

Innovating Specialty Care Access

Telemedicine's Role in Solving Today's Workforce Crisis

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Disclaimer



Gretchen Nickell, DO

I have no real or perceived conflicts of interest that relate to this presentation.

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I have the following or perceived conflict of interest that relate to this presentation: I am the CEO of a virtual specialty care company with customers in Ohio.

What we'll cover today



- The growing specialist shortage & its impact on patients and hospitals
- How virtual care programs can be used to solve this challenge
- The role of technology, automation, and AI to make virtual care a truly integrated solution

We don't have enough physicians



60%

of hospitals lack coverage
in 3+ key specialties

8-18 months

average time to fill an open
specialist position

~30%

of inpatient hospitalizations
require specialty care

17 of 88

Ohio counties have <20
board-certified physicians

This is **not** just a rural problem

Current job postings in major markets

250

Cleveland

57

Cincinnati

45

Toledo

174

Columbus

51

Akron

37

Dayton

1,162

Physician job postings

We're bracing for the perfect storm



~200,00

Non-surgical physician
shortage by 2030

20%

of U.S. population
will be 65+ by 2030

57%

of population 65+
requires specialist care

10%

increase in
Hospitalizations by 2030

And the costs are surging



\$200K

cost per patient,
from referral leakage

85%

of health systems
now rely on locums

\$7-9K

average cost of a physician
vacancy *per day*

2-3X

more expensive to use
locums vs. permanent staff

Sources: CMS DRG data 2021; CMS IPPS claims data 2021; AmplifyMD Analysis; ; Merritt Hawkins, The cost of a Physician Vacancy Physician Survey 2016; CGH Healthcare The State of Locum Tenens Report; TCross J, Lolla Y, Fichman C, Weingarten M, Howley M. The Cost of a Locum: A Simulation to Determine When You Are Paying Too Much for Your Anesthesia Locum Tenens Coverage. Cureus. 2024 Apr 23

Example: cost of open neurology position

Average time
to fill a search

252 days

Recruiting
expenses

\$150K

Searches that
go unfilled

~50%

Revenue lost per
unfilled position

\$1-5M

Neurology locum costs

\$69,800 per month

20 shifts - \$2500 shift

Agency Fee 25%

Housing - \$175 night

Car Rental - \$50 day

Airfare - \$700 week



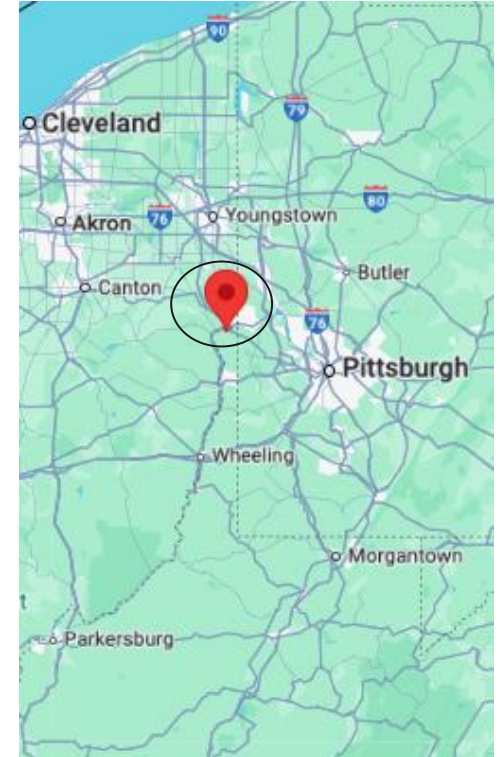
*How one rural hospital flipped
the script with virtual specialty care*

About ELCH



East Liverpool
City Hospital

- Underserved Appalachian community
- Pop. 9,705; poverty rate 29.3%
- 130-bed “disproportionate share hospital” serving ~50,000
- No public transportation, Uber, or taxis
- Patients want or need to stay local
- Next closest hospital is 40+ minutes away



Increasing recruiting and retention challenges

- Retirement of physicians without replacements
- Covid caused further loss of specialty services
- Lost in-person ID, Heme/Onc, Neuro, OB-Gyn, Critical Care



Only **4%** of resident physicians
want to work in communities with
populations of 25,000 or less

Transferring patients: harder today than ever before

- Covid complicated hospital-to-hospital transfers
- Ongoing staffing challenges across the region -> decreased bed capacity
- Current reality: increase in admissions with decreased ability to transfer
- ***Can wait days for a bed to become available at a tertiary center***





How ELCH *solved* *its access issues*

We added virtual speciality
care, making it possible
for ELCH to keep
more patients local

Specialties now available virtually at ELCH



TeleStroke



ED/IP Psychiatry



TeleNeurology



IP Infectious Disease



IP Hematology-Oncology



1,700+
encounters
annually

Impact: patients in our community *stay local*

- Patient population often refuse transfer because family can't travel
- Can now keep more patients, even w/serious and complicated conditions
- Virtual option is a major patient and family satisfier
- Also an onsite care team satisfier – helps to guide treatment



No travel outside of the area for the family, patient leaves with full treatment plan, cost savings for patient/family, onsite physicians fully supported!

Example: Life-saving Tele Heme-Onc treatment

Presentation

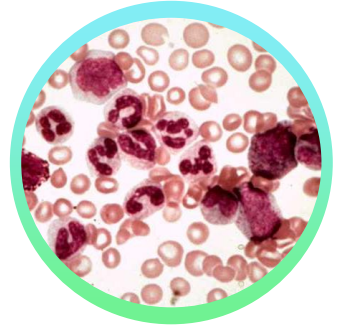
Patient presented with extremely low platelets

Treatment

- Full evaluation and treatment completed at ELCH with Tele Heme-Onc service
- Virtual specialist facilitated transfer of care to local specialist
- Hospitalist team forwarded reports, labs, images, records

Impact

Decreased LOS, transfer avoided, follow up care arranged before discharge



Training tomorrow's physicians—no travel required

Challenge

- Family & Internal Medicine residency programs very important for ELCH
- Infectious disease rotations required
- Rotations were becoming harder to find, with residents driving 30-45 minutes for ID rotation



Solution

Residents complete their virtual ID rotation at ELCH, presenting to the remote ID attending physician

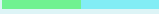
Lessons Learned



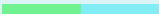
Think outside the box



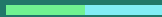
“One team” mentality



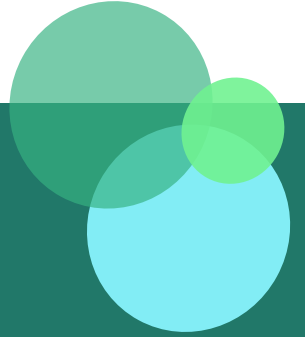
Accept the new normal



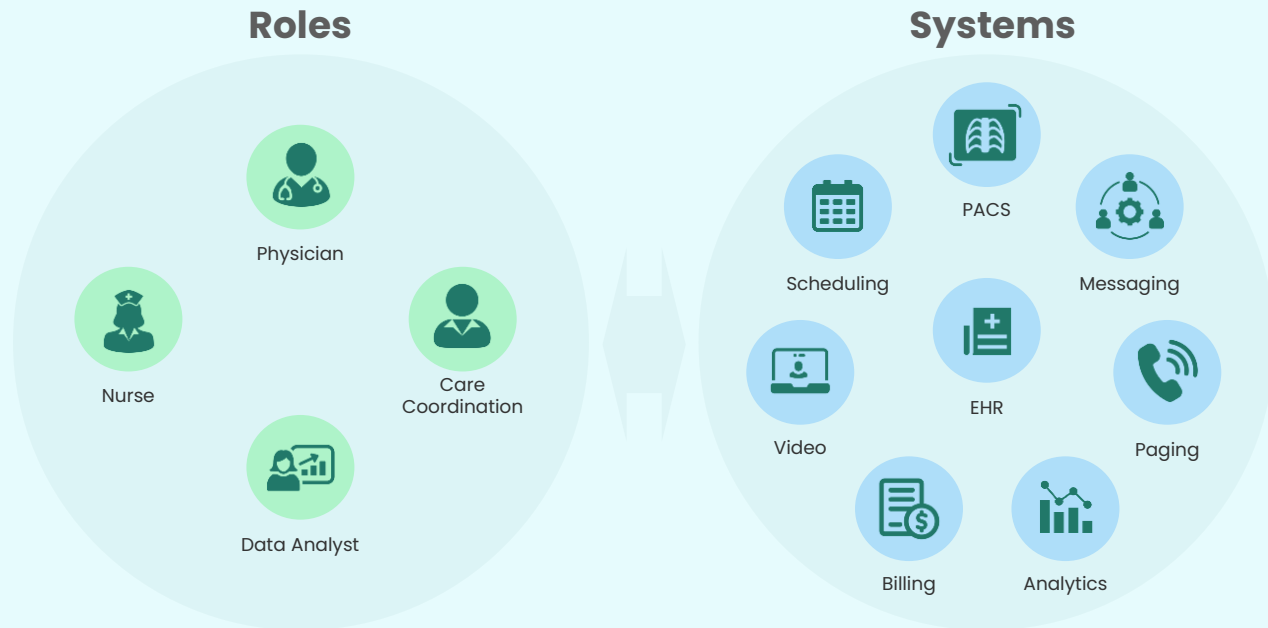
- Expand your mindset when it comes to how you use virtual providers.
- Education, training, and introductions to make programs successful from day 1.
- Shift your mindset. Virtual care should be considered a standard practice.



*Why isn't every hospital solving
their physician shortages with
virtual care?*



Legacy telehealth created workflow burdens for everyone



This added complexity and cost is preventing adoption of badly needed programs

6-8

Point solutions required per consult

\$64+

Additional admin cost per encounter

20%+

Additional time spent

The good news: the latest virtual care technology is enabling seamless, innovative new care models

- Improved EHR interoperability
- Intelligent automation
- Advancements in AI



Expanding the clinical coverage possibilities



Hub & Spoke



Bunkered teams



Optimizing APPs



Monetizing your
specialist network



Flexible positions



Blended with
external network

Doing more...with less

The power of automation & AI: *faster, easier, and more integrated virtual care*

Examples: automation

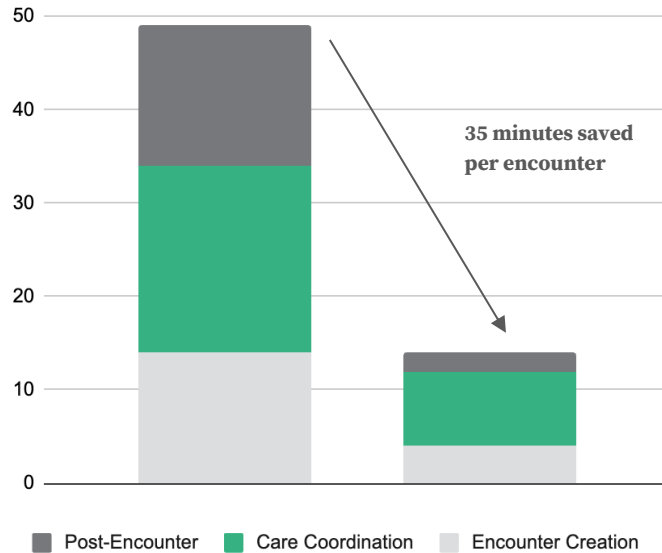
- ✓ Encounter creation
- ✓ Scheduling/assignment and distribution
- ✓ Record review & curated patient dossier
- ✓ Analytics & quality review
- ✓ Templates & intake forms
- ✓ Billing workflows

Examples: AI

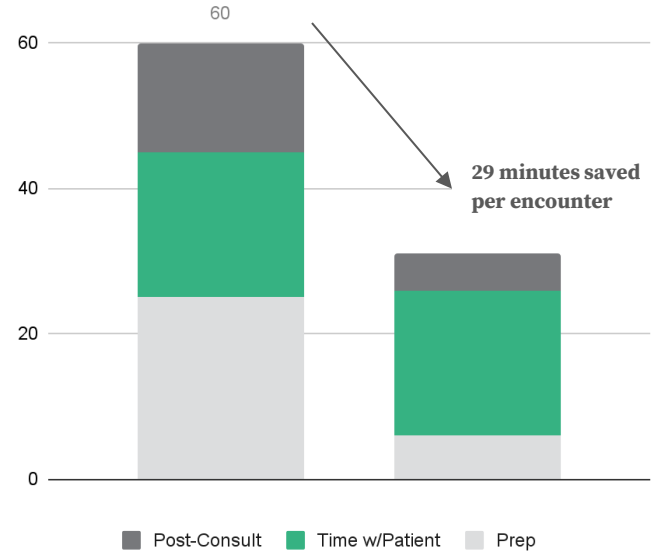
- ✓ Clinical decision-making support
- ✓ Call summaries
- ✓ Documentation drafting (e.g. HPI)
- ✓ Encounter handoff summaries
- ✓ Billing optimization

Example: time saved with advanced automation & AI

Onsite team time saved per encounter
(legacy vs. modern tools)

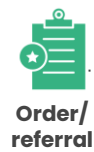


Remote specialist time saved per encounter
(legacy vs. modern tools)



Example of workflow improvement with today's technology

Legacy workflow



Order/
referral



request for
consult



Scheduler finds
provider



Physician
acknowledges



Physician
navigates EHR



Physician logs
into EHR



Nurse readies
device



Physician
coordinates
with site



Physician
sees
patient



Physician
returns to EHR
to document



Physician
prints
face sheet



Physician logs
logs enters
billing info

Tech-enabled workflow



Order placed
directly in EHR



Request for
consult



Device
readied



Entire
encounter

Administrative/manual tasks
for the entire team are
replaced by automated
processes.

Real-world impact

Neurology outpatient clinic *backlog solved*

Added support
reduced workload
for onsite neurologists

< 2 day

wait
for virtual
appointment

3,350+

additional
appointments
Available
annually

40%

reduction
in wait for in-
person appt

Real-world impact

*ED staff supported
to manage psych &
behavioral health patients*

36

minutes,
average wait
from request
to consult

71%

stabilized &
discharged to
lower level of
care

82%

patients with
consult able to
be discharged
same day

*"This service has been
game-changing
for our ED staff."*

- *Director of Telehealth*

One final thought: *technology attracts talent*

- Providers want tech that lowers administrative burdens
- Younger providers expect better work-life balance
- Health systems with tech-enabled care models **will have a recruiting and retention advantage**

60%

of physicians say greatest need is improving routine processes

92%

of physicians ages 30-45 ***prioritize work-life balance***

Key Takeaways



- **The physician shortage** is not going to get better any time soon
- Virtual coverage is a **proven solution** for hospitals that cannot fill positions locally. **Now it's time to think outside the box.**
- We need to move away from 1:1 coverage models and use technology (**integrated, automated, intelligent**) to power care models that increase capacity for our existing workforce.

Questions?

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