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Advisors



# 16 Ways to Fail in Launching Telehealth

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# 16 WAYS TO FAIL IN LAUNCHING TELEHEALTH

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Telehealth is defined as "delivering care at a distance" and by that definition, the launch of a telehealth service requires a mindset of launching a new clinical service offering.

Yet many organizations approach telehealth as a Health IT implementation project and are hereby overlooking the need for workflow design and organizational change management.

With over a decade of experience defining and launching telemedicine services across dozens of specialties and scenarios, we have identified this set of 16 common fails in setting up and rolling out a telehealth service.



We've categorized them into sets of four across these four failure areas:

- I. **Project-level fails** that are best remedied through proper project management.
- II. **People-related fails** that are most easily avoided through proper organizational change management.
- III. **Technology-related fails** that ironically are often caused by focusing too much on the technology and not enough on the people and processes.
- IV. **Financially-related fails** caused by decisions rooted in the lack of experience of telehealth financials.

## I. Project-level Fails

These particular fails are not unique to telehealth and afflict many complex projects, especially those endeavors that require a change in people's behavior.

### 1) Schedule Fail

When it took much longer for the service to be actually launched and, even more often, much longer to actually create the desired benefits. This failure is often a combination of two things: wishful thinking and an underestimation of the complexities involved in the launch of a telehealth service.

### 2) Budget Fail

When it cost more than budgeted. Fortunately, in telehealth rollouts we haven't seen any of those egregious budget overruns that sometimes befall complex change initiatives in healthcare, though there can be the occasional surprises, such as not accounting for infrastructure upgrades, such as reliable WiFi connections.

### 3) Scope Fail

This fail is mostly in the sense that the actual service did not live up to the expectations of the results that were established at the outset. This is often the result of a combination of wishful thinking, overhyped vendor promises and a lack of experience of the project team to manage expectations.

### 4) Quality Fail

When the solution is unusable or not reliable. This can be related to poor choices in technology or a misconfiguration, but oftentimes is caused by inadequate training, resulting in the inappropriate use of the solution.

### II. People-related Fails

The second set of fails concerns the stakeholders, i.e., people involved in or affected by the new telehealth service (such as clinicians, care staff, patients, or leadership).

These fails are the undesired emotions that hinder the successful launch of the telehealth service. The proactive remedy for all of those fails is conscious, proactive change management.

#### 5) Confusion Fail

When stakeholders are confused, they cannot put their full support behind and are much slower to engage and embrace the telehealth service. Confusion often stems from a lack of awareness as objectives behind the launch of the telehealth service.

#### 6) Hesitation Fail

When stakeholders are hesitant it is often due to the fact that they don't share in the desire to create and launch the telehealth service. This is often related to not understanding the benefits of the new service and also can be caused by a lack of training, resulting in a lack of confidence in their ability to succeed in this new world of care delivery.

#### 7) Frustration Fail

When stakeholders are inadequately prepared or if the solution is not well designed and not user friendly (see Quality Fail above), the result is frustration. The solution here is to start small and iron out any kinks with a select group of early adopters who are much more likely to happily push through the trials and tribulations of a new service rollout.

#### 8) Resistance Fail

The most impactful of the four most common people-related fails is an active resistance against the new telehealth service. This is often a combination of not understanding (or not agreeing with) the broader "why" behind the new service and a lack of understanding or agreement with the benefits of telehealth. Resistance is oftentimes best overcome by early involvement (and listening to) the stakeholders that are key to the success and, as suggested in the previous fail, to first work with supportive champions to create early successes.

### III. Financially-Related Fails

This set of fails pertains to the ways in which the telehealth financially does not live up to its promises.

#### 9) Lack of Reimbursement

Over the past 20 years the situation for reimbursement for telehealth services as a fee-for-service offering has continued to improve, though the US's telehealth reimbursement landscape remains frustratingly complex with at least four different payor groups (Medicare, Medicaid, commercial insurance and self-insurers) and a whole host of conditions to be met and variables to be considered. And even if you have all your i's dotted and t's crossed, getting the actual reimbursement requires diligence and persistence, as the many levels of the convoluted system are not familiar with the actual laws and regulations.

**The solution** here is to expertly and doggedly navigate the insurance regulations and 1-800 numbers to ensure that claims indeed will be honored. Often it's knowing which questions to ask (and in which way) and which regulations to consult or to cite that will pave the way to consistent reimbursement.

#### 10) Unfulfilled Savings

Some telehealth business models use downstream savings as part of the ROI calculation. While the mechanisms by which the organization stands to save money (e.g., by reducing non-reimbursed utilization or avoiding penalties) are known by the original creators and planners of the telemedicine service, most often the operational and clinical staff are not aware of those metrics and are therefore those savings are often not realized.



**The solution** here is to realize that “every system is designed to get the results it gets” and if savings are the results you desire, you have to have systems in place that visibly monitor and track those savings or that act as “bumper rails” to make sure that the processes are followed as intended.

### 11) Fixed Cost Too High

Related to the previous fail is sometimes the realization that the service is used by far less patients than originally anticipated. This results in revenue not being as high or savings not adding up as originally planned. With that, the fixed cost such as monthly service fees or designated staff becomes too high and makes the service financially unsustainable.

As with many innovations, “build it and they will come” does not work and it takes a very conscious effort of heavy lifting to ensure that patients are aware of the service, understand its benefits for them, and know how to use it properly. While many healthcare organizations are accustomed to creating new service offerings within their own four walls, very few have experience in launching a new service that occurs outside those walls.

### 12) Unsustainable

The financial “unsustainability” of a telehealth service most often has its roots in poor change management as indicated by the people-related fails #5 through #8. The effect is a lack of interest by the clinicians to offer the service which in turn affects the predictions about volume, revenue, and/or savings.

**The solution** here is to first perfect the processes with a small team of dedicated individuals to create early successes that can be leveraged to inspire others to invest in this new mode of delivering care.

## IV. Technology-related Fails

The first association most people make with Telehealth is technology. The word tele (as in telescope, telegraph, and telephone) implies that you need technology to make telehealth work. Which is true, but, as it turns out, only a small part of the equation.

Here are the final four fails that befall telehealth implementations, focused on the technology.

### 13) One Size (Technology) Fits All

When the decision on telehealth technology and telehealth vendors is put in the hands of the healthcare organization’s CIO and CTO, their desire -- given their experience with Health IT -- is to find a single solution (or at least a single vendor) for all things telehealth. Too painful are the headaches of supporting multiple EMRs, multiple CRMs, multiple BI tools and, having learned the lessons from the past, the desire is to just settle on a single technology.

As readers of this newsletter and my articles surely appreciate, telehealth has hundreds of applications across dozens of specialties, occurring in a dozen different types of locations and most use cases require a technology that is optimized to the service.

A One-Size-Fits-All strategy simply does not work for telehealth. A direct-to-consumer solution requires a different technology than TeleStroke or a visit-only tele-specialty service for patients presenting in a rural clinic.

That does not mean that 50 different telehealth use cases should be implemented using 50 different technologies. But fitting a square peg into a round hole is not going to help physicians and patients achieve a great experience.

### 14) User-Unfriendly

Of course, nobody would purposefully select the less user friendly solution, but often other dynamics are in play that lead to the selection of a solution that may not be the most optimal.

Many elegant solutions exist in the telehealth world, but most of the slick solutions are offered by unknown, young, venture-capital funded companies that established healthcare organizations typically (and oftentimes rightfully) are hesitant to invest in (since these startups may not be around a few years from now). However, that does not mean that one should go with the titans (and dinosaurs) of the industry, that are also offering telehealth solutions, as that thinking may backfire when the solution is, as unfortunately is quite often the case, cumbersome to use, designed based on decades-old standards.



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As an example, one of my clients' IT department insisted on using their legacy vendors' video conferencing solution which delayed the use by 3 months since the technology would not work outside the firewall and the user interface is cluttered and clunky and the patient-facing side didn't look as clean and professional as it should -- simply because it was never designed to be used for telemedicine. Of course, the telemedicine physicians were not consulted in that decision and it was purely based on relatively minimal savings of a few thousand dollars.

The obvious remedy for this fail is to engage the telemedicine practitioners in the decision-making process and to also rely on the expertise of experienced telehealth service designers, not IT managers.

### 15) Inadequate Access

When I refer to "technology", I am not just referring to the hardware and software in the hands of the physicians and patients, but also about the technology that connects the two and is often taken for granted: the network.

When you work and live in an urban or suburban environment, it is easy to forget that the vast area of the US is not enjoying 100 Mbps connections to the internet and often can consider themselves lucky if they can get 2 bars on a 3G connection before their smartphone drops back to the painfully-slow EDGE.

In rural clinics, the network connectivity is the wireless infrastructure and the capabilities of the local internet provider. In home-based use cases such as remote patient monitoring, home-based telecare or direct-to-consumer telemedicine, this means the patient's local internet connectivity which often just may be the cellular network.

**The remedy here** is to be clear about the patient population you'll be serving and to verify the connectivity before jumping in with both feet to the launch of a telehealth service that in the end the people, that the service was intended for, cannot access.

### 16) Over-reliance on Vendors.

The last technology-related fail was a close call between this one and being infatuated with the technology (such as a remote-controlled robot haunting the hospital halls). The over-reliance on vendors mostly shows up in two different ways: in having to adapt your processes to the built-in idiosyncrasies of the solution and in the vendor's lack

of experience integrating the technology into your workflows.

Many technology solutions, especially those with a software component to it, have an implicit workflow paradigm embedded in their design. If that paradigm does not align with your workflows or with the mindset of the people that will be using the solution, your telehealth service will fail due to the confusion and frustration (at best) or outright resistance (at worst) to use the technology.

Secondly, most vendors have very little experience (or even financial incentive, after they've made the sale) to help you with the integration of their solution into your workflows. At best they will provide deployment and configuration guides and guidance on how to integrate the solution into the technical infrastructure. But since the care delivery workflows at every healthcare organization (and even across different telehealth services within an organization) are often unique (after all, in most cases you are tele-enabling an existing service), vendors cannot and will not think beyond their "reference implementation" they had in mind when they designed their solution.

For both ways, the remedy is to first design your telehealth service workflows before selecting a solution, so you can evaluate the solution based on your workflow and process needs. If you select a solution that does not quite match but that you like nonetheless, you can then at least make a conscious choice to change your workflows to match the solution. In addition, I recommend the use of an experienced clinical workflow specialist to aid in the design and rollout of the solution from a process integration perspective.

## 16 Ways to Succeed in Telehealth

This wraps up the 16 ways in which telehealth services can fail and it is my sincere hope that these insights can help you to find 16 ways to increase the likelihood of success in designing and rolling out your telehealth services.



## 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, federally qualified health centers, etc.



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