


Telemedicine Program
Shasta Community Health
Center

Redding, California



Shasta Community Health Center
a californiah⁺center

- 35 FT Provider FQHC 6 locations
- Live on 
- 138,000 encounters annually
- Multiple services
 - Primary Care/Residency 2-2-2
 - Pediatrics
 - Primary Care Neuropsychiatry
 - Dental
 - Homeless Van
 - Various Specialties – Rheumatology, Podiatry, Neurology, Endocrinology etc.



History of SCHC Telemedicine Program

- Began in 1999
- Telepsychiatry for Developmentally Disabled first clinics (continues on this day)
- Originally grants available for equipment, Medical Director, staff
- All equipment has been through grants/gifts
- Ongoing costs now through billing, with some support from local Regional Center and local Medicaid Managed Care (Partnership Health Plan)
- Currently approximately 150 visit/month

Types of Clinics

- Hourly fee for consultant services with consultant a member of SCHC medical staff (bill FQHC rate for each encounter- note, labs, prescriptions by consultant) . Telemedicine coordinator in next room to help facilitate.
 - Psychiatric Consultants of San Diego
- Hourly fee for consultant services with SCHC Physician in attendance (bill encounter through our physician with notes from both consultant and SCHC physician – all labs, prescriptions by SCHC Physician).
 - UC Davis Pediatric Endocrinology, Pediatric Neurology

Types of Clinics (continued)

- Hourly fee for Consultant, no SCHC clinician in attendance (consultant paid for by Medicaid managed care plan – SCHC PCC reads consultant note and orders labs, diagnostics, medications). Clinician's Telemed vendor.
 - Adult Neurology
 - Adult Dermatology
- Managed Care funded clinic available to Partnership Health Plan patients. No billing done; health plan will reimburse if encounter goals met for year.
 - Adult Endocrinology
- Store and Forward Dermatology
 - No fee for SCHC, paid for by Partnership Health Plan – only for those patients on their plan. SCHC PCC must take pictures, download pictures and complete form designed by Direct Dermatology. Time consuming.

Why do Telemedicine

And how to pick specialties/specialists

- Improve access to specialists for patients
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- Vet all possibilities, but only add clinics with great need
- Surgical specialties very difficult (patients must travel for procedure, and follow-up if complications problematic)
- Interview all potential specialists – some high maintenance, not flexible, and thus not a good fit for Telemedicine

Credentialing

- Those consultants on medical staff most popular among PCCs; standard credentialing
- Consultants through Managed Care credentialed through plan
- University now being asked for credentialing packet for their consultants
- Unable to cross state line presently for services

Challenges

- Cost
 - Work towards self-supporting program
 - Telemedicine coordinator can help pay for program by efficient scheduling, reminders, making sure all patient slots filled and patients show up
 - Grants for equipment available; little grant money for overhead
- PCC buy-in
 - Much more inclined to refer to clinics where consultant prescribes meds, or if SCHC clinician sits in an prescribes meds.
- Technology
 - Much less of an issue over the years. More difficult with individual specialists from their offices/homes.

Rewards

- Increase specialty access for patients
- Decrease travel time/expenses for patients
- PCCs who participate in visits enjoy clinics/educational value