NMDOH Telehealth Assessment Project
Presentation of Project Findings

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Purpose of Project

- Resulted from Governors Initiative
- Stakeholder Opinion Approach
- DOH Needs to Identify:
  1. Current Stakeholders Involved
  2. Existing Partnerships and Collaborations
  3. Gaps in Telehealth Utilization
  5. Strengths, Weaknesses, Opportunities, and Threats to Telehealth Adoption and Development
- Summit Aimed at Stakeholder Participation & Education
- Recommendations and Action Plan to Move Forward
Project Methodology

- Individual Stakeholder Interviews
- Script of Questions
- Three Project Deliverables and One Comprehensive Project Summary
  - Phase 1: Stakeholder Identification (Del. 1)
  - Phase 2: Gap Analysis (Del. 2)
  - Phase 3: SWOT Analysis (Del. 3)
  - Phase 4: Stakeholder Summit
  - Phase 5: Recommendations & Action Plan (Del. 4)
Definitions of Telehealth & Telemedicine

• For our purposes, the New Mexico state legislature has defined ‘telemedicine’ as follows:
  ▫ “Telemedicine is the use of interactive simultaneous audio and video or store-and-forward technology using information and telecommunications technologies by a healthcare provider to deliver healthcare services at a site other than the site where the patient is located, including the use of electronic media for consultation relating to the healthcare diagnosis or treatment of the patient in real-time or through the use of store-and-forward technology.” (New Mexico State Statute: SB 69, 2013).

• The Health and Human Services Department definition of telehealth will serve for this project:
  ▫ “Telehealth is the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health related education, public health and health administration.”
Stakeholder Identification Phase

• **Objective**
  ▫ Analyze, identify and document inter-jurisdictional stakeholders and existing collaborations between stakeholders

• **Purpose**
  ▫ Assess the identified stakeholder’s healthcare roles and responsibilities
  ▫ Assess the potential to partner with the NMDOH

• **Primary Outcomes**
  ▫ Deliverable #1
  ▫ **Stakeholder Contact Directory, outlining:**
    ▪ Telehealth Contact Individual(s)
    ▪ Contact Information (phone, email, and address)
  ▫ **Stakeholder Role Reference Document, outlining:**
    ▪ Basic Role
    ▪ Healthcare Services Provided
    ▪ Telehealth Services Provided
    ▪ Current and Potential Collaboration (Non-NMDOH)
    ▪ Current and Potential Collaboration (NMDOH)
Stakeholder Groups

- University Programs & Initiatives
- National Government
- Local Government
- State Government
- Non-Profit Organizations
- Healthcare Providers
- Membership Organizations
- Existing Telehealth Providers
- Insurance Organizations
- Infrastructure Providers
- Local Hospitals
- Quality Improvement & Advocacy Groups
Collaborations with NMDOH

Currently Collaborating with NMDOH

- NM Human Services Department
- Corizon Correctional Healthcare
- Envision New Mexico
- NM Primary Care Association
- Indian Health Services
- UNM Behavioral Health
- Health Action NM
- NM Health Resources
- Presbyterian Health Services
- UNM Project ECHO
- NM Board of Pharmacy
- HealthInsight NM
- NM Association for Home and Hospice Care
- Molina Healthcare
- New Mexico Telehealth Alliance

Wanting Further Collaboration with NMDOH

- UNM Department of Neurology
- UNM Department of Information Technology
- NM Hospital Association
- Nor-Lea Hospital
- ABQ Health Partners
- New Medical Xpress
- Delta Dental
- Roosevelt General Hospital
- NM Department of Corrections
- Plateau Telecommunications
- LCF Research & NMHIC
- UNM Center for Telehealth and Cybermedicine Research
- Guadalupe County Hospital
- Infinity Telehealth Group
<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Collaborations</th>
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| Nor-Lea Hospital | - Several others  
- Member of NM Telehealth Alliance  
- Unaffiliated with Net Medical Xpress  
- Lea County Detention Facility  
- Interested in partnering with Project Echo  
- Lubbock Diagnostic group-radiology services |
| Net Medical Xpress | - ACCESS Program  
- Nor-Lea Hospital  
- Associated with hundreds of clinics, hospitals across the United States and internationally  
- Member of NM Telehealth Alliance |
| Optum Health | - Envision through Optum Behavioral Health |
| Roosevelt General Hospital | - Project Echo |
| United Healthcare Group | - Member of NM Telehealth Alliance |
| UNM Center for Rural and Community Behavioral Health | - ENVISION NM  
- SAMSHA health Grant  
- IHS |
| UNM Center for Telehealth and Cybermedicine Research | - ENVISION NM  
- Center for Rural and Community Behavioral Health  
- Project Echo  
- Center for development and Disability  
- REACH (Rural early Access to Children’s Health)  
- IHS  
- Various rural hospitals  
- MCO’s |
| UNM Department of Neurology | - Net Medical Xpress  
- Many hospitals  
- IHS |
| NM Telehealth Alliance | - As well as many NM state organizations also partner with neighboring states,  
- Member of the American Telemedicine Association  
- Extensive Membership with various New Mexico Stakeholders |
Gap Analysis Phase

• **Objective**
  ▫ Analyze, identify and document utilization & communication/collaboration gaps stakeholders have experienced or foresee

• **Purpose**
  ▫ Assess current utilization and identify and analyze associated gaps
  ▫ Assess current collaborative efforts and identify and analyze associated gaps
  ▫ Identify and assess the feasibility of potential NMDOH partners

• **Primary Outcomes**
  ▫ Deliverable #2
  ▫ Stakeholder Gap Analysis Chart, outlining:
    • Gaps experienced or foreseen by stakeholder
  ▫ Primary Gap Analysis, outlining:
    • Most Common Utilization Gaps
    • Most Common Communication/Collaboration Gaps
Communication & Collaboration Gaps

- Lack of Centralized Telehealth Body
- Certification & Credentialing Issues
- Concern Regarding Excessive Bureaucracy
- Lack of Patient & Provider Understanding
- Lack of Pilot Programs & Utilization Studies
Lack of Centralized Telehealth Body

- No High-Level Coordinated Approach
- No Organization to Incorporate Stakeholders' Opinions and Experiences
- Telehealth Commission Administratively Attached to NMDOH
  - Chapter 24, Article 1G NMSA 1978
Certification & Credentialing Issues

- Complicated and Time-Consuming Process
- Unstandardized Systems
- Local Regulations
Lack of Pilot Programs & Utilization Studies

- Lack of Rural Stakeholder Inclusion
- “Silos” of Partners

- Pilot Programs
  - Limited Amount of Risk for the Investor or Funder
  - Opportunity to Validate Benefits or Disprove Models
  - Promote Beneficial Change

- Resource Utilization Studies
  - Exhibit Wasted Resources
  - Show Need for Additional Resources
Lack of Functional HIE & Overall System Interoperability

- Need a Secure and Reliable Method to Share Health Information
- Patient Health Records are Becoming More Advanced and Complicated
- Impractical for All Systems to Integrate

- Possible Minimum Reportable Telehealth Encounter Data
  - Patient Name
  - Sex
  - Date of Birth
  - Current Medications
  - Medication Allergies
  - Procedure History
  - Others.
Concern of Excess Bureaucracy

- Regulatory or Policy Changes Should attempt to Incorporate the Needs of all Telehealth Stakeholders
Utilization Gaps

- Provider’s Lack Understanding of Benefits
- Provider & Patient Connectivity Issues
- Uncertainty around Provider Liability
- Lack of Expertise, Equipment & Understanding
- Long-Term Sustainable Funding Issues
Providers Lack Understanding of Benefits

• Lack of Educational Programs and Incentives to Participate
  ▫ Existing providers feel telehealth does not offer an adequate level healthcare, but are unwilling to learn about telehealth applications

• Lack of Provider Buy-In
  ▫ Larger healthcare providers or networks do not have assurance from the physicians and staff to utilize this equipment once purchased
Provider and Patient Connectivity Issues

• Provider Connectivity Issues
  ▫ The “Last Mile of Connectivity” - Where expense and practicality meet
  ▫ Lack of trained telehealth technologists

• Lack of Centralized Plan of “Blueprint” for Telehealth Technology
  ▫ Increased resource redundancy
  ▫ Stakeholders could develop specialized roles

• Patient Connectivity Issues
  ▫ Lack of smart devices or computers
  ▫ Lack of infrastructure to utilize telehealth
Long-Term Sustainable Funding Issues

- Budget Constraints
  - State department funding constraints
  - Grant funding constraints

- Remote Monitoring Reimbursement
  - Currently unavailable
  - Sometimes, the benefits outweigh the costs
Lack of Expertise, Equipment & Understanding

- Point to Point Telehealth Consulting
  - Lack of education, experience or equipment at receiving end to successfully utilize the recommendation
  - Requires additional cooperation between stakeholders
Uncertainty Around Provider Liability

- Emergency vs. Non-Emergency Telemedicine

- Many Solutions to Healthcare Professional Liability Issues
  - Per-Visit Mal-Practice Insurance
  - Existing Standards of Care
SWOT Analysis Phase

- **Objective**
  - Assess NMDOH’s and identified stakeholders strengths, weaknesses, opportunities and threats

- **Purpose**
  - Identify strengths and opportunities to build on
  - Highlight weaknesses and threats to address
  - Assess the ability to collaboratively utilize telehealth

- **Primary Outcomes**
  - SWOT Identification and Frequency Tables, outlining:
    - Stakeholder specific strengths, weaknesses opportunities and threats and suggestions to build upon or address each
  - Two Stakeholder Focus Groups
    - Obtain a group dynamic discussion of each identified area
Major SWOT Area’s

- Need For Coordination of Telehealth Efforts by a Single Group
- Need To Promote Telehealth to Healthcare Providers and the Public
- New Mexico Has Many Telehealth Positives
  So What’s the Problem
- Healthcare Records and Health Information Exchange
- Infrastructure, Equipment and Cost

So What’s the Problem
Need For Coordination of Telehealth Efforts by a Single Group

• Strength / Opportunity
  ▫ New Mexico has outstanding telehealth assets
  ▫ Better Coordination of these assets has unlimited opportunities

• Weakness / Threat
  ▫ Silos of programs and partners
  ▫ High competition for scarce grants and other resources
Need To Promote Telehealth to Healthcare Providers and the Public

• Weakness / Threat
  ▫ Negative perception of telehealth
  ▫ Loss of revenue
  ▫ Major initial investment
  ▫ Resistance to change

• Strength / Opportunity
  ▫ Project ECHO
  ▫ Cost Savings
  ▫ Share knowledge with communities in need
Infrastructure, Equipment and Cost

• **Strength / Opportunity**
  - Necessary infrastructure is available
  - National and State Subsidy Programs
  - Simpler, more available, and less expensive

• **Weakness / Threat**
  - “The Last Mile”
  - Cost vs. Practicality
  - Lack of standardized or coordinated advice
Healthcare Records and Health Information Exchange

• Strength / Opportunity
  ▫ Opportunity to begin standardization and further integration

• Weakness / Threat
  ▫ Health record unavailability
  ▫ Inability to securely share sensitive information
New Mexico Has Many Telehealth Positives - So What’s the Problem

- **Strength / Opportunity**
  - New Mexico has several cutting-edge programs currently in place on both a national and international scale
  - There is a solid base of telehealth experience in the state
  - There are good school-based programs
  - Several major healthcare facilities such as Presbyterian Health Services, the UNM Health Sciences Center, among others, are currently practicing
  - There is a reasonable measure of collaboration taking place
  - The reimbursement regulations for telehealth services
  - Telehealth is providing better access to more healthcare services for New Mexico residents
Stakeholder Summit Phase

• **Objective**
  - Organize and host a 1 day summit to bring together participants of the project

• **Purpose**
  - Present finding of the first three phases of this project
  - Begin to address major issues as identified during the project
  - Hold focus groups to discuss these major issues and outline stakeholders opinions of next steps for the NMDOH

• **Primary Outcomes**
  - Networking opportunity for stakeholders
  - Provide education and additional resources
Recommendation and Action Plan Phase

- **Objective**
  - Using the stakeholder opinion data from Deliverables #1 – 3, provide recommendations and an itemized action plan for the NMDOH to evaluate and consider

- **Purpose**
  - Provide recommendations to address utilization & collaboration gaps
  - Provide recommendations to address identified strengths, weakness, opportunities and threats
  - Provide action plan, outlining next steps for the NMDOH to evaluate and consider

- **Primary Outcomes**
  - An action plan that helps the NMDOH accomplish the following utilizing telehealth:
    - Improve health outcomes for the people of New Mexico
    - Improve quality, accessibility, and utilization of health care services
    - Ensure that technology supports timely, data-driven decision; public information and education; and, improve business operations
Conclusion

- Stakeholders are the key to the success of telehealth in New Mexico
  - Working together
  - Sharing resources
  - Stakeholders share the will to improve on the current state

- Gaps in the current state are not impossible to overcome
  - Additional Coordination
  - Best use of technology
  - Addressing New Mexico's greatest health challenges

- Recommendations and Action Plan
  - Outcomes of the summit and focus groups to be included
  - Please complete the Post Summit Survey and give us some feedback
    - Your chance to speak directly to the NMDOH
Questions and Comments

Please visit www.drakercody.com/telehealth to view Deliverables # 1, 2 and 3.
(Additional Information on back of Summit Program)
Thank You