General Assembly Joint Legislative Oversight Committee on Health and Human Services

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DukeHealth

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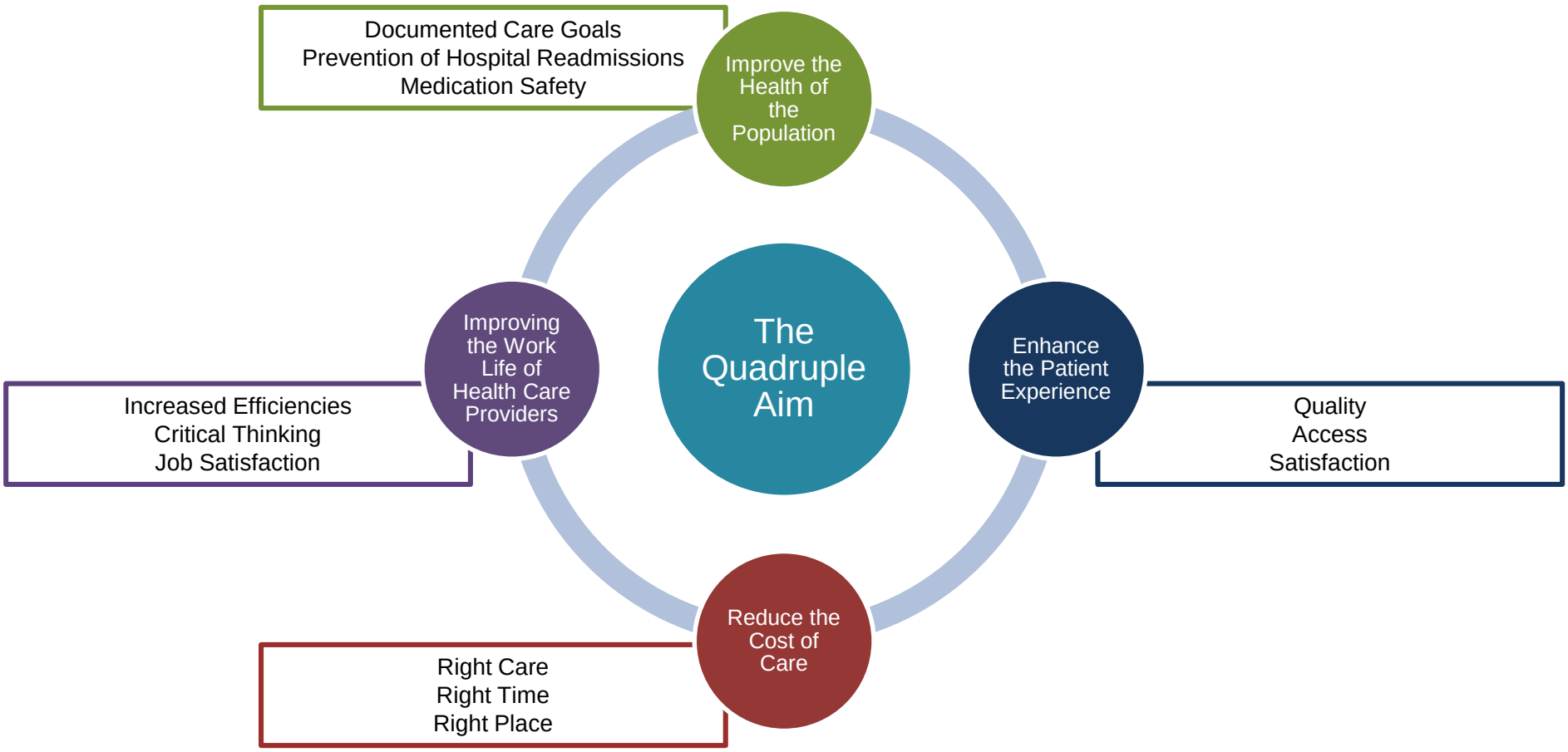
The Quadruple Aim

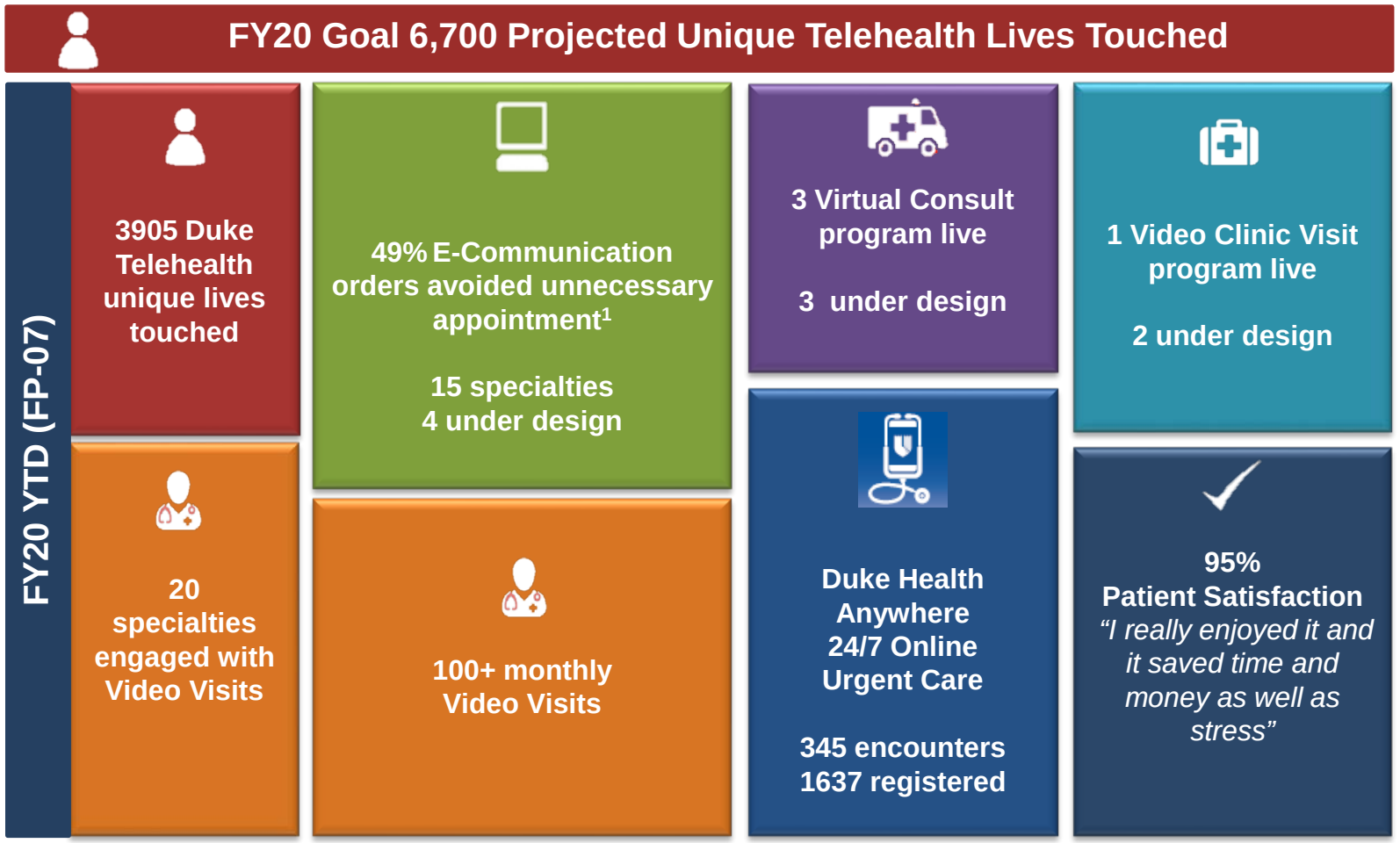


Duke Telehealth Journey

- Began with Telestroke in 2013
- Committed to developing telehealth services in 2015 with creation of the Duke Telehealth Office
- Now has many virtual care services with more starting each year

- Value Proposition:
  - Improved Access for Patients
  - Reduced travel and less facility traffic
  - Greater Patient satisfaction
  - Grater efficiency of care delivery
  - More appropriate use of subspecialty care
  - No loss of care quality
  - Wider impact of tertiary care expertise
  - Broader implementation of best practices

Duke Telehealth Current Status – FY20 YTD

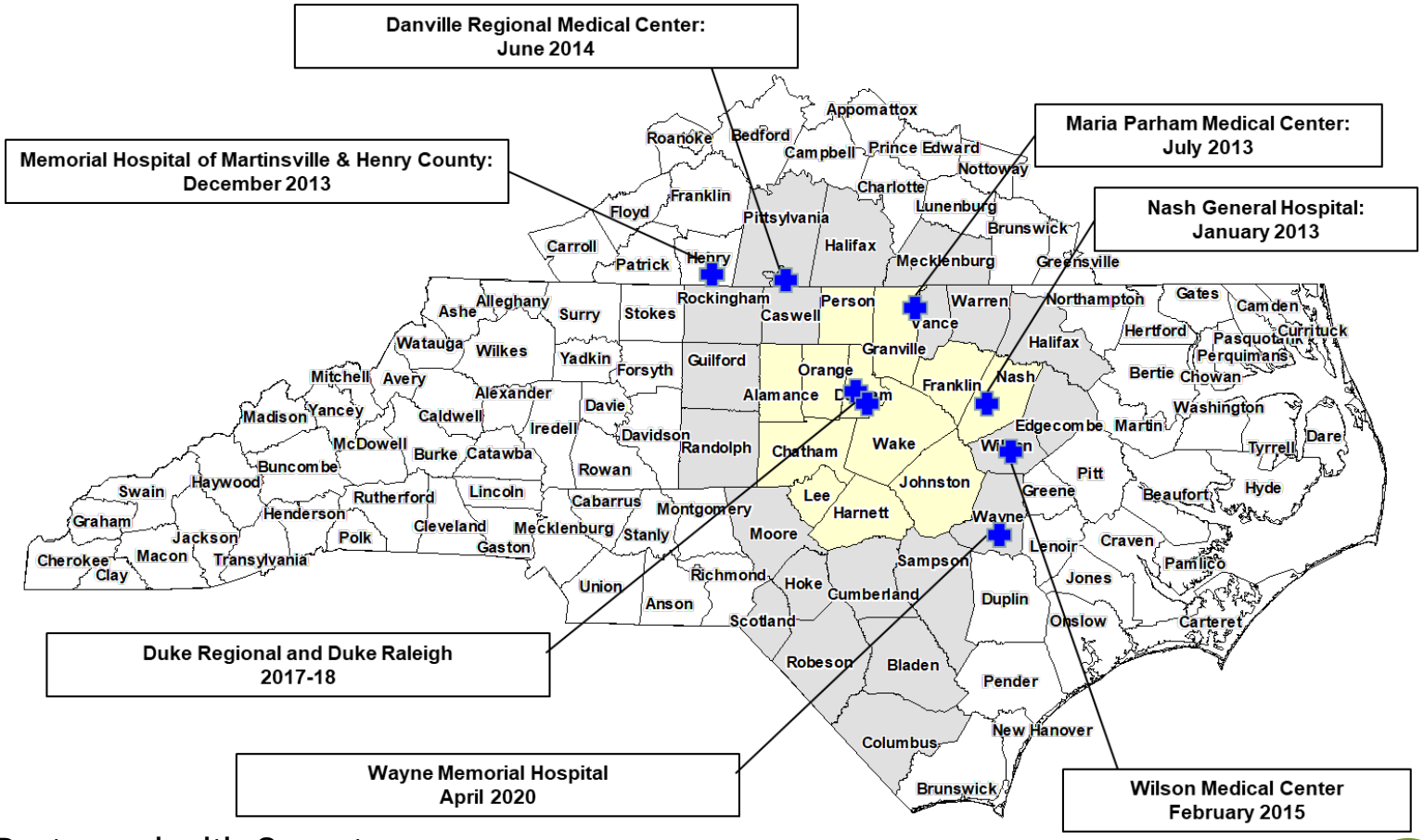


- Stroke is the 5th leading cause of death in US.
  - Is **3rd leading cause in some NC counties**
- 795,000 people in the United States have a stroke each year
- Someone in the United States has a **stroke every 40 seconds**.
  - Every 4 minutes, someone dies of stroke
- Stroke **costs** the United States an estimated $34 billion each year.
  - This total includes the cost of health care services, medicines to treat stroke, and missed days of work.
- Stroke is a **leading cause of serious long-term disability**.
- Early identification and intervention is associated with improved outcomes.

- Source: https://www.cdc.gov/stroke/facts.htm

- The program goal is to collaborate with community hospitals to improve stroke care throughout the state by improving care locally at each partner center.
  - Direct and immediate access to stroke experts
  - Expedited access to tertiary care when appropriate
  - Provide education and training to local providers
    - Rapid Implementation and maintenance of best practices
  - Feedback on performance and outcomes
  - Retention of appropriate patients locally

The Duke Telestroke Network – Community Partners

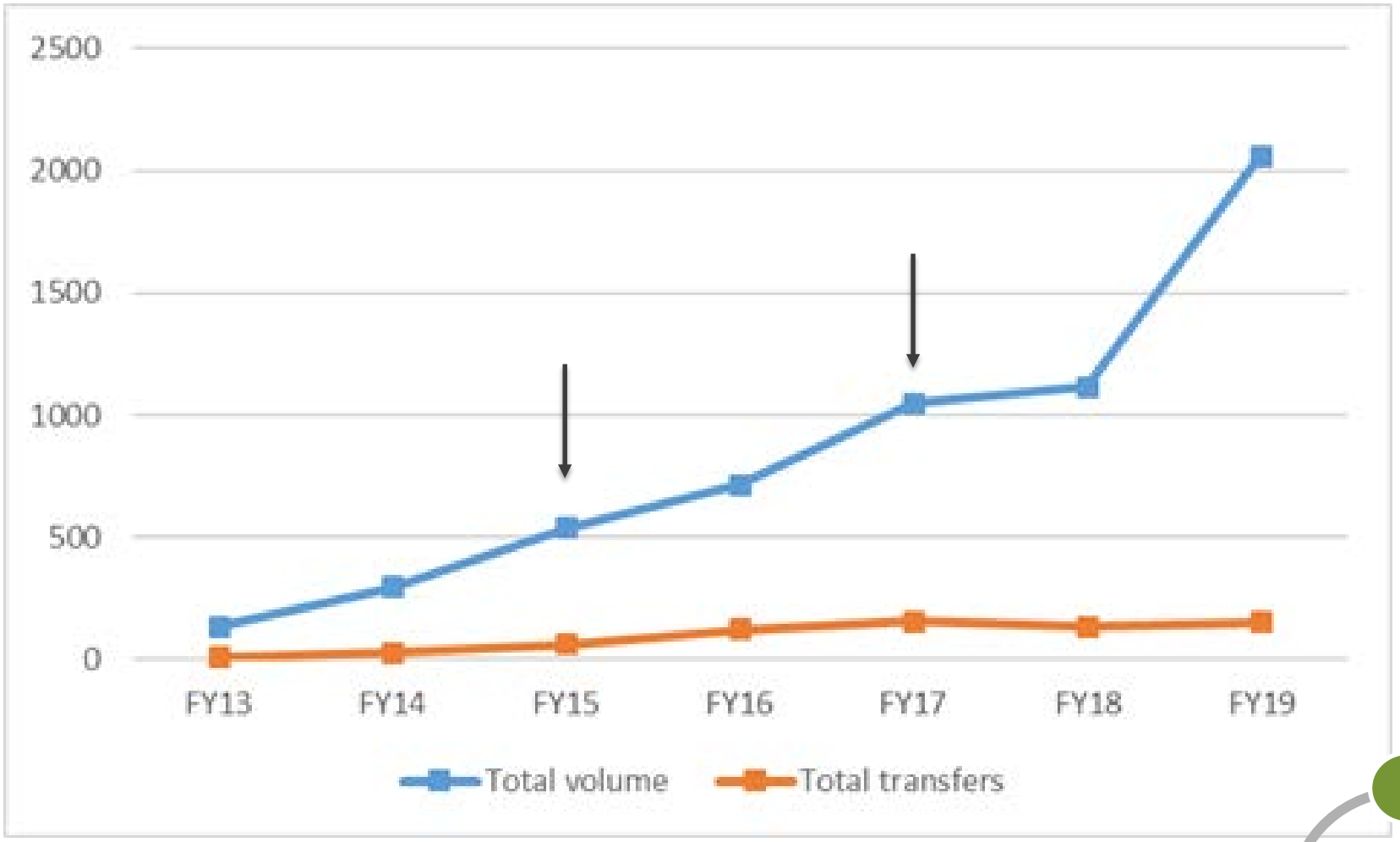


- Partnered with 8 centers
- Several of these sites were not keeping stroke patients prior to the program, and now most are primary stroke centers
- Some have grown and have greater clinical service capacity now, allowing for further increases in retention of additional stroke populations

The Duke Telestroke Network – How it Works

https://www.youtube.com/watch?v=uuz_jXm9laQ

The Duke Telestroke Network – Volume of Patients Seen



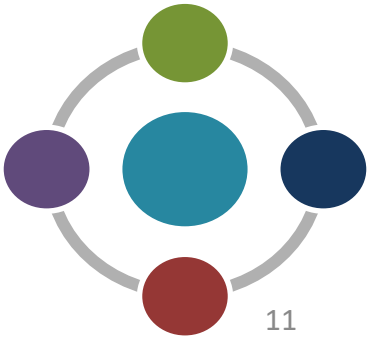
The Duke Telestroke Network – Delivery of Guideline-based Best Practices

Percentage of Alteplase Administration
30% (197/654)
Hemorrhage Transformation <2%

Percentage of Patient Transfers
10%
Approximately 40-50% of transfers for thrombectomy are able to receive this life saving intervention

Some of the community partners are tracking discharge disposition for their local stroke admissions and are reporting 60-70% of admissions are discharged to home or acute rehab

For the patients that required transfer for tertiary care, on average ~60% are discharged to home or rehab.



Challenges to Delivering Telehealth

- The largest barrier to care, even in the setting of telehealth services, is **the ability to transport** those that need higher levels of care from where they are to where they need to be.
- **The burden of credentialing**, site-based credentialing is redundant, costly and unnecessary
- **Reimbursement** / paying for it - While some business models can work around the poor or absent reimbursement, scaling up is limited and deferring care costs to community hospitals is not sustainable. This system also violates equal pay for equal work which is providing access and delivering higher care quality in many areas.