Game Changer: Virtual Visits with a Device Enabled Exam

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Disclosures

• Nothing to disclose
Henry Ford Health System

- **Five** acute medical/surgical hospitals
- **Two** behavioral health hospitals
- **48** Medical Centers
- Henry Ford Medical Group – **1300** physicians & scientists
- Health Alliance Plan (HAP) – Insurance
- Henry Ford Physician Network
- Outpatient Dialysis
- Home Health Care
- Next Generation ACO
Our Regional Footprint
"If I had asked people what they wanted, they would have said **FASTER HORSES**"

– Henry Ford

*Whether you think you can, or think you can’t, you’re right.* ~ Henry Ford
The Possibilities:

- 42 year old woman that I met on September 17 while admitted to our hospital
- She lives about 100 miles away and out of our service area
- Metastatic colon adenocarcinoma s/p multiple lines of treatment
- Presented with a small bowel obstruction
- Declined Hospice because they would not give her total parenteral nutrition

- Her Goal: To hang on as long as possible to be with her 14 year old son
Overview

• Brief overview of our virtual journey
• Device-enabled remote exam
• Discuss our early pilots with this device
• Lessons learned
• What's next
Our Learning Goals

Understand how HFMG defines and uses virtual care.

Understand how a device enabled exam expands the virtual possibilities.

Understand some of the lessons we learned along the way.
Our Learning Goals

- Understand how we define virtual care/ exam enabled
- Understand how a device enabled exam expands the virtual possibilities
- Understand some of the lessons we learned along the way
How We Think About Virtual Care

VIRTUAL CARE = Interactive, electronic exchange of information...

...for the purpose of diagnosis, intervention, or ongoing care management between a patient and/or health care providers situated remotely

<table>
<thead>
<tr>
<th>Synchronous</th>
<th>Asynchronous</th>
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<tbody>
<tr>
<td>Live interactive</td>
<td>Secure online messaging</td>
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<tr>
<td>Real-time call</td>
<td>Store-and-forward</td>
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Established Virtual Care at Henry Ford

• Asynchronous:
  – eVisits - patient initiated condition specific questionnaires
  – Virtual post-operative visits – clinic initiated

• Synchronous
  – Clinic to Clinic Video
  – Mobile Video Visits
  – Virtual Integrated Behavioral Health - Combines clinic to clinic and mobile video
  – Home Health - remote monitoring
Physician Barriers

• Don’t I need a physical exam?

• What if I can’t manage the patient’s condition with this mode of care?

• How do I tell a person that I can’t provide the right care that they need? Won’t they be upset?
Can I Manage A Patient Virtually?

**Medical Decision Making**

- Less information than an in-person encounter
- For many illnesses there is enough information to make a decision
- For many illness there isn’t enough information to make a decision.

### Severity of Illness Spectrum

**Mild Illness**
- URI
- Uncomplicated UTI
- Sinusitis
- Simple Rash

**Primary Care/Walk In Appropriate**
- Complicated Cystitis
- Controlled Chronic Illness
- Substance Use
- Mild Depression
- Mechanical Back Pain

**Virtual Appropriate**

**ER Appropriate**
- Uncontrolled chronic illness
- Pyelonephritis
- Pneumonia

**Severe Illness**
- ACS
- Stroke
- Psychosis
- Sepsis
Current Spectrum of Virtual Care

- **Artificial Intelligence Enhanced E-Visits**
- **Traditional Asynchronous Electronic Visits**
- **Phone Call / Secure Messaging**
- **Traditional Video Virtual Care**
- **Device Enabled Virtual Care**

**Breadth of Application**

- **LEAST**
- **MORE**
Severity of Illness Spectrum

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**Severe Illness**
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- Stroke
- Psychosis
- Sepsis
Device Enabled Exam
What Do We Mean By Device Enabled Exams?

- Diagnostic devices that allow for enhanced examination; heart, lungs, skin, abdomen, temperature, ears, throat, temperature
- Attaching blue-tooth enabled diagnostic devices to our virtual care channel
- Live video feed.
First of its kind technology

- Touch screen
- IR Thermometer
- Camera
- Intelligent lighting
What Does A Device Enabled Exam Look Like?
Our Learning Goals

- Understand how we define virtual care/ exam enabled
- Understand how a device enabled exam expands the virtual possibilities
- Understand some of the lessons we learned along the way
Device Enabled Exams at Henry Ford

• We are beyond infancy... We are beyond crawling
• We are learning to walk
• We have programs but we are still gathering results
• Our Successes:
  – We have deployed the technology to multiple different venues
  – We have engaged physicians and staff
  – Patients seem to find value in this technology
How Have We Deployed Exam Enabled Virtual Care?

- Virtual Employer Clinics
- Virtual School Based Health
- Virtual Home Visiting Physicians
- Post-Discharge Follow Up
MyCare at Work

• Goal: Provide convenient care while avoiding absenteeism at work
• Employer based clinic
• Launch: August 15, 2019
• Medical Assistant in an office located within the employer
• Provider is located in one of our clinics
• 1500 employees work in the building
• Focus: Acute minor problems
• Averaging 1-2 patients per day
  – Expect the numbers to grow during cold/flu season.
• Key: Highly engaged MA and provider team.
Employer Sponsored Clinics

Peter Watson, Vice President of Care Management and Outcomes
Health Alliance Plan of Michigan (HAP)
School Based Health

- Students in Detroit Public Schools often lack access to pediatric services
  - High ED use rate
  - Absenteeism-
    - Impacts school funding
    - Impacts learning and quality of education
  - Low immunization rates
- Some clinics have NPs, and others have only RNs
Virtual School Based Health

- **Goal:** Expand the reach of our pediatric providers into the school based clinics.
- **RN** assesses student and decides if provider visit would be helpful.
- **RN** acts as tele-presenter if provider visit is warranted

- **Needs:**
  - Parental consent
  - Safe place to store equipment
  - Reliable WiFi
School Based Health Pilot: Early Results

• Slow start - 4 Schools
  – 10 visits in 2018 (4th Q start)
  – 13 visits in 2019 (through March)
  – RN comfort with the technology
    • Once tried → “Easy to Use”
    – Parental acceptance
• School WiFi reliability problem
  – Addressed with MiFi
• Need to have a quiet room
Home Visiting Physicians

- **Problem:** Physicians are limited to 1 patient per hour which limits the ability of homebound patients to receive primary care.
- **Goal:** Expand the capacity of the home visiting physician group to improve the care of this population
- **Virtual Program:**
  - **Launch:** May, 2018
  - Tele-presenter will travel to the patient’s home check-in the patient.
    - Check-in includes vitals, medication reconciliation, chief complaint, etc.
  - After Check-in the patient will have their device enabled virtual visit with the physician
  - Multiple tele-presenters allows for multiple visits an hour
  - Launched with 2 half days per week
  - Our target is to be at 2-3 patients per hour.
Virtual Home Visiting Physicians: Early Results

- Almost 300 visits since May, 2018
  - Physicians and patients like the service
  - Barriers:
    - Recruiting patients: Patients are reluctant to try
      - Scripting from schedulers and description of program when we sign up new patients to the program
    - Original tele-presenters, nurse assistants, did not have the right skills
      - Transitioned to Community Health Workers as tele-presenters
        • Committed to the community
        • Skilled at building trust
        • Lack clinical skills
      - In the process of hiring medical assistants and training them with some of the community health worker skills.
    - Physician recruiting
Virtual Home Visiting Physicians: Next Steps

- Transition to MAs with CHW training to gain efficiency.
- Hire more docs
- Move to daily virtual visits
- Align and coordinate Comprehensive Care Centers, Home Visiting Physicians and Virtual Home Visiting Physicians for value
- Measure impact on utilization
Post-Discharge Follow Up (R2V2)

• **Goal:** Reduce readmissions by close follow up by the inpatient team.

• **Patient Selection:**
  – FM/IM hospitalist patients
  – LACE score >8 or CHF/COPD that is active during the hospitalization
  – At-risk insurance plans (ACO, Blues, and HAP)

• **Virtual Program:**
  – Paramedic goes to the home 48-72 hours post discharge
  – Paramedic does an intake
    • Includes vitals and medication reconciliation
  – Paramedic is the tele-presenter
  – Patient follows up with PCP/specialists as normal
Post-Discharge Follow Up (R2V2)

- Launch: August 14, 2019
- Volume: 22 Patients (expected)
  - Capped at 10 paramedic visits per week given current paramedic contracting
  - Expanded insurance populations caused access problems
    - Target is a 48-72 hour post discharge visit
  - Working on process
    - There are a lot of people involved
      - Different rounders, case managers, nursing managers, paramedics
      - Process has been held together by daily huddle calls
What’s Next For HFMG?

- Virtual Employer Clinic
- Virtual School Based Health
- Virtual Home Visiting Physicians
- Post-Discharge Follow Up
- ???
What’s Next For HFMG?

• Without a tele-presenter
  • New moms
  • On demand or scheduled with primary care
  • At Risk
  • Consumer Driven

• With a Tele-presenter
  • Comprehensive Care Center
  • Skilled Nursing Facilities
  • Palliative and Hospice
Our Learning Goals

- Understand how we define virtual care/exam enabled
- Understand how we are using device enabled virtual care
- Understand some of the lessons we learned along the way
What Have We Learned?

• Training (beyond technical)
  • Physicians: Making medical decisions with different information
  • Staff: What to expect
  • Patients: What is appropriate

• Set up and infrastructure
  • Equipment needs to be kept secure, charged, and in a convenient location of tele-presenters
  • WIFI vs. MIFI

• Payment and reimbursement
  • NGACO, medicare advantage plans, most commercial, Medicaid HMO’s reimburse
  • Medicare and Michigan Medicaid do not
What Have We Learned?

• Team buy-in
  – Understanding and addressing the barriers
    • Physicians, support staff, leaders, and patients
• Device agnostics
• Myths
  – Patients will be upset if you can’t care for them in this modality
  – Physical exam isn’t possible
  – Ageism, both patient and provider
Let’s Keep In Touch!

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