QUALITY IMPROVEMENT: STRATEGIES FOR OPTIMIZING EFFECTIVENESS OF TELEHEALTH WITHIN HEALTHCARE DELIVERY SYSTEMS

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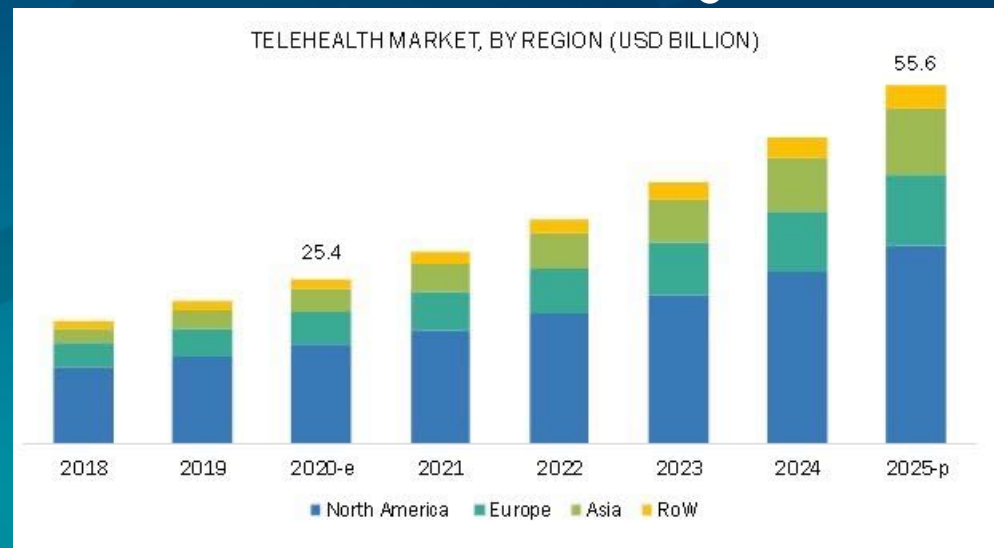
OBJECTIVES

Participants will be able to:

- Describe the positive and negative impact that the Covid pandemic has had on telehealth

- Outline the quality improvement indicators that should be addressed when providing telehealth services

- Identify methods for collecting data on the quality improvement indicators

- Utilize quality improvement data to refine and optimize telehealth delivery

COVID PANDEMIC: <u>POSITIVE</u> IMPACT ON TELEHEALTH

- COVID-19 increased telehealth usage

- Providers, consumers, and insurers are now aware of its benefits

- Consumers are now expecting telehealth

- Providers have been exposed to telehealth (out of necessity)

- New technology was been developed

- Rules, regulations, & reimbursement were loosened during Emergency Waiver

TELEHEALTH MARKET, BY REGION (USD BILLION)

55.6

25.4

2018 2019 2020-e 2021 2022 2023 2024 2025-p

■ North America ■ Europe ■ Asia ■ RoW

COVID PANDEMIC: <u>NEGATIVE</u> IMPACT ON TELEHEALTH

- Introduced without training in its use:
  - Telehealth etiquette
  - Safety
  - Policies and regulations

- Waivers allowed for use of non-secure platforms (Facetime, Skype)
  - Not allowed post State of Emergency

- State licensure restrictions are not clear

- Using only videoconferencing without peripherals

- Rules, regulations, & reimbursement have returned post Emergency Waiver

TIPPING POINT

- Providers are deciding whether they will continue providing telehealth services

- Consumers are deciding whether they want to participate in telehealth

- Insurance companies are deciding what they will reimburse and how much reimbursement they will offer

- Vendors are rapidly developing improved platforms and devices

- Rules and regulations are being questioned/changed

WHY IS TELEHEALTH BEING QUESTIONED?

- Some Providers did not have good experiences
- Some patients/caregivers did not have good experiences
- Issues related to Telehealth Equity arose
- Rules, regulations, and reimbursement tied to the waivers are changing
- Telehealth billing is unique; many practices do not understand the coding
- Most Importantly, data was **<u>not</u>** collected to support it use

REASONS FOR ISSUES

- Providers were not trained to provide telehealth
  - Telehealth etiquette
  - Conducting a physical example without touching a patient
  - Addressing security and safety
- Staff were not prepared
  - Practice protocols were lacking
  - No plan for preparing patients
  - Billing
- Quality of telehealth delivery (visual, auditory, ease)
- Data was **<u>not</u>** collected and used to refine the telehealth delivery

BENEFITS OF COLLECTING DATA

- Demonstrates the effectiveness of telehealth

- Provides direction for improving telehealth services

- Enable one to promote its use/effectiveness

- Increases lobbying opportunities

- Allows for better contractual arrangements with insurers

- Increases provider, staff, and patient buy-in

- Provides insight into equity issues

QUALITY IMPROVEMENT INDICATORS

- National Quality Forum (Telehealth Framework 2016-2017)

- Press Ganey

- Center for Telehealth eHealth Law (CTeL)
  - Data Dictionary

- Collaborative Telehealth Research Network (SPROUT) Health Outcomes
  - Value of Healthcare Delivery
  - Patient/Provider Experiences
  - Program Characteristics, Performance, and Implementation

NATIONAL QUALITY FORUM (NQF)

- Multi-stakeholder group with the aim of developing a national framework for measuring and supporting the success of telehealth

- Initial report written in 2017

- National Quality Forum (Telehealth Framework 2016-2017)
  - Patient access to care
  - Financial impact to patients and their care team
  - Patient and clinician experience
  - Effectiveness of clinical and operational systems

- Updated March 2021:
  - Added Improvement Activity (IA)
  - Looking at how telehealth can be included in the new Medicare Access and CHIP Reauthorization Act's (MACRA's) new Merit-based Incentive System (MIPS)

NATIONAL QUALITY FORUM
Driving measurable health improvements together

PRESS GANEY

- Press Ganey is a patient experience company

- Utilized by healthcare organizations to measure patient experience, anticipate needs, and assist organizations in real time

- Satisfaction with Telehealth added to the survey

- Special Report 2021
  - 35 million surveyed
  - 70% returned
  - Evaluated "People" and "Process" in medical practices with both standard and full telehealth visits

PRESS GANEY

- **People Metrics**
  - Likelihood of recommending telehealth care provider (CP)
  - CP demonstrated concerns for questions/worries
  - CP demonstrated an effort to include you in decisions
  - CP clearly explained problems and conditions
  - CO discussed treatments
  - Staff worked together to care for you

- **Process Metrics**
  - Likelihood of recommending
  - Ease of talking with CP over video
  - Ease of scheduling appointments
  - Ease of contacting office and CP
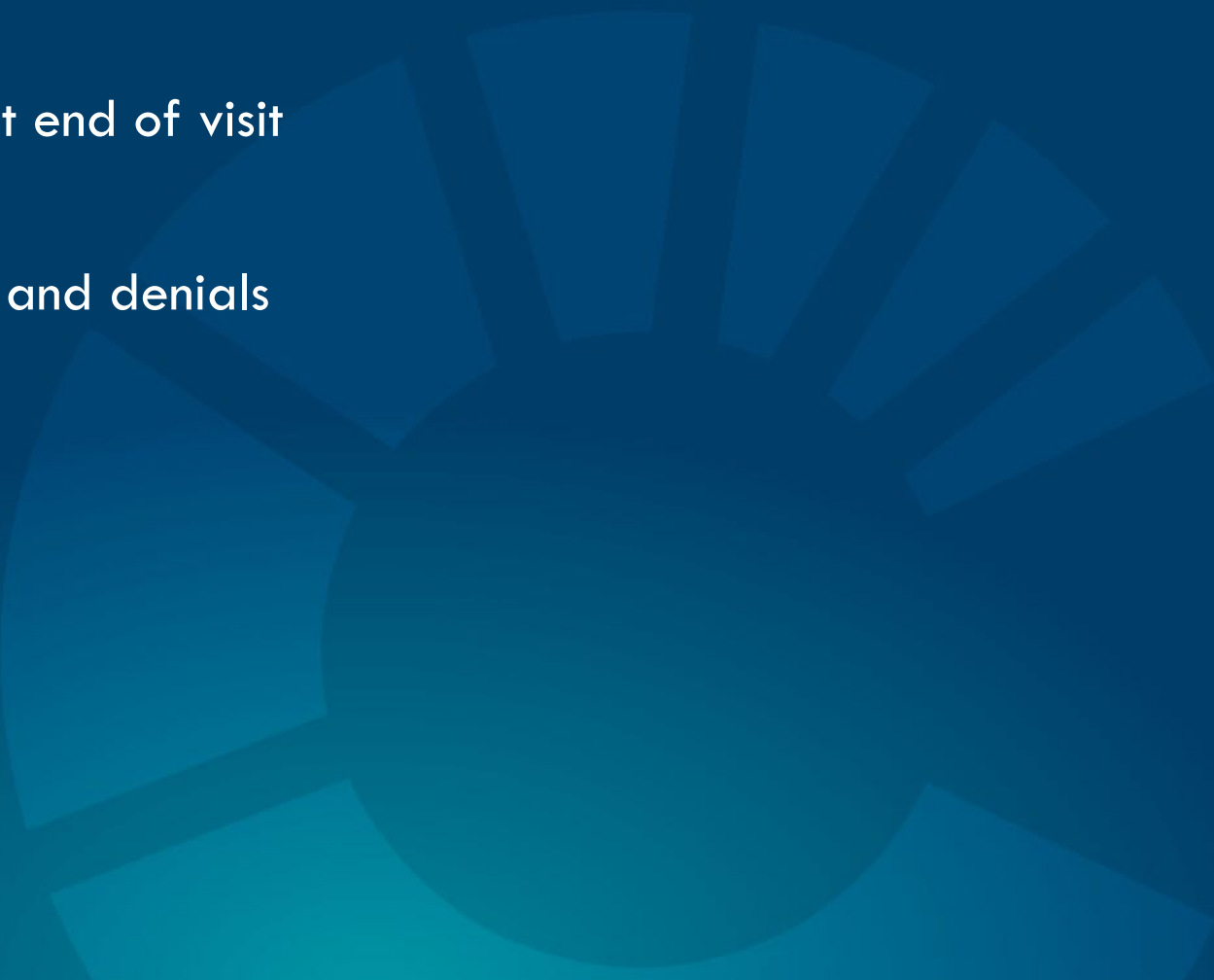 - Audio connection during visit
  - Video connection during visit

PRESS GANEY™
Outcomes driven. Performance strong.

SPROUT

- **S**upporting **P**ediatric **R**esearch on **O**utcomes and **U**tilization of **T**elehealth
- Measures are provided for each domain and subdomain
  - Health Outcomes
  - Value of Healthcare Delivery
    - Access (i.e., cancellation rates)
    - Safety (i.e., proportion of visits moved to in person)
    - Cost of care
    - Effectiveness (i.e. existing measures such as NQF)
    - Equity (i.e., demographic characteristics)
  - Patient/Provider Experiences
    - Satisfaction (i.e., patient and provider satisfaction)
    - Individual workload burden (i.e., miles saved)
    - Telehealth Encounter logistics (i.e., reason for telehealth encounter)
  - Program Characteristics, Performance, and Implementation
    - Program characteristics (i.e., telehealth encounter completion)
    - Implementation (i.e., staffing adjustments)

OTHER INDICATORS TO CONSIDER

- Patient/Family member/Caregiver
  - Self-care
  - Care Giver Burden
  - Self-Efficacy
  - Reduced burden of disease
  - School and work absenteeism
  - Compliance/Adherence

- Provider
  - Work life balance
  - Capital costs and decreased overhead of brick-and-mortar establishment

- Cost
  - Cost comparison
  - Cost benefit
  - Consider direct and indirect costs

METHODS FOR COLLETING DATA

- Surveys
- Asking patient at end of visit
- Chart Audits
- Insurance claims and denials
- Focus Groups
- Other

PERSONNEL RESPONSIBLE

- Providers

- Staff

- Health care organizations

- Other

EXAMPLES

- Diabetic Retinopathy
  - Feasibility
  - Compliance
  - Health Outcomes

- Cardiology Assessment
  - Efficiency
  - Health Outcomes

- Palliative care
  - Provider/patient satisfaction
  - Cost/transportation/time
  - Self-efficacy

DATA IMPACT

- Lobbying – Reimbursement for outpatient assessment

- Reimbursement – Medicaid for RPM

- Refine care provided – Eye exams

Questions??