GEORGIA: Enhancing healthcare access through a state-wide telehealth network

The Association of State and Territorial Health Officials (ASTHO), in partnership with the United Health Foundation (UHF) engaged in a nation-wide learning collaborative with five states. The learning collaborative focused on five states working to improve health outcomes around diabetes, obesity, infant mortality, and/or smoking through systems-level changes in an effort to improve their America’s Health Ranking®. All states participating in this learning collaborative utilized the Plan, Do, Study, Act (PDSA) quality improvement model to identify areas of focus, set goals, identify measures, and analyze health outcomes. ASTHO used a comprehensive, multi-level framework to ascertain how conditions affecting policy and systems change move from the state policy level to the community practice level while understanding the conditions necessary to implement change, key actions needed to support change, and the components of accountability to measure change.

This case study highlights the health systems transformation currently taking place in Georgia. In order for this transformation to take place, the Georgia Department of Health (DPH) has initiated primary care and public health integration efforts bringing together state, local, community, and clinical partnerships across the state. The approach initiated through this learning collaborative is representative of the method outlined in the Institute of Medicine 2012 report on Primary Care and Public Health: Exploring Integration to Improve Population Health.¹
Georgia's Story

Georgia is a large rural state where healthcare access varies considerably by geography, leading to inequitable health outcomes across the state. DPH performed surveillance on access to healthcare services in relation to infant mortality rates across the state and discovered that the largest part of the state with the highest infant mortality rate had no access to obstetricians. Given the lack of access, Georgia has been engaging with telemedicine over the last 20 years and it has become one of the most widely accepted solutions to increasing access to care across the state. Telemedicine seeks to improve patient’s health by permitting two-way, real time interactive communication between the patient, and the physician at the distant site. It is viewed as a cost-effective alternative to the more traditional face-to-face healthcare delivery model. Some counties within Georgia had already integrated telemedicine within their healthcare delivery systems and were looked upon for sharing best practices and lessons learned.

DPH acquired funding from a variety of state, federal, and private sources to purchase telemedicine carts and partnered with local health departments to identify areas with the greatest needs and gaps in services to strategically deploy the telemedicine carts. The ASTHO/UHF learning collaborative was utilized as an opportunity to accelerate the development of the telemedicine network across the state.

Georgia consists of a total of 18 health districts encompassing a local health department and one or more counties within Georgia. The intention of this learning collaborative was to deploy 12 telemedicine carts in rural public health clinics to allow patients with a variety of health needs to reach healthcare providers and help DPH address infant mortality, obesity, and associated diseases.

Leadership and Vision

Leadership and vision is defined as the extent to which the health department’s senior leadership, including the State Health Official (SHO), provided strategic direction, aspirational goals, and leadership of efforts towards the achievement of measurable and sustainable outcomes.

- Brenda Fitzgerald’s, MD, Georgia Department of Public Health State Health Official, support for the project assisted in implementing a Medicaid reimbursement policy change for telemedicine services in the state of Georgia – Medicaid grants states the option of including telemedicine under their program. Prior to this change, a physician’s initial consult with a patient had to be face-to-face. An exemption by the Georgia MedicalComposite Board was made for telemedicine consults performed by a public health nurse, a public school nurse, the Department of Family and Children’s Services, law enforcement, community mental health center, or through an established child health framework and plan, encompassing all stakeholders, to outline and explain the telemedicine and telehealth programs to increase access and utilization of the system.
advocacy center, allowing physicians to consult with patients regardless of having the initial in-person appointment.

- Dr. Fitzgerald played an integral role in facilitating agreements that defined how a public health district would partner with private specialist providers via telemedicine after the initial meetings with county health district directors and community provider groups.
- Integrating the visionary approach of including public health as a provider within telemedicine was key to aligning efforts.

Engaged Partners and Meaningful Partnerships

Public health professionals recognize that they cannot maximally accomplish their goals without engaged and invested partners, collaborating meaningfully on work towards a shared vision and mission. Georgia strategically engaged with partners at the local level in order to best identify and understand the needs and capacity within each health district. Implementer and policy makers at all levels – from the SHO to those doing work on the ground – engaged multi-sector partnerships in meaningful work.

- Georgia’s approach to building a statewide telehealth network among a number of partners was successful due to DPH recognizing that:
  - Telemedicine was not a new concept in Georgia (especially for some rural health departments) but, most health departments were not aware of the increased levels of patient engagement within those rural health departments.
  - The emerging role of public health within telemedicine was to be viewed as a partner and not a competitor.

- The network was grassroots driven by the local health districts and counties, supported by the state.
- “Having someone at the grassroots level who uses telemedicine daily, teaching it to other counties and sharing their success helps with the buy in and making it realistic vs. a state issue or mandate.” Suleima Salgado, Telehealth Director with DPH. This approach aided in the adoption of telemedicine unique to each county and health district.
- DPH established a formalized partnership with the Georgia Partnership for Telehealth, which allowed public health departments with telemedicine carts to access 200 additional medical specialists, as needed.
- Communication and planning efforts prior to implementing carts at the identified sites were vital in assessing the clinic’s capacity and garnering leadership buy-in and support.

“...The role of telemedicine is vital to increasing access to care in Georgia. At our health departments, children get excited seeing inside their mouth, ears, and throats via the telemedicine cart. We can screen them right there in their own community or school and then refer them to local doctors and specialist for follow up.”

- BRENDA FITZGERALD, MD, STATE HEALTH OFFICIAL, DPH
Spread and Sustainability

Spread and sustainability help illustrate the return on investment in leveraging leadership and vision to engage meaningful partnerships within primary care and public health integration work. Learning collaboratives are intentional to increase capacity within the health system at all levels. The end goal is to foster strong partnerships within states to allow for a more efficient delivery of resources and healthcare services.

- DPH secured approximately $2 million in grant funding to continue to support public health telemedicine programs to address infant mortality, obesity, HIV/AIDS, dental health, and other issues, especially in medically underserved areas.
- DPH has made proactive steps through the development of a comprehensive sustainable business model that will help continue expanding on its network/infrastructure through data collection/analysis, the development of management protocols, an evaluation kit, a marketing-communications plan, and financial profiling.
- Sustainable funding has been identified through the Federal Communications Commission’s (FCC) Healthcare Connect Fund that provides reimbursements for telehealth and telemedicine programs serving rural communities.
- DPH is consistently leveraging partners and expertise to educate state legislators on the telehealth/telemedicine benefits and on-going efforts.
- DPH continues to monitor telemedicine cart utilization quarterly, assess the quality of delivery, and maintain the utility for community members.
- Some clinics are beginning to integrate culturally and linguistically appropriate standards of healthcare into their telemedicine practices by looking to coordinate with interpreters in other counties.
- Improvement plans are being drafted to continue expanding telemedicine into the remaining health districts with the vision to expand to every county health department based on needs.

Results/Outcomes

The Georgia Department of Public Health’s efforts throughout the learning collaborative process led to a variety of systems-level improvements, including:

- DPH deploying 10 of the 12 previously purchased telemedicine carts in rural public health clinics across the state for HIV clinics, Asthma-Allergy clinics, Endocrinology, Genetics, High-risk OB, and teledentistry.
- Healthcare professionals operating the telemedicine carts with the patients utilized the time within the appointment to further engage with patients and provide them with more health education and resources—facilitating a more patient-centered approach to care delivery. This patient engagement opportunity is key to empowering patients.
- Public health clinics seeing an increase in patient engagement and ability to follow through with their appointments. The telemedicine carts have allowed clinics to see more patients in a timely manner. Given the success, some clinics are beginning to utilize telemedicine for mental health consults and teledentistry.
- Developing the network-enabled public health practitioners to maximize their overall efficiency and reach. The expansion of the telemedicine network aims to engage the Georgia Volunteer Health Care Program (GVHCP), enlisting the help of providers willing to provide care via telemedicine.
Lessons Learned and Recommendations

* **DPH and its partners shared valuable lessons learned and recommendations for other state health departments to consider when implementing and refining a similar system.**

- Efficiently maximize the utility of the telemedicine carts, a commitment to continual workforce capacity building is essential. Providing trainings for administering the telemedicine consults are crucial in maintaining the highest quality delivery.

- Include the following best practices and tactics identified at the clinical level: share a systematic strategic plan with all stakeholders, facilitate communication regarding technical needs for setting up telemedicine cart placement in the clinic, and provide supportive and accessible contracts from state health departments and other county partners in implementing telemedicine at new sites.

- Focus on the community needs and build telemedicine as an enhancement to the existing services offered within the community.
Include all potential stakeholders (traditional and non-traditional) in the beginning in order to collectively develop a strategic plan. Given the variability in health needs and patient preference among the health districts, DPH worked with the community in devising a tailored plan reflecting current and emerging needs.

For more information, contact:

Lynn Shaull
Senior Analyst, Health Promotion & Disease Prevention
Association of State and Territorial Health Officials
(202) 371-9090
lshaull@astho.org

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Endnotes


3 Frieden. Six components necessary for effective public health program implementation. Am J Pub Health, Published Online Ahead of Print November 14, 2013: e1-e6

4 Telehealth Map was developed by the Georgia Department of Public Health