Avera eCorrectional Health

Avera Health – Sioux Falls, SD

Background
Beginning in 1993, Avera Health offered eConsult services to rural, frontier and critical access hospitals that were part of the Avera Health system. Ten years later, eCARE expanded to provide eICU care. In addition, Avera eCARE delivered 24/7 access to a wide range of medical specialists and referrals to specialty care for a growing number of underserved populations and communities. In 2009, Avera eCARE launched eEmergency and ePharmacy for all of Avera’s rural hospitals. Additional funding from the Helmsley Charitable Trust and other sources allowed expansion to more than 200 facilities across eight states and the ability to serve partners outside Avera Health. By 2012, eCARE services were available for long-term care and correctional facilities. Avera eCARE telemedicine professionals work together 24/7/365 in the eHELM, a virtual hospital hub, also created in 2012 with the assistance of the Helmsley Charitable Trust.

Program Overview
Health care systems, hospitals, outpatient clinics, long-term care organizations and correctional facilities take advantage of Avera eCARE to support their onsite staff members and services; deliver fast response to patients’ health needs, including urgent and critical care; help avoid unnecessary transfers; reduce patient travel time and expense by improving care for residents where they live; and coordinate referrals to additional medical specialists.

eCorrectional Health, currently in use at four South Dakota correctional facilities, provides fast, secure and safe access to urgent care for inmates at correctional facilities. Inmates typically experience high rates of chronic medical conditions, especially viral infections, so by providing immediate and effective medical care, the entire prison population stays healthier than if health conditions go untreated or don’t receive prompt attention.

Delivering appropriate health care for inmates affects correctional facilities’ ability to wisely use taxpayer dollars and effectively manage facility budgets. By partnering with eCorrectional Health, facilities gain immediate access to 24/7/365 urgent care through interactive video technology located at the correctional facility.

Here’s how it works:

1. The eCorrectional Health team implements high-definition telemedicine equipment into the correctional facility and trains facility staff.

2. At the correctional facility, inmates enter an exam room equipped with a camera and monitor. Facility staff pushes a button to call eCorrectional Health.

3. Using high-definition two-way video technology, eCorrectional Health advanced practice providers and emergency medicine physicians respond to the call within 30 seconds.

4. An urgent care visit is conducted for inmates with a variety of health care complaints such as chest pain, abdominal pain, minor trauma, lacerations or neurological issues.
5. Staff may also use diagnostic medical equipment such as a stethoscope or otoscope that sends readings to an eCorrectional Health specialist.

6. The virtual assessment supports the onsite clinician in delivering medical care or determining if the situation requires a transfer.

The eCorrectional Health team supplies monthly reporting, ongoing education and recommendations to continually improve processes and delivery of care.

**Impact**
The eCorrectional Health program helps participating facilities conduct cost-effective initial triage of health situations where the potential for malingering exists; receive immediate contact with a consulting provider in a safe, controlled environment 24/7/365; save taxpayer dollars and better manage their health care budget through reduced transfers and immediate, expert care; and collaborate with other medical professionals for reviews, consultation and advice.

Results for the past 12 months include 220 potential transfers avoided – 42 percent of encounters, and $92,000 total estimated costs avoided.

**Lessons Learned**
Avera was fortunate to work with a strong team within the South Dakota correctional institutions to learn the unique aspects of delivering quality care to an inmate population. In return, Avera provided clinical skills training to the onsite nursing staff to improve their ability to care for additional patients in-house. This training has served as an important opportunity to build support and awareness for the program, even with more frequent staffing turnover.

**Future Goals**
Avera plans to continue to serve South Dakota prisons with quality telemedicine services, while evaluating opportunities to serve other states with similar needs. This includes goals for maintaining or increasing utilization among the prisons, while considering opportunities for clinical service expansion.

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July 2016