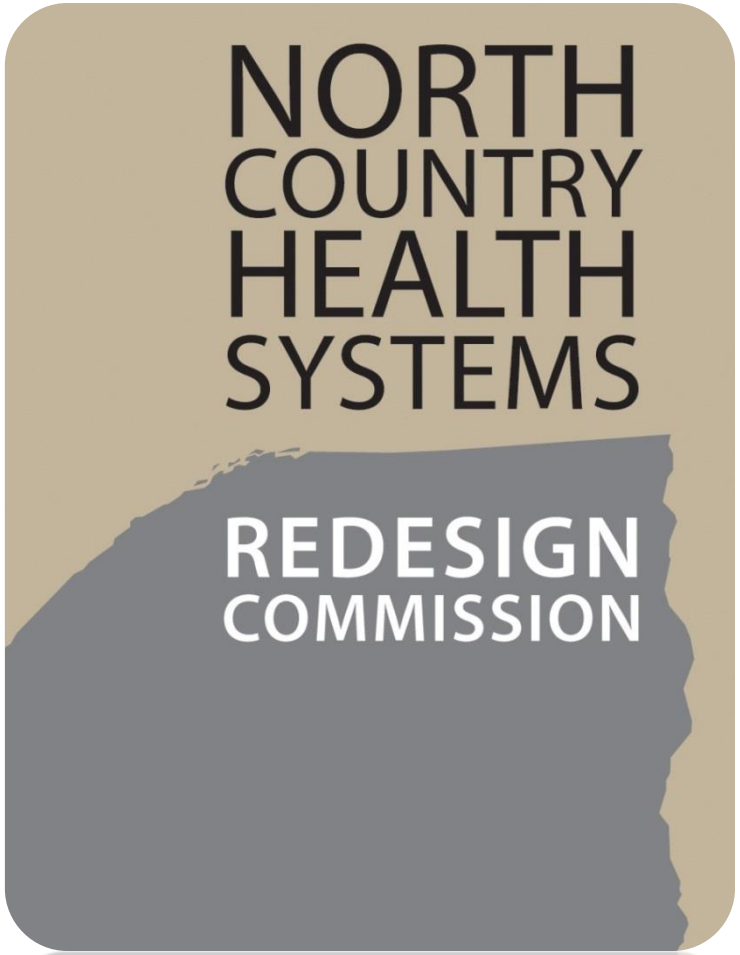


WELCOME

February 19, 2014

NORTH COUNTRY HEALTH SYSTEMS

REDESIGN COMMISSION

WORKFORCE

Gary Fitzgerald, President
Iroquois Health Alliance

Thomas Quinn, Sr. VP, Health Systems Development
Upstate Medical University

IROQUOIS Healthcare Alliance

North Country Health Systems Redesign Commission

February 18-19, 2014

Potsdam, New York

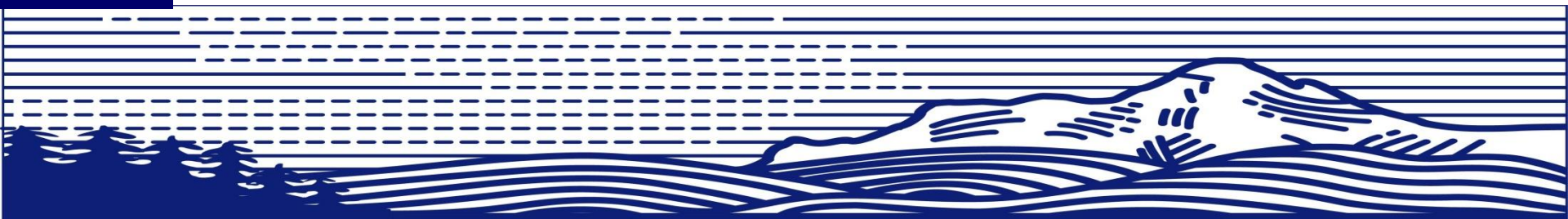
IROQUOIS Healthcare Alliance

Iroquois Healthcare Alliance

Gary J. Fitzgerald, President

The Iroquois Healthcare Alliance (IHA) represents 53 hospitals and health systems in 31 counties of Upstate New York.

IHA's mission is to serve as a resource and leader to support our members and the communities they serve through advocacy, education, information, cost-saving initiatives and business solutions.



IROQUOIS Healthcare Alliance

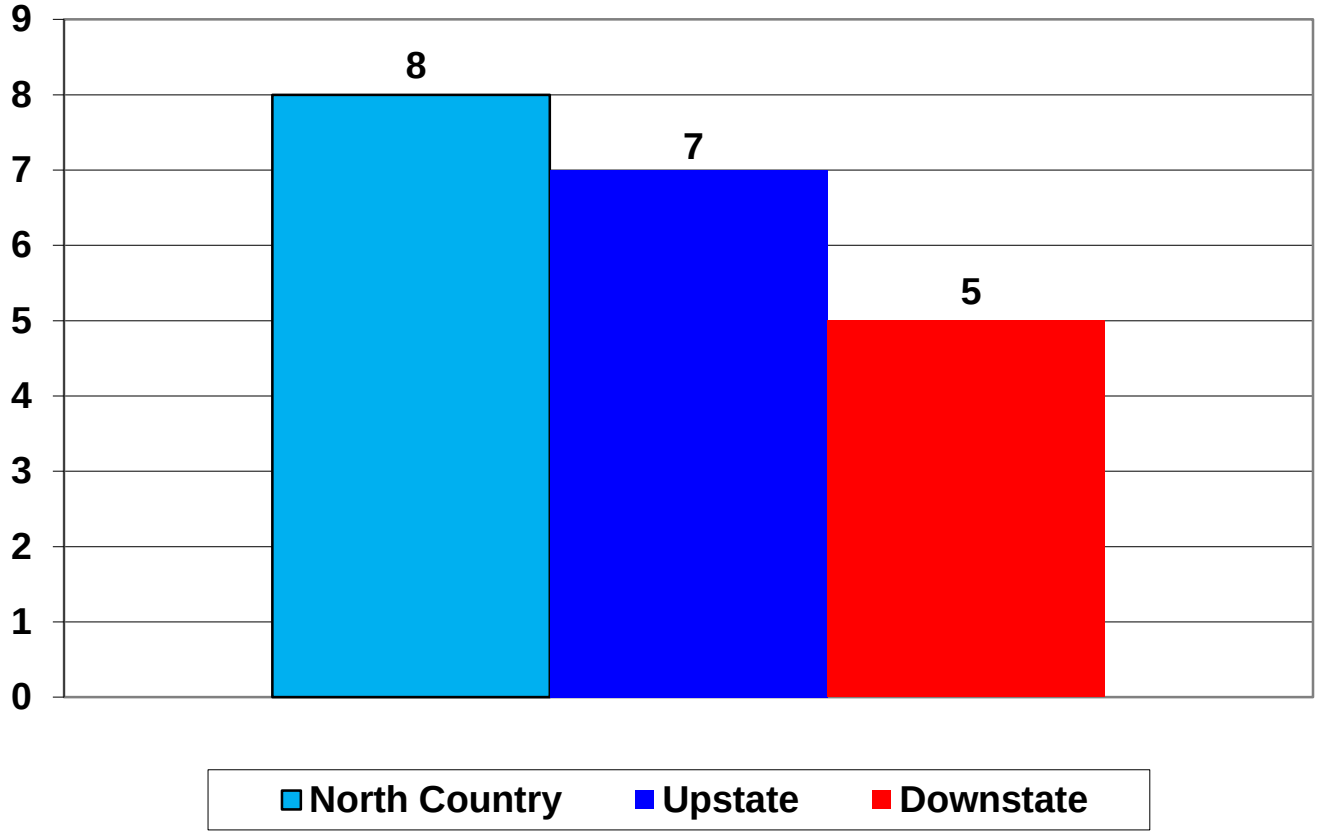
North Country Hospitals & Health Systems

Adirondack Health	Saranac Lake
Alice Hyde Medical Center	Malone
Canton-Potsdam Hospital	Potsdam
Carthage Area Hospital	Carthage
Champlain Valley Physicians Hospital Medical Center	Plattsburgh
Claxton-Hepburn Medical Center	Ogdensburg
Clifton-Fine Hospital	Star Lake
Elizabethtown Community Hospital	Elizabethtown
Glens Falls Hospital	Glens Falls
Gouverneur Hospital	Gouverneur
Inter-Lakes Health	Ticonderoga
Lewis County General Hospital	Lowville
Massena Memorial Hospital	Massena
River Hospital	Alexandria Bay
Samaritan Medical Center	Watertown

IROQUOIS Healthcare Alliance

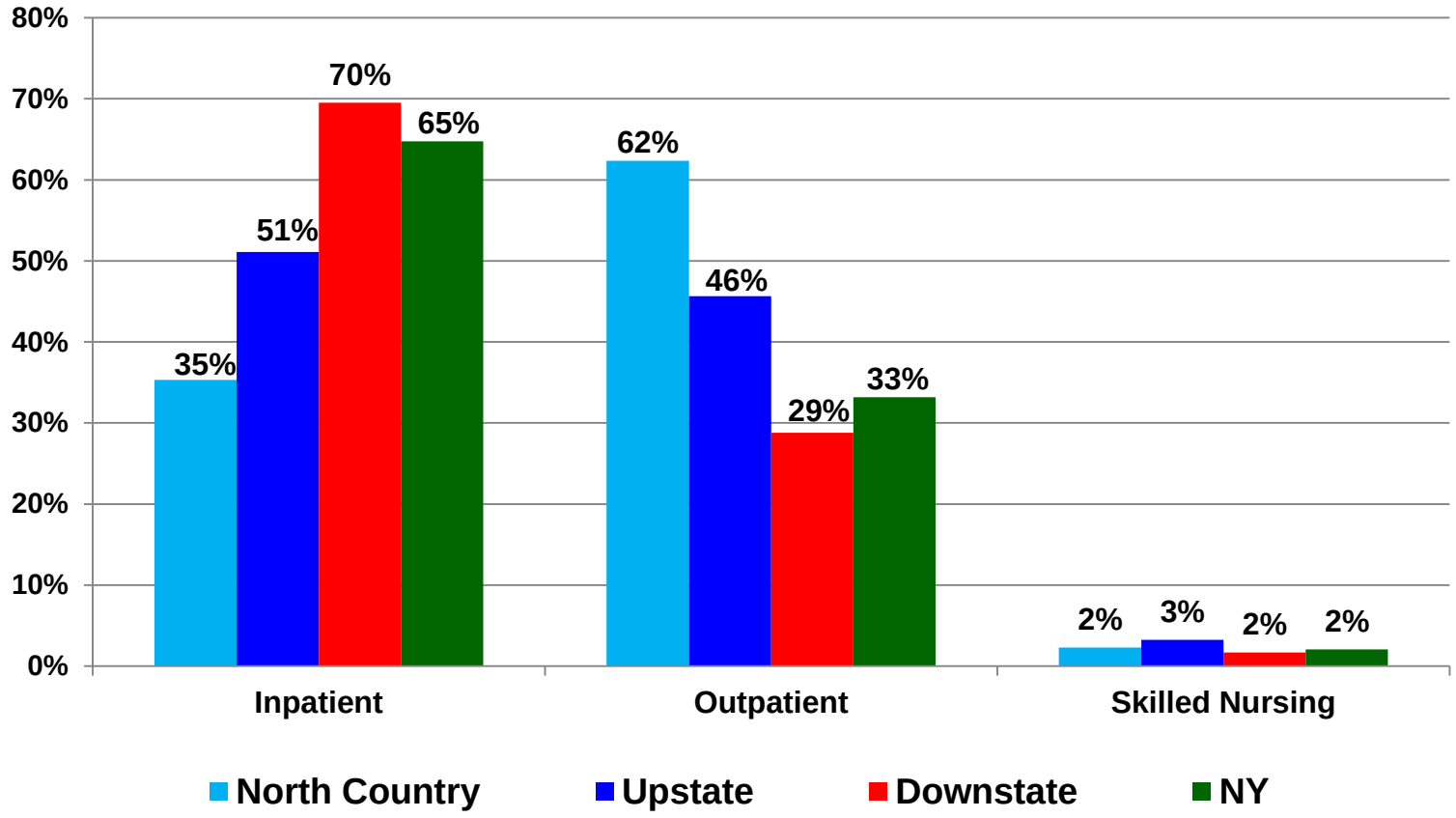
Average Number of Sites Operated per Hospital / Health System

Data Source: NYS Department of Health



IROQUOIS Healthcare Alliance

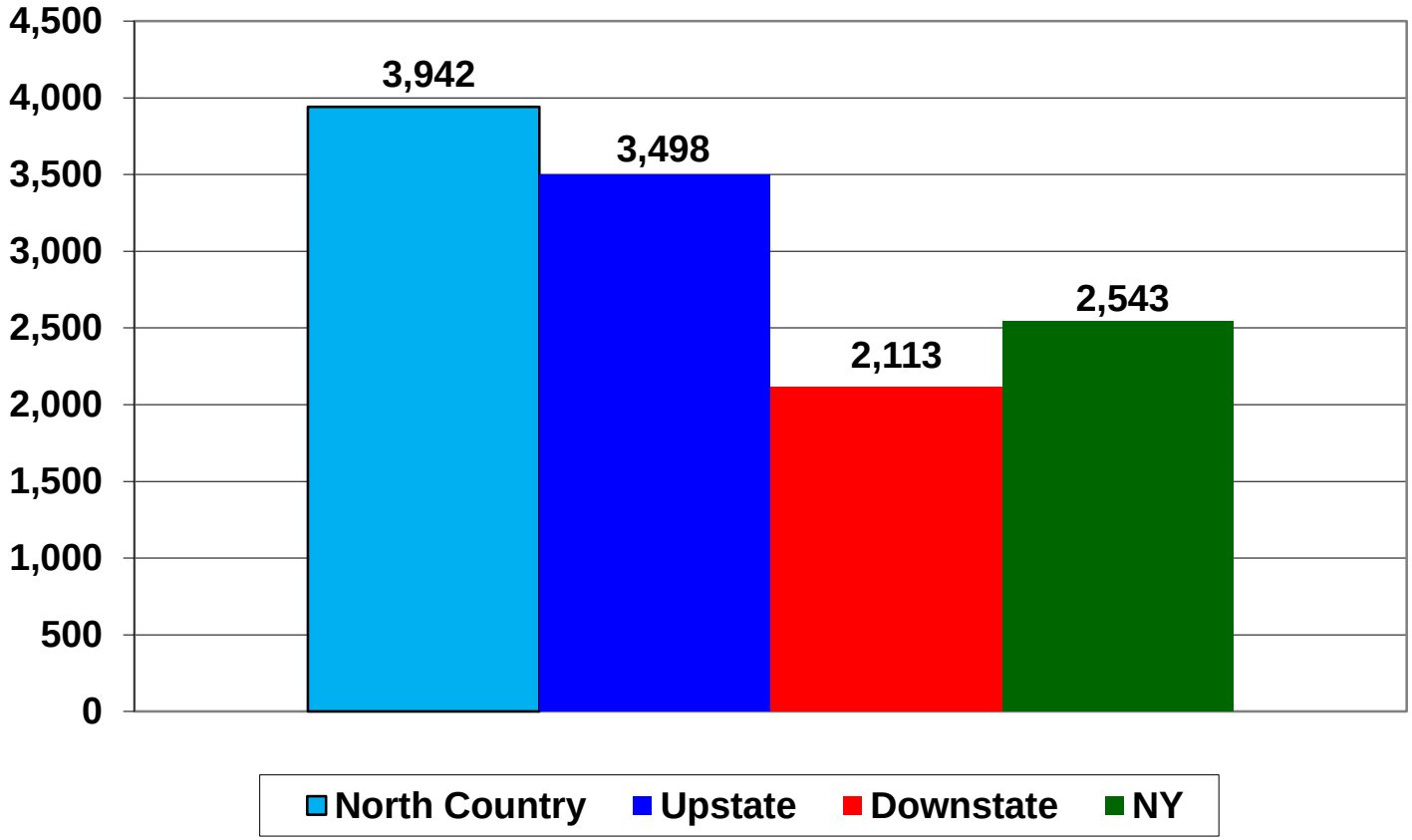
Hospital Net Patient Revenues by Care Setting
% of Inpatient, Outpatient, & Skilled Nursing
Data Source: 2012 NYS Institutional Cost Reports



IROQUOIS Healthcare Alliance

Total Outpatient Visits per 1,000 Population at Hospital / Health System Sites

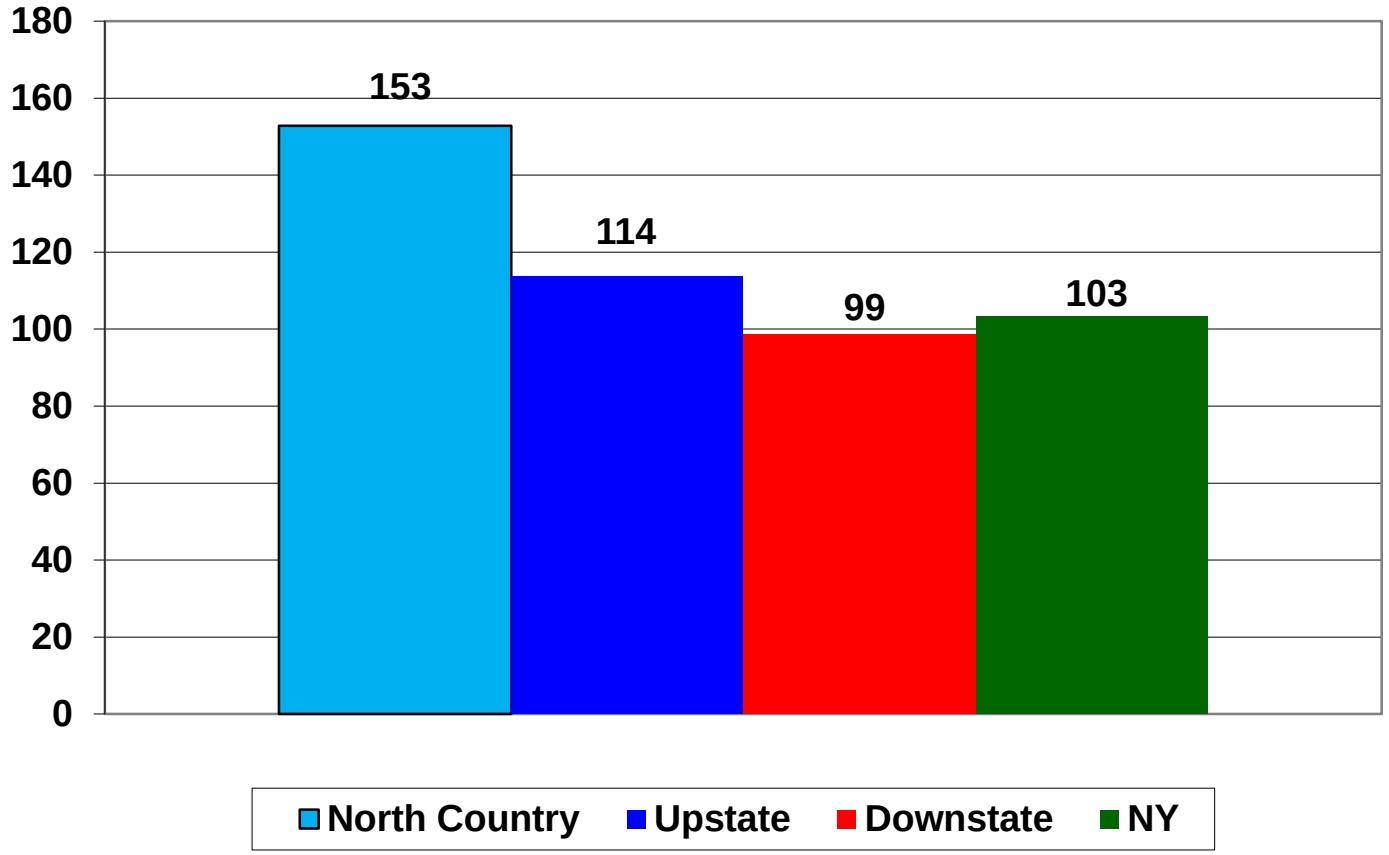
Data Source: 2012 NYS Institutional Cost Reports



IROQUOIS Healthcare Alliance

Ambulatory Surgeries per 1,000 Population at Hospital / Health System Sites

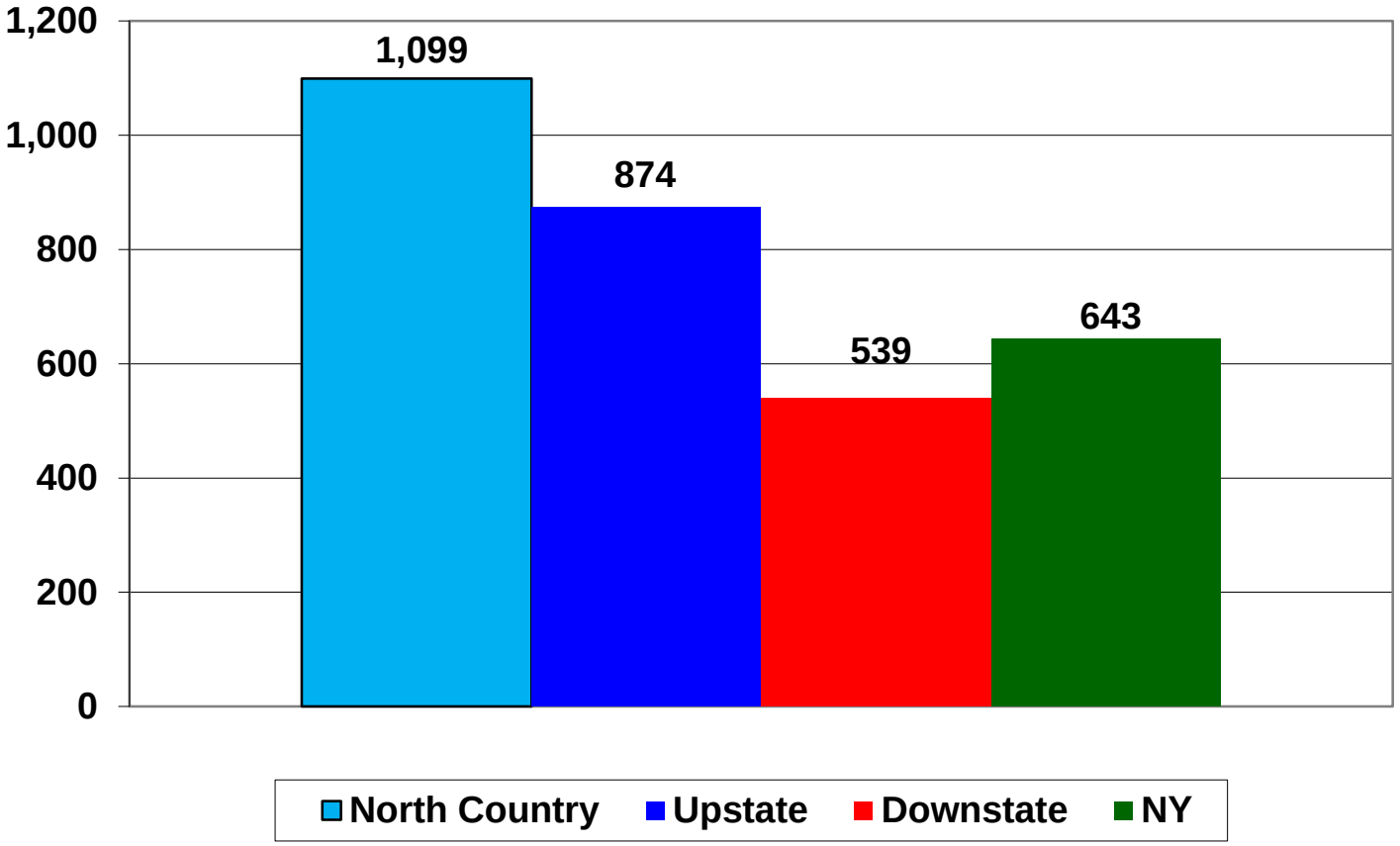
Data Source: 2012 NYS Institutional Cost Reports & U.S. Census



IROQUOIS Healthcare Alliance

Clinic Visits per 1,000 Population at Hospital / Health System Sites

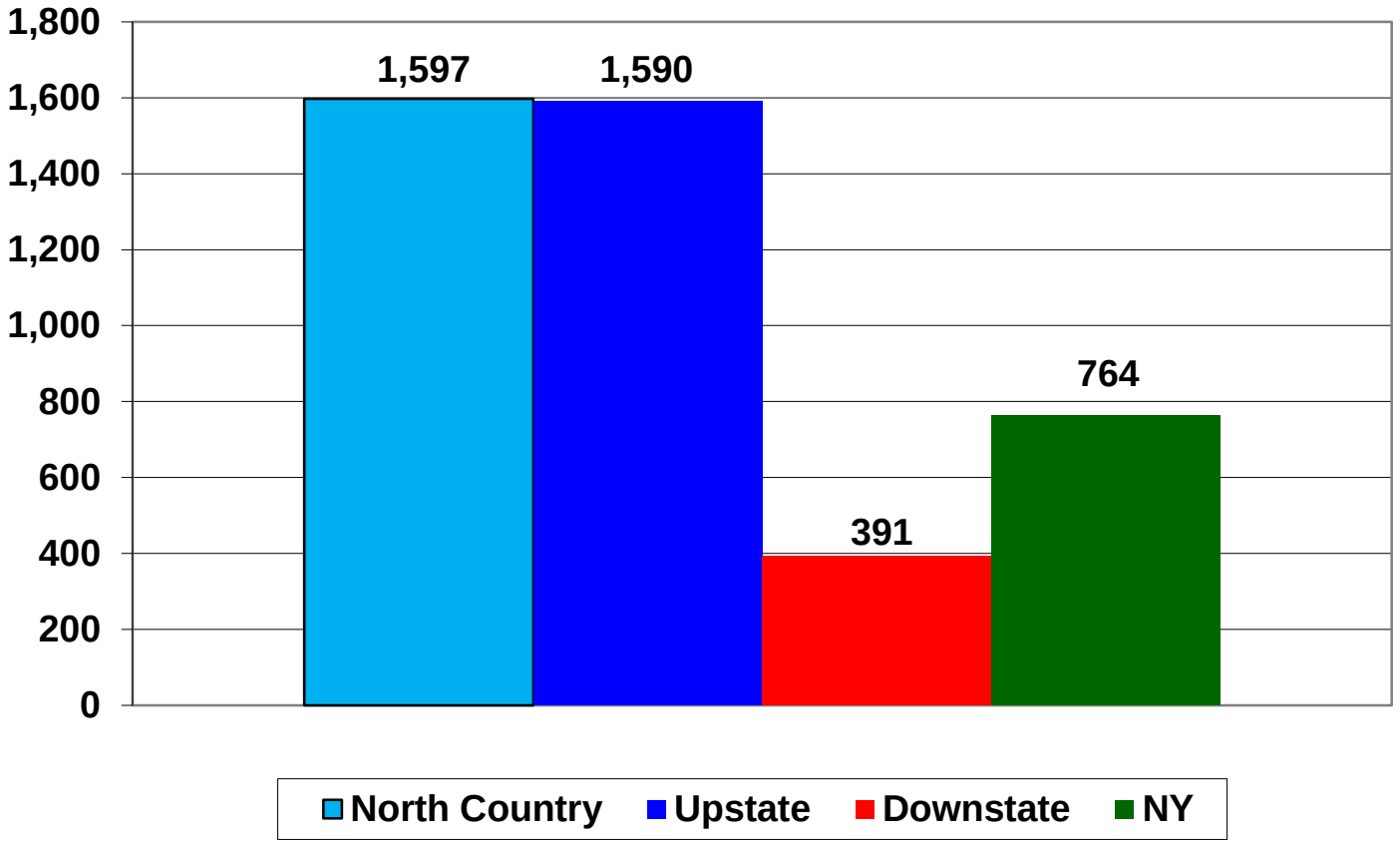
Data Source: 2012 NYS Institutional Cost Reports & U.S. Census



IROQUOIS Healthcare Alliance

Referred Ambulatory Visits per 1,000 Population at Hospital / Health System Sites

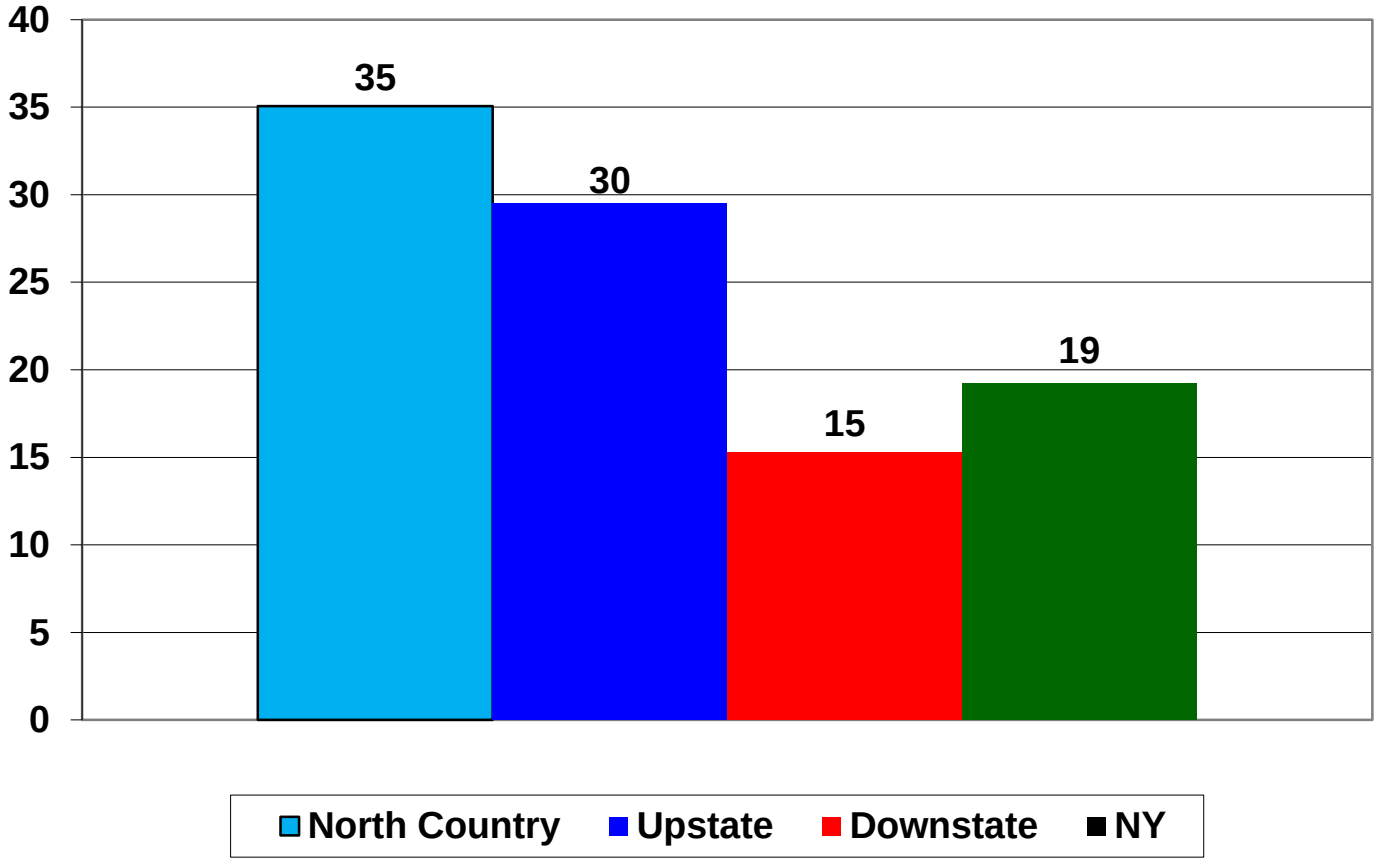
Data Source: 2012 NYS Institutional Cost Reports & U.S. Census



IROQUOIS Healthcare Alliance

of Outpatient Visits per Inpatient Case at Hospital / Health System Sites

Data Source: 2012 NYS Institutional Cost Reports



IROQUOIS Healthcare Alliance

Number of Primary Care Physicians per 100,000 Population

Data Source: The Center for Workforce Health Studies
2010 Data from 2013 Report

Regions	Upstate	Downstate	NY
Finger Lakes	77.5		
Capital District	73.6		
Southern Tier	72.2		
Central	67.5		
Western	64.1		
Mohawk Valley	64.0		
North Country	60.6		
Upstate	69.5		
New York City		85.5	
Long Island		84.2	
Hudson Valley		82.0	
Downstate		84.6	
New York State			79.9

Note on Physician Data

- *Primary care physician statistics represent active patient care physicians in all care settings.*

Examining the Data

- *Upstate has 69.5 primary care physicians per 100,000 population, which is 18% less than the Downstate average of 84.6.*
- *While all Upstate regions lag behind Downstate, the gap is largest in the North Country with 28% less primary care physicians per 100,000 population than Downstate. The Mohawk Valley and Western regions are next at 24% less physicians than Downstate.*

IROQUOIS Healthcare Alliance

North Country Hospital / Health Systems
Numbers of Employed Physicians

Data Source: 2014 Iroquois Survey of Member Hospitals

(Carthage & Clifton-Fine not included)

	Full Time	Part Time	Recruiting
Employed Primary Care Physicians	166	37	32
Employed Specialist Physicians	148	25	34
Total Employed Physicians	314	62	66

- Primary Care Physicians include: Family Practice, Hospitalist, Emergency Medicine, Internal Medicine, OB/GYN, and Pediatrics.
- Specialist Physicians include: Psychiatry, Cardiology, Oncology, General Surgery, Anesthesiology, Orthopedic Surgery, Dentistry, Otolaryngology, Endocrinology, Urology, Allergy and Immunology, Gastroenterology, Infectious Disease, Nephrology, Neurology, Pathology, Ophthalmology, and Others

IROQUOIS Healthcare Alliance

North Country Hospital / Health Systems
Numbers of Employed Mid-Level Practitioners

Data Source: 2014 Iroquois Survey of Member Hospitals

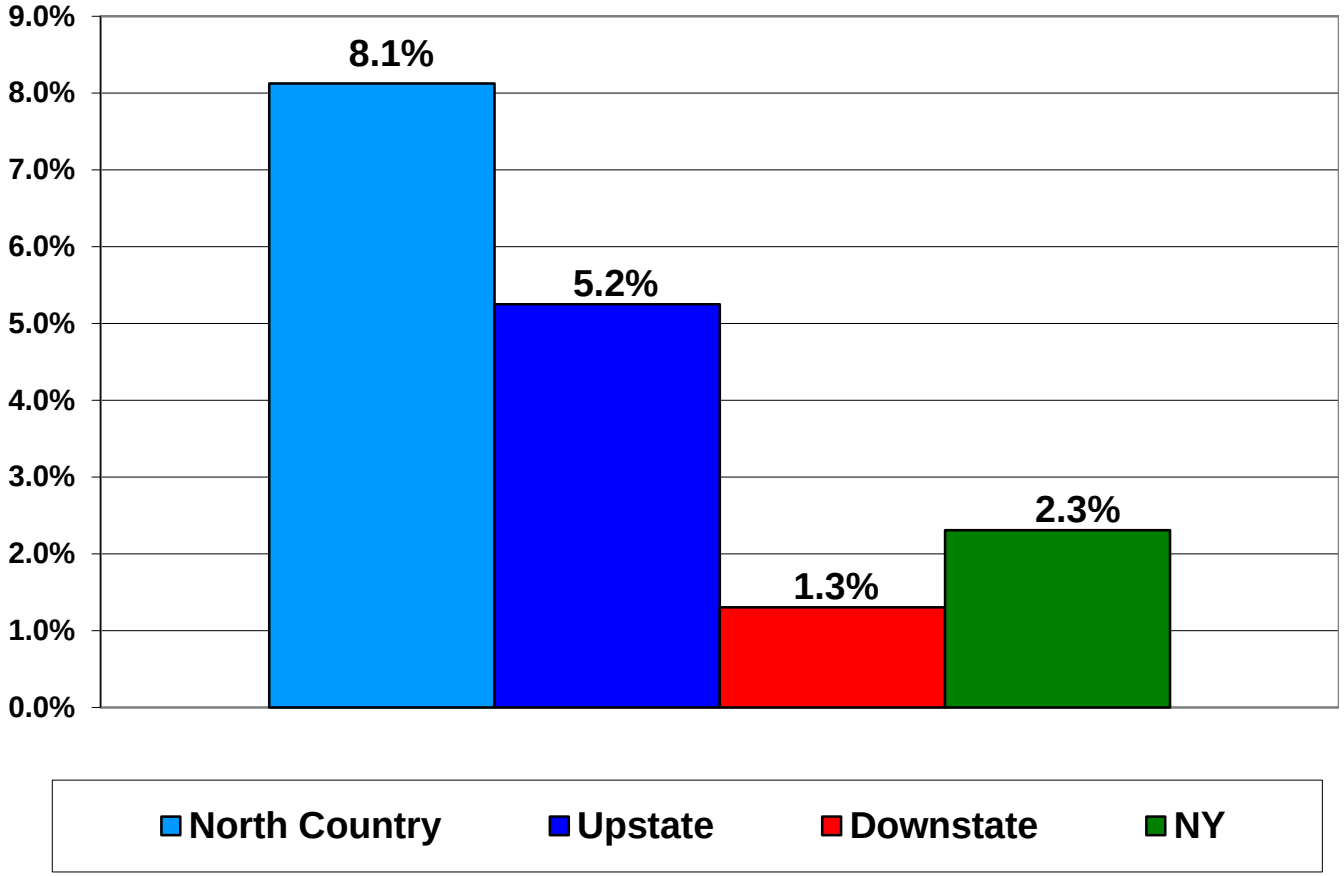
(Carthage, & Clifton-Fine not included)

	Full Time	Part Time	Recruiting
Physician Assistants	124	34	9
Nurse Practitioners	67	10	6
Certified Registered Nurse Anesthetist	20	0	1
Other	4	0	0
Certified Nurse Midwives	3	0	1
Total Employed Mid-Level Practitioners	218	44	17

IROQUOIS Healthcare Alliance

Hospital-Based Physician Costs as a % of Total Hospital Net Patient Revenues

Data Source: 2011 NYS Institutional Cost Reports



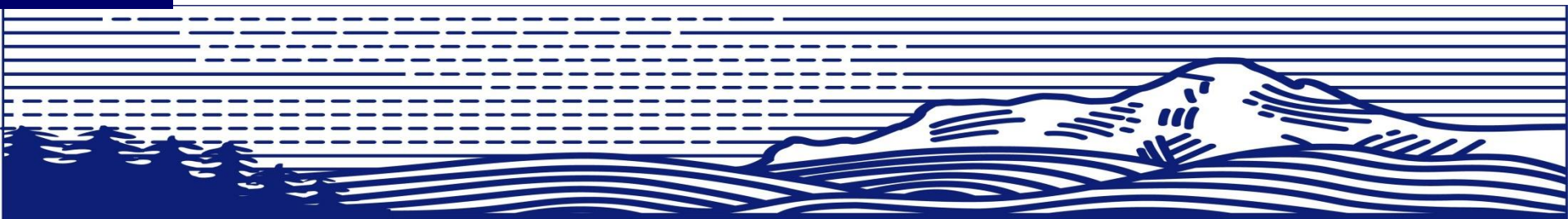
IROQUOIS Healthcare Alliance

North Country Hospital / Health Systems
Summary of Observation Visits – 2011, 2012, & 2013

Data Source: 2014 Iroquois Survey of Member Hospitals

(Carthage, Clifton-Fine, Gouverneur, and Inter-Lakes not included)

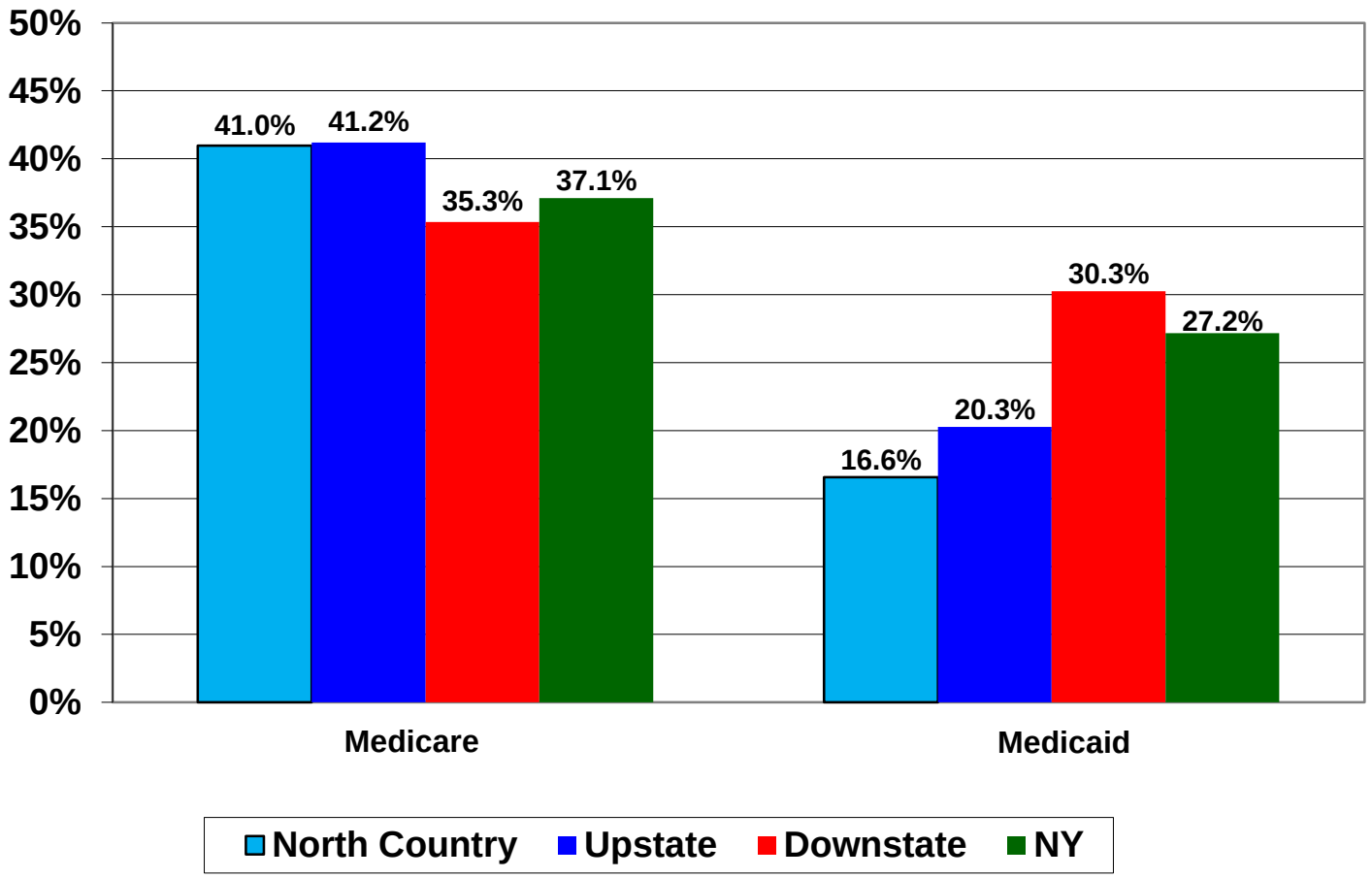
Month	2011	2012	2013
January	572	1,024	1,120
February	561	845	995
March	665	883	1,180
April	569	778	1,079
May	554	825	1,172
June	551	905	1,256
July	600	1,027	1,253
August	629	1,004	1,294
September	530	1,043	1,354
October	565	1,091	1,542
November	498	917	1,379
December	543	1,114	1,294
Totals	6,837	11,456	14,918



IROQUOIS Healthcare Alliance

of Hospital Medicare & Medicaid Inpatient Cases

Data Source: 2012 NYS SPARCS



IROQUOIS Healthcare Alliance

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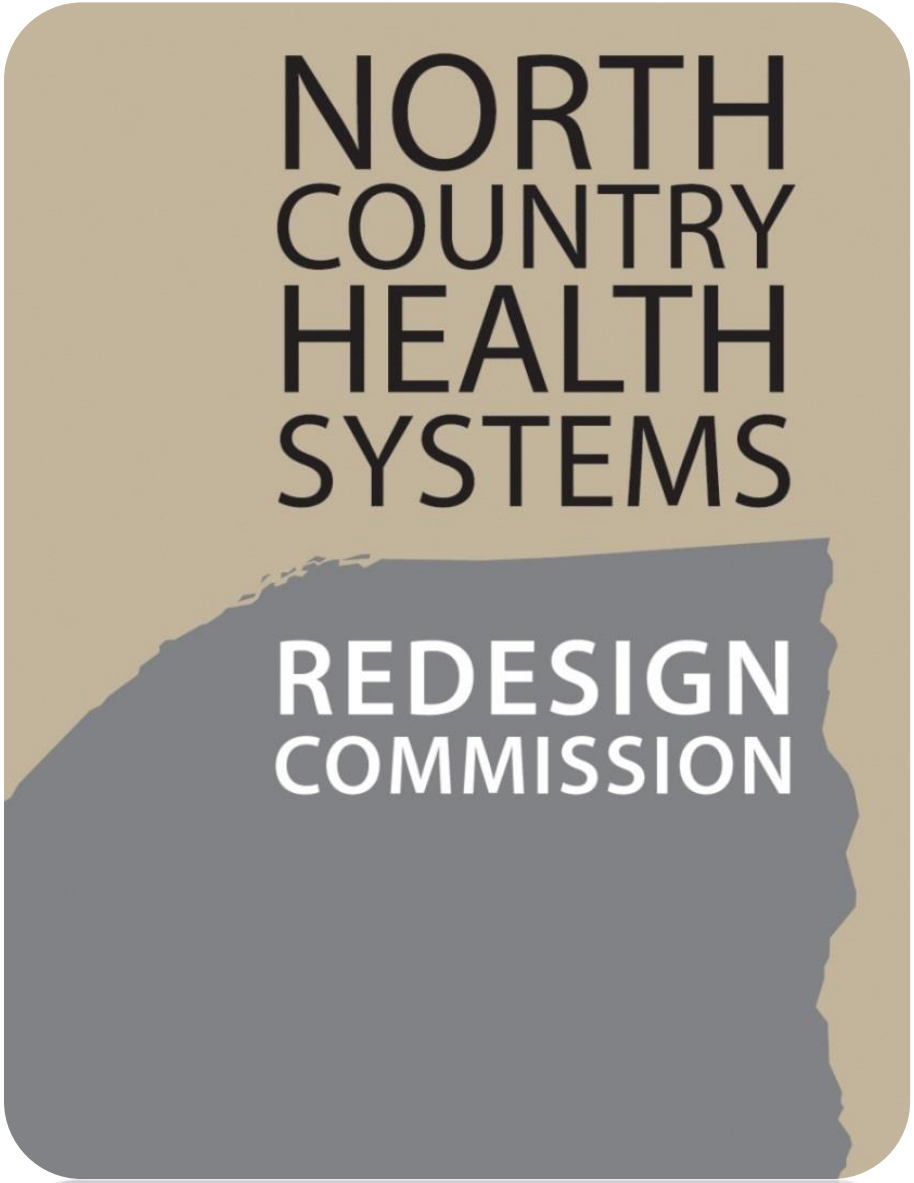
President
Iroquois Healthcare Alliance
gfitzgerald@iroquois.org


NORTH
COUNTRY
HEALTH
SYSTEMS
REDESIGN
COMMISSION

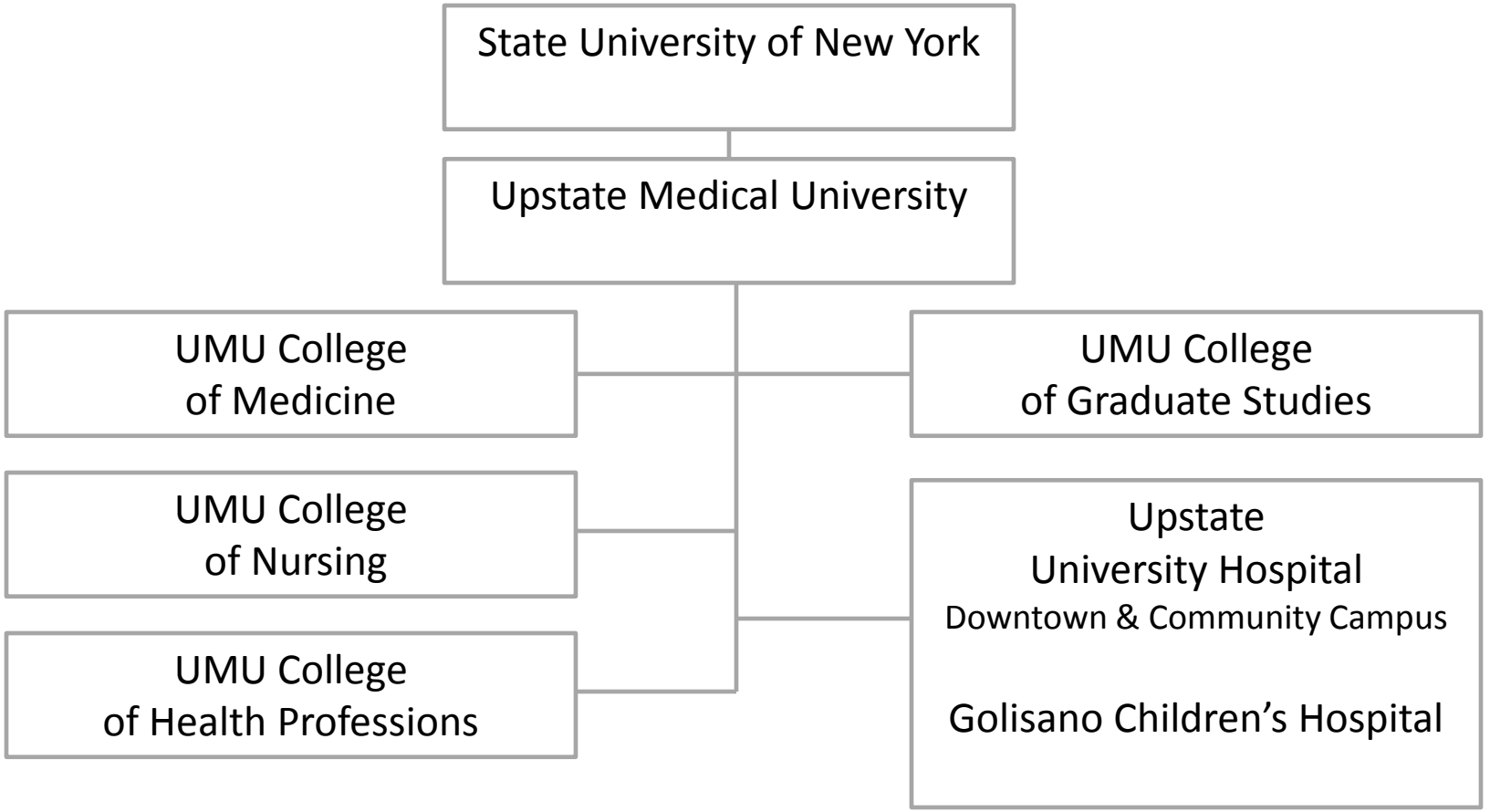
UPSTATE
MEDICAL UNIVERSITY

A Perspective on Education & Clinical Services for the North Country

Prepared for
The North Country Health Systems Redesign Commission
by T. Quinn, MBA
Upstate Medical University, Syracuse, NY
February 18, 2014

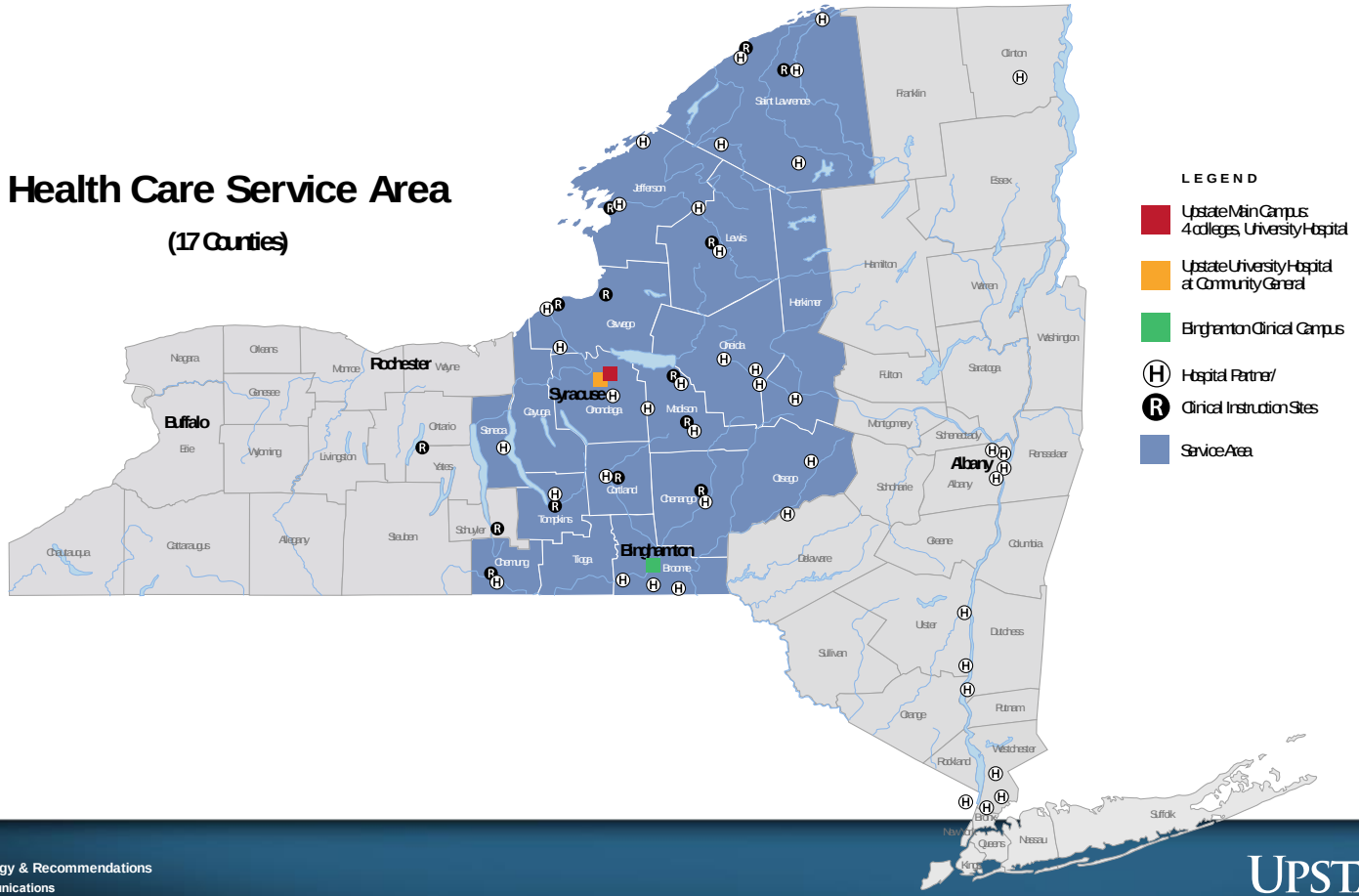
UPSTATE MEDICAL UNIVERSITY

SUNY Upstate Medical University (UMU)



UPSTATE MEDICAL UNIVERSITY

10% of the population in 30% of NYS land mass



UPSTATE MEDICAL UNIVERSITY

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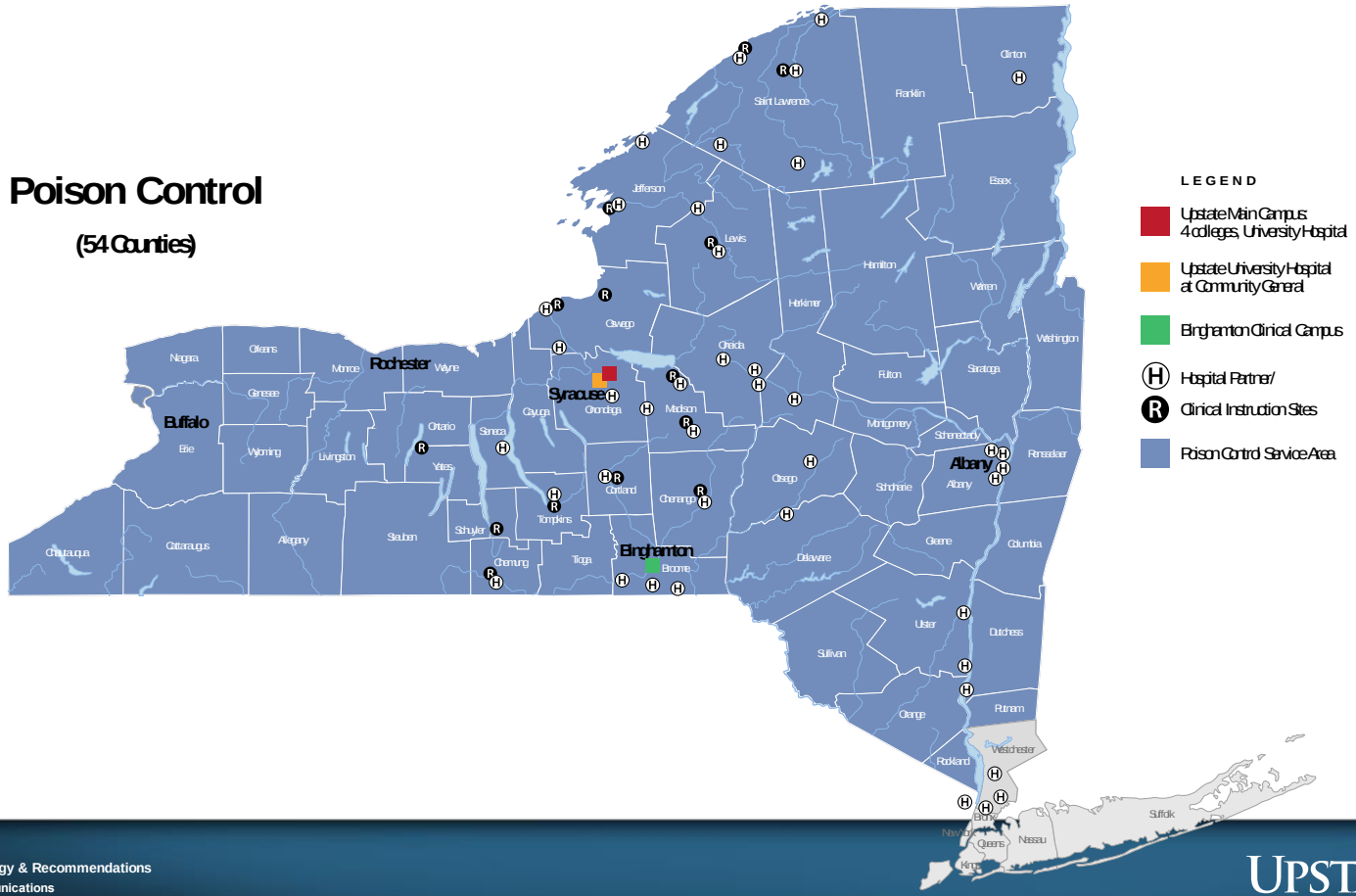
Poison Control Center: 54 counties



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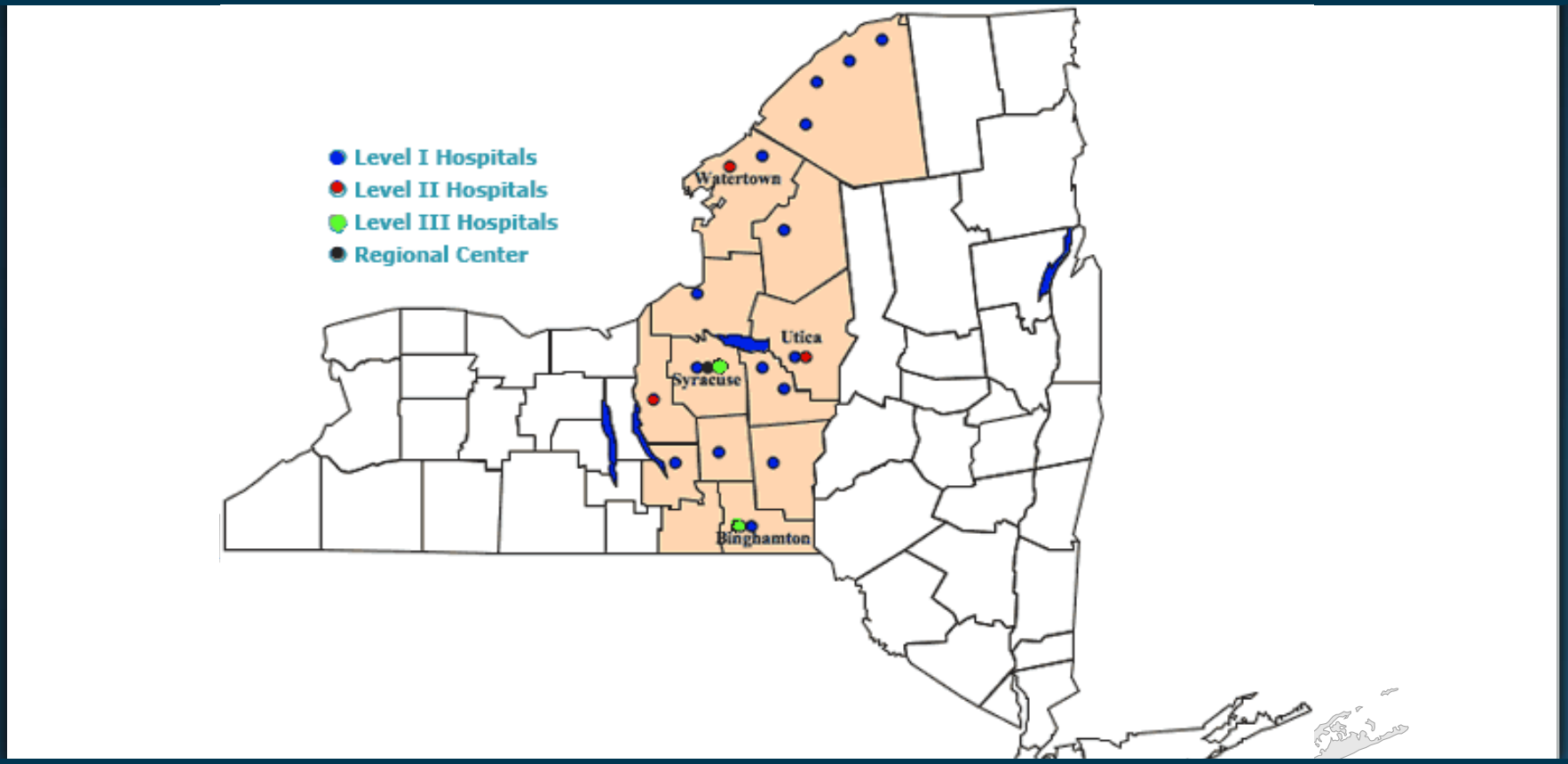
UPSTATE MEDICAL UNIVERSITY

Rural Medicine Education sites across upstate

UPSTATE MEDICAL UNIVERSITY

CNY Regional Perinatal Program: 22 hospitals



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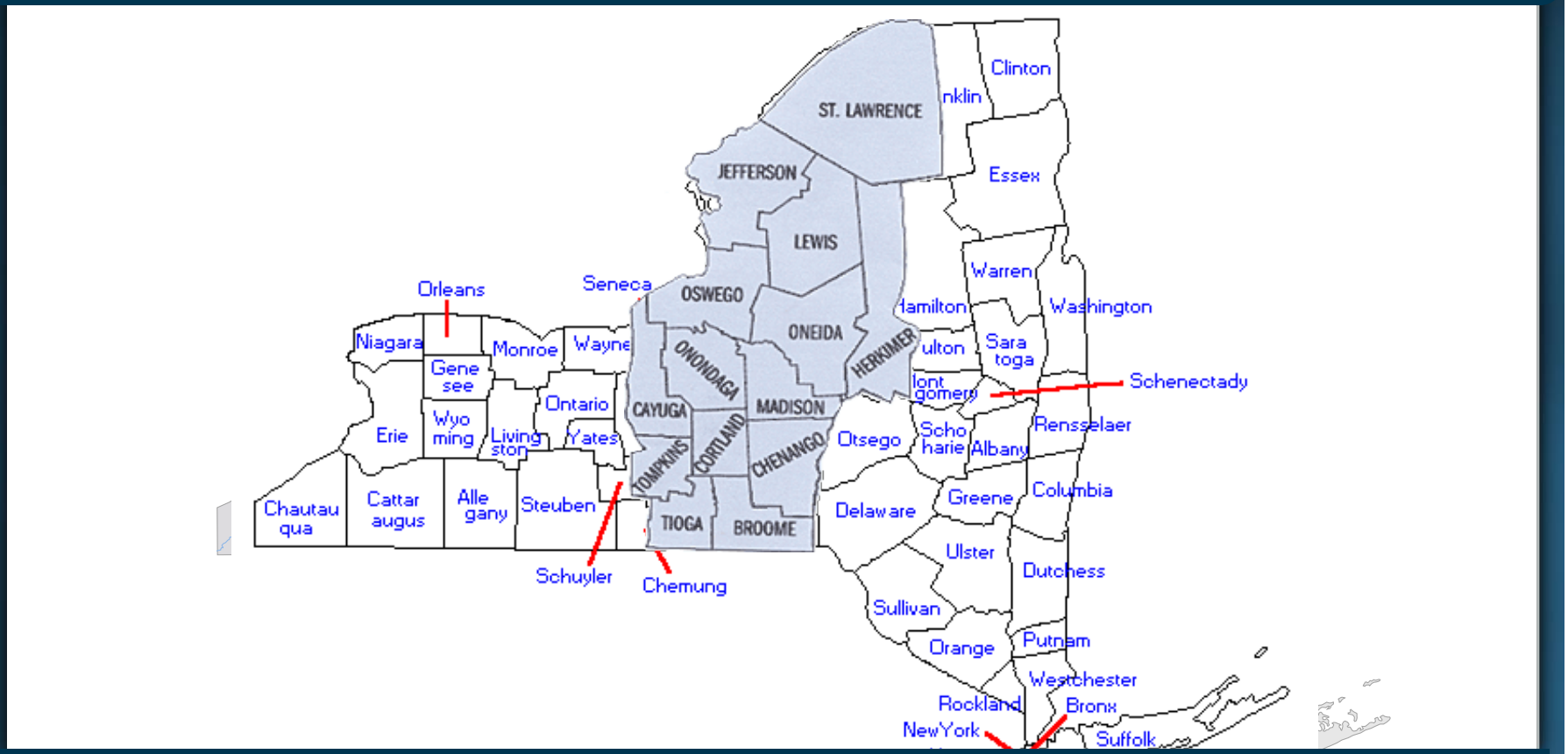
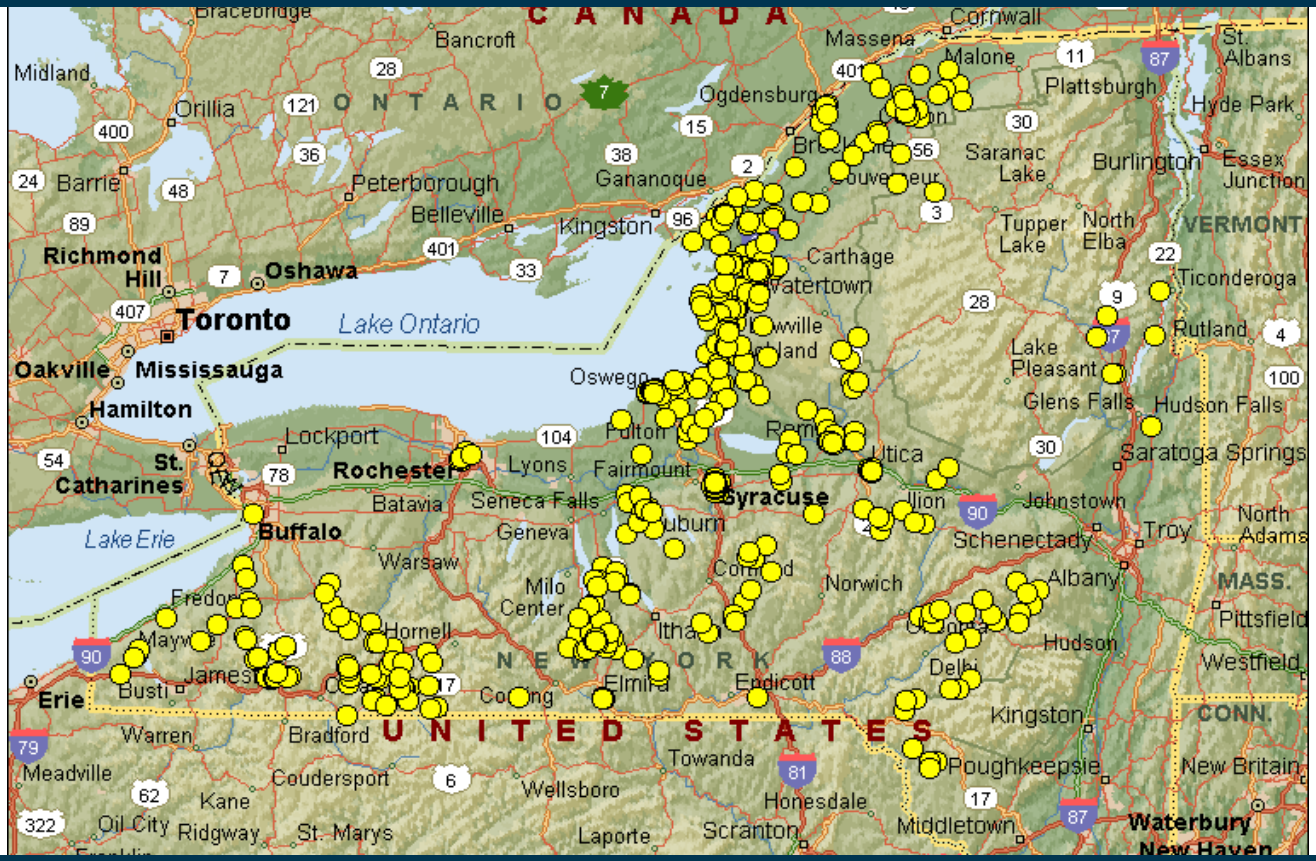
CNY Regional Trauma Region: 27 hospitals



UPSTATE MEDICAL UNIVERSITY

Upstate's Joslin Diabetes Center IDEATel Project



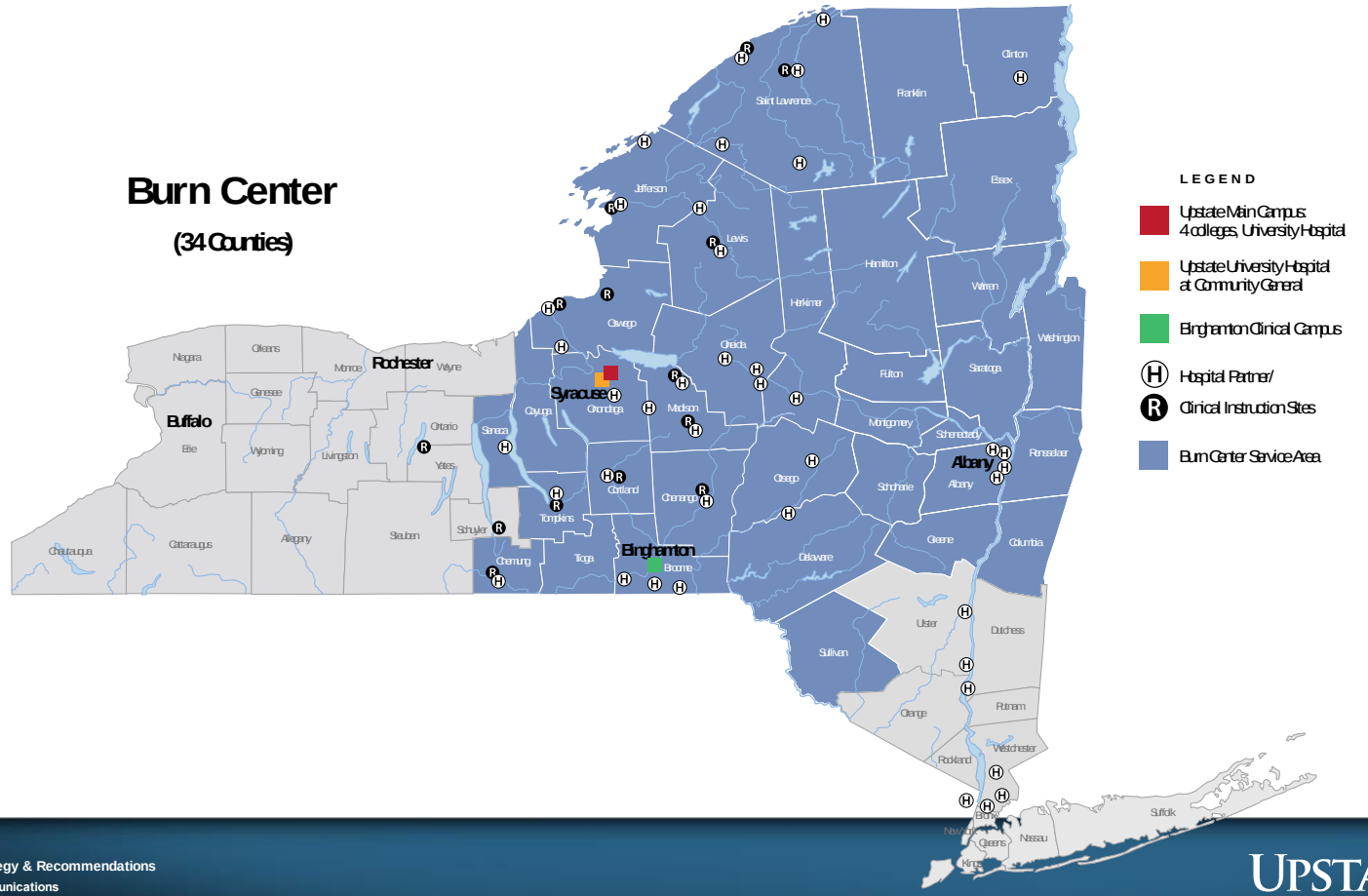
Also

- NIH-funded diabetes prevention intervention using telephonic communications (2012).
- Pediatric diabetes tele-education included North Country schools. (2009).

The map shows practice sites for the five-year IDEATel study, funded by CMS (2007). IDEATel results were positive, but the initiative could not be sustained without funding. Other studies (at right) achieved positive results but also lack permanent funding.

UPSTATE MEDICAL UNIVERSITY

Burn Center: 34 counties



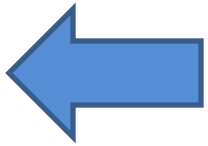
UPSTATE MEDICAL UNIVERSITY

UPSTATE MEDICAL UNIVERSITY

Today's discussion

TRAINING & EDUCATION

Training and educational issues in the North County



MEDICAID WAIVER

A model for strengthening regional primary care under the Medicaid Waiver

UPSTATE MEDICAL UNIVERSITY

Upstate Medical University

- A mission to educate healthcare providers for the communities Upstate serves.
- Upstate expanded degree programs and increased student enrollment by 35%.
- Admission policy favors students with demonstrated aptitude and ability who are
  - From New York State
  - From rural backgrounds
  - From lower socio-economic status
  - From underrepresented minority groups

TRAINING & EDUCATION

UPSTATE MEDICAL UNIVERSITY

College of Medicine

- Graduates from NYS high schools are far more likely to return to the state to practice as physicians.
- 85% of Upstate's students are from New York State
- Upstate leads the State in admitting medical students from New York
  - 90% of last fall's incoming class.
- Today there are 2,875 Upstate medical graduates practicing in NYS
  - 45% of all practicing alumni

TRAINING & EDUCATION

UPSTATE MEDICAL UNIVERSITY

College of Medicine

- Department of Family Medicine's Rural Medical Education Program (RMED)
  - 25 year history in North Country
  - 3rd year medical students work and learn in rural communities
  - RMED alumni are five times more likely to practice in rural communities
  - 58% of students choose a career in Family Medicine
  - After post-grad education, 38% practice in Upstate New York
- Predictors of success are well known
  - Interested primary care physicians from local communities
  - Family and educational ties in the area
  - Outreach, aid, and support systems

TRAINING & EDUCATION

UPSTATE MEDICAL UNIVERSITY

College of Medicine

- Issues
  - Proctors must be board certified
  - Students and residents are not extenders
  - Residency slots must be funded
  - Large debt diverts students from primary care
  - Loan forgiveness and scholarships, transportation, housing
- In 2009 Upstate proposed a Fort Drum Region Branch Campus in partnership with FDRHPO
  - The idea was not developed, due to its expense.

TRAINING & EDUCATION

UPSTATE MEDICAL UNIVERSITY

College of Nursing

- Collaboration with FDRHPO for DOL grant funding
- Nurse Practitioner Master's Programs at Jefferson Community College
  - Family Nurse Practitioner (FNP)
  - Family Psychiatric Mental Health Nurse Practitioner (FPMHNP)
- Programs require a minimum 10 students
- Part-time education for working nurses with BS degrees
- Two courses each semester and can be completed in four years of study

TRAINING & EDUCATION

UPSTATE MEDICAL UNIVERSITY

College of Health Professions

- Physician Assistant Master's program
  - Students commit to practice in rural areas
  - Share clinical sites with RMED students
  - 5-year HRSA grant funds
- Respiratory Therapy and Medical Technology education
  - Special programs at Jefferson Community College
  - Participation by hospitals in the Fort Drum region

TRAINING & EDUCATION

UPSTATE MEDICAL UNIVERSITY

College of Health Professions

- Project Boomerang
  - Students with sponsors return to local communities
  - Distance learning mitigates travel issues
- Issues
  - Preceptor time commitment
  - Job demand is episodic
  - Clinical sites are necessary
  - Minimum class size is necessary
  - Students commit to work in rural communities
  - Travel, housing, and “student experience”

TRAINING & EDUCATION

UPSTATE MEDICAL UNIVERSITY

Issues in education

- Need for stable, long term funding sources
- Capable, local structures
  - FDRHPO
  - CNY-AHEC (CNY Area Health Education Center)
  - NAHEC (Northern Area Health Education Center)
- Interested, available community providers
- Are there lessons to be learned from other states?

TRAINING & EDUCATION

UPSTATE MEDICAL UNIVERSITY

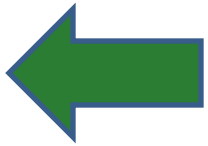
Today's discussion

TRAINING & EDUCATION

Training and educational issues in the North County

MEDICAID WAIVER

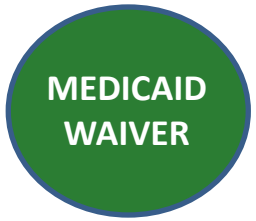
A model for strengthening regional primary care under the Medicaid Waiver



UPSTATE MEDICAL UNIVERSITY

A model for primary care (Medicaid Waiver)

- Upstate is developing a region-wide primary care initiative with community partners
- To focus on long-term stability
  - A revolving loan fund for primary care development and expansion
  - A "back room" operating system that supports essential community providers (FQHCs, captive PCs)
- To engage community partners
  - Local representatives and current fiduciaries
  - Credible and responsive to community needs
  - Avoidance of single-party domination
  - To create a major component of health system repositioning



UPSTATE MEDICAL UNIVERSITY

Potential vulnerability of current practice models

- Physician practices have community dependencies
  - Employment agreements with hospitals (or captive PCs)
  - Coverage arrangements with physicians
  - Supplemental income from local hospitals (Income guarantees, medical service contracts, recruitment assistance, etc.)
- Community hospitals are undergoing significant changes
  - Financial challenges and layoffs
  - Need to focus on Triple Aim
  - Recruitment costs for medical staff
  - Captive practices often require significant hospital support

MEDICAID WAIVER

UPSTATE MEDICAL UNIVERSITY

Potential vulnerability of current practice models

- To an extent unknown, community physicians are vulnerable, given the financial resources of community hospitals
- The North Country includes a number of medically underserved areas that could potentially be served by expansion or development of community health centers
- Upstate has conceptualized two primary care initiatives as part of its Medicaid Waiver planning
  - To serve its 17-county region
  - In collaborations with community partners

MEDICAID WAIVER

UPSTATE UNIVERSITY HEALTH SYSTEM

Multi-stakeholder primary care initiatives

1. **A primary development entity for CNY**
   - Providing a permanent financing source for primary care start-ups and expansions, especially FQHC models
2. **A support services entity for CNY**
   - For FQHCs and other essential service providers
   - To provide scale economies (billing services, employee leasing)
   - To provide consulting and planning expertise
   - To support local providers with temp employees and possibly locums providers

MEDICAID WAIVER

UPSTATE UNIVERSITY HEALTH SYSTEM

Multi-stakeholder primary care initiatives

1. The importance of multiple stakeholders

- A multi-partner entity is stronger than any single member
- Multiple stakeholders build credibility and engagement
- Necessary to engage capable partners, such as:
  - Health Foundation for Western & Central New York
  - Primary Care Development Corporation (PCDC)
  - Community Health Care Association of New York State (CHCANYS)

2. A key component in maintaining and reconfiguring community health care infrastructure

- To build on community provider interest and strengths
- To help communities focus on reconfigurations and collaborations
- To earn support of DOH, HRSA, etc.

MEDICAID WAIVER

UPSTATE MEDICAL UNIVERSITY

Thank you

TRAINING & EDUCATION

Training and educational issues in the North County

MEDICAID WAIVER

A model for strengthening regional primary care under the Medicaid Waiver

NORTH COUNTRY HEALTH SYSTEMS

REDESIGN COMMISSION

BUDGET AND REGIONAL HEALTH PLANNING OVERVIEW

Lisa Ullman, *Director*
Center for Health Care Policy and Standards Development
Office of Primary Care and Health Systems Management
NYS Department of Health

Regional Health Improvement Collaboratives

Presentation to:

North Country Health Systems Redesign Commission

Lisa Ullman, Director
Center for Health Care Policy and Standards Development
Office of Primary Care and Health Systems Management

RHIC Definition

RHICs are neutral entities which will convene all of the key public health and health care stakeholders in a region.

"The health and health care challenges confronting New York are multi-sectoral and cannot be solved by providers, payers, or consumers alone. They may vary by region and locality and demand regional and local solutions…Regional planning can be an effective tool to bring together a broad range of stakeholders to advance the Triple Aim."

- Report of the Public Health and Health Planning Council (PHHPC), *Redesigning Certificate of Need and Health Planning* December 6, 2012

PHHPC Report

5 Recommendations

- To serve the Triple Aim (better population health, better health care for individuals and lower costs), health planning should be reinvigorated on a regional basis through multi-stakeholder collaboratives;
- Regional Planning activities should be conducted by multi-stakeholder Regional Health Improvement Collaboratives (RHICs);
- One RHIC should be established in each of 11 geographic planning regions;
- Each RHIC should advance each of the Triple Aim dimensions in its region; and
- The PHHPC should consult with the RHICs concerning regional needs and strategies.

The State Health Innovation Plan

5 Strategic Pillars

- Improving access;
- Integrating care;
- Foster transparency;
- Pay for value; and
- Promote population health.

3 Enablers

- Workforce strategy;
- Health information technology; and
- Performance evaluation and measurement.

Other State Initiatives

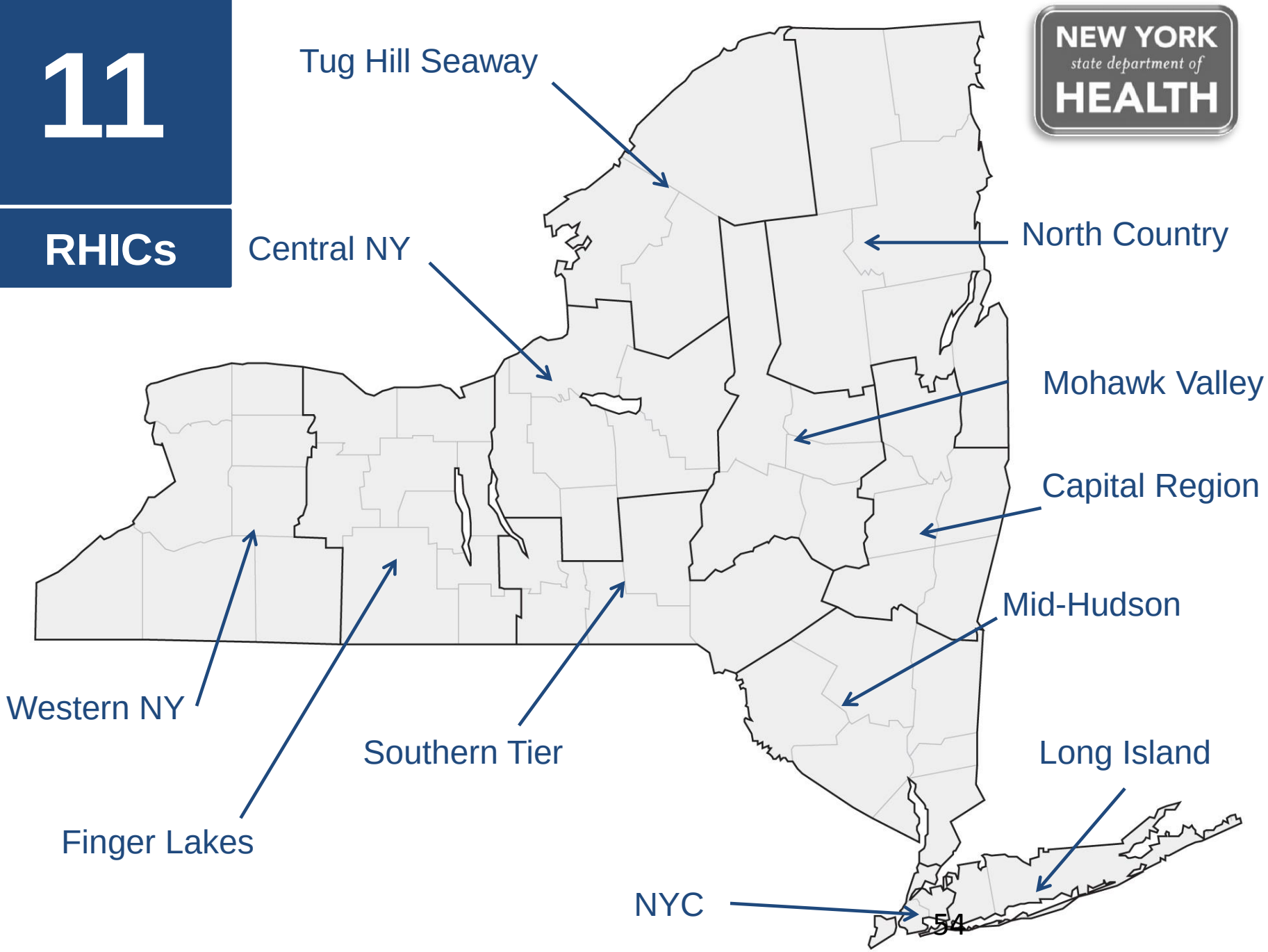
- Prevention Agenda 2013-2017
- Medicaid Redesign, including the MRT Waiver/Delivery System Reform Incentive Payment (DSRIP) Plan
- New York State of Health
- Executive Budget proposals, including the Capital Financing Restructuring Program

"As New York continues to improve its health delivery system, solutions must be tailored to regional and local needs - following the Governor's model of regional economic development…The greatest success in health care transformation will likely come from strong partnerships between State government and Regional Health Improvement Collaboratives."

- Governor Andrew M. Cuomo, *Building on Success: 2014 State of the State,* January 8, 2014

11

RHICs

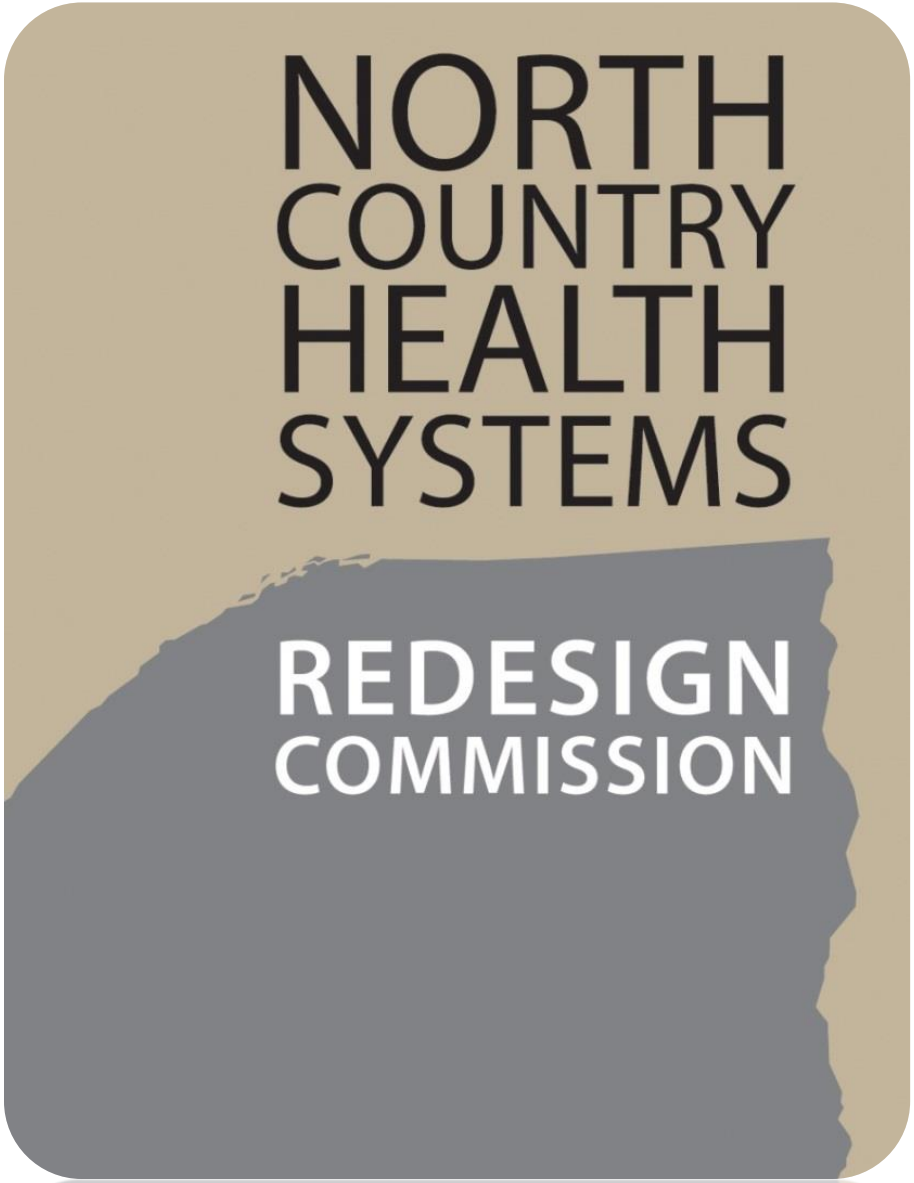

Tug Hill Seaway
Central NY
North Country
Mohawk Valley
Capital Region
Mid-Hudson
Western NY
Southern Tier
Long Island
Finger Lakes
NYC

RHIC Goals

RHICs will plan, facilitate, and coordinate the many different activities required for successful transformation of the regional health and health care system.

RHIC Activities

- Convene stakeholders;
- Gather, analyze and report data;
- Make recommendations about regional needs;
- Develop strategies to align public health strategies and health care resources with population health needs; and
- Lead and coordinate regional initiatives.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HEALTH
SYSTEMS
REDESIGN
COMMISSION

NORTH COUNTRY HEALTH SYSTEMS

REDESIGN COMMISSION

TELEMEDICINE

Rae Ann Vitali, HPA

Division of Primary Care Development, OPCHSM

New York State Department of Health

Robert Martiniano, Project Director

Center for Health Workforce Studies

School of Public Health

Joey Marie Horton, Network Director

North Country Healthcare Providers (NCHP)

Telehealth & Telemedicine 101

Opportunities for Transforming Health Care Delivery In New York State

Rae Ann Vitali, MS
Office of Primary Care & Health Systems Management
New York State Department of Health
February 2014

Why Telehealth?

- Delivery of health care through telehealth has the potential to:
  - Improve clinical care and patient outcomes
  - Enhance patient satisfaction
  - Reduce health care delivery costs

Growth of Telehealth

- Growing population that will increase demand for medical services
- Health care provider shortages
- Increase of older, home-bound, physically-challenged individuals coping with chronic diseases

(Federation of State Medical Boards, 2011)

Growth of Telehealth

- Lack of access to medical services, particularly in rural areas
- Explosion in computer-based technology and electronic communications capabilities
- Consumer population at ease with computer-based/electronic transactions in day-to-day life

(Federation of State Medical Boards, 2011)

Definition of Telehealth

- Umbrella term that encompasses an expansive definition of remote healthcare.
- **HRSA definition** - The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.

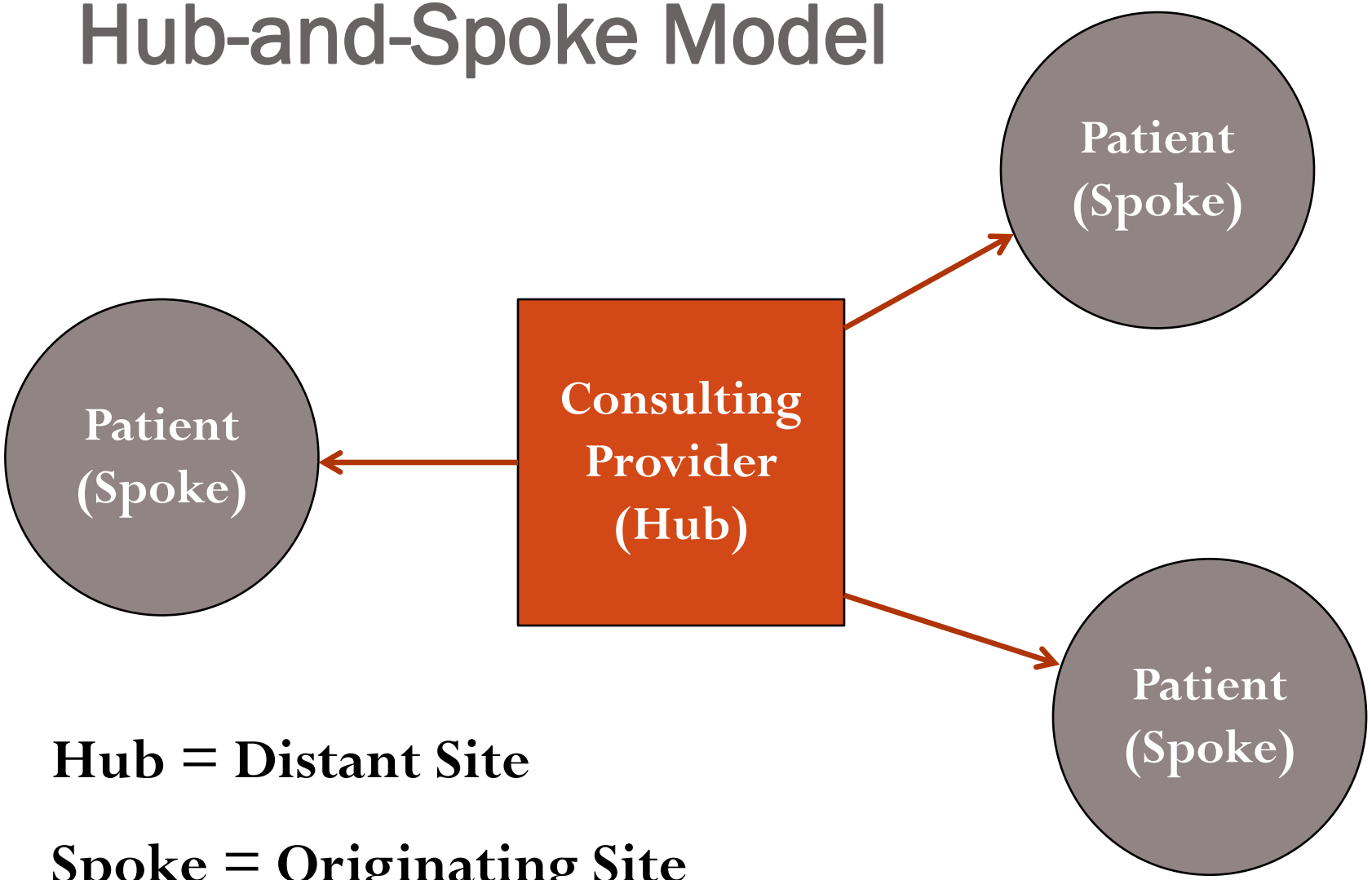
Definition of Telemedicine

- One service under the telehealth umbrella
- **HRSA definition** - The use of electronic communication and information technologies to provide or support ***clinical care*** at a distance.

Definition of Telemedicine

- Defined more narrowly by CMS for purposes of Medicare reimbursement
  - Two-way, real time interactive communication between a patient and a practitioner at a distant site
- Traditional "hub and spoke" model of health care delivery using video teleconferencing
  - Patient is located at a "spoke" or originating site
  - Provider is located at "hub" or distant site

Hub-and-Spoke Model



Hub = Distant Site

Spoke = Originating Site

Definition of Telemedicine

- Term is increasingly being discarded in favor of the more inclusive term "telehealth"
- Telemedicine is not a separate specialty of medicine, but an alternative method of delivering care
- Application of telehealth technology to deliver care within medical specialties has led to new terminology (e.g. Teledentistry, Telepsychiatry)

Clinical Uses & Applications

Clinical services utilizing telehealth technology primarily occur in two ways:

- **Synchronous** – Live, real-time, interactive two-way communication, primarily through video teleconferencing

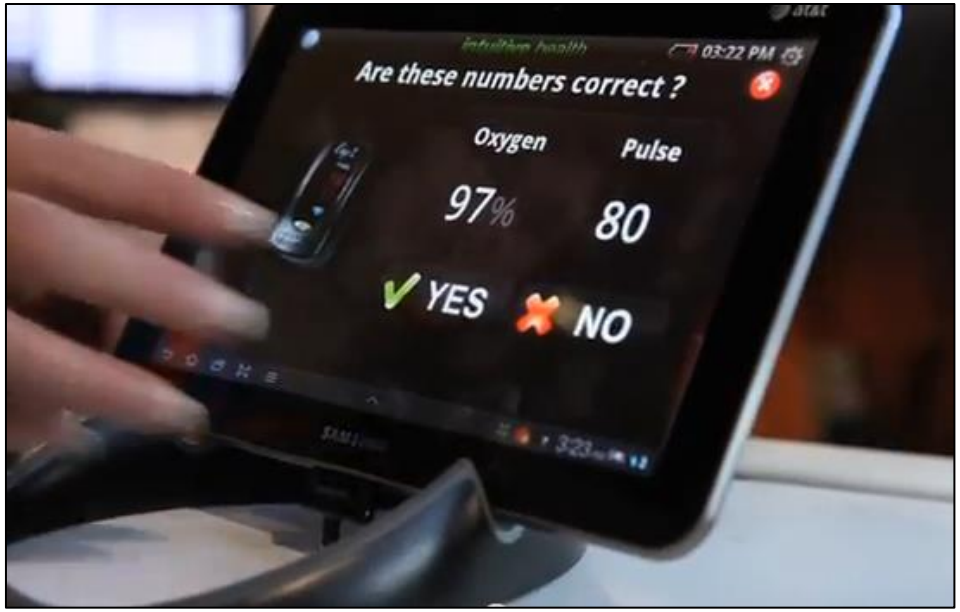
Clinical Uses & Applications

Clinical services utilizing telehealth technology primarily occur in two ways:

- **Asynchronous** – Transmission of health information occurs in one direction in time. Images and data are captured at point of care, stored, and later forwarded to another location (also known as "store and forward")
  - Common to teleradiology, telepathology, and teledermatology

Clinical Uses & Applications

- **Remote Patient Monitoring** – Monitoring devices are used by patients to easily capture and transmit data such as blood pressure and other vital signs.
  - Connection formed between provider and a patient at another site, such as a nursing center or patient's home.
  - Commonly used to monitor patients with chronic medical conditions.


Are these numbers correct ?
Oxygen
Pulse
97%
80
YES
NO

Clinical Uses & Applications

- **Electronic Visits** – Offered to patients through secure web portals, may combine video conferencing and store-and-forward systems.
  - "Virtual house calls"
  - Historically provided only to established patients within a practice for non-urgent care or follow up

Benefits of Telehealth for Patients

- Improved access to primary and specialty care
- Reduces or eliminates socioeconomic barriers
  - Lack of transportation
  - Childcare/travel costs
  - Missed work time
  - Language & cultural barriers
  - Physical limitations
- Convenient
- Diminished wait times and timelier care

Benefits of Telehealth for Providers

- Reduces isolation experienced by providers
- Makes subspecialty decision support readily available to PCPs
- Makes more effective use of limited specialist time

Benefits of Telehealth for System

- Allows for better coordination of care across the health care continuum
- Prevents unnecessary ED visits, hospital admissions, and readmissions

Clinical Effectiveness

- Strong evidence of good clinical outcomes for a variety of telehealth applications when compared with outcomes of traditional healthcare encounters
- 2009 CTEC literature review - 21 specialties were identified for which there was significant evidence of satisfactory or superior outcomes
  - Particularly strong evidence supporting telepsychiatry and home-based remote monitoring for chronic disease management

Cost-Effectiveness

- Has not yet been clearly demonstrated
- Mixed evidence depending on technology type, cost structure, patient volume and geographic factors
- Up-front costs can be high, but equipment and connectivity costs are decreasing over time
- Advocates must focus on demonstrating positive outcomes through well-designed cost-benefit analyses

DOH Telehealth Workgroup

- Established in February 2013
- Internal group with representation across DOH, 30+ members
- Charged with examining implementation issues and barriers to widespread adoption of telehealth in NYS

DOH Telehealth Workgroup

- Monthly meetings held
- Consultation with existing telehealth providers and stakeholders
- Collaboration on survey effort led by HANYS
- Produced written recommendations for consideration by Commissioner Shah

Primary Barriers

- Workgroup formed three sub-committees to focus on specific challenges faced by telehealth providers
  - Reimbursement
  - Technology
  - Provider-Related Legal Issues
    - Licensure
    - Credentialing/Privileging
    - Malpractice/Liability

Thank You!

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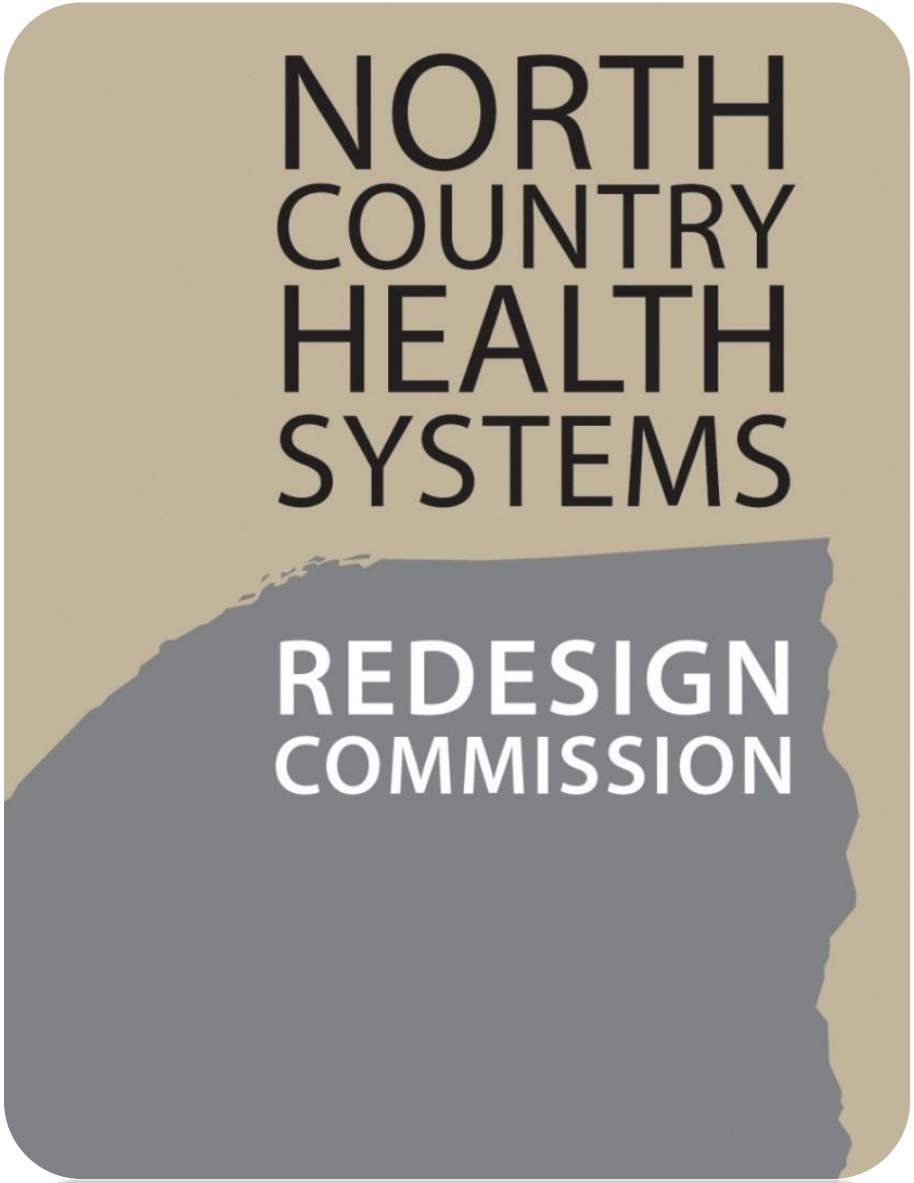
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Telehealth in the North Country: Findings from a Survey of Providers

February 19, 2014

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Project Collaborators

- Telehealth Subcommittee of the Workforce Advisory Group
  - New York State Chapter, American College of Physicians
  - Community Health Care Association of New York State
  - Center for Health Workforce Studies
  - Healthcare Association of New York State
  - Medical Society of the State of New York
  - New York State Department of Health, Office of Primary Care and Health Systems Management

Methods

- Electronic survey
- Questions about:
  - Current use
  - Funding Sources
  - Future plans
  - Reasons for planned use
  - Barriers to use
- Survey administration
  - Through membership organizations
  - General announcement on NYSDOH Health Commerce System

Statewide Response Rate by Provider Type

- 653 total respondents statewide

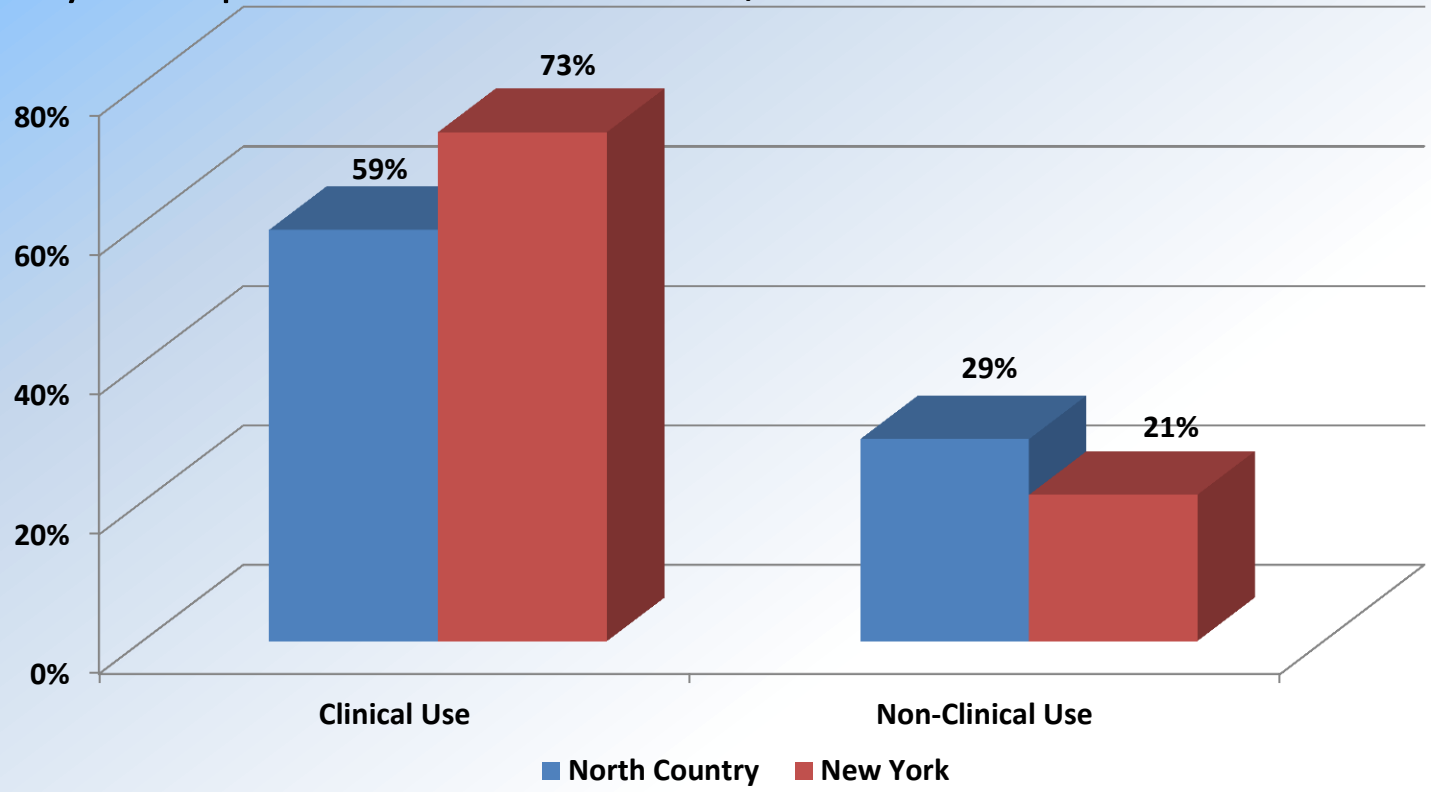
Provider Type	Estimated Statewide Response Rate
FQHCs	44%
Home Care	11%
Hospitals	52%
Long Term Care Facilities	14%
Physicians	2%
Others	N/A

North Country Respondents

- 21 overall respondents
  - 3 FQHCs
  - 3 Home care agencies
  - 6 Hospitals
  - 5 Long term care facilities
  - 3 Physicians
  - 1 Other

Clinical & non-Clinical Use of Telehealth/Telemedicine Services

- 35% of North Country respondents use telehealth/telemedicine services (compared to 38% statewide)
- Of those who use it, 30% of respondents in the North Country use it daily (compared to 54% statewide)
- The majority of respondents use telehealth/telemedicine for clinical services



North Country: Spoke or Hub

- Respondents in the North Country were more likely to be where the patients are (spokes) than where the providers are (hubs)
- In contrast, respondents statewide were more likely to be where the providers are (hubs) than where the patients were (spokes)

Funding Sources for Telehealth/Telemedicine

- The majority of respondents in the North Country reported internal organizational resources as the primary source of funding for telehealth/telemedicine services

	North Country	New York
Support from within Organization	57.1%	30.1%
Fees/Revenues from Clinical Consultations	14.3%	23.4%
Federal/State Grants	0.0%	12.9%
Don't Know	28.6%	34.7%

Plans for Future Use of Telehealth/Telemedicine

- Of current users, 71% of the respondents in the North Country plan to expand telehealth/telemedicine (in contrast to 57% statewide)

- Of current non-users, 31% of the respondents in the North Country plan to implement the use of telehealth/telemedicine (in contrast to 22% statewide)

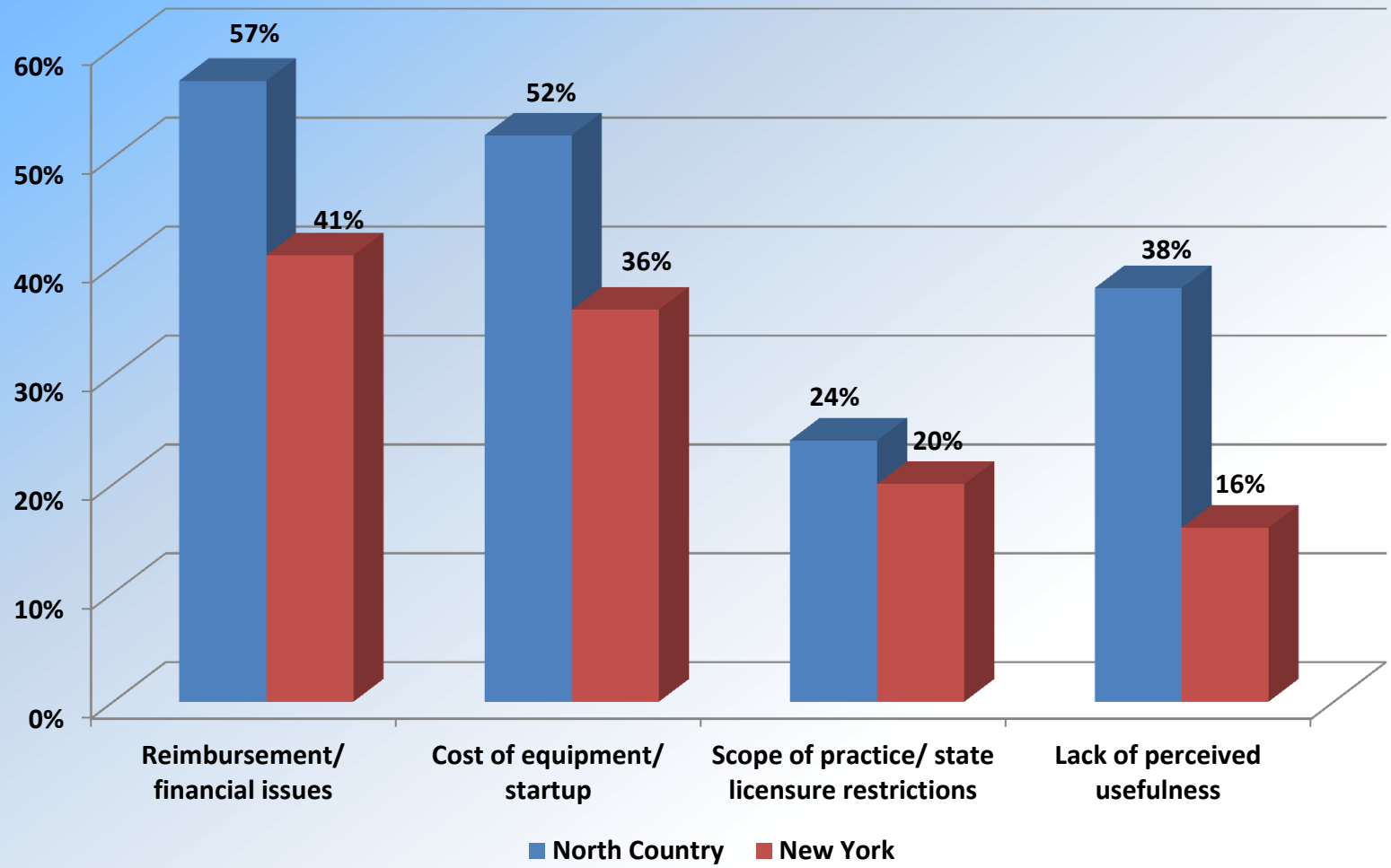
- Planned expansion of telehealth/telemedicine is mostly in clinical functions, including:
  - Patient clinical consultation
  - Remote monitoring
  - Emergency consultation/triage

Reasons for Implementing or Expanding Use of Telehealth/Telemedicine

	North Country	New York
Increase overall access to health care for patients	77.8%	70.1%
Help prevent the worsening of medical conditions	66.7%	64.1%
Help save time and money for patients	66.7%	54.5%
Increase access to health services during off hours	44.4%	48.9%
Save traveling time and money for providers	55.6%	48.5%

Barriers to Start up and Use

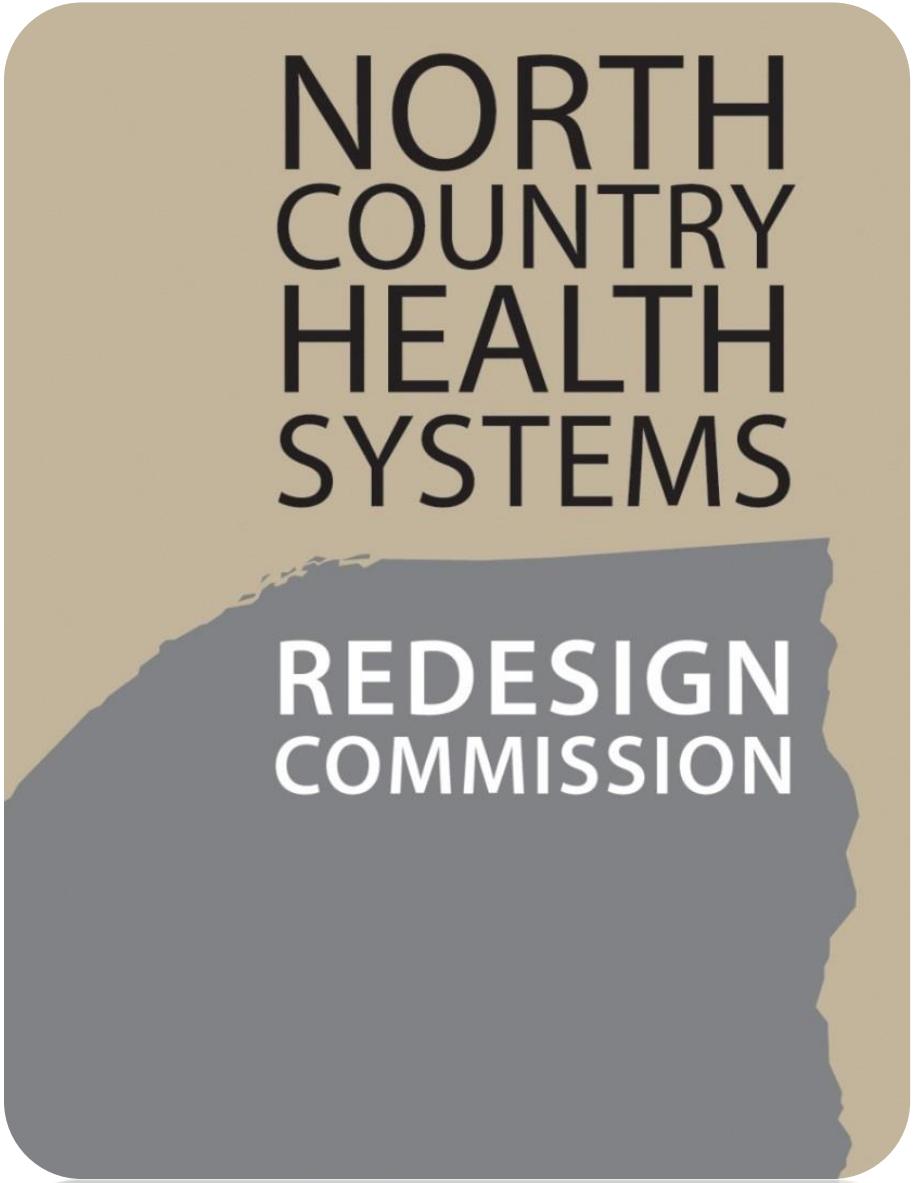
- Reimbursement/financial issues and equipment/startup costs cited as biggest barriers to telehealth/telemedicine use



Summary of Results

Respondents indicated:

- A lower percent of respondents in the North Country reported using telehealth/telemedicine than statewide
- A majority of providers in the North Country who use telehealth/telemedicine support it with internal organizational resources
- A major barrier to telehealth/telemedicine services is funding for startup and use.
- North Country providers more likely to be where the patients are(spokes) than where the providers are (hubs).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North Country Healthcare Providers

Opportunities for Telemedicine in NNY

February 19, 2014

- **Organizational Mission Statement**
  - Our mission is to lead North Country healthcare organizations in transforming our regional healthcare systems…through collaboration, engagement, planning, and development.

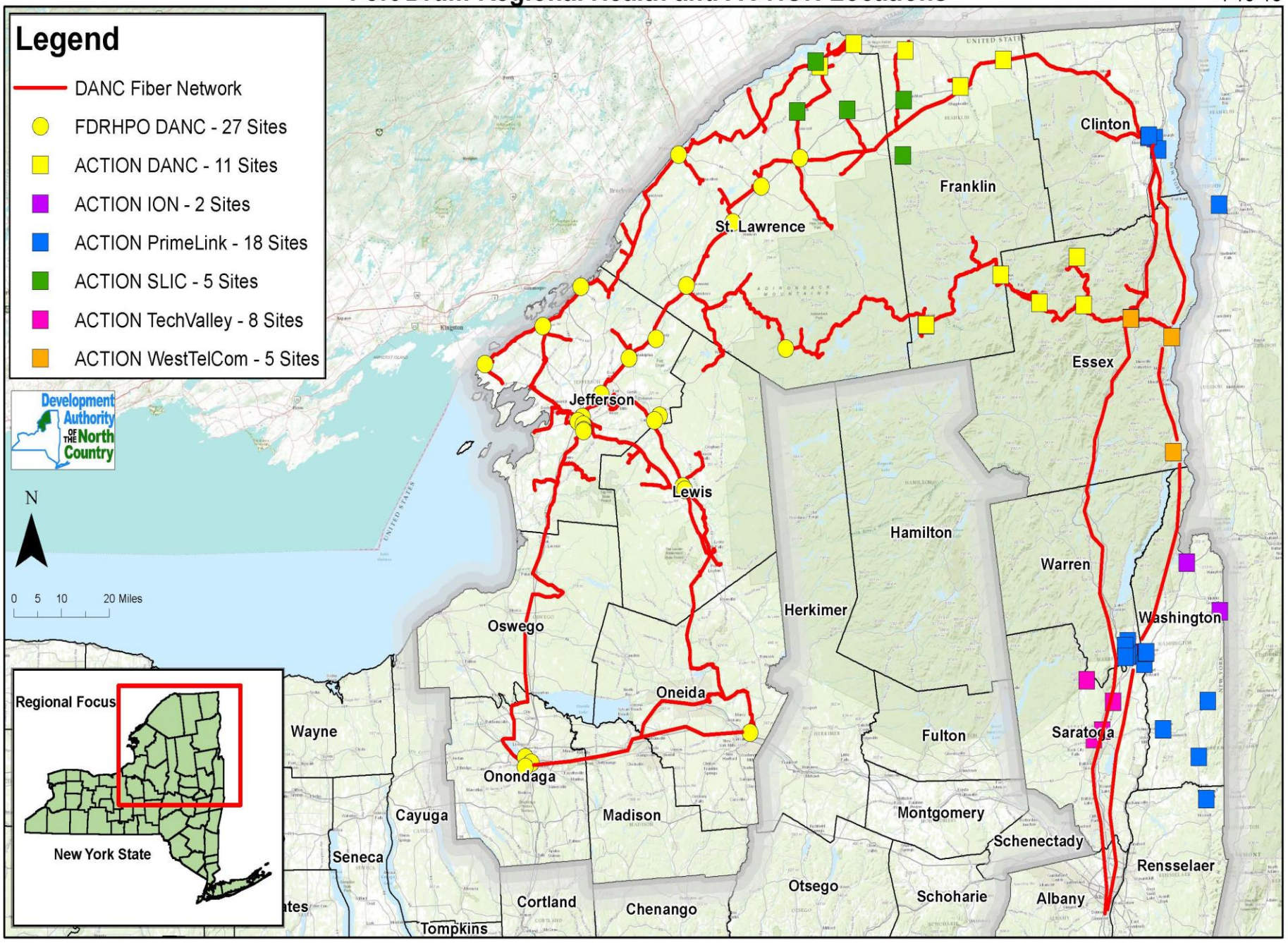
  - **Seven Member Hospitals**
  - Cross the North-Country Region
  - Renewed Focus on Tele-medical Opportunity

Fiber Network Meaningful Utilization Study

- Rural Health Network funded project
- The study is identifying our current state and gaps, assessing opportunities and their associated costs, and providing a return on investment analysis for three focus areas including:
  - Telemedicine
  - Professional development
  - VoIP services

Fort Drum Regional Health and ACTION Locations

4-15-13



The North Country Opportunity:
Increased Access to Care at Lower Cost

- Behavioral Health
  - At Point of Primary Care
- Primary Care
  - At Point of Behavioral Health
- Specialty and Critical Care
  - Linking Critical Access to Medical Centers
- Home Telehealth
  - Involve patient in their own Chronic Disease Management

Do Not Need to Reinvent Wheel

Readily available technology, policies and processes can & should be used

Behavioral Health Care

- Arizona Reg Behavioral Health Network
- Oct-Dec 2013 averaged 2154 pt to Psychiatrist video visits per month

Specialty and Critical Care

- Central eICU offer around-the-clock intensivist care for critically ill patients in rural ICUs
- Discharged from ICU 20% faster
- 16% more likely to survive to be discharged
- Specialty Emergency Department Consults: Neuro, OB/Gyn, Pediatrics
- VA Model Opthamology/ Endocrinology/ ENT at point of care

Home Telehealth

- Proactive patient engagement & care management
- Avoids and reduces ED use and inpatient admissions

Barriers & Recommendations

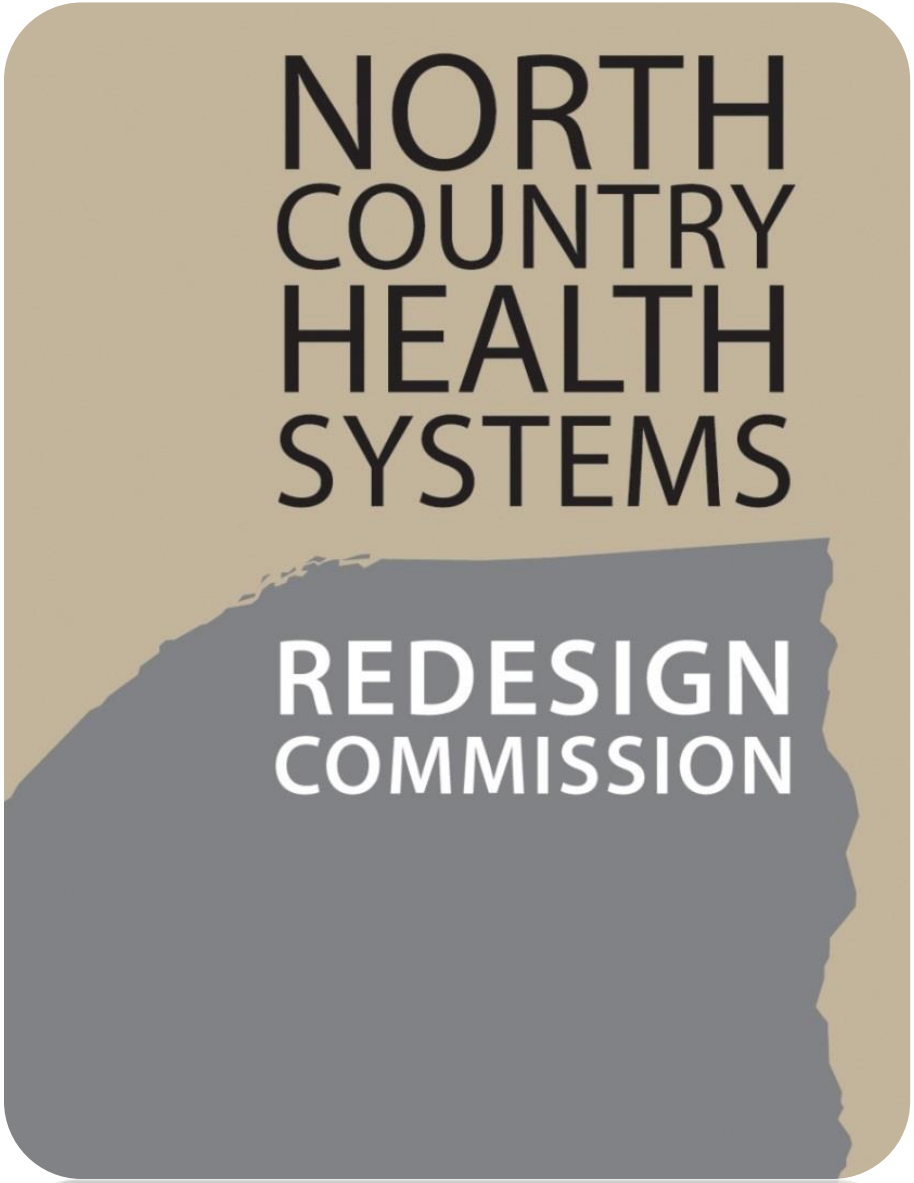
- Lack of regional/statewide investment
  - Recommendation: Coordinated Statewide investment is required. Become a statewide leader in telemedicine.
- Lack of a centralized coordination to make it happen
  - Recommendation: Develop a rural New York State Telemedicine Resource Center in the North Country.
- Policy development
  - Recommendation: Ensure licensing and credentialing policies do not hinder growth. License held in the state in which the provider is located not the state in which the patient is located.

Barriers & Recommendations

- Current Medicaid reimbursement is limiting
- Recommendations:
  - Expand eligible spoke and hub sites to include:
    - Article 30 clinics
    - SNFs
    - Private practices
    - FQHCs regardless of opting in or out of APGs
  - Expand eligible providers to include:
    - Psychologists
    - Social workers
    - Psychiatric nurse practitioners
    - Physician extenders (NPs & PAs)
  - Coverage for telemedicine should be required in MMC plans

Barriers & Recommendations

- Private payer reimbursement is minimal
  - Recommend an all-payer mandate: Reimbursement should be available for those services that would ordinarily be covered if delivered in person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REDESIGN COMMISSION

PAYOR PERSPECTIVE

Tony Vitagliano, VP

Network Management and Provider Relations

Excellus BlueCross BlueShield

North Country Health System Redesign Commission

Tony Vitagliano,
VP Network Management and Provider Relations
Excellus BlueCross BlueShield

What Are Our Common Objectives?

- ❑ Improve quality
- ❑ Manage costs
- ❑ Create sustainable margin generating strategies
- ❑ Enhance community health
- ❑ Improve patient experience
- ❑ Create attractive environment to recruit physicians
- ❑ Reinvest/retool system for the future

What obstacles do we see facing providers?

- ❑ Highly leveraged with low margins
- ❑ Reduced state and federal payments
- ❑ Collection challenges
- ❑ Restricted access to capital for new capabilities
- ❑ Many alternatives reduce local control

Unique local challenges to care delivery

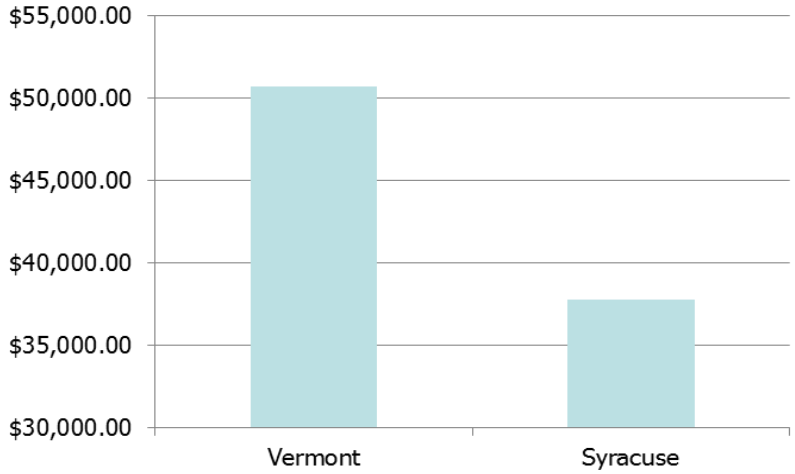
- ❑ Travel times, long distance to care – lower volume
- ❑ Harder to recruit physicians to area
- ❑ Low volume to sustain sub-specialties
- ❑ Lower median income among patients
- ❑ Greater percent of population not in the workforce
- ❑ More people receiving public assistance

Many cost "wounds" are self-inflicted

- ❑ 50% higher percentage of avoidable Hospital Stays
- ❑ Emergency Department utilization for primary care
- ❑ High pharmaceutical costs, but revenue leaves
  - ✓ Lower use of generics
  - ✓ Fewer applications of biosimilars for specialty meds

Referrals to centers out of region

CMS average reimbursement cardiac valve repair



MS-DRG 219-221 source AHD.com

Excellus

Private sector experience

- Perspective of private sector often different
- Public-sector payors don't negotiate rates, we do
- Services reimbursed below cost by public-sector
- Providers look to us to pay more (sustainability)
- High insurance costs hinder economic growth
- Employers and regulators squeeze us from both sides

Excellus

Private sector experience

- ❑ See many advantages of larger integrated system
  - ✓ scale
  - ✓ clinical integration
  - ✓ ability to drive quality
  - ✓ efficiency
- ❑ Also some risks to acknowledge and plan for
  - ✓ less incentive to hold down costs
  - ✓ Physician strategies complex and more expensive
- ❑ As a result, we have been early innovators in accountable care with important lessons to share

Excellus and Payment Innovation

- Over 500,000 patients in programs today
- Anticipate 200,000 more over next 12 months
- Primary Care Based Quality Programs
- Accountable Cost and Quality Arrangements (ACQA)

Excellus

Keys to Success

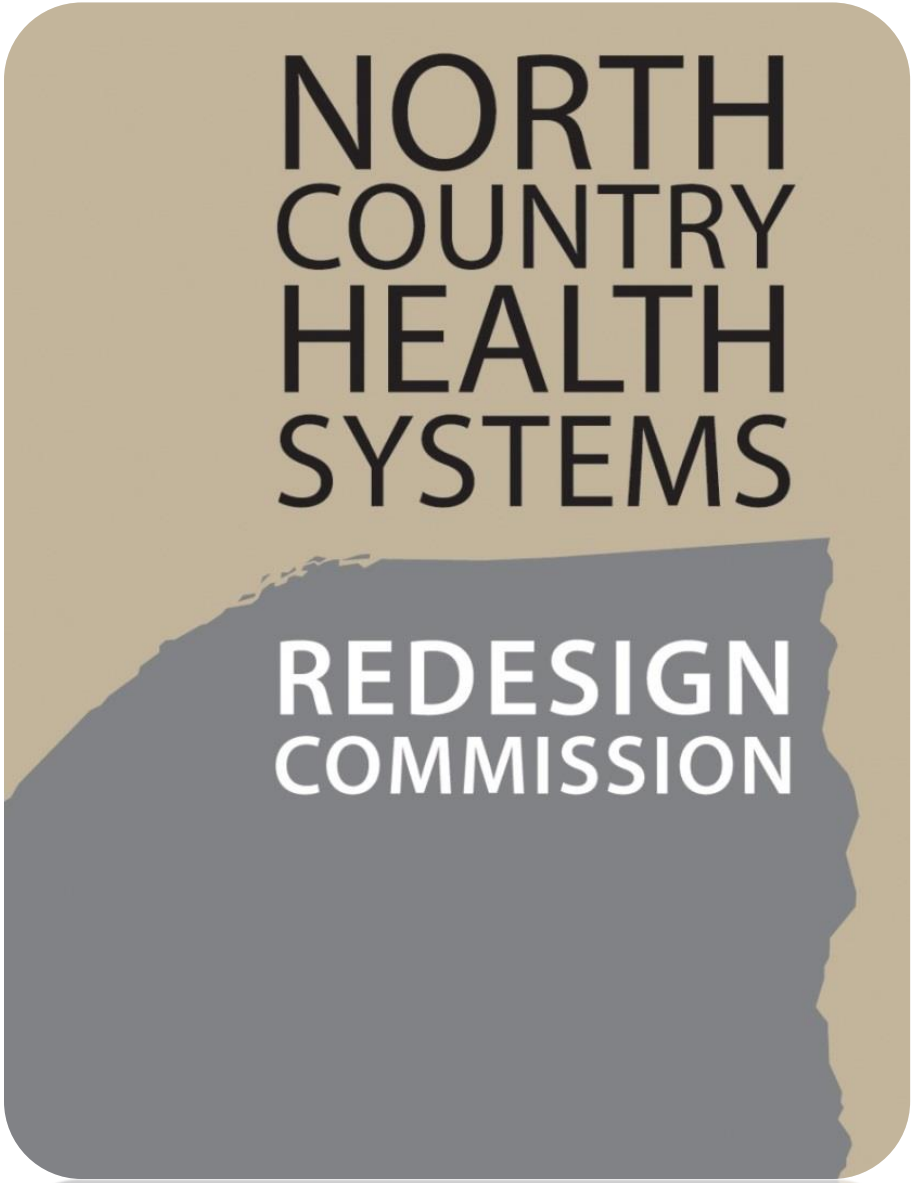
- Strong partnerships come from trust and leadership
- Model is transformative, so all parties must coordinate to develop and expand capabilities
- Flexibility needed to tailor the model to current state and accommodate future growth

Assessing Readiness

- Assessment of key factors
  - ✓ Organizational leadership
  - ✓ Culture
  - ✓ Information Management
  - ✓ Population Management
  - ✓ Clinical Appropriateness
  - ✓ Fiscal strength

Recommendations

- ❑ Align quality incentives across all populations
- ❑ Consider all impacts of decisions on all stakeholders
- ❑ Implications for providers, patients, governmental payers, insurers, employers and many others
- ❑ Engage private payers in the design process
- ❑ Invest in capabilities that provide a return on value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DEVELOPING THE HEALTHCARE WORKFORCE CAPACITY TO ACHIEVE THE TRIPLE AIM IN THE NORTH COUNTRY

Lottie Jameson, Executive Director

Hudson Mohawk Area Health Education Center

Richard Merchant, CEO

Northern and Central Area Health Education Center

Developing the Healthcare Workforce Capacity to Achieve the Triple Aim in the North Country

Lottie M. Jameson, MS
Executive Director
www.gohealthcareer.org

Richard K. Merchant, MA
Chief Executive Officer
www.myhealthcareer.org

Healthcare workforce development in underserved areas

Pipeline to Practice

Pipeline

39,154

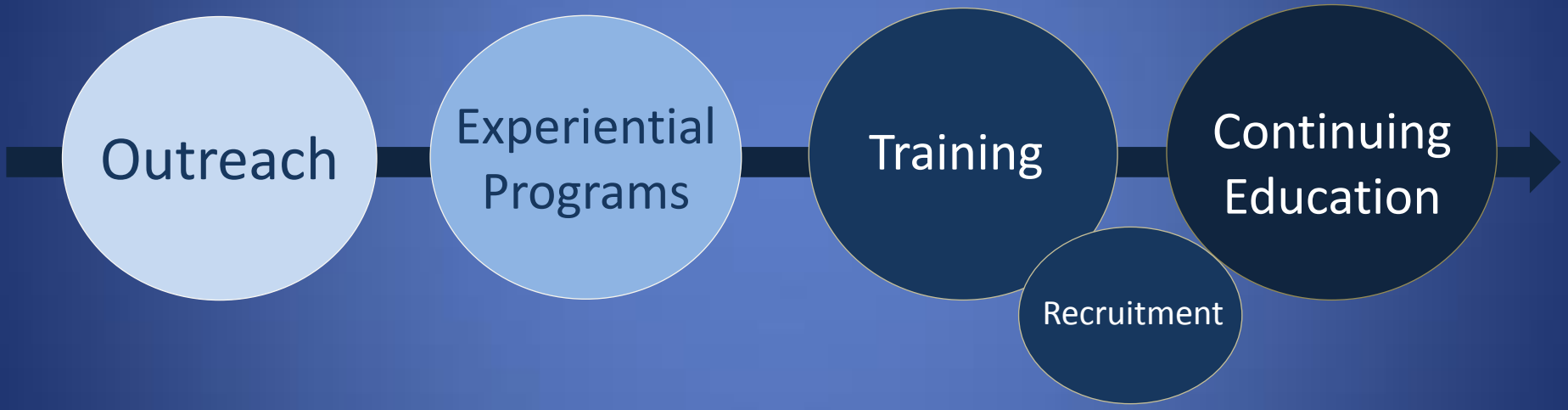
Clinical Placements

800

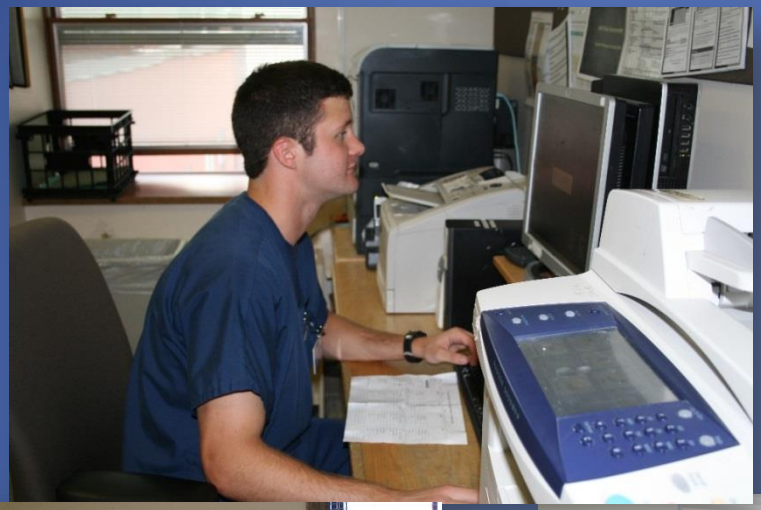
Continuing Education

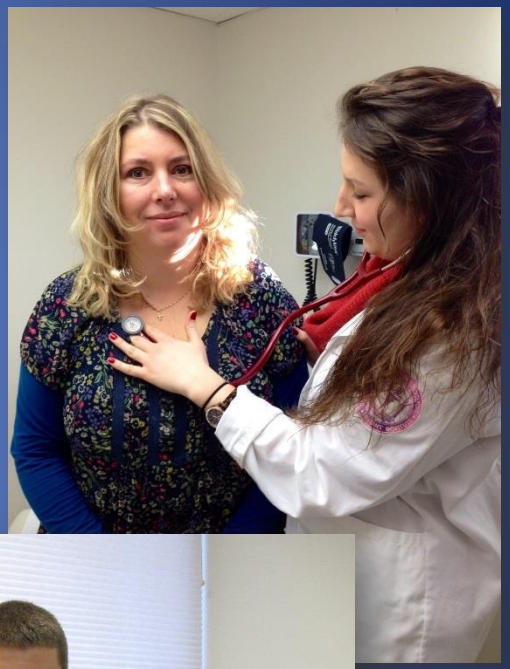
30,101

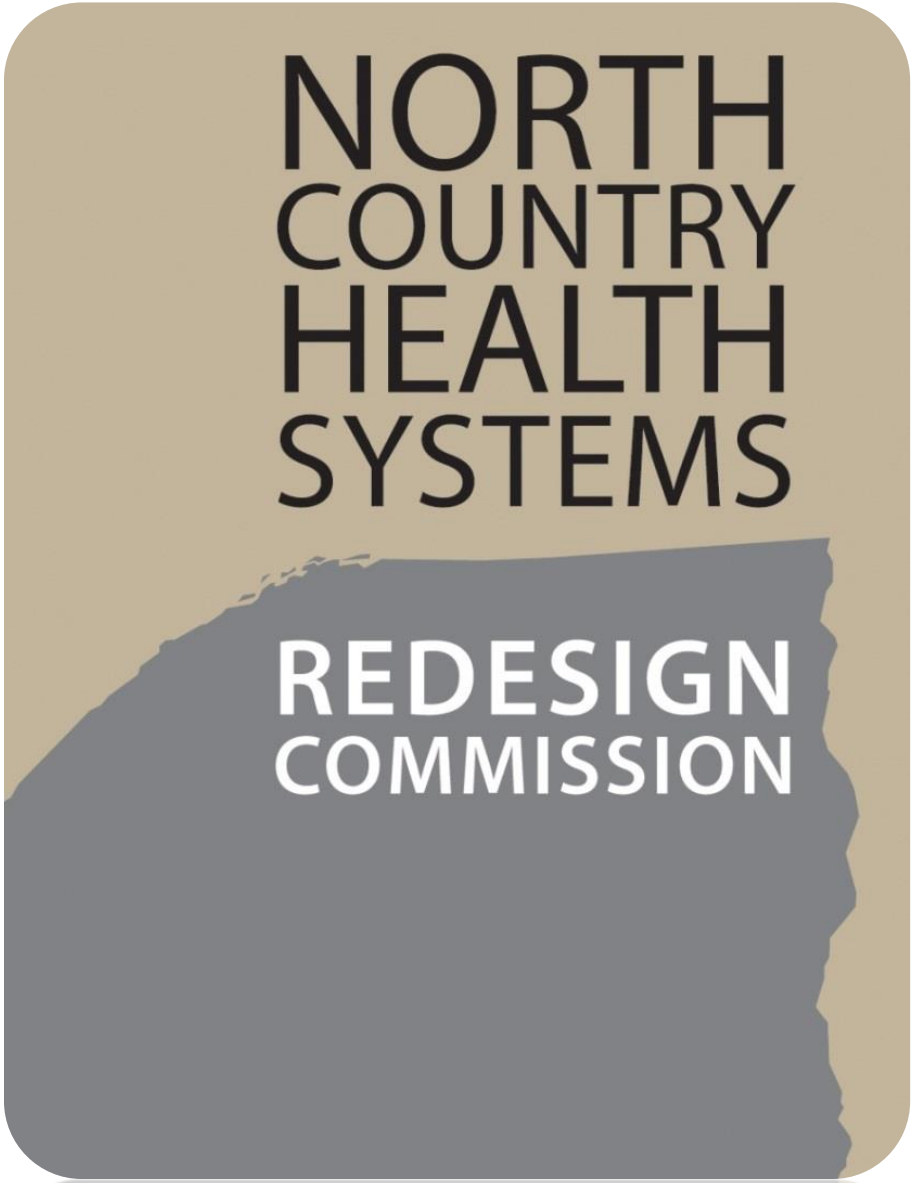
Grow your own …..works !!



Healthcare is the dominant driver of the North Country's economy



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