

Summary of Chat Topics
Virtual Learning Hour — May 1, 2020
Telemedicine: COVID-19 and Beyond

Quality Tracking and Metrics

- Interested in how to measure quality of telemedicine. Also, how to make service available to those without video and audio options. Medicare will not reimburse unless it's both.
- Would love to hear more about measuring quality as well!
- How can we keep the quality of care we used to practice at this time with huge limitations due concern of spreading the virus?
- It will be important to include patients in the Q I discussion.
- Would like to hear more about quality measures for telemedicine as well - thanks!
- What will be Telehealth key performance and measurements -Health outcomes, value of Healthcare delivery, Patient/Provider experience, program performance and implementation?
- What are the telehealth key performance indicators and their goals?
- In addition to the question of quality, I also wonder about metrics illustrating *quantity* of care within systems providing telehealth. I haven't seen data on this, but anecdotally, I have seen that appointments have been shorter, across disciplines. Conversely, perhaps patients might have better access to specialists and additional needed providers- not sure. Also not certain if shorter appointments generally illustrate an increase in efficacy, but it does concern me to see this with behavioral health appointments in particular.
- Is PCORI doing research on this or shifting their research now to accelerate the needed evidence based best practices? With patients/families involved front and center?
- I suggest that continuing and further improving telemedicine post-covid will require descriptive studies of successes and cost-effectiveness.

System Design Issues

- Our organization has had over a 500% increase in virtual visits over the past few weeks. Workflow was mapped, standard work created, and small tests of change have occurred almost daily as we learn what works and where we have opportunities. In the pediatric space, our NRC scores are very high for TM visits. Families feel more engaged in their child's experience, and wait time/travel are eliminated. We partner with our EHR platform to provide technical support to families, in addition to pre-appointment calls from our nurses and assistants to ensure they are equipped for the visit.
- Pre-visit planning and co-production have two key drivers for the CF Learning Network, a network of cystic fibrosis patients, families, and care teams. We have pivoted our efforts to a telehealth learning lab, again with a focus on these two key drivers via telehealth. Peer to Peer learning between teams, how to message to patients prior to the visit, to help prep for the visit, i.e., chronic care model. With multi-disciplinary care we also want patients to inform us which team members they want to see. We see CF care changing forever, telehealth is another tool in the toolbox to deliver outstanding work.
- Another goal is co-production of the virtual visit with shared agenda setting. Academy of Communication in Healthcare has great resources on this and empathy telehealth encounters. We launch with 28 teams tomorrow, with weekly PDSAs and weekly measurements, on pre-visit planning and co-production of care. Some of this work speaks to Joy in Work: pivoting to his improvement process, has meaning and purpose for patients and care team.
- Keys to success: Multidisciplinary approach — there is a role for everyone. Leveraged QI/PI mindset. Transparency around progress and platform to escalate issues and problem solve in a timely manner. Progressive TM team (small but mighty team). Sharing success stories from clinical teams. Sharing

patient stories. We have a COVID team that met daily for months - includes Risk Mgmt, General Counsel, physician, TM, informatics, revenue integrity, HIM, leadership team.

- We need to remember that we have never had a 'Health Care System'; we have a disease care system. Perhaps Telehealth can help us transform this.

Scale-up Challenges

- As the US looks to rapidly ramp adoption of telemedicine, while state/federal regulations around telemedicine are being 'temporarily' removed - how do we ensure we balance the need to rapidly scale adoption while ensuring: a high quality of care, patient safety, patient privacy?
- I was on a different webinar Wednesday that addressed this: some healthcare systems are setting up special locations onsite with laptops for patient use to allow them to access providers who may not be working onsite (with technical support, cleanings between use, etc.). One small, imperfect solution.
- Would be interested in hearing 1 or 2 practical examples of improvement in telemedicine that have been addressed by Echo during Covid rapid ramp up.
- Will you have a session on how to scale up in a clinic setting?
- Are there designations (such as TJC) that approve firms, and are there a few firms you can suggest that epitomize the best TM can be?
- I am also interested in ways health systems are virtualizing care within the healthcare facility to protect staff and patients, conserve PPE, consult remotely, etc. Do you see these initiatives as COVID-only or perhaps continuing as practices within healthcare facilities?
- We did FMEA process for pre-work on our design meeting, Pre-visit barriers - lack of remote access, family defer telehealth, work flows for schedule, connection issues, lack of patient remote access, disjointed communication between team members. Post visit- again disjointed communication between team members, poor follow-up with families, lack of exam and screenings.
- There is a shortage of home health workers. Are office-based providers doing more home visits? If no, can we reimburse home health workers more to increase the number of home health workers? Can graduating nurses/PAs/NPs/MDs be moved quickly to home care delivery during the pandemic?
- I agree that guiding without pressure is the key to being a good leader. Letting go and competing on embracing digital medicine may turn out to be the best way to prevent disillusion in the long run.

Technical Barriers and Staff/Patient Training

- I'm an educator and had to pull clinical students off rotations. Does IHI have telehealth video teaching tools that programs can use?
- Not all health care professional are provided equal training on process improvement, quality, patient safety, and team work. Same concept applies to telehealth
- Patients need support too! Huge learning curve for many of them as well
- We are launching tele-visit & video consult/visit for our palliative care patients in Indonesia. This is new - driven by COVID19. We have had to deliver digital phones and data subscriptions for our patients. Those are simple - compared to the steep learning curve on how to carry out comprehensive assessments on patients remotely ... "safe and reliable" as Derek Feeley said.
- Telehealth training and education would be beneficial to start at Medical school level for ALL disciplines. Thoughts?
- Can anyone speak more to how the mentoring happens? Is this in real time? Are there two providers on a patient call? What does the precepting relationship look like? And beyond mentorship for licensed providers? What is the role of healthcare students in this telehealth model?
- It is thought that Android devices have more difficulty. We have entertained sending a video or a step by step instruction on how to set up and troubleshoot based on type of device.

- What about conducting pre-visits to work through the technical kinks? Administrative staff can support this.
- Can you recommend a good telehealth training program online?
- Are there guidelines or protocols related to telemed providers precepting APP students for a clinical rotation in telemed?
- A current challenge we are working though is multi-disciplinary team visit – synchronous in the same webspace and asynchronous – a lot depends on local platforms and IT support.

Cost-of-Care Implications

- Panelists: what will this “exponential explosion” in “healthcare availability” do to the costs of care, which are now unsustainable?
- Studies have shown that telehealth increases visits vs substituting for face to face care. Can this impact cost of care?
- We absolutely can't increase the cost burden for Americans. We have to move to a more comprehensive model that allows telehealth to be utilized to give better access and quality of care.
- Most practice overhead is for personnel. The greatest opportunity likely resides in having more services provided by less expensive care team members and enabling practices to care for more patients per physician.
- We can't improve quality until we improve per physician capacity. This problem is no different between face-to-face office encounters and telemedicine encounters.

Patient Connection Opportunities

- Providers have reported a unique relationship that develops by seeing patients and families in their home. Getting to know them as person before patient and appreciate their challenges a bit better.
- As providers embrace telehealth, is anyone looking if there is a change to patient opinion of using this technology? Especially for the elderly populations.
- I work with an organization doing telehealth for palliative care patients. We have clinical guidelines for doing videoconference care and are able to touch lives throughout the state of California
- Our initial patient satisfaction score with telemedicine visits are very poor. Comments are loaded with connectivity issues on the patient side. Does anyone have methods that have been helpful to reduce technical difficulties on the patient side?
- So we went from house calls to office visits to telemedicine, it's sort of circular, returning to the home as the place of care.
- We need to address, consider, and study the role/value/quality of the physical exam AND the role of touch in medicine.
- Telemedicine has been successfully adopted by practices that had already re-designed their practice teams and adopted population management processes.
- By removing the need for patients to travel to the office, the components of service can be separated and provided by different team members. This also unburdens the physician to the extent that services are appropriately provided by other staff.
- The big breakthrough would be to design quality from the patient's perspective.
- Although some patients who want privacy may struggle to get it from a telemedicine approach.... On the flip side, won't you get more genuine exchanges with patients coming from the relative comfort of their own home?
- We need to be careful about patients who may not have a safe and confidential place to do these phone/virtual visits. (mental health, addiction, abuse) I hope they stay in some capacity to allow better access for patients that cannot access the office.

- We've found great success with video visits with our patients. Our population is primarily seniors - it's given them an opportunity to make a social connection, they're able to include caregivers who may not have otherwise been able to be present in their visits (due to work/geography), and providers can do things like say "show me your medicine cabinet". It's been really exciting, also an opportunity to raise joy in work for our care teams who miss the face-to-face interaction with their patients.
- Our seriously ill palliative care patients love telehealth; their families and caregivers can be included, and they love the focused care without the burden and cost of travel, waiting in office for a provider, and/or being exposed to COVID-19

Regulations and Reimbursement

- Many of the COVID era lifting of restrictions is great but how do we track the changing regulations going forward? Is there a central CMS guidance web site or resource on this?
- How can we extend this universal reimbursement in a sustainable way for Pediatricians? We are essential PCP's that do not interact with Medicare, and therefore with CMS!
- Some of the "payers" up here in Canada attempted to introduce interim payment models for virtual care that was less per encounter than in-person care, and let's just say it was NOT received well by providers.
- Delivery and payment rules in US states complicate everything! National care rules and standards are needed.
- Our biggest concern is around post COVID reimbursement.