

Two Decades of Telehealth at Cherokee Health Systems:

Clinical, Operational & Financial Perspectives

Our Mission...

To improve the quality of life
for our patients through the blending of
primary care and behavioral health.

Together...Enhancing Life



Primary Service Area



Cherokee Health Systems

Last Fiscal Year:

72,911 Patients

383,230 Services

16,690 New Patients

Number of Employees: 723

Provider Staff:

Psychologists - 45

Primary Care Physicians – 22

NP/PA (Primary Care) – 58

Community Workers – 40

Cardiologist - 1

Nephrologist - 1

Dermatologist - 1

OB/GYN - 3

Pharmacists - 12

Psychiatrists - 9

NP (Psych) - 15

Social Workers - 58

Dentists – 3

Strategic Emphases



- Blended behavioral health and primary care
- Go where the grass is brownest
- Outreach and care coordination
- Telehealth
- Training healthcare providers
- Value-based contracting
- Healthcare analytics

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Edited by H. GERNSBACK

THE RADIO DOCTOR—*Maybe!*

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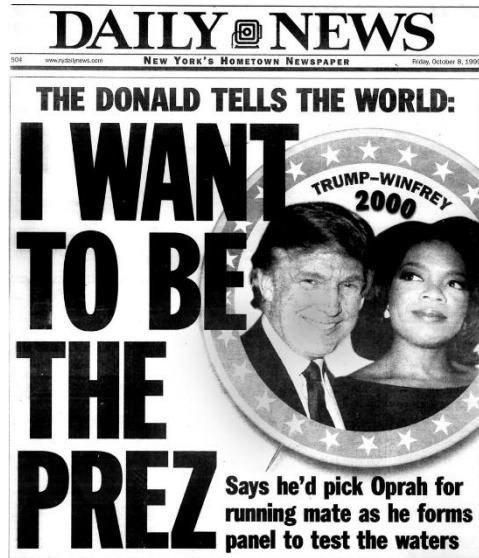
IN THIS ISSUE:

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What Was Happening When We Implemented Telemedicine?



Clinical Applications

- Primary Care
- Specialty Mental Health
- BHC Consults
- Pharmacy
- Discharge/Aftercare Planning
- Mobile Crisis
- Mental Health Hospital Admission (Second Certification)
- Interpretation
- Treatment Teams
- Supervision
- Hypertension Groups
- Nutritional counseling
- Community Health Coordinators
- Parent-Child Interactive Therapy
- Online care of acute Primary Care and Behavioral Services (Future Service)

Telemedicine In Action

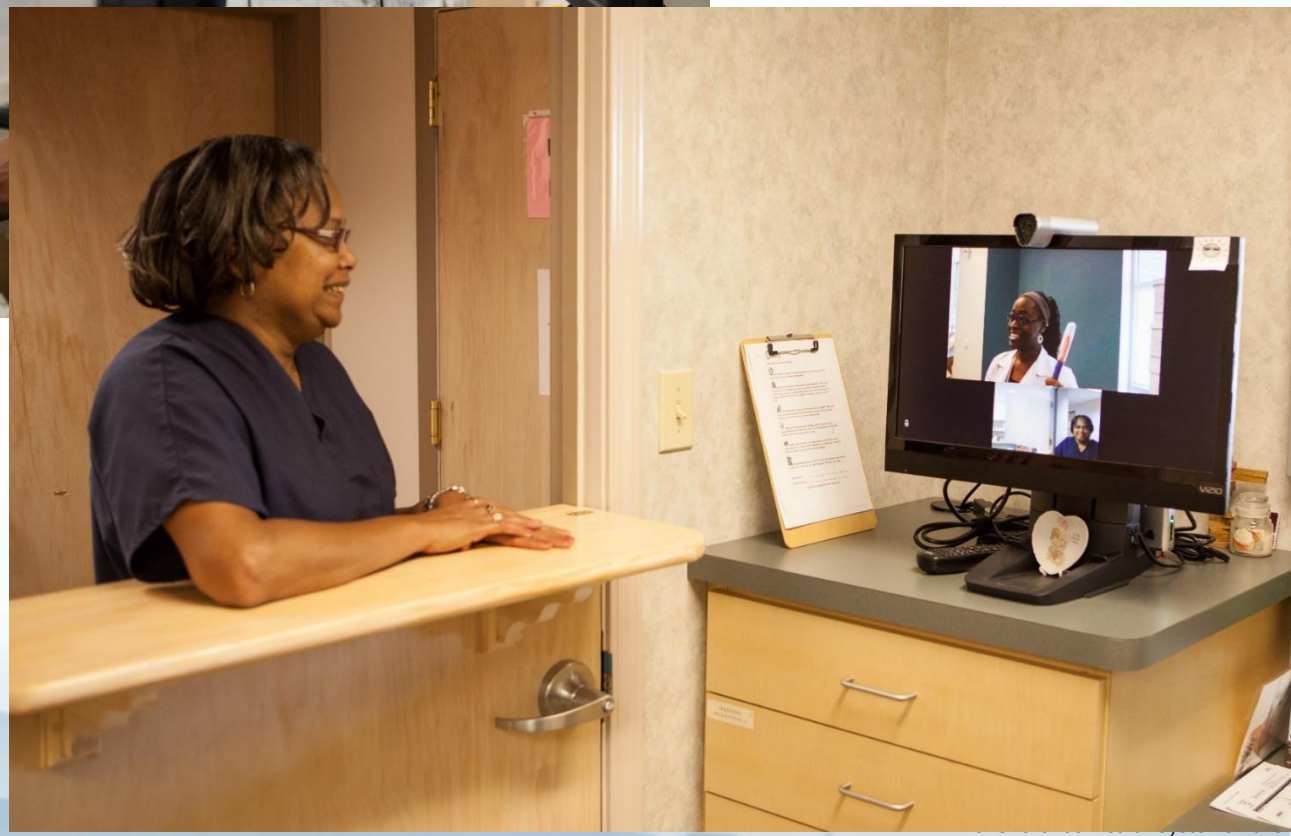














Service Volume CY2018

Visit Type	Patients	Visits
Therapy/BHC	91	180
Psychiatry	3,627	10,261
Primary Care	1,610	2,693
Other	87	207
Total	5,333	13,341

Initial Challenges

- Expensive video equipment
- Complicated network infrastructure setup required by IT professionals
- Inadequate and expensive internet bandwidth
- Dedicated office space for telemedicine setup
- Provider buy-in
- Training providers and nurses on workflow

Current Environment

- Inexpensive plug and play video equipment (Webcams, iPads, iPhones)
- Easy to use cloud based video services (Zoom and Polycom)
- Cost effective broadband internet available in most rural and urban locations
- Dedicated office space no longer required
- Providers no longer fear telemedicine technology
- Telemedicine visits are part of everyday workflow



MLN Matters® Number: MM8981

Related Change Request (CR) #: CR 8981

Related CR Release Date: December 12, 2014

Effective Date: January 1, 2015

Related CR Transmittal #: R201BP

Implementation Date: January 5, 2015

Section 190 - Telehealth Services

Clarification - RHCs and FQHCs are not authorized to serve as a distant site for telehealth consultations, which is the location of the practitioner at the time the telehealth service is furnished, and may not bill or include the cost of a visit on the cost report. This includes telehealth services that are furnished by a RHC or FQHC practitioner who is employed by or under contract with the RHC or FQHC, or a non-RHC or FQHC practitioner furnishing services through a direct or indirect contract.

Lessons Learned & Strategies for Success

- Patients always point the way.
- Good technology is essential.
- Management support is key.
 - Billing can be difficult.
- Advocating for policy change is important.
 - Keep it simple.

Questions?