Telehealth and Telemedicine in the Pacific Regional Medical Command

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Pacific Regional Medical Command

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The views expressed in this presentation are those of the author and do not reflect official policy or position of the Department of the Army, Department of Defense, or the US Government.
PRMC TELEHEALTH

Connecting patients throughout the Pacific and Mainland US to Specialty Services at Tripler Army Medical Center
**Mission**

**Vision**

*America’s Premier Medical Team Saving Lives, Fostering Healthy and Resilient People*

**ARMY MEDICINE**

*Bringing Value...Inspiring Trust*

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<table>
<thead>
<tr>
<th>Strategic Themes &amp; Results</th>
<th>Maximize Value in Health Services</th>
<th>Provide Global Operational Forces</th>
<th>Build the Team</th>
<th>Balance Innovation with Standardization</th>
<th>Optimize Communication and Knowledge Management</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Effectively and efficiently provide the right care at the right time to promote a healthy population and ready force.</td>
<td>Agile and adaptive medical teams ready to execute relevant, responsive Health Services in any operational environment and in combination with any partnered team.</td>
<td>A compelling place to serve and a preferred partner in leading joint interagency health services.</td>
<td>A culture of innovation which provides standardized solutions to support best practices and optimal outcomes.</td>
<td>Leverage Communication to impart knowledge and build meaningful, positive relationships.</td>
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**SUSTAIN**

**PREPARE**

**RESET**

**TRANSFORM**

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**ENDS**

- **Patient/Customer/Stakeholder**
  - CS 1.0 Improved Healthy and Protected Warriors
  - CS 2.0 Improved Healthy and Protected Families, Beneficiaries and Army Civilians
  - CS 3.0 Responsive Battlefield Medical Force
  - CS 4.0 Optimized Care and Transition of Wounded, Ill, and Injured Warriors
  - CS 5.0 Inspire Trust in Army Medicine
  - CS 6.0 Improved Patient and Customer Satisfaction

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**WAYS**

- **Internal Process**
  - IP 1.0 Optimize Medical Readiness
  - IP 2.0 Improve Information Systems
  - IP 3.0 Implement Best Practices
  - IP 4.0 Provide Safe Patient Care
  - IP 5.0 Maximize Physical and Psychological Health Promotion and Prevention
  - IP 6.0 Improve Quality, Outcome-Focused Care and Services
  - IP 7.0 Improve Access and Continuity of Care
  - IP 8.0 Build Relationships and Enhance Partnerships
  - IP 9.0 Tell the Army Medicine Story
  - IP 10.0 Leverage Research, Development and Acquisition

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**MEANS**

- **Learning and Growth**
  - LG 1.0 Improve Recruiting and Retention of AMEDD Personnel
  - LG 2.0 Improve Training and Development
  - LG 3.0 Promote and Foster a Culture of Innovation
  - LG 4.0 Improve Knowledge Management

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**Resource**

- R 1.0 Optimize Resources and Value
- R 2.0 Optimize Lifecycle Management of Facilities and IT Infrastructure
- R 3.0 Maximize Human Capital

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**Support of**

**The Army Family Covenant**

*And Patient-Centered Medical Home*

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This has been a dynamic, living document since 2001
PURPOSE: To provide an overview of the services, locations, functions and scope of the PRMC Telehealth/Telemedicine Operations.

1. Services Offered
2. PRMC Telehealth Area of Operations
3. Cost Avoidance and Telehealth Encounters
4. Telehealth Staffing
5. Telehealth Office Functions
6. Highlights of Select Telehealth Programs
7. Challenges
• Psychological Evaluation and Treatment
• Psychiatric Evaluation and Treatment
• Child & Adolescent Tele-Behavioral Services (CATS)
• Medical Evaluation Board (MEB) Support & Administrative Evaluations
• Soldier Readiness Processing Evaluations (SRP/RSRP)
• LEA²N Healthy Lifestyles Program
• Smoking Cessation Program
• Traumatic Brain Injury (TBI) Evaluation / Support / Treatment
• Speech Therapy
• Tele Critical Care Consultation (TCCU) and Remote Monitoring
• Pacific Asynchronous Tele-Health (PATH)
• Digital Echocardiography
• Pacific Island Health Care Project (PIHCP)
• Tele-Education
Telehealth Services in Hawaii:
Behavioral Health
Child Psychiatry/Psychology
SRP/RSRP
TBI
Speech Pathology
Grand Rounds/CME
LE×A×N
Smoking Cessation
Medical Consultations
American Samoa:
(Active & Reserve)

Services:
Behavioral Health
TBI
Speech Pathology
Social Services
Case Management
PIHCP (with LBJ)
Pacific Telehealth Area of Operations, Japan

Telehealth Services in Japan:
Behavioral Health
PATH
TCCU
Telehealth Services in Okinawa:
Behavioral Health
TCCU
PATH
Echocardiography
Korea Brian Allgood
Army Community Hospital (BAACH):

Services:
Behavioral Health
TCCU
PATH
Navy – Guam Naval Hosp

Services:
TCCU
PATH
Echocardiography

Air Force – 36th Medical

Services:
Behavioral Health (Active/Guard/Reserve)
PATH
Pacific Telehealth Area of Operations, CONUS

FT Wainwright, AK  
FT Bliss & FT Hood, TX

Behavioral Health
MEBs/Other Evals

Various Army Recruiting facilities: CA, LA, MI, OH, OK, TN and UT

BH Admin Evals
Cost Avoidance and Encounters

TELEHEALTH ENCOUNTERS

$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$-

MAR 11 APR MAY JUN JUL AUG SEP OCT NOV DEC JAN 12 FEB MAR

Total Cost Avoidance

Total # Encounters

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Telehealth Staffing

- Regional Director
- Regional Cell with Program, Clinical and Technical Advisors
- Clinical Champions for individual programs
- Government and/or contract staff for larger programs
  - Tele-Behavioral Health
  - CATS
  - Tele-TBI
  - TCCU
- System Administrators for various applications
  - PATH
  - PIHCP
- Shared manpower at most patient locations (clinical coordinators)
Regional Telehealth Office Functions

- Develop telehealth vision in PRMC
- Serve as consultant on all telehealth operations
- Program development and operations improvement
- Plan & direct technical and administrative operations
- Collect and report telehealth metrics
- Document standard operating procedures for region
- Allocate Government resources
- Proponent for telehealth contracting actions
- Train clinical staff on equipment, scheduling and promotion
- Monitor appropriate entries to electronic medical records
- Provide support to partnering facilities
- Track new technologies and assess I/T reliability
- Ready patient site & instruct patients; obtain informed consent
Tele-Behavioral Health

- Full Spectrum Psychological Evaluation & Treatment
- Psychiatric Evaluation & Treatment
- Soldier Readiness & Reverse Soldier Readiness Processing
- Administrative Evaluations: medical boards, mental status exams, diagnostic variance memos, fitness for duty assessments
- Psychoeducation
- Nurse Case Management
Increasing Capabilities and Access

- Serving multiple branches of service & Active/Guard/Reserves/Families
- 11 established patient sites – locally & around the world
- Fulfilling Psychiatry prescriber gap at smaller facilities
- Surge support locally and afar
  - Absorbing unmet demand on island
  - Addressing backlogs in Medical Board processing & BH evaluations
  - Short term support to bridge staffing gaps
- Deployment processing enabler
  - Determine fitness on demand
  - Less impact on BH access at local clinic
- Lower cost alternative
  - Patient travel
  - Staff augmentation
Child and Adolescent Telehealth Services (CATS)

- A collaboration with the School Behavioral Health Program (SBHP)
- Child Psychiatry, Psychology & Social Work
- Medication Management
- Therapeutic Intervention
- Prevention & Resilience
- Unique Focus on Reserve and Guard Families On Remote Islands
Improved Access to Care

Because BH providers are “embedded” in the Military family’s community (i.e. the child’s school”) access to BH care is greatly facilitated over traditional, clinic-based care. Parents report significantly reduced time away from Duty/Work, and greater ease of access. This improves the comfort and decreases stigma associated with seeking BH care.
TBI/Concussion Clinic

- TBI Evaluation & Treatment
- Decision making on patient movement to TAMC
- Rx Management
- Nurse Case Management
- Outpatient Psychiatry – Evaluation and Treatment
- Speech Pathology
- Established TH infrastructure in American Samoa for additional TBH & TH services
A Success Story in American Samoa

- Joint facility with VA Outpatient Clinic
- 10% of island population of 67K eligible for care
- Great impact from military deployments
  - Post Traumatic Stress
  - Anger & Impulse Control
  - Alcohol abuse & Sleep problems
- Isolated area with severely limited medical care
- Annual savings up to 8 times the annual cost
LExAyN Healthy Lifestyle Program

- Lifestyle Change
- Low-intensity exercise
- Reasonable expectations
- Balancing emotions
- Healthy attitude
- Healthy, well-balanced nutrition

Lifestyles
Exercise/Education/Emotions/Evaluation/Expectations/Empiricism
Approach/Accountability/Addiction/Assessment/Attitudes
Nutrition
Tele-Critical Care Unit

Remote monitoring and management of patients and clinical consultation

- Facilities lack full spectrum of medical and surgical specialists
- This limitation increases the risk of preventable morbidity and mortality
- Outcomes are improved when critical care specialists participate in care
- Telemedicine consultation is a validated means of providing CC consultation
Tele-Critical Care Unit

Started 2 April 2001 with a research grant from U.S. Army Medical Research and Material Command

eICU→TCCU 2/28/2011

First “Saved Life” at US Naval Hospital (USNH) Guam 27 June 2003
First TCCU consult at Brian Allgood Army Community Hospital – Korea 7 July 2007
First TCCU Consult USNH Yokosuka 6 Jan 2012
First TCCU Consult USNH Okinawa 12 Mar 2012

Over 500 Consults June – December 2009

- 100 Consecutive Consultations
- 9% T/F to TAMC for Dx and Tx
- 4% avoided EVAC to TAMC

<table>
<thead>
<tr>
<th>Annual Savings</th>
<th>EVAC</th>
<th>Cost</th>
<th>Total</th>
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<tbody>
<tr>
<td>Avoided EVAC</td>
<td>4</td>
<td>$180,000</td>
<td>$720,000</td>
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</table>

<table>
<thead>
<tr>
<th>Annual Revenue</th>
<th>RVU</th>
<th>Value</th>
<th>Number</th>
<th>Total</th>
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<td>Critical Care Consult</td>
<td>3</td>
<td>$74.00</td>
<td>600</td>
<td>$44,400</td>
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Total/Year $764,400
Total for Five years $3,822,000

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Pacific Asynchronous Telehealth (PATH)

- Pediatric & Adult Medical & Surgical Consultation
- Heart Sounds
- Asynchronous Local/Overseas Hospital Academic (ALOHA)
- Air Evacuation
Total growth: 2004-11: 20%/year; 2000-04: 9%/year
Programs Under Development

- Warrior Ohana Medical Home & PCMH
- PCMH Secure Messaging
- Diabetes Education
- Tele-Pain (ECHO)
- Child and Adolescent Telehealth expansion
- Tele-Pharmaceutical Consultations
- Tele-Bariatric
- GME & CME expansion
- Better Depression Program Follow-up
Challenges

• Credentialing & Privileging
• Workload Crediting (provider & patient sites)
• TBH Scheduling
• CHCS/AHLTA interoperability
• Cross Service and Agency interoperability
• Patient site staffing
• Funding for expansion to non-BH
• Universal acceptance of TH technology/programs
QUESTIONS?