

Avera eLongTermCare

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.

eLongTermCare (eLTC) provides urgent care and specialty virtual visits for residents at long-term care facilities. In addition, the eLTC team provides training and education to staff, easy access to care for residents and assistance with the management of care transitions.

eLTC collaborates with the participating facility's team to provide urgent care visits to respond rapidly and help avoid emergency department admissions when possible; eConsult services for scheduled specialty care; admission coordination and transitional care; education and tools to help facility staff look for early symptoms, build assessment skills, recognize issues and provide proactive care for residents; and assistance with the management of care transitions including admission chart reviews and discharge follow-up.

Here's how it works:

1. The eLTC team integrates high-definition telemedicine equipment into a participating long-term care facility. They gain access to the facility's electronic medical records to view patient history and information, as needed.
2. The collaborative process begins with an eLTC interdisciplinary review of each admission. All recommendations and orders are then shared with both the long-term care facility staff and the patient's primary care physician. If necessary, a video consult is arranged.
3. During a video consult, bedside staff may use diagnostic medical equipment such as a stethoscope or handicam that transmits to an eLTC specialist.

4. In addition to a comprehensive medication review by an eLTC specialized pharmacist, other specialists, such as behavioral health providers, social workers and geriatricians, are available for consults.
5. eLTC staff are also available for consults on a routine or as-needed basis for more urgent concerns.

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

Impact

The eLTC program helps participating facilities improve quality of care and help increase or maintain Centers for Medicare & Medicaid Services (CMS) five-star ratings; reduce avoidable hospital ED visits and readmissions; have 24/7 access to an expert team of health professionals; have 24/7 access to a team that is readily available to answer any medication questions, reconcile medication, review medications upon admission, assist with change of condition questions and participate in disciplinary team meetings; and receive support for value-based purchasing by reducing hospitalizations, readmissions and ED visits that also help the facility retain revenue.

Results for the past 12 months include responding to 280+ encounters per month across 30+ facilities; avoiding transfers – 90 percent of urgent care encounters are able to be treated at the long-term care facility with eLTC; and providing education on wound care, head-to-toe assessments, INTERACT, advance care planning, pharmacy interventions and much more.

Lessons Learned

Early efforts in eLTC focused solely on urgent care. eCARE clinicians often felt that the call for help came too late to prevent a transfer. With Center for Medicare & Medicaid Innovation (CMMI)* funding, eCARE was able to hire a dedicated, geriatrician-led team to create a more robust program that focused on newly admitted patients and prevention of the common causes of hospital admission. This new team has continued to develop the service into a comprehensive offering that addresses the short-term and long-term needs of each resident.

Future Goals

Avera continues to work with CMMI funding, while planning for sustainability once the funding ends. This includes contracting directly with several facilities for services outside of the CMMI award. In addition, eCARE has partnered with several multi-center systems through the CMMI award who have expressed interest in expanding their contracts to additional centers. This vote of confidence in the service by existing users points to a strong future for eCARE's newest service line.

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