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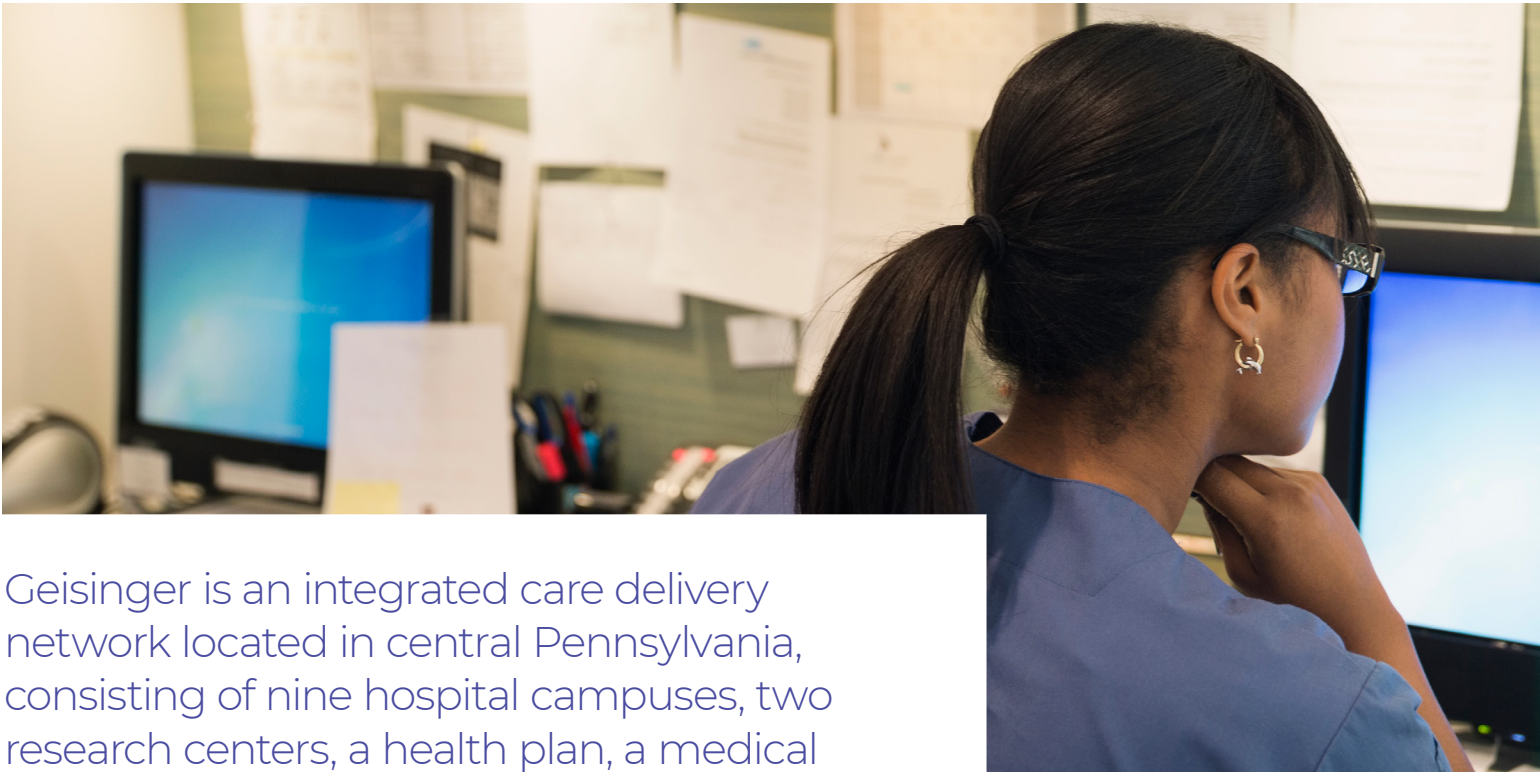
How Geisinger Found the Virtual Care Middle Ground

Speaker: Tejal A. Raichura, MHA, Director, Center for Telehealth, Geisinger

Geisinger is an integrated care delivery network located in central Pennsylvania, consisting of nine hospital campuses, two research centers, a health plan, a medical school, and about 250 outreach clinics.

Geisinger started their journey into virtual health in 2008 with a telestroke program and eICU, and soon grew it into a specialty of outpatient medicine. Four years ago, when the Geisinger leadership team decided to enhance the virtual health program, it became clear there were significant barriers to adoption among providers.

"We had to meet with key internal players and truly get to know what was it that was preventing our providers, our nurses, our unit staff from embracing telemedicine as one of the tools of their regular health outreach to their patients," said Tejal A. Raichura, MHA, Director of the Center for Telehealth, Geisinger, who spoke about this journey at Forum 2021.

Understanding provider preferences

What Raichura's team found was that everything—from the equipment, to the software, to the platforms— was too complicated. Back then, Geisinger's virtual solutions consisted of four different types of platforms, with different peripherals and different ways to access each. The tools for the telemedicine outpatient program were different than those in the inpatient telemedicine program, as were the tools necessary to carry out in-home virtual visits. Unsurprisingly, this amounted to a large portion of providers simply opting out of using these virtual services.

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With this understanding, Raichura and her team set out to build a single, unified platform— one that would allow providers in the network to see patients across different care modalities. The vision for this new platform was to address the needs of all their key internal players and programs, which consisted of outreach clinics, hospital inpatient and outpatient services, home visits, urgent care, and even ambulatory virtual care. It was a challenging endeavor, but once the transition to this new platform was completed, provider adoption soared. In fact, clinicians were so positive about the new platform that it became part of Geisinger's recruitment strategy. With some of their delivery network located in rural Pennsylvania, Geisinger can have trouble recruiting providers to the area. The seamlessness of care coordination however, allowed them to recruit providers outside their network region, including some who lived in other states and operated in different time zones, but were licensed to practice virtually and could treat patients in Pennsylvania.

Addressing access disparities

Geisinger also considered the physical location of its virtual services to ensure equitable access to care. For the 10 regions across Geisinger's catchment area, the health system is establishing regional, physical telehealth hubs at some of their 250 outreach clinics. At each hub, patients can receive virtual care from a remote specialist, while qualified nurses and PA staff can help them use the physical tools—like blood pressure cuffs, stethoscopes or hand-held cameras— to gather the information required for consultation.

These hubs have improved virtual accessibility and equity by providing a physical alternative for those in remote areas, who cannot conveniently transport themselves to the main hospital, and for those in areas without high-speed internet. "Right now, we're still treating the internet as a luxury commodity. And until we can get to a point that we're treating it as a public utility, we still have to work at the local level to try and enhance connectivity ... to get more access out to our patients," said Raichura. As a result of their efforts, Geisinger just received an award for the FCC's Connected Care Pilot, which they will use to give low-income patients with multiple comorbidities access to high-speed internet.

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Leveraging the entire clinical care team

In addition to the telehealth hubs, Geisinger continues to focus on 98% of their virtual care visits, which take place at the patient's home. To provide that personal touch that patients want— and often need— Geisinger is leveraging paramedics and community health assistants.

For the Geisinger at Home program, a designated community health assistant visits some of the sickest homebound patients with a "telemedicine kit" consisting of a tablet with a stethoscope, an otoscope, and a hand-held camera. "Our regional medical directors love it, and our patients love it," Raichura said. This initiative is transformative, as it extends Geisinger's resources and leverages the entire care team to make virtual health accessible for patients who are often unable to use these devices on their own, due to the severity of their illnesses.

But Geisinger's use of the entire care team does not stop there. They also leverage paramedics as part of their efforts to extend their resources outside the hospital walls through their Emergency Triage, Treat and Transport program, which has received the ET3 model designation through Medicare. Instead of immediately transporting a patient after a 911 call, paramedics who arrive at the scene first conduct a virtual visit with a medical command physician for a second opinion, to understand whether the patient needs to be transported to the hospital or not.

Designing long-term virtual care after the pandemic surge

Approximately 400 out of 2,000 providers were actively doing telemedicine pre-pandemic, but as coronavirus surged in March and April of 2020, growth in ambulatory virtual care suddenly spiked. Geisinger had to expand virtual care service lines quickly across a large population of providers without as much one-on-one training. Now, Geisinger is ensuring that these virtual health platforms are designed to maximize value for both providers and patients in a way that is sustainable in the long term.

According to Raichura, a second and important consideration when thinking about these virtual care solutions in a post-pandemic reality is defining the target levels for virtual health use. "Finding where exactly we need to land as an industry is going to be key over the next six months to a year," says Raichura. At Geisinger they're targeting a new normal range where between 10% to 20% of ambulatory care services are virtual. But Raichura cautioned that many of these estimates were developed before they knew for sure the effectiveness of the vaccine or how it would either stunt or continue to expand the use of virtual care in the context of shifting patient behaviors.

98%

of Geisinger's virtual care visits happen in the patient's home.

Geisinger at Home program
Leveraging the entire care team extends Geisinger's resources and improves accessibility.

Outcomes

Understanding value beyond volume

Geisinger's transition to a unified platform saw a 50% to 80% increase in virtual patient volumes month over month leading up to the pandemic. After COVID, however, Raichura expects virtual services to become a central aspect of care delivery. This last year has given Geisinger access to data regarding outcomes and key metrics related to virtual visits that they never had before, and it has helped them define value beyond pandemic volumes to understand why virtual health solutions are here to stay.

"I think we're well beyond the stage of looking at just volume. We know that there's outcomes that are related to telehealth appointments or video visits. We know that there's other KPIs that we should be looking at when it comes to virtual care," said Raichura.

One of the metrics Geisinger looked at, for example, was the rate of no-shows for behavioral health. What they found is that even after pandemic-related surges had begun to plateau, in-person behavioral health appointments continued to have higher no-show rates than their virtual behavioral health appointments. Raichura, however, encouraged attendees to go beyond these metrics and ask bigger questions: "We can now take it from just seeing that the no-show rates are better to asking what does that actually mean? Does it lead to better medication compliance? Does it lead to better outcomes for the patient, fewer crisis calls, fewer visits to the ED?" she asked.

↑ **50-80%**

increase in virtual patient volumes leading up to the pandemic.

In-person behavioral health
no-show rates ↑

Virtual behavioral health
no-show rates ↓

Geisinger also discovered tangible improvements in patient outcomes by leveraging their care teams. Traditionally, outcomes have focused on metrics like the amount of billable visits, but care teams can provide a new understanding of how patients interact with their virtual care and how this yields health improvements. For example, Geisinger's clinical nutrition team recently ran an initiative for patients with gestational diabetes, and found that patients were more likely to schedule their follow-up when they had a virtual care appointment rather than coming in for an in-person clinical dietitian consult. "That automatically led to better outcomes for that patient population, because they were more likely to show up and actually schedule an appointment," she said.

Some other outcomes of Geisinger's integrated virtual health offering are reflected in changes in both patient and provider perception. After conducting several focus groups, Geisinger's marketing team found that patients really appreciated the option to conduct virtual care visits, citing reasons like less travel, no waiting, and not having to taking time off from school or work. These benefits of virtual health were captured in patients' desire to use these services down the line—about 60% of those surveyed said that they would be willing to use virtual care for a future appointment.

Post-pandemic, Geisinger is expanding the role of virtual care delivery to ensure its position as an integral aspect of care coordination, one that leverages care teams to improve outcomes, accessibility and demonstrates greater value for patients and providers.

Visit our **Resource Center** to learn more about the power and potential of whole-person virtual care.

60%

of patients are willing to use virtual healthcare for future appointments.

Actionable takeaways

1 Leverage care teams beyond the primary provider to expand care delivery.

2 Unify platforms and strive for ease in the way data is accessed and shared to improve provider engagement.

3 Focus on expanding traditional KPIs and metrics to capture new ways in which virtual care is creating value.

Speaker bio

Tejal A. Raichura, MHA, is the Director for the Center for Telehealth at Geisinger. Tejal brings her diverse background in healthcare innovations, operations management, and research operations to the world of telehealth. In her current role, she oversees the operations of telehealth services across all Geisinger hospitals, outreach clinics, community medicine centers, and urgent care centers serving patients across Pennsylvania and New Jersey. She is actively involved in discussions around the growth and development of the telehealth enterprise and its strategic direction. Prior to her work with the Center for Telehealth, Tejal provided leadership in the operations and long-term planning of research and innovations initiatives within the Geisinger Neurosciences Institute, particularly in the Tele-Stroke program. Tejal was also the co-founder of a patient experience QR Code-based application used for service recovery and real-time feedback. Tejal holds a dual Bachelor of Arts degree in Neuropsychology and Religion from Bucknell University and a Master of Health Administration from the Pennsylvania State University.

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