

TELEHEALTH: THE NEW FRONTIER

Helping to Achieve
Superior Care for
Vulnerable
Individuals

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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



- JeffConnect-SEARCH2017
- Coleman Institute Conference
- American College of Emergency Physicians
- National Caregivers Conference
- The Arc's 2018 National Conference
- The Arc of California 2019 Policy Conference
- 17th Annual AADMD Conference
- AAIDD 2019
- The Arc's NCE 2019 Summer Leadership Institute

People with IDD and ER utilization

- ❑ People with IDD use the ER significantly more than other groups
- ❑ Individuals with IDD were more likely than individuals with no IDD to visit the ED (33.96% versus 20.28%, $p < 0.0001$).
 - 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
- ❑ UK data showed people with IDD were twice as likely to use the ER, and more than five times likely for UTIs and pneumonias

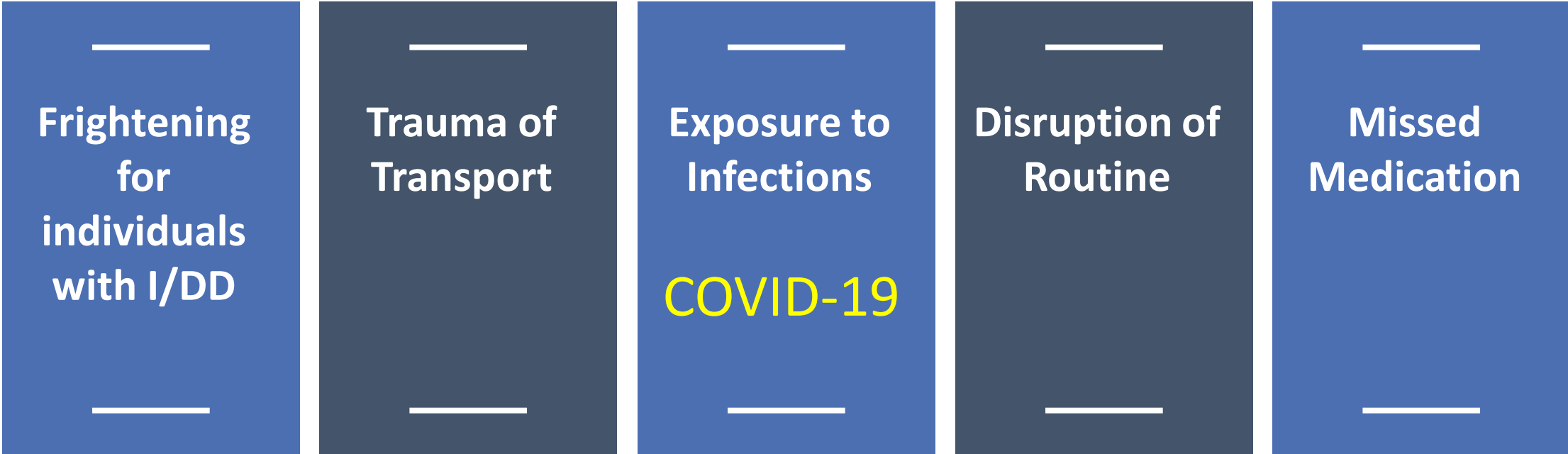
People with IDD and Hospitalizations

- ❑ People with IDD get hospitalized more frequently than other people
- ❑ Most due to seizures and pneumonia
- ❑ **5x more likely to contract COVID-19**
- ❑ **5x increased mortality from COVID-19**
- ❑ Gastrointestinal
- ❑ Mental Illness

COVID-19 and the IDD Population

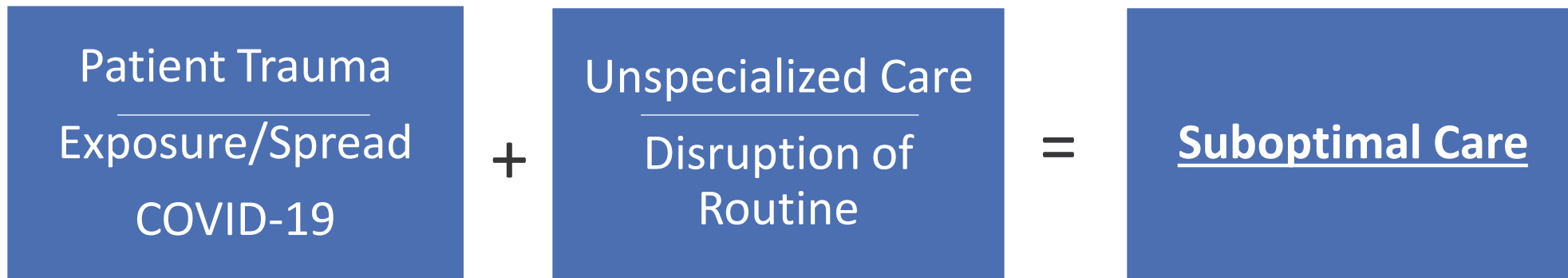
- ▶ **Background (virus, evolving situation)**
- ▶ **Transmission (droplet, PPE, social distancing)**
- ▶ **Symptoms (typical and varied)**
- ▶ **Vulnerable Populations and Challenges (local impact)**

ER Experience for Individuals with I/DD



General disruption, weeks to stabilize and puts many at risk

The Problem with the ER – Expensive yet Suboptimal Care



Challenges for Provider Organizations



Regulatory
compliance/
Misinformation



Meet complex care
needs



Staffing

- Staff safety
- Overtime pay
- Shortages

Challenges for Staff



Staff safety,
Unexpectedly
Extended Shifts



Injuries from
Decompensating
Behavior



Job
Dissatisfaction



Turnover

Benefits of Telemedicine in Caring for those with I/DD

Helps vulnerable populations lead healthy, independent, and productive lives.

Expands Access to the
Optimal Care SAFELY!

Decreases Healthcare
Costs

Improves the lives of
people with I/DD and
their caregivers

Causes of Frequent ER/Urgent Care Use for People with I/DD

High
Risk/Multiple
Co-Morbidities

Lack of Access
to Medical Care
Otherwise

Regulatory
Requirements

Primary Doctor
Lacks
Immediate
Availability

How can individuals with I/DD access personalized care in a non-disruptive and stable environment?

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	<ul style="list-style-type: none">• Need doctor evaluation immediately• Provide full documentation

Telemedicine Should Augment but does 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

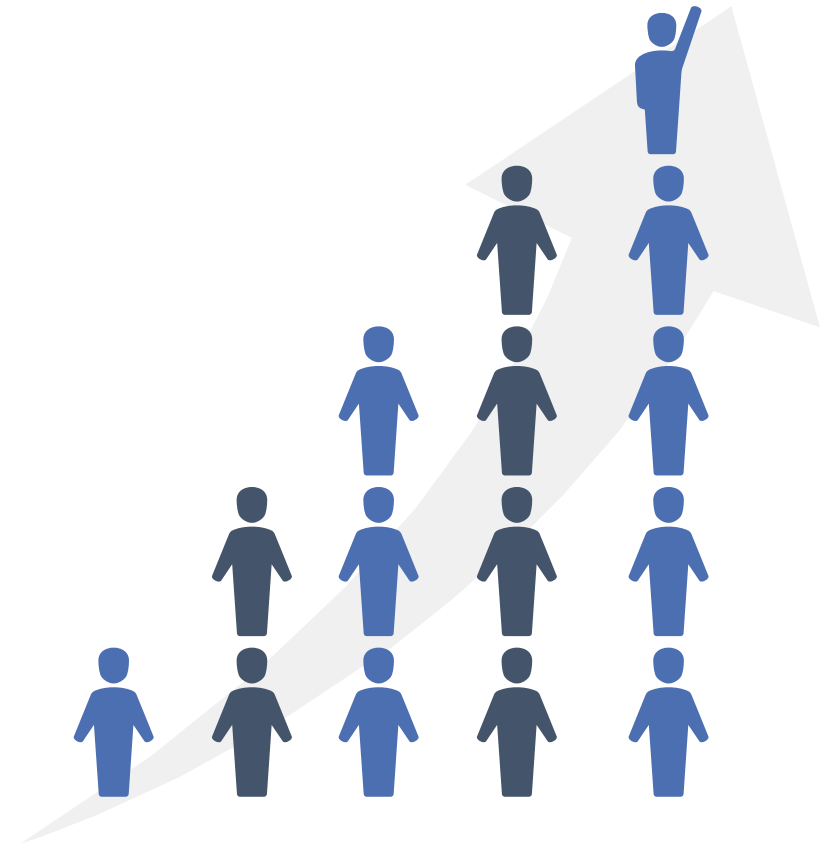
Reporting/Data Analysis

Comprehensive reporting package is key to analyze trends

Monthly data by site

- Number of visits/calls by
 - Hour of Day
 - Day of Week
 - Physician
 - Outcome i.e. observe, transfer, etc.
 - Diagnosis

Comparison on before and after implementation data with regards to transfers to Emergency Departments and other regulatory reporting.



The StationMD Process Step-by- Step



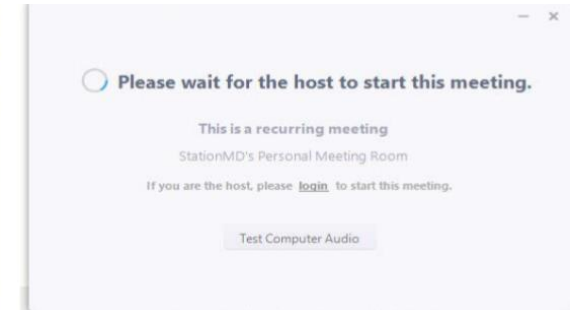
Change in Condition

24 year-old 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



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

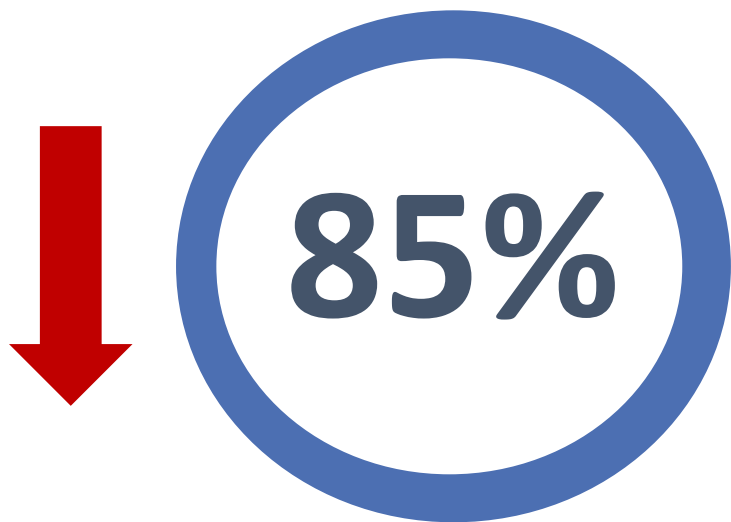
Behavior change

Constipation

Clinical and Economic Outcomes



Proven Outcomes



**Historical Data from Clients
Demonstrates an 85% reduction in
ED Transfers**

Data for Individuals with I/DD March 2016-December 2019

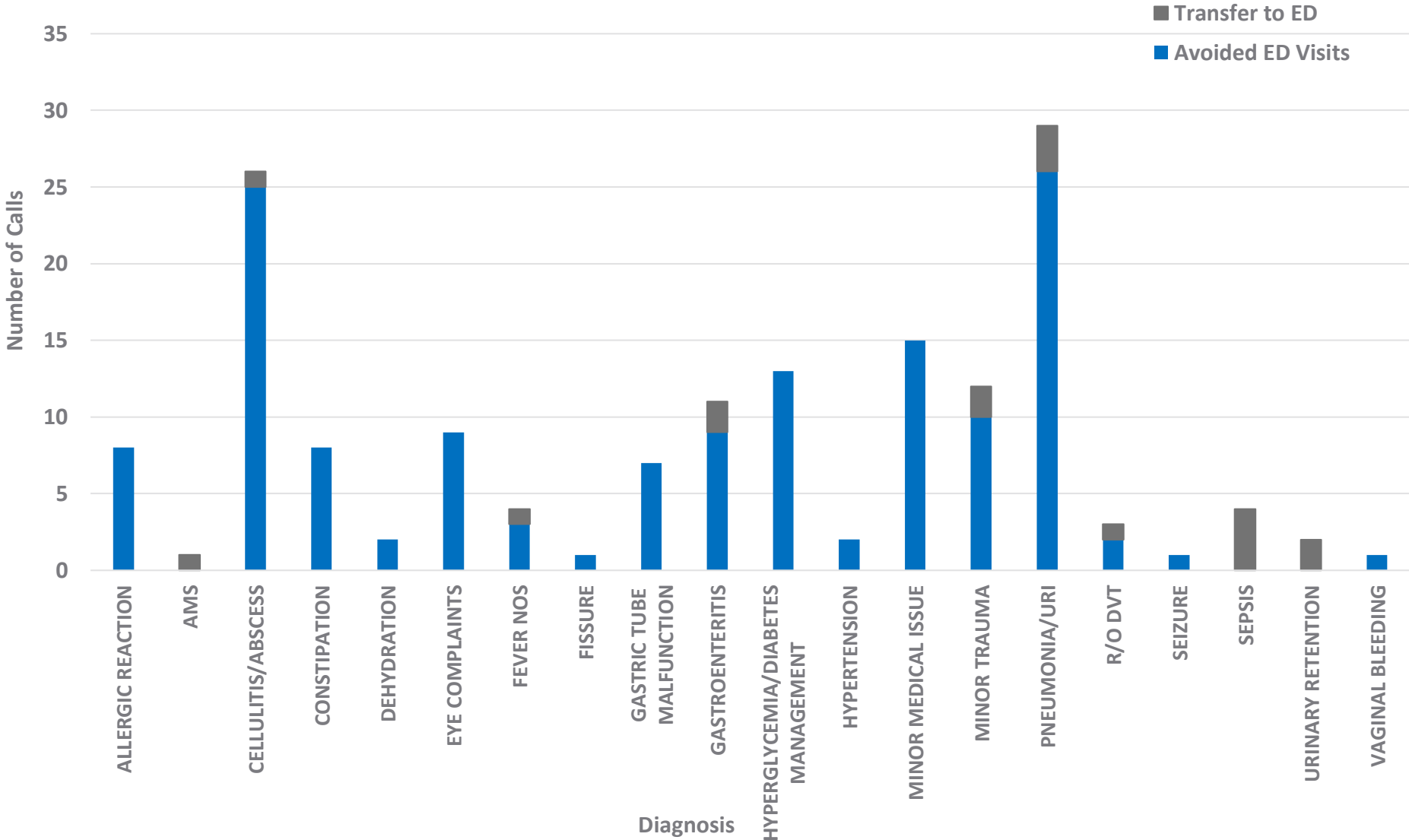
StationMD Visits by Outcome

Time Period	% Observed 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%

**87.2% of StationMD Clients with I/DD
Are Treated in Place**

Most calls result in avoided ER transfers across diagnoses

Calls by Diagnosis and Outcome



Significant Savings for Provider Agencies & Payers

StationMD Telemedicine Estimated Cost Savings

Estimated I/DD Agency Savings

Number of Consumers	Est. ED Visits in 12-month period	Est. Reduction in ED Visits
200	440	374
Site Loss of Bed Revenue*	~Cost of Site Bed/Night	Savings
370 Nights	\$500	\$185,130
Site Transportation Costs	~Cost of Transport	Savings
150	\$500	\$75,000
Total Hrs. 1 Staff Member to Cover Avg. ED Visit	Staff Salary/Hr.	Savings
1,870	\$15	\$28,050

Total Projected Annual Savings for Agency **\$288,180**

Estimated Payer Savings

Estimated 123 of 374 ED Transfers were Avoided Hospital Admissions

Averted ED Transfers	Average Cost/ED Visit	Savings
251	\$1,000	\$251,000

Averted Hospital Admissions	Average Cost/Top DX w. Avg. LOS of 3 Nights	Savings
123	\$15,000	\$1,845,000

Total Projected Annual Savings for Payer **\$2,096,000**

Total Savings (Facility & Payer) **\$2,384,180**

*Assumes 3-day LOS for admissions

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