Webinar Tips and Notes

• Your phone &/or computer microphone has been muted.

• If we do not reach your question, please contact your regional TRC. There may be delays in response time: https://telehealthresourcecenter.org/contact-us/

• Please fill out the post-webinar survey.

• Closed Captioning is available.

• Please submit your questions using the Q&A function.

• The webinar is being recorded.

• Recordings will be posted to our YouTube Channel: https://www.youtube.com/c/nctrc
Possible Futures: Telehealth during and after the Pandemic

Medical Director of Telehealth
The Queen’s Health Systems

Associate Professor of Medicine
University of Hawaii John A Burns School of Medicine

Matthew Koenig, MD
Telehealth: Modes of Communication

Clinic-to-Clinic

Hospital Based

Virtual Home Visit
Telehealth: Modes of Communication

- **Hospital Based**

- **Virtual Home Visit**
Telehealth: Modes of Communication

- Clinic-to-Clinic
- Hospital Based
- Virtual Home Visit
Telehealth: Modes of Communication

- Clinic-to-Clinic
- Hospital Based
- Remote Patient Monitoring
- Virtual Home Visit
- Virtual Urgent Care
Telemedicine Visits Pandemic

![Graph showing telehealth and telephone visits trends over time.](image-url)
Telemedicine Visits by Visit Type FY22

By Visit Type

- Home, 182,097, 95%
- Urgent Care/Covid, 5,884, 3%
- Hospital, 2,678, 2%
- Clinic, 334, 0%

Total FY22 = 193,201
Telemedicine Visits by Facility FY22

- MGH, 1,455, 1%
- NHCH, 5,290, 3%
- PB, 110,312, 58%
- QC, 54,549, 28%
- QHCC, 6,078, 3%
- Ocean Point, 3,235, 2%
- West, 9,707, 5%
- Outside Facilities, 359, 0%
- NHCH, 5,290, 3%

By Facility
Telemedicine Specialty Ambulatory Visits

Specialist Ambulatory Visits by Encounter Type
Services from April 17, 2022 through July 9, 2022

Week of Service

SOURCE: Epic Clarity Database
* Pre-COVID Weekly Average is for the period December 1, 2019 - February 29, 2020
Telehealth Visits Early in the Pandemic

Telehealth Trends in 2000

<table>
<thead>
<tr>
<th>Month</th>
<th>Telephone</th>
<th>Telehealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>444</td>
<td>211</td>
</tr>
<tr>
<td>February</td>
<td>451</td>
<td>175</td>
</tr>
<tr>
<td>March</td>
<td>2,742</td>
<td>1,564</td>
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<tr>
<td>April</td>
<td>5,278</td>
<td>13,139</td>
</tr>
<tr>
<td>May</td>
<td>3,439</td>
<td>12,602</td>
</tr>
<tr>
<td>June</td>
<td>2,904</td>
<td>10,881</td>
</tr>
<tr>
<td>July</td>
<td>2,761</td>
<td>10,481</td>
</tr>
<tr>
<td>August</td>
<td>4,010</td>
<td>15,533</td>
</tr>
<tr>
<td>Sept</td>
<td>4,069</td>
<td>16,672</td>
</tr>
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</table>

Telehealth Volume
Temporary Telehealth Platforms

- WebEx
- Doxy.me
- Zoom
Integrated Telehealth Platform (VHV)
Number of Visits by Visit Type
Between 7/1/2020 and 6/30/2022 by month

- VIRTUAL HOME VISIT
- TELEHEALTH
- TELEPHONE VISIT
Prior Barriers to Telehealth Pre-Pandemic

- **MEDICARE RESTRICTIONS**
  Lack of reimbursement for telehealth visits for patients in the home

- **CONSUMER DEMAND**
  Limited public knowledge about telehealth

- **PROVIDER ADOPTION**
  Small pilots of early adopter clinics and providers

- **TECHNOLOGY BARRIERS**
  Lack of integration with Epic and multiple video platforms in use

- **CLINICAL WORKFLOWS**
  Integration with in-person practice and clinic operations
COVID Pandemic: Perfect Storm for Telehealth

Patient Adoption

Provider Adoption

Payment

TELEHEALTH BILLING DURING THE COVID-19 NATIONAL EMERGENCY
Transitioning to the New Normal or Waiting for Return to Business as Usual?
Reimbursement and Payer Considerations

- Pre-existing state coverage and reimbursement parity statute
- Temporary state waivers and post-pandemic legislation
- Medicare originating site restrictions
- Temporary federal waivers and post-pandemic legislation (if any)
- Patient co-pays, cash payments, and advance beneficiary notices post-pandemic
Payer Landscape: Commercial and Medicaid

- Required Hawaii Medicaid and commercial payers to reimburse equivalently for telehealth visits (payment parity)
- Removed originating site and geographic restrictions
- Telehealth can be used to establish patient-provider relationship
- Effective date Jan 1, 2017
Originating (Patient) Site Restrictions:

- Medicare-eligible facility (not home)
- Rural not urban
Medicare Telehealth Regulatory and Payment Waivers

TELEHEALTH BILLING DURING THE COVID-19 NATIONAL EMERGENCY
Becker’s Hospital Review: ‘The genie’s out of the bottle on this one’: Seema Verma hints at the future of telehealth for CMS beneficiaries

By Jackie Gilbert - April 29, 2020

“When the COVID-19 pandemic began and it became clear telehealth would be necessary for physicians and nurses to treat patients remotely, CMS boosted rates for telehealth visits so they matched rates for in-clinic visits and would sustain providers during the pandemic...” Read the full article here.

SCHATZ, WICKER LEAD BIPARTISAN GROUP OF 30 SENATORS IN CALLING FOR PERMANENT EXPANSION OF TELEHEALTH FOLLOWING COVID-19 PANDEMIC

Schatz Telehealth Measures Included in COVID-19 Relief Bills On Temporary Basis; Telehealth Use Among Medicare Beneficiaries Up More Than 11,000% In Just Over A Month

Monday, June 15, 2020

WASHINGTON – U.S. Senators Brian Schatz (D-Hawaii) and Roger Wicker (R-Miss.) led a bipartisan group of 30 senators in calling for the expansion of access to telehealth services during the COVID-19 pandemic to be made permanent. Provisions from the Schatz-authored CONNECT for Health Act that have allowed Medicare beneficiaries in all areas of the country, and in their homes, to utilize telehealth services, as well as more types of health care providers to provide telehealth, were included in previous COVID-19 legislation but will expire following the pandemic unless congressional leaders act now to make those measures permanent.
Backlash?

When Josh Emdur, DO, announced in 2017 that he was leaving hospital practice to join a startup telemedicine company, it wasn't exactly the model patient experience. But Emdur believed in the idea of teledicine to have more impact in the medical field for those who otherwise might not be able to access care.

Table 2: Preferences for In-Person or Video Visit by Demographic Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Unweighted frequency, No.</th>
<th>Preference, weighted %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-person visit</td>
<td>Video visit</td>
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<tr>
<td>Total sample</td>
<td>2080</td>
<td>53.0</td>
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<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1162</td>
<td>49.1</td>
</tr>
<tr>
<td>Male</td>
<td>918</td>
<td>57.2</td>
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<tr>
<td>Age group, y</td>
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<tr>
<td>20-39</td>
<td>226</td>
<td>42.3</td>
</tr>
<tr>
<td>40-59</td>
<td>692</td>
<td>50.8</td>
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<tr>
<td>60 and up</td>
<td>1162</td>
<td>64.5</td>
</tr>
<tr>
<td>Race and ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>268</td>
<td>58.6</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td></td>
<td></td>
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<tr>
<td>Black/African American</td>
<td>175</td>
<td>64.1</td>
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<tr>
<td>White/Caucasian</td>
<td>1521</td>
<td>49.3</td>
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<tr>
<td>Other</td>
<td>116</td>
<td>53.7</td>
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<tr>
<td>Educational level</td>
<td></td>
<td></td>
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<tr>
<td>&lt;High school</td>
<td>54</td>
<td>64.4</td>
</tr>
<tr>
<td>High school diploma to associate's degree</td>
<td>922</td>
<td>55.6</td>
</tr>
<tr>
<td>≥Bachelor's degree</td>
<td>1104</td>
<td>46.7</td>
</tr>
</tbody>
</table>
Lessons Learned / Investing in Success

PATIENT SELECTION
Clinical appropriateness, patient readiness, geographic considerations

PRE-VISIT PREPARATION
Help Desk support, patient education materials, support for clinic staff

PROVIDER AND PATIENT EXPERIENCE
Telehealth visit must be adequate to replace the in-person visit, high return rate

PLATFORM EASE OF USE
EMR integration, back-up plan outside of the patient portal, telehealth app or webRTC

CLINIC WORKFLOWS
Integration with in-person practice and clinic operations
Perceptions of Telehealth Pre-Pandemic

• Convenience
• Travel time / cost
• Mobility challenges
• Timeliness of care
• Access to care in rural communities
• Duplicative care or adequate to replace an in-person visit?
• Fragmentation of care?
• Impact on cost of care?
• Equivalence to in-person care?
Is this convenience?
Telehealth: Adding Value to In-Person Care

• Convenience
• Travel time / cost
• Mobility challenges
• Timeliness of care
• Access to care in rural and urban communities
• Access to subspecialty care in austere communities
• Remote family presence
• Language interpretation services
• Multi-provider collaboration
• Device integration for remote patient monitoring
• Patient portal adoption and EMR integration
Adoption of MyChart is the **easiest way** to provide a seamless Virtual Home Visit experience for patients.

Encourage patients to sign up for MyChart after initial appointments!

**Patients Can**

- **REQUEST** med refills, appts, provider input
- **REVIEW** their records and medical history patients and providers and staff
- **PAY** their bills
- **MANAGE** child or parent healthcare
- **JOIN** a video visit
Video Visits

Receive Care Virtually with a Video Visit
A Video Visit with your Queen’s provider can serve as an alternative to an in-person visit, saving you time traveling to a clinic or hospital. With a simple click of a text or email link, you can have a telehealth visit with your provider from home, work or on the go.

Joining a Video Visit on a Mobile Device
Step 1: When your Queen’s Care Team is ready to see you, they’ll send you a text invite link to join the video visit.
Step 2: Select Quick Launch to join the video visit from your phone’s mobile browser (Safari for iPhones and Chrome for Android devices)
Step 3: Next select Allow to grant access to your phone’s microphone and camera

Connecting to a Video Visit is easy if you:
- Have access to a strong and secure Internet or Wi-Fi connection
- Have a computer or mobile device with a camera, speaker and microphone
- Are in a well-lit area without background noise or distractions
- Have let your care team know if you need a language translator/interpreter

You’ll then be connected with your Queen’s Care Team in the video visit Virtual Care Room.
If your provider has not yet joined into the Virtual Care Room, please wait for them to join you
When you do connect with your provider, you can rotate your screen horizontally so that they can see you clearly!

Joining a Video Visit on a Laptop or Computer
Step 1: When your Queen’s Care Team is ready to see you, they’ll send you an email invite link to join the video visit. Go ahead and click the link.
Step 2: The Video Visit Virtual Care Room will open up in a tab in your web browser. If your provider is not yet in the Virtual Care Room, please wait for them to join.
Step 3: Your provider will then join into the Video Visit Virtual Care Room with you.

Hello, The Queen’s Health System is inviting you to a virtual care room for your appointment at 8:30 AM HST. Please click the link to join: here

Difficulties joining the video visit? Call IRON BOW at 1-800-368-8902
Why MyChart Video Visits?

A Streamlined Workflow

- CareLink Integration
- MyChart Integration - Patient Engagement
- Consistent platform for patients and providers and staff
- Features like Language Interpretation and Guest Invites
- IT and Iron Bow Support
**Video Visit Benefits**

- Patients can join a Video Visit directly from MyChart, or from a text/email invite, and providers can join from CARE*link.
- No video visit app download required!
- Patients are automatically “checked in” and “arrived” when joining the Virtual Care Room.
- MyChart Video Visits are supported by a 24/7 Help Desk - 1 833 IRON BOW.
- You can invite friends, family members and consults into the Video Visit Virtual Care room, as well as a Martti Translator.
- Providers can join a video visit from their mobile device using the Haiku or Canto app.

---

<table>
<thead>
<tr>
<th>Time</th>
<th>Visit Type</th>
<th>Photo</th>
<th>Patient</th>
<th>Age/Gender</th>
<th>MRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 AM</td>
<td>Virtual Home Visit Telehealth</td>
<td>🎥</td>
<td>Mychart, Andy</td>
<td>40 year old / M</td>
<td>800477</td>
</tr>
<tr>
<td>9:30 AM</td>
<td>Virtual Home Visit Telehealth</td>
<td>🎥</td>
<td>Mychart, Andy</td>
<td>40 year old / M</td>
<td>800477</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Virtual Home Visit Telehealth</td>
<td>🎥</td>
<td>Mychart, Andy</td>
<td>40 year old / M</td>
<td>800477</td>
</tr>
</tbody>
</table>

The Visit type **Virtual Home Visit Telehealth** [1071] will give patients the ability to join a video visit directly from their MyChart account.
The video icon on the schedule will switch from white to green, an indicator that the patient is waiting in the Virtual Care Room for their Care Team to join. (2)

QUEENS NEUROSCIENCE Department (All Providers)  Nov 09, 2021  Filter by Status  Total: 5

<table>
<thead>
<tr>
<th>VHV Status</th>
<th>Status Details</th>
<th>Appt Expr Time</th>
<th>Visit Type</th>
<th>Video</th>
<th>Photo</th>
<th>Patient</th>
<th>Age/Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrived</td>
<td>Checked in: 8:09 AM</td>
<td>8:15 AM</td>
<td>Virtual Home Visit Telehealth</td>
<td></td>
<td></td>
<td>Mychart, Forky</td>
<td>41 year old / M</td>
</tr>
</tbody>
</table>

Aloha! We've let your care team know that you are ready. Please stand by and they will be with you shortly.
Why the ExtendedCare Platform?

ExtendedCare at the Queen’s Health Systems

- Screensharing
- Patient chat
- File and photo sharing
- Direct patient invites with text and email
- Multiparty calling
- Martti interpretation services

At Queen’s, we have chosen to partner with the ExtendedCare Telehealth platform for a variety of telehealth workflows and use cases.

From inpatient teleconsults and virtual rounding, to outpatient Virtual Home Visits and Clinic to Clinic assessments, ExtendedCare offers flexibility and features that make Virtual Care easy, integrated, and clinically appropriate.
Guest Invites

Invite Via Email
You can send an email invite by entering in guest’s email address

Note: Multiple Parties can be invited to any visit.
You can add multiple emails or phone numbers and separate each by a comma (,)
Guest invites may include patient family members, staff, and other providers for a Consult.

Invite Via Text
You can send a text invite by entering in the guest’s phone number
Inviting a Martti Interpreter

To invite a Martti language interpreter into the Virtual Care Room, select the 🗝️ icon.

**Selecting Add Martti Operator:**
- Lets you invite a language operator. You’ll then need to tell the operator which language you need interpretation services for.

**Selecting Interpreter:**
- Pulls in a language interpreter that matches the patient’s preferred language from their demographics information in CARE.*link

In the Chat Room, you’ll receive a notice that an operator or interpreter has been requested.
With Image Capture, providers can capture patient photos during a video visit, and save them directly into the patient’s chart.

This helps to save images of the patient or their medical issues – i.e. a cut, wound or rash -- for documentation purposes. Images can be saved in two ways:

1) Camera Remote – Provider takes screenshot of the patient during the video visit

2) Patient Submitted Photo – Patients have the ability to send a photo from their photo library directly to the provider during the visit

Check out this guide to learn more!
Joining a Video Visit on Phone or Tablet

Handoff to Haiku or Canto

From the Rooming tab on your desktop or laptop Care*LINK, you can send a push notification to your mobile device to join the video visit by selecting **Handoff to Haiku / Canto**

After selecting **Handoff to Haiku / Canto**, you'll then receive a push notification to your mobile device. Select **Start Video Visit** to launch the **ExtendedCare** app and get immediately placed in the **Virtual Care Room**.
Virtual Home Visit Telehealth [1071]

To schedule a CARE*link-integrated video visit, you must use the visit type **Virtual Home Visit Telehealth [1071]**

- This enables patients to join a video visit from MyChart
- And the Care Team to join right from the schedule
Screening Patients

Be on the lookout for patients that are good candidates for **Virtual Home Visits**

A. Can be new and established patients from ANY location / demographic
B. Right technology set up – Computer with webcam and audio, or smartphone (iPhone / Android)
C. Access to strong Wi-Fi connection or cellular signal
D. Patients should have an email address accessible on a device that can be used for telemedicine
E. Should know HOW to use the technology or have access to a proxy for assistance
How to Join a Video Visit

STEP 1 – sign up for MyChart
Three easy ways to set up your MyChart account.
- Follow the instructions on the After Visit Summary you receive after each visit or hospital stay.
- Contact your clinic and ask about MyChart activation.
- Email or call MyChart Support.

STEP 2 – Joining your video visit
- Use the QR code to view instructions on joining a video visit from your mobile device or desktop computer.

“Mom’s video visit with her doctor was a quick and convenient option. We didn’t even have to leave home!”

For more information visit: www.queens.org/mychart

MyChart support
email: mychartsupport@queens.org
or call 808-691-5000

With a video visit, you don’t need to travel to the clinic to see your provider. You can see your healthcare team on a mobile device or computer from home! Ask your doctor if a video visit is right for you.
Preparing for the Telehealth Visit
Screening Patients

A telehealth visit **is not recommended** when:

A. The patient needs a trip to the emergency room

B. The patient requests services not offered by your department

C. The patient requires a hands-on physical examination or other modalities (e.g. electrocardiogram)
PRE VISIT COMMUNICATION - OPTIONAL

Patient Prompt

Customize VHV email, text and phone call reminders with Patient Prompt

Event Notifications

Send text messages to patients out of CARE*link
- Provider running late
- It’s time for your appointment
- Tech check
Clinic support staff and providers can take advantage of the ‘EVENTS’ tool to send patients ad hoc messages meant to keep them on track for a successful video visits, including:

- **VHV TECH CHECK LINKS**
  - Send patients who don’t use a MyChart account a “tech check” text or email, which helps them test their device and make sure that it’s “ready to go” prior to their appointment.

- **VHV PATIENT UPDATES**
  - Send patients texts and emails with updates like “your provider is running late” and “your provider is ready to see you.”

*Check out this guide for more info!*
#1 Set expectations when scheduling Video Visits
#2 Get patients activated on MyChart
No problem! Patients who are not MyChart active can STILL join a video visit...

Epic Direct Joins Links are pretty neat...
#3 Master the Direct Join Links feature!
Epic “Direct Join Links”

Inviting Patients into the Virtual Care Room with Text and Email Invitations

With Epic “Direct Join Links,” it is easy to send patient invites via text message or email. This comes in handy when patients are unable to join the video visit through their MyChart patient portal.

To send a text or email invite, just go to the patient rooming tab and select Send Direct Link.
Epic “Direct Join Links”
Inviting Patients into the Virtual Care Room with Text and Email Invitations

Patients can then join the virtual care room by clicking on the hyperlink from a text message, or by selecting ‘Join’ in an email invitation.

Joining by Text

Joining by Email
Epic “Direct Join Links”

Inviting Patients into the Virtual Care Room with Text and Email Invitations

When patients join via text or email link, they will be automatically checked in and arrived, and the video camera icon will turn green indicating that the patient is ready to be seen.
Encourage patients to complete a hardware test before appt.
Technical Support

Pre Visit Hardware Test
Prior to their scheduled video visit, patients should complete a “Hardware Test” in MyChart to ensure that they are set up for success on day of visit.

In the appointment details, patients can select “Test Hardware,” which launches a window where they can check their speakers, camera, microphone and connectivity speeds.

Should patients encounter failures in their hardware test, they should reach out to Iron Bow for assistance at 1-833-IRON BOW

Let’s check your settings
Please be in a quiet, well-lit room when you join your video visit

- We hear you loud and clear.
- Default: Microphone Array
- Thanks! We’ve made a note that your speaker is working.
- Default: DOCK
- Network: Checking your connection quality.
- Your connection is ready. See details
Back-up Option

Trouble joining the visit?

If the patient is on a mobile device and has trouble joining using their mobile web browser, they are encouraged to join via the Backup Option, which prompts a download of the ExtendedCare application.

Rejoining the VCR

Issues within the Virtual Care Room?

If the patient is experiencing audio/video related issues within the Virtual Care Room, they can try clicking the Rejoin button from the 3-dot menu.
Remote Rejoin
All Outpatient Departments

With **Remote Rejoin**, you can help troubleshoot patient audio or video related challenges.

If the patient’s audio is not using their phone’s speaker, or if you are having trouble hearing or seeing them, you can try a **Remote Rejoin** to “refresh” the patient’s connection and resolve the issue.

**Check out page 13 on the ExtendedCare Guide to learn more!**
Patient Phone Calling from ExtendedCare
Effective 6/21/22–All Outpatient Departments

Feature Overview: If patients are experiencing audio problems during a video visit, or have not joined their video visit at the scheduled start time, you can dial their phone from within the ExtendedCare Virtual Care Room and “pull” their audio into their Virtual Home Visit.

Impact:

✓ You can “save” the video visit by speaking with the patient using their telephone audio, and maintain video with the ExtendedCare Virtual Care Room

✓ You can “pull” patients into the video visit when they are late, by calling them from the ExtendedCare Virtual Care room and walking them through the steps of joining

Questions? Please contact IT Help Desk at 691-4357
To initiate a patient phone call, select the ••• icon

Then select **Invite or Call Guest(s)**

Then, enter in the patient’s phone number and select **Call**

**DETAILED OVERVIEW FOUND HERE**

Questions? Please contact IT Help Desk at 691-4357
Home or Clinic-to-Clinic?
Clinic to Clinic Video Visits

Providers and specialists can now conduct clinic to clinic video visits using the integrated ExtendedCare platform. Using the ‘Clinic to Clinic Telehealth’ visit type, a provider can open a video room from their schedule or from within the patient’s chart to automatically connect to a telemedicine device located at another site.

Device Department | Device Identifier | Scheduled Resource
---|---|---
QHCC Hilo Telehealth | QHilo1 | QHCC Hilo Telehealth Room 1
QHCC Hilo Telehealth | QHilo3 | QHCC Hilo Telehealth Room 3
QHCC Hilo Telehealth | QHilo4 | QHCC Hilo Telehealth Room 4
QHCC Kona Telehealth | QKona4 | QHCC Kona Telehealth Room 1
QHCC Kona Telehealth | QKona6 | QHCC Kona Telehealth Room 2
To place a manual call to a telemedicine device, select ***

Then select **Search for device**

Next, select the device that you want to call

**Please note** – dialing a telemedicine device should only be used for unique scenarios that involve Clinic to Clinic Telemedicine Visits, Teleconsults, and Virtual Rounding and Assessments
You can then select a “four arrows” icon to pop up a remote control console.

This allows you to pan, tilt, and zoom in and out to get a better view of the patient.

Please note – this feature is only available for when you have connected to devices that enable Far End Camera Control. This is not available for Virtual Home Visits.
Telehealth: Modes of Communication

- Clinic-to-Clinic
- Hospital Based
- Virtual Home Visit
Current: Telestroke Network

- Kuakini Medical Center
- Wahiawa General Hospital
- Hilo Medical Center
- Kona Community Hospital
- QMC West
- Molokai General Hospital
- QMC Punchbowl
- North Hawaii Community Hospital
- Kauai Veterans Memorial Hospital
- Castle Medical Center

2021: Kauai Veterans Memorial Hospital, Castle Medical Center

2022: Kuakini Medical Center
Annual Telestroke Encounter

Total Telestroke Encounter (Excluding PB)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Telestroke Encounter</th>
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<tbody>
<tr>
<td>CY2015</td>
<td>130</td>
</tr>
<tr>
<td>CY2016</td>
<td>207</td>
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<tr>
<td>CY2017</td>
<td>262</td>
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<tr>
<td>CY2018</td>
<td>408</td>
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<tr>
<td>CY2019</td>
<td>431</td>
</tr>
<tr>
<td>CY2020</td>
<td>361</td>
</tr>
<tr>
<td>CY2021</td>
<td>502</td>
</tr>
</tbody>
</table>

- CY2016: Oahu EMS, LVO Bypass & COVID-19
- CY2017: Oahu EMS, LVO Bypass & COVID-19
- CY2018: Oahu EMS, LVO Bypass & COVID-19
- CY2019: Oahu EMS, LVO Bypass & COVID-19
- CY2020: Castle & KVMH (New)
- CY2021: 502
Transitioning to the New Normal or Waiting for Return to Business as Usual?
Impact on Clinical Care and Practice

• Plan now for major uncertainties about permanence of reimbursement for direct-to-patient reimbursement (especially for Medicare part B beneficiaries).

• Consumer preferences will play a greater role in the transition from the pandemic (“you have to do telehealth”) to post-pandemic (“here’s an option for you”).

• Telehealth must transition from a temporary solution during the pandemic to a professional-grade patient experience.

• For many practices, telehealth will transform the clinic staff, workflows, and physical layout: plan now.
Patient Selection Considerations: “Ask your doctor if telehealth is right for you”

• Consumer preferences (much more important post-pandemic)
• Value to the patient beyond convenience, timeliness, travel considerations
• Access to devices and technology
• Geographic / bandwidth considerations
• Digital divide / widening healthcare disparities
Patient and Provider Experience:
“I have seen the doctor”

- Telehealth visit must at least be sufficient to replace the in-person visit (and hopefully add value)
- Professionalism and production values
- Ergonomics and comfort for providers
- Clinical appropriateness of telehealth
Integration into Clinic Workflows

- Impact of telehealth on clinic staffing and employee satisfaction
- Considerations for overhead costs and staff time
- Dedicated telehealth clinic days or interspersed telehealth and in-person visits
- Remote provider workflows
- Virtualizing the patient intake process by office staff
- Obtaining patient supplied information (vital signs, logs / diaries, surveys, forms, etc)
- Scheduling tests and follow-up visits
- Clinic architectural design to support in-person care and telehealth
Consult/Telehealth Room
Discussion Points

• How invested are we in maintaining robust telehealth programs after the pandemic winds down?
• What state and federal statute and regulatory changes are needed to support telehealth after the PHE expires?
• How do we leverage telehealth to improve access to care without worsening the digital divide for vulnerable populations?
• What data and analytics are needed to ensure telehealth services add value to patient care?
Telemedicine Visits Pandemic

Telehealth Volume

- Telehealth
- Telephone

January February March April May June July August September October November December

<table>
<thead>
<tr>
<th>Month</th>
<th>Telephone</th>
<th>Telehealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>444</td>
<td>211</td>
</tr>
<tr>
<td>February</td>
<td>451</td>
<td>175</td>
</tr>
<tr>
<td>March</td>
<td>2,742</td>
<td>1,687</td>
</tr>
<tr>
<td>April</td>
<td>5,278</td>
<td>13,637</td>
</tr>
<tr>
<td>May</td>
<td>3,439</td>
<td>12,737</td>
</tr>
<tr>
<td>June</td>
<td>2,904</td>
<td>10,881</td>
</tr>
<tr>
<td>July</td>
<td>2,761</td>
<td>10,483</td>
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<tr>
<td>August</td>
<td>4,010</td>
<td>15,537</td>
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<tr>
<td>Sept</td>
<td>4,069</td>
<td>15,690</td>
</tr>
<tr>
<td>Oct</td>
<td>3,541</td>
<td>14,202</td>
</tr>
<tr>
<td>Nov</td>
<td>3,205</td>
<td>13,081</td>
</tr>
<tr>
<td>Dec</td>
<td>3,290</td>
<td>13,791</td>
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<tr>
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<td>2,785</td>
<td>12,736</td>
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<tr>
<td>February</td>
<td>2,253</td>
<td>12,363</td>
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<tr>
<td>March</td>
<td>2,307</td>
<td>12,880</td>
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<tr>
<td>April</td>
<td>2,006</td>
<td>11,307</td>
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<tr>
<td>May</td>
<td>1,775</td>
<td>11,509</td>
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<tr>
<td>June</td>
<td>1,815</td>
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<tr>
<td>July</td>
<td>1,637</td>
<td>10,438</td>
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<tr>
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<td>2,143</td>
<td>18,926</td>
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<td>Sept</td>
<td>2,758</td>
<td>22,781</td>
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<tr>
<td>Oct</td>
<td>2,168</td>
<td>14,995</td>
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<td>Nov</td>
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<tr>
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<td>2,250</td>
<td>15,132</td>
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<td>1,957</td>
<td>15,400</td>
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<tr>
<td>June</td>
<td></td>
<td>16,357</td>
</tr>
</tbody>
</table>
Extended Care Dashboards

Extended care Analytics dashboards can be filtered to find potential devices, browsers, departments etc... which are having issues, below we have filtered all visits for connections from 1 participant lasting 0 to 30 seconds ended in an error. These results can then be compared to overall numbers to find outliers.
Cisco Control Hub

Cisco control hub dashboards show overall usage and quality for visits and monthly, reports can be automated to dig down into calls and issues with operating systems/devices.
Virtual Urgent Care

Since go-live (4/26)

<table>
<thead>
<tr>
<th>Dep Name</th>
<th>Visit Type Name</th>
<th>Count</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMC VIRTUAL URGENT CARE</td>
<td>Cumulative</td>
<td>1572</td>
<td>73.1</td>
</tr>
<tr>
<td>QMC VIRTUAL URGENT CARE</td>
<td>VIRTUAL HOME VISIT</td>
<td>1425</td>
<td>73.61</td>
</tr>
<tr>
<td>QMC VIRTUAL URGENT CARE</td>
<td>ON DEMAND VIDEO VISIT</td>
<td>144</td>
<td>67.36</td>
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</tbody>
</table>

Past two weeks (7/3-17)

<table>
<thead>
<tr>
<th>Dep Name</th>
<th>Visit Type Name</th>
<th>Count</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMC VIRTUAL URGENT CARE</td>
<td>Cumulative</td>
<td>226</td>
<td>73.45</td>
</tr>
<tr>
<td>QMC VIRTUAL URGENT CARE</td>
<td>VIRTUAL HOME VISIT</td>
<td>226</td>
<td>73.45</td>
</tr>
<tr>
<td>QMC VIRTUAL URGENT CARE</td>
<td>ON DEMAND VIDEO VISIT</td>
<td>N/a</td>
<td>N/a</td>
</tr>
</tbody>
</table>

Satisfaction Score # of patients

1. Very unlikely
   - 3 (2.7%)
2. unlikely
   - 1 (0.9%)
3. neutral
   - 9 (8.1%)
4. Likely
   - 35 (32.4%)
5. Very likely
   - 60 (55.5%)

Alternate Care Option # of patients

1. Nearest ED
   - 14 (13%)
2. Nearest UC
   - 39 (36%)
3. Nothing, wait until it worsened
   - 32 (30%)
4. Other
   - 23 (21%)
Future Directions

- Measure patient experience and satisfaction
- Better analytics to proactively identify patients at risk for failed telehealth visits
- Study impact of telehealth on total cost of care
- Study impact of telehealth on patient safety, hospitalizations, and ER visits
Questions?
Our Next Webinar

The NCTRC Webinar Series

Occurs 3rd Thursday of every month.

**Telehealth Topic:** Telehealth for Older Adults: Principles, Guidelines and Lessons Learned
**Hosting TRC:** Mid-Atlantic Telehealth Resource Center
**Date:** August 18, 2022
**Times:** 11 AM – 12 PM (PT)

*Please check the NCTRC website for more information on the upcoming webinar.*
Please Complete Our Survey

Your opinion of this webinar is valuable to us.

Please participate in this brief perception survey (will also open after webinar):

https://www.surveymonkey.com/r/XK7R72F