Kansas Special Health Care Needs (KS-SHCN) Telehealth Project

Project Overview/Fact Sheet

Workforce Development Center – Cohort 2 Proposal

Project Overview PowerPoint

Draft Action Plan

Draft Tool Kit Outline

SHCN TELEMEDICINE INITIATIVE

PURPOSE The purpose of this project is to address the needs of families of CYSHCN through collaboration, systems integration, and increased capacity for telemedicine/telehealth.

TARGET POPULATION The target population includes Kansas CYSHCN and their families in rural communities.

Decrease the number of Kansas families of CYSHCN (10.1$%) who report experiencing difficulties or delays in getting services for their child because the services needed were not available in their areas.

National Survey of Children with Special Health Care Needs, 2009/10

OBJECTIVES The primary objective of this project is to increase capacity for utilization of telemedicine in rural communities. We will support health transformation through improved access to care and systems integration. Utilizing quality improvement and evaluation, we strive for sustainable and systemic changes for the CYSHCN population.

ACCESS

Improve **access to care** by supporting systems of care for CYSHCN by utilizing telemedicine services.

SYSTEMS

Foster **system integration** by engaging and partnering with a variety of state systems. Focus on cross-system coordination and collaboration.

CHANGE

Build capacity and infrastructure to support **sustainable and systemic changes** for the CYSHCN population.

IMPROVEMENT

Utilize **quality improvement** to develop criteria, guidelines, and expectations for SHCN telemedicine clinics in rural communities.

To better meet the unique challenges of CYSHCN and their families, this project will build partnerships and engage key stakeholders to increase capacity for integration, collaboration, and systems change.

National MCH Workforce Development Center
Advancing Health Reform Implementation

Section A. Application

I. Contact Information

State/Territory Name:	Kansas
Primary Contact's Name:	Heather Smith, MPH
Primary Contact's Position/Title:	Director, Special Health Services Title V CYSHCN Director
Primary Contact's Agency Name:	Kansas Department of Health and Environment
Primary Contact's Phone Number(s):	785-296-4747
Primary Contact's Email Address:	hsmith@kdheks.gov
Primary Contact's Mailing Address:	1000 SW Jackson, Suite 220, Topeka, KS 66612-1274

II. Team Table (Please insert additional rows as necessary)

Name	Title	Agency	Email & phone	Role on team
Rachel Sisson	Director, BFH / Title V MCH Director	KDHE – BFH	rsisson@kdheks.gov 785-296-1310	Sponsor
Heather Smith	Director, Special Health Services, Title V CYSHCN Director	KDHE – BFH	hsmith@kdheks.gov 785-296-4747	Co-Lead
Kayzy Bigler	SHCN Program Manager	KDHE – BFH	kbigler@kdheks.gov 785-296-1316	Co-Lead
Don Bates Cherri Waites Jenny Bergstrom Dorothy Breault	CEO/Administrator CFO IT Projects Mgr Chief of Staff	Cloud County Health Center	dbates@cchc.com cawaites@cchc.com jlbergstrom@cchc.com dbreault@cchc.com	Travel Team *(only 1 will travel, the rest will be on the Full Team)*
Sharon Johnson	Medicaid Representative	KDHE – HCF	sjohnson@kdheks.gov	Travel Team
Gordon Alloway	Project Director	Heartland Telehealth Resource Center	galloway@kumc.edu 1-877-643-4872	Travel Team (invited, not confirmed)

Brian Pate	Chair of Pediatrics	KUMC – W	bpate@kumc.edu 316-962-2604	Full Team
Chet Johnson	Developmental Pediatrician	KUMC/CCHD	cjohnson5@kumc.edu 913-588-5588	Full Team
Joe Gubbels	Physician Practice Management Director	Salina Regional Health Center	jgubbels@srhc.com	Full Team
Vicki Miller	Social Worker	KUMC/CCHD, SHCN Field Office	vmiller@kumc.edu 913-588-6342	Full Team
Marcia McComas	RN	KUMC –W, SHCN Field Office	mmccomas@kumc.edu 316-962-2021	Full Team
Stephanie Wolf	RN	KDHE – MCH Programs	Starts with agency March 30	Full Team
Chris Steege	Executive Director	American Academy of Pediatrics, KS Chapter	chris.steege@kansasaap.org 913-780-5649	Full Team

Possible team members who have been invited and shown interest, but have not yet confirmed.

- Gordon Alloway, Heartland Regional Telehealth and Telemedicine Center
- Shobana Kubendran, Wesley Medical Center, Telegenetics Project
- Cristi Cain, KDHE, Bureau of Community Health Systems, Local and Rural Health
- Carolyn Gaughan, Kansas Academy of Family Physicians

Possible team members who are likely to be invited to join throughout the project.

- Primary and specialty care providers
- Local public health departments
- Private insurers
- Other regional hospital representatives
- Area school nurses

III. Statement of Interest

The interest of the Kansas team is to engage in efforts related to expansion of telemedicine or telehealth services for the children and youth with special health care needs (CYSHCN) population. Through this project, the Title V CYSHCN program intends to partner with a variety of stakeholders to: share information about telemedicine and how to integrate into existing practices; identify and address concerns or barriers to implementation; and develop practice policies or protocols for integrating telemedicine in rural communities. The intent is to work collaboratively to address the needs of families of CYSHCN by supporting initiatives that improve access to care and promote system integration among community providers and specialty care providers across the state, or in other states. Throughout this work, we hope to review multiple telemedicine models to show how telemedicine services can be, or are, used throughout the state.

Ultimately, we hope to have comprehensive guidelines and/or resources materials for those who are interested in implementing a rural telemedicine program for all health care consumers. The project will focus on the needs of CYSHCN and their families; however the expected outcomes are guidelines that can be implemented for all, regardless of the intended population. The guidelines developed will be able to be utilized to develop capacity, community input, and sustainable programs. We expect telemedicine to be utilized primarily by rural primary care providers to consult with medical specialists in urban areas where services are more readily available, addressing all of the major indicators of medical/health homes, as measured through the National Survey of Children with Special Health Care Needs (NS-CSHCN).

This project will engage partners from many communities across the state, but key partners on the “travel team” include those from the Cloud County Health Center (CCHC), located in Concordia, KS. In a 2013 report, titled “Cloud County Community Needs Assessment,” it was determined that the hospital primarily serves those from Cloud County, with statistics from the Kansas Hospital Association indicating over 92% of all patients come from Cloud County, more specifically over 80% come from the City of Concordia. No other surrounding county contributed more than 2% of CCHC's patients. The report also outlined that CCHC had an inpatient market share of almost 41% in FY 2012. Another 24% were served by Salina Regional Medical Center. The remaining 35% of all hospitalized patients went to some other surrounding or larger, tertiary hospital. This data indicate that CCHC primarily serves the area around Concordia and other nearby portions of Cloud County. At the same time, other area and regional hospitals are also serving some populations and areas within the county.

A. Current Health Transformation Context

According to the NS-CSHCN, 10.1% of Kansas families reported experiencing difficulties or delays in getting services for their child because the services needed were not available in their area. According to the Kansas Office of Rural Health, Kansas is a profoundly rural state, with 89 of the 105 counties (84.8% of the state) considered rural and frontier. Additionally, one-third of all Kansas counties, primarily in western part of the state, represent frontier communities.

While the many changes taking place at the community, state, and national levels vary greatly, these changes have "presented some unique challenges for rural Kansas," says Don Bates, CEO of CCHC. These include: an evolving economy based on self-employment and small business; reducing the number of those on group health insurance plans; an increased dependence and need for public health insurance plans; a stressed and overly stretched health care delivery system with a shortage of rural care providers, specifically in pediatric and adult specialty providers; the need for more preventative care while managing chronic conditions and specialty care needs; lack of mental or behavioral health care services; and an increasing dependency on and utilization of technology.

While the stakeholders of the project will undoubtedly have their own motives and intended outcomes for this collaborative work, all can agree the basic context of this project is to improve access to affordable health care through an interdisciplinary approach to providing services. Through collective input, integration, collaboration, and partnerships this project will support sustainable health transformation in Kansas. The focus of this effort is on improving access to services through telemedicine initiatives to support reduced burden on families and health care consumers to receive quality specialty care.

Leading Efforts in Health Transformation in Kansas

The Kansas Title V Special Health Care Needs (KS-SHCN) program primarily provides diagnostic evaluations, specialized medical treatment services and care coordination. A strategic planning process began in July 2013 to identify new priorities for the program and improved service opportunities for families. Participants were asked to brainstorm ideas on new priorities to be considered by KS-SHCN for the 2020 Title V Needs Assessment. The five adopted priorities include: Care Coordination, Behavioral Health, Family Caregiver Health, Training and Education, and Direct Health Services.

Throughout this process, it has been determined the KS-SHCN should support a service delivery model that shift from direct services to more community and population-based, enabling, and infrastructure building activities. In addition to an extensive cost analysis and funding review of direct, clinical services provided through KS-SHCN, the program launched development of a

cross-system care coordination model and expansion of clinical services through building telemedicine capacity in rural communities.

Primary hospital partners across the state have established varying telemedicine programs. The Kansas University Medical Center (KUMC), Center for Child Health and Development (CCHD) has established, through a grant award from the KS-SHCN program, telemedicine specialty clinics for patients with cystic fibrosis. The Kansas University School of Medicine, Wichita (KUSM-W) has established telegenetic clinics through a Kansas genetic counselor and a pediatric medical and metabolic geneticist in Little Rock, Arkansas. This is a project often supported by the KS-SHCN program and a current initiative is in place to expand the genetic services in this area, utilizing telemedicine and partnerships with providers from other communities and states. Wesley Medical Center has established the Wesley Care Telemedicine Network, including specialty services for neurology and stroke care.

B. Current Workforce Status & Goals

Title V Capacity

The KS Title V CYSHCN program is well poised for this work. The current capacity of the Title V CYSHCN is outlined in the table below.

Area	Score (1- 5)
health transformation/ACA knowledge	2
systems integration skills	3
change management (leading through change) skills	4
quality improvement tools/skills	5

A rating of 2 out of 5 was provided for the "health transformation/ACA knowledge" area given the fact that as a state, Kansas did not expand Medicaid and few formal activities within Title V have taken place. Our capacity to address health transformation from the context of the definition provided in this application is higher due to changes occurring within the SHCN program, shifting the focus of that program from disease management to prevention and population health management, most specifically from direct clinical services to care coordination and family empowerment/self-sufficiency. Additionally, the focus has historically revolved around a multidisciplinary approach to the provision of services under the medical home approach. As the Title V agency, the Kansas Department of Health and Environment has been working on efforts to integrate traditional health care models (primary, specialty and tertiary care) with public health models.

A rating of 3 out of 5 was provided for the "system integration skills" area as the Title V CYSHCN program has experience in pulling partners together to better serve the population, as well as history of a cross-system approach through a previous federal systems integration grant. The previous work allowed for much more integration across the state than had previously been experienced; however, more work is needed in this area. Kansas has historically been a fairly siloed and segregated service delivery system, some of which is still very prevalent in the state. Title V has been working diligently over the past three years to break down those barriers and engage these systems in partnerships. The capacity to move this work forward through the Title V CYSHCN program is high from the constructs of willingness, desire, and drive to integrate across service systems. The rating was provided based upon known barriers to true integration in other service systems. Technical assistance in reducing or overcoming barriers in this area is welcomed and desired.

A rating of 4 out of 5 was provided for the "change management skills" area due to the extensive amount of change taking place in the Title V CYSHCN program at this time. While some may consider this an inopportune time for more changes, the CYSHCN program is well positioned to address and embrace these change needs and lead others through this change. Through quality improvement, strategic planning, family and stakeholder engagement, and evaluation data, the program has determined the need for significant change to support sustainability of the program, as well as assure maximum value to families of CYSHCN. While there is always room for improvement, the program is well positioned to lead others in this area.

A rating of 5 out of 5 was provided for the "quality improvement tools/skills" area due to the extensive quality improvement work that has been done in the last year. In addition to an agency shift to continuous quality improvement, specifically to support public health accreditation, the Title V programs have fully embraced quality improvement. Additionally, Heather Smith, Project Co-Lead for this initiative, has been designated as a KDHE QI Trainer and has assisted all Bureau of Family Health programs in developing quality improvement projects and training on relevant QI tools and concepts. This is a strong point of this project, as quality improvement is a major underlying component of the expected work and outcomes of this initiative.

Alignment to Workforce Development Four Key Areas

This project will improve **access to care** by supporting systems of care for CYSHCN by utilizing telemedicine services. Through collaboration and partnership, the KS-SHCN program will work with providers, insurers, and telemedicine experts to create protocols and best practice guidelines related to providing specialty care services for CSHCN population. This will be the preliminary work needed towards piloting a new generation of SHCN-sponsored specialty clinics and be integrated into the future direct health services priority focus for the program. The

greatest area of need related to access to care is technical assistance in building sustainable and effective telemedicine programs and teams.

Utilizing **quality improvement** tools, most specifically related to evaluation, we will develop criteria, guidelines and expectations for telemedicine clinics in rural communities. A primary focus will include the ability for the telemedicine programs to conduct periodic return on investments (ROI) on the services provided, utilizing a previously conducted ROI related to KS-SHCN outreach seating clinics. Minimal technical assistance is expected in this area, due to the background of the Title V co-lead, however input and feedback in the overall plan for utilization of quality improvement tools is welcomed.

This project will foster **systems integration** by engaging and partnering with a variety of state systems, including but not limited to public health, primary care, specialty care, tertiary care/hospitals, academia/university partners, insurance providers, and families. Ultimately, the focus will begin with specialty care, with the intent and expectation for replication in other parts of the state with different specialties, including mental health. Throughout the project, a focus will be on cross-system coordination and collaboration with integration into the KS-SHCN Care Coordination program, to launch in 2015. An expectation of the overall program outcome is to assure that insurers, community providers, and other partners are integrated into the telemedicine appointment, as relevant to patient/family needs. This is likely the largest area of need for this project, in assisting with techniques to remove barriers to collaboration and partnership with key partners in a variety of systems.

This project is intended to capitalize on the collaboration, collective action, and individual skills of those on the team and engaged in the project. Additionally, the objective of this project is to build capacity and infrastructure to support **sustainable and systemic changes** for the CYSHCN population. This initiative aligns with systemic changes occurring within the KS-SHCN program, and will assist in launching the new strategic plan for the program and population. Due to the work completed thus far, it is anticipated that assistance is only needed in this area in respect to dissemination and messaging of major state systemic changes.

Benefits of Systems Change in Kansas

Kansas will benefit greatly from additional support in this project and technical assistance available as a Cohort 2 recipient. The Title V program will benefit from learning new techniques for partnership and collaboration with collective input and system integration as the primary constructs and focus. The medical field will benefit from the outcomes of the initiative, providing tools and resources to the implementation of effective telemedicine programs. Most importantly, consumers and families will benefit from this effort as we break down silos, reduce barriers to accessing quality specialty care, and reduce the financial impact of extensive cross-

state travel and expense for specialty care. Patient outcomes will likely improve, as will consumer satisfaction with the health care system. Through collaboration and integration of public/primary/specialty care, it is also expected that stronger partnerships and bonds will be forged across the health care systems.

C. Project Description (suggested length 2-3 pages)

"Practice Laboratory" and Project Plan

This project is desired to support systems change related to the utilization of telemedicine for specialty care providers for the CYSHCN population in rural Kansas. The ultimate goal is pulling community partners together to work through barriers or issues related to implementing telemedicine initiatives. By working collectively to discuss funding needs and billing requirements for telemedicine, we hope to not only build capacity, but a sustainable mechanism for new and ongoing initiatives. In order to apply what will be learned through the technical assistance and trainings provided, we are utilizing our Title V CYSHCN program as a catalyst for expanding specialty services via telemedicine and partnering with our rural hospital partners at CCHC in Concordia, Kansas.

Since the goal of this project is to develop comprehensive guidelines and/or resources materials for those who are interested in implementing a rural telemedicine program for all health care consumers, we intend to focus on the larger system throughout the project. However the "practice laboratory" to fully apply the work will be done throughout the project at CCHC with specialties of interest to both CCHC and KS-SHCN, with expected expansion upon completion of the project to additional specialties for both the pediatric and adult populations.

It is anticipated that the first three months of the initiative will involve engaging partners, attending the required training, developing a joint project charter, and gathering data and resources for the team to review. The joint project charter will assure the project aligns with the intended objectives for all stakeholders and identifying long-term outcome goals. During this time, it is anticipated that through work with the Heartland Regional Telehealth Center, CCHC will begin implementing technical components to increase capacity and connectivity related to telemedicine, utilizing quality improvement to make small tests of change to assure the guidelines and recommendations are meaningful and successful. Ultimately, we intend to hold the first KS-SHCN Telemedicine clinic with CCHC towards the end of the project and develop a state-wide request for proposals to fully integrate telemedicine clinics in the KS-SHCN program by July 1, 2016.

Alignment to Health Transformation

This project will shift the focus of the KS-SHCN program from traditional methods of care provision, such as regional specialty care clinics and limited outreach capacity, to modern methods of care provisions, such as telemedicine. This will ideally support the shift from disease management, chronic condition focused care, and only seeing specialists during time of crisis to prevention and overall health management in an integrated and collaborative model, ultimately engaging the family and child/patients' medical home providers. This is a significant transformation in how the KS-SHCN provides care, however it is a necessary shift to assure the program is truly meeting the needs of CYSHCN and their families.

Our model would include an interprofessional/interdisciplinary team around the care of the patient. For example, the primary care/preventive care provider in the community, the specialist across the state, and a SHCN Care Coordinator will support a collaborative approach to care provision. Integration of community partners (e.g. infant-toddler providers, other specialists, school nurses, local health department staff, etc.) would be considered based upon the needs of the child/family. This team would support the patient, regardless of the systems he or she is associated with. This holistic approach to care and resources will support integration among primary care, specialty care, public health, and community-based services.

This project will assist to develop efficient health systems that better incorporate ongoing quality improvement by focusing efforts on evaluation. The project will utilize both process and outcome measures to determine success. We will utilize quality improvement methodology in the planning and stakeholder engagement phase of the project, such as development of a project charter, AIM statement, and development of shared outcome measures for all participants. Throughout the development of the guidelines and resources, our "practice laboratory" partners, CCHC, will utilize a variety of quality improvement tools to track, monitor, and evaluate each recommendation and step associated with the guidelines. Tools that have been identified as possible resources and supports include: flowcharts, checklists, force-field analyses, Kano models, PDSA cycles, and SIPOC+CMs. These may not all be utilized, but will be considered during the process to accommodate varying aspects of the project. To assure appropriate evaluation of the project, we intend to implement and conduct a return on investment (ROI) study related to hospital and provider cost savings by utilizing this service delivery model. A societal cost benefit analysis will also be done to determine the cost benefit for families. The KS-SHCN program recently completed this related to outreach wheelchair seating clinics to support expansion and growth of that initiative. It is anticipated that some specialties will be best done through an outreach initiative, versus a telemedicine initiative. Assuring each new telemedicine specialty clinic supported by KS-SHCN is evaluated in this manner will support long-term cost-savings, cost-effectiveness, and expansion opportunities.

This project is intended to drive partnerships across sectors, ultimately improving the well-being of maternal and child health populations across all sectors. Initially, this project is geared towards the CYSHCN population; however building capacity across rural communities will positively impact all in those communities, not only families of CYSHCN. With an overall focus including partners across sectors and systems we will support work to be within the constructs of the ACA, Medicaid expansion (or not), and Title V/MCH 3.0 Transformation.

D. Project Outcomes and Impact

It is anticipated that this initiative will have both short-term and long-term outcomes, specifically with regard to health transformation and effective systems change. These outcomes are not only intended for the Title V CYSHCN programs, but across all systems and sectors. It is known that this work will advance and prompt further change for the KS-SHCN program, however it is also anticipated that other engaged stakeholders will become open to change and initiate small changes in their own agencies. It is expected that specific outcomes or changes will be discussed throughout the project and be integrated into the overall project charter.

Overall, we can anticipate increased access to care for rural communities through the utilization of telemedicine services. Initially, this is simply an availability to care in the community rather than across the state. Systemically, this will translate to a collaborative system of care where needs are met in the community through affordable and quality health care providers. This is reducing barriers in obtaining care for those with transportation challenges. Systemically, this translates to a system of care where not only the medical needs of the family are met, but the social and financial needs of the family are met.

Title V CYSHCN programmatic changes are highly likely following this project. The extent of the changes will be determined based upon the outcomes of the ROI; however, it is anticipated, as mentioned before, that the focus of the program will shift from regional or outreach specialty clinics to specialty telemedicine clinics with a goal of integrating into the program in 2016. The extent of this shift should, and will, be based upon the ROI outcomes, family input, and community capacity. Ongoing evaluation will be utilized to determine these integration efforts and monitor for expansion opportunities beyond the initial implementation. Funding allocations will also shift to support this system and it is anticipated that a high level of cost-savings will be experienced, freeing funding for a stronger focus on care coordination, community-based services, and gap-filling services.

Another major change with the KS-SHCN program includes community perceptions about the services provided through the program. Historically, the program has operated as a third-party payor for direct care services, resulting in a change in community perceptions that the KS-SHCN

program should cover the costs of all medical services for those who qualify. Through strategic planning and this initiative, the program will continue to see the shift and an increase in shared responsibility for the care of the individual – a responsibility that should be shared by all systems, not only Title V. This will allow Title V to focus on key areas that will improve the quality of the health care system for CYSHCN and not only serve as a safety-net for those who can't pay their medical expenses.

While this project is only focused on the specific needs of the CYSHCN population, we are striving to increase the capacity of community and local hospitals to engage specialists, either across the state or in another state. Ultimately, this creates opportunities for engaging a variety of specialty services and disciplines and the expansion of sustainable and replicable telemedicine initiatives in other rural areas of the state. Other partners, both in the rural "host site" and the specialist providing consultation, will likely experience a decrease in no-show and cancelled appointments. Theoretically, this would also result in an increase in patient compliance and better accountability for care.

Long-term population health impacts and system changes that may be experienced include the empowerment of rural health providers to better service CYSHCN and their families. This would include a better understanding of the resources available for these families, increased knowledge of conditions, and support to care for and manage conditions in the local community, rather than requiring families to travel great distances at a huge financial, social, and emotional cost. Additionally, a sustainable and functional telemedicine presence in Kansas is likely to result in improved overall health outcomes, due to an increased focus on prevention and wellness, as well as better condition/disease management, resulting in fewer crises. Ultimately, this model can be effective in reducing costs for providers, patients, and the overall health care system.

SPECIAL HEALTH CARE NEEDS (SHCN)

TELEHEALTH PROJECT

PROJECT OVERVIEW

WHY AND WHO?

- Purpose
  - To address the needs of families of CYSHCN through collaboration, systems integration and increased capacity for telemedicine or telehealth
- Target Population
  - Kansas CYSHCN and their families in rural communities

OBJECTIVES

- Increase Capacity
  - Utilization of telemedicine in rural communities
- Support Health Transformation
  - Improve access to care and systems integration
- Change through Quality Improvement
  - Drive sustainable and systemic changes

GOALS

- Improve **access to care** by supporting systems of care for CYSHCN by utilizing telemedicine services
  - Tied to the *National Standards for Systems of Care for CYSHCN* → Future framework of CYSHCN program
    - **Access to Care Domain**
      - "The system has the capacity to ensure CYSHCN geographical and timely access to appropriate primary and specialty services…"
      - "Access to pediatric specialists (face-to-face or via telemedicine) specified in a child's plan of care is provided…"

GOALS

- Improve **access to care**, cont.
  - Tied to the *National Standards for Systems of Care for CYSHCN* → Future framework of CYSHCN program
    - **Medical Home Domain**
      - "Where needed, systems such as satellite programs, electronic communications, and telemedicine are used to enhance access to specialty care…"
    - Has the potential for enhancing the systems of care in multiple domains in the Standards!

GOALS

- Foster **systems integration** by engaging and partnering with a variety of state systems with a focus on cross-system coordination and collaboration
  - KDHE – Title V (CYSHCN Program) & Bureau of Community Health Systems
  - KDHE – Title XIX (Medicaid)
  - Hospital Systems (Cloud County Health Center, KU Medical Center - KC and Wichita, Salina Regional Health Center, Wesley Medical Center)
  - Heartland Telehealth Resource Center
  - KS Chapter, American Academy of Pediatrics

GOALS

- Build capacity and infrastructure to support **sustainable and systemic changes** for the CYSHCN population
  - Expansion of the KS-SHCN program
  - Increased capacity in rural communities
  - Enhanced awareness for increased utilization by primary and specialty care providers
  - Supported and reimbursed services

GOALS

- Utilize **quality improvement** to develop criteria, guidelines, and expectations for SHCN telemedicine clinics in rural communities
  - Tangible “product” of this project
  - Increased knowledge from partners
  - Systematic approach to compiling and disseminating information
  - Supports KDHE Accreditation efforts

HEALTH TRANSFORMATION

TIMING IS RIGHT

Health transformation,
accelerated by the ACA,
presents a prime **opportunity** for
Title V programs to transform themselves
and their work and to engage in and
lead efforts in the health reform era.

Kansas
Department of Health and Environment

HEALTH TRANSFORMATION

- Accelerated by 2010 Affordable Care Act (ACA)
  - Improve **quality** and patient experience
  - Expands coverage and **access**
  - Shifts the emphasis from disease management to prevention and **population health management**
  - Addresses spiraling health care **costs**

HEALTH TRANSFORMATION & TELEHEALTH

"Telehealth is a post-ACA imperative."

"Telehealth is the next monumental shift in the industry."

Source: Foley & Lardner, 2014 Telemedicine Survey

Why Telehealth in MCH?

Kansas Department of Health and Environment

Our Mission: To protect and improve the health and environment of all Kansans.

COVERAGE & ACCESS TO CARE

- **Coverage**
  - As more individuals and families gain insurance and provider shortages in many areas (especially rural) intensify, telehealth provides an important approach to ensuring access to care for MCH populations
- **Access to Care**
  - Addresses needs of children in rural communities who have difficulty accessing pediatric medical specialists and other services

QUALITY AND PATIENT EXPERIENCE

- Improves quality of life for families: less travel; less time away from school and work
- Improves coordination between providers, esp with CYSHCN
- Supports Pediatric Medical home and care coordination: Strengthens relationship between primary care provider and pediatric specialists
- Care in the community – primary care, school

POPULATION HEALTH

- Providers moving away from fee-for-service to value based care
- New payment models (e.g., ACOs) may generate greater use of telehealth to deliver quality care and at lower cost (ped ACOs emerging)
- Essential health benefit (EHB) requirements and provider network adequacy - payors will increasingly rely on telehealth to fill service gaps

TELEHEALTH MCH SERVICES

- Children and Youth with Special Health Care Needs
  - Disease management/consultation; family case management
  - Rehab
  - Telegenetics/tele-audiology/teledentistry
  - Pediatric regionalization
- High risk pregnancy (distance OB care)

ACTION PLAN

National MCH Workforce Development Center
Advancing Health Reform Implementation

Action Plan

Initiated by:	Leadership Team – Heather Smith, Kayzy Bigler, Sharon Johnson, Janine Gracy, LeRoy Dickinson	
Plan Period:	April to October 2015	
Goal(s):	1. Telehealth tool kit, with guidelines/resource material, is developed and disseminated. 2. Return on investment (ROI) conducted. 3. Concurrent pilot implementation project in rural area (CCHC) to provide input and guidance to tool kit throughout development (pseudo-PDSA).	
Key Definitions:	**Acronyms** - CCHC: Cloud County Health Center - CYSHCN: Children and Youth with Special Health Care Needs (population) - HTRC: Heartland Telehealth Resource Center - ROI: Return on Investment - SHCN: KS Special Health Care Needs (program)	**Glossary** - Originating Site - Distant Site **Add related pilot site specialty service
Aim Statement:	With the transformation of state and national health systems, there is an opportunity to expand access to health care through telehealth services in rural areas of Kansas. The project team will develop a telehealth tool kit to provide guidance, support, and technical assistance to providers and organizations interested in the implementation of telehealth services. The desired outcome of this project is informed providers who adopt and implement telehealth services for all Kansans, particularly for the Title V population. This effort should improve understanding of the infrastructure needs and current capacity to implement telehealth in the State. At the current time, there is no data related to utilization of telehealth in the State. A state-wide provider survey will be disseminated to gather data related to current utilization and provider interest for implementation.	

Objectives/Strategies	Implementing Activities/Steps	Tools	Lead Agency	Time-Frame Status
2. Telehealth tool kit, with guidelines and resource material, is developed and disseminated.	2.1. DRAFT outline of tool kit completed and shared with full team.		Leadership Team	June
	2.2. Full team members select a work group to provide input to on the tool kit.	• Tool Kit Outline	KDHE	July
	2.3. Small group assignments and development plan completed and submitted to KDHE.	n/a	KDHE	July
	2.4. Work groups provide DRAFT of their section with the full team.	• Development Plan and Tool Kit Template	KDHE	August
	2.5. Tool kit components are completed. A dissemination plan is developed.	• Communications PR Campaign Template	Leadership Team	October

Objectives/Strategies	Implementing Activities/Steps	Tools	Lead Agency	Time-Frame Status
3. Return on investment (ROI) conducted.	3.1. Utilize existing KS-SHCN Wichita specialty clinic data (related to potential specialties selected by CCHC) to determine potential impact on system and patients.	• Clinic Data • Survey from Seating Clinic ROI • ROI Guide/How To	KDHE	July
	3.2. Develop evaluation/data protocols to support pilot clinic in setting up a ROI.		KDHE	August
	3.3. Conduct Prospective ROI for future implementation of telehealth services for KS-SHCN clinics.		KDHE	October

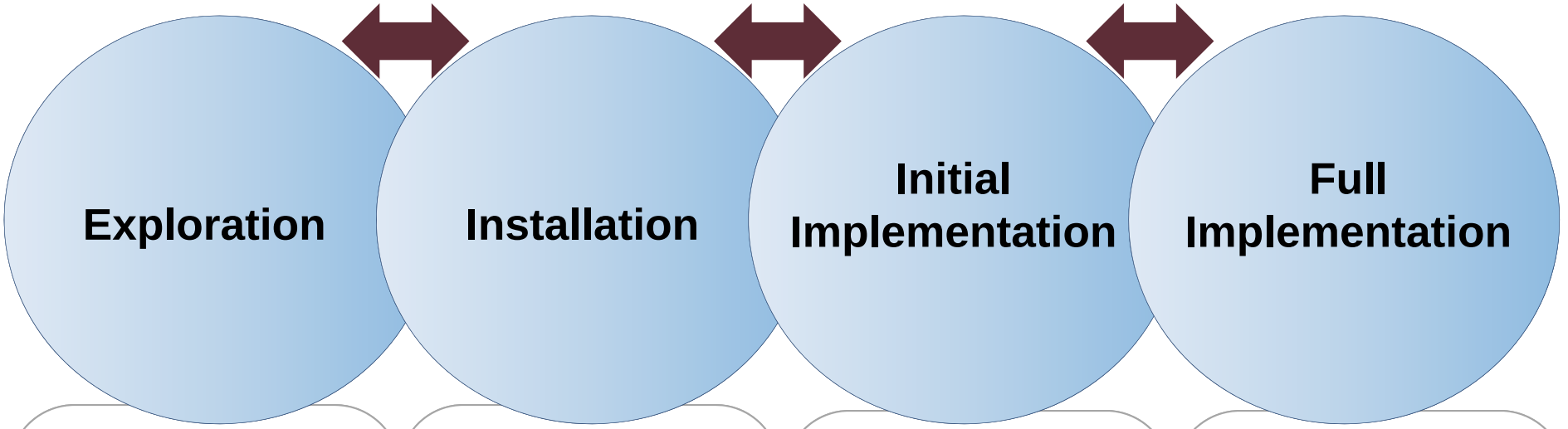
Project purpose: To provide quality specialty care services in a timely manner to patients in a location close to their home with local providers involved in their treatment.

Goal statement: Compare cost of a current stationary specialty clinic to the telemedicine pilot being conducted by the Cloud County Health Center (CCHC) to evaluate the cost benefits or loses of providing services remotely through telemedicine. A societal perspective will also be used to evaluate the cost savings/lose for individuals, families and society by using telemedicine vs. traveling to a stationary location.

Objectives/Strategies	Implementing Activities/Steps	Tools	Lead Agency	Time-Frame Status
4. Concurrent pilot implementation project in rural area (CCHC) to provide input and guidance to tool kit throughout development (pseudo-PDSA).	4.1. Selection of specialty clinic (pulmonology or hem/onc based on KS-SHCN data)	• KS-SHCN Data	CCHC	May
	4.2. CCHC telehealth technical components are ready for implementation		CCHC	June
	4.3. CCHC fiscal impact and cost for implementation identified.		CCHC	September
	4.4. First telehealth appointment at CCHC is implemented.		CCHC	October

TOOL KIT OVERVIEW

IMPLEMENTATION STAGES



- Assess needs
- Examine innovation components
- Consider Implementation Drivers
- Assess fit

- Acquire Resources
- Prepare Organization
- Prepare Implementation Drivers
- Prepare staff

- Activate Data Systems
- Initiate Improvement Cycles
- Strengthen Implementation Drivers
- Manage change

- Monitor & manage Implementation Drivers
- Manage Turnover
- Achieve and improve Fidelity and Outcomes

SECTIONS

- Forward:
  - Overview of Title V, Health Transformation and the Project
- Introduction
  - Basics of Telehealth and why it would be utilized
- Background
  - History, regulatory details, and models

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SECTIONS

- Getting Reimbursed
  - Revenue: How to sustain Telehealth
- Start Up Resources Needed to Implement
  - People, money, and equipment
- Evaluating Outcomes
  - What to measure

SECTIONS

- Return on Investment
  - Cost-effectiveness of Telehealth
- Patient Engagement
  - Helping patients and families understand, value, and advocate for Telehealth

NEXT STEPS

PROJECT TIMELINE

- April 20
  - Kick-off Team Meeting
- April 26-29
  - Leadership Team Training in Chapel Hill, NC
- May – October
  - Monthly Team Meetings
  - In-person Site Visit Meeting: July 8
- January 2016
  - Present at AMCHP National Conference with completed “guidelines”

LONG-TERM GOALS

"BIG" Picture:

- Wide-spread dissemination and utilization of the tool kit
- Provide technical assistance to SHCN Clinic Partners in implementing Telehealth
- SHCN Telehealth Clinics for developmental and behavioral evaluations – and other specialties as identified

KS-SHCN EXPANSION PLANS

- January 2016
  - Begin KS-SHCN Specialty Clinic Pilots
- January – July 2016
  - Alignment of telemedicine services with all domains of the *Standards for Systems of Care for CYSHCN*
- July 2016
  - Full integration of telemedicine in KS-SHCN services

National MCH Workforce Development Center
Advancing Health Reform Implementation

Action Plan

Initiated by:	Leadership Team – Heather Smith, Kayzy Bigler, Sharon Johnson, Janine Gracy, LeRoy Dickinson	
Plan Period:	April to October 2015	
Goal(s):	1. Telehealth tool kit, with guidelines/resource material, is developed and disseminated. 2. Return on investment (ROI) conducted. 3. Concurrent pilot implementation project in rural area (CCHC) to provide input and guidance to tool kit throughout development (pseudo-PDSA).	
Key Definitions:	**Acronyms** - CCHC: Cloud County Health Center - CYSHCN: Children and Youth with Special Health Care Needs (population) - HTRC: Heartland Telehealth Resource Center - ROI: Return on Investment - SHCN: KS Special Health Care Needs (program)	**Glossary** - Originating Site - Distant Site **Add related pilot site specialty service
Aim Statement:	With the transformation of state and national health systems, there is an opportunity to expand access to health care through telehealth services in rural areas of Kansas. The project team will develop a telehealth tool kit to provide guidance, support, and technical assistance to providers and organizations interested in the implementation of telehealth services. The desired outcome of this project is informed providers who adopt and implement telehealth services for all Kansans, particularly for the Title V population. This effort should improve understanding of the infrastructure needs and current capacity to implement telehealth in the State. At the current time, there is no data related to utilization of telehealth in the State. A state-wide provider survey will be disseminated to gather data related to current utilization and provider interest for implementation.	

Objectives/Strategies	Implementing Activities/Steps	Tools	Lead Agency	Time-Frame Status	Person(s) Responsible	Evidence of Outcomes
1. Training Needs from AMCHP/Coach	1.1. Conduct Site Visit		AMCHP	July	Collins	C / IC
	1.2.					
2. Telehealth tool kit, with guidelines and resource material, is developed and disseminated.	2.1. DRAFT outline of tool kit completed and shared with full team.		Leadership Team	June	Smith	
	2.2. Full team members select a work group to provide input to on the tool kit.	• Tool Kit Outline	KDHE	July	ALL	
	2.3. Small group assignments and development plan completed and submitted to KDHE.	n/a	KDHE	July	Small Group Members	
	2.4. Work groups provide DRAFT of their section with the full team.	• Development Plan and Tool Kit Template	KDHE	August	Small Group Members	
	2.5. Tool kit components are completed. A dissemination plan is developed.	• Communications PR Campaign Template	Leadership Team	October	ALL	
3. Return on investment (ROI) conducted.	3.1. Utilize existing KS-SHCN Wichita specialty clinic data (related to potential specialties selected by CCHC) to determine potential impact on system and patients.	• Clinic Data • Survey from Seating Clinic ROI • ROI Guide/How To	KDHE	July	Bigler/Smith	
	3.2. Develop evaluation/data protocols to support pilot clinic in setting up a ROI.		KDHE	August	Bigler/Smith	
	3.3. Conduct ROI hypothesis for future implementation of telehealth services for KS-SHCN clinics.		KDHE	October	Bigler/Smith	
4. Concurrent	4.1. Selection of specialty clinic	• KS-SHCN Data	CCHC	May	Dickinson	

pilot implementation project in rural area (CCHC) to provide input and guidance to tool kit throughout development (pseudo-PDSA).	(pulmonology or hem/onc based on KS-SHCN data)					
	4.2. CCHC telehealth technical components are ready for implementation		CCHC	June	Dickinson/ Gracy	
	4.3. CCHC fiscal impact and cost for implementation identified.		CCHC	September	Dickinson	
	4.4. First telehealth appointment at CCHC is implemented.		CCHC	October	Dickinson	

Site Visit Objectives (In-Person Meeting)

- Participants will be able to recognize the key components of health transformation.
- Participants will be able explain the anticipated impact of the SHCN Telehealth Project on health transformation in Kansas.
- In small groups, participants will discuss critical components of the Telehealth toolkit to produce a final outline of the tool kit.
- Participants will self-select topic areas, develop a completion plan, and begin drafting content language.

Site Visit Objectives (Leadership Team)

- Leadership team members will develop outcome measures for the action plan.
- Leadership team members will assess gaps within the full leadership team, based upon the draft tool kit outline.
- Leadership team members will design the return on investment initiative.

Kansas Telehealth Project Tool Kit Outline

1. Introduction
   1.1. Telehealth vs. telemedicine?
   1.2. Advantages vs. disadvantages
   1.3. Patient experience (include real life stories)
2. Background
   2.1. History and Future of Telehealth
   2.2. State regulations (insurance, licensing, credentialing) – **KS**, MO, OK
   2.3. Existing Telehealth Programs
3. HTRC e-START
4. Increase Internal and External Buy-In
   4.1. Identifying Key "Influencers" (including providers, patients, community partners)
   4.2. Building Partnerships
   4.3. Educating Partners on Telehealth Benefits
   4.4. Telehealth Myth-Busting
5. Getting Started
   5.1. Implementation Flow Chart (outlining the overall process)
   5.2. Connectivity Needs (hard-wired vs. wireless)
   5.3. Security/Encryption (what is and is not HIPAA compliant)
   5.4. Equipment: What is Needed (hardware, software, specialty equipment)
   5.5. Training on equipment and protocols/processes
   5.6. Support for tech services (trouble shooting and technical assistance during set up and ongoing)
6. Getting Reimbursed
   6.1. Provider recruitment (different ways to recruit)
   6.2. Provider credentialing
      6.2.1. challenges and barriers
   6.3. Billing codes
   6.4. Staff training
7. Resources Needed to Implement
   7.1. Financial support (grants, scholarships, etc).
   7.2. Cost of equipment
   7.3. Cost of connectivity set up
   7.4. Staff capacity and time (we will need to define this further)
      7.4.1. Training
      7.4.2. On-Site Support (clinical and technical)
8. Evaluating Outcomes
   8.1. Developing outcome measures (provider, family, patient, system, technical assistance, etc).
   8.2. Provider Satisfaction Surveys
   8.3. Patient Satisfaction Surveys
   8.4. Technical support Satisfaction Surveys
9. Return on Investment (ROI)
   9.1. What is a ROI?

9.2. How to Conduct a ROI
9.3. Tools and Resources for ROIs
9.4. Cost savings for provider vs. cost savings for consumers/patients
9.5. Life after of ROI – what to do with the data?

10. Patient Engagement
    10.1. What is the Patient's/Family's Role?
    10.2. Patient/family education on telehealth
    10.3. Helping patients/families feel comfortable with telehealth