MUSC Health
Medical University of South Carolina

Under Pressure: Ensuring Virtual Visit readiness in the event of unplanned, emergent clinic closure.

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Background

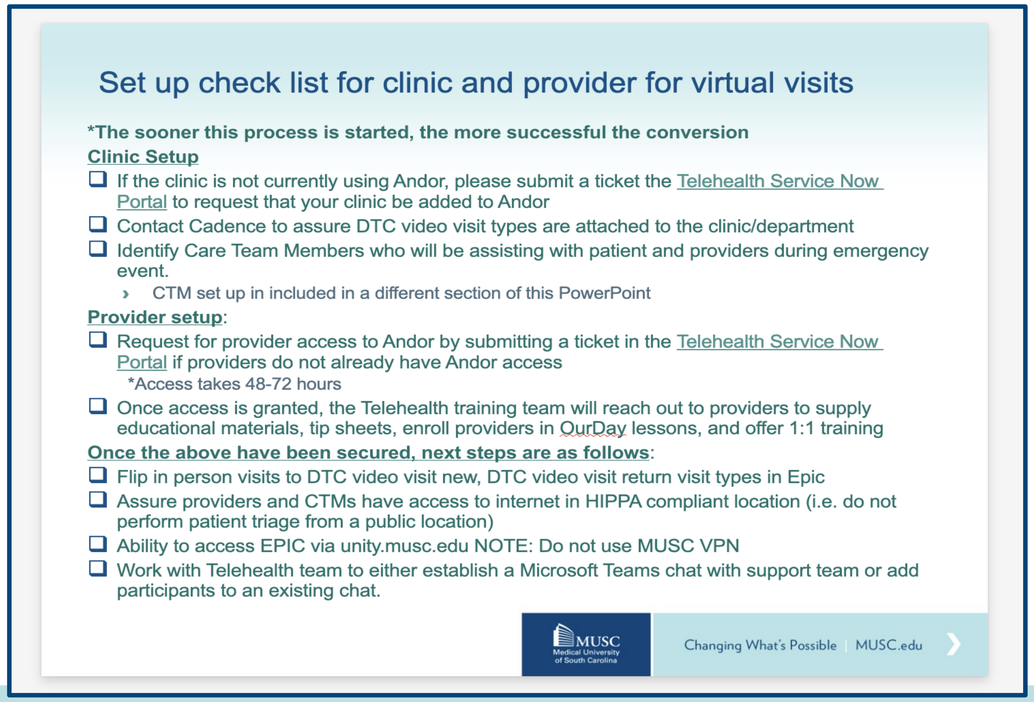
- In August 2024, Tropical Storm Debby brought significant rainfall and flooding to Charleston, South Carolina.
- This resulted in widespread clinic closures affecting in person visits.
- To ensure patient care was retained and to mitigate visit loss, a large-scale conversion of in-person visits to direct to consumer (DTC) virtual visits was implemented.
- 1,524 in-person visits were converted between 8/6 and 8/7; representing a 100% increase in typical daily volume at that time.
- The 14-member Telehealth CMA team was quickly overextended, while clinical staff willing to help lacked platform and workflow knowledge.
- Many providers new to Telehealth required immediate access to utilize the platform.
- Disseminating in the moment training and information was daunting.
- While Telehealth was ultimately successful in providing patient access, the process highlighted the need for refinement.

PURPOSE

- To create a standardized framework that eliminates platform access gaps for providers, clinics and care team members during emergent conversion to virtual visits.
- To develop and provide current, easily accessible, education and training plans.
- To sustain quality patient care and high functioning services, even during emergencies that necessitate a transition from in-person to virtual visits.

METHODS

- The Telehealth department's Implementation team reviewed elements needed for mass conversion and training.
- A standardized checklist was developed for clinics to follow. Resources including a training Powerpoint are housed in a newly designed Sharepoint page.
- In partnership with clinic managers training sessions were established for clinical care team members identified as capable of assisting with virtual visits during clinic closures.
- Regular communication and collaboration with stakeholders.



Set up check list for clinic and provider for virtual visits

*The sooner this process is started, the more successful the conversion

Clinic Setup

- ❑ If the clinic is not currently using Andor, please submit a ticket the Telehealth Service Now Portal to request that your clinic be added to Andor
- ❑ Contact Cadence to assure DTC video visit types are attached to the clinic/department
- ❑ Identify Care Team Members who will be assisting with patient and providers during emergency event.
  - › CTM set up in included in a different section of this PowerPoint

Provider setup:

- ❑ Request for provider access to Andor by submitting a ticket in the Telehealth Service Now Portal if providers do not already have Andor access
  *Access takes 48-72 hours
- ❑ Once access is granted, the Telehealth training team will reach out to providers to supply educational materials, tip sheets, enroll providers in OurDay lessons, and offer 1:1 training

Once the above have been secured, next steps are as follows:

- ❑ Flip in person visits to DTC video visit new, DTC video visit return visit types in Epic
- ❑ Assure providers and CTMs have access to internet in HIPPA compliant location (i.e. do not perform patient triage from a public location)
- ❑ Ability to access EPIC via unity.musc.edu NOTE: Do not use MUSC VPN
- ❑ Work with Telehealth team to either establish a Microsoft Teams chat with support team or add participants to an existing chat.

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RESULTS

- The Sharepoint site was accessed an increase of 13% since adding the clinic closure conversion materials.
- Resource pool of trained clinical care team members established. *Added benefit of reducing amount of PTO hours used during clinic closure.
- A significant increase in providers *proactively* obtaining access and training for the virtual visit platform.

SUMMARY

In an area prone to frequent storms, we are confident this initiative will be beneficial.

While our preparedness training has not been formally tested by unplanned clinic closure, those directly involved feel significantly more confident should the need arise.

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