Case Study: Practice with Established Telemedicine Program

Marc C. Newell, MD, FACC
Minneapolis Heart Institute
MHI® TeleHeart Program

Outpatient Cardiology Consults or Follow-ups performed in the outreach clinic setting

Program initiated in June 2014 at four sites; currently 16 sites
The program was initiated in response to a need for patient access, prolonged wait times (especially in rural outreach clinics), and in a spirit of collaboration with outreach partners.

Limited resources needed: MA/RN support at local site, technology, e-stethoscope.

The toughest “resources”: buy-in and key team member support.
Programmatic Growth

PATIENT GROWTH/ VISITS

- Patients

Year:
- 2014: 107
- 2015: 375
- 2016: 522
- 2017: 611
- 2018: 866
- 2019: 949
MHI® TeleHeart Patient Selection

• The program was set up for New or ASAP general cardiology patients
• However, we are seeing increasing requirements for cardiology follow-up
  • Post- acute coronary syndrome (ACS)
  • Post- percutaneous coronary intervention (PCI)
  • Post-CHF admission
• Above all, TeleHeart is a patient access tool
  • 48% new patients through the first 5 years of the program
Subspecialty Cardiology Consultation

- Electrophysiology (EP)
- Advanced Heart Failure (CHF)
- Valve Clinic
- Vascular Surgery
- Cardiothoracic Surgery
Advantages for Cardiology Subspecialists

• Access to patients
  • Without physician travel
  • While still being productive at your home site
  • Higher procedural yield
  • Increased exposure to referring MDs

• Easier follow-up
  • Early discovery of complications/recurrences
Incorporating Technology

- HIPAA compliant Video platform
- Electronic stethoscopes
  - Littman
  - TeleSteath
- Wearable devices
- Bedside ultrasound and AI assisted ultrasound probes
Thank you!
Marc Newell, MD, FACC
Debbi Lindgren-Clendenen, RN, MN, GNP-BC, AGPCNP-BC
Minneapolis Heart Institute
1. Take the time to learn functionality of telehealth platforms
   1. more interactive visit
   2. Waiting room features

2. Get your staff engaged to help with workflow
   1. Repurpose staff to help patients with IT challenges
   2. Create superusers amongst staff
Telemedicine adoption at UF Health

- Dr. Michael Massoomi, FACC
  - Assistant Professor of Medicine
- Dr. David E. Winchester, FACC
  - Staff Cardiologist, Malcom Randall VAMC
  - Associate Professor of Medicine and Radiology
Key Points

• Leverage your supporting staff for preparing patients
• Find a balance that meets the needs of patients and the physician-led team
• Be flexible with technology solutions