What physicians need to know about telehealth

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

Continuing the AMA's "Look Forward/Look Back" series, AMA Chief Experience Officer Todd Unger talks with Meg Barron, the AMA's 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.

Find more information on the AMA Telehealth Immersion Program.

Speaker

- Meg Barron, vice president, digital health strategy, AMA

Transcript

Unger: Hello. This is the American Medical Association's Moving Medicine video and podcast. As we begin a new year, we thought we'd take the opportunity to look back at AMA's work over the past year in several key areas and also find out what's in store for 2022. Today in our Look Forward/Look Back series, we're joined by Meg Barron, the AMA's vice president of digital health innovations in Chicago. She's going to discuss the AMA's critical work in telehealth, looking at this past year, and also what physicians should expect in the months to come. I'm Todd Unger, AMA's chief experience officer in Chicago.

Meg, thanks so much for joining us. Why don't we just start and take a look back at 2021. A lot of success coming off really rapid growth of telehealth in the original year of the pandemic. In 2021, what worked well for patients and physicians?

Barron: Yeah. Well, thanks Todd. Great to see you. And thanks so much for having me back. Overall telehealth is here to stay. I feel like it's not whether telehealth will be offered but how best to offer telehealth services as we move towards what we're really terming digitally enabled care, which is not just hybrid care, but more so fully integrated in-person and virtual care based on clinical appropriateness. So what's worked well, I think of course, access and convenience, and we can get into that a bit more but I think it's more this mentality of options and how do we again, work towards right care, right time, right patient population and the right modality of care, be that in person or virtual. We know that both patients and physicians want telehealth to continue and also that they want the option and convenience, and again, access of that virtual care modality to stay in place in addition to in person care.

Unger: It's interesting because I've had the chance to talk to you several times and a lot of different physicians, medical educators in regard to telehealth. I think people always think about the technology first and that is a big part of this, is how to actually execute it. Then there is the training part for both physicians and patients for that matter. Then there was the backend part, let's just call it, about payment, where advocacy was a big part of this. When you think about this ecosystem now and all the things that it takes to bring telehealth, the promise of it to bear, are the kinks work out? What still remains rough here?

Barron: Yeah. I mean, so yes, in short while there's of course room for improvement, I mean, I think we go back to what we're seeing at both patient and physician level. I mean, of course they want this to continue as an option but there's definitely room for additional optimization just across the board. So first, looking back from past research we conducted with partners this year, for physicians, 80% indicated telehealth increased timeliness of care with their patients. 75% indicated telehealth allowed them to provide high quality care. So these are great stats. Over 70% we're motivated to increase telehealth usage in their environments.

From a patient perspective, and again, we've done research in this space but we also point to and have connected with the likes of J.D. Power and Rock Health. And we know that patients are quite satisfied and, again, want this to remain as an option with in person care. That said, what's interesting, they definitely want transparency of the physicians or providers that they will be seeing. So, at times you can think of some of the direct consumer or even payer led options that are out there. There's actually been a decrease in satisfaction for some of those from 2020 to 2021 because there's been at times a lack of transparency of who they're going to see or from a continuity of care perspective, ensuring that that access point can still remain. So, I think that's really important.

Unger: So, let me probe on that. Are you talking about, like the telehealth that I've used so far is actually with my existing physicians.

Barron: Yeah. Yep.

Unger: You're talking about in some of these interfaces where, are you saying you don't know who you're going to get on the other end?

Barron: Sometimes, right, exactly. If there are more payer-led options or direct-to-consumer options, at times. So these can be amazing options, especially if you don't have an existing PCP in place and it can help to initiate or form that initial relationship but where you do have an existing PCP, what's been so advantageous about just expanded access during the pandemic is that before, physicians and providers really weren't able to allow this as an additional option because there were hurdles in place related to geographic restrictions or just from a payment and coverage perspective, it just wasn't something that they could necessarily offer. So now that those hurdles are off the table, at least right now during the pandemic, that's opened up a lot of doors. I think now we can more truly focus on optimization of care, and again, that blend of these two capabilities.

Unger: When you think back to the original, first few months of the pandemic, one of the most downloaded resources at the AMA was the Telehealth Implementation playbook that you put together. When you think about what was in that and the guidance that you suggested there, what do you think met your expectations about how it played out versus what do you think didn't?

Barron: Yeah. I mean, well, again, to look back first, I mean, the fact that more than 50% of physicians used telehealth for the first time during those first few months of the pandemic is a pretty staggering statistic. Then again, to build on some of those statistics I was just saying of nearly 60 plus percent wanting to do additional telehealth in the future. I think what we hear in terms of hurdle points still is that optimization of the two and figuring out how do we optimally blend these two environments for better coordination of care and again, back to access and convenience and all. So I think again, there's some kinks to still work out for that.

Barron: Also integration. So both with EHRs of, "Okay, how do I make sure that my digital front door experience is optimal in terms of offering in-person and hybrid options to my patient population." So I hear from those that even just run digital marketing at different health systems and all, that this is definitely a hurdle to still overcome. I guess that user experience behind the scene from a patient perspective is something that people have higher expectations around and want to make sure that needs are being met behind the scenes there. But I think tremendous opportunity.

Unger: Yeah, it's come a long way because I just, even over the last weekend needed to make an appointment with a physician. I actually was driving somewhere. I pulled over on my phone, went to the patient portal, set up my appointment, had that yesterday. That saved me about 10 hours. So that part has come so far so fast, it's incredible.

Barron: For sure.

Unger: This now balance that you're talking about, which is when do you use telehealth and measuring the value of virtual care. What do you see in the future as this blend of in person and virtual care?

Barron: Yeah. So this is really important and an area that we'll be additionally diving into in 2022 but already this year, I mean recognizing the need for virtual and in person to additionally meld for a better care experience, we realized we really need a better way to measure the comprehensive value of this. And again, moving towards this digitally enabled care environment to help us achieve better health outcomes. So to this end, we worked with Manette Health and numerous collaborators, such as Ochsner, Cityblock Health, MGH, a mix of small practices and even telehealth vendors and retail environments themselves to better understand how they were currently measuring the value of their virtual care programs and then how they plan to for the future. Again, this mix of recognizing we need in person care of course but how do we optimize the virtual components of this not only from an ROI perspective, but more broadly as it relates to outcomes for clinical outcomes, for patient and physician satisfaction and caregiver satisfaction, for patient access and for health equity as well.

Barron: I think that's something that additionally comes up in terms of just options that this has created in terms of equity. Like you were saying, I mean now from a patient and consumer perspective, when I want to see a physician, I do have higher expectations of I don't really want to wait necessarily X number of months per se, especially when there are other options on the table. Now that said, I want to, of course continue that relationship that I do have. And from a continuity of care perspective, this just helps to really open doors to a better optimized, coordinated care experience overall.

Unger: Yeah. For me and I think for a lot of people, I want to see my own doctor in that way.

Barron: Yes.

Unger: Not different. I'm curious and I want to probe a little bit about this question of value. I think the term you used, was it return on health?

Barron: Yes. That's right.

Unger: So talk to me about, when you are looking to try to measure value and try to capture that in regard to the context of telehealth, what are the dimensions? What do they look at?

Barron: Yeah. Yeah. So we actually created a value framework that looks at how physicians in different practice sizes and payment models with varying patient populations and different telehealth modalities that they were using, depending on those needs, were experiencing and quantifying the value of virtual care. So we actually built out a framework that takes into account what are your practices, like environmental variables. So again, what's your payment arrangement? Are you fee-for-

service or are you value-based care? What's your practice size? Are you a large health system? Are you a small practice? What is your patient population? And then what are your goals overall?

And then it looks at, well, what are the value streams that you are wanting to create value around? And it helps just to create more of a dashboard or snapshot view of what this can be and what those value categories are of what I was mentioning around clinical outcomes, access to care, improvements for patient, caregiver and physician satisfaction. And of course, ROI and financial is incredibly important but you can see how there's a double click into any one of these categories that helps to get you to better ROI if telehealth can help to open up for higher acuity of cases of those that you actually have to see in person.

Unger: Never underestimate the value of defining the metrics and then figuring out how to measure them. Are you drawing any early conclusions based on the development of this framework and those that have participated in this study?

Barron: Yeah. Great question. So the report for our Return on Health report and also framework is available at www.returnonhealth.org. We are already seeing, and we have a number of case studies that we've already spotlighted to showcase the value that different practice settings are seeing in their own environments. That said, we want to do more of that. We have an active campaign with our colleagues in advocacy. That's a physician grassroots campaign where we are asking and soliciting this information from practices all across the country. This is really important for a few reasons. Of course, we just want to know and we want to have better aggregation of data to be able to showcase again, what's working, what can get tweaked, where is there the best clinical appropriateness based on different specialty settings. But also this is incredibly important from an advocacy perspective and policy perspective in terms of what's at stake. Again, the allowances that have been made from a pandemic perspective have allowed for all of this increased access and convenience, and we definitely don't want to see those roll back.

Unger: Meg, you mentioned folks can go to www.returnonhealth.org to take a look and dig deeper into this framework that you're talking about in terms of additional resources that folks can consult in terms of improving their implementation of telehealth. What else are you working on?

Barron: Yeah. So in May of this year, we launched something called the AMA Telehealth Immersion Program. What this is, is based on a number of just touch points that we have with practices and health systems across the country, and more hands-on support that we were providing to a lot of them to help get telehealth adoption initially off the ground, we wanted to create a series that folks ... It's more on optimizing telehealth in your practice. So this is a series of educational modules, webinars, boot camps and peer-to-peer learning sessions that again, focus on moving beyond just adoption, but really optimizing telehealth in your own practice environment.

So since launch in May, we've hosted 13 events and sessions. We have collaboration with over 24 state and specialty societies on this series. Topics include and really range from operations and getting that additionally worked out or any kinks that potentially you're experiencing there, clinical case studies, and we found this to be really powerful and we've heard great feedback from physicians across the country that they love hearing what their colleagues in different specialties and different practice settings. So for instance, we've had folks share from a concierge medicine perspective all the way from a very large health system perspective, how they're handling different really use cases or again, approaching their different strategic initiatives as it relates to telehealth and virtual care.

Unger: That's one of the things I find to name, things that we've learned over the course of the last year is that kind of convening and giving physicians an opportunity to talk to each other regardless of practice setting and figure out what those best practices are because we are still in learning mode there. Is there any place that folks can find out more information about what is coming up in terms of this immersion program?

Barron: Yeah. So you can visit in Google on our wonderful website, the AMA Telehealth Immersion Program. We have a whole slew of upcoming events that have already been planned for 2022. Also every single event that we've done so far this year in session is freely available on the site. So all of the sessions have been recorded and you can find them on the AMA website.

Unger: Will we be looking at being in the metaverse in regard to telehealth in the future? Well, I'll let you figure that out over the course of the coming year. Meg, thank you to you and your team for all of the work you've done to help accelerate innovation in the telehealth space. That wraps up our Look Forward/Look Back episode on telehealth. Again, Meg, thanks for being here. We'll be back soon with another Moving Medicine video and podcast shortly. Be sure to click subscribe on AMA's YouTube channel, Apple, Spotify or wherever you listen to your podcasts. You can find all of the great podcasts and videos that we produce at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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