

## Adoption and Expansion of Telehealth Solutions

### *Multidisciplinary Profile: Information Technology (IT) Professional*



*The Association of Community Cancer Centers (ACCC) conducted a brief interview with Brian Dunn, the telehealth systems engineer at UVA Health based in Charlottesville, Virginia.*

### **Telehealth Then and Now**

UVA Health, which serves a significant portion of the state of Virginia, was one of the first health systems nationwide to adopt a telehealth program, and it recently celebrated the program's 25th anniversary. At the start of the COVID-19 pandemic, approximately 60% of UVA Health's sub-specialists were using a commercial video conferencing platform to support provider-to-provider interactions and facility-to-facility patient encounters. "It was basically like a fancy phone system," said Dunn.

In the cancer center, a few services such as genetic counseling and smoking cessation were actively using the system, although most providers wanted to see their patients in person. Like other systems nationally, UVA Health began offering direct-to-consumer telehealth visits to patients during the COVID-19 pandemic. Moving forward, UVA Health expects to increase the number of patient encounters to be conducted, both facility-to-facility and direct-to-consumer communications.

### **Adapting to Change**

Before the pandemic, Dunn says he was "just as much a program developer as an IT professional." He spent a lot of his time helping develop processes and protocols for telehealth workflows. Due to the rapid expansion of telehealth during the pandemic, Dunn's work has focused more on technology. Now other telemedicine specialized staff (e.g., program and business developers) develop the workflows, while Dunn provides equipment setup and technical support to meet their needs before and during telehealth visits. He works to make it as seamless as possible for patients and providers to connect to telehealth appointments. Some of this work includes developing training and tip sheets for both patients and providers.

### ***Policies Enabled Expansion***

Virginia has been a national leader in telehealth care. The state has had a telehealth parity law since 2010, ensuring that patient care delivered via video at eligible originating sites is reimbursed at a rate equivalent to in-person care.

In 2020, Virginia increased access to telehealth by expanding eligible originating sites, including a patient's home, and mandated coverage for audio-only visits by Medicaid. Ambulances can be an originating site as well, and UVA Health's stroke program is currently providing ambulance-based encounters as the patient is on the way to the hospital.

As of 2021, Virginia Medicaid has taken significant strides toward making temporary pandemic-era changes to telehealth into permanent policies. However, unlike Medicaid, private payers are still able to use their discretion when choosing whether to reimburse for asynchronous telehealth applications and audio-only visits.

Dunn's strong IT and customer service skills have been a major asset. During video visits, his ability to quickly troubleshoot and solve problems has come in handy. He knows that if something goes wrong and IT cannot fix it, the entire video appointment is lost.

## Lessons Learned

Choosing the right platform is all about the needs and preferences of the end user. Broadband access and connectivity is a major problem for much of UVA Health's patient population. Many patients that UVA serves live in rural areas or areas that are underserved by broadband. Socioeconomic disparities further inhibit healthcare access even in areas with broadband. Dunn says some platforms with low bandwidth requirements have worked better for some patients. But although using only one platform is desirable from an IT perspective, one size does not fit all for UVA Health's patients. Dunn recommends being prepared to develop alternative scalable solutions.

The rapid telehealth expansion at UVA Health at the start of the pandemic initially meant that patients and providers were using multiple platforms at once. "It was difficult to support that many platforms and do it well," said Dunn. As a result, stress and burnout among staff were prominent during the transition. Dunn underscores that simple telehealth solutions can be the best ones. If a given platform is difficult to use, uptake will be low, and frustration will be high.

## Tracking Progress

UVA Health saw as many patients with COVID-19 for remote monitoring as they saw in person. Being able to keep many patients who were positive for COVID-19 out of the hospital was a huge accomplishment for Dunn and the UVA Health IT team. Other metrics used by the IT team to gauge the success of UVA Health's telehealth program include:



Inclusion of technology-specific questions on patient and provider satisfaction surveys, enabling staff to monitor feedback and trends



Anecdotal feedback from patients and providers about video visit platforms



Technology monitoring to determine call success rates:

- Number of disconnects
- Disconnect reasons
- Call quality

## Advice for Peers

Dunn says that clinician and IT staff must be willing to work collaboratively to optimize patient care. There must be give and take until consensus is reached, emphasizes Dunn. **"Care teams are the lifeblood of what we do for our patients, but IT has to be there in the mix right with providers to support them."**