The doctor-does-it-all model isn’t sustainable in the in-office environment and medicine has been moving away from it for years, shifting toward a physician-led team-based care approach.

Now that same team-based approach needs to happen with telemedicine, which has exploded during the COVID-19 pandemic and ought to be maintained as a valuable tool to connect with patients once the pandemic ends.

An AMA STEPS Forward™ toolkit, “Telemedicine and Team-Based Care,” explains the essentials of a team-based care approach to care delivery, describes telemedicine acceleration, advantages and opportunities, and identifies ways to implement team-based care into telemedicine. The toolkit focuses on how to optimize telemedicine the context of the current public health emergency and shares team-based care models for telemedicine based on others’ recent successes.

“Early experience suggests that telemedicine implemented without attention to workflow risks minimizing team-based care and introduces new barriers to efficient care,” the toolkit explains.

5 steps to virtual team-based care

A team-based care approach allows individual caregivers to do their jobs at the level of their qualification so that the practice can function with higher efficiency. The model has been shown to reduce physician burnout and opens the door for increased accessibility, improved quality of patient care, increased patient access to care, improved care team efficiency and improved satisfaction and engagement for patients and health care professionals.

The toolkit outlines five steps to bring the team-based care model into telemedicine:

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Define and engage the team. Identify people who are key to team success, including physicians, nurse practitioners, information technology (IT) partners, medical assistants and others.

Choose a model. There are two general models. “Synchronous support” occurs when a clinical team member, usually a medical assistant, is present physically or virtually with the physician and patient during the entire visit. “Asynchronous support” occurs when the clinical team member is not present during the visit, but helps with pre-visit planning and virtual rooming before the visit.

Develop team-based care workflows. Once you choose a model, develop more detailed workflows. Look to existing workflows as a starting point and adapt them for telemedicine or co-create new ones. Aim to mirror what happens during in-office encounters.

Implement workflows. Set a specific and realistic timeline. Consider having pilot teams that help work out workflow challenges.

Iterate and optimize the model. Have regular team meetings to discuss what works well and what needs improvement. Celebrate wins.

10 ways to optimize the care model

As you work on the last step to iterate and optimize team-based care in telemedicine, other practices’ experiences have shown that these 10 things are useful in optimizing care.

Let the patient chose their visit type when possible. This is a patient-centered approach.

Track appointment-type demand. This allows you to shift appointment type supply to better align with patient demand.

Schedule realistic time slots for virtual visits. It may take more time to accomplish the same care in a virtual visit compared to an in-office visit.

Support patients in gaining familiarity with the technology and establish expectations. Consider having a team member call a patient ahead of the first virtual visit to walk them through the process.

Consider simulated “practice visits” for clinical teams. Allow them to experience the virtual platform from both sides.
Have a back-up plan for technology failures. Have technical support available in real time. During pre-visit work, confirm the best way to reach the patient if technology fails.

Help the patient assist with the physical exam. For example, show a patient how to feel the radial artery pulse and ask them to count out loud every time they feel a beat.

Respect patients’ boundaries. During the pre-visit call, tell the patient to find a quiet, private location and to use a virtual background if that is more comfortable for them.

Respect clinicians’ boundaries. Suggest using virtual backgrounds and headphones if working from home. Beware of potential unintended consequences of using a personal device—for example, access to your home phone number.

Scheduling tips. Some practices schedule virtual and in-person visits within the same time block so there is flexibility for the patient to choose what will work best; others have in-person visits in specific time blocks and virtual visits in specific time blocks, allowing a physician to work remotely.

The AMA’s STEPS Forward™ open-access toolkits offer innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, create the organizational foundation for joy in medicine and improve practice efficiency.

STEPS Forward is part of the AMA Ed Hub™, an online platform that brings together all the high-quality CME, maintenance of certification, and educational content you need—in one place—with activities relevant to you, automated credit tracking and reporting for some states and specialty boards.

Learn more about AMA CME accreditation.