Telemedicine

Telemedicine in CT

Research, surveys, and interviews reveal the landscape of telemedicine use, technologies, satisfaction, gaps, and needs in Connecticut.

Solutions in Use

- American Well
- QliqSoft
- Zoom
- Hale Health
- Vidyo
- Doxy.me
- Doximity

Major Health Systems Engaged in Telemedicine

- Yale New Haven Health
- Connecticut Children's Medical Center
- Trinity Health
- Western CT Health Network/Nuvance Health
- Hartford Health
- Griffin
- UConn Health
- Middlesex Health

What Providers are Saying About Telemedicine

"We had another platform, purchased, called *** but honestly, ALL of our providers... are using *** free ... and it is working great."

- Nurse Practitioner, FQHC

We need an "easier platform for patients."

- Physician, Outpatient

"TeleHealth is amazing for us and for our patients, we all hope it is here to stay - it is the future and will be expected from patients well beyond the pandemic years."

- Nurse Practitioner, FQHC

"The primary barrier is inconsistent access to the minimum tech requirements due to lack of minutes, no internet/data access, not having a phone, etc."

- Nurse Practitioner, Psychiatric

Forecast

- Providers, patients, and health systems are identifying shortcomings with current solutions
- Users are re-evaluating their selections and looking at long term strategy and better solutions
- Legislation & reimbursement is changing at the State & Federal level

Components Reviewed

Patient Engagement

Patient Contact & Participation Methods
System Requirements
Patient Satisfaction

Provider Experience

Provider Options
System Requirements
Provider Satisfaction

Opportunity to Engage

Current Arrangements
Prospective Arrangements
Willingness to Collaborate

Tools & Capabilities

Synchronous Video
Synchronous Messaging
Portal/Account/Access
Document/Photo Sharing
Import/Export

Technical Specifications

Integration Capabilities
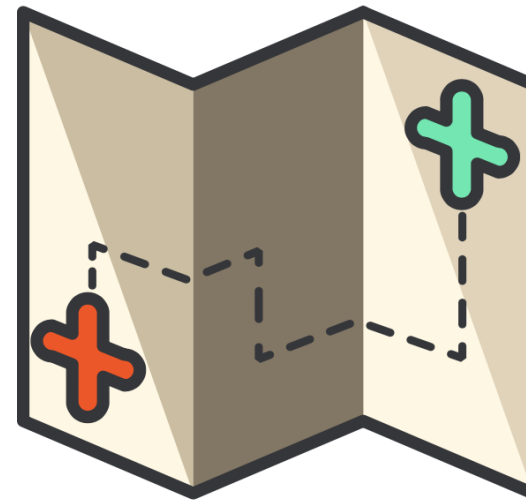Document Creation
Data Transfer
Compliance

Business Model

Current Customers
Presence in CT
Stability
Revenue Model

The Process

The team at UConn Health engaged in a research and evaluation process in the Spring & Summer of 2020 to identify and assess telemedicine options commonly used in Connecticut.

Research

- Web Based
- Literature Review
- Legislation & Policy

Product Testing

- Demonstrations
- Independent Testing

Interviews

- Product Reps
- Current Customers

Survey
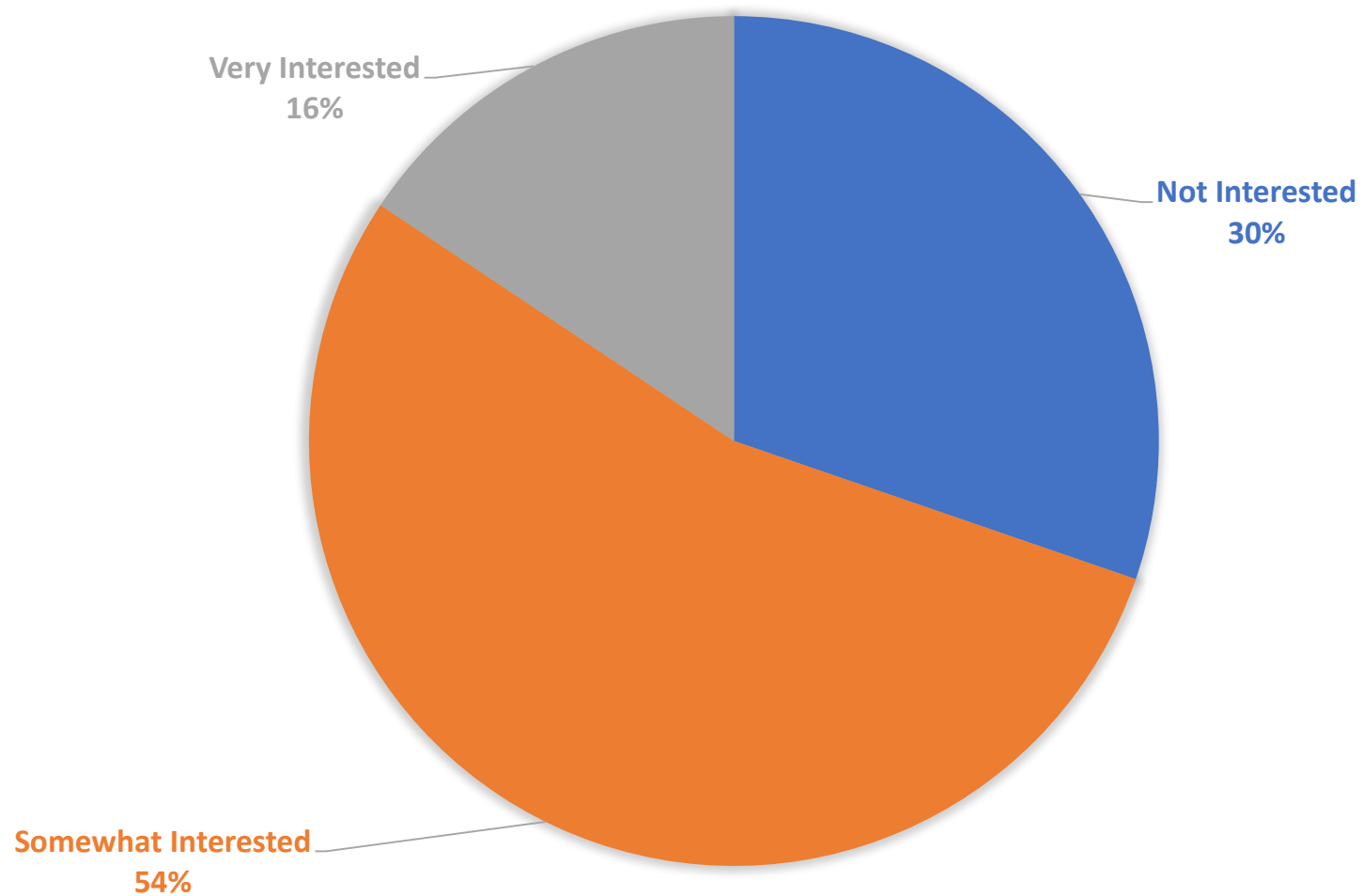
- Development
- IRB
- Deployment
- Data Collection
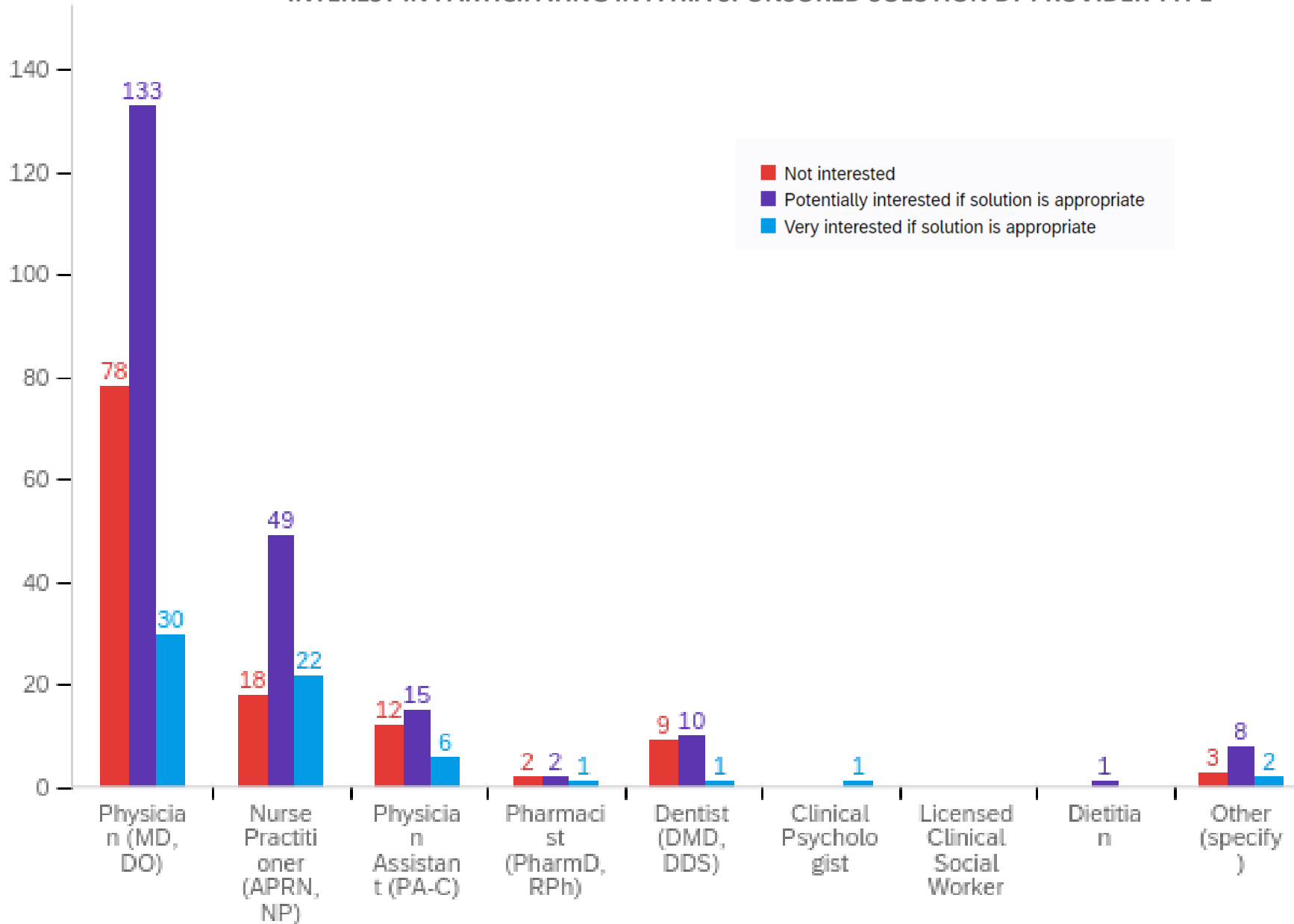
Analysis

- Synthesis
- Qualitative
- Quantitative

Findings

	Active in CT	Integration Capability	Data Creation: Minimal	Data Creation: Intermediate	Standalone EHR	Interoperable Data	Exportable Data	Multi-Device Compatible	Stable Business Model	Opportunity to Engage
QliqSOFT	√	√		√		√	√	√	√	√
Doxy.me *	√							√		
Zoom *	√	√								
MyHelo				√	√	√	√	√	√	√
CareConvene				√			√	√	√	√
Hale Health	√	√	√			√	√	√	√	√
Doximity Dialer	√	√	√				√	√	√	√
Zipnosis	√	√		√		√	√	√		√
Vidyo *	√	√						√		

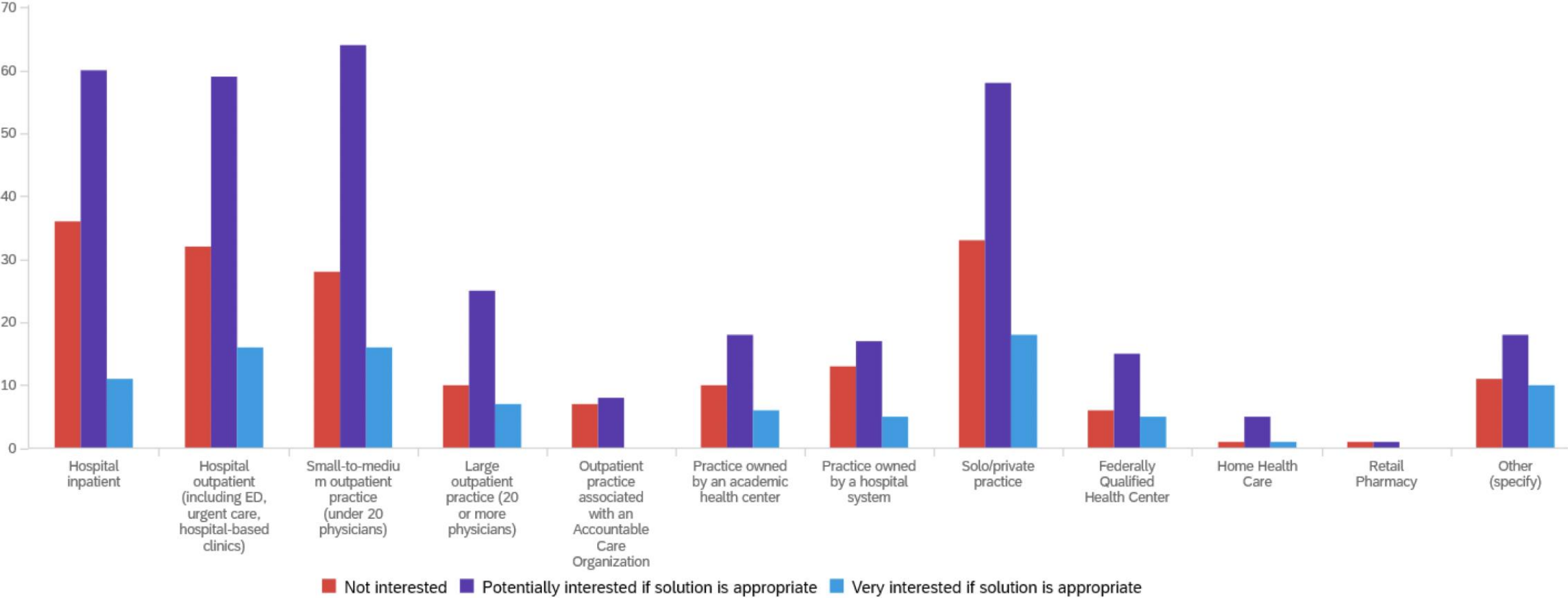* Denotes that the vendor did not respond to outreach, not all aspects of the product could be evaluated

INTEREST IN PARTICIPATING IN A HIA SPONSORED TELEMEDICINE SOLUTION

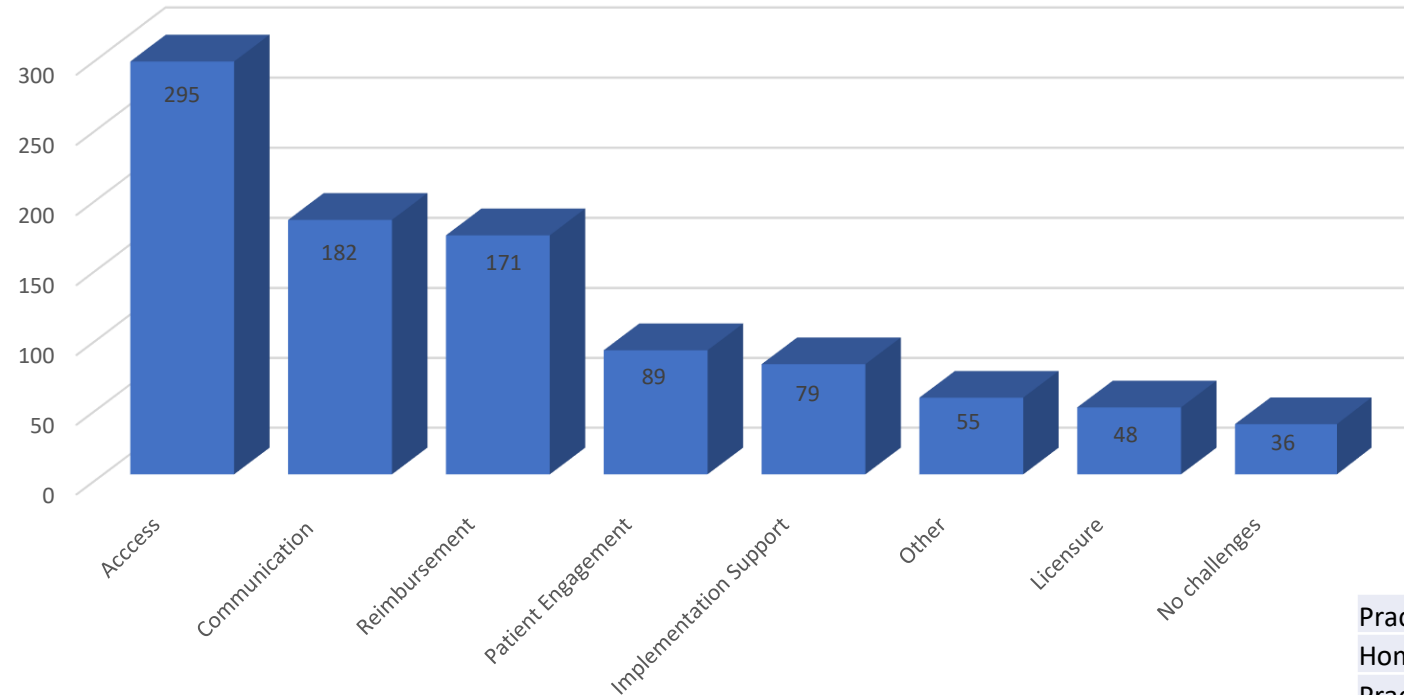# INTEREST IN PARTICIPATING IN A HIA SPONSORED SOLUTION BY PROVIDER TYPE

Legend:
- Not interested (red)
- Potentially interested if solution is appropriate (purple)
- Very interested if solution is appropriate (blue)

Provider Type	Not interested	Potentially interested if solution is appropriate	Very interested if solution is appropriate
Physician (MD, DO)	78	133	30
Nurse Practitioner (APRN, NP)	18	49	22
Physician Assistant (PA-C)	12	15	6
Pharmacist (PharmD, RPh)	2	2	1
Dentist (DMD, DDS)	9	10	1
Clinical Psychologist			1
Licensed Clinical Social Worker			
Dietitian		1	
Other (specify)	3	8	2

INTEREST IN PARTICIPATING IN A HIA SPONSORED SOLUTION BY PRACTICE TYPE

■ Not interested　■ Potentially interested if solution is appropriate　■ Very interested if solution is appropriate

Barriers

Provider Identified Barriers to Telemedicine
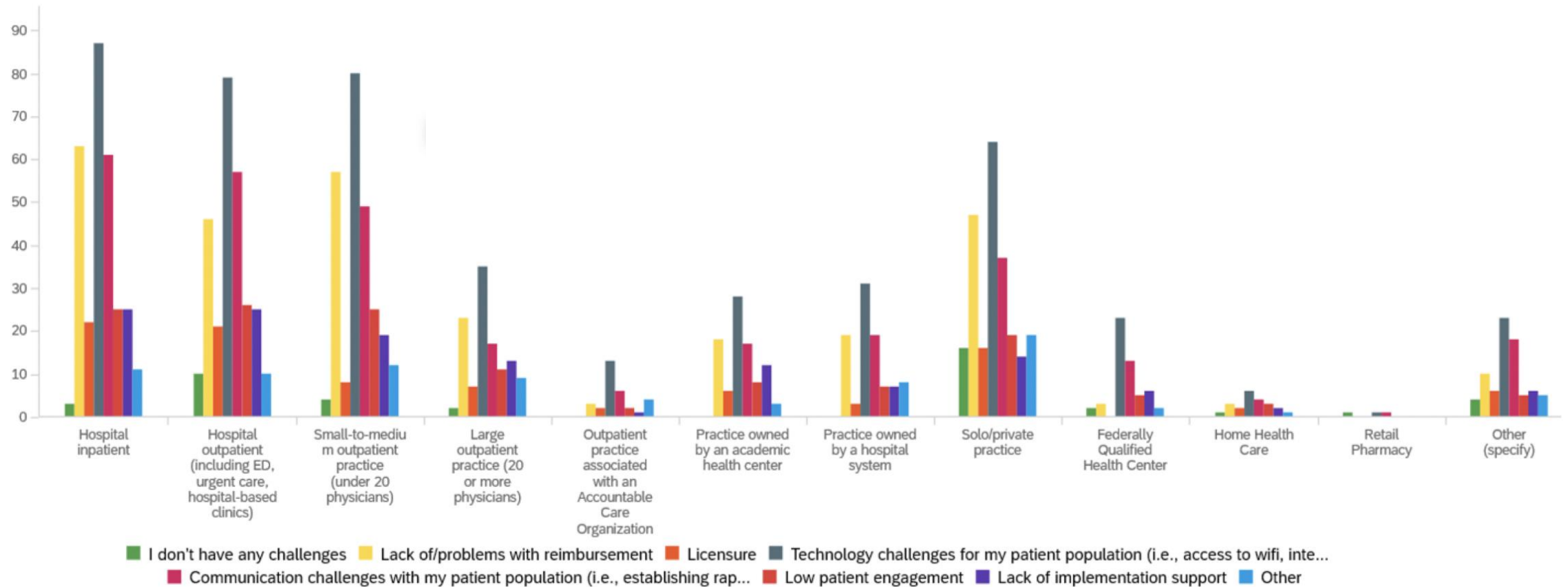**(Respondents Selected Up to 3)**

72%
(295 out of 411 respondents)
Of providers surveyed identify *access* to reliable internet and devices as a *barrier* to their patients engaging in telemedicine

Practice Type	Percentage
Home Health Care	75.0%
Practice owned by a hospital system	72.1%
Large outpatient practice (over 20 physicians)	66.7%
Outpatient practice associated with an Accountable Care Organization	61.9%
Small to medium outpatient practice (under 20 physicians)	60.2%
Federally Qualified Health Center	56.1%
Practice owned by an academic health center	56.0%
Hospital outpatient (including ED, Urgent care, hospital-based clinics)	43.5%
Hospital inpatient	43.3%
Solo/private practice	41.3%
Other	39.7%
Retail Pharmacy	5.0%

The bar chart "Provider Identified Barriers to Telemedicine" shows: Access 295, Communication 182, Reimbursement 171, Patient Engagement 89, Implementation Support 79, Other 55, Licensure 48, No challenges 36.

Barriers

Opportunity

- Facilitate engagement with high quality telemedicine services
- Potential financial benefit to the HIE
- Encourage the adoption of patient centered technology

Considerations

- Legislation: CT & National
- Payer Policy
- Resources: Financial, Educational, Support

Options

- Act as a Reseller
  - Purchase an enterprise license
  - Purchase bulk licenses
- Personalize
  - Co-build a tailored solution
  - White-label existing products
- Facilitate
  - Act as a referral service
  - Serve as knowledge repository
  - Provide Training

Advance Directives

Prepared for:
The State of Connecticut Office of Health Strategy

Prepared by:
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Ryan J. Tran, MHS, UConn Health

Advance Directives in CT

Research, surveys, and interviews reveal the landscape of advance directives, technologies, satisfaction, gaps, and needs in Connecticut.

Advance Directive
- Written statement of wishes for care
- A tool to ensure patients receive the medical care that they desire in times that they are unable to select for themselves

MOLST (Medical Order for Life Sustaining Treatment) / POLST (Physician Order for Life Sustaining Treatment)
- Intended for the seriously ill, signed by the clinician and the patient
- Effective immediately, regardless of patient capacity

Living Will
- Identifies life sustaining treatments patient would and would not want in the event they are not able to make their own medical decisions
- Identifies preferences for medical decisions, such as palliative care and organ donation

Power of Attorney
- Legal document, appoints an individual to make medical care decisions in the event the appointee cannot make their own

3 Primary Solutions Nationally
- My Directives
- Advance Care Planning Registry
- Vynca

MOLST

Medical Orders for Life Sustaining Treatment

The State of Connecticut

Existing MOLST program
Administered by DPH
Green Paper Forms
Patients must carry at all times
Based on National POLST Paradigm
Not endorsed by the National POLST Paradigm

1/3 One out of every 3 adults in the US have some form of an advance care plan.

Advance Directive Foundational Components
- living will
- durable power of attorney for health care

Components Reviewed

Patient Perspective

Proxy Access
Ease of Use/Accessibility

Provider Experience

Ease of Use/Accessibility

Opportunity to Engage

Current Arrangements
Prospective Arrangements
Willingness to Collaborate

Tools & Capabilities

Mobile Compatibility
Documentation Types

Technical Specifications

POLST/MOLST Integration
EHR Integration
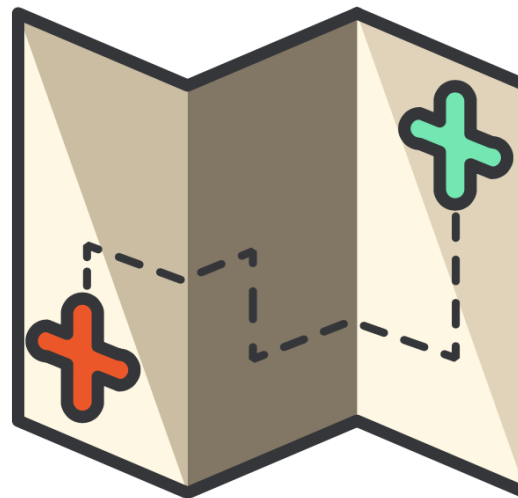Document Creation
Data Transfer
Compliance

Business Model

Current Customers
Stability
Revenue Model

The Process

The team at UConn Health engaged in a research and evaluation process in the Spring & Summer of 2020 to identify and assess the three principal advance directive vendors used in the US.

Research
- Web Based
- Literature Review
- Legal

Product Testing
- Demonstrations

Interviews
- Product Reps

Survey
- Development
- IRB
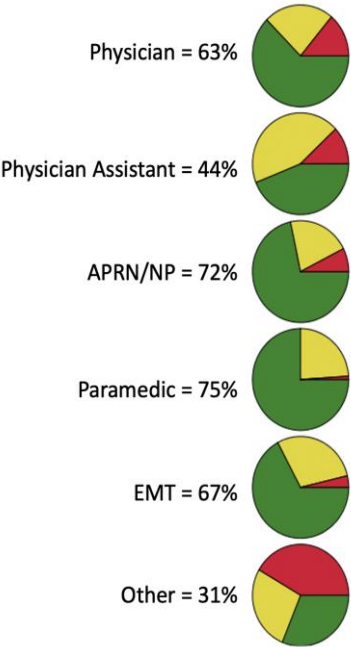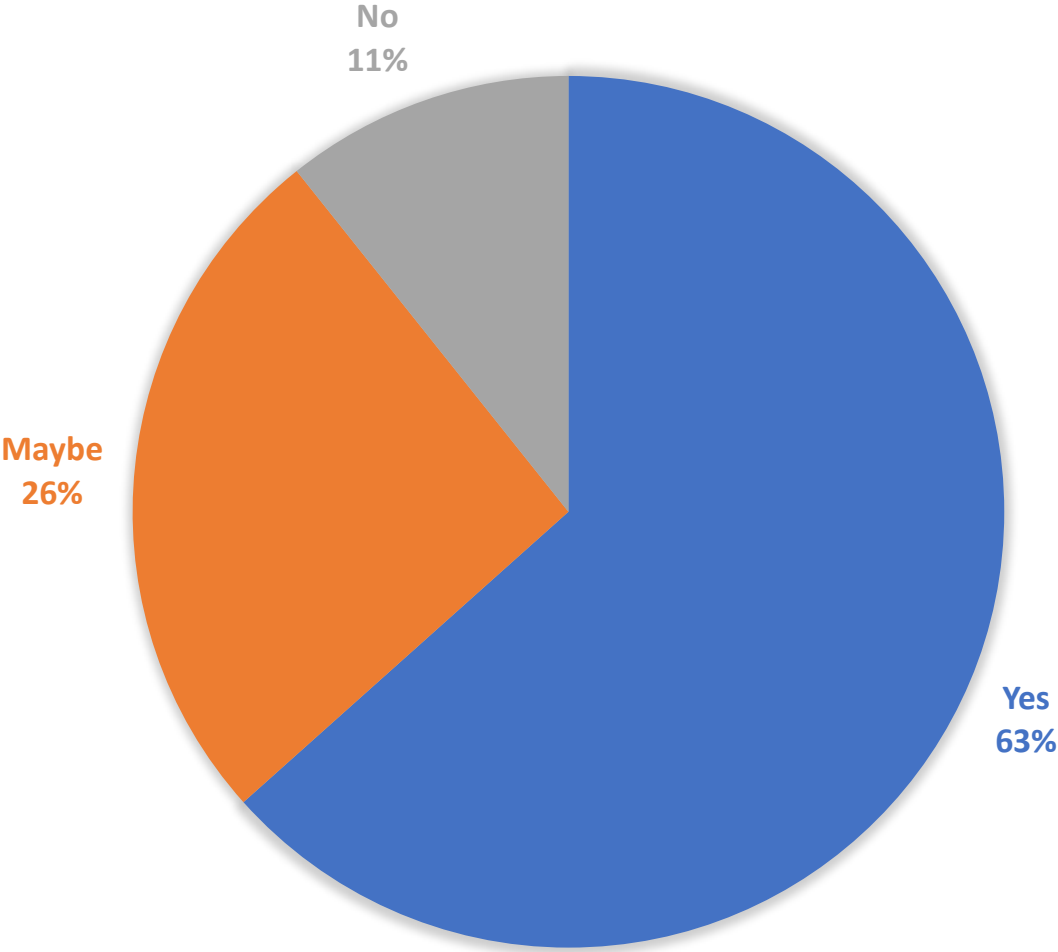- Deployment
- Data Collection

Analysis
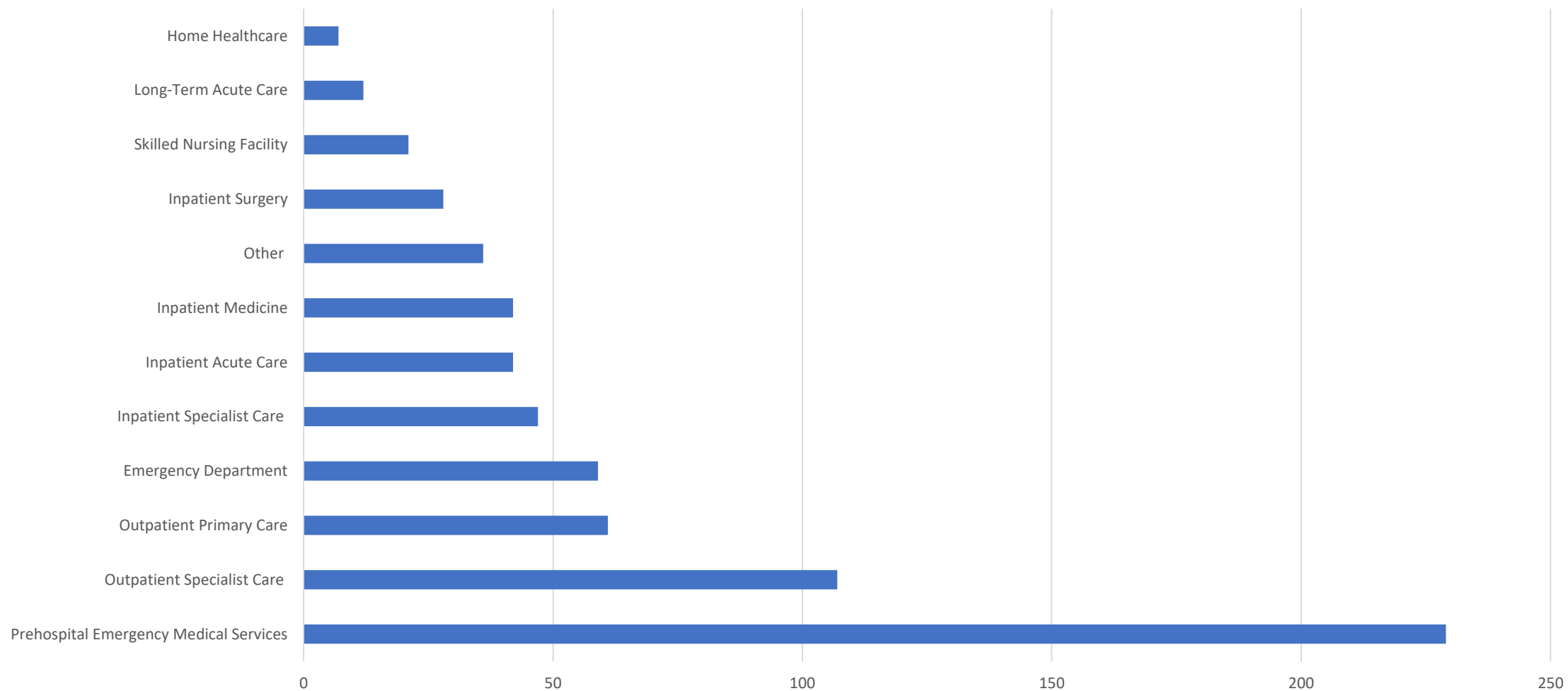- Synthesis
- Qualitative
- Quantitative

Findings

	Active in CT	Integration Capability (API or Web Services)	Documents can be uploaded	Patient Portal	Proxy Sharing	Fillable Documents	Interoperable Data	Exportable Data	Multi-Device Compatible	Stable Business Model	Opportunity to Engage
Vynca		√	√		√	√	√	√	√	√	√
Advanced Care Registry		√	√	√	√				√	√	√
MyDirectives		√	√	√	√	√	√	√	√	√	√

"There is substantial evidence that the treatment people would choose at the end of life commonly is different from the treatment they receive. Too often individuals receive more aggressive care than they desire…preferences for where they wish to spend the end of their lives are also often not met… there is an apparent need to improve end-of-life care in the United States."
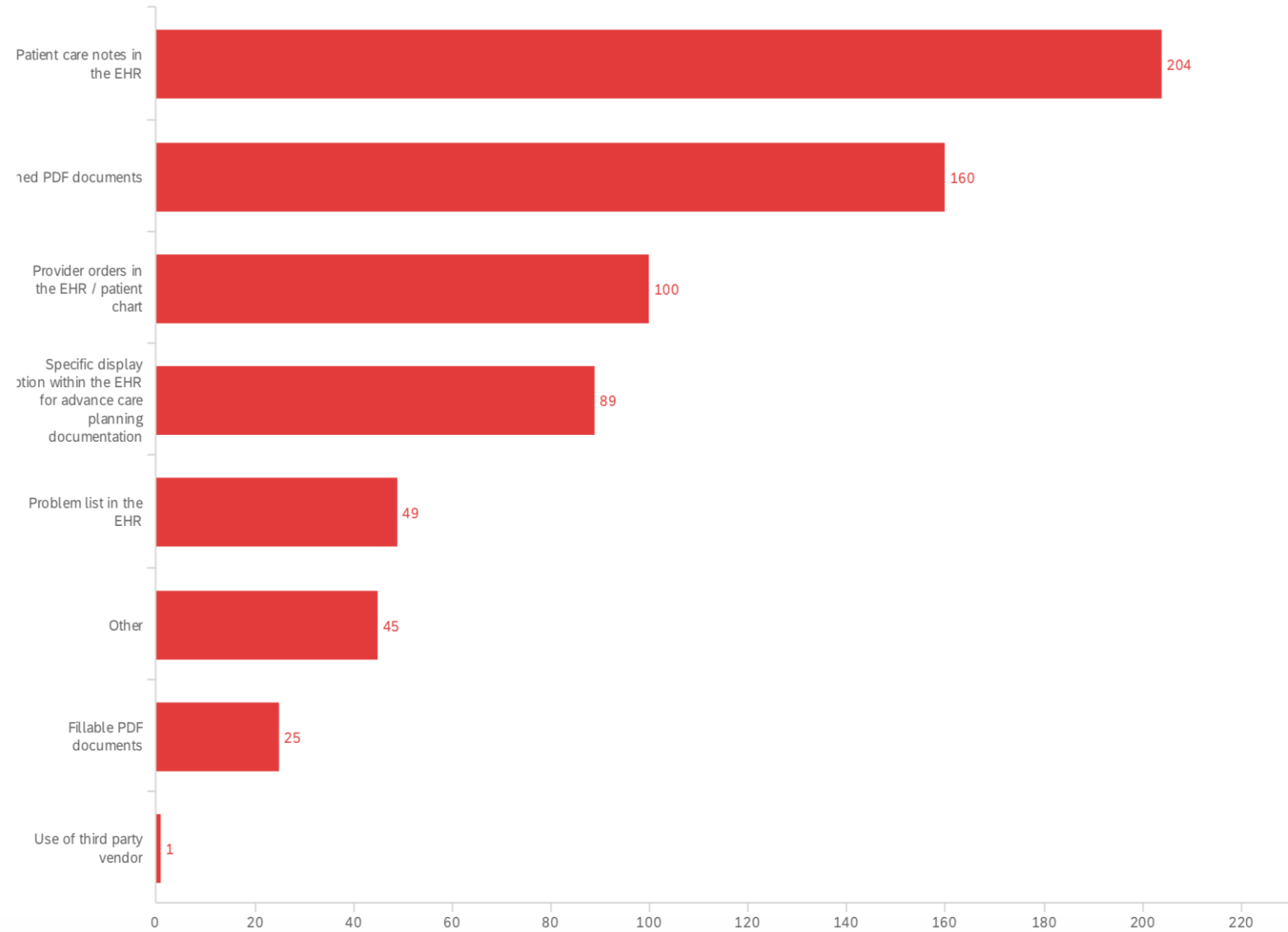
INTEREST IN PARTICIPATING IN A HIA SPONSORED ADVANCE DIRECTIVE SOLUTION

No 11%

Maybe 26%

Yes 63%

Physician = 63%

Physician Assistant = 44%

APRN/NP = 72%

Paramedic = 75%

EMT = 67%

Other = 31%

Responding Provider Practice Setting

Documenting Advance Directives

What Providers are Saying

"Family member on scene could not provide DNR order, senior living staff did not have a copy… life-saving measures were initiated. (patient) ended up in the ER for hours before passing …."

"many examples of when intervention (possibly futile) was provided because I was not able to access documents pertaining to patient's wishes or patient/family was not clear about the decisions already made."

"I have encountered several patients that have had procedures performed on them against their wishes… due to not having proper paperwork with the patient or not having the ability to contact the appropriate people who had the paperwork or information for the patient."

Opportunity

- Facilitate the delivery of a significant, and needed service to Connecticut's residents, health care providers and health systems.

- Reduce unwanted, nonbeneficial care, financial burden and emotional distress

Considerations
- Role of the HIE
  - information source
  - reseller
  - purchase on behalf of residents
- Revenue Generation
- Interoperability
  - Interface/Integrate
- Product Usability
- Reimbursement
- End Users
- Barriers & Interventions