

# Right Care, Right Time, Right Setting

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

CENTER FOR TELEHEALTH



## Implementation of Tele Critical Care Program at two Rural Mississippi Hospitals

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# A National Telehealth Center of Excellence

# Disclosures



- I have no actual or potential conflict of interest in relation to this program/presentation.



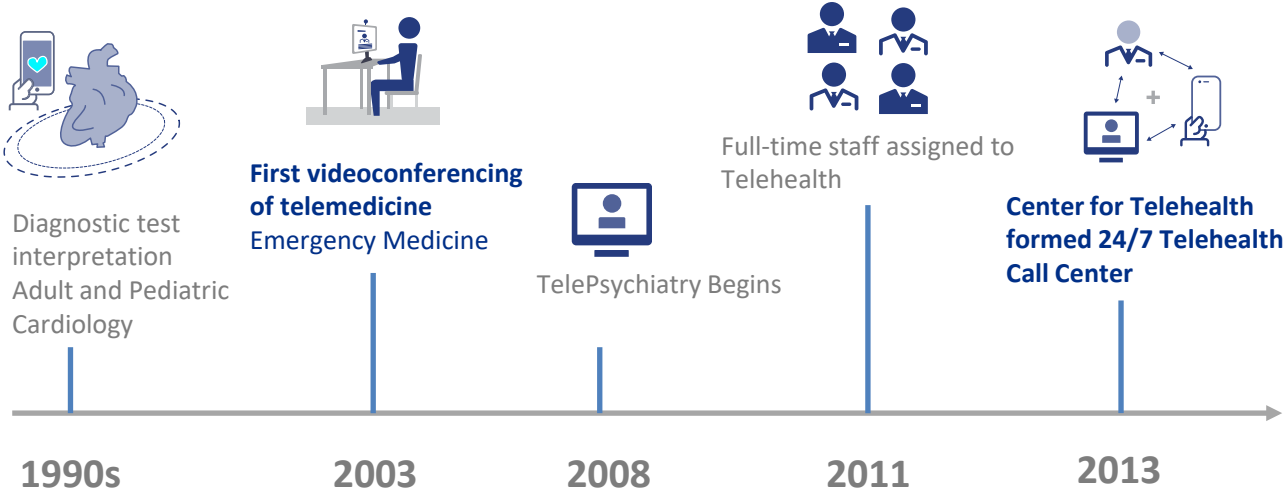
# Objectives



- Describe how Telehealth can improve access to critical care specialists for small rural hospitals in Mississippi.
- List Barriers and Challenges and strategies to overcome them.
- Describe how to derive clinical and financial value for the program.
- Future Direction



# UMMC Center for Telehealth



# UMMC Center for Telehealth



Telehealth Center of Excellence awarded to UMMC



2017



Rapid Response to COVID-19 Pandemic Integration of A/V capability in EMR



2020



FCC Funding for rpm



2021



Telehealth Center of Excellence awarded to UMMC



2021

Preferred Telehealth Provider for State BCBS Members for Urgent Care, Behavioral Health and Medical Nutrition Therapy



2022



RFP Awarded for School Based Telehealth



2022

# Our role as a National Center of Excellence



1



Improve access to healthcare via Telehealth services




2



Expand overall innovation and the research portfolio



3



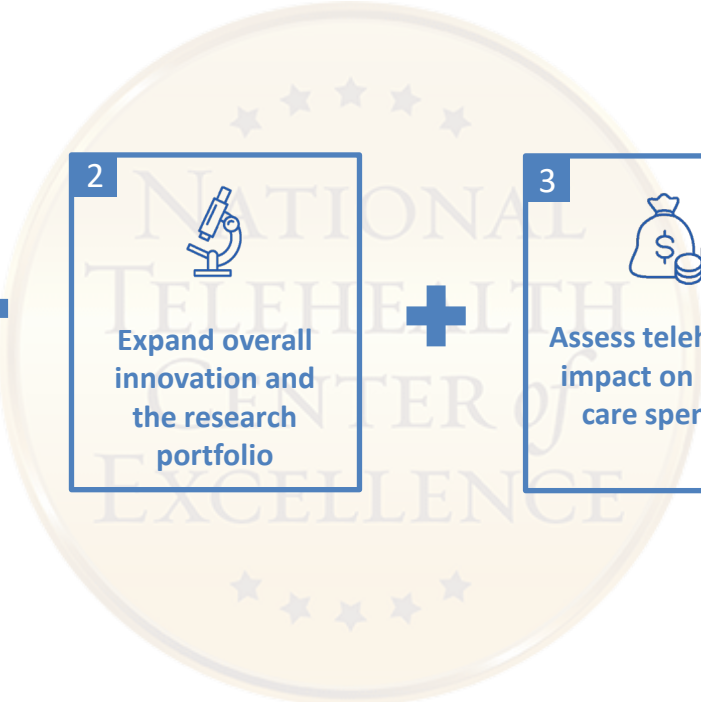
Assess telehealth's impact on health care spending



4



Collaborate and share best practices










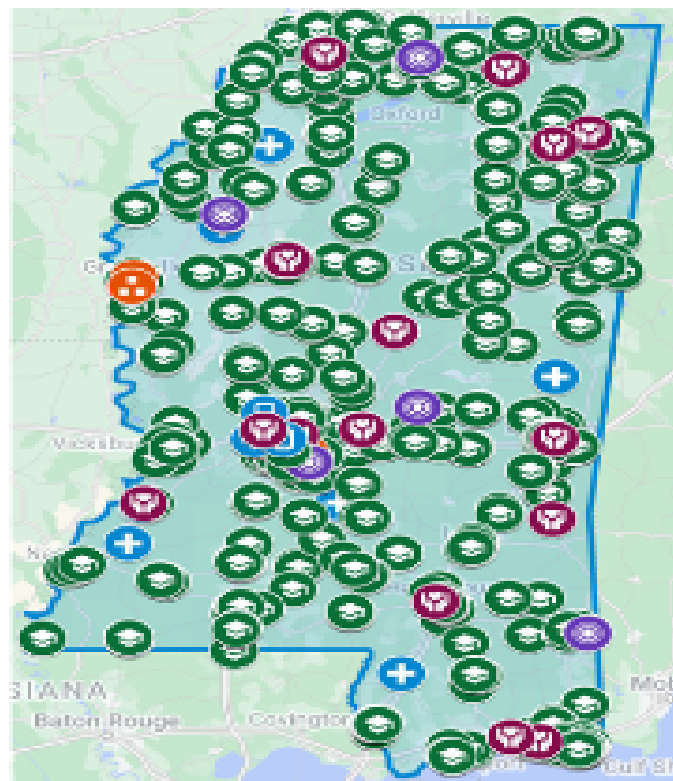
# COMMITTED TO SERVING MISSISSIPPI COMMUNITIES

TELEHEALTH PLAYS A KEY ROLE BY DRAMATICALLY INCREASING ACCESS TO CARE IN RURAL AND UNDERSERVED AREAS ACROSS THE STATE

53 OF MISSISSIPPI'S 82 COUNTIES ARE MORE THAN A 40 MINUTE DRIVE FROM SPECIALTY SERVICES.

UMMC TELEHEALTH HELPS COMMUNITIES OFFER MUCH-NEEDED MEDICAL CARE IN AREAS WITH FEW OR NO MEDICAL SPECIALTIES.

-  School-Based Telehealth
-  TelEmergency
-  TeleMental Health
-  TeleInfectious Disease
-  TeleNetworking
-  Corporate
-  UMMC2You





# Shortage of Specialists in Mississippi



# Workforce Shortage- Access to Specialists



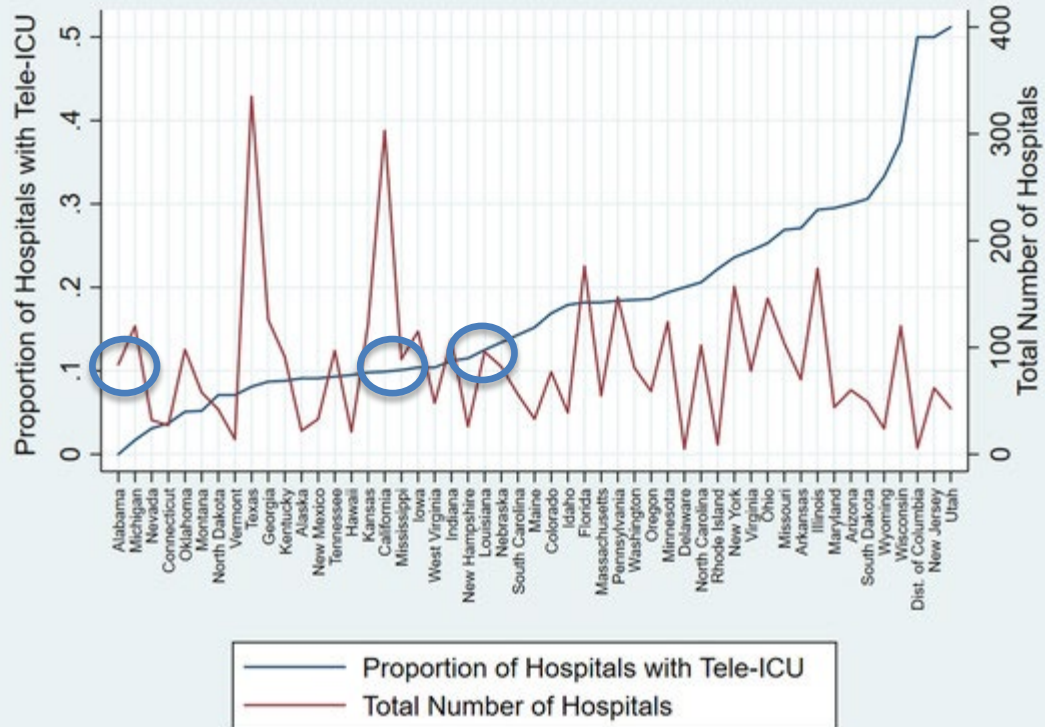
- According to NRHA- there are 30 specialists / 100,000 people in rural area compared with 263/ 100,000 people in urban areas.
- According to a study published in Health Affairs, Dec 2019, in Medicare beneficiaries with one or more complex chronic conditions, lack of access to specialists accounted for 55 percent and 40 percent of the rural-urban difference in preventable hospitalizations (40% higher for rural) and mortality (23% higher), respectively.



Limited access to critical care is a major cause of inequity in healthcare

- Delayed care for patients
- More Transfers that are avoidable
- Worse clinical outcomes

# The Prevalence of Tele-ICUs as a Proportion of Total Hospitals, by State





# Tele Critical Care Pilot (TCCP)



# Selection of Rural Hospitals for the Pilot



- Baseline analysis of data -transfers to higher level of care (1200/year at Copiah Medical Ctr)
- Bedside Staffing – lack of critical care expertise at bedside.
- Clinical and Administrative Leadership buy-in.

# Selection of Rural Hospitals for Pilot



- Covich County Medical Center opened on February 21, 2017 and is Covich County's premier health care facility.
- CCMC houses 25 private, spacious inpatient suites, 9 state-of-the-art Emergency Department rooms, as well as modern Radiology, Laboratory and Cardiopulmonary Departments.
- Covich County Medical Center is a Critical Access Hospital



**Covich County Medical Center**

# Selection of Rural Hospitals for Pilot



- Greenwood Leflore Hospital is a healthcare organization that is publicly-owned by the City of Greenwood and Leflore County in the Delta Region of MS
- The hospital was a 208-bed facility that has recently reduced its services and number of beds.
- Has applied for designation as a critical access hospital.
- ICU was closed after the pandemic

# Inpatient specialty consults- Tele Critical Care Services



A/V Communication



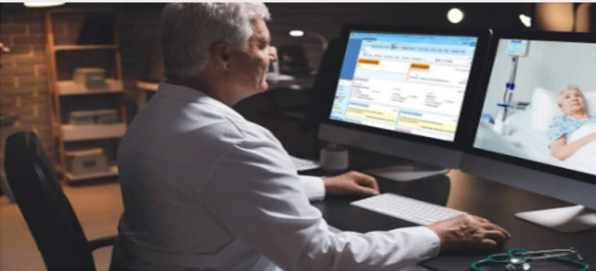
- Support to two small Rural Hospitals (Copiah Medical Center, Leflore Greenwood Hospital)
- 24/7 Access to Critical Care Providers
- Goal: Prevent unnecessary transfers, improve Clinical outcomes.

- Remote providers in NY
- Access to EMR
- Access to PACS
- 24/7 schedule

# Inpatient specialty consults- Tele Critical Care Services - 'out of state' Providers

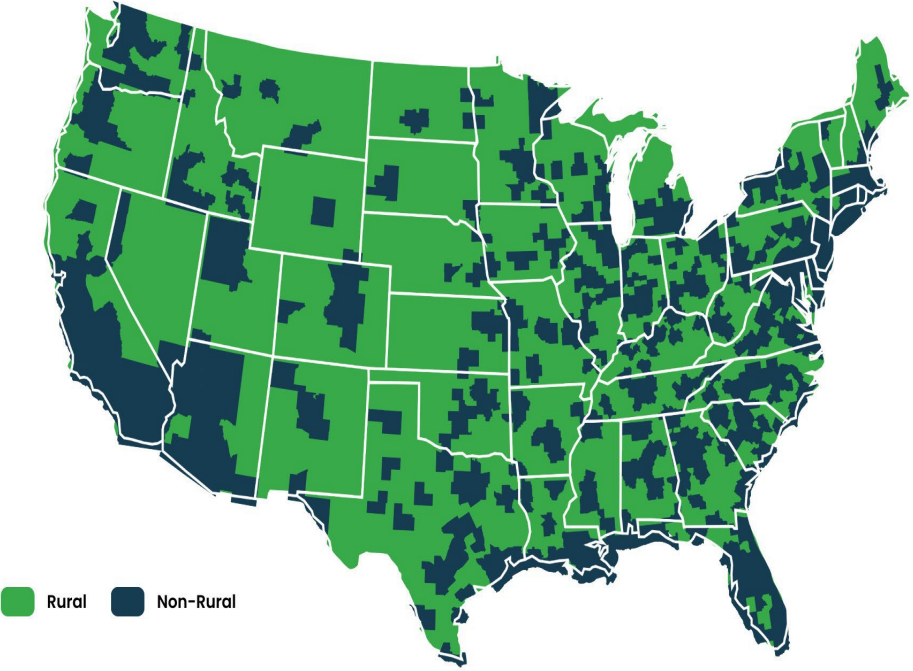


## Physician Services

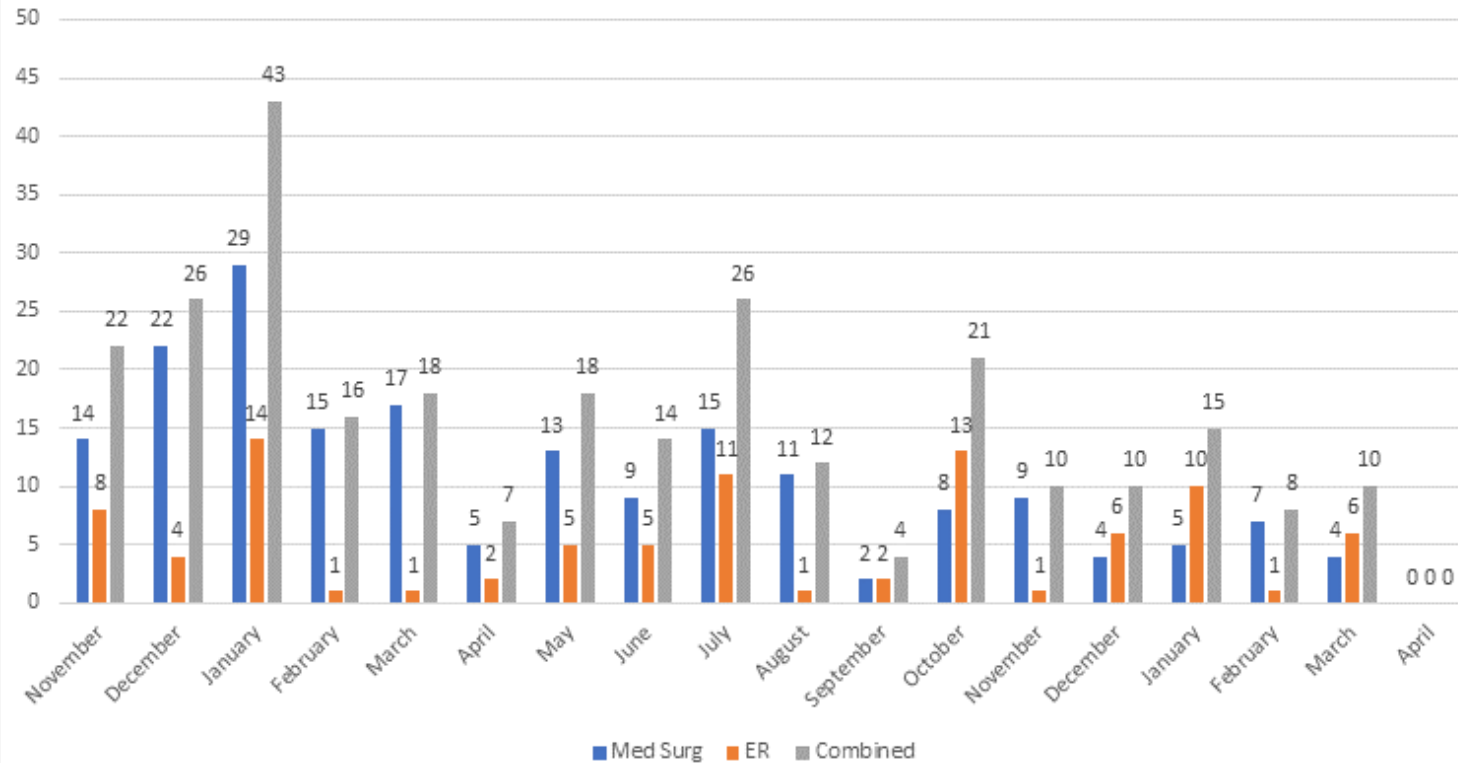


Delivering critical care expertise directly to your hospital, reducing the need for patient transfers and keeping care local.

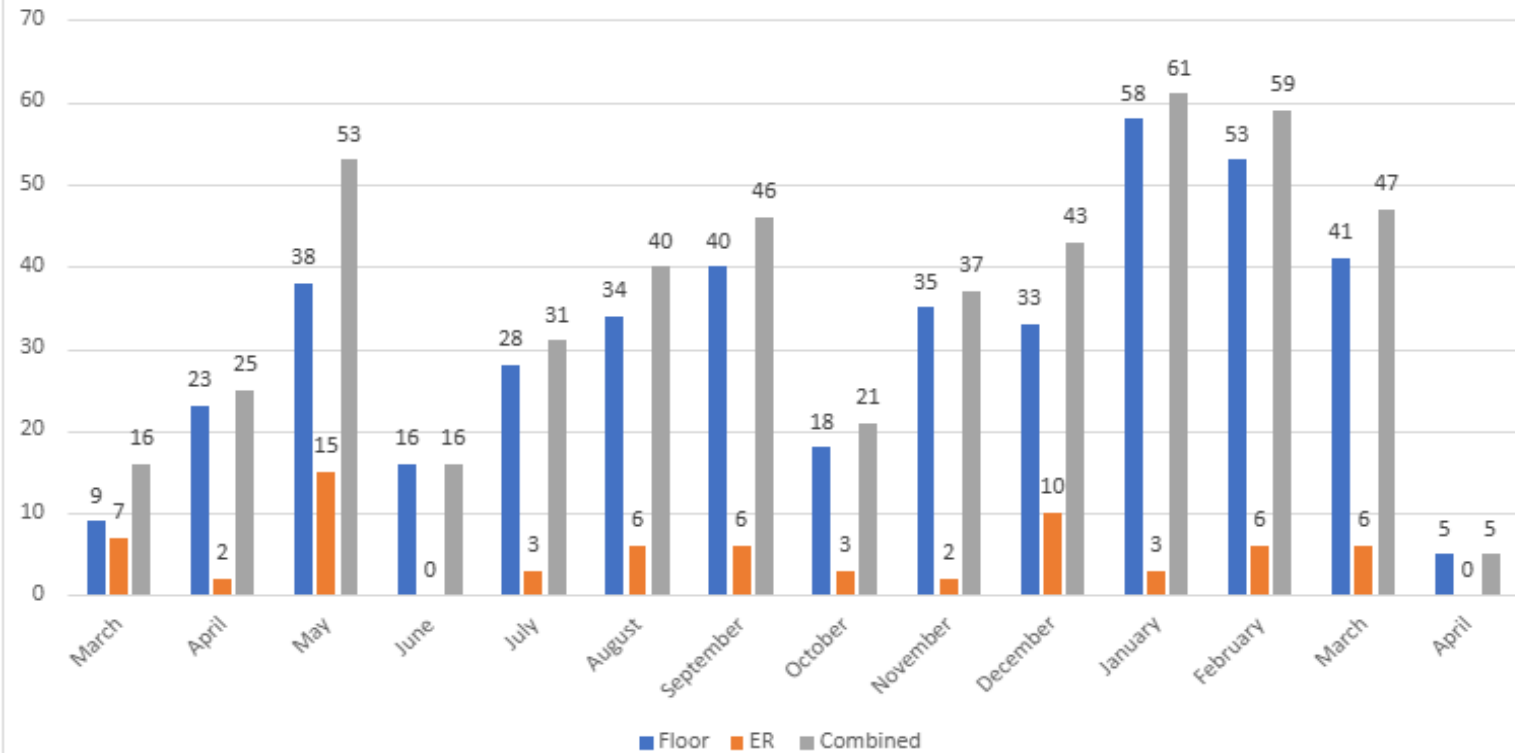
-  Infectious Disease
-  Cardiology
-  Nephrology
-  Critical Care



# Utilization Data - Copiah Medical Ctr. Nov 23-



# Utilization Data - GLH. March 23-



# Copiah County Medical Center - Financial Value Analysis



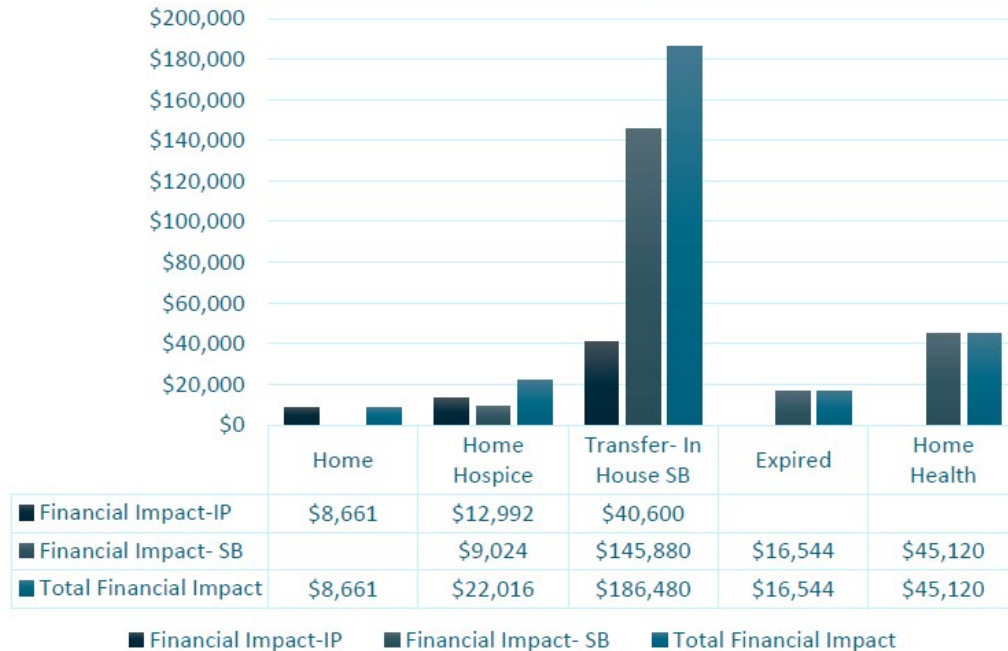
## Notable Findings

- Timeframe: November 2023 – May 2024
- Variation in captured codes for telehealth visits.
- 21.5% of patients receiving TeleCritical care services maintained at facility for network capture
- Medicare LOS 4.26 YTD which is an increase of 0.53 days from the prior year
- Swing bed LOS increased by 0.60 compared to prior year
- Denial rate of 76% for professional claims with top issues reported:
  - Credentialing
  - Revenue codes
  - Modifiers needed for separate visits on same day
  - Taxonomy denials

# Copiah County Medical Center- Financial Value Analysis



## Financial Impacts by Discharge Disposition



# Copiah County Medical Center- Financial Value Analysis



## Summary

1. Total Financial Impact: **\$278,821**
2. Attributable To Swing Bed LOS
3. Risk: Inpatient LOS
4. Low ED Utilization
5. Potential Readmission Reduction
6. Capture Facility Fees



# Financial Value Analysis for Tele Critical Care



- Financial value will vary by hospital designation due to reimbursement models
  - Acute Care Hospital
  - Critical Access Hospital
  - Rural Emergency Hospital
- Identify key performance indicators to track financial performance on services
  - Increased network capture
  - Prevention of Acute care transfers
  - Length of stay
  - Case Mix Index
- Evaluate reimbursements
  - Professional fees
  - Direct impacts of hospital stay reimbursements
  - PPS vs cost-based reimbursements

# Barriers, Challenges and Solutions for Implementation



- Bedside Provider and Nursing Engagement
  - *Nursing Education*
  - *ED inclusion criteria for consult*
- Out of State Provider License and Credentialing
- Payor enrollment
- FFS Reimbursement for consults

# Future Directions



- Rigorous Analysis to Develop a Sustainability Model
- Need assessment - add other specialties.
- Increase acuity of patients that can be managed safely at the facilities.
- Transform care- facilitate opening of a higher acuity monitored beds at GLH.

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**Thank You!**

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