



# Health Care Without Walls: Implications for Primary Care

PCPCC WEBINAR  
DECEMBER 19, 2018

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# Welcome & Announcements

- **Welcome – Ann Greiner, President & CEO**
- **Interested in PCPCC Executive Membership?**
  - Email Allison Gross ([agross@pcpcc.org](mailto:agross@pcpcc.org)) or visit [www.pcpcc.org/executive-membership](http://www.pcpcc.org/executive-membership)
- **PCPCC Annual Conference**
  - Save the Date: November 4-5, 2019

# Webinar Speakers



Moderator: Ann Greiner  
President & CEO  
**PCPCC**



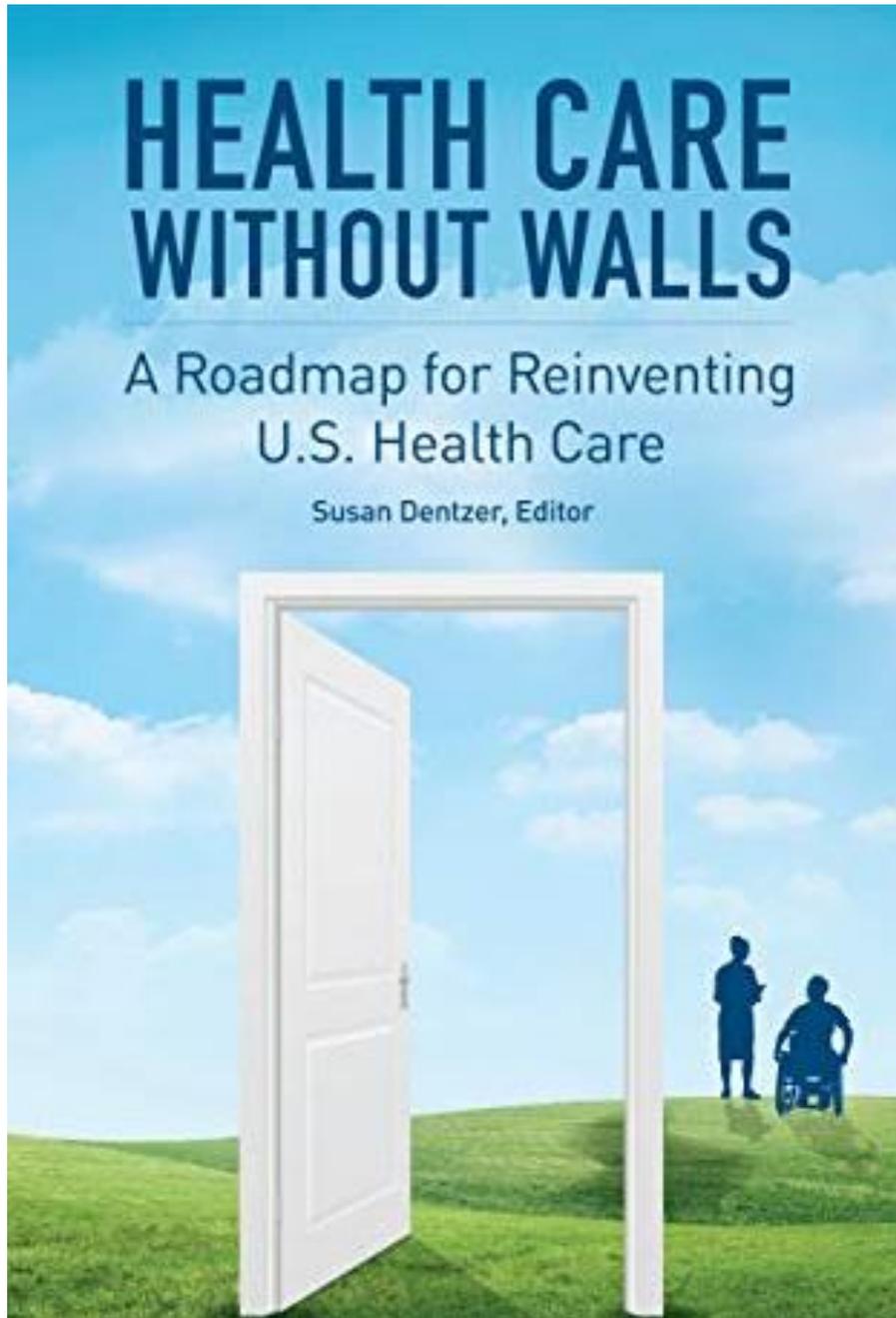
Dr. John Bulger, DO, MBA  
Chief Medical Officer  
**Geisinger Health Plan**



Susan Dentzer  
President & CEO  
**NEHI**



Dr. Sunny Ramchandani, MD, MPH  
Deputy Chief Medical Officer  
**Aetna**



## What “Health Care Without Walls” Could Mean for Primary Care

Webinar Presentation by Susan Dentzer

President and CEO, NEHI

To the Patient Centered Primary Care Collaborative

December 19, 2018

# This Presentation at a Glance

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- Health Care Without Walls:  
The Vision
- Background on NEHI's Initiative
- Summary recommendations
- Implications for primary care



# Background: NEHI's Health Care Without Walls Initiative

- Support received from foundations and corporations, including Gordon and Betty Moore; California HealthCare; Jewish Healthcare
- Established five work streams with more than 200 participants
  - **Technology**
  - **Payment/Reimbursement**
  - **Federal and State Regulations**
  - **Human Factors**
  - **Health Care Work Force**



# In Considering Innovation We Asked – Again – The Big Questions

What if, instead of a “sick care” system, we had a health care and health-inducing system that went to people – rather than people going to it?





## The Big Questions:

For health care that mainly involves exchanges of information – not the laying on of hands – why isn't more of it done virtually today?





Why do we have “Star Wars” medicine on a  
“Flintstones” delivery platform?



Shouldn't we at least advance to the Jetsons? (1962)



## *Dr. Kenneth Bird, 73; Used TV for Diagnosis*

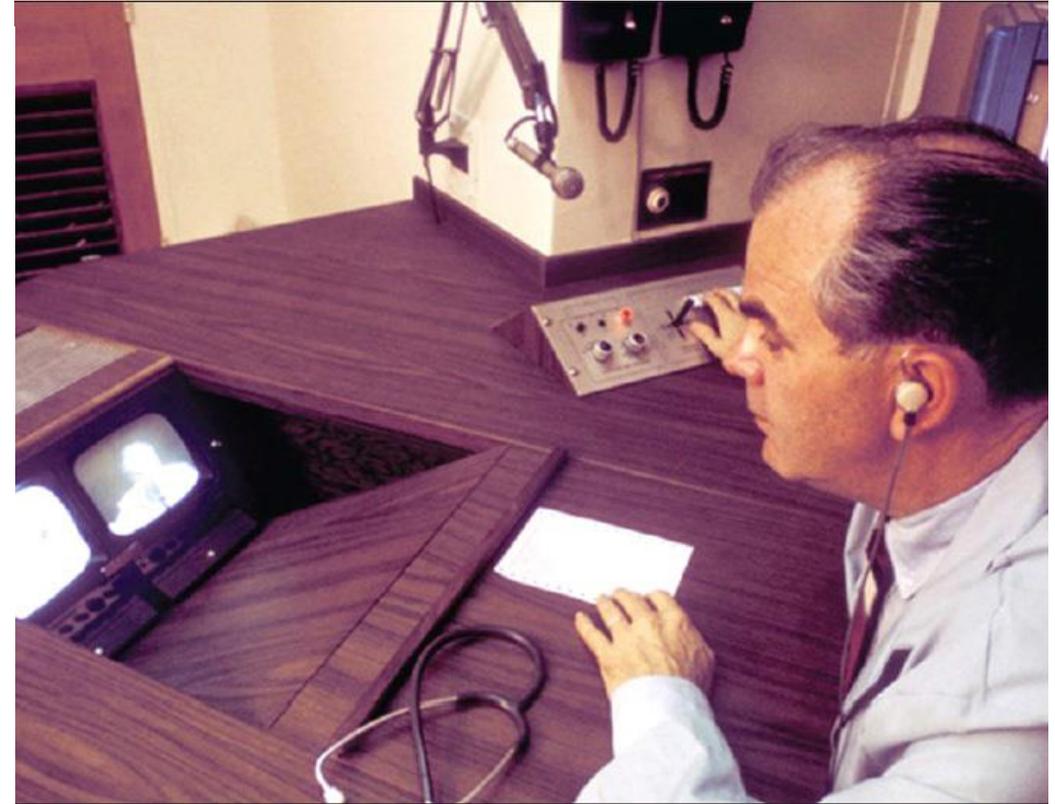
FEB. 16, 1991

Dr. Kenneth D. Bird, an internist and pulmonary specialist who developed a method of examining patients by two-way, interactive television, died Wednesday at the Lahey Clinic in Burlington, Mass. He was 73 years old and lived in Lexington, Mass.

He died of heart failure, said a spokesman for Massachusetts General Hospital, where Dr. Bird was affiliated for nearly four decades.

In 1968 Dr. Bird founded and directed the first "telemedicine" system, which linked a medical station at Boston's Logan Airport with doctors at the hospital who supplied remote diagnosis, treatment and medical image transmission. In 1970 a second link was opened.

The telemedicine system, a precursor of today's high-technology conferences that links doctors around the world electronically, was abandoned in the 1970's.

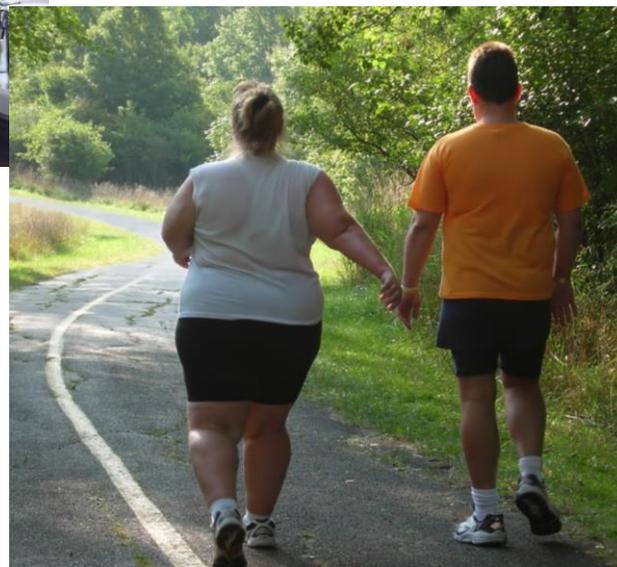


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Would we prefer a system  
of “health care  
without walls” to what we  
have today?



# Who Could Benefit?



# The State of Play



- “The future has already arrived. It’s just not evenly distributed yet.”
- --William Gibson, science fiction writer who coined the term “cyberspace”

## Research Letter

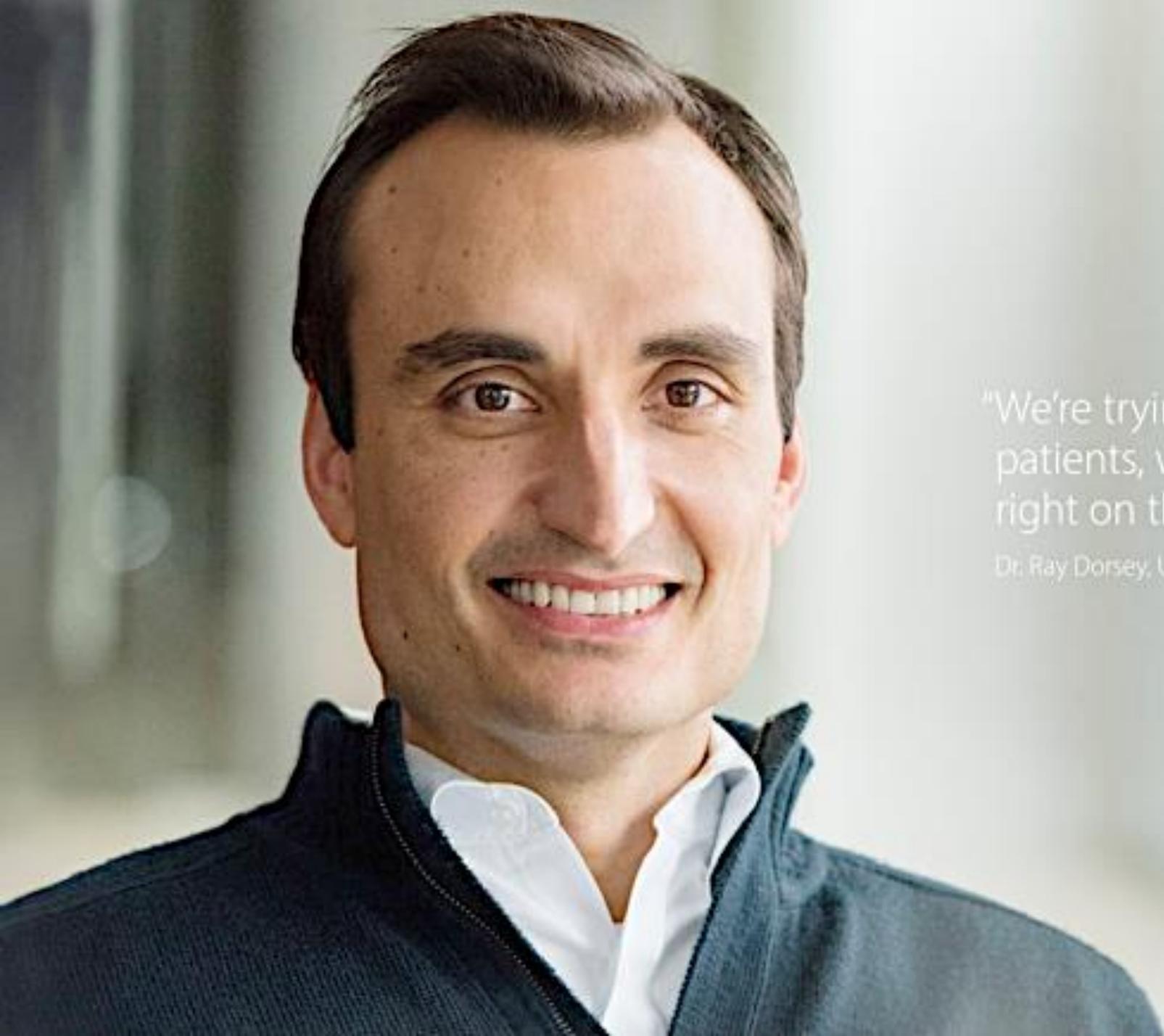
November 27, 2018

# Trends in Telemedicine Use in a Large Commercially Insured Population, 2005-2017

Michael L. Barnett, MD, MS<sup>1</sup>; Kristin N. Ray, MD, MS<sup>2</sup>; Jeff Souza, MA<sup>3</sup>; [et al](#)

- Although telemedicine use increased substantially from 2005 to 2017, use was still uncommon by 2017.”
- “Users of primary care telemedicine were **younger** on average...[and] more likely to reside in **urban** areas”
- “There was a **rapid increase in growth for primary care telemedicine in 2016 and 2017** after coverage for direct-to-consumer telemedicine expanded.”
- “The brisk adoption of [primary care telemedicine] **may reflect consumers seeking convenience** rather than primary care supply”





"We're trying to bring care to patients, wherever they are, right on their phones."

Dr. Ray Dorsey, University of Rochester



September 12, 2017; 89 (11) **ARTICLE**

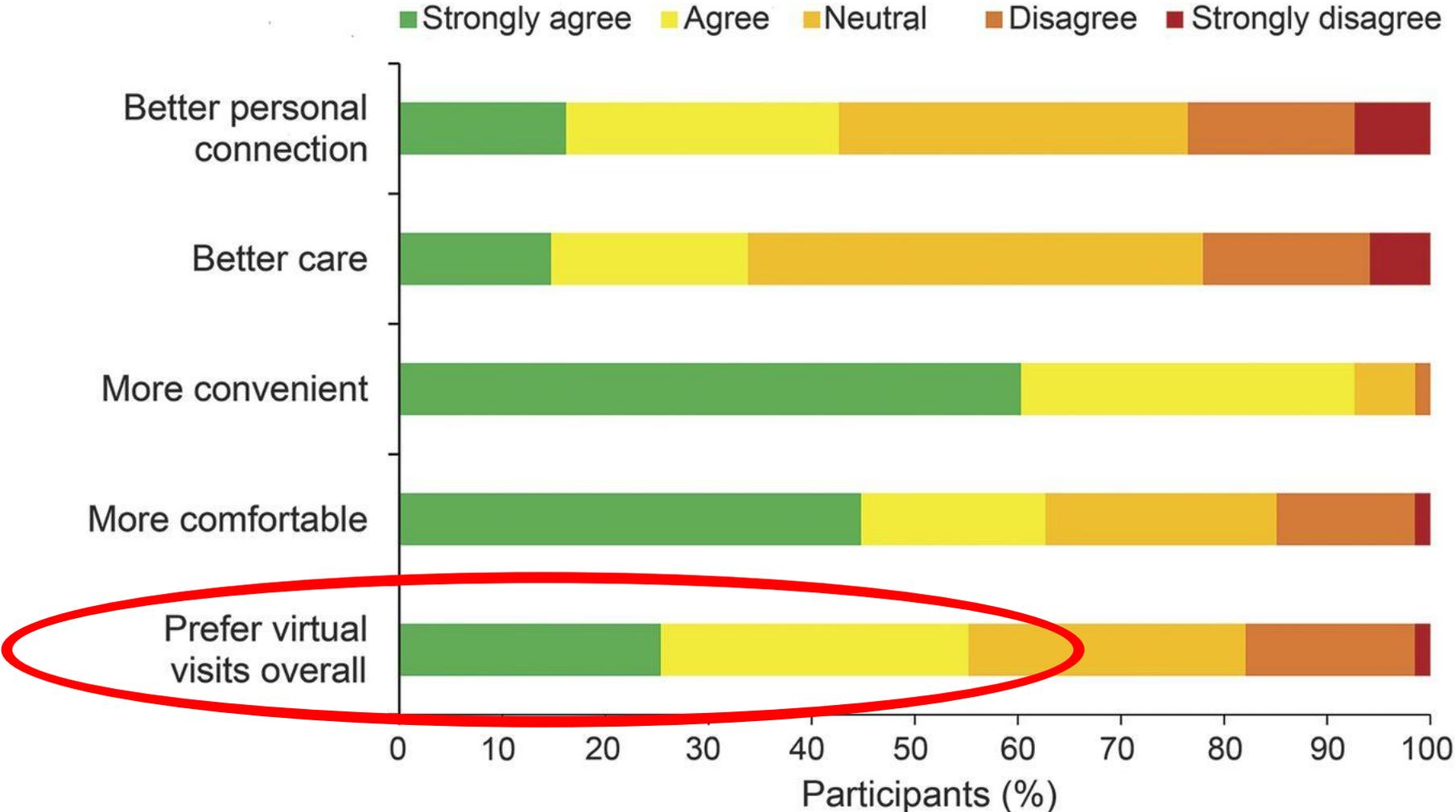
## National randomized controlled trial of virtual house calls for Parkinson disease

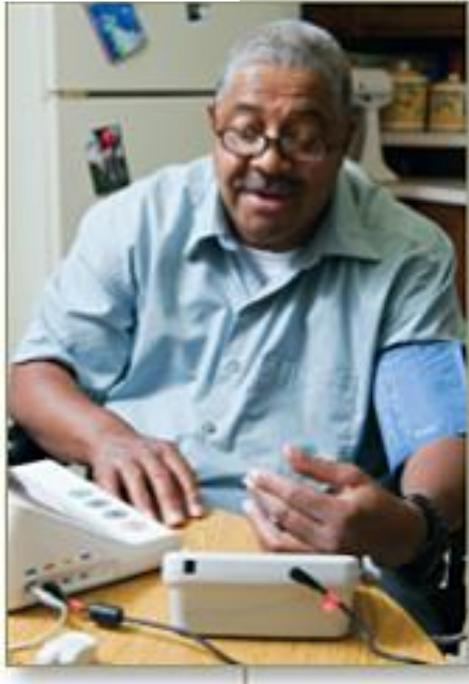
Christopher A. Beck, Denise B. Beran, Kevin M. Biglan, Cynthia M. Boyd, E. Ray Dorsey, Peter N. Schmidt, Richard Simone, Allison W. Willis, Nicholas B. Galifianakis, Maya Katz, Caroline M. Tanner, Kristen Dodenhoff, Jason Aldred, Julie Carter, Andrew Fraser, Joohi Jimenez-Shahed, Christine Hunter, Meredith Spindler, Suzanne Reichwein, Zoltan Mari, Becky Dunlop, John C. Morgan, Dedi McLane, Patrick Hickey, Lisa Gauger, Irene Hegeman Richard, Nicté I. Mejía, Grace Bwala, Martha Nance, Ludy C. Shih, Carlos Singer, Silvia Vargas-Parra, Cindy Zadikoff, Natalia Okon, Andrew Feigin, Jean Ayan, Christina Vaughan, Rajesh Pahwa, Rohit Dhall, Anhar Hassan, Steven DeMello, Sara S. Riggare, Paul Wicks, Meredith A. Achey, Molly J. Elson, Steven Goldenthal, H. Tait Keenan, Ryan Korn, Heidi Schwarz, Saloni Sharma, E. Anna Stevenson, William Zhu

### Abstract

**Objective:** To determine whether providing remote neurologic care into the homes of people with Parkinson disease (PD) is feasible, beneficial, and valuable.

# Patients' satisfaction with virtual visits





# TeleHealth Program

Helps Vets Stay Healthy and Independent



## Veterans' Health Administration

- VHA has made significant investments in telehealth and remote monitoring under its “Anywhere to Anywhere” initiative
- 2.1 million encounters to 709,000 vets in 2017; 150,000 vets being monitored at home via cell phone
- Now conducting a pilot telehealth program to provide remote access to psychotherapy and related services for rural Veterans with post-traumatic stress disorder (PTSD).
- A corps of vets now using FitBits and wearables to share information with providers

# Ohio State College of Nursing

- Operates Ohio State Total Health and Wellness
- Nurse practitioner-led, interprofessional, comprehensive health center
- Uses telehealth to provide health care to the students, faculty, staff, and their dependents on the Lima, Ohio campus.
- With registered nurses on site with patients in Lima, primary care is delivered by nurse practitioners from the Total Health and Wellness center located in Columbus, 93 miles to the southeast.
- Plans to have nurse practitioner students undergo preceptorships at Total Health & Wellness to learn how to conduct telehealth consultations in a team-based setting with nurses, dietitians, and pharmacists.

## Ohio



# Tightening linkages within the broader system

- In Los Angeles, primary care providers in federally qualified health centers referring children to community mental health clinics
- Parents “initially refused referral...due to stigma”
- PCPs rejected transfer of patients back to primary care for ongoing psychotropic medication management
- Solutions:
  - Parents watch a video introducing them to the mental health center
  - Regularly scheduled live videoconferences connecting PCPs to community mental health care providers



Source: Contreras et al, Ethnicity & Disease, 2018

# Community Health Plan of Washington: Pairing primary care providers with volunteer specialists

- Health plan serving Medicare and Medicaid populations pairs with Medical Alumni Volunteer Expert Network Project (MAVEN)
- Primary care physicians can schedule virtual visits for their patients with MAVEN specialists at time of visit
- PCPs also can consult with specialists on their own to better enable them to treat their own patients





# Telehealth from Walgreens Pharmacies in New York City To New York-Presbyterian

- Immediate consultations available with emergency department physicians
- Recently, one middle-aged man on Medicaid had a consultation and was immediately transported to the hospital for apparent heart attack

# CVS-Aetna: Combined Companies



- CVS Health President and CEO  
Larry Merlo, 11/18
- Goal: reinvent health care's  
“front door”
- “We will transform the  
consumer health care  
experience and build healthier  
communities through a new  
innovative health care model  
that is **local, easier to use, less  
expensive and puts consumers  
at the center of care”**



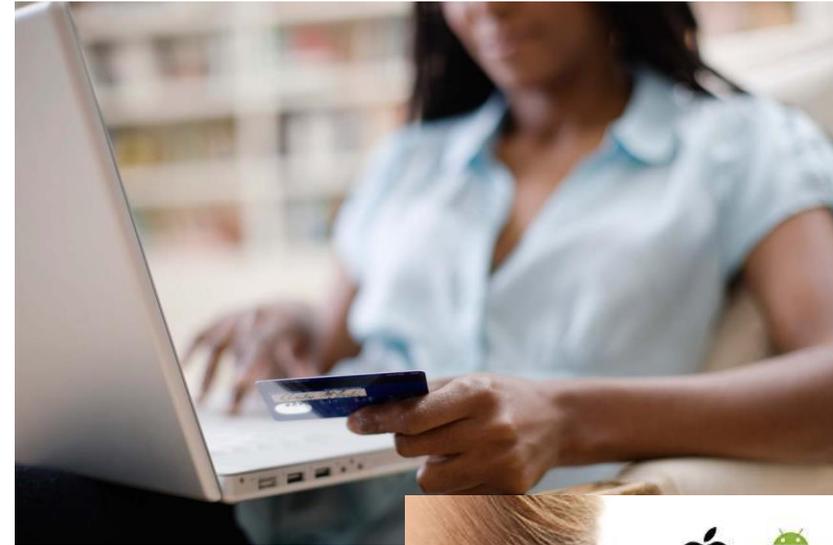
# It's Not Really All About the Technology

- It's about using the technology to put people and systems together in new ways



amazon

Pill  
Pack



\$48.99 on  
Amazon



- 90 million Amazon prime subscribers in the US; more than 100 million worldwide
- The company had shipped more than 5 billion items in 2017 as part of its Prime service
- What might happen when online access to doctors, pharmacy, and even devices for self-care could happen in the same place?

# What is the potential of more distributed care?

- Drastically increase care convenience
- Increase access, especially in underserved areas
- Leverage and extend existing provider base
- Universalize and democratize knowledge and expertise
- Reduce unnecessary “friction” in system
  - e.g., lost productivity, absenteeism from work



- • Cut costs

# What is the potential of more distributed care?

- Address social issues in communities that contribute to poor health and drive health care utilization, such as hunger, lack of transportation, housing insecurity
- Meet patients where they are – including at home – via technologies including telehealth and smart phones



# Multiple Obstacles to Overcome

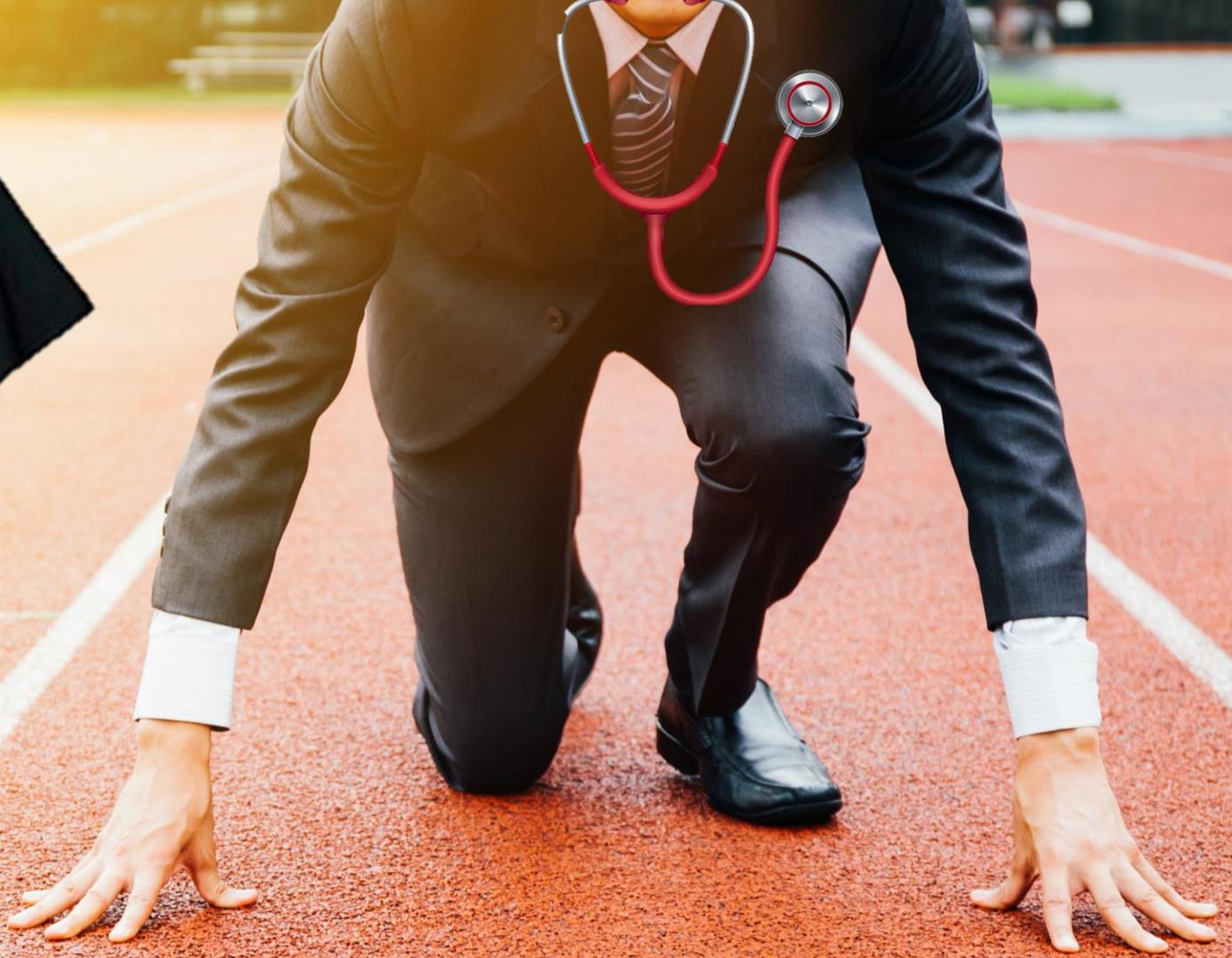
- Inertia: systems have to change
- Lots of sunk costs in existing plant and capital
- Need for new payment models to support optimal care
- Need for a different or differently trained work force; more emphasis on teams
- Human factors involved in technology take-up
- State laws and regulations still impede activities such as telehealth
- Data privacy and security; HIPAA and state statutes
- Lack of high speed broad band access, internet connectivity in much of country



# Medicare: Transformative “Health Care Without Walls” Payment Changes 2019-2020



- In fee-for-service Medicare, “originating site” rules effectively changing
- Medicare’s Chronic Care Management Program offers patients 24/7 access to a health professional in emergencies, with no restrictions on use of telemedicine
- Clinicians to be paid under Medicare fee schedule for “virtual check-ins” with established patients and remote evaluation of recorded video or other images, plus interprofessional internet consultations
- In 2020, Medicare payment system will consider home health agencies’ use of remote monitoring as allowable cost
- Telehealth now reimbursed for Medicare beneficiaries with a substance use disorder diagnosis or a co-occurring mental health disorder
- Medicare Advantage plans can offer supplemental non-medical benefits such as meal delivery and transportation





THE END



**Questions**