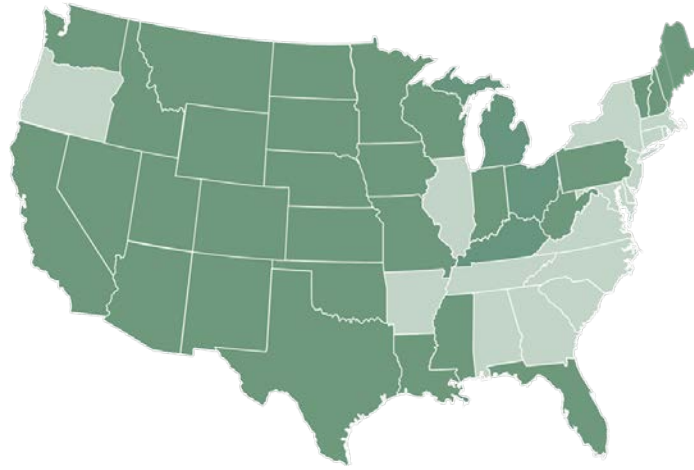**Avera Health** ⊞

**Avera eCARE**®

Avera's roots stretch back to the frontier
of medicine of the Benedictine and Presentation
Sisters; who began providing health care in
Dakota Territory in 1897.
Avera is still sponsored by these same
Sisters today, which helps lead to our mission:

*"Avera is a health ministry rooted in the Gospel.
Our mission is to make a positive impact in the
lives and health of persons and communities by
providing quality services guided by Christian
Values."*

**25+ years**
of Delivering
Telehealth Services

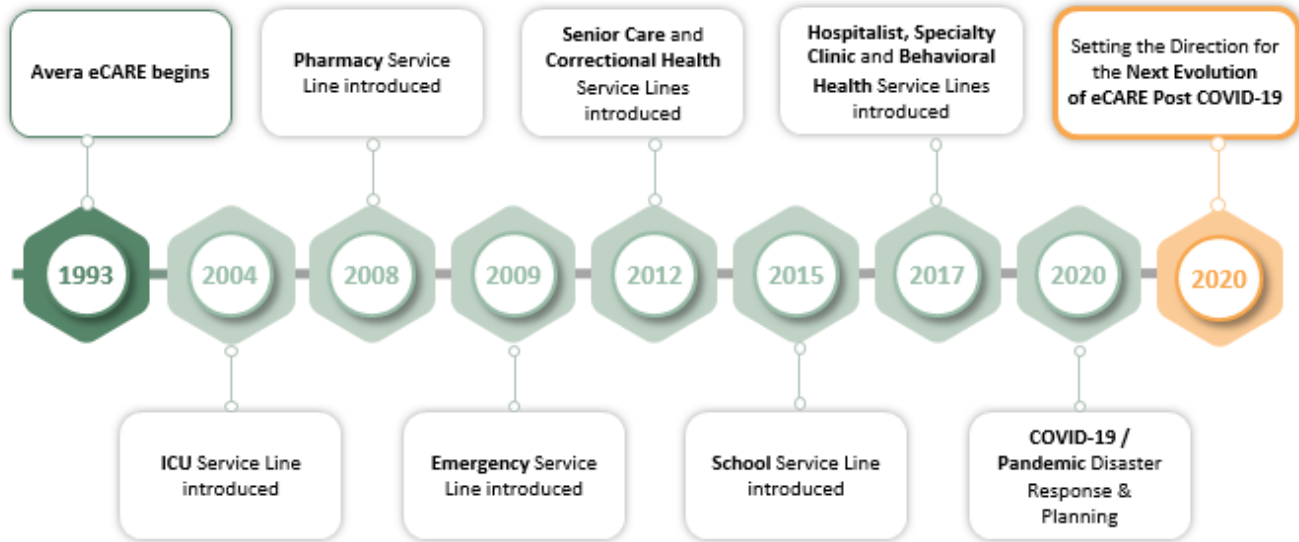Over **500** sites
in **32** states

Serves **15%** of all Critical
Access Hospitals in the nation

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# Third Decade as Virtual Care Leader

## Evolution

**Avera eCARE begins** — 1993

**Pharmacy** Service Line introduced — 2004

**ICU** Service Line introduced — 2004

**Senior Care and Correctional Health** Service Lines introduced — 2008

**Emergency** Service Line introduced — 2009

**Hospitalist, Specialty Clinic and Behavioral Health** Service Lines introduced — 2012

**School** Service Line introduced — 2015

Setting the Direction for the Next Evolution of eCARE Post COVID-19 — 2017

**COVID-19 / Pandemic** Disaster Response & Planning — 2020

2020

## Future

Avera eCARE has over 27+ years of experience building robust virtual care service lines with a continued pipeline of new service line developments

### Near-Term Opportunities

**Disaster Response**

**Rural Primary Care**

eCARE Emergency SANE

Respiratory Therapy

eCARE Behavioral Health 24/7 Psych

eCARE BHS Mobile Crisis

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What We Do

## Challenges
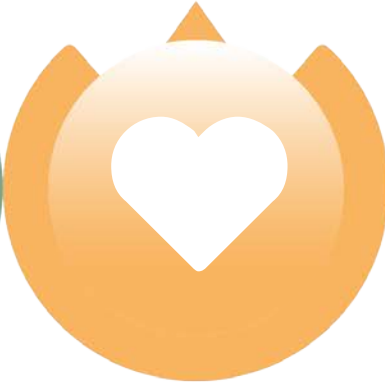
- Technology
- Connectivity
- Device difficulty
- Transportation needs
- Patients irritated by delay of care sets tone for patient-provider relationship

## Opportunity

- Ease of Access
- Reduce unnecessary pathogen exposure
- Reduce no-show rates
- Reduce access/time to first visit with specialist
- Improved timeliness of care

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## Challenges

- Utilizing Technology (Device; connectivity)
- Documentation limitations
- Workflow back to Primary Provider & EMR
- Limited Resources

## Opportunity

- Better Access to Patients
- Ease of visits at home
- Discovered Efficiency and Effectiveness

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# Quality & Cost Reduction

## Challenges

- Reimbursement
- Disaster Declaration Waivers
- Removal of waiver reimbursement
- Lack of access to clinic care resulting in higher number of illness spirals

## Opportunity

- Research impact of COVID on Telehealth Utilization
- Access means less cost due to fewer ED visits and escalation of visits
- Access means improved patient compliance

Avera eCARE®

# COVID Response

**Our COVID Response:** Wake up call to learn how quickly you can provide scope/scale of telehealth

- Converted Ask-A-Nurse hotline into COVID Call Center
- Created drive-through testing centers
- With clinics closed, trained hundreds of physicians and specialists in virtual care visits
- Virtual visits help conserve PPE and reduce exposure
- Deployed mobile equipment to enable virtual visits for sites
- Isolation wings created in long-term care facilities

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# eCARE Expertise

Effective telehealth utilization requires educating staff:

- eCARE there for support – site is still primary provider
- Get people comfortable interacting on camera
- Communicate and Connect
- Debrief calls – lessons learned

> We are dedicated to virtual care delivery, because we believe health care should be done locally by people who know the community best.

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# eCARE Expertise



Supports keeping care local by:

- Filling coverage gaps
- Empowering your Providers
- Providing access to collaborate with specialists on-demand

COVID-19 proved value of telehealth with increase of in-home visits

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# The Future is Wide Open

**Use of Technology:**
- Via Telephone
- Virtual visits over video
- Remote monitoring
- Triage of care to appropriate discipline
- Enable Applications to interact with Specialists i.e. Silver Cloud

## Build Relationship/Trust





Keep vulnerable population safe with unlimited specialists

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