

TELEHEALTH IN ALASKA

Looking Forward

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ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Outline

- What is telemedicine?
- What does it look like in Alaska?
- What are the needs?
 - Connectivity
 - Reimbursement
 - Regulatory standards
 - Telemedicine education
- Recommendations



What Is Telemedicine?

- American Telemedicine Association:
 - “Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status.”
 - The ATA treats telemedicine and telehealth as synonyms and uses the terms interchangeably.
- Mode of healthcare delivery, not a separate service line
- Types of telemedicine
 - Store & Forward (often referred to as asynchronous)
 - Video (to clinic, inpatient, homes, etc.)
 - Remote Patient Monitoring



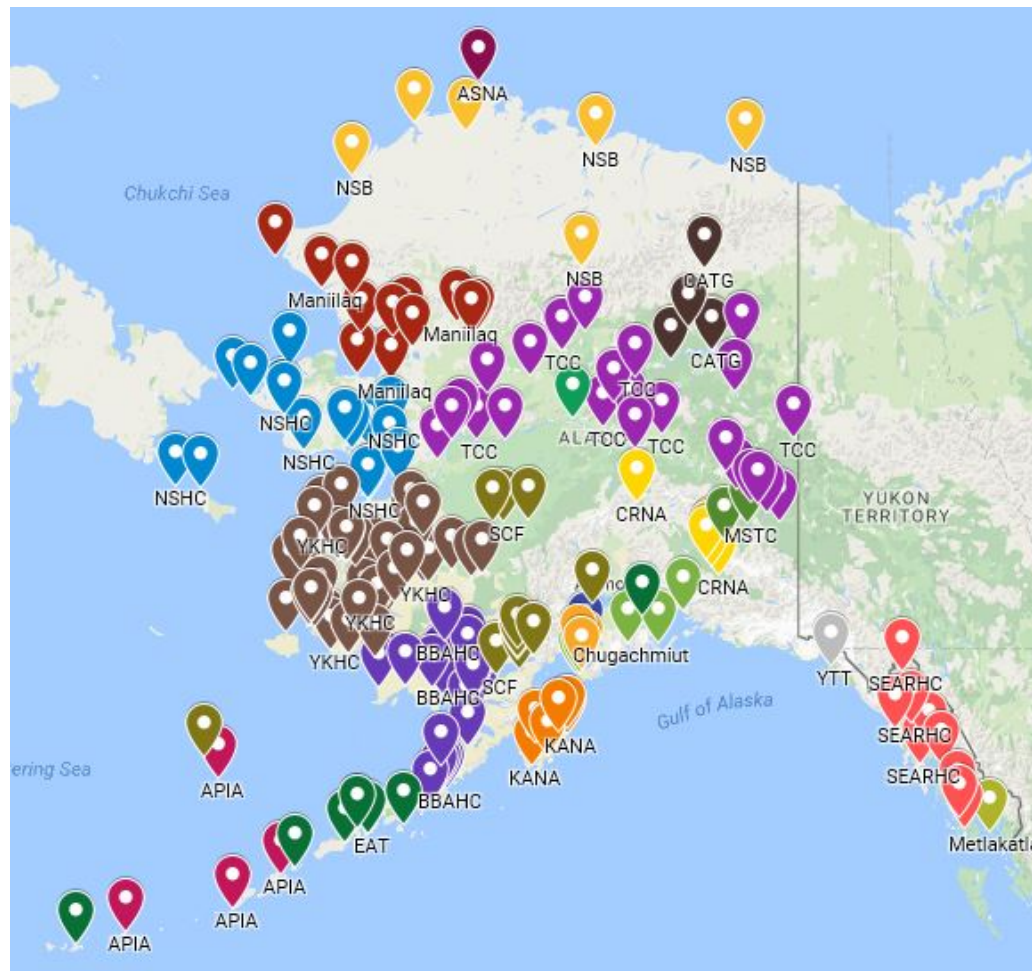
AK Communities & Tribal Sites Currently Served

75% Alaskan communities not connected by a road to a hospital (47th in road miles) & 25 of these have no airport.

25% Alaskans (46% of Alaskan Natives) live in communities of <1000 people.

Rural residents travel an average of **147 miles** one way for access to next level of care.

Population density is **1.1 persons/mile²** (70 times smaller than the national average.)



30 Organizations

- Serve 172,000 AI/AN
- 200+ sites
- 7 Hospitals
- 1 shared domain EHR with 2/3 of sites on satellite links

2001 Single Store & Forward Solution

2013 Single Video Solution



Alaska Telehealth Outcomes

- ✓ Increased access to care & specialty care
- ✓ Increased provider and patient satisfaction
- ✓ Coordination of transition from hospital to home
- ✓ Limit difficult travel
- ✓ Save costs
- ✓ Increased family involvement
- ✓ Multi-site visits
- ✓ Mentoring and teaching
- ✓ “In home” care

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Current Store & Forward Services

Since 2001, Telehealth Utilization has resulted in:



135,000
Patients

78% of all
Alaska Natives
involved



400,000
telehealth
cases reated



5,500
Providers

using the
system



\$156M
in avoided
travel costs

All ANMC clinics use AFHCAN for referrals. The following also use it for telemedicine consultations:

- Allergy/Immunology
- Cardiology
- Dermatology
- Diabetes
- Endocrinology
- Emergency Medicine (limited)
- ENT
- Gastroenterology
- General Internal Medicine
- Hepatitis
- HIV/EIS
- Infectious Disease
- Maternal Fetal Medicine
- Nephrology
- Neurology
- Neurosurgery
- Oncology
- Orthopedics
- Pain Clinic
- Palliative Care
- Primary Care
- Pulmonology
- Rheumatology
- Sleep Clinic
- Surgery Clinic
- Urology Clinic
- Wound Care
- Women's Health



Current Video Services

2019 volume was 2,500; 2020 volume was 13,500

- Adolescent Medicine (Contracted provider at Seattle Children's)
- Adult Occupational Therapy
- Adult Physical Therapy
- Adult Speech Language Pathology
- Allergy/Immunology
- Cardiology
- Dermatology
- Diabetes
- Endocrinology
- Emergency Medicine (limited)
- ENT
- Gastroenterology
- General Internal Medicine
- Hepatitis
- HIV/EIS
- Infectious Disease
- Maternal Fetal Medicine
- Nephrology
- Neurology
- Neurosurgery
- Oncology
- Oncology Nutrition
- Orthopedics
- Pain Clinic
- Palliative Care
- Pediatric Cardiology
- Pediatric Endocrinology
- Pediatric Neurology
- Pediatric Occupational Therapy
- Pediatric Physical Therapy
- Pediatric Pulmonology
- Pediatric Speech Language Pathology
- Pediatric Surgery
- Primary Care
- Pulmonology
- Rheumatology
- Sleep Clinic
- Surgery Clinic
- Urology Clinic
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CONNECTIVITY



Broadband

- What is it? (www.healthIT.gov)
 - High speed internet access (not dial up) so quicker data transmission
 - Access is constant
 - Allows for quality videoconferencing (large amounts of data)
 - Allows meaningful use of electronic health records and multiple telehealth data transmission applications
- Information transmitted can help in assessment, diagnosis and developing treatment plans through quick access to records, labs, radiology, external images, sounds (e.g. stethoscopy), etc.



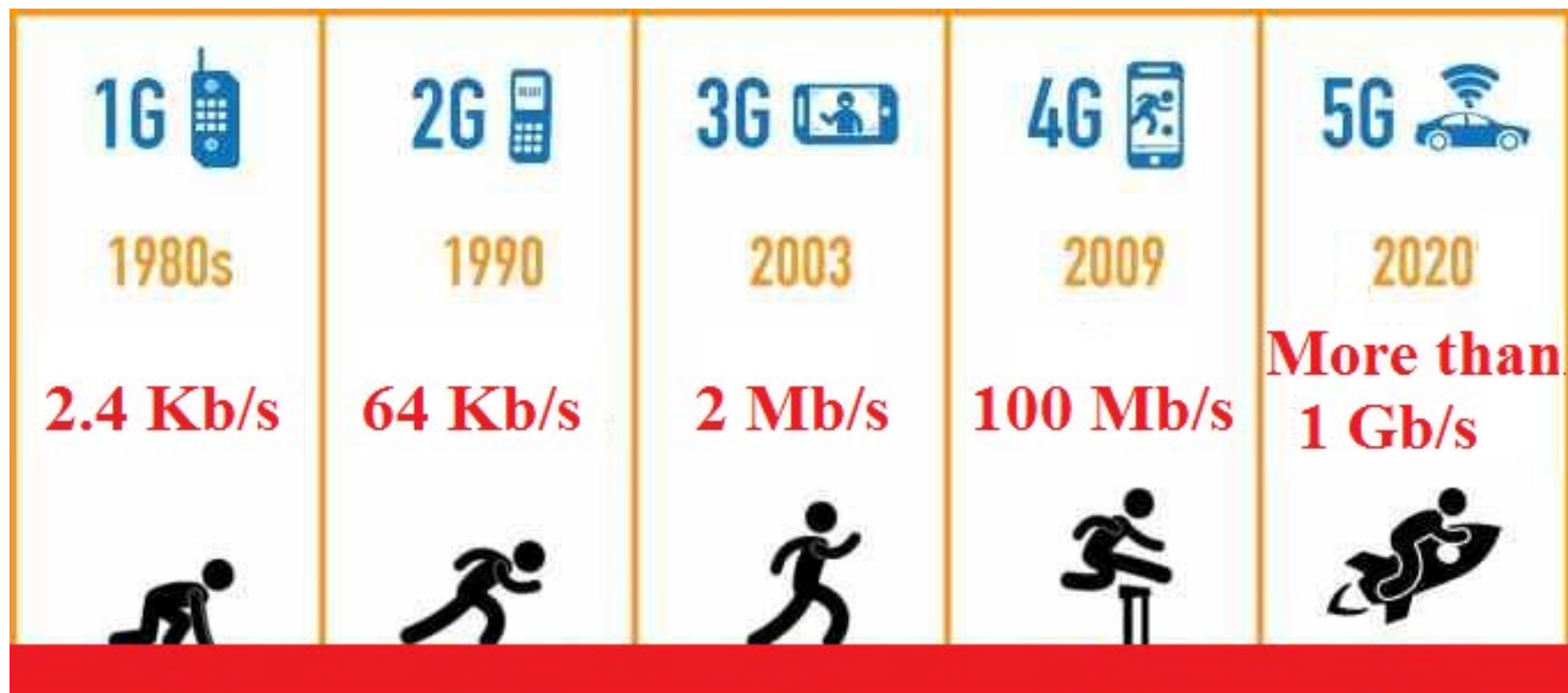
Internet Access & Telemedicine

- “Last Mile” refers to getting telemedicine into a patient’s home
- According to the FCC (2019 report), *“24 million Americans and 31% of rural households do not have access to broadband internet at home. Certain internet service providers simply refuse to cover these rural areas, while some rural Americans can’t afford broadband access, which can easily cost over a \$100 a month.”*
- The more remote, the greater the need for telemedicine
- The worse the experience, the less likely the provider or patient is to try it again



Supporting in Home Telehealth

40% of our Communities are on **2G**



Current Hot Topic (few funding examples)

- Feb 2021 Tribal Broadband Connectivity Grants Program \$1B
- Jan 2021 HHS \$8M funds Telehealth Broadband Pilot program
 - Aims: design and deploy technologies to measure bandwidth and quality of connectivity in clinics and homes, and relate these measurements to the quality and ability to conduct telehealth in rural areas
 - \$6.5M to ANTHC's TTAC to implement in communities in AK, MI, TX and WV.
 - \$1.5M to University of AR to evaluate the program in communities & serve as a resource
- Jan 2021 USDA \$4.6M for broadband in underserved areas in rural Georgia
- Dec 2020 FCC selected 180 companies / \$9.2B to implement broadband networks in unserved areas in the US & Northern Mariana Islands.
- Dec 2020 Congress included \$7B new funding for broadband purposes – targeting traditionally underserved communities



Low Earth Orbit Satellites

- 50% AK Tribal Health System relies on satellite connectivity and terrestrial (ground based) for the rest. Both very expensive.



- LEOs are about 20X closer to the earth, round trip time (ground to satellite & back) much improved over the geosynchronous 0.6 seconds
- Availability per user in rural areas would be very high
- Cheaper to start, operate and pick up transmissions – likely that it could greatly reduce cost & increase access for rural homes, schools, etc.
- Download & upload speeds both excellent – critical to telehealth



CONNECTIVITY (USF Funded) IS **REQUIRED** FOR PATIENT CARE

90% of Tribal Health Organizations in Alaska rely on a hosted EHR located in the lower 48.

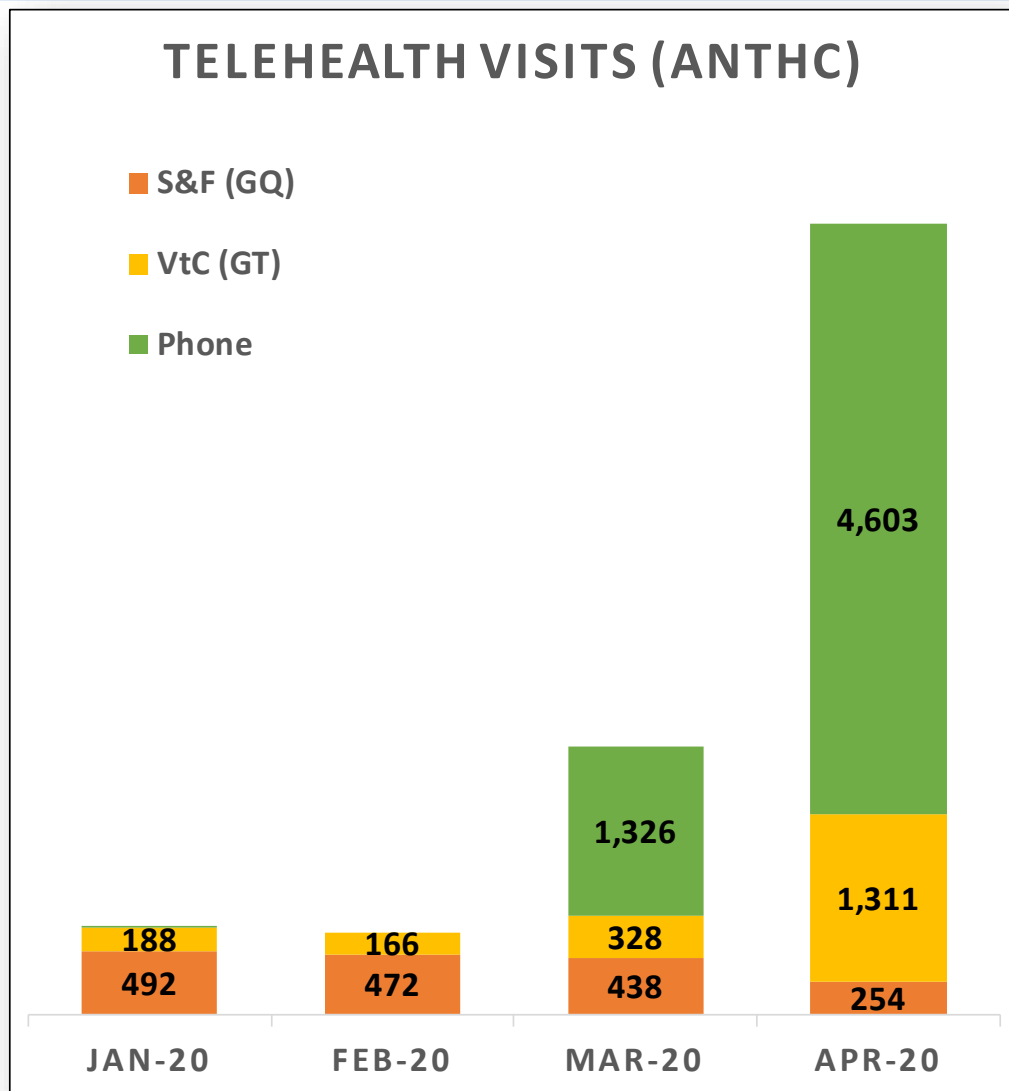
96% of all tribal health care sites in Alaska depend on connectivity to reach the EHR being used at the facility.

100% of all tribal health sites rely on connectivity to communicate to the next level of care to transfer patients, to communicate with patients, and to manage care of their patients.

Tribal Health Organization

Alaska Native Tribal Health Consortium
Aleutian Pribilof Islands Association
Chugachmiut
Copper River Native Association
Eastern Aleutian Tribes
Kenaitze Indian Tribe
Kodiak Area Native Association
Maniilaq Association
Mount Sanford Tribal Consortium
Native Village of Eklutna
Native Village of Eyak
Norton Sound Health Corporation
SouthCentral Foundation
SouthEast Alaska Regional Health Consortium
Yakutat Tlingit Tribe
Chickaloon Native Village
Knik Tribal Council
Native Village of Tyonek
St. George Traditional Council
Native Village of Chitina
Bristol Bay Area Health Corporation
Arctic Slope Native Association
Metlakatla Indian Community
Yukon-Kuskokwim Health Corporation
Seldovia Village Tribe
Niniilchik Traditional Council
Council of Athabaskan Tribal Governments
Ketchikan Indian Community
Tanana Chiefs Conference
Tanana Tribal Council
Native Village of Karluk
North Slope Borough

2020



- **Total Telehealth Visits** jumped from 650/mo to 6,200/mo
- **Phone visits** are the dominant usage
- We needed **to actually “see”** more patients with video



Tested in Our World

REAL WORLD

LOW SPEED: 40% of our communities are on 2G

BIT LIMITS: Many communities have a 7 GB data cap/month

PRODUCTS

Doxy.me – primarily suited for DTP/DTC.

AmWell – market leader

InTouch Solo – works for DTP/DTC and clinic-to-clinic.

Zoom – great general purpose VtC

Cisco Meetings (IHS) – May work for clinical care, worth looking at for general purpose VTC

Microsoft Teams – Maybe good general purpose VTC

Vidyo Connect – current solution and include as the baseline

Vidyo IO – Next generation Vidyo

LAB TESTS

- Variable Speeds
- Clean Terrestrial
- Clean Satellite
- Dirty Satellite
- Horrible Network
- Functionality

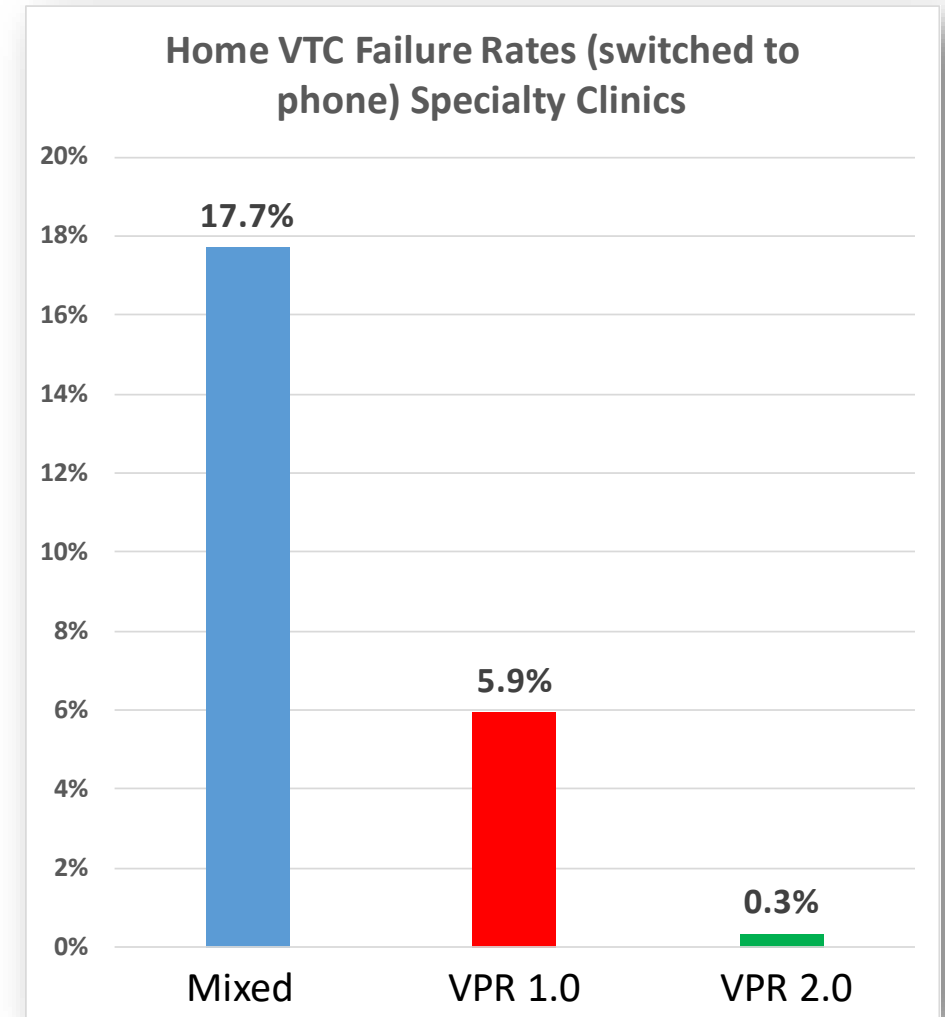


Connectivity Outcomes

Visit “Failures” for ANMC Specialty Clinics

Mixed VTC platforms & Processes	554 (98 failed, 18%)
Standard process, prior platform	1,096 (65 failed, 6%)
Standard process & Zoom platform	614 (2 failed, <1%)

Some success due to figuring out areas where video was impossible



Telehealth is Not Just About Bandwidth

- All solutions aren't equal – some work better in certain situations
 - Satellite vs. fiber vs. microwave
 - Download vs. upload speeds
- Jitter, latency, reliability and dropped packets also contribute to quality
- Cost governments, businesses, schools & individuals
- Patients may run out of bytes & have to pay for more or may not even purchase in the first place



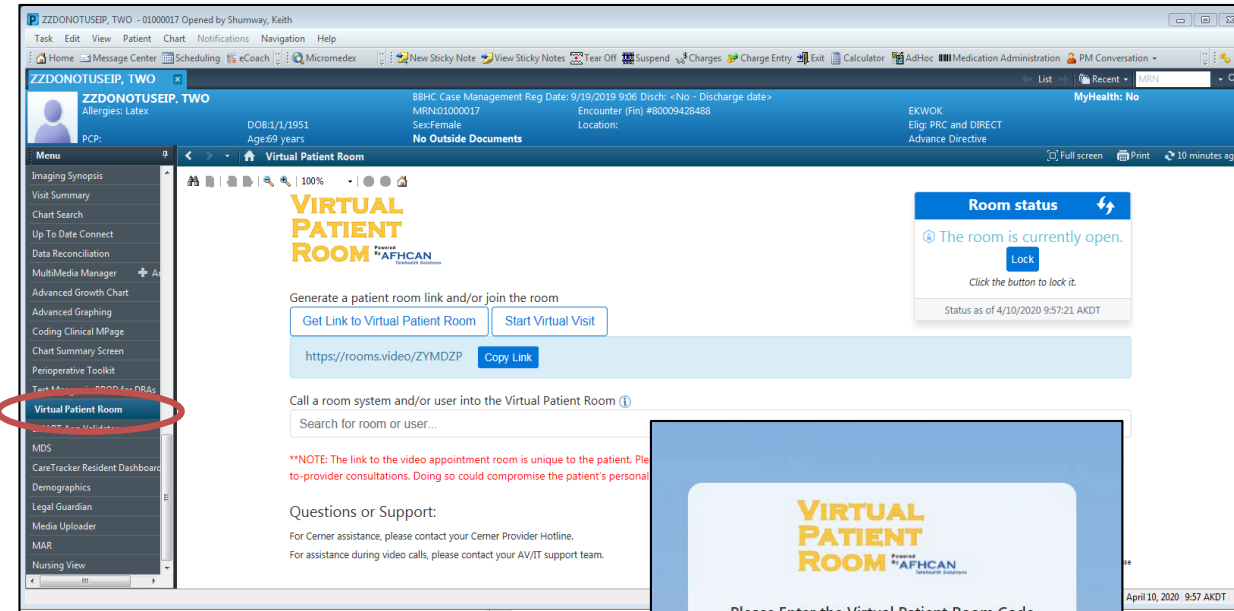
Provider Education About Broadband

- Know what is available and what is not
- Know how to use tools & troubleshoot problems
- Be ready with a back up plan for technology failure
- Lobby for improvements



Leverage Technology

- Design for and with patient and provider input
- Intuitive, time saving, simple access
- Prompts/helps, Integrations
- **Need connectivity!**



ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Welcome

Alaska Native Medical Center (ANMC) is providing this form for patients and staff to register for COVID-19 testing at the walk-up and drive-up facilities on the ANMC campus.

Please fill out the information below to register for a test.

***Please select your testing group:**

- Patient (Alaska Native/American Indian)
- ANTHC employee
- ANTHC employee household member
- SCF employee
- SCF employee household member
- Employer Contract for ANTHC Testing

Next

Video On Demand

Please enter the organizer name...

First name: JOHN

Last name: DOE

Next →

Video On Demand

JOHN-DOE

You can invite multiple people to this call, each with an optional message. The invitation link sent to participants will expire in 1 hours.

Message: Enter any personalized message that you would like to go with the invitation here

Recipients

Destination	Status
	Sent
	Sent

Join Call

VIRTUAL PATIENT ROOM

Please Enter the Virtual Patient Room Code

Next

Thank you for using the Alaska Tribal Health System.



REIMBURSEMENT ISSUES & REGULATORY CONCERNS



Reimbursement

- Who pays? Medicare, Medicaid, Private Payers, ERISA (self-insured company plans), Patients (self-pay)
 - Center for Telehealth and eHealth Law (CTEL)
 - *The absence of consistent, comprehensive reimbursement policies is often cited as one of the most serious obstacles to total integration of telehealth into health care practice. This lack of an overall telehealth reimbursement policy reflects the multiplicity of payment sources and policies within the current United States health care system.*
- <https://www.hrsa.gov/sites/default/files/healthitBACKUPJan6-17/telehealth/reimburse.pdf>
- Rules vary according to modality, patient location, type of practitioner, type of service, payer, state, etc.
 - Phone encounter reimbursement needs to continue for areas where video will not work at all
 - Telehealth reimbursement policy needs to align with logic applied for other encounters and based on assessment done and care provided.



Regulatory Issues

- **Licensing** (state regulated)
 - Applies to where patient is physically located
 - Interstate compacts, telemedicine special purpose licenses, some narrow exceptions during the PHE
- **Credentialing & privileging** at the facility where patient is located when required
- **Prescribing**
 - Individuals have to look at definitions that pertain to their practice, organization, board & state related to patient-provider relationship, what an “adequate” physical exam means, different rules for controlled substances, etc.
- Malpractice – coverage in all states where patients are located
- Security & Privacy – provider physical space, patient physical space and virtual space



TELEHEALTH EDUCATION



Programmatic Knowledge

- Many come out of school **unprepared for telemedicine**
 - OJT is terribly inefficient
 - **Standards of care do not change, but how you meet them may**
 - This often leads to either pushing forward without needed support or not utilizing a needed mode of service delivery for patient care
- Many don't appreciate the **complexity & risks** involved: need to collaborate with experts
 - Licensing & Credentialing
 - Billing & Coding
 - Health Information Management
 - Informed Consent
 - Prescribing
 - Security & Privacy
 - Malpractice
 - Workflow design & patient selection
 - Technology
 - Payers and legislators
 - Boards



Practical Knowledge

- Choosing the right equipment and knowing how to use it
- How to get the best possible assessment & escalate as needed
- Security & protecting patient information
- Documentation
- Partnerships – internal, between organizations, with payers, legislators, boards, grant funders, etc.
- Processes to maximize efficiency
- Tele presenting & patient communication/education
- Regulatory as guidance applies to individual's practice



Recommendations

- Fund training programs for current providers as well as work with state/national boards for consistency in education programs
- Work with state/national boards on standardizing regulatory issues
- Lobby to continue reimbursement for phone telehealth & lobby for appropriate reimbursement levels for all telehealth modalities
- Continue to push for greater rural connectivity that is practical and affordable which includes legislative and funding changes where still needed as well as further research on rural connectivity; affordability, availability, support & infrastructure



“I just got off the phone with a patient and he said that we are doing amazing work and he applauds us, and that he is so proud of how we have everything set up so easy to follow instructions, and he said that this wouldn't be possible without our hard work. KUDOS TO YOU ALL! Told us all to take care and keep up the great work.”

“We really appreciate what you all are doing and keeping us safe. I definitely needed to see the doctor and am so thankful I can still see my doctor and still communicate what I need help with, safely.”



OUR VISION:

Alaska Native people are the healthiest people in the world.