



COVID Surge and Beyond: Integrating Telemedicine to Provide Appropriate Care

Susan J. Kressly, MD, FAAP,
Medical Director OP

Agenda

- Review why Telehealth is here to stay
- Outline how Telehealth can expand access to care for your patients
- Discuss how Telehealth can add the flexibility practices need to care for patients through uncertainty of COVID surges/demand
- Review best practices for true integration of Telehealth into your practice
 - Care Delivery Offerings
 - Technical
 - Workflows
- Learn from your colleagues!

Telehealth, Here to Stay

- This should **not** be considered an emergency tool only
- Telehealth is extension of care delivery, similar to:
 - Nurse triage advice
 - Extended hours
 - Portal communication
- Appropriate care delivery
 - Includes following best practices/evidence-based guidelines
 - Considers patient/family preferences
 - Considers availability of resources to serve your population and community



Access to Care with Disparity Considerations

- How well do you know what your patients need?
- Essential workers may need to access care outside of routine office hours
- Higher demands on families with remote learning, childcare additional stressors
- Loss of jobs, transportation, caring for high-risk, or quarantined family members
- Cost
 - Out of pocket expenses for families
 - Total cost of care

Telehealth Provides Flexibility

- Telehealth capacity is much easier to scale up/down in response to need/demand than in-person visits
 - Not limited by available rooms
 - Not limited by social distancing protocols
 - Not limited by COVID exposure implications
- Adjustments can be made more rapidly
 - Add same day appointments without needing to extend support staff time
 - Can provide “evening hours” if needed off-site
- Can expedite appropriate testing
 - On-site (in office, parking lot, designated area)
 - Refer off-site

Integrating Telehealth Into Your Medical Home

- Means thinking about Telehealth as an **essential** tool
- Means committing to continuous improvement
- Means working together to form solutions as a practice team
- Means being proactive in messaging to families about your offerings

Care Delivery Integration

- Telehealth should not be seen as “lesser than” in-person care
- Should not be seen as “last resort”
- Should be considered as part of your care offerings
 - Where Telehealth can be optimally utilized
 - Where it can meet your patient/family’s needs (have you asked?)
 - Where it can extend the care you offer now

Technical Integration

- Shared population demographics
- Shared scheduling
- Shared appointment reminder functionality
- Single click from the EHR environment

Workflow Implementation

- Scheduling providers
 - Have “overflow/flex” provider hours
- Scheduling patients
 - Triage first? Sometimes? Always?
 - Appropriate time for visits
 - Dedicated Telehealth time vs interspersed with in-person visits
- Practice team assistance
 - Staff “rooms” Telehealth patients vs Provider only?
 - Does it depend on the visit/reason for visit?

Scheduling Strategies



Intermingle Telehealth Visits throughout the day

- **Pluses:**

- Allows fluid scheduling based on demand
- Can assist with social distancing

- **Negatives:**

- Need someone to “room” patients for smooth patient flow
- Providers and staff “context switching” (although depending on volume may have an MA/staff just rooming Telehealth appointments)
- Requires available technology tools for all providers

Provider Dedicated to Telehealth for the Day

- **Pluses:**

- Optimum use of devices if limited
- Can work remotely
- Can keep high risk or isolated/quarantined providers engaged

- **Negatives:**

- May not be optimally utilized based on demand
- “Virtual” fatigue

Provider Rotation for Several Hours of the Day

- **Pluses:**

- Optimum use of devices/bandwidth if limited
- Can extend day and work remotely for part of it (AM virtual “walk-ins” from home)
- Rotates provider availability for pre-scheduled visits (mental health, chronic care f/u, etc.)
- Can allow for “walk-in” hours throughout the day
- Some practices have “virtual room” with MA/assistant and Telehealth provider working together

- **Negatives:**

- May not be optimally utilized based on demand
- Device/technology tools availability (everyone has one or rotate “seats”)

Solving Problems Together!



BARBARA PERIARD, MD, FAAP
Forest Hills Pediatrics
Grand Rapids, MI

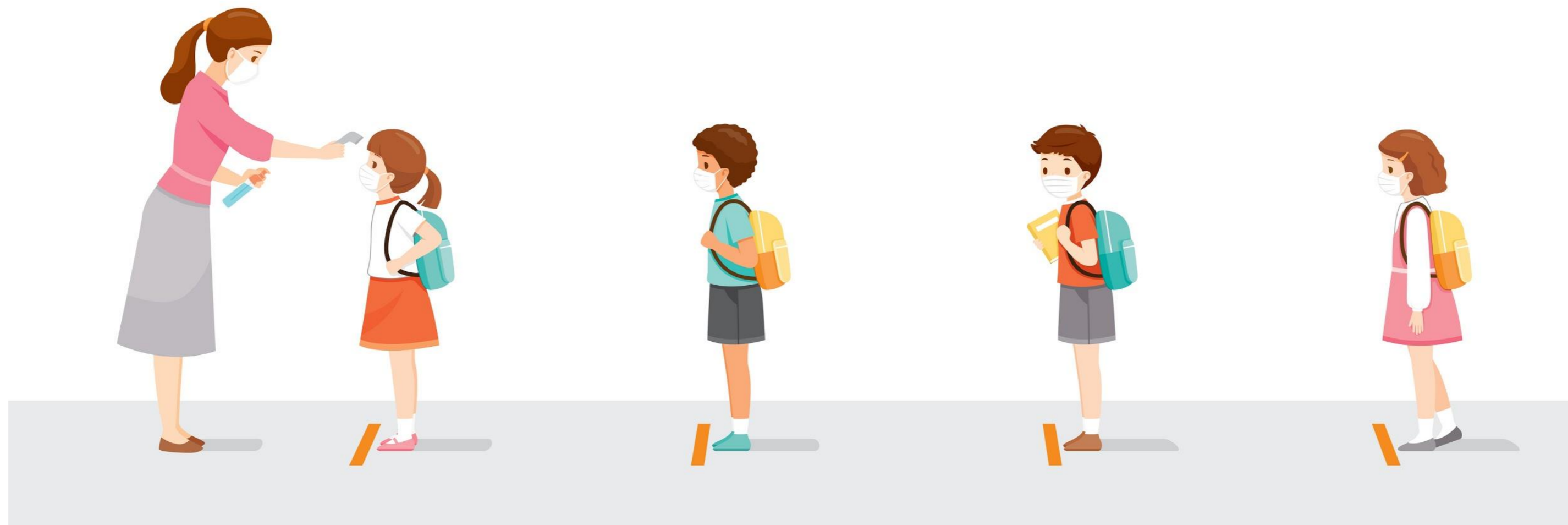


PAT HYNES, MD, FAAP
Prospect Pediatrics, Division of ONE Pediatrics
Prospect, KY

What Problem Would You Like To Solve?

Our school district just went back to in-person education and they are requiring a return to school note for anyone with any illness signs. We can't handle the volume without reducing well visits which we don't want to do (for a lot of reasons including P4P). How can Telehealth help?

WELCOME BACK TO SCHOOL



What Problem Would You Like To Solve?

It is impossible to know what our sick numbers are going to be for the next few months. How can we be as flexible as possible to make sure all of the patients get the most appropriate care?

