

Head of Innovation Team says UCLA Experimenting with Telehealth, Seeking Partnerships

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In a recent interview with PNN, Dr. Michael K. Ong, a general internist and an associate professor at the UCLA David Geffen School of Medicine, said UCLA is actively experimenting with different approaches to telehealth and is looking for partnerships that would allow for a sustainable model that does not rely exclusively on grant money.

Dr. Ong leads the Center for Health Quality and Innovation's team that evaluates healthcare innovations across all five University of California health systems, and he said he sees a lot of mixed feelings among physicians about telehealth—everything from excitement to apprehension. And there is a lot of trepidation because it is a bit more difficult to think through how to provide these types of services organizationally, he said.

“There is a lot of experimentation at UCLA that includes physician to physician as well as physician to patient [tele-consults], but I think at this point it is still really in the experimental mode,” Dr. Ong said. He said that in regard to video consults, UCLA is using WebEx, which was set up to be HIPAA compliant, but everyone is anticipating the next release of Epic Electronic Health Records (EHR), which will incorporate video directly into the EHR via the patient portal. UCLA plans to have it by next year.

UCLA is also piloting a program, together with Anthem, called Live Health Online to figure out how it will work for patients, he noted.

“With regard to telehealth, it is not so clear how to make these types of approaches sustainable at this point.” When you bill per encounter, Dr. Ong said, “it is hard to mix and match different types of encounters.”

He said you need more people who are dedicated to doing telehealth, because while you can certainly do things on an occasional basis, it takes time to do a set-up.

“While reimbursement rates from different private payers look very similar to what they provide for



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other types of office visits, there is more difficulty in how Medicare reimburses for telehealth encounters,” Dr. Ong said. “At this point it is still fairly restricted to providing services to rural locations, which doesn’t work very well for Southern California.”

He said the key is incorporating video consults, e-consults, remote monitoring and other technologies that would allow physicians to respond to the growing demand by patients to incorporate telehealth into patient care. However, reimbursement policies are not set up in a way that matches this type of demand yet.

“We are learning how to use these types of technologies but at the end of day this is still all about patient care, and we just want to make sure that we meet patients’ needs in whatever way it works for them,” Dr. Ong told PNN. "IDEAL LIFE’s remote patient monitoring system and telehealth overall is positively impacting the lives and well-being of my patients," Dr. Ong said.