Kevin Hopkins, MD, returned from vacation on March 9, which was the day the first two COVID-19 cases were diagnosed in the state of Ohio. That weekend, leadership at Cleveland Clinic worked together to completely redesign workflows for scheduling and evaluating patients virtually and in person. Within 72 hours, a plan was created for kickstarting telemedicine within their health system.

“We've been trying to get our physicians and APPs [advanced practice providers] to really embrace telehealth options for the last three years. I joke every day it’s taken a worldwide pandemic to get us to do it,” said Dr. Hopkins, an AMA member, family physician and primary care medical director at Cleveland Clinic. “Prior to this, less than 2% of all ambulatory volume at the clinic was completed by virtual platforms.”

Prior to COVID-19, one of the goals for Dr. Hopkins’ team had been “to get to 10% of all ambulatory primary care encounters completed virtually by the end of this year,” he said. “There’s been some things that we can’t control that have held us back, like coverage by insurance companies is a big one, but three days earlier in March we went from 99% in the office to about 50% virtual.”

“For the month of March and April, we were at about 70% to 80% of our patient encounters being completed virtually. Now we want to try to shift that back, but we don’t want to go back to what it was before,” he said. “Trying to define that new normal is really part of what we’re working on now—designing what’s the right mix of in person versus telehealth or virtual encounters.”

At Cleveland Clinic, the volume of COVID-19 hospital admissions has been flat for 24 days in a row, but telehealth remains top of mind. As Ohio works through reopening, Dr. Hopkins shared further insight into Cleveland Clinic’s digital health playbook for rapid transition into telehealth across ambulatory patient care in response to the COVID-19 pandemic and beyond. These are the elements of the plan.
Expanding digital platforms

Cleveland Clinic needed to transition 19 clinical institutes that represent almost 4,000 physicians to digital care. In just a few days, virtual care daily volume rose tenfold.

“We had some technology challenges because we have a virtual platform that we’ve used for the last three years for our express care on demand, which is basically a walk-in urgent care clinic that you can do from your mobile device 24 hours a day, seven days a week,” said Dr. Hopkins. “That platform had worked just fine for what it was being used for, but when we were trying to throw tens of thousands of ambulatory visits a day on that virtual platform, it just didn’t have the bandwidth.”

“We had to quickly find and identify other virtual platform options for how to complete those virtual visits,” said Dr. Hopkins, adding that right now they are using about five different platforms, but will condense it to one or two.

Training, reorganizing the workforce

To provide patient continuity and meet the increasing demand for care for those exposed to or infected by COVID-19, primary care and subspecialty teams were quickly trained.

“One thing I’ve learned is we can actually pivot and shift and change things a lot quicker than we thought we could when the need arises,” said Dr. Hopkins. “There are certain things and processes within our system that the context of a health organization that have historically taken weeks or months to get approved have now taken place within minutes and hours, which is awesome.”

“We’ve also learned that people are more willing to embrace technology than we thought they were—again, that’s in the context of a worldwide pandemic,” he said. “A lot of people are afraid and didn’t want to come into our health care facilities physically, so they were much more comfortable with a virtual encounter.”

Developing a standard playbook
Key to the success of Cleveland Clinic’s telehealth rollout was the creation of a unified dynamic playbook that lives on a central COVID-19 internal website. The availability of this playbook improved the use and efficiency in a platform that physicians and other health professionals did not previously engage with.

“We’re going to move past COVID-19, and virtual visits are here to stay,” said Dr. Hopkins, adding that it is important to house a playbook or a similar resource that people can look back to for guidance.

“Not everybody’s going to remember everything that we’re trained on,” he said. “They’re going to remember the things that they do every day, but they might not remember how to flag a patient chart for something in particular that gives them a resource to be able to look back to.”

“This is something that then you can sort of point to and show them and say, ‘Well, I don’t remember all the details, but based on what we have documented in our playbook, here’s what we did,’” said Dr. Hopkins.

Learn more from the AMA’s physician’s guide to COVID-19, which features resources on how to create a telehealth plan.

Maintaining open communication

To launch telehealth, leadership at various levels huddled daily, across workgroups and translated key points to the frontlines regularly. Transparency allowed for innovation, quick iteration and early success of telemedicine.

“Communication was huge for our organization because we’re 70,000 employees,” said Dr. Hopkins. “The ability to pivot and shift in minutes and hours, as I pointed out earlier, it doesn’t happen without effective multi-directional communication.”

Leadership set up five touch points throughout the day to share important information. Daily huddles began at 7:40 a.m. and continued at several different times with the last occurring at 4:30 p.m. At noon, a question-and-answer session with primary care leaders allowed all physicians and APPs to ask questions and learn more. As of May 11, the touch points per day are being reduced to minimize any redundancy in topics.

“In the beginning, we thought it was important to have a lot of opportunities for caregivers to communicate in multiple directions in order to give and receive information and feedback in a timely manner,” said Dr. Hopkins. “By being able to field questions as a group on a call with 200 plus primary care doctors from 12 to 1 p.m. daily, it helped us to disseminate that information more
quickly.”

The AMA has created a step-by-step physician practice guide to reopening. This guide builds on the AMA’s ongoing efforts to ensure physicians and other health professionals have the most up-to-date information and resources necessary to navigate the rapidly changing landscape of the COVID-19 pandemic.

Stay up to speed with the AMA’s quick guide to telemedicine in practice and track the fast-moving pandemic with the AMA’s COVID-19 resource center, which offers a library of the most up-to-date resources from JAMA Network™, the Centers for Disease Control and Prevention, and the World Health Organization.


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