Shift to telemedicine doesn’t diminish value of team-based care

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As practices scrambled to implement telehealth so they could care for patients safely during the pandemic, practices that used a team-based approach to care for years suddenly found themselves defaulting back to a system where the physician did it all.

But it doesn’t have to be that way—nor should it be. That’s what team-based care experts said in a recent panel discussion hosted by AMA Chief Experience Officer Todd Unger. The AMA is providing COVID-19 video updates featuring interviews with a wide range of physicians and experts from the AMA and elsewhere who provide real-time insight on the challenge of the pandemic.

Although physician practices that used team-based care for years initially reverted back to a physician-does-it-all system when they first started using telemedicine, they have since found ways to incorporate team-based care into virtually-based care.

And physicians, staff and patients are better for it.

“The first obstacle to overcome is just the recognition that it is possible to do it. And then to remind ourselves that the doctor-does-it-all model isn’t safe. It is not efficient, but it is also less safe. When we can give our undivided attention to the patient, our care is better,” internist Christine A. Sinsky, MD, the AMA’s vice president of professional satisfaction, said during the discussion.

The AMA’s Telehealth Implementation Playbook walks physicians through a 12-step process to implement real-time audio and visual visits between a clinician and a patient. It is a powerful resource for practices now and as they continue to implement telehealth beyond the pandemic.

And the CARES Act: AMA COVID-19 pandemic telehealth fact sheet helps physicians understand new policies designed to help them and hospitals during the pandemic, including Medicare covering an expanded array of telehealth services and audio-only telephone visits.

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Improving everyone’s experience

Green Bay, Wisconsin, family physician James Jerzak, MD, has for years been heavily engaged in making team-based care a reality in his physician practice. But when COVID-19 hit and his practice switched to telehealth this spring, he found himself alone in a room and back to doing all the electronic health record (EHR) work himself. Under the team-based care model, he was accustomed to having staff in the room who helped with the documentation and order entry.

Now his practice, which is part of Bellin Health, has figured out new workflows for the telehealth visits that allow other team members to be in the room to help him as they did with the team-based approach in a traditional office setting.

“It has made a dramatic impact on my time,” Dr. Jerzak said. “When I’m done with my part of the visit, I will hand the phone or the iPad back to the person helping me and she can complete the visit and it has really allowed me to be much more efficient in the office.”

Transitioning to team-based care

Olmsted Township, Ohio, family physician Kevin Hopkins, MD, said his Cleveland Clinic practice saw tangible benefits when it transitioned to team-based care more than a decade ago. Those benefits included improved access for patients, increased productivity for the health system, better performances on quality measures, improved performance on patient satisfaction surveys and better caregiver engagement and satisfaction.

Even amid stressful circumstances of the pandemic and the shift to telehealth, Dr. Hopkins advised practices to just pick somewhere to begin the transition to team-based care.

“Start with certain patient types, certain visit types, certain chronic or acute conditions and evaluate and interact with those patients via the virtual platform and continue to think about roles and responsibilities of everyone in the practice,” he said.

More resources from the AMA

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The AMA has multiple open-access modules on STEPS Forward™ that cover different aspects of team-based care and workflow, including documentation, taming the inbox and team-based care itself.

The educational modules help doctors and other team members understand “the underlying concept of task distribution according to ability and once you have done that, then you can translate that to the new electronic platform,” she said.

Stay up to speed on the AMA’s COVID-19 advocacy efforts 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.