

# TELEHEALTH: THE NEW FRONTIER

Helping to Achieve  
Superior Care for  
Vulnerable  
Individuals

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## StationMD: A Healthcare Solution to Meet these Challenges and Support People with I/DD

Founded by board certified emergency medicine doctors, telehealth pioneers

Treat complex medical issues, thousands of encounters, COVID-19 experience

Certified to provide specialized care to people with I/DD , multiple states



## Committed to Pioneering Advancements for Individuals with I/DD

- Proud members/sponsors of:

- Featured speakers across the country



- JeffConnect-SEARCH2017
- Coleman Institute Conference
- American College of Emergency Physicians
- National Caregivers Conference
- The Arc's 2018 National Conference
- The Arc of California 2019 Policy Conference
- 17<sup>th</sup> Annual AADMD Conference
- AAIDD 2019
- The Arc's NCE 2019 Summer Leadership Institute

## People with IDD and ER utilization

- ❑ People with IDD use the ER significantly more than other groups
- ❑ Individuals with IDD were more likely than individuals with no IDD to visit the ED (33.96% versus 20.28%,  $p < 0.0001$ ).
  - Emergency Department Use: Common Presenting Issues and Continuity of Care for Individuals With and Without Intellectual and Developmental Disabilities, Durbin et al. [Journal of Autism and Developmental Disorders](#). October 2018, Volume 48, [Issue 10](#), pp 3542–3550
- ❑ UK data showed people with IDD were twice as likely to use the ER, and more than five times likely for UTIs and pneumonias

## People with IDD and Hospitalizations

- ❑ People with IDD get hospitalized more frequently than other people
- ❑ Most due to seizures and pneumonia
- ❑ **5x more likely to contract COVID-19**
- ❑ **5x increased mortality from COVID-19**
- ❑ Gastrointestinal
- ❑ Mental Illness

## COVID-19 and the IDD Population

- ▶ **Background (virus, evolving situation)**
- ▶ **Transmission (droplet, PPE, social distancing)**
- ▶ **Symptoms (typical and varied)**
- ▶ **Vulnerable Populations and Challenges (local impact)**

## ER Experience for Individuals with I/DD

Frightening  
for  
individuals  
with I/DD

Trauma of  
Transport

Exposure to  
Infections

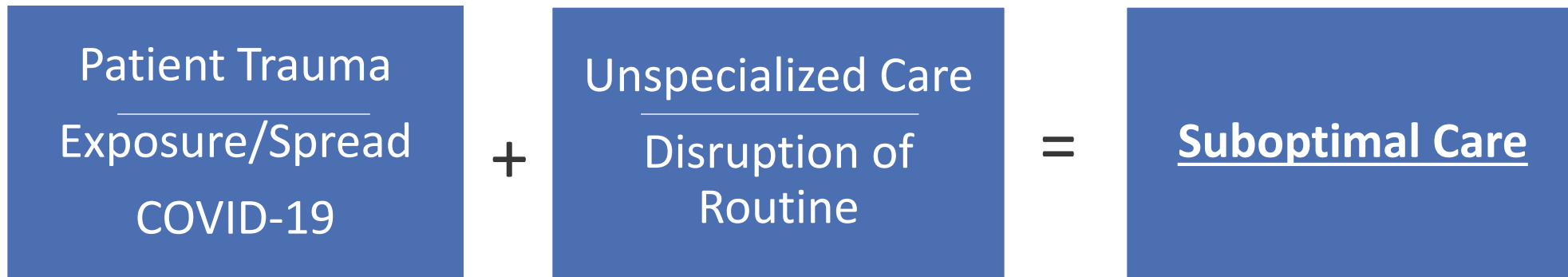
COVID-19

Disruption of  
Routine

Missed  
Medication

General disruption, weeks to stabilize and puts many at risk

## The Problem with the ER – Expensive yet Suboptimal Care





## Challenges for Provider Organizations



Regulatory  
compliance/  
Misinformation



Meet complex care  
needs



Staffing

- Staff safety
- Overtime pay
- Shortages

## Challenges for Staff



Staff safety,  
Unexpectedly  
Extended Shifts



Injuries from  
Decompensating  
Behavior



Job  
Dissatisfaction



Turnover

## Benefits of Telemedicine in Caring for those with I/DD

**Helps vulnerable populations lead healthy, independent, and productive lives.**

Expands Access to the  
Optimal Care SAFELY!

Decreases Healthcare  
Costs

Improves the lives of  
people with I/DD and  
their caregivers

## Causes of Frequent ER/Urgent Care Use for People with I/DD

High  
Risk/Multiple  
Co-Morbidities

Lack of Access  
to Medical Care  
Otherwise

Regulatory  
Requirements

Primary Doctor  
Lacks  
Immediate  
Availability

**How can individuals with I/DD access personalized care in a non-disruptive and stable environment?**

## How Telemedicine Can Help

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

## Telemedicine Should Augment but does not Replace Primary Care

Telemedicine	Primary Care
<ul style="list-style-type: none"> <li>• Addresses high glucose readings with immediate medication adjustment</li> </ul>	<ul style="list-style-type: none"> <li>• Manages daily meds for chronic conditions (i.e., insulin regimen, cholesterol medications)</li> </ul>
<ul style="list-style-type: none"> <li>• Medication refills/clarification/reconciliation</li> </ul>	<ul style="list-style-type: none"> <li>• Prescribe long-term medications</li> </ul>
<ul style="list-style-type: none"> <li>• Evaluates after an incident to meet regulatory requirements</li> <li>• Performs regular “check-ins” as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Manages long-term goals of treatment</li> </ul>
<ul style="list-style-type: none"> <li>• Handles urgent medical issues</li> </ul>	<ul style="list-style-type: none"> <li>• Monitors medical screening issues (i.e., colonoscopy)</li> </ul>

## Other Tools that Help Augment Care

Immediate access at anytime to high-quality ER doctors, specially trained in the care of people with I/DD can make a significant impact along with:



Proven  
treatment guidelines/  
COVID-19 updates



Doctor  
training



Quality  
reviews



Educational  
series

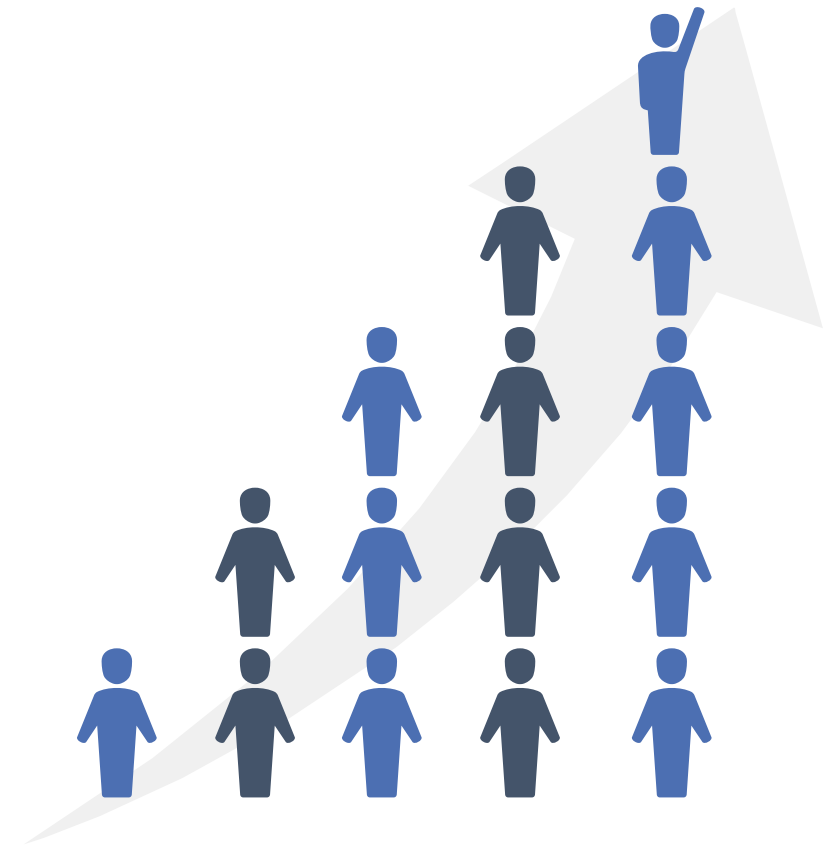
# Reporting/Data Analysis

Comprehensive reporting package is key to analyze trends

Monthly data by site

- Number of visits/calls by
  - Hour of Day
  - Day of Week
  - Physician
  - Outcome i.e. observe, transfer, etc.
  - Diagnosis

Comparison on before and after implementation data with regards to transfers to Emergency Departments and other regulatory reporting.





# The StationMD Process Step-by- Step



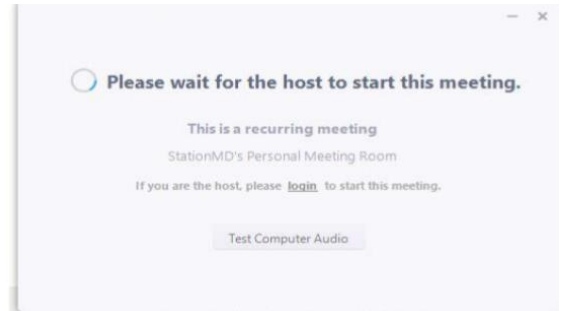
## Change in Condition

24 year-old female with CP, asthma

- Develops cough
- Fever of 101°
- Oxygen saturation 90%

## Activate

- Facility Staff initiates SMD encounter
- StationMD doctor reviews patient's records and **keeps staff safe and educated**



## Physician Assessment

- Telemedicine consultation initiated
- A physical exam is performed



## Treat Patient

- Asthma exacerbation and Respiratory infection
- StationMD provider prescribes meds if needed
- Determine if further treatment/testing needed

## Share Treatment Plan/Follow-up

- Follow-up exam by StationMD doctor
- Breath sounds show improvement. Patient comfortable. Oxygen 95% (monitored)
- Documentation in EHR, Primary Care Physician Notified



**Unnecessary trip to ER avoided**

*If patient had not improved-  
StationMD would contact ER to expedite visit & review history*

## Other Typical Cases (not always emergent!)

Medication Refill

Medical  
question/  
medication  
reconciliation

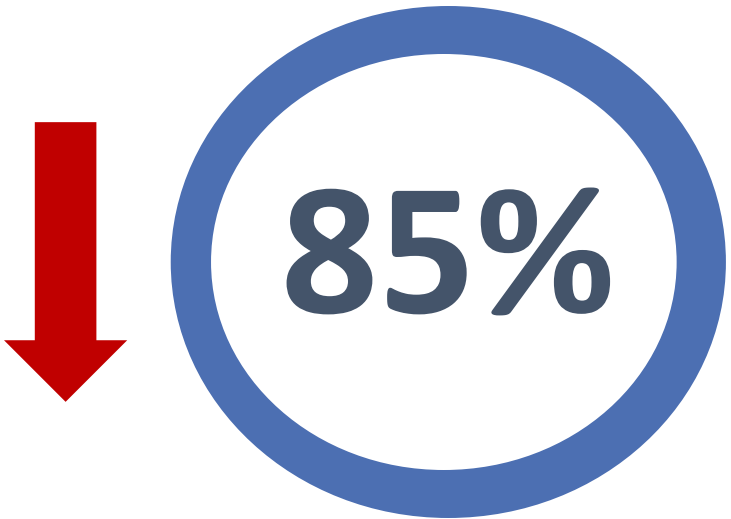
Behavior change

Constipation

# Clinical and Economic Outcomes



Proven Outcomes

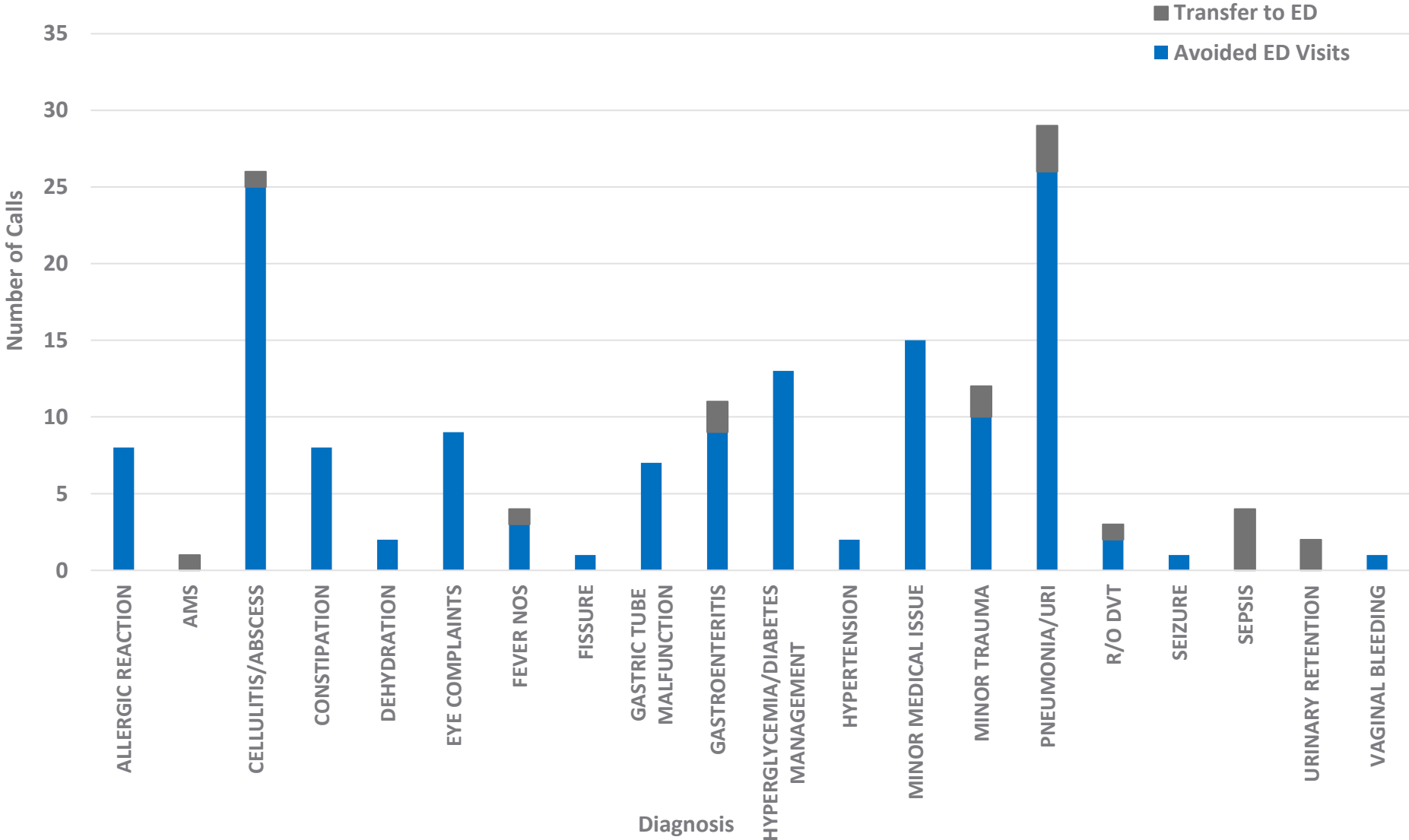


**Historical Data from Clients  
Demonstrates an 85% reduction in  
ED Transfers**

Data for Individuals with I/DD March 2016-December 2019	
StationMD Visits by Outcome	
Time Period	% Observed in Place
03/2016-12/2016	86.4%
01/2017-12/2017	86.0%
01/2018-12/2018	89.1%
01/2019-12/2019	87.2%
<b>87.2% of StationMD Clients with I/DD Are Treated in Place</b>	

## Most calls result in avoided ER transfers across diagnoses

Calls by Diagnosis and Outcome





## Significant Savings for Provider Agencies & Payers

### StationMD Telemedicine Estimated Cost Savings

#### Estimated I/DD Agency Savings

Number of Consumers	Est. ED Visits in 12-month period	Est. Reduction in ED Visits
200	440	374
Site Loss of Bed Revenue*	~Cost of Site Bed/Night	Savings
370 Nights	\$500	\$185,130
Site Transportation Costs	~Cost of Transport	Savings
150	\$500	\$75,000
Total Hrs. 1 Staff Member to Cover Avg. ED Visit	Staff Salary/Hr.	Savings
1,870	\$15	\$28,050

**Total Projected Annual Savings for Agency** **\$288,180**

#### Estimated Payer Savings

Estimated 123 of 374 ED Transfers were Avoided Hospital Admissions

Averted ED Transfers	Average Cost/ED Visit	Savings
251	\$1,000	\$251,000

Averted Hospital Admissions	Average Cost/Top DX w. Avg. LOS of 3 Nights	Savings
123	\$15,000	\$1,845,000

**Total Projected Annual Savings for Payer** **\$2,096,000**

**Total Savings (Facility & Payer)** **\$2,384,180**

\*Assumes 3-day LOS for admissions

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