



EOCCO Summit

Integrating Telehealth into Your Practice Everyday

September 21, 2023

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Medical Director, Office of Digital Health
OHSU Health

Disclosures

No disclosures

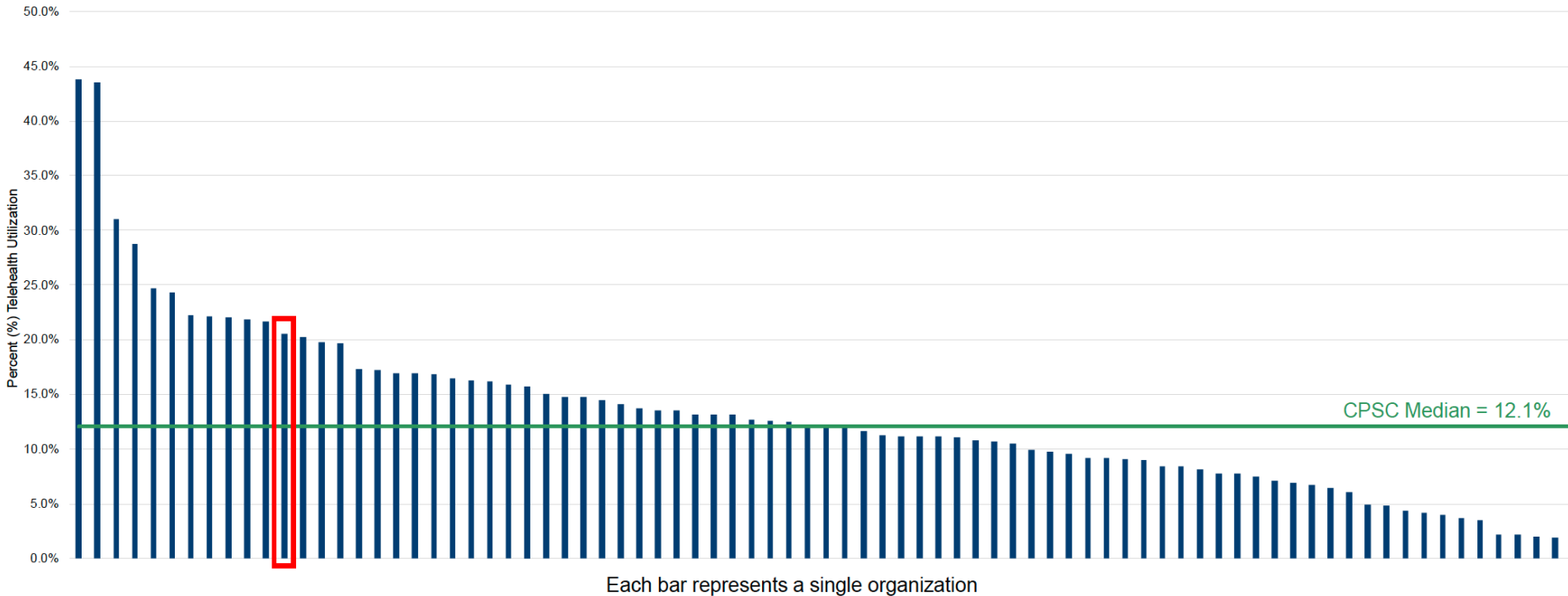
Learning Objectives

- Use data to understand the integration of digital health in care delivery models in the United States.

Telehealth E/M Use Across CPSC Organizations

January 2022 - December 2022

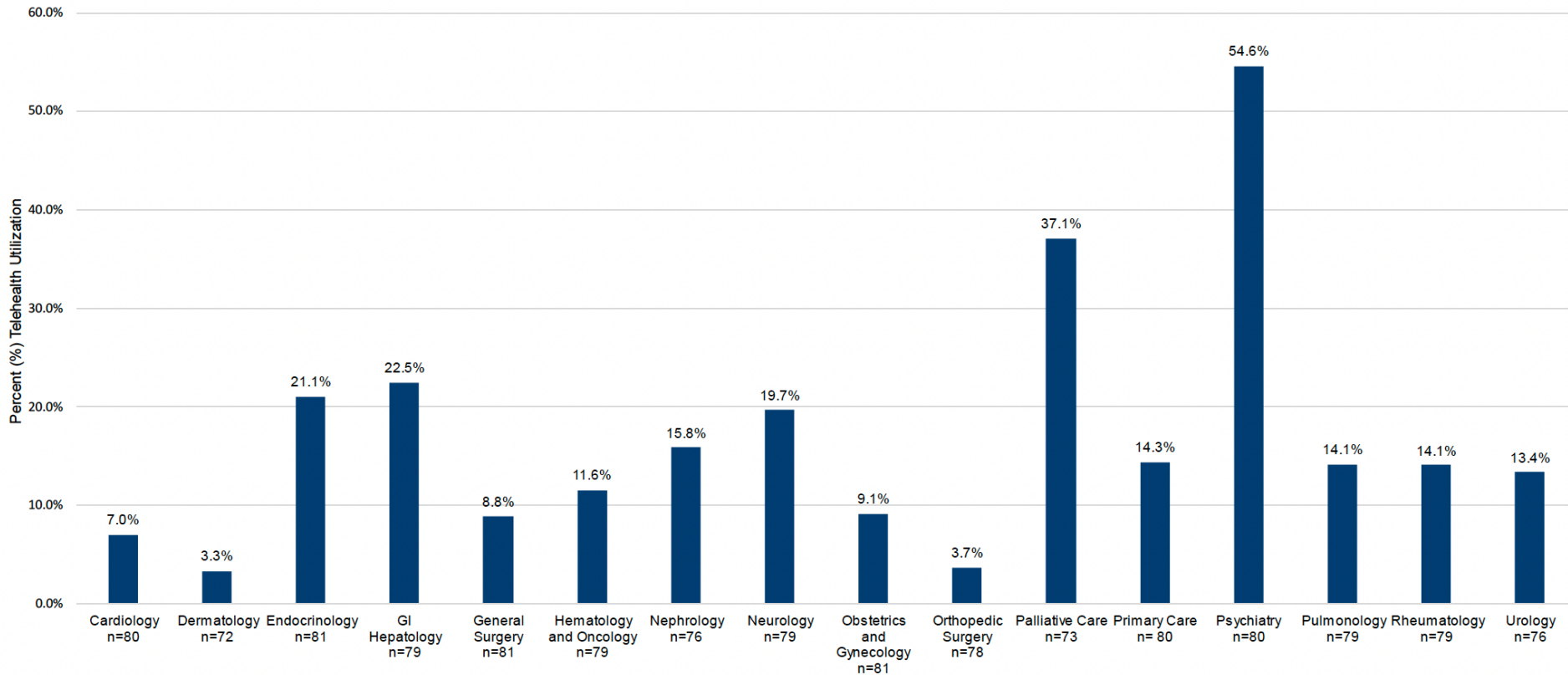
n=81, each bar represents a single organization



Oregon Health Sciences University Medical Group Red Box	20.5%
CPSC Average	13.1%

Telehealth E/M Use by Speciality Across CPSC Members

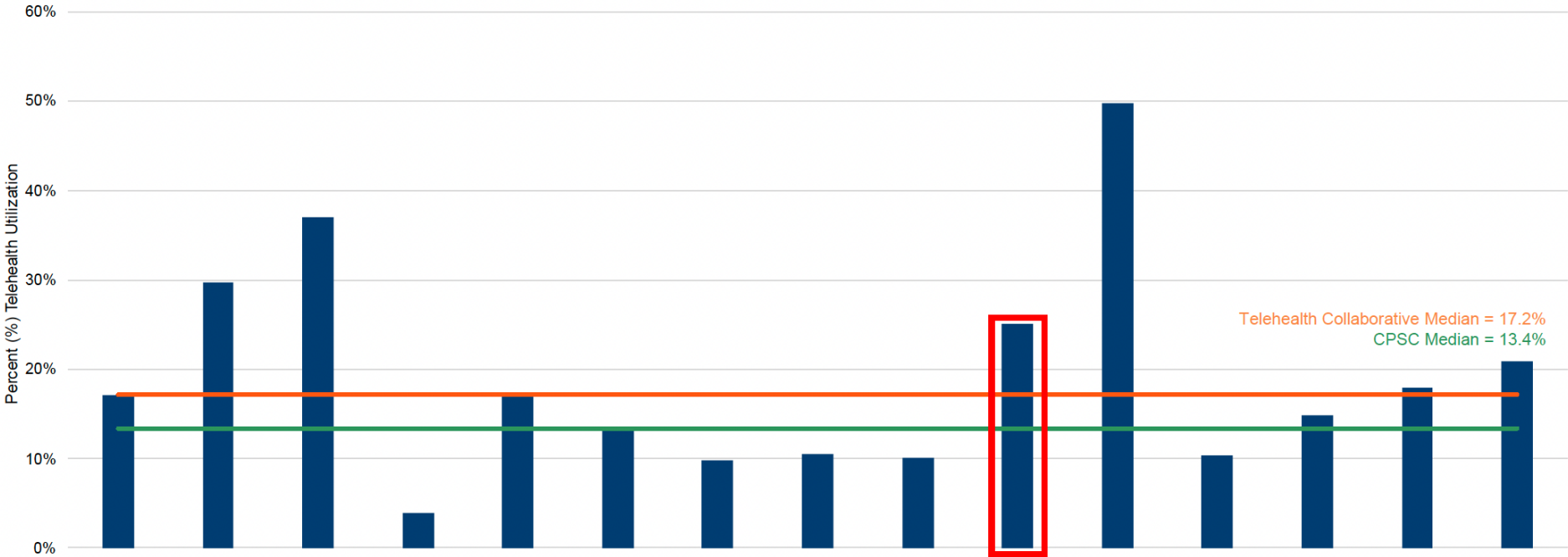
January 2022 - December 2022



n= number of CPSC organizations reporting data

Telehealth E/M Use Across Collaborative Members - Primary Care

January 2022 - December 2022

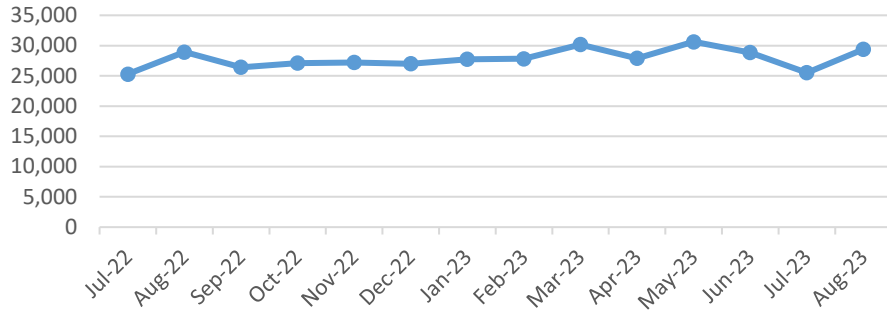


Each bar represents a single organization reporting any E/M data for this specialty (n=15)

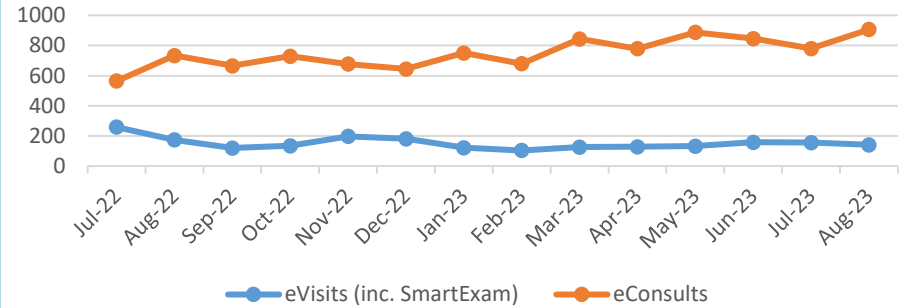
Oregon Health Sciences University Medical Group Red Box	25.1%
Telehealth Collaborative Average, n=15	19.2%
CPSC Average, n=80	14.3%

Ambulatory Digital Health Volumes—OHSU Health

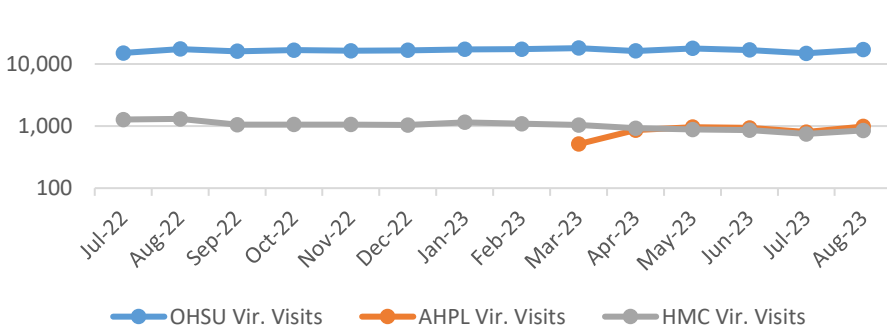
Total OHSU Health Digital Visits



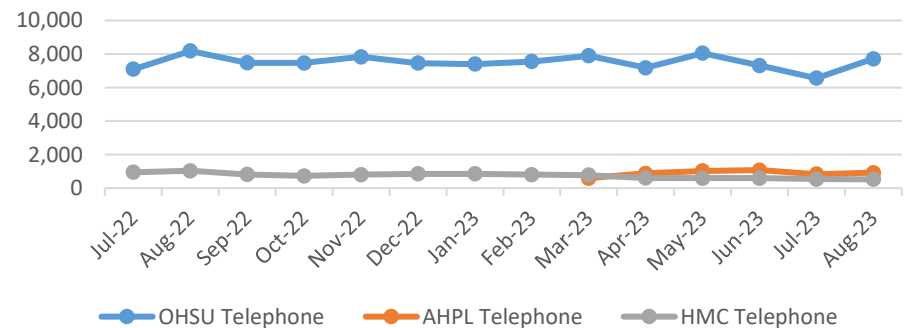
OHSU Asynchronous Visits



Virtual Visits by Health System Site



Telephone Visits by Health System Site



Patient Support

- Digital Navigator
- Help Desk phone line
- Website with videos and tip sheets
- Visual Aids (handouts)



Our Virtual Care Options Explained

Virtual visits offer a safe, convenient way to connect with an OHSU provider from your own home. Get care by virtual video chat, filling out an online form, or over the phone. [Learn more](#)



Virtual visit

A virtual video visit with your provider on a computer, tablet or phone. Schedule an [Immediate Care Virtual Visit appointment](#) or call your clinic to schedule a video visit.

Cost: Varies by specialty and insurance coverage. [Learn more](#)



Immediate Care SmartExam

Fill out an online form and get a treatment plan in less than an hour. We can even send prescriptions to your pharmacy.

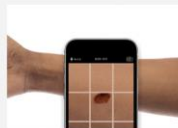
Cost: \$30. [Learn more](#)



MyChart Message

Send a message to your provider through MyChart. You will receive a response in 2-3 business days. If your medical question needs a complex answer, we may bill you or your insurance.

Cost: Depends on how long it takes to answer your question and insurance coverage. [Learn more](#)



Dermatology Skin Cancer Check

Fill out an online form, and include photos. A dermatologist can review any problem areas and determine if further skin cancer screening is required.

Cost: \$75 without insurance. If you have insurance, your copay could be less. [Log in to MyChart](#)



Phone visit

A visit with your provider over the phone. Call your provider's office and let the staff know you would like to schedule a phone visit.

Cost: Your usual copay. [Log in to MyChart](#)

OHSU Initiative s

- Telephone to Video project
- Equity data monitoring
- Community-engaged co-design



Anthony Cheng, MD
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Source: AAMC-Vizient Clinical Practice Solutions Center. AAMC analysis of physician and non-physician claims billed by Faculty Practice Plan members of the Clinical Practice Solutions Center. The Clinical Practice Solutions Center (CPSC) is a product of the Association of American Medical Colleges (AAMC) and Vizient that collects billing data from member practice plans to provide benchmarks and help them improve performance.

Note: 81 CPSC members had shared their claims data from January 2022 through December 2022 at the time of this analysis (April 2023). The included 81 CPSC members include only members with posted data for the full time period. Claims include in-person and telehealth Evaluation and Management (E/M) including CPT codes 92002, 92004, 92012, 92014, 99024, 99201-205, 99211-215, 99241-245, 99281-285, 99381-387, 99391-397 and 99441-99443.

Claims are across all payers and from service sites 02 – Telehealth Provided Other than in Patient’s Home, 10 – Telehealth Provided Other than in Patient’s Home, 11 – Office, 19 – Off Campus Outpatient Hospital, 21 – Inpatient Hospital and 22 – On-Campus Outpatient Hospital, 23 – Emergency Room – Hospital, and 99 – Other Place of Service.

Telehealth encounters were identified as age ≥ 18 years old and with place of service = 10, 02 or modifiers 95, GT, GQ, G0 on the claim and not otherwise flagged as phone; CPT codes 99441-99443 were also counted as telehealth.

Claims are limited to the following 16 selected specialties: Cardiology, Dermatology, Endocrinology, GI/Hepatology, General Surgery, Hematology/Oncology, Nephrology, Neurology, Obstetrics and Gynecology, Orthopedic Surgery, Palliative Care, Primary Care, Psychiatry, Pulmonology, Rheumatology and Urology. The specialties were selected based on conversations with academic health systems implementing telehealth and the number of organizations reporting E/M data.

Reported averages were calculated by averaging the telehealth percent utilization across each organization.



EOCCO Summit – Telemedicine panel

Tim McCarley,
MD
Psychiatry

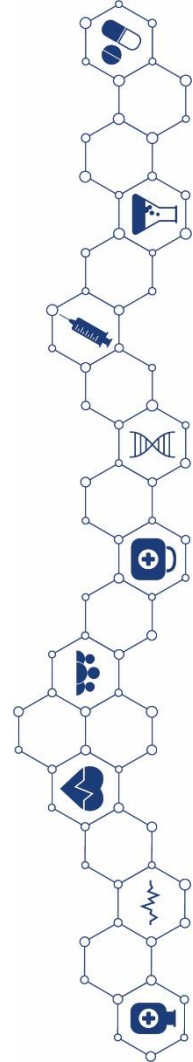


Samaritan
Medical Group



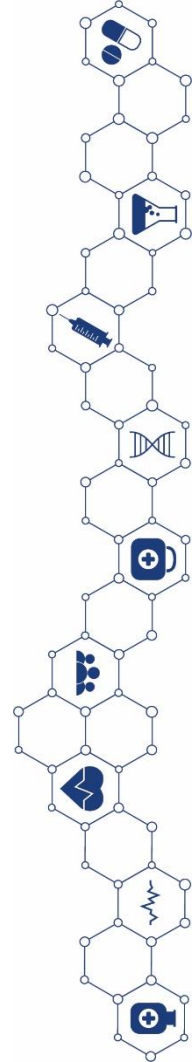
Disclosure Statement

- No disclosures



Learning Objectives

- Exploring the benefits of continuing to offer telemedicine visits.
- Discuss some of the challenges of providing telemedicine in your practice.



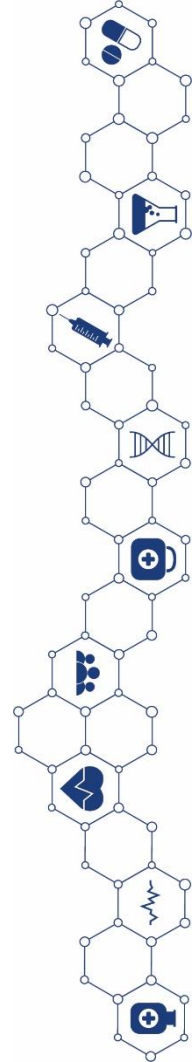


Background

- Hospital based employee
 - 5,000 employees over 3 counties in the mid-Willamette Valley to the coast
 - Schedule: 10-14 patients per day, 30 min med checks, 60 minute for New patients
 - Prior to the pandemic
 - Tried to offer telemedicine
 - Prohibitive regulations

Current workflow

- In-office
 - Patient's choice: In-person visits or telemed?
 - Breaks down to about 50/50
 - New patients are required to be seen in person





Advantages for the patients

- No lost travel time
- Can schedule on the breaks at work or lunch hour
- Many patients are more comfortable in their own home
- Access
 - Better for those with physical limitations
 - Those who can't drive



Advantages for the provider

- More efficient visits
- A better understanding of the patient in their environment
 - Family members
 - Pets
 - Artwork
- Adaptability
 - Can work from home if weather is bad
 - Colleagues with children



Challenges

- Technology struggles
 - Internet bandwidth
 - Choice of platform
- Location of patient
- Question of whether CMS will endorse it after the end of 2024
- Will DEA require some in-person visits?

Questions



Telehealth in Women's Healthcare



Marni Carlyle, MD
2023 EOCCO Summit

Disclosure

- No disclosures



A Little Context

Women's Healthcare Associates

A Large Single Specialty Medical Group Encompassing:

- ✓ Obstetrics and Midwifery
- ✓ Gynecology and Minimally Invasive Surgery
- ✓ Urogynecology
- ✓ Maternal Fetal Medicine and Genetics
- ✓ Integrated Behavioral Health

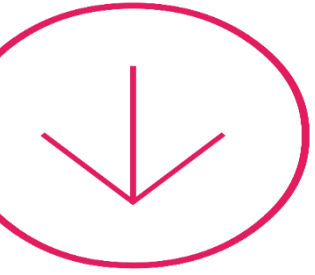


Objectives

SHARE OUR LEARNINGS ABOUT THE UTILITY OF TELEHEALTH AFTER THE PANDEMIC

- Organizational Staffing and Efficiencies
- Patient Desirability and Convenience
- Types of Care or Visits





Organizational Staffing and Efficiencies



Organizational Efficiencies and Challenges

Benefits

- Short Staffing
- Clinician Illness
- Patient Illness
- Easy to Fill Late Cancellations

Concerns

- Confirming Benefits
- Collecting Copays
- Internal Difficulties with Technology
- Minimal Rooming Support
- Clinician Dissatisfaction



Patient Choice and Convenience

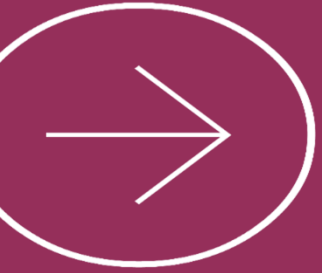
Benefits

- Patients Can Be Anywhere Private
- Resolves Many Childcare and Work Barriers
- Transportation
- Significantly Reduces Time For Patient

Concerns

- Technology Can Be Hard, Spotty, or Inaccessible
- Privacy May Be Difficult





Types of Specialty Visits



Obstetrics Visits

Intake Visits

Genetics Consultation

Ultrasound Results

Reduced Visit Model

Increased Surveillance

- Visits Intended Only For History Gathering or Information Sharing are Ideal for Telehealth. Especially to Include Partners.
- Low Risk Patients Who Would Be Appropriate For Reduced Visits Are Perfect For Every Other In-Person and Telehealth.
- Some Problems Lend Themselves to More Frequent Check-ins. Ex. Diabetes.



Gynecology Problems

Contraception

Fertility

Menopause

*Medication
Management*

*Ultrasound Results and
Next Steps*

Protocolized Care

*Lab Results and Next
Steps*

- Some Problems Lend Themselves Quite Well to Telehealth Management.
- Some Problems Require In-Person Follow-up Such as Lab Testing or Examination
- Many In-Person Visits Need Follow Up and Telehealth is Great for That.
- Sometimes Telehealth is Great For Planning the Next Best Step.



Specialty Care-Maternal Fetal Medicine

Maternal Fetal Medicine
Genetics

- Information Gathering
- Consultation
- Diabetes Surveillance and Medication Management
- Lab Results and Next Steps



Behavioral Health

Evaluation

Therapy

- Warm Hand-offs Seem to be Easier to Navigate In-person, but We Can Meet the Patient Needs.



A Typical Day

At WHA We Are Seeing About 12,000 Patients Per Month and 25 Percent Are Via Telehealth

- Some Clinicians Prefer to Do Telehealth From Home and Have a Percentage of Their Shifts Telehealth.
- Others Prefer to See Telehealth From The Office Due to The Convenience of Resources Nearby. In This Case Some See Exclusively Telehealth or In-Person- Others Mix it Up. Provider Choice.



Thanks For Your Attention.

QUESTIONS?



**Women's
Healthcare**
Associates^{LLC}
Journey well.