

StationMD

Telemedicine for Individuals with Intellectual  
& Developmental Disabilities

# Specialized Telehealth:

A Game Changer for the  
Disability Community

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# StationMD: A Healthcare Solution to Support People with I/DD

Founded by emergency room doctors

Specially focused/trained on vulnerable populations such as those with I/DD and behavioral health challenges

22 states, 38,000 lives covered



# Committed to Pioneering Advancements for Individuals with I/DD

## Proud members/sponsors of:



## Featured speakers across the country

- 2023 South Carolina Human Services Providers Association
- 2023 Annual DDNA Conference
- 2023 New York Alliance Annual Conference
- 2023 ANCOR Annual Conference
- 2023 SPADD Conference
- 2021, 2019 AAIDD Conference
- 2022, 2021, 2019 AADMD Conference
- 2022, 2021 DDNA Conference
- 2021 i2i Conference
- 2021 MHPA Conference
- 2021 NASDDDS Mid-year Conference
- 2021 NASDDDS Mid-year Conference New York Alliance for Inclusion & Innovation
- 2020 Home and Community-Based Services
- 2019 Tennessee DIDD Enabling Tech Conference

# Causes of Frequent ER/Urgent Care Use for People with I/DD

High risk/multiple comorbidities

Lack of access to medical care otherwise

Regulatory requirements

Primary doctor lacks immediate availability

**How can individuals with I/DD access personalized care in a non-disruptive and stable environment?**





## Committed to Pioneering Advancements for Individuals with I/DD

- Frightening for individuals with I/DD
- Trauma of transport
- Exposure to infection—COVID 19
- Disruption of routine
- Missed medication

General disruption, weeks to stabilize and  
puts many at risk

# The Problem with the ER:

Expensive yet Suboptimal Care



# Telemedicine is Here to Stay

**Health**

Telehealth has radically changed the way we go to the doctor—and we have the pandemic to thank for that



The pandemic ushered in a ‘new era of medicine’: These telehealth trends are likely here to stay

**SLATE**

Telehealth has been good in the pandemic. It could be great long term



Congress must ensure telehealth access after pandemic’s over

**We cannot lose sight of the importance of telehealth for more vulnerable populations, such as those with I/DD.**

# How Telemedicine Can Help

## Problem

- Lack of Access
- Suboptimal care for special needs

- Primary care unavailable in off-hours
- Regulatory pressures



## Solution

- Telehealth removes geographic impediments
- Connect to doctors with specialized I/DD training
- Provide access to medical records/database
- Personalized care provided in safety of person's own environment
- Provide availability 24 hours
- Need doctor evaluation immediately
- Provide full documentation



## Other Typical Cases (Not Always Emergent!)



Medication refill



Medical  
question/  
medication  
reconciliation



Behavior change



Constipation

# StationConnect Platform

- 24/7 client portal access
- Data access
- HIPAA-compliant care coordination
- Electronic health record

StationMD Consultations							
From: <input type="text" value="2019-01-06"/>		To: <input type="text" value="2021-03-08"/>					
Sort: <input type="text" value="LOS"/>		Order: <input type="text" value="Up"/>		Limit to site: <input type="text" value="None"/>		Limit to Admission Followup: <input type="text" value="No"/>	
				<input type="button" value="Change Sorting"/>		<input type="button" value="Download Excel"/>	
Site	Call Time ↑	Patient	Providers	Clinical	Notes	Updates	
Nursing Home 1 (basic)	6/30/19 1:35 AM EDT	Five, Erik (81808) DOB: 3/4/1955, age 66	<b>PMD:</b> imaginao <b>SMD:</b> Sang Lee	<b>CC:</b> Altered mentation <b>Dx:</b> None <b>Outcome:</b> ED Transfer	1. <a href="#">Progress Note</a>	Admitted: <input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Concerns"/>
Nursing Home 1 (basic)	7/11/19 3:08 AM EDT	Five, Erik (81808) DOB: 3/4/1955, age 66	<b>PMD:</b> argento <b>SMD:</b> SMD Doctor One	<b>CC:</b> Altered mentation <b>Dx:</b> Chest pain, unspecified (R079); <b>Outcome:</b> ED Transfer	1. <a href="#">Progress Note</a>	Admitted: <input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Concerns"/>
Nursing Home 1 (basic)	7/18/19 11:41 AM EDT	Calichman, Meghan (1) DOB: 11/21/1970, age 50	<b>PMD:</b> s <b>SMD:</b> SMD Doctor One	<b>CC:</b> Test <b>Dx:</b> Chest pain, unspecified (R079); <b>Outcome:</b> Observe	1. <a href="#">Progress Note</a>	<input type="button" value="Concerns"/>	
Nursing Home 1 (basic)	8/28/19 8:02 PM EDT	test, forms (123) DOB: 11/21/1970, age 50	<b>PMD:</b> smith <b>SMD:</b> SMD Doctor One	<b>CC:</b> form test <b>Dx:</b> Chest pain, unspecified (R079); <b>Outcome:</b> Observe	1. <a href="#">Letter: Return to program</a>	<input type="button" value="Concerns"/>	
Nursing Home 1 (basic)	12/29/19 9:35 PM EST	Test, Calichman (12345678) DOB: 11/21/1970, age 50	<b>PMD:</b> [object Object] <b>SMD:</b> SMD Doctor One	<b>CC:</b> test <b>Dx:</b> None <b>Outcome:</b> Observe	1. <a href="#">Progress Note</a> 2. <a href="#">Progress Note</a>	<input type="button" value="Concerns"/>	
Nursing Home 1 (basic)	1/24/20 9:36 AM EST	test, forms (123) DOB: 11/21/1970, age 50	<b>PMD:</b> na <b>SMD:</b> lason Boulvare	<b>CC:</b> na <b>Dx:</b> Impacted cerumen, bilateral (H6123); <b>Outcome:</b> ED Transfer	1. <a href="#">Progress Note</a>	Admitted: <input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Concerns"/>
Nursing Home 1 (basic)	8/20/20 12:16 PM EDT	Test, Concerns (SMD099141652) DOB: 12/19/2003, age 17	<b>PMD:</b> marco (SMD099141652) <b>SMD:</b> SMD Doctor One	<b>CC:</b> High blood pressure <b>Dx:</b> Bradycardia, unspecified (R001); Abrasion, left lower leg, initial encounter (S80812A); Chest pain, unspecified (R079); Epileptic seizures related to external causes, not intractable, with status epilepticus (G40501); Anxiety disorder, unspecified (F419); <b>Outcome:</b> Observe	1. <a href="#">Progress Note</a>	<input type="button" value="Concerns"/>	



StationMD

Clinical and Economic Outcomes

# Proven Outcomes



**93.1%**

Data from all clients shows an average 89.7% treat in place rate reducing ER and Urgent Care transfers

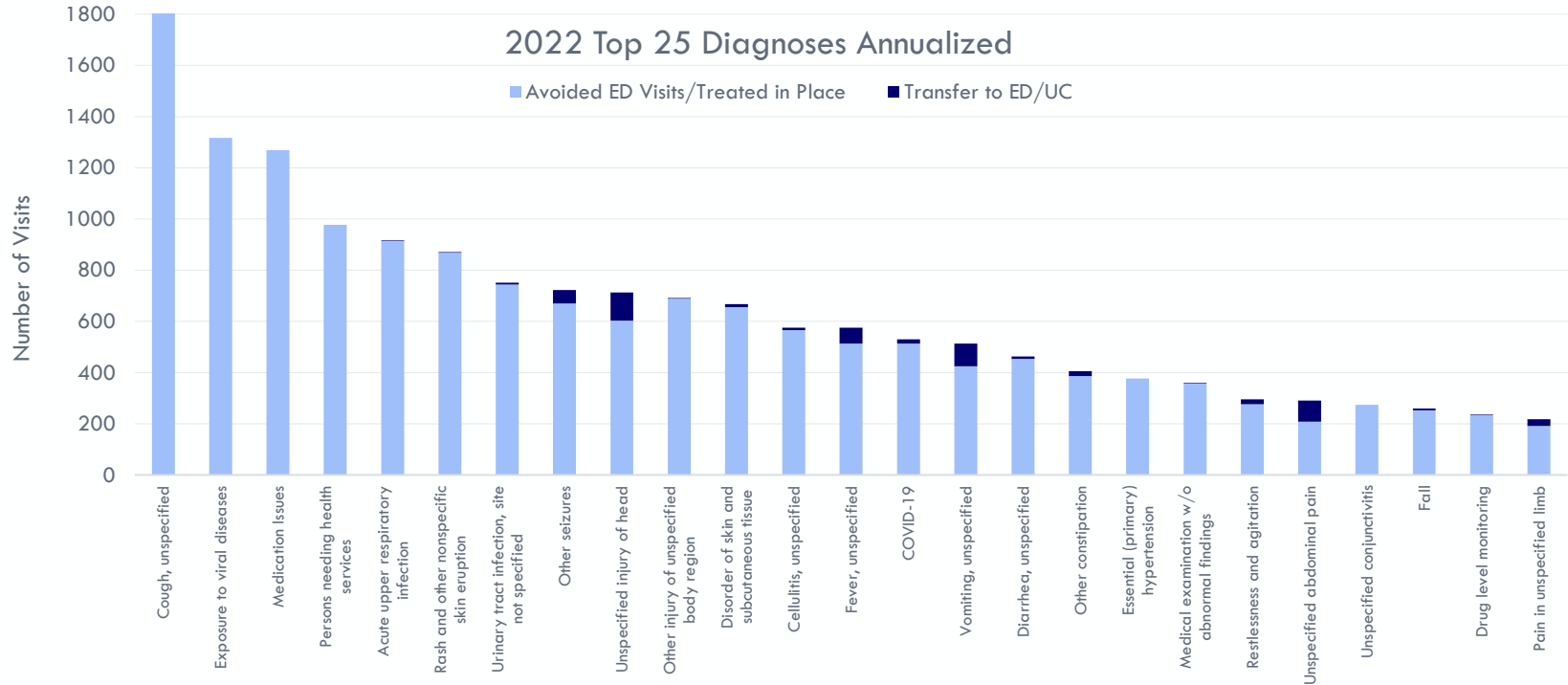
## March 2016-September 2023

### StationMD Visits by Outcome

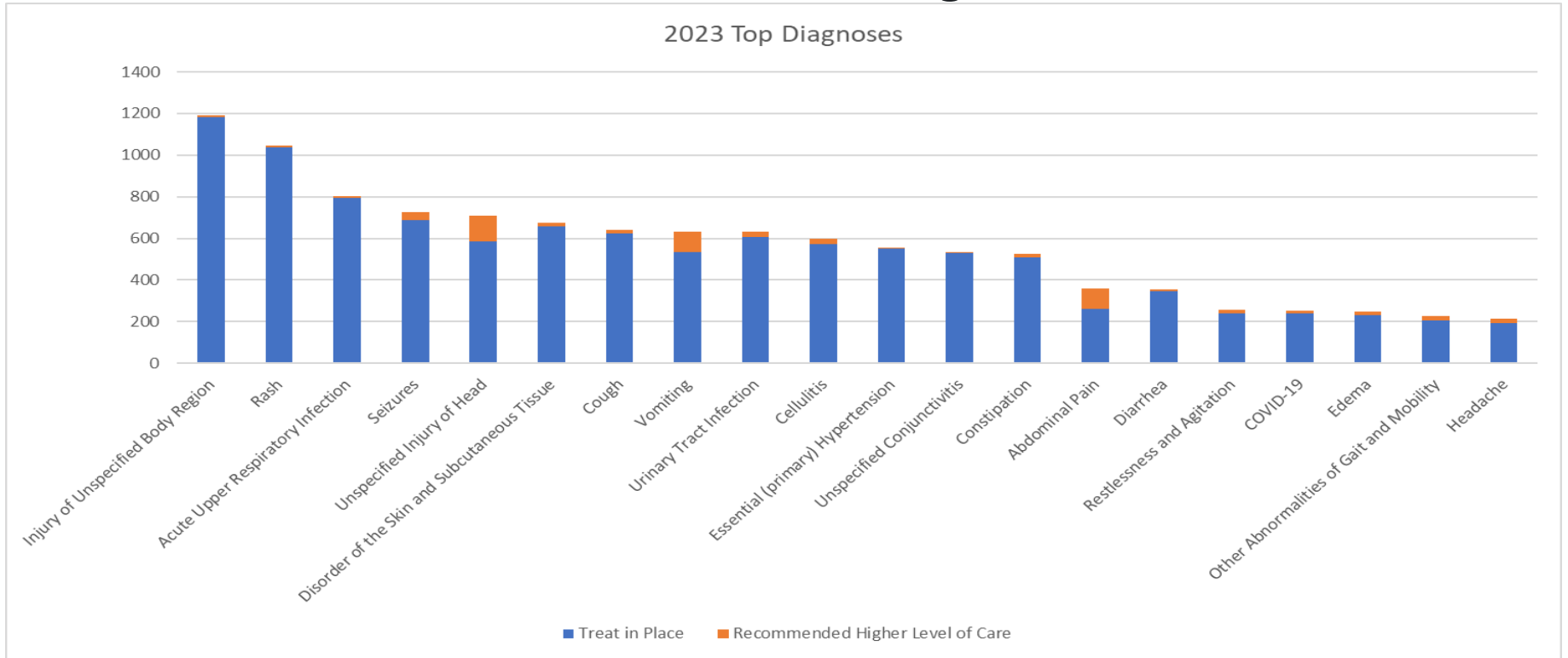
Time Period	% Treated in Place
2016	86.4%
2017	86.0%
2018	89.1%
2019	87.2%
2020	89.0%
2021	93.3%
2022	93.0%
2023	93.1%

**89.6% of StationMD Clients with  
IDD Are Treated in Place**

# Most Calls Result in Avoided ER Transfers Across Diagnoses



# Most Calls Result in Avoided ER Transfers Across Diagnoses



# StationMD Users Report Satisfaction



## Individuals

- 96% were happy with their StationMD visit
- 94% would recommend StationMD to a family or friend
- 84% prefer to use StationMD vs. venturing out to seek medical care



## DSPs/Caregivers

- 70% feel more job satisfaction with access to StationMD
- 77% feel they get answers to health questions through StationMD
- 77% feel access to StationMD improves the lives of their clients

# Pennsylvania Provider Agency Telemedicine Partnership with StationMD



May 2021, agency launched a telehealth pilot in 22 residences



55 telemedicine visits were logged in 7 months



87% of patients were treated in place avoiding unnecessary transfer to the ER



Avoided 32 unnecessary ER visits and 25 urgent care visits



Achieved a cost savings of **\$49,000 in 7 months** (an estimated **\$82,000 annually**)



Expanded service to all 40 residences following success of the pilot



# New York Provider Agency Telemedicine Partnership with StationMD



November 2020, agency launched telehealth pilot in 28 of its 42 residences, prioritizing services for the most medically frail and chronically ill



Conducted 174 StationMD medical consultations in 6 months



157 (or ~90%) were treated without transfer to the ER

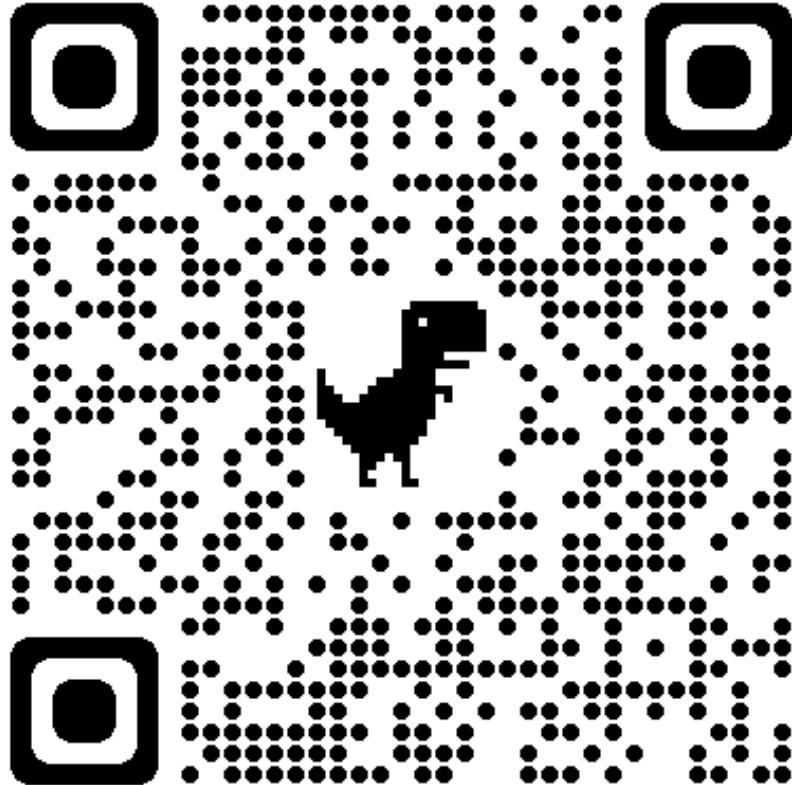


August 2020, agency expanded service to all 42 homes and 240 people based on pilot success



Achieved a **total cost savings of \$15,000 over 6 months and \$30,000 annually**

## QR CODE for StationMD Video



Station**MD**

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