Improving Access to Palliative Care through Telehealth

Joan Cain, MSN, FNP-BC, ACHPN
MUSC
Charleston, SC
Disclosures

• The Author has nothing to disclose.
Objectives

• 1. Discuss the importance of Palliative care
• 2. Discuss the growth of Palliative care with gaps noted in rural areas
• 3. Discuss Telehealth and its benefits in Palliative care
Palliative Care
What is Palliative Care?

Palliative care is an approach that *improves* the *quality of life* of patients and their families facing the problem associated with *life-threatening illness*, through the *prevention and relief of suffering* by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO).
What is Palliative Care?

Diane Meier, CAPC

• Sees the person beyond the disease
• Fundamental shift in health care delivery
• Provide relief from the symptoms and stress of an illness-based on need, not prognosis
• Appropriate at any age and at any stage in serious illness-can be provided along with curative treatment.
Why Palliative Care?

• **Primary Benefits**
  • Quality
  • Cost Savings
  • Satisfaction
  • Caregiver Burn Out

• **Secondary Benefits**
  • Provider Burn Out
Growth of Palliative care

• Increase over the past 15 years nationwide
• 1,700 hospitals with 50+ beds have a palliative care team in the US
• Spreading beyond the hospital into community settings/outpatient clinics where people with serious illness actually live and need care
• Telehealth is a part of that growth and makes it easier to see people where they live and need care
PALLIATIVE CARE IN U.S. HOSPITALS
with 50 or more beds, 2000–2015

Source: Center to Advance Palliative Care, January 2017
Percentage of Hospitals with a Palliative Care Program by Community Type

Hospital-based palliative care is less common in rural communities. Nationally, 34% of rural hospitals provide palliative care compared to 72% of urban hospitals.

*Data on hospitals with palliative care were obtained from the American Hospital Association (AHA) Survey Database™ and the National Palliative Care Registry™. For both, the most recent and complete data available are for 2015.*
According to the most recent report (2015) from the Center to Advance Palliative Care National Registry Report, South Carolina has a 58.1/100 (C) with NC at 65.1/100 (B).

https://reportcard.capc.org/
**Hospital-Based Palliative Care in Your State**

The availability of palliative care services in U.S. hospitals varies widely by state and region. Most large hospitals now offer palliative care services.

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Programs/Hospitals</th>
<th>By Hospital Size</th>
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<tr>
<td></td>
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<td>&lt;50 beds</td>
</tr>
<tr>
<td>South Carolina</td>
<td>60% (34/57)</td>
<td>39% (5/13)</td>
</tr>
<tr>
<td>South Atlantic Region</td>
<td>66% (373/563)</td>
<td>33% (43/129)</td>
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<td>National</td>
<td>59% (2,295/3,888)</td>
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*South Atlantic Region = DE, DC, GA, FL, MD, NC, SC, VA, and WV*
### Hospital-Based Palliative Care in Your State*

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<td>69% (66/96)</td>
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<td>South Atlantic Region</td>
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Telehealth
What is Telehealth?

- Store-and-Forward (asynchronous)
- Real Time (synchronous)
- Remote Patient Monitoring (RPM)
- Mobile Health (mHealth)
Best Practice

• How does Palliative Telemedicine Work and How Do We Establish Best Practice in reference to the delivery of Palliative Telemedicine?

• Various Ways to Perform Palliative Medicine Consult
  • Provider to Provider
  • Provider to Patient
    • At Home
    • Clinical Facility
Best Practice continued

- **Web-based applications**
  Patients can download web-based applications to communicate and monitor their health virtually. Examples may include accessing the internet as a patient portal for education, reporting blood pressure, weight or glucose levels.

- **Remote patient monitoring**
  Patients can use mobile devices or applications to monitor their health in the community or home. The patient can communicate with the health care team regarding his/her health care status. Examples may include a patient monitoring weight, blood pressure, and glucose levels and sending information by a web-based application to his/her primary care provider.

- **Store and forward**
  Provides the ability to capture video, image, or photo and store the information for the health care team to access in order to provide virtual healthcare. One example would be to take a photo of a wound and have a provider access the patient’s medical record to review and provide evidence-based treatment recommendations.
MUSC Center for Telehealth

- One of Two National Telehealth Center of Excellence in the country
- Headquarters of the South Carolina Telehealth Alliance
- University of Mississippi Medical Center (UMMC) being the other

153 Sites
75 Services
Telehealth Reimbursements
Medicare & Medicaid

• Medicare & SC Medicaid limits reimbursement based on:
  – Rurality
  – Place of Service
  – Provider Type
  – Modality
  – Billing Code

• Coverage is improving, but still not at parity
• HRSA has developed a tool that will help providers determine geographic eligibility for Medicare telehealth services. It checks both the HPSA and MSA designations.

• Medicare Telehealth Payment Eligibility Analyzer: https://data.hrsa.gov/tools/medicare/telehealth
Medicare Telehealth Payment Eligibility Analyzer

- Medicare Telehealth Payment Eligibility Analyzer: 
  https://data.hrsa.gov/tools/medicare/telehealth
- *Authorized originating sites include:
  - Offices of a Physician or Practitioner
  - Hospitals
  - Critical Access Hospitals
  - Community Mental Health Centers
  - Skilled Nursing Facilities
  - Rural Health Clinics
  - Federally Qualified Health Centers
  - Hospital-Based or Critical Access Hospital (CAH)-Based Renal Dialysis Centers (including satellites)
  - Renal Dialysis Facilities
  - Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
  - Mobile Stroke Units
There are Two Mains Ways to generate Revenue:

- Provider Billing (Professional Fees)
  - Provider to Patient, drops the consult
  - Have to create an Encounter
- Contract Fees
  - Daily On Call Fee
  - Per Click

The Case for Palliative Telemedicine

- **Why Telemedicine?**
  - Patients are ill (Access)
    - Can’t Travel
    - Don’t want to Travel
    - Location
    - Support System
  - Cost Savings Amplified
    - Transportation
    - Admissions/Readmission
  - Quality
    - Timelier Intervention → Drive Patient Satisfaction Scores

- **Telemedicine Vs. Telehealth**
  - Telemedicine: clinical component only
  - Telehealth: integrated IDT approach
Expected Benefits

- The use of telehealth has many benefits for patients and healthcare organizations. Many patients experience the immediate benefits of telehealth when they can connect to their healthcare team and participate in achieving their healthcare goals.
- **Improved Access:** Service to the patient and family is real-time and expands reach to the provider. There is an increase in ability for rural practitioners to access specialist health services in another location. The provision of services in rural and remote communities becomes feasible.
- **Cost Efficiencies:** Telehealth reduces cost of care and increases efficiency through better management of chronic illness and timely access to providers. Telehealth programs can also significantly reduce and/or eliminate travel time.
- **Improved Quality:** Timely intervention in a patient’s home improves clinical outcomes and increases patient/family satisfaction due to real-time connection.
- **KEY**
Palliative Telemedicine Outcomes

• Cost Savings Analysis
• Literature Review found no cost savings studies
  • May, et. al. found that, “Earlier consultation is estimated to reduce costs by −$1,312 ...and intervention within 2 days by −$2,280...these reductions are equivalent to a 14% and a 24% reduction, respectively, in cost of hospital stay.”

• Clinical Analysis (Brief Literature Review)
• Hoek et al. found that weekly Palliative Telemedicine consults heightened anxiety levels in Oncology patients.
• Rogante et al. found “a medium quality (AMSTAR score in between 4 and 7). All the included systematic reviews considered telemedicine applications as a feasible means to be used in palliative care; however, the positive findings are counterbalanced by several critical issues mainly related to the evidence from the primary studies included in each single review.”
• Van Gurp et al. found that Telehealth effectively fits a palliative outpatient model.
• Tieman et al’s New Zealand’s study found that “Staff reported that videocalls were similar (22.3%) or better/much better (65.2%) than phone calls and similar (63.1%) or better/much better (27.1%) than face-to-face.”
Palliative Care & Telehealth

The Perfect Marriage
Starting our Program...

CEO Driven Initiative

Telehealth Center of Excellence

Applying for Duke Endowment
Palliative Telehealth Service

• Duke Endowment
  – 3 Year Initiative
    • *Provide scheduled & acute inpatient Palliative Care consults via Telehealth for rural hospitals and patients in South Carolina*

$1.26 Million
Duke Endowment Impact

- Quality – Improves quality of care
  - Decrease pain & suffering
  - Decrease anxiety & depression
  - Increase patient and family satisfaction
- Cost – Decreases cost of care for patient
  - Reduces $ per admission for patients discharged alive
  - Reduces $ per admission for patients who expire
  - Earlier consultation decreases cost
- Access
  - Increase access to palliative care providers during a time when there is a national shortage
  - Increase in-patient palliative care consults in state
  - Reduces the need for ill patients to travel for palliative care
Current State

Palliative Care Team

- Formulated ProForma
- Hired Program Assistant
- Sent out Proposals
- Meet with Potential Sites
- Officially signed with 7 sites
- Palliative training and education
- NP hired

Telehealth Team

- New Service Intake - Scope Out
- Telehealth Director Scoring
- Draft Workflow Creation
- Compliance Review
- Site training
- Mock calls
### Prior to Consult

- Partner hospital provider requests a scheduled consult

### Telehealth Consult

- Calls MUSC ATC to request consult, faxes facesheet
- Ten Minutes prior to visit, register patient in telehealth platform & move cart to patient bed
- Present patient to MUSC provider & assist as directed with consult

### Post Consult

- Review consult summary
- Print consult note from telehealth platform to place in patient chart.
- Download note from telehealth platform and upload into EMR
- Route note to provider for billing
- Bill consult

### Referring Physician

- Receives request for consult

### Partner Site RN

- Receives scheduling notice

### Scheduling

- Schedules visit in agreed upon appointment slot in EMR

### MUSC Provider

- Logs in telehealth platform & begin consult
- Document consult in telehealth platform
Next Steps

- Provider Training
- Site Training
- Mock Calls
- Soft Go-Live

- Contracts Signed
- Provider Credentialing
- Finalize Workflows

- Intake/Scope
- Draft Workflow
- Compliance Review
- ProForma
- Proposals Sent

- Post Go-Live Review
- Expansion Opportunities

- Strategy
- Design
- Operation
- Transition
Future State

• **Statewide Palliative Care**
  • Add Pediatric Palliative Care to Telehealth service
  • Look at sites other than hospitals (i.e. Skilled Nursing Facilities)
  • 24/7 coverage by year 3, we now in the beginning of year 2

• **National Palliative Care**
  • Look into the possibility of doing Telehealth across state lines
Video

• Training video of Palliative Telehealth call.
Resources

- CAPC, https://www.capc.org/
- http://sctelehealth.org/
- https://www.telehealthresourcecenter.org/
- https://dukeendowment.org/
References

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- https://www.hrsa.gov/rural-health/telehealth