



TELEHEALTH EXPERIENCES

A conversation about telehealth experiences

OBJECTIVE S

- Discuss successful strategies for implementing telehealth
- Review telehealth best practices
- Explore barriers to successful telehealth practices
- Consider the future of telehealth



TODAY'S PANELISTS AND MODERATORS

Panelists:

Dawn Willbarger, MBA

Vice President, Riverside Medical Group

Rob Baechle, MS LCPC

Clinical Informatics Analyst,

DuPage County Health Department

Julie Kelly, RHIA

Manager Health Information
Management,

Warner Hospital & Health Services

Moderators:

Kerri Lanum

Clinical Informatics Specialist, ILHITREC

Sam Ross

Project Manager, CHITREC

Lauren Wiseman, MSN, RN-BC

Clinical Informatics Specialist, ILHITREC

RIVERSIDE'S JOURNEY



Kankakee, IL

312 bed hospital

Inpatient and Outpatient care

>170 employed providers/ 44 locations

Magnet Hospital

TELEHEALTH IMPLEMENTATION


Some telemedicine services
prior to COVID-19



In late March rolled out
to primary care,
immediate care and
specialty care



Go-To-Meeting platform
selected shortly
thereafter switched to
Doximity



Telehealth visit volume

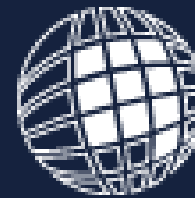
BARRIERS TO IMPLEMENTATION AND USE OF TELEHEALTH

- End user technology and learning curve
- Providers and patients reluctant to participate at first
- Concern around managing patients for a longer time period without face to face visits
- All payers were not covering the same telehealth services at the beginning of the pandemic

FUTURE OF TELEHEALTH AT RIVERSIDE

- Moving to a new platform- Vidyo
- Continuation of more ways for patients to access care
- Keeping track of payer policies for reimbursement of telehealth services

DUPAGE COUNTY
HEALTH'S JOURNEY



**DUPAGE COUNTY
HEALTH DEPARTMENT**

Everyone, Everywhere, Everyday

TODAY'S PANELIST



- Rob Baechle, LCPC
 - Clinical Informatics Analyst, DuPage County Health Department
 - 23 years experience with the county, including prior work in patient care
- DuPage County Health Department
 - 500 staff providing services to the uninsured and underinsured
 - Tuberculosis, Women/Infant/Children, Behavioral Health, Immunization, Emergency Dental, Restaurant/Well Inspections

COMMITTING TO TELEHEALTH



- Limited experience delivering remote care prior to COVID-19
 - Children & adolescent psychiatry services by contracted clinicians
 - Telephone Observed Medication Therapy for tuberculosis
- Implementation plan when public health emergency began
 - Engaged high-level leadership; leveraged BCBS telemedicine expansion grant*
 - Specified responsibilities for IT, Directors, Compliance, Analysts, Client Access, Health Promotions, Billing/Accounting, Clinic Supervisors
- Prepared clinicians/staff and patients for virtual care

* Discussed during Q&A. IL opportunity now closed but may be available in other states

MAINTAINING QUALITY OF CARE



- Ensure necessary in-person care is available and what can be done safely using telehealth
 - 24/7 crisis stabilization services; psych evaluations for discharge/acute symptoms
 - Keep up with CDC guidelines and best practices; consider complexity and acuity
- Address technology issues for staff and clients
 - Support providers with equipment needs in the home
 - Plan for technology gaps and breakdowns with clients
- Extra attention to compliant billing

TELEHEALTH BEYOND COVID-19



- Focus on payer policy
 - Careful attention to CMS guidelines
 - Evaluate payers returning to stricter guidelines
- Focus on Client/Staff safety
 - Adjust on-site services to meet/exceed CDC guidelines
 - Identify opportunities to improve access to care without sacrificing safety/quality
 - Develop guidelines for telehealth to increase client's ability to attend treatment

WARNER'S JOURNEY



Intro

Critical Access Hospital

Rural Health Clinic

Serving Clinton, Illinois and
DeWitt County

<https://www.warnerhospital.org>

TELEHEALTH BEFORE COVID

Rural Health Clinics

Telehealth used for off site specialty care



RHC – Originating Site



Distant Site -Specialist

PANDEMIC SHIFT

Late March - April – May: Emergency care

- Minimize risk to patients, clinicians and staff
- Continue to provide BH care

Barriers:

- Medicare – Medicaid Waivers needed
- Lack of telehealth software
- Billing and Coding

Challenges:

- TH software needs to work with EHR
- Rural patients lack of devices and internet
- Billing and coding

Solution

Work with NARC and ICAHN

Leverage Zoom with HIPAA waivers – telephone check-ins

Purchase known and trusted software – Dr. First

Slow roll out to providers

Use Doxy.me for SNF encounters

TELEHEALTH NOW AND FUTURE

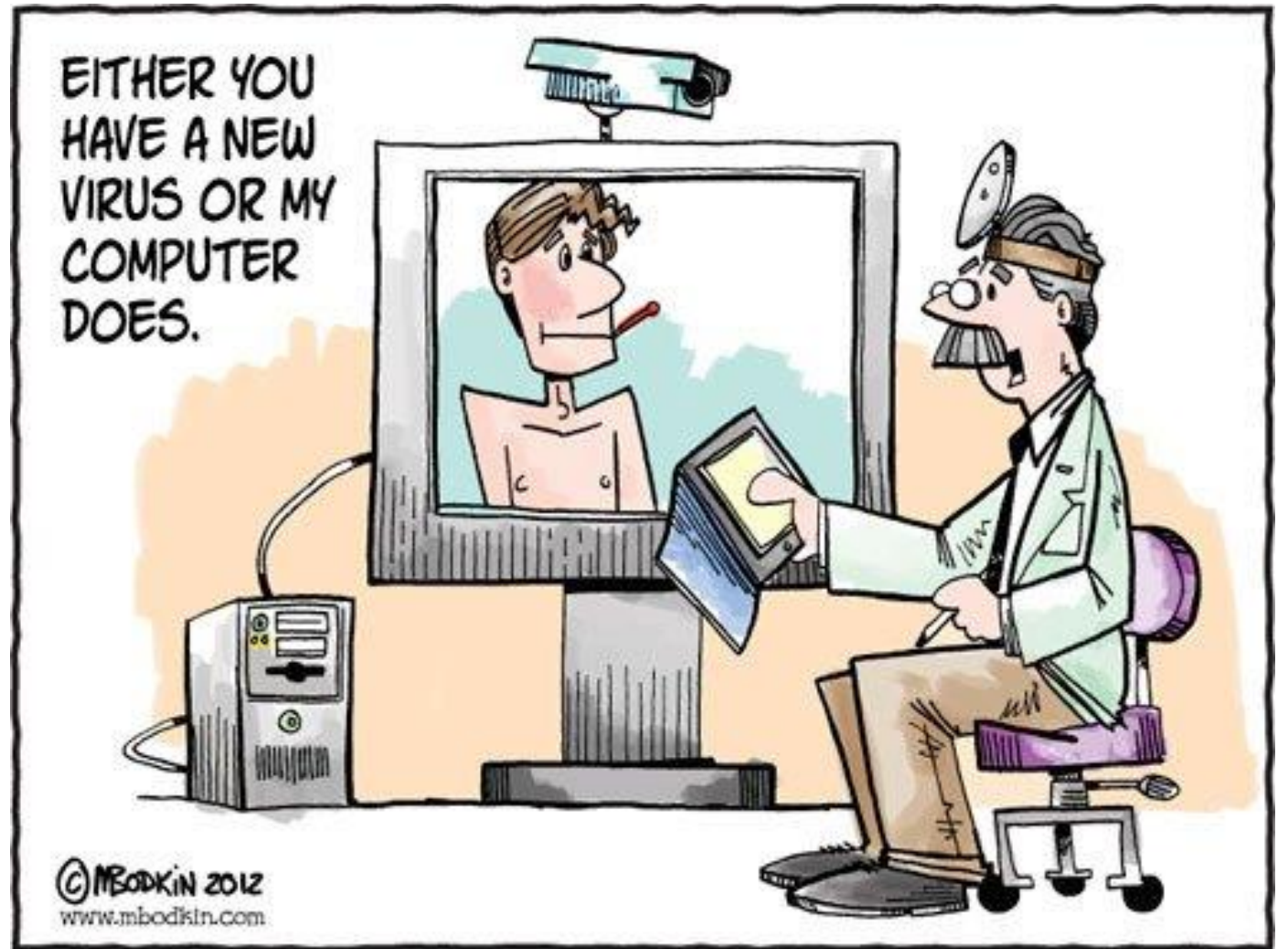
Now

- Patient still want face to face visits
- Providers still want face to face for acute conditions

Future

- Use TH for chronic disease management
- Expand behavioral health access

QUESTIONS?



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