

Accessing Care through Telemedicine: Mile Square Health Center's Telehealth Network

Presentation to the Alliance for Health Reform

Presented by
Henry Taylor, Executive Director
Mile Square Health Center
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Why Telehealth?

As the health care landscape changes in America it is imperative that Community Health Centers find and deploy innovative ways for delivering health care and wellness services to the community

Telehealth is an expansion of telemedicine; and unlike telemedicine which more narrowly focuses on the curative it encompasses wellness, preventative, promotive and curative aspects of medicine

Why Telehealth? (cont'd)

- ▶ According to a recent study in the UK's Department of Health's Whole System Demonstrator (WSD)[3] launched in May 2008, it is the largest randomised control trial of telehealth and telecare in the world, involving 6191 patients and 238 GP practices across three sites, Newham, Kent and Cornwall. Three thousand and thirty people with one of three conditions (Diabetes, Chronic Heart Failure and COPD) were included in the telehealth trial. The trials were evaluated by: City University London, University of Oxford, University of Manchester, Nuffield Trust, Imperial College London and London School of Economics.
 - ▶ 45% reduction in mortality rates
 - ▶ 20% reduction in emergency admissions
 - ▶ 15% reduction in A&E visits
 - ▶ 14% reduction in elective admissions
 - ▶ 14% reduction in bed days
 - ▶ 8% reduction in tariff costs

3

What is the Accessing Care through Telemedicine (ACT) Project?

- ▶ Integrated, access to care telehealth network that uses technology to bring immediate specialty care to patients in underserved communities throughout Chicago
- ▶ Comprises University of Illinois Hospital & Health Sciences System specialty providers and three FQHCs: Mile Square, Prime Care Community Health Inc. and Near North Health Service Corp
- ▶ Leverages existing technology and infrastructure established by the University for its department of corrections telemedicine program

4

Why is the ACT Project Needed?

- ▶ Access to specialty care in Chicago's low-income racial/ethnic minority communities is severely challenged.
- ▶ Geographic maldistribution of specialists is a significant barrier to such care (specialists cluster around tertiary care facilities which tend not to be located in underserved communities).
- ▶ ACT seeks:
 - Improved access to specialty care is a primary outcome
 - Anticipated reduction in cost of care
 - Improved health outcomes

5

What Telehealth services are provided?

- ▶ Telepsychiatry
- ▶ Teledermatology
- ▶ Teleotolaryngology (ENT)
- ▶ Chronic Disease Management
- ▶ Cardiology

6

How are Telehealth services delivered?

- ▶ Two modalities:
 - Synchronous (e.g., a real-time medication management video consultation amongst a patient, his/her primary care provider and a psychiatrist)
 - Asynchronous “store and forward” technologies (e.g., a primary care provider photographs a rash on a patient’s body and uploads the image to a dermatologist who “reads” the image and sends a report back to the primary care provider via electronic means)

7

ACT Project Long-Term Goals

- ▶ Improve participating FQHC patients’ access to specialty care in select fields by 50% as measured by wait time for appointments
- ▶ Improve participating primary care providers’ access to specialists in select fields by 50% as measured by results turnaround time (where applicable)
- ▶ Improve the efficiency of telemedicine participating specialists by 5% as measured by recouped “downtime”
- ▶ Improve diagnosis and treatment of select conditions amongst participating FQHC patients by 20% as measured by multi-disciplinary encounters and relevant clinical biometrics

8