Reducing Health Disparities for Underserved Populations Using Telehealth

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The Center for Health Workforce Studies at SUNY Albany School of Public Health

- Established in 1996
- Based at the UAlbany School of Public Health
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- Broad array of funders supporting our research



Today's Presentation

- Methods
 - Case Study
 - Survey of Providers
- Key Findings
- Benefits
- Barriers
- Facilitators
- Implications



Methods

Case Studies

- 8 site visits covering 7 telehealth programs
- Settings:
 - o Home care
 - o Long-term care
 - Community-based primary care
 - Acute care
 - o FQHCs

Survey of Providers



Case Study Participants and Services Provided

Behavioral Health

- Project ECHO, University of Rochester Medical Center in Rochester, New York
- Telepsychiatry Outpatient Services, St. Joseph's Hospital Health Center in Syracuse, New York
 - Medication reconciliation

Dental Care

 Teledentistry Program, Finger Lakes Community Health in Geneva, New York



Case Study Participants and Services Provided

Home Care

- House Calls Telehealth Program, New York City Health and Hospitals Corporation in New York, New York
- At Home Care, Bassett Healthcare Network in Oneonta, New York

Pediatric Care

 Health-e-Access Program, Golisano Children's Hospital and Ibero Early Childhood Services Center, University of Rochester Medical Center in Rochester, New York

Wound Care

 Wound Healing Center, Rochester Regional Health in Rochester, New York

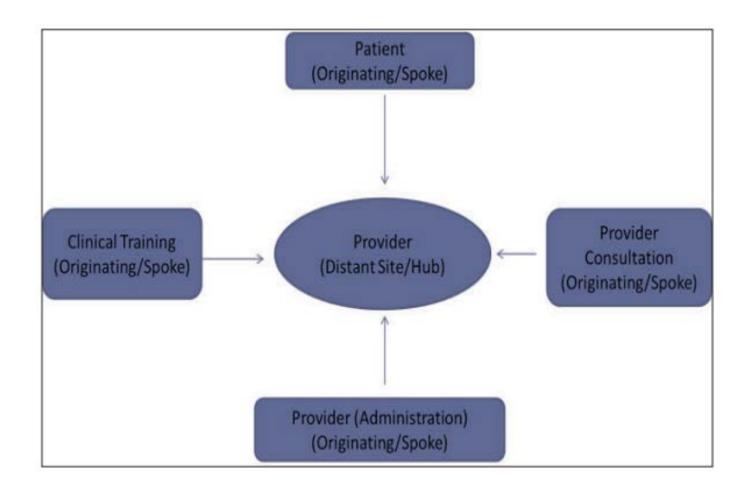


Survey of Providers

- Over 650 responses
 - 53% of hospitals
 - o 47% of FQHCs
 - 14% of long-term care facilities
 - 11% of home health agencies
 - Less than 2% of physicians
- Limited analysis to hospitals and FQHCs due to low response rate



Hub and Spoke Model





Telehealth Applications in Use

- Synchronous
 - o Examinations
 - o Treatment
- Asynchronous (store and forward)
- Remote patient monitoring (RPM)
- Mobile health
- Education/consulting
- Administration/meetings



Key Findings

- Telehealth programs tend to be uniquely tailored to local need
- Telehealth strategies are constantly evolving alongside developments in technology
- Telehealth is an effective strategy to improve access to care for remote and underserved populations
- Telehealth allows for connection with providers regardless of location
- Telehealth services reduce wait times



Key Findings

- Telehealth training is a crucial component for patients and providers for adoption and implementation
- Assistance is needed for telehealth start-up, equipment, and training
- Telehealth funding sources and reimbursement levels are variable
- Telehealth provides an opportunity to facilitate a multidisciplinary team based approach



Benefits

Telehealth:

- Eliminates need to travel long distances for both patients and providers
- Strengthens relationship between patients and providers
- Improves provider confidence
- Shortens wait times
- Lowers no show rates
- Reduction of absences from school and child care programs
- Saves money by reducing inpatient stays and ED visits



Facilitators

- Internal payment mechanisms (vs. insurance reimbursement)
- Grant funding
- Networking between multidisciplinary providers
- Advances in technology
- Policies and reimbursement supporting telehealth



Barriers

- Reimbursement and start-up costs
 - Variable coverage by insurers
 - Originating sites not always covered
 - Start-up costs expensive
 - Initial and ongoing training costs not covered
- Problematic regulations that limit interaction among providers and patients
- Cumbersome information exchange
 - Lack of consistent information integration
- Provider hesitance to become involved
 - Time concerns



Implications

- Need for:
 - Better definition of what telehealth is
 - Supportive regulatory climate
 - Adequate and consistent reimbursement
 - Originating site
 - Fewer providers in low volume areas



Questions?

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