Increasing Patient Volumes of an Urgent Care Telehealth Service During the COVID-19 Pandemic

UT Health San Antonio Health and Science Center

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Disclosures

• None



Learning Objectives

On completion of this session the participants should be able to:

- Utilize one strategy to increase patient volumes in the digital care delivery space.
- Understand how to analyze patient reported data from surveys and
- monitor patient experience metrics to create a QI project.
 Partner across departments, such as with marketing and nursing, in order to gain insight and create an effective intervention.



Clinical Significance

In 2020, the Centers for Medicare and Medicaid Services (CMS, 2020a) released a fact sheet regarding Telehealth services with the immediate need to move to virtual healthcare services due to the COVID-19 pandemic.

- Pre-and Post-COVID-19 Telehealth Era
- CMS Telehealth waivers for reimbursement
- Digital Marketing and Social Media strategies to educate patients about Telehealth resources

2 What We Know From the Evidence

Expert Groups that Support and Promote the Expansion of Telehealth Initiatives

- Agency for Healthcare Research and Quality (AHQR)
- Centers for Medicare & Medicaid (CMS)
- Institute for Healthcare Innovation (IHI)**
- National Consortium of Telehealth**
- American Medical Association (AMA)**
- American Telemedicine Association (ATA)
- Center for Connected Health Policy (CCHP)**
- Texas Medical Association (TMA)
- Deloitte | The Future of Health Report



Setting

About the Organization

UT Health Primary Care Centers

- 6 Clinics at multiple outpatient locations
- 52 Providers comprised of MD, DO, NP & PA's
- Part of a large academic system in San Antonio, TX
- Accountable Health Organization (ACO)
- Value-based care goals
- Pioneers in Telehealth Services
- Use EPIC as the EHR, and MyChart & Zoom to conduct telehealth services
- Launched the On Demand Urgent Care at the height of the pandemic

On Demand Urgent Care





Gap Analysis

1st Gap - Capacity for more patient visits.

2nd Gap - Formal patient education campaign to increase telehealth literacy had not been done.

3rd Gap - Current patient experience surveys was not specific to this type of service.

Opportunity for Improvement

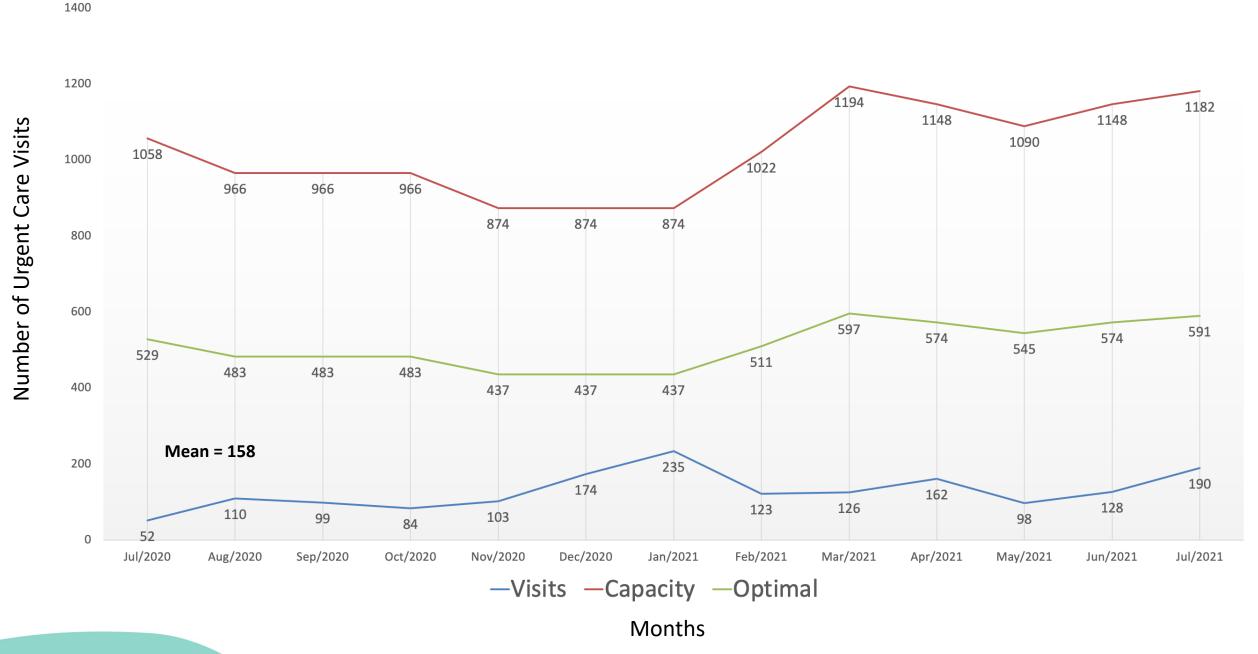
On Demand Urgent Care





Pre-Implementation Data

On Demand Urgent Care Visits





Our Project Team



Gabriela Fabricio

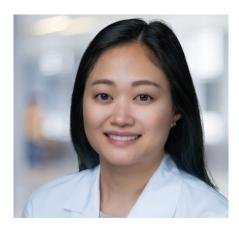
DNP, FNP, RN

Student and Project Director



Mary Salazar DNP, MSN, ANP UT Health Nursing

Assistant Professor



Joyce Yuen D.O. Director, Primary Care Clinic



Ramon Cancino

MD, MBA, MS, FAAFP Senior Director, UT Primary Care Clinics



Multi-Disciplinary

CHANGE TEAM

- PCC Operations Manager
- On Demand Manager
- Marketing Supervisor
- MyChart Analyst
- Patient Satisfaction Supervisor
- Project Manager
- Project Executive Sponsor
- Physician Committee Member from site





Project AIM

This QI project's primary outcome measure was to increase the On Demand completed patient visits by 5% (N=8) during a four-month timeframe, October 2021 to February 2022.



Evidence Synthesis

Literature Review Summary based on PubMed, CINAHL and Cochrane Library, the common findings regarding best Telehealth engagement practices themes presented here.

Inclusion Criteria:

(a) English language(b) published within past five years(c) peer-reviewed(d) available in full-text

Patient Experience Surveys

 \rightarrow

Provider and Patient Relationship \rightarrow

Medical Technological Literacy* \rightarrow

Telehealth is still relatively new* \rightarrow

Federal government endorses → and encourages its use



Tools used to Guide the Project Interventions For Promoting Telehealth Services

Telehealth Patient Introduction		Patient Take-home Prep Sheet		
The messaging below is intended to serve as a guide for introducing telehealth offerings to patients. Consider incorporating messaging into practice marketing and communications and featuring it on your patient portal or in newsletters, emails, and SMS.		Below is a sample take- home prep sheet for patients who opt to try telehealth.	consultation, treatme care management, an management of patie Who is telehealth for All established patien access to and are will	id self- ints. 1. More convenient need it, from the o home. No travel co ts who have 2. Better patient exp No waiting rooms
We are now offering telehealth services! (Clinic/health system name) is now offering telehealth visits as an additional way to interact with you. What is telehealth?	What types of visits are <u>not</u> appropriate for telehealth? Telehealth is not suited for physical examination and lab testing. Examples of services that require in-person evaluation	Customize the information to reflect the services you offer, and make this sheet available at checkout and/or in your patient portal. Telehealth is Telehealth is a digital health solution	technology for a visit physician or advanced provider. Patients mus clinical protocols that telehealth visit. When should I use te	d practice contracting infect st also meet allow for a Who will pay for virtu Many insurance co tehealth?
For the purposes of this Playbook, we focus on telehealth, a digital health solution that connects the pastent and clinician through real-time audio and video technology, it can be used as an alternative to traditional in-person care delivery, and, in certain circumstances, can be used to deliver care such as the diagnosis, consultation, treatment, education, care management, and self-management of patients.	Include ALC testing every three months, acute illness evaluation, or new problems. Telemedicine canbot be used for new-patient evaluations. What is needed not connect for an online appointment? You will need a video camera, microphone, headphones (optional), and strong internet connection. You will need to use Chrone, Friende, or Safari brower II wing a computer.	that connects the patient and clinician through real-time audio and video technology. It can be used as an alternative to traditional in-person care delivery, and, in certain circumstances, can be used to deliver care such as the diagnosis,	When you need to co health care provider a health information, la prescription manager up care, or urgent car need a physical, in-pe	ntact your will pay. Contact H bout personal insurance advocat b results, your plan. e that may not plansets Contact H
Benefits of telehealth include: No transportation time or costs	Vou may also use Android or Apple iOS cellular phone devices. (Update as needed for your platform.)	WHAT DO I NEED TO DO TO PREPAR	67	WHAT SHOULD I EXPECT IN MY FIRST AP
 Reduced wait time More detailed and personalized care compared to a telephone call 	At your appointment time, you will access the portal by (include platform-specific instructions).	Register for telehealth in our patier the instructions for our telehealth p		
Include a statement about data encryption, storage, privacy, and HIPAA compliance) What types of visits can telehealth be used for? Telehealth is best used for interactions with established patients who do not require a physical exam or lab work. Examples would be insulin adjustments, review of continuous glucose monitoring data, dietary counseling, and follow-up after a medication change.	Consent to treat you via telehealth You will need to gin a telehealth consent form prior to your visit, allowing our office to conduct a telehealth appointment.	computer or a tablet or smartphon good-quality camera and microph internet speed of at least 384 kps; A private space with limited backg noise and good lighting	Male sure you have a decisor or targon You will be informed computer or a tablet or smarphone with a good-quality camera and microphone You will be added to the informed computer or a tablet or smarphone with a good-quality camera and microphone You will be added to the informed computer or tablet or smarphone with a good tablet or the stars of the informed computer or tablet or the stars of the informed computer or tablet or the stars of the star	

"Telehealth Implementation Playbook, Telehealth Patient Introduction and Patient Take-Home Prep Sheet" created by the American Medical Association and the National Consortium of Telehealth Resource Centers (2021, p. 119).



Published by the National Consortium of Telehealth Resource Centers (2021).

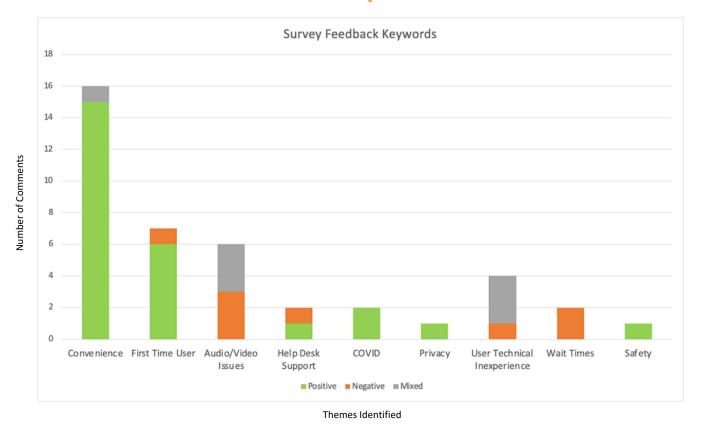
QUALITY

NATIONAL CONSORTIUM OF ELEHEALTH

RESOURCE CEI



Induction Analysis of Patient Experience

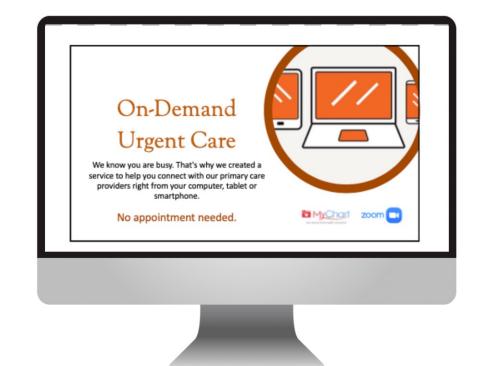


Interventions & Implementation Strategies

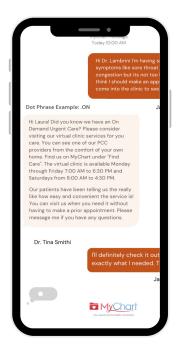
- 1. Update On Demand website with current educational information based on EBP.
- 2. (4) Educational e-flyers about the services sent monthly via email to all PCC patients (+70K).
- Display the On Demand information at all six PCC clinic via screensavers in exam rooms with QR codes + (1) at Main clinical building lobby.
- 4. Smartphrase used by staff when responding to UT PCC patients reminding them about the On Demand service line.





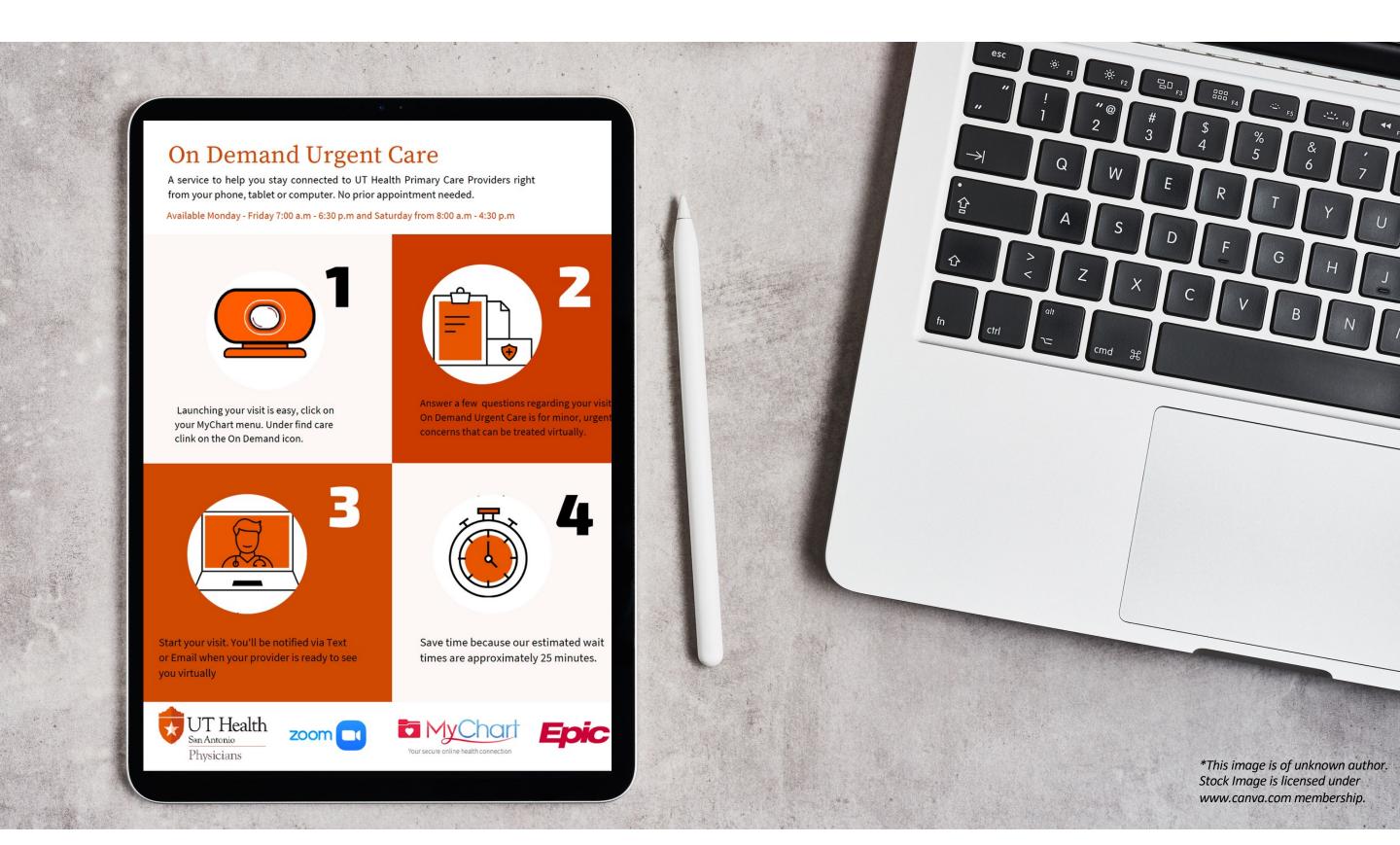


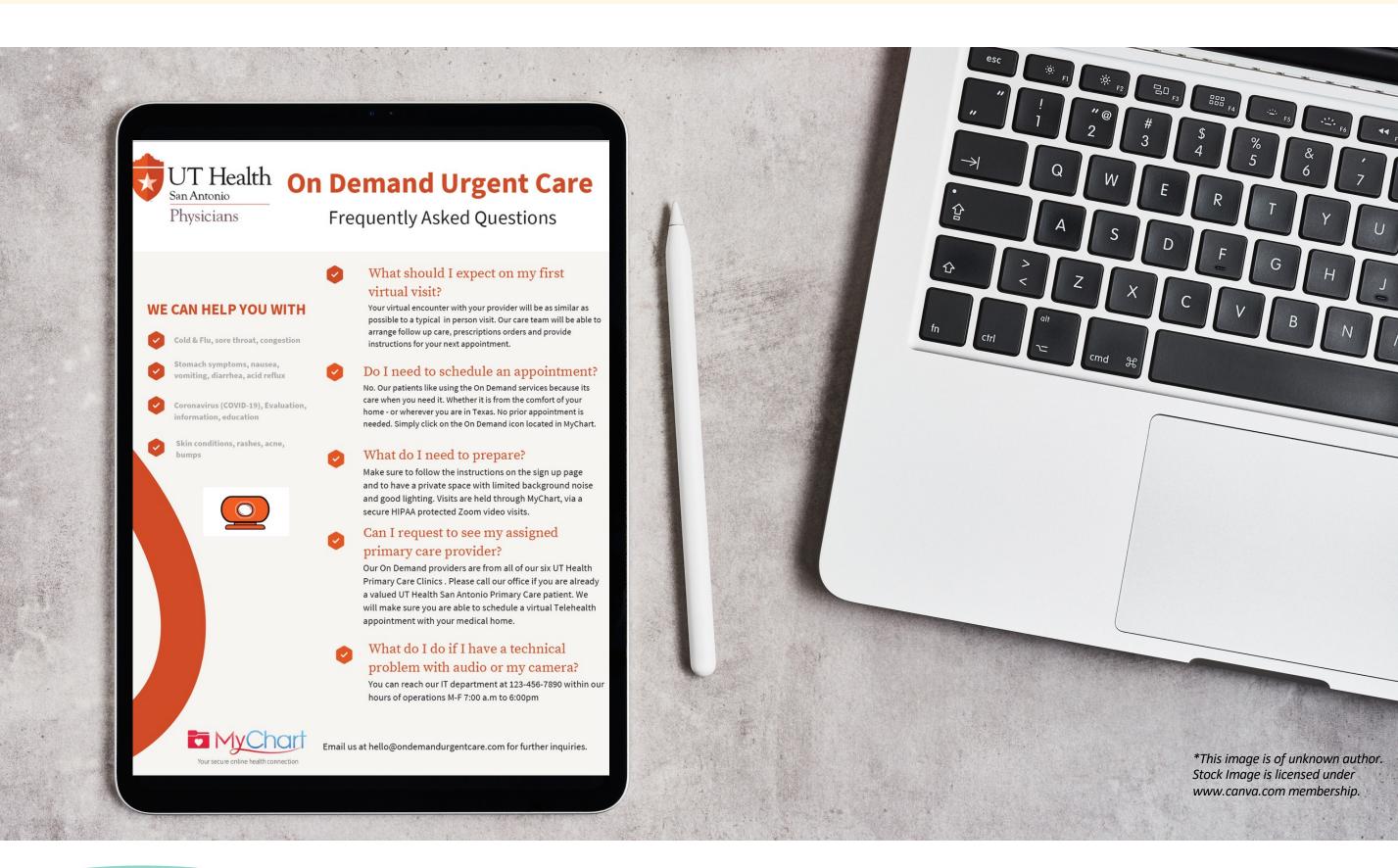






teach







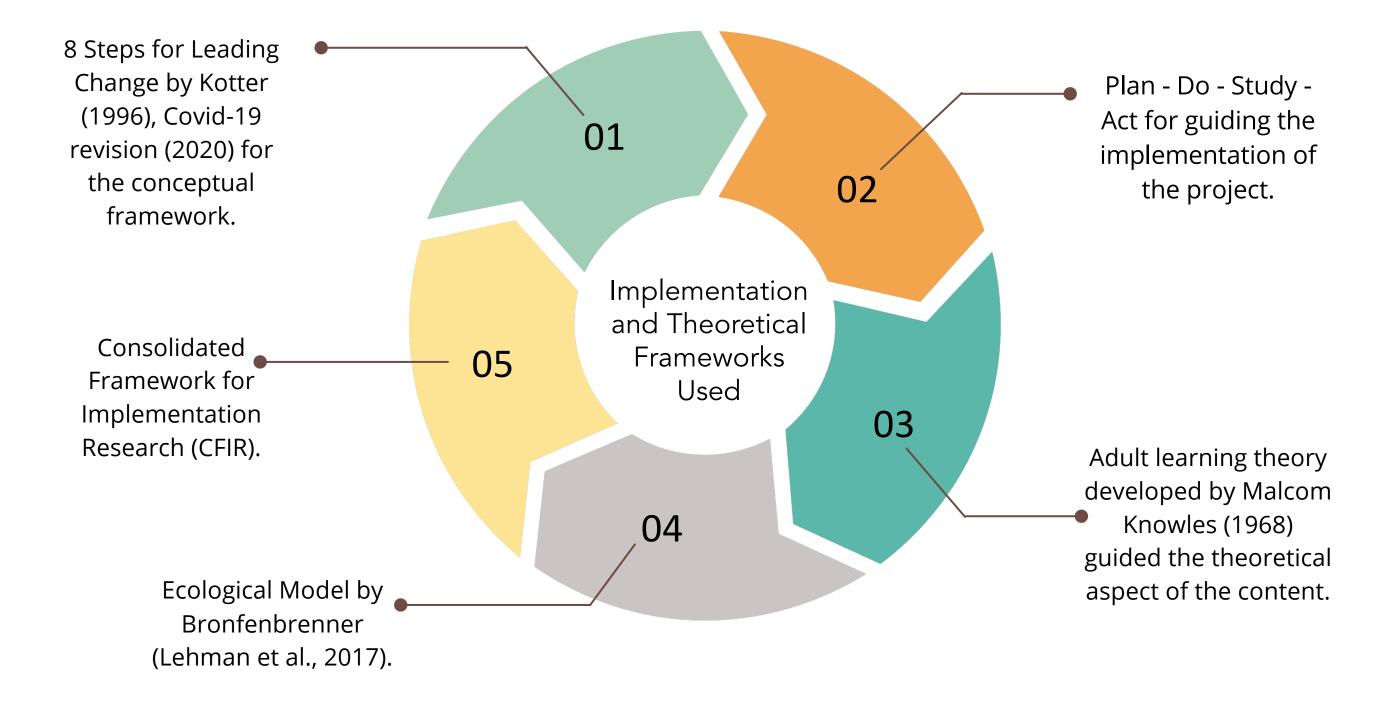
teach

transform

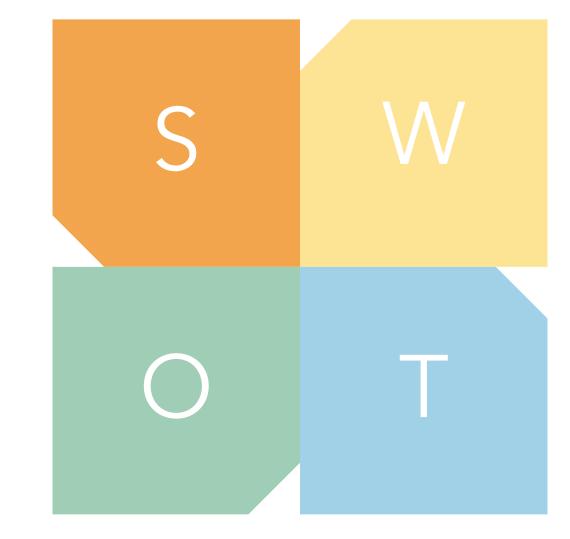
Screensavers

Displayed educational material at all the PCC clinic's patient exam rooms as screensavers

> *This image is of unknown author. Stock Image is licensed under www.canva.com membership.







STRENGTHS

Interdisciplinary teamwork, EBP is supported and encouraged, providers and patients are comfortable using the EHR

OPPORTUNITIES

Increase patients visits, increase patient literacy on medical services , increase patient experience by correct use and understanding of resources

WEAKNESSES

Providers and staff not officially trained on On Demand services, providers team is not solely dedicated to telehealth

THREATS

This is a new program for the organization, other clinics are dedicated to solely provide Telehealth services; reimbursement waivers temporary



Measures	Outcome Measures	Process Measures	Balance Measures
Frequency of Measurement	Number of patient volumes during February 2021 - September 2021 (pre- implementation) compared to October 2021- February 2022 (post-implementation)	Number of patients exposed to promotional screens tracking QR code engagement.	An increase in virtual visits surpassing he capabilities of the team and would require additional providers to meet demands of service.
Every 1-2 weeks		Number of patients exposed to educational content by tracking website views	
		Number of times the SmartPhrase was used by staff when responding to MyChart messages	

Data Source: ODUC manager of operations, Google analytics, EPIC and Marketing Department.



Data Collection Tools

Description of the data collected	Key Metrics	Frequency of Measurement	Validity and Reliability
Pre-intervention patient experience analysis	91 Free-text comments of Press Ganey Survey. Data provided by PCC manager.	Once. 12 months of retrospective data (7/2020-7/2021)	Manual conversion of qualitative to quantitative data *human error possible; reviewed by another member of the team.
Pre-and post- implementation number of On Demand visits	Number of completed visit s of the On Demand Urgent Care.	Pre-implementation: once Post-implementation: daily	Data request unable to be automized due to the newness; provided in emails from the Operations Manager.
Process and Balance Variables	Number of metrics engagement related to interventions (pageviews, QR codes). 7 variables total.	Weekly for 3 months	Automized by Google Analytics . Data provided by Marketing team.

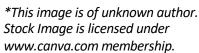


Sustainability

The virtual On Demand Urgent Care clinic closed all operations on December 31st, 2021.

Although the clinic closed, with the Project findings the PCC team and marketing department can use the knowledge to propel new Telehealth patient education initiatives and increase virtual access to healthcare services.



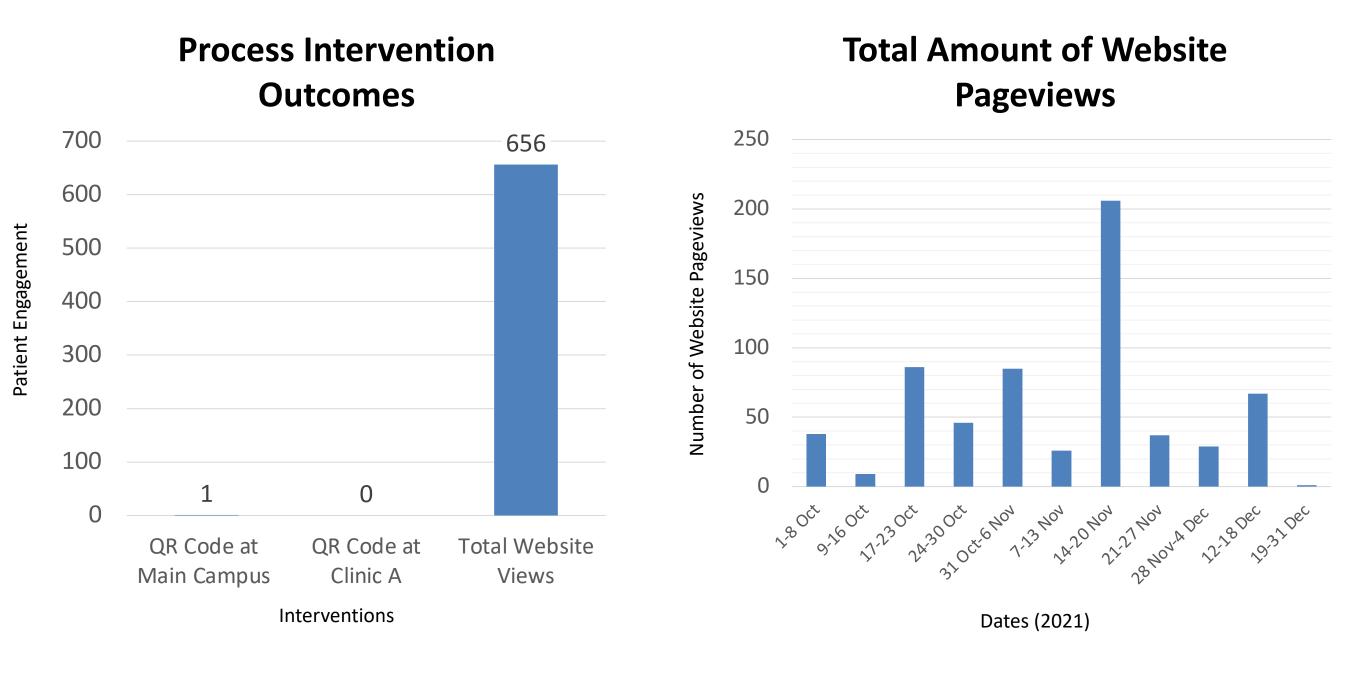








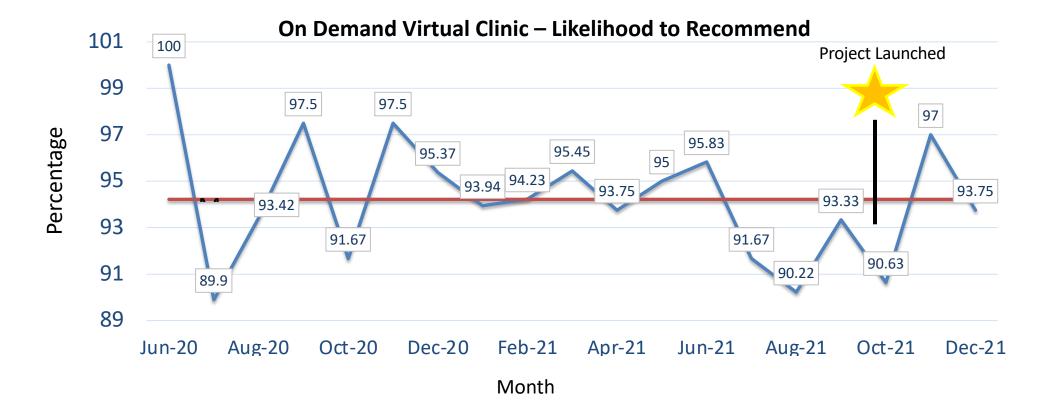
Evaluation & Metrics



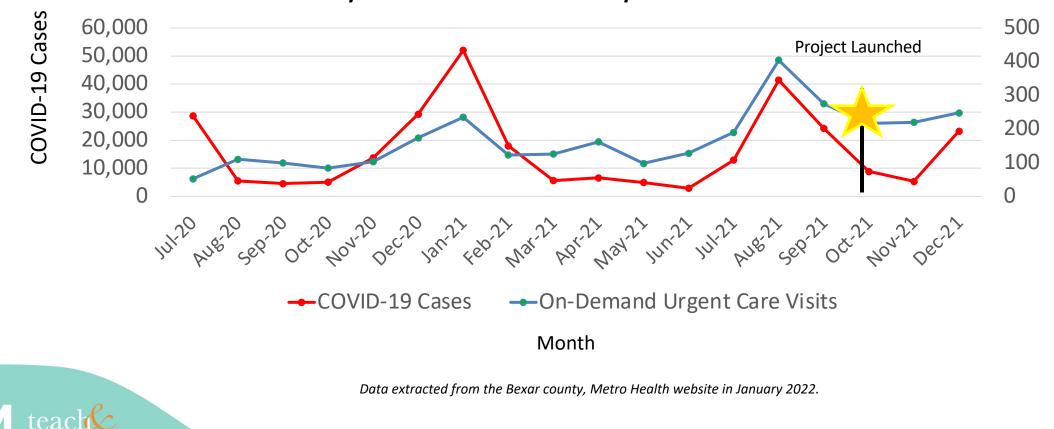


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transform



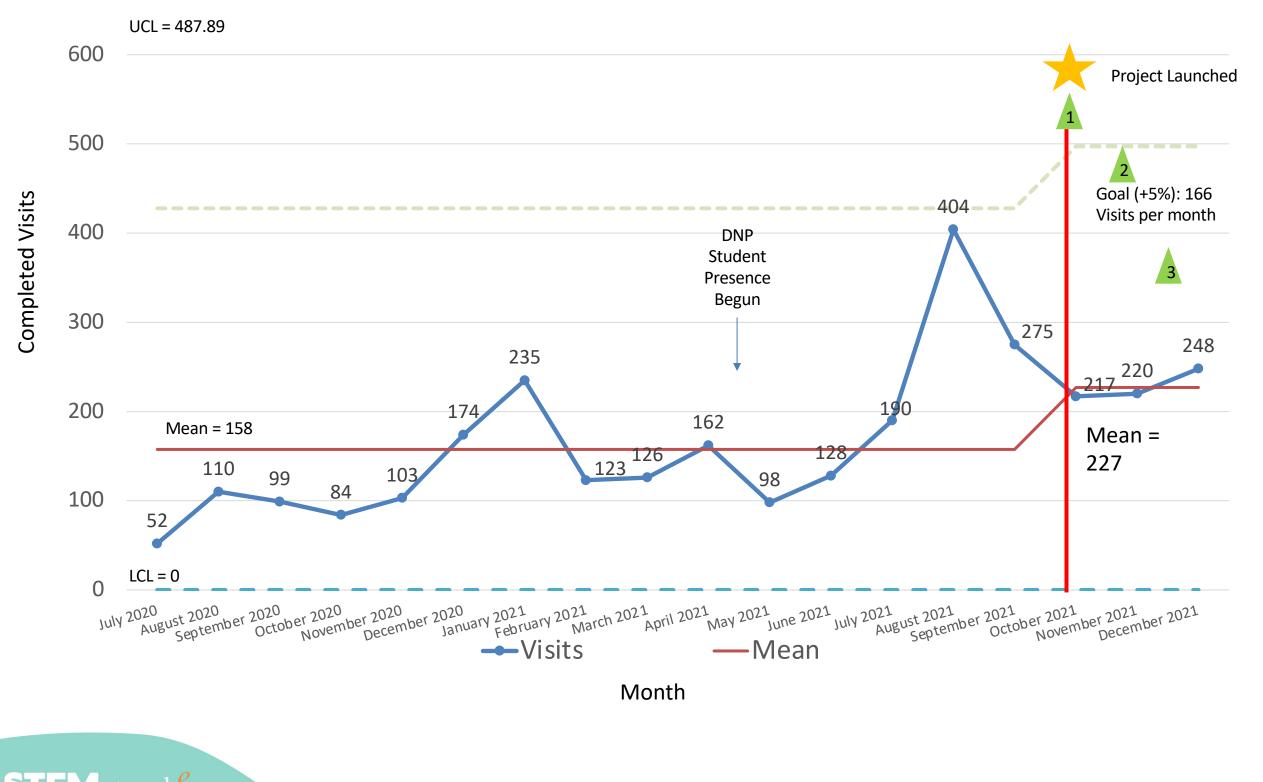
Bexar County COVID-19 Positive Monthly Cases Correlation to Visits

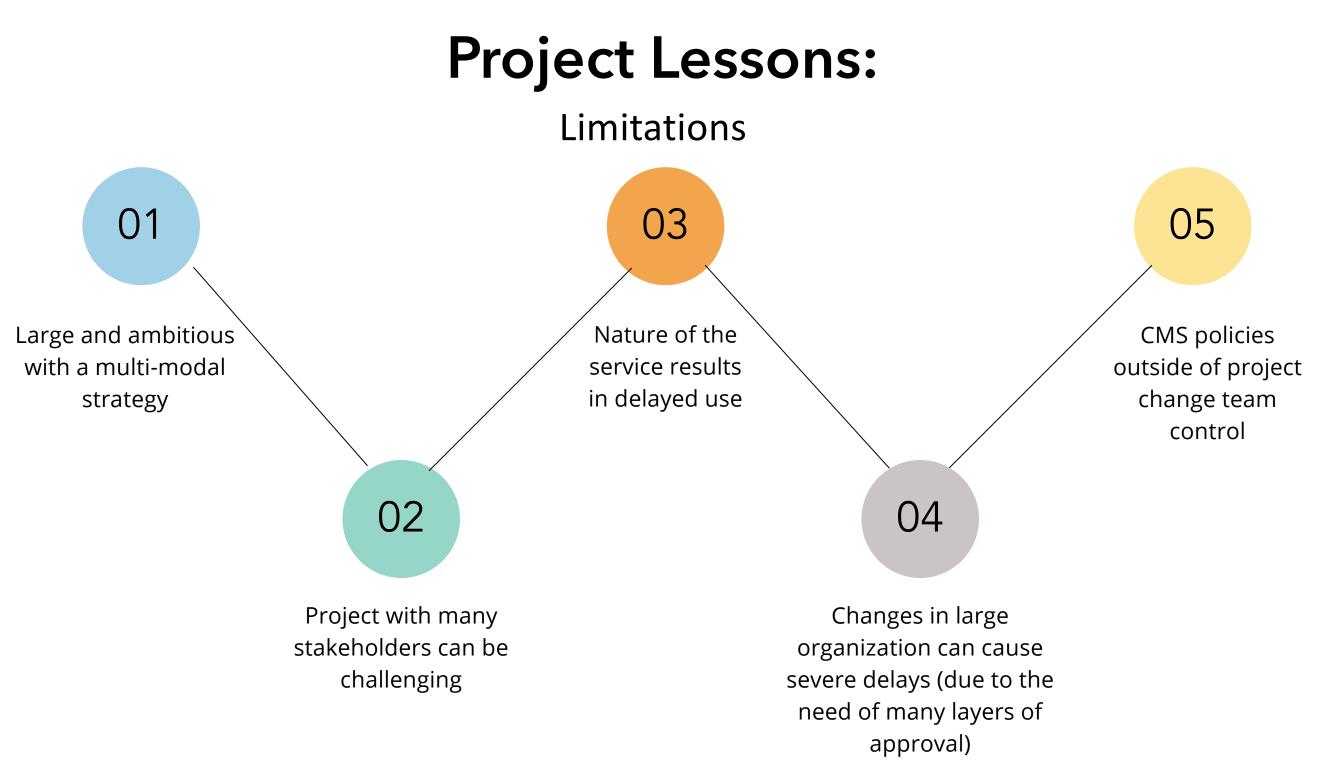


transform

Completed Visits | On Demand Urgent Care

X-Bar Control Chart

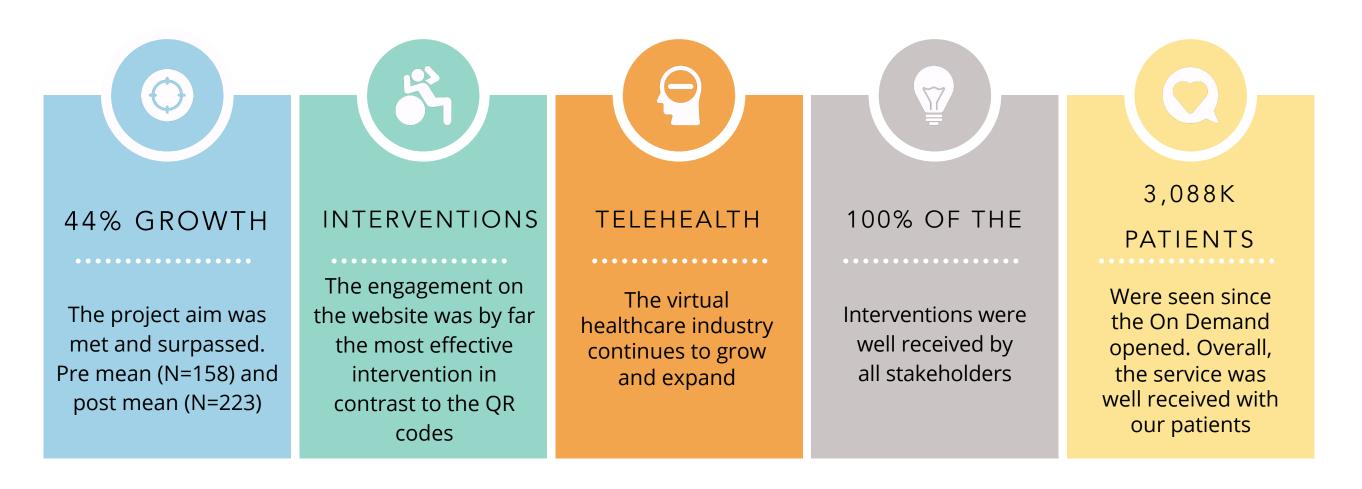






Project Lessons:

What Went Well





Acknowledgements

- All the On Demand patients and providers
- Gabriela Fabricio, DNP, FNP Student and Project Director
- Dr. Ramon Cancino, MD, MBA, FAAP, Project Sponsor and UTHP PCC Medical Director
- Dr. Joyce Yuen, D.O., UT PCC, Committee member and On Demand Physician
- Dr. Mary Salazar, DNP, MSN, APN-BC, Project Chair
- Crystal Rodriguez, UTHP Westover Hills Practice Supervisor and On Demand Operations
 Manager
- Jolyn Bragg, UTHP Senior Marketing Manager, Comm and Media & Team
- Ashley Alvarez, UTHP Marketing Specialist
- Johnna Nerios, Director, Practice Operations and UTHP ADM Patient Services
- JoAnn Rios, UTHP Hill Country PCC Practice Manager
- Sofia Reyna, UTHP PCC Office Manager
- Alberto Perez, Statistical analysis and Project Management consultation

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Thank you for your time! Questions?

Please email us anytime at gfabriciodnp@gmail.com yuen@uthscsa.edu



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