

StationMD

Telemedicine for Individuals with Intellectual
& Developmental Disabilities

Specialized Telehealth: A Game Changer for the Disability Community

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StationMD: A Healthcare Solution to Support People with I/DD

Founded by emergency room doctors

Specially focused/trained on individuals with I/DD

22 states, 43,000 lives covered...over 100,00 virtual encounters



Committed to Pioneering Advancements for Individuals with I/DD

Proud members/sponsors of:



Featured speakers across the country

- 2023 South Carolina Human Services Providers Association
- 2023 Annual DDNA Conference
- 2023 New York Alliance Annual Conference
- 2023 ANCOR Annual Conference
- 2023 SPADD Conference
- 2021, 2019 AAIDD Conference
- 2022, 2021, 2019 AADMD Conference
- 2022, 2021 DDNA Conference
- 2021 i2i Conference
- 2021 MHPA Conference
- 2021 NASDDDS Mid-year Conference New York Alliance for Inclusion & Innovation
- 2020 Home and Community-Based Services
- 2019 Tennessee DIDD Enabling Tech Conference

Causes of Frequent ER/Urgent Care Use for People with I/DD

High risk/multiple comorbidities

Lack of access to medical care otherwise

Regulatory requirements

Primary doctor lacks immediate availability

How can individuals with I/DD access personalized care in a non-disruptive and stable environment?





The Challenges of Care in an Emergency Room...

- Frightening for individuals with I/DD
- Trauma of transport
- Exposure to infection—COVID 19
- Disruption of routine
- Missed medication

General disruption, weeks to stabilize and puts many at risk

By Tara Lagu, Carol Haywood, Kimberly Reimold, Christene DeJong, Robin Walker Sterling, and Lisa I. Iezzoni

'I Am Not The Doctor For You': Physicians' Attitudes About Caring For People With Disabilities

ABSTRACT People with disabilities face barriers when attempting to gain access to health care settings. Using qualitative analysis of three physician focus groups, we identified physical, communication, knowledge, structural, and attitudinal barriers to care for people with disabilities. Physicians reported feeling overwhelmed by the demands of practicing medicine in general and the requirements of the Americans with Disabilities Act of 1990 specifically; in particular, they felt that they were inadequately reimbursed for accommodations. Some physicians reported that because of these concerns, they attempted to discharge people with disabilities from their practices. Increasing health care access for people with disabilities will require increasing the accessibility of space and the availability of proper equipment, improving the education of clinicians about the care of people with disabilities, and removing structural barriers in the health care delivery system. Our findings also suggest that physicians' bias and general reluctance to care for people with disabilities play a role in perpetuating the health care disparities they experience.

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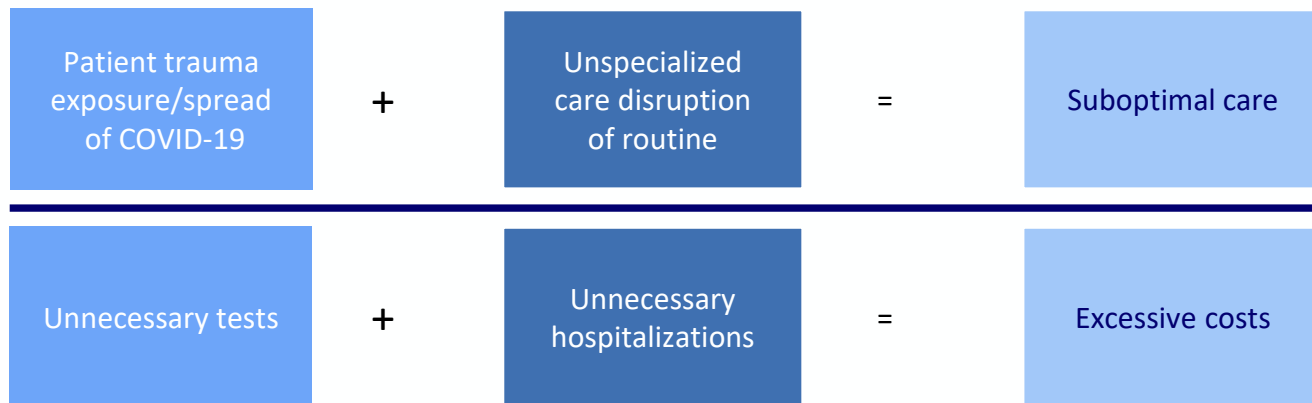
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The Problem with the ER:

Expensive yet Suboptimal Care



Telemedicine is Here to Stay

The word "Health" in a bold, black, sans-serif font, enclosed in a thin black rectangular border.

Telehealth has radically changed the way we go to the doctor—and we have the pandemic to thank for that



The pandemic ushered in a 'new era of medicine':
These telehealth trends are likely here to stay

The word "SLATE" in a bold, white, sans-serif font, set against a dark purple rectangular background.

Telehealth has been good in the pandemic. It could be great long term



Congress must ensure telehealth access after pandemic's over

We cannot lose sight of the importance of telehealth for more vulnerable populations, such as those with I/DD.

How Telemedicine Can Help

Problem

- Lack of Access
- Suboptimal care for special needs

- Primary care unavailable in off-hours
- Regulatory pressures



Solution

- Telehealth removes geographic impediments
- Connect to doctors with specialized I/DD training
- Provide access to medical records/database
- Personalized care provided in safety of person's own environment
- Provide availability 24 hours
- Need doctor evaluation immediately
- Provide full documentation

Other Typical Cases (Not Always Emergent!)



Medication refill



Medical question/
medication
reconciliation



Behavior change



Constipation

StationConnect Platform

- 24/7 client portal access
- Data access
- HIPAA-compliant care coordination
- Electronic health record

StationMD Consultations

From: 2019-01-06

To: 2021-03-08

Sort: LOS

Order: Up

Limit to site: None

Limit to Admission Followup: No

Change Sorting

Download Excel

Site	Call Time ↑	Patient	Providers	Clinical	Notes	Updates
Nursing Home 1 (basic)	6/30/19 1:35 AM EDT	Five, Erik (81808) DOB: 3/4/1955, age 66	PMD: imaginio SMD: Sang Lee	CC: Altered mentation Dx: None Outcome: ED Transfer	1. Progress Note	Admitted: <div><div>Yes</div><div>No</div></div> <div>Concerns</div>
Nursing Home 1 (basic)	7/11/19 3:08 AM EDT	Five, Erik (81808) DOB: 3/4/1955, age 66	PMD: argento SMD: SMD Doctor One	CC: Altered mentation Dx: Chest pain, unspecified (R079); Outcome: ED Transfer	1. Progress Note	Admitted: <div><div>Yes</div><div>No</div></div> <div>Concerns</div>
Nursing Home 1 (basic)	7/18/19 11:41 AM EDT	Calichman, Meghan (1) DOB: 11/21/1970, age 50	PMD: s SMD: SMD Doctor One	CC: Test Dx: Chest pain, unspecified (R079); Outcome: Observe	1. Progress Note	<div>Concerns</div>
Nursing Home 1 (basic)	8/28/19 8:02 PM EDT	test, forms (123) DOB: 11/21/1970, age 50	PMD: smith SMD: SMD Doctor One	CC: form test Dx: Chest pain, unspecified (R079); Outcome: Observe	1. Letter: Return to program	<div>Concerns</div>
Nursing Home 1 (basic)	12/29/19 9:35 PM EST	Test, Calichman (12345678) DOB: 11/21/1970, age 50	PMD: [object Object] SMD: SMD Doctor One	CC: test Dx: None Outcome: Observe	1. Progress Note 2. Progress Note	<div>Concerns</div>
Nursing Home 1 (basic)	1/24/20 9:36 AM EST	test, forms (123) DOB: 11/21/1970, age 50	PMD: na SMD: Jason Boulware	CC: na Dx: Impacted cerumen, bilateral (H6123); Outcome: ED Transfer	1. Progress Note	Admitted: <div><div>Yes</div><div>No</div></div> <div><div>please select</div><div>Concerns</div></div>
Nursing Home 1 (basic)	8/20/20 12:16 PM EDT	Test, Concerns (SMD099141652) DOB: 12/19/2003, age 17	PMD: marco SMD: SMD Doctor One	CC: High blood pressure Dx: Bradycardia, unspecified (R001); Abrasion, left lower leg, initial encounter (S80812A); Chest pain, unspecified (R079); Epileptic seizures related to external causes, not intractable, with status epilepticus (G40501); Anxiety disorder, unspecified (F419); Outcome: Observe	1. Progress Note	<div>Concerns</div>



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Outcomes

Proven Outcomes

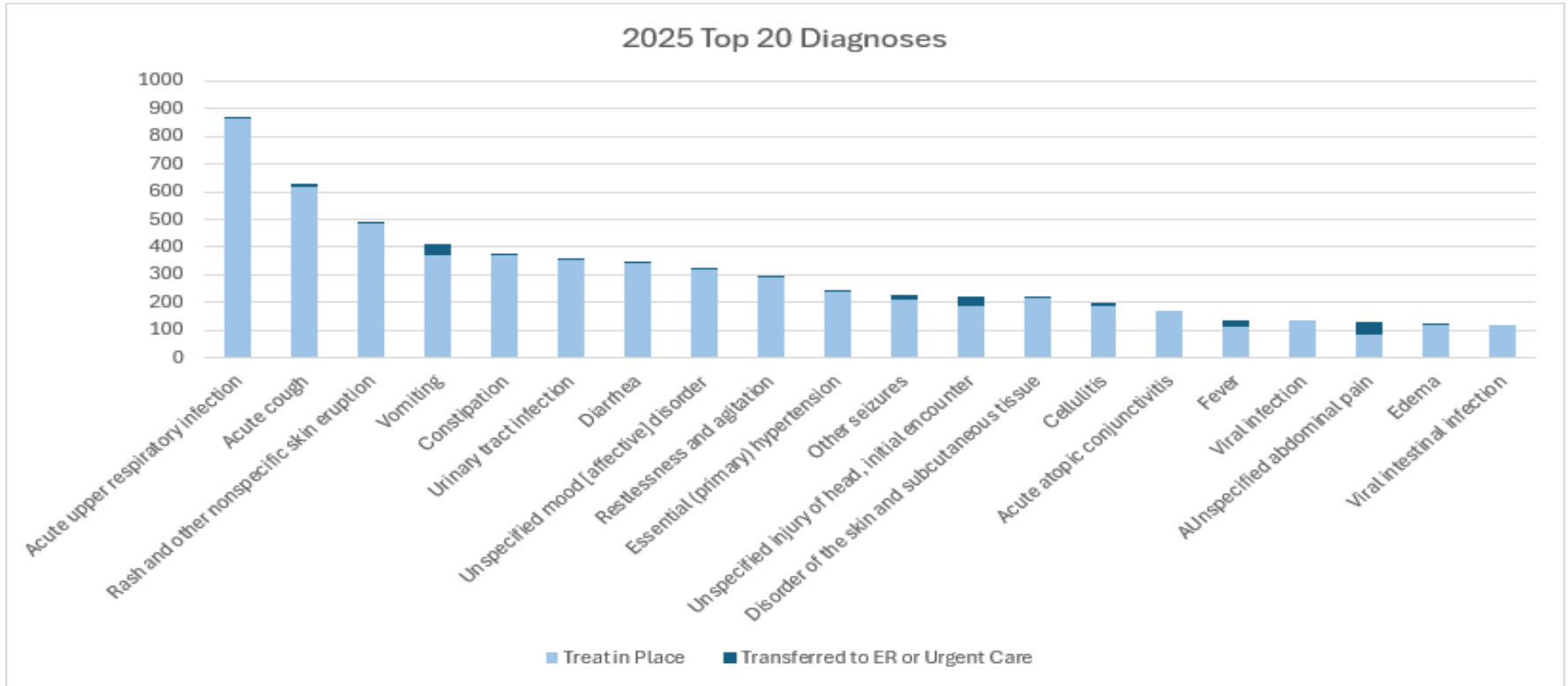


92.9%

Data from all clients shows an average 92.9 treat in place rate reducing ER and Urgent Care transfers

January 2020 - March 2025	
StationMD Visits by Outcome	
Time Period	% Treated in Place
2020	89.0%
2021	93.3%
2022	93.0%
2023	93.1%
2024	92.9%
2025	94.3%
92.9% of StationMD Clients with IDD Are Treated in Place	

Most Calls Result in Avoided ER Transfers Across Diagnoses





Estimated Cost-Avoidance

Pennsylvania is reducing costs through StationMD by:

- Decreasing ER Visits
- Decreasing Urgent Care Visits
- Decreasing Hospitalization Rates
- Decreasing Need for EMS Transportation

The following Slides detail Pennsylvania's estimated cost-avoidance and the methodology used to calculate the savings.

[Continue for a detailed breakdown](#)

Methodology

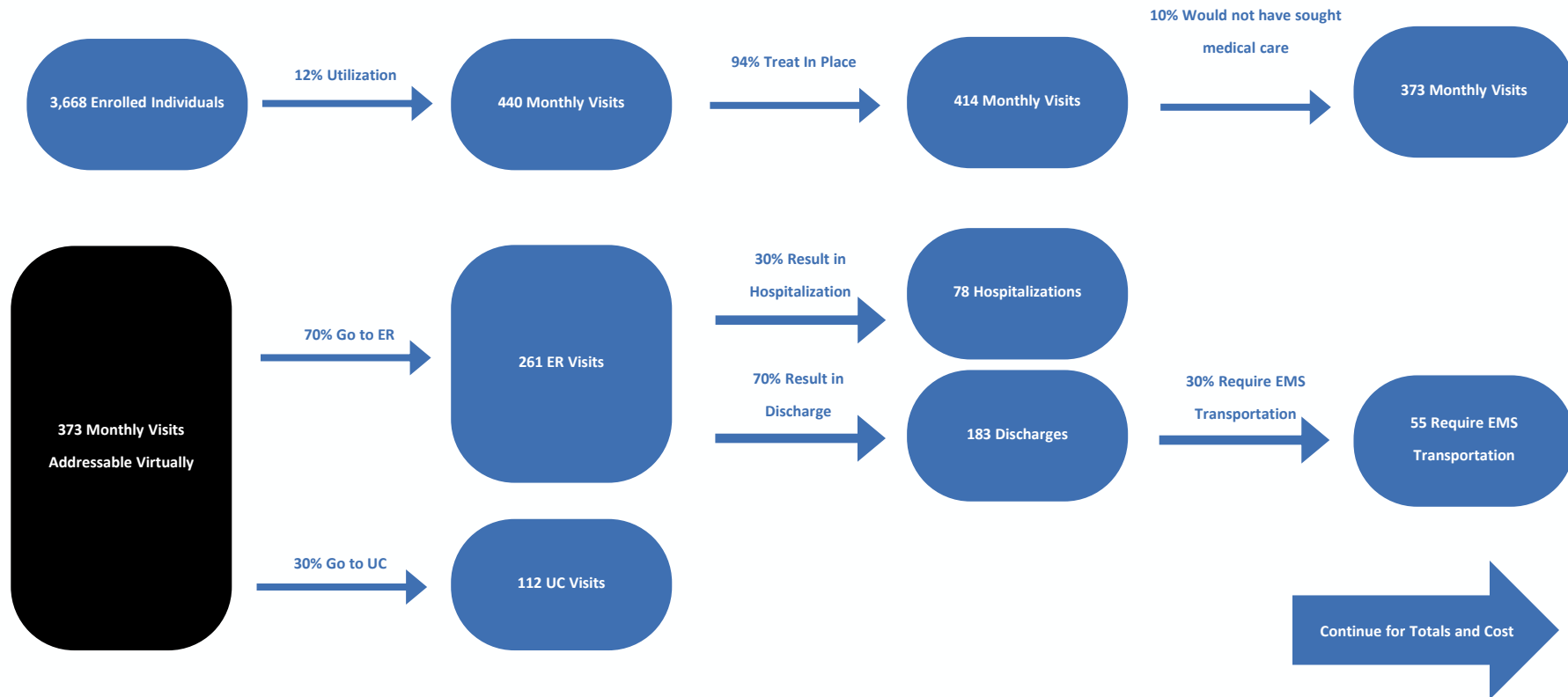
Partners Health Plan, an I/DD-specialized Managed Care Organization (MCO) in New York created this methodology for calculating cost-avoidance as follows:

- **10% of calls are non-urgent:** e.g. medication-refills, simple questions, and extremely minor concerns. This group is assumed to seek no higher level of care.
- **10% of calls are emergent:** this group goes directly to the ER.
- **80-85% of calls require medical care:**
 - 30%: would go to an urgent care clinic if StationMD wasn't available
 - 70%: would go to the ER if StationMD wasn't available
 - 30%: would result in patient hospitalization
 - 70%: would result in patient discharge
 - 30%: of patients would require EMS transportation following discharge



Continue for a Visual

Utilization of Urgent Care Services Calculation



Pennsylvania Cost Avoidance At Current Enrollment - 3,668 Members

Expense Category	Financial Estimates (National Average)	Calculated Pennsylvania Usage	Totals
Hospitalization	\$17,000	78	\$1,326,000
ER Visit	\$1,200	261	\$313,200
UC Visit	\$360	112	\$40,320
EMS Transport	\$900	55	\$49,500
STAT Cost	\$201,740	Total Monthly Cost Avoidance	\$1,527,280

By significantly reducing the number of times Pennsylvania patients have had to use the Urgent services listed, Pennsylvania ODP has enjoyed a Monthly Cost Avoidance of approximately \$1,527,280 or \$18.3 Million per Year.

**Annual Cost Avoidance
\$18,327,360**

What happens if we increase enrollment in StationMD?

Missouri Cost Avoidance At Current Enrollment - 3,945 Members

Expense Category	Financial Estimates (National Average)	Calculated Missouri Usage	Totals
Hospitalization	\$17,000	84	\$1,428,000
ER Visit	\$1,200	280	\$336,000
UC Visit	\$360	120	\$43,200
EMS Transport	\$900	59	\$53,100
SMD Cost	\$284,040	Total Monthly Cost Avoidance	\$1,576,260

By significantly increasing the number of times Missouri patients have utilized StationMD services, the state of Missouri has benefited from a Monthly Cost Avoidance of approximately \$1,527,280 or \$18.9 Million per Year.

**Annual Cost Avoidance
\$18,915,120**

What happens if we increase enrollment in StationMD?

Extrapolation to **10,000 Members** using the same formula...

Expense Category	Financial Estimates (National Average)	Calculated Usage	Totals
Hospitalization	\$17,000	204	\$3,468,000
ER Visit	\$1,200	680	\$816,000
UC Visit	\$360	292	\$105,120
EMS Transport	\$900	143	\$128,700
StationMD Cost	\$550,000	Total Monthly Cost Avoidance	\$3,967,820

Extrapolating to 10,000 Approved Members, the state receiving the StationMD service can expect the Cost Avoidance to increase to over \$47.6 Million per year.

Annual Cost Avoidance
\$47,613,840



StationMD Users Report Satisfaction



- 96% were happy with their StationMD visit
- 94% would recommend StationMD to a family or friend
- 84% prefer to use StationMD vs. venturing out to seek medical care

Pennsylvania Provider Agency Telemedicine Partnership with StationMD



May 2021, agency launched a telehealth pilot in 22 residences



55 telemedicine visits were logged in 7 months



87% of patients were treated in place avoiding unnecessary transfer to the ER



Avoided 32 unnecessary ER visits and 25 urgent care visits



Achieved a cost savings of \$49,000 in 7 months (an estimated \$82,000 annually)



Expanded service to all 40 residences following success of the pilot

New York Provider Agency Telemedicine Partnership with StationMD



November 2020, agency launched telehealth pilot in 28 of its 42 residences, prioritizing services for the most medically frail and chronically ill



Conducted 174 StationMD medical consultations in 6 months



157 (or ~90%) were treated without transfer to the ER

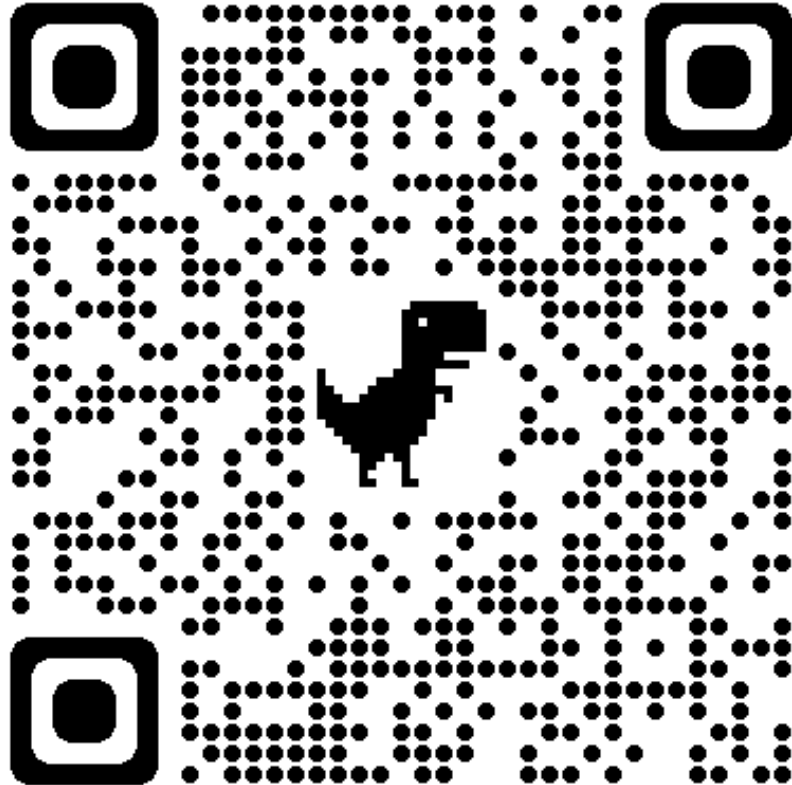


August 2020, agency expanded service to all 42 homes and 240 people based on pilot success



Achieved a **total cost savings of \$15,000 over 6 months and \$30,000 annually**

QR CODE for StationMD Video



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