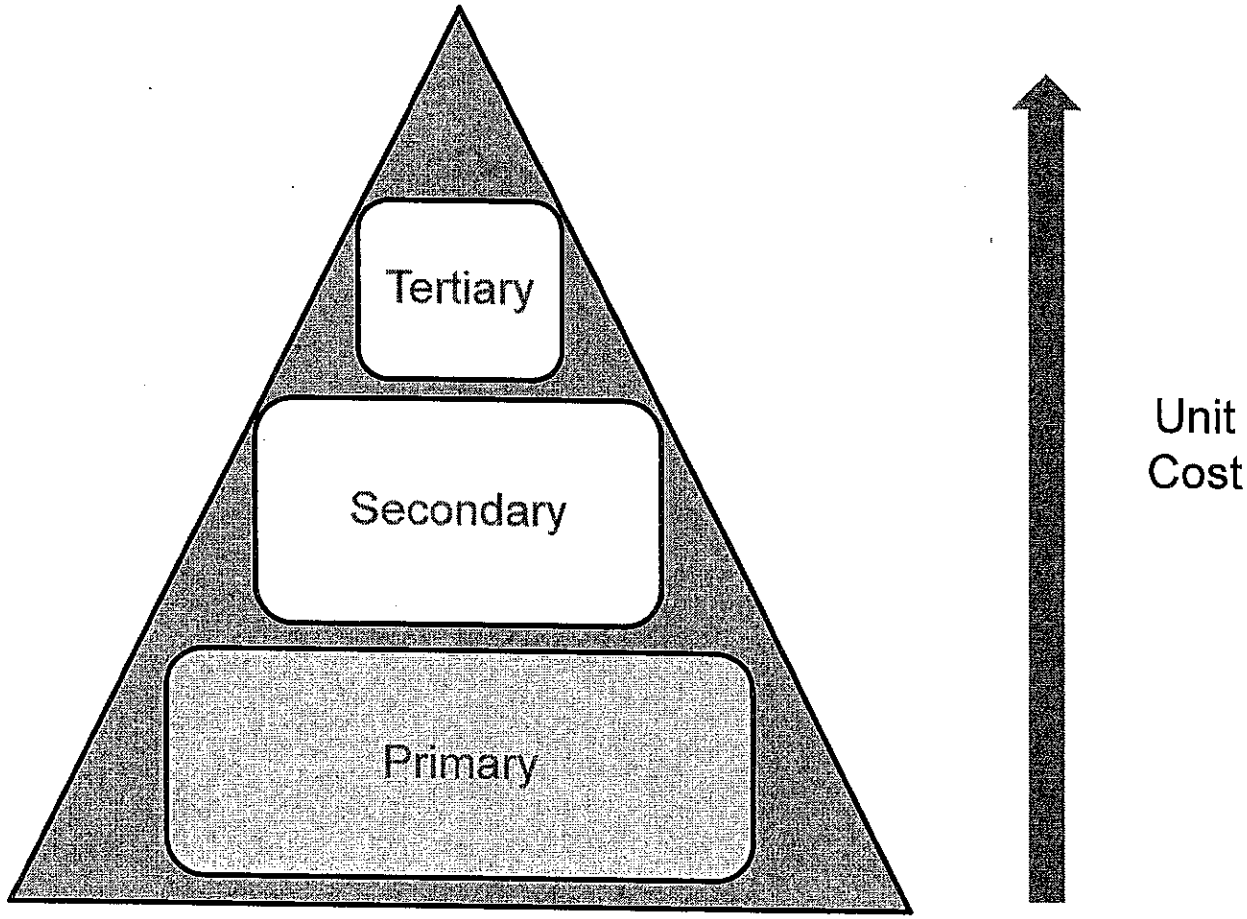
Fundamentals of Healthcare

Health is everyone's responsibility and everyone is a stakeholder in health

- Public (taxpayers)
- Consumers of healthcare
- Healthcare industry
- Government

The corner stone of healthcare delivery today remains the provider-patient interaction

Pyramid of healthcare delivery



Primary Healthcare Delivery

Protect healthy people from developing a disease or experiencing an injury.

For example:

education about good nutrition, regular exercise, or the dangers of tobacco, alcohol and other drugs, or use of seatbelts, and immunizations

Secondary Healthcare Delivery

Interventions after a diagnosis of illness or injury. The goal is to halt or slow the progress of disease or limit long-term disability and re-injury. For example:

- low-dose aspirin to prevent a second heart attack or stroke
- recommending a statin for high cholesterol

Tertiary Healthcare Delivery

Helping people manage complicated, long-term health problems such as diabetes, heart disease, cancer and chronic musculoskeletal pain.

Challenges for Rural Healthcare

Geographic distances for delivery

Increasing patient populations in rural areas

Decreasing healthcare providers especially specialists

Professional isolation

Technology in Healthcare

Technology has the potential to dramatically advance healthcare

The question is what technologies will advance healthcare and to what end

- Primary prevention
- Secondary prevention
- Tertiary prevention

Tele-medicine

Use of telecommunication and information technologies to provide clinical health care at a distance. It helps eliminate geographic barriers and can improve access to medical services that would often not be consistently available in distant rural communities.

Advantages of Tele-medicine

Provides specialty-based care and services to rural populations

Multiple technologies available

Services growing and have doubled in last 3 years

Challenges for Tele-medicine

Laws and policies vary from state to state

Parity, licensure, reimbursement, documentation, internet prescribing, informed consent and HIPAA, patient setting

Ethics

A Novel Option: Tele-education

Telecommunication and information technologies provide practice performance, continuing medical education, and direct patient care at a distance especially to rural communities directly between specialist, primary HCP, and patient.

Advantages of Tele-education

Kansas does not classify physician to physician education as practicing medicine

Advantages of Tele-education

Combines the expertise of specialist, primary HCP, patient, and support system into the medical experience

Advantages of Tele-education

Advances the skill of the primary HCP to be better prepared with a similar medical diagnosis or patient in the future

A Solution

MentorU™

Telehealth eMentoring with CME

A "university without walls"

An online portal designed to provide patients and rural physicians access to medical specialists with the goal of decreasing medical costs and improving patient outcomes.

eMentorU

- Step 1: State establishes priorities based on Medicaid expenditures on specific diagnostic codes

eMentorU

- Step 2: Recruit identified providers and specialty mentors. Rural HCP recruits specific patients for the consultation

eMentorU

- Step 3: Ensure proper equipment is available

  - Computer with camera and installed software

  - Monitor

  -Broadband Internet

  -Data housing and analysis

eMentorU

- Step 4: Set up the appointment between patient, mentor, patient, and when reasonable caregiver.

eMentorU

- Step 5: Collect and analyze data and award CME.
- This is archived for future reference

eMentorU

- Step 6: Monitor practice performance over time and provide feedback to PHCP, specialist/mentor, patient, and Medicaid

Joseph Smith

- 68 yo male on Medicaid living in a remote rural area of KS with COPD has discontinued smoking for 6 months
- In the last year:
  - Hospitalized 3 times
  - He has had 18 office visits
  - 5 ER visits
- His management is being assisted by a home health nurse who sees him weekly

Dr. Preston

- FP in rural Kansas and has cared for Mr. Smith for 2 years
- She has changed his medicines many times
- She consulted with her partner
- She is frustrated that Mr. Smith is not doing better
- She knows she has other patients like Mr. Smith with COPD and wants help

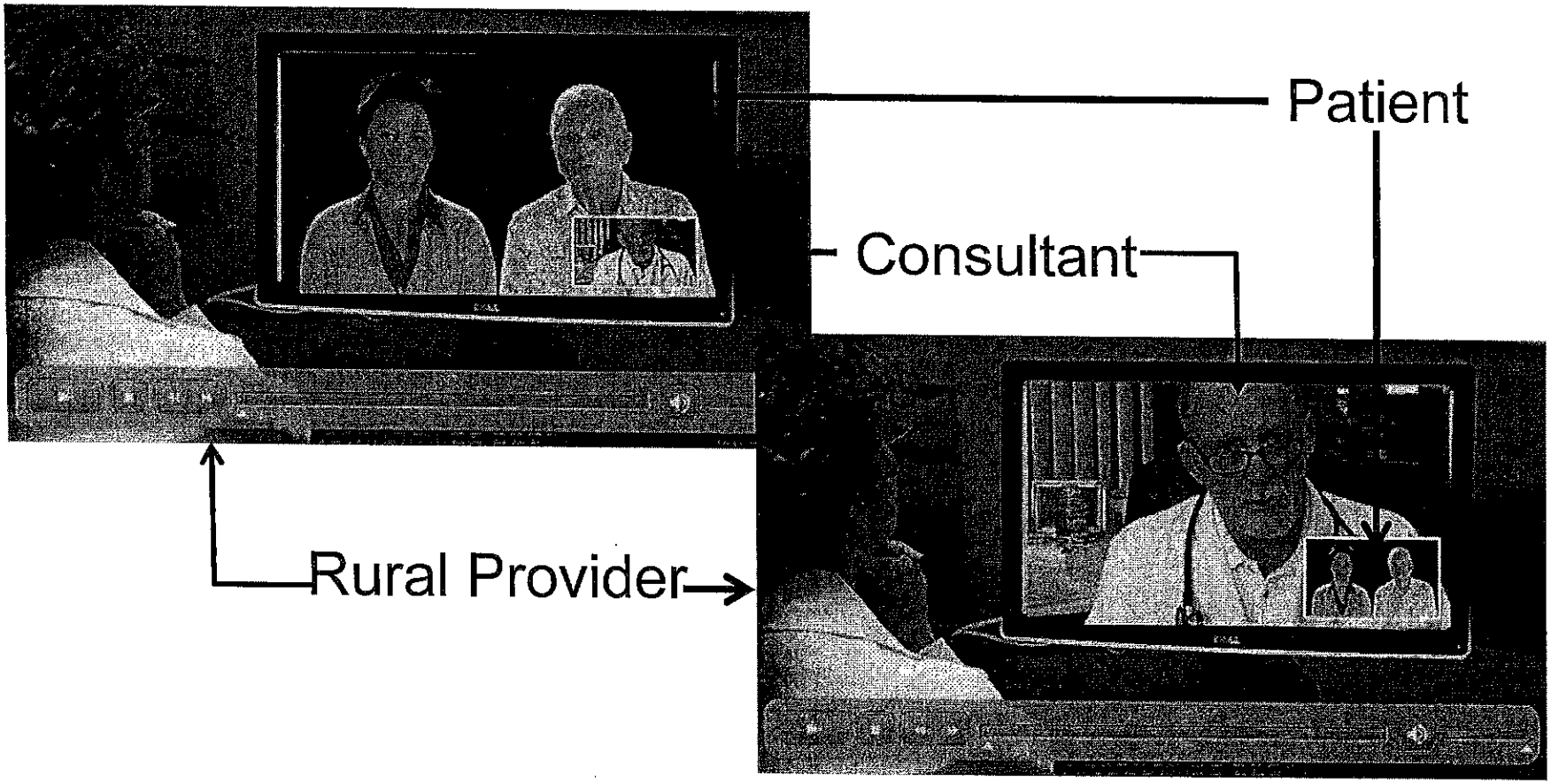
Dr. Wilson

- Pulmonologist that specializes in COPD with 20+ years of clinical practice
- He is a nationally recognized expert in his field
- Lectures at CME events for primary care and consistently receives high marks
- Has been awarded lectureship awards from medical school and residency program

Sally Marshall

- Daughter of Mr. Jones. She visits him weekly despite working full time. It is difficult to accompany her father to visit with Dr. Preston though she has on several occasions.
- Very frustrated with her father, his COPD, and all the medicine he is taking
- Does not understand his disease or care and does not know how to assist his care but is willing to learn

eMentorU Solution



Going Forward

- All parties will evaluate the consultative experience
- Mr. Smith, Dr. Preston, and the specialist/mentor will be included to a data based and performance improvements will be tracked
- All parties can monitor progress
- Future consultations are possible

eMentorU Solution

eMentorU provides real time interaction between primary care providers, medical specialists, their patients, and caregivers.

Savings will be realized by:

- Improving compliance and adherence
- Reducing unnecessary testing and ED visits
- Encouraging independent living and care
- Improving clinical skills of the primary care provider resulting in better cost effective outcomes for other patients

Patient Registry

A patient registry is created for providers to electronically enroll patients with specified medical diagnosis

- Follows patient outcomes over time
- Tracks clinicians' clinical practice improvements

Encourages collaborative care model to strengthen the patient and clinician partnership

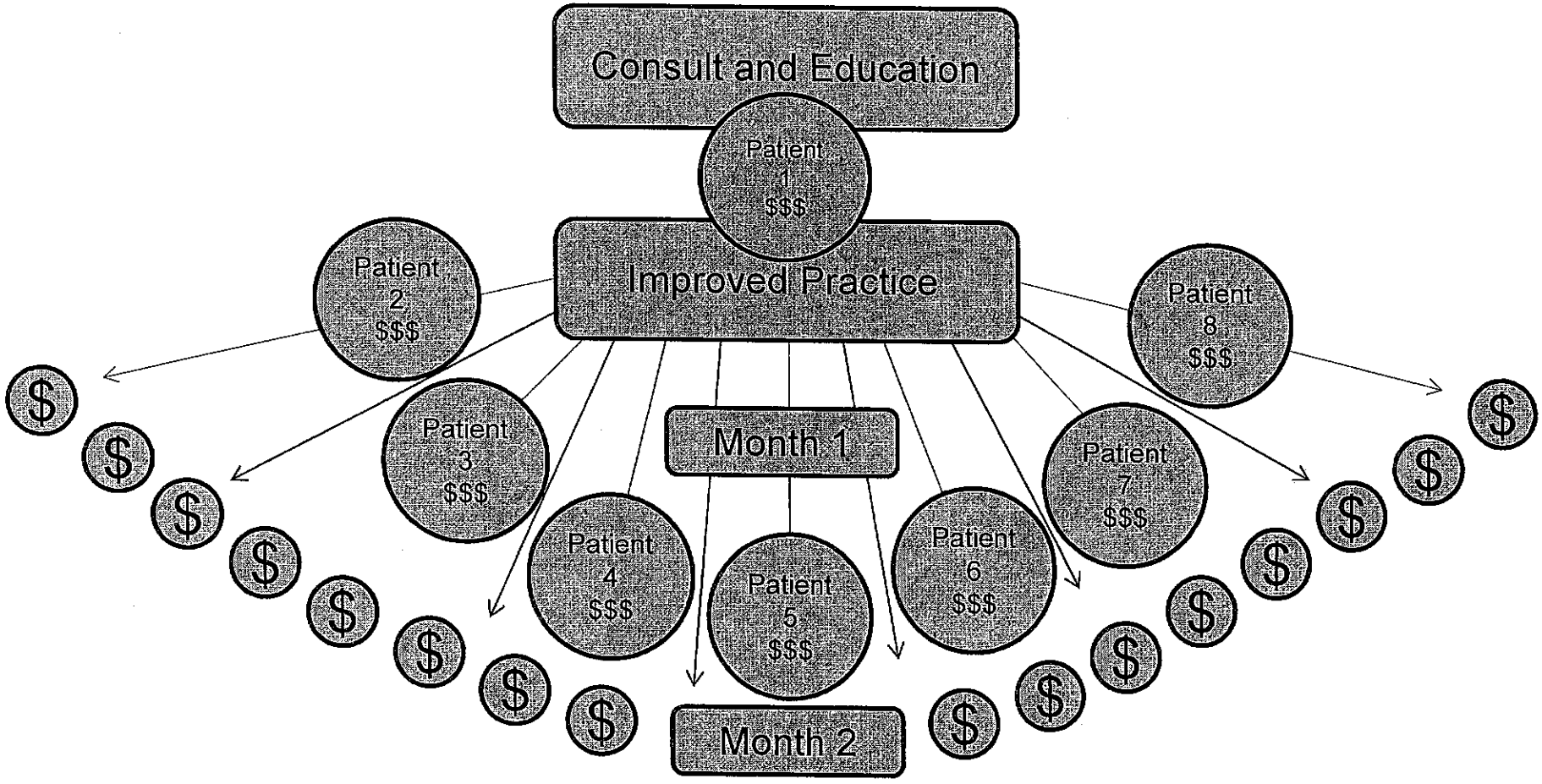
- Collaborative Care has shown to improve adherence to treatment thus potentially reducing ED visits and hospitalizations

Financial Projections For COPD

Primary Care Physician (PCP) Averages	
Unique Patients Seen Per Year	1,353
Percentage of Patients With COPD	6.2%
Average COPD Patients Per PCP	84
Percentage of COPD Patients Hospitalized Each Year	27%
Average Cost Per Hospitalization	$ 7,500
Annual COPD Hospitalization Costs	$ 172,500
Percentage Cost Savings Using eMentorU Program	10%
COPD Hospitalization Cost Savings Per Year Per PCP	$ 17,250

Wier LM, et al. HCUP Statistical Brief #106. February 2011. AHRQ, Rockville, MD.
CDC/NCHS. Health, United States, 2011, http://www.cdc.gov/nchs/hus.htm

Education Saves Money



A Unique Solution

eMentorU is a "university without walls" designed to provide clinicians and patients in rural settings access to specialists. Through tele-education the specialist mentors the clinician to manage complex (expensive) patients without the need for extensive travel. Clinicians earn CME without time away from their practice.

Incentive-based

- Qualified rural practitioners selected based on their Medicaid population and practice mix
- Giving the Medicaid program added value – turning the Medicaid patient into a practice asset – a source of quality education
- CME earned per mentoring session could be as much as 6 credit hours per consultation. Kansas requires all MD/DO's to earned 50 credits hours a year.
- No travel costs to patient or provider

Funding

- Education fund to qualified providers from which they pay for educational consultations
- Medicaid reimbursement for visit (parity and reimbursement)
- Grant funding

Proven Models of Success

- 2nd.md

  Patients connect with doctors via video conferencing for medical advice and information

- The University of New Mexico's Project ECHO

  Video conferencing to train primary care providers to treat complex disease

- Binaytara Foundation

  U.S. and Napal physicians connect via video for education

TM

Thanks For Watching
Please Contact Us

Contact

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