









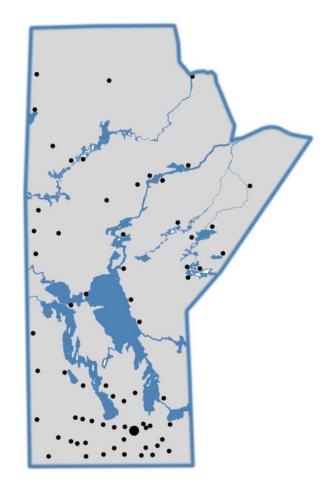
Telehealth in Manitoba: Realizing the Benefits

Gwendolyne Nyhof RN, BN, MSA, PMP Manager, Telehealth Programs

Johnny Colatruglio BHSc Facilitator, eHealth Solutions

MBTelehealth

- Manitoba's Telehealth Network
 - 2001 MBTelehealth is established with 28 sites:
 - Rural and Northern Manitoba 21
 - Winnipeg 7
 - Sites located in all 11 Manitoba Regional Health Authorities
 - 2015 148 sites and growing...
 - RHA amalgamation 5 RHA's
 - Rural and Northern Manitoba 110
 - Winnipeg 38
- Expansion with Limited Staffing Increases
 - Integration Supporting users in <u>independent</u>
 use of video conference equipment
 - Facilitator Role eHealth Services vs TH specific







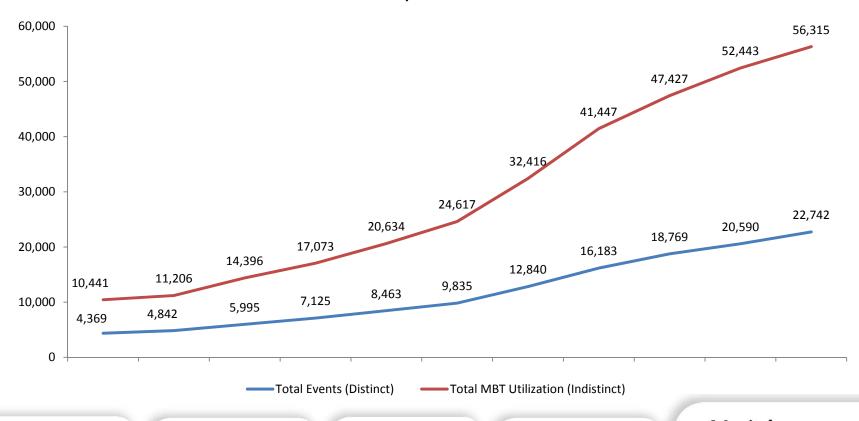




Utilization

: MBTelehealth

Utilization by Fiscal Year 2004-5 to 2014-15





: MBTelehealth

eChartMANITOBA



Benefits Evaluation

- Completed in 2010/11
- Primary goal was to demonstrate benefits in order to inform: policy planning; program development; targeted program expansion; and clinician uptake
- Focus was the assessment of benefits in the domains of patient service, access, efficiency and sustainability benefits
- Worked with Infoway and Benefits Evaluation Coordinator at eHealth

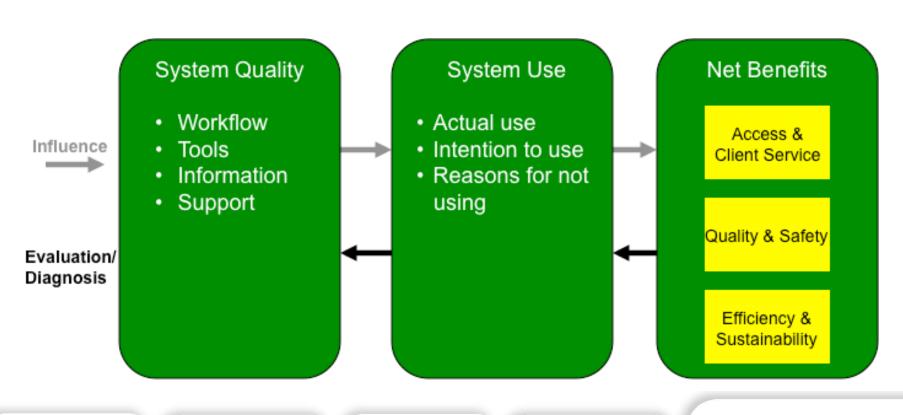








Canada Health Infoway Benefits Evaluation Framework





MBTelehealth





Study Questions

- Clinical use
 - Are patients in rural/remote communities satisfied with MBTelehealth services?
 - Do patients perceive better/worse access to specialized services as a result of telehealth?
- Administrative/education use
 - Are regional administrators satisfied with their region's current utilization of and experience with MBTelehealth services?
 - What is the perceived effect of MBTelehealth on collaboration & access to staff education?
- What were the associated travel costs avoided? How many kilometres of travel have been avoided?











Patient Survey Results

- 725 clinical appointments, 233 responses, 32% response rate
- 97% (n=226) of all respondents reported that they were satisfied with their MBT appointment
- 99% (n=230) of respondents indicated that they would use MBTelehealth again
- 98% (n=228) of respondents indicated that they would recommend MBT to their family and friends



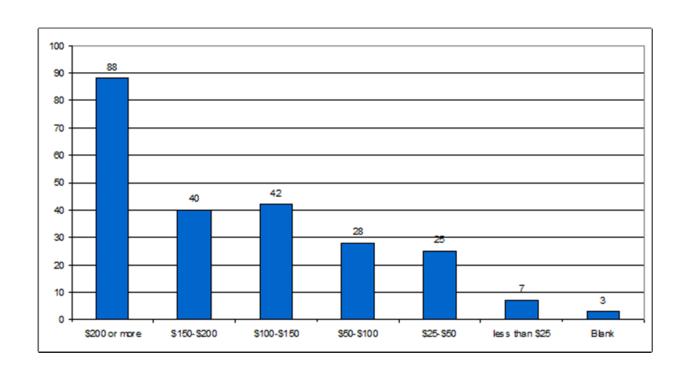








Patient Costs













Estimation of Mileage Costs (Pt)

- Data gathered from the electronic scheduling system for all appointments for 2 representative months (2010), normal and lower utilization months (July/ August/ December)
- For 2014 estimation current data shows that MBT is averaging 1500 patient appointments each month
- Assumption made as to where the patient would present if they were required to have a face-to-face appointment











Estimation of Mileage Costs (Pt)

- Two calculations round trip distance from the patient's home community to the telehealth site and to specialist location
- 2010 normal month x9, low utilization x3
- 2014 one representative month x12 to represent annual estimated savings
- WRHA travel reimbursement rate per km used











Estimation of Mileage Costs (Pt)

- **2010** \$2,623,320
- **2014** \$5,343,598
- The overall figure would be higher as road travel from many of these sites is not possible as they are accessible by air or train only or have other costs such a ferry requirements in addition to the driving costs











Approximately 12,426,972 km of travel was avoided in one year (2014)



the equivalent of circumnavigating the earth 310 times!











Regional Admin Survey

- 37 regional administration surveys returned.
- Response rate was lower than in 2009-2010 but satisfied that the surveys were targeted to the correct individuals and roles
- Responses were received from 7 out of the 11 RHA's,
 Manitoba Health and FNIH
- Two respondents did not indicate their RHA or facility











Regional Admin Survey

- 97% of respondents were satisfied with MBT
- 65% of respondents indicated that telehealth met their needs
- 28% respondents indicated that telehealth did not meet their needs - needed additional pieces of equipment within their sites and more sites in their region











Estimation of Mileage Costs (RHA)

- Data gathered from the electronic scheduling system for all administrative meetings held in November 2014.
- Current data shows that MBT is averaging 150 admin meetings each month thus November represents the typical monthly admin telehealth utilization.
- The travel distance from each participating site to the scheduled host site and return trip was calculated
- Calculation does not included associated parking, food or accommodation costs.
- WRHA travel reimbursement rate of \$0.43 per km used











Estimation of Mileage Costs (RHA)

- Estimated time for each return trip, assuming only one vehicle was used to travel from the participating site to the host site
- Multiplied by a conservative salary of \$35/hr (assuming only one person travelled from the site to the meeting)
- Overall savings are likely higher as often more than one person travels from the site and salaries are likely higher









Estimation of Mileage Costs (RHA)

- Estimated RHA savings for one year (time + km)\$1,800,600 and 2,113,800 km
- The overall figure would be higher as road travel from many of these sites is not possible as they are accessible by air or train only or have other costs such a ferry requirements in addition to the driving costs.











Embrace Iterative Planning

- Iterative approach to BE planning
 - Flexibility to revisit & revise BE plan as additional information confirmed
 - eHealth solution scope & functionality
 - Feasibility of data acquisition/collection options etc..
- Explore creative approaches
 - e.g. MBTelehealth estimation of travel avoided











Strategize to Improve Response & Decrease Bias

- Coordinate evaluation requests with other time demands
- Use "what is in it for me" recruitment messages, emphasizing importance of user/patient perspectives (both positive & negative)
- Explore merits of voluntary participation vs. evaluation participation requirements in user service agreements
- Use multiple methods & data sources











Investigate Specific Use Cases

- Need to design studies that recognize complex benefit pathways in care coordination
 - Segmentation to identify variation in benefits resulting from different practice contexts, roles, frequency of use and/or patient types
 - Benefits from the perspective of different providers, patients & healthcare system











Recognize "Good Enough"

- Findings useful for informing program improvement & communicating benefit/value
 - Despite what some might perceive to be limitations
- Evaluation purpose and intended use informs consideration of what will satisfy stakeholder information requirements











Recommendations

- MBT continue to work with RHA's to add additional sites and/or site support to further benefit from cost avoidance through the use of the services
- MBT review factors that regional administrators identified as barriers in order to inform the development of service quality improvement initiatives, targeted site training, as well as inform future strategic planning











Recommendations

- MBT continue to work with providers and local site staff to develop training and solutions to ensure that patients are informed of what to expect during a telehealth appointment
- MBT further clarify and define access-related concepts in order to refine future survey questions and/or other evaluation data collection
- MBT continue to work with Manitoba Health and RHA's to increase uptake by health care providers who do not currently see patients using MBT











Questions











