Virginia Commonwealth University Health (VCU Health) offered patients telepsychiatry video visits before the pandemic changed the world as we know it. But few patients in the health system that serves urban, suburban and rural areas used it. In fact, it accounted for less than 1% of these visits.

Unsurprisingly, telepsychiatry video visits skyrocketed when COVID-19 swept the nation. VCU Health has provided between 3,000 and 5,000 virtual visits weekly. Today, these visits still account for 80% of the health system's psychiatry visits.

Patients like it. Physicians like it. So how is a physician practice to know whether it makes sense to continue offering virtual visits post-COVID-19?

During a recent AMA webinar on measuring the value of virtual care, experts delved into how VCU Health used a framework outlined in the report "Return on Health: Moving Beyond Dollars and Cents in Realizing the Value of Virtual Care" to evaluate whether it’s best practice to continue to conduct certain visits via telehealth.

The framework—created after reviewing existing literature and interviewing more than 20 national experts —identifies five environmental variables that will impact the value a telehealth or virtual health program can generate. These include the type of practice, how a clinician gets paid, the patient population’s social determinants of health, clinical use case and the virtual care modality.

Six value streams define the ways virtual care models are generating value. They include: clinical outcomes; quality and safety; access to care; patient, family and caregiver experience; clinician experience; financial and operational impact; and health equity.

"It is a flexible framework that acknowledges that different provider organizations will have different clinical and business rationales," Vimal Mishra, MD, the AMA’s director of digital health, told webinar attendees.
The webinar is part of the Telehealth Immersion Program designed to help physicians, practices and health systems implement, optimize, sustain and scale their telehealth efforts. It is part of the AMA STEPS Forward™ Innovation Academy that lets physicians learn from peers and experts and discover ways to implement time-saving practice innovation strategies.

**VCU Health's experience**

Dr. Mishra explained that when VCU Health plugged information into the framework to evaluate its program, physicians at the large academic medical center that is primarily fee-for-service learned that telepsychiatry was worth keeping when the health emergency was over because VCU Health:

- Maintained access to care by seeing 3,000 to 5,000 patients weekly.
- Enabled "humanizing" patient/clinician interactions during the pandemic, a positive patient, family and caregiver experience.
- Fostered more meaningful clinician connections with patients, a positive clinician experience.
- Cut no-show rates to 6% during the pandemic, down from 11% pre-pandemic, a positive financial and operational impact.
- Delivered telepsychiatry care to older patients and younger patients, with no decline in older patient’s ability to access telehealth, so the care fulfilled the health equity mission when age was looked at as the patient population’s social determinant of health.

**Explore even more examples**

The "Return on Health" report takes physicians through three other real-world scenarios, including a hypertension digital medicine program in New Orleans; a teleneurology and telestroke program in Boston; and a tech-enabled provider of health care and social services to low income, racially diverse populations in New York, Massachusetts and Connecticut.

For more information, the AMA 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.

The benefits of expanded telehealth are clear. Join physicians who are advocating to permanently expand virtual care coverage.


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