

VideoVisits: The Best of Care

LOFUTAN

Southwest Medical, Part of Optum Care, United Health Group, USA

INTRODUCTION:

Pre-pandemic, tele medicine audio-visual visits represented less than 1% of all clinical encounters across the United States. Our Care Delivery Organization in Nevada with its established 24/7 urgent care telemedicine program had 27,000 video visits in 2019 which was 4% of all clinical in-person encounters. This high percentage was due to our head start with tele medicine beginning in 2013, and was also spurred on by access issues as a third of the population of Nevada is rural, and by our chronic state of physician shortage. With the pandemic, things exploded in 2020 both for on demand and scheduled care. We tripled our urgent care visits, a rise of 200% in one year. Scheduled primary care and specialty audio-visual visits rose from 100 to 20,000 year to year an increase by nearly 20,000%. These numbers reflected what occurred throughout Optum Care our parent organization which is the largest ambulatory care group in the country with over 60,000 clinicians. But what does "more" mean with respect to quality of care? There is little evidence-based literature for clinical quality of urgent care, primary care, and most specialties. While there are articles reviewing operational and legal factors that impact quality, there are few that study these areas in a clinical setting. In spite of a lack of evidence-based guidelines and tools, we are still obligated to do our best to evaluate quality of telemedicine care. Do you have a quality review program? Do you do evaluations? Do you know where you stand? We will present a summary of our ten-point Urgent Care Quality Review Program V1.

This was created in 2016 in response to a growing concern that the quality of our program was not being evaluated systematically. The ten-points are:

1. Chart Audits
2. Prescription Rates
3. Variations between Clinician Types
4. Performance Data
5. Evidence-Based Standards
6. Patient Satisfaction Surveys
7. Research Evidence
8. Case Reviews
9. Three-way Visits
10. Future

We will then describe our current Urgent Care Quality Review Program, V.2:

1. Case Reviews
2. Huddles, Cases, and Clinician Excellence.
3. Three-Way Observation

Examples from each section will show how you can use this in your practice to solve for quality requirements and issues. Main points will be summarized. The presentation will address the difference between your current medical practice which is likely less than ideal, and how it could be better interms of knowledge and performance. The audience will be educated regarding current evidence-based knowledge and guidelines for quality of care. Potential barriers to incorporating new knowledge and competency are lack of time and administrative resources, lack of consensus on professional guidelines, and lack of patient compliance. This presentation will appeal to Physicians, Nurse Practitioners, and Physician Assistants who are both experienced at and new to tele medicine, clinical and operational staff, medical directors and operational leaders, quality assurance and legal officers, and researchers.

BIOGRAPHY: *Lo Fu Tan, is board-certified by the American Board of Family Medicine and is a Fellow of both the American Academy of Family Physicians and the College of Family Physicians of Canada. He graduated from McGill University, B.Sc., The Ohio State University, M.S. Preventive Medicine, and the University of Ottawa, with an M.D. He completed his Family Medicine Residency at Memorial University, Newfoundland and Labrador. He practiced Family and Emergency Medicine in remote settings for many years, and is now an Urgent Care Physician in Las Vegas, Nevada. He led the creation of tele medicine at Southwest Medical in 2013, and its subsequent growth throughout Optum Care, the largest ambulatory care group in the United States. Dr. Tan's vision for Tele medicine and Digital Health is that it be a "patient-centered application of the best available technology to greatly advance the Quadruple Aim."*

