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

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<th>Provider Experience</th>
<th>Opportunity to Engage</th>
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<td>Provider Options</td>
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<td>Integration Capabilities</td>
<td>Current Customers</td>
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<td>Presence in CT</td>
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<td>Portal/Account/Access</td>
<td>Data Transfer</td>
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<td>Document/Photo Sharing</td>
<td>Compliance</td>
<td>Revenue Model</td>
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<td>Import/Export</td>
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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

<table>
<thead>
<tr>
<th></th>
<th>Active In CT</th>
<th>Integration Capability</th>
<th>Data Creation: Minimal</th>
<th>Data Creation: Intermediate</th>
<th>Standalone EHR</th>
<th>Interoperable Data</th>
<th>Exportable Data</th>
<th>Multi-Device Compatible</th>
<th>Stable Business Model</th>
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* 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

- Very Interested: 16%
- Somewhat Interested: 54%
- Not Interested: 30%
INTEREST IN PARTICIPATING IN A HIA SPONSORED SOLUTION BY PROVIDER TYPE

- **Physician (MD, DO)**
  - Not interested: 78
  - Potentially interested if solution is appropriate: 30
  - Very interested if solution is appropriate: 133

- **Nurse Practitioner (APRN, NP)**
  - Not interested: 18
  - Potentially interested if solution is appropriate: 22
  - Very interested if solution is appropriate: 49

- **Physician Assistant (PA-C)**
  - Not interested: 12
  - Potentially interested if solution is appropriate: 15
  - Very interested if solution is appropriate: 6

- **Pharmacist (PharmD, RPh)**
  - Not interested: 2
  - Potentially interested if solution is appropriate: 2
  - Very interested if solution is appropriate: 1

- **Dentist (DMD, DDS)**
  - Not interested: 9
  - Potentially interested if solution is appropriate: 10
  - Very interested if solution is appropriate: 1

- **Clinical Psychologist**
  - Not interested: 1
  - Potentially interested if solution is appropriate: 1

- **Licensed Clinical Social Worker**
  - Not interested: 1

- **Dietitian**
  - Not interested: 3
  - Potentially interested if solution is appropriate: 8

- **Other (specify)**
  - Not interested: 2
  - Potentially interested if solution is appropriate: 2
INTEREST IN PARTICIPATING IN A HIA SPONSORED SOLUTION BY PRACTICE TYPE

[Bar chart showing interest levels by practice type]
Barriers

(295 out of 411 respondents)

Of providers surveyed identify **access** to reliable internet and devices as a **barrier** to their patients engaging in telemedicine.

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

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**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

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**3**

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

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

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**Advance Directive**
- Living will
- Durable power of attorney for health care
## Components Reviewed

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<td>Ease of Use/Accessibility</td>
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<td>Mobile Compatibility</td>
<td>POLST/MOLST Integration</td>
<td>Current Customers</td>
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<td>Documentation Types</td>
<td>EHR Integration</td>
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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.
## Findings

<table>
<thead>
<tr>
<th></th>
<th>Active in CT</th>
<th>Integration Capability (API or Web Services)</th>
<th>Documents can be uploaded</th>
<th>Patient Portal</th>
<th>Proxy Sharing</th>
<th>Fillable Documents</th>
<th>Interoperable Data</th>
<th>Exportable Data</th>
<th>Multi-Device Compatible</th>
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“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.”

Advance Directives and Advance Care Planning 2008 report to Congress
INTEREST IN PARTICIPATING IN A HIA SPONSORED ADVANCE DIRECTIVE SOLUTION

Yes  63%
Maybe  26%
No    11%
Documenting Advance Directives

- Patient care notes in the EHR: 204
- Red PDF documents: 160
- Provider orders in the EHR/patient chart: 100
- Specific display within the EHR for advance care planning documentation: 89
- Problem list in the EHR: 49
- Other: 45
- Fillable PDF documents: 25
- Use of third party vendor: 1
“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 ....”

“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.”

“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.”
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