In shift to telehealth, don’t let team-based care get left behind

NOV 9, 2020

Sara Berg
Senior News Writer

Before the pandemic, telehealth didn’t take off at Cleveland Clinic because there was inadequate training and experience, low patient awareness and a lack of payment. But when the COVID-19 pandemic hit, everything changed and it took 72 hours to upend how Cleveland Clinic delivers primary care through telehealth. However, as an organization, they needed to adjust team-based care’s role in their new shift to telehealth, which once accounted for 3.2% of primary care visits but now exceed 90% telehealth visits.

The COVID-19 pandemic hit and “our world changed. Everything changed. Patients and caregivers alike weren’t sure what to do next,” AMA member Kevin Hopkins, MD, said during a recent AMA webinar.

“We found ourselves looking around to see what others were doing,” said Dr. Hopkins, a family physician and primary care medical director at Cleveland Clinic. “Fear and uncertainty were pervasive in our culture and virtual health care finally got a seat at the grownups table.”

As a pioneer in advanced models of team-based care, Dr. Hopkins outlined five steps for implementation in telemedicine.

Define and engage the team

“Start with those caregivers who you work most closely with every day,” said Dr. Hopkins. “Bring people together to discuss the opportunity to build a better way to care for patients including physicians, APPs [advanced-practice providers] in your practice if you have them, IT partners, nursing and clerical leadership.”

“Do your best to understand the perspective and experience of each caregiver, empower individuals in order to empower the team to make them successful,” he said.
Discover how the shift to telemedicine doesn’t diminish value of team-based care.

Choose a model

Leaders should discuss options with their teams and how it relates to their practice situation as well as each person’s individual skill sets. One team-based care model is synchronous, real-time support with a nurse or medical assistant (MA) present from the start to the finish of the appointment. The second model is asynchronous support, which is when the MA or nurse is not present for the entire visit.

“There are a lot of things that our clinical support staff can do for us, even in an extended intake-type setting,” said Dr. Hopkins. “But talk about these two examples and think about how you might adapt one of these to fit your specific work environment and staffing model.”

Develop team-based care workflows

“One of the things I’d encourage you to do right off the bat is to clearly define roles and responsibilities together as a team,” said Dr. Hopkins. “Just get everybody on the same page and do that collectively, so that it’s not a top-down directive.”

“Look at existing standard work as a starting point and then adapt those existing workflows for the telemedicine platform or co-create new ones,” he said. “We don’t need to reinvent the wheel just because we’re using a different platform, but we do need to make sure that we assign the right work to the right people.”

Watch this episode of “AMA COVID-19 Update” about implementing team-based care effectively within telemedicine.

Implement workflows

When practices begin to implement workflows, it is important to reiterate the work that’s already been done to clearly define roles and responsibilities of each team member.

Copyright 1995 - 2021 American Medical Association. All rights reserved.
“Start simple by choosing and making one relatively straightforward, yet impactful change in workflow to get a quick win,” said Dr. Hopkins. “As you advance through the implementation timeline, be flexible with the plan schedule, but continue to make progress.”

“Don't let yourselves or your team stall out in what you're trying to do,” he said.

**Iterate and optimize the model**

“This is something we do all the time. We learn from our experiences and we do things differently as a result of those experiences,” said Dr. Hopkins. “Part of that is that we should come together for regular team meetings.”

“If our overall goal is to advance the care that we deliver to our patients and improve the engagement and satisfaction of all stakeholders involved in their care, including ourselves in our teams, be patient and show grace to one another,” he said. “As you navigate this unified change, keep the end goal in mind: You're doing this for your patients and you're doing it for your team.”

Learn more from the AMA’s Professional Satisfaction and Practice Sustainability webinar series, which focuses on physician well-being, practice redesign and implementing telehealth during COVID-19.