Avoid the ER/Urgent Care: Telehealth for the Intellectual and Developmentally Disabled Population

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Agenda

- Individuals with Intellectual and Developmental Disabilities (I/DD) and StationMD
- Challenges for the I/DD Population in the Current System
- Telehealth as a Solution
- Missouri Division of Developmental Disabilities – A State Initiative
- Implementation, Data and Outcomes
- The Future of Care/The Standard of Care/A Sustainable Solution
StationMD: A Healthcare Solution to Meet these Challenges and Support People with I/DD

- Founded by board certified emergency medicine doctors, telehealth pioneers
- Treat complex medical issues, thousands of encounters, COVID-19 experience
- Certified to provide specialized care to people with I/DD, multiple states
Committed to Pioneering Advancements for Individuals with I/DD

- Proud members/sponsors of:
- Featured speakers across the country

- ANCOR National Webinar 2019
- 17th Annual AADMD Conference
- AAIDD 2019
- The Arc’s NCE 2019 Summer Leadership Institute
- INARF Virtual Conference 2019
- The Arc of Mississippi Virtual Conference 2019
- Tennessee DIDD Enabling Tech Conference 2019
- 25th Annual Case Management Conference 2019
- ADDP Tech Talking Conference 2019
- CP of NYS Annual Conference 2019
- NJACP 2019
- ACCSES Winter Summit 2020
- DDNA National Webinar 2020
- PAR Virtual Conference 2020
- Washington DC Coalition of Direct Service Providers 2020
The Issue
People with I/DD are more likely than others to use services

- Significantly higher ED use relative to other groups
- More likely than individuals without I/DD to visit the ED
  - 33.96% versus 20.28% (p < 0.0001) according to one study*
  - 2x as likely according to a United Kingdom study**
- More than 5x as likely to have pneumonias and UTIs**


**Population Health Research Institute, St George’s University of London, United Kingdom

People with I/DD

- Have more frequent hospitalizations than other groups due to:
  - Seizures
  - Pneumonia
  - Gastrointestinal Conditions
  - Behavioral Health

- 3-5x more likely to contract COVID-19
- Increased mortality from COVID-19
ER Experience for Individuals with I/DD

- Frightening for individuals with I/DD
- Trauma of Transport
- Exposure to Infections: COVID-19
- Disruption of Routine
- Missed Medication

General disruption, weeks to stabilize and puts many at risk

Frequent Causes of Emergent and Urgent Care Use

- High Risk/Multiple Comorbidities
- Regulatory Requirements
- Primary Doctor Unavailable
- Other Lack of Access
## Urgent and Emergent Care for People with I/DD

### Participant
- Disruption of routine, transportation, exposure to infection
- Access to physician care outside of business hours and in some geographies
- Lack of physicians experienced in serving people with IDD (ER by default)

### Caregivers & Support Staff
- Unexpected schedule changes (and extended shifts)
- Staff safety and exposure and injuries from decompensating behavior
- Job stress, dissatisfaction and turnover

### Provider Agencies
- Meeting participants’ complex needs while managing infection controls
- Staffing (safety, overtime pay, burnout, shortages, turnover)
- Regulatory compliance and misinformation

### Payers & Regulators
- Participant experience (health, safety and welfare; member satisfaction and retention)
- Population health & cost and quality of care (including infection rates)
- Workforce development and provider network sustainability
Expensive Yet Suboptimal

Patient Trauma
Exposure/Spread
COVID-19

Unspecialized Care
Disruption of Routine

Suboptimal Care

Unnecessary Tests

Unnecessary Hospitalizations

Excessive Costs
A Solution
# How Telemedicine Can Help

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
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<tbody>
<tr>
<td>Lack of Access</td>
<td>Telehealth technology removes the Geographic Impediments</td>
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<tr>
<td>Suboptimal care for specialized needs</td>
<td>Utilize Doctors who have specialized I/DD training</td>
</tr>
<tr>
<td></td>
<td>Provide Access to medical records/database</td>
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<td></td>
<td>Personalized care provided in safety of person’s own environment</td>
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<tr>
<td>Primary Care Evaluation Unavailable Off-Hours</td>
<td>Need availablility 24 hours/day</td>
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<tr>
<td>Regulatory pressures/Coordination</td>
<td>Need doctor evaluation immediately</td>
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<tr>
<td></td>
<td>Provide full documentation/PMD no</td>
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Designed to Augment Not Replace Primary Care

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<tr>
<th>Telemedicine</th>
<th>Primary Care</th>
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<tbody>
<tr>
<td>• Addresses high glucose readings with immediate medication adjustment</td>
<td>• Manages daily meds for chronic conditions (i.e., insulin regimen, cholesterol medications)</td>
</tr>
<tr>
<td>• Medication refills/clarification/reconciliation</td>
<td>• Prescribe long-term medications</td>
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<tr>
<td>• Evaluates after an incident to meet regulatory requirements</td>
<td></td>
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<tr>
<td>• Performs regular “check-ins” as needed</td>
<td>• Manages long-term goals of treatment</td>
</tr>
<tr>
<td>• Handles urgent medical issues</td>
<td>• Monitors medical screening issues (i.e., colonoscopy)</td>
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Other Tools that Help Augment Care

Immediate access at anytime to high-quality ER doctors, specially trained in the care of people with I/DD can make a significant impact along with:

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<th>Proven treatment guidelines/COVID-19 updates</th>
<th>Doctor training</th>
<th>Quality reviews</th>
<th>Educational series</th>
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In Action:
Missouri Department of Mental Health – Division of Developmental Disabilities
The Need

- Missouri was already working with StationMD and UMKC Institute for Human Development (IHD) on another project and this group saw the potential for this telehealth solution during the pandemic.

- COVID-19 presented the Division of Developmental Disabilities with unique challenges, quick and innovative approach's to medical care for the Intellectual/Developmental Disabilities (I/DD) population had to be adopted quickly to ensure continued high quality care.

- The Division contracted with a new service called StationMD, the availability of the Federal CARES Act funding and emergency procurement allowed us to move quickly to secure the contract.
  - This telehealth medical service offered immediate virtual access to emergency medicine physicians, specifically trained in the care of people with I/DD.
Our Goals

- Promote Safety
- Ensure continued health and safety of I/DD Individuals we serve during and after pandemic.
- Decrease Health Care Costs
- Expand Access and Resources
- Improve Lives
Implementation

- Initial Implementation of the service was completed in three increments over 6 weeks (April 13 - May 25, 2020) and targeted approximately 15,000 Medicaid Waiver recipients.

- The first round of implementation targeted 5,000 Medicaid Waiver recipients.
  - Same principal of 5,000 was applied to the subsequent two rounds of implementation.

- The initial targeted round of implementation for StationMD begin on April 13, 2020 for the Division.
Timeline of Implementation

- **April 13, 2020**
  - Round 1 (5,000 Medicaid Waiver Individuals)

- **April 27, 2020**
  - Round 2 (5,000 Medicaid Waiver Individuals)

- **May 11, 2020**
  - Round 3 (5,000 Medicaid Waiver Individuals)

- **May 25, 2020**
  - Entered post implementation phase
Who is Eligible?

- All HCBS I/DD Medicaid Waiver recipients are eligible to use StationMD service in the Division.
  - In MO, this is around 15,000 I/DD individuals that are eligible to use the service.
  - The Division is working on how to include this service in the waiver plans for these individuals.

- The Division covered the cost of the service for Medicaid Waiver recipients.
  - The only expense to the individual/family or agency was the electronic communication device(s) such as a phone, tablet, or computer.
Implementation Actions

- Information Letters sent to Individual/Families and Agency Staff/Providers.
- Educational Webinars provided to staff/providers and individuals/families.
- Information packets, flyers and recorded materials sent out via mail and electronically.
- Dedicated webpage and website created for easy reference and use.
- FB live events, social media, agency specific presentations and trainings
- UMKC (IHD) assisted in communication efforts to In-home families.
StationMD Website & Resources

- https://dmh.mo.gov/dev-disabilities/stationMD
- Flyer
- Information letter
- Family Packet
- Telemedicine Hx Form
- Directions for App
- Slides
- Podcast/FB live events
StationMD by the Numbers (in Missouri)

- Total of 1,127 calls

- Averaging around 200 calls per month with anticipation to double call volume each month

- Top 5 calls made by Diagnosis:
  - Medication Refill
  - Cough
  - Acute Upper Respiratory Infection
  - Abdominal Pain; and
  - Coronavirus

*Data based on April 15, 2020 - November 30, 2020*
**Calls by Outcome (April – November 2020)**

**Calls by Outcome (OBS=Observe in Place; XFR=ER or Urgent Care Transfer)**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Grand Total</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
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<tbody>
<tr>
<td>OBS</td>
<td>947</td>
<td>14</td>
<td>67</td>
<td>66</td>
<td>140</td>
<td>127</td>
<td>167</td>
<td>196</td>
<td>170</td>
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<tr>
<td>XFR</td>
<td>180</td>
<td>2</td>
<td>15</td>
<td>14</td>
<td>24</td>
<td>26</td>
<td>30</td>
<td>35</td>
<td>34</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1,127</td>
<td>16</td>
<td>82</td>
<td>80</td>
<td>164</td>
<td>153</td>
<td>197</td>
<td>231</td>
<td>204</td>
</tr>
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*Great progress being made in keeping individual with I/DD out of the ER and hospital setting by intervening with telemedicine treatment, more data and information being collected through ROI study.*

*Data based on April 15, 2020 - November 30, 2020*
Calls by Day of Week

*Data based on April 15, 2020 - November 30, 2020
Challenges

- Signed consent in some cases.
- Communication, especially in the privatized in-home caseload.
- Brand recognition of StationMD in Missouri.
- Technology needs and/or funding.
Lessons Learned

- Outreach to in-home recipients
- Privatized caseloads - update contact information
- Communication, Communication, Communication
- Partnerships are key!
"This individual has mitochondrial encephalomyopathy. The individual was throwing up all day yesterday and his mother was trying everything to give him relief. Due to his unique life, he is unable to tell/show you or show you symptoms he may be experiencing. His mother got so scared it may be COVID-19 or something much worse. She was sceptic of utilizing StationMD but she contacted them to try it out. She was so impressed she asked to share her story to help others who are hesitant. When she called, the person who answered walked her through registering, getting the App installed and by the time she first called within 10 minutes, there was a doctor doing a FaceTime visit with her and her son. The physician had her push on his belly, take his blood pressure, take his temperature, then advised her to take him to the ER. StationMD even called the ER, updated them on what was happening to prepare for his arrival. They arrived and everyone was ready for him, treated him with ease, he received a COVID test which was negative and was sent home with a treatment plan. She said it was so beneficial to them and felt a lot of support in finding relief during a traumatic time. She encourages you to encourage your natural homes and providers to utilize StationMD for support in any situation".
Long Range Financing

- Originally contracted through emergency declaration on our state.
- Working on ROI Study.
- Working towards including in HCBS waiver.
The StationMD Process Step-by-Step
Change in Condition

24 yo female with CP, asthma
- Develops cough
- Fever of 101°
- Oxygen saturation 90%

Activate

- Facility Staff initiates SMD encounter
- StationMD doctor reviews patient’s records and keeps staff safe and educated

Diagram:

1. Change in Patient Condition
2. Activate StationMD
3. Physician Assessment
4. Share Treatment Plan
5. Treat Patient
6. Post-Treatment Follow-up Assessment
Physician Assessment

- Telemedicine consultation initiated
- A physical exam is performed
- Physician will let direct support staff know if stethoscope is needed
Treat Patient

- Asthma exacerbation and Respiratory infection
- StationMD provider prescribes meds if needed
- Determine if further treatment/testing needed

Share Treatment Plan/Follow-up

- Follow-up exam by StationMD doctor
- Breath sounds show improvement. Patient comfortable. Oxygen 95% (monitored)
- Documentation in EHR, Primary Care Physician Notified

Unnecessary trip to ER avoided

If patient had not improved - StationMD would contact ER to expedite visit & review history
Other Typical Cases (not always emergent!)

- Medication Refill
- Medical question/medication reconciliation
- Behavior Change
- Constipation
Clinical and Economic Outcomes Across All States We Serve
Proven Outcomes

Data from all clients shows an average 85% treat in place rate reducing ER and Urgent Care transfers.
Most calls result in avoided ER transfers across diagnoses

Calls by Diagnosis and Outcome

Number of Calls

Diagnosis

- Allergic Reaction
- AMS
- Cellulitis/Abcess
- Constipation
- Dehydration
- Eye Complaints
- Fever NOS
- Fissure
- Gastrointestinal Malfunction
- Gastroenteritis
- Hypertension
- Minor Medical Issue
- Minor Trauma
- Pneumonia/URI
- R/O DVT
- Seizure
- Sepsis
- Urinary Retention
- Vaginal Bleeding

- Transfer to ED
- Avoided ED Visits
Logistical Considerations
Several Avenues for States to Cover Service

- State Funds
  - Missouri

- HCBS Waiver
  - Tennessee

- Contract with OPWDD
  - New York
Lessons Learned

Pandemic has created sense of urgency – proven the model, standard of care

Service does not fit into traditional HCBS taxonomy – so creativity and flexibility are important

Look to other states and programs for models that can serve as examples – collaborative space

Specialized telemedicine is essential for the IDD community

Develop a strategic participant outreach and education approach – change in culture

Capture data to enable measurement of performance and return on investment
Thank You!

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