MWAETC Implementing Telemedicine Webinar Series

Session #6:Telemedicine Potpourri:
QI, Health Equity, IT and More

John Scott, MD, MSc, FIDSA
Medical Director, Digital Health
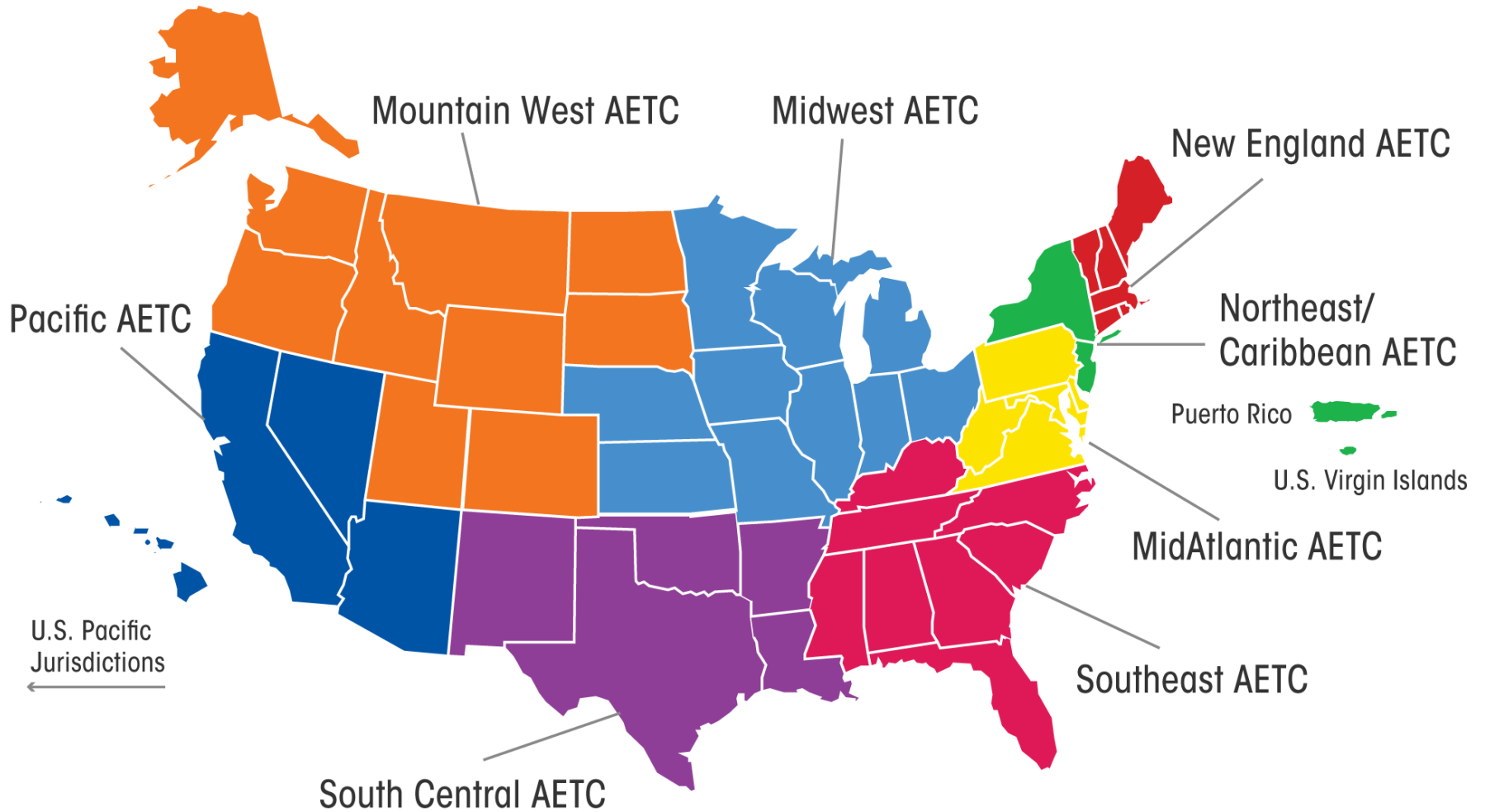**UW Medicine**

Last Updated: Jul 26, 2020

Acknowledgement

- This telemedicine webinar series is being supported with federal resources from the Coronavirus Aid, Relief and Economic Security Act, otherwise known as the CARES-ACT and the HRSA Ryan White Program.

MWAETC

Logistics

- This webinar is being recorded.

- All participant microphones are muted.

- Type in questions or comments through the question box to **Everyone** or to **Laurie Sylla**. Laurie Sylla, our director, will be compiling the questions and sharing them with our presenter during the Q&A portion of the program. Please do not submit your questions directly to the presenter. He will be not be monitoring the question box.

- After today's session you will receive an email with a link to an evaluation for today's session- we would appreciate you filling this out, and another link to a portal where you will be able to submit questions for an FAQ that we will post on our website, or request an individualized technical assistance session with our presenter and his team members.

MWAETC

AETC Regional Training Centers

Mountain West AETC

Midwest AETC

New England AETC

Pacific AETC

Northeast/
Caribbean AETC

Puerto Rico

U.S. Virgin Islands

MidAtlantic AETC

Southeast AETC

U.S. Pacific
Jurisdictions

South Central AETC

mwaetc.org/

aidsetc.org/about

MWAETC

SESSION #6: TELEMEDICINE POTPOURRI: QI, HEALTH EQUITY, IT AND MORE

John Scott, MD, MSc, FIDSA
Medical Director, Digital Health
Molly Shumway, MHA
Telehealth Director
UW Medicine

Disclosures

In the last year, I have served as a consultant to Gilead Sciences and Premera.

Format for webinar and office hours

- 15-20 min didactic

- Q&A for remaining time: Please type in questions into Q&A now!

- Posting of recording and Q&A to AETC website

- Request 15 min block on Tue and Wed for technical assistance

MWAETC

Objectives

- To understand tactics to develop a well-rounded telehealth program: move telemedicine into part of your standard operations

- To outline the elements of a telemedicine quality program

- To understand considerations of health equity in your telemedicine program and proactively & reactively address patient barriers

- To outline infrastructure components needed to support ongoing success of your telehealth program

MWAETC

Developing a Well-Rounded Telehealth Program

Telemedicine as Part of Your "Normal" Operations:

Telemedicine is here to stay - shift from the mindset of telemedicine as a temporary patch to being part of your standard menu of options for patients.

- Get feedback from providers & staff: What's going well and what could be improved?

- Get feedback from patients: How are your tools and resources working?

- Assess your utilization data: Which clinics/providers are doing well - what best practices can they share? Which are struggling – what are their barriers/needs?

MWAETC

Developing a Well-Rounded Telehealth Program

Moving Past Implementation:

- The needs of your stakeholders will change as you move from rollout, to maintenance & optimization. The work & the roles involved vary with each of these phases

- Develop support materials & tools for each:

  - 101: core materials to teach the basics of telemedicine processes & requirements – goal to successfully complete telemedicine visits

  - 201: Strategic considerations around enhancing access, reach and patient satisfaction; calibrating telemedicine/in-person care

  - Advanced Telehealth: How to consider alternate innovations to advance care options – consider asynchronous care, remote patient monitoring, eHealth options, etc. where you have patient demand/provider interest

MWAETC

Developing a Well-Rounded Telehealth Program

Clarity on Accountability & "Handoff" to Operations:

- Consider a formal "project" approach – outline roles & tasks

| Telemedicine Implementation: Roles & Responsibilities	Proposal	In Queue	Assessment	Planning	Design	Implementation	Monitoring	Ongoing Ops
Telemed. Project Manager				• Draft charter, scope & project plan • Schedule design sessions	• Facilitate design sessions • Support workflow design	• Support training • Coordinate/communicate with stakeholders (clinic, IT, UWP, etc.) • Respond to questions & requests	• Support PDCA approach for TH workflows	• Facilitate handoff with clear guidelines for future support
Telehealth Leadership	• Support TH Intake Request	• Review TH Intake ID questions	• Vet intake & prioritize based on established criteria • Communicate approval decisions	• Assign PM			• "Gate-check" Ready to hand off to ongoing operations? • Support audit & communication based on audit findings	
Clinic Leadership	• Draft & Submit TH Intake Request	• Respond to questions & req for additional info		• ID planning team • ID goals & success metrics • Input to charter & project plan	• Support workflow design • Develop training plan • ID audit processes	• Conduct trainings • Ensure staff & providers have tools/resources needed • Audit for training completion & understanding	• Respond/follow up to audit findings & recommendation; retrain as needed	• Define in-clinic roles & responsibilities • ID communication pathways • Ongoing oversight of workflows & metrics • Strategic planning for TH optimization & future projects
Clinic Telemed. Leads					• Design workflows	• Participate in training • Prep for "train-the-trainer" approach post implementation	• Conduct in-clinic process checks and retrain as needed • Review audit findings, coder feedback, etc. and retrain as needed	• Support ongoing training & workflow optimization

MWAETC

# Quality Program & Measuring Success

Success Metrics

- Identify your program/clinic/system goals, and the metrics needed to assess your success toward these
  - TM volumes, rate of TM, impact on access, financial metrics, appt completion rates, patient experience, provider experience, etc.

- Consider how telehealth metrics sync with overall system/clinic metrics
  - If there are conflicts, recognize these up front – i.e. in some areas, reimbursement rates are lower – know that in advance & set realistic budget targets based on targeted telemedicine volumes.

- Clarity & consistency in data definitions up front are key
  - Identify data sources
  - Determine how to most accurately define your metrics & filter IT systems correctly to report what you want (i.e. is a telemedicine visit "flagged" by appointment type, encounter type, visit modifier, etc.)

MWAETC

Determinants of Health in Disease
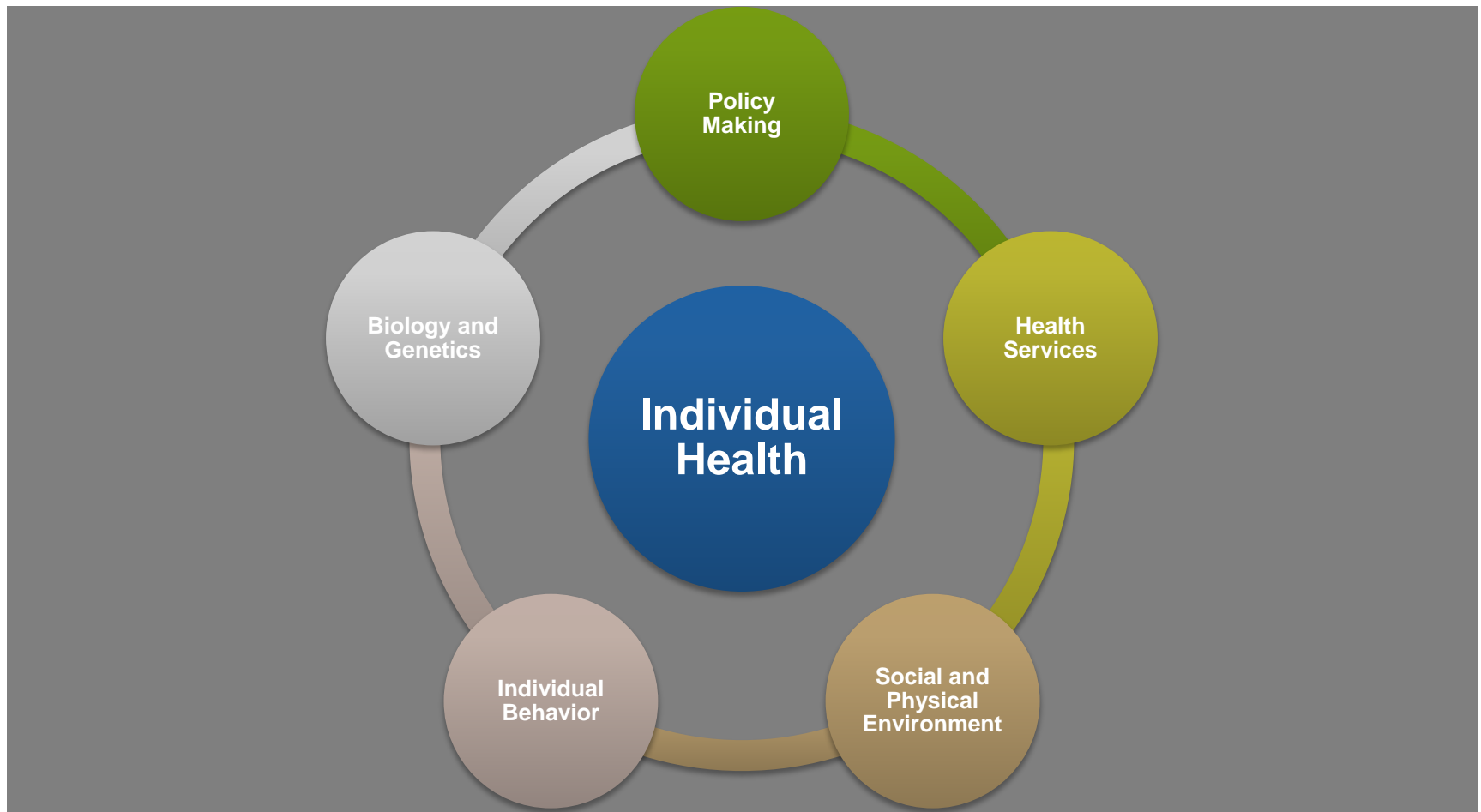
Health Equity
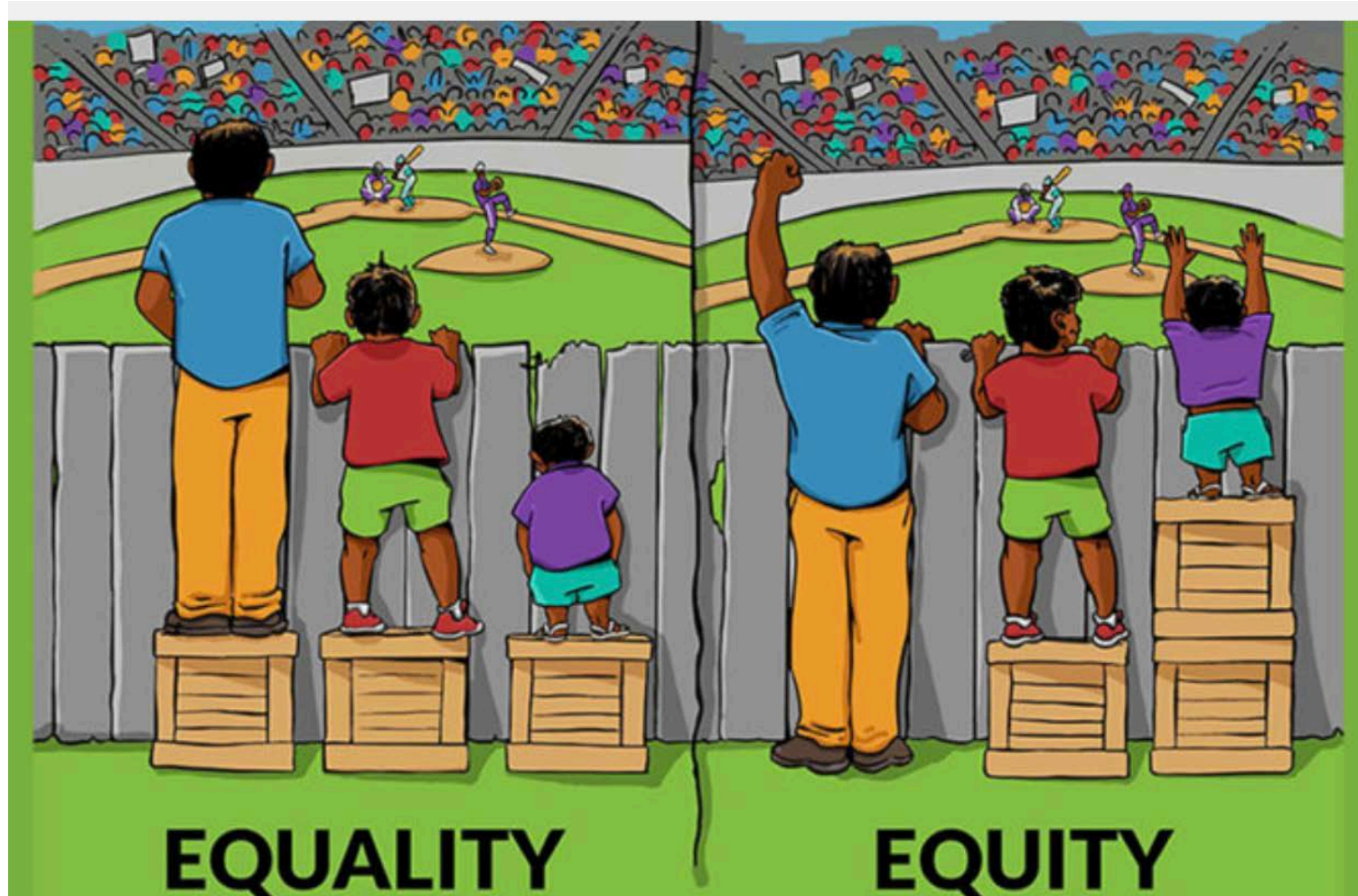
Health Equity

Health Care Must be: Safe, Effective, Patient-Centered, Timely, Efficient, <u>Equitable</u>

- Rapid shift to telemedicine during COVID is showing increasing rates of "digital divide" in access to & utilization of healthcare services for subsets of the population.

- Vital to think about your vulnerable populations & what can be done to support them in access to care.

- Recognize **implicit bias**: services must be offered to ALL patients despite your assumptions of whether they will want to utilize them:
  - "My elderly patients struggle with technology, they'll never use telemedicine."

MWAETC

Health Equity

Consider the needs/barriers of your patients & address these

- <u>When Building your Program:</u>
  - Develop patient-facing materials in multiple languages & formats (i.e. written & video)
    - Consider reading level; seek input from patient advocacy and education groups.
  - Provide opportunities for in-person support:
    - Staff/volunteers in clinic to help "connect" patients after in-person visits so they are ready next time
    - Process to call patients in advance of their first visit to help set up
    - Partner with libraries, community-based organizations
  - Ensure your video platform has interpreter services & closed-captioning options built in and easy to use
    - Include details on how to do this in your training materials

MWAETC

Be Aware of Digital Divide

- **Elderly**: make up 18% of population and more likely to have chronic disease, but only 55% own smartphone or have broadband Internet access; only 60% able to find website or send an email

- **Poor & low income:** 71% own smartphone, 53% have basic digital literacy

- **Rural**: 63% have broadband, 71% own smartphone

Patient Visits by Age, Language, and Insurance Before and After Telemedicine Scale-Up

This chart shows the proportion of patient visits seen by age, language preference, and insurance type prior to (2/17–2/28/2020) and after (3/23–4/3/2020) scaled-up telemedicine implementation to address the Covid-19 pandemic at the UCSF General Internal Medicine Primary Care Practice (P=0.002 for age ≥65 and P<0.001 for other comparisons). A significantly smaller proportion of visits after scaled-up telemedicine implementation were with vulnerable patients.
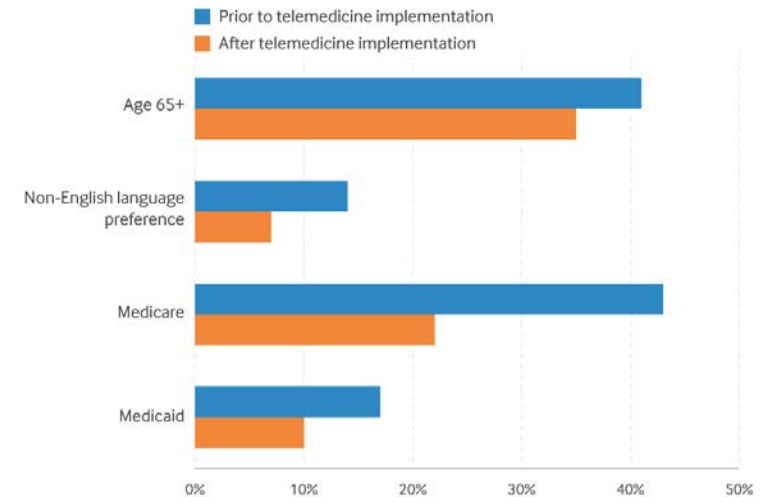
Source: The authors
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

MWAETC

Example of Patient Education and Tutorial

- https://www.youtube.com/watch?v=sd93o-5bP3M

Health Equity

- <u>Seek Feedback & Partnership from Patients & Community Groups</u>: Continuously assess how things are going

- Reach out to your patients & community groups to ask about their barriers, concerns and plan your program to accommodate these

- Develop additional resources/educational materials as needed

- Assess TM utilization data – who is/is not using telemedicine – consider focused outreach to those patients & community partners to discuss barriers/needs

- Consider partnerships to put kiosks in the community – telehealth spaces with private access to internet-connected device

What Others are Saying About Health Equity and Telehealth

(1) Proactively explore potential disparities in telemedicine access

(2) Develop solutions to mitigate barriers to digital literacy and the resources needed for engagement in video visits

(3) Remove health system–created barriers to accessing video visits

(4) Advocate for policies and infrastructure that facilitate equitable telemedicine access.

S Nouri, et al. Addressing Equity in Telemedicine for Chronic Disease Management During the Covid-19 Pandemic. *NEJM Catalyst* May 4, 2020.

MWAETC

Quality Improvement and Assurance

Event/Incident Reporting: Process to report and respond to adverse events & near misses, and track trends related to these

Patient Experience Surveys: seek input from your patients, assess this data/comments and track trends, areas for improvement

Patient Complaints: Process to report and respond to patient concerns, and track trends related to these

QA & Peer Review: Process for chart review to assess appropriateness of care, documentation, etc.

Quality Improvement Projects: targeted PDCA project work to impact areas identified as in need of improvement (from the above or based on desired improvement in efficiency, clinical outcomes, utilization, etc.)

Anonymous reporting

Surveys of patients and providers

Chart Review

MWAETC
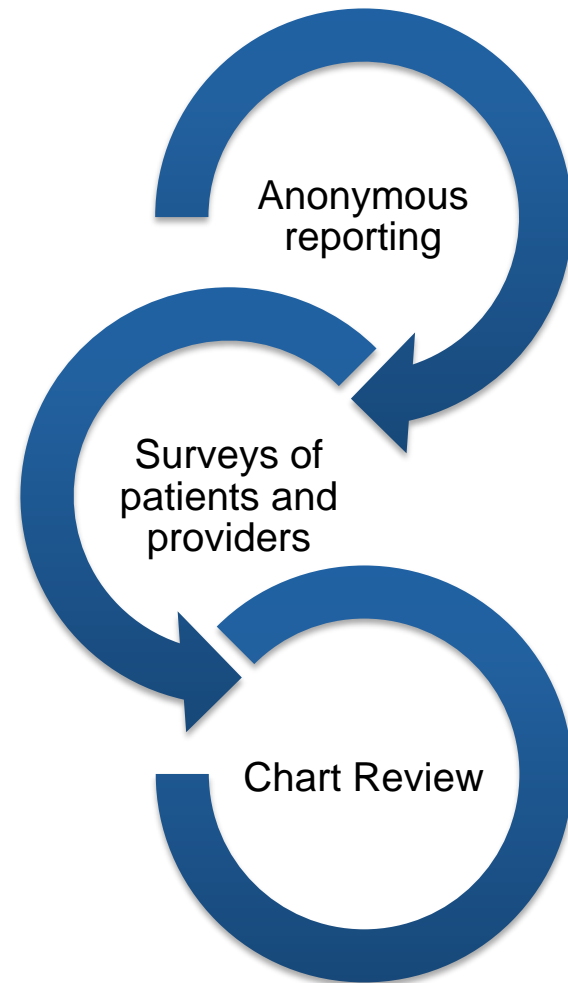
Infrastructure & Support

Information Technology

- Key to partner with your IT leadership & help desk throughout

- Fast-moving industry with frequent changes – agility & ability to "push" out changes is vital
  - i.e. example of weekly changes in required Zoom set up in April-May, 2020 – advance communication & help desk response needed

- IT/Security waivers during the PHE – important that you're prepared to move to HIPAA-compliant platform(s)

- Clear communication channels for staff, providers & patients regarding who to contact for assistance

MWAETC

References and Resources

- J Manganello, G Gerstner, K Pergolino, Y Graham, A Falisi, D Strogatz. The relationship of health literacy with use of digital technology for health information.J Public Health Manag Pract2017; 23:380-387 http://www.ncbi.nlm.nih.gov/pubmed/26672402.

- Pew Research Center. Demographics of Internet and Home Broadband Usage in the United States. 2019. Accessed April 2, 2020. http://www.pewinternet.org/fact-sheet/internet-broadband/.

- HS Tsai, R Shillair, SR Cotten. Social support and "playing around": an examination of how older adults acquire digital literacy with tablet computers.J Appl Gerontol2017; 36:29-55 http://www.ncbi.nlm.nih.gov/pubmed/26491029.

- SS Nouri, P Avila-Garcia, AG Cemballi, U Sarkar, A Aguilera, CR Lyles. Assessing mobile phone digital literacy and engagement in user-centered design in a diverse, safety-net population: mixed methods study.JMIR Mhealth Uhealth2019; 7:e14250Preprint https://mhealth.jmir.org/2019/8/e14250/.

- https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Evaluation.aspx

- http://www.ihi.org/communities/blogs/recommendations-for-designing-high-quality-telehealth

- https://www.qualityforum.org/ProjectDescription.aspx?projectID=83231

Questions?

Reminder

- Evaluation

- Submit Additional Questions

- Request Individualized Technical Assistance

Acknowledgement

THANK YOU!