

Telehealth: Temporary Solution or Permanent Disruptor

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Chief Quality Officer

Crystal Run Healthcare



Telehealth: Temporary Solution or Permanent Disruptor

Chronic Care Roundtable

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Agenda

- Introduction to Crystal Run Healthcare
- CRHC's COVID Experience to Date
- Telehealth's Role in Diabetes Care
 - Opportunities
 - Challenges
 - Solutions
- Utilization Data
- Future of Telehealth at CRHC

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Crystal Run Healthcare

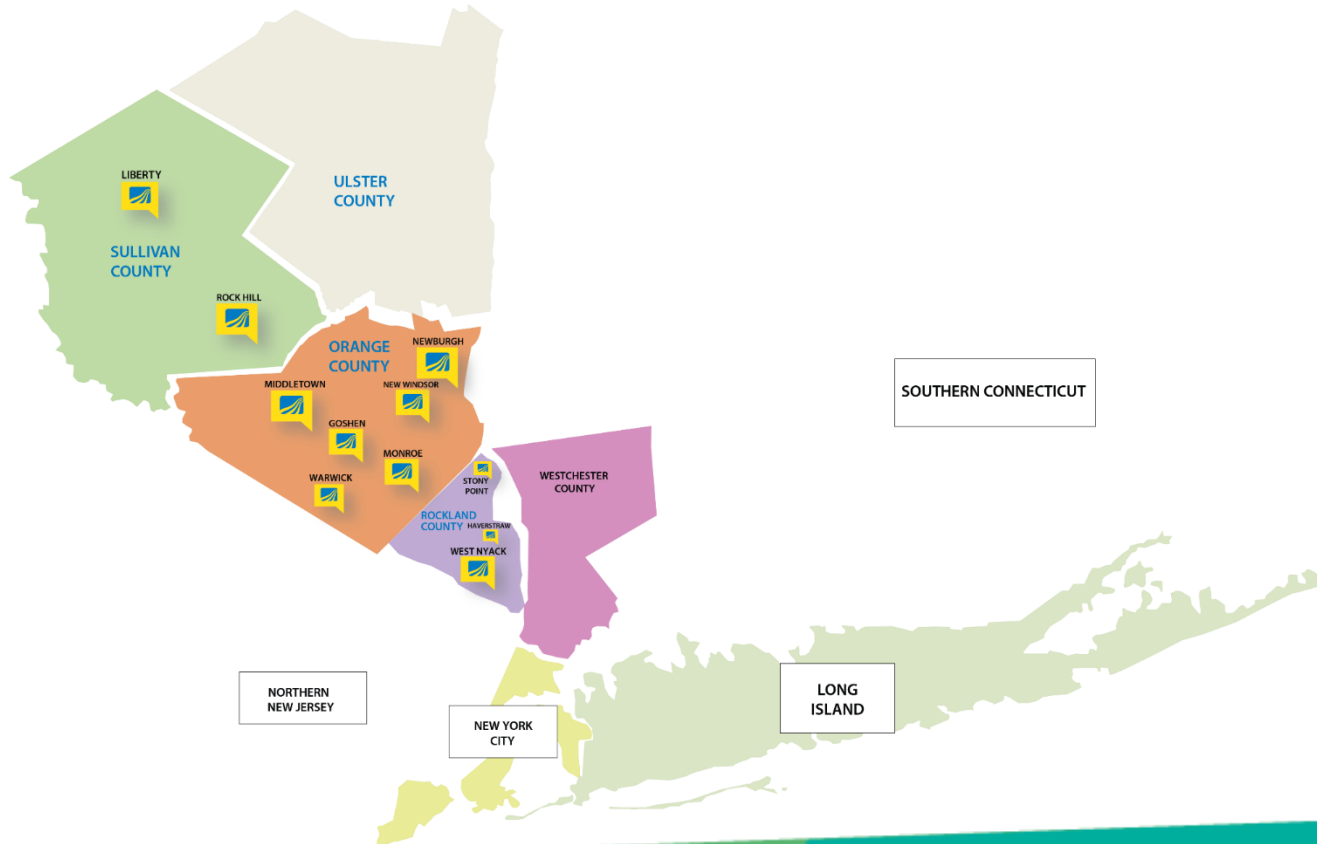


- Physician owned MSG in NY State, founded 1996
- 400+ providers, 20 locations, 47 specialties
- ASC, Urgent Care, Diagnostic Imaging, Sleep Center, High Complexity Lab, Pathology
- Early adopter EHR (NextGen®) since 1999
- Care Managers since 2004
- Accredited by Joint Commission since 2006
- NCQA PCMH Recognition since 2009

Crystal Run Healthcare ACO

- Single entity ACO
- Multiple commercial and Managed Medicaid pay for performance contracts
- MSSP participant (since April 2012)
- Multiple commercial shared savings/risk contracts
- Current attribution to risk based contracts:
 - ~17,000 MSSP beneficiaries
 - ~27,500 commercial patients

Where is Crystal Run Healthcare?



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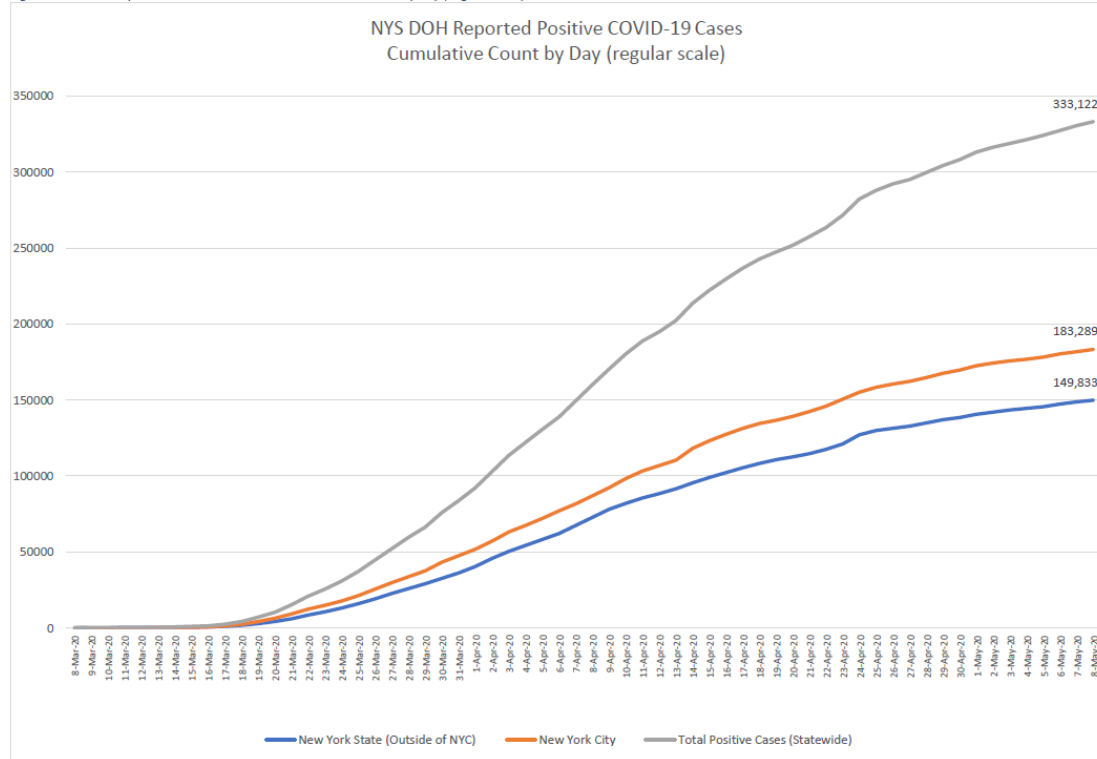
CRHC's COVID Experience Timeline

- March 11: First CRHC COVID patient
- March 27: NYS ranked 8th in world, Orange County ranked 42nd in the world for cases
- April 4: 7,000 patients evaluated; 1,500 positive
- April 15: Tested 40-48% of all tests in Orange and Sullivan County
- May 15: “Reopening”

CRHC's COVID Experience Timeline



Figure 1: NYS DOH Reported Positive COVID-19 Cases Cumulative Count by Day (Regular Scale)



CRHC's COVID Experience Guiding Principles



- Safe staff
- Safe patients
- Use evidence and science where available
- Don't let up social distancing too soon
- Testing is important
- Try to see as many as is safe, but not more

CRHC's COVID Experience Response

- Outdoor testing sites
- Segregating care to “sick sites” and “well sites”
- COVID Response Team (CRT)
- Appointment check in from the car
- Non-clinical staff transitions to work from home
- Telehealth

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Telehealth's Role in Diabetes Care

Case Study



- 62 year old male with DM2 x >15 years
- Treatment includes Lantus, Humalog, Metformin
- Complications include mild retinopathy, nephropathy
- Consistently seen every 3 months, not sooner due to copays
- A1c ranges from 8.5 – 9.5

Telehealth's Role in Diabetes Care

Opportunities

- Patients can be seen more frequently
 - Convenient
 - Cost sharing waiver
- Patient's environment can be assessed
- Accurate medication reconciliation
- Observe insulin administration
- More frequent visits = more accountability!

Telehealth's Role in Diabetes Care

CRHC Challenges



- General challenges
 - Provider education
 - Patient education
- Lab work (A1c, cholesterol, urine microalbumin)
- CGMS and CSII
 - New starts
 - Troubleshooting
- Diabetes classes

Telehealth's Role in Diabetes Care

CRHC Solutions

- General Challenges - Providers
 - Regularly scheduled provider education (live, recorded, emails, FAQs)
 - Telehealth Command Bridge
 - Standardized workflows
 - Telehealth Champions (providers)
 - “Super Users” (nursing)

Telehealth's Role in Diabetes Care

CRHC Solutions

- General Challenges – Patients
 - Educational videos on website
 - Pre-visit planning call
 - Social media campaign stressing safety, convenience, no cost sharing
 - Care Optimization Team transitioned to appointment management

Telehealth's Role in Diabetes Care

CRHC Solutions

- Lab work
 - Outdoor lab for symptomatic patients and nervous patients
 - Stress indoor lab is “safe”
- CGMS and CSII
 - Encourage new starts to be in person, followed by frequent telehealth follow-up
- Diabetes classes
 - Hybrid model

Telehealth's Role in Diabetes Care

System Challenges

- How long will waivers last
 - Payment parity
 - Cost sharing waiver
 - Geographic requirement waiver

- Practicing across state lines
 - Multiple licenses may be required

Telehealth's Role in Diabetes Care

Case Study

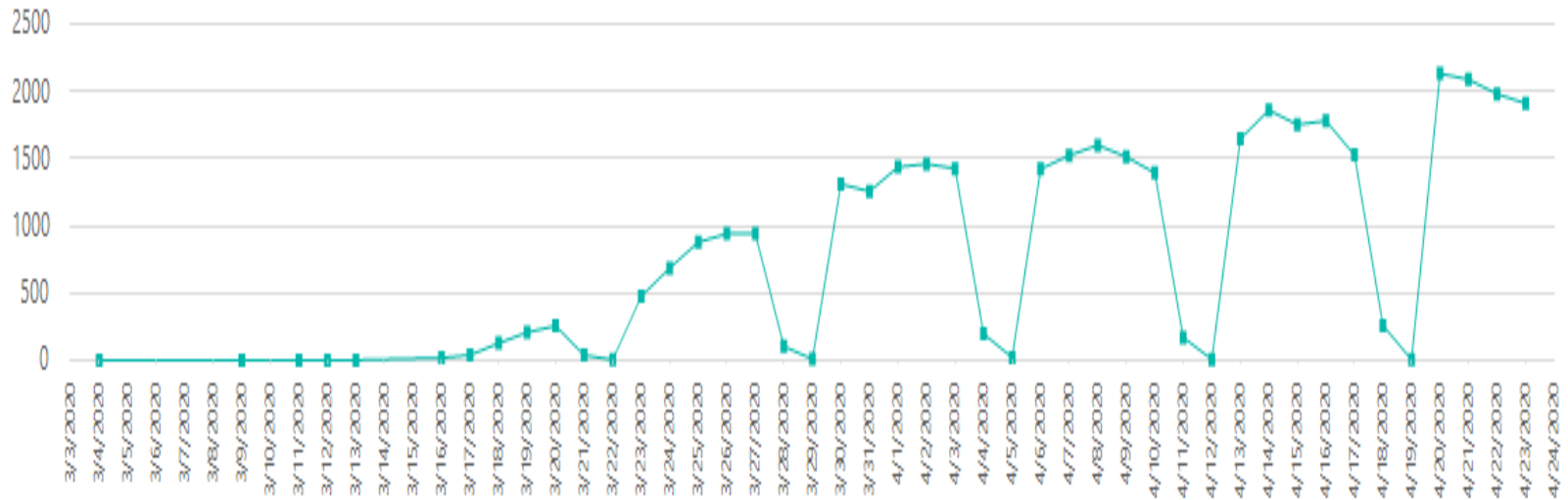
- Seen every 2-3 weeks on telehealth for 3 months
- More frequent titration of Lantus and Humalog
- Tips given on insulin administration
- Saw nutritionist via virtually
- Most recent A1c 7.6

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Telehealth Total by Day

— Telehealth



Specialty	Avg. Telehealth Visits/Day	Avg. Total Visits/Day (Office + Telehealth)	Percentage of All Visits Due To Telehealth
Family Practice	299	691	43%
Internal Medicine	270	610	44%
Cardiology	89	244	37%
Endocrinology	85	186	45%
Pediatrics	81	278	29%
Gastroenterology	75	148	51%
Neurology	66	151	44%
Psychiatry	54	124	43%
Pulmonology	54	78	69%
Hematology/Oncology	40	153	26%
Pain Management	35	90	39%
OBGYN	32	184	18%
Rheumatology	32	74	43%
Urology	29	83	35%
Dermatology	19	67	28%

Utilization Data




- Currently 12-15% of visits, but at height of pandemic accounted for 40-45% of visits
- Endocrinology accounts for 22% of telehealth visits despite accounting for just 3% of providers
- Diabetes accounts for 9% of telehealth visits

Total Enc. 124,689	Male 36 %	Female 64 %	CATS 64 %	Clear Selections ↩
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Appt Date

3/2/2020 9/17/2020

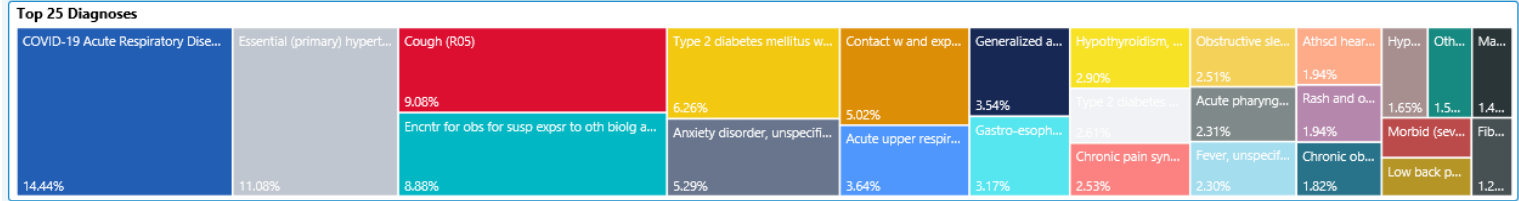
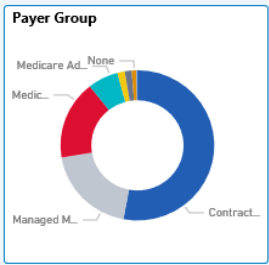
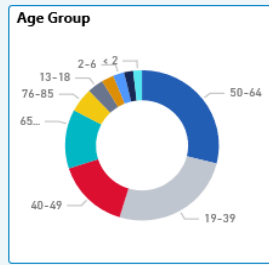
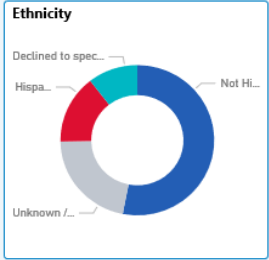
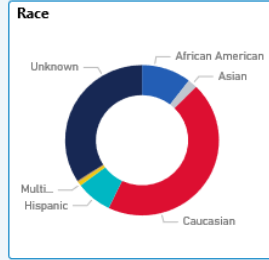
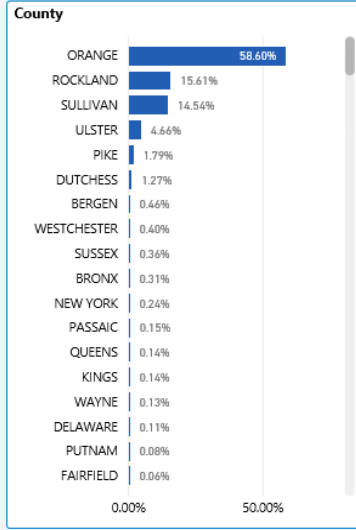
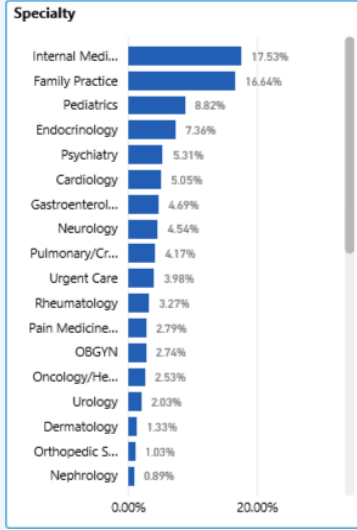


County

- Select all
- AIKEN
- ALAMEDA
- ALBANY
- ALLEGANY
- ARLINGTON
- AROOSTOOK
- ATLANTIC
- BALTIMORE CITY

Specialty

- Select all
- (No Appt Specialty)
- Allergy/Immunology
- Bariatric Surgery
- Breast Surgery
- Cardiology
- Dermatology
- Dietician
- Endocrinology
- Family Practice
- Gastroenterology
- Geriatrics
- Gynecology
- Hematology
- Infectious Disease
- Internal Medicine
- Interventional Radiology
- Medical Oncology
- Neurology
- Nephrology
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedics
- Pathology
- Pediatrics
- Plastic Surgery
- Podiatry
- Pulmonary/Critical Care
- Radiation Oncology
- Radiology
- Rheumatology
- Sports Medicine
- Urology
- Vascular Medicine
- Vascular Surgery
- Veterinary
- Dermatology
- Ophthalmology
- Orthopedics
- Pathology
- Pediatrics
- Plastic Surgery
- Podiatry
- Pulmonary/Critical Care
- Radiation Oncology
- Radiology
- Rheumatology
- Sports Medicine
- Urology
- Vascular Medicine
- Vascular Surgery
- Veterinary



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Future of Telehealth at CRHC

- It depends...
 - On permanency of waivers
 - On patient perception of care
 - On patient perception of safety in returning to the office

Future of Telehealth at CRHC

- Investigate quality outcomes data
- Investigate access data
- Investigate cost of care data

One thing is for sure...the toothpaste is not going back in the tube!

