

# How to transform telehealth focus from adoption to optimization

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The telehealth explosion has cooled somewhat from the early days of the COVID-19 pandemic, and adoption protocols have given way to optimization strategies as physicians and health systems seek to find the best balance of in-person and virtual visits.

To help those on this journey, the AMA and Manatt Health developed a "Return on Health" framework to articulate the value of digitally enabled care and examine the ways it can generate benefits for patients, clinicians, payers and society.

An explanation of the elements and structure of the framework and how it can be used were included in "AMA Return on Health Research—A Framework to Define the Comprehensive Value of Virtual Care," a virtual meeting of the AMA Insight Network.

The network aims to help AMA Health System Program members gain early access to innovative ideas, get feedback from their peers, network and learn about pilot opportunities. [Learn more.](#)

Specifically, "the framework can be used by care providers to develop and evaluate new digitally enabled-care models, by payers to inform coverage and payment decisions and by policymakers to establish regulations that guide the future of virtual care," according to "How to Measure the Value of Virtual Health Care," a *Harvard Business Review* (HBR) essay written by AMA and Manatt researchers.

## Telehealth studies need broader focus

"Our digital health team here at the AMA has really focused overarchingly on helping to ensure technology is an asset and not a burden for a physician—so no small task," said Meg Barron, a co-

author of the *HBR* essay and AMA vice president of digital health strategy.

This work is focused on helping to improve the quality of digital health solutions and developing research, resources and initiatives to help scale implementation and optimization of technologies such as telehealth and remote patient monitoring, she said.

This type of research is needed because virtual care studies have been narrowly focused on direct reimbursement, program costs and short-term clinical-benefit measures for "parallel care."

The framework rests on a set of five environmental variables and six value streams.

Those environmental variables are:

- | Practice type.
- | Payment arrangement.
- | Patient population.
- | Clinical use case.
- | Virtual care modality.

The value streams are:

- | Clinical outcomes, quality and safety. Access to care.
- | Patient, family and caregiver experience.
- | Clinician experience.
- | Financial and operational impact.
- | Health equity.

"Digitally enabled care is characterized by fully integrated in-person and virtually enabled care delivery models that seek to hybridize care delivery based on clinical appropriateness and factors such as care integration models, convenience and cost," said Vimal Mishra, MD, a report co-author, AMA director of digital health and a medical director and associate professor of medicine at Virginia Commonwealth University (VCU).

The AMA Insight Network program highlighted case studies from VCU Health's telepsychiatry program and Henry Ford Medical Group's MyCare On Demand, a 24/7 on-demand telehealth service.

VCU used framework measures to assess whether it should keep its telepsychiatry program after the COVID-19 public health emergency ended. Findings that led to the continuation of the program included learning how the program:

- | Enables "humanizing" patient-clinician interactions during the pandemic, a positive patient,

family and caregiver experience.

Fosters more meaningful clinician connections with patients—a positive clinician experience.

Delivers care to older patients with no decline in older patient's ability to access telehealth, so care fulfilled health-equity mission when age is seen as a social determinant of health.

## Physician-led visits key to success

Of the Henry Ford patients who used MyCare OnDemand telehealth visits, about 9% said they would have gone to a hospital emergency department if a virtual visit wasn't available and about 36% said they would have gone to an urgent care center.

The program has proven its value through the combination of ED avoidance, affordable services delivered on a smartphone and positive experiences reported from both physicians and patients, said Diane George, DO, Henry Ford Medical Group Primary Care in Sterling Heights, Michigan.

Dr. George noted that there were some who wanted to use advanced practice nurses for these visits, but she credits the physicians who conduct the visits for a major part of the program's success.

"We wanted to use physicians because we didn't want to limit the kinds of conditions that people could connect for—so we need that clinical acumen, the astuteness that a physician has," Dr. George said. "Our physicians can review the whole record. They can order tests and follow up on those. Having physicians participate has been really, really helpful for launching this."