Establishing Telehealth With Community Hospitals and the Role of the Physician Leader
Building A Telehealth Program

- For what service are you well known
- Use existing patient referral networks
- Must be built on trust relationships among institutions and physicians
- Initially select hospitals that you are able to partner with and are not in direct competition
Why Telestroke?

Our Mission

To improve outcomes and reduce disability and deaths due to stroke in the region by providing coordinated and innovative clinical care, education and research spanning stroke prevention, acute stroke care, and rehabilitative services.
UC Stroke Team Has A History of Leading

- 1987 UC Stroke Team was formed
- Led the NINDS Stroke Trial for rtPA
- Created the Cincinnati Prehospital Stroke Scale
- 2005 Received Primary Stroke Certification
- 2013 Designated Comprehensive Stroke Center
Organized Stroke Care Saves Lives

- 21% reduction in early mortality
- 18% reduction in 12 month mortality
- Decreased length of hospital stay
- Decreased need for institutional care

Duncan, Stroke 2002
Jorgensen, Stroke 1994
Installation of Telestroke Services has the ability to:

- Compensate for a lack of local services by connecting smaller hospitals lacking critical elements of stroke care to hospitals that have this expertise.
- Evaluate an acute patient and accurately interpret a brain image within a short timeframe.
- Telestroke technology is readily available and modestly priced. Telemedicine hardware can also be used to bring stroke education and training to remote locations at low cost.
The UC Stroke Team Provides
In Person Expertise Within 30-Miles

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Hospitals</th>
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<tbody>
<tr>
<td>February 1987</td>
<td>2 hospitals</td>
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<tr>
<td>October 1987</td>
<td>3 hospitals</td>
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<tr>
<td>Spring 1988</td>
<td>4 hospitals</td>
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<td>July 1990</td>
<td>11 hospitals</td>
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<td>Currently 2014</td>
<td>15 hospitals</td>
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Telemedicine Really Works

• Allows for Natural Flow of Information

• Allows for Face to Face Interaction with Spoke Medical Staff

• Does Not Rely on the Assessment of Others

• Allows for Direct Interaction with Patient/Family
Telemedicine is Extending Our Impact Across the Region, from April 2012
...to March 2014
Financing Your Telehealth Program

- Membership Model
- Lease Model
- Hub Supports Program
- Grants
Selecting a Vendor

- Ease of System
- Support Services
- Cost
- Annual Connection Fees
- Are They FDA Class II?
- Is it Encrypted End to End?
- Who Will Be Your Best Partner?
Building The Hub Team

- Physician Director
- Program Manager
- Physician Team
- IT Support
- Medical Staff Office
- Legal Counsel
Assembling The Partner Site

ED MANAGER

PROJECT MANAGER

IT SUPPORT

MEDICAL STAFF OFFICE

PHYSICIAN CHAMPION
Implementation

• Secure Contract
• Credential Telemedicine Providers
• Complete IT Assessment
• Schedule Planning Session
Training the Partner Site

• Provide Protocols and Order Sets

• Share Best Practice

• Schedule In-service Training for All Shifts

• Ensure Staff Knows Proper Contacts
Providing a Complete Package

• Provide Patient Outcome Reports
• Quarterly Chart Reviews for Quality Measures
• Consistent Continuing Education
• Assist with Primary Stroke Certification
• Attend Community Health Fairs
The Importance of a Physician Champion Internally

- Advise Administration
- Develop Protocols
- Provide Support to the Program Manager
- Garner Support within your Own Team
The Role of the Physician Champion Externally

- Attend Site Visits
- Partner with Rural ED Physicians
- Provide Quarterly Continuing Education
- Assist Program Manager with any Partner Site Difficulties
Step 1
Access

Patient arrives in your ED

Your physician contacts UC for consultation

UC Stroke Specialist uses laptop/internet to connect with your hospital
Step 2
Physician Consult

Specialist performs neuro assessment with assistance from your ED staff.

Scans/lab results reviewed remotely—Specialist may recommend alternate therapies.
Step 3
Consultation with Patient and Family

Stroke specialist may speak with patient or family to obtain medical history.
Step 4
Admit or Transfer?

In consultation with your staff, a decision is made to admit to your hospital’s Critical Care Unit or transfer to a comprehensive stroke center.
What Success Looks Like

UCMC TELESTROKE CONSULTS

Consults

Q4 FY 12 | Q1 FY 13 | Q2 FY 13 | Q3 FY 13 | Q4 FY 13 | Q1 FY 14 | Q2 FY 14 | Q3 TD FY 14

0 10 20 30 40 50 60 70 80 90 100
University of Cincinnati Medical Center
UC Health Telestroke Network