



Telehealth for Rural Communities

Webinar Hosted by:



46 Million Reasons

While only 14 percent of Americans—almost 46 million people—live in rural areas, rural communities represent nearly two-thirds of primary care health professional shortage areas.

The Kaiser Family Foundation estimates that an additional 14,858 health care providers are needed to eliminate this shortage across the country.



[Source: CAP Center for American Progress](#)

A tall, metal windmill structure stands in a rural field at sunset. The windmill has a lattice tower and a large, multi-bladed wheel. The sky is a warm, golden yellow, and the field is dark and silhouetted.

REALIZED COST SAVINGS AND IMPROVED PATIENT OUTCOMES FOR RURAL COMMUNITIES

Essentially, telemedicine allows for remote check-ups, diagnoses, and recommendations provided by specialists, resulting in improved quality and frequency of care. By adopting telehealth technologies, hospitals and their communities in rural settings will notice quantifiable and non-quantifiable benefits. Research outlined in "Anticipating Economic Returns on Rural Telehealth," presented by The Rural Broadband Association, found that telehealth results in:

- Improved access to specialists.
- Faster treatment.
- Elimination of long-distance transportation.
- Sharpened skills for health care providers.
- Improved patient outcomes.

Speakers & Panelists



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OKLAHOMA STATE UNIVERSITY



Rhett Stover, MHA, FACHE
Chief Executive Officer



Free Medical Clinic
FMCOR.ORG



Billy Edmonds
Executive Director



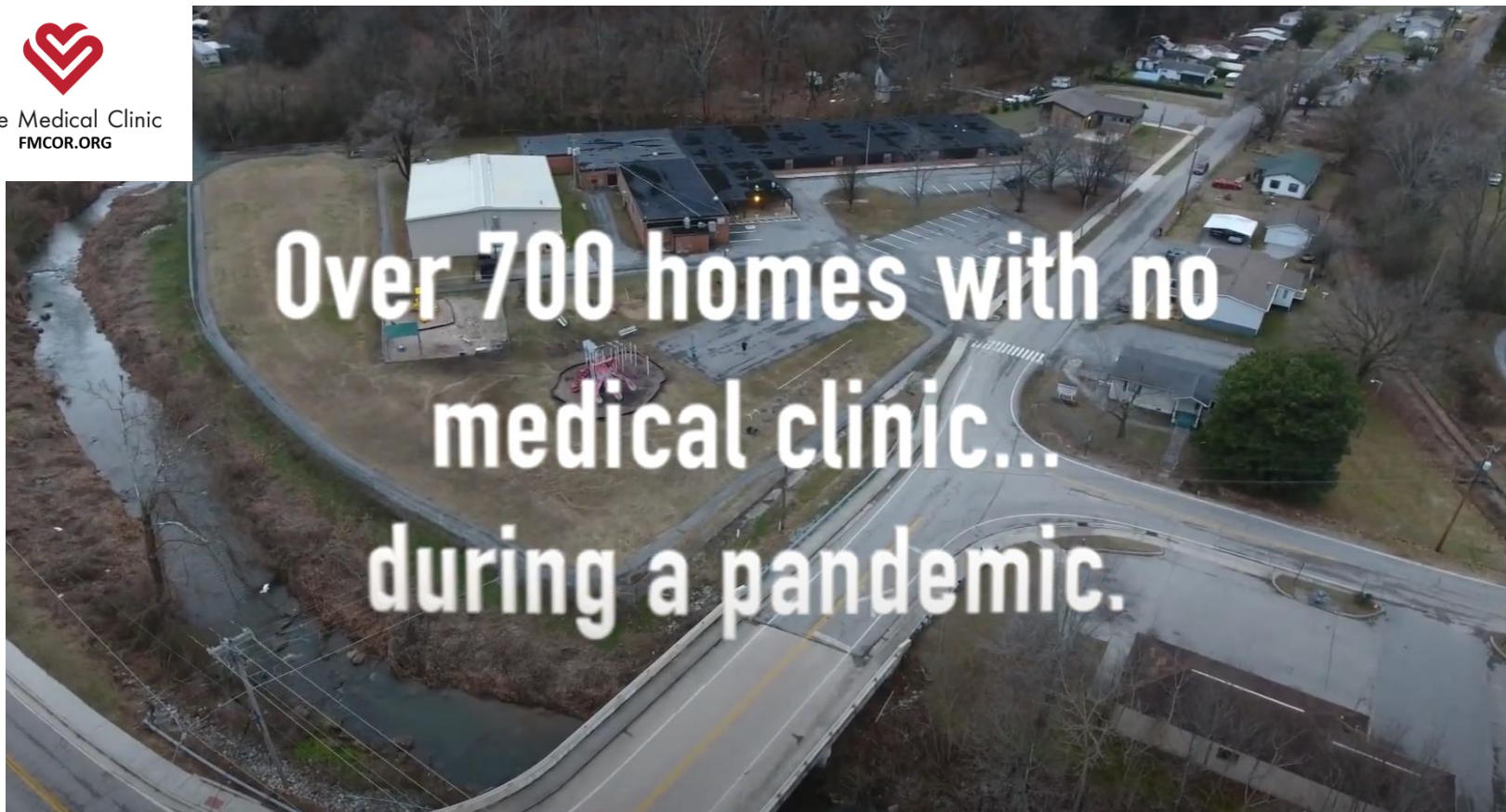
Zach Ninteman
Director of Growth



Moderator:
Keri Souza
VP of Marketing, AMD Global Telemedicine



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[Video](#)



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Billy Edmonds
Executive Director

The Need for Telehealth in Our Community

Anderson County population: 75,538

Poverty Rate: 16.3% or 12,158

Uninsured: 8.7% or 6,640

Morgan County population: 21,639

Poverty Rate: 22.9% or 4,958

Uninsured: 11.5% or 2,485

Roane County population: 52,906

Poverty Rate: 15.4% or 8,390

Uninsured: 9.4% or 5,040

During Covid-19 we had two objectives and Telehealth was critical in the success:

1. Continue Primary care while protecting our patients from Covid-19
2. Protecting our providers and personnel from Covid-19

How did Telehealth help us reach those objectives?

How have we evolved?

How has Telehealth served both patient and provider, during Covid and now?

*At any given time over **14,000 qualifying patients** with at least 3 visits a year **totally over 42,000 patient encounters** or appointments could need our services. That is the potential we must be prepared to serve.*

What if they all called for appointments? Capacity issues – with a diversified patient care stream we can better serve our patients, address travel issues, and maximize resources and human capital for in patient care



Implementation and adoption of telehealth among providers, clinicians, and rural patients

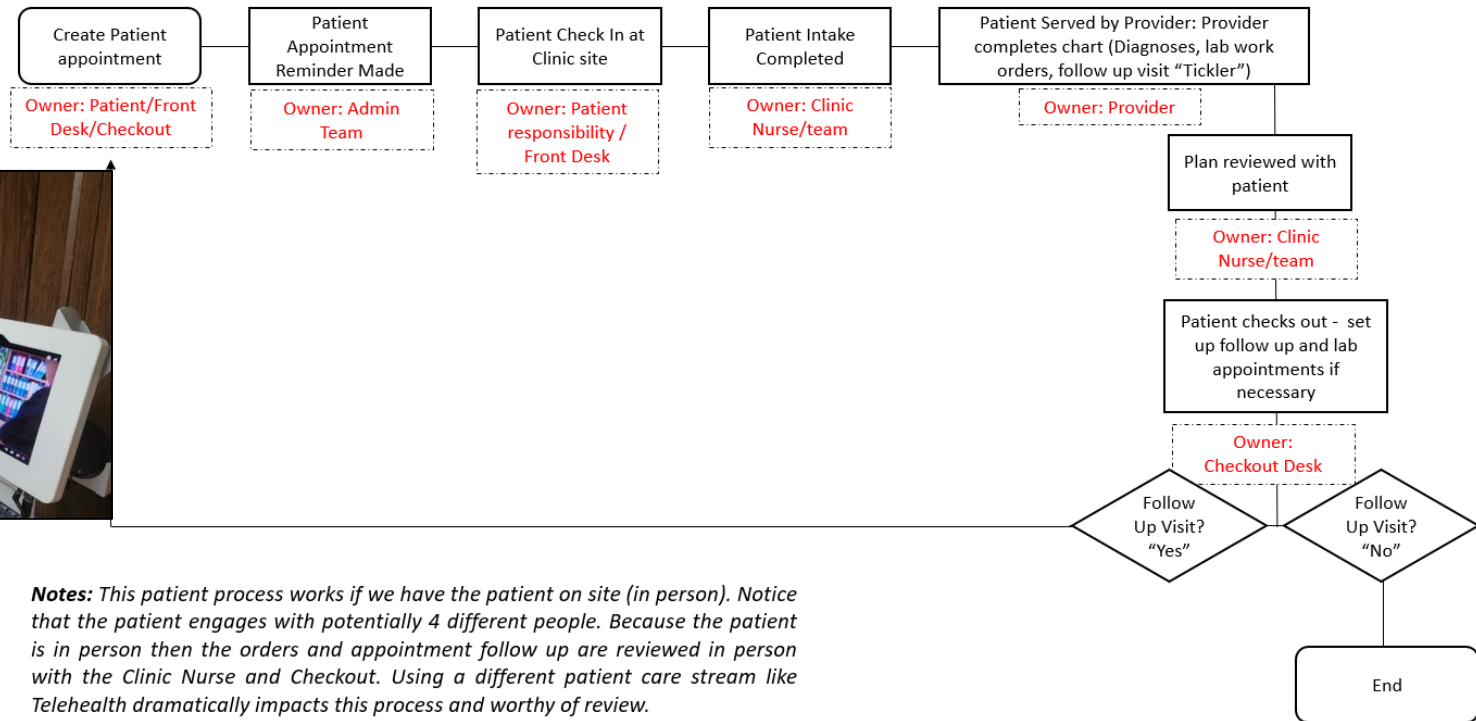
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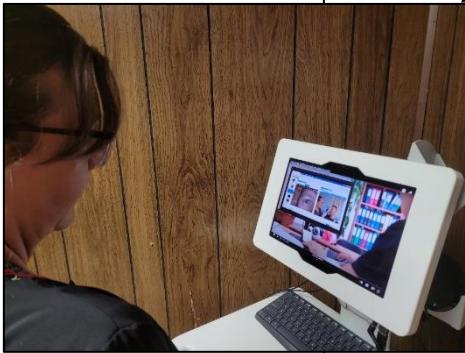
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How did FMC integrate telehealth technology into everyday patient care and work flow?

Image 1: In Person, At clinic site Patient Care Processing

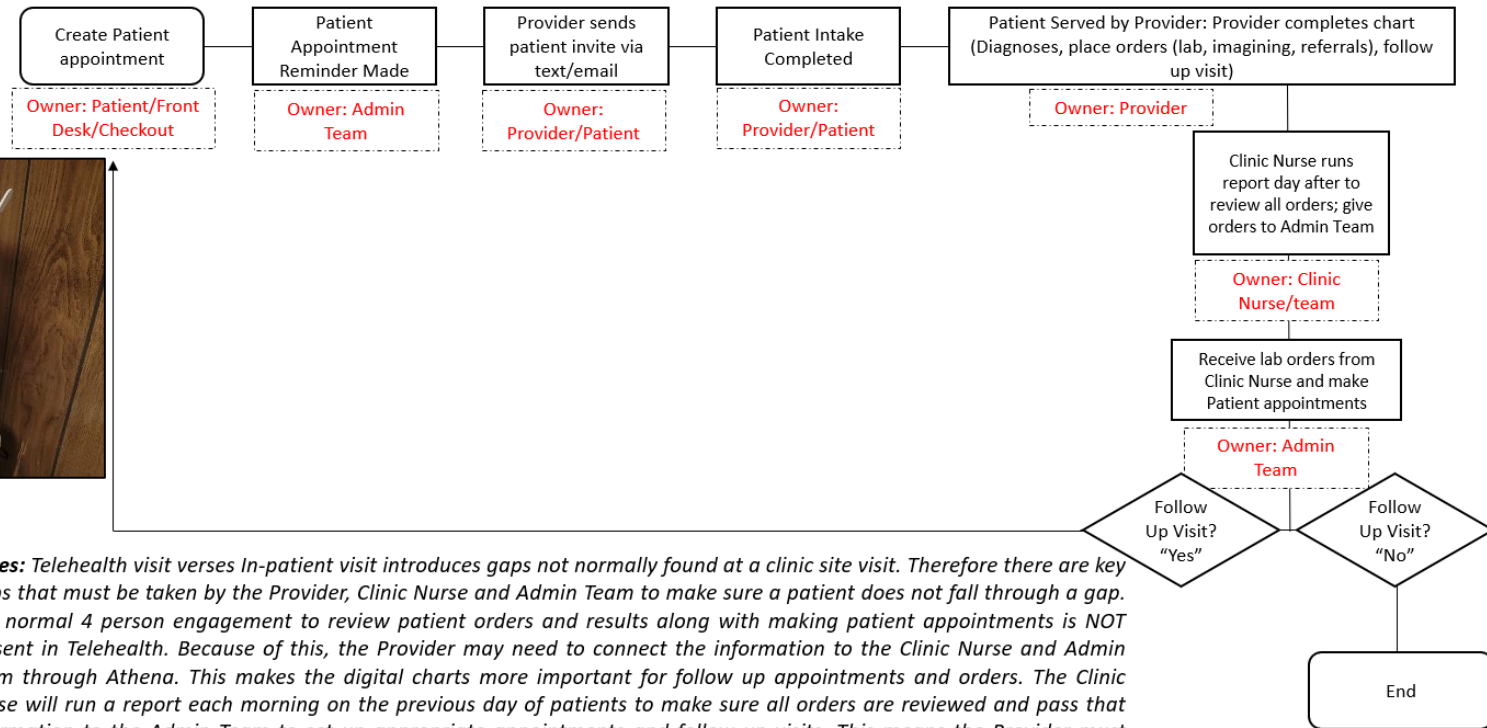


Notes: This patient process works if we have the patient on site (in person). Notice that the patient engages with potentially 4 different people. Because the patient is in person then the orders and appointment follow up are reviewed in person with the Clinic Nurse and Checkout. Using a different patient care stream like Telehealth dramatically impacts this process and worthy of review.
See Image 2 "Telehealth" Visit



How did FMC integrate telehealth technology into everyday patient care and work flow?

Image 2: Telehealth Visit - Patient Care Processing



Notes: Telehealth visit verses In-patient visit introduces gaps not normally found at a clinic site visit. Therefore there are key steps that must be taken by the Provider, Clinic Nurse and Admin Team to make sure a patient does not fall through a gap. The normal 4 person engagement to review patient orders and results along with making patient appointments is NOT present in Telehealth. Because of this, the Provider may need to connect the information to the Clinic Nurse and Admin Team through Athena. This makes the digital charts more important for follow up appointments and orders. The Clinic Nurse will run a report each morning on the previous day of patients to make sure all orders are reviewed and pass that information to the Admin Team to set up appropriate appointments and follow up visits. This means the Provider must complete each patient's charts and orders prior to day's end. If an order or chart is completed after the end of a day, it is the Provider's responsibility to contact the Clinic Nurse about the order.





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Rhett Stover, MHA, FACHE

Chief Executive Officer

Our Mission

Our mission is to transform the healing experience for patients and communities by **providing a digital doorway to 24/7/365 medical care** that gives patients the attention they need, enhances clinician and patient satisfaction, and improves clinical and financial outcomes for rural acute, critical access, and community hospitals.



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SOLUTION

Our Commitment



ALWAYS ON ALWAYS THERE

Our medical services are available 24/7/365 in your community.



HAPPIER PATIENTS, EMPOWERED NURSES

We empower nurses with the resources to treat patients in place.



CLINICALLY INTEGRATED

We integrate within your clinical workflow to fully support your care needs.



MORE RESPONSIVE, COST EFFECTIVE

We deliver more responsive care than traditional models.



BETTER OUTCOMES, IMPROVED FINANCIAL HEALTH



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We protect your bottom line by treating more patients at your hospital.

Some of the Challenges Impacting Our Community Hospital Partners...



**Physician Staffing
Costs**



**Access to Quality
Physicians**



**Shifting Community
Demographics**



Payment Reform



**Patient Retention/
Transfers to Tertiary Care Centers**



**Throughput/LOS
Metrics**



**Recruitment
Challenges**



**Ancillary/
Specialty Services**



**Consistent, Data-
driven Medical Care**



**Increasing Reliance on
Tech-Enabled Care**




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Powered by **TeleHealth**
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OSU Virtual Care Provider Network

Access Expert Team of Specialists for 24/7/365 Care

- + Board-certified, Oklahoma licensed and **credentialed by OSU Medicine**
- + Medical-practice continuity per community
- + Embedded in your clinical and operational workflow to support your hospital's success in demonstrating clinical quality, outcomes, and patient satisfaction
- + Robust specialty network offers greater expertise for complex and proactive care

- 
- ✓ Hospitalists
 - ✓ Behavioral Health*
 - ✓ Cardiology*
 - ✓ Neurology*



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Partnership Benefits

We're committed to delivering superior multi-specialty medical care 24/7/365 to help **reduce patient length of stay and transfers, stabilize and grow your hospital census, and enhance your brand reputation** through expanded clinical capabilities.



Expand Point of Care:

- + Hospital admissions and discharges
- + Scheduled hospital rounds
- + Change of condition/floor calls
- + Interdisciplinary team rounding
- + Advanced directives



Quality Improvements:

- + 30-day preventable hospital readmissions
- + CMS five-star quality rating
- + Case Mix Index integrity
- + Treating in place
- + Timeliness of care
- + Patient satisfaction



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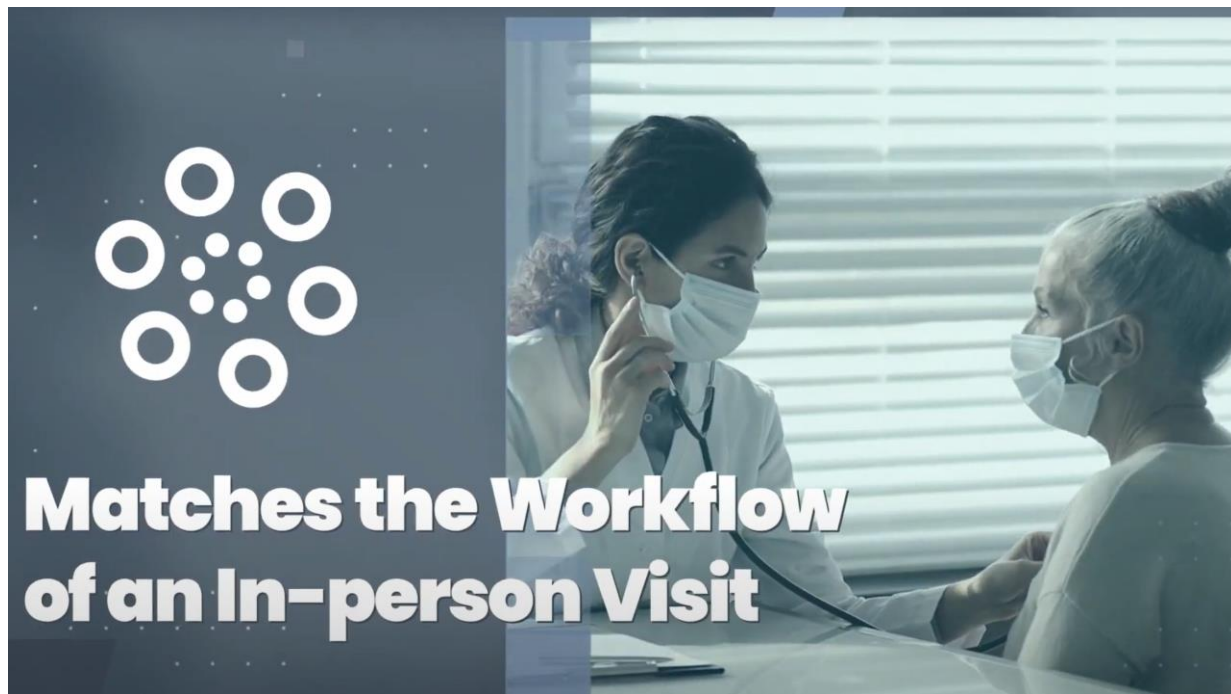
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Technology Use Case Overview



Zach Ninteman
Director of Growth

How technology supports a hybrid model

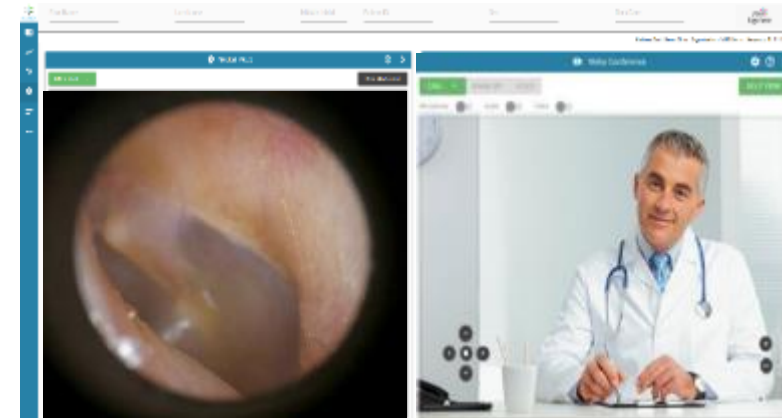


Use Case: Pediatrics



Pediatric Care:

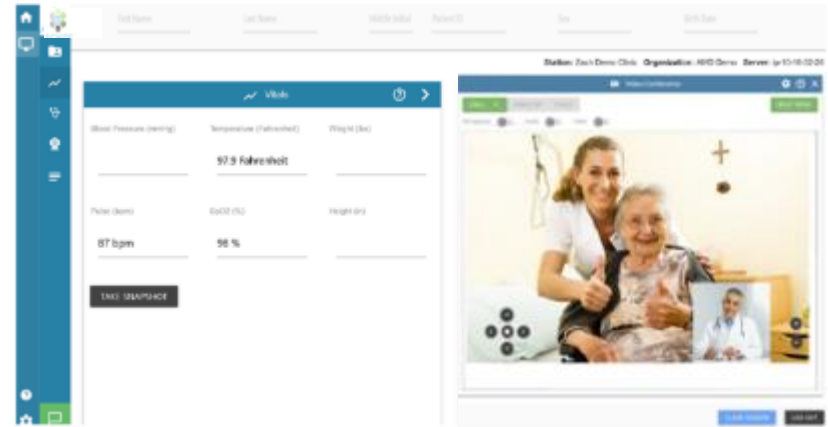
- Stethoscope
- ENT scope
- Dermoscope
- General imaging camera
- Dental camera
- Vitals



Use Case: Post Acute



- Stethoscope
- Vitals
- General imaging camera
- Dermoscope



Specialty Use Case: Cardiology



Cardiology

- Stethoscope
- EKG
- Vitals

