Meg Barron on a new program to optimize telehealth efforts

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In today’s COVID-19 Update, a discussion with Meg Barron, AMA vice president of digital health strategy, about the role of telehealth post-pandemic and a new program that can help practices optimize and expand their telehealth efforts.

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Speaker

Meg Barron, vice president, digital health strategy, AMA

Transcript

Unger: Hello, this is the American Medical Association’s COVID-19 Update. Today, we’re talking with Meg Barron, the AMA’s vice president of digital health strategy in Chicago, about the role of telehealth post-pandemic and a new program that can help practices optimize and expand their telehealth efforts. I'm Todd Unger, AMA's chief experience officer, also in Chicago.

Well, the pandemic changed how health care was delivered virtually overnight, and that's kind of a pun, but Meg, can you talk about the trajectory that we've seen with telehealth during the pandemic and then, looking forward, what is the vision for telehealth post-pandemic?

Barron: Yeah. Well, first, thanks for having me here today, Todd. You're spot on. While digital health adoption pre-COVID was already slowly on the rise, COVID massively ushered in telehealth at an incredible scale. We've really seen 10 years of progress in a matter of 10 weeks, let alone months.
Physicians really went from having very little, if any, exposure or use of telehealth to ending up having 60 to 90% of physicians using some form of virtual care during the pandemic. This was really unprecedented and more than half of those physicians were actually using telehealth for the first time so, again, a massive shift. In a matter of weeks really, practices stood up platforms, trained physicians, members of their care team. As you think about really the workflow shifts that had to happen for this as well, this was truly remarkable.

Now we're at this point in time where in-person care is starting to pick up and the telehealth surge is slowly tapering off. I'd say the latest stats that we're seeing is it's around 25 to 30% usage of telehealth right now, depending on the system and the goals and all of those practices, but it's very fair to say that no one wants to go back to the old version of normal, and especially now that we have foreseen and do see that really there's a path towards digitally-enabled care and how we can really optimize that moving forward.

I would say we also know this, we've done research this past year with the COVID-19 Coalition, which was led by Mayo and MITRE and ACA and a number of other collaborators. What this validated was, we did physician and patient research, and what we found was nearly 70% of physicians want to continue using telehealth, if not even use more of it, in the future. Same goes for patients, there's incredibly high patient satisfaction scores for telehealth. We're at this moment in time now, where how do we focus on optimizing virtual care and really blending it with in-person care and moving towards a hybrid environment.

**Unger:** It's kind of like everybody wants to continue working from home because we like it and there's so much about it that we continue.

**Barron:** Right. Well—

**Unger:** Well, it's a ... go ahead.

**Barron:** I think at this point in the game you know that we can do it and that it's been successful, and again, no one wants to regress versus continue the progress that's been seen.

**Unger:** I think one of the things you learn, a lot of people I'm sure thought that telehealth implementation was going to be all technical, in terms of getting it up and running, but I think what you've discovered through your work is it's a system-level thing that combines so many pieces to make it work.

**Barron:** Absolutely.

**Unger:** Can you talk about that?

**Barron:** I'll take a step back too and say that overall a major goal for our digital health strategy is
helping to ensure that technology is an asset and not a burden. That goes beyond just an individual level, but really at a system and workflow level. We'd been working on research and resources for digital health and telehealth well before COVID, which has set us up really well to help to provide support for practices and health systems of all different sizes.

As an example of this, we conducted digital health research first in 2016, and then repeated that research in 2019, which really has helped to create a good baseline for digital health usage and enthusiasm, and just got a sense for what physicians' key requirements for digital health adoption and telehealth adoption really were. What those four key requirements were are prove to me it works—that's been done—prove to me that there's a proper payment pathway if I use this or implement this in my practice environment, which luckily, due to COVID, that has also been accomplished; prove to me that there's liability coverage for this and then the workflow piece. Again, the workflow piece and the change management aspect of that has often been the most difficult thing to overcome as part of any implementation of technology.

We've focused a lot of efforts in the past on this specific issue. We based again on this research, that led us down a path of creating our digital health playbook series, which first was a playbook that was focused on remote patient monitoring. Then, pre-COVID, we had actually already begun the development of a telehealth-specific playbook, which, as you can imagine, we just drastically expedited the timeline of as a result of COVID to be able to get that out. What these playbooks are, are really best practices and lessons learned from practices of all different sizes across the country, as well as from the vendors themselves and from health system executives on what's worked well and what hasn't worked so well and how can you overcome some hurdles that people have already experienced.

Again, luckily we had a lot of the groundwork already established for this, but we've learned a lot, obviously, from rolling all of that out and learning from the practices that have been utilizing these resources.

**Unger:** Back at the beginning of the pandemic, it was just no coincidence that you and your team are ready to go with that guide to telehealth. Now, you've built out a bigger program that you're calling an AMA Telehealth Immersion Program. Can you talk about the components of that program?
Barron: Yeah, for sure. The Telehealth Immersion Program, it really is a comprehensive educational and programming session. To take a step back even for this, we first worked with the Physicians Foundation, Texas Medical Association, Florida Medical Association and Massachusetts Medical Association to stand up an initiative, again, pre-COVID last year, called the Telehealth Initiative. What this was, was really to help to bring to life the playbook series that we did, which was, again, that step-by-step resource guide. The Telehealth Initiative, each of the state societies that were participating were able to select X number of practices each from their environment where we then all were providing hands-on support to these practices to stand up telehealth in their own environments.

Well, again, this was pre-COVID, so another example of us drastically expediting timelines to be able to get this program up and off the ground, but it proved to be just incredibly timely because we could learn as in real time from these practices as they were not only adapting at an incredibly rapid speed, telehealth and virtual care, but they were trying to navigate what was working best for their workflow, how were they making the selection process for various vendors that they were choosing from, how they were aligning their care teams and learning from mistakes and best practices that their teams were experiencing.

This also provided a great, really, test bed for what was working well and what was not and a mechanism for us to survey these practices on what were gaps for telehealth and how could we help to meet those. While we had roughly 20 plus practices participating in this program, we quickly learned that the content and the programming and the resources that we were developing had much wider applicability that we could begin offering. Really, that's been the foundation for what now is, and what we just launched, which is the Telehealth Immersion Program.

Unger: Let me ask you, the practices obviously have already started using telehealth for some time now, what does this new program bring to the table for practices like that?

Barron: Yeah, great question. While of course pretty much everyone like we talked about has stood up telehealth or virtual care in some capacity, now there's just so much to learn in terms of optimizing telehealth and virtual care, especially as we think about introducing, as most practices have already, in-person care as well but what is the right mix of that? There's plenty of add-ons for virtual care and really best practices to learn. Think about integration of remote patient monitoring or integration of different diagnostic tools. I think you had the CMO on from Henry Ford just recently where they were talking about—

Unger: I was just thinking about that. They're way beyond home health monitoring.

Barron: I mean, it's really exciting to see. But it's thinking about the progress that has been made from a year and a half ago to right now, where you've got Henry Ford rolling out ... care to be able to have diagnostic tools during virtual health and really virtual care between patients and physicians. Lessons learned from electronic health records, the fact that, again, that's such a frustration point for
physicians, to see now that telehealth is getting as high of satisfaction ratings from both physicians and patients. It, again, is really unprecedented.

**Unger:** What do you see as some of the key upcoming topics for the immersion program?

**Barron:** We've got a number of different formats as well as topics that we have. As we speak, we actually have a session which is a virtual panel discussion on measuring the value of virtual care. Historically, really, virtual care, the measurement aspect of that has been purely financial—so what's the ROI if I implement this XYZ virtual care component or solution into my practice environment? But it's been harder to be able to measure the more comprehensive components of virtual care, so think of patient access or health equity, or again, physician and patient satisfaction, let alone clinical outcomes.

We actually created a framework that we're terming the return on health value framework that launched just a few weeks ago. This is a panel discussion where we brought together leading experts that's live now. Until June 10, that virtual panel discussion is live. We have some upcoming webinars. It's a multidimensional program. We learned from the Telehealth Initiative that users did not just want didactic webinar presentations, that one of the main assets of the program was the ability to learn from others and learn from practices and different specialties in different states and all.

We've made sure that we've got really different options that people can pick from. There are still webinars, we also have though peer-to-peer learning sessions where they're deep dives into virtual case studies from different practice environments. As an example, we have one upcoming on hypertension. We have one upcoming on behavioral health, which is, again, this format where it will be a brief presentation and then a deep dive into some actual case studies on these topics.

**Unger:** You got a lot of collaborators involved here, quite the list. Do you want to just give a shout out to some of the folks that have been putting this program together?

**Barron:** Well, first and foremost, we have to give credit to, again, the Physicians Foundation, Texas Medical Association, Massachusetts and Florida, who really helped to get this off the ground as part of the Telehealth Initiative. But we now, since launching the Telehealth Immersion Program just over a month ago, have 20 additional specialty and state societies that have signed on as collaborators to this program. Specialties such as ACOG or the American College of Emergency Medicine, as well as a myriad of different state societies.

We had really promoted this through our Federation of state and specialty societies and asked for their collaboration and for them to help promote this to their various physician constituent groups, but we welcome anyone to be able to join this program. Collaboration can really include state specialties or even health systems that have an interest in this space.
Unger: If there is a physician or an organization that is interested in participating, what do they do?

Barron: Reach out to myself, reach out to our team—Stacy Lloyd, Bernadette Lim have done an amazing job helping to put most of this together. Obviously too, we'll share the link for the website for the immersion program and would welcome anyone to please reach out with interest to be a collaborator.

Unger: That link, ama-assn.org/telehealth-immersion. Go there, check it out, find out more information. Meg, thanks so much for joining us today.

Barron: Thanks, Todd.

Unger: That's it for today's COVID-19 Update.

Barron: Great.

Unger: We'll be back shortly with another segment. In the meantime, take care and thanks for joining.

Barron: Thanks so much.

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