One of the next big steps for physician practices and health care organizations that quickly implemented telemedicine at the onset of the COVID-19 pandemic is to ensure they’re tracking and continuously improving the quality of care delivered through that modality. Ideally, that means launching a quality improvement program.

To get started, it’s important to secure the proper resources, said John Scott, MD, medical director of digital health at University of Washington Medicine (UW Medicine), where he also is professor of allergy and infectious diseases.

“That means you have time—time of faculty and of support staff—and also money. You might need a little bit of money for special projects, getting data, upgrading your equipment,” he explained.

Next, focus on education for the patients and physicians. Make technology as simple as possible and have support when you launch something, and ongoing support for questions that arise as program updates roll out.

And, Dr. Scott said, make friends in the IT and finance departments, as well as in the patient-scheduling center. “They are all going to be part of that whole experience,” he said.

Dr. Scott and physicians from Pennsylvania and California— all of whose practices and health systems had telehealth up and running before the pandemic—recently discussed how they’ve incorporated quality improvement programs to assess how telehealth is working for their patients and where improvements can be made.
The panel discussion—“Applying Quality Framework to Ambulatory Virtual Visit Use Cases”—was part of a virtual symposium that the Mass General Hospital Center for Telehealth and Mass General Brigham’s Virtual Care Program hosted.

The AMA helps guide physicians, practices and health systems in optimizing and sustaining telehealth at their organizations through the AMA Telehealth Immersion Program. The program builds on The Telehealth Initiative and is part of the AMA STEPS Forward™ Innovation Academy, which enables physicians to learn from peers and experts and discover ways to implement time-saving practice innovation strategies.

Four pillars of QI

In the summer of 2020, after quickly ramping up its telemedicine program like so many others did, UW Medicine began taking a four-pillar approach to telehealth quality improvement.

“We knew we built this plane as it was in the air, and we knew there were probably some holes,” Dr. Scott explained.

Below are the four pillars identified by Dr. Scott and his colleagues.

**Event reporting.** Physicians and other health professionals can make an anonymous report from any computer. It was something that could be done before telemedicine took off and now people can also report any digital health concerns. The hope is to identify problems before they explode.

**Surveys and complaints.** Surveys query patients about their experiences, including whether they would recommend telemedicine. They can then compare that to responses to other areas, such as in-person visits.

**Peer review.** Random peer review is done every month. Using the National Quality Forum measures as a guide, they address various matters such as appropriateness of care, safety and patient consent.

**Quality improvement projects.** These are specialized. This year, they are focused on trying to improve access to Spanish-speaking patients and looking at antimicrobial prescribing.

When setting up a quality improvement program, it’s important to have a reporting structure, staff to support the initiative, multiple data inputs and reportable metrics. Some key metrics to track include:

- The number of failed telemedicine visits by site.
- How telemedicine is used by people from different races and ethnicities and those who...
speak other languages.
Whether consent was obtained and documented.
Whether a physical exam performed.
The safety and appropriateness of the visit for telemedicine.

“We have options, but how do we navigate them? How do we do what’s best?” asked Christine Peoples, MD, clinical assistant professor of medicine in the Division of Rheumatology and Clinical Immunology at the University of Pittsburgh. Dr. Peoples has used telemedicine to bring her rheumatology practice to rural areas for a number of years pre-pandemic.

“Yes, we can provide virtual care in many different ways now, but how do you make sure that is really the correct care?” Dr. Peoples said. “It kind of gets back to the mantra: the right care for the right patient at the right time in the best way.”

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