Supporting Patients Through the Telehealth Process

Using Multifaceted Connected Healthcare

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Multifaceted Connected Healthcare

- **Introduction**

Recently, healthcare in the United States and in many other countries has been transformed out of necessity to respond to the COVID-19 pandemic. Enormous efforts have supported transformations ranging from converting hospital spaces and non-healthcare facilities into intensive care units (ICUs) to rolling out new clinical guidelines and policies. One of the most evident, and perhaps impactful changes, has been the explosion of telehealth. For example, at Oregon Health & Science University, the number of virtual health visits ballooned from 1,100 in February to nearly 13,000 in March, and all 1,200 ambulatory faculty were able to conduct virtual visits by April 3, 2020.[1] This response has been fueled by necessity and rapid legislative and regulatory changes to payment and privacy requirements, particularly the temporary waivers and new rules by the Centers for Medicare & Medicaid Services that have broadened access and facilitated payment[2] for a wider range of telehealth services.

Prior to the COVID-19 response, Cheyenne Regional Medical Center's (CRMC) telehealth utilization was substantially lower. The exception was in telepsychiatry which has been a strong service several years. CRMC provided different specialties (i.e. Rheumatology, Infectious Disease, Speech Therapy, Endocrinology, Wound Care) having minimal encounters with limited usage. With the COVID-19 response, our overall telehealth clinical encounter utilization approached 95%. In April 2020, CRMC had 1,743 video visits and 2,600 telephonic visits. This is in addition to our *Smart Exam* offering, on-demand, virtual, acute clinical encounters but not utilizing video.

[1]April13, 2020.https://news.ohsu.edu/2020/04/13/ohsu-telehealth-rockets-into-new-era-of-medicine.
[2]March 17, 2020.https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet.

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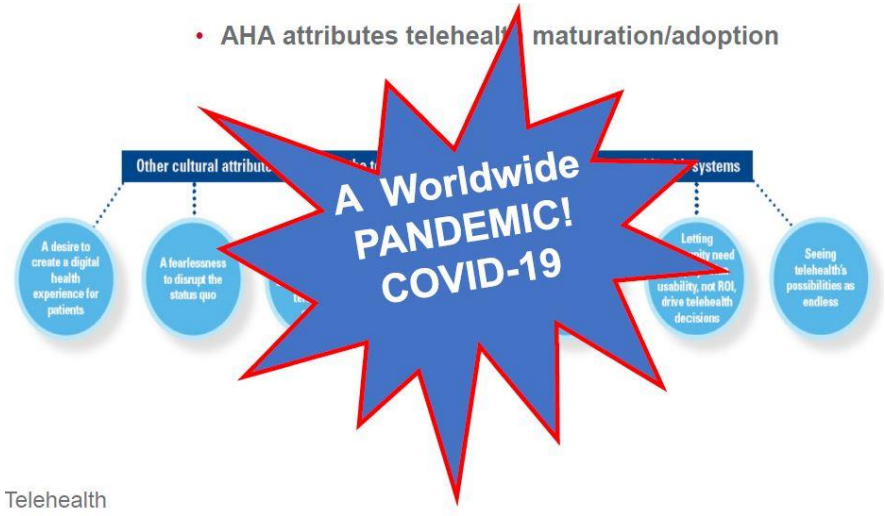
Cheyenne Regional began telehealth services as early as 2006 for a total of 14 years. In 2012 to 2015, CRMC's *Wyoming Institute of Population Health Division* was the recipient of a sizeable Health Care Innovation Award, part of which included $1.5 million to work statewide to provide equipment and education to assist in the investment to drive adoption of Telehealth.

Telehealth adoption has been a difficult door to open. Advocates have been pushing hard to see solutions leveraged in ways that truly address cost, quality and access challenges in delivery of healthcare. With plenty of competing interests involved, Telehealth adoption has been a difficult door to open.

Enter COVID-19, an unwelcome motivator for innovation, that pushed healthcare through the doorway of telehealth adoption. Nearly overnight, healthcare providers were pushed to the front line of a critical mission; protect vulnerable patient populations, extend care away from hospitals and clinics.

IT ONLY TOOK A PANDEMIC!



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The breaking down of barriers to adoption of telehealth, was certainly aided by the critical response of the federal government. “Temporary actions” taken with Federal COVID-19 Emergency Actions, under the Public Health Emergency (PHE) such as: removed geographic & facility/site limitation, added additional providers to eligibility list (including FQHCs/RHCs & Allied Health Professionals, allowed audio-only phone for telehealth services and expansion of services eligible for reimbursement.

This support from federal agencies removed barriers to telehealth adoption that have existed for years; barriers that will be difficult to reinstate post-pandemic. The COVID-19 pandemic has permanently altered the landscape for connected care. We believe patients who have experienced the safety and convenience of quick, video-enabled conversations with their practitioners will expect that option going forward.

Over the time and investment CRMC made in virtual or connected care, we evolved and learned that a varied level of interactions, combined with increasing ease of use, was a likely formula to increase access for services demanded by our community.

This was further substantiated in March. The demand was to setup over 80 practitioners (Physicians, NPs, PAs, etc.) with appropriate two-way video capability with our Polycom infrastructure, our long-time solution. This also necessitated providing a way to enable existing patients to maintain a continuity of care with their established providers, while observing the constraints of public health orders.

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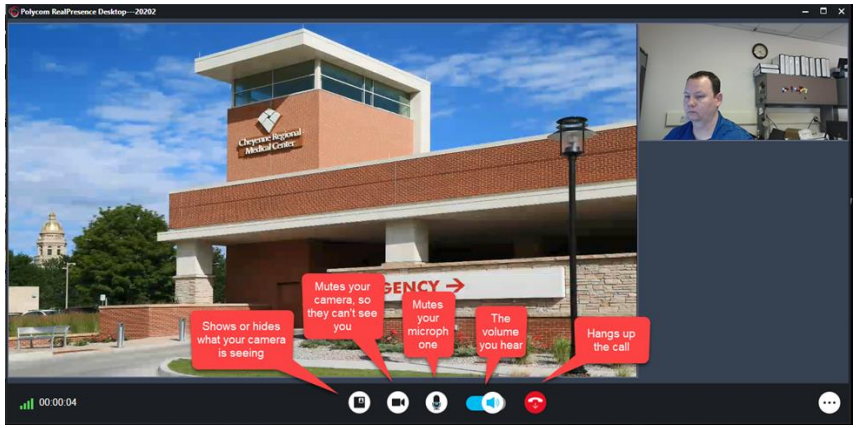
During the COVID-19 response, Cheyenne Regional expanded outpatient clinical encounters, but we were also able to utilize telehealth in inpatient setting. Specifically focused on isolation rooms for COVID. This included the Inpatient Tower, Emergency Department and ICU. It saves PPE, reduces exposure to both patient and provider when conducted virtually. Telehealth utilized for rounding in nursing homes due to the high-risk of their populations.

The main challenges for implementation was on the requirements for education needs, with a strong resource demand along the learning curve associated with the new workflows. As the technology evolves and improves, we have seen concerns on the "small, annoying issues" that can come up. This might be an echo in the sound, a poor connection established, competing resource demands, inability to utilize microphone, etc. These have been noted regardless of the platform utilized and can be traced to either user settings, carrier variance, and variance in wireless access points within the organization.

Example of *Polycom RealPresence Desktop* Video Conferencing



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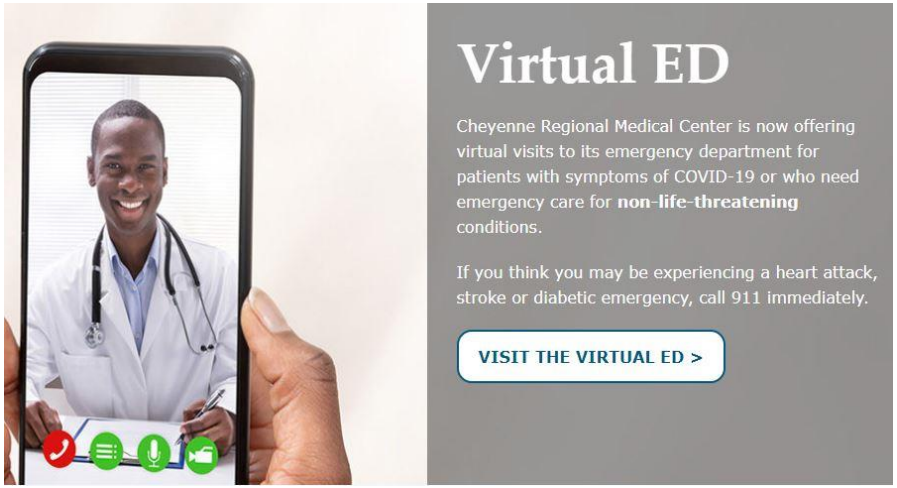
The primary issue that we have seen from a patient's perspective is the understanding of basic technology. There were instances of the patient not knowing what kind of device they were using (i.e. iPad, Kindle, etc.) - given these devices as gifts, without understanding what it was.

Frequent issues in the way the device is used (i.e. finding the volume control, turning on the microphone, etc.) We do believe that the COVID-19 response has forced this education in many instances and will continue to improve as telehealth becomes more comfortable to our population.

During this time the Emergency Department determined it necessary to launch a ***Virtual ED*** offering. Folks were avoiding the ED for fear of COVID-19. This helps reach the worried well, patients with symptoms of COVID-19 or patients who need emergency care for non-life-threatening conditions.

This also provides another virtual tool, one that is web-based without needing to download an app or other software.



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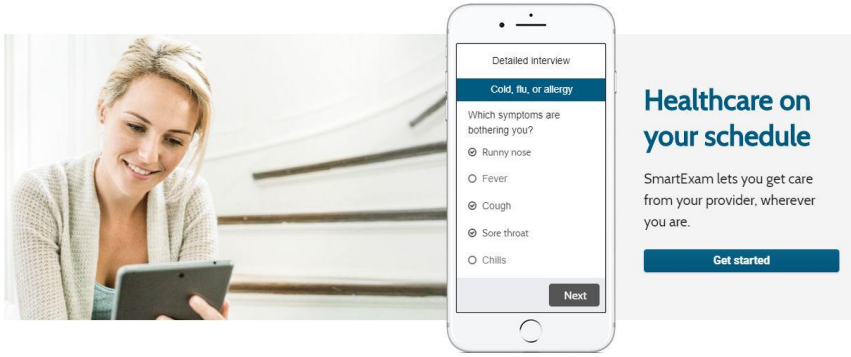
Another patient friendly tool that was implemented at CRMC, a year before the pandemic experiences, is ***SmartExam/Virtual Care.*** Patients which have established a login with CRMC's patient portal, Epic *MyChart* are able access this virtual smart exam.

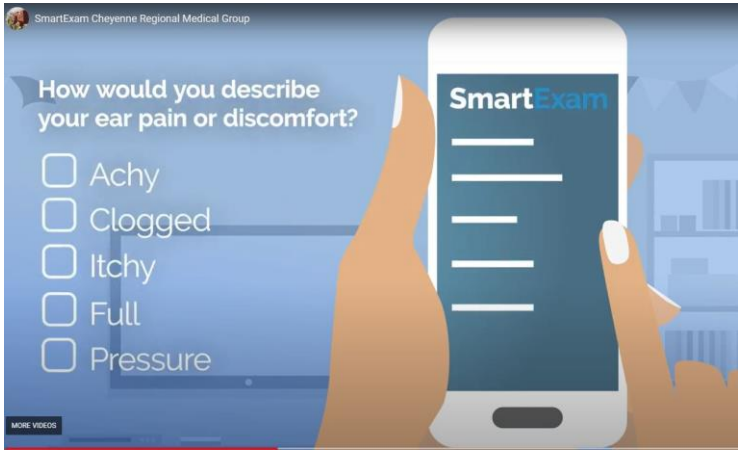
This online tool allows Cheyenne Regional providers to diagnose, treat, and prescribe medications online in under an hour. Complete the consultation online in about 10 minutes, and be on your way to care.

SmartExams are available to patients 4 years and older who have been seen by one of Cheyenne Regional Medical Group primary care providers within the past 3 years. To register a child please call.

Conditions treated, for most common conditions: bladder Infection, rashes and other skin conditions, ear pain or pressure, eye pain, bump or irritation, burn or sunburn, acne, yeast infection and many more. If there is an inability to provide a treatment plan or a higher acuity visit is recommended, you will not be charged the $40 fee.

Get care in minutes from anywhere - no travel or waiting - on your schedule. Complete care for your condition, from your trusted team at Cheyenne Regional Medical Group. Your personal health information is safely stored in your medical record. Easily share photos, with no video needed, privately accessing care from anywhere.





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Cheyenne Regional through the Wyoming Institute of Population Health, identified early on the value of Remote Patient Monitoring (RPM). With the assistance of the UW's Wyoming Center on Aging an 8 month pilot program was successfully conducted. From that demonstration, CRMC is pursuing a new RPM program.

The future of healthcare requires a shift to prevention. Through routine telehealth check-ups and continuous monitoring of symptoms and overall health with RPM, preventing and treating diseases becomes much easier and less painful than curing them.

Healthcare providers who implement RPM technology ensure that their patients benefit from early intervention by catching blood glucose or blood pressure changes and adjusting treatment plans in real-time.

COVID-19 forced healthcare to go virtual. Remote patient monitoring (RPM) services and telehealth became vital in care delivery efforts. Recognizing this, CMS, OCR, and the FCC got behind creating quick pathways to deployment and reimbursement. It is easier now for providers to implement and use these virtual care services without previous restrictions.

CRMC expects RPM is going to be ubiquitous technology and a standard for patient care because of the expansion of virtual care services, the increase in chronic conditions, and the growth in the consumerization of healthcare. Healthcare providers who implement RPM technology ensure that their patients benefit from early intervention by catching blood glucose or blood pressure changes and adjusting treatment plans in real-time.

Questions