Improving School-Based Clinic Efficiency with Telehealth

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CHRISTUS Health
Conflict of Interest

S. Luke Webster, MD
And
Ellen Ford, BS

Have no real or apparent conflicts of interest to report.
Agenda

• Learning Objectives
• S.T.E.P.S. Benefits
• Who We Are - CHRISTUS Health and CHRISTUS Foundation
• Telehealth Defined
• The CHRISTUS Telehealth Journey
• Telemedicine Benefits
• School-Based Clinic Staffing Model and Workflow
• Our Implementation Process
• Challenges & Learned Lessons
• Measures of Success
• Expanding Beyond the Pilot
• Recommendations
• S.T.E.P.S. Benefits – Additions
• Q&A
Learning Objectives

✓ Explain why CHRISTUS Health entered the telehealth arena

✓ Describe the telehealth pilot program planning and implementation processes

✓ Compare the workflow process change pre-telehealth versus post-telehealth

✓ Discuss challenges faced and lessons learned, including measures of success

✓ Explain telehealth expansion opportunities beyond the Pilot Program
S.T.E.P.S Benefits

**S** - SATISFACTION
Positive provider satisfaction

**T** - TREATMENT
Increase clinical access and treatment of underserved children

**P** - PATIENT ENGAGEMENT / POPULATION MANAGEMENT
Successfully managing health needs where provider shortage was identified
CHRISTUS Health operates facilities in six U.S. States, Mexico, and Santiago, Chile.
CHRISTUS Foundation for Healthcare

Mobile Clinics

School Clinics

Meals

Provided over 62,000 neighbors better healthcare.
Telehealth in Texas

“...the use of healthcare information exchanged from one site to another via electronic communications for the health and education of the individual or provider, and for the purpose of improving patient care, treatment and services.”

— 25 TEX. ADMIN. CODE 412.303
Current Telehealth Modalities

Remote Patient Monitoring

Store and Forward

Real-Time Telemedicine
Our Telehealth Journey

Today:  Expansion of All Programs
August 2014:  School-Based Telemedicine
July 2012:  Remote Patient Monitoring
May 2012:  Tele-Neurology
The Benefits of School Telemedicine

- Reduces absences
- Reduces family health care expenditures
- Increases access to primary care services
- Improves school-clinic efficiency
Pre-Telemedicine Model
The Telemedicine Kit
Revised, More Efficient Model

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Telemedicine Workflow Map

1. Student Presents in Clinic
2. NP Contacts Parent/Calls in Prescription
3. NP Documents Consult in EMR
4. NP Conducts Telemedicine Consult
5. NP Reviews Patient Vitals and Signs On
6. MA Contacts Nurse Practitioner [NP] at Remote Site
7. MA Determines if Telemedicine Consult Required
9. NP Conducts Telemedicine Consult
10. NP Documents Consult in EMR
1) Appoint Cross-Functional Team
2) Assess Connectivity
3) Purchase Supplies
4) Develop Program Documents
5) Conduct Staff Training
6) Go Live!
Program Challenges

- CONNECTIVITY
- SECURITY
- INTERNAL RESISTANCE
- TECHNICAL SUPPORT
- CONSENT FORMS
Lessons Learned
Lessons Learned

• Conduct comprehensive connectivity assessment

• Educate school faculty and IT leaders

• Provide dedicated Technical Support resource

• Provide On-Line Documents for Parents
Measures of Success
Pilot Program

- 3 to 16 Schools
- 110 Consults
- Decreased Lag Time 55%
- Provider Satisfaction
- Reduced Absences 92%
Our Success Continues!

- On-line Forms
- Speaking Engagements
- 117 Consults (first semester)
- Reduced Lag Time 50%
- Faculty Satisfaction
- More
Expanding Beyond the Pilot

Existing School-Based Clinics

Mobile Clinics

Associate Health

Specialty Care
Recommended Strategies for Telehealth Expansion

- Prioritize Data Analytics
- Meet Population Health Needs
- Identify Right Solution
- Conduct Pilot Studies
- Cross-Functional Approach
S.T.E.P.S Benefits - Revised

**S**
SATISFACTION
Positive provider and faculty satisfaction

**T**
TREATMENT
Providing more efficient care

**P**
PATIENT ENGAGEMENT / POPULATION MANAGEMENT
Parents more engaged in family health leading to healthier students

http://www.himss.org/ValueSuite
Any Questions?
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