

QUALITY MEASURES DURING A TELEHEALTH VISIT

Telehealth visits cannot be excluded in quality measure reporting. Telehealth visits need to conform to standard clinical workflows and patterns of care. We must not allow telehealth visit delivery to be less than what would be expected during an in-person visit.

Team Based Care

Model your telehealth visit workflow as you would an in-person visit, with the added workflow of addressing the transition to virtual care.

1. Virtual registration that captures socio-economic circumstances, like family size and income, race and ethnicity, housing, etc.
2. Virtual Check-In that follows the same clinical workflow that you would for an in-person visit. Medical Assistants will conduct a virtual intake that captures patient reported vitals, record any changes in past, family, and social history, perform any screenings that are due, and order/schedule any preventative services as defined by procedural documentation.
3. Outreach & Enrollment-We must not allow telehealth visits to cause a decline in assisting our patients with social care services. We need to continue to identify patients who need our support and offer the same solutions as we would if that patient was seen in our office.
4. Virtual Check Out-a telehealth visit does not end when the provider is finished seeing the patient. Telehealth visits must include a check out process where patient education is provided, when necessary, a patient plan is given, and a follow up appointment is scheduled when appropriate. We do not want to allow telehealth to provide any gaps in care.

Establishing Additional Benchmarks:

Health care providers must begin to evaluate measures for telehealth programs.

Access to Care: Track patient no-shows (by patient & mode of delivery.) You must compare apples to apples.

1. Build specialist capacity in rural communities. Track the number of days between the initiation of a referral to the schedule date.
2. Cultural Competence: Track telehealth by population. Identify the frequent users and identify populations that have digital literacy and access to broadband. Again, we want to improve access for all and not exclude populations that are most vulnerable.
3. If telehealth wasn't available, would you have delayed your care, gone to urgent care, gone to the emergency room or self-treated?

Financial Impact: Telehealth can reduce patients' costs and burdens associated with lost work time, transportation, and childcare.

1. Track the miles saved by patients' services via telehealth.
2. Begin to survey patients on lost work time for in-person visits.
3. And track cancellation and rescheduling of appointments due to transportation and childcare issues.

Experience: Modify patient surveys to include specific experience and engagement questions for services delivered via telehealth. (add sample survey here)

EHR Telehealth Customization to Support Data Extrapolation-Beyond documenting telehealth services, the need to capture other information is not only important to meet programmatic benchmarks but may be required for certain payers and funding sources.

1. Capture whether a visit was conducted via real-time audio only or audio and video. Funding programs like UDS requires this information to determine whether a visit is included in the numerator or not.
2. Determine where information should be gathered. For example, do you want to create a drop down for “visit type” and have an option for Telehealth Audio Only and Telehealth Audio and Video?
3. Most importantly, you want to choose a field that can be reported. Burying how a visit was conducted in free text or within a provider’s note isn’t discreet data. Standardize documentation that can be reported with the same data set.

Screenings-Due to the rapid implementation of Telehealth during the public health emergency, many health centers noticed a decrease of certain quality measures. For example, depression screenings, social determinants of health, development screenings, and screening for dental caries significantly dropped. Organizations had not yet implemented a team-based model and providers weren’t custom to capturing the information that would normally be taken by ancillary staffers, like medical assistants, front desk staff, and outreach assistants. To maintain quality measures during a telehealth visit you must use the same model that you would for in-person care.