Telehealth and Team-Based Care: The Shift to Telemedicine and Navigating Potential Pitfalls

Kevin D. Hopkins, MD
Primary Care Medical Director
Cleveland Clinic
Cleveland, OH

Senior Physician Advisor, Practice Transformation
American Medical Association
Objective

Improve Patient Care and Caregiver Engagement Through Collaboration and Streamlined Processes Adapted to a Telemedicine Environment
Telemedicine and Team-Based Care (TBC)

Prepare yourself, and empower your team to optimize the utility of telemedicine, leveraging the unique skills of each Caregiver to benefit the care team and your patients by learning about:

• Team-Based Care, an historical perspective
• Telemedicine Acceleration
• The Perils and the Promise of telemedicine
• 5 steps to implement Team-Based Care in telemedicine
• Logistical pearls for telemedicine
• Practice transformation tools and resources available from the AMA
Looking Back…
Team-Based Care

A higher efficiency practice model, designed to:

- Increase accessibility
- Improve quality of patient care
- Increase patient throughput
- Gain efficiency
- Improve satisfaction and engagement at all levels (physician, employee, and patient)
Team-Based Care

A Team-Based Care model utilizes a team-approach in caring for patients

- Responsibilities are delegated and shared
- Each individual in the chain of patient care functions to the highest level of their qualifications.
- Clinical Assistant provides real-time, in-room documentation and data-entry support
Telemedicine

Despite early adoption of digital care by Cleveland Clinic, telehealth represented less than 2% of the total care provided throughout our organization in early 2020 — an experience not unlike that of other large healthcare organizations¹. 

Looking around…
Primary Care F2F vs. VV

Cleveland Clinic Weekly Ambulatory Visits by Access Point

4C Virtual And Face-to-Face Visits

- Memorial Day
  (One less business day)

- Visits by Month:
  - Total Face-to-Face
    - Mar 1-Mar 7: 26,655
    - Mar 8-Mar 14: 24,153
    - Mar 15-Mar 21: 6,049
    - Mar 22-Mar 28: 1,855
    - Mar 29-Apr 4: 1,503
    - Apr 5-Apr 11: 1,617
    - Apr 12-Apr 17: 1,915
    - Apr 19-Apr 25: 2,159
    - Apr 26-May 2: 2,398
    - May 3-May 9: 3,010
    - May 10-May 16: 3,939
    - May 17-May 23: 4,927
    - May 24-May 30: 4,718
    - Jun 6-Jun 13: 9,671
    - Jun 14-Jun 20: 11,800

- Total Virtual
  - Mar 1-Mar 7: 133
  - Mar 8-Mar 14: 803
  - Mar 15-Mar 21: 9,401
  - Mar 22-Mar 28: 11,716
  - Mar 29-Apr 4: 13,557
  - Apr 5-Apr 11: 13,499
  - Apr 12-Apr 17: 13,150
  - Apr 19-Apr 25: 14,151
  - Apr 26-May 2: 14,498
  - May 3-May 9: 13,936
  - May 10-May 16: 13,186
  - May 17-May 23: 12,371
  - May 24-May 30: 9,251
  - Jun 6-Jun 13: 9,073
  - Jun 14-Jun 20: 8,329
  - Total: 7,374
Telemedicine Acceleration

• Greatly accelerated due to COVID-19 pandemic
  • CMS Waivers
  • Suspension of pre-payment
  • Allowable platform options
  • Patient fear
  • Social/Physical distancing

• Significant percentage of patient encounters
  • 14% of all visits in the US by mid-April, 2020²

Telemedicine Challenges

- Platform reliability
- Network limitations
- Hardware availability
- Battery life
- Video and audio quality
- Operator inexperience and error
- Portal access
- Mobile app requirement
Telemedicine Perils

• Excluded from previous care model innovation
• “Doctor-does-it-all”
• Regression rather than progression
• “Distracted Doctoring”
• Inadequate patient evaluation
Looking ahead…
The Promise For the Future

As we develop new models of TBC for telemedicine, we are building on our experiences with TBC for in-office visits.
It is advantageous, however, a pre-existing in-office TBC model is not required
The Promise For the Future

5 Steps to Implement Team-Based Care in Telemedicine
5 Steps to Implement Team-Based Care in Telemedicine

1. Define and Engage the team
2. Choose a model
3. Develop Team-based care workflows
4. Implement workflows
5. Iterate and optimize the model
Step 1: Define and Engage the Team

• Identify key team members
• Make a case for the need for change
• Include key stakeholders
• Value the perspective and experience of everyone
• Empower individuals in order to empower the team
Step 2: Choose a Model

• Discuss options as a team
• Weigh pros and cons of each
• Consider staffing and individual skill sets
• Commit together
<table>
<thead>
<tr>
<th>Model of Teamwork</th>
<th>Description</th>
<th>Workflow</th>
<th>Most appropriate use cases</th>
</tr>
</thead>
</table>
| Team-based care with synchronous (real-time) “in-room” support | Video or phone visit with nurse/MA present from start to finish of appointment | 1. Pre-visit: Nurse/MA virtually rooms patient (agenda setting, medication reconciliation and refills, care gap closure, home vitals, pre-visit lab result review) and pre-charting as appropriate  
2. Visit: Nurse/MA stays online, drafting visit note (using documentation templates when able), pending orders, and completing billing in real-time, under physician/APP direction  
3. Post-visit: Nurse/MA reviews visit and next steps with patient, engages patient in self-management support as appropriate, and arranges for next visit, either in person or virtual, along with pre-visit lab testing. The physician/APP reviews and completes visit documentation, signs orders, verifies billing. | All virtual visit types, unless the patient requests the nurse or MA to leave during a portion of the visit |
## Asynchronous Support

<table>
<thead>
<tr>
<th>Model of Teamwork</th>
<th>Description</th>
<th>Workflow</th>
<th>Most appropriate use cases</th>
</tr>
</thead>
</table>
| Team-based care with asynchronous support            | Video or phone visit with Nurse/MA present during pre-visit and sometimes also during post-visit | 1. Pre-visit: Nurse/MA virtually rooms patient (agenda setting, medication reconciliation and refills, care gap closure, home vitals, pre-visit lab result review) and pre-charting as appropriate (This may include pulling up a problem-focused note template and drafting the majority of the visit documentation, along with scheduling the next appointment with pended pre-visit labs.)  
2. Visit: Nurse/MA virtually hands the patient off to the physician/APP  
3. Post-visit: The physician/APP may modify the visit note documentation and orders, though much of the data entry is anticipated to be accomplished during pre-charting by the Nurse/MA | Straightforward, single problem acute or chronic virtual visits (i.e. URI or controlled hypertension and diabetes) |
Step 3: Develop Team-based Care Workflows

- Clearly define roles and responsibilities, ensure understanding and buy-in
- Look to existing standard work as a starting point
- Adapt to telemedicine platform
- Aim to mirror patient and caregiver experience with in-office encounters
Step 4: Implement Workflows

• Clearly define roles and responsibilities, ensure understanding and buy-in
• Set a date with an implementation timeline
• Start simple to get a quick win
• Build on success
Step 5: Iterate and Optimize the Model

- Regular team meetings
- Freely discuss what works well and what needs work
- Keep each other accountable
- Be flexible—adapt on the fly and codify
- Use patient feedback
Top 10 Logistical Pearls
Logistical Pearls

• Let patients choose their visit type
• Track appointment type demand
• Schedule enough time for virtual visits
• Establish expectations with patients
• Consider simulated practice visits
Logistical Pearls

• Have a back-up plan
• Help the patient assist with the exam
• Respect patient boundaries
• Respect provider boundaries
• Scheduling templates and tips
Practice Transformation Tools and Resources Available From the AMA
PS2 Tools and Resources Available From the AMA

• Steps Forward Modules
• Workflow examples
• Clinical conditions and visit types
• FAQs
• Practice Transformation Team

https://edhub.ama-assn.org/steps-forward
Telemedicine and Team-Based Care: How to Engage Support Staff to Implement Team-Based Care in Telemedicine

James Jerzak M.D.
Physician Lead, Team-based Care
Bellin Health
Green Bay, WI

Thursday, October 29, 2020
12pm CST
The following additional AMA resources are available to support your physicians and staff during COVID-19:

• Caring for Caregivers during COVID-19
• AMA COVID-19 Resource Page for Physicians
• JAMA COVID-19 Collection

www.ama-assn.org
## Upcoming Webinars

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 8</td>
<td>Caring for Healthcare Workers During a Crisis</td>
<td>Jonathan Ripp, MD</td>
</tr>
<tr>
<td>October 13</td>
<td>Physician Stress During Times of COVID</td>
<td>Mark Linzer, MD</td>
</tr>
<tr>
<td>October 14</td>
<td>Leading Through a Crisis: Communication During COVID Times</td>
<td>Suja Mathew, MD</td>
</tr>
<tr>
<td>October 20</td>
<td>Telehealth Vendor Evaluation, Selection, and Contracting</td>
<td>Stacy Lloyd, MPH</td>
</tr>
<tr>
<td>October 29</td>
<td>Telehealth and Team-based Care: How to Best Engage Support Staff to</td>
<td>James Jerzak, MD</td>
</tr>
<tr>
<td></td>
<td>Successfully Implement TBC in Telemedicine</td>
<td></td>
</tr>
<tr>
<td>November 10</td>
<td>How to Implement a Peer support Program During a Crisis</td>
<td>Jo Shapiro, MD</td>
</tr>
<tr>
<td>November 12</td>
<td>Keeping Your Practice Open During COVID-19</td>
<td>Carol Vargo, MHS</td>
</tr>
<tr>
<td>December 3</td>
<td>Organizational Culture and Physician Well-being</td>
<td>Kevin Taylor, MD</td>
</tr>
</tbody>
</table>
For questions, please email Action.Labs@ama-assn.org
Question & Answer

Thank you for participating in this AMA webinar!

The moderator will now facilitate the Q&A portion of the event.