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Telehealth Implementation: A Guide & Case Study for Critical Access Hospitals

September 16, 2021

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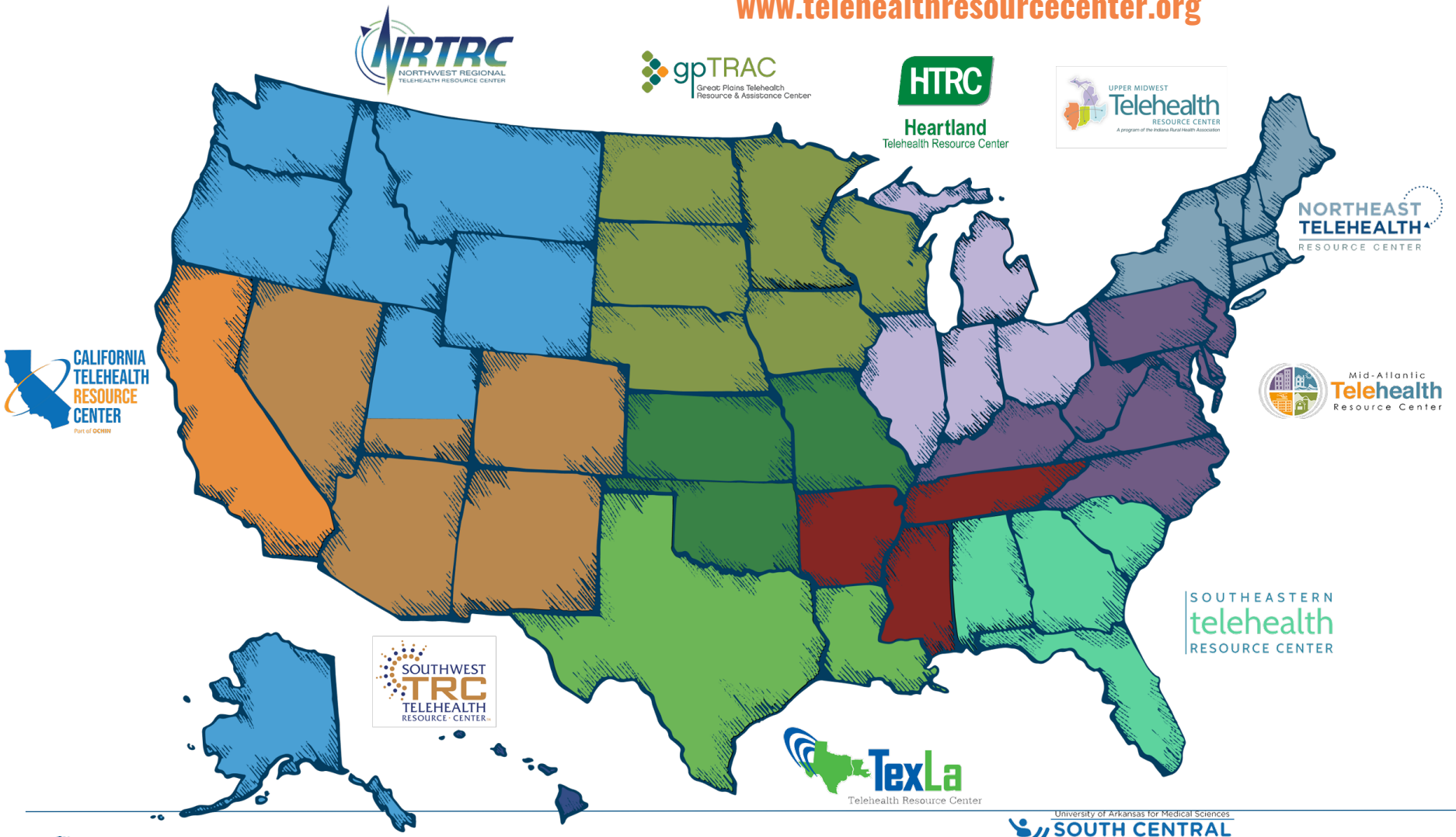

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- Please fill out the post-webinar survey.
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Telehealth Implementation: A Guide & Case Study for Critical Access Hospitals
September 16, 2021

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HRSA
Health Resources & Services Administration

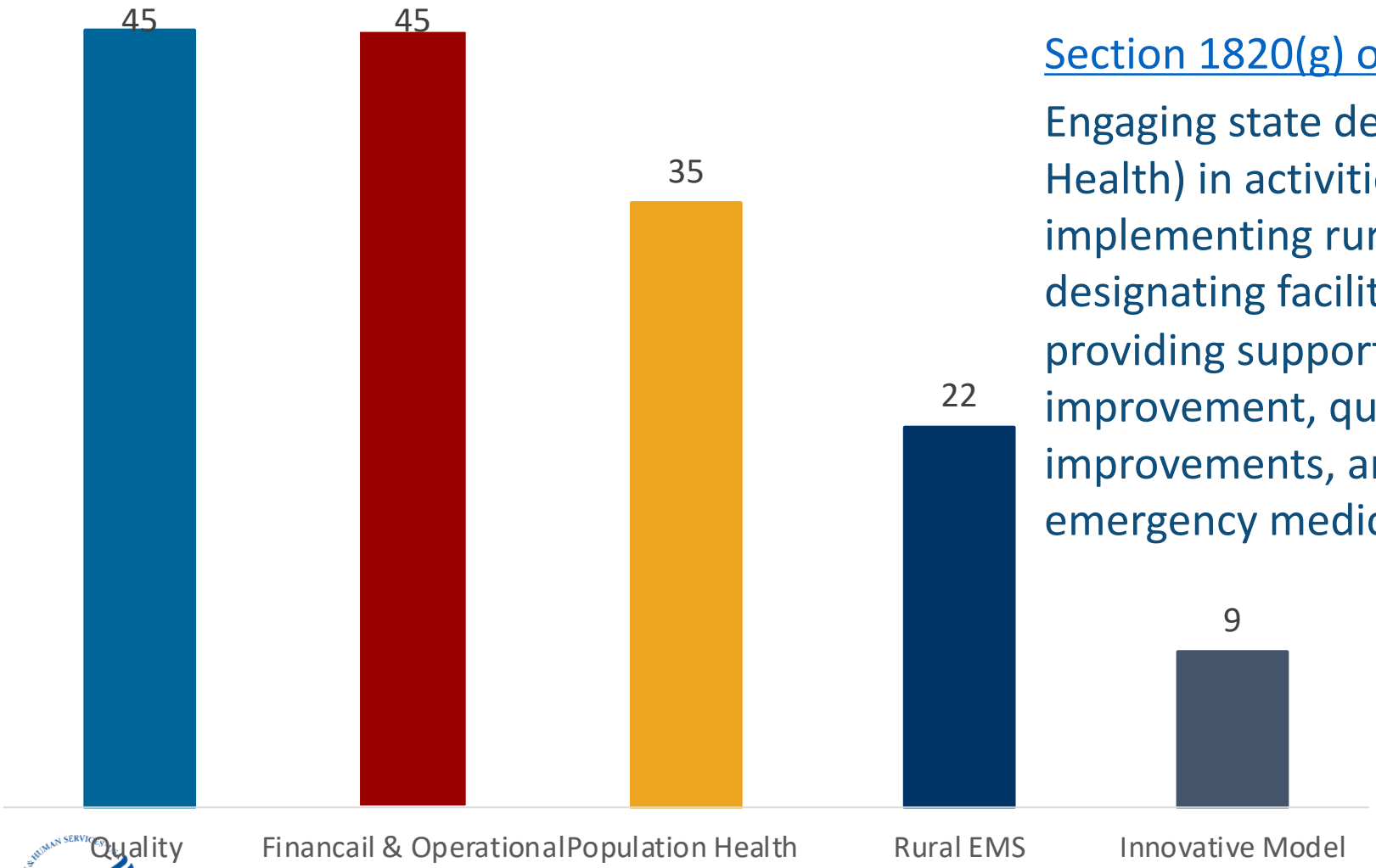
Telehealth Implementation: A Guide & Case Study for Critical Access Hospitals

September 16, 2021

Victoria (Tori) Leach
Flex Program Coordinator
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People

Medicare Rural Hospital Flexibility (Flex) Program



Section 1820(g) of the Social Security Act

Engaging state designated entities (State Offices of Rural Health) in activities relating to planning and implementing rural health care plans and networks; designating facilities as critical access hospitals; providing support for critical access hospitals for quality improvement, quality reporting, performance improvements, and benchmarking; and integrating rural emergency medical services (EMS).

45 States with Critical Access Hospitals (CAHs)

*Excludes: DE, NJ, RI, CT, MD

State Flex Profiles

Contact Information

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Agenda for Today

- Introductions
- CAH Telehealth Guide
- Questions & Comments
- CAH Telehealth Spotlight

CAH Telehealth Guide Topics

- Genesis
- Content Development and Updates
- Feedback
- Table of Contents
- Billing Code Table
- Telehealth Program Assessment

Genesis

- Partnership

NATIONAL RURAL HEALTH RESOURCE CENTER

- Well-articulated expectations
- Solution for PHE-related info

Content Development & Updates

- Based on specifications from Technical Assistance and Services Center (TASC), a program of the National Rural Health Resource Center (NRHRC)
- Geared towards practicality
- Limited to no more than 60 pages ☺
- Informed by input from many subject matter experts and individuals
- Clarified as “not an all-inclusive policy guide for telehealth”
- Needs updates with publication of the CY2022 Physician Fee Schedule Final Rule in Nov 2021 and at end of PHE

Feedback

- What's helpful? What's not?
- Missing or incorrect information
- Resources that would be helpful accompaniments
- What else?

- Chime in
- Chat your thoughts or…
- If you have feedback, suggestions or corrections, ***please*** let us know at info@NRTRC.org

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CAH Telehealth Guide Topics - Progress

- ✓ Genesis
- ✓ Content Development and Updates
- ✓ Feedback
- ▶ Table of Contents
- ▶ Billing Code Table
- ▶ Telehealth Program Assessment
- ▶ NRTRC Resources

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Never fear! You don't have to read this. We will dive into the CAH Telehealth Guide itself.

Hold on a sec…

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Northwest Regional Telehealth Resource Center (NRTRC) Resources

Today we're orienting you to the resources related to the guide, but there is a treasure trove of telehealth resources at ***your*** regional Telehealth Resource Center.

www.telehealthresourcecenter.org

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Logan Health Shelby
CAH Telehealth Spotlight

September 16, 2021

Tressa Tokerud-Keller

HIT & Risk Director, Compliance Officer

LOGAN HEALTH

Background

- CAH in rural Shelby, MT (pop. 4,000)
- Telehealth since 2012
- Originating site, partnering with several organizations

LOGAN HEALTH

Telehealth Specialty Care

- Burn Care
- Cardiology
- Neonatal Care
- Nephrology
- Neurology and Stroke Management
- Pediatric Gastroenterology
- Psychiatry
- Pulmonology and Sleep Medicine

LOGAN HEALTH

Keys to Success

- Lead with heart
- Engage with the community
- Streamline workflows
- Organize scheduling and registration
- Focus on the business side of sustainability
- Cross-train staff
- Provide needed information to staff
- Celebrate the early adopters
- Be flexible, including with technology

Workflows

- Critical for success
- Continuous improvement though workflow analysis
- Evolving situations that need to be consistently evaluated
- Education and engagement of Facility

Collaboration & Communication

- Providers and the Community
- Other entities
- State and Federal Regulations

Opportunities

- Support delivery of care for patients and providers
- Promote and engage

Keeping the patient and community at the forefront

Questions, Comments, Thoughts?

- Contact us
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Our Next Webinar

The NCTRC Webinar Series

Occurs 3rd Thursday of every month.

Telehealth Topic: TBD
Hosting TRC: Southwest Telehealth Resource Center (SWTRC)
Date: October 21, 2021
Times: 11 AM – 12 PM (PT)

***Please check the NCTRC website for more information on the upcoming webinar.**

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Please Complete Our Survey

Your opinion of this webinar is valuable to us.

Please participate in this brief perception survey (will also open after webinar):

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Logan Health Shelby: Telehealth Spotlight

Background

Logan Health Shelby (formerly Marias Medical Center) is a critical access hospital (CAH) located in Shelby, MT – a town of less than 4,000. Shelby residents will tell you they are closer to Canada than to the nearest Walmart! Logan Health Shelby (LHS) has been providing telehealth services since 2012 but saw use of telehealth increase dramatically with the COVID-19 pandemic.

By leveraging telehealth, Logan Health Shelby (LHS) can provide a wide range of services to their area residents, expanding access and meeting their patients' needs so patients and their families do not have to travel for hours to see specialists. By partnering with several organizations, including Logan Health (formerly Kalispell Regional Healthcare) in Kalispell, MT, Benefis Health System in Great Falls, MT, and the Billings Clinic in Billings, MT, LHS can bring the following specialty care by telehealth to their area residents in Shelby and beyond.

- Burn Care
- Cardiology
- Neonatal Care
- Nephrology
- Neurology and Stroke Management
- Pediatric Gastroenterology
- Psychiatry
- Pulmonology and Sleep Medicine

Keys to Success

Lead with heart. You only need to talk to Tressa Keller, Compliance Officer, HIT Director and Risk Manager at LHS for a few moments to catch her passion for listening to and serving her community, especially through telehealth. LHS leadership continually searches for additional ways to leverage telehealth to better serve their community. Recently they reached out to the nearby prison to understand how leveraging telehealth can help them. Getting a prisoner to a visit with a provider can be time-consuming, require additional staff, expose staff and the prisoner to COVID-19 and be a source of frustration for many involved with the process. Telehealth is a great solution!

> "It's challenging, but it's fun to see it working."
> ~ Tressa Keller

Engage with the community. Staff at LHS reached out to the community in real and meaningful ways, staying open to input and needs. They have held health fairs and virtual health fairs since COVID to truly understand people's health care needs. Once they had a good understanding, they began to reach out to specialists to assemble the health care services most needed by their community. One staff member responded to a request from a fellow grocery shopper, who mentioned that they would be traveling a few hours each way to see their child's specialist during winter months. Rather than risking the winter roads

in Montana with a child, they were able to coordinate with the specialist and provide care locally through telehealth. LHS also encourages patients and families to be proactive and ask their specialists if telehealth is an option.

Streamline workflows. LHS has been working on and improving their workflows for many years but continues to take ongoing workflow analysis seriously to ensure efficiency, safety and quality. Their goal is to "do it the right way and the most efficient way", and their workflows extend to "getting the bill out the door".

BEST PRACTICE While patients are getting ready to be roomed, they fill out the paperwork specific to whichever specialist they will see. LHS staff scan it immediately and send it to the provider to use during the visit.

Workflows and each person's role and responsibility are now standard and hardwired, allowing leadership the confidence to be away and yet know that telehealth operations will run smoothly.

Organize scheduling and registration. All telehealth visits are scheduled in their electronic health record (EHR) – MEDITECH. Patients are scheduled as outpatients with location "Telehealth". The ability to view the day's schedule, provides a snapshot for staff to prepare on a daily basis.

Focus on the business side of sustainability. LHS approaches telehealth with a keen awareness of how to support it from the business side. As noted above, the end point of workflows includes ensuring that billing occurs. They also collect data on how many visits they conduct, cancellation rates, and more. Additionally, LHS deployed delegated credentialing to streamline credentialing and to prevent delays in providing services.

Cross-train staff. LHS doesn't hire staff for specific telehealth roles. Instead, they have trained staff such as respiratory therapists and others on how to support telehealth.

Provide needed information to staff. LHS has a paper "packet" available to all staff that outlines the specifics for each type of visit and for each specialist. While they have considered an electronic solution, paper works the best for staff, enabling them to grab the information to read and carry to wherever it's needed.

Celebrate the early adopters. Patients leaned into telehealth and began to expect it. Driving across town for a telehealth visit with a specialist became the norm rather than driving for several hours. Wait my doctor is not here? What is going on? But some of these were the early adopters. Especially when they could drive across town rather than driving several hours.

Be flexible, including with technology. At LHS they have only a few telehealth laptops, one of which stays in the COVID unit. They ensure that these laptops are updated, ready and available for telehealth. One of their partners is hard-wired, which creates some challenges; LHS highlights this as a potential barrier for CAHs as they implement telehealth. There are only certain locations where a patient can engage in a telehealth visit. The CEO's office is not an option nor is their conference room due to confidentiality concerns.