



# Telehealth Vendor and Equipment Selection

**January 24, 2019, 12-1pm**

**David M. Bergman, MPA**

Principal, Health Management Associates

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## Telehealth Learning Lab Webinar Series

Telehealth program design and implementation aligns with behavioral health integration activities, addresses specialty care clinician shortages and concerns identified through the primary care collaborative and transformation work, and provides options for cost savings throughout the delivery system.

All practices and partners are encouraged to join!



Recorded webinars are posted here:

<https://news.choosehealthde.com/news-article/hma-and-the-de-health-care-commission-announce-upcoming-webinar-series/>

## ■ DISCLOSURE

HMA does not endorse any specific vendors for telehealth (or digital health) platforms or equipment, though we do endorse the idea that telehealth (digital health) is important and impactful in healthcare transformation. For this reason, we do work with a number of companies in the digital health space.



# ■ DELAWARE TELEHEALTH LEARNING LAB: Webinar Series

 **WEDNESDAY, DECEMBER 19**  
NOON EST

## **Introduction to Telehealth and Opportunities in the Delaware Market**

<https://healthmanagement.zoom.us/j/421874303>

 **THURSDAY, JANUARY 10**  
NOON EST

## **Digitally Integrated Primary Care and Behavioral Health**

<https://healthmanagement.zoom.us/j/715946640>

 **WEDNESDAY, JANUARY 16**  
NOON EST

## **Additional Technology Enhanced Solutions in Health Care Delivery**

<https://healthmanagement.zoom.us/j/343202752>

 **FRIDAY, JANUARY 18**  
NOON EST

## **Telehealth Reimbursement and Payment Models**

<https://healthmanagement.zoom.us/j/368434599>

 **TUESDAY, JANUARY 22**  
NOON EST

## **Telehealth Business Plan Development and Readiness Assessment**

<https://healthmanagement.zoom.us/j/368526663>

 **THURSDAY, JANUARY 24**  
NOON EST

## **Vendor and Equipment Selection**

<https://healthmanagement.zoom.us/j/562927139>

 **TUESDAY, JANUARY 29**  
NOON EST

## **Use Cases from the Field**

<https://healthmanagement.zoom.us/j/733628596>

## ■ DELAWARE TELEHEALTH LEARNING LAB: Webinar Series



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## ■ TODAY'S AGENDA

- **Review of Requirements in Delaware State Regulations**
  - Technology
  - Site Requirements
  - Emerging Medicare Regulations
- **Selection Process**
- **Use Cases**
  - Provider ⇔ Patient at Home
  - Provider ⇔ Patient at Provider
  - Provider ⇔ Provider
  - System ⇔ Patient
- **Q & A**







# REVIEW OF DELAWARE STATE REGULATIONS

DAVID M. BERGMAN, MPA

*PRINCIPAL, HMA*

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## Basic Terminology



### Distant Site

The location of the provider, or the consulting provider



### Originating Site

The location of the patient or the referring provider



### Referring Provider

Provider who has evaluated the patient, determined the need for consultation, and has arranged the services of the consulting/Distant provider



### Consulting/ Distant Provider

Remote provider who is delivering care to a patient (or supporting a referring provider) via the telehealth system



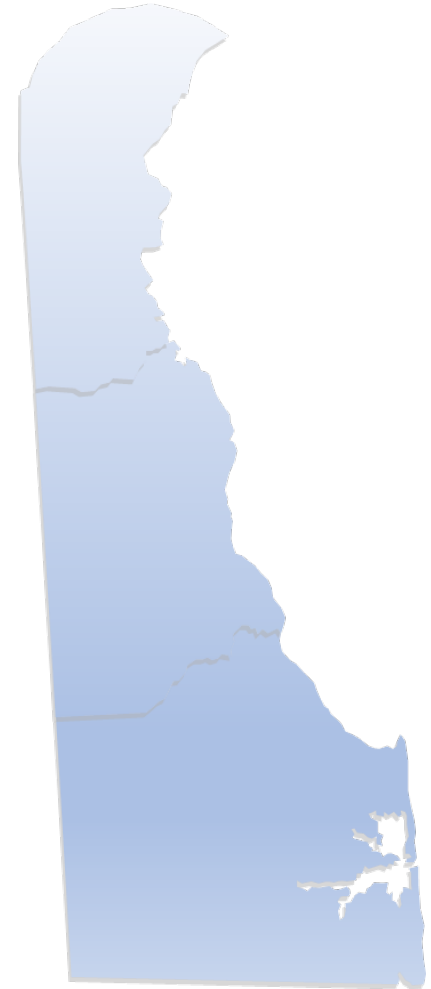
### Encryption

HIPAA Requires that data “at rest” and data “in transit” be encrypted, or scrambled, at a certain level of complexity. For data in transit, you should use SSL (Secure Socket Layer), the “S” in “HTTPS”. For data “at rest”, use AES-256.



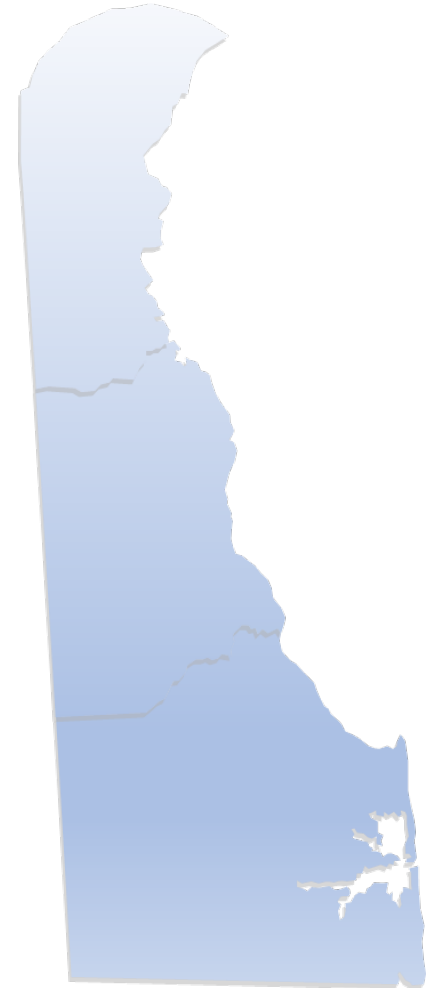
### Technology Requirements

- Audio and video equipment permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site.
- “Secure video-conferencing via personal computers, tablets, or other mobile devices” meet requirements for telemedicine
  - A computer with a standard camera and microphone setup will meet equipment requirements
  - Could also connect via a smartphone
- Real-time, encrypted streaming via the use of “Video camera, Audio equipment, and Monitor”



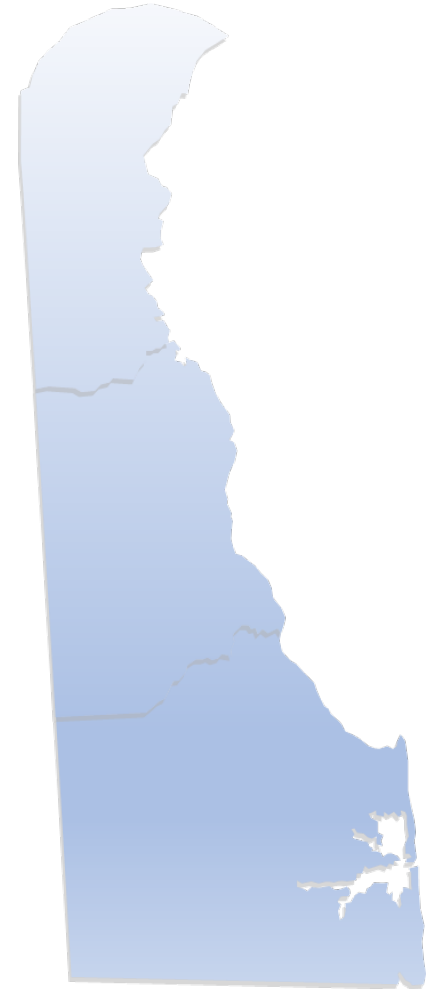
### Site Requirements

- **Distant Site** (i.e. provider location) must be a DMAP enrolled site or in a DMAP MCO, and must be a Medical Facility
  - Must be in the continental US
  - Not eligible for a ‘facility fee’
- **Originating Site** (i.e. patient location) may include the DMAP member’s place of residence, day program, or alternate location in which the member is physically present
  - Generates a “facility fee”
  - Can be a patient’s home if communication can be HIPAA-compliant, private, and secure, but does not warrant an originating site fee



### Emerging Medicare Rules

- Audio and video equipment permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site.
- “Secure video-conferencing via personal computers, tablets, or other mobile devices” meet requirements for telemedicine
- Real-time, encrypted streaming via the use of “Video camera, Audio equipment, and Monitor”





# VENDOR AND EQUIPMENT SELECTION PROCESS

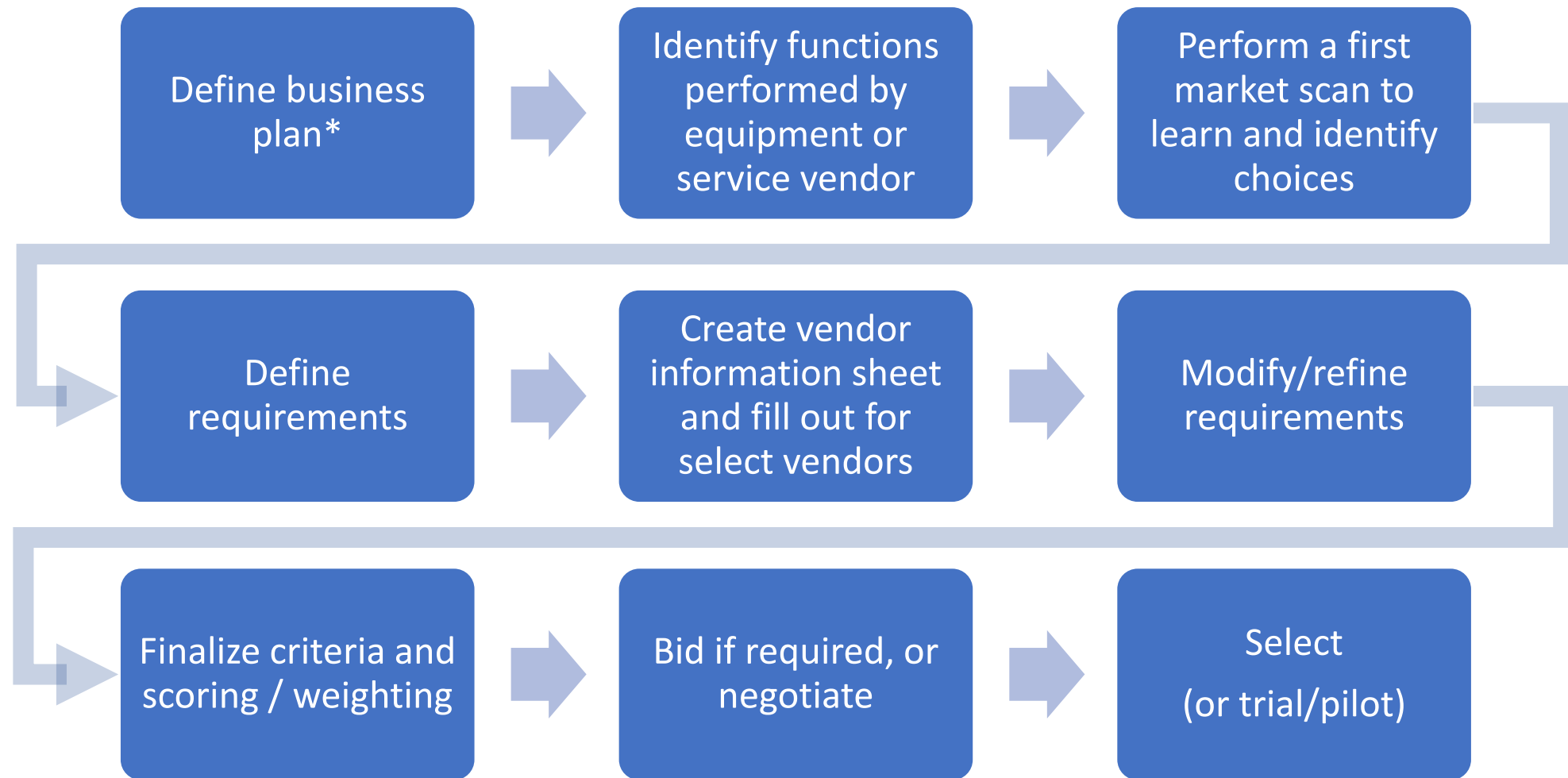
GREG VACHON, MD, MPH

*PRINCIPAL*

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## ■ TELEHEALTH: SELECTION PROCESS



\* See Webinar 5

<https://news.choosehealthde.com/news-article/hma-and-the-de-health-care-commission-announce-upcoming-webinar-series/>

### For high cost investments, perform assessment

- Is the practice/business ready to select solutions?
- Selecting equipment requires specific expertise and dedicated time. Take time to understand if you have these or need to get outside expertise.

*Example readiness assessment for equipment selection for tele-visits (virtual visits):*

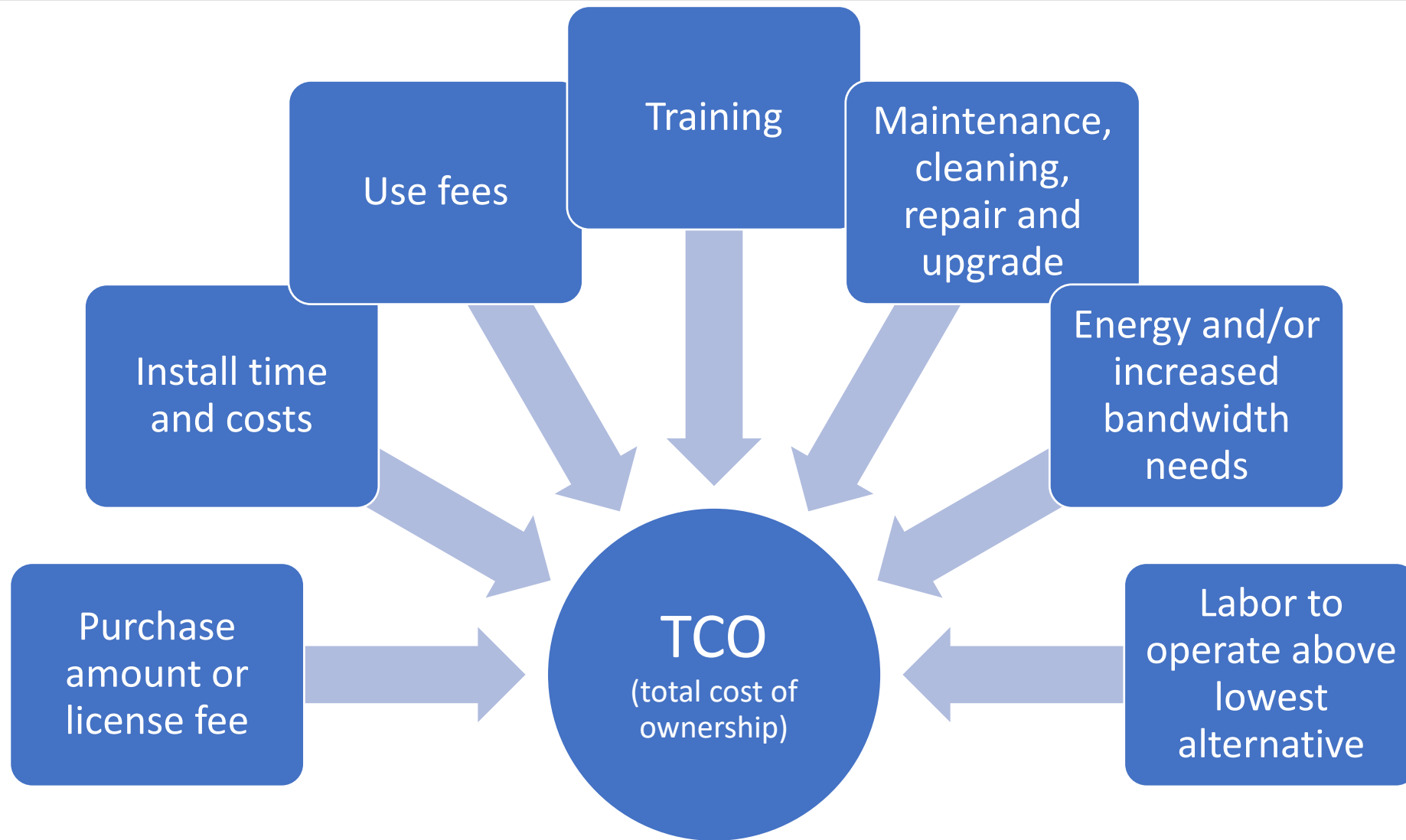
	NO	PARTIAL	YES		NO	PARTIAL	YES
Do you have a process for equipment selection such as a tool or checklist when evaluating different vendors and pieces of technology equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you identified a designated space with an appropriate layout to conduct a virtual visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there team members experienced in this process included in the evaluation and selection of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the designated space adequate for a private conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Has the security and privacy of the transmission been evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## ■ IDENTIFY SELECTION TEAM PROCESS (for high cost investments)

Team Members	Background and Skill Set
<b>Telehealth program manager</b>	Engaged at every step
<b>Executive and clinical champions</b>	Champions and decision makers need to have input and visibility in the process
<b>Technical support</b>	Familiar with organization's information technology capability
<b>Nurse/clinic manager</b>	On the ground leader familiar with how equipment will integrate into the clinic workflow
<b>Clinicians</b>	Clinician to test quality of patient interaction or of incoming data
<b>Medical Assistant and other clinic staff</b>	MA to assess general usability, functionality

## ■ DEFINING COST



# Everything has costs beyond purchase price



## ■ IDENTIFY FUNCTIONS, SCAN MARKET, & DEFINE REQUIREMENTS

### Functions

- The things the equipment or software or vendor should do
- *Examples:*
  - Provide secure audio/video connection from video visit room to consumers on smartphones
  - Provide fast, reliable advice to PCPs from a panel of specialists

### Market scan

- Google
- Experts at advocacy organization
- Network
- Professional experts



### Requirements

- The specific features that are required to perform the function
- *Examples:*
  - Transmit video in end-to-end encrypted format
  - Have features that create relationship between remote specialist and PCP such as photo and opportunity for back & forth communication

## ■ CREATE VENDOR OR EQUIPMENT INFORMATION SHEET

Requirement or other factor	Vendor 1	Vendor 2	Vendor 3
Total Cost of Ownership (per year over 3 years with baseline assumptions)	\$144,000	\$192,00	\$132,000
Revenue	\$240,000	\$240,000	\$240,000
Personalization of consult	5	2	3
Consult turn around time	6 hours	24 hours	48 hours
Pediatric behavioral health specialties covered	Yes	Yes	No
Data entry time needed by PCPs in minutes per consult	0	2	3
Ease of returning and receiving results in EMR	4	1	3



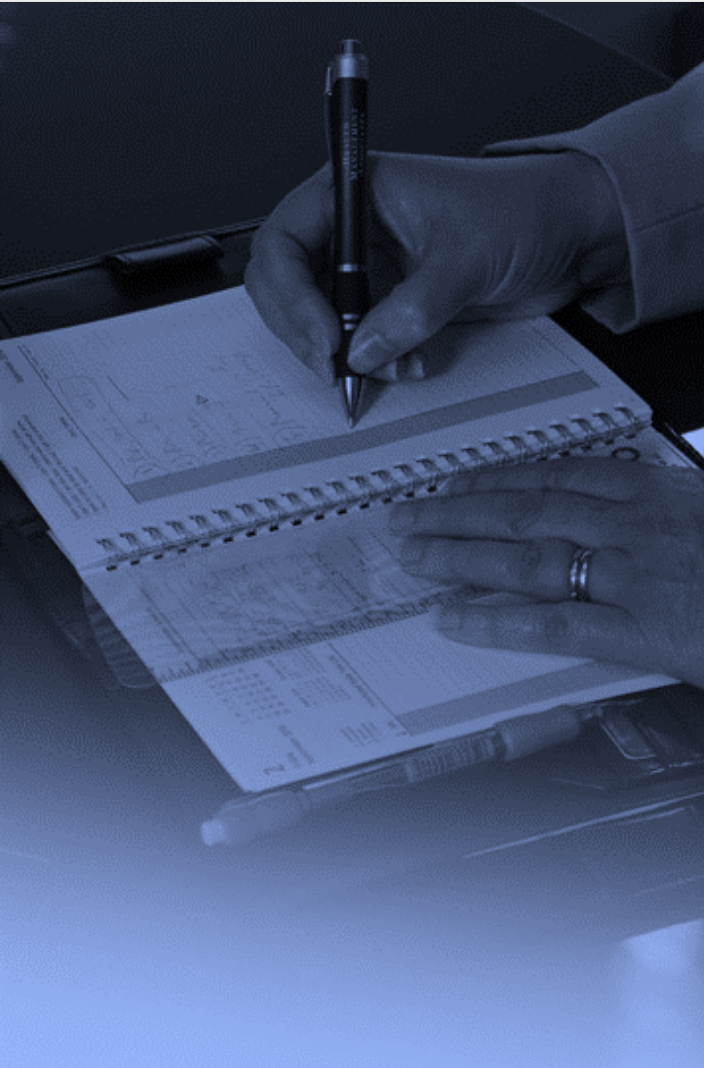
## ■ OTHER ITEMS FOR VENDOR INFORMATION SHEET

- SaaS vs Hosted & Cloud vs Private
- License structure (for TCO)
- Encryption
- HIPAA vs SOC2 or HighTrust
- Supported devices
- Reporting capabilities
- Equipment connectivity (like camera or add-on devices)
- Company characteristics
- Reference checks
- NDA, BAA
- Data ownership, data storage, particularly video storage and retrieval
- Process for credentialing providers if applicable
- Other regs, like TCPA

*And more, so get expert advice*



## ■ CREATING A SCORING SYSTEM & MAKE SELECTION



- Doesn't need to be perfect, but making explicit through applying weights will sharpen decision-making
- Groups can coalesce around the results of a weighting system
- Bidding, if needed, will be easier to manage with a weighting system in place
- Equipment is unlikely to have trial period, but many vendors with low capital costs (software) will offer trial periods or pilots. Generally not worth it to spend energy with multiple trials, but can be the right way to verify final selection



# USE CASES

*DAVID M. BERGMAN, MPA*

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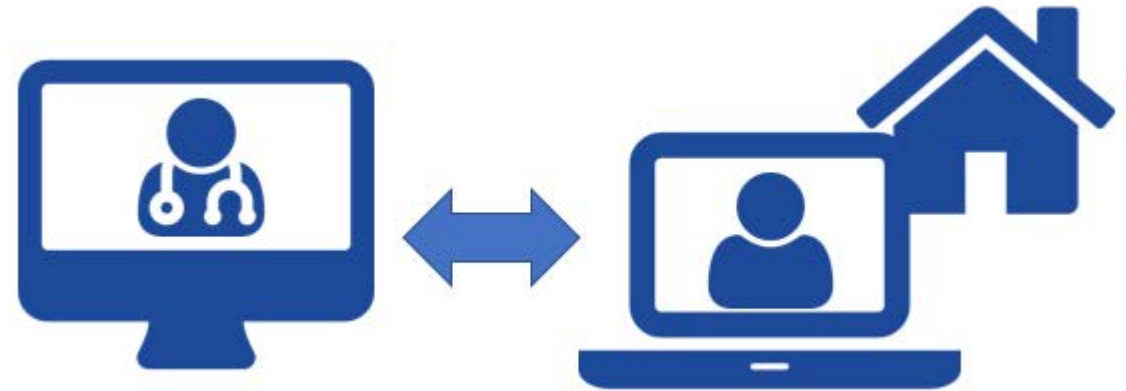
*GREG VACHON, MD, MPH*

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## ■ USE CASE #1: Provider ↔ Patient (at home)

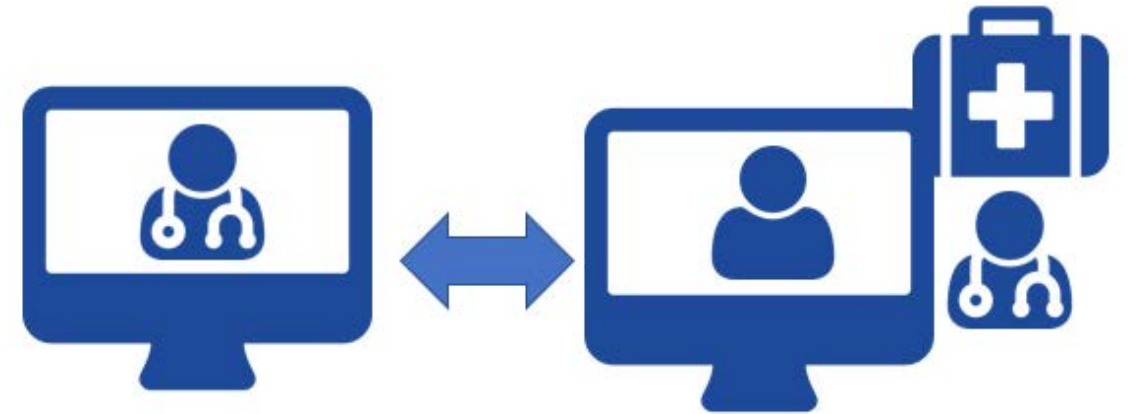
- Provider as previously scheduled a telehealth apt with a patient
- Telehealth Application Features:
  - Computer (desktop/laptop)
  - Smartphone application
  - Encrypted (AES 256) end to end
  - BAA signed/executed
  - 'Save' function disabled\*
- Provider initiates the session
- Provider documents care delivery in the EHR, and bills as a normal visit



\*16.3.4.1: "Asynchronous or "store and forward" applications DO NOT meet the DMAP definition of telemedicine. Information is not permitted to be stored in any format for future use."

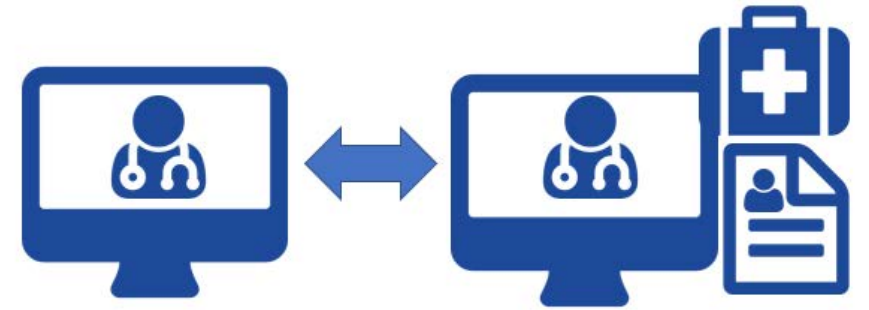
## ■ USE CASE #2: Provider ↔ Patient (Medical Office)

- Provider identifies need for patient to get outside counsel.
- Appointment set up with a remote provider
- Onsite provider takes patient to TeleHealth Room, initiates session with remote provider, and confirms start of session.
- Telehealth Application Features:
  - Computer (desktop/laptop)
  - Smartphone application
  - Encrypted (AES 256) end to end
  - BAA signed/executed
  - 'Save' function disabled\*
- Referring provider can bill a facility charge of Q3014 with a Revenue Center code of 0780



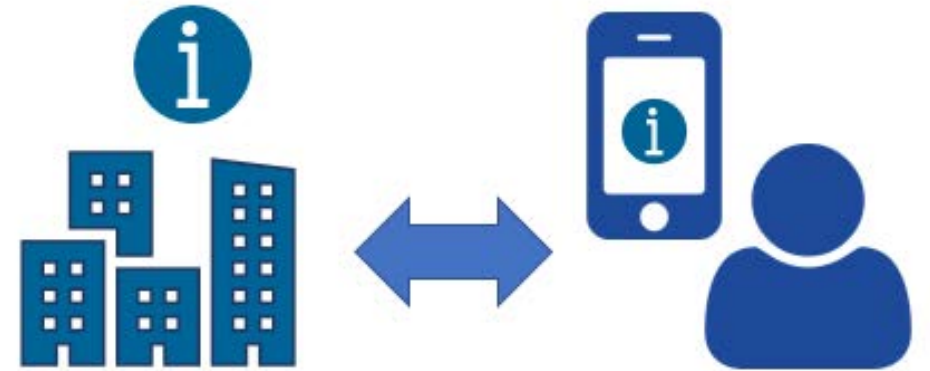
### ■ USE CASE #3: Provider ↔ Provider

- Provider seeks a consultation with another provider concerning a particular patient
- Rendering of consultant's opinion/recommendation occurs at another time (asynchronous) and without patient interaction (but may include, as needed, back and forth communication with the consulting provider)
- Telehealth Application Features:
  - May include EMR integration or embeddedness
  - Secure single sign on to web app if external to EMR
  - Consent of patient (rules being defined for CA and CMS and relate to the bill that the patient could receive from rendering provider, not getting opinion)
- Billing: California about to include for Medicaid, CMS is unbundling for Medicare



## ■ USE CASE #4: System ⇔ Patient

- A health system interacts with patient to support treatment goals with use of automated text messages
- Patient or member requests (& consents) to communications
- Telehealth Application Features:
  - Ability to define and refine automated messages to like patients/members
  - Encryption at rest and transit, up to point of carrier
  - TCPA compliance wired in
- Reporting capabilities are key to ensuring expected return on investment is occurring





A close-up photograph of a hand holding a pen, poised to write on a document. The image is overlaid with a semi-transparent purple filter. The text 'Q&A' is centered in a white, serif font.

Q&A

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HEALTH MANAGEMENT ASSOCIATES

Questions? Comments?

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## ■ NEXT STEPS

- Contact us to get on our list for future webinar invites.
- Reach out to the speakers to request additional assistance.
- Look for a follow-up email:
  - Provide input for this and future sessions using the evaluation form.
  - Check the website for the webinar recording.

<https://news.choosehealthde.com/news-article/hma-and-the-de-health-care-commission-announce-upcoming-webinar-series/>

- Save the date for the next webinar.

- **Use Cases from the Field**

- ***Tuesday, January 29, Noon***

***Thank you!***