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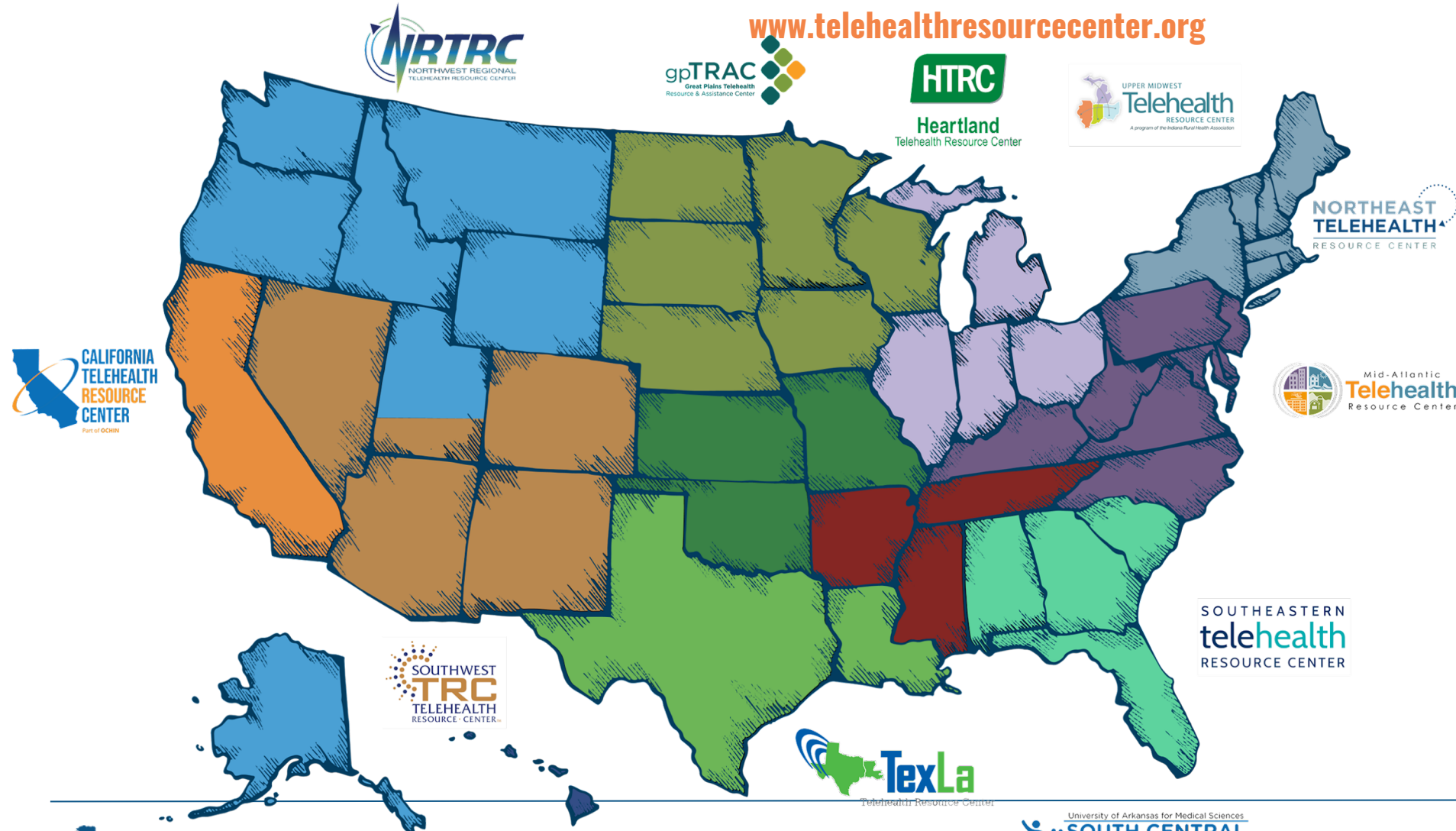
**Pandemic Response Action Plan  
and the Opportunity to Use its  
Lessons to Improve Healthcare**

February 17, 2022



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# Pandemic Response Action Plan

Mark VanderWerf, FATA  
February 17, 2022



# Pandemic Response Action Plan

- What are critical challenges for healthcare providers in the pandemic?
- Create an Action Plan that applies telemedicine/digital health to address each
  - ◆ Complete - Published in *The Journal of Telemedicine and eHealth* - On TTAC website
- Create an in-depth view of the policy / regulatory issues & make recommendations
  - ◆ Complete - Published in *The Journal of Telemedicine and eHealth* - On TTAC website
  - ◆ Joined with ATA, AHA, CTA and others to recommend the continuation of waivers 2-3 years
- Look at the true impact of the use of telemedicine/digital health - 8 Programs
  - ◆ What happened and what did we learn
  - ◆ In final review - Submit for publication and on TTAC end of March



## Conclusions and Recommendations

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# The Team

Broad cross-functional team representing key groups across geographies

- TTAC & TRCs
- Nursing
- Physicians
- C Suite executives
- Technologists
- Infection control
- Policy / Reimbursement
- Public Health
- Emergency Response
- Plus leaders of 8 providers who implemented the tools in their operations



# Output

## 3 Phases = 3 Reports

Phase 1. **The Pandemic Response Action Plan**  

Phase 2. **Regulatory and Reimbursement issues - Recommendations**

Phase 3. **Experience - What did we learn? What did we find?  
Conclusions and Recommendations**

Submit all reports to the rigor of peer review publication



# Approach

Structured Brainstorming

Focus on the problem

Focus on the questions

... the answers build themselves





# So ? ... What Did we Find ?



# Critical Healthcare Delivery Challenges

1. Keeping care protocols up-to-date
2. Keep the hospital/clinic open
3. Divert the potentially infected before they arrive at the hospital
4. Provide for Critical staff needs
5. COVID-19 containment in the hospital/clinic
6. Provide access to urgent care, ongoing care/follow-up care for current patients
7. Provide care at home, create ability to rotate patients out of the hospital
8. Support remote work for staff
9. Behavioral health
10. Transportation
11. Public Health



# Samples #2 and #6

In the Plan ...

Problems are described in paragraph format

Solutions (and ideas) are presented in bullet format



# 2. Keep the Hospital/Clinic Open - The Problem

## Samples

Sharply reduced revenues

Increased Costs

- increased cleaning and infection control,
- the cost and supply of personal protective equipment (PPE),
- additional staffing needs for critical COVID-19 patients,
- converting rooms to higher levels of monitoring and care,
- purchasing/supporting telemedicine solutions,
- increased testing of both patients and staff.

Continuity of care interruptions for patients.

Loss of staff due to infection, fear of infection, stress, family and home schooling/education

Keeping staff healthy and productive physically and mentally

Clinical staff have been placed under significant stress

Impact of quarantine on staff and patients



# 2. Keep the Hospital/clinic open - Solutions

## Samples

- Keep infection risks to a minimum.
- Divert potentially infected before they arrive at the hospital or clinic (see #3 below.)
- Conduct appropriate specialty appointments with telemedicine and bill for encounters
- Allow and enable staff to work from home whenever possible reducing exposure and the risk of carrying infection into the hospital. Allows some staff that have been exposed to COVID-19 in quarantine to continue to fill a portion their operational role.
- Assure connectivity to the home especially in rural areas.
  - Conduct a connectivity survey of all employees who can potentially work from home. Know the connectivity capabilities and gaps in advance. Update every year.
- Close down/get rid of physical waiting rooms and create virtual waiting rooms.
- Keep infected people out of the facility wherever possible. (see #3 below).
- Use Pad on a pole or similar technologies to educe demand for PPEs; allow patients to interact with staff and family avoiding the need to enter the room and change PPE. Telepresence Robots should also be considered



# 6. Provide access to Urgent Care / Ongoing Care - The Problem

## Samples

Consumers continue to need healthcare services during a pandemic and need access to providers that can answer their questions, diagnose, and provide guidance and treatment.

Patients will resist coming to providers due to infection risks

Providers want to avoid unnecessary exposure both for themselves (and family) as well as their patients.

Providers are critically impacted in many ways.

- Unable to provide the care they want and need to provide to their patients,
- Their revenues are reduced significantly
- Infection exposure

Significant impacts due to isolation from care and the failure to deliver ongoing care. Increased unnecessary death.

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How do providers set up these capabilities in the middle of a crisis?



# 6. Provide access to urgent care, ongoing care - Solutions

## Samples

- Create “direct to consumer telemedicine” services and platforms for urgent and initial encounters.
  - Create of a “Digital Front Door”
- Choose a video platform that will be used for remote care and standardize it across services. Consider the availability and usability to the patient/consumer.
- Implement remote scheduling system for in-person & virtual appointments in the normal course of business
- Providers to conduct remote follow-up visits.
- Implement direct-to-consumer urgent care online as the normal course of business and in preparing for a crisis situation
  - See the TTAC Direct-to-Consumer Telemedicine Assessment Tool Kit.



# Each Critical Challenge is addressed this way





# Conclusions - *Preliminary*

## Samples

- Applying the approaches, tools and technology outlined in the Pandemic Response Action Plan proved effective in addressing critical provider challenges.
- Implementing these tools during a crisis was difficult
- Significant advantage with already implemented digital tools and workflows in everyday operations
  - Increased the capabilities and resilience of these organizations in the provision of care.
- The weaknesses that Covid 19 exacerbated already existed prior to the pandemic.
- Most were well known but not addressed ... not resolved as a result of the Pandemic.
  - Including: staff shortages, old fashioned workflows, service delivery strategies, the failure to adopt new technologies, and poor coordination of information.
- Prior to the pandemic most healthcare processes were similar to processes of the 1970s
- Risk of bouncing back to obsolete work flows.
- A unique opportunity to use the experiences to improve care, improve access to care and reduce costs.
  - Understand the true value and cost of telemedicine / digital tools



# Conclusions - *Preliminary*

## Samples

- In-Person visits when “In-Person” was not necessary
- Physical waiting rooms virtual check-in
- Registration online
- The “clipboard”
- Patient preferences
- Incentives
- Source of medical “truth”
- Inefficient care workflows and narrow work rules
- The assumption that the only staff and expertise external availability
- Move care to the home
- Technology is not a panacea.
- Risk of disruption from outside



# Recommendations - *Preliminary*

## Samples

- Preserve the advancements achieved during Covid
  - Maintain the incentives to motivate and sustain behavior.
  - Maintain waivers for at least 2 years past Covid 19
- Use this opportunity to learn from the pandemic. Resist returning to business as usual.
  - Restructure incentives to drive behavior to improve healthcare delivery.
  - Focus on efficiency, quality and access using modern technology / workflows
- Examine current workflows with the specific objective of increasing efficiency - better use of staff
- Encourage a more expansive relationship with patients to improve care and reduce the need for in-person visits.



# Recommendations - *Preliminary*

## Samples

- A more expansive relationship with patients to include
  - Integrate Remote Patient Monitoring, Chronic Care Management and Care Coordination
  - Integrate mental health into care practice
  - Integrate Social Determinants of Health into care planning
- Consider a ‘virtual first’ strategy.
- Eliminate barriers
- Reimbursement policy to motivate service reinvention
- Potential consumer oriented disruptors to healthcare delivery.
- A single central national source of truth for medical information in a pandemic.
- A single system for gathering and measuring Public Health information
- Training standards to include new technologies and workflows in every healthcare profession
- Telemedicine mandatory part of contingency plans



# Questions and Comments?



Mark VanderWerf  
telehealthconsultant@gmail.com

or

Doris Barta

Jordan Berg

Patricia Inabnit

... at TTAC



# Our Next Webinar

The NCTRC Webinar Series

Occurs 3<sup>rd</sup> Thursday of every month.

**Telehealth Topic:** Digital Health In Homes And Communities: Emerging Opportunities For Patient Engagement

**Hosting TRC:** Great Plains Telehealth Resource & Assistance Center (gpTRAC)

**Date:** March 17, 2022

**Times:** 11 AM – 12 PM (PT)

**\*Please check the NCTRC website for more information on the upcoming webinar. s**



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