NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS
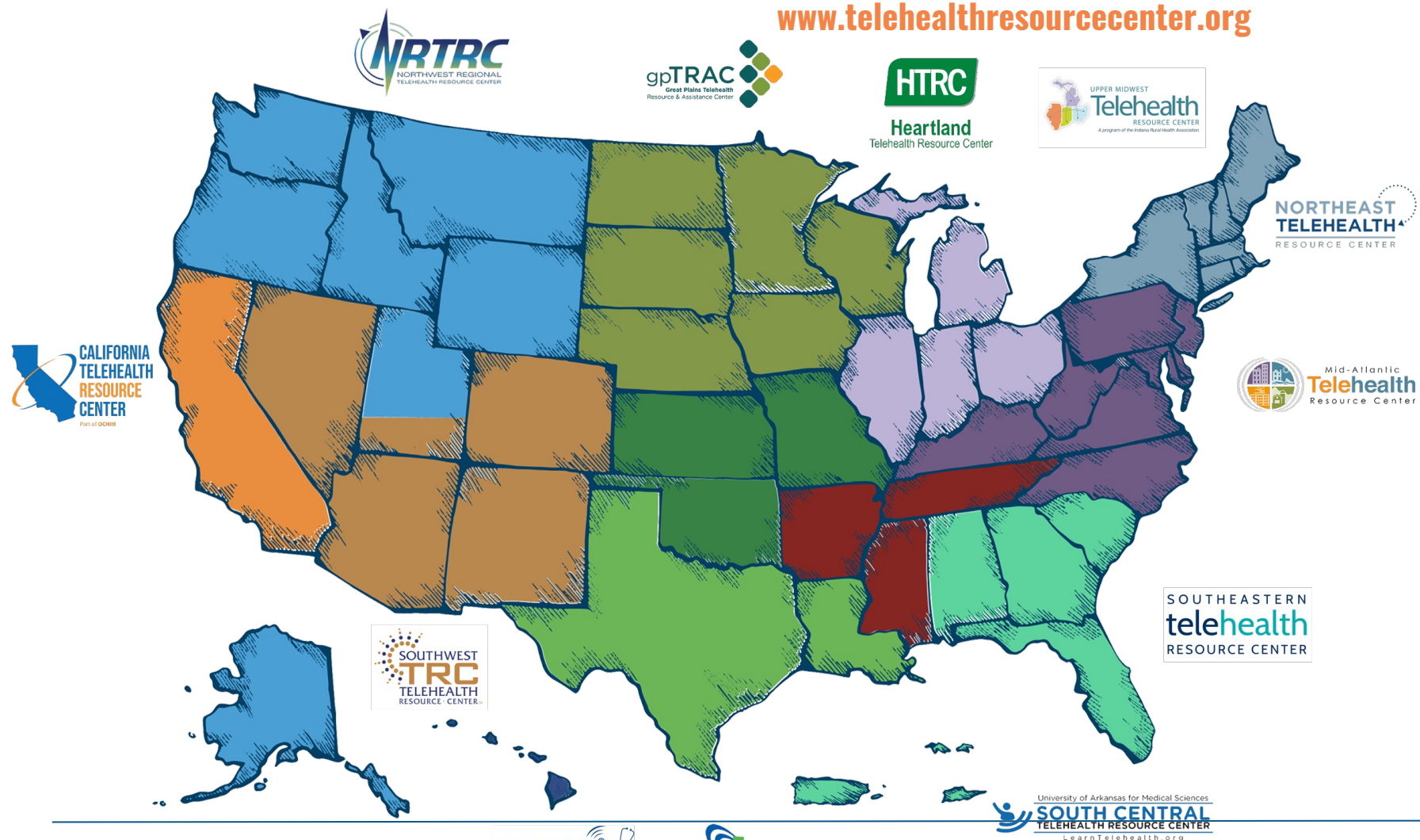
Possible Futures: Telehealth During and After the Pandemic

July 21, 2022

HRSA Funded Telehealth Resource Centers

www.telehealthresourcecenter.org

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 REGIONAL RESOURCE CENTERS

2 NATIONAL RESOURCE CENTERS

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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

THE QUEEN'S HEALTH SYSTEMS

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

Telehealth Volume

Legend: ■ Telehealth   ■ Telephone

	January	February	March	April	May	June	July	August	Sept	October	Nov	Dec	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June
■ Telephone	444	451	2,742	5,278	3,439	2,904	2,761	4,010	4,069	3,541	3,205	3,290	2,785	2,253	2,307	2,006	1,775	1,815	1,537	2,143	2,758	2,168	2,053	2,250	2,916	1,987	1,939	1,731	1,898	1,957
■ Telehealth	211	175	1,687	13,637	12,737	10,881	10,483	15,537	16,690	14,202	13,081	13,791	13,736	12,363	12,880	12,307	11,509	11,026	10,438	18,926	22,781	14,995	13,221	15,132	22,319	15,433	14,301	14,002	15,400	16,357

Telemedicine Visits by Visit Type FY22

By Visit Type

Hospital, 2,678, 2%

Urgent Care/Covid, 5,884, 3%

Clinic, 334, 0%

Home, 182,097, 95%

Total FY22 = 193,201
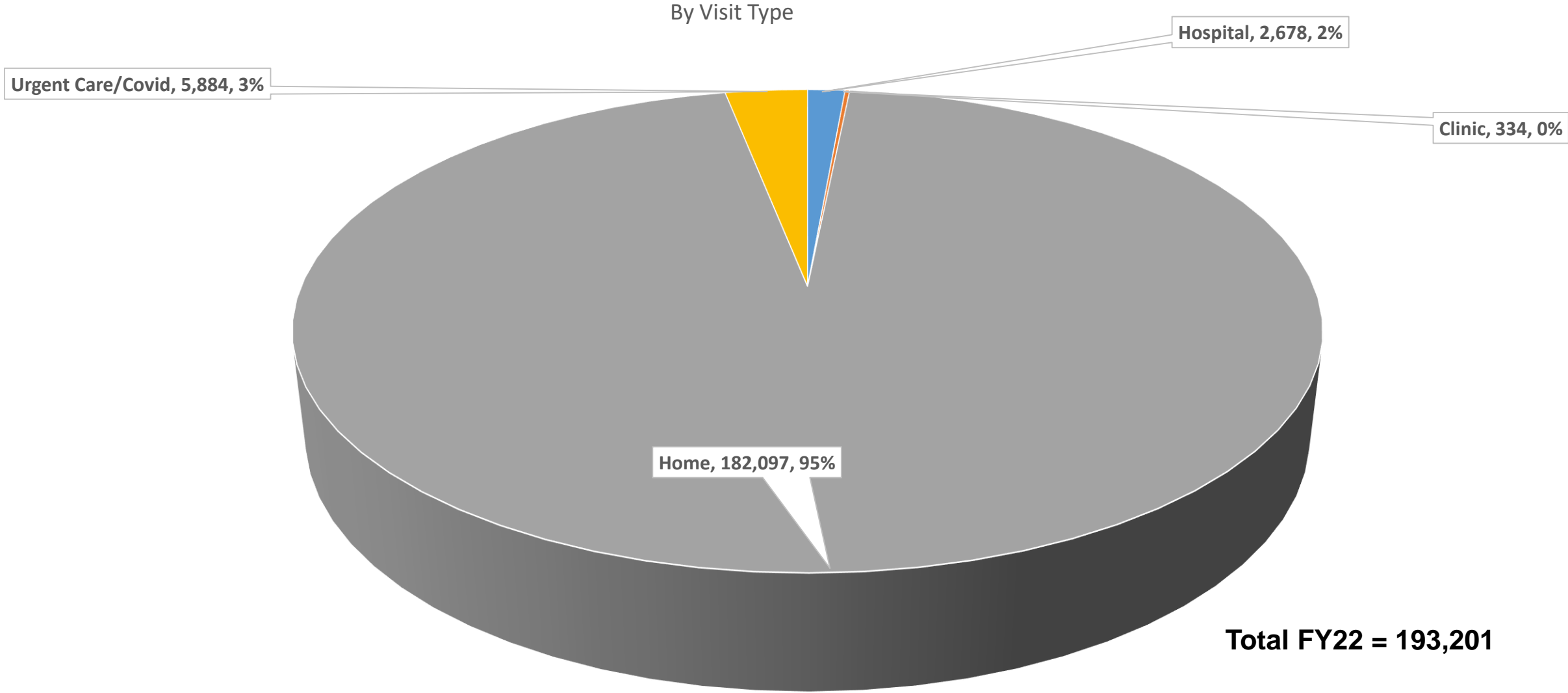
Telemedicine Visits by Facility FY22

By Facility

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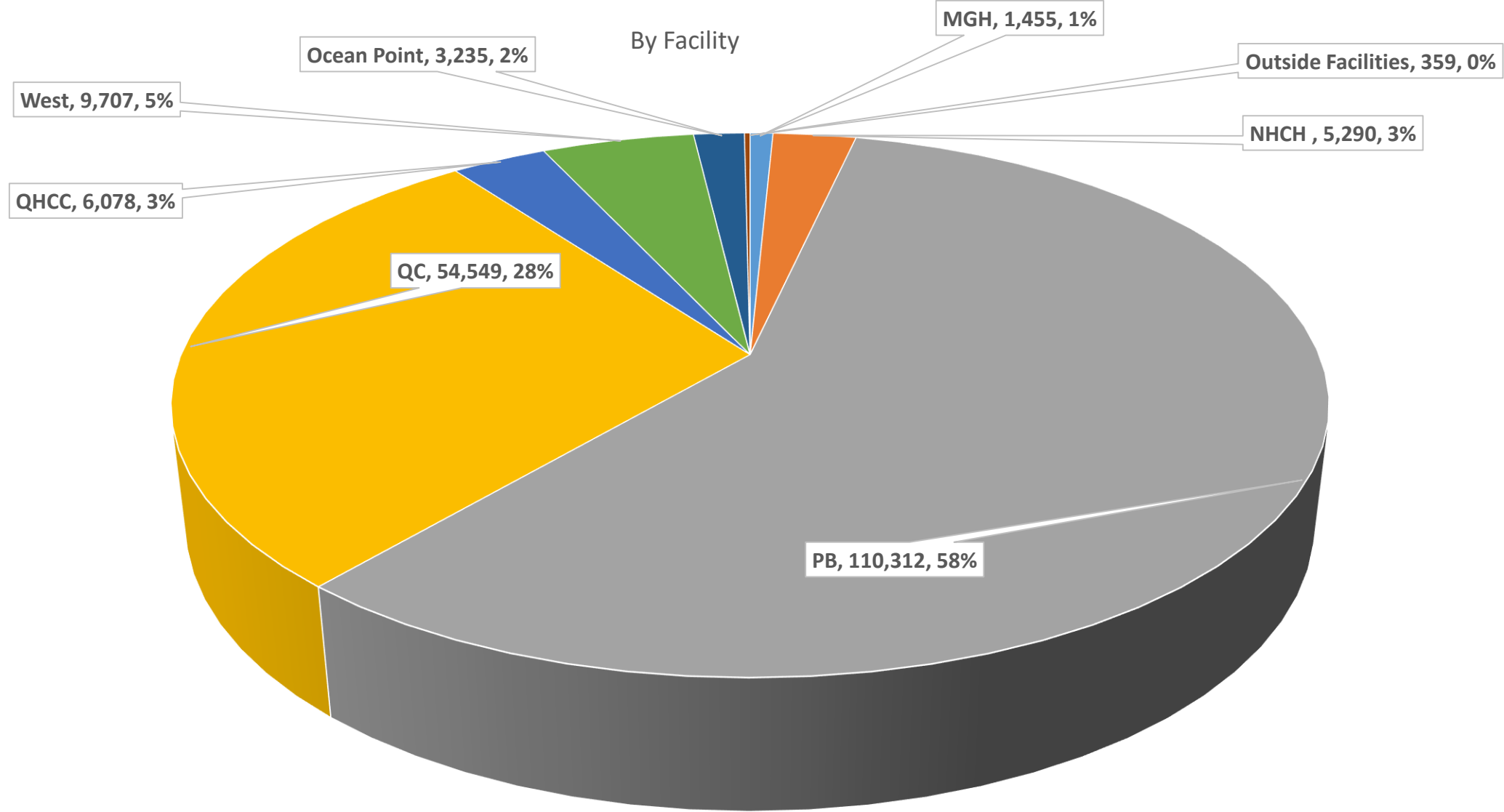
Telemedicine Specialty Ambulatory Visits

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

Appointments

9058 9225 8938 9320 9097 8990 7340 7526 8914 9160 8902
5187   5842

Pre-Covid Wkly Avg * 17Apr22 24Apr22 01May22 08May22 15May22 22May22 29May22 05Jun22 12Jun22 19Jun22 26Jun22 03Jul22

Week of Service

Encounter Type	■ Face-to-Face	■ Nursing Facility	■ Other	■ Telehealth	■ Telephone								
Face-to-Face	5013	7242	7337	7146	7463	6986	6805	5557	5731	6732	7118	6782	4345
Nursing Facility	78	182	193	185	178	220	201	152	158	191	185	192	138
Other	20	20	5	14	6	3	28	4	2	6	22	57	47
Telehealth	8	1368	1445	1363	1463	1620	1644	1394	1380	1697	1574	1608	1133
Telephone	69	246	245	230	210	268	312	233	255	288	261	263	179

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

9

Telehealth Visits Early in the Pandemic

Telehealth Volume

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

Telehealth   Telephone
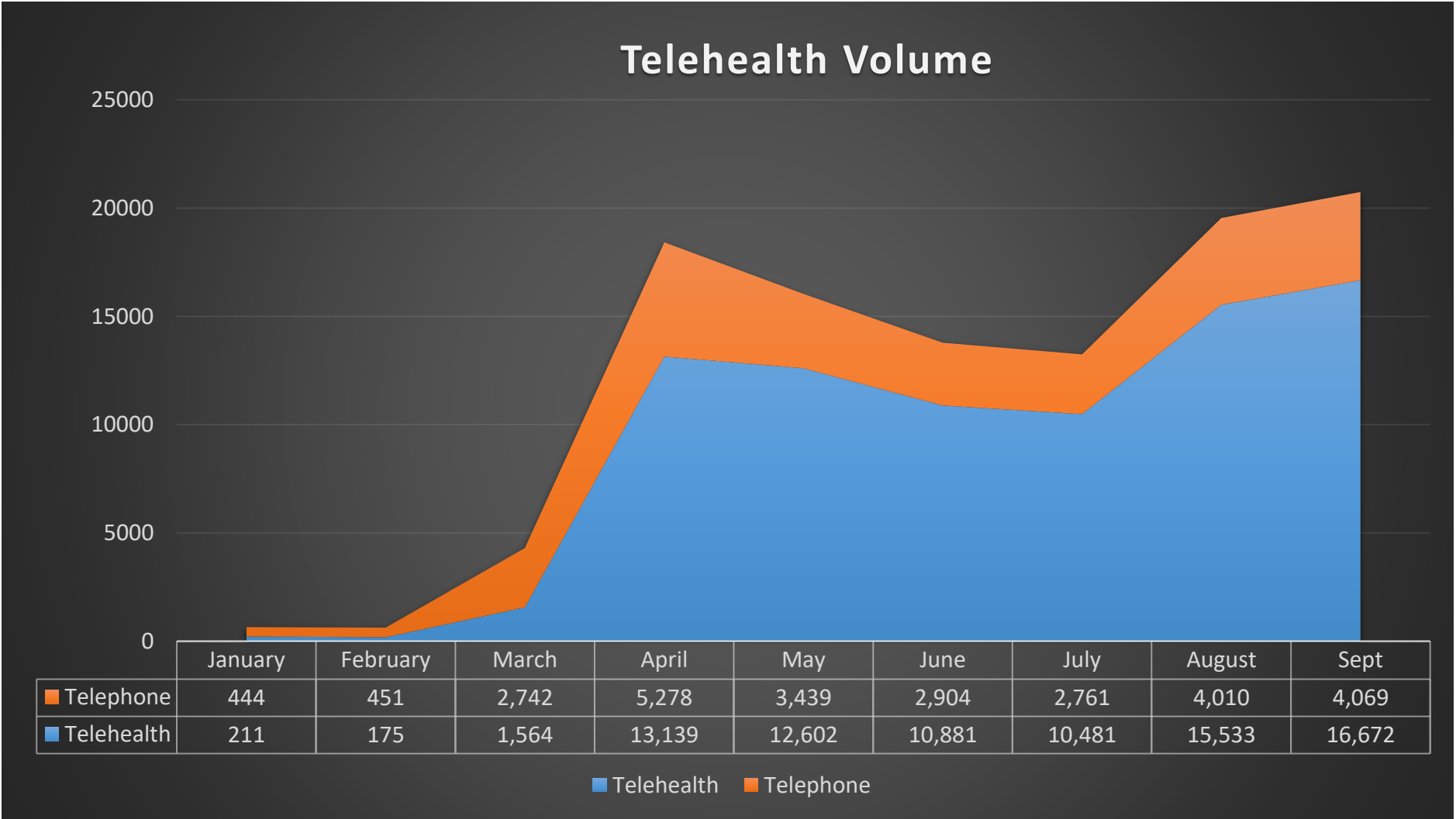
Telehealth Trends in 2000

Temporary Telehealth Platforms

WebEx

Doxy.me

Zoom

Integrated Telehealth Platform (VHV)
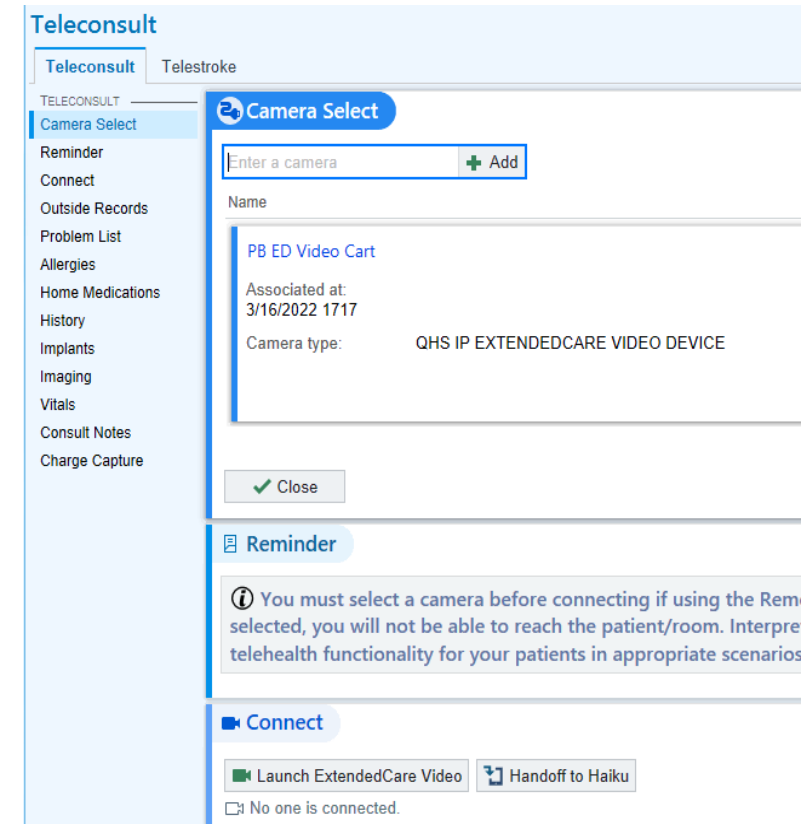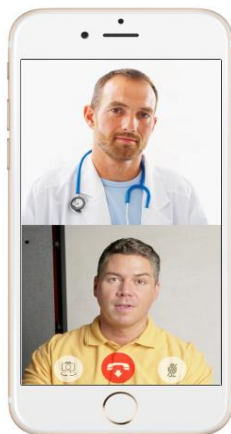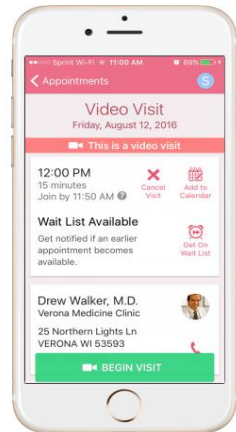
Number of Visits by Visit Type

Between 7/1/2020 and 6/30/2022 by month

VIRTUAL HOME VISIT TELEHEALTH
TELEHEALTH
TELEPHONE VISIT
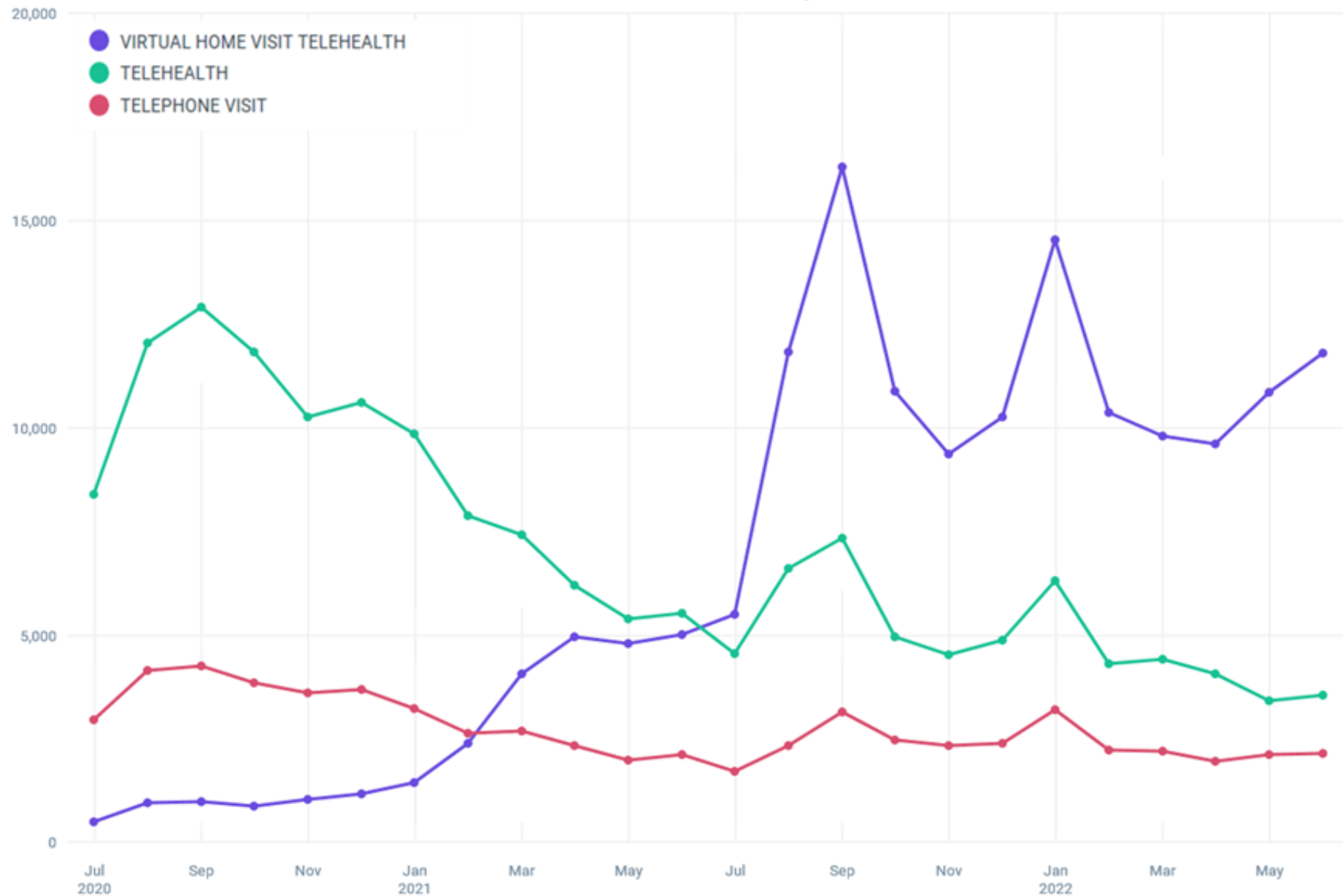
Number of Visits by Department and Visit Type

Between 1/1/2022 and 6/30/2022 by quarter

Legend:
- VIRTUAL HOME VISIT TELEHEALTH
- TELEHEALTH
- TELEPHONE VISIT

Q1 2022

Department	VIRTUAL HOME VISIT TELEHEALTH	TELEHEALTH	TELEPHONE VISIT
QUEEN'S COUNSEL...	216	2,165	105
QEC-PRIMARY CARE	1,368	25	654
QUEENS NEUROSC...	1,295	203	9
COMP WEIGHT MG...	2,915	70	0

Q2

Department	VIRTUAL HOME VISIT TELEHEALTH	TELEHEALTH	TELEPHONE VISIT
QUEEN'S COUNSEL...	274	2,132	73
QEC-PRIMARY CARE	931	3	530
QUEENS NEUROSC...	1,674	166	5
COMP WEIGHT MG...	3,416	116	0

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
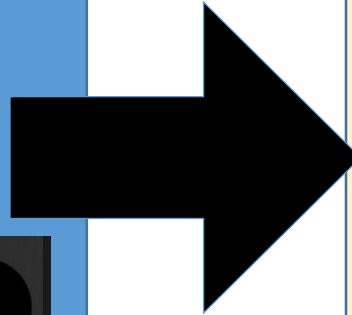
COVID Pandemic: Perfect Storm for Telehealth

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

Other 1%
Self-Pay 13%
Commercial 10%
Government 2%
HMSA 23%
Medicaid 22%
Medicare 29%
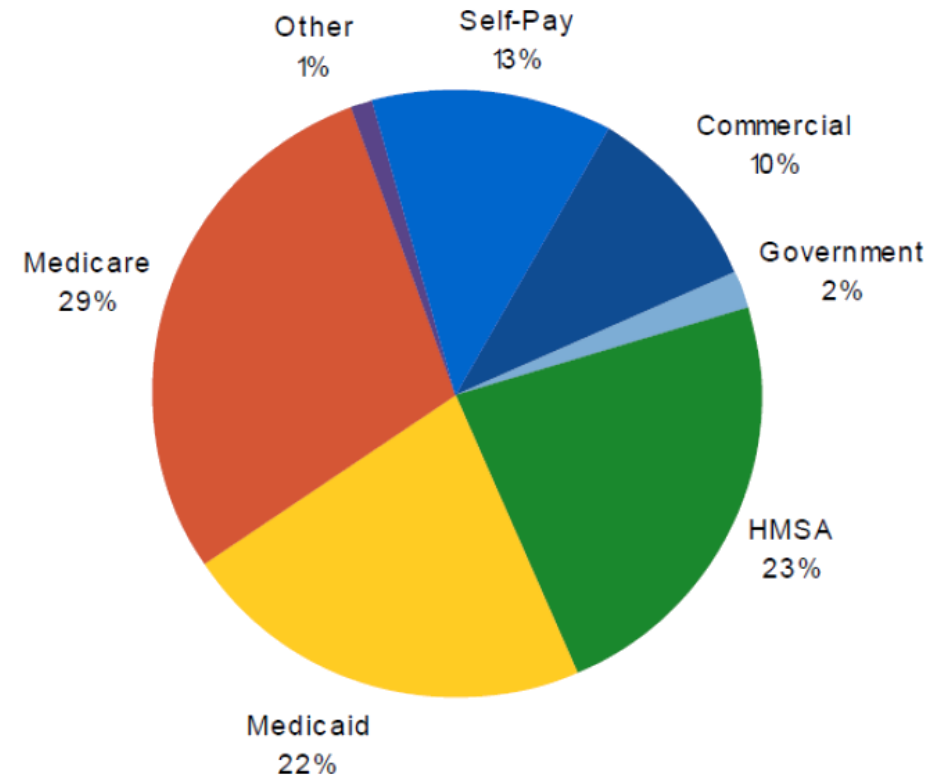
Payer Landscape: Commercial and Medicaid

Governor of the State of Hawaii
David Y. Ige

Home | About ▼ | First Lady ▼ | Newsroom ▼ | Initiatives ▼ | Community Connection ▼ | Reports | Contact Us

Home » 2016 Acts » ACT 226, SB2395 SD1 HD2 CD1, 7/7/2016

ACT 226, SB2395 SD1 HD2 CD1, 7/7/2016

Posted on Jul 12, 2016 in 2016 Acts

RELATING TO TELEHEALTH.

Requires the State's medicaid managed care and fee-for-service programs to cover services provided through telehealth. Specifies that any telehealth services provided shall be consistent with all federal and state privacy, security, and confidentiality laws. Specifies medical professional liability insurance policy requirements with regard to telehealth coverage. Clarifies that reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Requires written disclosure of coverages and benefits associated with telehealth services. Requires that telehealth encompasses store and forward technologies, remote monitoring, live consultation, and mobile health. Ensures telehealth is covered when originating in a patient's home and other non-medical environments. Clarifies requirements for physicians and out-of-state physicians to establish a physician-patient relationship via telehealth. Requires that reimbursement requirements for telehealth services apply to all health benefits plans under chapter 87A, Hawaii Revised Statutes. Takes effect on 1/1/2017. (CD1)

- 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

Payer Landscape: Medicare Part B

MEDICARE WILL PAY for a limited number of Part B services that are furnished by a physician or practitioner to an eligible beneficiary via a telecommunications system. For eligible telehealth services, the use of a telecommunications system substitutes for a face-to-face, "hands on" encounter.

Originating (Patient) Site Restrictions:
- Medicare-eligible facility (not home)
- Rural not urban

Originating Sites

An originating site is the location of an eligible Medicare beneficiary at the time the service being furnished via telecommunications system occurs. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in a rural health professional shortage area or in a county outside of a Metropolitan Statistical Area. Entities that participate in a Federal telemedicine demonstration project approved by (or receiving funding from) the Secretary of the Department of Health and Human Services as of December 31, 2000 qualify as originating sites regardless of geographic location.

NOTE: Independent Renal Dialysis Facilities are not eligible originating sites.

Medicare Telehealth Regulatory and Payment Waivers

TELEHEALTH BILLING DURING THE COVID-19 NATIONAL EMERGENCY

Medicare Part B Waivers Post-Pandemic????

NEWS

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.

BRIANSCHATZ
UNITED STATES SENATOR FOR HAWAI'I

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-Hawai'i) 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.

Why America's Love Affair With Telemedicine Is Fizzling Out

Backlash?

Amanda Loudin

June 15, 2022

⊕ Add to Email Alerts

38

👍 46

When Josh Emdur, DO, announced in 2017 that he was leaving hospital practice to join a startup teleme

Though telemedicine wasn't bra wasn't exactly the model patien But Emdur believed in the idea to have more impact in the mec for those who otherwise might

JAMA Network Open. 2021;4(12):e2136405. doi:10.1001/jamanetworkopen.2021.36405

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

Characteristic	Unweighted frequency, No.	Preference, weighted %				P value
		In-person visit	Video visit	None or both	Do not know	
Total sample	2080	53.0	20.9	22.9	3.3	
Sex						
Female	1162	49.1	23.9	23.1	3.9	.16
Male	918	57.2	17.6	22.7	2.6	
Age group, y						
20-39	226	42.3	25.9	29.6	2.2	
40-59	692	50.8	24.4	20.7	4.0	<.001
60 and up	1162	64.5	12.6	19.7	3.3	
Race and ethnicity[a]						
Hispanic/Latino	268	58.6	22.9	15.2	3.3	
Non-Hispanic						
Black/African American	175	64.1	16.5	14.2	5.2	.02
White/Caucasian	1521	49.3	22.0	26.3	2.4	
Other[b]	116	53.7	11.8	26.6	7.9	
Educational level						
<High school	54	64.4	17.8	13.4	4.3	
High school diploma to associate's degree	922	55.6	18.8	21.2	4.4	.03
≥Bachelor's degree	1104	46.7	24.5	27.3	1.4	

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?
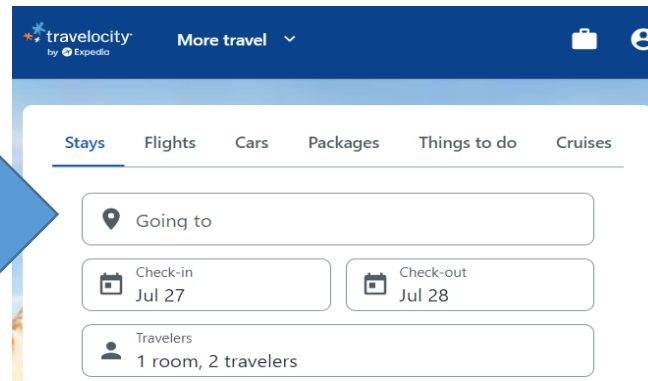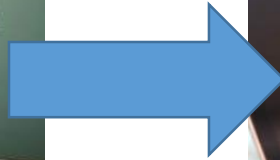
Telehealth: Adding Value to In-Person Care

- 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

Scheduling – MyChart Adoption

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

THE QUEEN'S HEALTH SYSTEM

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.
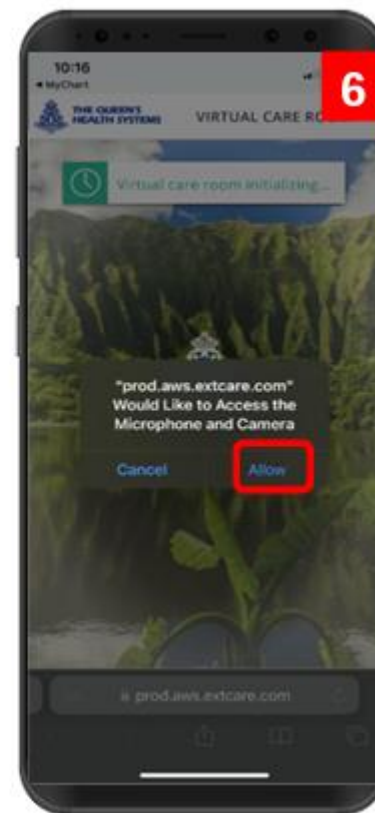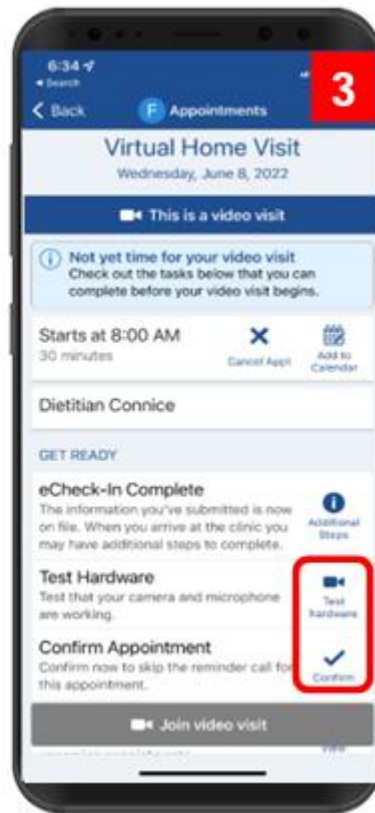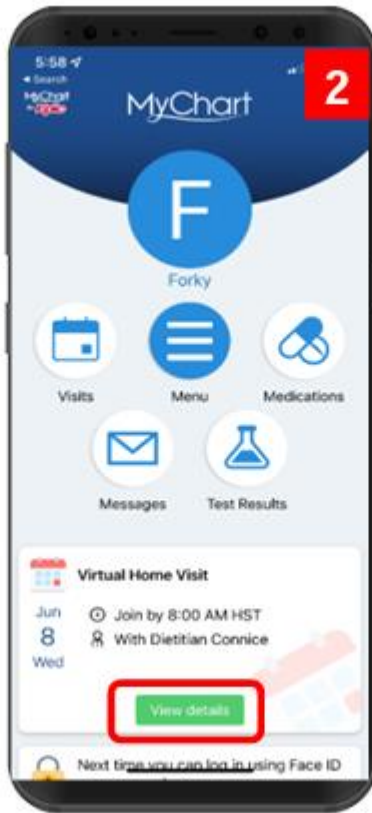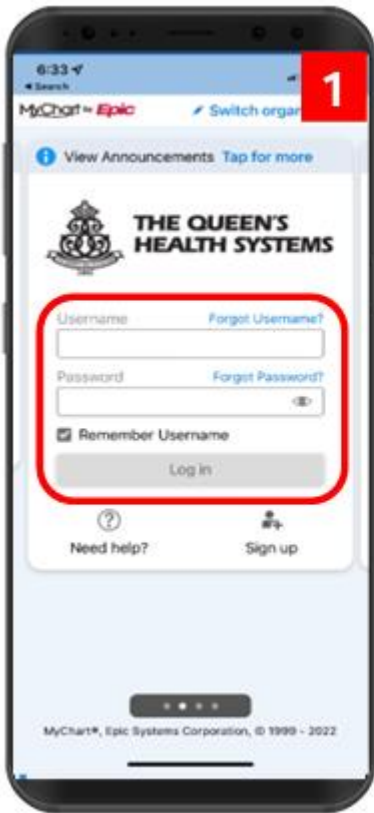
Step 3: Your provider will then join into the Video Visit Virtual Care Room with you.

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**

1

View Announcements   Tap for more

THE QUEEN'S
HEALTH SYSTEMS

Username   Forgot Username?

Password   Forgot Password?

☑ Remember Username

Log in

? Need help?   Sign up

2

MyChart

F

Forky

Visits   Menu   Medications

Messages   Test Results

Virtual Home Visit

Jun 8 Wed   Join by 8:00 AM HST
With Dietitian Connice

View details

3

Back   Appointments

Virtual Home Visit
Wednesday, June 8, 2022

This is a video visit

Not yet time for your video visit
Check out the tasks below that you can complete before your video visit begins.

Starts at 8:00 AM   Cancel Appt   Add to Calendar
30 minutes

Dietitian Connice

GET READY

eCheck-In Complete
The information you've submitted is now on file. When you arrive at the clinic you may have additional steps to complete.

Test Hardware
Test that your camera and microphone are working.

Confirm Appointment
Confirm now to skip the reminder call for this appointment.

Join video visit

4

Back   Appointments

Virtual Home Visit
Wednesday, June 8, 2022

This is a video visit

Ready to begin video visit
We're ready for you! Begin the video visit, and your provider will be with you shortly.

Starts at 8:30 AM   Cancel Appt   Add to Calendar
30 minutes

Dr. G Akaka

GET READY

Test Hardware
Test that your camera and microphone are working.

Visit Guide
View more information about your upcoming appointments.

Review Instructions

MyChart Video Visit Patient Instructions

Join video visit

5

THE QUEEN'S
HEALTH SYSTEMS

QUICK LAUNCH
Join video visit from mobile browser

BACKUP OPTION
Join video visit from mobile app.
Download required

prod.aws.extcare.com

6

THE QUEEN'S
HEALTH SYSTEMS   VIRTUAL CARE R

Virtual care room initializing...

"prod.aws.extcare.com"
Would Like to Access the
Microphone and Camera

Cancel   Allow

prod.aws.extcare.com

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**

THE QUEEN'S HEALTH SYSTEMS

MyChart Video Visits

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

Time ▲	Visit Type	Video	Photo	Patient	Age/Gender	MRN
10:00 AM	Virtual Home Visit Telehealth	📹		*Mychart, Andy*	40 year old / M	800477
2:00 PM	Virtual Home Visit Telehealth	📹		*Mychart, Andy*	40 year old / M	800477
4:00 PM	Virtual Home Visit Telehealth	📹		*Mychart, Andy*	40 year old / M	800477
4:45 PM	Virtual Home Visit Telehealth	📹		Mychartsched, Aaron	42 year old / M	802867

The Visit type **Virtual Home Visit Telehealth [1071]** will give patients the ability to join a video visit directly from their MyChart account

4

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)

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

drburkeholbrook@gmail.com   **Invite**

THE QUEEN'S HEALTH SYSTEMS

Virtual Care Room Invitation

Hello,

You have been invited to join a virtual care room. Click on the button below to join.

Join

Invite Via Text
You can send a text invite by entering in the guest's phone number

8082780062   **Invite**

Today 9:44 AM

ExtendedCare Virtual Care Room Invitation. Join now at https://prod.aws.extcare.com/vcr-cloud/s/79c7998b-f830-4e75-87f0-0df8e6caa8d1
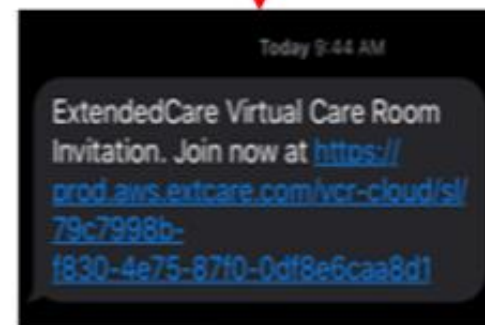
Note: Multiple Parties can be invited to any visit.

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.

THE QUEEN'S HEALTH SYSTEMS

17

MyChart Video Visit Workflow

Inviting a Martti Interpreter

martti
Connect. Communicate. Care.™

Interpreter: Portuguese

Add Martti Operator

Invite Guest(s)

Rejoin

Settings

Teleme... 6:25 PM

Portuguese interpreter has been requested. Please admit the participant when prompted.
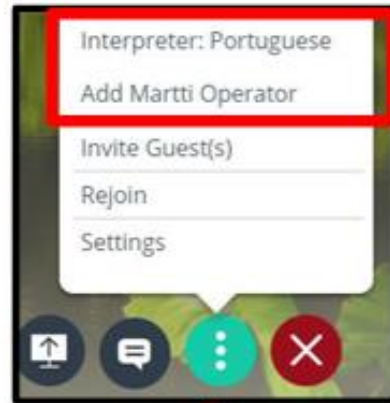
To invite a Martti language interpreter into the Virtual Care Room, select the ••• icon

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
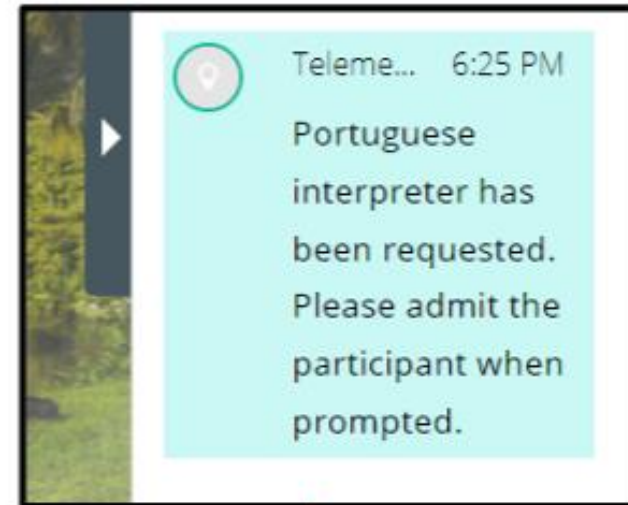
In the Chat Room, you'll receive a notice that an operator or interpreter has been requested

THE QUEEN'S HEALTH SYSTEMS

Provider: GA Gerard Akaka

REMOTE

Rash

Patient

All – OP only
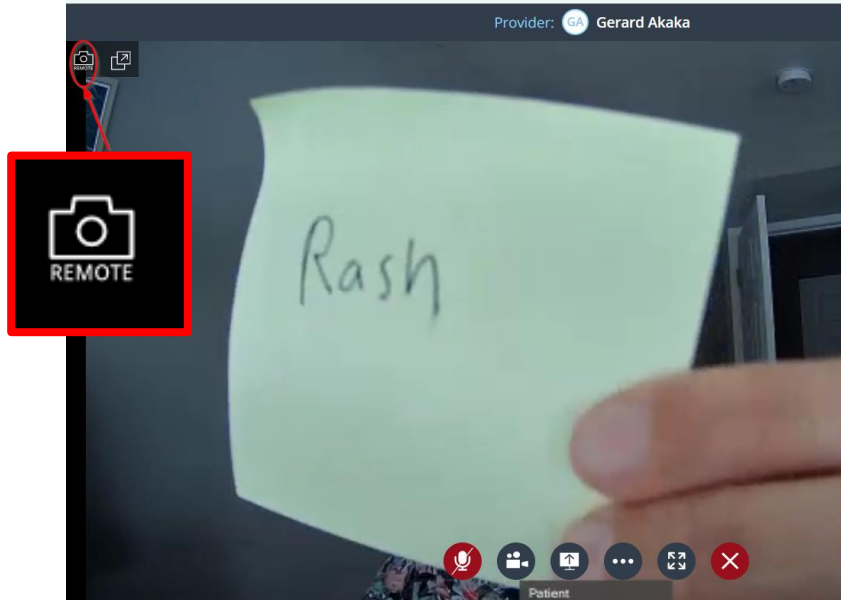
With **Image Capture**, providers can capture patient photos during a video visit, and save them directly into the patient's chart.

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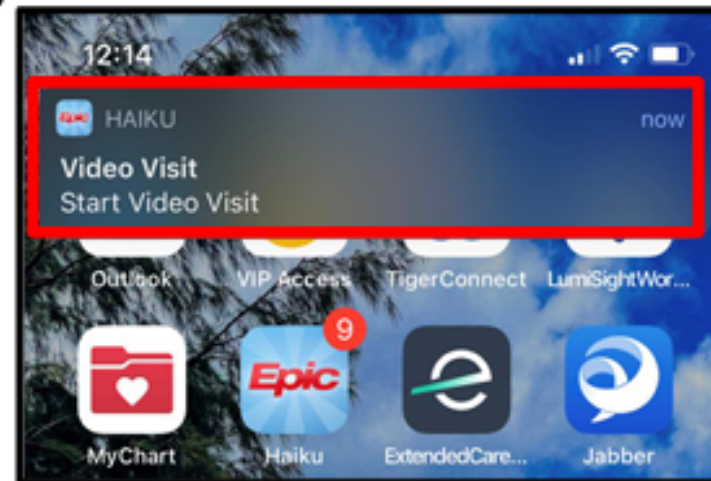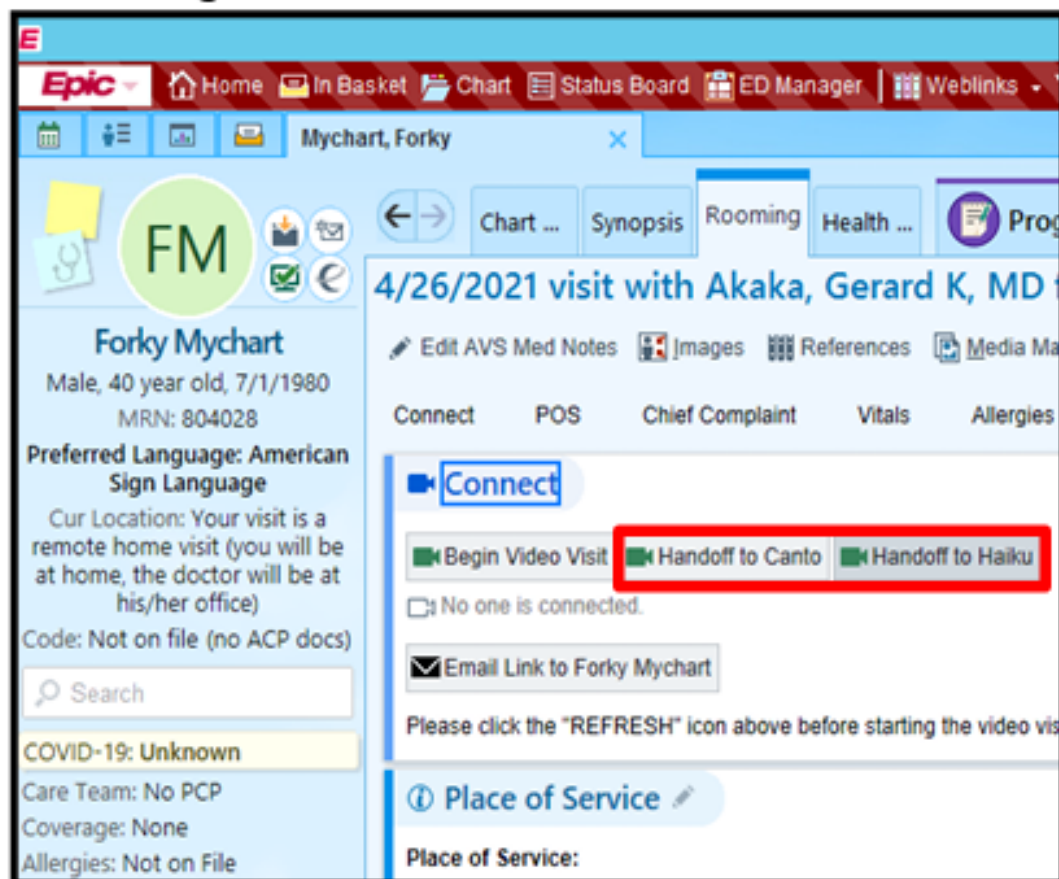
After selecting **Handoff to Haiku / Canto**, you'll then receive a push notification to your mobile device. Select **Start Video Visit** to launch the **ExtendedCare** app and get immediately placed in the Virtual Care Room

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

Make Appointment

Department: QUEENS NEUROSCIENCE [100451]   Appt notes:

Visit type: Px/Dx   Provider or resource:

VIRTUAL HOME VISIT TELEHEALTH [1071]

VIRTUAL HOME VISIT TELEHEALTH [1071]

This is the Visit Type for Home Health Video Visits (MyChart Video Visits).

When scheduling this visit type with patients, please remember to:

· Sign patient up for MyChart
· Confirm patient has access to a strong Wi-Fi or internet connection during visit
· Confirm patient has access to a computer, tablet or smartphone with functioning camera and microphone

THE QUEEN'S HEALTH SYSTEMS

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
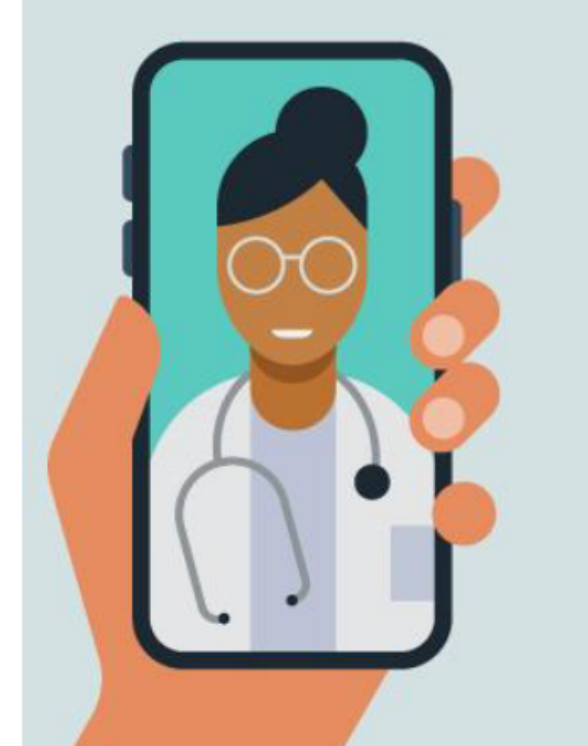
THE QUEEN'S HEALTH SYSTEMS

MyChart

Video Visits with your Queen's Care Team

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.**

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

MyChart®

Queen's MyChart® is based on MyChart® a registered trademark of Epic Systems Corporation.

THE QUEEN'S HEALTH SYSTEM
Your Lifetime Partner in Health

1301 Punchbowl St.
Honolulu, Hawaii 96813
www.queens.org
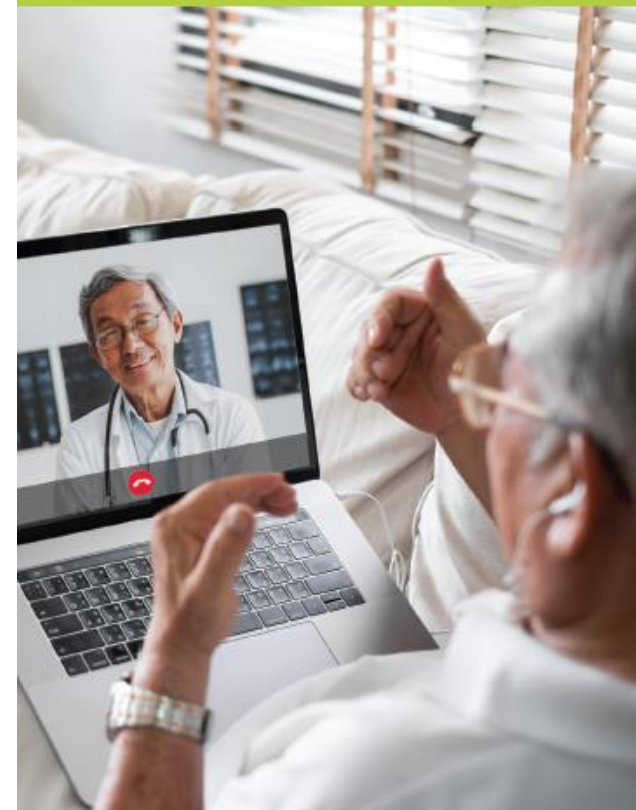
MyChart

Video Visits with your Queen's Care Team

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
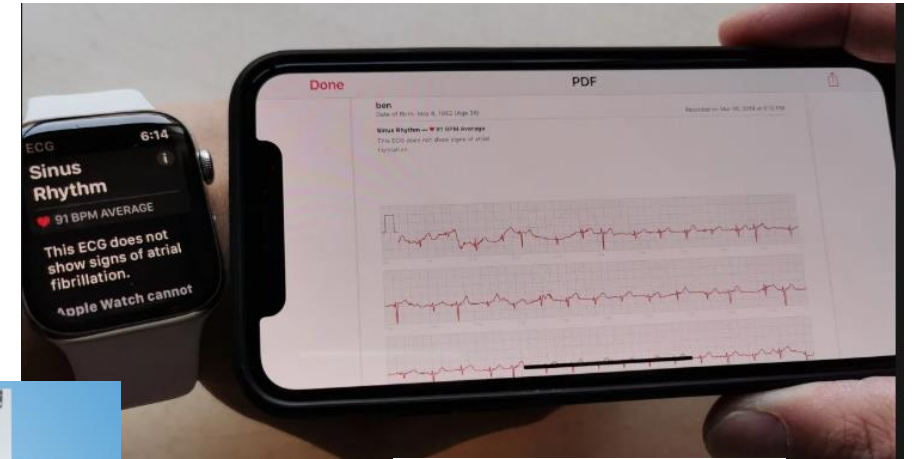
Screening Patients

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)

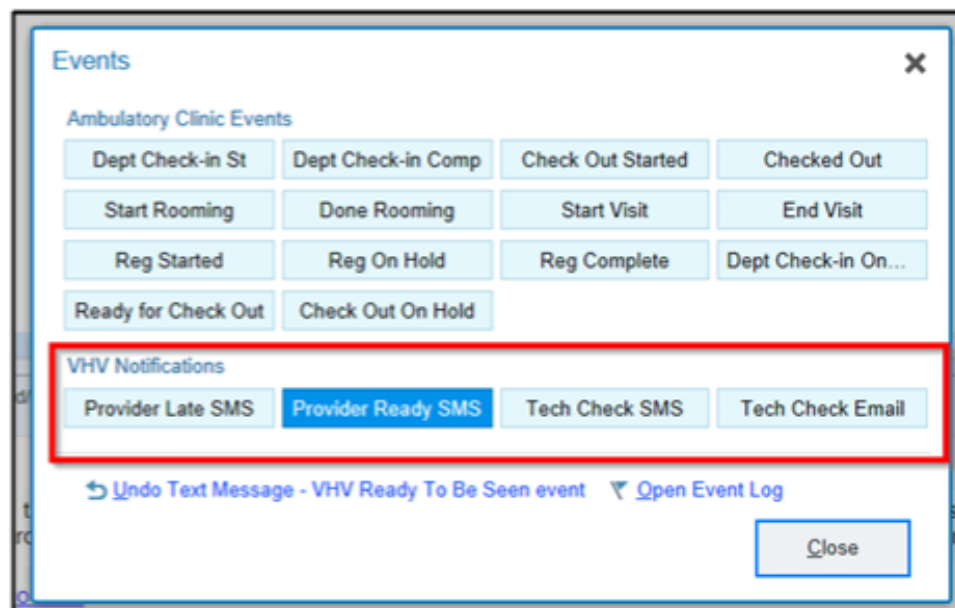# PRE VISIT COMMUNICATION - OPTIONAL

Patient Prompt

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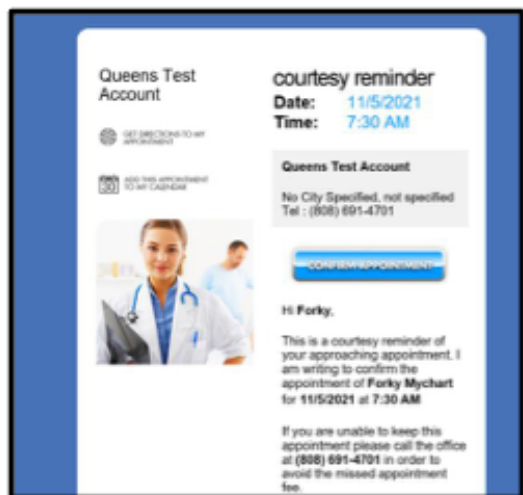
Event Notifications

Send text messages to patients out of CARE*link
- Provider running late
- It's time for your appointment
- Tech check

THE QUEEN'S HEALTH SYSTEMS

17

Event Notification Options

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!

All – OP only
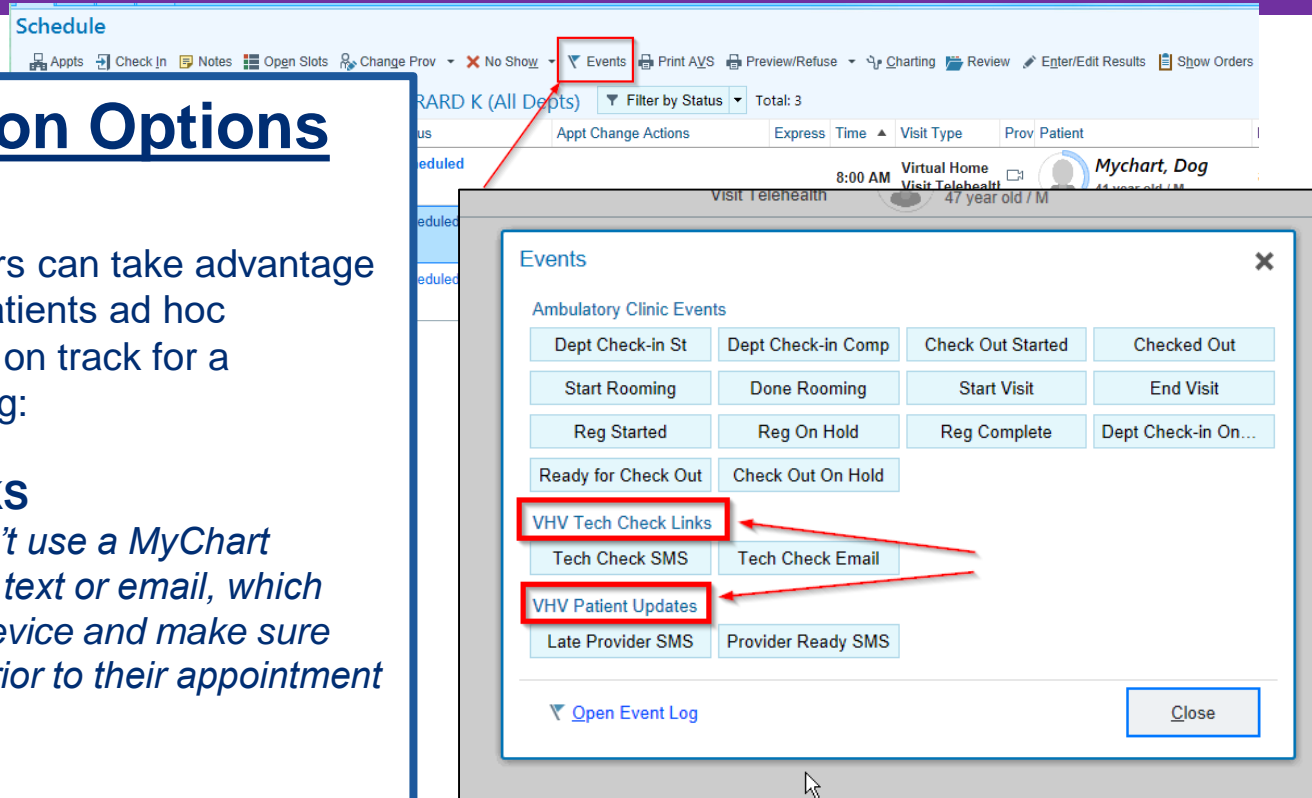
#1 Set expectations when scheduling Video Visits

TELEHEALTH

CARE*Link | THE QUEEN'S HEALTH SYSTEMS

#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.
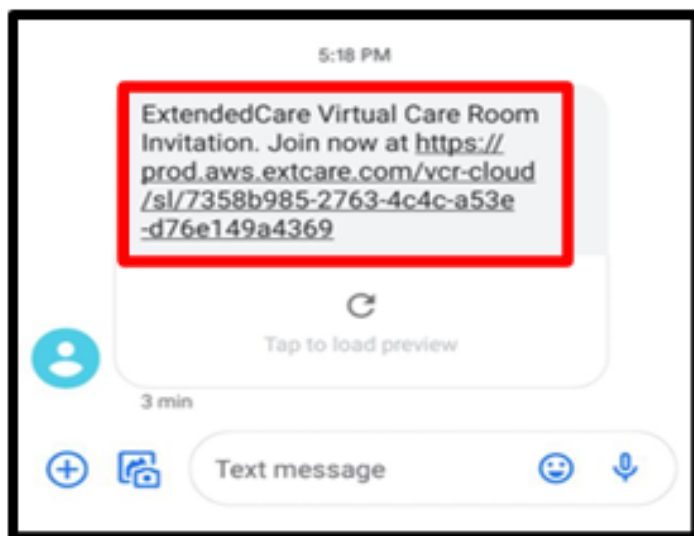
To send a text or email invite, just go to the patient rooming tab and select **Send Direct Link**
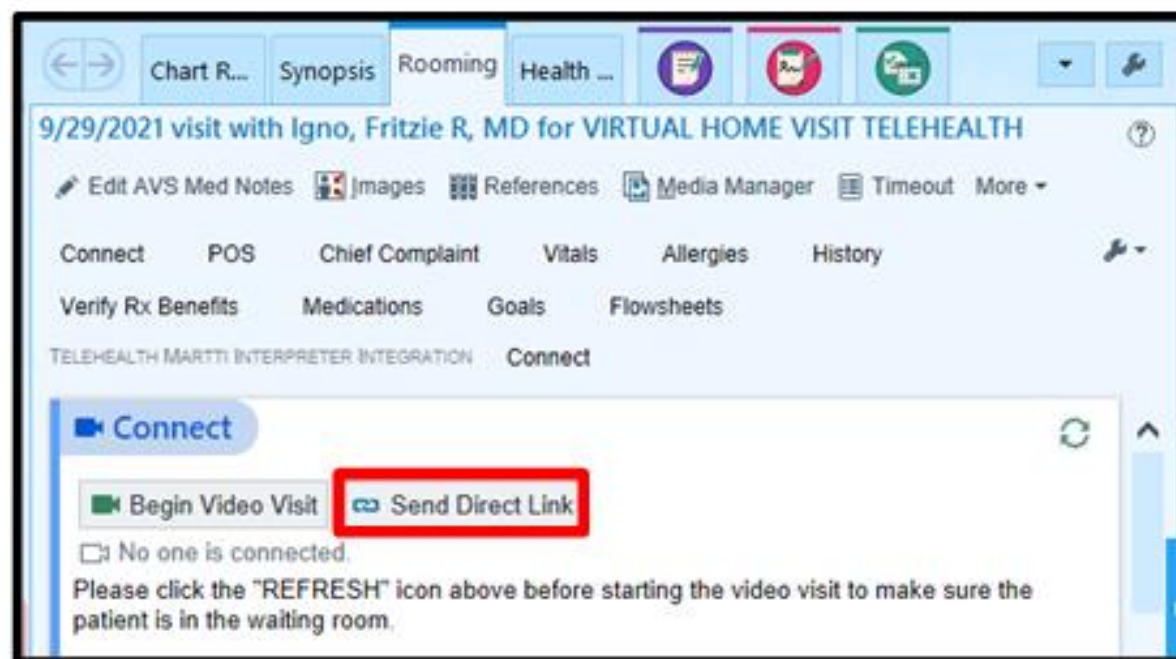
Epic "Direct Join Links"

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 selected 'Join" in an email invitation

5:18 PM

ExtendedCare Virtual Care Room Invitation. Join now at https://prod.aws.extcare.com/vcr-cloud/sl/7358b985-2763-4c4c-a53e-d76e149a4369

Tap to load preview

3 min

Text message

Joining by Text

THE QUEEN'S HEALTH SYSTEMS

Virtual Care Room Invitation

Hello,

You have been invited to join a virtual care room. Click on the button below to join.
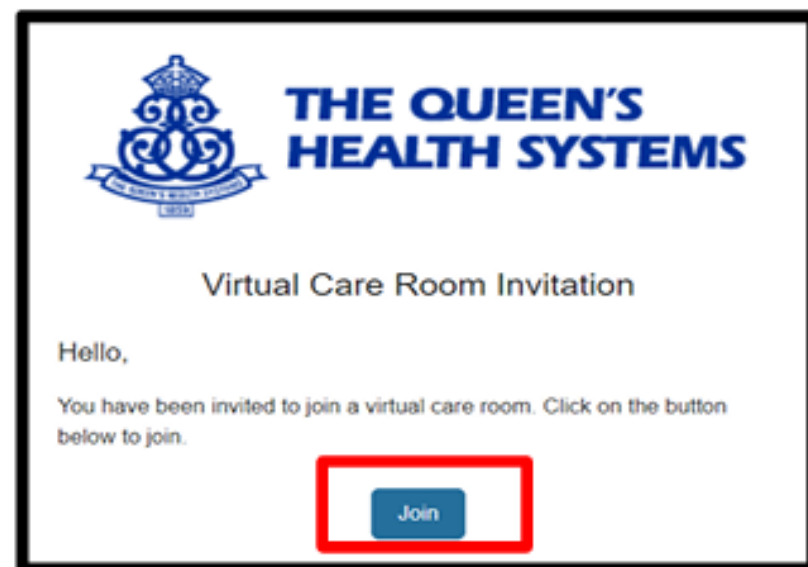
Join

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

	Status	Appt Change Actions	Express	Time ▲	Visit Type	Video
●	**Scheduled** No Show			9:30 AM	Virtual Home Visit Telehealth	📹
	Visit in Progress Checked in: 8:29 AM			9:30 AM	Established Medical	
	Arrived Checked in: 9:34 AM			9:30 AM	Virtual Home Visit Telehealth	📹

COMP WEIGHT MGMT PROG Department (All Providers) ▾   ◄ Jun 22, 2021 ✎ ►   ▼ Filter by Status

THE QUEEN'S HEALTH SYSTEMS

Video Visit Best Practices

#4 Encourage patients to complete a hardware test before appt.

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**
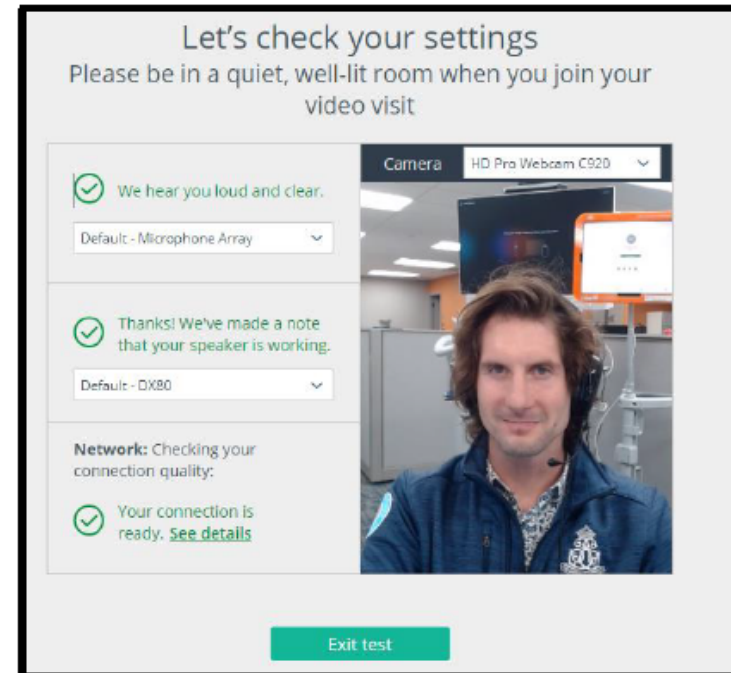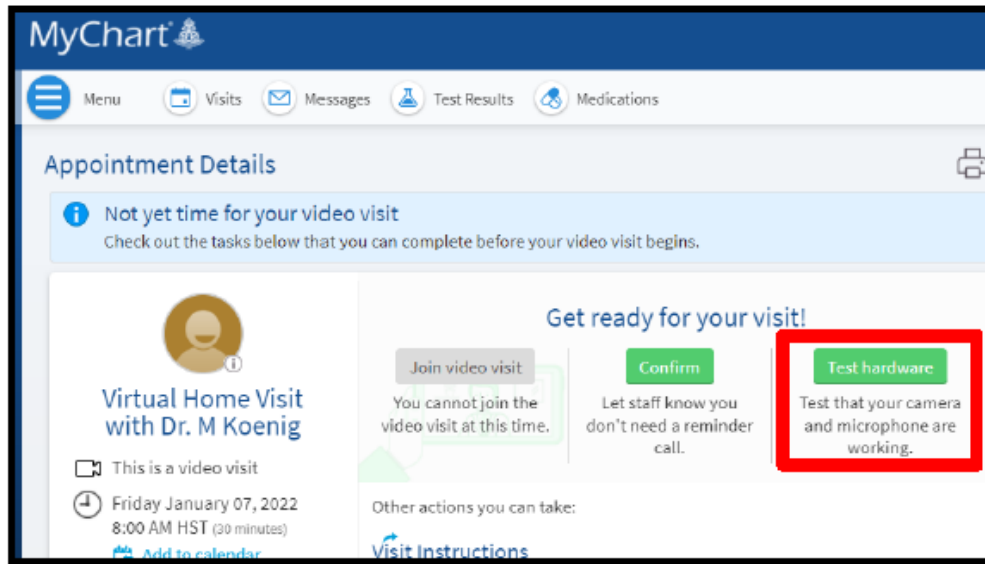
Backup Option

Trouble joining the visit?

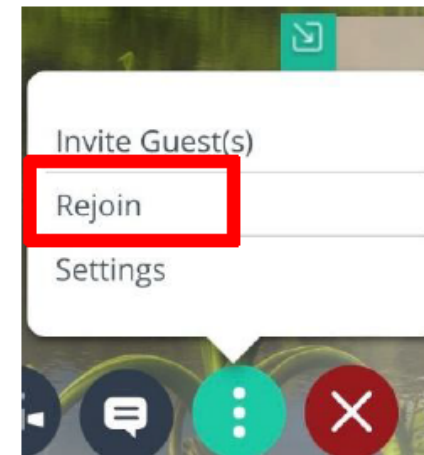If the patient is on a mobile device and has trouble joining using their mobile we browser, they are encouraged to join via the **Backup Option**, which prompts a download of the ExtendedCare application
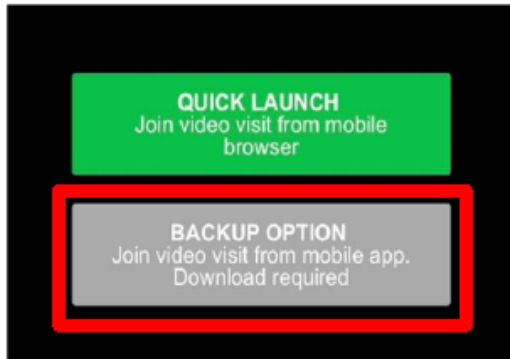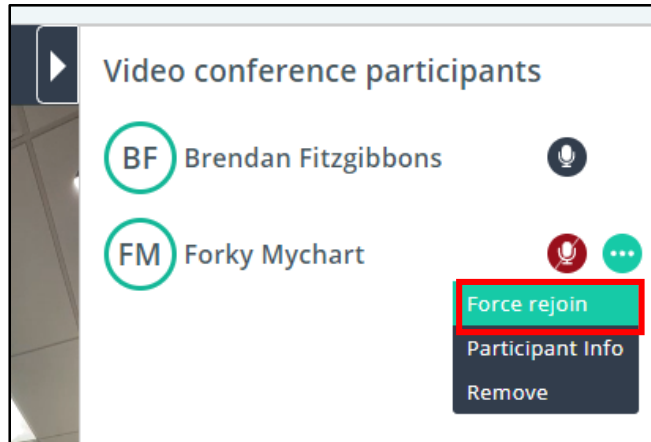
Rejoining the VCR

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

Video conference participants

BF Brendan Fitzgibbons

FM Forky Mychart

Force rejoin
Participant Info
Remove

prod.aws.extcare.com

Rejoining Visit

An issue has been detected. You will be automatically rejoined to the visit in 3 sec.

Rejoin Now

Brendan Fitzgibbons

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.
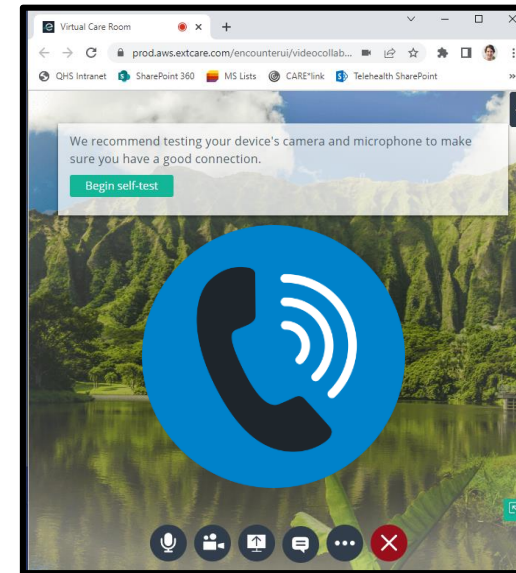
Check out page 13 on the ExtendedCare Guide to learn more!
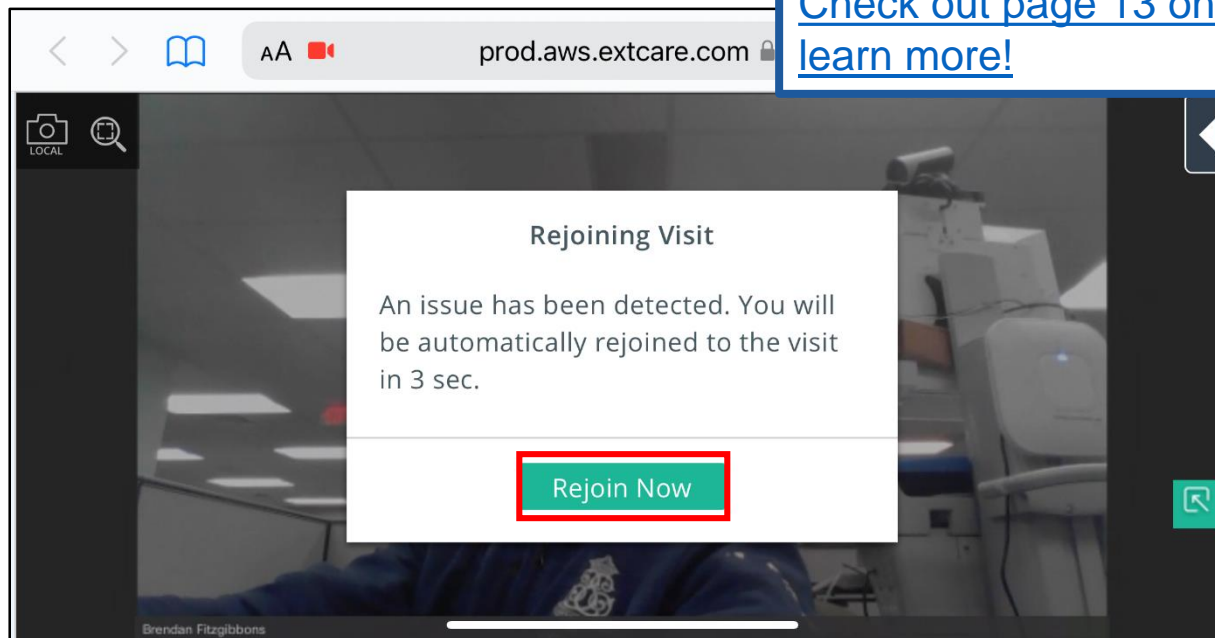
Feature Overview: If patients are experiencing audio problems during a video visit, or have not joined their video visit at the scheduled start time, you can **dial their phone from within the ExtendedCare Virtual Care Room** and "pull" their audio into their Virtual Home Visit.

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

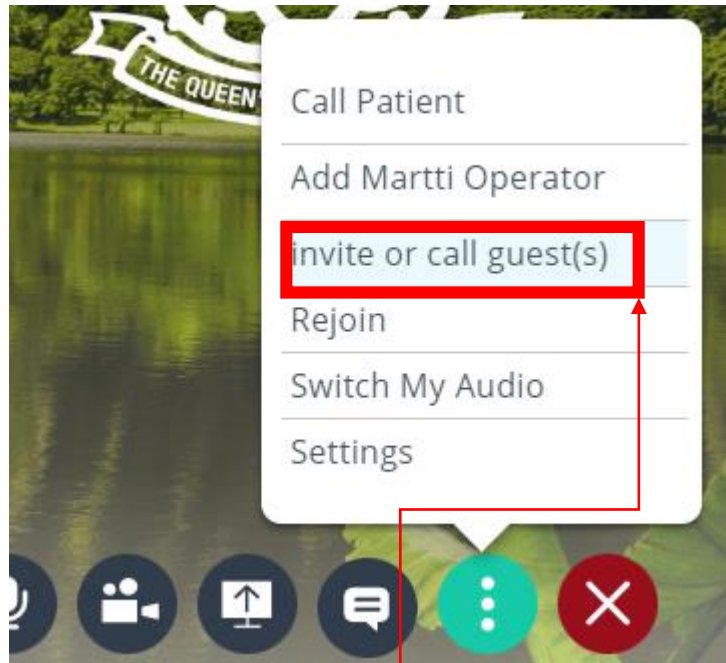Questions? Please contact IT Help Desk at 691-4357

Newsflash [Date]

All – OP only

TELEHEALTH

CARE*Link | THE QUEEN'S HEALTH SYSTEMS

Call Patient

Add Martti Operator

invite or call guest(s)

Rejoin

Switch My Audio

Settings

Invite a guest

Send guest a link to this visit:

Enter email or phone no. here | Send

Separate multiple values with commas

Call Patient or Guest at:

808-867-5309 | Call

Close

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

All – OP only

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

JULY - AUGUST 2022 SCHEDULE

THE QUEEN'S HEALTH CARE CENTERS — **Hilo** SPECIALTY CENTER

Deborah Agles, MD — Occupational Medicine — August 3, 5 — Call 1-808-591-3538 — Fax 1-808-356-8191

Ken C. Arakawa, MD — Rheumatology — July 7, 12 / August 4, 9 — Call 1-808-528-3888 — Fax 1-808-533-1448

Kyle F. Chun MD — Orthopedic Surgery & Sports Medicine, Comprehensive Shoulder Surgery, Advanced Hip and Knee Arthroscopy — July 14, 28 / August 11, 25 — Call 808-521-8100 • Fax 808-521-8105

Carl de los Reyes, MD — Plastic Surgery — July 13 / September 14 — Call 1-808-525-6590 — Fax 1-808-525-6407

Jeffrey Harpstrite, MD — Orthopedic Surgery/Sports Medicine — July 8 / August 12 — Call 1-808-521-8176 — Fax 1-808-537-2350

Greigh Hirata, MD — Maternal Fetal Medicine — August 2, 24 — Call 1-808-945-2229 — Fax 1-808-945-2230

Kenneth T. Kaan, MD — Orthopedic & Spine Surgery — July 5, 19 / August 2, 16 — Call 1-808-533-3393 — Fax 1-808-533-3390

Christian K. Kikuchi, MD — Orthopedic Surgery (Foot & Ankle) — July 26 / August 23 — Call 1-808-356-5644 — Fax 1-808-356-5643

Robert Kim, MD — Gynecology Oncology — July 6 / September 7 — Call 1-808-686-4610 — Fax 1-808-686-2128

Daniel Lim, MD — Sports Medicine, Arthroscopic and Joint Reconstruction — July 21 / August 18 — Call 1-808-521-8140 — Fax 1-808-521-8139 — *Now in Hilo*

Brent Matsuda, MD — Pulmonary, Critical Care Medicine — July 13 / August 10 — Call 1-808-691-5252 — Fax 1-808-691-5250

Lance Mitsunaga, MD — Orthopedic Spine Surgeon — July 22 / August 26 — Call 1-808-691-6511 — Fax 1-808-691-6512

Michon Morita, MD — Neurosurgery — July 22 / August 26 — Telehealth Visits Only — Call 1-808-691-8866 — Fax 1-808-691-8865

Shane Y. Morita, MD — Surgical Oncologist — July 1 / January 9, 2023 — Call 1-808-691-8777 — Fax 1-808-691-8780

Marina Ostroukhova, MD — Allergy and Immunology — July 25 / August 22 — Call 1-808-521-2712 — Fax 1-808-537-5823

Linda J. Rowan, MD — Physiatry, EMG & Nerve Condition Studies — August 5 — Call 1-800-877-8907 — Fax 1-808-538-7604

Alamelu Ramamurthi, MD — Electrophysiology — July 15 / August 16 — Call 1-808-691-8888 — Fax 1-808-691-8919

Brent Tatsuno, MD — Pulmonary — July 1, 5, 27, 29 / August 1, 8, 24, 29, 30 — Call 1-808-691-5252 — Fax 1-808-691-5250

Dialing a Telemedicine Device

Welcome, Telestroke Provider.

To place a manual call to a telemedicine device, select •••

Then select **Search for device**

Next, select the device that you want to call

Search for device.　›

Interpreter

Invite Guest(s)

Rejoin

Q Type device name here...

QET9DH 969, QMC

QET9DH 970, QMC

QET9DH 971, QMC

QET9DH 972, QMC

QET9DH 973, QMC

QMC NEONATAL

QMC Test Unit

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**
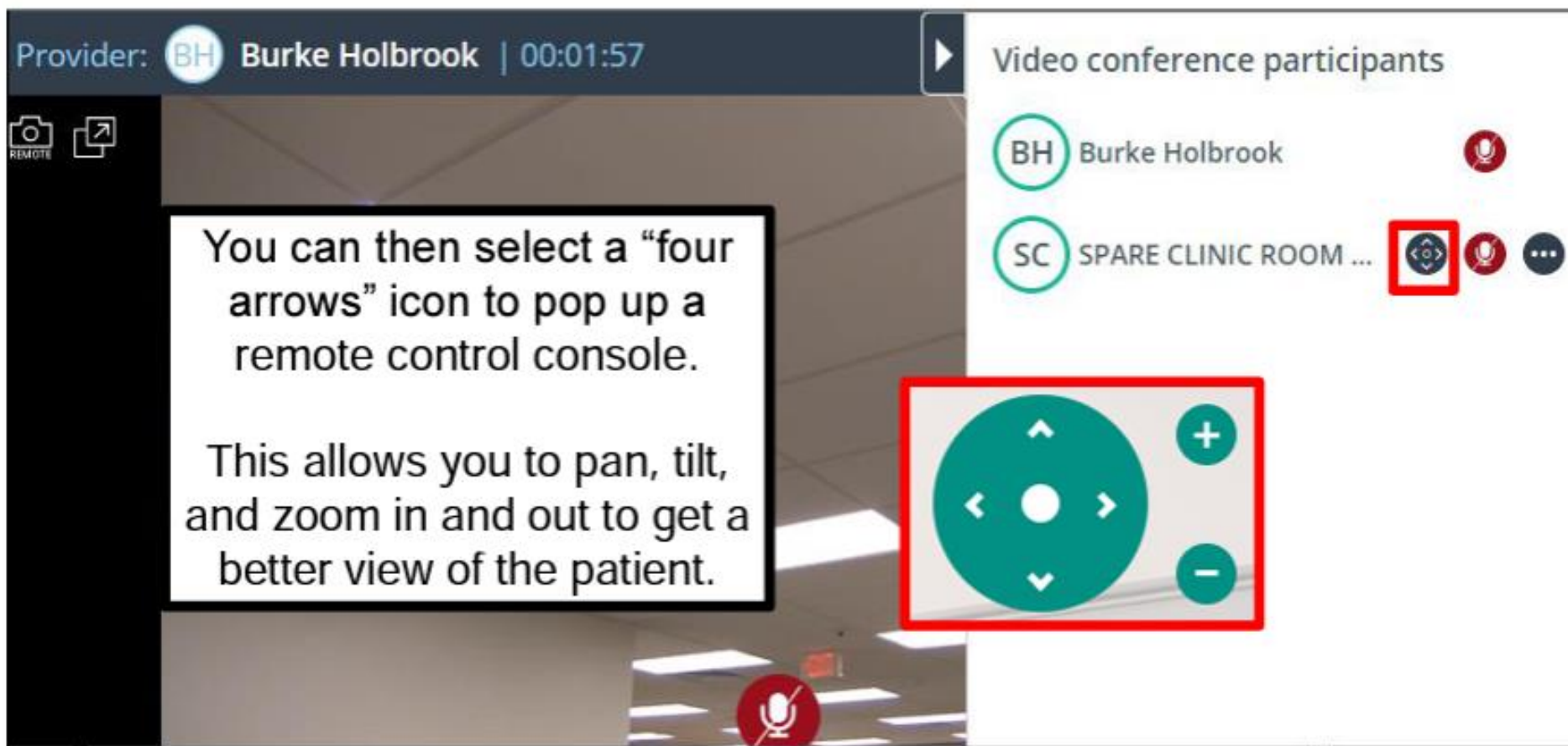
Far End Camera Control

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
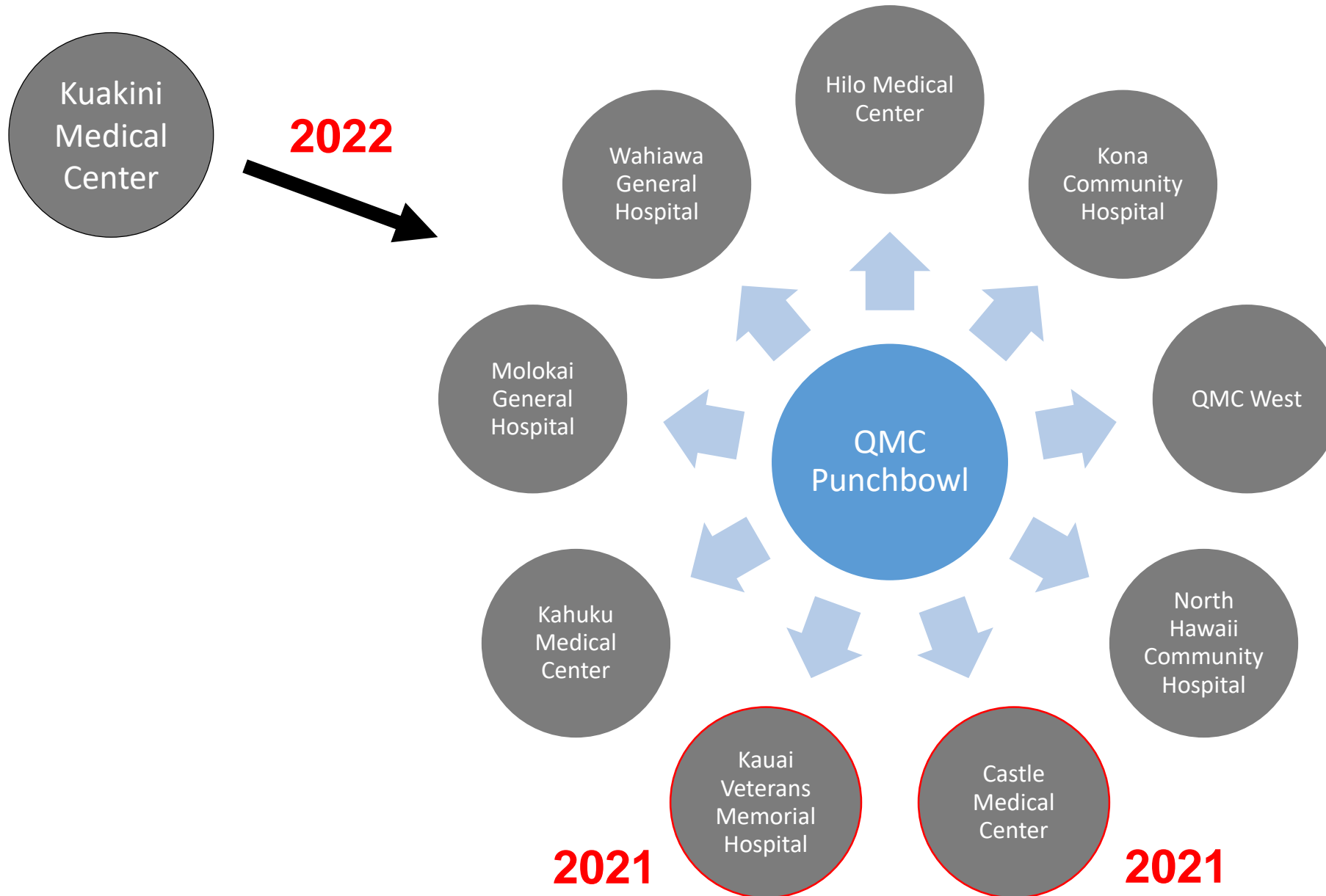
Annual Telestroke Encounter

Total Telestroke Encounter (Excluding PB)
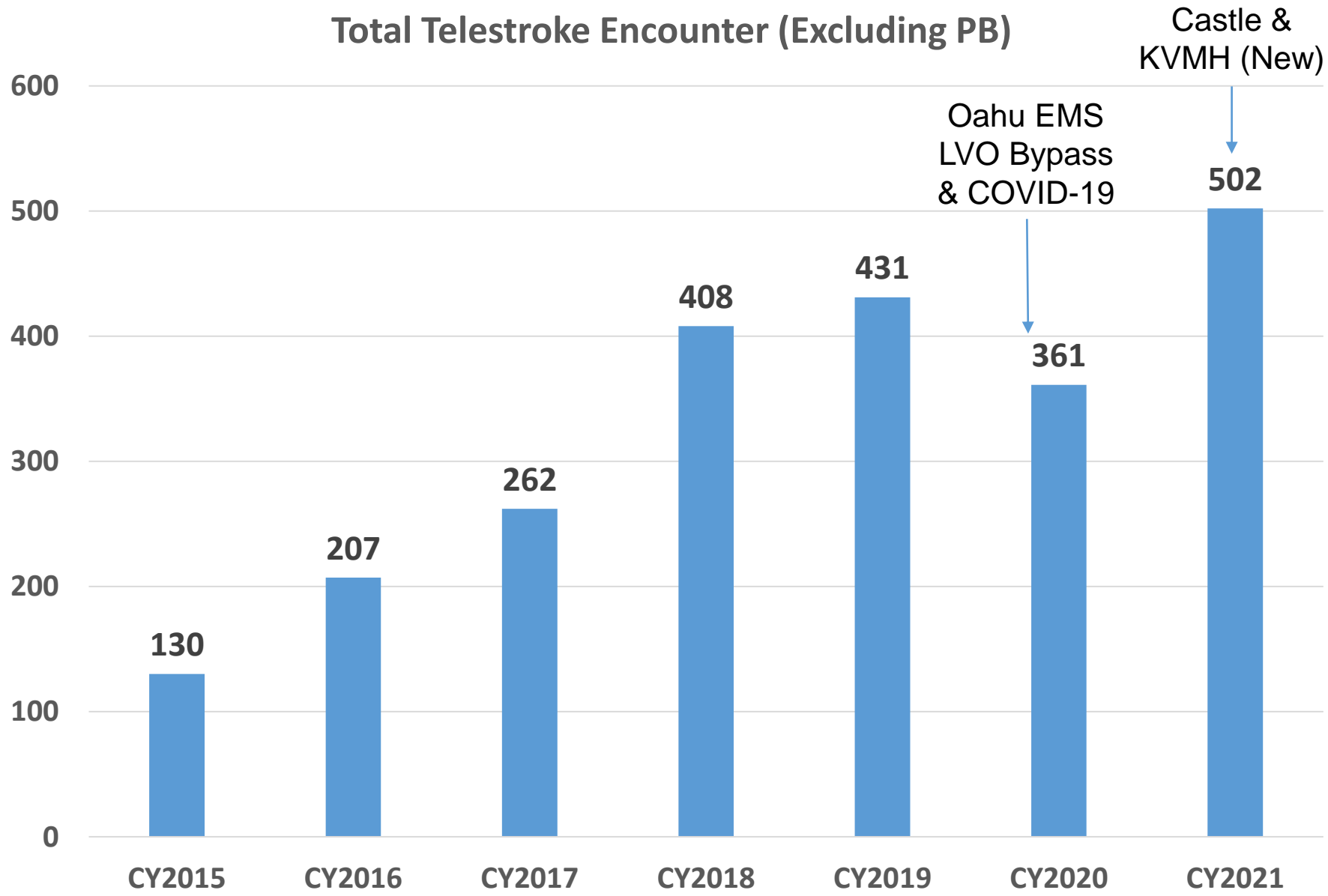
Transitioning to the New Normal
or Waiting for Return to Business as Usual?

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

THE QUEEN'S HEALTH CARE CENTERS

Locations

Hawaii Kai

Hilo

Honolulu

Kahala

Kapolei

Kauai

Kona

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
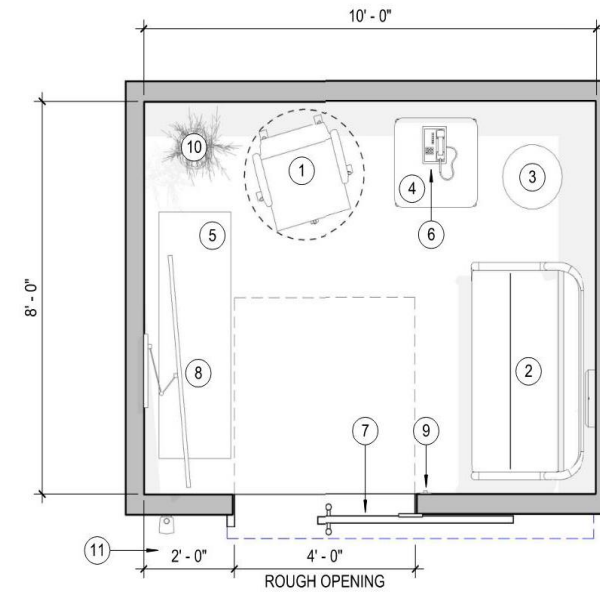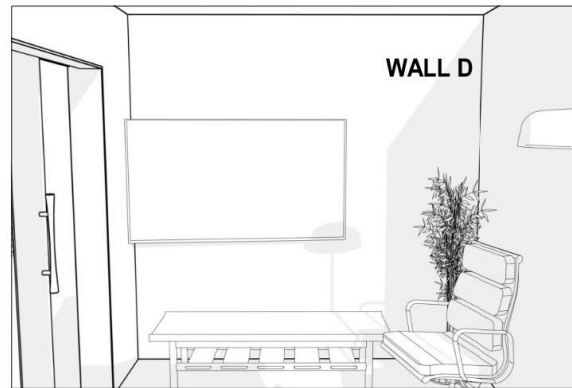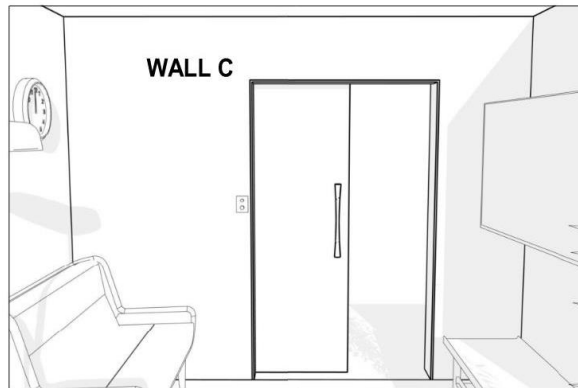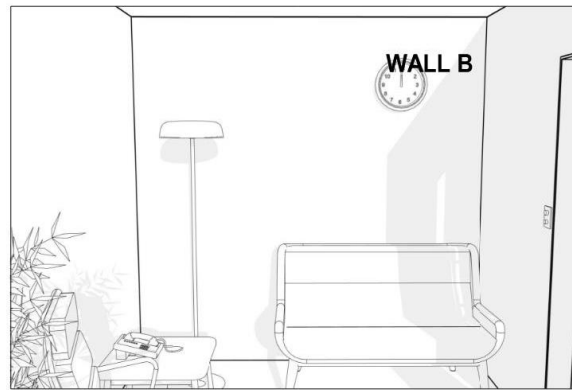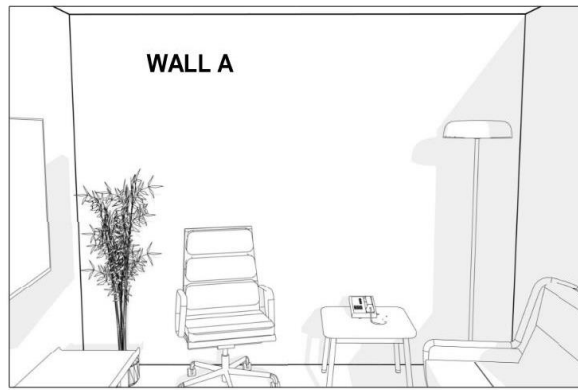
Discussion Points

- 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	Sept	October	Nov	Dec	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June
Telephone	444	451	2,742	5,278	3,439	2,904	2,761	4,010	4,069	3,541	3,205	3,290	2,785	2,253	2,307	2,006	1,775	1,815	1,537	2,143	2,758	2,168	2,053	2,250	2,916	1,987	1,939	1,731	1,898	1,957
Telehealth	211	175	1,687	13,637	12,737	10,881	10,483	15,537	16,690	14,202	13,081	13,791	13,736	12,363	12,880	12,307	11,509	11,026	10,438	18,926	22,781	14,995	13,221	15,132	22,319	15,433	14,301	14,002	15,400	16,357

VHV Success Rate

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.

Client Usage by Week

Legend:
- iOS - Safari
- Android - Chrome
- Unknown - Chrome
- Mac - Safari
- Win - Edge
- Android - SamsungBro...
- Other
- Win - Firefox

2022-07-15 2022-07-17

Mobile Browser Device Model

Device	Count
Apple iPhone	370
Android Mobile	55
Samsung SM-G998U	22
Samsung SM-G991U	21
Samsung SM-N770F	20
Samsung SM-J737T	15
Motorola Moto G Po...	13

Client Name / Version

user_agent.name: Descending	user_agent.version: Descending	↓ Unique count of organization.enco...
Chrome	102	133
Safari	15.5	130
Chrome	103	88
SamsungBrowser	17.0	51
Chrome	Other	28
Safari	Other	25
Safari	14.1.2	24
Edge	102.0.1245.44	18
Safari	13.1.2	16

< **1** 2 3 4 5 >

Client Usage By Role

Legend:
- Desktop Browser
- Mobile Browser
- Other

Provider   Other

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.
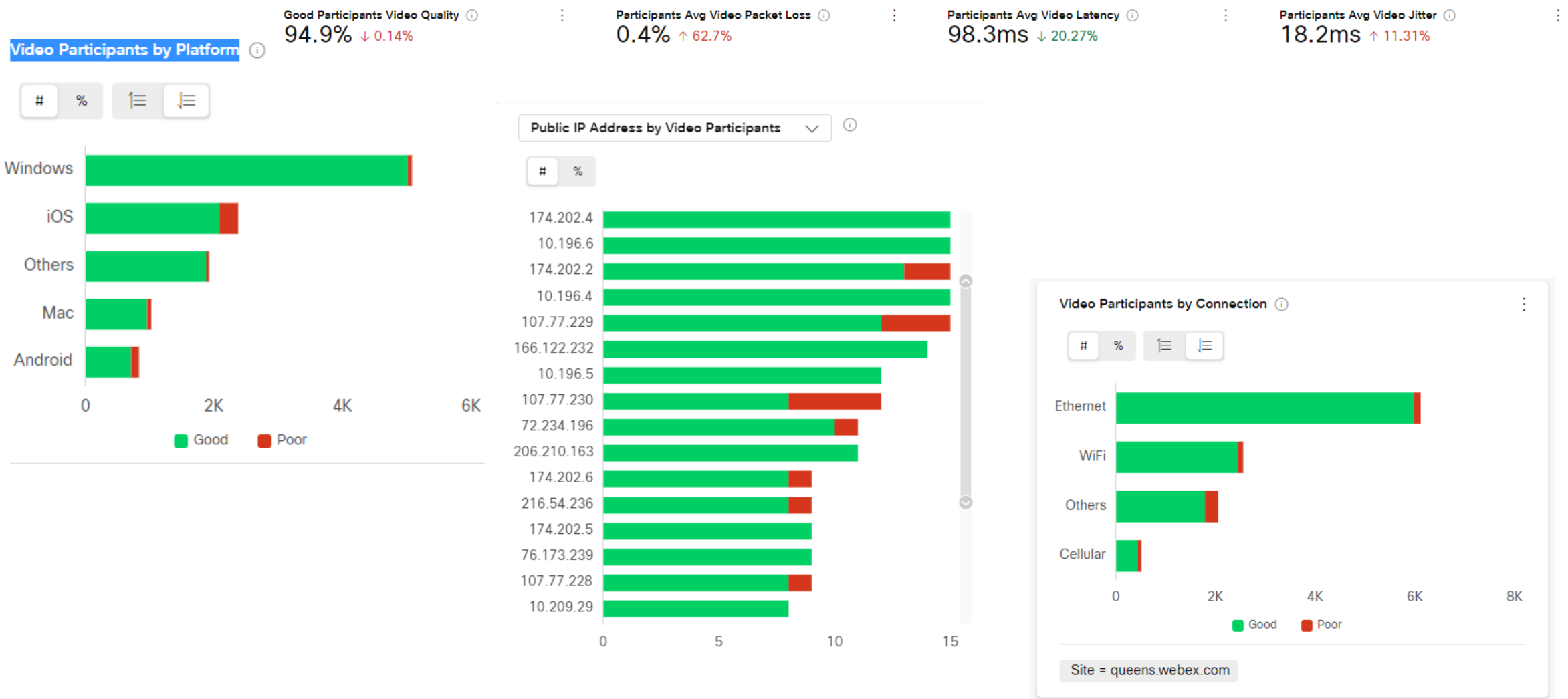
Virtual Urgent Care

Since go-live(4/26)

Dep Name	Visit Type Name	Count	Success Rate
QMC VIRTUAL URGENT CARE	Cumulative	1572	73.1
QMC VIRTUAL URGENT CARE	VIRTUAL HOME VISIT TELEHEALTH	1425	73.61
QMC VIRTUAL URGENT CARE	ON DEMAND VIDEO VISIT	144	67.36

Past two weeks (7/3-17)

Dep Name	Visit Type Name	Count	Success Rate
QMC VIRTUAL URGENT CARE	Cumulative	226	73.45
QMC VIRTUAL URGENT CARE	VIRTUAL HOME VISIT TELEHEALTH	226	73.45
QMC VIRTUAL URGENT CARE	ON DEMAND VIDEO VISIT	N/a	N/a

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