

A blue-tinted illustration of a human head in profile, facing right. The brain is highlighted in a vibrant orange-red color, with some neural pathways visible. The background is a dark blue gradient.

Building ACCESS-able Healthcare in NM through collaboration and technology

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Inception: What's the situation?

- Under served state
 - Lack of specialists
 - Most providers uncomfortable with neuro patients
- Long distances
 - Geographically 5th largest state
 - 6th least populated – 17.2 people/mi²
- UNMH only level 1 trauma center in NM
- 47th state by per capita income (2015)
- #1 state Medicaid enrollment (34.74% 2015)



Inception: What's the outcome?

- High cost of transports
- Unnecessary transports
- Transports out of state
- Longer times to diagnosis and care
- Low usage or long time to tPA administration
- Poorer outcomes (time is brain)
- High cost of care
- Struggling rural hospitals & communities
- Hospital liability



Inception: What can be done?

- Desire: to positively impact the issues
- Small business collaboration with Universities or other healthcare entities
- Collaborate – write a grant!
- CMS Innovation Cooperative Agreement awarded September 1, 2014





WHAT MAKES ACCESS TELEMEDICINE UNIQUE?

1. Strengthen Rural Hospitals – Empower them to become the Anchor Institution in their Communities.
2. Minimize Healthcare inequities for patients in rural and underserved communities.
3. Partnering with the local hospitals and stakeholders as part of the UNM – HSC mission to build a culture of health.
4. Save costs to the healthcare delivery system in rural and underserved areas.



Rural Hospitals/Communities At Risk

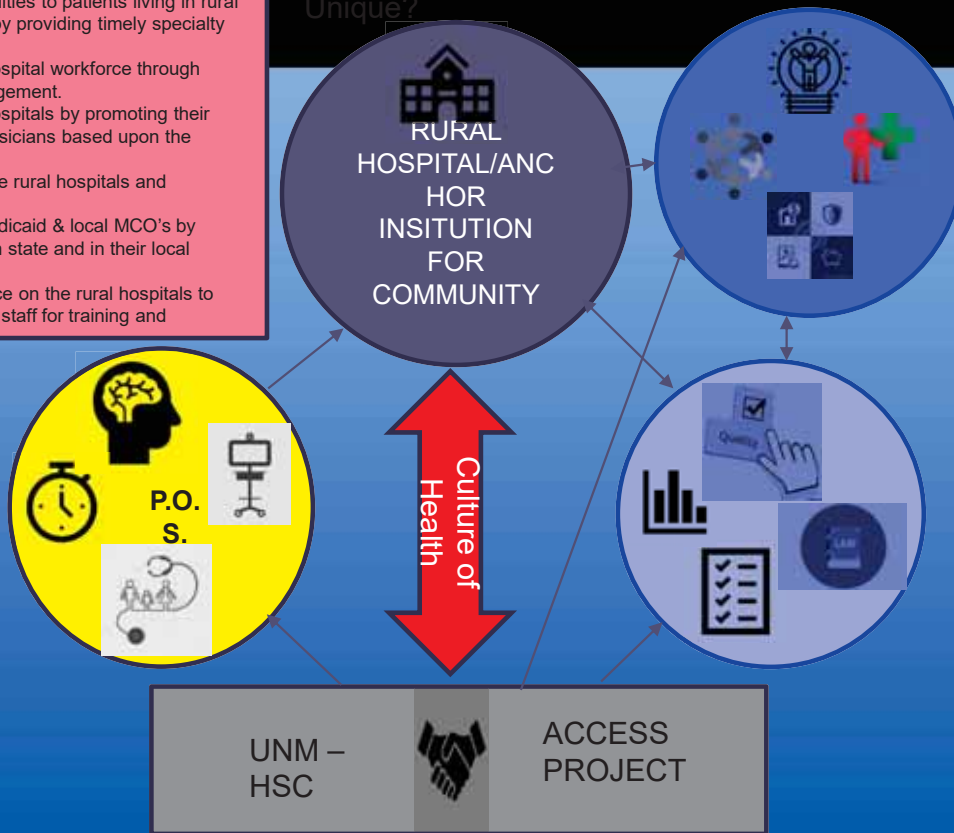
ACCESS Model supports Rural Hospitals to:

- Become Anchor Institutions for quality healthcare in their communities so they can keep their patients locally.
- Closing Gap of healthcare inequities to patients living in rural and underserved communities by providing timely specialty services.
- Providing support to the rural hospital workforce through education and community engagement.
- Providing support to the rural hospitals by promoting their recruitment and retention of physicians based upon the partnership we provide.
- Keeping healthcare dollars in the rural hospitals and communities.
- Avoid out-of-network cost to Medicaid & local MCO's by keeping the Medicaid patients in state and in their local communities.
- Providing continuous surveillance on the rural hospitals to detect turnover in medical/clinic staff for training and educating purposes.

What Makes ACCESS Unique?

Supporting Rural Hospitals by:

- Providing specialty services in timely manner.
- Providing at the Point of Service consults through audio/visual telemedicine technology
- Allows for patients and their families to discuss care options with consulting specialist, local physicians and staff and/or community social services.



Changing Culture of Healthcare Delivery at Rural Hospitals by providing:

- Medical Education and access to network
- Community Engagement around rural hospital
- Financial Savings by:
 - Providing more timely care to minimize long term rehabilitation costs to payers
 - Keeping patients in their local hospitals
 - Avoiding unnecessary expensive transportation costs
 - Saving patients and families costly co-pays and travel expenses
 - Fee per episode based model essential for rural hospitals and underserved communities.

Data Collection to Provide Stakeholders:

- Quality Outcome Data, Analysis, Reporting
- Financial Outcome Data, Analysis, Reporting
- Data to create and implement to governmental bodies (CMS, State, e.g.) for healthcare reform.





19 Live
2 Implementation
18 Remaining

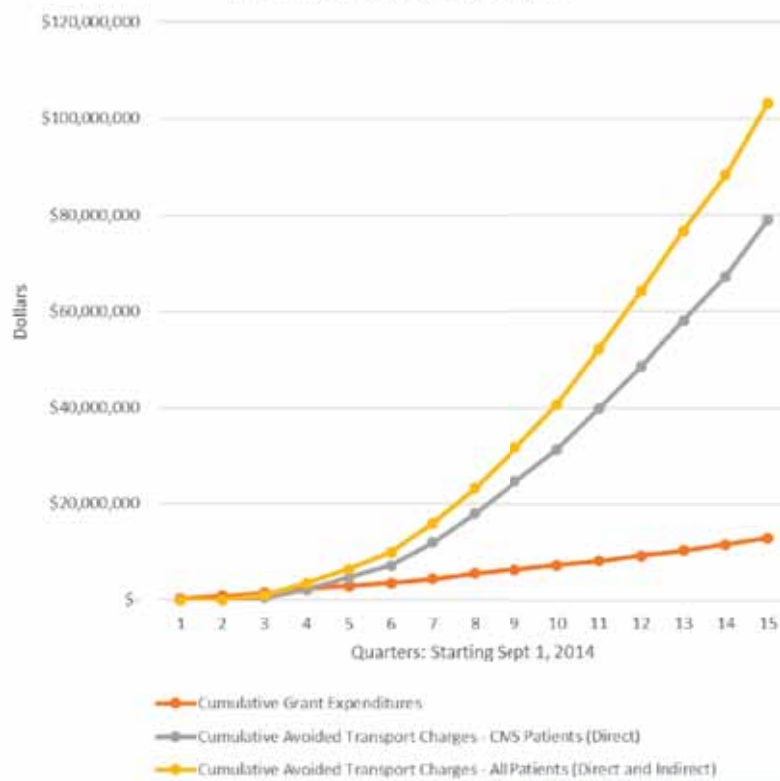
39 Total EDs





Results: Avoided transport \$s

ACCESS Award Cumulative Actual Expenditures
vs. Cumulative Estimated Avoided Transport Charges
For Neuro-Emergent Patients





Results: Patient satisfaction

- Telemedicine Satisfaction Questionnaire (Percentage of patients who agree with statement)
- I can easily talk to my healthcare provider: **96%**
- I feel comfortable communicating with my healthcare provider: **95.2%**
- I obtain better access to healthcare by using telemedicine: **96.2%**
- Telemedicine saves me time travelling to other hospitals: **96%**

Overall satisfaction with telemedicine: 97.5%



Impacts:

- >\$160M in avoided Tx charges
 - >7000 consultations (Sept 2019)
 - Average air ambulance billing: \$45,937 -2015
 - ~65% avoided transports (conservative)
- Increased tPA administration (1% to 20%)
 - longer life
 - better quality of life
- Comfort measures



Impacts:

- Patients
- Families
- Hospitals
- Communities
- Reduced CO₂ emission





Epilog: What now?

- Fly the plane
- Medicaid reimbursement (Done Jan 2019)
- Cardiology – in implementation
- Medicare reimbursement – P-TAC
Unanimous vote 9-16-19 to work with
CMS and implement nationwide
- Expansion
 - More hospitals
 - More disciplines





Why did it succeed?

Good planning

Attention to details

Ignore the unimportant

Singleness of purpose - tenacity

Sense of humor

Diversity

Lessons learned



What's important to you
How do you want to live your life
How do you make a difference



 **ACCESS**

The logo for ACCESS, featuring a stylized 'A' icon composed of three colored triangles (blue, yellow, red) to the left of the word 'ACCESS' in a bold, grey, sans-serif font.