Diane Croll, DNP, MSN, BSW, FNP-BC
Vice President Clinical Services
Agenda

I. Background
II. Service Goals
III. Benefits of Telemedicine
IV. Clinical Services
V. Service Offerings
VI. Results
VII. Q + A
Background

- What is telemedicine?
- Where is it used?
- Who uses it?
- When did it all begin?
- How does it work?
- What else should I know?
What is telemedicine?

• “Telehealth” is the more general term and means the electronic transfer of medical information for the purpose of patient care. This includes clinical, educational and administrative uses and applications.

• “Telemedicine” is specifically the use of these technologies to deliver patient care.

Great Plains Telehealth Resource and Assistance Center
http://www.gptrac.org/introduction/telehealth-and-telemedicine/services
What is telemedicine?

• “Telemedicine”
  • Store and forward - asynchronous
  • Video conferencing – synchronous
  • Remote patient monitoring
  • Mobile Health - mHealth

Mid-Atlantic Telehealth Resource Center https://www.matrc.org/what-is-telehealth
Where is telemedicine used?

- Hospitals – ICU e.g. neuro for CVAs, radiology
- Schools – colleges e.g. shared practitioners
- Prisons – avoid ED transfers
- Stores – sore throats (Giant, Kroger’s, etc.)
- Athletic events – orthopedists, cardiologists, etc.
- Home care – remote monitoring e.g. CHF
- Outpatient clinics – access specialists
- Private medical offices – follow up visits e.g. rural pediatric endocrinologist
- Assisted Living – changes of condition
- Skilled Nursing Facilities – all-call, change of condition, specialists
- Space station – monitoring and acute conditions (US for knee pain)

Who uses telemedicine?

- Acute illness (mild and severe)
- Chronic disease management
- Follow up (avoid long trips, easier for elders)
- Pre-op evaluations
- Scheduled exam (e.g. annual physical)
- Sports physicals
- Sports injuries
When did it all begin?
When did it all begin?

1924 Radio News “The Radio Doctor – Maybe!”

• 1926 Experimental aerial medical services commenced in rural Australia in 1927 an injured miner was transported by air.
When did it all begin?

- 1948 radiologic images sent 24 miles between Philadelphia and West Chester, PA
- 1959 Univ of Nebraska used two-way interactive television to transmit neurological exams across campus to medical students
- 1960s U.S. Indian Health Service, NASA, and the Lockheed Company—joined in sponsoring STARPAHC (Space Technology Applied to Rural Papago2 Advanced Health Care), which tested satellite-based communications to provide medical services to astronauts and to residents of an isolated reservation.
- 1964 Norfolk State Hosp (112 miles away) speech therapy, neurological examinations, diagnosis of difficult psychiatric cases, case consultations, research seminars, and education and training.
- 1965 Ship-to-shore transmission of (ECGs) and x-rays
When did it all begin?

- Skilled Nursing Facilities
  
  - Boston Nursing Home Project 1979 Brandeis University
  - Zelickson and Homan 1997 described the use of “store and forward” video telemedicine (telemedicine involving the forwarding of stored videotaped patient interviews to clinicians at other locations) to effectively meet the dermatology needs of SNF
  - 2019 at least six providers, hundreds of facilities, thousands of patients/residents covered
Service Goals

• Transform the delivery of care in nursing homes through telemedicine solutions

• Enable nursing homes to practice advanced on-site care with easy-to-use, state-of-the-art technology

• Reduce potentially avoidable hospitalizations and optimize resident care in nursing homes
Benefits of Telemedicine

- Allow fragile nursing home patients to be treated in place
  - Improve resident/patient experience
- Efficiently treat and follow-up with nursing home patients
  - Improve clinical outcomes
- Save costs for at-risk providers
- Become preferred providers by efficiently providing additional services
  - Improve satisfaction for referral sources
- Reduce overall costs for healthcare system
Clinical Services

- Direct access to a nurse practitioner and/or physician from 6 PM to 6 AM, Monday through Thursday and from 6 PM on Friday to 6 AM on Monday
- 24-hour coverage during major holidays
- Collaboration with attending clinicians
- Ongoing clinical support from our dedicated Clinical Services Division
### Clinical Service - Coverage Hours

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Clinical Services - How it Works

1. The nurse calls Curavi Health and connects directly to a nurse practitioner or physician and provides a report.

2. When telemedicine is used, a physician or nurse practitioner connects to the telemedicine unit, collaborates with the nurse to examine the patient and treats in place when possible.

3. Full notes and orders are sent securely to the facility to update the patient's record.

4. The nurse practitioner or physician completes appropriate handoff communication (e.g. attending clinician, family, ED, pharmacy, etc.).
## Wide Range of Offerings

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<thead>
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<th>Capability</th>
<th>Curavi’s Current Offerings</th>
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<tr>
<td>“All calls” capability</td>
<td>✓</td>
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<td>Change of condition</td>
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<td>Bring Your Own Provider</td>
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<td>Geri-psychiatry</td>
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<td>Advanced Care Planning (in pilot)</td>
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<td>Curavi On-The-Go (in pilot)</td>
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<td>PCC Integration (in pilot)</td>
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The CuraviCart

State-of-the-art and simple-to-use with all the tools needed for utilization, including:

• Pan/title/zoom camera
• Wound/derm camera
• Bluetooth stethoscope
• 12-lead EKG system
Curavi can be the after-hours provider for clinical needs – “No Call is Too Small”

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<th>Call Curavi For:</th>
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<td>Admission orders verification</td>
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<td>Therapy consultation requests (PT, OT, Speech)</td>
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<td>Diagnostic studies (e.g. radiology, laboratory tests): ordered, reviewed and/or responded to</td>
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<td>Family Concern(s) such as code status determination</td>
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<td>Medication: New Starts/Refills/Clarification</td>
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<td>Non-Medication nursing treatments</td>
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<td>Death confirmation (not completion of death certification)</td>
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In PA and OH, median 1 hour EKG final read from a cardiologist between 8 am – midnight 7 days a week.
Advance Care Planning (ACP)

- ACP is a fundamental approach to assessing care plan goals, providing care matched to resident’s preferences, and can significantly reduce PAHs
- Integrated MIDEO™ (My Informed Decision on VidEO) from Institute on HealthCare Directives into CuraviCare
- ACP conversations are carried out via the CuraviCart and facilitated by either facility staff or a Curavi tele-presenter
- Visits are conducted following each admission/re-admission
- Payment for this approach is derived from the Medicare Physician Fee Schedule (PFS) and uses CPT E&M codes 99497 and 99498 (time-based visits)
The Next Generation: Curavi Cart Capabilities “On-The-Go”
CuraviOTG - Mobile Point of Service Care

Critical Features
- Wi-Fi or cellular connectivity
- Diagnostic instruments for evaluation and management of various clinical situations
  - Bluetooth stethoscope
  - Exam camera
  - Thermometer
  - Pulse Oximeter
  - Blood pressure monitor
  - Glucometer
  - Otoscope
  - 6 channel/4-lead EKG
  - Battery lasting 9 hours

Pilot/prototype version. We anticipate updates in engineering, design and software
Results

• Over 24,000 Episodes

• Approximately 96% of telemedicine consults are treated in place*

• Approximately 40% of telemedicine consult directly avoid a hospitalization*

• Saving: transportation costs, readmission costs, reimbursement, loss of revenue, staff time

• Over 7,600 avoided hospitalizations

➤ $30M+ in revenue retention for Skilled Nursing Facilities

*Historical Curavi only. Based on physician attestation that consults resulted in avoided admission
Q & A
Thank you!

Diane Croll

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(518) 265-4448