Telehealth Program Strategies and Business Plans Revealed
March 4, 2016

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Conflict of Interest

Rob Marchuk, MPH, MBA, FACHE
Has no real or apparent conflicts of interest to report.

Nannette Spurrier, MS
Has no real or apparent conflicts of interest to report.
Agenda

• Adventist Health’s Telehealth Initiative
• Telehealth Market Landscape
• Telehealth Strategy and Business Plan
• Telehealth Program Implementation
Learning Objectives

• **Analyze** the telehealth market and discuss the changing landscape of telehealth including traditional and emerging market solutions

• **Define** the components of a telehealth strategy and business plan including staffing models, market analysis, technology solutions, 1,3,5 year planning, financial models and creating the telehealth ‘Building Blocks’ for a mature clinical program

• **Describe** how to implement the plan successfully including leadership communication plans, internal and external marketing and creating a measured plan for success
Realizing the Value of Telehealth

**Patient Satisfaction**
- Access to specialists from rural locations

**Physician Satisfaction**
- Consults with specialists when needed

**Patient Costs**
- Reduction in travel costs

**Physicians Costs**
- Costs related to missed appointments

**Access to Specialists Regardless of Location**

**Patient Accountability**
- Patient Education

**Outcomes Improved**
- Coordinated Patient Care

**Extended Clinical Reach**

**Improved Outcomes**
- Timely Patient Care

**Avoidance of unnecessary transfers**

**Reduction in unnecessary admissions or readmissions**

**Patient Costs Reduction**

**Physician Costs**

**Realizing the Value of Telehealth**
Adventist Health’s Telehealth Initiative
About Adventist Health

• Faith-based, not-for-profit, integrated health care delivery system headquartered in Roseville, California providing care throughout California, Hawaii, Oregon and Washington

• Entities include:
  – 20 hospitals with more than 2,875 beds
  – More than 275 hospital-based, rural health, and physician clinics
  – 14 home care agencies and seven hospice agencies
  – Four joint-venture retirement centers
  – Workforce of 31,000 includes more than 22,350 employees; 4,800 medical staff physicians; and 3,850 volunteers

• With a focus on whole-person health Adventist Health not only strives to promote healthy individuals and families but also healthy communities
Adventist Health CA Locations
Adventist Health Northwest Region Locations
## Adventist Health’s Rural Landscape

<table>
<thead>
<tr>
<th>Adventist Health Regions/Rural</th>
<th>Northern California Region (NCR)</th>
<th>Central California Region (CCR)</th>
<th>Southern California Region (SCR)</th>
<th>Pacific North West Region (PNWR)</th>
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<tbody>
<tr>
<td># of Hospitals</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>4</td>
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<tr>
<td>- Critical Access Hospitals (CAHs)</td>
<td>2</td>
<td>0</td>
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<tr>
<td># of Rural Health Clinics (RHCs)</td>
<td>13</td>
<td>21</td>
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<td># of Clinics in Health Professional Shortage Areas (HPSAs)</td>
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<td>16</td>
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<tr>
<td>Non-Adventist Health FQHCs/RHCs - part of Blue Shield initiative</td>
<td>1</td>
<td>1</td>
<td>11</td>
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</tbody>
</table>
Telehealth at Adventist Health

• Telehealth is not a new concept to Adventist Health
• Various telehealth models have been implemented across the system over the last decade
• Rapid increase in need and demand for telehealth services in recent years drove the necessity for system-wide standardization
• In 2013 partnered with Blue Shield of California on an outpatient telehealth initiative focused on rural communities
• In 2014 telehealth became a corporate initiative
Telehealth Market Landscape

• Learning Objective 1
Telehealth Industry

• Drivers
  – Aging Population
  – Consumer Demand
  – Enhanced Reimbursement
  – Eroding Hospital Margins
  – Provider Shortages
  – Outcome Based Reimbursement
  – Readmission Penalties

• Barriers
  – Access To Broadband
  – Cost
  – Licensure
  – Limited Reimbursement
  – Network Speed
  – Privacy And Security
  – Resistance To Change
Changing Landscape of Telehealth

• Most Rapidly Growing Sector In The Healthcare Industry
  – Venture Capital Market
  – Increase In Retail Clinics And Employer Onsite Health Centers
• Expanding Reimbursement
  – Medicare Telehealth-Based Chronic Care Management
  – Continued Push At The State Level
• Expanding Payment Options
• More ACOs Using Technology To Improve Care And Cut Costs
# Telehealth Market Solutions

## Telehealth Models

<table>
<thead>
<tr>
<th></th>
<th>Established</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Store and Forward</strong></td>
<td>Asynchronous transmission of medical information, such as digital images and test results. Most commonly used in radiology, pathology, dermatology, and ophthalmology.</td>
<td>Examples of Use: Radiology x-rays or MRIs reviewed by remote physician, Dermatology – digital photos of skin conditions reviewed and treated remotely, if needed, Pathology - remote testing, Ophthalmology - remote eye screenings for diabetic retinopathy</td>
</tr>
<tr>
<td><strong>Live Video Conferencing</strong></td>
<td>Remote, synchronous services provided via video conferencing. Uses two-way interactive audio-video technology to connect users when a live, face-to-face interaction is necessary.</td>
<td>Examples of Use: Remote telestroke consultations for neurologists to assess patient symptoms, Retinal scans, Live remote pediatric specialist consultations, Behavioral health and psychiatric assessment</td>
</tr>
<tr>
<td><strong>Remote Patient Monitoring (RPM)</strong></td>
<td>Real-time transmission of patient vitals or other clinical parameters. Collects medical and other forms of health data from individuals in one location and electronically transmits that information securely to health care providers in a different location for assessment and recommendations.</td>
<td>Examples of Use: Implantable or patient-controlled remote monitoring devices for heart failure, Remote care management of chronic diseases, Remote monitoring for Long-Term and Post-Acute Care, Remote monitoring-based care coordination programs</td>
</tr>
<tr>
<td><strong>mHealth</strong></td>
<td>Communication and data/image transfer via mobile phones/devices. Uses devices such as smart phones and portable monitoring sensors that transmit information to providers, as well as dedicated application software (apps), which are downloaded onto devices.</td>
<td>Examples of Use: Physician downloads photos a patient uploaded of his dermatologic condition in order to provide diagnosis and treatment, Diabetic patient connects glucometer to mobile phone to track data and transmit to clinician, Provider conducts face-to-face or electronic medical consult through secure healthcare app</td>
</tr>
</tbody>
</table>
Telehealth Strategy and Business Plan

• Learning Objective 2
Why Strategy is Important

Telehealth Vision
- Where We Want To Go
- Direction On How To Get There

Strategic Alignment Across Enterprise
- Rural Health Strategy
- Payment Options in CA

Leadership Buy-in
- Multiple CEOs & Leaders
- Unique Physician Relationships
- Competing Internal Initiatives

Clear Communication
- Internal Marketing
- External Marketing

Focus on Specific Clinical Problems
- Access to Care
- Program Expansion

Success Metrics
- Consistent Criteria
- Comparable Data
Adventist Health Telehealth Vision

Support the mission, vision, and values of AH by creating enhanced and expanded access to care for the patients and populations we serve both in existing and expanded markets.

Access between patients and providers will be delivered through innovative, efficient, reliable, and cost effective technologies.
Developing the Telehealth Business Plan

1. Set telehealth goals
2. Review telehealth situation
3. Determine why goals are attainable
4. Plan for reaching those goals
Telehealth Business Plan & Strategy

Identifying the Telehealth goals

Determining why the goals are attainable

Reviewing the telehealth situation

Step 10: Business Plan
Step 9: Cost and Benefit Analysis
Step 8: Strategy Development
Step 7: Integration Strategy
Step 6: Regulatory Assessment
Step 5: Market Analysis
Step 4: Telehealth Services Review
Step 3: Readiness Assessment
Step 2: Needs and Opportunity Assessment
Step 1: Initial Discovery

Reaching those goals
Needs and Readiness Assessment

• **Goal**
  – Align needs and readiness

• **Objectives**
  – Identify factors that could impact success of telehealth program

• **Approach**
  – Staff interviews
  – Self-Assessment
  – On-site and phone interviews
  – Conducted over the course of 3 days
  – Developed SWOT analysis

• **Sample size**
  – Approximately 30 individuals interviewed from all three regions in CA
    • Corporate Executives
    • Corporate Directors
    • Clinical Directors & Staff
    • IT Directors & Staff
  – Interview feedback was documented along with associated risks and recommended action plan
  – Gained clear understanding of telehealth acceptance and challenges with existing programs
Telehealth Services Review

• Assess the clinical services operations and determine where telehealth services will be delivered.

• Objectives
  – Gain consensus around value proposition and Adventist Health market
  – Review current clinical services operations
  – Review current state of technology and infrastructure
  – Assess technical needs at each site

• Framework created to add structure to the telehealth service options

• Telehealth services identified

• Staffing model to support the implementation and ongoing program
Telehealth Value Proposition

<table>
<thead>
<tr>
<th>Patients</th>
<th>Communities</th>
<th>Primary Care Providers</th>
<th>Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Accessibility</strong>: care when and where they need it</td>
<td>• Keeps patients local whenever possible</td>
<td>• Promotes coordinated care</td>
<td>• Extends broader reach to patients</td>
</tr>
<tr>
<td>• <strong>Affordability</strong>: reduces travel time, expense and time away from work</td>
<td>• Promotes rapid diagnosis and treatment linked to improved patient outcomes</td>
<td>• Maintains primary relationship with patient</td>
<td>• Increases patient volume and revenue and maximizes time and efficiency</td>
</tr>
<tr>
<td>• <strong>Timeliness</strong>: reduces wait time to access specialists</td>
<td>• Improves outcomes and therefore improve health of population</td>
<td>• Establishes credibility with patient</td>
<td>• Reduces documentation redundancy by using common EMR platform with PCPs</td>
</tr>
<tr>
<td>• Integrated and coordinated care</td>
<td></td>
<td>• Promotes greater patient satisfaction</td>
<td>• Promotes coordinated care</td>
</tr>
</tbody>
</table>
Functional Staffing Model

Adventist Health Telehealth Network

- Telehealth Governing Board
- Telehealth Oversight Committee
- Strategic Partnerships
- Program Success Metrics

Telehealth Business Development
- New Business
- Funding Opportunities
- Grant writing
- Partnerships
- Payer Contracting
- Patient Site Contracting

Telehealth Program Development
- Process Standardization
- Program Documentation
- Needs/Skillset Assessments
- Training
- Peer Review
- P&P Reviews

Telehealth Business Support
- Financial Analysis

Telehealth Provider Management
- Relationship Building
- Provider Engagement
- Provider Recruiting
- Provider Contracting
- Provider Credentialing
- Provider Billing

Telehealth Clinical Services
- Clinical Liaison
- Workflow Design
- P&P Review
- Training
- Data Collection
- Reporting

Telehealth Technology Services
- IT Liaison
- Vendor Management
- Implementation
  - Site assessments
  - Purchasing
  - Readiness reviews
  - Readiness validation
  - Technology Coordination/Validation of Technology changes
  - Equipment maintenance & support

Telehealth Program Implementation Services
- Program Champion
- Communication/Marketing
- Project Management
- Clinical Implementation
- Technical Implementation
- Reporting

Telehealth Program Support Services
- Front Office
  - Scheduling
  - Patient reminders
  - Registration
  - Patient Follow-up
- Site Performance Monitoring
- Clinical Support
- Technical Support
- Reporting
Regulatory & Policy Review

• Goal
  – Ensure regulatory impact on telehealth is clearly understood and monitored

• Objectives
  – Telehealth credentialing and privileging process
  – Research state licensure for telehealth
  – Security and Privacy
  – Telehealth Service Level Agreements
  – Reimbursement policies

• Considerations for plan
  – Standardize credentialing and privileging process
  – Utilize credentialing by Proxy
  – Understand cross state requirements

• Reimbursement
  – Payers
    • Medicare
    • Medicaid
    • Commercial Payers
  – Rural Facilities
Federal Telehealth Reimbursement

<table>
<thead>
<tr>
<th>Payer</th>
<th>Telehealth Delivery Model</th>
<th>Federal Regulations</th>
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<tr>
<td>Medicare</td>
<td>Live Video</td>
<td>Medicare reimburses on the specific services identified by Current Procedural Terminology (CPT)</td>
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<td></td>
<td>Store &amp; Forward</td>
<td>Prohibited</td>
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<td></td>
<td>Remote Patient Monitoring (RPM)</td>
<td>Reimburses for remote patient monitoring of chronic conditions</td>
</tr>
</tbody>
</table>

Rural approved originating sites:

- Offices of physicians/practitioners
- Hospitals
- Critical Access Hospitals (CAH)
- Rural Health Clinics (RHC)
- Federally Qualified Health Centers (FQHC)
- Hospital based or CAH-based Renal Dialysis Centers
- Skilled Nursing Facilities
- Community Mental Health Centers
3-5 Year Rollout Strategy

Adventist Health’s Telehealth Services
Strategic Building Blocks
Financial Models

- Access To Specialty Care in Rural Settings
- Remote Access To Primary Care Physicians
- Remote Patient Monitoring
  - ICU
  - Home care
Access to Specialty Care in Rural Settings

• **Projected Revenue**
  – Grants
  – Leaked Opportunities (referrals out of network)
  – Rural Health Clinic Reimbursement

• **Projected Costs**
  – Operational Staff
  – One-time Professional Fees
  – One-time Equipment Costs
  – Hardware & Software Maintenance
  – Equipment Depreciation
  – Travel & Training
Challenges Addressed

• Existing operational telehealth programs - owned and supported by various organizations

• Telehealth projects - being implemented at the same time the business plan was being developed

• Other initiatives - priority

• Resource constraints – same people on all projects

• System-wide communication of plan - was difficult due to size of health system and number of regions

• Telehealth reimbursement - commercial payer coverage was inconsistent
Telehealth Business Plan Implementation

• Learning Objective 3
Critical Success Factors

• Ensure Leadership Engagement
• Establish Governance
• Identify Program Champions
• Build Consensus (Internal Marketing)
• Educate Patients & Community (External Marketing)
• Assign Implementation Team
• Develop Detailed Project Plan Based On Rollout Plan
  – Standardize Implementation And Support Processes
  – Integrate Telehealth Services Into Standard Of Care Workflow
  – Provide Effective Training
• Monitor, Measure, And Communicate Success
Governance

Adventist Health Telehealth Governing Board

- Telehealth Care Coordination Center (TCCC)
- Physician Integration
- Service Line Development
- Technology Group
- Contracting Providers/ Clinics
- Finance Performance Measures
- Outreach Business Development
- Clinical Services
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<tr>
<td>Outpatient Specialty Services</td>
<td>Blue Shield Initiative: Pilot to select locations</td>
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<tr>
<td></td>
<td>Expand Outpatient Specialty Services to all HPSAs, RHC, FQHC, &amp; CAHs</td>
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<td></td>
<td>Expand Outpatient Specialty Service lines</td>
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<td>Emergency Services</td>
<td>Telestroke: pilot to select locations</td>
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<td>Pediatric telehealth: pilot to select locations</td>
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<td>Expand telestroke service across health system</td>
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<td></td>
<td>Expand pediatric telehealth across health system</td>
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<td>Inpatient Consultations</td>
<td>Cardiology: pilot to select locations</td>
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<td>Expand inpatient consultations across health system</td>
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<tr>
<td></td>
<td>Pilot other inpatient consultation services lines</td>
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<td>Expand inpatient consultation services lines across health system</td>
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<td></td>
<td>Pilot Small ICU monitoring project</td>
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<td>Primary Care Services</td>
<td>Pilot remote physician visits (w/ PC &amp; Tablet)</td>
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<td>Expand remote physician visits across health system</td>
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<td></td>
<td>Pilot remote clinic visits (w/PC &amp; Tablet)</td>
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<td>Pilot patient education</td>
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<td>Ancillary Services</td>
<td>Expand telepharmacy across health system</td>
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<td>Pilot diagnostic services</td>
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<td>Expand Diagnostic services across health system</td>
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<td>Home Care</td>
<td>Pilot/study home monitoring</td>
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<td></td>
<td>Expand home monitoring services</td>
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<td>Pilot care coordination</td>
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<td></td>
<td>Expand care coordination</td>
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Telehealth Maturity Model

<table>
<thead>
<tr>
<th>Stage</th>
<th>Governance</th>
<th>Vision/Strategy</th>
<th>People</th>
<th>Technology</th>
<th>Clinical</th>
<th>Value</th>
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<tr>
<td>Stage 8</td>
<td>Integrated Model in place</td>
<td>Periodic Review of Long Term Vision</td>
<td>Recognized Expert</td>
<td>Best in Class Integration, Innovation and Implementation</td>
<td>Population Health Driving Clinical Practice Standards</td>
<td>... Community Recognition of Excellence</td>
</tr>
<tr>
<td>Stage 7</td>
<td>Implemented Model</td>
<td>Fully Achieve Vision and Team in Place</td>
<td>Telehealth Best Practices</td>
<td>Technology and Infrastructure</td>
<td>Clinical Workflow and Provider Changes Needed</td>
<td>Cost Reduction, Cost Avoidance and Revenue Generation</td>
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<tr>
<td>Stage 6</td>
<td>Evaluation of Governance Model</td>
<td>Execute a Developed Vision/Strategy</td>
<td>Integration Team and Members</td>
<td>IT Integration and long term support</td>
<td>Identifying Clinical Priorities</td>
<td>Enterprise Recognition of Telehealth Business Model</td>
</tr>
<tr>
<td>Stage 5</td>
<td>Executive Sponsor</td>
<td>Aligning with clinical needs</td>
<td>Multiple Service Groups interconnected/early adopters</td>
<td>Integrated Infrastructure to support the program</td>
<td>Enterprise Recognition of Telehealth Business Model</td>
<td></td>
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<tr>
<td>Stage 4</td>
<td>Multi Disciplinary Steering/Oversight Committee</td>
<td>Enterprise Strategy aligned</td>
<td>Coordinated Clinical and Technical Effort</td>
<td>Identifying Clinical Priorities</td>
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<tr>
<td>Stage 3</td>
<td>Individual telehealth pioneer(s)</td>
<td>Reaching Agendas/Services</td>
<td>Multiple Service Groups interconnected/early adopters</td>
<td>Enterprise Recognition of Telehealth Business Model</td>
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<tr>
<td>Stage 2</td>
<td>Infrastructure design to support program</td>
<td>Knowledge void</td>
<td>Reached Agendas/Services</td>
<td>Enterprise Recognition of Telehealth Business Model</td>
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<tr>
<td>Stage 1</td>
<td>... Recognition of excellence</td>
<td>Individual telehealth pioneer(s)</td>
<td>Multiple Service Groups interconnected/early adopters</td>
<td>Enterprise Recognition of Telehealth Business Model</td>
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Multi-disciplinary steering/oversight committee

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Infrastructure design to support program

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Recognition of excellence
## Success Metrics

<table>
<thead>
<tr>
<th>Utilization</th>
<th>User Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Frequency telehealth services are used</td>
<td>• Satisfaction level of users with telehealth services (i.e., providers, patients, and community)</td>
</tr>
<tr>
<td>• EMR Reports</td>
<td>• Surveys</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Outcomes</th>
<th>Profitability</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disease specific outcome measures of telehealth services compared to traditional services</td>
<td>• Speed at which organization will realize a return on its telehealth investment</td>
</tr>
<tr>
<td>• Clinical Reporting</td>
<td>• Cost savings, additional revenue</td>
</tr>
</tbody>
</table>
Alignment to Triple Aim Objectives

Measurement Categories
- Staying Healthy
- Managing Health Risks
- Living With Illness
- Optimal Care
- Community Health

Measurement Categories
- Access to Care
- Coordination Of Care
- Patient Satisfaction
- Provider Satisfaction

Measurement Categories
- Total Cost of Care
- ED Utilization Rate
- Readmission Rate
Current State of Telehealth at Adventist

• Currently implementing into rural facilities
• Partnering with specialty physician groups to provide coverage
• Focus on finding more behavioral healthcare professionals
• Data is being gathered for metrics
  ❖ early wins satisfaction scores and utilization

<table>
<thead>
<tr>
<th>Outpatient Telehealth</th>
<th>Inpatient Telehealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Blue Shield Initiative – 25 rural sites</td>
<td>• Stroke Services – 4 sites</td>
</tr>
<tr>
<td>• USDA Grant – 11 sites</td>
<td>• Peds ED/Critical care – 6 sites</td>
</tr>
<tr>
<td>• 2016 Psychiatry: Northern CA Initiative</td>
<td>• Cardiology – 2 sites. ED &amp; rounding</td>
</tr>
</tbody>
</table>
Realizing the Value of Telehealth

**Satisfaction**

- Outpatients Scored 4.85 on scale of 0 to 5
- Physicians Scored 4.63 on scale of 0 to 5

**Patient Engagement & Population Management**

- 27% increase in utilization 2014->2015
- 2014-2015 Largest increase in utilization – correctional facilities

**Treatment/ Clinical**

- Added 5 telehealth services lines 2014-2015
- Time to Access Stroke Neurologist – currently within 5 min. of page
Questions?

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