



NCTRC Telehealth Hack Series

Health Professions Training
Models Post COVID-19

February 17th, 2021



NCTRC Telehealth Hack Data

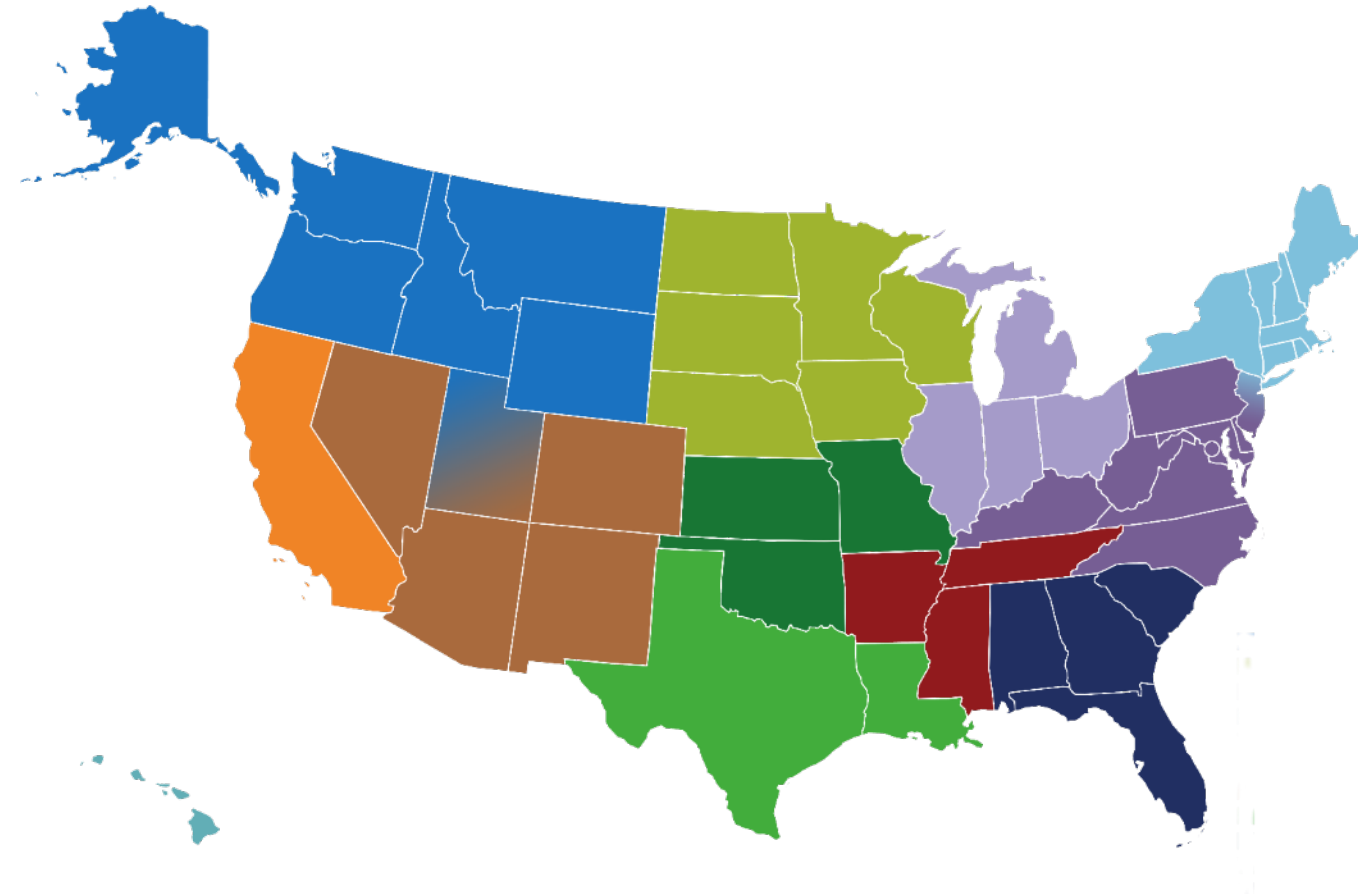
- The National Consortium of Telehealth Resource Centers collects registration, participation, questions/answers, chat comments, and poll responses for this program and shares this data with the HHS – Health Resources and Services Administration (HRSA). **Your individual data will be kept confidential.** These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives





The National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts to who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.

Regionals



Nationals



Transitioning from HHS - ASPR

The National Consortium of Telehealth Resource Centers (NCTRC) have played an active role throughout the legacy HHS – ASPR Telemedicine Hack series. With the program becoming widely popular, HHS – ASPR has agreed to transition the program to the NCTRC.

With the Telehealth Hack program now fully transitioned, the NCTRC will provide peer-to-peer learning sessions through March 2021, covering core topics and specialties where telehealth is utilized.



Webinar Tips and Notes

- Your phone &/or computer microphone has been muted.
- Please place your questions into **the Q&A function**.
- For technical assistance with Zoom, please use **the Chat function**.
- Attendees are able to adjust video sizing via Zoom's sliding feature.
- Attendees can toggle Closed Captioning in the toolbar.
- The webinar is being **recorded**.
- Recordings will be posted to our website and YouTube Channel:

www.telehealthresourcecenter.org

<https://www.youtube.com/c/nctrac>



UAMS Disclosure Policy



It is the policy of the University of Arkansas for Medical Sciences (UAMS) to ensure balance, independence, objectivity, and scientific rigor in all directly or jointly provided educational activities.

All individuals who are in a position to control the content of the educational activity (course/activity directors, planning committee members, staff, teachers, or authors of CE) must disclose all relevant financial relationships they have with any commercial interest(s) as well as the nature of the relationship. Financial relationships of the individual's spouse or partner must also be disclosed, if the nature of the relationship could influence the objectivity of the individual in a position to control the content of the CE. The ACCME and ACPE describe relevant financial relationships as those in any amount occurring within the past 12 months that create a conflict of interest. *Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CE activity.*

Disclosures



The following planners and speakers of this CE telehealth series and activities have no relevant financial relationships with commercial interests to disclose:

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Scott Shipman, MD, MPH

Kathryn Neill, Pharm.D



The accreditation compliance reviewer, Courtney Bryant, has no financial relationships with commercial interests to disclose.

Joint Accreditation and Credit Designation Statements



Joint Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the University of Arkansas for Medical Sciences and National Consortium on Telehealth Research Centers. University of Arkansas for Medical Sciences is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

AMA Credit Designation Statement

The University of Arkansas for Medical Sciences designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACPE Credit Designation Statement

These knowledge based activities will provide pharmacists up to 1.0 contact hours or 0.1 CEU. CE credit information, based on verification of live attendance and completion of the program evaluation, will be provided to NABP within 60 days after the activity completion.

Joint Accreditation and Credit Designation Statements



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ANCC Credit Designation Statement

The University of Arkansas for Medical Sciences designates this live activity for a maximum of 1.0 ANCC contact hours. Nursing contact hours will be awarded for successful completion of program components based upon documented attendance and completion of evaluation materials.

AAPA Credit Designation Statement

The University of Arkansas for Medical Sciences has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 1.0 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

New to Learn on Demand (LOD)?

Create your Profile

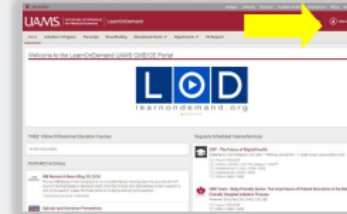
<https://uams.community360.net/content/uams/LODNewUser.pdf>



Getting Started-New User

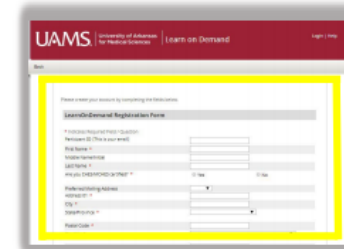
1. Go to learnondemand.org

2. Login

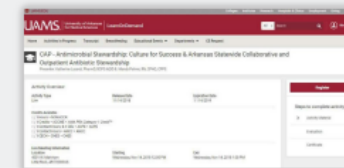


3. Complete Registration Form

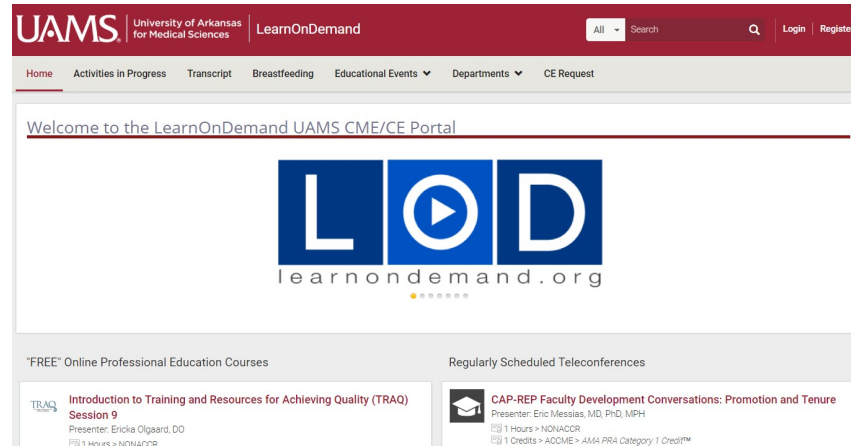
4. Select Passwords, Security Questions, and accept Privacy Statement



5. You Are Now a Registered User



Certificates in LOD



In order to receive your CE credit:

- Login to <https://learnondemand.org/lms/activity?@curriculum.id=-1&@activity.id=7286792&@activity.bundleActivityId=-1> with your new or existing login.
- Search for the Topic
- Launch, Evaluate, click continue to print your certificate.



Deadline!!!

All evaluations must be completed by

Wednesday, March 3rd, 2021

*If you do not complete an evaluation
by this deadline, you will not receive
continuing education hours for this
conference.*



UAMS

Institute for Digital
Health & Innovation



NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS



Course Evaluation & CE Certificate



❖ **Deadline !!!**

March 3rd, 2021; 11:59 PM

No credit will be awarded after this date!!!

❖ www.learnondemand.org

Questions about evaluations and/or certificates should be
directed to **IDHI@uams.edu**
or 1-855-234-3348

UAMS

Institute for Digital
Health & Innovation



NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS



Today's Agenda

- **Didactic #1 (12 min)** – Scott Shipman, MD, MPH
 - Q&A (5 min) - Moderated by Dr. Christian Ramers.
- **Didactic #2 (12 min)** – Kathryn Neill, Pharm.D
 - Q&A (5 min) - Moderated by Dr. Christian Ramers.
- **Didactic #3 (12 min)** – Karen Rheuban, MD
 - Q&A (5 min) - Moderated by Dr. Christian Ramers.
- **Closing Remarks** – Mei Kwong, JD (4 min)



Facilitator Introduction



Christian B. Ramers, MD, MPH, AAHIVS – Biosketch

Dr. Ramers is the Chief of Population Health and Director of Graduate Medical Education at the Family Health Centers of San Diego (FHCSD), a large Federally Qualified Health Center (FQHC) system serving nearly 200,000 medically underserved individuals throughout San Diego county. He is board certified in Internal Medicine, Infectious Diseases, and Addiction Medicine, and is particularly interested in HIV, HBV, HCV, and service of medically underserved, immigrant, and refugee populations. He co-chairs the California Chapter of the American Academy of HIV Medicine and has advocated for HIV/HCV care at the state legislative level. He has served as a consultant for CDC-sponsored HIV/HBV/HCV educational projects in Asia and Africa. Since 2018 he has served as the Senior Clinical Advisor for the Clinton Health Access Initiative's Global Hepatitis Program, working to eliminate HBV and HCV in seven partner countries in Asia and Africa.

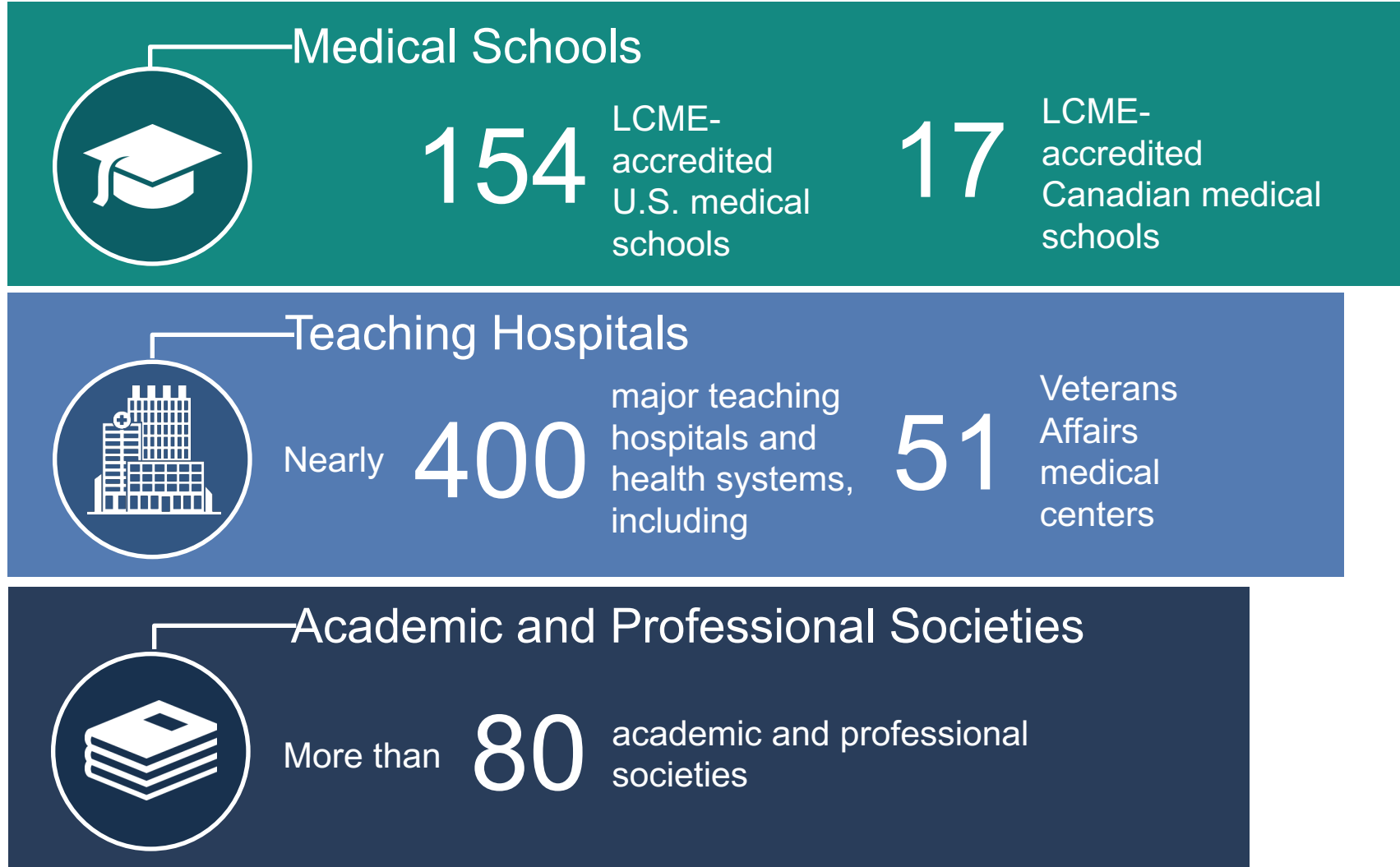


Driving Innovation in Medical Education: AAMC Telehealth Competencies

Scott A. Shipman, MD, MPH
Director of Clinical Innovations
Association of American Medical Colleges

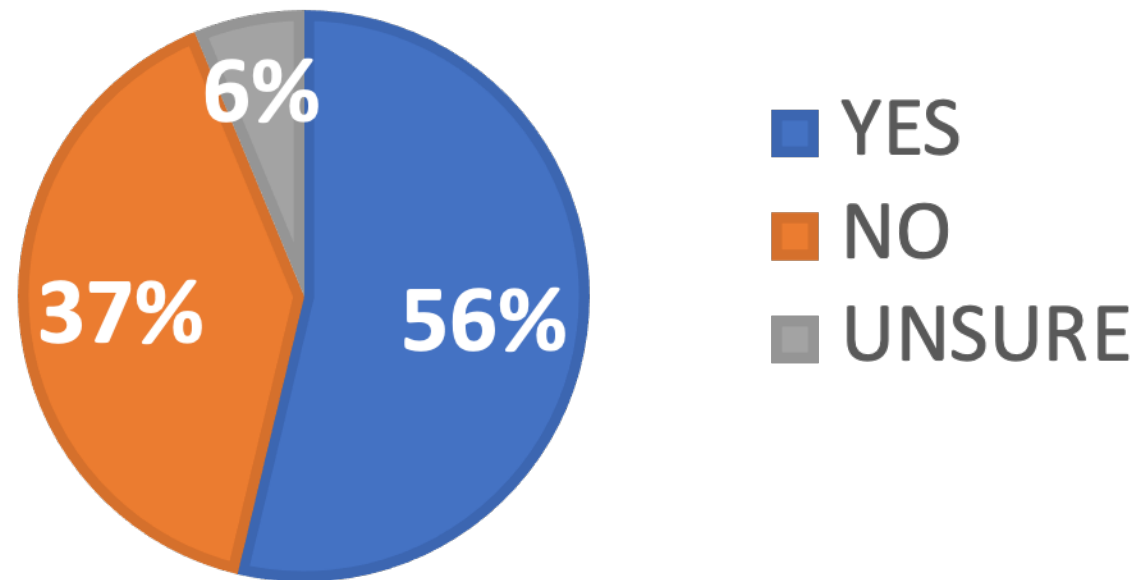
Who does the Association of American Medical Colleges represent?

Members of the AAMC are institutions rather than individuals. They include:

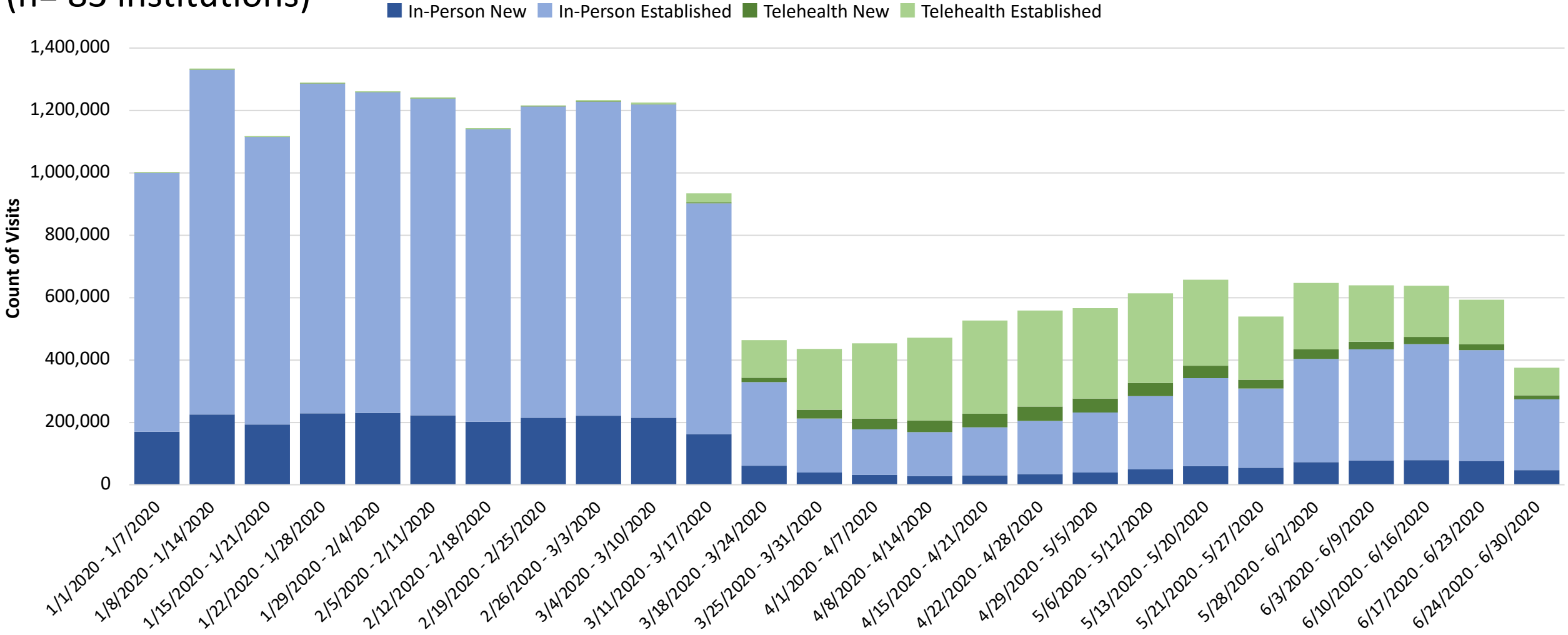


2019 AAMC survey on of education deans on telehealth in undergraduate medical education

Does your curriculum include training in telehealth?



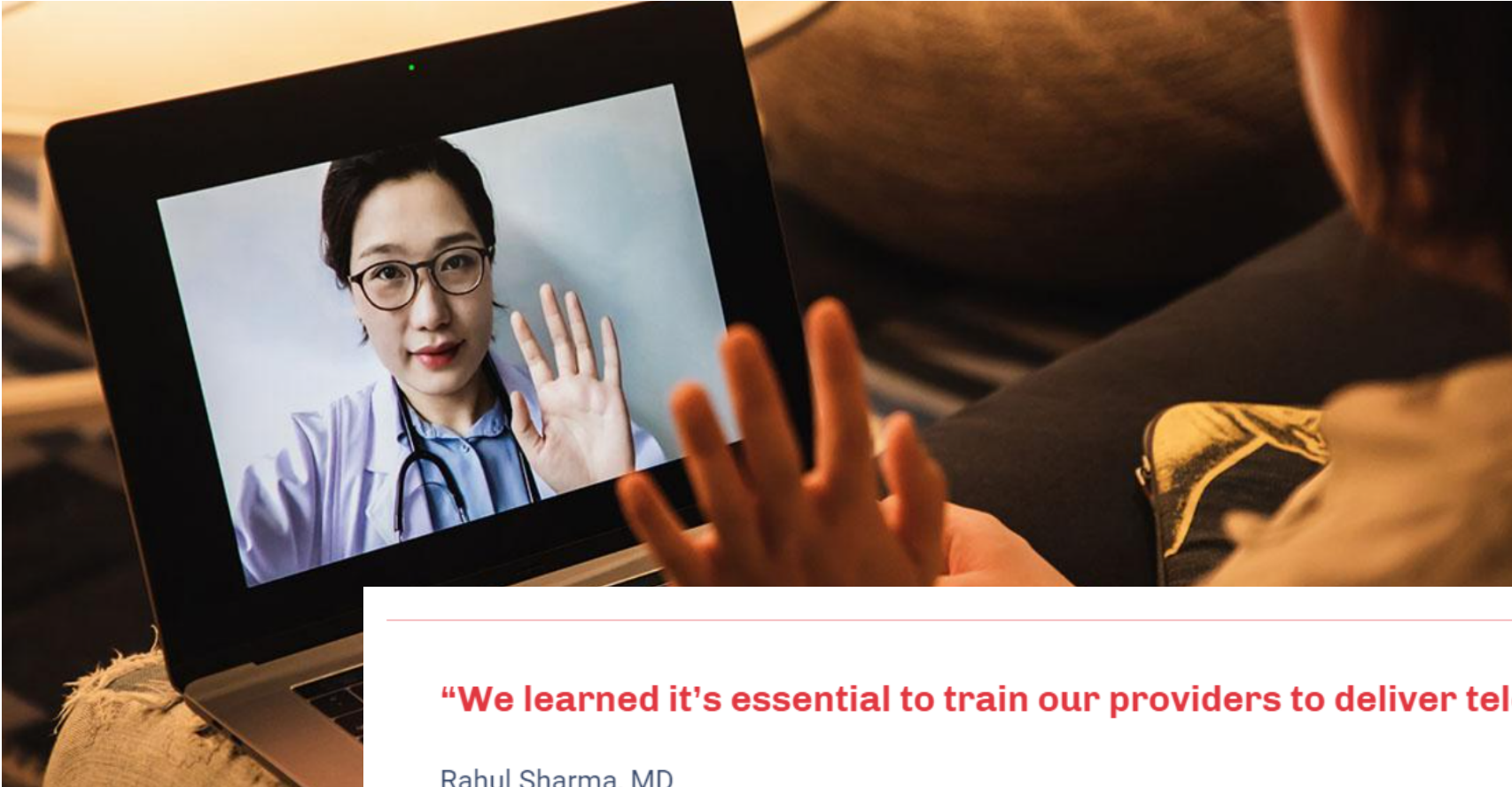
And then came COVID: Early faculty practice plan in-person and telehealth E&M Utilization (n= 83 institutions)



Source: AAMC analysis of physician and non-physician claims billed by Faculty Practice Plan members of the Clinical Practice Solutions Center. The Clinical Practice Solutions Center (CPSC) is a jointly owned product of the Association of American Medical Colleges (AAMC) and Vizient that collects billing data from member practice plans to provide benchmarks and help them improve performance.

Note: 83 CPSC members had shared their claims data at the time of this analysis (August 2020). June data may be incomplete. “E&M Utilization” includes all in-person and telehealth claims with CPT codes 99201-5 (new) and 99211-5 (established) across all applicable places of service, specialties, and payers. Telehealth visits identified based on modifiers 95, GT, GQ, GO on the claim.

Telehealth Training for the Future Now



“We learned it’s essential to train our providers to deliver telehealth. It’s a different skill set.”

Rahul Sharma, MD
NewYork Presbyterian-Weill Cornell Medicine

AAMC Telehealth Advisory Committee



Shruti Chandra, MD, MEHP
Thomas Jefferson University



Neil Evans, MD
VHA



Kevin Galpin, MD
VHA



Emily M. Hayden, MD, MHPE
Massachusetts General Hospital



Kristi Henderson, DNP, NP-BC
Optum Health / Dell Medical School



Toyia James-Stevenson, MD
Indiana University



Andrea Borondy
Kitts MS, MPH
Lahey Hospital /
Patient Advocate



Elizabeth Krupinski, PhD
Emory University



Joseph Kvedar, MD
Partners HealthCare



CT Lin, MD, FACP
UCHealth



Curtis Lowery, MD
University of Arkansas



James Marcin, MD, MPH
UC Davis



Karen Rheuban, MD
University of Virginia



Neal Sikka, MD
GW Medical Faculty Associates



David Lambert, MD
University of Rochester



Ariel Santos, MD, MPH
Texas Tech University Health Sciences Center

Developing Telehealth Competencies: Scope & Approach



Tiered based on level of learner – student, resident, and attending physician



Integrate and build from existing milestones, EPAs, competencies in specialized areas



Aligned with six core competencies by ACGME/ABMS



Applicable to all physicians regardless of specialty

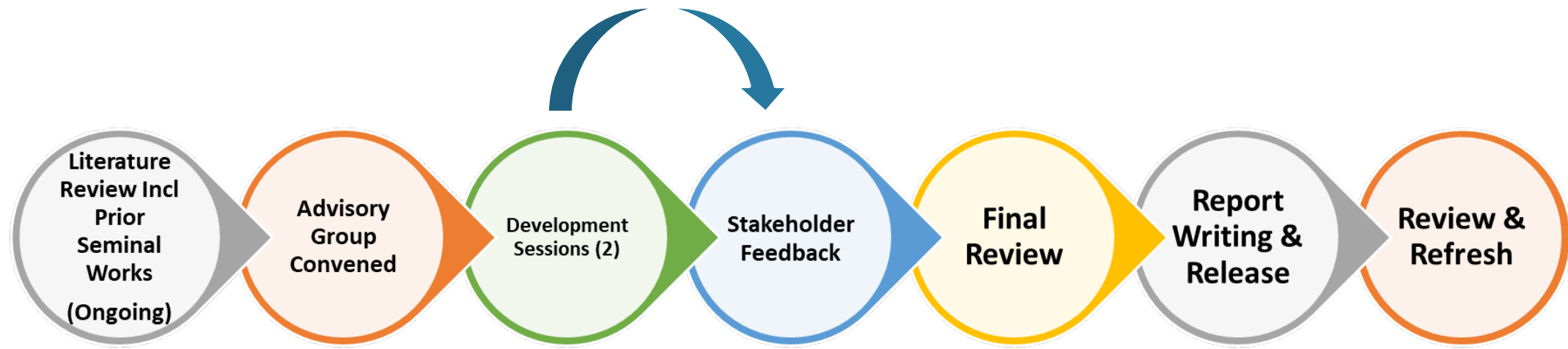


Engage diverse stakeholders throughout development process



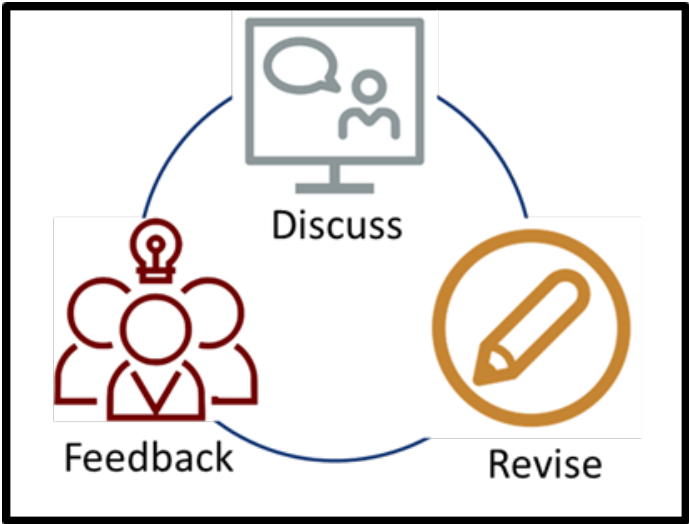
Continuous enhancement model

(The long road to) Creating consensus telehealth competencies



3-5 year
cycle

- Focus Groups
- Surveys



Telemedicine and e-Health, Ahead of Print | [Free Access](#)

Expert Consensus: Telehealth Skills for Health Care Professionals

Kevin Galpin, Neal Sikka, Sarah L. King, Keith A. Horvath, Scott A. Shipman , the AAMC Telehealth Advisory Committee* Neil Evans, MD, Kristi Henderson, DNP, Andrea Borondy Kitts, MS, MPH, Elizabeth Krupinski, PhD, Joseph C. Kvedar, MD, Joseph C. Kvedar, MD, Chen-Tan "CT" Lin, MD, Curtis Lowery, MD, James P. Marcini, MD, MPH, Karen Rheuban, MD,

Published Online: 25 Nov 2020 | <https://doi.org/10.1089/tmj.2020.0420>

[Sections](#) [View article](#) [Tools](#) [Share](#)

Abstract

Background: The COVID-19 pandemic has driven most clinicians, from those practicing in small independent practices to those in large system, to adopt virtual care. However, individuals and organizations may lack the experience and skills that would be considered fundamental prerequisites to adopting telehealth in less urgent times. What are those skills? Before the pandemic, the Association of American Medical Colleges (AAMC) convened national experts to identify and articulate a consensus set of critical telehealth skills for clinicians.

Methods: Through a structured review of the literature, followed by several rounds of review and refinement by committee and community members via a modified Delphi process, the committee came to consensus on a set of skills required by clinicians to provide quality care via telehealth.

Conclusion: The consensus set of telehealth skills presented in this paper, developed by the AAMC and national experts, can serve providers and health systems seeking to ensure that clinicians are prepared to meet the demand for care delivered via telehealth now and in the future.

<https://www.liebertpub.com/doi/full/10.1089/tmj.2020.0420>

AAMC Telehealth Competencies

Domain	Example
Patient safety, appropriate use of telehealth	Explains the uses, limitations, and benefits of telehealth
Data collection and assessment via telehealth	Demonstrates ability to obtain history during a real or simulated telehealth encounter
Communication via telehealth	Develops effective rapport with real or simulated patients during telehealth encounters (i.e., “webisode manner”)
Ethical practices and legal requirements for telehealth	Describes relevant legal and privacy regulations for telehealth
Technology for telehealth	Explains the equipment required for conducting care via telehealth at both originating and distant sites
Access and equity in telehealth	Describes how telehealth can mitigate or amplify disparities in access to care

Sample Competency

Domain

Domain 3: COMMUNICATION VIA TELEHEALTH

Specific to telehealth, clinicians will effectively communicate with patients, families, caregivers, and health care team members using telehealth modalities. They will also integrate both the transmission and receipt of information with the goal of effective knowledge transfer, professionalism, and understanding within a therapeutic relationship.

Tiered Competency

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) <i>All prior competencies +</i>	Experienced Faculty Physician (3-5 Years Post-Residency) <i>All prior competencies +</i>
1a. Develops an effective rapport with patients via (real or simulated) video visits attending to eye contact, tone, body language and non-verbal cues	1b. Develops an effective rapport with patients via video visits attending to eye contact, tone, body language and non-verbal cues	1c. Role models and teaches effective rapport building with patients via video visits attending to eye contact, tone, body language and non-verbal cues

Full competency set publicly available at:

<https://www.aamc.org/system/files/2020-09/hca-telehealthcollection-telehealth-competencies.pdf>

AAMC Telehealth Priorities for 2021-22



Health Equity

Evaluating the impact of telehealth on health equity and disparities in care



Medical Education

Competencies dissemination and curation & promotion of curricula; considering assessment and metrics



Policy and Advocacy

Provide feedback on AAMC legislative & regulatory policy priorities related to telehealth



Telehealth's Future

Develop a roadmap with optimal approaches to integrating and aligning telehealth in an AMC

THANK YOU!

Scott Shipman, MD, MPH
sshipman@aamc.org



An Institutional Perspective of Telehealth Curriculum Integration in an Interprofessional Curriculum Framework

Kat Neill, PharmD, FNAP

Associate Provost for Academics

Director of Interprofessional Administrative and Curricular Affairs

Associate Professor, Pharmacy Practice



Learning Objectives

- Relate alignment of telehealth competencies with interprofessional competency development.
- Describe an institutional approach to telehealth education, practice, and research within an interprofessional education (IPE) curriculum framework.
- Discuss successes and continued opportunities with telehealth curriculum adaptation post-COVID.

EXPOSURE

EXPOSURE WORKSHOP

(~3 hours) IPE IPEC 1101

This introductory ½ day workshop includes exposure to the key concepts of:

- The Quadruple Aim
- IPEC Domains: Values and Ethics, Roles and Responsibilities, Interprofessional Communication, Teams and Teamwork
- Patient- and Family-Centered Care
- Health Literacy
- Social determinants of health and Arkansas' most prevalent health disparities
- Cultural competency
- Research
- Health economics: the role of the provider, the payers, and society
- Professional Wellness.

EXPOSURE BRIDGE (~2-4 hours)

IPE IPEC 1201

Participate in (1) UAMS Common Book/movie, (2) attend a professional seminar and participate in an interprofessional discussion, (3) volunteer at the 12th Street Health and Wellness Center, North Street Clinic, or other interprofessional free or reduced cost clinic, or (4) observe an interprofessional team at work (inpatient, outpatient, regulatory, research) **AND** complete a reflection.

QUADRUPLE AIM IPE CURRICULUM FRAMEWORK



Office of
Interprofessional
Education

IMMERSION

QUADRUPLE AIM PROJECT

(~4 hours) IPE IPEC 1301

Interprofessional teams (3-6 students) participate in 1 of 4 Quadruple Aim Tracks:

- Improve patient care;
- Improve population health;
- Reduce health care cost; or
- Improve provider satisfaction/professional wellness.

Broad solicitation for project ideas from: (1) UAMS educational and clinical departments; (2) Community-based organizations; and (3) Local partners with an interest in health care and the quadruple aim (insurance agencies, corporations with wellness programs, etc.).

Teams develop, and present, a structured and complete project proposal to meet quadruple aim goals and objectives.



www.ipe.uams.edu

SIMULATION ACTIVITY

(~1-3 hours) IPE IPEC 1401

Teams participate in an interprofessional simulation session.

COMPETENCE

COMPETENCE WORKSHOP

(~2.5 hours) IPE IPEC 1501

Summative workshop delivering advanced quadruple aim content relevant to learners entering practice or post-graduate training.

- Variety of topic areas offered that support interprofessional collaboration for Patient Outcomes, Systems Outcomes, Health Literacy, Patient- and Family-Centered Care, Cultural Competency, Social Determinants of Health, Population Health, and Professional Wellness.

PRACTICE ACTIVITY (~2-4 hours)

IPE IPEC 1601

Completion of a service learning project/activity or work with an IP team –Health fair, IP clinic, IP rounds, IP research team, IP regulatory team, APE, ILE, etc. **AND** complete a reflection.

STUDENT EDUCATOR ACTIVITY

(~2-4 hours) IPE IPEC 1701

- Co-facilitate an IPE Event—Exposure Workshop, Exposure Bridge Activity (Movie night, etc), Quadruple Aim Project, Simulation, etc.
- Serve on Student Advisory Board (12th St HWC or North Street, etc.)
- Provide a seminar on health professions as a career opportunity to students in K-12 education/Pre-Health studies.
- Provide a seminar on a practice-related topic (inservice, case conference topic presentation, education booth/fair, etc.)
- Presentation of original research (APE, ILE, poster/platform presentation, etc.)
- Other activities by approval—submit idea to the Director of Interprofessional Curricular Affairs. **AND** complete a reflection.

DEVELOPMENTAL STAGE*: NOVICE**LEARNING OUTCOMES****LEARNING UNIT Domain 1: Values/Ethics for Interprofessional Practice**

1. Place interests of patients and populations at center of interprofessional health care delivery, health science work, and population health programs and policies, with the goal of promoting health and health equity across the life span.
2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care and science.
3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the healthcare or health science teams.
4. Respect the unique cultures, values, roles/responsibilities, and expertise of other professions and the impact these factors can have on health outcomes.
5. Act with honesty and integrity in relationships with patients, families, communities, and other team members.

LEARNING UNIT Domain 2: Roles and Responsibilities

1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.
2. Recognize one's limitations in skills, knowledge, and abilities.
3. Engage in continuous professional and interprofessional development to enhance team performance and collaboration.
4. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.

LEARNING UNIT Domain 3: Interprofessional Communication

1. Listen actively, and encourage ideas and opinions of other team members.
2. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

LEARNING UNIT Domain 4: Teams and Teamwork

1. Describe the process of team development and the roles and practices of effective teams.
2. Reflect on individual and team performance for individual, as well as team, performance improvement.

DEVELOPMENTAL STAGE*: INTERMEDIATE**LEARNING OUTCOMES****LEARNING UNIT Domain 1: Values/Ethics for Interprofessional Practice**

1. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
2. Develop a trusting relationship with patients, families, and other team members.

LEARNING UNIT Domain 2: Roles and Responsibilities

1. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.
2. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan, public health intervention, or research aim.
3. Use unique and complementary abilities of all members of the team to optimize health and patient care.

LEARNING UNIT Domain 3: Interprofessional Communication

1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussion and interactions that enhance team function.
2. Communicate information with patients, families, community members, and health care or health science team members in a form that is understandable, avoiding discipline-specific terminology when possible.
3. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.

LEARNING UNIT Domain 4: Teams and Teamwork

1. Engage health and other professionals in shared patient-centered and population-focused problem-solving.
2. Develop consensus on the ethical principles to guide all aspects of team work.
3. Apply leadership practices that support collaborative practice and team effectiveness.
4. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.
5. Use available evidence to inform effective teamwork and team-based practices.

DEVELOPMENTAL STAGE*: ADVANCED**LEARNING OUTCOMES****LEARNING UNIT Domain 1: Values/Ethics for Interprofessional Practice**

1. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care/goals.
2. Manage ethical dilemmas specific to interprofessional patient/ population centered care or team science situations.
3. Maintain competence in one's own profession appropriate to scope of practice.

LEARNING UNIT Domain 2: Roles and Responsibilities

1. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
2. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.
3. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.

LEARNING UNIT Domain 3: Interprofessional Communication

1. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.
2. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.
3. Recognize how one's own uniqueness (experience level, expertise, culture, power, and hierarchy within the health care/health science team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships.

LEARNING UNIT Domain 4: Teams and Teamwork

1. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/ preferences for care.
2. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.
3. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
4. Perform effectively on teams and in different team roles in a variety of settings.

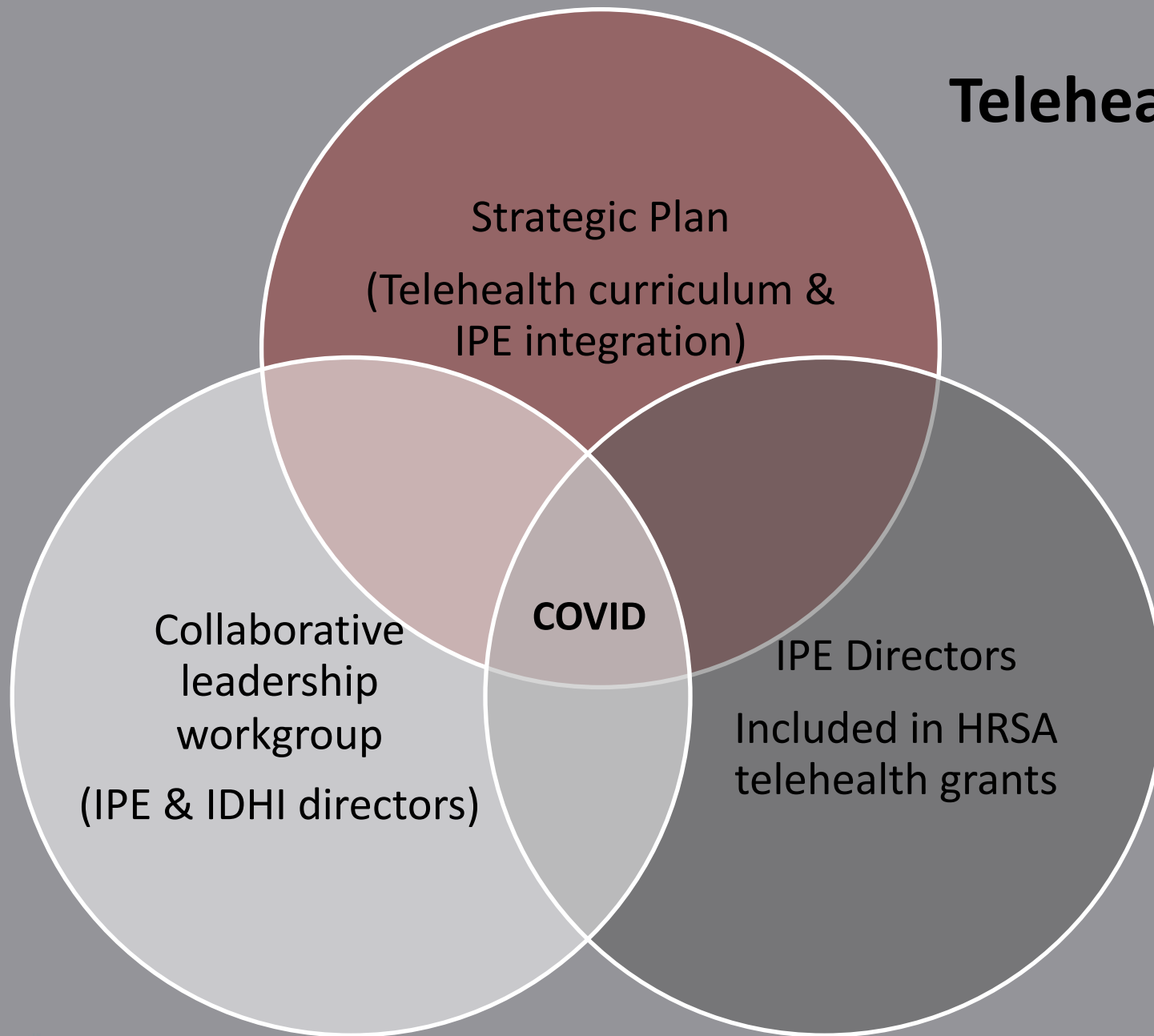
Domain 1: PATIENT SAFETY AND APPROPRIATE USE OF TELEHEALTH

Clinicians will understand when and why to use telehealth, as well as assess patient readiness, patient safety, practice readiness, and end user readiness.

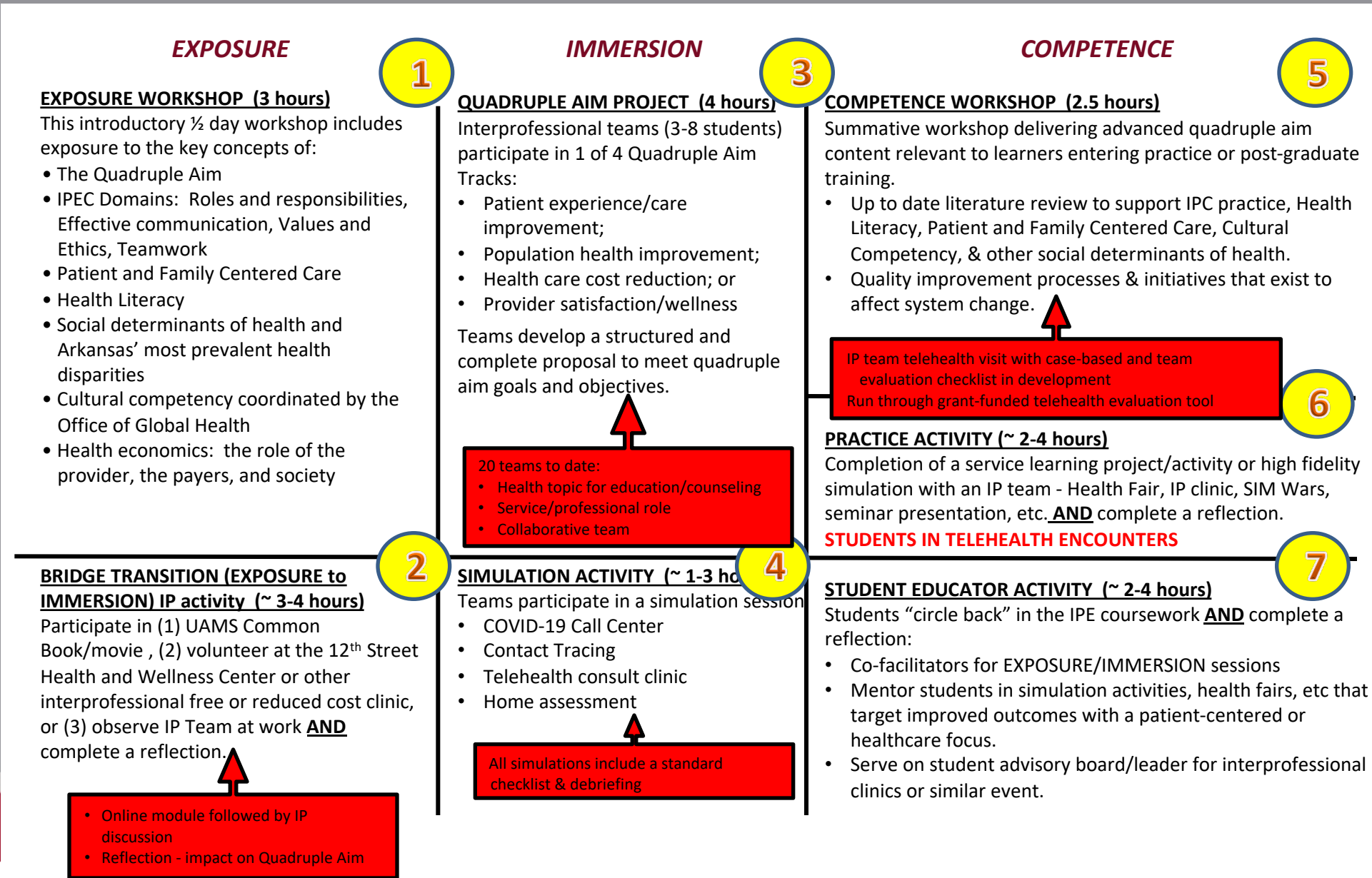
Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) <i>All prior competencies +</i>	Experienced Faculty Physician (3-5 Years Post-Residency) <i>All prior competencies +</i>
1a. Explains to patients and caregivers the uses, limitations and benefits of telehealth - the use of electronic communications technology to provide care at a distance	1b. Explains and adapts practice in the context of the limitations and benefits of telehealth	1c. Role models and teaches how to practice telehealth, mitigate risks of providing care at a distance, and assess methods for improvement
2a. Works with diverse patients and caregivers to determine patient/caregiver access to technology to incorporate telehealth into their care during (real or simulated) encounters	2b. Works with diverse patients and caregivers to evaluate and remedy patient and practice barriers to incorporating telehealth into their care (e.g. access to and comfort with technology)	2c. Role models and teaches how to partner with diverse patients and caregivers in the use of telehealth
3a. Explains to patients and caregivers the roles and responsibilities of team members in telehealth encounters, regardless of modality	3b. Demonstrates understanding of all roles and works as a team member when practicing telehealth regardless of modality	3c. Coordinates, implements, and evaluates the effectiveness of the telehealth team, regardless of modality
4a. Describes when patient safety is at risk, including when and how to escalate care (e.g. converts to in-person visit or emergency response) during a telehealth encounter	4b. Prepares for and escalates care when patient safety is at risk (e.g. converts to in-person visit or emergency response) during a telehealth encounter	4c. Role models and teaches how to assess patient safety during a telehealth encounter, including preparing for and escalating care when patient safety is at risk

AAMC Telehealth Competencies

Telehealth/IPE at UAMS



Telehealth Elements in the UAMS Quadruple Aim IPE Curriculum Framework



Telehealth Simulations since March 2020

- 1-800 COVID-19 Hotline Call Center*
- Contact Tracing Call Center*
- Haunted House – Home-based Assessment
- Telehealth IP Clinic – Oral Health Focus*
- Adverse Event Reporting*
- Culinary Medicine Cooking Simulation

* Standardized participant included

Telehealth Sims Group Size

Large Group: up to 20 participants/breakout room (18-19 students, 1-2 facilitator/SP)

- 1-800 COVID-19 Hotline Call Center*
- Contact Tracing Call Center*
- Haunted House – Home-based Assessment

Small Group/Interprofessional Team: 2-6 participants/breakout room (2-5 students, 1-2 facilitator/SP)

- Telehealth IP Clinic – Oral Health Focus*
- Adverse Event Reporting*

Quadruple Aim Project Proposal

Teams of 5-10 students develop a proposal to address a Quadruple Aim Goal

- *Improve patient experience*
- *Improve population health*
- *Reduce cost of care*
- *Improve provider satisfaction/ wellness*

❖ Written summary (≤ 3 pages)

❖ Presentation (~ 10 min)

❖ Peer evaluation, Faculty assess projects using a rubric with 6 criteria.

20 projects proposals completed



Example Topics

- Health topic for education/counseling
- Service/professional role
- Collaborative team

Practice Activity

- COVID-19 Hotline Call Center
- Contact Tracing
- Standard Health screenings prior to virtual visit
 - SDOH
 - Health Literacy
 - Tobacco
- Inclusion in IP team rounds
- IP Student-run clinics

QUESTIONS?

NCTRC Telehealth Hack Session

Health Professions Training Models Post COVID-19

Experience of one healthcare system

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UVA telemedicine – History up to COVID19

- Specialty consults and follow up visits with participation by every service line
 - 350 participating providers
 - ~20,000 services per year
 - Limited primary care telemedicine
- eConsults
- Tele-ICU program
- Remote patient monitoring program for selected patient populations
- Special pathogen telemedicine program – iSOCOMS (5 beds in SPU)
- Telehealth training for external trainees since 2012
- Project ECHO, Telehealth Village on-line training



At UVA, telemedicine has been managed centrally and deployed across the enterprise, and closely linked to our research, education and outreach missions

UVA Telemedicine Partners (facility based)

Community Hospitals

FQHCs

Free clinics

CSBs

Medical practice sites

Virginia Department of Health sites

Correctional facilities

PACE programs

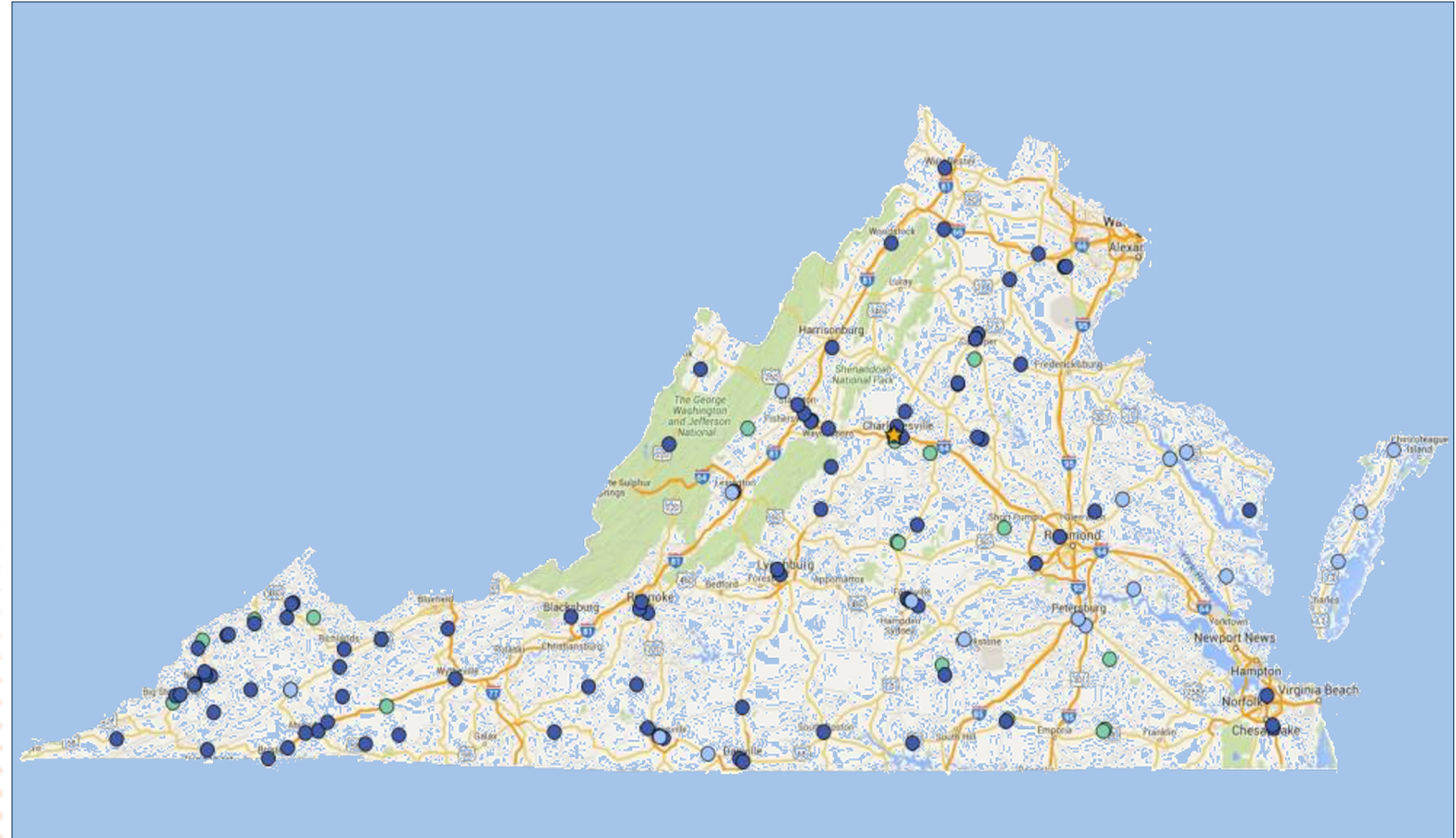
Dialysis facilities

Assisted living, skilled nursing

Rehabilitation facilities

Schools

International collaborations



UVA Telemedicine – 2019 Strategic planning

- Improve patient access to care
 - Expand telehealth contracts
 - Develop DTC capability
- Improve UVA and referring provider engagement
 - Expand eConsults
 - Expand access to telemedicine services
 - Expand training
- Expand chronic disease management through RPM tools
- Improve transfer management and care coordination
 - Expand ED, hospital and ICU partnerships
 - Expand post-acute services

CSH

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Who led the digital transformation of your company?

A) CEO

B) CTO

C) COVID-19



UVA telehealth efforts accelerated exponentially by COVID19

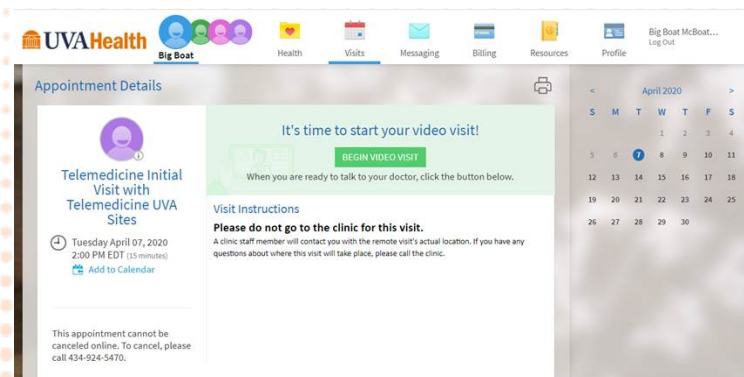
- Advance pandemic related solutions above and beyond our telemedicine strategic plan across inpatient, outpatient and post-acute settings
 - Improve access, triage and better manage patient care
 - Reduce patient and provider exposure, conserve PPE
 - Backfill both primary care and specialty visits virtually
 - UVA Health accelerated the opening of our new bed tower
 - Expand training internally and externally to meet demand

UVA telehealth efforts accelerated exponentially by COVID19

- Developed workflows to enable the transition of in-clinic visits to virtual
 - Including GME workflows
- Expansion of iSOCOMS special pathogen program (>100 isolation rooms)
- Expanded RPM for quarantined patients and those with chronic illness
- Developed a new virtual urgent care program and service
- Expanded LTC facility relationships
- Critical dependencies:
 - Expanded provider training
 - Streamlined process of telemedicine contracting

“All hands on deck” approach

- Health IT engagement including expansion of our enterprise WebEx agreements and EPIC transformation
 - Creation of a My Chart enabled WebRTC platform
 - Deployed hardware in clinics to support VTC
- Engage scheduling teams to ensure all visits integrated with EPIC templates
- Billing and compliance team engagement including tracking changes in payment policies



Telehealth training: why, who, what, where, when and how

WHY & WHEN:

- Race to scale beginning in March, 2020
- Evolving technology platforms and rapid deployments
 - Health IT/Telemedicine sandbox
- Evolving clinical, scheduling and billing workflows

WHO:

- All LIPS
- Access staff
- Clinical support staff (inpatient and outpatient)
- Billing and compliance staff
- Leadership
- UME, GME, APN and CE stakeholders

Telehealth training: why, who, what, where, when and how

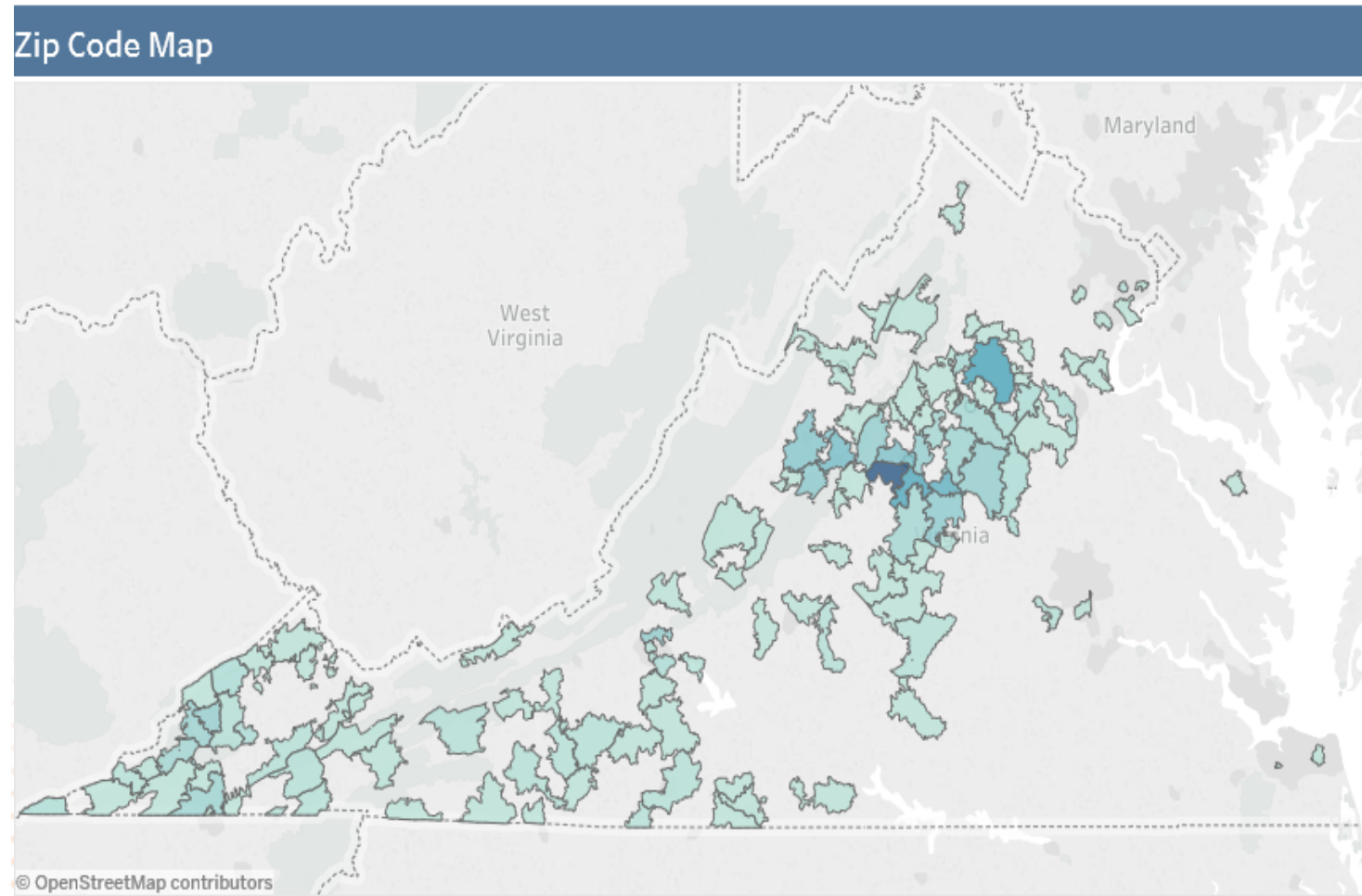
WHAT:

- Workflows
- Technologies
- EMR integration
- Video solutions

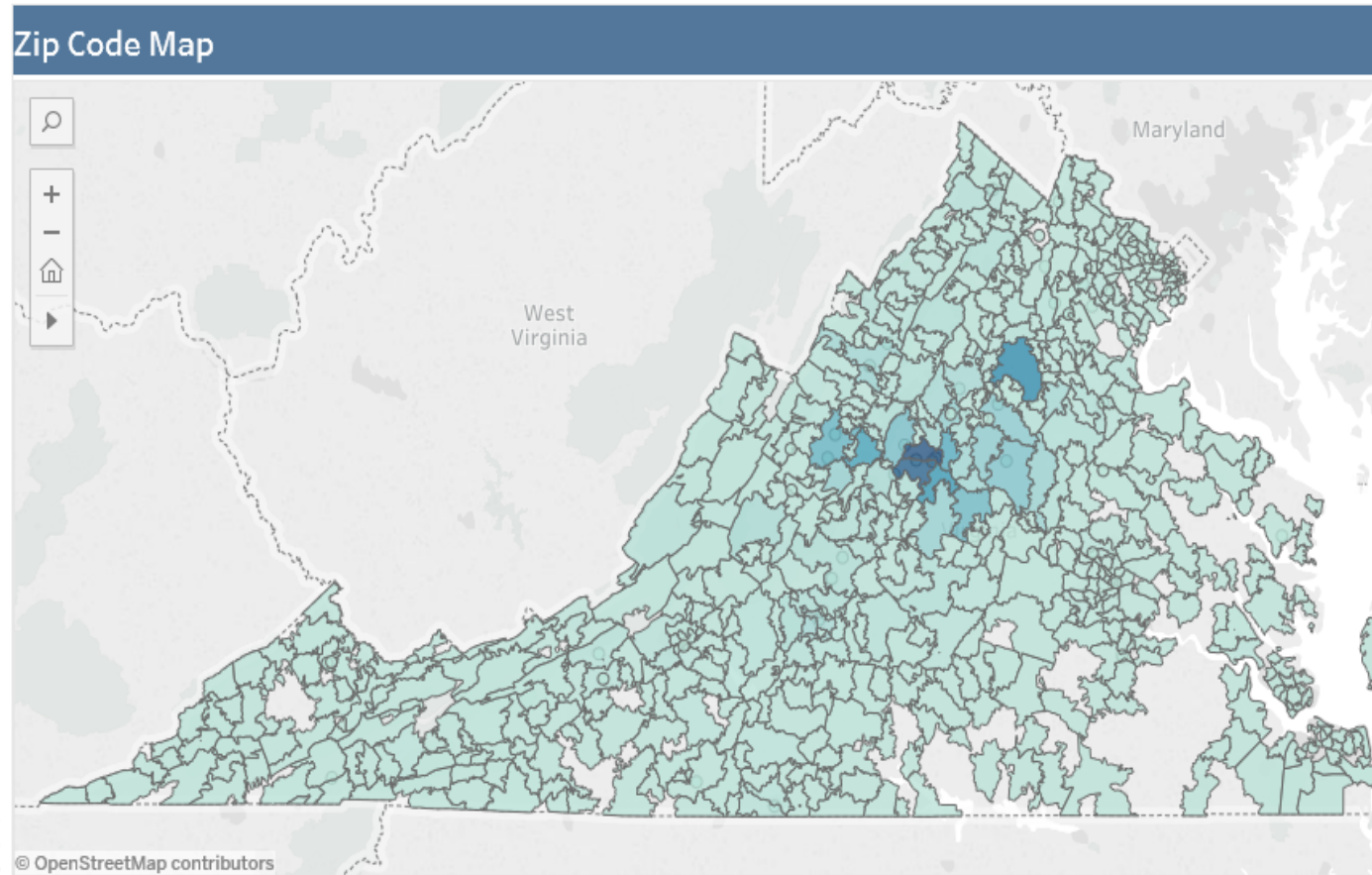
HOW:

- Asynchronous web enabled training for interprofessional teams
- Project ECHO for community providers
- Hands on training for certain services (eg: peripheral devices)
- Tip sheets, learning library
- Regular communications with our providers including:
 - Consent language, Smart phrases, Billing codes
- UME, GME and CME
- **MATRC – consultations, robust web resources**

Data analytics and robust (Tableau) dashboard



Location of our patients served
UVA telemedicine – February 2020



Location of our patients served
UVA telemedicine – May 2020

What have we learned?

- Press Ganey: **High** rates of patient satisfaction (>95%) with telehealth
- Telehealth will endure, right sized, as a care delivery model post pandemic
- Systems will continue to evolve along with aligned public policies
- Training across systems of care, and across the health professions continuum remains requisite



Upcoming Sessions

March Sessions

Early Interventions in Telehealth

- *Rehabilitation Services and Early Intervention*
 - March 10th, 2021: 11 AM – 12 PM PT
- *Behavioral Health Services and Early Intervention*
 - March 24th, 2021: 11 AM – 12 PM PT



Thank you!

