AHA Team Training

Telehealth: Teams Transform Health Care

June 17, 2020

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Rules of Engagement

- **Audio for the webinar can be accessed in two ways:**
  - Through the phone (*Please mute your computer speakers)
  - Or through your computer

- **All hyperlinks on the screen are active if you click on them**

- **A Q&A session will be held at the end of the presentation**

- **Written questions are encouraged throughout the presentation and will be answered during the Q&A session**
  - To submit a question, type it into the Chat Area and send it at any time during the presentation

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Upcoming AHA Team Training Events

Webinar

July 16, 2020 | 12:00 – 1:00 PM EST

Register for the webinar *Team Overboard: How to Get Your Team Back in the Boat*

- Recognize the current state of their team's engagement
- Identify at least two steps to help their team regain momentum
- Learn tools of resilience to prepare for the next challenge

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New! Online Community Platform for AHA Team Training

- Access exclusive content and conversations you can't find anywhere else

- Connect with other health care professionals who share similar successes and challenges

- Share stories, tools, and content so we can all become an expert team

- Find thought-provoking conversations, expert perspectives, and a little inspiration each and every day

Join AHA Team Training's Mighty Network today!

Today's Presenter

Barbara Edson, RN, MBA, MHA

Exec. Dir., Virtual Care Center

UNC Health

Today's Objectives

Discuss key departments needed to establish a robust telehealth program

Compare in-person health care processes to telehealth health care processes

Explain how to implement in-patient telehealth workflows

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Virtual Care (VC) Context: Leveraging AHA Telehealth resources

- **Language – so many terms!**

- **AHA Telehealth Resources**
  https://www.aha.org/telehealth

Tables and tools
- 7 Telehealth Use Cases
- Specific Objective Achieved by Telehealth
- Hospital Telehealth Maturity Model

- **AHA attributes telehealth maturation/adoption**

A Worldwide PANDEMIC! COVID-19

UNC Health Virtual Care Center (VCC) Program Development

Pre COVID-19

- Foundational
  - Strategic development
  - Guiding principles
- Governance Structure
  - Complex - intentional
- Pace
  - Use case development & optimization
- Communication
- Dashboard

Post COVID-19

- Governance Structure
  - ⇧ Stakeholder driven
  - Nimble
- Pace
  - Use case development & optimization
- Communication
- Dashboard

What We Do

- **Virtual Care Strategy:** Work with HCS Leadership groups to develop and refine HCS virtual care strategy

- **Program Development:** Define and build virtual care programs in line with HCS strategy, promote organizational learning

- **Implementation Project Management:** Coordinate execution of virtual care projects and programs, establish standardized tools, process and protocols

- **Internal & External Communication:** Build awareness of all virtual care offerings

- **Performance, Monitoring, Improvement & Sustainability:** Develop metrics to monitor virtual care utilization, performance, improve and sustain programs

- **Organizational Learning:** Build system knowledge of virtual care
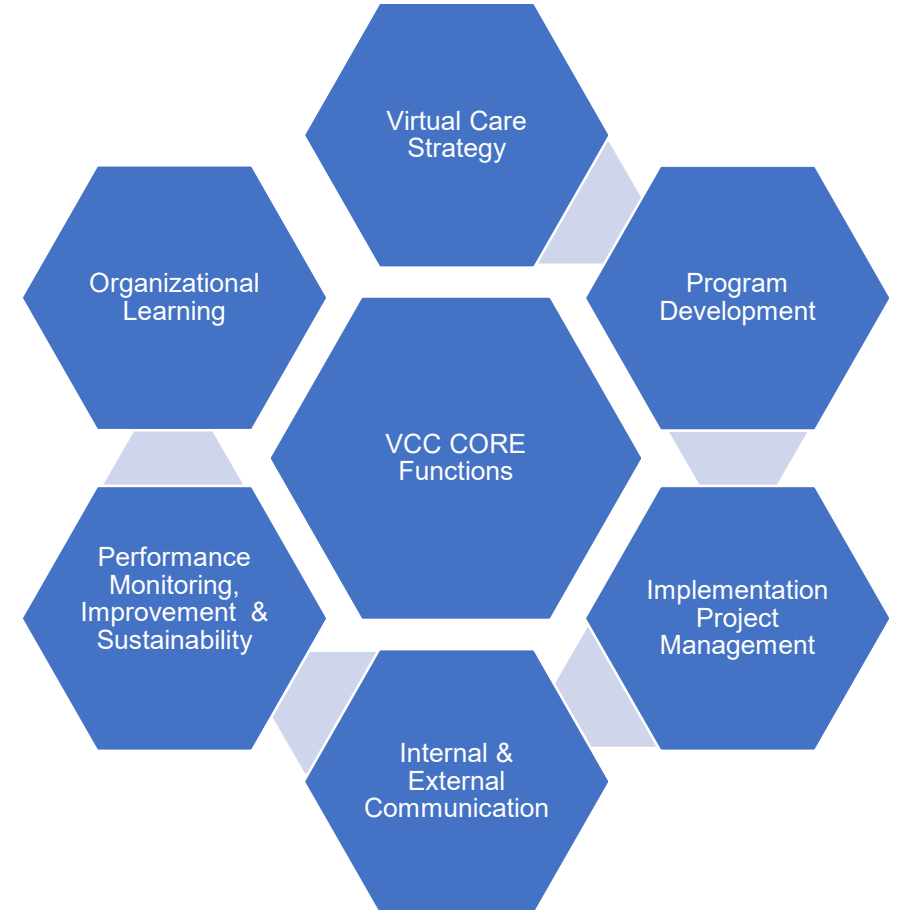
It takes a TEAM: A broad team across the health care system

Stakeholders

End-user groups – Voice of the customer

- Patients/Families – group yet to be developed
- Providers/Staff – stakeholder meeting

Other Departmental Stakeholders

- Technology & Equipment
- Compliance Reimbursement & Risk
- Reporting, Data & Analytics
- Patient Engagement & Experience
- Marketing, Communication & Consumer Research
- Education, Training & Operational Workflows
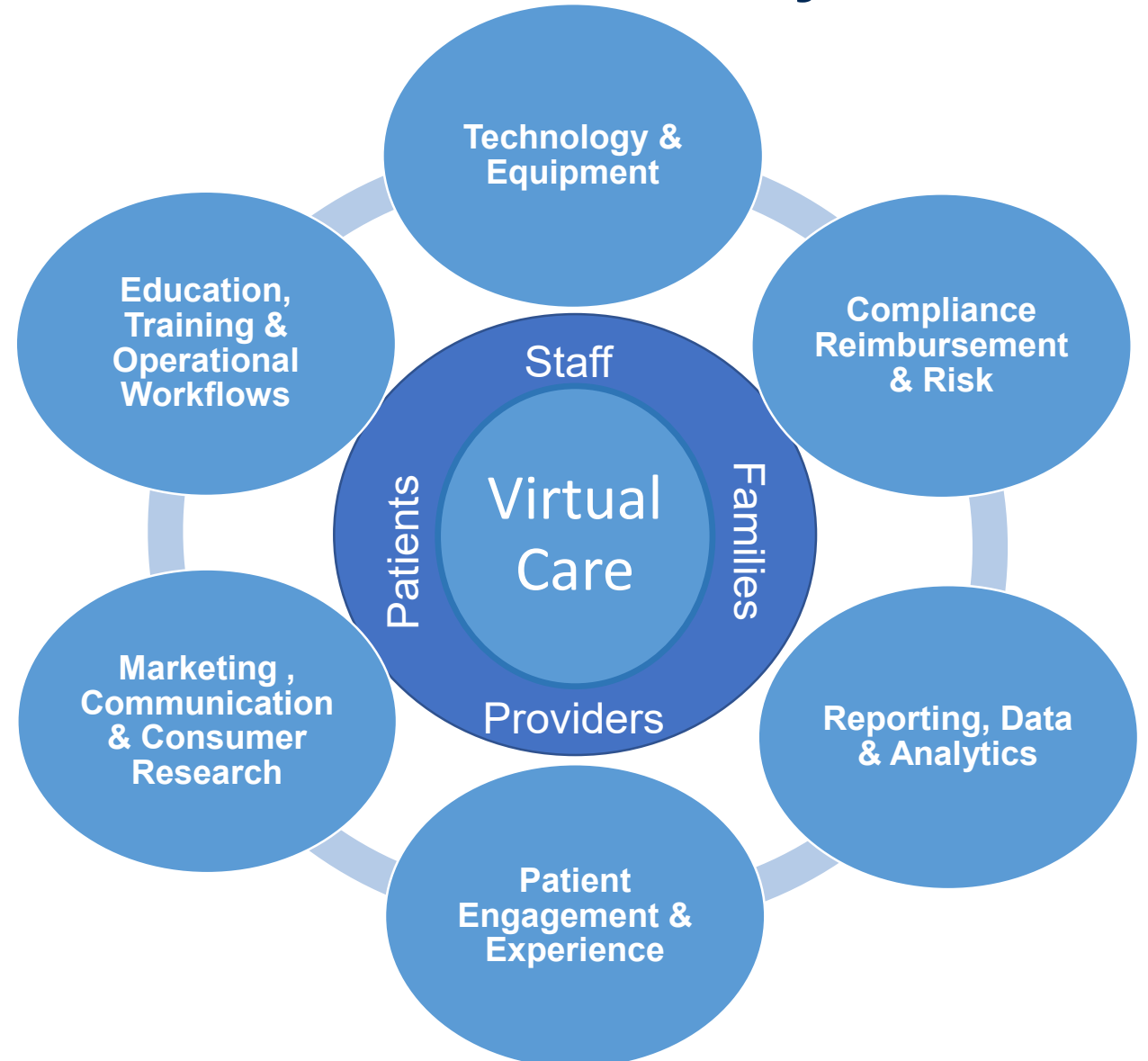
Team Tools: Use in development of a VC program, products & services

- **Team Structure** – size membership, leaders, composition, etc.

- **Leadership** – coordinate activities of the team members by ensuring actions are understood, changes are shared, and team members have the needed resources
  - Effective Team Leaders – Team goals, organize team, collective input of team members, empowered team members, skillful at conflict resolution
  - Team Events – Brief, huddle and debrief

- **Situation Monitoring** – shared mental model, actively assessing the situational elements to gain information, maintain awareness to support the functioning of the team.

- **Communication** – ability to clearly and accurately exchange information

- **Mutual Support** – ability to anticipate other team members needs through an understanding of responsibility and workload

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VC Use Cases: Adapted from AHA

Provider to Provider (P2P)

Consults: eConsult (AMB / IP)

Consults: Phone

Teleacute Care
eICU, Telesitting, Telestroke, etc.

Provider to Patient (DTC)

eVisit

Video Visit: Scheduled (AMB)
On-Demand (AMB)
A/V Streaming (IP)

Billable Telephone Visit

My UNC Chart Messaging

Remote Patient Monitoring

Second Opinion

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eConsults – Inpt & AMB settings   *P2P use case*

- Specific Epic@UNC referral type and process initiated by a provider who is requesting specialty guidance in the diagnosis, management or treatment of their patient

- Several specialties are available for inpt & ambulatory eConsults

- Provider and clinic operational workflow review and potential redesign required

- Provider education and training needed

- Additional specialties continue to be built in Epic@UNC

eConsult	Templated communication between a requesting provider and responding provider
Eliminate low acuity/low value in-office specialty referrals; improve timeliness of patient care	No direct patient interaction; provider initiated
Specialty and primary care providers within UNC and community providers	No audio/video; templated communication between providers
No incremental investment needed to scale/support technology	Peer-to-peer consult – sent to specialty "eConsult In-Basket" for response less than 48 hours
Technology ready; driven by provider acceptance	Only Medicare pays referring and consulting providers; paid by time and method. Self-pay option for all others
Epic@UNC and Care Link	Risk provider acceptance and potentially increasing cost of care

eConsults Teamwork   *P2P use case*

Broad team involved in development and implementation:

- Development
    - Provider stakeholder group – voice of customer
    - ISD Team – technology build and optimization
    - Compliance, Reimbursement, Risk Team Education
    - Education and Training

- Implementation
    - Local/facility champion
    - Education, training and coaching support
    - Communication and marketing
    - Data and analytics
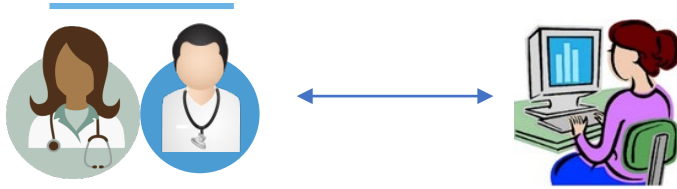
Potential COVID application/benefit:

- Expand specialty access and increase turn-around time

- Diminish need for traditional Face to Face (F2F) consults for appropriate consults

- Reduce PPE

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Teamwork Tools – eConsult development / implementation

- **Team Structure** – Providers, ISD analyst (build) / developers and training
  - Workgroups involved – Technology and Equipment, Compliance, Reimbursement and Risk, Reporting and Analytics, Education/Training and Operational Workflows
  - Workgroups yet to be involved – Communication/Marketing and Patient Experience
- **Leadership** – Lead by an ambulatory and an inpatient group
- **Situational Monitoring** – Identified opportunities to optimize workflow
- **Communication** – General organizational communication, specific entity and role of entity champion

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Ambulatory Scheduled Video Visits

DTC use case

- Nationally – largest increase of all virtual tools over 1000% increase
- Provider to patient (DTC)
- Epic@UNC embedded solution
  - Built using context aware-linking
  - Scheduled in Epic@UNC
  - Patient enters through patient portal
  - Solution optimized over time
- Non-Epic embedded solution
  - WebEx Teams
  - Other solutions

Video Visit	Provider completes full visit with patient via video on-demand or scheduled	
Provide patient access for low acuity or follow-up visits outside of the traditional office setting		Patient or provider driven interaction
• Specialty & primary care providers, APPs • Other professionals, LCSW, Care managers, PT, dietician, etc.		Audio/video
Development cost and minimal technology		Solution Timing -scheduled
Technology ready; driven by provider acceptance		Reimbursement under COVID-19
• EPIC@UNC embedded solution using context aware linking • Non-Epic@UNC embedded solutions		Value achieved. Risk provider and patient acceptance

Ambulatory Scheduled Video Visits Teamwork   *DTC use case*

Broad team involved in development and implementation:

- Development
  - Provider stakeholder group – voice of customer
  - ISD Team – technology build and optimization
  - Compliance, Reimbursement, Risk Team Education
  - Education & Training
  - Communication

- Implementation
  - Originally piloted with small, group, with COVID-19 overwhelming demand, abrupt immense implementation
  - Education, training & coaching support on small scale, with COVID-19, resources needed to ramp up quickly
  - Communication and marketing with smaller audience and infrequent, with COVID-19 frequent internal communication with large broad audience

Potential COVID application/benefit:

- Expand access

- Decrease unnecessary F2F appointments and decrease exposure risk

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Teamwork Tools – Scheduled video visits development / implementation

Team Structure – Providers, ISD analyst (build)/developers and training

- Workgroups involved – Technology and Equipment, Compliance, Reimbursement and Risk, Reporting and Analytics, Education/Training and Operational Workflows
- Workgroups yet to be involved – Communication/Marketing and Patient Experience
- Practice/Clinic Teams
    - Roles check-in/front desk
    - Roles MA/ RN
    - Provider
    - Patient

Leadership – Lead by ambulatory leaders and stakeholders,

Situational Monitoring – Identified opportunities to optimize workflow

Communication – General organizational communication through established groups, communication to patients with COVID-19

Inpatient Virtual Solution: AV

DTC use case

Rounding and Consults

- Provider to <u>patient</u> workflow

- A team approach – What problem are you trying to solve? Establishing a common goal

- Rounding and or consults

- Telepresenter needed or not? (requires staff resource)

- Internal or entity-to-entity

- Epic@UNC patient context linking embedded solution - Hyperspace, Haiku, Rover, Canto, MyChart Bedside or WebExTeams

- ISD & VCC meetings for operational planning

Distal Site

Originating Site

Telepresenter
Patient

Distal Site Devices
- Epic@UNC Embedded Solution
  Hyperspace, Haiku, Canto
- Non-Epic embedded solution
  WebEx Teams with computer
  DX80

Originating Site Devices
- Epic@UNC Embedded Solution
  Rover, Haiku, Canto, MyChart Bedside
- Non-Epic embedded solution
  WebEx Teams with computer, ipad

Inpatient Virtual Solution Teamwork   *DTC use case*

Broad team involved in development and implementation:

- Development
    - Provider stakeholder group – voice of customer
    - ISD Team – technology build and optimization
    - Compliance, Reimbursement, Risk Team Education
    - Education & Training
    - Communication

- Implementation
    - Developed with COVID-19
    - Team – Operation and Providers key team for development

Potential COVID application/benefit:

- Decrease exposure/decrease PPE use

- Ability for providers/care givers who are in quarantine to deliver care

- Access to specialty care providers

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Teamwork Tools – Scheduled video visits development / implementation

Team Structure – Providers, ISD analyst (build)/developers and training

- o Workgroups involved – Technology and Equipment, Compliance, Reimbursement and Risk, Reporting and Analytics, Education/Training and Operational Workflows
- o Implementation – a partnership
  - Providers/Care Givers
  - Telepresenters
  - Patient

Leadership – Lead by ambulatory leaders and stakeholders

Situational Monitoring – Identified opportunities to optimize workflow

Communication – General organizational communication through established groups, communication to patients/family members

Summary

o Opportunities exist to expand the team to include patients and families

o Opportunities exist to further develop existing teams and add structure

o Virtual Care will continue to grow and evolve, predictions it will never return to pre-COVID-19 state

o Teamwork tools can and should be employed in the development of a virtual care program

o Teamwork tools are applicable in clinical virtual care delivery and require an expanded team to deliver care