

TELEHEALTH: THE NEW FRONTIER

Specialized Telehealth for Individuals with IDD

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Financial Disclosure

- The presenter has real or perceived financial relationships to the content of this presentation:

Co-founder and Chief Strategy Officer for StationMD

A Healthcare Solution to Support People with I/DD

Founded by Emergency Room doctors

Specially focused / trained on vulnerable populations such as those with I/DD and Behavioral Health challenges

15 states---30,000 lives covered---31,000 virtual encounters



Committed to Pioneering Advancements for Individuals with IDD

Proud members/sponsors of:



Featured speakers across the country

- ANCOR National Webinar 2019
- 17th Annual AADMD Conference
- AAIDD 2019
- The Arc's NCE 2019 Summer Leadership Institute
- INARF Virtual Conference 2019
- The Arc of Mississippi Virtual Conference 2019
- Tennessee DIDD Enabling Tech Conference 2019
- 25th Annual Case Management Conference 2019
- ADDP Tech Talking Conference 2019
- CP of NYS Annual Conference 2019 and 2020
- NJACP 2019
- ACCSES Winter Summit 2020
- DDNA National Webinar 2020
- PAR Virtual Conference 2020
- Washington DC Coalition of Direct Service Providers 2020
- Home and Community-Based Services 2020

Causes of Frequent ER/Urgent Care Use for People with IDD

High
Risk/Multiple
Co-Morbidities

Lack of Access
to Medical Care
Otherwise

Regulatory
Requirements

Primary Doctor
Lacks
Immediate
Availability

How can individuals with IDD access personalized care in a non-disruptive and stable environment?

ER Experience for Individuals with IDD

Frightening
for
individuals
with IDD

Trauma of
Transport

Exposure to
Infections

COVID-19

Disruption of
Routine

Missed
Medication

General disruption, weeks to stabilize and puts many at risk

The Problem with the ER – Expensive yet Suboptimal Care

Patient Trauma
Exposure/Spread
COVID-19

+

Unspecialized Care
Disruption of
Routine

=

Suboptimal Care

Unnecessary Tests

+

Unnecessary
Hospitalizations

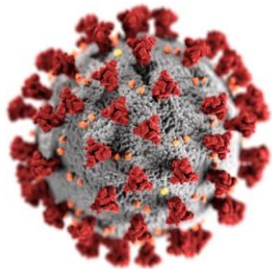
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Excessive Costs



The Devastating Impact of Covid-19 on Individuals with Intellectual Disabilities in the United States

A study across 547 U.S. health care organizations finds that individuals with intellectual disabilities are at substantially increased risk of dying from Covid-19.



Summary

A cross-sectional study of 64,858,460 patients across 547 health care organizations reveals that having an intellectual disability was the strongest independent risk factor for presenting with a Covid-19 diagnosis and the strongest independent risk factor other than age for Covid-19 mortality. Screening for Covid-19, care coordination, and vaccination efforts should be intense within this population that is less able to consistently use masks and socially distance.

Telemedicine is here to stay

Health

Telehealth Has Radically Changed the Way We Go to the Doctor—and We Have the Pandemic to Thank for That



The pandemic ushered in a 'new era of medicine': These telehealth trends are likely here to stay

SLATE

Telehealth Has Been Good in the Pandemic. It Could Be Great Long Term.



Congress must ensure telehealth access after pandemic's over

We cannot lose sight of the *importance* of telehealth for more vulnerable populations, such as those with IDD

How Telemedicine Can Help

| Problem | Solution |
|---|---|
| <ul style="list-style-type: none">• Lack of Access | <ul style="list-style-type: none">• Telehealth technology removes the Geographic Impediments |
| <ul style="list-style-type: none">• Suboptimal care for specialized needs | <ul style="list-style-type: none">• Utilize Doctors who have specialized IDD training• Provide Access to medical records/database• Personalized care provided in safety of person's own environment |
| <ul style="list-style-type: none">• Primary Care Evaluation Unavailable Off-Hours | <ul style="list-style-type: none">• Need availability 24 hours/day |
| <ul style="list-style-type: none">• Regulatory pressures | <ul style="list-style-type: none">• Need doctor evaluation immediately• Provide full documentation |

Station Connect Platform

☐ 24/7 Client Portal Access

☐ Data Access

☐ HIPAA Compliant Care Coordination

☐ Electronic Health Record

| StationMD Consultations | | | | | | |
|---------------------------------|----------------------|---|---|---|--|---|
| From: 2019-01-06 To: 2021-03-08 | | Sort: LOS Order: Up Limit to site: None Limit to Admission Followup: No | | Change Sorting Download Excel | | |
| Site | Call Time ↑ | Patient | Providers | Clinical | Notes | Updates |
| Nursing Home 1 (basic) | 6/30/19 1:35 AM EDT | Five, Erik (81808) DOB: 3/4/1955, age 66 | PMD: maginao SMD: Sang Lee | CC: Altered mentation Dx: None Outcome: ED Transfer | 1. Progress Note | Admitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Concerns |
| Nursing Home 1 (basic) | 7/11/19 3:08 AM EDT | Five, Erik (81808) DOB: 3/4/1955, age 66 | PMD: argento SMD: SMD Doctor One | CC: Altered mentation Dx: Chest pain, unspecified (R079); Outcome: ED Transfer | 1. Progress Note | Admitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Concerns |
| Nursing Home 1 (basic) | 7/18/19 11:41 AM EDT | Calichman, Meghan (1) DOB: 11/21/1970, age 50 | PMD: s SMD: SMD Doctor One | CC: Test Dx: Chest pain, unspecified (R079); Outcome: Observe | 1. Progress Note | Concerns |
| Nursing Home 1 (basic) | 8/28/19 8:02 PM EDT | test, forms (123) DOB: 11/21/1970, age 50 | PMD: smith SMD: SMD Doctor One | CC: form test Dx: Chest pain, unspecified (R079); Outcome: Observe | 1. Letter: Return to program | Concerns |
| Nursing Home 1 (basic) | 12/29/19 9:35 PM EST | Test, Calichman (12345678) DOB: 11/21/1970, age 50 | PMD: [object Object] SMD: SMD Doctor One | CC: test Dx: None Outcome: Observe | 1. Progress Note 2. Progress Note | Concerns |
| Nursing Home 1 (basic) | 1/24/20 9:36 AM EST | test, forms (123) DOB: 11/21/1970, age 50 | PMD: na SMD: Jason Boulware | CC: na Dx: Impacted cerumen, bilateral (H6123); Outcome: ED Transfer | 1. Progress Note | Admitted: <input type="checkbox"/> Yes <input type="checkbox"/> No please select Concerns |
| Nursing Home 1 (basic) | 8/20/20 12:16 PM EDT | Test, Concerns (SMD099141652) DOB: 12/19/2003, age 17 | PMD: marco SMD: SMD Doctor One | CC: High blood pressure Dx: Bradycardia, unspecified (R001); Abrasion, left lower leg, initial encounter (S80812A); Chest pain, unspecified (R079); Epileptic seizures related to external causes, not intractable, with status epilepticus (G40501); Anxiety disorder, unspecified (F419); Outcome: Observe | 1. Progress Note | Concerns |

Other Typical Cases (not always emergent!)

Medication Refill

Medical
question/
medication
reconciliation

Behavior change

Constipation

Outcomes



Individual Patient Survey

224 Responses

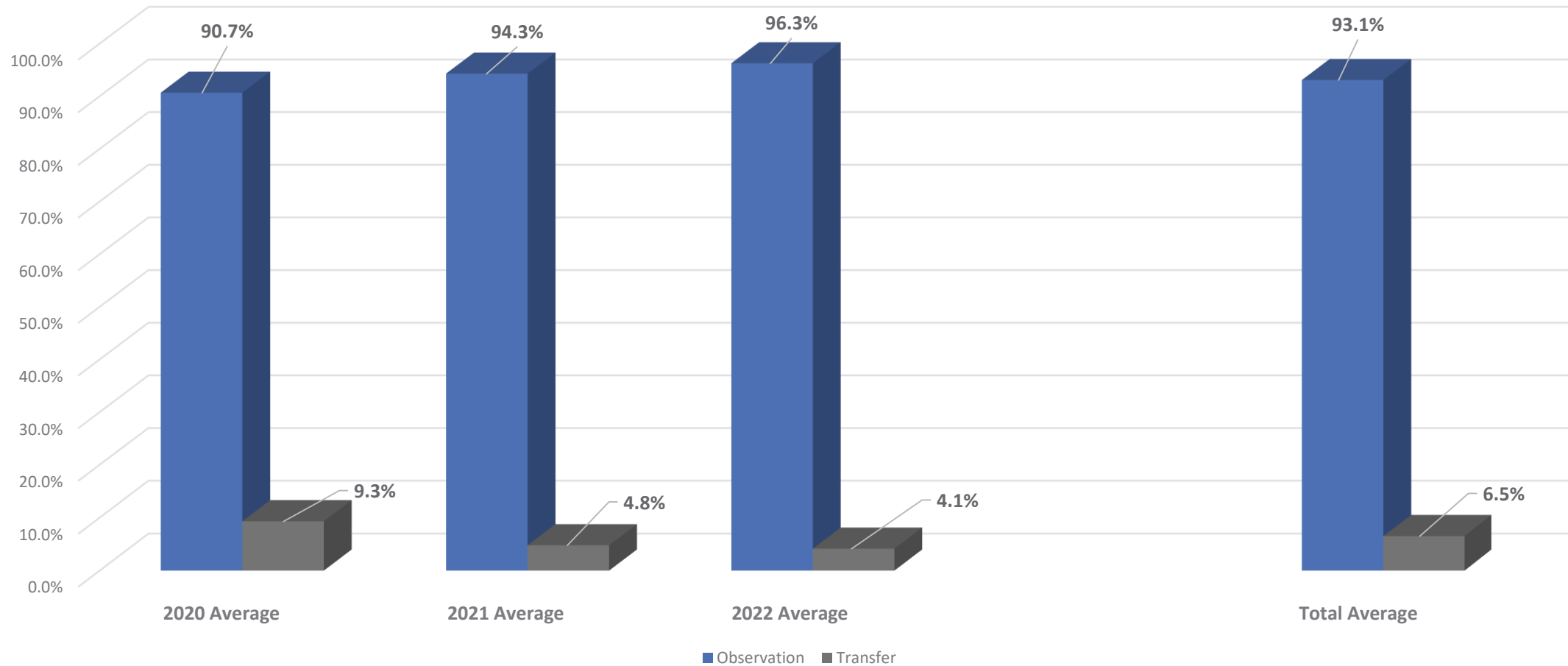
- 96% were happy with their telehealth visit
- 96% found it easy to connect to the doctor
- 97% found it easier to talk to the doctor
- 94% would recommend StationMD to a family or friend
- 84% prefer to use telehealth vs. venturing out to seek medical care

DSP/Caregiver Survey

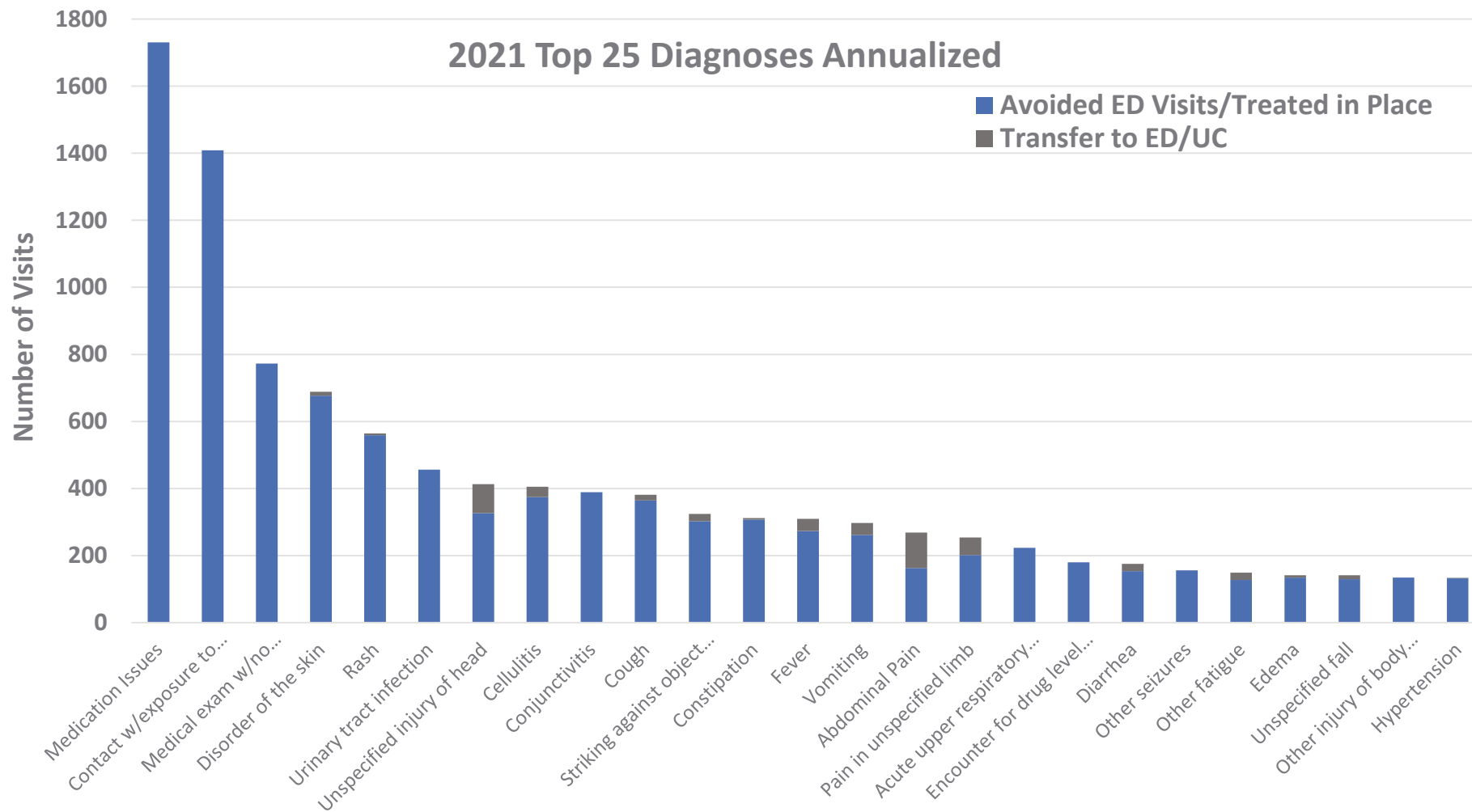
338 Responses

- 70% feel more job satisfaction with access to StationMD
- 77% feel they get answers to health questions through StationMD
- 77% feel access to StationMD improves the lives of their clients

Year Over Year Average Transfer Rates



Most calls result in avoided ER transfers across diagnoses



Insurance and Telemedicine Partnership

1,100 individuals covered by the partnership, there were 537 calls to StationMD in 10 months...

Avoided spending between ~\$1.45M - \$2.1M in ER and hospitalization costs

Avoided spending up to \$17,600 in transportation costs

A savings of ~\$1,300 - \$1,900 per member on medical costs

StationMD was able to resolve 90% of patients' medical matters in place, without transferring them to an ER