Webinar Series Special

Hospital Best Practices in Standing Up Telehealth During COVID-19

Wednesday, June 17, 1pm-2pm EST Presenter:



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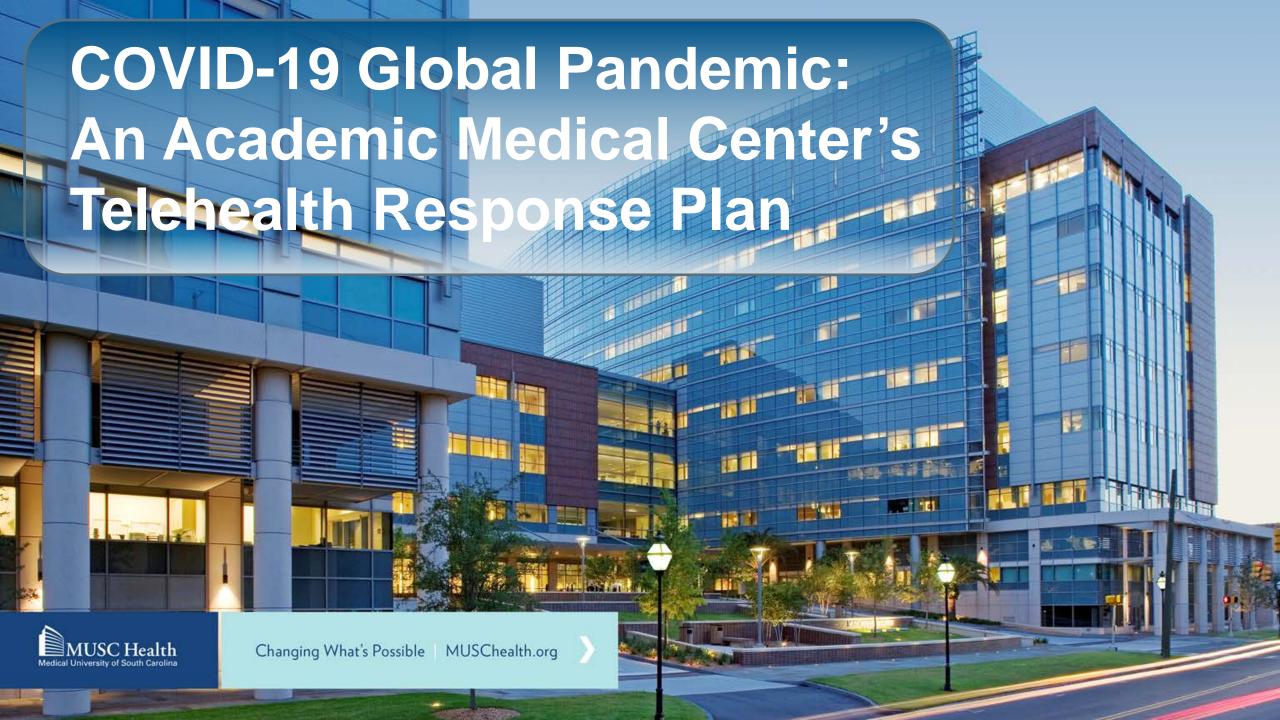
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The webinar recording and presentation will be available after the webinar.







COVID-19 Global Pandemic: An Academic Medical Center's Telehealth Response Plan



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Acknowledgement

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MUSC Center for Telehealth

2005-2009

Maternal Fetal

Telemedicine,

Telepsych

Telestroke, ICU,







2013

State of SC telehealth investment; MUSC Center for Telehealth founded



2014

SCTA founded; headquartered at MUSC



2017

Designated by HRSA as a **National** Telehealth Center of Excellence



Awarded ATA's 2019 President's Award for Transformation of Health Care Delivery (SCTA)

AMERICAN

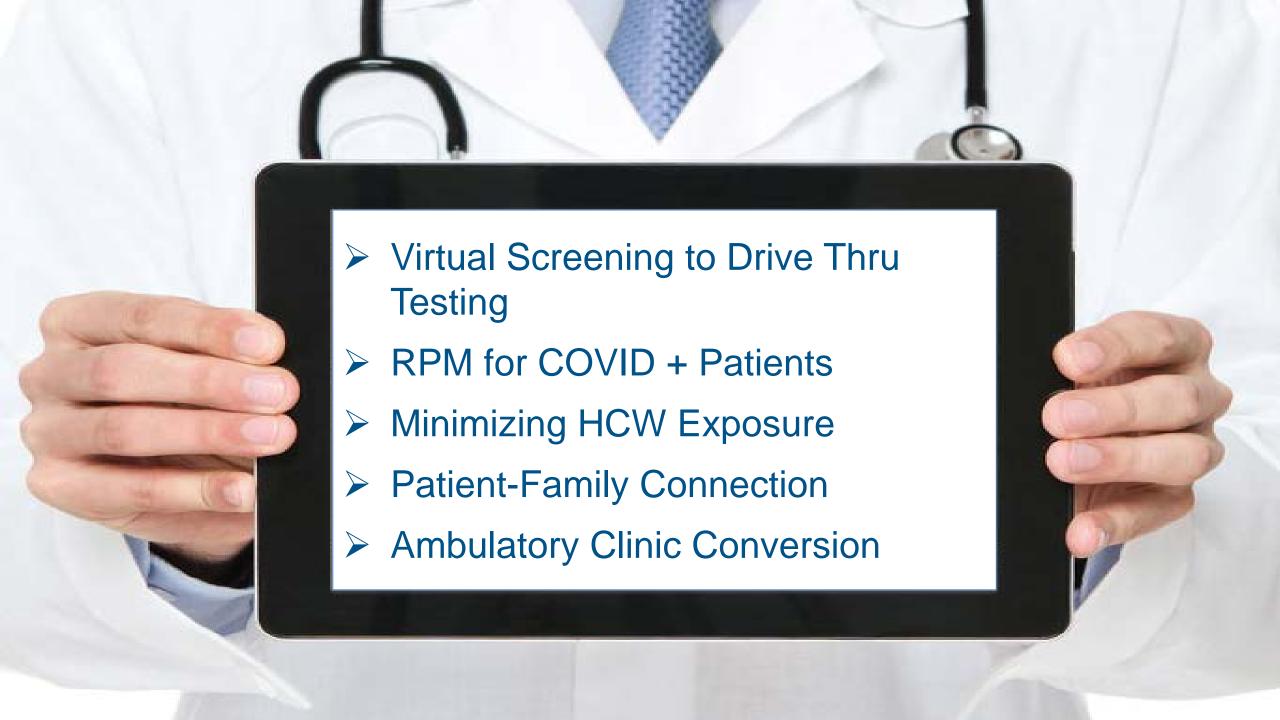
TELEMEDICINE

ASSOCIATION



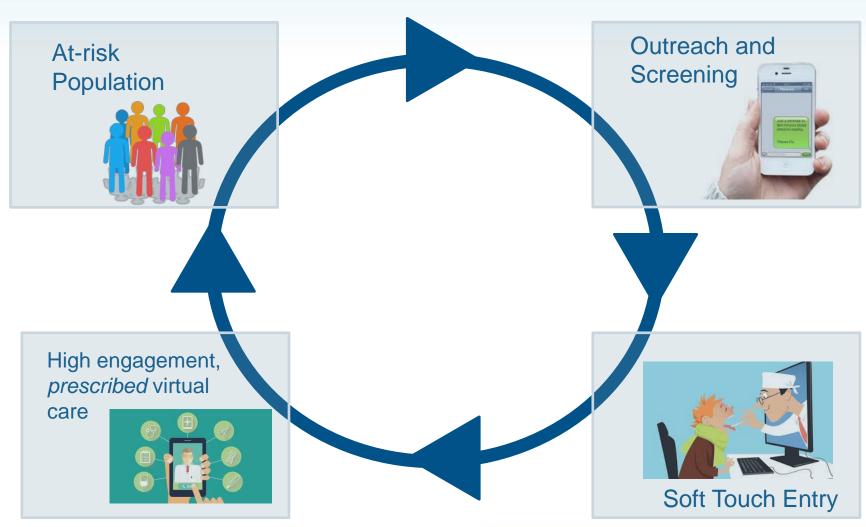
Health Resources & Services Administration





Digital Patient Engagement Cycle



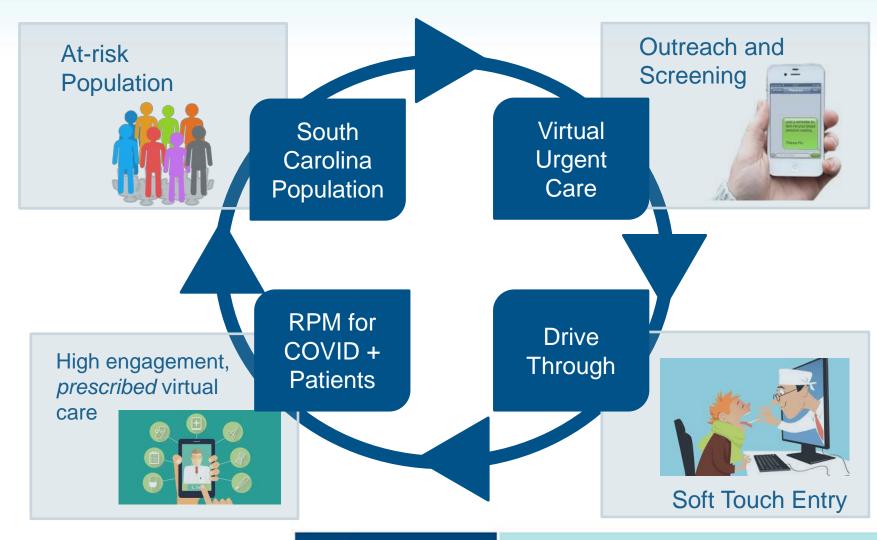




Pandemic Patient Engagement Cycle

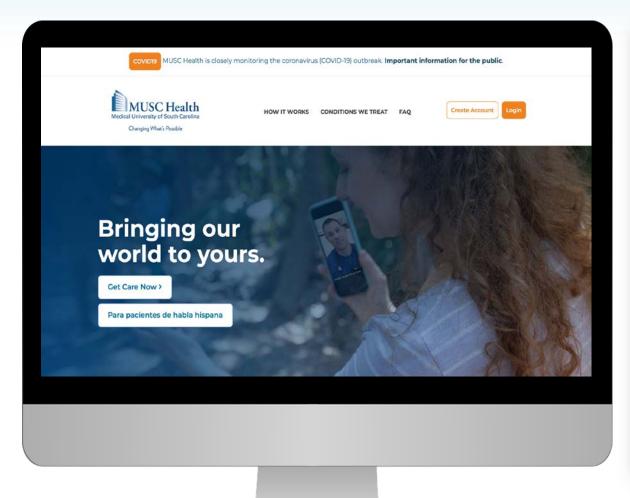








Virtual Urgent Care Screening







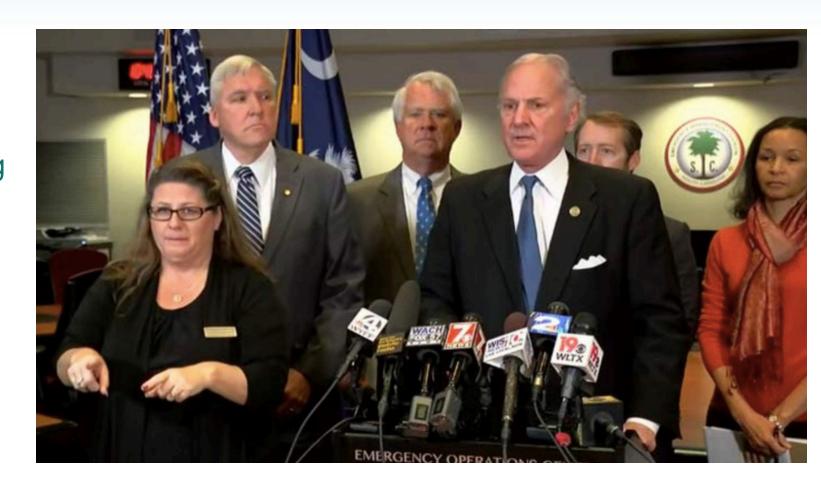
Virtual Urgent Care Screening

Mission	 Streamline testing, minimize unnecessary in-person visits
Goal	 Entry point for majority of outpatient COVID-19 testing
Description	 Streamlined VUC tool Continuous quality review Pathways for vulnerable populations (e.g. homeless)



Virtual Screenings for COVID-19

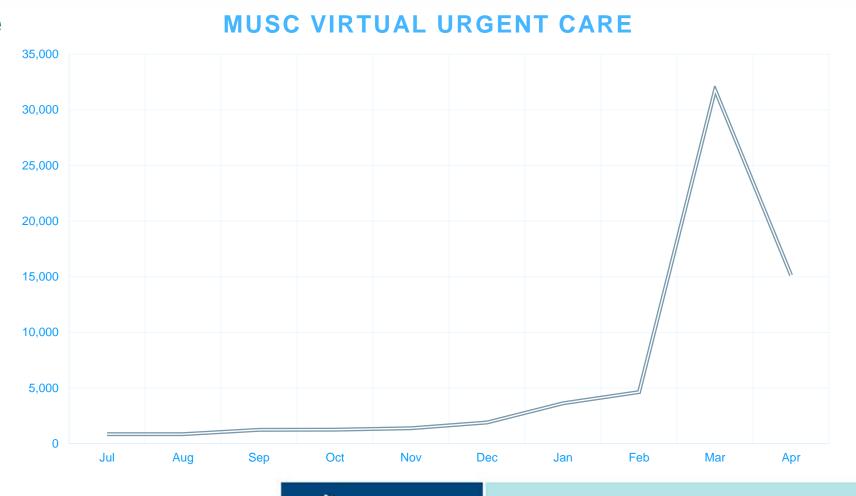
- Adapted URI protocol on Virtual Urgent Care platform with evolving CDC guidelines
- Mobilized workforce of existing MUSC advanced practice providers (APPs)
 - Privileging and credentialing
 - Practice scope agreements
 - Compensation and payment model
 - Training on platform and process
 - Continuous quality improvement





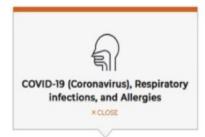
Virtual Screening for COVID-19

- Virtual Urgent Care volume> 30K in March
- Additional entry points created for vulnerable populations
 - Spanish-speaking online screening
 - Phone screening for patients without (or trouble with) internet
 - Community screening tool for homeless shelters
 - Pop up testing sites across SC



Virtual Screening to Remote Patient Monitoring

What is the reason for this visit?



Virtual Screening

- High risk patients identified
- Referral for additional testing



COVID Test

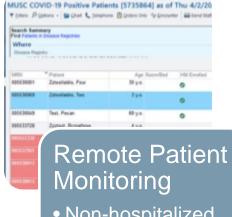
E-ticket

- Activates order creation in EHR
- Self schedule for Drive Through testing





- Orders and schedule driven by Virtual Care screening
- Respiratory specimen collected



- Non-hospitalized COVID + patients
- MUSC-built, population management tool





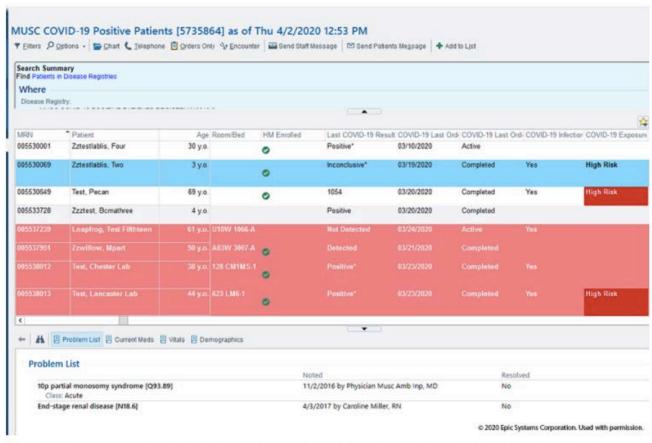
COVID Remote Patient Monitoring (RPM)

Mission	 Monitor COVID-19 outpatients (clinical oversight, education, and emotional support)
Goal	Offer all COVID-19 outpatients access to RPM
Brief Description	 Validated patient reported outcome (PRO) tool Subset with pulse oximetry Nurse phone call for worsening PROs Escalate to video visit (nurse and physician) Safe referral to ED



Remote Patient Monitoring for COVID + Patients

- Patient-reported outcomes (PRO) solution to track symptoms in home bound patients
- Dedicated patient registry in EHR
- Nurses tracking dashboard that includes risk and disease progression
- ~300 patients enrolled over first month (went live 3/30/20)
 - 11.76% high risk
 - >2,000 RPM nurse interactions



A screenshot of a test of how the COVID-19 monitoring appears to nurses. Image used with permission of Epic Systems Corporation



Remote Patient Monitoring for COVID + Patients

"Cheryl made me realize that there was someone who really cared about me."

"Son, let me tell you something, I don't mind telling you I was very scared and when I talked to Perette she assured me that I was taken care of and that someone was there to help me. Son, this calmed me down; **she was, everything to me**. I can't tell you how that sense of assurance saved me. I was all alone and then I had people looking out for me. I do not know what I would've done without them."

"Cheryl was like an angel watching over me."

"I was so glad that Eric was there he was very nice and made me feel like I had a friend, he was the whole 9 yards. I tell you son, that Eric is 10 times better than my regular doctor that's for sure. I think we should use this thing and that Eric for my COPD."



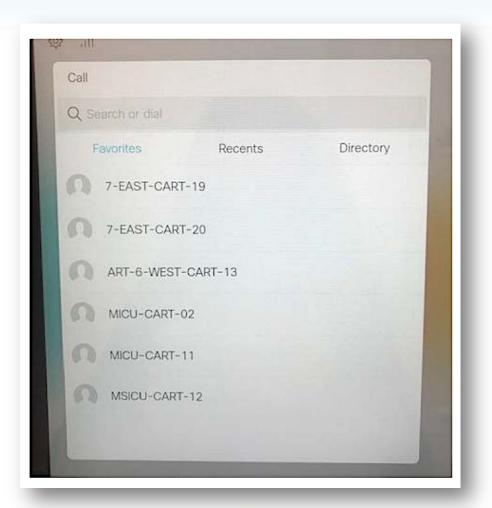
Minimize HCW Exposure

Mission	Limit unnecessary HCW exposure to COVID-19Reduce PPE use
Goal	•100% COVID-19 inpatients & PUI's with video enabled rooms
Brief Description	 Conscripted tele-sitter technologies (high quality and reliability) Carts in patient rooms, monitor at nursing stations, telehealth pod



Minimize HCW Exposure







Minimize HCW Exposure Data

Week	# carts deployed / day	# calls / week
March 16, 2020	2	545
March 23, 2020	6	980
March 30, 2020	11	1266
April 6, 2020	15	1212

Cost saving example for 1000 interactions per week

- \$9,780 PPE preserved per week
- \$12,190 nursing time saved per week



Patient – Family Connection

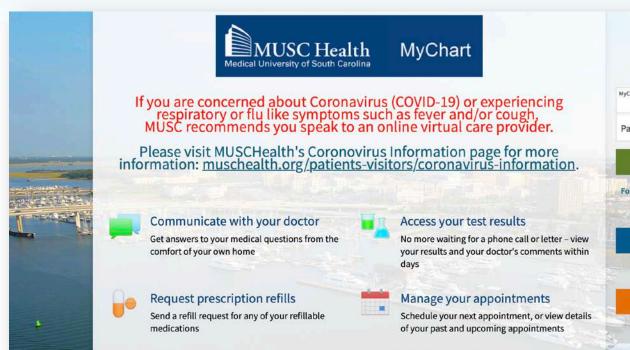


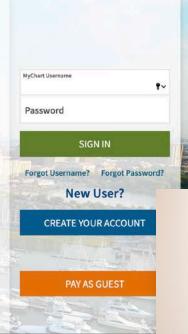
Patient – Family Connection

Mission	 Support family-centered care through virtual family visitation
Goal	• 100% of inpatient units with tools for family & spiritual support video visits
Brief Description	 Identified available tablet technologies Utilize secure video client or patient's preferred platform



Ambulatory Clinic Conversion









Ambulatory Clinic Conversion

Mission	Ensure patient needs safely supportedMaximize ambulatory volumes
Goal	 80% of pre-pandemic ambulatory visit volume with use of telehealth
Brief Description	 Multi-disciplinary: providers, telehealth, compliance, clinic staff Daily monitoring for issues Daily monitoring of volumes



Ambulatory Care Conversion to Telehealth

Optimize provider/staff utilization

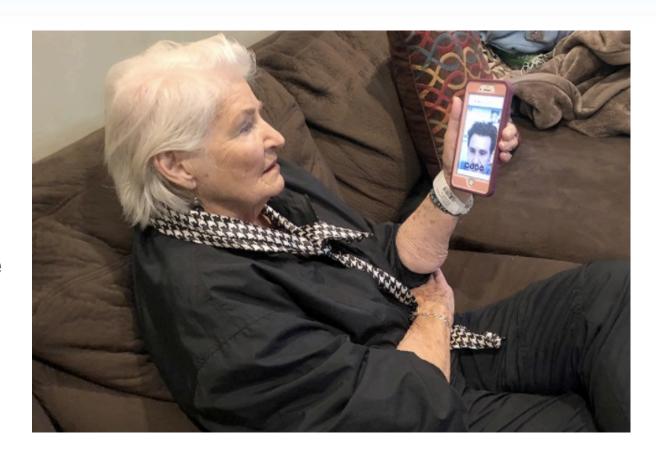
- Provider experience
- Minimize visit loss due to processes and technologies

Maximize billing and revenue

- Standardize billing by scheduled visit type
- Maximize resource use efficiencies

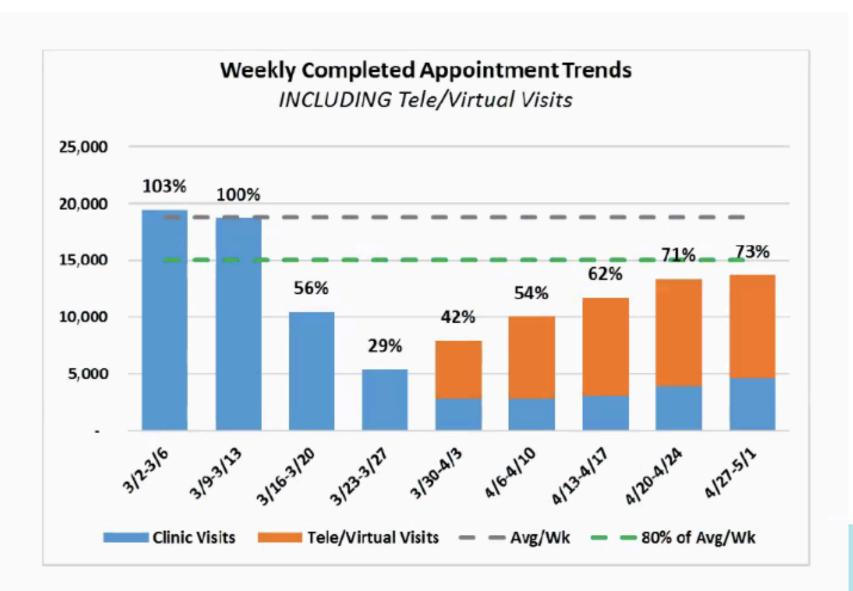
Increase patient utilization

- Promote awareness
- Patient experience



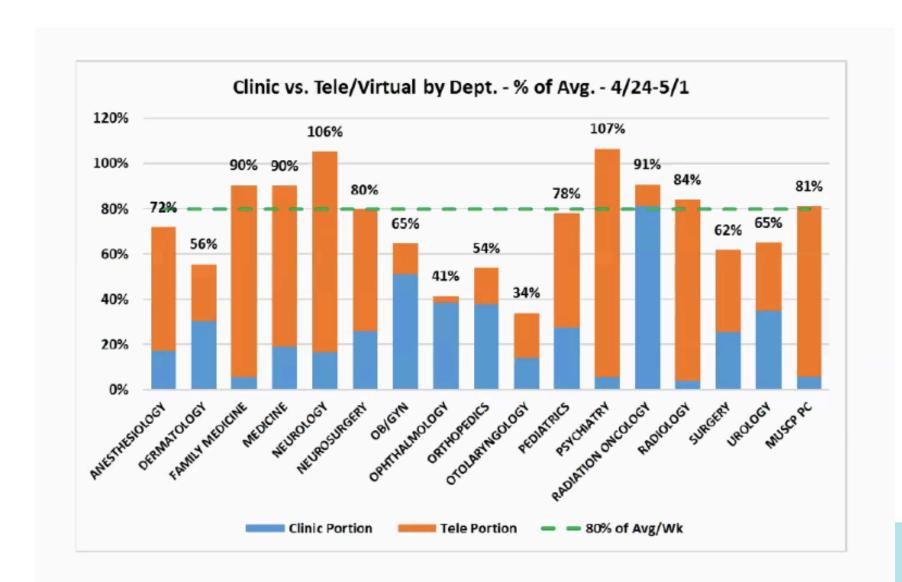


Ambulatory Care Conversion to Telehealth





Ambulatory Care Conversion to Telehealth

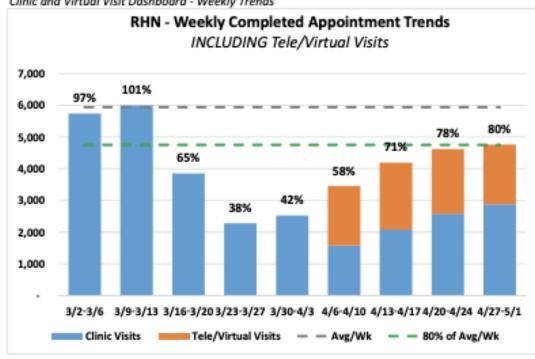


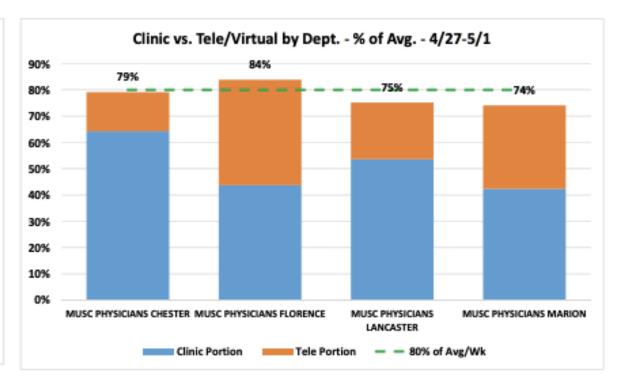


Ambulatory Care Telehealth - RHN

Regional Network Consolidated

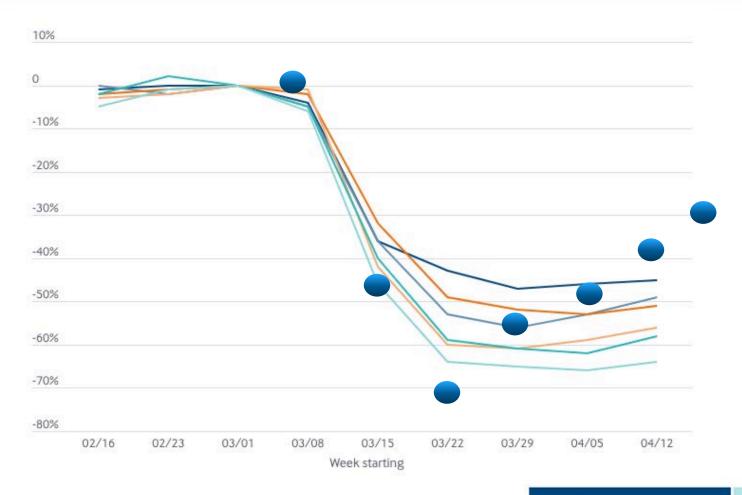
Clinic and Virtual Visit Dashboard - Weekly Trends







National Decrease in Ambulatory Care Visits

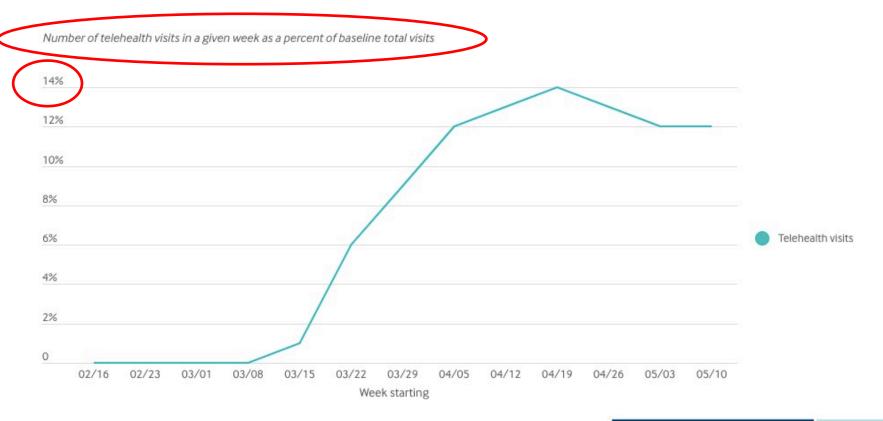






The Commonwealth Fund (Ambulatory Telehealth)

The number of telemedicine visits rose rapidly through mid-April but then leveled, and even declined slightly, in the last three weeks.

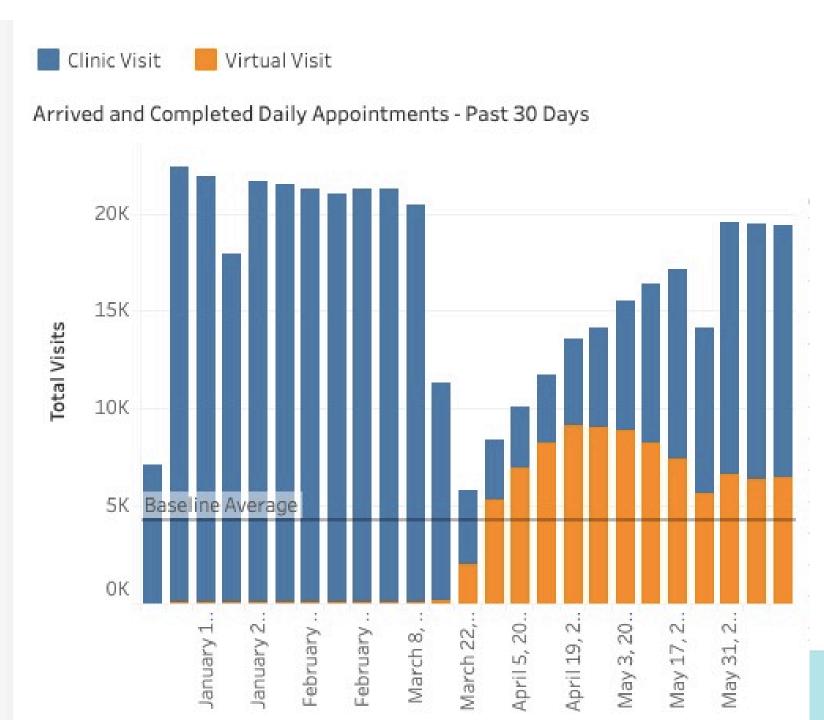


MUSC's Number of Telehealth Visits in a Given Week as a Percent of Baseline Total Visits

44%



Ambulatory Care Conversion to Telehealth



Press Ganey – Telemedicine Survey

Optimizing the Patient Experience:

- Authenticity
- Agenda Setting
- Empathy
- Closing checklists

Top Key Drivers of Likelihood to Recommend Care Provider: Telemedicine Survey



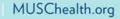
Figure represents the odds of top box scores for Likelihood to Recommend the care provider when all three drivers get top box ratings. The proportion of patients who give top scores on all three items is 83.9%.

Top Key Drivers of Likelihood to Recommend Video Visit: Telemedicine Survey



Figure represents the odds of top box scores for Likelihood to Recommend the Video Visit when all three drivers get top box ratings. The proportion of patients who give top scores on all three items is 63.5%.





Lessons Learned

- 1.It's not a marathon. It's an Ironman Triathlon!
- 2.It takes a Village!
- 3. Simplicity helps achieve scale.





A SMOOTH SEA
NEVER MADE A
SKILLFUL
SAILOR.



Questions?





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