

Virtual Care Measures of Success: 3-Month Check-in

March 1, 2022, 12-1:30pm

Breakout Room Notes

Breakout Room 1: Leveraging KPIs for Strategic Decision Making and Resource Allocation

- **Resource and opportunity costs associated with virtual care**
 - We can't do everything right away so need to find ways to make the right trade-offs
 - The definition of success varies by different departments and goals within the enterprise
 - However, need to develop cohesive strategy and shift from chasing the "shiny object"
 - Sometimes adding weighting numbers help to move forward in a strategic way
- **Strategic implementation is far beyond the technology**
 - Need to clarify goals and what your objectives are with telehealth
 - Need to understand the hidden costs & resources needed to ensure telehealth is equivalent to face-to-face encounter
 - Virtual rooming
 - Remote monitoring
 - Staffing pre/post encounter
 - Buy your equipment last - first figure out what you need to accomplish and secure Information Systems resources
 - Since IT resources are often the limiting factor, need to factor into decision about what to implement
 - Ultimately want telehealth to become a want, not just a need (as it has been during COVID)
- **Ensure providers don't burnout from virtual care**
 - Telehealth can't all be put on the provider
 - Need to ensure there is a team around virtual care
 - Providers shouldn't have to take more time pre/post and worry about screenings & referrals
 - Requires rethinking the care team support of provider
- **Measuring organizational value of telehealth**
 - Value should think about ALL costs but also impact on quality
 - All costs are far beyond technology but also staffing (triage, pre/post), interpreters, patient contact
 - The value drops off if the costs of implementation (staff/resources become too challenging). E.g., if the challenges are significant for the provider, it takes more resources to be AS valuable.
 - Providers need to be convinced of the value and framing needs to change:
 - Here is the clinical problem that we are having
 - Here is how TH can be part of the solution
 - We have to set up providers for success so they can be as efficient if we maintain the same metrics and ratios for productivity
 - Need to focus on the operations to support efficient work
 - We often underestimate the resources needed to have the same value (workflow, policy changes, change management, patient education, interpreters)
 - Need to focus on how to ensure quality metrics don't drop
 - Requires changing team roles so it's not a 1:1 interaction only
 - Potential for TH to create a non-team based structure

Breakout Room 2: Refining and Applying Virtual Care KPIs

In this breakout room, each system was asked to further refine their key performance indicators (KPIs) based on discussions from the previous KPI webinars and additional input from other staff members.

- Coleman Associates discussed each systems' responses on what changes and additions they made to KPIs at this stage:
 - Breaking down data by race/ethnicity
 - Looking at virtual visit No-Show Rates
 - Looking at length of visits and opportunities for efficiencies
 - Revising patient surveys to capture access and equity issues
 - Testing to close language barriers
 - Reviewing data at department level to make improvements
 - Changing ratios of telehealth and in-office visits
- Initial targets that systems set include:
 - Focus on Third Next Available Appointment (TNAA) within 3 days of each other
 - Portal registration, portal usage, portal status, MyChart messages, completed virtual visits and conversions from video to telephone
 - Increase proportion of overall video visits
 - Minimizing failed visits due to hardware failures
- Each system had the opportunity to share reflections from the homework activity and seek advice from Coleman Associates and peers
 - Common themes for improving KPIs across systems were focused on: equity considerations (e.g., access, language and literacy); patient/family engagement; and clinical processes/workflows/scheduling.
- Systems discussed the importance of creating proxies to monitor metrics to capture true patient adoption and the burden on clinical/nursing staff to support and assist patients with virtual care (e.g., calling patients ahead of virtual care visits, assisting patients with digital barriers/issues, language barriers, senior staff attrition, etc.)
- Systems identified goals to increase percentage of overall video visits even with payment parity for audio-only visits.
- Biggest challenge was having consensus and agreement on the definition of measures with other departments on telehealth KPIs/metrics.
- Systems discussed interest in how to measure and address video visit failure rates, language usage through MyChart, and duration of visits and success rates of video visits.