

5 Steps to Building Telemedicine into Clinical Activities for Fellows

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Feb 25, 2022



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The 5 Steps



1



Start with a good site

2



Assign a Fore(wo)man

3



Give Blueprints

4



Do Inspections

5



Add the Personal Touch



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Telemedicine Clinic

Set up Telemedicine well at baseline!

Resources in Handout:



About Us

[Home](#) > [Practice Management](#) > [Telehealth Toolkit](#)



Telehealth Toolkit

Learn how to optimize your existing telemedicine program or how to implement it if you're just getting started. Get info about laws, reimbursement, licensing, efficacy and more.



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Telehealth Implementation Playbook



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Telemedicine

Telemedicine Overview

Running an allergy practice is demanding but the AAAAI can help. Get guidance on clinical topics related to telemedicine.

Billing and Reimbursement

The relationship between telemedicine reimbursement and access to care is complex.

Documentation Requirements

Documentation required to practice telemedicine, also known as telehealth, varies by state.

Ease of Use

Why should an allergist / immunologist consider starting a telemedicine service and what are the steps involved?

Identifying A/I Practice Areas Best Suited For Use of Telemedicine

Integrating telemedicine into current clinical practice work flow will be different for different providers.

Integration with EMRs

Access resources related to integrating telemedicine with EMRs.

AMA Telehealth Immersion Program



Telehealth Immersion Program

part of the AMA STEPS Forward™ Innovation Academy

- Series of Webinars
- Bootcamps
- Peer-to-peer discussions
- LOTS of resources

Segment-Focused Maturity

Maturity Status <TBD>

Maturity is determined by a combination of Engagement, Structure, and Programs.

Engagement

Virtual Care Usage	
KPI	FY21
% Ambulatory Virtual Visits	
Virtual Inpatient Services Provided? (Yes, No, N/A)	

Physician Engagement		
KPI	FY21	FY22 Target
% Providers with Virtual Claims		50%
% New Providers with Virtual Claims		70%



Structure

Virtual Care Leads				
	Operational		Clinical	
	Ambulatory	Inpatient	Ambulatory	Inpatient
Assigned (Basic)				
Dedicated (Advanced)				
Employed (Best in Class)				

Virtual Care Governance	
No Council (Basic)	
Ad-Hoc Council (Advanced)	
Multidisciplinary Council (Best in Class)	



Programs

Basic	Same-Day Virtual	
	Convert cancellations to Virtual	
	Convert to virtual for clinic closures	
	Offer virtual to no-shows	
Advanced	IP Specialty consults offered	
	e-Consults Offered	
	Remote Patient Monitoring Offered	
	IP Specialty Consults Offered Prioritizing Internal Physicians	
Best in Class	Dedicated Program for Underserved/Vulnerable Populations	
	Originating Site Clinics (Ambulatory)	
	Non-Physician Virtual Services	
	Facility Patient Monitoring (ex. e-ICU)	
	Virtual Inpatient Service Lines	
	Virtualist Physician Roles Defined	
	Hybrid Care Models for Specific Patient Populations	
	Virtual-First Offerings	



Legend

In Place
Measurable
Scalable



Not Set Up with Telemedicine Yet?



Include fellow in implementation of Telemedicine Clinic

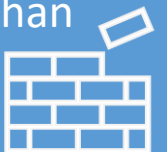
- QI Project



Incorporate eConsults or Telemedicine Inpatient Consults



Consider blocks of telemedicine rather than interspersed in scheduled template



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Faculty Telehealth Champion



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- Point person to keep up to date with rapidly changing landscape
- Dedicated telemedicine clinic for the fellows to rotate through
- This attending can focus on bedside teaching



Telemedicine Teaching

- Set Expectations: template email
- Back-up method to communicate
- Pre-clinic huddle
- Plan WHEN you will teach
 - Reading on topics ahead of the day
 - Do mini “chalk-talks” during lunch break
 - Teach between patients
 - Bedside teaching



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Create a Telehealth Curriculum



AAMC Telehealth Competencies

Domain I: Patient Safety and Appropriate Use

Domain II: Access and Equity in Telehealth

Domain III: Communication via Telehealth

Domain IV: Data Collection and Assessment via Telehealth

Domain V: Technology for Telehealth

Domain VI: Ethical Practice and Legal Requirements for Telehealth



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Telemedicine for Asthma



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- ↑ ACT scores and FEV₁% predicted
 - N=20 adults, mostly patient education (1)
- Non-inferior to in-person
 - N=169 children, secondary site with digital stethoscope (2)
- ↑ asthma control and QOL in meta-analysis
 - n=10,281 adults in 22 studies (3)
- Improves symptoms, peak flows, and FEV₁ and ↓ hospitalization rates and deaths
 - systematic review of systematic reviews, 23 systematic reviews included (4)



1. Brown and Odenthal. The uses of telemedicine to improve asthma control. *J Allergy Clin Immunol Pract.* 2015; 3: 300-301
2. Portnoy et al. Telemedicine is as effective as in-person visits for patients with asthma. *Ann Allergy Asthma Immunol.* 2016; 117: 241-245
3. Chongmelaxme et al. The Effects of Telemedicine on Asthma Control and Patients' Quality of Life in Adults: A Systematic Review and Meta-analysis. *J Allergy Clin Immunol Pract.* 2019 Jan;7(1):199-216.e11.
4. Marcolino et al. The impact of mHealth interventions: systematic review of systematic reviews. *JMIR Mhealth Uhealth.* 2018; 6: e23



Paucity of Data for Evidence Based Practice



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Eliminating health disparities with telehealth



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Tele-Presence 5: A ritual of connection for virtual visits

Strategies to foster humanism and meaningful connection during virtual encounters



Stanford's Tele-presence 5:
<https://med.stanford.edu/presence/initiatives/stanford-presence-5/tele-presence-5.html>



AAMC

Telehealth Competencies

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Telemedicine as Observation

- A less cumbersome opportunity for direct observation
- Focus on professionalism, communication skills and patient education
- Real time back channels for learning with private chat messages



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Unique Opportunities

- Can utilize telemedicine to decrease burnout
 - Telemedicine clinic days from home
 - Limit commute time
- Increased empathy with patients via telemedicine
 - Less Travel
 - More flexible schedule
 - Home Visit

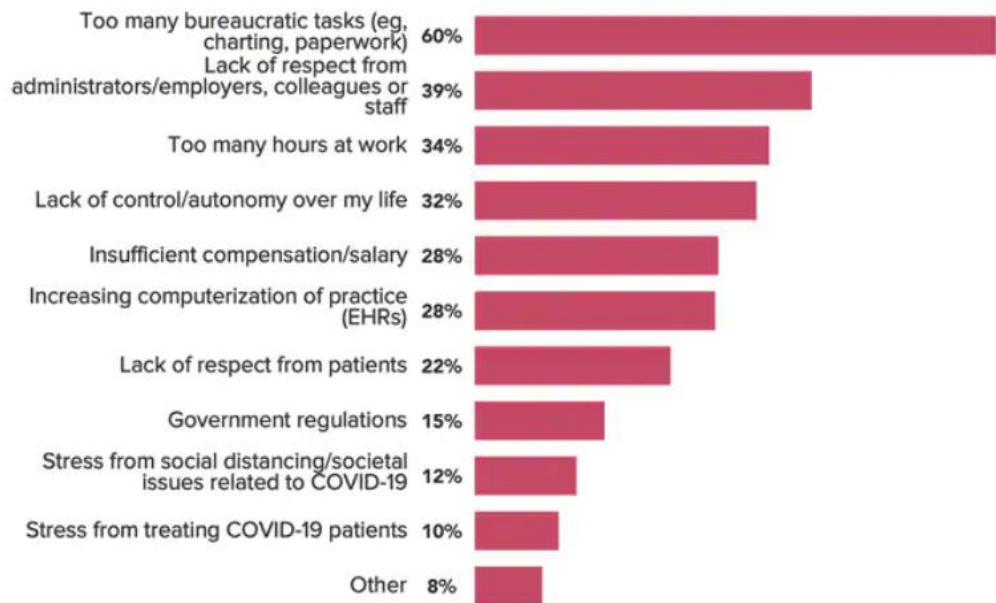


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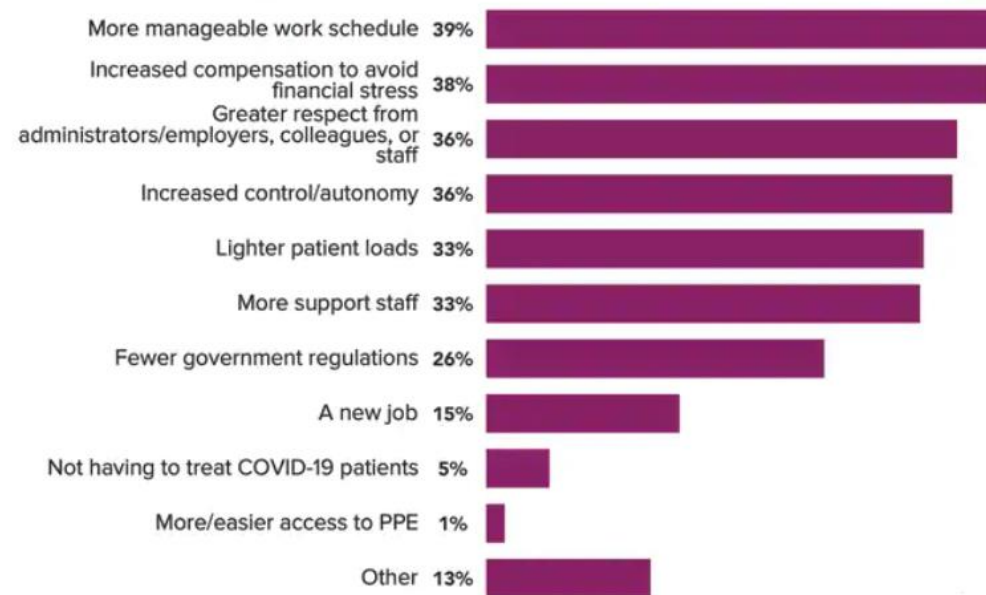


42% of Allergists report they are burnt out

What Contributes Most to Your Burnout?



Which Would Help Most to Reduce Your Burnout?



Telemedicine:

Time savings with faster visits per patient

Greater flexibility in work schedule: less time “at work” with no commute, 1d/wk or 1d/mo work from home



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