Case #1: Gastroenterology Clinic at a Rural Academic Medical Center

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SLOW IDEAS

Some innovations spread fast. How do you speed the ones that don’t?

By Atul Gawande

July 22, 2013
The reality of what GI actually is
Reality check

$1,000 to $5,000 average per patient annually in wasted healthcare costs (+ out-of-pocket costs, missed work, and missed family time)

https://www.niddk.nih.gov/health-information/health-statistics/digestive-diseases
Our roadmap for your Motility Center

1. Primary care office
2. GI referral
3. 6-12 months wait
4. Direct-access testing
5. Telemedicine consultative program
6. Diagnosis!
How far we have come
Objectives

- Cover the basic terminology
- Healthcare access inequities
- Discuss scheduling challenges and opportunities
- Q&A
What is telemedicine?
## Telemedicine 101

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Originating site</td>
<td>Where the patient is located</td>
</tr>
<tr>
<td>Distant site</td>
<td>Where you are located</td>
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<tr>
<td>Facility fee</td>
<td>For qualifying originating sites only</td>
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<tr>
<td>Parity law</td>
<td>Similar reimbursement for in-person and telemedicine visits</td>
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</table>
## Telemedicine 101

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<tr>
<td>Synchronous care</td>
<td>Real-time care over audio or video</td>
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<tr>
<td>Asynchronous care (store-and-forward)</td>
<td>Provider-to-provider consults Not in real time (i.e. email, photos)</td>
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</table>
Ensure equitable access to telemedicine

Fewer than 10% of physicians practice in rural communities…

…where 25% of Americans live

But it takes more than bandwidth
1. Licensing restrictions
2. Reimbursement policies on “qualifying originating sites”
3. Incentives for AMCs for tele-education

A learning process for everyone

Health system-created barriers
- Requiring patient portal use → Don’t require patient portal
- Inadequate interpreter access → Interpreter access
- Inadequate planning for technical/internet access challenges → Test visits, video tutorials, shifting staff roles

Patient barriers
- No access to electrical outlet → Advance planning (social work)
- Living in a group setting → Advance planning (social work)
- No internet → Advocate for expanded broadband access
- Poor digital and health literacy → Video tutorials, shifting staff roles
How do I transition my schedule?

• **Start small**
  • One or two visits end-of-day
  • Short weekend/after-hours session
  • Longer visits

• **Expect technology hiccups**

• **Your practice manager as champion**
What types of visits do I need?

1. Telehealth (E/M) (real-time video)
2. Telephone calls (audio only)
3. In-person
How do I create a scheduling process?

1) **Identify** priority patients for telehealth
2) **Educate** patients using a script
3) **Convert** patients to telehealth
4) **Visit** by telehealth
   
   ...but have a back-up plan

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*My telemedicine lifehack is...*

Organize your scheduling workflow
Resources

  https://journals.lww.com/ajg/Citation/9000/The_Time_Is_Now__A_Guide_to_Sustainable.99228.aspx
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7382421/

• ACG Practice Management Toolbox Essential Guide to Telemedicine in Clinical Practice: EASY STEPS TO RAPID DEPLOYMENT
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https://www.dartmouth-hitchcock.org/gi/center-gastrointestinal-motility.html
Your Telemedicine Questions, Answered

Please submit your questions through the Q&A box