ABSTRACT: 2016 ELAM Institutional Action Project Symposium

Project Title: Ped-eAccess: Teleconnected Visits When a Patient Wants, Where a Patient Wants

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Collaborators: A. Burdick, Associate Dean for TeleHealth; J. Cohen, Executive Director of Benefits/HR; A. Fusté, Pediatric VCA; E. Hershorin, Director, Division of General Pediatrics; D. Seo, Associate VP of IT for Clinical Applications

Background & Opportunity:
Consumers are increasingly seeking convenience, quality, and value from health care. Various commercial enterprises offer tele-visits to patients and employers through personal computers and smart phones. Market research demonstrates satisfaction with convenience and claimed emergency room utilization reduction. However, commercial e-health providers have not yet evidenced optimal care. Care is not prospectively contiguous with a patient's medical home, nor integrated with the medical record. There are few published protocols for best practices in terms of primary telehealth care, and there is little research on how to educate learners about tele-health in such settings.

Currently, our UHealth Pediatrics patients can access our physicians only 5.5 days a week during office hours, and must travel through traffic. After the office has closed, patients requiring physician care either visit the Holtz ED or a competitors' emergency or urgent care site. For many patients, this is neither optimal care nor ideal service. It may put us at risk to lose patients. For UM employee families, who are insured by the University, this outside-of-the-system after-hours care represents a double fiscal loss from the University as a whole.

Purpose/Objectives:
1) To pilot e-Access visits in pediatric primary care among the UHealth enrolled, UM self-insured population. 2) Should the pilot prove to be feasible and successful, then future expansion to patients on other plans and in various specialty areas will be considered. 3) Additional research and educational goals include development of evidence-based e-health protocols, training modules, language-based exports, and engineering partnerships.

Methods/Approach:
- Pre-Launch: Complete fiscal and feasibility analysis, identify necessary resources for launch, build collaborative especially among those assuming new responsibilities.
- Phase 1:
  - (1a) Using a Plan-Do-Check-Adjust Process, testing eAccess visits during office hours. This will allow for a brief, soft-launch with full view analysis to work out system challenges.
  - (1b) Rapid advance into Phase 1b, offering 24/7 Ped-eAccess visits.
- Phase 2: For the purpose of the IAP, the project will be completed with the pilot. However, the Ped-eAccess will advance to other pediatric patients either via health plan contracts, or through direct billing. Later phases will expand access to additional patient populations.

Outcomes and Evaluation Strategy:
Outcomes will be assessed in terms of feasibility/sustainability and assessment of fiscal impact, patient satisfaction, utilization review (ED, urgent care). We will also be conducting research on the best ways to triage for eAccess visits, the most appropriate symptoms for eAccess visits, the limitations of eAccess visits, challenges for providers, and the use of accessory products, etc.

Assuming success of the pilot, its expansion will be of great interest as a clinical outreach tool, with research and educational applications.

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Ped-eAccess:
Teleconnected Visits - When a Patient Wants, Where a Patient Wants

Judy Schaechter, MD, MBA
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Background & Opportunity:

Consumers are increasingly seeking convenience, quality, and value from health care. Various commercial enterprises offer televisits to patients and employers through personal computers and smart phones. Market research demonstrates satisfaction with convenience and claimed emergency room utilization reduction. However, care from commercial providers is not prospectively contiguous with a patient's medical home, nor integrated with the medical record. There are few published protocols for best practices in terms of primary telehealth care, and there is little research on how to educate learners about telehealth.

Currently, our UHealth Pediatrics patients can access our physicians only 5.5 days a week during office hours, and must travel through traffic. After the office has closed, patients requiring physician care either visit the affiliate or a competitors ED or UCC. For many patients, this is neither optimal care nor ideal service. There is risk of patient loss/leakage. For UM employee families, who are insured by the University, this outside-of-the-system after-hours care represents a double fiscal drain from the University as a whole.

Purpose/Objectives:

To pilot e-Access visits in pediatric primary care among the UHealth enrolled, UM self-insured population. 2) Should the pilot prove to be feasible and successful, then future expansion to patients on other plans and in various specialty areas will be considered. 3) Additional research and educational goals include development of evidence-based e-health protocols, training modules, language-based exports, and engineering partnerships.

Teleconnectivity Benefits

Office Visits

Patient:
- No need to drive - avoids traffic
- No wasted time: waiting, parking, etc.
- Convenience: when you want it, where you want it

University of Miami:
- Reduced cost of providing office visits
- Increase volume by opening slots and reaching long-distance patients

Preventable ED/UCC

Patient:
- Continuum of care with care team
- Reduced costs and co-pay
- Immediate service

University of Miami:
- Reduced cost of providing service
- More control of continuum of care
- Ability to see patients before an illness worsens

List of Facilities with the Majority of ED Visits for In /Out-of-Network Providers (by provider affiliation)	
NCH	38.4%
Baptist	22.1%
S. Broward	15.8%
Jackson	7.4%
W. Kendall/Baptist	3.2%
Kendall Healthcare	2.5%
Memorial	1.8%
Mt. Sinai	1.0%

*only those with >1% of visits included (raw list total: 1370 visits with facility assigned)

| Urgent Care Centers	
NCH	354
Baptist	181
S. Miami	155
Memorial	24

Methods/Approach:

Pre-Launch: Complete fiscal and feasibility analysis, identify necessary resources, build collaboration.
Phase 1: (1a) Test Ped-eAccess during office hours, allowing for a brief, soft-launch with analysis to work out system challenges.
　　　　(1b) Rapid advance into 24/7 Ped-eAccess visits.
Phase 2: Expansion to additional patients, health plans, or through direct billing. Later phases will expand access to additional patient populations, outside of Pediatrics as UMiami-eAccess.

Outcomes and Evaluation Strategy:

Outcomes will be assessed in terms of feasibility/sustainability and assessment of fiscal impact, patient satisfaction, and utilization review (ED, urgent care). We will also be conducting research on the best ways to triage for eAccess visits, the most appropriate symptoms for eAccess visits, limitations of eAccess visits, challenges for providers, and the use of accessory products, etc.

Assuming success of the pilot, its expansion will be of great interest as a clinical outreach tool, even beyond our local campus catchment area, with research and educational applications.
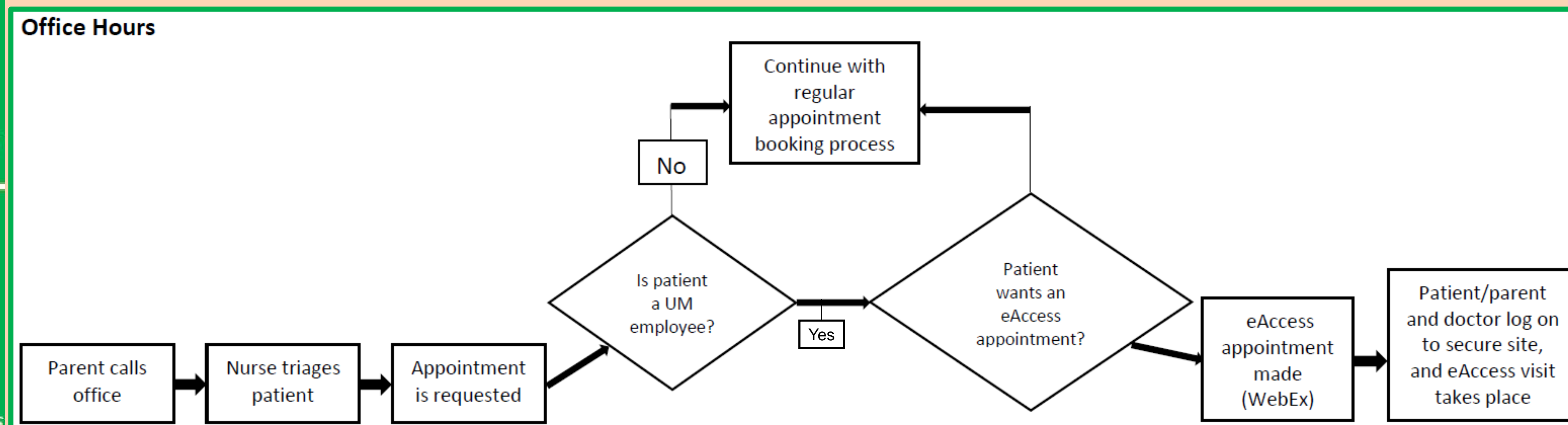
Discussion/Impact:

Ped-eAccess is an innovative program which can assist the Department of Pediatrics in enhancing family satisfaction, patient retention, and recruitment. Success should lead to expansion beyond general pediatrics. Success will increase departmental visibility in the Medical School and University. Other departments will seek to adapt the eAccess model to their practices. The University HR/Benefits Department can see significant savings through eAccess, as the self-insured employee population may be better managed using eAccess, diverting patients from expensive ED care, and use of non-UM providers. Additionally, Pediatrics and other e-Access users can collaborate with Engineering on product development to enhance telemedicine potential for families and providers.

Summary:

Ped-eAccess is designed to be a real-time 24/7 connection between providers and patients for assessment and care, wherever they are, whenever they want. The pilot will begin with primary care pediatrics, focusing on established, UM-employee families, who are insured through UM. Goals include improved patient satisfaction, ED/UCC use, and retention. Future expansion to larger patient populations is expected. Major challenges include physician coverage, IT connectivity, and diagnostic variability/lack of guidelines.

Next Steps:

Academic pediatrics embrace of telehealth in order to develop educational paradigms and best practice recommendations is key. Pediatric researchers can add to the field, measuring the potential and limits of this emerging means of health care delivery. As we build and test the system, we can also create pediatric guidelines. The impact of primary care eAccess has yet to be fully explored in diverse, multilingual, international, and underserved populations. These are some of the frontiers to be explored.

Flow Chart

Office Hours: Parent calls office → Nurse triages patient → Appointment is requested → Is patient a UM employee? → No → Continue with regular appointment booking process; Yes → Patient wants an eAccess appointment? → eAccess appointment made (WebEx) → Patient/parent and doctor log on to secure site, and eAccess visit takes place