JEFFERSON HEALTH GOES ‘ALL IN’ ON TELEHEALTH

CASE STUDY
In today’s fast-paced, consumer-driven ecosystem, providers face a growing demand for affordable and accessible quality health care. To meet this need, Jefferson Health has gone all in on an enterprise-wide commitment to telehealth — leveraging a licensable technology platform provided by Teladoc, which has earned the exclusive endorsement of the American Hospital Association.

Jefferson believes its telehealth strategy — one of the boldest in the nation — is its future. “The only question becomes the timing, scope and scale at which you grow telehealth,” says Judd Hollander, M.D., emergency medicine physician and senior vice president of health care delivery innovation. He is also associate dean for strategic health initiatives at Sidney Kimmel Medical College at Thomas Jefferson University, which includes 14 hospital Jefferson Health in Philadelphia.

**A configurable technology platform for value-based care**

Teladoc’s cloud-based telehealth platform allows Jefferson physicians to conduct virtual visits with high-quality video enterprisewide, 24 hours a day, 365 days a year.

What sets Teladoc apart is that it built a Software as a Service (SaaS) consumer telehealth platform designed specifically for health systems that integrates into the electronic health record, Dr. Hollander says.

As with other health system clients, Teladoc’s licensed platform integrates seamlessly into Jefferson Health’s care delivery model. Telehealth only works if virtual office visits are as simple and productive for doctors as being face-to-face with patients. Teladoc’s solution fits seamlessly into Jefferson doctors’ traditional workflows. Now they can reliably connect with patients anywhere, from any device.

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Senior vice president of health care delivery innovation and associate dean for strategic health initiatives at Sidney Kimmel Medical College at Thomas Jefferson University
An overarching principle of Teladoc is to help clients build their business and brand, says Alan Roga, M.D., president of the company’s hospital and health systems business unit. The architecture of the platform provides for a great degree of configurability and reliability which allows seamless introduction into providers’ workflows and confidence in the solvency of the visit.

“Because we give our clients their own instance of the software, we can provide a high degree of configurability and expand our development capabilities,” Dr. Roga says. “Many of our best ideas and product features come from our clients. They help us bring new features to market, either by being test sites for those we have developed or by being co-development partners for their own ideas. For example, Jefferson does a lot of post-surgical telehealth consultations. As such, we quickly incorporated multi-user roles for additional parties to assist in the consultation as well as adding in radiology and lab capabilities to expand resources.”

Delivering better health, more affordably

The Jefferson Health team organizes its telehealth services around what it calls “The Wheel,” with levels of services tied to patient acuity (see Figure 1).

There are two primary use cases to Jefferson’s enterprisewide program, one being provider to provider, which helps smaller community hospitals treat patients with complex conditions while remaining in their community, close to family. And the other is patient to provider, where most of the system’s primary care doctors and specialists provide some form of virtual visits.

These visits are more concise and focused, says Katherine Sherif, M.D., director of Jefferson’s Women’s Primary Care and vice chair of the university’s department of medicine. “For some reason, the patients are more relaxed, don’t go off on tangents, remember things better and are more compliant. They may just be more comfortable in their surroundings.”

Source: Judd Hollander, M.D., Jefferson Health
The patient to provider use case is comprised of two main subsets. One is the on-demand telehealth program called JEFFConnect that offers around the clock services to anyone in an area where Jefferson is licensed, usually with an ED physician. Roughly 80 percent of the emergency virtual visits wind up “resolving the episode of care” without a trip to the ED or another site of care, reports Dr. Hollander. The other is the scheduled telehealth visit with primary care or specialist physicians.

In a regularly scheduled primary care visit, “I might have an hour-long, in-person, new patient visit. I order a lot of labs, and I prescribe medications,” Dr. Sherif says. “In four to six weeks, I will meet again with this patient, only this time via iPad from my office to their home or work. We do much the same visit as we would in person, going over the lab results and checking on adherence to meds, but the patient doesn’t have to spend two hours driving to and from center city Philadelphia, pay $29 for parking and wait in a waiting room. I can meet with more patients right in a row, which makes me much more productive.”

Dr. Roga adds, “That’s why Teladoc has worked so hard to bring configurability, security and reliability to the platform, because providers need to feel comfortable integrating it into their delivery model with their patients.”

Teladoc adapted the platform to accommodate a range of users, not just physicians and nurses but also for administrative staff such as schedulers who can reduce wait time as they line up patients and telehealth program managers who can monitor and report on program metrics and goals.

In all telehealth visits, video quality and multi-party video capability are paramount, Dr. Roga says. “Jefferson had the foresight to understand that multiparty video has to work within the workflow the way doctors and patients typically interact, whether a patient invites a family member, or a provider brings in a specialist. With our platform, they get an on-demand, seamless, secure solution with no dropped parties.”

Enabling physician and clinical workflows

For physicians, the medicine being practiced is much the same as in person. The key issue is their willingness to adapt to new technology. It is why Dr. Hollander stresses that any technology platform being adopted must fit within physicians’ traditional workflows.

Top three telehealth software must-haves

1. Ability of patients and physicians to connect from anywhere using any device.
2. Ability to have multiparty virtual visits with provider, patient and family without family needing to download an app.
3. Seamless, real integration into the electronic health record, not just ability to attach documents.

Source: Judd Hollander, M.D., Jefferson Health
Top three mistakes health systems should avoid in a new telehealth program

1. Don’t try to figure out what kinds of hardware and software to buy until you have developed your strategy. Strategy must come first.

2. Don’t adopt something that isn’t designed for a health system.

3. Before you sign a contact, make the vendor demonstrate its program on multiple browsers and devices behind your firewall, because that is where it has to work.

Source: Judd Hollander, M.D., Jefferson Health

Jefferson Health’s telehealth program results for direct-to-consumer care

- 40% of visits are from new patients
- >80% would have sought care elsewhere
  - Nearly half in ED or urgent care center
- Nearly 80% received no further care
  - Most of those sent to ED required admission or procedure
- Savings of approximately $100 per encounter
- Quality metrics tied to Choosing Wisely campaign
  - Antibiotic stewardship
  - Appropriate imaging

First mover advantage in bringing care to patient

For now, the focus is on proving results, both internally and externally. Data to date show that telehealth is paying off by bringing in new patients, saving money on each encounter and satisfying patients. Soon enough, that should result in interest, especially from private payers, says Neil Gomes, chief digital officer and senior vice president for technology innovation and consumer experience at Thomas Jefferson University. “This is all about avoided costs and effort, getting people to the right setting for care without involving an ED visit or tests. We need to shift investment toward a new way of interacting with patients.”

For health systems that are adopting a wait-and-see approach, Dr. Hollander has a stark warning.

“If you are not doing telehealth or starting a full-scale program now, you are taking a huge risk. “This is comparable to urgent care in 1980. Some providers thought it would just go away and now one is on every street corner.”

ABOUT JEFFERSON

Jefferson, through its academic and clinical entities of Thomas Jefferson University and Jefferson Health, including Abington Health and Aria Health, is reimagining health care for the greater Philadelphia region and southern New Jersey. Jefferson has 23,000 people dedicated to providing the highest-quality, compassionate clinical care for patients, educating the health professionals of tomorrow, and discovering new treatments and therapies to define the future of care. With a university and hospital that date back to 1824, today Jefferson is comprised of six colleges, nine hospitals, 35 outpatient and urgent care locations, and a multitude of physician practices throughout the region, serving more than 100,000 inpatients, 373,000 emergency patients and 2.2 million outpatients annually.
ABOUT TELADOC, INC.

Teladoc, Inc. is the largest and most trusted provider of virtual health care delivery services. The company provides virtual access to high-quality care and expertise with a portfolio of services and solutions, and Teladoc is the only telehealth provider with a dedicated business unit and licensable technology solution for hospitals and health systems which has earned the exclusive endorsement of the American Hospital Association. Recognized by MIT Technology Review as one of the “50 Smartest Companies,” Teladoc is forging a new health care experience with better convenience, outcomes and value.

Teladoc provides a licensable platform that hospitals and health systems can configure to create targeted programs – helping individual hospitals and health systems meet their specific clinical and financial goals. For more information, visit teladoc.com/healthsystems or call 844.798.3810.

ABOUT AHA HEALTH FORUM

Health Forum is the strategic business enterprise of the American Hospital Association (AHA) dedicated to serving member hospitals by helping them identify the optimal solutions to their most pressing market challenges. Through the AHA Endorsement, along with educational programs featuring peers and industry experts, Health Forum supports the decision-making process for hospitals looking for partners to help with clinical integration, information technology, talent management, cultural transformation, financial sustainability, the patient flow and other key challenges.

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