

Report Title: Telehealth Application Details
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Table name: x_g_fmc_c19_telehe_grant_application

Telehealth Application

Number:	GRA0001565	Applicant National Provider Identifier (NPI):	
Applicant:	David Gray	Lead HCP:	Novant Health Inc
Applicant FCC Registration Number (FRN):	0029459369	Lead HCP HCP Number:	48783
Data Universal Numbering System (DUNS) Number:	159735711	# of HCPs:	3
DATA Act Business Types:	M - Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	# of Funding Line Items:	0
Service Area:	North Carolina	HCP Numbers:	25619, 46986, 48783

Contact Information

Contact Name:	David Gray	
Position Title:	Senior Director, DPS Strategy	
Street:	601 Kingsley Park Blvd	
City:	Fort Mill	
State:	SC	
Zip:	29715	
Email:	dmgray@novanthealth.org	
Phone:	7043163568	

Services and Conditions

Patient-Based Internet-Connected Remote Monitoring:	true	
Other Monitoring:	true	
Video Consults:	true	
Voice Consults:	true	
Imaging Diagnostics:	false	
Other Diagnostics:	false	
Remote Treatment:	true	

Additional information on Medical Services to be provided::

During the COVID-19 pandemic, Novant Health has rapidly scaled its digital health offerings to meet patients where they live and work. System hospitals currently are offering several ways to engage patients through use of digital technology both within and beyond the acute care facility as summarized in the following offerings: 1) electronic intensive care unit (EICU) allows intensivist to provide patient care remotely to multiple hospitals using two-way cameras, video monitors, and microphones; 2) patient facing telehealth enables care givers to provide care from a distance in an acute care setting by providing patients with iPads to communicate with clinical providers on treatment options; 3) video visits (both on-demand or scheduled) provide caregivers with the ability to assess and diagnose minor illnesses by computer, smart phone, or tablet; and 4) TytoHome -Novant currently offers several digital means to engage Novant Health providers including, e-visits, video visits (scheduled and on-demand), telephonic visits and video visits enhanced with TytoHome. Using the TytoHome medical exam kit facilitates collection and sending of health information to a Novant Health provider. Electronically relayed health information includes heart rate, images of the throat, and more. The exam kit connects with the TytoCare app on an individual's smartphone or tablet. Nurses and clinicians provide care at a distance and respond to patient needs while reducing PPE use, as well as provide remote treatment capabilities to meet COVID-19 patients' unique needs while in isolation and quarantine.

Would you treat patients without COVID-19 symptoms or conditions?:	Yes	
Would you treat COVID-19 patients directly?:	Yes	
Emergency / Urgent Care:	true	
Mental Health Services (Non-Emergency):	true	
Other Infectious Diseases:	true	
Routine, Non-Urgent Care:	true	
Other Conditions (Explain Below):	true	

If you will treat patients without COVID-19, explain...:

We will manage patients outside facilities on initial examination and any follow up care, with a diverse set of conditions, leveraging all of our institutes of care. Will leverage Tele-ICU to manage both COVID and non-COVID patients.

Additional information on specific conditions to be treated::

We are not limiting conditions treated in facilities or in non-traditional care delivery locations.

Purpose and Intent

What are your goals and objectives for use of the COVID-19 Telehealth Funding?:

COVID-19 Telehealth Program Funding

(Please refer to attached Program Goals and Objectives file)

Specific Goals & Objectives:

1. Electronic Intensive Care Units (EICUs) – Part A

a.Goals

i. Provide higher levels of specialty care to critical care patients during the pandemic.

b.Objectives

i. Deploy 120 Electronic Intensive Care Units (EICUs) carts by May 15th and another 120 EICU carts by Sept 30th

ii. Open/fund 4 additional EICU sites by Sept 30th

c. Outcomes

i. Novant Health will utilize Electronic Intensive Care Units (EICUs) to facilitate effective treatment of Covid-19 critical care patients while decreasing in-room provider presence by 50%

ii. Extend staffing beyond base capability utilizing a tele-intensivist framework.

iii. Increase patient to provider ratio for 22 intensivists, leading to reduced length of stay based on an intensivists' ability to more closely monitor each patient from a centralized monitoring point.

1. Frequency of rounding pre-capability versus frequency of rounding post-capability

2. Maximum patient coverage pre-capability versus maximum patient coverage post-capability

3. Facility footprint of intensivist coverage pre and post capability

a. Available intensivists per facility

2. Electronic Intensive Care Units (EICUs) – Part B

a. Goals

i. Protect frontline, specialty care resources and patients from unnecessary exposure during the pandemic.

b. Objectives

i. Suit up full Covid-19 Personal Protective Equipment 2-3x day as doctor and nursing 1-2x/hour. Cut down by 50% by September 30th.

c. Outcomes

i. Novant Health will utilize Electronic Intensive Care Units (EICUs) to facilitate effective treatment of Covid-19 critical care patients while decreasing in-room provider presence by 50%

ii. Extend staffing beyond base capability utilizing a tele-intensivist framework.

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1. Frequency of rounding pre-capability versus frequency of rounding post-capability

2. Maximum patient coverage pre-capability versus maximum patient coverage post-capability

3. Facility footprint of intensivist coverage pre and post capability

a. Available intensivists per facility

3. Patient facing telehealth – patient care in an acute setting

a. Goals

i. Increase accessibility to acute-level care to non-critical COVID-19 patients during the pandemic

ii. Provide ability to make healthcare more accessible to rural/isolated communities during the Covid-19 pandemic

b. Objectives

i. Enroll 20,000 MyChart users per month during the funding period

ii. Enhance connectivity of inpatient acute patients to loved ones during a time of strict visitor limitations.

iii. Ensure patients have access to the resources they need in a way that minimizes unnecessary exposure

iv. Expand the use of mid-level clinicians

v. Improve the adoption of telehealth by specialists (by measuring access)

c. Outcomes

i. 36% increase in daily rate of video visits by the end of the September 30th, 2020 funding period.

4. Video Visits

a. Goals

i. Provide Novant Health clinicians the ability to assess and diagnose minor illnesses by computer, smartphone or tablet (both on-demand and scheduled visits).

b. Objectives

i. Increase enrollment of users in Novant Health's EPIC MyChart to enable the scheduling and use of video with physicians. As of April 15th, MyChart enrollment is up 33,301 since March 13th. Target 20,000 enrollments / month through September 30th, 2020 during funding period.

c. Outcome

i. 36% increase in daily rate of video visits by the end of the September 30th, 2020 funding period.

1. Currently averaging 4,400/day

2. Target 6,000/day by end of funding period

ii. Enroll 20,000 MyChart users per month during the funding period up from an average of 15,000 per month in December 2019/January 2020

iii. Target 10,000 visits (e-visits/telephonic visits) through Sept. 30, 2020

5. TytoHome

a. Goals

i. Expand Novant Health's capabilities to deliver care to at-risk and vulnerable patients in their home through the use of TytoHome devices, medical care kits and the TytoCare application on the patients' smartphone or tablet.

ii. Use TytoHome to enhance traditional video visits by integrating this lightweight and portable medical exam device. With this device, patients can incorporate additional clinical data into their virtual visit to

assist the provider in making a diagnosis and offering a treatment plan and prescription, if needed. With this device, you can capture high-quality digital sounds of the heart and lungs, share readings of heart rate and body temperature, as well as create images to show your inner ears, throat and skin.

b.Objectives

- i. Provide 2,000 TytoHome devices to at-risk and vulnerable patients by September 30th, 2020
- ii. Increase by 50% scheduled TytoCare video visits from a baseline 23 per week.
- iii. Increase by 50% on-demand TytoCare video visits from a baseline of 40 per week.

What is your timeline for deployment of the proposed service(s)?:

Now through September 30, 2020. (Please refer to attached Program Goals and Objectives file)

What metrics will you use to help measure the impact of the funds used? :

COVID-19 Telehealth Program Funding

(Please refer to attached Program Goals and Objectives file)

Specific Goals & Objectives:

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a.Goals

- i. Provide higher levels of specialty care to critical care patients during the pandemic.

b.Objectives

- i. Deploy 120 Electronic Intensive Care Units (EICUs) carts by May 15th and another 120 EICU carts by Sept 30th
- ii. Open/fund 4 additional EICU sites by Sept 30th

c.Outcomes

- i. Novant Health will utilize Electronic Intensive Care Units (EICUs) to facilitate effective treatment of Covid-19 critical care patients while decreasing in-room provider presence by 50%
- ii. Extend staffing beyond base capability utilizing a tele-intensivist framework.
- iii. Increase patient to provider ratio for 22 intensivists, leading to reduced length of stay based on an intensivists' ability to more closely monitor each patient from a centralized monitoring point.

- 1. Frequency of rounding pre-capability versus frequency of rounding post-capability
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- 3. Facility footprint of intensivist coverage pre and post capability

a.Available intensivists per facility

2. Electronic Intensive Care Units (EICUs) – Part B

a.Goals

- i. Protect frontline, specialty care resources and patients from unnecessary exposure during the pandemic.

b.Objectives

- i. Suit up full Covid-19 Personal Protective Equipment 2-3x day as doctor and nursing 1-2x/hour. Cut down by 50% by September 30th.

c.Outcomes

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a.Goals

- i. Increase accessibility to acute-level care to non-critical COVID-19 patients during the pandemic
- ii. Provide ability to make healthcare more accessible to rural/isolated communities during the Covid-19 pandemic

b.Objectives

- i. Enroll 20,000 MyChart users per month during the funding period
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- iii. Ensure patients have access to the resources they need in a way that minimizes unnecessary exposure
- iv. Expand the use of mid-level clinicians
- v. Improve the adoption of telehealth by specialists (by measuring access)

c.Outcomes

- i. 36% increase in daily rate of video visits by the end of the September 30th, 2020 funding period.

4. Video Visits

a. Goals

i. Provide Novant Health clinicians the ability to assess and diagnose minor illnesses by computer, smartphone or tablet (both on-demand and scheduled visits).

b. Objectives

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i. Expand Novant Health's capabilities to deliver care to at-risk and vulnerable patients in their home through the use of TytoHome devices, medical care kits and the TytoCare application on the patients' smartphone or tablet.

ii. Use TytoHome to enhance traditional video visits by integrating this lightweight and portable medical exam device. With this device, patients can incorporate additional clinical data into their virtual visit to assist the provider in making a diagnosis and offering a treatment plan and prescription, if needed. With this device, you can capture high-quality digital sounds of the heart and lungs, share readings of heart rate and body temperature, as well as create images to show your inner ears, throat and skin.

b. Objectives

i. Provide 2,000 TytoHome devices to at-risk and vulnerable patients by September 30th, 2020

ii. Increase by 50% scheduled TytoCare video visits from a baseline 23 per week.

iii. Increase by 50% on-demand TytoCare video visits from a baseline of 40 per week.

How has COVID-19 affected HCPs in your geographic area (e.g. county)?:

As Novant Health distributes resources in response to the COVID-19 outbreak through its acute care and ambulatory facilities throughout North Carolina, unique challenges emerge in some communities. In Rowan County, the number of COVID-19 cases recently increased 83% in a single day to a total of more than 200, likely through spread in a congregate care facility. In only a few hours, a county that ranks twenty-first in the state in total population jumped to fourth in the state for the number of COVID-19 cases. As of April 15, the North Carolina Department of Health and Human Services indicates that Rowan County, with a population fewer than 145,000 individuals, reports 206 of the state's 5,123 cases. The number of Rowan County cases is 38% higher than Guilford County, which has a population nearly four times as large. Rowan County's poverty rate of more than 16% exceeds the state rate of 14%, and 14% of Rowan County residents are uninsured compared to the state rate of 13%.

Brunswick County, a coastal county with a long history of experience with Atlantic hurricanes, consists of more land area than 94 of North Carolina's 100 counties. Most of the county population is clustered around coastal areas where tourism drives the economy. Yet nearly 60,000 individuals (43%) are dispersed throughout the county's widespread rural areas where they face challenges for basic necessities, including access to preventive health care because of transportation barriers and inadequate insurance coverage. As with Rowan County, 14% of individuals in Brunswick County are uninsured compared to the state rate of 13%.

The US Health Resources and Services Administration designates both Rowan and Brunswick counties as medically underserved areas where a shortage of primary care and mental health providers limits the availability of services to residents. In North Carolina, the ratio of primary care physicians (PCP) to population is 1:1,410. In Rowan County, the ratio is 1:2,420 and the Brunswick County ratio is 1:2,080. Telehealth is increasingly vital in communities where each PCP may serve 45% to 70% more patients than their counterparts in other regions of the state. Telehealth is even more crucial to health and safety during the COVID-19 outbreak. As of April 15, Brunswick County reported 35 COVID-19 cases, an increase of 65% from 12 cases at the end of March. Two individuals in Brunswick County have died of the disease.

The continued increase in cases in both Rowan and Brunswick counties is consistent with projections for a surge in COVID-19 cases in mid-May to mid-June. To prepare, Novant Health staff is repurposing space to create negative pressure units, implementing treatment protocols, credentialing providers to augment intensivists, redeploying nurses to areas needing support, carefully monitoring distribution of essential medical devices and personal protective equipment (PPE) and collaborating with community-based partners.

With health care systems redirecting resources in response to COVID-19, some North Carolina hospitals and medical practices are forced to lay off staff or reduce team member hours based on canceled in-person appointments or deferred nonessential procedures. Novant Health has contributed \$10 million to the Novant Health foundations' COVID-19 Disaster Relief Fund to avoid immediate layoffs, as well as purchase medical supplies and help fund testing and medication to support patient care.

Have you been under pre-existing strains? If so, please describe such factors.:

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Do you plan to target the funding to high-risk and vulnerable patients?:

Yes

If so, please describe how.:

Expand Novant Health's capabilities to deliver care to at-risk and vulnerable patients in their home through the use of TytoHome devices, medical care kits and the TytoCare application on the patients' smartphone or tablet. Provide ability to make healthcare more accessible to rural/isolated communities during the Covid-19 pandemic through telehealth and video.

Please provide any additional information to support your application and :

Do you request confidential treatment of supporting documentation?:

No

Funding Request

Total Amount of Funding Requested:	575545	
Are you requesting funding for devices?:	Yes	
Are the devices for the health care provider's use?:	Yes	
Are the devices for patient use?:	Yes	
How are the devices integral to patient care?:		

Certification

Certified and Submitted by:	David Gray	Certified Date and Time:	2020-04-17 14:56:00
Certifier Full Name:	David Gray		

Related List Title: Health Care Provider List
Table name: x_g_fmc_c19_telehe_health_care_provider
Query Condition: Associated Application = GRA0001565
Sort Order: Number in ascending order

3 Health Care Providers

▲ Number	Facility Name	FRN	HCP Number	NPI	State	City	Eligibility Type	Total Patient Population	Estimated Number of Patients to be Served by Funding Request	Associated Application	Additional Information on Patient Estimate :	County in which address is located	Is Lead HCP?	Is the Facility a Hospital ?	PDF Patient Estimate Info	Street Address
HCP0001319	Novant Health Inc	0029459369	48783		NC	Winston Salem	(9) consortia of health care providers	598,422	299,211	GRA0001565		Forsyth County, North Carolina	Yes	No		2085 Frontis Plaza Blvd
HCP0001323	Rowan Regional Medical Center, Inc DBA Novant Health Rowan Medical Center	0029455441	25619	1508843566	NC	Salisbury	(5) not-for-profit hospitals	57,645	28,823	GRA0001565		Rowan County, North Carolina	No	Yes		612 Mocksville Ave
HCP0001328	Brunswick Community Hospital, LLC DBA Novant Health Brunswick Medical Center	0029455425	46986	1710915756	NC	Bolivia	(5) not-for-profit hospitals	39,073	9,768	GRA0001565		Brunswick County, North Carolina	No	Yes		240 Hospital Drive