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General Description

Avera eCARE is a model that provides 24-hour access to specialty care physicians and pharmacists and supports the rural health care workforce.

eEmergency - Links local emergency rooms to emergency-trained physicians and specialists at a central hub, 24 hours a day, seven days a week. Through two-way video technology, eEmergency makes available board-certified emergency physicians and emergency-trained nurses to assist local providers in treating trauma, heart attack, stroke and other critical conditions.

The around-the-clock eEmergency team ensures immediate emergency care, allowing rural hospitals to:

- Access specialty support during difficult and multiple emergency cases
- Initiate diagnostic testing sooner
- Streamline emergency transfers when needed

Currently, eEmergency services are available in 85 hospitals across Iowa, Minnesota, Nebraska, North Dakota, South Dakota, Montana and Wyoming. eEmergency technology provided services to more than 9,100 patients to date. Because of eEmergency care, 1,681 patients who would have transferred were able to receive care in their own communities. Transfers avoided because of eEmergency have saved more than $13.4 million in transfer costs.

ePharmacy - Provides rural hospitals around-the-clock access to hospital-trained pharmacists making it possible for every medication order to be reviewed and approved prior to administration to patients.

For hospitals, this means:

- Accurate medication administration
- Improved safety
- Comprehensive medication management

ePharmacy has reviewed more than 507,268 medication orders in the past 12 months and over 1,434,766 medication orders since inception. ePharmacy is currently live in 51 facilities across Iowa, Minnesota, Nebraska, Wyoming, South Dakota and North Dakota. Many additional sites are contracted to receive ePharmacy services. ePharmacy has intervened on medication orders resulting in over 19,351 potential serious safety events being avoided.

In July 2011, ePharmacy brought home special recognition from the 2011 Health Forum and American Hospital Association Leadership Summit in San Diego, Calif.: a Most Wired Innovator Award. Hospitals & Health Networks magazine named Avera’s ePharmacy service as one of three top recipients from a total of six nationwide to receive the coveted award.
**eConsult** - allows access specialty services at a local facility through two-way video technology. eConsult is offered by more than 70 different providers in specialties that include infectious disease, mental health, dermatology, pediatrics, cardiology, pulmonology and oncology. About 99 percent of patients surveyed said they were highly satisfied with eConsult.

Benefits of eConsult include:
- Local access to specialty-level care
- Saved time away from work or school
- Saved expenses of round-trip travel

In 2012, the eConsult service brought 5,700 specialty consultations to patients in rural areas across the Avera system. In 2012, eConsult specialty providers saved patients a total of 1,75,000 miles in travel.

**Avera eICU® CARE** - links intensive care units (ICUs) to an around-the-clock care team led by intensivists, allowing a critical care team to be at the bedside every minute of the day. Cameras in patient rooms give the Avera eICU CARE team a firsthand look. Decision-support software continuously analyzes specific data, alerting intensivists to pertinent changes in the patient’s condition. This allows for earlier intervention through coordination with local physicians and nurses before problems arise. Avera eICU mobile units make this care possible in rural locations where there is not a dedicated ICU.

Currently, 32 facilities in the region are wired with Avera eICU CARE technology. Because of Avera eICU CARE technology, 1,042 patients who were initially not predicted to live have left the hospital alive. Avera eICU CARE has monitored more than 54,449 patients since its inception in September 2004. Avera eICU CARE assists bedside teams with compliance with evidence based medicine. In Q4 of 2013, 100% of patients received appropriate prophylaxis to prevent deep vein thrombosis (DVT).

**eLTC** - a new service line in the Avera eCARE™ family of telehealth services. Residents of long-term care often suffer discomfort and disorientation when transferred out of their home setting, which makes healing and wellness less likely. eLTC will allow residents to stay in a familiar, homelike environment and still receive needed health care services.

eLTC connects long-term-care residents to physicians at remote locations using two-way audio-visual telehealth technology to:
- Improve staff and resident access to high-quality care in a convenient, low-cost manner
- Provide round-the-clock urgent care to residents exhibiting acute symptoms not readily addressed during regular clinic hours
- Accurately assess residents’ conditions from hundreds of miles away
- Eliminate costly and exhausting transport to and from the clinic or hospital setting
- Reduce unnecessary transfers, allowing residents to be cared for in their homes by staff who know their unique needs

eLTC Services offer residents treatment at home; initiate earlier treatment for acute conditions; prevent readmissions; decrease transport costs; and decrease unnecessary emergency department visits. Currently have 8 sites live and have treated 82 residents via video and 30 residents by phone. 38% of video calls resulted in transfer avoidance.

All services are subscription fee based. eEmergency is set fee regardless of use. Fees are established by looking at average daily census, Medicare mix, etc. Cost is $48,000 - $84,000 a year (about the cost of a RN) … $72,000 a good average fee.
Initial project was funded with a grant from the Helmsley Trust. Helmsley has individual agreements with each hospital to help support subscription fees. Each is on a three year agreement that steps down over each year so they are ready to self-fund at the end. Kansas is not in the geographic area that Helmsley supports.

Ask each facility is asked to accept the credentialing package provided by Avera. Docs do participate in peer review, they also provide CNE and quarterly CME.

Avera eCARE addresses many of the challenges to rural health care delivery, including:
- Support for quality local care
- Looming workforce shortages
- Rural provider life balance
- Increased demands for care and decreased mobility in the aging population
- Recruitment and retention of rural clinicians
- Achievement and maintenance of trauma level designations

Rural Health Visioning TAG Discussion:

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<tr>
<th>Principles Addressed:</th>
<th>Likes:</th>
<th>Barriers:</th>
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<tbody>
<tr>
<td>Improve Health – partial (emergency services addressed)</td>
<td>Takes pressure of local physicians and provides support for mid-levels</td>
<td>Physicians need to be licensed in KS</td>
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<tr>
<td>Provide Access - yes</td>
<td>Fills a gap that some hospitals currently experience</td>
<td>Community Mental Health Center requirements</td>
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<tr>
<td>Encourage Collaboration – no</td>
<td>Provides access to mental health services</td>
<td>Note: fills a gap, but not a systemic solution</td>
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<td>Pursue Quality - yes</td>
<td>Helps reduce transfers/keep patients local</td>
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<td>Promote Efficiencies and Value - yes</td>
<td>Consulting docs are already signed up and ready to go – you don’t have to look for someone to work with</td>
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<td>Embrace Technology - yes</td>
<td>Fees are an allowable cost for CAHs</td>
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<td>Reimbursed Fairly – partial (allows for current methods to be preserved)</td>
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Updated: May 2014