SPECIALISTS FOR HEALTH
Supportive & Palliative Care

A Collaborative Approach to Improving Access to Seriously Ill Populations and Transition of Care Using Telemedicine

OBJECTIVES

Poor communication and coordination of care can be a major source of preventable hospital readmissions that can cost up to $17 billion annually.[1] Access to care for the chronically ill homebound patient requires much creativity to improve quality of life. In a diverse community like El Paso, Texas, linguistically, culturally, and economically variable, telemedicine proves to bring care to all regardless of disparities.

INTRODUCTION

The Supportive and Palliative Care Program in El Paso started June 2015. Our interdisciplinary team consists of a team of physicians, Advance Practice Registered Nurses (APRN), Registered Nurses (RN), Certified Medical Assistants (CMA), Social Worker (SW), Clinic Administrator (CA), and Patient Service Representatives (PSR). Currently, out of a census of 300 patients, 194 seriously ill, homebound, patients receive care in their homes. Weekly meetings are held with the interdisciplinary team to review "high risk" patients, or patients that are currently inpatient or have been discharged from an inpatient facility.

The goal of implementing telemedicine visits is to increase access of care and follow-up and transitions of care in an underserved population of the seriously ill in a Supportive and Palliative Care Program. Patients enrolled in our Supportive and Palliative Care Program are seen within 72 hours upon discharge because of the high acuity and level of complexity. Transition visits are completed after discharge from the following settings: Inpatient acute care hospital, inpatient psychiatric hospital, long-term care hospital, skilled nursing facility, inpatient rehabilitation facility, hospital outpatient observation or partial hospitalization.[2]

METHOD

Use of telemedicine is defined as "use of medical information exchanged from one site to another via electronic communications for the health and education of the patient or health care provider and for the purpose of improving patient care, treatment, and services."[3] Using an encrypted video platform called Vidyo, an RN will visit the patient and a provider, either a physician or APRN, through a scheduled telemedicine visit. The RN and provider will review available hospital records prior to visit. The RN will assess the patient, gather information to include reconciling medications, advance directives, review of red flags for readmission and contact the provider when ready. Referral to SW will be discussed and sent if appropriate. There is emphasis on goals of care as well as empowering the patient and family on how to recognize when and how to contact the team.

RESULTS

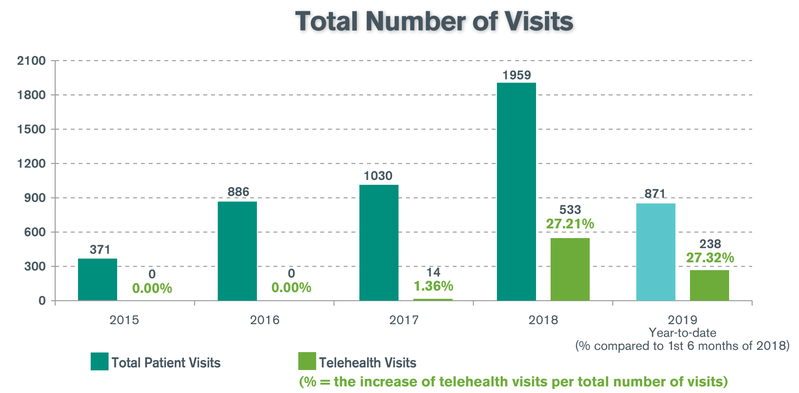
Collaborative efforts are finding innovative ways to improve access to care for follow-up and transitions of care through telemedicine. Medication reconciliation is reviewed in 100% of telemedicine visits for transition of care. Red flags and use of walk-in clinic rather than ER is also discussed in 100% of visits. Advance Care Planning (ACP) and hospice transition is discussed when appropriate. El Paso has an area of approximately 248 square miles.[4] In an 8 hour day, providers, on average will travel to 4-5 patient homes. Telemedicine visits are approximately 10-12 minutes long with the RN averaging 25 minutes prior the visits. In an 8 hour day, providers are scheduled for clinic visits along with 2-7 telemedicine visits. Use of telemedicine visits have increased from 0% in 2015 to 27.21% in 2018. In the past 6 months of 2019, the percentage is already at 27.32%.

LIMITATIONS

There are a few challenges faced when performing telemedicine visits. Depending on the location of the patient, reception may be an issue making it difficult to hear or see. At times the monitor freezes. The time of visits must be well coordinated for the RN and physician/APRN. There may be scheduling conflicts that will need to be adjusted.

CONCLUSIONS

Access to the seriously ill population for follow-up and transition of care visits have improved. We have been able to use the provider resource better by using the telemedicine visit with the RN reaching more patients and faster than using a traditional "face-to-face " visit.



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