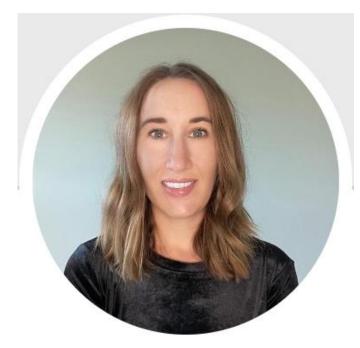
# **Virtual Care**

A New Model & Role





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#### **About Us**

- Partnership
- Located in Minnesota
- 12 hospitals
- Primary care clinics and over 100 pediatric and adult specialties
- Virtual Care (telehealth + telemedicine)
  - Telehealth: technology used for non-clinical services
  - Telemedicine: technology used to provide remote clinical services



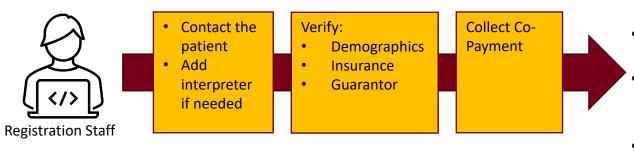
# Background

#### **Care Model**

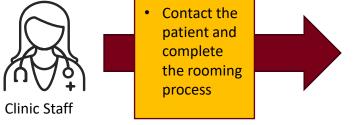
- Pre-pandemic
- Staffing
  - Decline in clinical assistants (MA, LPN, EMTs), with ~ 185 open positions across M Health Fairview, and >1000
    across the Twin Cities Metro Area
  - Difficult to fill scheduling and registration roles
  - Staffing worsened since the pandemic
- Impact
  - Inconsistent support and experience
  - Video visits converted to telephone or cancelled
  - Providers with open appointment spots
  - Patient, provider, and staff dissatisfaction

# Traditional Support Model (Virtual Care)

& associated issues



- The person at the front desk is trying to check-in patients on-site and those scheduled for a virtual visit.
- Patients on-site must wait while the employee is on the phone assisting the patient scheduled for a virtual visit.
- The person scheduled for the virtual visit receives a call up to hours before their visit, which may not be a convenient time for them to talk.
- Registration staff doesn't call because they are too busy checking in patients scheduled for in-person visit



- Contact patient again, and at a time different from the registration staff and not immediately before the appointment time (which may not be convenient for the patient)
- Isn't trained and doesn't have time or equipment to complete registration process (if it wasn't completed by the registration staff).
- Co-pay isn't collected
- Coding/Billing must fix registration and resubmit denials
- Utilizing clinical skillset to do non-clinical work



- The patient isn't prepared and waiting for the provider
- The provider must help the patient troubleshoot technology issues



# Goals



To provide seamless support for patients and providers related to virtual care

Improve patient, provider, and staff experience

To bridge the staffing shortage related to both non-clinical (scheduling and registration) and clinical assistant (MA, LPN, EMT) roles

Improve access, fill open appointment spots, decrease number visits cancelled or converted to telephone due to support issues

Redirect clinical support and skillset



# **Introducing the Virtual Visit Facilitator**

Providing Consistent, Reliable, Seamless & Exceptional Support



One role to support the entire virtual visit process (excluding the provider portion)

#### Qualifications

- High School diploma
- Must have a private professional appearing remote work location
- Must have home internet connection with at least 2
   Mbps download and upload speed

#### **Training**

- 2-month training before working independently
- Day 1 on-site to pick-up hardware and validate application access
- Remainder of training is 100% remote



# Virtual Visit Process & Support

**Start Visit** 



Connect with patient no more than 30-minutes before scheduled appointment time. Add interpreter if needed

7%

Registration & CoPay Collection



Collect Co-Payment. Review and update insurance and guarantor information



Pre-Visit Prep / Questionnaires



Complete and file questionnaires.

Pre-visit prep (photo, meter, pump, uploads)



Tech Check & Support



Ensure patient can connect via video (convert telephone to video whenever possible)



Rooming



Complete rooming process: vitals, med/allergy review, dot-phrases, note templates, etc.



Patient Ready for Provider



Patient ready for provider at time of visit.

Follow-up Scheduling



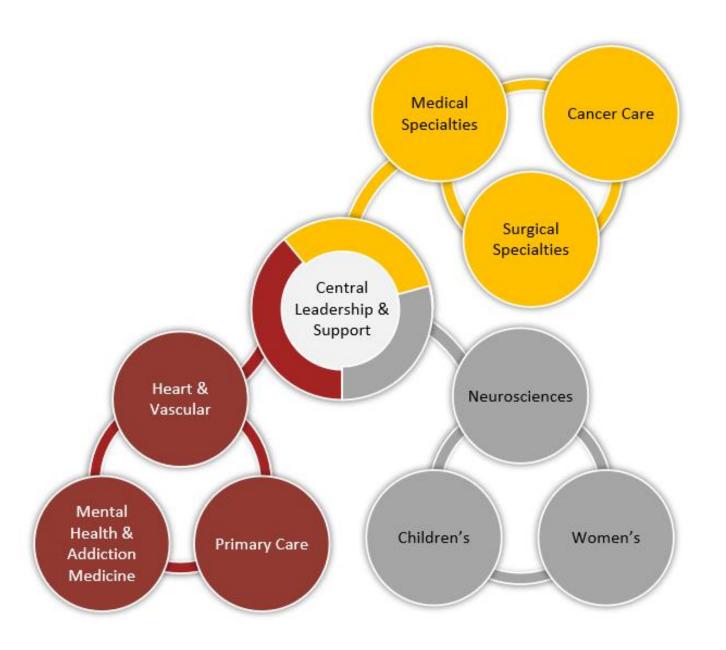
Schedule simple follow-up visits

(\*) for select specialties only





# Structure & Support [Pod Model]



# **Provider Schedules**

- Block schedules: designated blocks of time for virtual visits
- Mixed schedules: combination of virtual and on-site visits



"Next Up" – Pod combines all providers within a department/specialty and team works together to take the next scheduled appointment



# Role Expansion

#### **Language Services**

- Facilitator scheduled as a "resource" to allow for additional time it takes to connect with interpreter and patient via communication access real-time translation (CART services)
- Utilize Zoom

#### **Pre & Post Visit Planning**

- Endocrinology: glucose meter and insulin pump data uploaded for provider to review
- Photos for dermatology
- Cardiac device data uploads
- Follow-up visit work queues

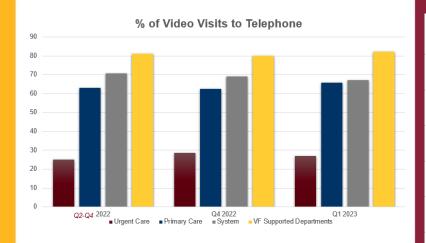
#### **Clinic** Care Facilitator

- Similar role created for on-site care to help with staffing gap
- Different skillset
  - Remove: scheduling, registration, and technology training
  - Add: infection prevention and control, instrument processing, vitals (using a machine)



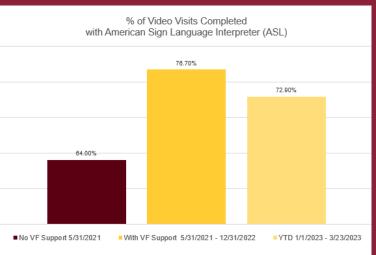
## **Data**

#### % Video Visits



Departments supported by the Visit Facilitator (VF) team have higher percent video visits than telephone visits.

#### **American Sign Language**



Patients who require an American Sign Language (ASL) interpreter were more likely to complete a video visit when supported by the Visit Facilitator team.

Facilitator scheduled as a "resource" to allow for additional time it takes to connect with interpreter and patient via communication access real-time translation (CART services)

#### **Patient Experience**

- Most providers had data but did not see a statistical significance in the before and after data. This was driver by a very high standard deviation
- Only one provider has seen a statistical significance after the implementation of VF. One of the main reasons is also the high n-size due to which the data had less noise/variation.
- No provider showed a significant decline after the VF implementation.
- (\*) Customer survey questions aren't specific to support so difficult to know true impact from customer experience standpoint.



# **Data**

### **Provider Experience**

**95%** of responses related to visit support were **positive**, 5% with negative sentiments were related to lack of technology to communicate between provider and facilitator (Epic secure chat was not yet live)

(\*) Most providers requested support from the VF team after hearing from other providers about their experience.

#### What our provider's are saying:

- "The Facilitators are awesome! I appreciate that they will reach out and communicate when there is an issue with rooming my patient. Since switching to using the virtual facilitators, I feel much more confident that my patient is going to be able to connect."
- "We love having the virtual facilitators! I was just talking to a genetic counselor that worked in another system about how we have VFs and how helpful that has been in making our virtual clinic day much smoother, and they were jealous because their health system doesn't have any VFs."
- "They are an invaluable part of our team and workflow, and we are grateful for their addition to our patient care."
- "LOVE the new system of virtual facilitators. Has been a huge help to workflow!"
- "I was worried about the video visit facilitation (I had had a poor experience without your team for a few months when I helped at another clinic over the winter of 2021-2022). I've been pleasantly surprised by how well things are going. I often speak to the VF's when there is an issue or if I have a cancellation due to someone being hospitalized and they've been helpful in moving later patients up in my day, etc. I feel they are very well liked and appreciated by my patients and their patience seems boundless in helping first time users get on."
- "This team is the best thing that has happened to my practice in years"

- "... super grateful to have them as resources!"
- "As far as video facilitators go, they have been very helpful and are an excellent resource. They are much appreciated."
- "You have assembled a great team. They are patient with the patients, are great with letting me know on my schedule where they are in the process, and they respond quickly when I message them."
- "I have found the virtual facilitators to be an excellent addition to our team. They are friendly and kind. Visits tend to go quite smoothly, and I appreciate the communication. One suggestion is that patients are updated if we are running behind schedule so that they know what to expect."
- "I am one of the med oncology docs and I have nothing but good things to say. All the virtual visit facilitators are so professional and help patients and us so much. Please convey my big thank you to them!"
- "The facilitators have been a huge help I think the virtual visit team is great. We are almost always on time or ahead of schedule."
- "Having the option for virtual care has been the best thing to come out of the past several years for M Health Fairview. It will only improved access to genetic counseling services, especially for our rural patient population and those with transportation limitations. I also enjoy the flexibility and convenience as a provider."
- "I used to dread virtual visits, now I prefer them" 13



# **How to Get Started**

- 1. Determine leadership structure
- 2. Develop standard work & training required to support it
- 3. Develop job description, then recruit and hire candidates
- 4. Train staff, validate competencies
- Meet with clinic leaders to share the role and discuss transitioning virtual support to the new team
- Meet with providers (1:1 or in faculty meetings) to introduce the role, workflow, how to communicate and connect with the facilitator team, and who to reach out to with questions, concerns, ideas
- 7. Set a date to start supporting visits!

