When the pandemic hit, Bellin Health in Green Bay switched their focus almost exclusively to COVID-19 related issues, watching their face-to-face visits fall off significantly, explained AMA member James Jerzak, MD. This drop in visits caused financial strain on Bellin Health. Almost overnight, they transitioned to telehealth visits which was difficult because there was little infrastructure set up for that.

“The impact of COVID and team-based care was pretty profound—we had some staffing reductions, leading to disruptions in previous workflows,” said Dr. Jerzak, a family physician at Bellin Health, during an AMA webinar. Specifically, “the shift of virtual business was stressing people out quite significantly.”

“Prior to COVID-19, we had significant support for physicians and advanced clinicians in the office visit with EHR support by the team and that was reverting back during the virtual visit situation down to the doctors in the room trying to do everything on their own,” he said. “We really lost focus on quality measure work and some of the other population health work we were doing, so something had to change.”

Here is how Bellin Health developed new workflows to meet the demand of telehealth visits during the pandemic.

**Start with virtual rooming**

Even through telehealth, physicians and their teams can mirror an in-person visit with team-based care.

“A key here is closing care gaps. That improves quality measures with the team-based care model as your staff gets involved,” said Dr. Jerzak. The medical assistant (MA) or licensed practical nurse (LPN) “set the agenda and pull up the documentation templates” to use for the virtual visit.
Each team member is “familiar with which template is appropriate for which visit,” he said, adding that the MA or LPN will “print the labs that are done prior to the visit.”

Learn about the 72 hours that upended how Cleveland Clinic delivers primary care.

Handoff to physician

After the virtual rooming of the patient is completed, the MA or LPN will complete a warm handoff to the physician. This occurs in front of the screen to share the reason for the patient’s visit.

“The MA or the LPN stays in the room to manage the computer,” said Dr. Jerzak. This allows the physician “to focus on the patient without the distraction of the electronic health record work—I’m able to give the full attention to the patient.”

This is where the physician will “go over the situation, the history and develop a plan” with the patient,” he said. “Meanwhile, the MA or LPN has standing orders and is putting in whatever we need to have done.”

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

Complete orders and notes

“When we’re done, the MA or LPN stays in the room, enters the orders, they make sure the next appointment’s been set up, the appropriate labs are ordered and then reviews the changes with the patient,” said Dr. Jerzak, adding that they try to use the teach back strategy of making sure the patient understands the changes to their care plan. The patient can access this information in the patient portal.

If another team member can remain in the room during the telehealth visit, “once my portion of the visit is done, they can just take over and do the rest of that EHR work,” he said. “Then I can move on and that just continues to increase the efficiency of the office.”

As the MA is completing the patient’s visit, the physician goes “back to our workstation, signs off on orders and edits documentation,” said Dr. Jerzak. “We really have a goal of trying to close a visit before the next patient.”
Discover how the shift to telemedicine doesn't diminish value of team-based care.

Include the whole team

“One of the key things we found was when you're developing your model or your new workflow, is be sure to include your staff in doing that,” said Dr. Jerzak. “We actually, in the beginning, listed all the duties of every role and then we as a group, with the different staff members, talked about who would be best to do those duties.”

“Getting their involvement in this work makes a big difference. It gets them to buy in, in a way that’s really efficient and effective,” he said, adding that it is important to “try to not let the EHR work revert back to the providers. It's something that is burnout-inducing and really quite a bit less efficient. Having staff involved with that makes a difference.”

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.