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Executive Summary

Sustaining Telehealth Success: Integration Imperatives and Best Practices for Advancing Telehealth in Academic Health Systems

July 2021

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Academic medicine is on the cutting edge of health care, pioneering groundbreaking medical research, educating tomorrow's physicians, and providing the world's most advanced health care. But changes are happening faster than ever before, whether it's technology, demographics, economics, or politics — changes that can threaten the success of academic medicine. The AAMC Future of Academic Medicine Series includes research-based reports to help leaders consider the changes and strategies needed to survive and thrive.

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Executive Summary

The COVID-19 pandemic has dramatically and permanently altered the telehealth landscape for teaching hospitals, also known as academic medical centers (AMCs). While many AMCs had begun to offer telehealth services before the pandemic, uptake was negligible — telehealth visits represented less than 1% of total AMC ambulatory volume. At the height of the pandemic in April 2020, telehealth visits surged to over 50% of all faculty practice plan evaluation and management (E/M) visits (Figure E.1).[1] During this time, telehealth-use cases proliferated across a wide range of conditions and levels of acuity, ranging from asynchronous consultations for low-acuity needs to hospital-at-home programs for tertiary-level care to remote patient monitoring (RPM) for chronic disease management. Recognizing an opportunity to sustain adoption, many AMCs are setting future telehealth volume targets at 20%-30% of overall ambulatory visits.

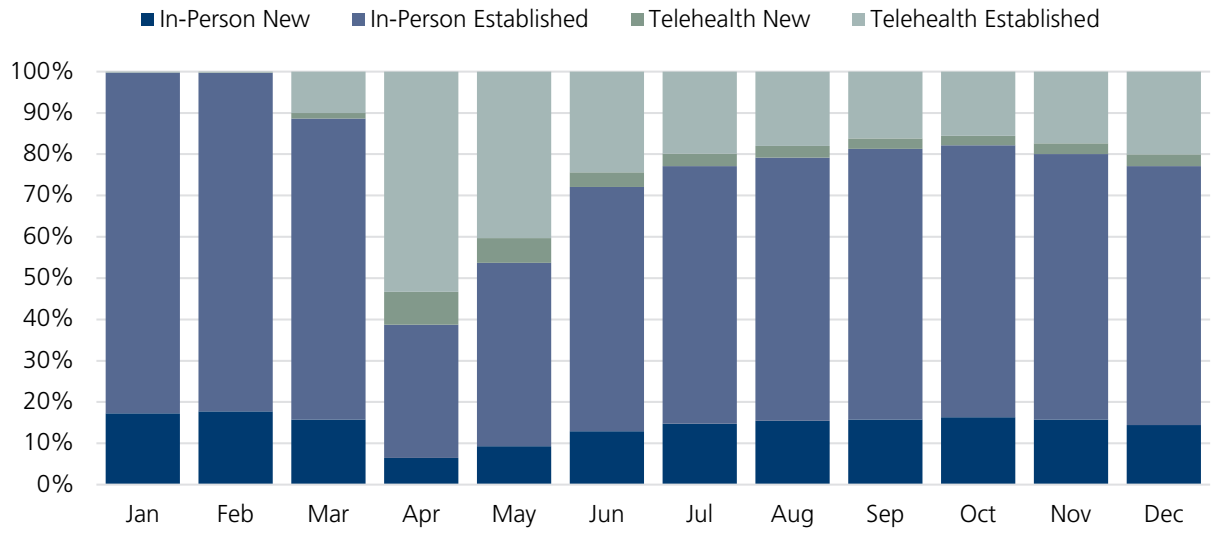
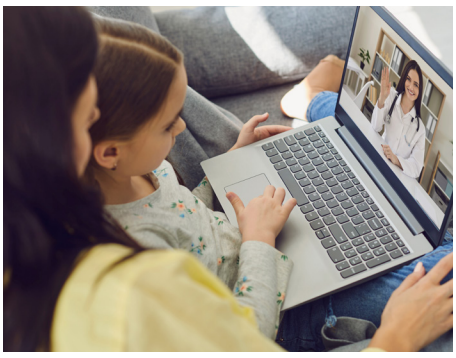


Figure E.1. Faculty practice plan monthly in-person and telehealth E/M visits.

Now that telehealth has become a widely accepted mode of delivering care, AMCs are examining the role of telehealth to advance their overarching strategic goals. Whereas pre-pandemic AMC telehealth programs often operated as pilot projects or small stand-alone programs, AMCs must learn how to integrate telehealth capabilities into the fabric of their organizations so they become part of everyday clinical care and operations. This will require prioritizing telehealth capabilities based on overall strategic priorities, organizing telehealth appropriately within the organization, and successfully integrating telehealth throughout the entire organization and across all mission areas — clinical, research, teaching, and community engagement.



[1]Based on AAMC analysis of physician and non-physician claims billed by Faculty Practice Plan members of the Clinical Practice Solutions Center (CPSC). The CPSC is a product of the AAMC and Vizient that collects billing data from member practice plans to provide benchmarks and help them improve performance. Eighty-one CPSC members had shared their claims data through December at the time of this analysis (June 2021). "E/M visits" includes all in-person and telehealth claims with CPT codes 99201-5 (new) and 99211-5 (established) across all applicable places of service, specialties, and payers. Telehealth visits were identified based on the modifiers 95, GT, GQ, and G0 and/or a place of service of 02.

AMCs will face several challenges in building market-leading telehealth programs. The shift to value-based payment models is occurring while telehealth reimbursement has yet to solidify. New entrants fueled by venture capital are offering services such as hospital-at-home care, RPM, and remote second opinions, which could disrupt AMC-patient relationships that have historically been geographically constrained. And patient expectations for excellent digital experiences have never been higher as Amazon and a host of other virtual-first services increasingly pervade every corner of our lives.

Most, if not all, AMCs will concurrently pursue multiple clinical strategies to meet their organizational goals and effectively serve their communities. These clinical strategies include optimizing hospital-level care, distributing access to specialty and primary care, managing population health, and improving community and public health status. Telehealth can support each strategy for meeting organizational goals.

Will AMCs Lead on Telehealth?

The shift to virtual care creates enormous opportunity. Some AMCs will lead, and others will become sorely challenged. All will be forced to confront nontraditional competitors. The future market for virtual care will not be geographically bound. Indeed, as highlighted in this report, AMCs have successfully developed virtual second opinion, virtual consult, RPM, and virtual visit programs that are national (and in some cases international) in scope and ambition. AMCs that seize the opportunity will use telehealth to achieve regional and national scale and will compete on this basis for services that can be delivered at a distance.

AMCs that emerge as national leaders will be characterized by the following attributes:

- Having the proven ability to design innovative and high-impact virtual care models.
- Having a close alignment between telehealth operations and research to test new models, publish findings on their effectiveness, and improve them over time.
- Able to scale models regionally and nationally (a historical challenge for many AMCs).
- Able to be a purposeful and coherent telehealth organization that works in an integrated fashion across service lines and disciplines to operationalize telehealth services at scale.

Once the balance among priority clinical strategies is determined, AMCs should develop several telehealth programs that advance each clinical strategy and together form a portfolio of telehealth solutions (Figure E.2). Investments in telehealth programs will be made based on high-priority and high-potential clinical-use cases and will span the full range of telehealth modalities (e.g., virtual visits, e-consults, virtual consults, RPM). For example, an AMC may deploy a tele-intensive care (tele-ICU) program to advance its strategy of optimizing hospital-level care, a diabetes-management RPM program to drive its strategy of managing population health, and a school-based virtual visit program to support its strategy of improving community and public health status. As they consider the investments needed, leaders will need to critically evaluate telehealth's ability to drive operational efficiencies, improve clinical quality and patient outcomes, and enhance the patient experience, each of which can drive financial results.

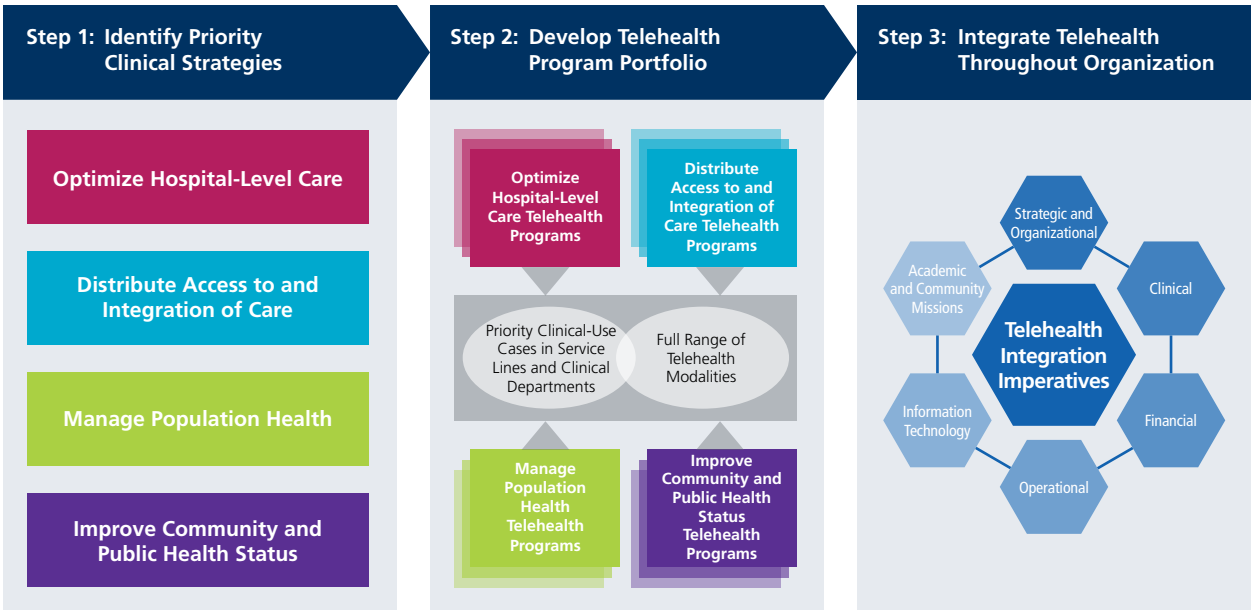


Figure E.2. Telehealth program portfolio development and integration imperatives.

Through our interviews with national leaders, we identified six integration imperatives for building successful telehealth programs (Figure E.3).

Strategic and Organizational Integration	Clinical Integration	Financial Integration	Operational Integration	IT Integration	Academic and Community Mission Integration
• Secure leadership support for telehealth • Develop a telehealth governance group • Develop a dedicated telehealth organization • Cultivate a culture that supports telehealth growth	• Integrate telehealth into all clinical sites and services • Engage clinical leaders and ensure accountability • Design new functions and develop new skills to support adoption • Incorporate telehealth into quality- and performance-improvement efforts	• Take a holistic view of telehealth's value proposition • Assess telehealth returns and align financial incentives • Advocate for adequate and appropriate reimbursement	• Use human-centered design approaches • Embed telehealth scheduling into scheduling platforms and processes • Develop robust billing, compliance, credentialing, and licensing capabilities • Develop infrastructure to rapidly scale up successful programs	• Integrate telehealth tools and data into IT infrastructure • Develop a digital front door • Establish patient and provider technology supports	• Improve health equity by engaging the community in telehealth program design • Incorporate telehealth competencies into training • Study the impact of telehealth • Use telehealth for clinical research and trials

Figure E.3. Telehealth integration imperatives.

Critical integration imperatives include cultivating a culture that fosters telehealth innovation, recognizing that driving telehealth adoption requires new skills and new roles, aligning financial incentives, using human-centered design approaches in program design, integrating tools and data with IT infrastructure, and systematically incorporating telehealth into medical education and community engagement programs. Acting on these imperatives will advance AMCs along the telehealth-adoption curve and mitigate barriers to successful implementation and program expansion.

AMCs can also play a critical and unique role in advancing the field of telehealth by effectively linking clinical, education, research, and community missions. Clinical innovations in telehealth should be studied to build the evidence base for virtual care and the roles it can play in advancing high-value care. Expertise in training will help ensure the necessary skills for telehealth care are incorporated into future best-practice care models.

This report is meant to serve as a practical guide for health system leaders and telehealth managers as they critically assess, design, implement, and integrate their telehealth programs across all mission areas. We interviewed leaders at 15 AMCs that have leading telehealth programs and sought critical feedback from the AAMC Telehealth Advisory Committee.

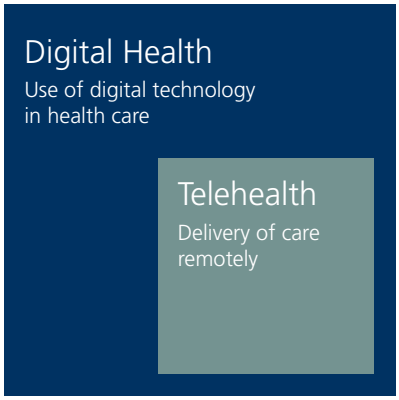
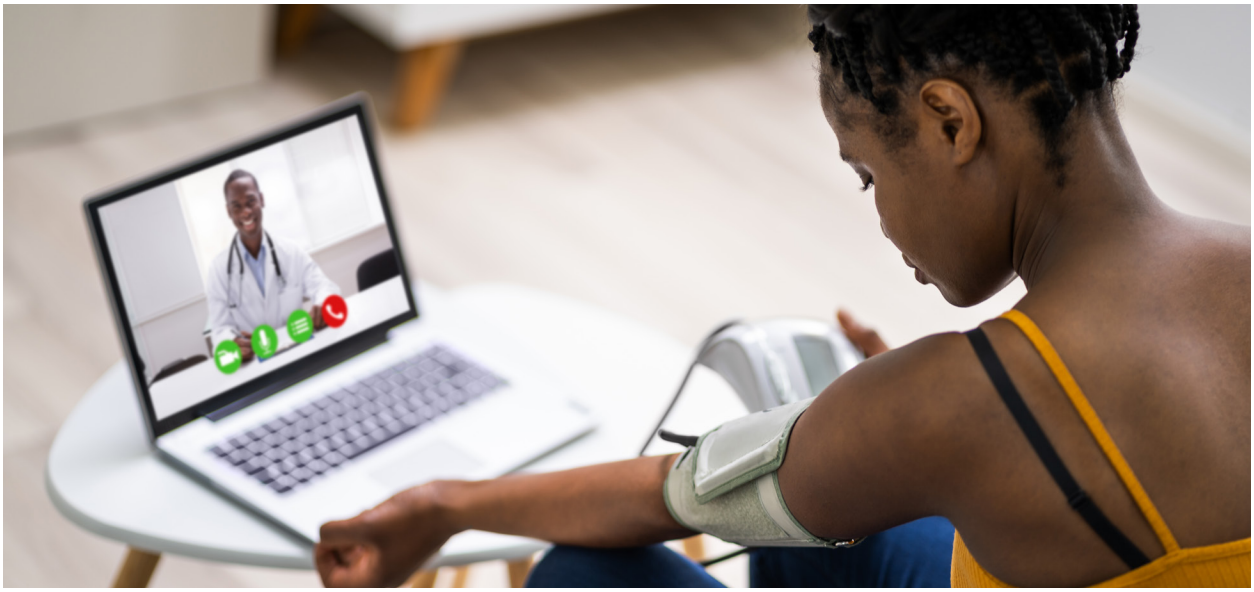


Figure E.4. Telehealth is a subset of digital health.

Section 1 of the report is an overview of commonly used AMC clinical strategies and details how each strategy can be uniquely advanced through telehealth program development. Section 2 summarizes six integration imperatives that are critical to successfully interweaving telehealth capabilities throughout the operations of all AMC mission areas. Section 3 profiles the clinical strategies, telehealth programs, and integration successes of four telehealth leaders: Medical University of South Carolina Health (MUSC Health), Kaiser Permanente Washington, Stanford Health Care, and Ochsner Health. Finally, Section 4 provides a self-assessment for applying the frameworks and recommendations outlined in this report to your organization.

Our hope is that by sharing these findings and successful practices, AMC leaders will be able to take a well-informed approach to developing telehealth opportunities that are aligned with system goals and priorities and to thoughtfully integrate telehealth capabilities within their organizations.



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