Scaling Telemedicine In Response to COVID-19

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Overriding Philosophy

- Telehealth is not about the technology, but rather about the work flows and operations
- Telemedicine is a care delivery model
- The medicine is the same
- The appropriate comparator is the alternative
  - Not an in-person visit
- You *are* doing a physical exam
- You might actually get more information than in an office visit
- Your long term strategy should not be sacrificed

Ways to Scale

- Integrate into testing workflows
- Remote triage
  - ED
  - Testing sites
- Prevent social isolation
- Inpatient telemedicine
- Scheduled visits
  - Might be after discharge home
  - For all your non-COVID patients

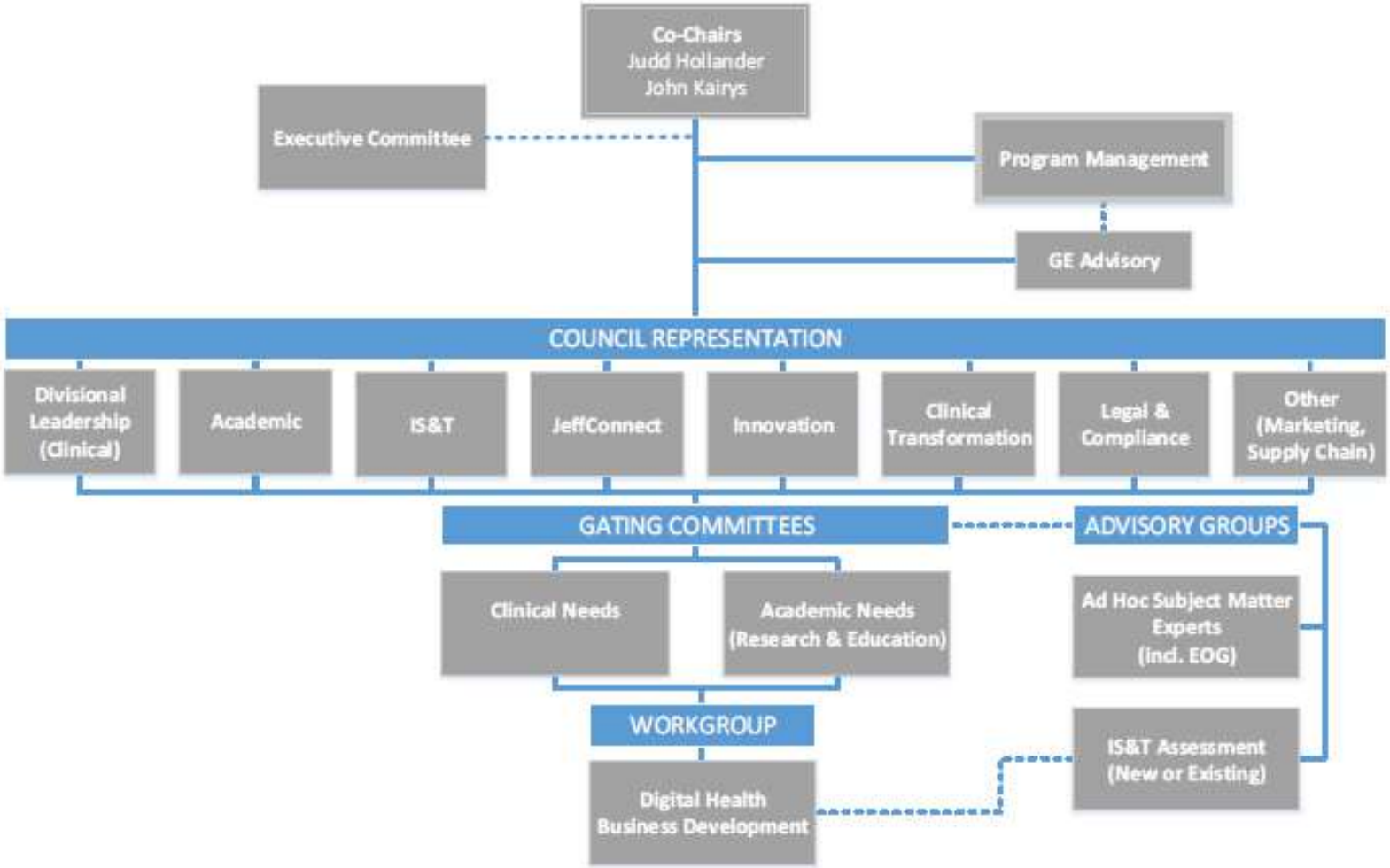
This talk used to about myth busting….

- My patients don’t want it
- It is not as good as an in-person visit
- You can’t examine the patient
- It is too hard
- It is not reimbursed

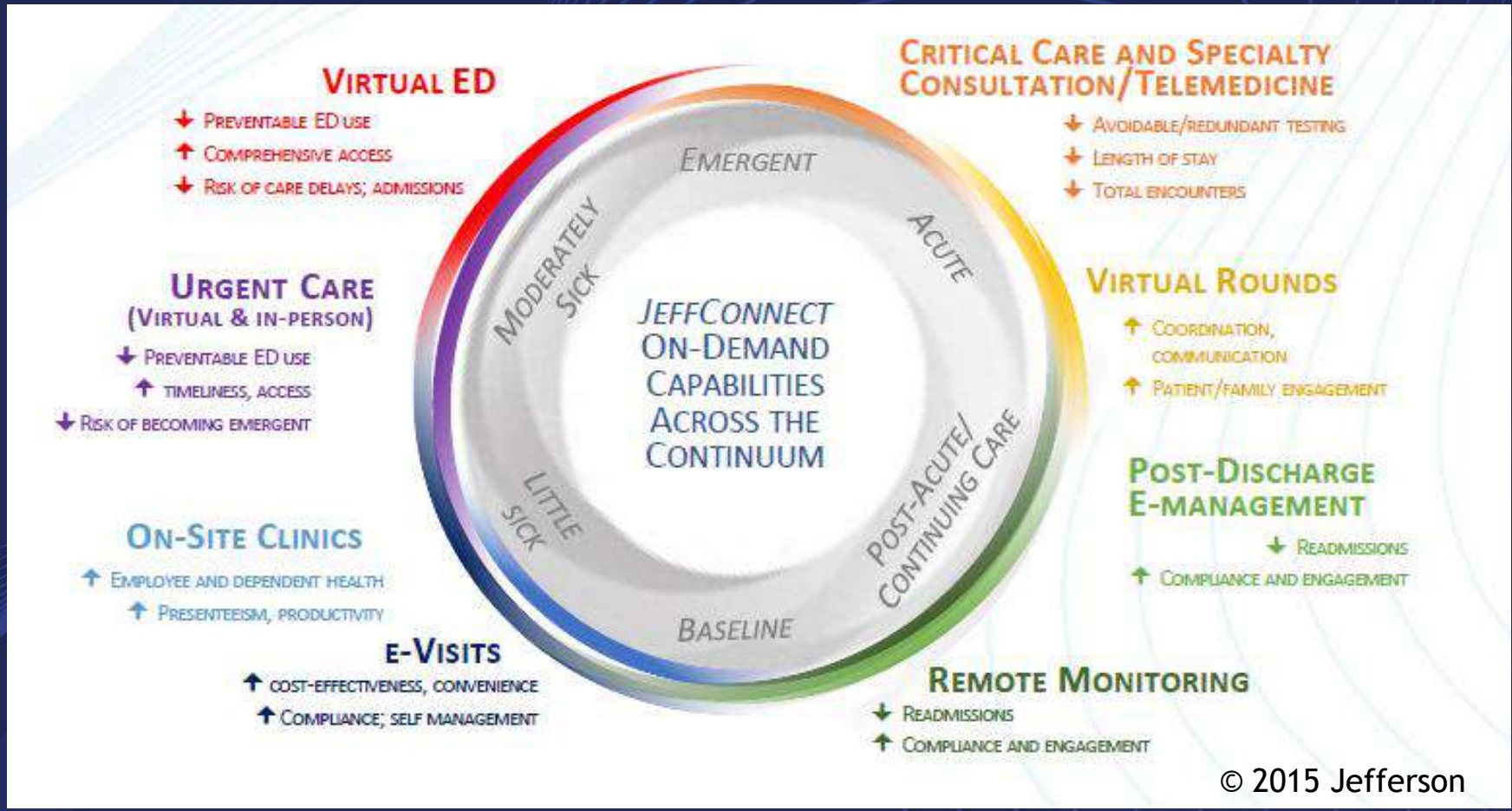
Myths Busted

- My patients don't want it
  - Many do & many like it better than in-person visits
- It is not as good as an in-person visit
  - Data argues otherwise
  - Sure beats no visit or a phone call
- You can't examine the patient
  - Does much better than no visit or a phone call
  - You can do a level 5 physical exam
- It is not reimbursed YET
  - Neither is no visit or a phone call
  - > Half the states have parity laws
- It is too hard
  - You do it with your family all the time

Governance- EDHGC



JeffConnect



Quality Metrics Aligned with NQF Measure Framework

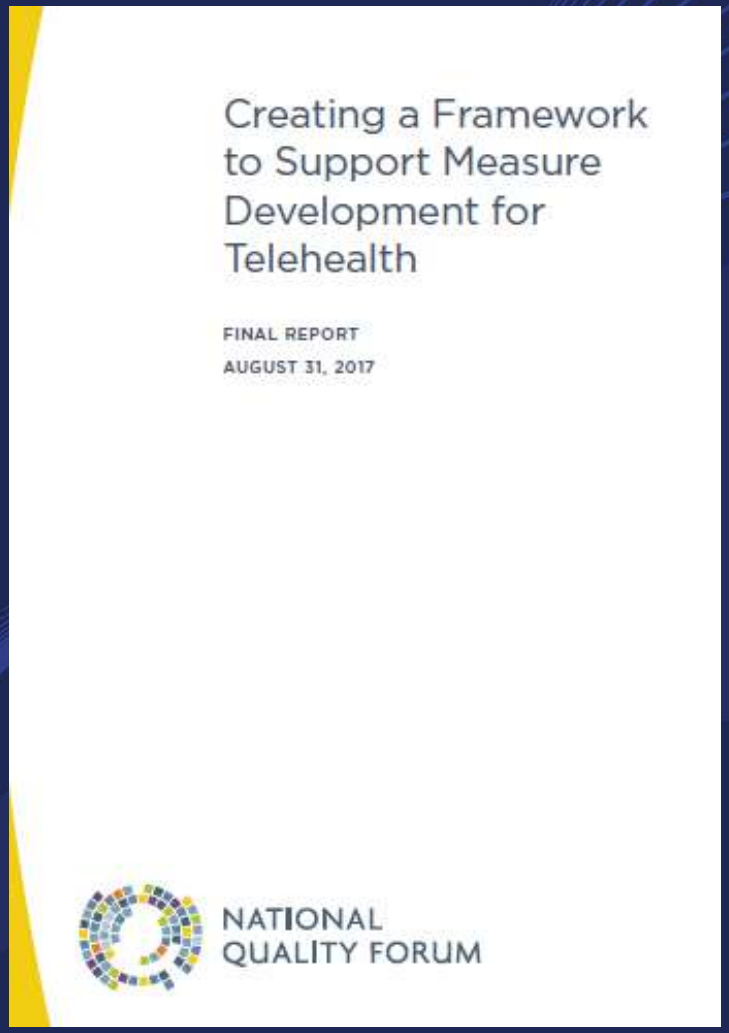


TABLE 2. DOMAINS AND SUBDOMAINS OF THE TELEHEALTH MEASUREMENT FRAMEWORK

Domain	Subdomain(s)
Access to Care	• Access for patient, family, and/or caregiver • Access for care team • Access to information
Financial Impact/Cost	• Financial impact to patient, family, and/or caregiver • Financial impact to care team • Financial impact to health system or payer • Financial impact to society
Experience	• Patient, family, and/or caregiver experience • Care team member experience • Community experience
Effectiveness	• System effectiveness • Clinical effectiveness • Operational effectiveness • Technical effectiveness

JeffConnect Training Programs

- Provider training
  - Mandatory and optional modules
  - https://cme.jefferson.edu/content/telemedicine-providers-conducting-effective-telehealth-physical-exam
- Telehealth facilitator program
- Pre-health professional fellowship programs
- Medical student elective
- Resident elective
- Fellowship program for Providers
- Continuous Medical Education
  - Physical examination skills, simulation
- Institute for Digital Health
- Telehealth Boot Camp
  - “Personalized”or institutionally tailored 4 day program
- Consulting Service
  - www.JeffersonHealth.org/TelehealthConsulting

JeffConnect Training Programs - Internal

Response to COVID

Forward Triage ED/Tents

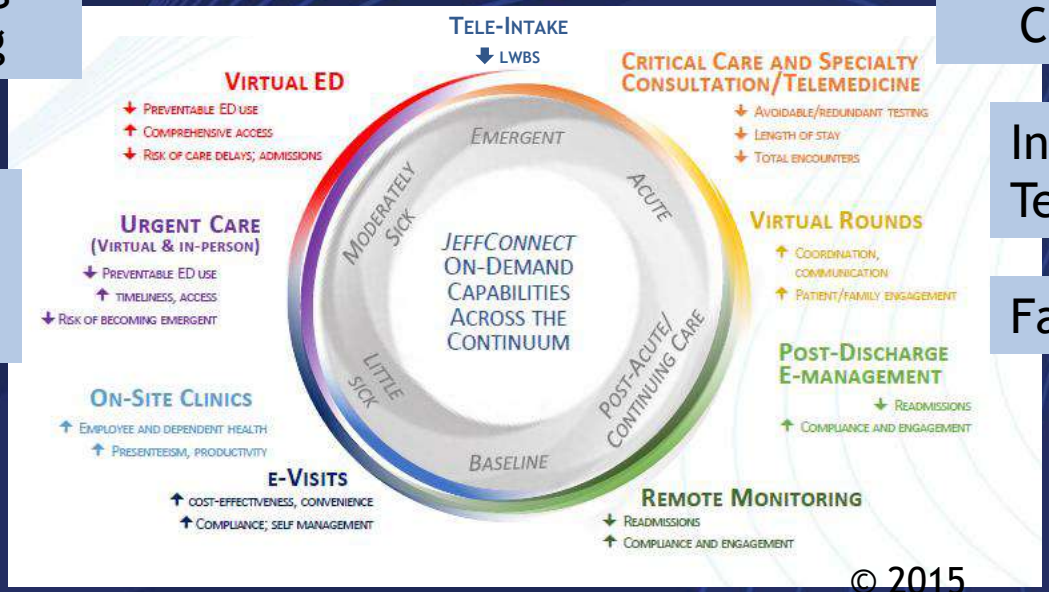
Screening & Testing

Interprofessional Collaboration

On Demand (COVID > Non-COVID)

Inpatient Telemedicine

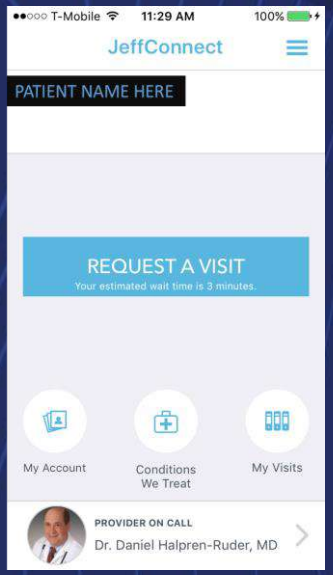
Family Visits



Scheduled Visits (Non-COVID & COVID)

On-Demand (Direct to Consumer) Care

- Access To Care (24/7/365 Jefferson providers)
  - Many new patients
  - Great majority would have sought care elsewhere
- Financial Impact/Cost
  - Savings of approx $100 per encounter
- Experience
  - Net Promoter Score > 70
  - Time saved over one hour
  - *Already* recommended JeffConnect
- Effectiveness
  - Antibiotic stewardship for sinusitis equal or better than ED/UC
  - Health complaint addressed as hoped > 90%
  - Most require no further care
    - Of those sent to ED, great majority get admitted or procedure



On Demand Post COVID

- Leverage JeffConnect on-demand care for evaluation
  - Keep COVID and non-COVID of ED, UC and offices
    - Dramatic reduction in ED and UC volumes
    - Large growth in on demand volume
  - Manage testing referrals
  - Challenges
    - Staffing for increased volume
      - Primary care
      - Quarantined physicians
      - Not retired physicians
    - Training
    - Quality control

Tele-triage (ED Intake)

Tele-triage (ED Intake)

- Access To Care
  - Immediately after triage, note and orders written by physician
- Financial Impact/Cost
  - Reduced LWBS generates increased revenue
  - Providers can cover more than one hospital
- Experience
  - Patients
  - Providers
  - Executive leadership
- Effectiveness
  - Reduced LWBS
  - Improved door to provider times
  - Improved door to discharge
  - Improved door to admit times

Tele-triage (ED Intake)

- Manage ED intake, as before
- Manage arrivals at the testing sites
- Manage patients at the acute respiratory centers
  - Non-ED tent sites
- Utilize as medical screening before expedited specialist referrals

Virtual Rounds

- Access To Care
  - Improves access to families at a distance
- Financial Impact/Cost
  - No direct financial benefit
- Experience
  - Patient experience outstanding
  - Provider experience variable
- Effectiveness
  - No outcomes data available

In Patient Telemedicine

- ED, ICU or hospital rooms care via telemedicine
  - Maintain expertise whether or not expert available on premises
    - Workforce preservation
    - Quarantined/isolated providers can still work
  - Decrease number of people exposed
  - Device left in patient room
  - Providers can be remote/out of room unless procedure or intervention needed

Telemedicine Technology

- iPad Distribution
  - ICU/COVID +/PUI floors - Individual iPads for each patient
  - Other floors & ED: “Floating” iPads at nursing station
- Use Zoom
  - Approved only for inpatient patient-provider telemedicine (not ambulatory or outpatient)

Telemedicine Visit

- Web dashboard
- Log in
- Identity campus, room
- Identify patient device
- Click call
- Have call
- Leave meeting at end

Telehealth_w_Patient-Provider_v4.pdf • v.1 [Current]

Edit with

START AN INPATIENT TELEHEALTH VISIT WITH A PATIENT OVER ZOOM

Provider Instructions

Jefferson Health providers can use Zoom video conferencing software on their Jefferson-issued or personal device to conduct telehealth visits remotely with patients. You can also use a Rover device to conduct inpatient telehealth visits.

The nursing staff will use your department's preferred communication method (email, phone, TigerConnect message, etc.) to alert you when a patient is ready to be seen.

You will enter a virtual waiting room before the patient brings you into the telehealth visit. To bypass the waiting room, log in to your Jefferson Zoom account before the telehealth visit begins.

Step 1. Navigate to **http://jeffersonhealth.org/ipth.**

Step 2. On the **Jefferson Identity Provider** screen:

a. In the **Username** field, enter your *Campus Key*.
b. In the **Password** field, enter your *Password*.
c. Click **Login.**

Step 3. Select your campus. A list of available iPad devices display.

Step 4. Under **Zoom Room iPads**, select the relevant iPad.

Step 5. On the **iPad Info** screen, click **Call on Zoom.** You are now in the Zoom meeting.

Step 6. When the meeting ends, tap **Leave Meeting** in the upper-left corner.

Epic@Jeff

Need Help? Call the Solution Center: (215) 955-7975

Jefferson

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Scheduled Appointments

- Access To Care
  - Over 1400 providers trained
    - > 400 providers regularly engaged
  - Decreased cancellation rate
- Financial impact
  - Increased visit turn over
  - Staffing efficiencies
- Experience
  - Net promoter score = 59
  - 85% reported time savings > 1 hour
  - 86% said they were better able to receive care when/where needed
  - *Already* recommended JeffConnect = 43%
- Effectiveness
  - Same level of care as inperson visit = 83%

Scheduled Appointments

JMIR MEDICAL INFORMATICS Powell et al

Original Paper

Patient and Health System Experience With Implementation of an Enterprise-Wide Telehealth Scheduled Video Visit Program: Mixed-Methods Study

Rhea E Powe

The Use of Telehealth by Medical and Other Health Professional Students at a College Counseling Center

Deanna Nobleza, James Hagenbaugh, Shawn Blue, Anna Stepchin, Michael Vergare & Charles A. Pohl

Integrating Telehealth Emergency Department Follow-up Visits into Residency Training

Dimitrios Papanagnou [1], Danica Stone [2], Shruti Chandra [1], Phillip Watts [1], Anna Marie Chang [1], Judd E. Hollander [1]

ELSE

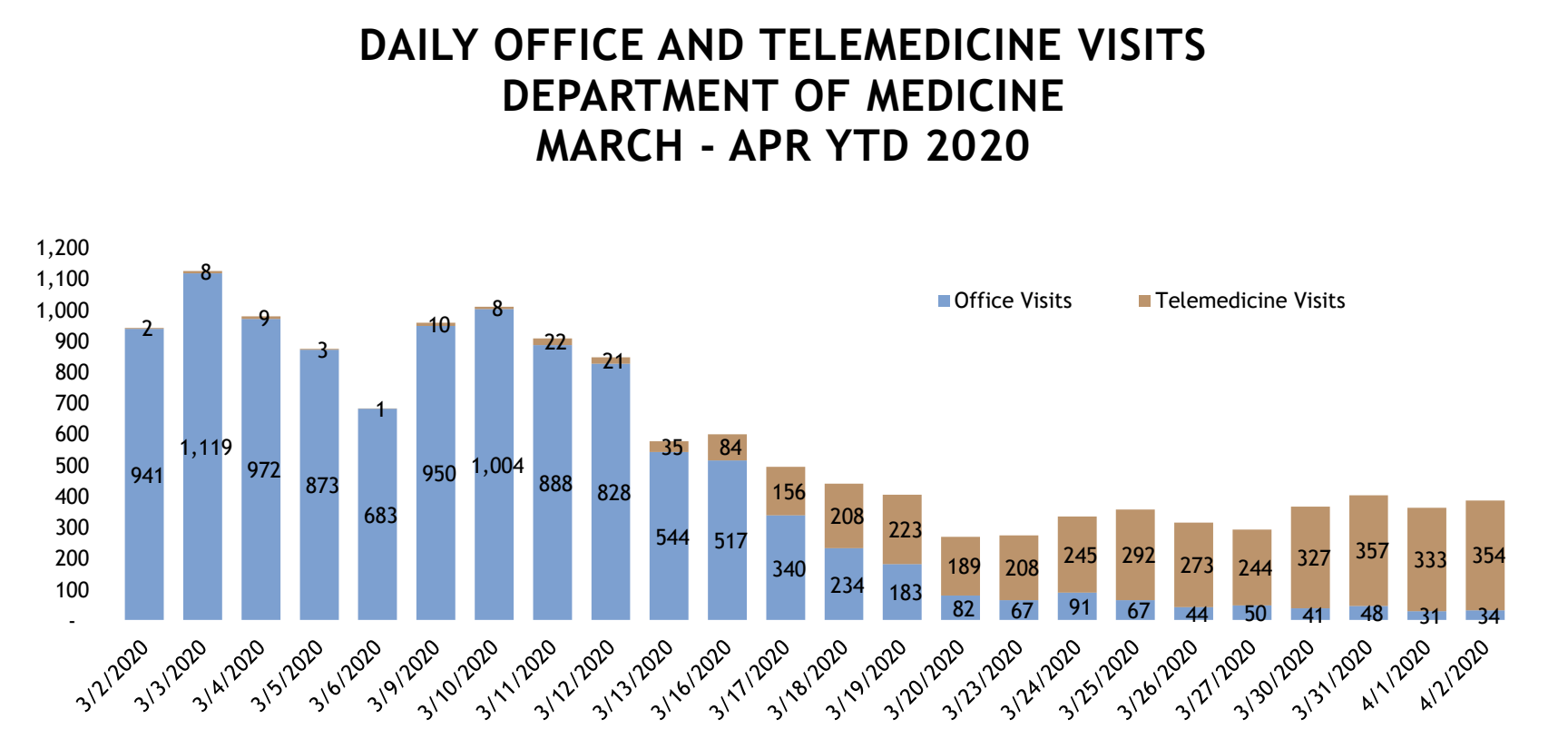
Telehealth provides a comprehensive approach to the surgical patient☆

Kulvir Nandra*, George Koenig, Andrea DelMastro, Elizabeth A. Mishler, Judd E. Hollander, Charles J. Yeo

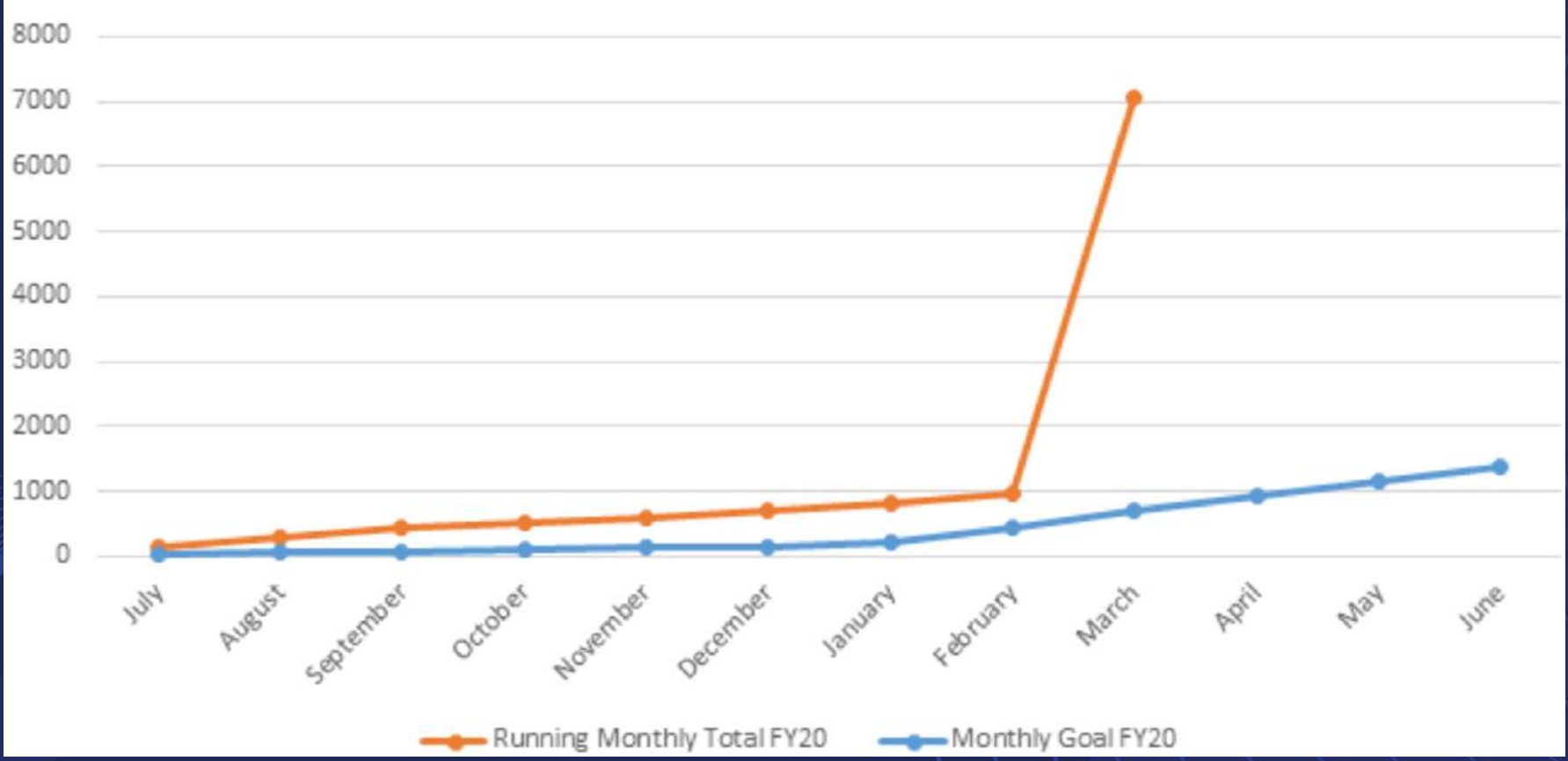
ine Technology:
Patient Experience of Care

Conclusions: PAT utilizing telemedicine reduced overall patient time in the PAT and improved patient satisfaction without increasing the operative case cancellation rate.

Pre and Post COVID-19: A month glimpse



Pre and Post COVID-19: JNJ



Neurosurgery Network

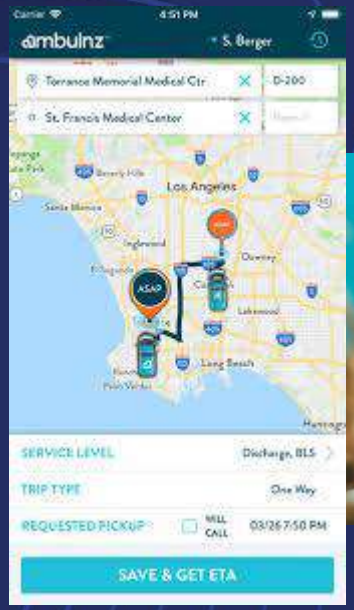
- Access To Care
  - > 30 hospitals w 12 minute response time
- Financial Impact/Cost
  - Varied based upon what being measured
- Experience
  - > 80% left in community (was only 56%)
  - Provider education experience
- Effectiveness
  - Increased rate of expert consultation
  - Increased rate of tPA administration (55% increased)
  - Better functional outcomes at 3 and 6 months

Mobile Stroke Unit

- CT scan
- Telemedicine
- Neurovascular specialists

Ambulnz

- Digitally enhanced Transport Plus
  - Telehealth enabled
  - Community paramedicine
  - Medical reconciliation
  - Personal emergency response system



Telehealth Is Simply Care Delivery Mechanism

Our obligation is to provide quality care. I think we all can agree that it does not matter whether that care is provided on the third or fifth floor of a medical complex, is documented in Cerner or Epic platforms, is performed by a physician who is wearing contact lenses or glasses, or whether the patient lives nearby or far away. Similarly, it should not matter whether the care that was provided was rendered via telemedicine or in person. Quality care is quality care.

Benefits Design

- Telehealth video visits with all Jefferson employed providers will be covered at the same copay as an in person visit.

- In addition, when you use JeffConnect's 24/7/365 On-Demand telehealth service and are subsequently referred by the on demand emergency physician to a Jefferson Urgent Care or Jefferson Emergency Department, you can be reimbursed for your copay.

But…the take home really is…

- Communication
- Trust
- Cooperation

@juddhollander

Launching into Telehealth

2020 Northeast/Mid-Atlantic Virtual Telehealth Conference

JUNE/JULY 2020

Questions?

Mid-Atlantic Telehealth Resource Center

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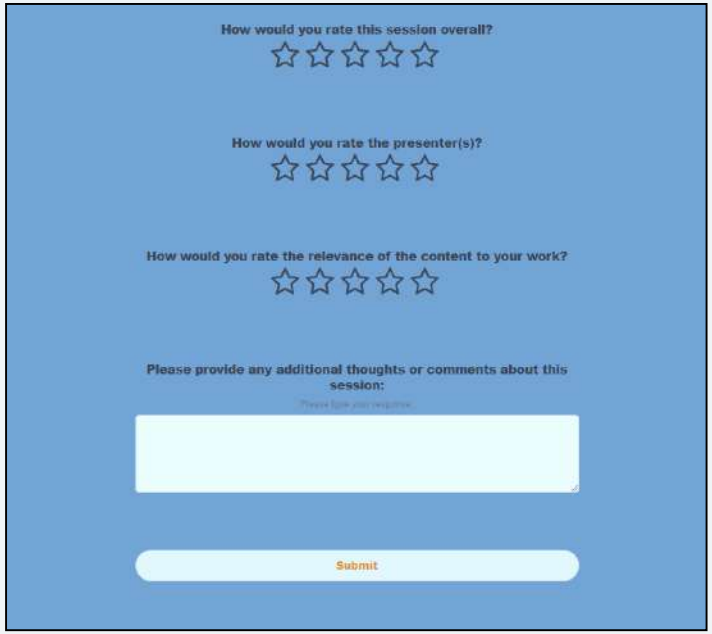
NORTHEAST TELEHEALTH RESOURCE CENTER

"Let Us Know What You Thought of This Session!"



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Thank You!

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