Ingenium's Six Hallmarks of Excellent Telehealth Services

1. New Clinical Service Mindset
2. Remote Care Telemedicine
3. Quality Focus
4. Consistent Internal Pre-Auth
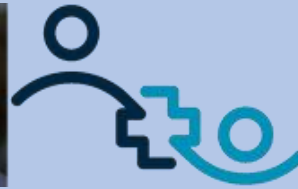5. Pre-Visit Patient Tech Evaluation
6. User Training

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The 6 Hallmarks of Excellent Telemedicine Services

By Christian Milaster
Founder & CEO of Ingenium Digital Health

Before COVID-19 it would take most organizations many months to launch a new telemedicine service. Interest or demand was not very high and the individuals assigned to getting the new service up and running were only doing so part-time.

In my consulting practice, by distilling my years of experience into a few key hallmarks, I shortened this process to a few weeks - if the key resources were available to engage in the design and implementation of the new services.

In the middle of the coronavirus health crisis I was able to launch a new telemedicine service in just 36 hours, rolling it out to two dozen providers across 5 locations, bringing the number of visits up to 400 within a week, quite close to pre-covid-19 volumes.

Many other healthcare organizations scrambled in March 2020 to quickly launch telemedicine and many did succeed in making telehealth technology available to providers to connect with patient's at a distance.

While it was important to act quickly and to simply "stand something up", now is the time to go back and make sure to retroactively apply the six hallmarks of telehealth success.

1. New Clinical Service Mindset

One of the most critical hallmarks of telehealth success is when everyone involved in telehealth, especially leadership, realizes that the launch of telehealth is not simply a Health IT deployment project, but rather the launch of a new clinical service offering. Imagine in your mind the steps you would undertake to ensure the new clinical service is ready and that patients are asking for it.

The same principles and actions apply to the launch of a new telemedicine service. Once you realize what you would have done if you had treated this as a new clinical service offering, you can go back and do those things that should have been done.

2. Remote Care is NOT Telemedicine

One of the most helpful distinctions is the notion that what most physician practices are doing these days is to "connect with patients at a distance", our definition of "remote care".

But it is in many cases not telemedicine, i.e., "practicing medicine at a distance". Too big are often the problems, too low the tolerance for non-performing technology. And the lack of just the basic vital signs or the absence of organizational clinical guidelines, can quickly render a remote care visit ineffective.

To get the listening of the staff and the providers, calling it "remote care" with the intent to evolve into "practicing medicine" is one way to get the initial interest and buy-in.

Ingenium's Telehealth Definitions

Telehealth – Delivering Care at a Distance
Telemedicine – Practicing Medicine at a Distance
Remote Care – Connecting with Patients at a Distance

3. Focus on Quality

Given the ad-hoc nature of most remote care service launched in response to the healthcare crisis, you cannot allow yourself to "fly blind", even for a single day. In addition to volume stats, you need to collect and act on data on clinical quality, patient & clinician acceptance, technical performance and financial performance.

Next, you need to designate an individual to monitor and analyze the data on a daily basis. Associated with the agreed-on metrics to collect, the executive decision team must then continuously define the key actions to take once a metric goes above or below the desired threshold - and put those actions in place when needed.

4. Consistent Internal Pre-Authorization

The rules and regulations around telehealth reimbursement have and will continue to change frequently. In order to prevent the delivery of care that is either unknowingly non- reimbursable or even illegal, you need to establish a process by which every scheduled telehealth appointment will be reviewed before the visit by a central decision authority.

While initially each and every visit may get the "go ahead", there will quickly come a time when lifted regulations are rolled back. It is thus important that everyone at least notify the central pre-authorization team to make sure that the telehealth visit should proceed.

5. Pre-Visit Patient TechCheck

One of our key desired hallmarks for telehealth is to enable physicians to "practice on top of their license", enabling them to "only do what only they can do". For the workflow design this includes removing any administrative, legal, or operational tasks on the physicians' workflow.

Especially when a provider has to troubleshoot the patient's audio, video, or connection options, their productivity sinks enormously, and with it their tolerance for making telemedicine work for them.

The best practice is to truly dedicate the time to ensure that each patient, at the time when the appointment is scheduled, can conduct a quick TechCheck: Does the patient have the adequate technology (smartphone, tablet, PC) and adequate, reliable connectivity, and the ability to operate the technology well?

6. User Training

For the final of the six hallmarks, we are focusing on two separate audiences: training for the providers and training for the supporting staff.

Provider Training: All providers offering telemedicine need to be trained on a variety of aspects of telemedicine. This training should be delivered just-in-time on an as-needed basis. It can be conducted in person or remotely or via a pre-recorded video/ presentation. This training should cover clinical guidelines (inclusion and exclusion criteria), policies (licensure, consent, emergency contact, privacy, etc.), billing rules, webiquette/webside manners, use of the telemedicine technology, the process for e-prescribing, post-visit documentation and follow-up visit scheduling as well as access to support.

Staff Training: Similarly, training materials (documents, presentations, etc.) should be developed for the various audiences affected by telemedicine, including, but not limited to schedulers, patient service representatives, medical billing staff/coders, MAs & RNs, providers and leadership.

Resources: In addition to live, interpersonal training, the creation of short explainer videos and single-page cheat-sheets will go a long way to reminding people of the key basics.

Summary

Launching telehealth rapidly and quickly was exactly what was needed in the early weeks of the Covid-19 health crisis. But before things get too much out of control, it is important to retroactively reapply the key hallmarks of telehealth success as laid out above.

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 trained 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.

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