

An Update on the CP of NYS Telehealth Grant Update and Future of Telehealth

October 28, 2020



Health Care Challenges for People with IDD

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"> • SMD Doctors have specialized I/DD and behavioral health training • 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"> • StationMD System is on and available 24 hours/day, everyday of the year
<ul style="list-style-type: none"> • Regulatory pressures 	<ul style="list-style-type: none"> • StationMD Doctors evaluate immediately • Provide Full Documentation

Challenges for Staff & Cost of ER/Urgent Care Use to Provider Agency



Unexpected Shift
Extensions



Staff Exposure to COVID
Injuries from
Decompensating Behavior



Job Dissatisfaction
Staff Turnover



Staff Overtime

New York State Transformation Grant

Awardee: CP of New York State

Supports: 24/7 doctor coverage via telehealth & a majority of equipment costs

Grant Period: 5 years

Agencies Included: 50

Specific homes: 1204

Individuals Covered: 8274

Where are we now with the grant?



- Agencies
 - 48



- Specific Homes
 - 1112



- Individuals
 - 7419

How did we get here?

- Good Timing:
 - COVID-need for quick adoption
- Bad Timing:
 - COVID-created several obstacles
- All Original Grant Members Implemented 3/2020
 - Training
 - Completed throughout February and March
 - All but 4 agencies completed in person training
 - Conducted approximately 4-6 training sessions per agency
 - Equipment Deployment
 - Completed throughout month of March

Few remaining agencies/homes to go live by 11/1/2020

Obstacles for implementation

Inclement
weather delays

No “visitor”
policy for
agencies and
homes

Homes under
quarantine

Equipment
assembly and
delivery outside

Reduction in
deployment
staff & agency
staff

Everyone Very
Nervous

With everyone's cooperation-implementations persevered

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Remaining agencies/sites to go live by 11/1/2020

What was happening in March?

- Many clinics shut down
- Agency programs stopped
- Access to health care extremely limited-primary care offices shut down or limiting access; none essential appointments stopped
- Emergency Departments teaming with COVID patients
- COVID rates rising rapidly



Department of
Health

NYSDOH COVID-19 Tracker

Statewide

Total Persons Tested
11,501,629

Total Tested 10/06
108,246

Total Tested Positive
468,268

Sex Distribution of Positive Cases

Female	Male	Unknown
49.0%	50.2%	0.8%

New Positives 10/06
1,360

Daily Totals: Persons Tested and Persons Tested Positive

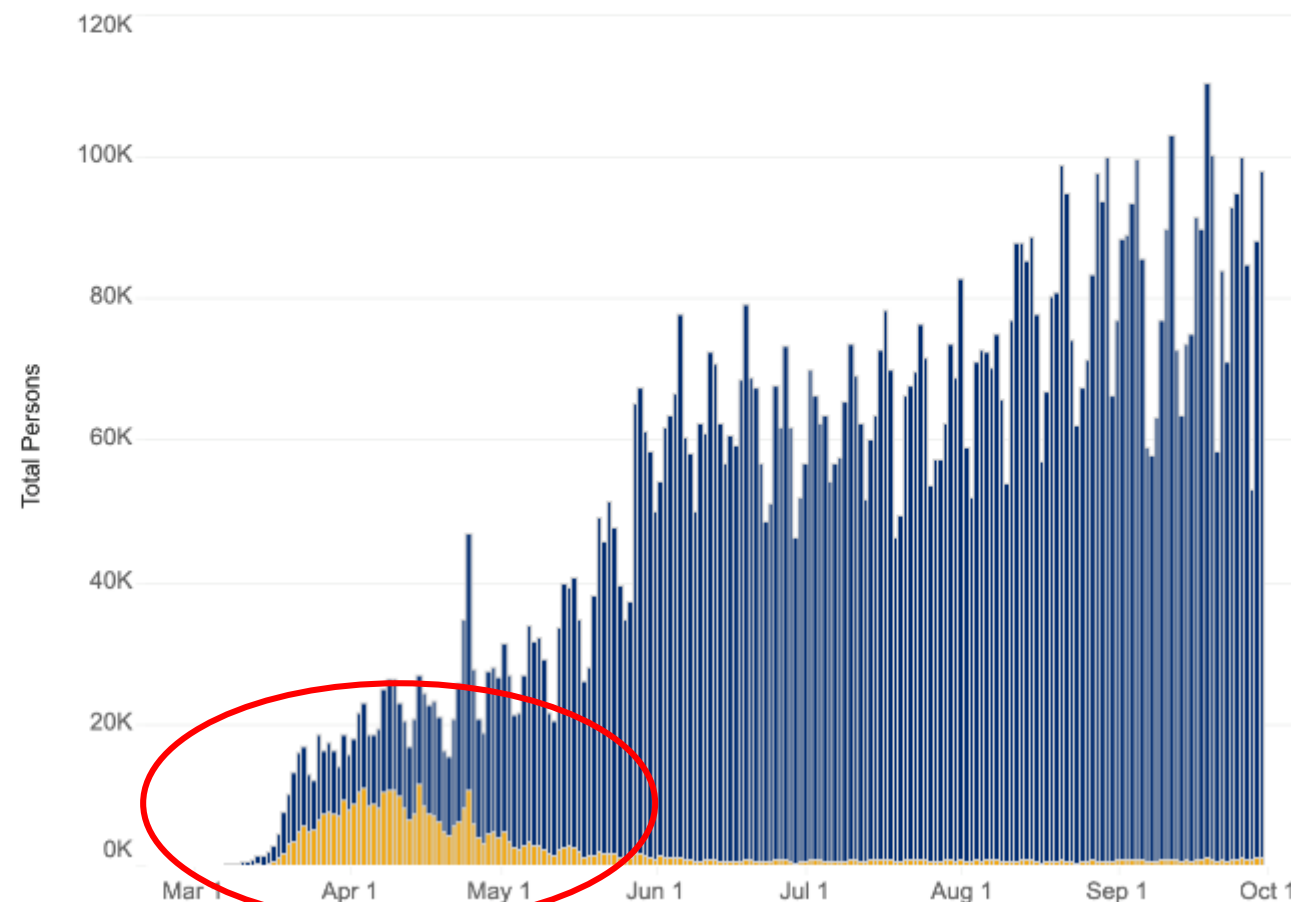


■ Total Persons Tested ■ Total Tested Positive

Hover over a bar to see details

Time Period 

Earlier Data 



Daily Totals: Persons Tested and Persons Tested Positive

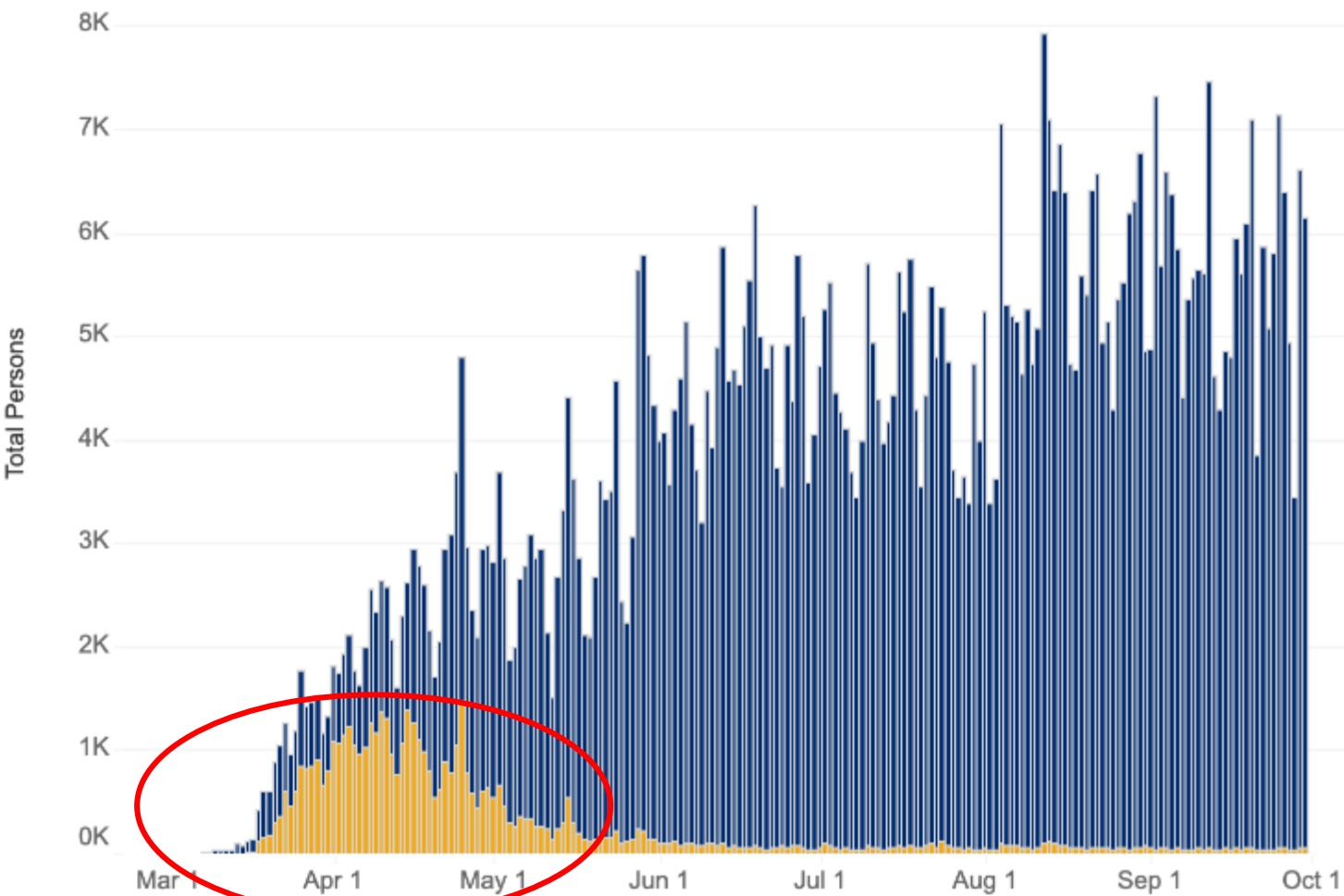


■ Total Persons Tested ■ Total Tested Positive

Hover over a bar to see details

Time Period

Earlier Data ▾



Click County to See Detail
Click Again for Statewide

Albany	3,233
Allegany	130
Bronx	53,556
Broome	2,131
Cattaraugus	316
Cayuga	234
Chautauqua	641
Chemung	816
Chenango	265
Clinton	173
Columbia	611
Cortland	240
Delaware	143
Dutchess	5,214
Erie	11,898
Essex	174
Franklin	70
Fulton	350

[Click for Map View](#)

[Click for Table View](#)

[Click for Fatality Data](#)

Daily Totals: Persons Tested and Persons Tested Positive

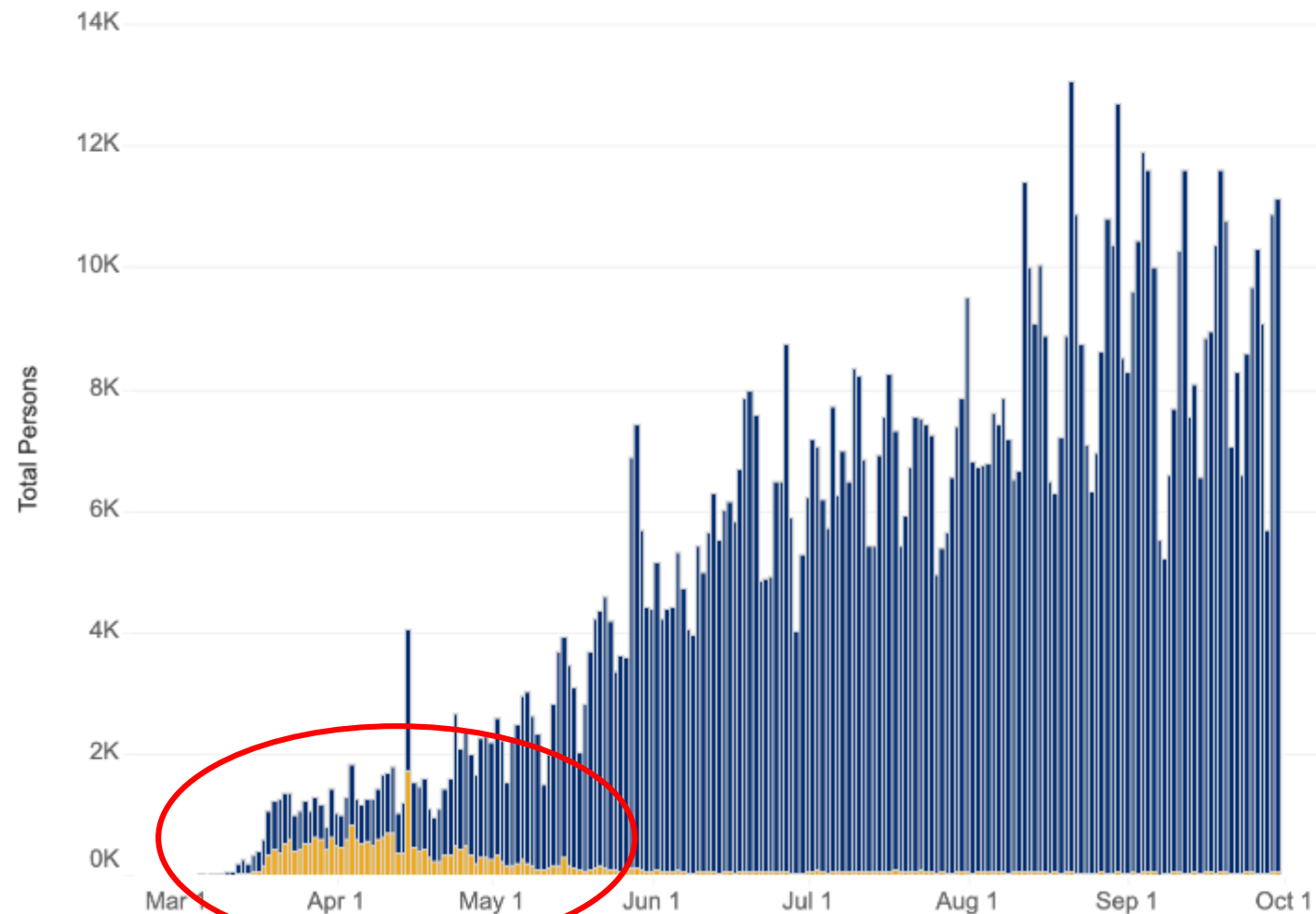


■ Total Persons Tested
 ■ Total Tested Positive

Hover over a bar to see details

Time Period

Earlier Data ▼



Click County to See Detail

Click Again for Statewide

Kings	70,616
Lewis	53
Livingston	213
Madison	505
Monroe	6,266
Montgomery	241
Nassau	47,516
New York	34,051
Niagara	1,842
Oneida	2,490
Onondaga	4,636
Ontario	502
Orange	12,563
Orleans	340
Oswego	531
Otsego	353
Putnam	1,661
Queens	73,537

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[Click for Fatality Data](#)

Daily Totals: Persons Tested and Persons Tested Positive

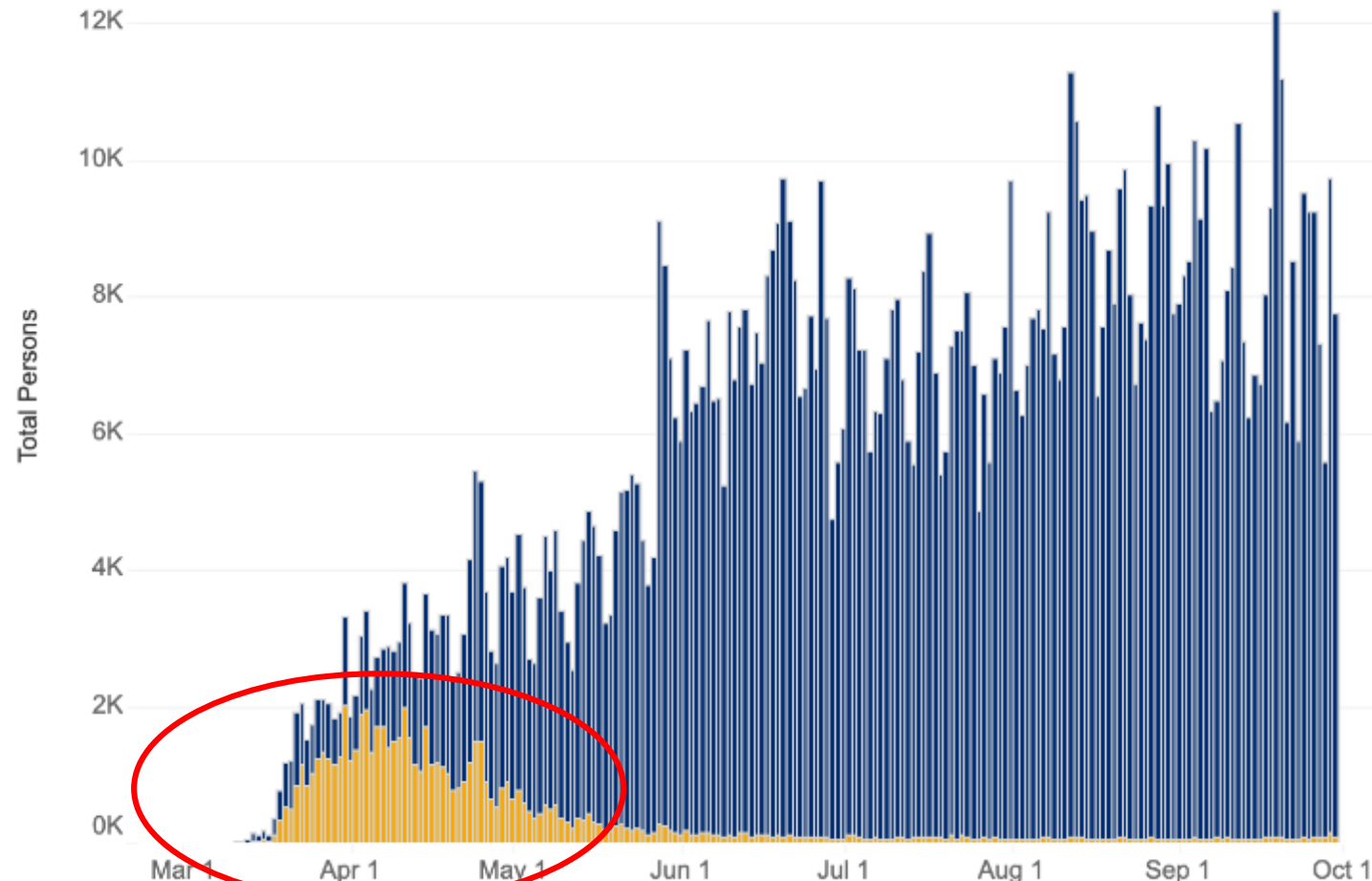


■ Total Persons Tested
 ■ Total Tested Positive

Hover over a bar to see details

Time Period

Earlier Data



Click County to See Detail

Click Again for Statewide

Nassau	47,516
New York	34,051
Niagara	1,842
Oneida	2,490
Onondaga	4,636
Ontario	502
Orange	12,563
Orleans	340
Oswego	531
Otsego	353
Putnam	1,661
Queens	73,537
Rensselaer	957
Richmond	16,240
Rockland	16,256
Saratoga	1,111
Schenectady	1,432

[Click for Map View](#)

[Click for Table View](#)


[Click for Fatality Data](#)


Daily Totals: Persons Tested and Persons Tested Positive

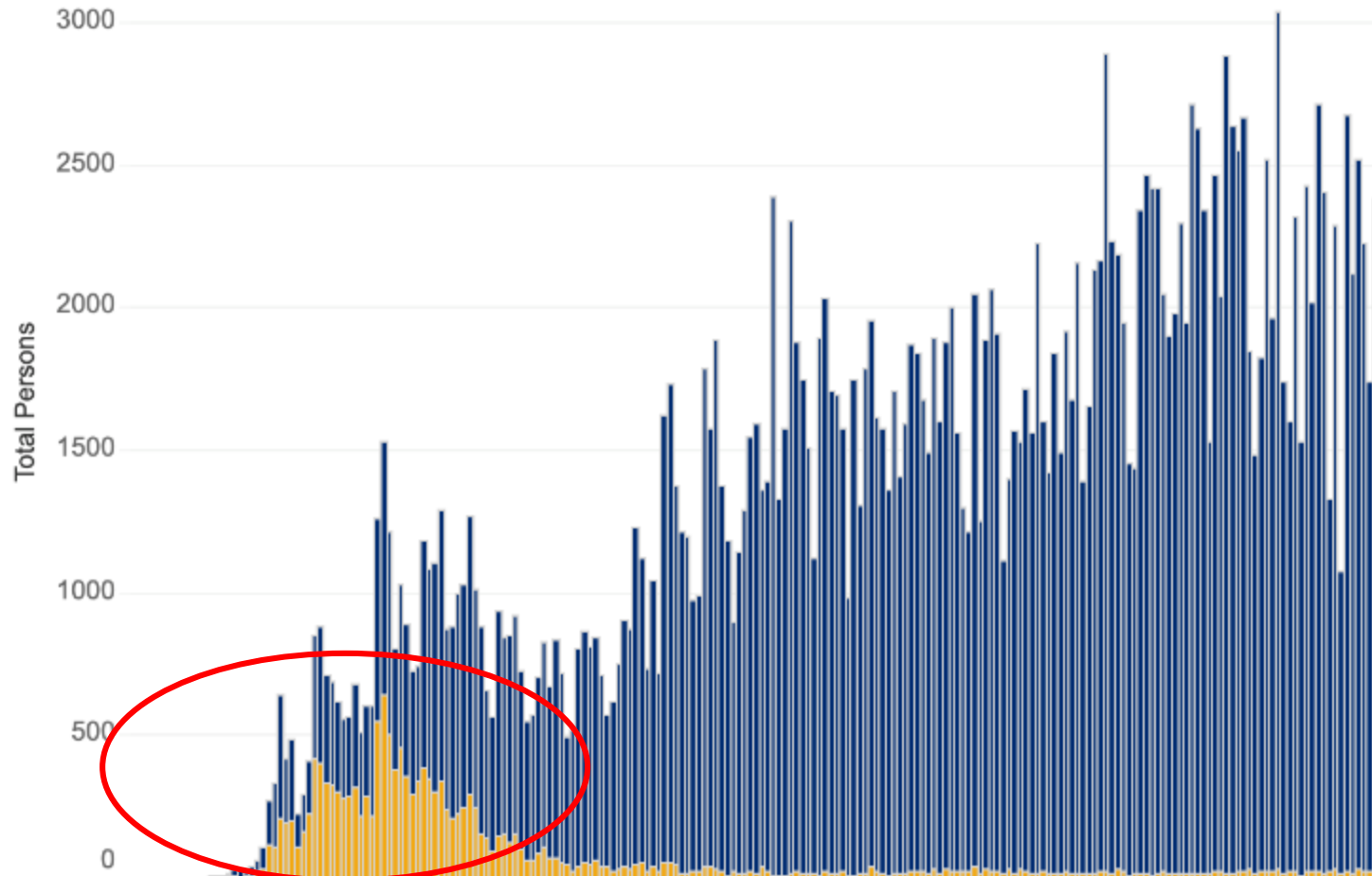


■ Total Persons Tested
 ■ Total Tested Positive

Hover over a bar to see details

Time Period 

Earlier Data 



[Click County to See Details](#)
[Click Again for Statewide](#)

Orange	12,664
Orleans	342
Oswego	536
Otsego	354
Putnam	1,669
Queens	73,742
Rensselaer	958
Richmond	16,294
Rockland	16,454
Saratoga	1,122
Schenectady	1,438
Schoharie	88
Schuyler	62
Seneca	114
St. Lawrence	339
Steuben	608
Suffolk	47,196
Sullivan	4,622

[Click for Map View](#)

[Click for Table View](#)

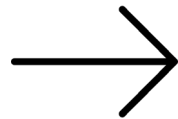
Simple process made for easy and quick adoption



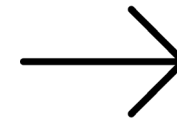
Call 1-877-STATMDS

Caller will be asked:

- State calling from
- Calling from individual home or agency
- Address, name, date of birth
- Reason for call, pcp, vital signs (if available)



**Speak with the
doctor**



**Start the
Telemedicine Visit**

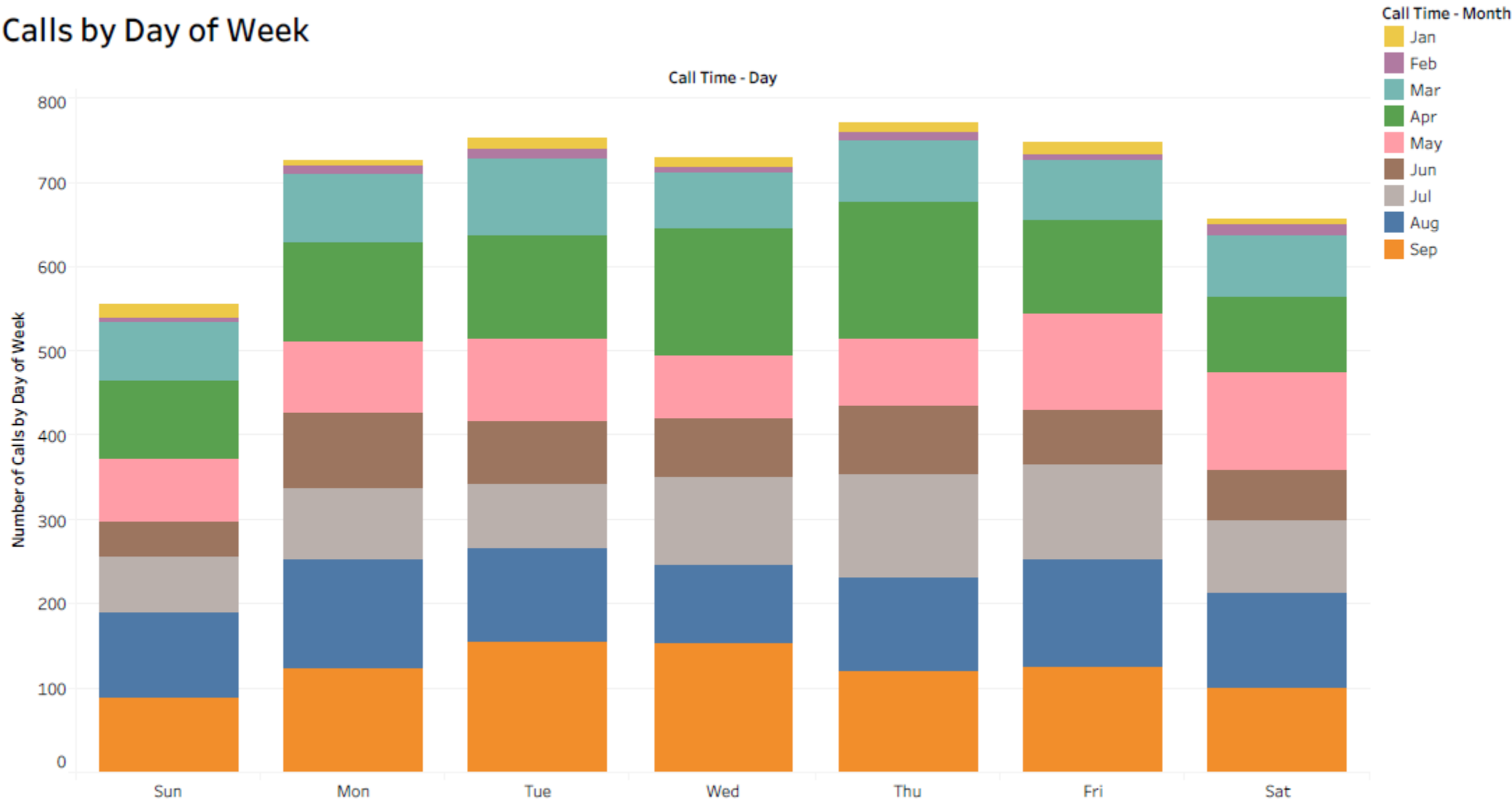
Trending the Progression of Use

Calls by Day of Week

Call Time - Day	Call Time - Month									Grand Total
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Sun	13	5	71	93	74	41	66	101	90	554
Mon	5	10	81	117	85	90	83	130	124	725
Tue	11	10	92	123	98	73	78	110	156	751
Wed	11	6	67	151	74	69	105	93	154	730
Thu	12	9	72	162	81	81	122	110	122	771
Fri	13	7	72	110	114	65	112	128	126	747
Sat	5	12	75	88	117	59	85	114	101	656
Grand Total	70	59	530	844	643	478	651	786	873	4,934

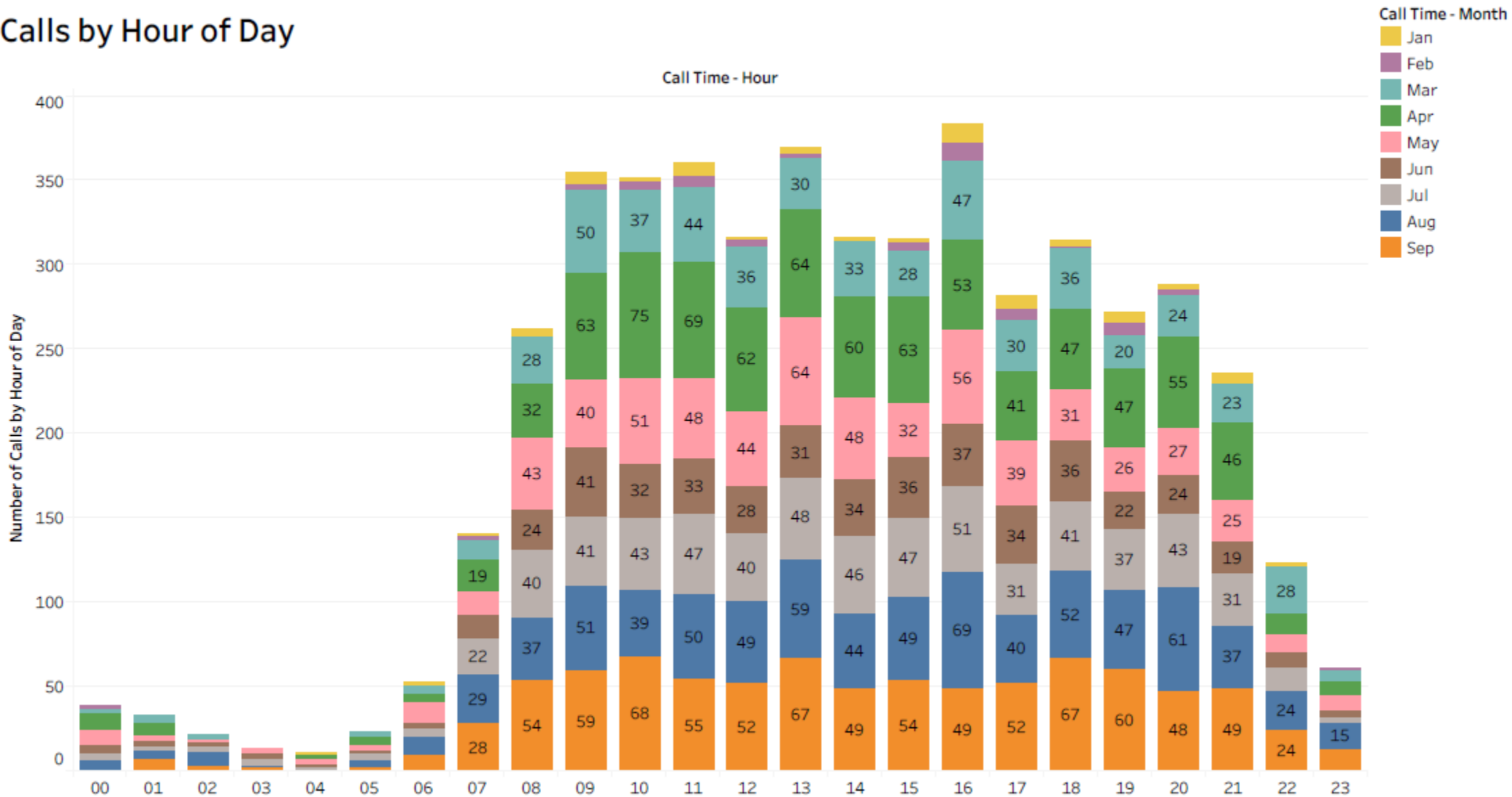
Trending the Progression of Use

Calls by Day of Week



Trending the Progression of Use

Calls by Hour of Day



What were/are we doing during the COVID crisis?



- What do we know about it



- What does it mean for our population



- What can we do to help?

What do we know about the COVID Spread?

- Droplet (small droplets in the air produced by coughing, sneezing or even breathing)
- Contact (droplets or body fluids spread by hands or objects)

IDD/BH Population During the COVID-19 Crisis-Uniquely High Risk

Comorbidities – lung conditions, immune conditions

Situational risk – congregate living in close proximity

PPE shortages and staffing issues

Frequent visits to the ER risks exposure to individuals and staff

Risk of staff exposure for themselves functioning as conduit of transmission to other individuals

Challenges of complying with strict hygiene practices

Combatting the spread

- Elements of Strategy
 - COHORTING
 - Monitoring of Asymptomatic/Potentially Infected
 - Monitoring of Symptomatic/Potentially Infected/Infected
 - PPE/Hygiene
 - Testing
- Cohorting is Crucial
 - Cohorting is the strategy of physically separating infected/potentially infected from the uninfected
 - Standard approach recommended by the CDC for infectious disease control in health care or group settings
 - Creates discreet designated areas for infected/likely infected and uninfected individuals

Guidelines for Suspected Outbreak

- Intra-Agency Measures
 - Source Control
 - Facemasks worn by staff
 - 6 feet of distancing
 - Hand washing for 20 seconds before and immediately after encounters of less than 6 feet
 - Cancel non-essential visitors, appointments, and day program
 - Minimize staff rotation through different homes
- Identifying Community Resources
 - Identify alternative points of access to health care (ie. Telemedicine)
 - Identify local healthcare facilities and their capabilities to treat patients with COVID-19
 - Identify local COVID-19 testing sites/labs

Outcomes to date for grant participants

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

Outcome	Grand Total	Call Time - Month								
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
OBS	4,393	59	53	480	761	567	410	570	707	786
XFR	541	11	6	50	83	76	68	81	79	87
Grand Total	4,934	70	59	530	844	643	478	651	786	873

All StationMD Transfer Rates vs. Treat-in-Place

2018 Treat in Place Rate		
Month of Service	Transfer Rate	Treat in Place Rate
Jan18	10.6%	89.4%
Feb18	12.0%	88.0%
Mar18	12.5%	87.5%
Apr18	11.5%	88.5%
May18	11.6%	88.4%
Jun18	11.8%	88.2%
Jul18	12.6%	87.4%
Aug18	13.6%	86.4%
Sep18	13.1%	86.9%
Oct18	10.7%	89.2%
Nov18	13.3%	86.7%
Dec18	11.9%	88.1%
Average	13.3%	86.7%

2019 Treat in Place Rate		
Month of Service	Transfer Rate	Treat in Place Rate
Jan19	13.9%	86.1%
Feb19	13.5%	86.5%
Mar19	12.9%	87.1%
Apr19	17.8%	82.2%
May19	12.7%	87.3%
Jun19	25.0%	75.0%
Jul19	20.0%	80.0%
Aug19	13.6%	86.4%
Sep19	17.8%	82.2%
Oct19	14.1%	85.9%
Nov19	17.4%	82.6%
Dec19	15.7%	84.3%
Average	14.7%	85.3%

2020 Treat in Place Rate		
Month of Service	Transfer Rate	Treat in Place Rate
Jan20	18.7%	81.3%
Feb20	15.2%	84.8%
Mar20	10.1%	89.9%
Apr20	10.1%	89.9%
May20	12.9%	87.1%
Jun20	14.1%	85.9%
Jul20	13.0%	87.0%
Aug20	11.5%	88.5%
Sep20	11.2%	88.8%
Average	11.9%	88.1%

Changes in the telehealth landscape-NYS adopted 2019



- Parity laws



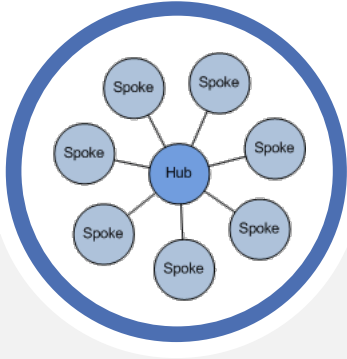
- NY Medicaid allows for telehealth billing



- Location flexibility now includes clinics and OPWDD sites

New York more progressive than many states

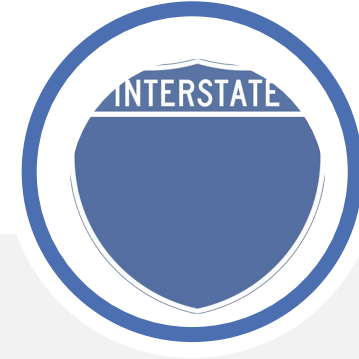
Changes in the telehealth landscape due to COVID



- Relaxed or really no hub and spoke requirements now

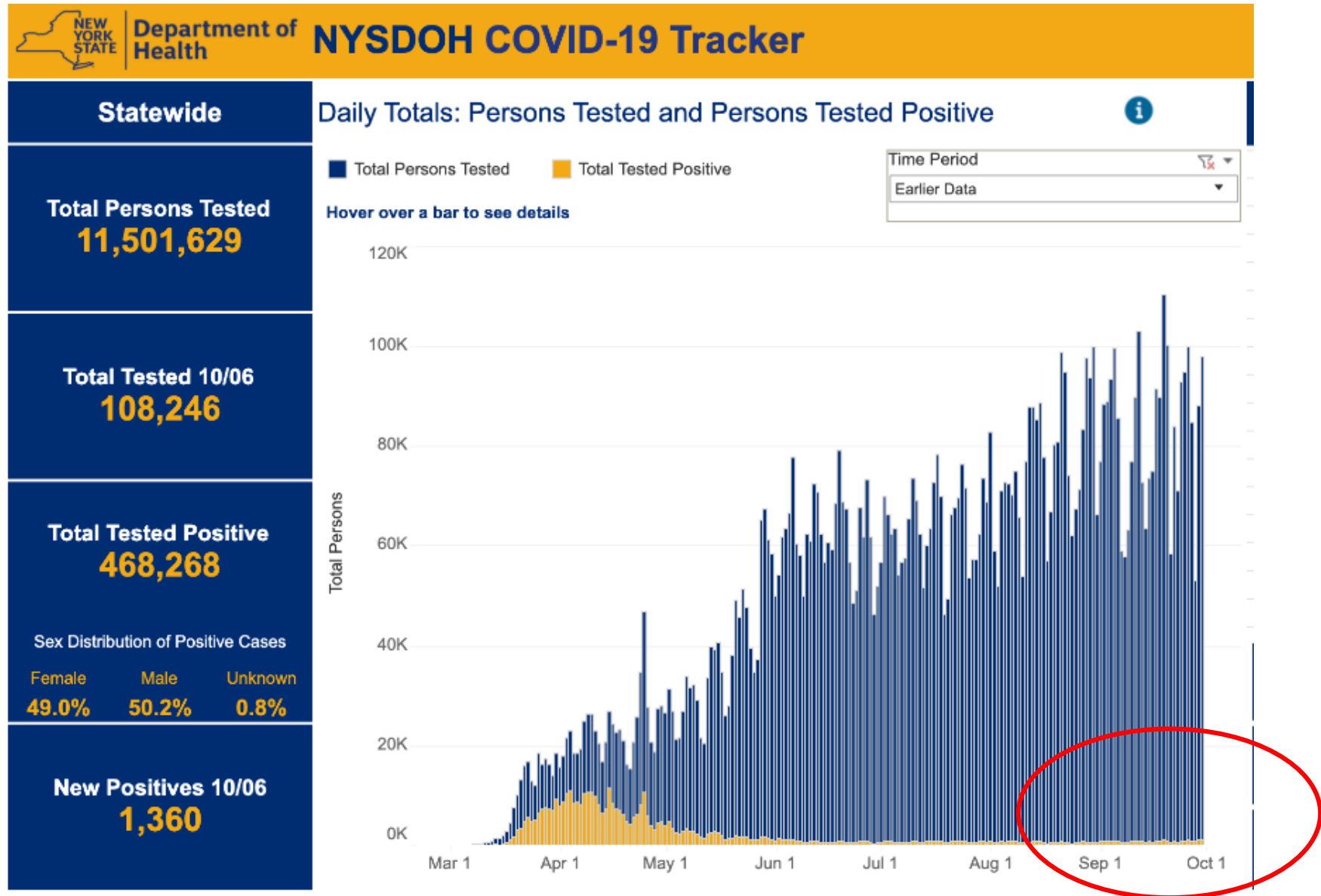


- FQHC billing



- Interstate flexibility for billing and practice of medicine

Changes not going away soon with COVID rates rising again



But what changes in the telehealth landscape will remain?

Change	Post COVID
<ul style="list-style-type: none"> Relaxed or really no hub and spoke requirements now 	<ul style="list-style-type: none"> All signs indicate change will become permanent
<ul style="list-style-type: none"> FQHC billing for telehealth visits 	<ul style="list-style-type: none"> All signs indicate change will become permanent
<ul style="list-style-type: none"> Interstate flexibility for billing 	<ul style="list-style-type: none"> All signs indicate change will become permanent
<ul style="list-style-type: none"> Interstate flexibility for billing 	<ul style="list-style-type: none"> Most likely this will end though many more states exploring the use of the Interstate Medical Licensure Compact

What these changes mean for agencies with or pursuing telehealth?

- Meaning reimbursement by Medicare/Medicaid will help reduce costs to agencies.
- Other potential changes adopted by other states to reduce or eliminate costs to agencies/individuals
 - Reimbursement for availability of telehealth services 24/7
 - Reimbursement for equipment costs

Questions?

