



The Current Use Of Telemedicine To Improve Access To Care



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Abstract

Problem

There is a disparity in the geographic distribution of physicians across our country. This results in many underserved regions. Underserved communities disproportionately affects minorities, elderly and patients with chronic medical conditions.

Motivation

The literature shows that access to care can be partially address by the use of telemedicine. Telemedicine is the ability to deliver clinical health care via secure video and audio connections. Telemedicine software is currently being used to connect patients with providers. The shared video and images must be HIPAA compliant and integrated into the electronic health record.

Methodology

Telemedicine is the ability to deliver clinical health care via secure video and audio connections. Telemedicine software is currently being used to connect patients with providers. The shared video and images must be HIPAA compliant and integrated into the electronic health record. I will revue the current use of telemedicine and the prospects for the future.

Results

90% of healthcare leaders are either developing or implementing a telemedicine program. Only 19% are providers get paid for telemedicine. The interest of Telemedicine has been positively impacted by Telemedicine. The biggest obstacle is getting more physicians interested in using it. New York Presbyterian Hospital Is has been rated the number one healthcare system in NY state for 17 years and is leading the way in telemedicine.

Implications

They offer a wide range of telemedicine services that I will display here. The use of Telemedicine has been shown to improve, access to care, to increase physician capacity, and to improve the quality the efficiency and the costs of care. There is significant variability in how telemedicine is financed. More needs to be done to make this valuable Technology available to patients who need better access to medical care.

Introduction

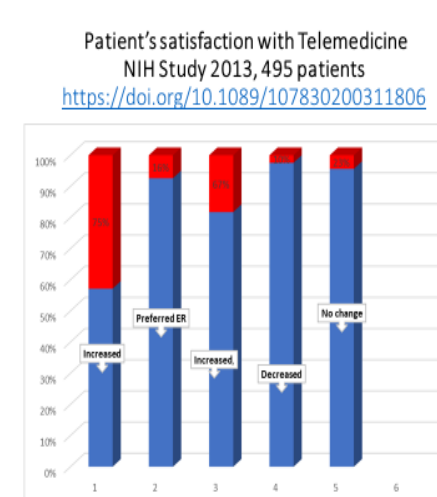
The provision of health care in the United States is primarily driven by profit. In many other countries Health care is considered a public service. With the passage of the Affordable Care Act many more rural people are insured, but are finding access to care quite challenging. Access to care is an ongoing and growing problem, especially in rural communities. Telemedicine is one alternative to providing care. Telemedicine is the remote diagnosis and treatment of patients by means of technology. It allows for the provision of care from a distance. New York State is late to the game of telehealth, approved for reimbursement only in 2016. I will review the literature on the subject and present data of what is going on in New York State.

Methods and Materials

I reviewed the literature for history of Telemedicine use , financial reimbursement and the new programs at New York Presbyterian Hospital, which is rated the number one health care provider in New York State. They are leading the way in transforming Medicine with this technology, so I reviewed all the programs they are offering. I also reviewed the cost and compared it to an ER visit.

Results

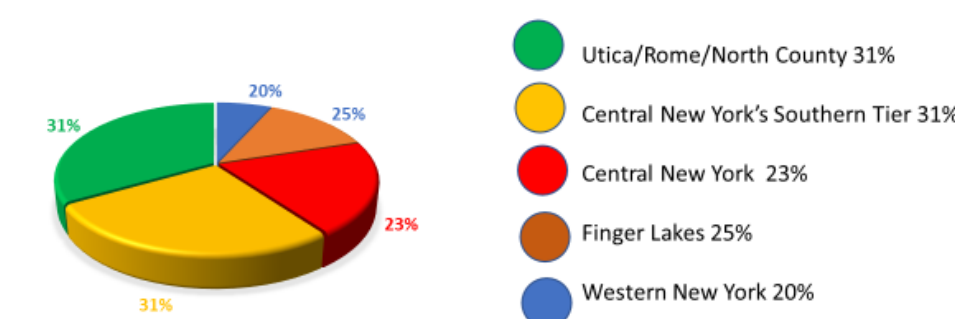
New York was the 33rd State to approve financial reimbursement for Telemedicine Visits. This was only instituted in 2016. We are behind. I present here the data from my review of patient access, patient satisfaction and Cost.



* Average ER visit costs \$2168. Average Telemedicine costs \$40 to \$50. * Overall, interest in Telemedicine remains high.

Upstate New York Telemedicine Survey 2000 people

The percentage varied significantly by region:



* People who use telemedicine are significantly more likely to report using it again. <https://www.upstate.edu/telemedicine/>

Leading the Nation in Digital Health Services

NYP OnDemand
A Suite of Digital Health Services

- Express Care: 24 hours → 34 minutes. Next morning after the ER. 11 in New York.
- Digital Consult: 24 hours → 2 hours. Support - 11 in NY State. Made Stroke - 11 out of the hospital.
- Second Opinion: 28 days → 7-10 days. 100+ Providers. 50+ Specialists. The largest and fastest growing telemedicine network.
- Virtual Visit: 11 hours → 100+ minutes. 11 in NY State. 200+ sites.

URGENT CARE ON THE NYP APP

NYP OnDemand
Express and Urgent Care

3,500+ Care Visits

75+ Care Centers

4 Emergency Departments

NYP OnDemand
Second Opinion

NYP SECOND OPINION

- INITIATE
- GATHER
- ANALYZE
- REPORT

NYP OnDemand
Virtual Visit

Use Cases

- Primary Care: Post Op Follow Up*
- Behavioral Health*
- Chronic Care Management*
- Medication Reconciliation*
- Education & Management*
- Lab/ Test Result Reviews*
- Rehabilitation

Goals

- Reduce Patient Wait Time
- Reduce Unnecessary Transfers
- Reduce Readmissions
- Diagnose Stroke Earlier
- Better Outcomes for our Patients!

NYP OnDemand
Digital Consult

- Stroke: 90+ Consults
- Psych: 700+ Consults
- Pediatrics: 7+ Consults
- MSU: 200+ Calls
- Nursing Homes: 5 SW's engaged

Results

Growing Importance of Telemedicine

16.4 million people became insured under the Affordable Care Act.

Population of elderly and chronically ill is growing quickly. 33 states have already enacted Telemedicine reimbursement. New York was the 22nd state to enact commercial coverage (January 1, 2016).

Patients must be at a qualified site. Only Medicaid covers patient monitoring at a patient home. Telemedicine credentialing and malpractice coverage does not cross state lines.

Discussion

There are both advantages and disadvantages to Telemedicine. The advantages include lower healthcare costs, increased practice efficiency and revenue for the providers, better access for patients and hopefully, improved satisfaction for the patients. The data I have presented show that the majority like the experience but a significant number of patients are either not interested or who still prefer a face to face visit in the ER. The advantages also include a lower cost. The disadvantages is the lack of face to face communication and Telemedicine is only approved for use at some designated centers. Medicaid is the only provider that reimburses for in home telemedicine visits. This needs to be changed. This is why I presented NYP on Demand, since NYP provides consultations and second opinions from the comfort of you home at a cost of 99 dollars.

Conclusions

Telemedicine is increasingly popular, especially with younger individuals who are tech savvy. It allows individuals the ability for a consultation or as a second opinion. The cost is relatively low compared to an ER visit. It is less popular with the elderly, but this is a technology that will increase access to care for elderly patients with chronic diseases that have difficulty with access to care problems traveling for an office visit.

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