
Indian Health Service Great Plains Area Telehealth Services

**South Dakota Department of Social Services
Medicaid Tribal Consultation Meeting
January 5, 2017**

Dr. Lee Lawrence, GPA Chief Medical Officer

Discussion Topics

- 1. Contract Overview**
- 2. What Services will be Available, and When?**
- 3. How Should Patients Expect to Receive/Schedule Services?**
- 4. What are the Benefits to Patients? To Providers?**
- 5. What does it take to implement telehealth services in a multi-site rural health federal system?**
 - planning framework/management plan
 - challenges and opportunities

Contract Overview

Contract awarded September 2016 to Avera Health (Avera eCare)

Telemedicine services will be offered at 16 sites managed by IHS in the Great Plains Area (GPA)

- (Tribally managed sites not included at present)

Initial equipment investment of \$1.67M – Hardware, peripherals, mobile carts, etc.

Use cases:

- E-Emergency: monthly fee for unlimited access
- E-Consult: per episode fee for specialty visits

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Participating Sites:

Emergency Departments

- Belcourt
- Eagle Butte
- Fort Yates
- Pine Ridge
- Rosebud
- Omaha Winnebago

Sub-Specialty

- Ft. Thompson*
- Kyle*
- Lower Brule
- McLaughlin
- Rapid City*
- Sisseton
- Wagner
- Wanblee*
- Youth Regional Treatment Center-TBD
- Drug Dependency Unit- TBD

* Outpatient clinics that will also have access to e-Emergency telehealth providers

Implementation schedule is still being determined

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Specialty Services

Behavioral Health

Counselor
Psychologist
Psychiatry
Pediatric Behavioral Health

Specialty

Cardiology
Dermatology
Endocrinology
ENT
Gastroenterology
Hepatology
Infectious Disease
Internal Medicine Maternal/Child Health (OB)
Nephrology
Neurology
Pain Management (Physiatrist PM&R)
Pediatrics
Rheumatology
Wound Care (Infectious Disease, Podiatry)

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Avera eCARE™

Coordinated Access to Care

When you become part of the Avera eCARE telemedicine network, we work with you to create productive professional relationships across teams and understand the systems and processes you have in place. We coordinate technical requirements and tailor our approach to meet your needs. Our mission: To become a trusted, well-integrated member of your team—virtually.



Avera eICU® CARE™*



ePharmacy



Senior Care



eEmergency



eConsult



eCorrectional Health

270

Total Sites Served

\$188,000,000

Total Health Care Costs Saved

1,032,000

Total Patients Touched

Timeline

Individual Site Assessments October-November 2016

- Hospital and health center readiness to implement services (IT readiness, Space/logistics, Staff readiness)

Avera submitted implementation plan and timeline November 2016

- Typical timeline is 10-12 weeks for services once Go-Live date is identified

Area & Service Units working on activities in 4 domains (Admin, IT/Security, Finance, Engagement)

Services expected to start early spring (March/April 2016)

- eEmergency first, eConsult to follow

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Great Plains Area Telehealth Contract management plan

❖ Clinical services

- ❖ Emergency Department support
- ❖ Scheduled sub-specialist visits

❖ Financial

- ❖ Flat service fee vs. per episode fee
- ❖ Third party reimbursement
- ❖ Return on investment/business case
- ❖ Fee for service model vs. value based model

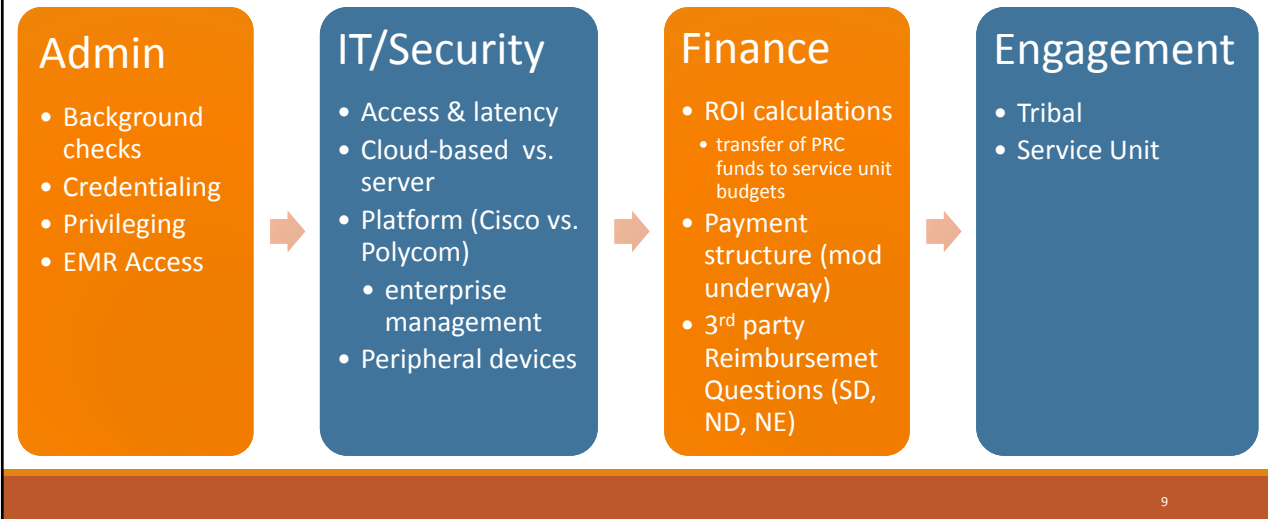
❖ Administrative/Onboarding

- ❖ Credentialing & Privileging providers
- ❖ Electronic Medical Record access
- ❖ Internal & External Communication/Engagement

❖ Information technology

- ❖ Speed, latency, point to point connection vs. multi-protocol layer switching
- ❖ Hardware policy

Implementation Planning Framework



Administration

Background checks:

- almost complete

Credentialing:

- eEmergency: Reciprocal credentialing (all are Avera employees)
- eConsult: Independent contractors/groups (area vs. service unit vs. Avera/Reciprocal)

Privileging:

- Needs to take place at individual service units

EMR Access:

- ITAC signoff ongoing

Finance

Return on Investment calculations for eEmergency at each service unit underway

Payment structure (contract modification underway)

- E-Emergency: monthly fee for unlimited access
- E-Consult: per episode fee for specialty visits

IHS pays Avera and then invoices third party in the provider's name

Best ROI requires:

- Enrollment of providers into Medicare (Novitas) (not the Great Plains system)
 - 60-120 days from beginning of process
- Efficient third party billing
- Inclusion of PRC funds into service unit ROI calculation

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Finance - Return on Investment Calculation (eEmergency)

Financial

- Reduction in purchased referred care
- Reduction in transfer costs
- Discount based on IHS purchasing power
- Decreased staffing ratios in ED
- Decrease staffing turnover
- Supply induced demand

Patient Experience & Clinical Outcomes

- Less travel to care = greater participation in care plan
- Trust in the local service unit = greater participation in care plan
- Interaction with private sector = new protocols/educational opportunities

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Contact info

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