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Bringing virtual care to the non-acute space

Learnings from Thomas Jefferson University Hospital and Mount Sinai Health System

In the previous decade, telehealth went from being a semi-niche service to a more common component of hospital and health systems care delivery model. In the last few years, the proliferation of telehealth has been particularly significant. From 2017 to 2019, the number of health systems offering some type of consumer telehealth services increased from 39 to 64 percent, according to the 2019 State of Consumer Telehealth Benchmark Survey conducted by Teladoc Health in association with Becker's Healthcare.

An additional 24 percent of surveyed health system leaders said their organization intended to have telehealth services in place within the next two years, meaning 88 percent of the organizations represented in the survey plan to have telehealth programs in place by 2021.

Numerous trends fuel this considerable growth. As the U.S. population ages, rates of chronic illness are on the rise. At the same time, physician shortages (as well as the increase in physician burnout) in many parts of the country are leaving some of these older, vulnerable patients with limited access to care. To address these and numerous other challenges, leading healthcare organizations are leveraging innovative technologies (similar to retail, travel, and other industries) to meet their patient populations' evolving health needs. Consumer telehealth has emerged as a valuable tool in this effort, and expanded reimbursement for these services has made the business case for telehealth even more attractive to health systems.

In April 2019, CMS finalized rules to increase telehealth benefits for Medicare Advantage enrollees, empowering hospitals and health systems with large numbers of patients enrolled in private Medicare plans to invest in remote care services and eliminating geographic limitations of the patient's location. The new rules were built upon previous federal efforts to expand access to telehealth offerings for traditional Medicare patients. On March 30, CMS issued a number of temporary changes to offer providers more support amid the COVID-19 pandemic, including the expansion of reimbursement for 85 additional telehealth services.

As reimbursement begins to catch up to the demand for telehealth, physicians and healthcare providers are broadening their offerings. While traditionally leveraged for acute care, health systems are finding success with the application of telehealth for critically ill inpatients.

Telehealth offerings have also expanded to include services in the non-acute spaces, such as behavioral health, chronic illness management, and pre- and post-surgical care, among other areas. Results from the 2019 State of Consumer Telehealth Benchmark Survey bore out this trend. For 57 percent of telehealth providers surveyed, non-acute care accounted for the majority of the telehealth consults they conducted in 2018.

Philadelphia-based Thomas Jefferson University Hospital (Jefferson Health) and New York City-based Mount Sinai Health System (Mount Sinai) are two world–renowned healthcare organizations leveraging non-acute telehealth services to improve care for surgical patients. At Jefferson Health, physicians and healthcare providers are using telehealth to conduct pre-anesthesia screenings and post-surgical patient monitoring to improve outcomes and decrease surgical cost. This ebook offers a high-level look at these programs. At Mount Sinai, physicians and healthcare providers are using virtual care visits to mitigate the risk of sepsis in post-surgical patients.

Jefferson Health's patient-centric approach to virtual care

In 2015, Jefferson Health, which has provided over 100,000 telehealth visits, launched its on demand, virtual care platform JeffConnect. In recent years, the 14-hospital academic health system has expanded the use of its telehealth platform to the non-acute space, specifically for preadmission screenings and post-surgical care for surgery patients. The program is the brainchild of a task force of surgeons assembled by Jefferson Health to identify areas where technology can improve operational efficiencies and the patient experience. The team identified pre- and post-surgical visits as an area where virtual care could make a difference by both helping surgeons increase patient capacity and delivering more convenience to patients. In 2016, the health system launched a telehealth offering to do just that at its flagship hospital.

Over three years, more than 100 individual providers across 12 distinct service lines performed more than 2,600 post-surgical telehealth visits. According to Frank Sites, director of telehealth services at Jefferson Health, the physicians that have had the most success with the program are those who paid attention to how they incorporate these visits into their daily workload and optimized scheduling to improve capacity.

"Surgeons' schedules are complicated," Mr. Sites said during a presentation at Teladoc Health's 2019 client summit. "The ones who had more success with this are those who spend more time thinking about their workflows and what [the schedule] looks like from a patient's perspective."

The telehealth team at Jefferson Health works to support the surgeons by contacting patients 24 to 48 hours prior to their scheduled virtual appointment to tackle any logistical or technology issues the patient may encounter. The goal is for the patient to experience no complications the day of their e-appointment. "We've taken a lot of those technical concerns off the table for our surgeons," Mr. Sites said. The program's success has spurred Jefferson Health's decision makers to expand the telehealth program systemwide.

Jefferson Health's telehealth program has not only improved physician's capacity to see more patients - as of November 2019, the health system had completed 100,000 telehealth visits - but patients have also reported positive experiences using the technology. More than 91 percent of patients reported satisfaction with the telehealth visits and 86 percent of patients said the video visits made it easier for them to receive care, according to a 2018 study published in _JMIR Medical Informatics_ on the post-

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surgical telehealth program at Thomas Jefferson University Hospital.

David Cognetti, MD, a head and neck surgery specialist with Jefferson Health, has used telehealth in his practice since 2015. In the beginning, Dr. Cognetti's use of telehealth was primarily relegated to post-surgical virtual visits, but in the last six months of 2019 he expanded the use of telehealth for pre-anesthesia screening as well. Dr. Cognetti has worked directly with nurse practitioners and other staff to optimize workflows for these visits.

He told *Becker's Hospital Review* the implementation of this new offering has gone smoothly largely due to it being treated as a team effort. "The nurse practitioner who does the preadmission testing, schedulers, an IT analyst, a telehealth project coordinator and I all sat down in a room together," he said. "I think we needed all those perspectives to come together so we could overcome any roadblocks that came up."

Dr. Cognetti also described Jefferson Health's telehealth offerings as a big win for patients, who now face lower time commitments and costs compared to traveling to the hospital. "Even if the patient is just coming in from the suburbs, [telehealth] saves them half a day or so to get there and back, and then it eliminates the cost of parking, which is a real cost savings for the patient," he said.

'Scratching the surface'

The expansion of telehealth services into the nonacute space is a relatively recent development. Measuring the full affect this technology has on these areas of care will take more time. But the early results of programs like those deployed at Jefferson Health and Mount Sinai appear to be positive harbingers of what's to come.

"In medicine, we're just scratching the surface of what telehealth can do," Dr. Cognetti said. "I think once more providers see the value of this and modify their workflows accordingly, it will lead to much better access and patient care."

Mount Sinai Health System goes virtual in the fight against sepsis

Sepsis is among the most prevalent and pernicious healthcare-associated infections in the U.S. Each year, at least 1.7 million American adults develop sepsis, resulting in nearly 270,000 deaths. Among all patients who die in a hospital each year, approximately 1 in 3 have sepsis, according to numbers compiled by the CDC.

In 2011, Mount Sinai launched a pilot program to combat sepsis in four of its emergency departments. The program was a forerunner to a New York state regulation passed in 2013 mandating that all hospitals launch programs to reduce the incidence of sepsis. As a forward-looking, solution-oriented organization, Mount Sinai decided to expand its sepsis program in 2019 to include virtual follow-up visits for vulnerable postoperative patients—such as those with diabetes, heart disease or compromised immune systems—within 30 days post discharge.

The 30-day time period is a crucial window for intervention should sepsis occur or reoccur in surgery patients. Research on nearly 150,000 elective surgical admissions published in the journal *Critical Care* in 2017 found that 1 in 65 patients developed post-operative sepsis. Among those who survived in-hospital and were subsequently discharged, 1 in 8 died within one year. Researchers identified the first month post-discharge as the highest-risk period for mortality. The Mount Sinai sepsis program includes in-person sepsis education from nurses and offers patients three free virtual visits via a smartphone app supported by Teladoc Health within the 30 days after discharge.

'Making follow-up care more convenient'

During Teladoc Health's 2019 client summit in Scottsdale, Ariz., Shayan Vyas, MD, vice president of health system clinical innovation and quality for Teladoc Health - and pediatric intensivist - offered details on the Mount Sinai program. Dr. Vyas added that in addition to fighting sepsis, the Mount Sinai program is a great way to keep patients engaged (create stickiness) in their own health and with the health system.

"The campaign is also about engaging with patients who are interacting with the health system, many of which maybe interacting with Mount Sinai for the first time," Dr. Vyas said. "It's really about embracing these patients and keeping them in the [Mount Sinai] circle of care, aka Stickiness."

While the program is in its nascent stages and the health system has yet to record significant data in relation to how the program has affected outcomes and mortality, the initiative has been embraced by individual physicians within the organization and is already making follow-up care for at-risk and physically debilitated patients more convenient. They no longer have to leave the comfort of their homes while they are trying to physically and emotionally recover - to receive care.

Digital technology has changed the way organizations across industries engage with consumers. This technological evolution has come to healthcare. According to Dr. Vyas, for hospitals and health systems to achieve success in this new era, executive leadership must embrace and advocate for the industry's digital transformation. ∎

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