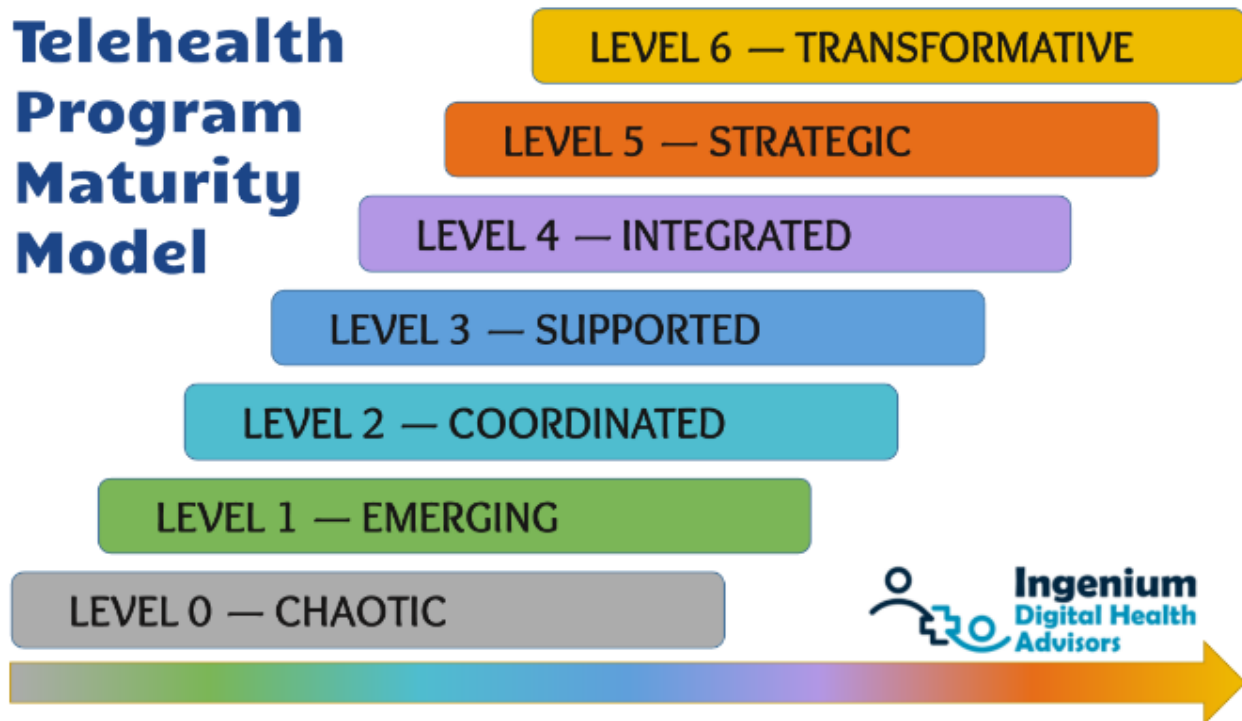


Ingenium
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Telehealth Program Maturity Model



A Telehealth Program Maturity Model

By Christian Milaster

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A TELEHEALTH PROGRAM MATURITY MODEL

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Telehealth has been launched at virtually every healthcare organization in the wake of the Covid-19 health crisis. While some initially treated it as a convenient backup solution, most have by now realized that telehealth is here to stay. But how do you make it better? What is needed to fully leverage telehealth's potential? Enter the 7 Levels of Telehealth Maturity, your roadmap to telehealth success.

On Maturity

Usually we consider something fully mature when it has reached its highest level of potential. Yet often we equate maturity with age. While it is true that to achieve a certain level of maturity, we need to let some time pass, simply getting older does not mean we are getting more mature, because maturity comes from experience, not from age.

And therein lies the opportunity of telehealth maturity. While the process of progressing through the different levels of maturity is mostly sequential, it can be accelerated if you have a good map.

The 7-level Ingenium Telehealth Maturity Model is a representation of the various stages of maturity that healthcare organizations typically progress through on the way to the highest form of maturity: transformative. While one may be able to skip certain stages, it is important to learn and understand the lessons of each stage. Since maturity comes from experience it can also not simply be learned or taught: the organization has to actually live through the experiences to truly understand the lessons to be learned at each stage.

But rather than experiencing aimlessly, a maturity model provides a map, a sequence of increasing levels of maturity that can guide the learner to the next level.

On Maturity Models

Over the past decades, I have used a number of maturity models: starting in the 1990s with the Capability Maturity Model to describe software development processes, to a home-grown project management maturity model, a requirements engineering maturity model and now to a telehealth maturity model.

The Ingenium Telehealth Maturity Model comprises 7 levels — from 0 to 6 — ranging from chaotic, emerging and coordinated to supported, integrated, strategic and transformative.

While the maturity model may seem very formal and only applicable to large organizations, it actually is very scalable. It can be applied to single-specialty physician clinics, urgent care centers or behavioral health providers as well as rural and regional health systems or academic medical centers.

For the purpose of this discussion, we're describing the maturity levels from the perspective of a health system with designated leadership and support teams.

The 7 Levels of Telehealth Maturity

Level 0 - Chaotic: At this level telehealth services are launched ad hoc and at times reactionary without much thought given as to the financial or clinical viability of the service. In larger organizations there is no coordination between the different telehealth services.

Level 1 - Emerging: Eventually "word gets out" that different physicians or teams are using telehealth. Leadership is aware at some level and someone in IT is providing some technical support. Financial sustainability is typically expected or anticipated but seldom measured.

Level 2 - Coordinated: This level is characterized by coordination and communication between the different telehealth services. Leadership is typically supportive telehealth but does not provide designated resources for support. Success is still mostly a function of few individuals' passion for making telehealth happen.

Level 3 - Supported: At this level, a central support team (often-times comprising part-time assigned resources) is established with support by leadership. There is operational and technical support as well as formal support for the piloting and launch of new services. At this level attention is also paid to reimbursement and regulatory compliance.

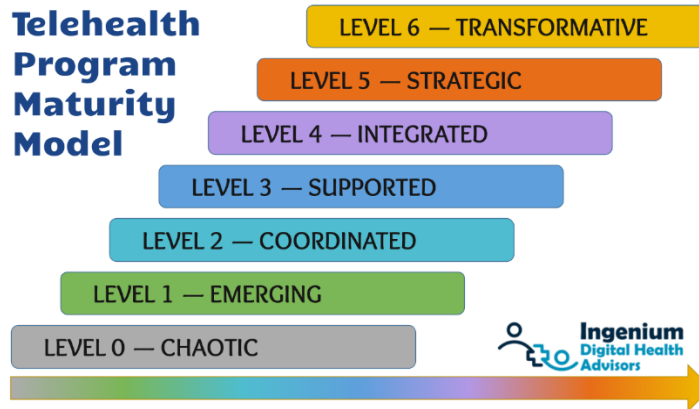
The "Supported" maturity level is the one that in the wake of the Covid-19 health crisis most health systems are striving toward. The next three maturity levels literally take telehealth "to the next level", in the sense of how telehealth is being regarded by administrative and by clinical leadership and in turn by the whole organization.

Level 4 - Integrated: Once a centralized support team with best practices can manage the proper launch of new services, telehealth can quickly spread across all specialties and all modalities – whether to offer patients access to specialty care or integrating remote patient monitoring services. From a patient's perspective, receiving care online across a spectrum of services is seamless. Finally, clinical data generated during telehealth visits or remotely collected is available for clinical decision making in the patient's medical record.

Level 5 - Strategic: At the strategic level, organizations are fully leveraging telehealth by proactively using the launch of new telehealth services and the expansion of existing services to drive the fulfillment of their overall organizational strategic objectives. Engaging with patients at a distance and in person is the organization's "new normal".

Level 6 - Transformative: At the top maturity level, healthcare organizations are redefining care delivery by creating innovative care delivery models including virtual hospitals. Where necessary, transformative organizations design and develop their own telehealth solutions to

meet their innovative needs. The organization is on a continuous pursuit of constantly reviewing and improving its telehealth capabilities and moving towards enabling "Empowered Wellness" for its patients by truly delivering connected care.



Using the Model

To use the model, as with any road map, you first need to assess where the organization is at, so you know where to go from here. Once an assessment of "you are here" is made, you can identify the gaps to get all aspects of one maturity level implemented.

For example we are currently working with one health system that has had most elements of the "2-Coordinated" level in place and some elements of the "3-Supported" level. Our goal in working with the organization is to fill in the missing elements (such as a designated technical support) so we can take their telehealth program to Level 4, Integrated.

FROM CHAOS TO SUPPORTED: GROWING TELEHEALTH MATURITY

The first destination we chart for the clients we work with is the Level 3 maturity level of "Supported". At this level, the organization has fully embraced telehealth and has set resources, namely staff, aside to centrally provide support for telehealth.

This level is so important (and a good resting place before advancing to the next three levels) because it forms the foundation for a more

advanced utilization of telehealth beyond the augmentation of inpatient and outpatient services. The level of “Supported” is the base from which an organization can expand into reaching the “Integrated” level, which is a significant mindshift from the historical view of telehealth.

At the supported level, the senior leadership of the organization fully embraces and values telehealth as a **clinical care delivery tool** and provides the necessary resources to provide sufficient operational and technical support. In addition, at this level a designated, skilled team is charged with assisting various clinical departments with the launch of new telehealth services through project management, clinical workflow design, technology selection and training.

Telehealth Program Maturity Level 3: Supported

- A central telehealth support organization provides operational and technical support
- Policies are in place to ensure regulatory compliance including patient privacy.
- Pilots and services are planned and launching using sound project management and workflow design principles.
- IT is fully involved in all telehealth services from technology selection to technology support.

Telehealth Program Maturity Level 2: Coordinated

- Leadership endorses telehealth services but does not provide resources for support.
- Implementation is a labor-of-love effort by departmental resources.
- Some informal communication or coordination between different telehealth services is occurring.
- The IT department has a degree of involvement with most telehealth services.

Telehealth Program Maturity Level 1: Emerging

- Someone at the organization is aware of the existing/planned telehealth services and pilots.
- Some consideration given to the financial sustainability, but not measured.
- Leadership is aware of ongoing telehealth pilots and services.
- Limited coordination with the IT department.

Telehealth Program Maturity Level 0: Chaotic

- One or more services or pilots launched without support or endorsement (or even awareness) of leadership (“proceed until apprehended”).
- Typically driven by the passion of individual physicians.
- Implementation oftentimes facilitated by technology vendors.
- Little or no coordination with the IT department.

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It all starts with Chaos

So where do most organizations start in telehealth? Most organizations, especially during the early months of the Covid-19 health crisis, started out at the “Chaotic” level. Each department, each service line (and even in some cases each physician) was permitted to launch telehealth in the way they thought was right or at least acceptable. Before Covid-19, enthusiastic staff, often clinicians, would secure access to telehealth technology, often with little to no coordination with IT or involvement of Finance and no coordination with other departments.

The “Chaotic” level can be good as it can create quick success due to the dedication of a clinical champion “to make it work” which can serve as positive inspiration to the rest of the organization.

But the danger of launching telehealth with little to no strategic thought and no centralized, experienced support is that many services will fall short of their possibilities, because a single person, especially a clinician, can only do so much.

Now that the Covid-19 health crisis has pointed a bright spotlight onto telehealth, there is much more awareness from senior leadership, yet oftentimes no true support. The result are dismally performing telehealth service with many disillusioned clinicians that leave patient’s puzzled as to why their experience was so bad compared to their or their friends’ and family’s experience with other providers.

Telehealth Grows Up

At the next level, “Emerging”, leadership becomes aware of the strategic need for telehealth yet still does not set a central resource aside to aid in the launch and in the sustaining operation of existing and new telehealth services.

At this level of maturity, the adoption of telehealth services is accelerating and one of the first to notice (and put some coordination behind it) is the IT department, because ultimately things eventually break. While it was okay to get SaaS licenses online, working on the actual integration and configuration does require IT expertise.

At organizations with an “Emerging” maturity level, leadership awareness and endorsement (though not support) is present, IT is much more involved and some attention is paid to the financial performance of the services.

The last step toward the final destination is “Coordinated”. Here, the different telehealth services across the organization are coordinating their efforts. At times an unofficial person, sometimes from billing, sometimes from IT and sometimes from informatics, emerges as the knowledgeable resource, though the position is not appropriately funded. Success is still based on the heroic efforts of a few individuals.

Are we there yet?

Without leadership’s involvement and support, things don’t really move beyond the coordinated level. Since launching telehealth successfully

requires a multi-disciplinary approach. This includes leveraging technical support, billing knowledge, compliance, project management, training, and clinical workflow design. Without it, progress is hindered until dedicated resources are allocated to supporting the launch and operations of telehealth.

In order to reach the “**Supported**” level, leadership truly needs to “wrap their mind around” that telehealth is there to stay and has established itself as a viable, long-term care delivery mechanism, akin to in-person outpatient visits and inpatient visits.

All of the health systems we work with want to reach the Supported level and are primarily interested in the development of a [telehealth program strategy](#) and a [telehealth program business plan](#) that looks more systematically at the opportunities ahead.

REACHING THE HIGHER STAGES OF MATURITY



As with the human experience, telehealth programs undergo their own life cycle as the maturity of the telehealth services and the telehealth program grows. The three stages that follow are: Integrated, Strategic and Transformative. Here are their definitions again:

Level 4 - Integrated: Once a centralized support team with best practices can manage the proper launch of new services, telehealth can quickly spread across all specialties and all modalities – whether to offer patients access to specialty care or integrating remote patient monitoring services. From a patient’s perspective, receiving care online across a spectrum of services is seamless. Finally,

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From Supported to Integrated

While “skipping levels” or accelerated progression through each level is possible in the lower levels of maturity, to reach Level 4, “Integrated”, the organization must invest in reaching Level 3, “Supported” first. This entails at a minimum the assignment of a dedicated resources to manage the ongoing operations of supporting telehealth services throughout the organization, including an administrative and a medical telehealth director, a telehealth coordinator and a technical telehealth support person.

From this base level of maturity, the organization can now — with the use of a repeatable and scalable methodology to support the optimization, growth, expansion and launch of telehealth services — start to roll out and grow/expand telehealth services in all areas of the organization that have an interest. At this maturity level it is still very much a “pull effort”, i.e., various clinical stakeholders develop a strong interest in leveraging telehealth in their practice and ask for a technical solution and support.

Once telehealth has been established across multiple service lines as a viable alternative to the

traditional in-person and outpatient care delivery models, it can be thought of as having reached “Level 4 — Integrated”.

From Integrated to Strategic

One of the biggest shifts in how Telehealth is perceived and treated occurs when the momentum of telehealth fully reaches the consciousness of the senior leadership team. Whereas Telehealth may have previously shown up as a singular strategic objective, once an organization reaches “Level 5 - Strategic”, telehealth is no longer seen as a separate “project” but a strategic tool, that can advance virtually ALL strategic objectives (no pun intended).

Just look at this quick brainstorm on how telehealth can help achieve the organizational strategic objectives across the typical six pillars of a healthcare organization’s strategic plan:

Service	Quality	People
Improved Convenience “One-stop shopping” Additional Service Lines	Timelier Access Improved Care Transitions Improved Continuity of Care	Attract & Retain Talent Practice on Top of License Work Schedule Flexibility
Finance	Growth	Community
Increased Revenue Reduced Cost (e.g., ReAdx) Reduced Penalties	Expanded Geographic Reach Competitive Advantage Increased Pt. Retention	Reduced Travel Chronic Dx Management Health Education

At this maturity level, telehealth is no longer merely a way to deliver care, but is proactively used as a strategic tool. See “[Telehealth Creates Strategic Success](#)” for more information.

Leveraging Telehealth to Transform Care Delivery

The pinnacle of telehealth maturity, the summit, is “Level 6 – Transformative”. While it is in many respects similar to “Level 5 – Strategic”, it is more about the timing of when senior leadership ponders the question: “How can we leverage telehealth to reimagine, to reinvent the way we deliver care?”

Especially organizations, like the Mayo Clinic, that truly and consistently put the needs of the patients first, will no longer ask the question “how can telehealth help us to achieve our objectives” but rather ask the more revolutionary question of: “How can we leverage telehealth solutions to deliver extraordinary care?”. How can we take full

advantage of technology and innovation to not only enable our clinicians to practice on top of their license, but to put the needs and desires of our patients first?

That’s when organizations truly complete their journey: by fully embracing and embedding “care at a distance” solutions to focus on excellent outcomes at a lower cost with higher satisfaction for clinicians and patients alike.

That’s telehealth at its finest.



Are we There Yet?

So is this state, this level an illusionary pipe-dream? I don’t think so.

For years, I have seen promising beginnings of a transition to “Transformative” in numerous well-run telehealth programs. E.g., the way that [Lehigh Valley](#) and [Jefferson Health](#) (both in Pennsylvania) or Intermountain Health are reimagining their organizations’ care delivery services is an example of how to tap into the Transformative potential of telehealth.

To move through the various maturity levels, it does not matter if you are a small specialty practice, an urgent care center, a behavioral health clinic or a fully integrated service delivery network. The model works well for all sizes of organizations, just that smaller organizations can get there in a matter of months, not years.

So, where do you think your organization’s maturity level is at? Drop me a note or set up a call to discuss.

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.



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