

TELEHEALTH: THE NEW FRONTIER

Avoid the ER/Urgent Care: Telehealth for the Intellectual and Developmentally Disabled Population



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Agenda

Individuals with Intellectual and Developmental Disabilities (I/DD) and StationMD

Challenges for the I/DD Population in the Current System

Telehealth as a Solution

Missouri Division of Developmental Disabilities – A State Initiative

Implementation, Data and Outcomes

The Future of Care/The Standard of Care/A Sustainable Solution

StationMD: A Healthcare Solution to Meet these Challenges and Support People with I/DD

Founded by board certified emergency medicine doctors, telehealth pioneers

Treat complex medical issues, thousands of encounters, COVID-19 experience

Certified to provide specialized care to people with I/DD , multiple states



Committed to Pioneering Advancements for Individuals with I/DD

- Proud members/sponsors of:

- Featured speakers across the country



- ANCOR National Webinar 2019
- 17th Annual AADMD Conference
- AAIDD 2019
- The Arc’s NCE 2019 Summer Leadership Institute
- INARF Virtual Conference 2019
- The Arc of Mississippi Virtual Conference 2019
- Tennessee DIDD Enabling Tech Conference 2019
- 25th Annual Case Management Conference 2019
- ADDP Tech Talking Conference 2019
- CP of NYS Annual Conference 2019
- NJACP 2019
- ACCSES Winter Summit 2020
- DDNA National Webinar 2020
- PAR Virtual Conference 2020
- Washington DC Coalition of Direct Service Providers 2020

The Issue



People with I/DD are more likely than others to use services

- ❑ Significantly higher ED use relative to other groups
- ❑ More likely than individuals without I/DD to visit the ED
 - ❑ 33.96% versus 20.28% ($p < 0.0001$) according to one study*
 - ❑ 2x as likely according to a United Kingdom study**
- ❑ More than 5x as likely to have pneumonias and UTIs**

*Emergency Department Use: Common Presenting Issues and Continuity of Care for Individuals With and Without Intellectual and Developmental Disabilities, Durbin et al. [Journal of Autism and Developmental Disorders](#). October 2018, Volume 48, [Issue 10](#), pp 3542–3550

**Population Health Research Institute, St George's University of London, United Kingdom

People with I/DD

- ❑ Have more frequent hospitalizations than other groups due to:
 - Seizures
 - Pneumonia
 - Gastrointestinal Conditions
 - Behavioral Health
- ❑ 3-5x more likely to contract COVID-19
- ❑ Increased mortality from COVID-19

ER Experience for Individuals with I/DD

General disruption, weeks to stabilize and puts many at risk

Frightening for individuals with I/DD

Trauma of Transport

Exposure to Infections
COVID-19

Disruption of Routine

Missed Medication

Frequent Causes of Emergent and Urgent Care Use

High Risk/Multiple Comorbidities ♦ Regulatory Requirements ♦ Primary Doctor Unavailable ♦ Other Lack of Access



Urgent and Emergent Care for People with I/DD

Participant

- **Disruption of routine**, transportation, exposure to infection
- **Access to physician care** outside of business hours and in some geographies
- **Lack of physicians experienced** in serving people with IDD (ER by default)

Caregivers & Support Staff

- Unexpected **schedule changes** (and extended shifts)
- **Staff safety** and exposure and injuries from decompensating behavior
- **Job stress**, dissatisfaction and **turnover**

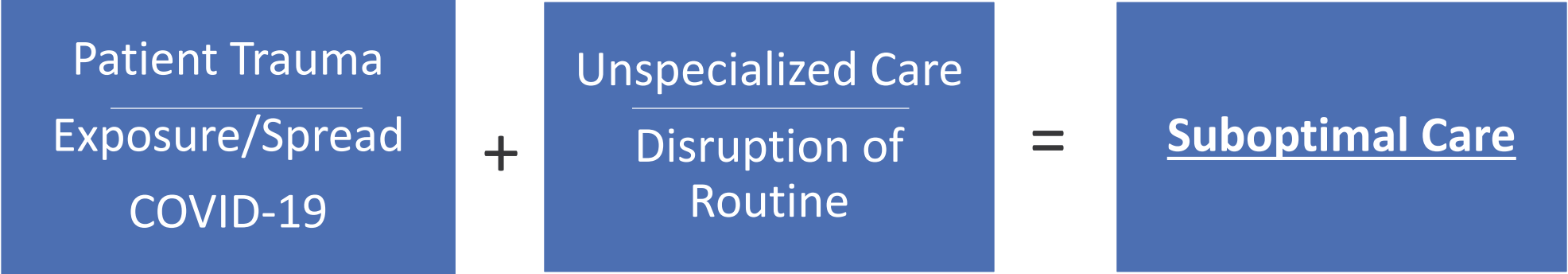
Provider Agencies

- **Meeting participants' complex needs** while managing infection controls
- **Staffing** (safety, overtime pay, burnout, shortages, turnover)
- Regulatory **compliance** and misinformation

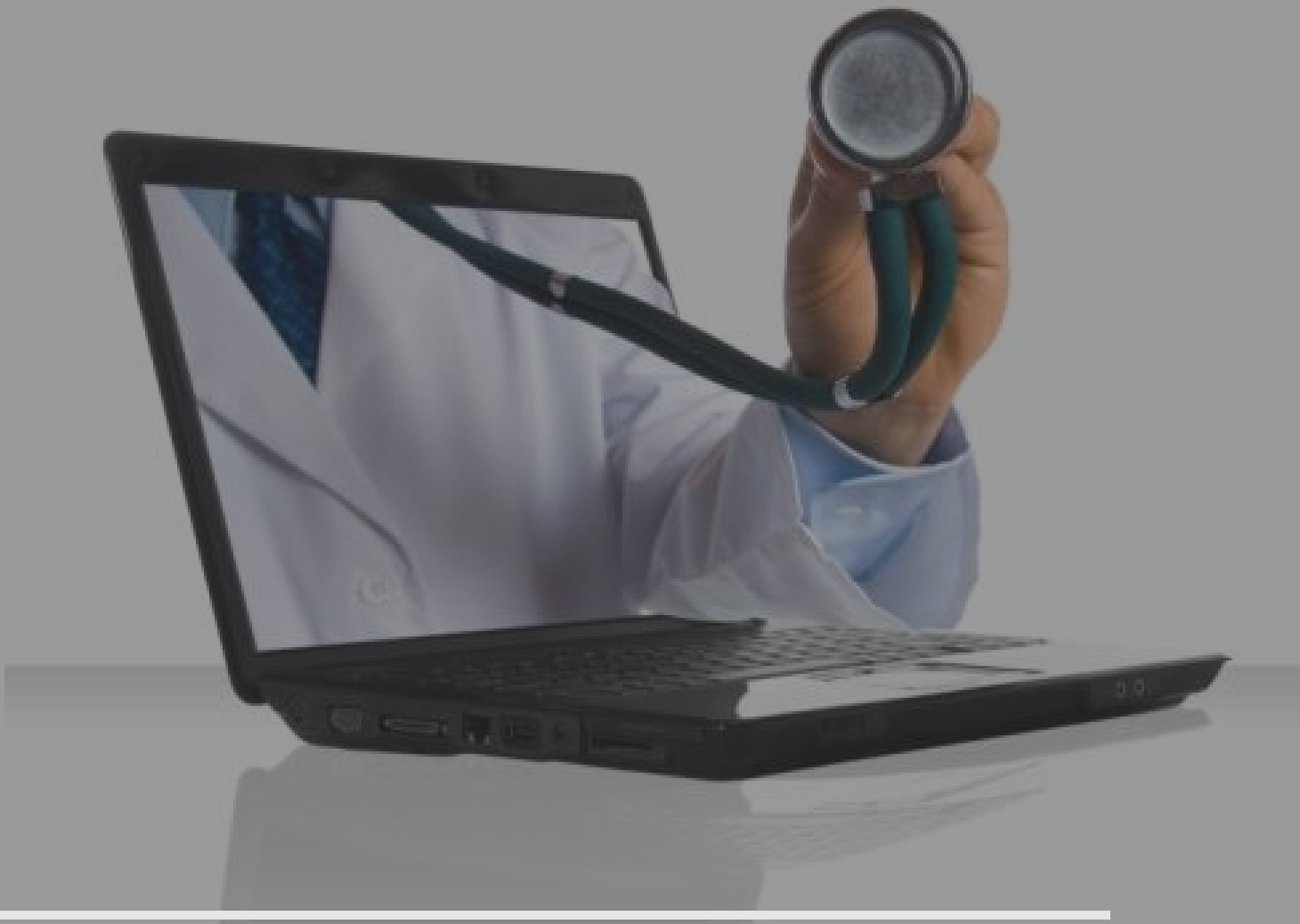
Payers & Regulators

- **Participant experience** (health, safety and welfare; member satisfaction and retention)
- Population health & **cost and quality of care** (including infection rates)
- **Workforce development** and provider **network sustainability**

Expensive Yet Suboptimal



A Solution



How Telemedicine Can Help


Problem	Solution
<ul style="list-style-type: none"> Lack of Access 	<ul style="list-style-type: none"> Telehealth technology removes the Geographic Impediments
<ul style="list-style-type: none"> Suboptimal care for specialized needs 	<ul style="list-style-type: none"> Utilize Doctors who have specialized I/DD training Provide Access to medical records/database Personalized care provided in safety of person's own environment
<ul style="list-style-type: none"> Primary Care Evaluation Unavailable Off-Hours 	<ul style="list-style-type: none"> Need availability 24 hours/day
<ul style="list-style-type: none"> Regulatory pressures/Coordination 	<ul style="list-style-type: none"> Need doctor evaluation immediately Provide full documentation/PMD no

Designed to Augment Not Replace Primary Care

Telemedicine	Primary Care
<ul style="list-style-type: none"> Addresses high glucose readings with immediate medication adjustment 	<ul style="list-style-type: none"> Manages daily meds for chronic conditions (i.e., insulin regimen, cholesterol medications)
<ul style="list-style-type: none"> Medication refills/clarification/reconciliation 	<ul style="list-style-type: none"> Prescribe long-term medications
<ul style="list-style-type: none"> Evaluates after an incident to meet regulatory requirements Performs regular “check-ins” as needed 	<ul style="list-style-type: none"> Manages long-term goals of treatment
<ul style="list-style-type: none"> Handles urgent medical issues 	<ul style="list-style-type: none"> Monitors medical screening issues (i.e., colonoscopy)

Other Tools that Help Augment Care


Immediate access at anytime to high-quality ER doctors, specially trained in the care of people with I/DD can make a significant impact along with:



Proven
treatment guidelines/
COVID-19 updates



Doctor
training



Quality
reviews



Educational
series

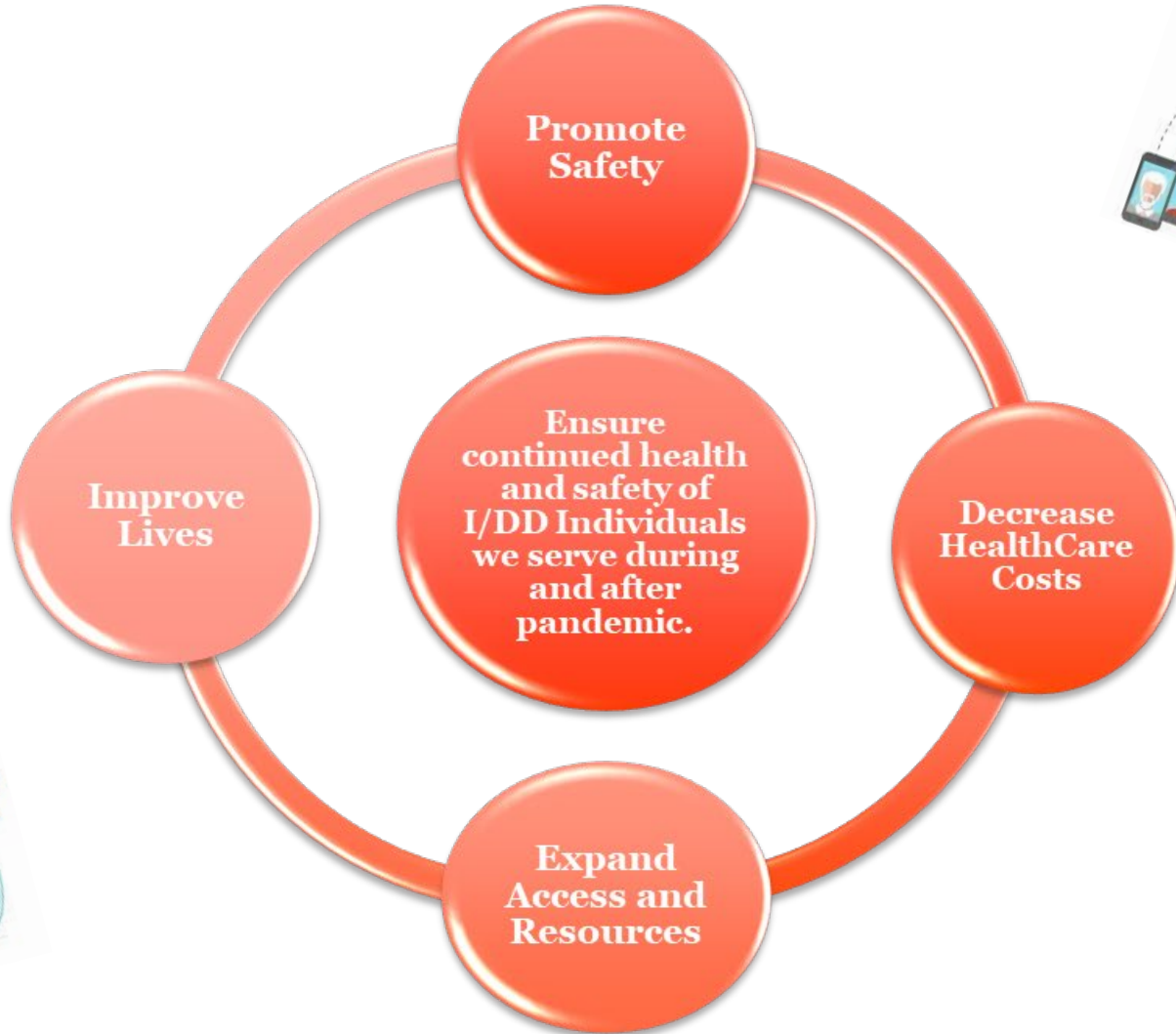
In Action:
Missouri Department of Mental Health
– Division of Developmental Disabilities



The Need

- ❑ Missouri was already working with StationMD and UMKC Institute for Human Development (IHD) on another project and this group saw the potential for this telehealth solution during the pandemic.
- ❑ COVID-19 presented the Division of Developmental Disabilities with unique challenges, quick and innovative approach's to medical care for the Intellectual/Developmental Disabilities (I/DD) population had to be adopted quickly to ensure continued high quality care.
- ❑ The Division contracted with a new service called [StationMD](#), the availability of the Federal CARES Act funding and emergency procurement allowed us to move quickly to secure the contract.
 - This telehealth medical service offered immediate virtual access to emergency medicine physicians, specifically trained in the care of people with I/DD.

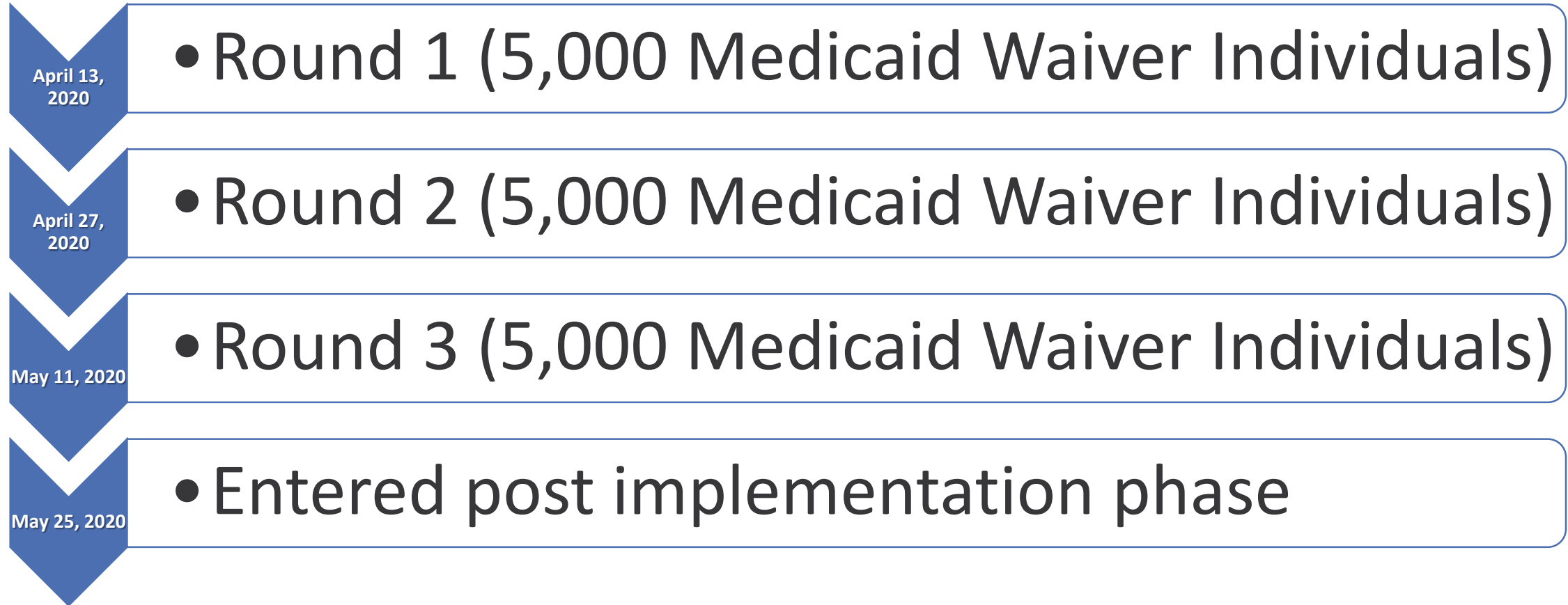
Our Goals



Implementation

- ❑ Initial Implementation of the service was completed in three increments over 6 weeks (April 13 - May 25, 2020) and targeted approximately 15,000 Medicaid Waiver recipients.
- ❑ The first round of implementation targeted 5,000 Medicaid Waiver recipients.
 - Same principal of 5,000 was applied to the subsequent two rounds of implementation.
- ❑ The initial targeted round of implementation for StationMD begin on April 13, 2020 for the Division.

Timeline of Implementation



Who is Eligible?

- ❑ All HCBS I/DD Medicaid Waiver recipients are eligible to use StationMD service in the Division.
 - In MO, this is around 15,000 I/DD individuals that are eligible to use the service.
 - The Division is working on how to include this service in the waiver plans for these individuals.

- ❑ The Division covered the cost of the service for Medicaid Waiver recipients.
 - The only expense to the individual/family or agency was the electronic communication device(s) such as a phone, tablet, or computer.

Implementation Actions

- ❑ Information Letters sent to Individual/Families and Agency Staff/Providers.
- ❑ Educational Webinars provided to staff/providers and individuals/families.
- ❑ Information packets, flyers and recorded materials sent out via mail and electronically.
- ❑ Dedicated webpage and website created for easy reference and use.
- ❑ FB live events, social media, agency specific presentations and trainings
- ❑ UMKC (IHD) assisted in communication efforts to In-home families.

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STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
DIVISION OF DEVELOPMENTAL
DISABILITIES
1706 EAST ELM STREET, P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
<https://dmh.mo.gov/dev-dsabilities>

April 8, 2020

Dear Individual Participant & Family:

The Missouri Department of Mental Health, Division of Developmental Disabilities is pleased to announce a new service called **StationMD**. This is a telehealth medical service that offers immediate virtual access to high-quality emergency medicine physicians, specifically trained in the care of people with Intellectual/Developmental Disabilities (I/DD). It is available 24-hours a day to act as a resource for you to call if you have a medically related concern about yourself or an individual you support. StationMD allows physicians to assess an individual, including the ability to check heart and lung sounds, etc. through a virtual on-line connection. The program is an addition to the current medical care offered by each individual's primary care physician. The initial targeted round of implementation for StationMD will begin April 13, 2020.

The goal of this program is to make a doctor available, by phone, to help avoid taking individuals out to the doctor's office or to the emergency room. The StationMD doctor can advise if getting medical attention at the emergency room or doctor's office is necessary. For those who choose to participate, the StationMD physicians will have access to an individual's medical records and will provide copies of the consultation notes they create. The physician consultations will be available to the individual's primary care physicians, nurses, and family members. Other medical orders and follow-up care will be communicated with you or your family member. This allows you to carry out the physician's orders and coordinate the care.

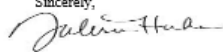
During the COVID-19 pandemic, this service will allow individuals and families:

- Access to medical professionals from the convenience of their home for any urgent medical need;
- Reduce or eliminate exposure of COVID-19 positive individuals at a clinic or hospital setting; and
- Provide effective follow-up and monitoring of medical needs.

StationMD is HIPAA compliant. There is no recording of the session, no data is stored on the electronic device used for the assessment, and there is only a log of the call. The physicians affiliated with StationMD are board certified and licensed.

The Division is covering the cost of the StationMD service for every Medicaid Waiver recipient that chooses to participate. All Medicaid Waiver recipients will be automatically enrolled but it will be up to the individual/families to choose if they want to use the service. The only expense to the individual or family will be for the electronic communication device(s) such as a phone, tablet, or computer. Other additional devices such as stethoscope, pulse oximeter, blood pressure cuff, etc. can be purchased by the individual or family, if desired. The Division is looking for grants to help with these expenses.

More information will be sent out soon on how to access this service. In the meantime, we are asking you to consider if you would like your family member to participate in this service. Questions may be directed to ddmail@dmh.mo.gov or to MO-DMH@stationmd.com or call (908)-663-2929 ext. 830.

Sincerely,

Valerie Huhn, Director
Division of Developmental Disabilities

An Equal Opportunity Employer; services provided on a nondiscriminatory basis.

StationMD Website & Resources

☐ <https://dmh.mo.gov/dev-disabilities/stationMD>

- Flyer
- Information letter
- Family Packet
- Telemedicine Hx Form
- Directions for App
- Slides
- Podcast/FB live events

The screenshot shows the Missouri Department of Mental Health website. At the top, there is a navigation bar with the department's logo and name, and links for 'MO.gov', 'Governor Parson', and 'Find an Agency'. Below this is a secondary navigation bar with categories: 'Crisis Assistance', 'Alcohol and Drug Use', 'Mental Illness', and 'Developmental Disabilities'. The 'StationMD' section is highlighted in a dark blue box. Below the title, there is a paragraph of text explaining the partnership and service details. A green button with the text 'Click here to go to StationMD' is prominently displayed. Below the button are three expandable menu items: 'Information and Education', 'In-home Individuals/Family Guidance', and 'Residential Provider Agency Guidance'.

StationMD by the Numbers (in Missouri)

- ❑ Total of 1,127 calls
- ❑ Averaging around 200 calls per month with anticipation to double call volume each month
- ❑ Top 5 calls made by Diagnosis:
 - Medication Refill
 - Cough
 - Acute Upper Respiratory Infection
 - Abdominal Pain; and
 - Coronavirus

**Data based on April 15, 2020 - November 30, 2020*

Calls by Outcome (April – November 2020)*

Calls by Outcome (OBS=Observe in Place; XFR=ER or Urgent Care Transfer)

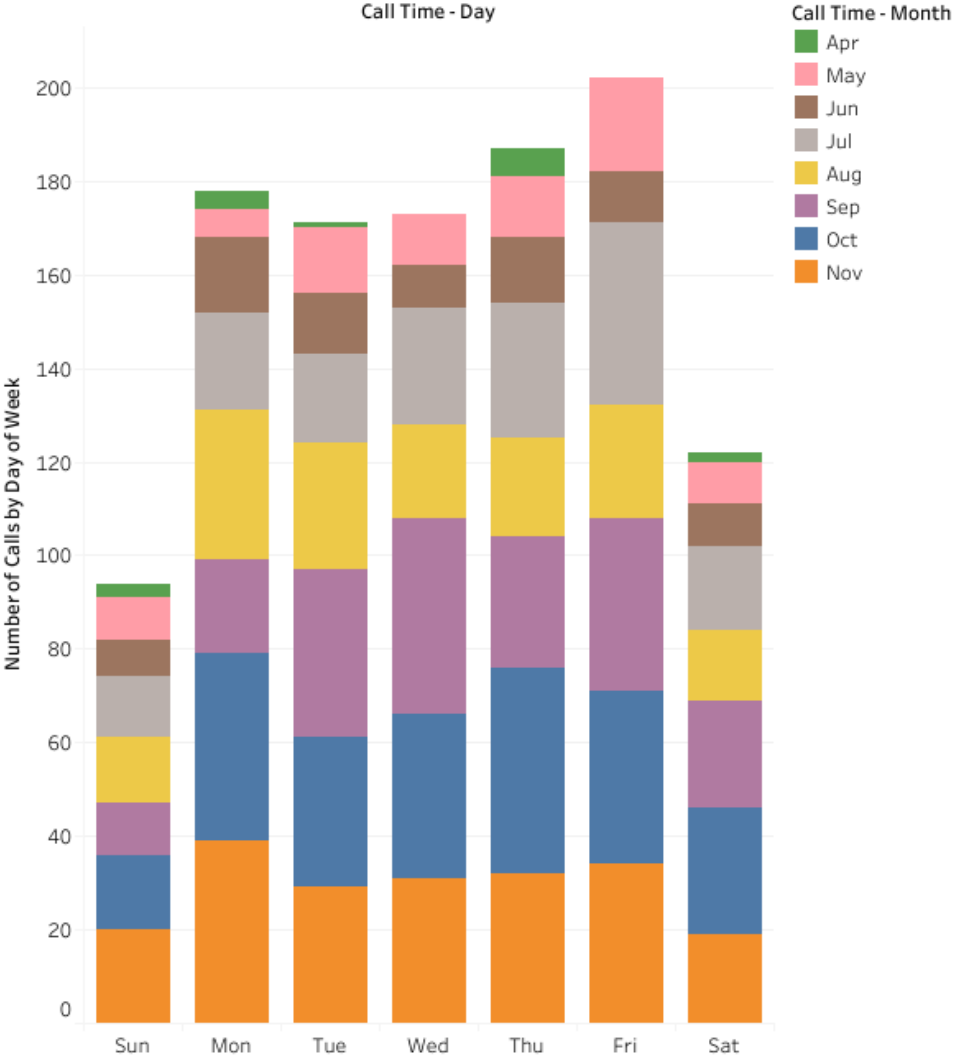
Outcome	Grand Total	Call Time - Month								
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
OBS	947	14	67	66	140	127	167	196	170	
XFR	180	2	15	14	24	26	30	35	34	
Grand Total	1,127	16	82	80	164	153	197	231	204	

***Great progress being made in keeping individual with I/DD out of the ER and hospital setting by intervening with telemedicine treatment, more data and information being collected through ROI study.**

*Data based on April 15, 2020 - November 30, 2020

Calls by Day of Week

Calls by Day of Week



*Data based on April 15, 2020 - November 30, 2020

Challenges

- Signed consent in some cases.
- Communication, especially in the privatized in-home caseload.
- Brand recognition of StationMD in Missouri.
- Technology needs and/or funding.



Lessons Learned

- ❑ Outreach to in-home recipients
- ❑ Privatized caseloads - update contact information
- ❑ Communication, Communication, Communication
- ❑ Partnerships are key!



Story from the Field

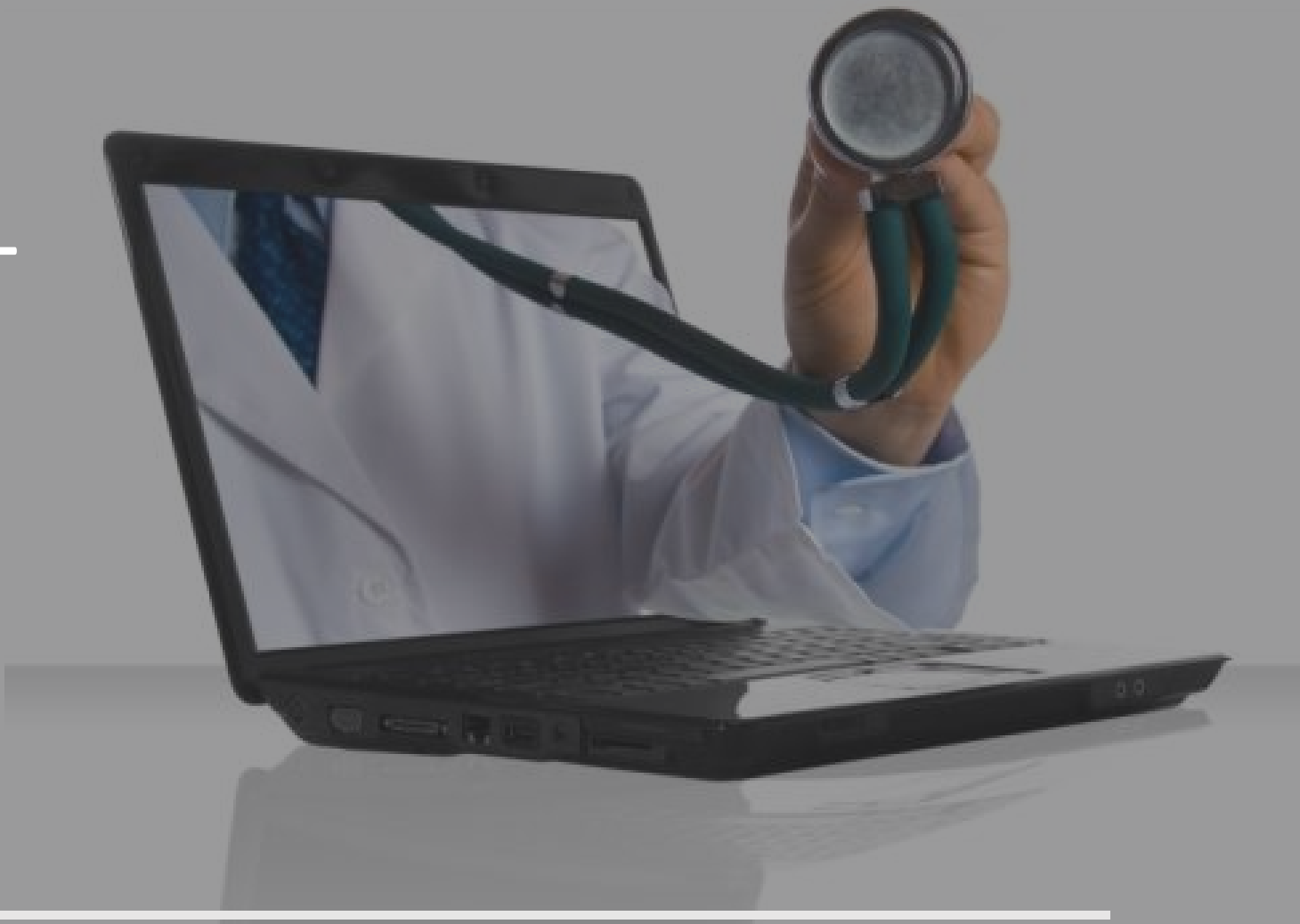
Submitted Story from Individual Family:

“This individual has mitochondrial encephalomyopathy. The individual was throwing up all day yesterday and his mother was trying everything to give him relief. Due to his unique life, he is unable to tell/show you or show you symptoms he may be experiencing. His mother got so scared it may be COVID-19 or something much worse. She was sceptic of utilizing StationMD but she contacted them to try it out. She was so impressed she asked to share her story to help others who are hesitant. When she called, the person who answered walked her through registering, getting the App installed and by the time she first called within 10 minutes, there was a doctor doing a FaceTime visit with her and her son. The physician had her push on his belly, take his blood pressure, take his temperature, then advised her to take him to the ER. StationMD even called the ER, updated them on what was happening to prepare for his arrival. They arrived and everyone was ready for him, treated him with ease, he received a COVID test which was negative and was sent home with a treatment plan. She said it was so beneficial to them and felt a lot of support in finding relief during a traumatic time. She encourages you to encourage your natural homes and providers to utilize StationMD for support in any situation”.

Long Range Financing

- ❑ Originally contracted through emergency declaration on our state.
- ❑ Working on ROI Study.
- ❑ Working towards including in HCBS waiver.

The StationMD Process Step-by- Step



Change in Condition

24 yo female with CP, asthma

- Develops cough
- Fever of 101°
- Oxygen saturation 90%

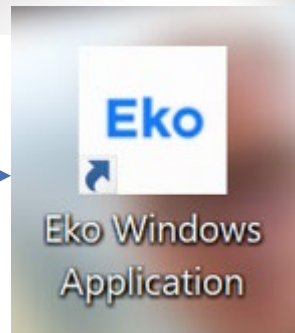
Activate

- Facility Staff initiates SMD encounter
- StationMD doctor reviews patient's records and **keeps staff safe and educated**



Physician Assessment

- Telemedicine consultation initiated
- A physical exam is performed
- Physician will let direct support staff know if stethoscope is needed



Stethoscope App

Treat Patient

- Asthma exacerbation and Respiratory infection
- StationMD provider prescribes meds if needed
- Determine if further treatment/testing needed

Share Treatment Plan/Follow-up

- Follow-up exam by StationMD doctor
- Breath sounds show improvement. Patient comfortable. Oxygen 95% (monitored)
- Documentation in EHR, Primary Care Physician Notified



Unnecessary trip to ER avoided

If patient had not improved- StationMD would contact ER to expedite visit & review history

Other Typical Cases (not always emergent!)

Medication Refill

Medical question/
medication
reconciliation

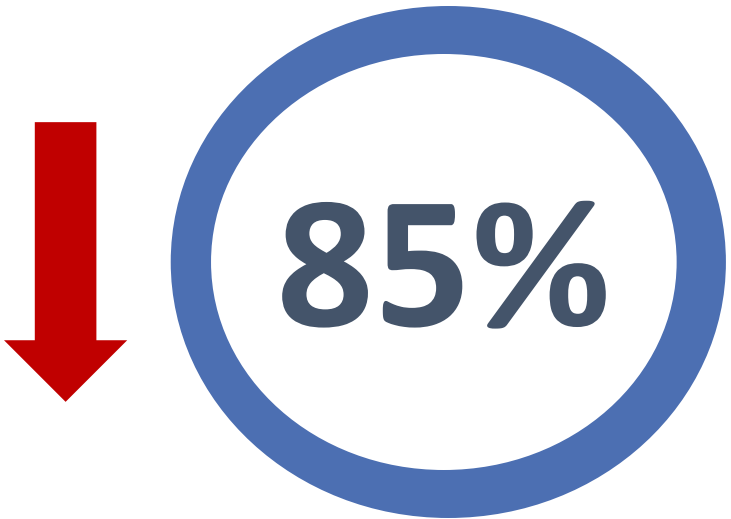
Behavior Change

Constipation

Clinical and Economic Outcomes Across All States We Serve



Proven Outcomes



Data from all clients shows an average 85% treat in place rate reducing ER and Urgent Care transfers

**Data for Individuals with I/DD
 March 2016-June 2020**

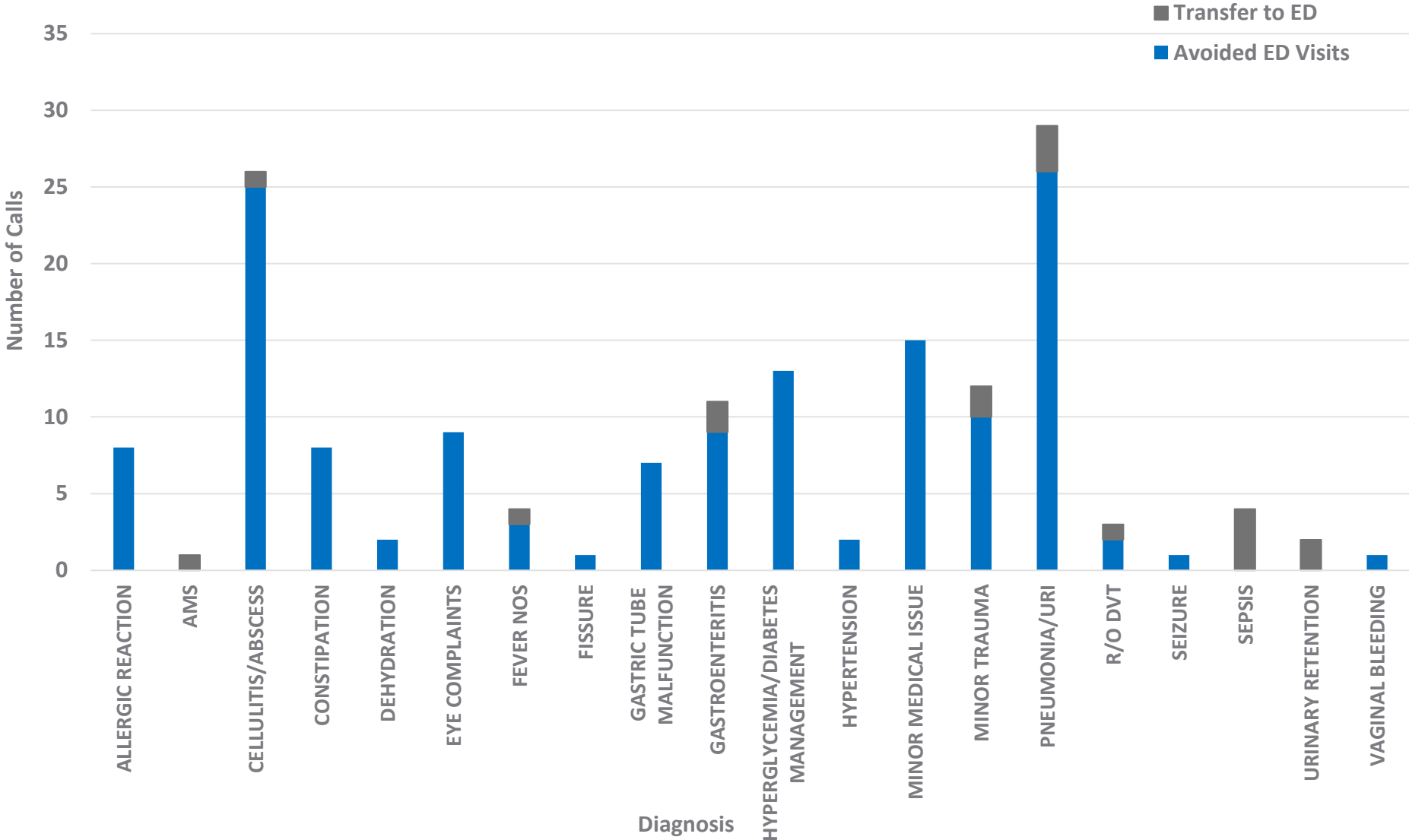
StationMD Visits by Outcome

Time Period	% Treated in Place
03/2016-12/2016	86.4%
01/2017-12/2017	86.0%
01/2018-12/2018	89.1%
01/2019-12/2019	87.2%
01/2020-06/2020	88.0%

87.3% of StationMD Clients with I/DD Are Treated in Place

Most calls result in avoided ER transfers across diagnoses

Calls by Diagnosis and Outcome



Logistical Considerations



Several Avenues for States to Cover Service



- State Funds
 - Missouri



- HCBS Waiver
 - Tennessee



- Contract with OPWDD
 - New York

Lessons Learned

Pandemic has created sense of urgency – proven the model, standard of care

Service does not fit into traditional HCBS taxonomy – so creativity and flexibility are important

Look to other states and programs for models that can serve as examples – collaborative space

Specialized telemedicine is essential for the IDD community

Develop a strategic participant outreach and education approach – change in culture

Capture data to enable measurement of performance and return on investment

Thank You!

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