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No Turning Back: Telehealth Will Play Major Role After COVID-19

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By Kelly Summers and Anthony Dunnigan, MD

Going from zero to 14,000 telehealth visits in only seven weeks would have seemed impossible when we began planning several years ago to create a telemedicine program at Valleywise Health, the Phoenix community's public teaching health system. But COVID-19 suddenly made it possible and necessary to quickly ramp up — and the overwhelmingly positive reaction from physicians and patients alike tells us there is no going back: telemedicine will play a significant role in our future.

Nearly 90 percent of patients using telemedicine reported they were satisfied with this option for accessing care, according to a new survey conducted by Valleywise Health in April, and our providers appear equally enthusiastic. In a short time, our physicians have become experts in telehealth, and 86 percent of them want to continue telemedicine visits during and after the pandemic.

Contradicting the common wisdom that the safety-net population we serve faces too many obstacles to telemedicine, nearly 70 percent of the first 14,000 scheduled telehealth visits at Valleywise involved Medicaid or sliding-fee patients. While this patient population often faces obstacles to getting care, telemedicine removes some of the most common roadblocks, including lack of child care, disabilities, lack of transportation, and the need to travel long distances. Telehealth isn't optimal for every situation, but is well suited for less-specialized care, wellness visits, and medication management. Our survey of Valleywise telehealth patients showed nearly 8 in 10 were likely to schedule another virtual visit during the pandemic, and two-thirds said they will do so after the public health emergency ends.

Paving the Way for Telehealth

The story of our seemingly overnight success was actually years in the making. Preparing for telehealth, we had invested \$40 million in our information networks and electronic health record (EHR) system to set a firm technological foundation. These investments allowed us to launch rapidly once the pandemic hit.

Regulatory changes related to COVID-19 allowed a wide array of video chat apps to conduct patient encounters. These included familiar products like FaceTime, Zoom, or Facebook Messenger, but we found some of the available health-focused technologies were better for telehealth. We settled on Doxy.me because we found it to be intuitive and relatively easy to use—if you can click on a link and type your name, you can be up and running. Additionally, many telehealth patients said they were happy to just use the telephone.

We also decided to not pursue tight integration within our electronic medical record. That was really a pivotal enabler for quick acceleration. While the provider is interacting with a patient on video, they have a second screen on Epic, where it is business as usual. Note templates, documentation, and billing codes that physicians already were using remained unchanged. This one decision simplified adoption for our staff.

The Future is Virtual

Before the pandemic, CPT codes and regulations already allowed telehealth, but loosening the regulations related to HIPAA-compliant tools made the shift possible. Cost-effective improvements in health care facilitated by telehealth, along with its contributions toward value-based care and population health, will make it difficult to put this genie back in the bottle.

Virtual tools, such as home blood pressure cuffs or scales that communicate with the EHR, will greatly enhance virtual visits. Regulatory changes allowed us very quickly to connect some of the dots we had been trying to connect for years. Now, we look forward to virtual medicine supporting close partnership between our patients and providers for years to come.

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