Measuring Telehealth Success

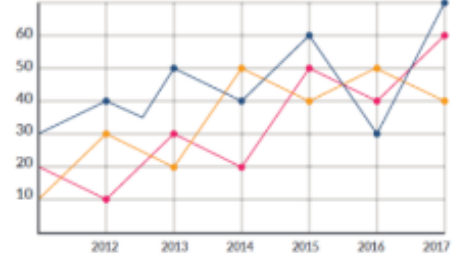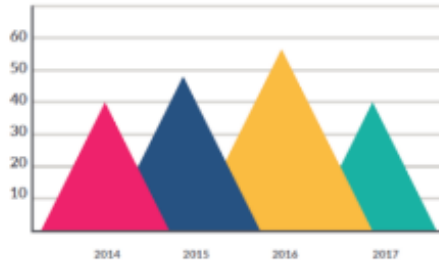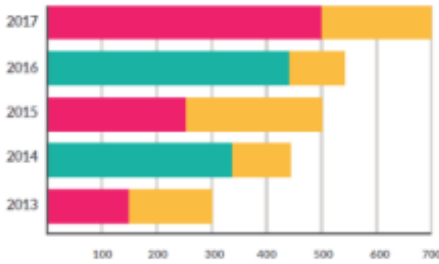# Measuring Telehealth Success

By Christian Milaster
Founder & President of Ingenium Digital Health Advisors

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HOW DO YOU MEASURE TELEHEALTH SUCCESS?

Not everything that can be counted counts.
Not everything that counts can be counted.
— William Bruce Cameron

As the quote highlights, measuring success can be a tricky business. Not all metrics we *could* collect are meaningful and some relevant aspects of telehealth success are difficult to measure accurately.

In a recent conversation with a client of mine, the CEO of a mental health agency, we discussed his need for good measures for the C-suite to ascertain the health and success of their telehealth services. His goals? To gain more insight into this strategic priority and knowing whether, when, and where to allocate more resources.

As many of my articles have discussed, there are a multitude of components at play to make a telehealth service work. With telehealth being defined as "delivering care at a distance", telehealth cannot be simplified to the mere video chat of a clinician with a patient.

Rather "telehealth" is the totality of the workflows and the workplaces, the technologies and the policies, the scheduling, and the billing.

But how do you measure success?

Types of Performance Measures

We'll get back to measuring success in a minute, but let's first briefly cover the basics.

Ultimately we are talking about measuring the performance of a telehealth service. There are a number of types of performance measures, some of which are useful and some are essentially meaningless (i.e., they don't count - see the quote above).

Here are the four most relevant types of measuring telehealth performance:

- **Input Measures** - resources, e.g., time, staff, money, spent on delivering the service
- **Output Measures** - quantifiable results, e.g., the number of visits or patients seen
- **Quality Measures** - characteristics of the results, e.g. patient or physician satisfaction
- **Outcome Measures** - impact and value generated, e.g., improved health, reduced ED visits.

The first two — Input & Output Measures — are relatively easy to come by and are what is most often measured. How many visits did we have? How many hours did staff spend on seeing patients? How much did we spend on telehealth licensing fees? How much revenue did we generate?

In one example of a telehealth outcome measure, one of the longest-running telehealth programs in the US continues to measure the number of miles saved by patients (and providers) that did not have to drive to their appointment. While quite an impressive metric (I think they are cumulatively well on their way to Mars), it bears by itself very little value. What can be derived from it, though, is driving time saved (and the resultant personal or communal productivity gain), gallons of gasoline saved, statistical car accidents avoided, etc. Which are the more meaningful outcome measures.

The latter two types of performance measures — *Quality* and *Outcome* — are, however, much more relevant to assessing the success of a telehealth service, though they require a little bit more involvement to collect.

The most useful examples of Telehealth Quality measures include the satisfaction of patients and the satisfaction of providers and staff.

The outcome measures can also be about continuity of care or potentially avoidable utilization, such as an ER visit or an admission. Patient engagement is another outcome measure, as is the percentage of telemedicine visits that were reimbursed.

How do you measure success?

In the most basic definition in the context of today's discussion, I simply define success as **meeting or exceeding a pre-defined goal.** Without targets, no success (or failure) can be declared.

Is 78 visits good? A Revenue of $3,853? 3.8 televisits per provider per day? A Net Promoter Score of 47?

We don't know.

We can only measure success when we set ourselves a goal and then see if we can achieve it.

But even setting goals is fraught with challenges.

How do you know what a good goal is? How do you objectively and meaningfully set a goal?

Action: The Ultimate Value of Measuring Performance

In my opinion there is only one valid business reason to justify the effort that goes into the collection, analysis, and reporting of metrics: **Clarity of Action.**

What I advise all of my clients as we develop performance dashboards is to establish clarity around the following aspects for each metric:

- **Ownership:** who is the executive owner and who is the operational owner of that metric?
- **Definition:** how is the metric collected and analyzed? how often? how should it be reported?
- **Expectations:** what are the targets for acceptable performance? for success?
- **Actions:** what actions will be taken if the metric does not meet the target? what if it exceeds the target? what if it hits the target?

Especially the last distinction of pre-defining the action to be taken is what distinguishes a great organizational culture from a mediocre culture.

If there is no clear pre-defined action, the organization is wasting precious time and resources on the collection and analysis of the data, resulting in data fatigue. Any insights that could be gained from it are lost, since without clear action, not much attention is paid to the data.

Also, once you ask the question of "what actions will we take", so-called "vanity metrics" quickly disappear, because they often don't drive any meaningful action.

To use the example from above, a saving of "1 Million miles driven" is definitely a neat round number, but how would we know that it shouldn't be 2 Million miles? Or that some televisits should have occurred in person and thus led to negative health outcomes?

MEASURING TELEHEALTH SUCCESS

If you don't know where you're going, you'll end up someplace else.
— Yogi Berra

As one of America's finest street philosophers quipped, knowing where you're going is quite important, unless you don't mind ending up where you did not want to be.

Unfortunately, many healthcare leaders are pretty much in the dark when it comes to the performance of their telehealth services. They oftentimes don't know where they are (no metrics), or if they know where they are (by looking at output measures), they often can't tell whether that is good or bad or whether they are where they are supposed to be.

As I laid out above, the most meaningful metrics focus on *quality* and on *outcomes*. But even input or output measures can be useful, if a reasonable goal was set, against which the metric can be compared.

For example, 423 video visits in a day may be good if the goal was to raise the average number of

daily visits by 5% compared to last month, where the average was 400.

A Solid Set of Success Measures

So what is a good, solid set of measures to track the performance of your telehealth services?

INPUT	OUTPUT
• # of clinicians trained • # of patients tech-checked • # of equipment deployed • # of workflows defined • etc.	• # of video visits • # of telephonic visits • # of billable visits • saved miles driven • etc.
QUALITY	**OUTCOME**
• physician satisfaction • staff satisfaction • patient NPS • technical quality • etc.	• no-show rate • ER utilization • practice loyalty • care plan engagement • etc.

Satisfaction

First, I recommend starting with the satisfaction of clinicians, staff, and patients in the "Quality" quadrant. The mood and attitude of the clinicians can create a night and day difference in the experience for the patients and will make or break your telehealth service.

I gauge satisfaction for physicians and staff by simply asking them (at least on a daily basis during their first days) to rate their overall experience with telehealth (on a 5-point Likert scale). For patients, I focus on the Net Promoter Score, asking them how likely they are to recommend telehealth to others.

Technology Performance

Another set of metrics that is important to track is to confirm that the technology is working.

Especially in our "work-from-home, direct-to-consumer, bring-your-own-device" world, health-care organizations do no longer have control over the end-points or connectivity. It is thus critical to ensure that the technology is working for the patients and clinicians.

For patients I ask whether they could clearly hear and see the provider, whereas for clinicians I ask

whether they experienced any technical problems (audio, video, etc.).

Output Measures

A less valuable, though still the most frequently used set are **output measures** which can include the number of video visits and telephonic visits, tracking billability, or saved miles driven.

To make the collection and tracking of these measures valuable, they need to be measured against a target and actions must be pre-defined to deal with deviations from the target.

Input Measures

Input measures mostly assess the organization's readiness for telehealth and oftentimes focus on process measures, such as training, equipment setup, etc.

Outcome Measures

The most valuable but arguably the hardest set of metrics to come by are the **outcome measures**.

Once telemedicine is working and adoption is rising, numerous population health outcomes can be tracked, such as fewer hospitalizations, better managed health as tracked by key health indicators (such as A1C levels for diabetics), or even significantly fewer no shows to appointments.

When to declare success

So, when and how do you declare success?

As I mentioned, metrics are most valuable when they care compared against a target, an expectation. When clearly defined and agreed-on objectives are set and subsequently met, you can declare success.

If not, then at least you can declare progress and continue to work on identifying and eliminating the root causes of underperformance.

Ultimately, it is important that the targets for each metric are set and are either aligned with the organization's overall strategic objectives or are set in consensus with those who can impact them.

Only then will success in telehealth feel like success to all.

And where should we set our target and our resultant actions? 20,000 patient miles saved a month? Why not 18,000 or 24,000? And what actions will we take if we don't meet the target - recruit patients who live farther away? Or, worse, ask those who live closer to come in, so they don't count against our quota (i.e., maximizing miles saved per televisit)?

TELEHEALTH METRICS HEALTHCARE LEADERS NEED TO PAY ATTENTION TO

With telehealth having been launched virtually overnight in most healthcare organizations, many leaders are pretty much in the dark when it comes to their insights into the performance of their organization's telehealth services.

Without "knowing how it's going", healthcare organizations risk alienating clinicians, limiting patients' access to care, and hurting their bottom line.

In this week's article, we will thus be discussing the five most critical telehealth metrics, that every healthcare leader needs to pay attention to.

A Mindset Shift

Many healthcare leaders still regard telehealth as a passing fad, especially when coupled with the uncertainty around reimbursement.

While over 90% of healthcare organizations reported fully meeting demand for telehealth during the Covid-19 health crisis, only

Key Success Metrics for Telehealth

Now that we laid the groundwork for creating a Telehealth Success Dashboard, let's focus next on developing a framework of metrics to include the most valuable and meaningful input, output, quality, and outcome measures.

Along with the pre-defined targets and actions to accompany each metric, that is how every C-suite should manage their telehealth services to enable the delivery of extraordinary care.

20% say they'll continue telehealth even if reimbursement were to return to pre-Covid levels with 30% being unsure and 13% indicating to definitely go back to in-person care only.

What this tells me is that many organizations have no idea regarding the performance of their telehealth services (and how to improve on it) and are throwing out the baby with the bathwater. It's like attempting to run a marathon without training, hurting yourself, and then claiming that running a marathon is impossible. Throwing everyone into telehealth without training, support, and a plan will inevitably yield the same result.

What is needed is a complete mindset shift to regard telehealth, not as an auxiliary alternative to in-person visits, but to treat it as a complete new care delivery modality and a completely new clinical service offering.

As I share with the leadership teams of our health system clients:

You are now managing three distinct service lines: inpatient, outpatient and virtual patient.

Once leadership teams embrace the notion that telehealth (or virtual care) is here to stay, for good, they realize that in order to improve the service, they need to know more about its performance.

So what is the critical set of metrics to measure the performance of a telehealth service?

The key metrics come from three performance areas: service performance, technical performance, and financial performance.

Service performance examines the acceptance of the service by patients as well as by the clinicians.

With a great service experience on both sides, telehealth is not sustainable.

Technical performance ensures that the technology (which includes connectivity) can support a seamless, painless experience, where the technology just fades into the background.

Financial performance ensures virtual care's contribution to the bottom line of the organization.

The 5 Critical Telehealth Metrics

Here are the 5 critical telehealth metrics that healthcare leaders need to pay attention to in order to ensure that their telehealth services are performing as well as they should:

Service Performance

1. Clinician Satisfaction

2. Patient Satisfaction

Technical Performance

3. Technical Performance

Financial Performance

4. Overall Visit Volume by Modality

5. Overall Reimbursement by Modality

Let's review the nuances of these 5 critical telehealth metrics.

Service Performance Metrics

The most critical metric of all (and the one most health systems ignore) is the satisfaction of the clinicians. When we work with clients we ask the clinicians, for example, "the telehealth visit was as good as an in-person visit" and we repeatedly get 4.3 or 4.4 on a 5-point Likert scale, so high satisfaction across the board is possible.

The second metric under service performance is patient satisfaction. Typically, the acceptance of telehealth across all demographics is very high. Patients love the convenience and appreciate the efficacy with which care can be received. With our clients, we typically ask the patients "How likely are you to recommend telehealth with this provider to your friends and family?" and have gotten Net Promoter Scores (NPS) in the 70s, which is considered world-class service.

Here's the reality: If the physicians do not like delivering care via telehealth, none of the other metrics matter much. The most prevalent root cause of statements such as "patients don't like telehealth" is that physicians don't like it. Even with the slickest technology and full reimbursement, if the physicians' mindset is that telehealth is not as good as in-person care, they will find self-fulling evidence to support their sentiment.

It is therefore imperative that healthcare leaders frequently measure physician satisfaction - and then act on the data to improve satisfaction.

Technical Performance

While telehealth is not about the technology (but about the workflows and managing the organizational change), it certainly is about the technology when the technology is not working.

With regards to telehealth technology, there are a few "givens" that we assume: that the technology is reasonably usable, that it is secure and also, given good internet connectivity, reliable.

The metrics to capture under **technical performance** should simply be on whether the clinician and patient could easily connect and that there are no audio/visual problems.
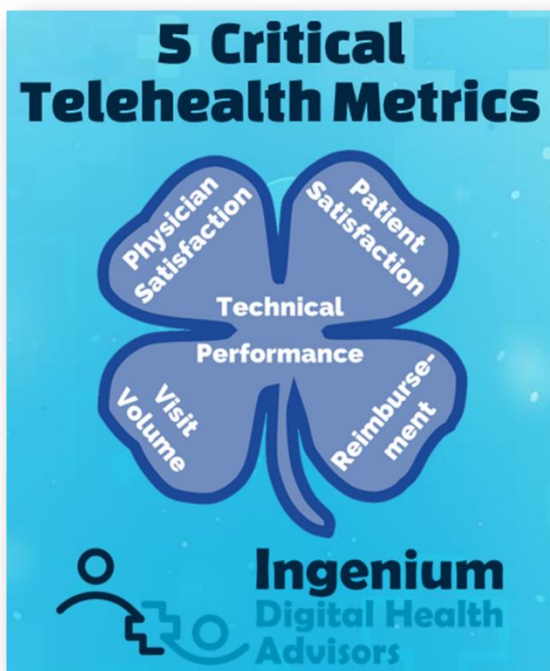
Any deviation from the targeted goals is mostly the cause of individual circumstances on the clinician's or patient's side. Most user experience problems can easily be compensated by workflow or process intervention (such as Pre-Visit TechChecks) and by training and coaching (e.g., on "webside manners").

Financial Performance

Of the 5 critical metrics, the first 3 can be measured intermittently whereas the financial metrics should be measured continuously.

The **"overall visit volume by modality"** metric is critical in providing a good overall picture of the performance of your healthcare organization. It should include attributes such as date, time, provider, visit type, show/no show, and modality (one of: inpatient, outpatient, video visit, telephonic visit).

Semi-automated analysis of this metric can reveal a multitude of insights: comparison to prior year volumes, distribution (and shift across all modalities), adoption by individual providers or provider groups), change in no-show rates, etc.

The **"overall reimbursement by modality"** metric provides critical insight into the financial performance of the organization. It should include similar attributes, including date, time, provider, modality, CPT code, payor/health plan, and actual reimbursement.

Here, semi-automated analysis of this metric can reveal an additional set of insights: e.g., comparison to prior year revenue, "the cost of telephonic vs. video telehealth", average reimbursement per visit, usage by CPT code and modality, etc.

Using the Metrics to Drive Improvement

As I've described in an article before, **"Action is the Ultimate Value of Measuring Performance"**.

To implement "paying attention to", all 5 metrics should be reported on a regular basis (weekly first, monthly later) in the form of a **telehealth performance dashboard**. Each metric must have a target goal along with a predefined action list in case the metric falls short of the goal, meets the goal, or exceeds the goal.

Driving in the dark without any feedback about direction, speed or the fill-level of the gas tank can be a very dangerous undertaking, especially if you are going 80 miles an hour. It is thus crucial for healthcare leaders to invest in establishing a telehealth performance dashboard that at a minimum includes these **5 critical telehealth metrics**.

1. Physician Satisfaction
2. Patient Satisfaction
3. Technical Performance
4. Overall Visit Volume by Modality
5. Overall Reimbursement by Modality

Which telehealth metrics are your healthcare leaders evaluating on a regular basis? What predefined actions have you identified to overcome the challenges you are encountering?

MEASURING THE 5 MOST CRITICAL TELEHEALTH METRICS

In the last article I laid out a simple framework of five key metrics that telehealth leaders need to pay attention to when it comes to measuring telehealth success. They are:

- physician and patient satisfaction
- technical performance
- visit volume and reimbursement

But how do you actually collect those metrics and what data should you be expecting or be satisfied with? That is the focus of this week's Telehealth Tuesday article.

Collecting Satisfaction Data

In the set of success metrics, the first two are about the physicians' and the patients' satisfaction with the telehealth service overall. The easiest way to get at this data is through a quick survey.

In order to ensure high participation, though, the collection of the data must be tailored to the preference of the users you are collecting the data from.

There are three pragmatic approaches that I have used to obtain satisfaction data: through interviews, by asking to complete a written survey, or by asking to complete an electronic survey.

From a data analysis and reporting perspective, the electronic collection is obviously the preferred one, as the collected data does not have to be transcribed for analysis.

But getting physicians or patients to click on a link and fill out a form can at times be tricky, depending on a variety of factors. In some organizational cultures, clinicians don't want to be bothered with much "electronic stuff" and may prefer a simple written survey they can complete in 30 seconds or less. In other organizations (or when it is difficult to get the completed surveys back), clinicians may be willing to complete online surveys, if they are easy to find and easy to use.

For patients, I have found mixed participation with electronic surveys, although the acceptance of patients to use electronic tools is growing, given the strong convenience afforded by telehealth. A good starting point to collect patient satisfaction data are also post-visit interviews, ideally incorporated into the post-visit process.

With regard to the actual satisfaction survey questions, I typically ask physicians and patients

4-6 questions, depending on the specialty and the anticipated areas of optimization. The basic questions that get at the experience with the technology are the patients' and clinicians' ability to clearly see and hear each other and the ease of connecting.

The two key satisfaction questions, though, are for patients the likelihood to "recommend telehealth with this clinician to friends and family" (which allows the calculation of a net promoter score) and for clinicians the question whether this visit was "as good as an in-person visit". These two metrics are the key indicators for overall satisfaction with telehealth.

Especially the question for clinicians has opened up numerous conversations about improving the telehealth service in a way that improves clinical outcomes.

Measuring Technical Performance

The third key metric is the performance of the telehealth technology. Here "simpler is better" unless you have reasons to dig deeper. The basic aspects of technical performance are clarity of audio and video, overall connectivity, and interrupted or dropped connections.

Merely the satisfaction with the audio and video (as described above) alone can provide good insights. But also a set of technical statistics (such as calls interrupted, or calls abandoned) that could hint at potential problems should be looked at if they are easy to obtain.

As always, metrics should be collected to drive decision making, so if it is unclear how an organization would act on certain data, it should not be collected.

Financial Performance Metrics

The final two key metrics are about the visits volumes and reimbursement information.

For visit volume, the absolute number of visits (which can be obtained from your scheduling or your billing system) is not as much of interest as it is in the context of the in-person visits and compared to the total number of visits in the same period in previous years. It is also valuable to put the number of visits into context of your local and

regional Covid infections and take a careful look at trends.

For the reimbursement data, which could fill a whole series of articles, it is important to track reimbursement by modality, i.e., in-person, video-based telemedicine, telephonic telemedicine, etc.

Benchmarking against the Best

Data collection in isolation is not very helpful, though over time leaders can measure the performance against their own historical benchmark. But to truly assess the performance of telehealth, it is better to compare the results with those of other organizations.

With regard to those five key metrics, here are results that we see our best clients achieve:

This is especially important regarding the audio-only, telephonic telemedicine. There's a clear expectation that reimbursement for telephonic care, which is already lower, will be going away. It is thus important to collect that data and decide jointly with clinicians on how to "wean" clinicians off of the telephonic-only care.

- Physician Satisfaction: 4.3 or better on a 5-point Likert scale
- Patient Net Promoter Score: 70 or better (but even 50+ is great)
- Technical Performance: 99% uptime, no systemic/repeated failures
- Visit volume: 95% or better than pre-covid volumes
- Reimbursement: no more than 10% reduction in revenue

TELEHEALTH CREATES STRATEGIC SUCCESS

*"Sound strategy starts
with having the right goal."
— Michael Porter*

Most healthcare organizations have been thrust into the use of Telehealth in response to the Covid-19 crisis and many of them are quietly waiting for things to "go back to normal".

That, however, would be a big mistake, as Telehealth can significantly contribute to organizational strategic success.

The Times They are A-Changin'

In January 2020, John Halamka, a physician and renowned digital health thought leader joined the Mayo Clinic in Rochester, Minnesota to lead Mayo's digital transformation. Now, six months

into the job, Mayo's 10 year plan to take full advantage of digital transformation has been accelerated to not even one year.

As he said in a recent Becker's Hospital Review article, "We're going to have more demand for telemedicine, telehealth, hospital-level care in the home, wearables and the ability to apply machine learning and artificial intelligence to new data sources for cure plans."

Covid-19 has not only changed the way we work, teach, and socialize. In my assessment, the pandemic is spurring healthcare's most rapid, fastest change ever in the history of medicine.

Neither antiseptic surgery — discovered and re-fined by Lister and inspired by the findings of Pasteur — nor the use of anticoagulants in cardiology; all of these innovations had many opponents (just like telehealth does now) and it took decades for those changes to find even a 50% adoption rate.

The Modern Healthcare Consumer

What is different from those past innovations in healthcare is that this time the patient — or rather, the Modern Healthcare Consumer — has a seat at the decision table. For the past 15 years, empowered by Google and spoiled by the convenience of the Smartphone, the modern

patient is taking matters in their own hands when it comes to making decisions about their health.

The Modern Healthcare Consumer, being comfortable with technology and striving for convenience just like in all other areas of their lives, is demanding more comfort, more transparency, faster access to the innovations not from 15 years ago but 15 months ago.

Thus to sustain any healthcare delivery organization's business model — whether that's a physician practice, a rural health system, a mental health agency, or an academic medical center — the organization must pay attention to the growing "convenience competition" that is targeting the Modern Healthcare Consumers' eyeballs and wallet.

But this is not an article about staving off the innovative disruptors.

What I am focusing on is something much more substantial, more broad: the ability for Telehealth ("delivering care at a distance") and other Digital Health Solutions to significantly help any healthcare organization to achieve all of its strategic objectives, to enable the sustainability of its business.

A Blueprint for Healthcare Strategy

Many healthcare organizations, in one way or another, these days are using a variation on the Studer Group's categories for healthcare strategy:

HEALTHCARE STRATEGY FRAMEWORK	
Service	Quality
People	Finance
Growth	Community

Provide an increasingly great service, improve quality, find and keep great people, improve the finances, achieve growth in volume and be a good citizen in their communities.

What is interesting to realize is how much telehealth and telemedicine services can help organizations move the needle into the right direction across all of those six areas as outlined in this table.

Better service, better patient retention

As illustrated by Dr. Halamka's quote, the demand for telehealth and digital health services is only going to increase, it will not go back to pre-Covid-19 volumes.

And why should it? At least 80% of outpatient visits, if not more, do not require a hands-on examination, at least not by a physician.

A 12-minute visit with a physician typically takes patients at least 6 times as much time in making it to the appointment, checking in, waiting and then the whole thing in reverse. A visit "from the comfort of your home" cuts out as much as 80% of that predominantly unproductive time.

Just recently my annual visit with my primary care provider, via telemedicine, took me 37 minutes (including 12 minutes of wait time that I used productively on email). I talked to his nurse and the scheduler on the phone and to the physician via video, successfully covering the five topics I wanted to address.

In another example a colleague of mine had a 3-month frozen shoulder injury follow up appointment via telemedicine that only took 3 minutes and maybe, if even, 10 minutes of her time.

With experiences like these, why would anyone want to go back to in-person care for every visit?

Our lives are so busy, even during Covid-19, that we often put off medical care until it becomes urgent. While going to the doctor in some cases is never "fun", the additional dread of the logistics surrounding a traditional visit causes many people to delay care.

Through Telehealth many smaller healthcare organizations can also facilitate access to specialty services, providing patients with a "one-stop shopping' experience. In addition, telehealth opens the door for additional, virtual service lines, e.g., genetic counseling or specialized PT.

More Engagement, better Outcomes

When care is quickly accessible, when it is convenient, numerous studies have shown a significant reduction in high cost utilization (such as ED or hospital admissions), and with that the quality of care improves measurably.

Many health outcomes are influenced by the degree to which a patient is engaged in their care. Easy, direct access to the physician and staff via a highly relatable communication mechanism such as video chat has also shown to increase patients' participation in their care plan.

Telehealth not only offers opportunities for timelier access to care (before exacerbation), but also allows for better care transitions and with geographic distance no longer being a barrier, providing opportunities for improving the continuity of care.

Finances and Growth

On the revenue and profit side, with reimbursements for telehealth being for the most part on par with in-person care, a number of telehealth services can lead to an increase in revenue. This could be through new service lines provided by a remotely located specialist or through arrangements with other regional networks.

When quality metrics are tied to rewards and penalties (such as for 30-day readmission), small, targeted investments into telemedicine can achieve significant savings.

Furthermore, when the majority of outpatient visits can be conducted at a distance, the definition of a geographic area that a healthcare organization can serve can be significantly expanded. And with growing competition (even from the patients' insurers offering telemedicine services to their members), investing in telehealth is a good strategy to avoid revenue erosion.

Finally, with the cost of new patient acquisition typically being high, especially in markets where patients have choices, offering a convenient, modern way to receive the care when they need it where they want it can go a long way towards patient loyalty and retention.

People and Community

But telehealth does not only have a positive impact on patients or on the bottom line. The people side of an organizations' strategy can benefit just as well from telehealth. Many providers and staff have realized for a few years now that experience and good skills in all things digital health are critical for their future care.

As many have discovered across all industries, distance work also allows for a much greater flexibility, further increasing job satisfaction when trying to align work and family schedules. Investing in Telehealth thus can help to attract and retain talent.

The launch of a new telehealth services also presents a unique opportunity to define how healthcare could be delivered most optimally, so that everyone can practice "on top of their license". That redefinition alone can significantly increase physician and staff satisfaction which in turn leads to better patient outcomes.

Last, but certainly not least, telehealth services empower any healthcare organization to truly be a supporter of the surrounding communities, especially those with severely limited access to care or transportation (often both). The internet offers opportunities for health education and innovations. And advances in monitoring technology now allow for an easy-to-deploy solution to support people with chronic diseases, even in the absence of a local clinic or home nursing services.

To Sustainability and Beyond

Telehealth is not merely a video chat software to give to physicians and say "here, talk to your patients, it's safer". Telehealth has long been regarded by many experts primarily as a clinical tool – a means to deliver care to patients where they want and need it.

Telehealth, when applied correctly, is a strong tool in the tool chest of healthcare organizations' leadership. It is a tool that leadership can use to move the needles of organizational strategy into the right direction across all strategic objectives

ABOUT CHRISTIAN MILASTER

Christian Milaster is an expert in optimizing the delivery of care through Digital Health & Telehealth.

Christian is the founder and president of Ingenium Digital Health Consulting and the Executive Director of Healthcare Shapers USA. Born, raised and educated in Germany as an Engineer, Christian has worked at IBM Global Services and studied healthcare delivery for 12 years at the Mayo Clinic in Rochester, Minnesota. Since 2012 he has been a strategy, design, and implementation advisor at the intersection of Care Delivery and Technology to numerous health systems, behavioral health agencies, community health organizations, urgent care organizations, etc.

IngeniumDigitalHealth.com | (657) INGENIUM (464-3648)

christian.milaster@ingeniumadvisors.net