

Telehealth – Have We Made Progress?



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Who We Are:

Finger Lakes Community & Migrant Health - a 501c(3), Article 28 community-based organization and a federally-qualified 330(g) Community & Migrant Health Center providing comprehensive primary care services to community and migrant farmworkers in 42 counties in New York state

FLMHCP is responsible for:

- the implementation of new health and dental clinics,**
- increasing provider participation across New York State,**
- implementing DV, Mental Health and Substance Abuse programs, where there were none, and**
- inspiring four county-wide round-table coalition groups, among numerous other health-related initiatives.**

Scope of Services

Comprehensive primary care and dental services, either directly through its Sodus, Geneva and Port Byron clinics, or through its Voucher Site partners in 42 counties of NY.

In-camp Medical and Dental Programs

School-based Dental Services-Geneva School District (Ontario County)

**Other services provided:
Communicable Disease Screening (STDs, TB);
HIV Counseling and Testing;
Medicaid/Child Health Plus Enrollment;
Alcohol and Substance Abuse Services**

Challenges in Service Delivery

- **Coordination of access to Specialty Care**
- **Costs and Liability issues related to transportation of patients and case-workers**
- **Cultural and language barriers in accessing care outside of migrant clinics**
- **Education & training for providers and case-workers**

Leveraging Health Information Technology (HIT)

- Telehealth
- EMR & Practice Management Systems

Leveraging Health Information Technology (HIT)

- **Telehealth Program Development –
A 3-layer strategy**

■ **Layer 3: Program Development and Clinical & Educational Applications**

Layer 2: Infrastructure and End-User Equipment

Layer 1: Broadband

Telehealth Program Development

SHOW ME THE MONEY!!!

Layer 3: Program Development and Clinical & Educational Applications – **HRSA Network Development Grant, HEAL NY, BTOP Grants**

Layer 2: Infrastructure and End-User Equipment – **USDA TELEMEDICINE GRANT, Dept. of Commerce BTOP Grant, HEAL NY**

Layer 1: Broadband – **FCC RURAL HEALTHCARE BROADBAND FUNDS & UNIVERSAL SERVICES FUNDS**

Telehealth Program Development

FLMHCP Grant Funding Successes

Layer 3: Program Development and Clinical & Educational Applications – **HRSA Network Development Grant - \$750K**

Layer 2: Infrastructure and End-User Equipment – **USDA TELEMEDICINE GRANT - \$ 200K**

Layer 1: Broadband – **FCC RURAL HEALTHCARE BROADBAND FUNDS – Partner in the WNY Rural Broadband Healthcare Network (\$6M awarded to WNY R-AHEC)**

Telehealth Program Development

FLMHCP Program Focus

1) Telemedicine for Specialty Care:

- ENT
- Dentistry
- Dermatology
- Psychiatry

2) Distance Learning & Education:

- Staff Development and Training
- Provider CME & Grand Rounds
- Chronic Disease Management Outreach
- Migrant Education Opportunities Programs
- Interpreter Services

Typical Telemedicine System



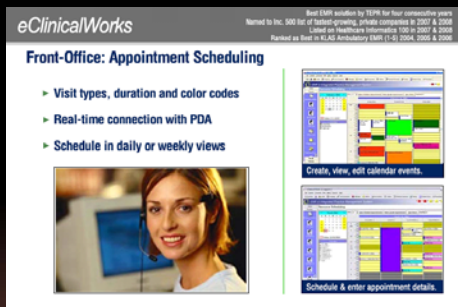
Digital Stethoscope



General Exam Camera



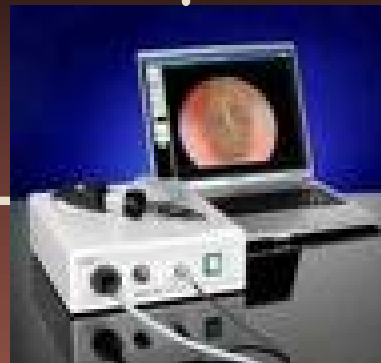
Telemedicine System



Electronic Medical Record



Dental Intraoral Dental Camera

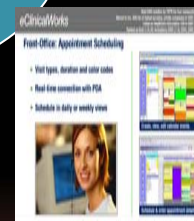


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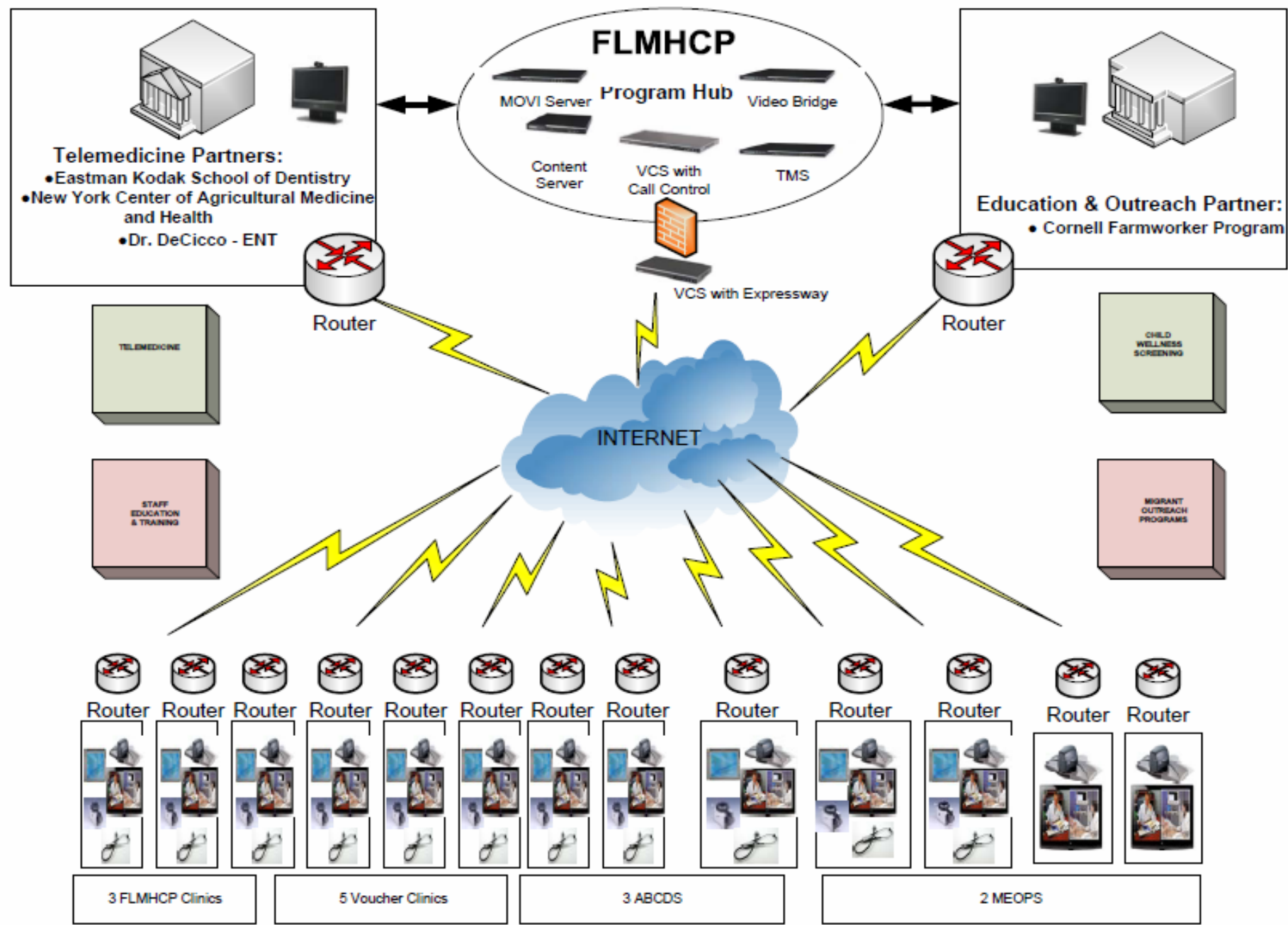
Telemedicine Consultation – Other Views



INTERNET



FLMHCP Telemedicine & Learning Network



Telehealth Program Development Challenges

- **Lack of consistent telemedicine reimbursement policies between Federal, State and private payers**
- **Developing clinical and staff champions within the program**
- **Lack of State-supported Telemedicine Infrastructure in NY**
- **Seamless Integration of Layer 1 (Broadband), Layer 2 (Systems & Equipment) and Layer 3 (Applications and Program Development) into a cohesive and sustainable model**

Telehealth Program Development

Lessons Learned

- **Start small with an evaluation model to familiarize with equipment and process flow**
- **Reach out to folks who have done this**
- **Develop a community partnership model with like-minded organizations**
- **Beware of the hype!! Educate yourself and ask a lot of questions!!!**
- **Technology is the easy part – Focus time, effort and money on program development and on a sustainable business model**

IMAGES



So, in conclusion, the answer to the question is:

Yes – we are making progress, but in silos.

True progress will come when we start breaking out of our silos and working together,

along with effective reimbursement and credentialing policies and committed support from the payer organizations and the State

THANK YOU!!

Q&A