



Benefits & Opportunities of Telehealth for Patients with Disabilities

Presented by: Carla Dehmer, Sr. Director of Telemedicine & Digital Solutions

Responsibilities of UPMC's Telemedicine Team

- Project management support that results in more **efficient and effective telemedicine implementations**
- Revenue cycle collaboration and guidance to ensure **full reimbursement** is obtained for telemedicine visits
- IT security, legal, and compliance collaboration and guidance to ensure all telemedicine practices are **lawful and secure**
- An understanding of **equipment standards** and requirements along with vendor evaluations for unmet telemedicine needs
- Finance collaboration to support standard telemedicine internal and external **contract models**
- Government relations collaboration to **advocate for permanent telemedicine statutes**
- UPMC Enterprises partnership to leverage **cutting-edge technology**
- UPMC Health Plan collaboration to advocate for **Integrated Delivery Financing System strategy** approaches to telemedicine

Learning Objectives



Understand the concept of telemedicine and various ways it can be used



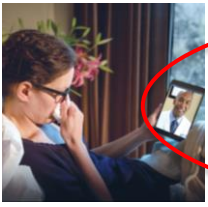
Understand how telemedicine is making access easier for patients with disabilities



Understand the limitations and opportunities of telehealth for patients with disabilities

Telemedicine at UPMC





Synchronous Direct-to-Consumer

- Providers and patients connect directly, regardless of physical location
- Connection can be made on various devices and secure patient/provider facing platforms
- Visits can be scheduled or on-demand
- Can be used with Remote Patient Monitoring



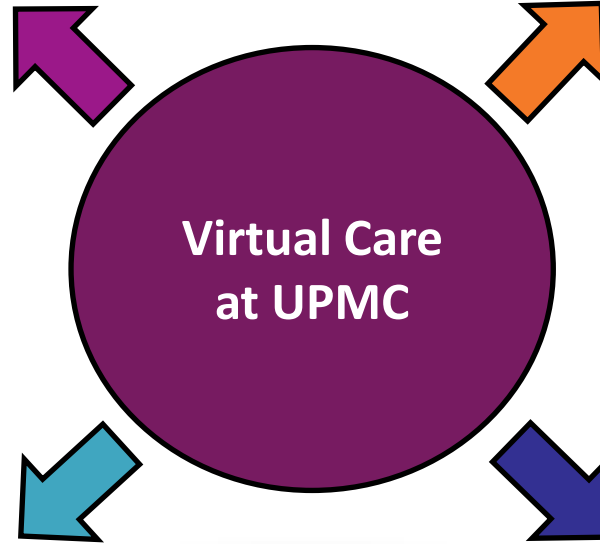
Rural Outpatient Centers

- Patient connect from a close-to-home rural UPMC facility to a remote provider
- Beneficial for patients who may not have access to devices or internet connectivity
- Visits are scheduled with specialty providers who are in high demand but are limited in supply for the community

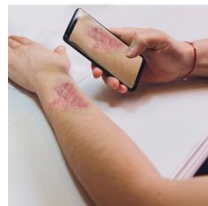


Synchronous Provider to Provider

- Providers/clinicians connect to each other in the inpatient, acute care, and ED setting
- Connections can be made on various devices and most connect with Safar technology

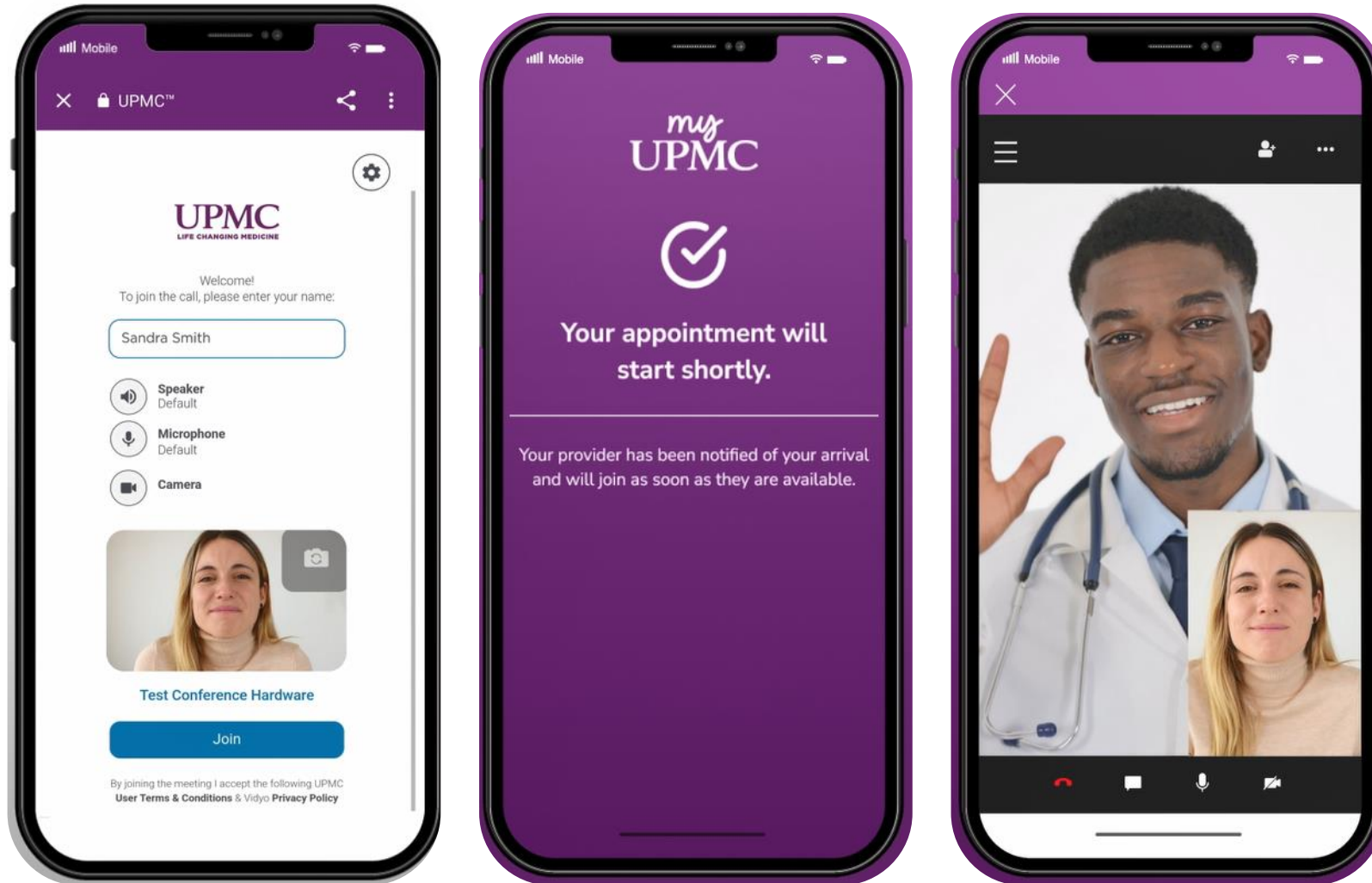


Asynchronous



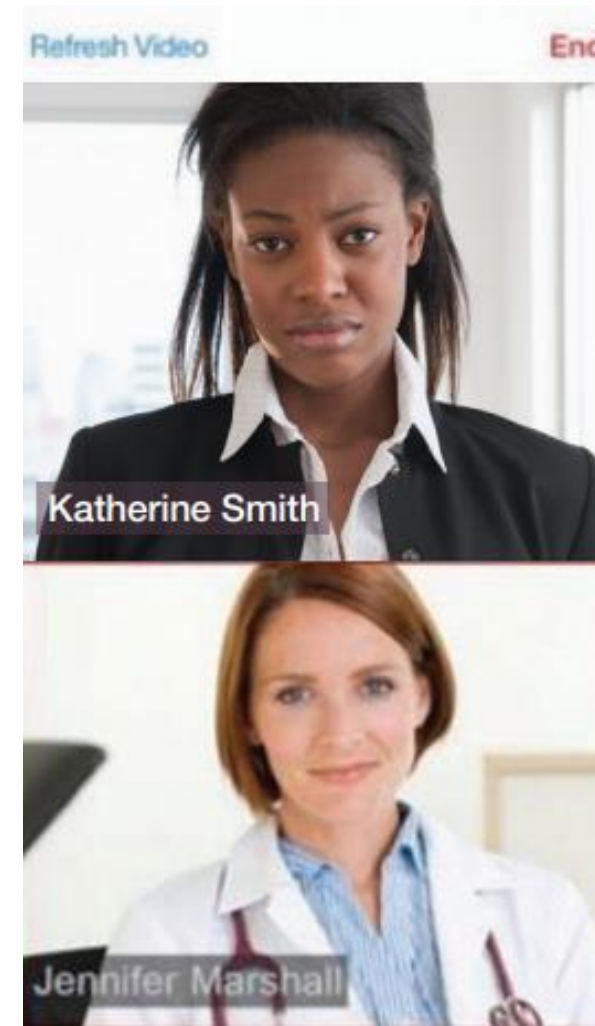
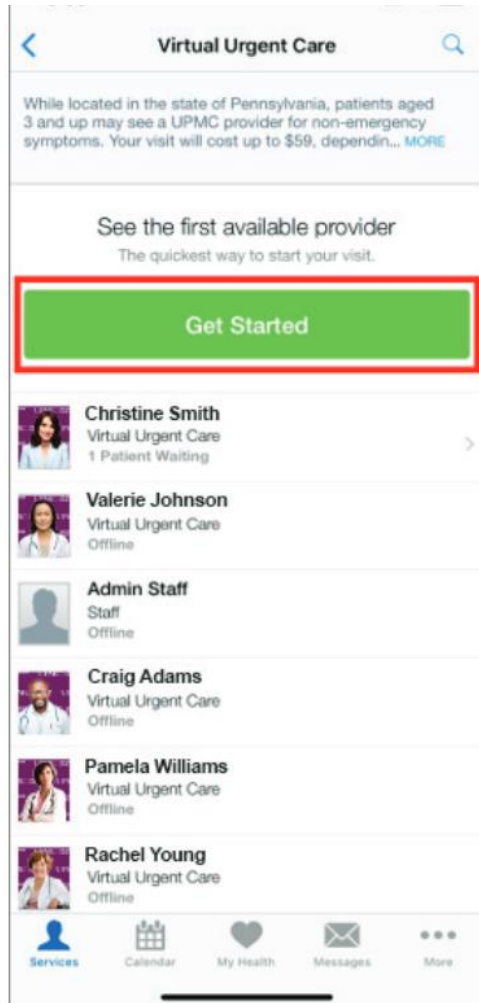
- Patients can send images to a dermatologist for treatment
- Providers use eConsults to share expertise in the outpatient setting
- Patients can message questions to their providers
- Clinicians track vitals via remote monitoring and reach out if issues arise

Scheduled Video Visits



6 For most specialties, patients can access their appointment via MyUPMC on a mobile or desktop device. Alternatively, and for all specialties, providers can invite patients directly to a secure virtual session via a text/email link.

On Demand Video Visits



Patients can access on-demand virtual urgent care services via UPMC AnywhereCare.

Rural Outpatient Telemedicine Centers: Patients Arrive at a Location in Their Community

7 dedicated locations offer patients high demand, low supply specialist visits via video without the need to travel long distances

Rural populations make up a higher proportion of people with a disability (RTC:Rural, 2017).



This model is also offered at other UPMC outpatient locations that primarily offer in-person appointments. Many centers also have services like imaging and lab available.

Rural Outpatient Telemedicine Centers – Expansion of Locations and Specialties Offered

UPMC Altoona

- Cancer Genetics
- Neurosurgery
- Rheumatology
- Kidney/Pancreas Transplant
- PACT Clinic

UPMC Bedford

- Endocrinology (Diabetes Management)
- PACT Clinic
- Pulmonology
- Rheumatology

UPMC Cole

- Endocrinology
- Epileptology
- Pediatric Urology
- Pulmonology
- Rheumatology

UPMC Northwest

- Endocrinology (General and Reproductive)
- Genetics
- Infectious Disease
- Neurology
- Rheumatology (Arthritis)
- Vascular Surgery
- Maternal Fetal Medicine
- Pulmonology
- Thoracic Surgery
- Cardiology

UPMC Somerset

- Endocrinology
- Neurosurgery
- Rheumatology

UPMC Westgate

- Endocrinology
- Infectious Disease
- Primary Care

UPMC Wellsboro

- Endocrinology
- Pulmonology
- Dermatology

2020 UPMC Ambulatory Face-to-Face & Telemedicine

January 2020:

11,224 Visits via Telemedicine

2.0% of Total Visits

April 2020:

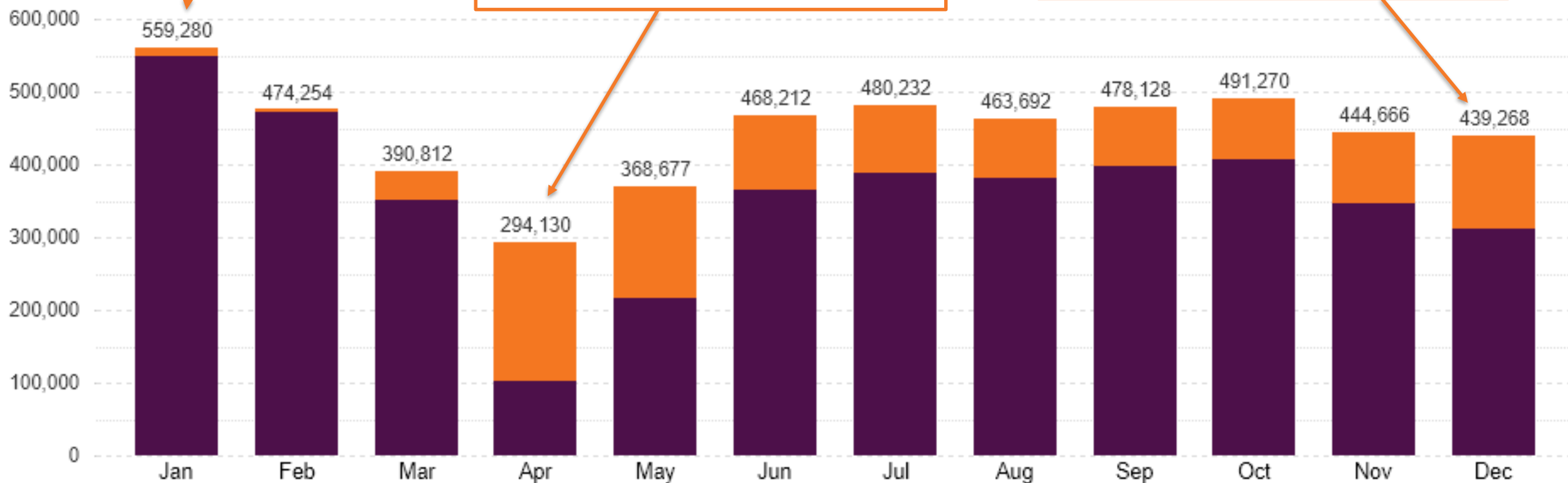
192,955 Visits via Telemedicine

65.6% of Total Visits

December 2020:

126,606 Visits via Telemedicine

28.8% of Total Visits



Encounter Grouping

Telemedicine/Virtual Visit Face-to-Face Office Visit

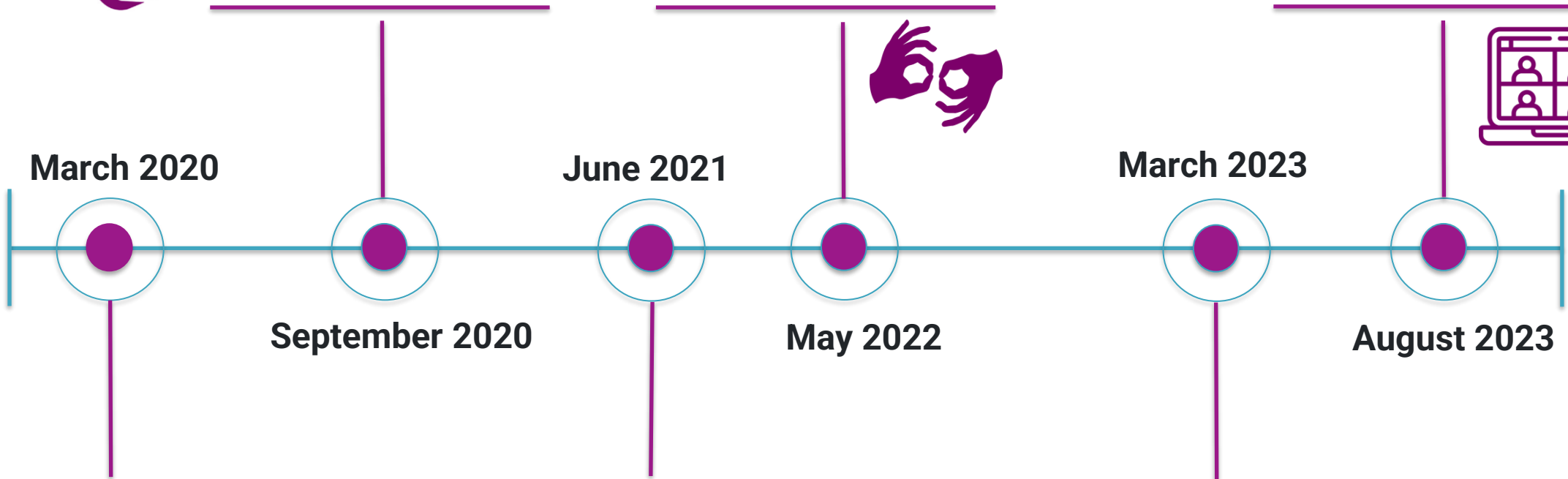
Timeline of UPMC Telemedicine Platform Upgrades



Providers can conduct video visits anywhere they can access MyApps

Providers working within Epic have access to a secure platform with robust patient features (like sign/language interpreters and chat)

Behavioral health group video visits receive the requirements necessary to use the same secure video platform



March 2020

June 2021

March 2023

September 2020

May 2022

August 2023

To conduct video visits, patients must download an app and providers are limited on where they can launch the visit

Providers/patients have access to a secure platform that does not require patients to download an app

All providers/patients have access to robust video visit features with a more stable audio/video connection



Next Steps to Enhance UPMC's Telemedicine Platform

- Onboarding a new telemedicine language vendor to improve the experience
 - Will significantly increase in the number of languages offered over video (~67 vs. ~38)
 - Will expand video coverage such that all languages offered over video can be accessed 24/7 vs. just Spanish and ASL
 - Should be a more efficient and higher quality experience (e.g., require less time to connect and provide access to more certified interpreters)
- Upgrade the system to allow providers and patients to access captioning during the video visit
 - Currently testing Vidyo's closed captioning feature (which leverages Google translate) and negotiating a pricing model to include this in our new contract
 - Closed captioning is currently only available through Teams, which is not an approved telemedicine platform that is integrated within UPMC's patient portal
- Upgrade the system to allow providers/patients to use breakout rooms during group video visits

2022-23 UPMC Ambulatory In-Person & Telemedicine Visits

June 2022:

74,516 Visits via Telemedicine

10.9% of Total Visits

December 2022:

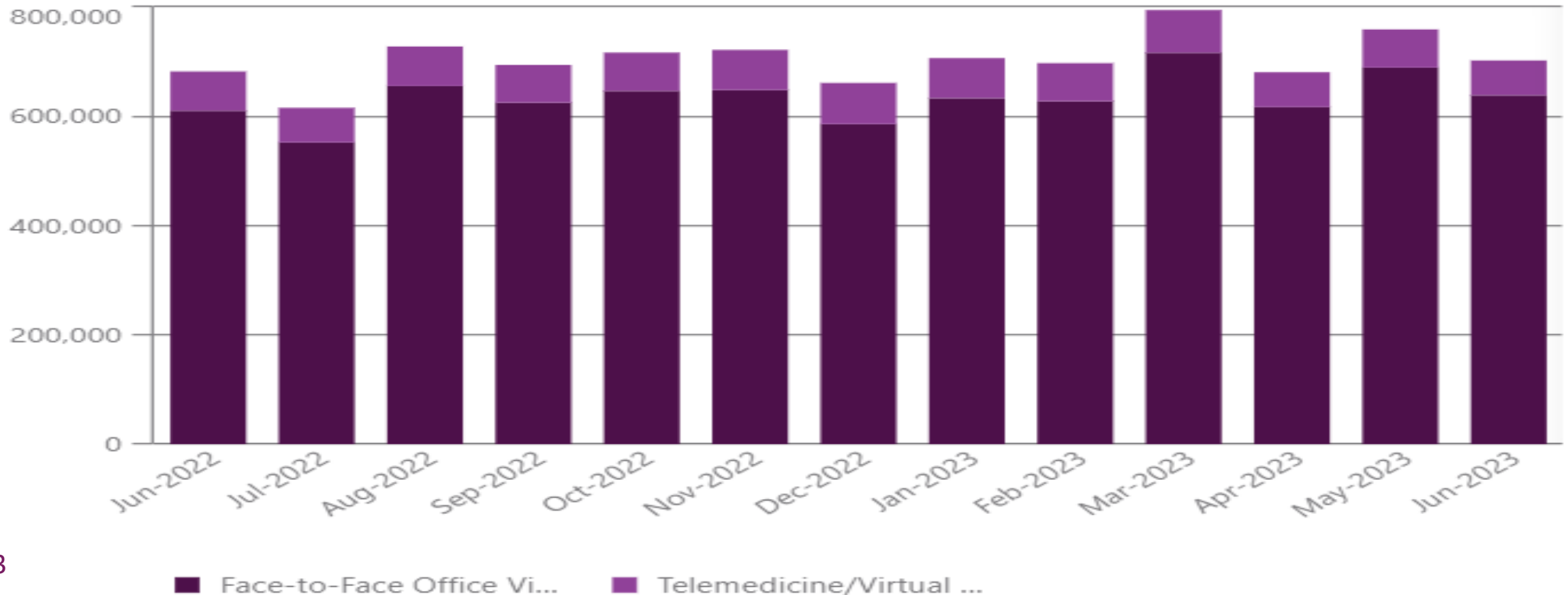
80,488 Visits via Telemedicine

12.0% of Total Visits

June 2023:

63,823 Visits via Telemedicine

9.6% of Total Visits



Improved Access for Patient with Disabilities



Barriers Getting to an In-Person Visit

For all patients, including those with physical disabilities



Paratransit services

- Not available in all regions
- Requires advanced scheduling
- Expensive



Ride shares

- Usually not accessible for wheelchairs and other accommodations
- Expensive



Public transportation

- Not available in all regions
- When available, may require a caregiver's assistance to get to a pick-up point
- Runs on a set schedule that may not accommodate appointment needs



Personal Vehicle

- May require the assistance of a caregiver who may not be readily available
- Accessible parking may be limited, given the high demand at hospitals and clinics
- Even when parking is accessible, there may be a fee to park

These challenges are magnified if the patient has a long distance to drive or if other environmental factors come into play that make leaving the home problematic.

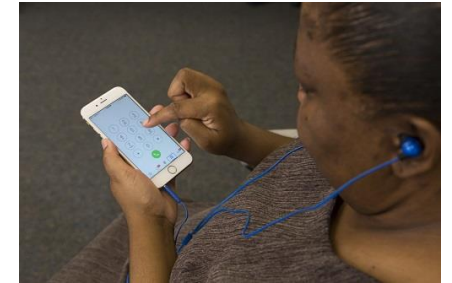
Even if patients make it to their visit, they also face complexities of getting to the right location, especially in large hospitals.

Benefits of Telemedicine for Patients with Disabilities and their Caregivers



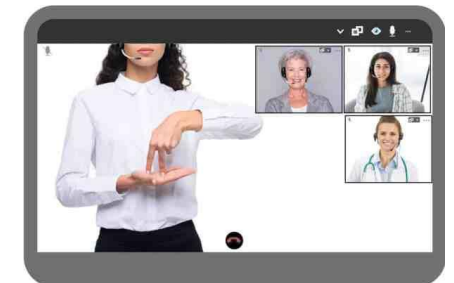
Patients who are blind

- Users can leverage the built-in screen readers available on Android and iOS devices within UPMC's patient portal and video visit software to support telemedicine visits.
- Providers can conduct audio-only telemedicine with patients through HIPAA-approved technology that masks the provider's number but identifies them as a UPMC caller.



Patients who are deaf / hard of hearing

- Providers can add a sign language interpreter to a video visit.
- Providers can use the chat function to communicate points of clarity.
- **Goal for Q4 23 / 2024:** UPMC is actively onboarding an additional interpretation vendor that will offer more sign language options.
- **Goal for Q4 23 / 2024:** UPMC is working to make closed captioning available within our approved video visit software that is leveraged in the patient portal.



Benefits of Telemedicine for Patients with Disabilities and their Caregivers



Patients with intellectual disabilities

- Providers can invite non-proxy caregivers to video visits through email or text links, regardless of the caregiver's location

Patients with social anxiety

- Patients can avoid places with many people, like hospitals and clinic waiting rooms

All patient populations

- Creates opportunities for multi-disciplinary care team video visits, reducing the need to come in for multiple visits
- Brings specialty and subspecialty care in-home or closer to home in rural and underserved areas
- Reduces exposure risk, which is particularly important for patients who are immunocompromised or are vulnerable to communicable disease.

Telemedicine – Additional Benefits for Patients with Disabilities and their Caregivers



- Patients with disabilities and their caregivers can feel a greater sense of empowerment for self-management of chronic health conditions (Forducey et al., 2012)
- The patient/caregiver experience can be enhanced through:
 - Saving the patient/caregiver time and money
 - Reducing the patient/caregiver's time away from work
 - Allowing the provider to look at the patient while simultaneously typing the note
 - Alleviating concerns that the provider did not spend adequate time with the patient because the patient did not spend an inordinate amount of time traveling and getting to the right location within the facility
- Clinical outcomes can improve, including a reduction in visits to the ED and supporting home health attendants for patients who would have difficulty managing their care with in-person visits (Young & Edwards, 2020).

Telemedicine Limitations & Opportunities



Telehealth Limitations



- Telehealth should never be a substitute for a physician exam, when required
- For patients with intellectual or developmental disabilities, it may be difficult to describe their medical problem effectively over the phone or video chat (Young & Edwards, 2020)
- Patients may not feel they are in a safe environment to speak freely about their current setting, especially in situations where there may be abuse
- Lack of tech literacy or availability to tech may require the support of a caregiver in the home or in a facility
 - A survey by the Pew Research Center showed people with disabilities are 19 percentage points less likely to own a digital device compared to those without a disability (Perrin & Atske, 2021).
- Tech can be available to accommodate patients within their video visit, but not all telehealth platforms are enabled with these capabilities, and even when they are, providers must be educated on the platform's capability and how to access it

What Can Be Done to Further Support the Disability Community Using Telehealth?

Incorporate people with disabilities and their caregivers as strategic partners to enhance the overall telehealth experience

Advocate for permanent federal and state telehealth regulations to support patients with disabilities and factor their needs into policy/regulation/guidance language

Advocate for federal or state grant funding to support patients with disabilities with devices and improved broadband strength

Consider regulations that limit added costs to the healthcare industry to accommodate patients with disabilities

References

- Forducey, P.G., Glueckauf, R. L., Bergquist, T., Maheu, M., Yutsis, M. (2012). Telehealth for Persons With Severe Functional Disabilities and Their Caregivers: Facilitating Self-Care Management in the Home Setting. *Psychological Services*, 9(2): 144-62.
- RTC:Rural. (2017). Research that Leads to Solutions for Rural Americans with Disabilities. University of Montana Rural Institute. http://rtc.ruralinstitute.umt.edu/www/wp-content/uploads/RTC-Rural_ResearchSummary_2017.pdf
- Perrin, A., & Atske, S. (2021, Sept 10). *Americans with disabilities less likely than those without to own some digital devices*. Pew Research Center. <https://www.pewresearch.org/short-reads/2021/09/10/americans-with-disabilities-less-likely-than-those-without-to-own-some-digital-devices/>
- Young, D., & Edwards, E. (2020, May 6). *Telehealth and Disability: Challenges and Opportunities for Care*. National health Law Program. <https://healthlaw.org/telehealth-and-disability-challenges-and-opportunities-for-care/#:~:text=Even%20with%20these%20limitations%2C%20research,up%20and%20educating%20of,amily%20caregivers.>