

Mastering the Techno-Human Aspects of a Telehealth Visit

March 18, 2020

2:00 – 3:15 pm

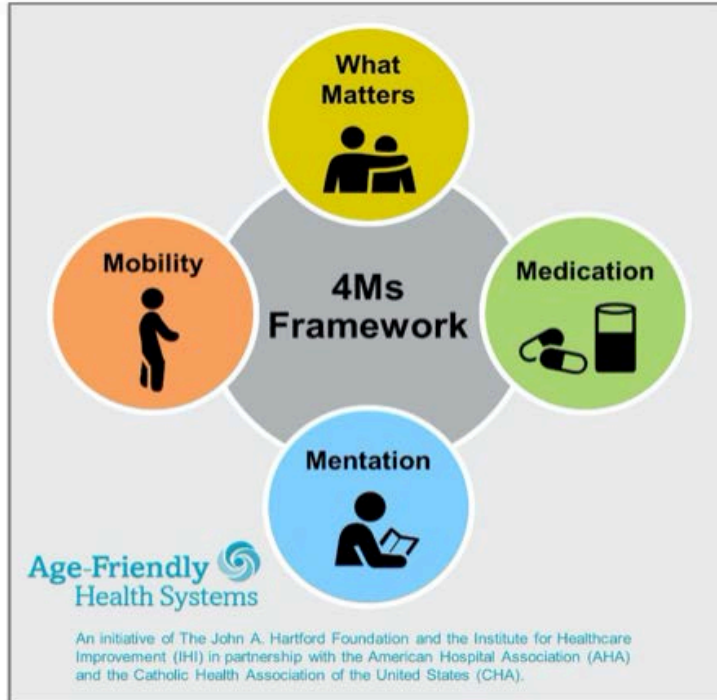
Utah Geriatric Education Consortium (UGEC) UtahGWEP.org

- Interprofessional education/training program
- Housed in the University of Utah College of Nursing
- Funding: Health Resources and Services Agency (HRSA) Geriatric Workforce Enhancement Program (GWEP)
- To increase the knowledge about aging in the community and long-term services and supports workforce



The 4M's of Age Friendly Health Systems

Principles of Age-Friendly Health Systems



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.



What is an Age-Friendly Health System?

Today...

- Opportunities to improve the interfaces between/among people and technology
- 1 hour and 15 minutes
 - Intro & Welcome ~ 10 min
 - Didactic session ~ 30 min
 - Case presentation ~ 25 min
 - Q & A and discussion ~ 10 min



All Teach – All Learn

Objectives

- Walk through a telehealth visit from scheduling to follow-up, capturing best practices
- Explore leverage points for nurses to optimize key elements of the telehealth visit from initiation, patient preparation and documentation to care plans and effective/safe communication
- List best practices to ensure safety, quality and patient/staff experience
- Up your game by deploying quality improvement and quality assurance strategies, building on the previous session.



Remote Service Delivery Options

- Telehealth
- E-visits – Online Digital Evaluation Services
- Telephone Evaluation and Management (E/M) (only during PHE)
- Virtual Communication Services: virtual check in and remote evaluation of pre-recorded patient information
- Chronic and principal care management
- Behavioral health integration and CoCM
- Interprofessional consultation
- Remote physiologic monitoring



Before the Tele-Visit (Way Before)

- Needed for a telehealth visit
 - Connectivity – Internet, hotspot, etc.
 - Device with camera and microphone
 - Headset or earbuds (?)
 - Private and quiet place to have the telehealth visit



Words matter! Consider “Patients need to be educated about telehealth” vs. “How can we best support patients with telehealth?”

Before the Tele-Visit (Way Before)

- How do we in the long-term care or assisted living facility, home health agency or hospice know what is available to our residents/clients, when and by whom?
 - Ask providers – “Do you offer telehealth visits?” “What, if any, are the conditions around telehealth visits that we need to know?”
 - Start a cheat sheet
 - Know whether other family members/caregivers want or need to join the visit
 - Clarify roles for the visit
 - Provide medical records – “minimum necessary” – or other access to patients’ medical information

Words matter! Consider “Patients need to be educated about telehealth” vs. “How can we best support patients with telehealth?”



Before the Tele-Visit Accommodations

- Hearing/vision impaired
- Cognitive impairment (for whatever reason)
- Language/translation needs
- Limited digital proficiency – learning curve
- Solutions?
 - Noise-cancelling headsets or ear buds
 - Help navigating
 - Practice visits
 - Translation services (e.g., Zoom)
 - In-person visit
 - What else?

“Most of my video visits are spent looking at the ceiling fan.”



Ikram, U et al. [4 Strategies to Make Telehealth Work for Elderly Patients](#). Harvard Business Review. 2020.11.24.

Day of Tele-Visit - Processes

- How optimized is our workflow from our patients' and staff perspective?
 - Remember those shoes?
 - Map the workflow. Confirm. Measure. Improve. Measure.
- Is the care team optimized for telehealth?
- Will the computer be a physical barrier?
- How do we know what can be better?
 - Feedback – best practices: make it easy, collect a lot, do it immediately, act on it, circle back, make sure changes result in improvement, hardwire the change, measure



Day of Tele-Visit

- What person-centered information do we need at our fingertips before initiating the tele-visit?
 - Possesses what is needed for telehealth?
 - Needs accommodations?
 - Has proficiency? Successfully attended telehealth visit before?
 - Know preventive and chronic care gaps and who will address what and how; what is the plan for deferred services?
 - Info on co-pay or out-of-pocket expenses
 - What else?



During Tele-Visit (Techno-Human Stuff)

- ✓ Clear identification of each member on the care team for the patient
- ✓ Consent – who does it, how documented?
- ✓ Documentation – scribing, two screens, etc.
- ✓ Camera – placement and eye contact – explain to patient what's going on (pro tip from our patient advisors!)
- ✓ Background – what does the patient see and hear?



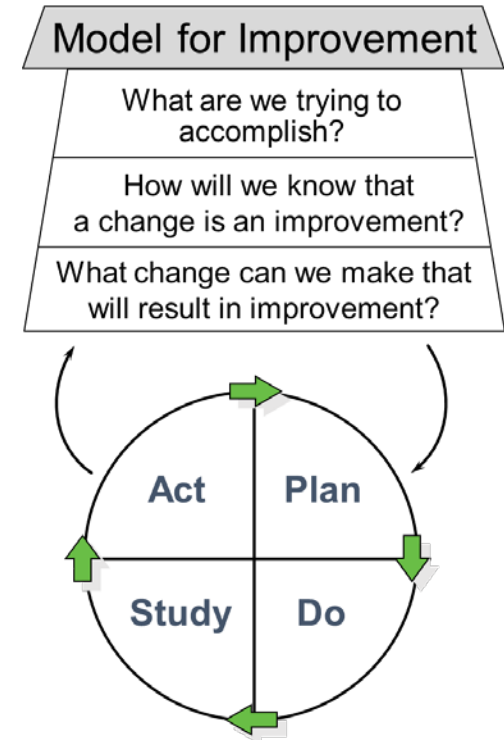
During Tele-Visit (Techno-Human Stuff)

- ✓ Mic and sound check for both “parties”
- ✓ Stable internet/connection & back-up plan if not
- ✓ On hand support and plan for all “techno-problems”
- ✓ Wait to speak to avoid the audio overlap
- ✓ Find a way to take turns speaking – a virtual "talking stick"
- ✓ Acknowledge when others speak
- ✓ Do what you can to overcome the issue with not being able to see everyone in the room



Quality Improvement and Measurement

- In-person vs. telehealth (A/V) vs. audio only vs. other virtual services
- Quality measures
- Patient/staff experience/satisfaction
- Population health measures



Quality Assurance

- How do we ensure all patients receive the same high value of service regardless of gender, race, insurance, clinician, etc.?
- What is your “telehealth perspective”?
 - Effective modality for health care service delivery
 - Not a stop-gap during the public health emergency
- Inequity and barriers – doesn’t quite belong here but...
- Training



Takeaways

- Being vigilant and realistic about the possibilities, barriers, and capabilities to optimize the techno-human aspects of telehealth is a must.
- Walking through and seeing the process from the users' perspectives is the ultimate best practice to optimize telehealth service delivery.
- Redesigning and reinforcing team-based care in virtual health care is how we will keep patients safe, ensure high-quality care, and achieve efficiency.
- Preparing ahead is critical to a harmonious outcome.
- Being patient with everyone – no matter where they are on their tele-journey – is a must.



Upcoming Sessions

- **Tele-Visit Tutorial for Patients, Families and Caregivers**
- **Date: Apr 15, 2021 2:00 – 3:15 pm (MT)**

Register Here:

<https://utah.zoom.us/meeting/register/tJEvC-GsrjwuHdPZyXyZ3dUPxhmGy7j3b8lr>

- **Telehealth – A Promise for the Future?**
- **Date: Apr 28, 2021 11:00 am – 1:00 pm (MT)**

Register Here:

<https://comaginehealth.zoom.us/meeting/register/tJYqfuCtqTMsHd230-2u8XDHwkMXk7pAQgN4>



Contact Information

- Adrienne Butterwick, Improvement Advisor
abutterwick@comagine.org
- Sara Phillips, Senior Improvement Advisor
sphillips@comagine.org
- Trudy Bearden, Senior Consultant/Telehealth Lead
tbearden@comagine.org



Thank you!