Provider Adoption of Telemedicine





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DISCLOSURE

• The F Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center is partnered with Well-Ahead Louisiana with the Louisiana Department of Health to form the TexLa Telehealth Resource Center (TRC).





• The TexLa Telehealth Resource Center is a federally-funded program designed to provide technical assistance and resources to new and existing Telehealth programs throughout Texas and Louisiana.

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www.texlatrc.org

HRSA Funded Telehealth Resource

www.telehealthresourcecenter.org



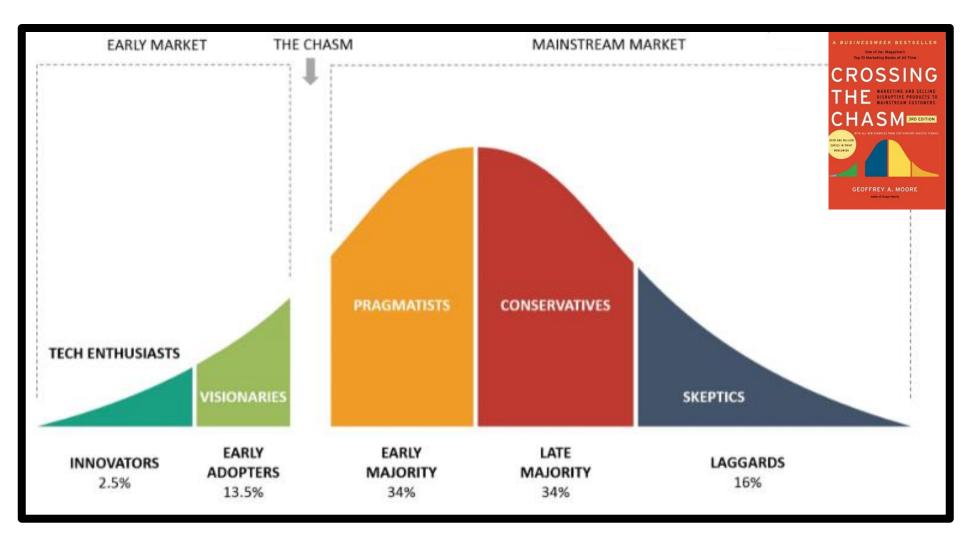


Learning Objectives

- 1. Describe the state of telehealth adoption among practitioners
- 2. Identify barriers to telehealth adoption.
- 3. Discuss possible strategies to bridge the chasm of telemedicine adoption and promote its adoption.

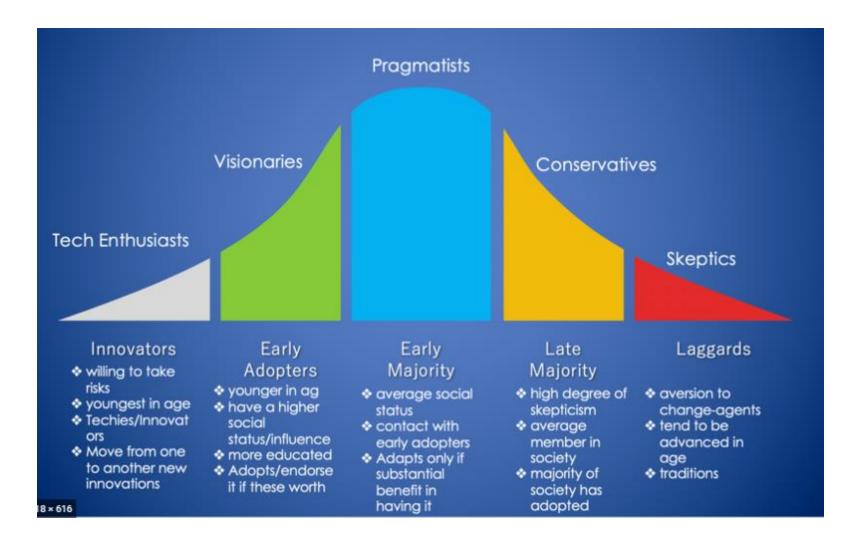
Bell Curve of Technology Adoption





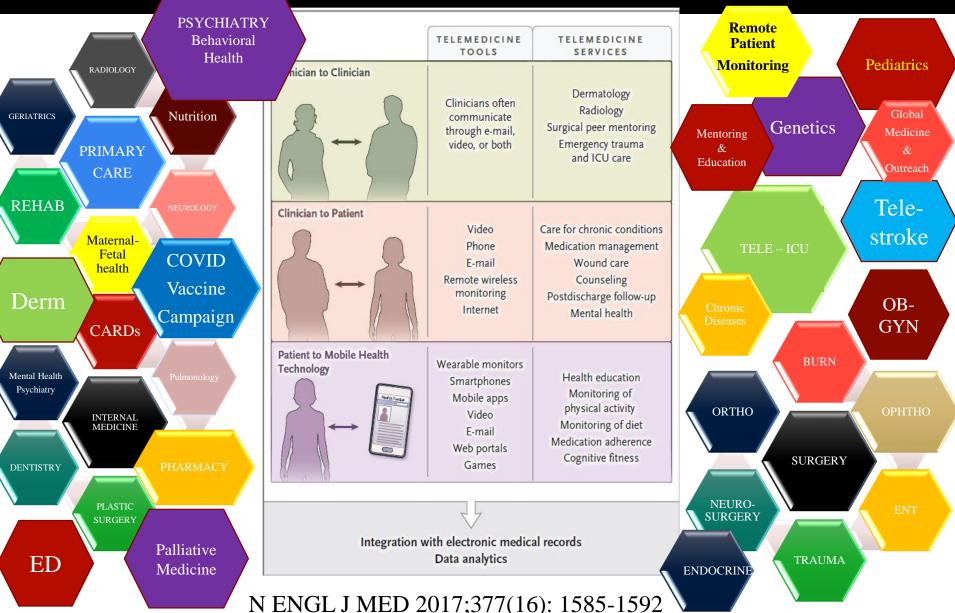
Bell Curve of Technology Adoption





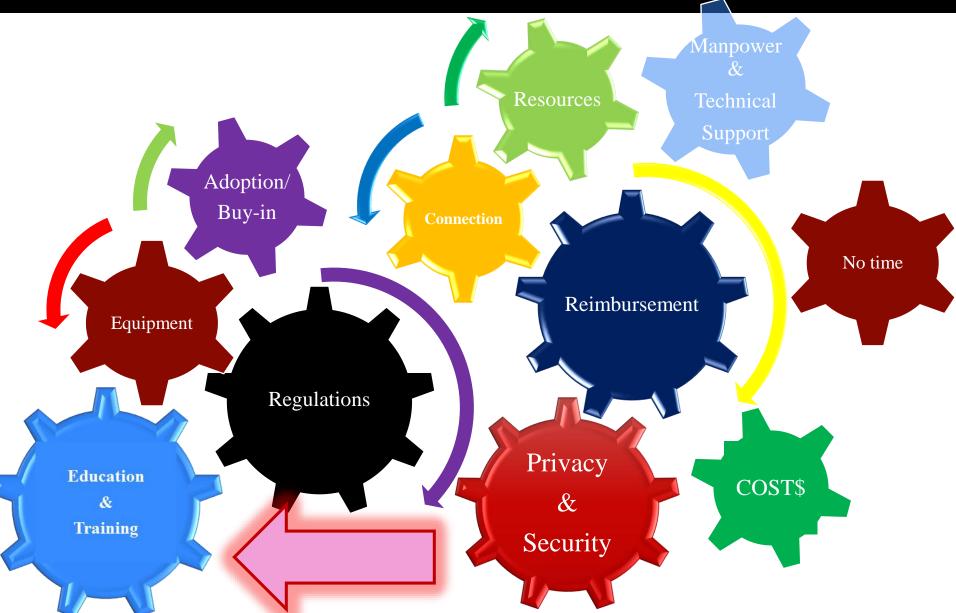
Telemedicine & Telehealth Activities



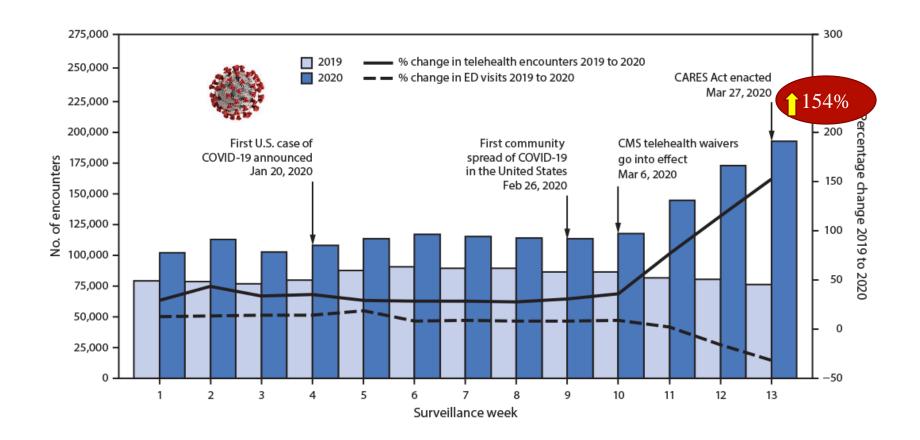


Provider's Barriers in Telemedicine





Telehealth Adoption During Pandemic



MMWR 69(43);1595-1599

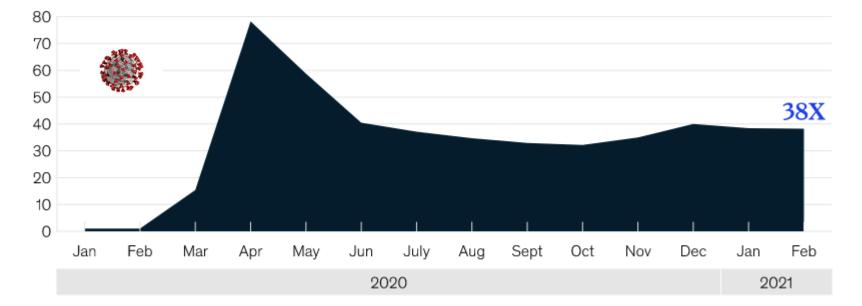
Telehealth Adoption During Pandemic



- 1. Telehealth use increased from 0.3% in 2019 to 23.6% in 2020
- 2. In person visit 437%
- Behavioral visit were 46.1% while medical visit is 22.%
- Socially advantaged neighborhood used telemedicine
 27.4% vs 19.8% in less advantaged.
- 5. Medical care cost decreased by 15%

Telehealth Adoption During Pandemic

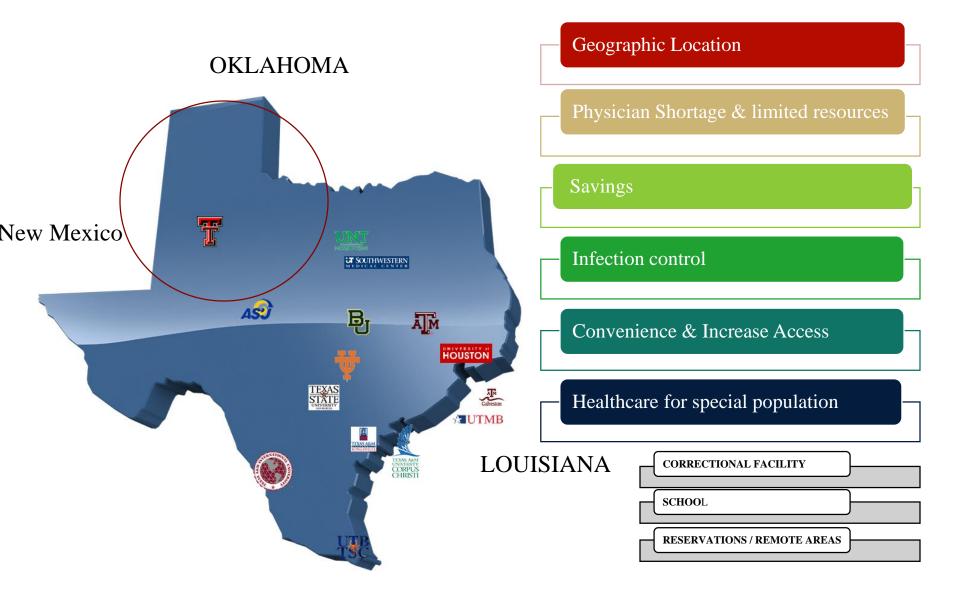
Growth in telehealth usage peaked during April 2020 but has since stabilized.



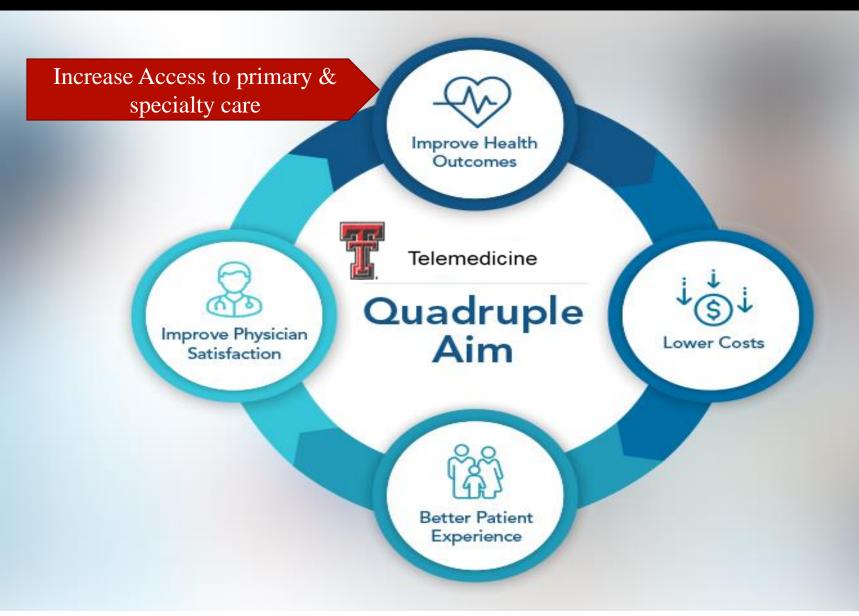
Telehealth claims volumes, compared to pre-Covid-19 levels (February 2020 = 1)¹

¹ Includes cardiology, dental/oral, dermatology, endocrinology, ENT medicine, gastroenterology, general medicine, general surgery, gynecology, hematology, infectious diseases, neonatal, nephrology, neurological medicine, neurosurgery, oncology, ophthalmology, orthopedic surgery, poisoning/drug tox./comp. of TX, psychiatry, pulmonary medicine, rheumatology, substance use disorder treatment, urology. Also includes only evaluation and management visits; excludes emergency department, hospital inpatient, and physiatry inpatient claims; excludes certain low-volume specialties.
Source: Compile database; McKinsey analysis

WHY TELEMEDICINE ?



GOALS OF TELEMEDICINE

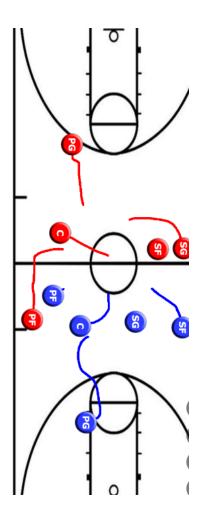




• Warm Up: Telemedicine 101

Pre-Game

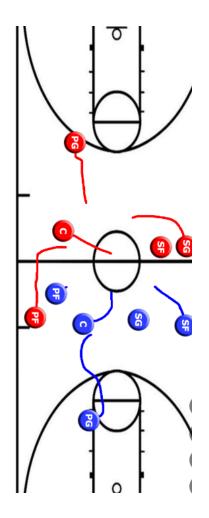
- 1. Identify a need
- 2. Form a Team
- 3. Define success
- 4. Evaluating a vendor
- 5. Making the Case
- 6. Contracting





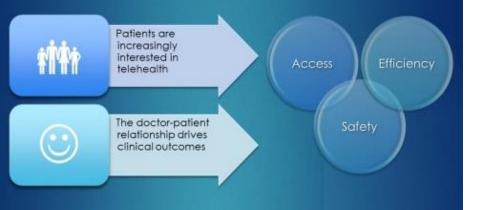
Game Time

- 7. Designing work flow
- 8. Prepare the care team
- 9. Partnering with the patient
- 10. Implementation
- 11. Evaluating success
- 12. Scaling



Best Practices for Telehealth Patient Engagement

Best Practices for Telehealth Patient Engagement





Setting the Stage



- 1. Test Equipment's
- 2. Adequate lighting
- 3. Adjust Camera
- 4. Review chart in advance
- 5. Turnoff notification
- 6. Dress professionally
- 7. Neutral background
- 8. Quiet place
- 9. Alternate communication

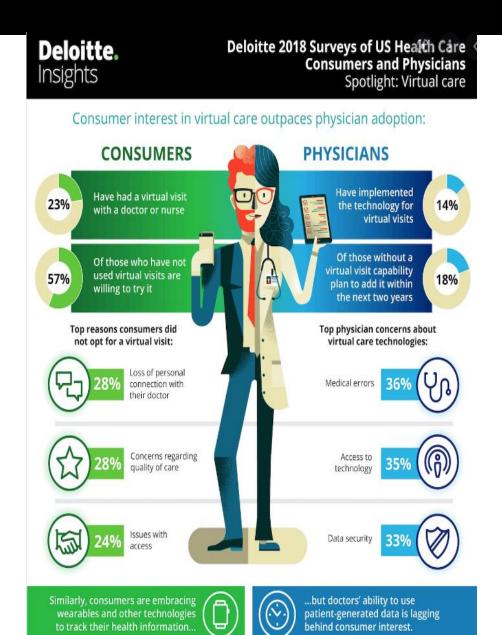
Video Presence/Webside Manner

- 1. Introduce yourself
- 2. Be natural
- 3. Eye contact
- 4. No background noise
- 5. Undivided attention
- 6. Empower them to speak up
- 7. Appropriate gestures
- 8. Scribe/pen to write plans



Address the Patient & Physician's Concerns





Inclusive Technology & Platform

- 13% or 30 million people ages 12 and older have hearing loss
- 7.5 million in US have voice problem
- 7.3 million in US have significant vision lost
- 1 out of 5 people in US speaks a non English language
- 46 M Americans 65 yrs and older

Auxiliary aids and services

Examples of auxiliary aids and services for people who are <u>deaf or have hearing loss</u>:

- Qualified sign language interpreter
- Qualified cued-speech interpreter
- · Qualified tactile interpreter
- Real-time captioning (CART)
- Video remote interpreting (VRI)
- Written materials

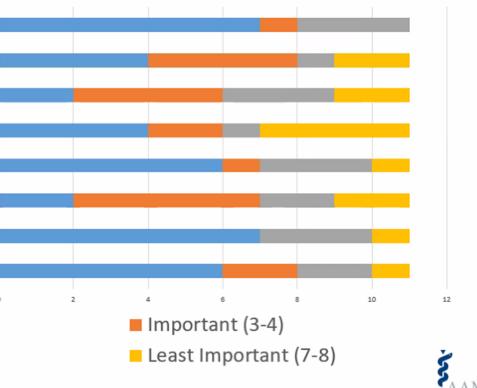


AAMC Top Telehealth Policy Issues

Survey results—top telehealth policy issues

Telehealth for new patients Improving broadband access Remote physiologic monitoring Virtual supervision of residents Allow Telehealth services across state lines Payment for Audio-only services Payment parity Patient location/rural site requirements

Somewhat Important (5-6)



Delivery of Medical Care



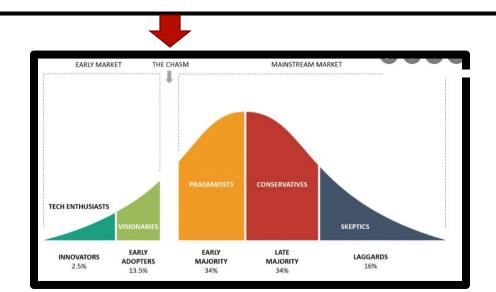
EVOLUTION







- 1. Research and education to magnify its importance as possible main or alternative way on providing care
- 2. Include providers early in the discussion during adoption and make the process easy, simple and worthwhile
- 3. IT support & Patient navigator support
- 4. Improvement on patient side: RPM & broadband









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