The AMA's Efforts to Prepare Physicians for the New World of Telehealth

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American Medical Association
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AGENDA

1	AMA Digital Health Strategy and Current Trends
2	Digital Health Playbook Series
3	The Telehealth Immersion Program
4	The AMA Return on Health Framework
5	The Telehealth Initiative

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AMA Digital Health Strategy and Current Trends

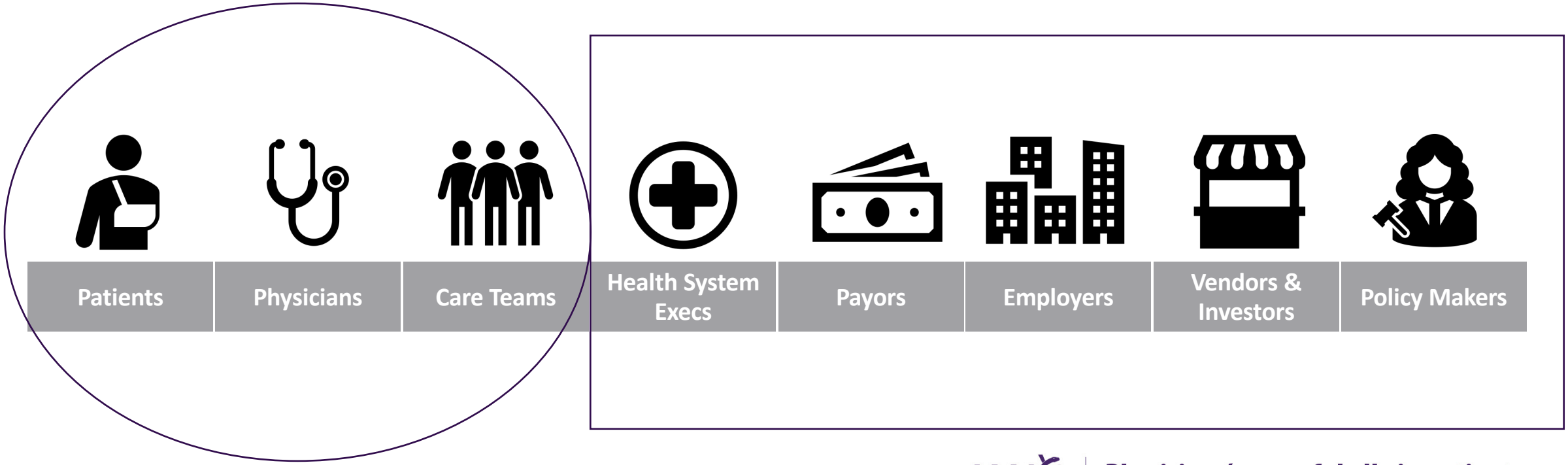


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Vision & Audience for Telehealth Efforts

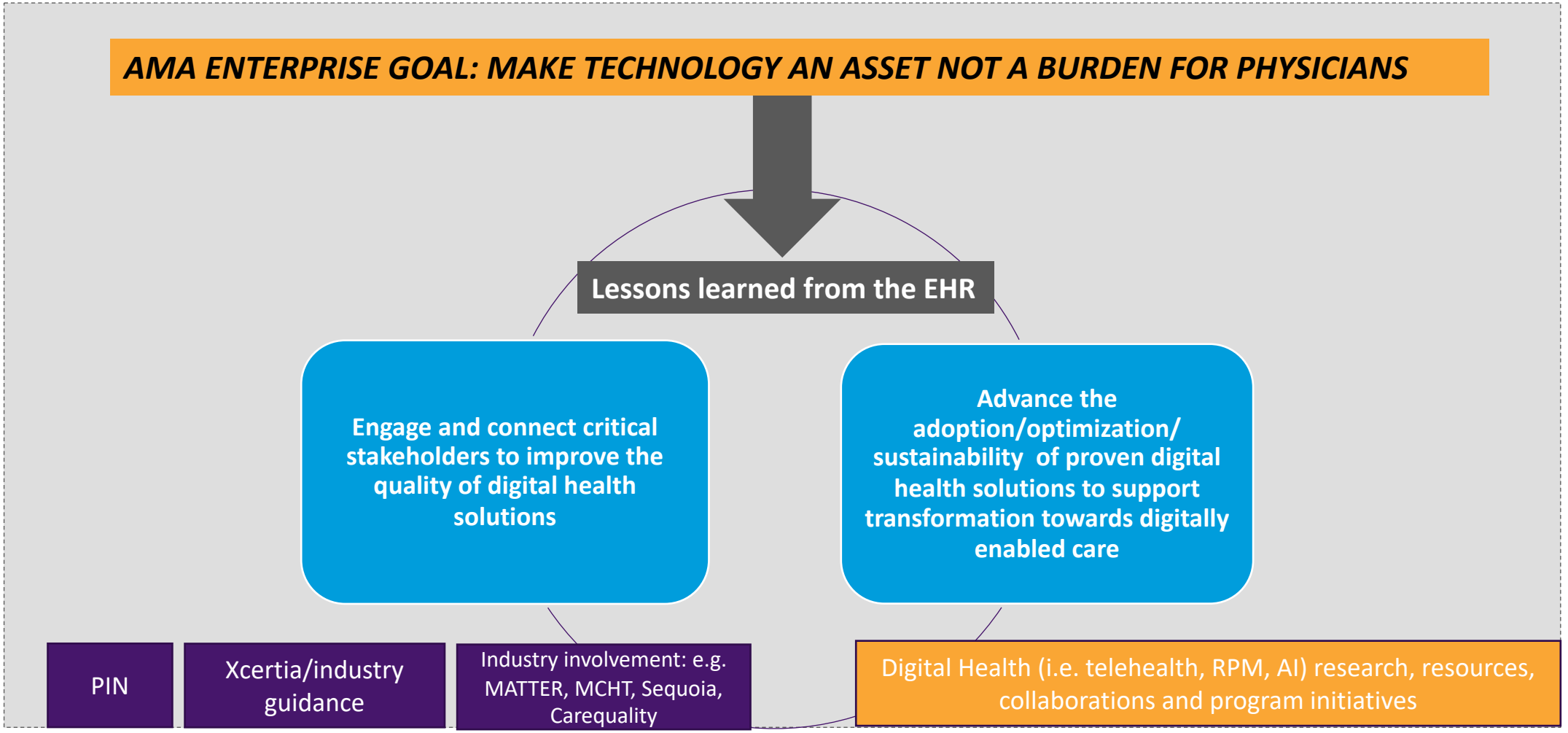
Advance the adoption and sustainability of responsible, impactful and equitable innovation through research, resources and initiatives that guide positive transformation towards digitally enabled care.

AMA ENTERPRISE GOAL: MAKE TECHNOLOGY AN ASSET NOT A BURDEN FOR PHYSICIANS



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AMA Digital Health Strategy

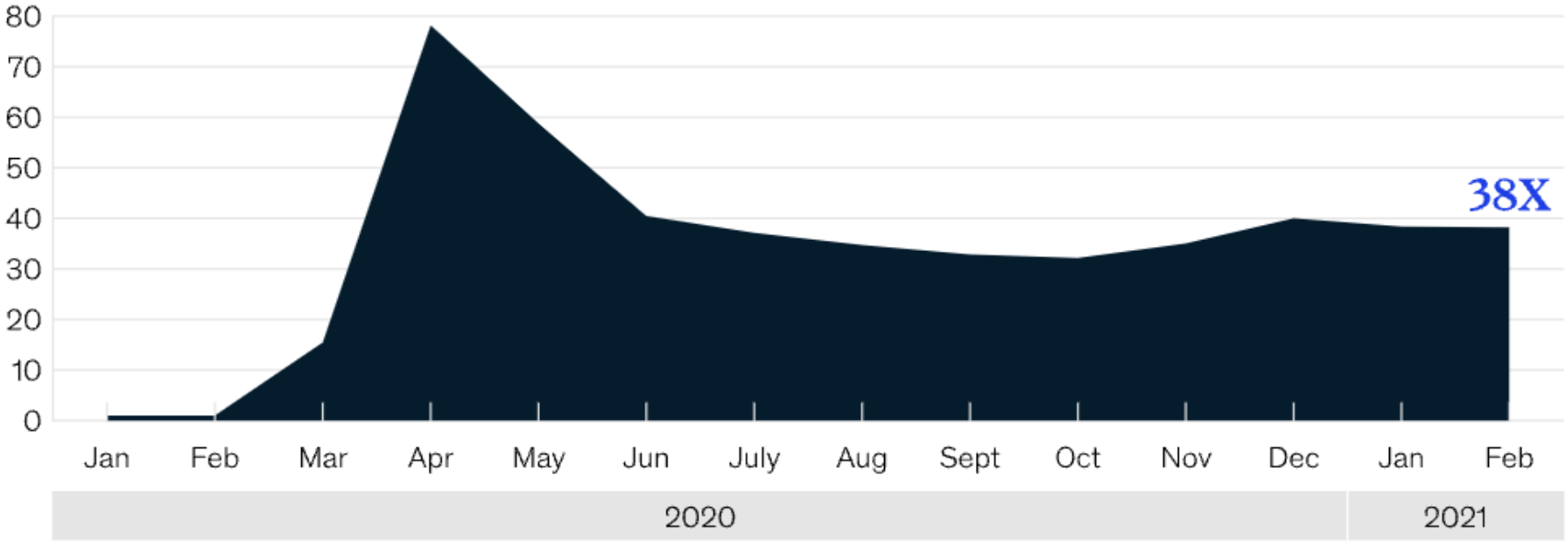


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Telehealth Use Trends

Growth in telehealth usage peaked during April 2020 but has since stabilized.

Telehealth claims volumes, compared to pre-Covid-19 levels (February 2020 = 1)[1]



[1] Includes cardiology, dental/oral, dermatology, endocrinology, ENT medicine, gastroenterology, general medicine, general surgery, gynecology, hematology, infectious diseases, neonatal, nephrology, neurological medicine, neurosurgery, oncology, ophthalmology, orthopedic surgery, poisoning/drug tox./comp. of TX, psychiatry, pulmonary medicine, rheumatology, substance use disorder treatment, urology. Also includes only evaluation and management visits; excludes emergency department, hospital inpatient, and physiatry inpatient claims; excludes certain low-volume specialties.

Source: Compile database; McKinsey analysis

McKinsey & Company

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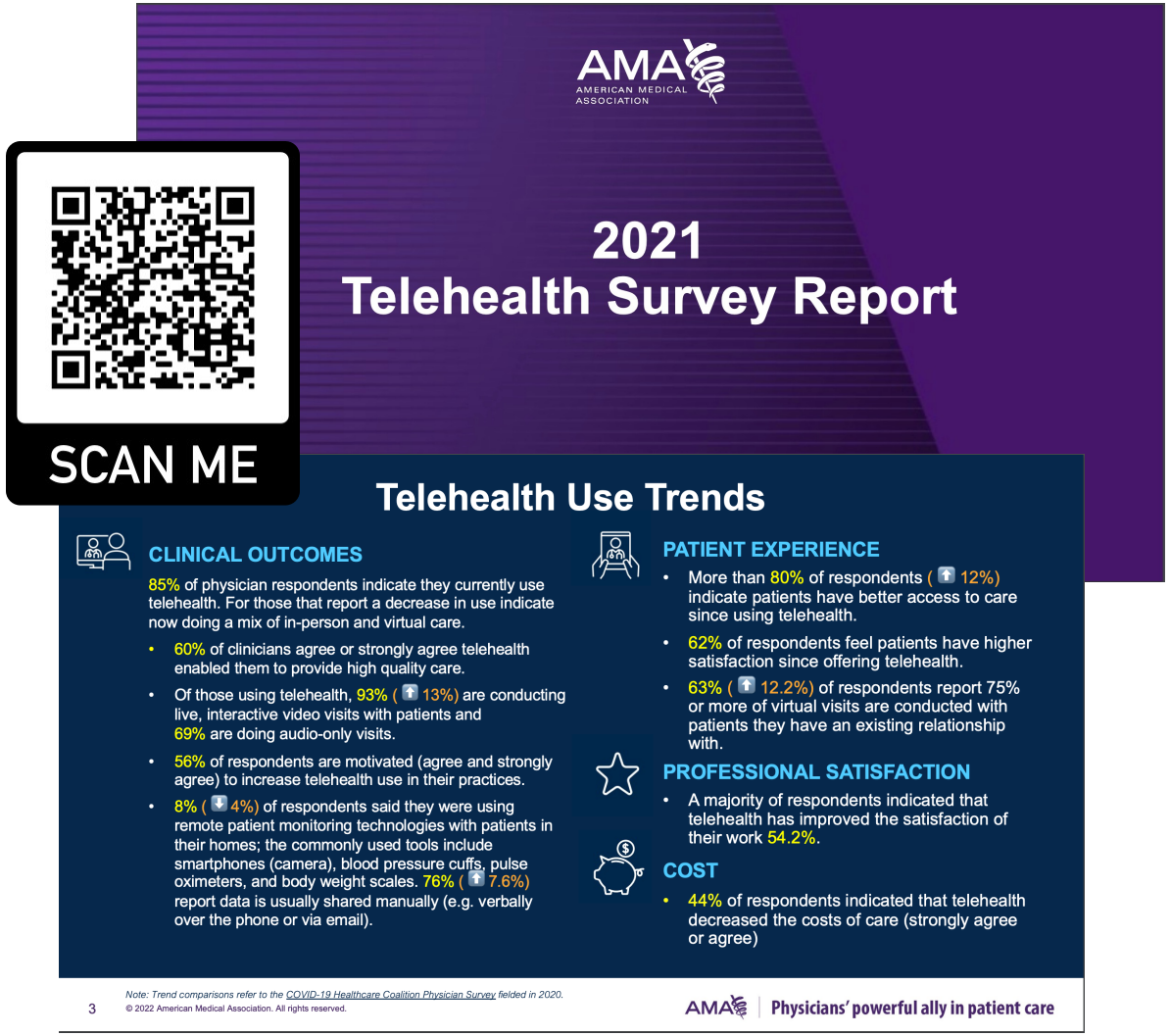
Telehealth Use Survey

Key Survey Findings:

- 85% of physician respondents indicated they currently use telehealth
- 56% of respondents are motivated to increase telehealth use in their practices
- 70% indicate their organization is motivated to continue use of telehealth
- 60% agree or strongly agree telehealth enabled them to provide high-quality care
- A majority indicated that telehealth has improved the satisfaction of their work

Opportunities:

- Fewer than half report being able to access all of their telehealth technologies via their EHR
- Access to technology, digital literacy, and broadband internet access are the top three patient barriers



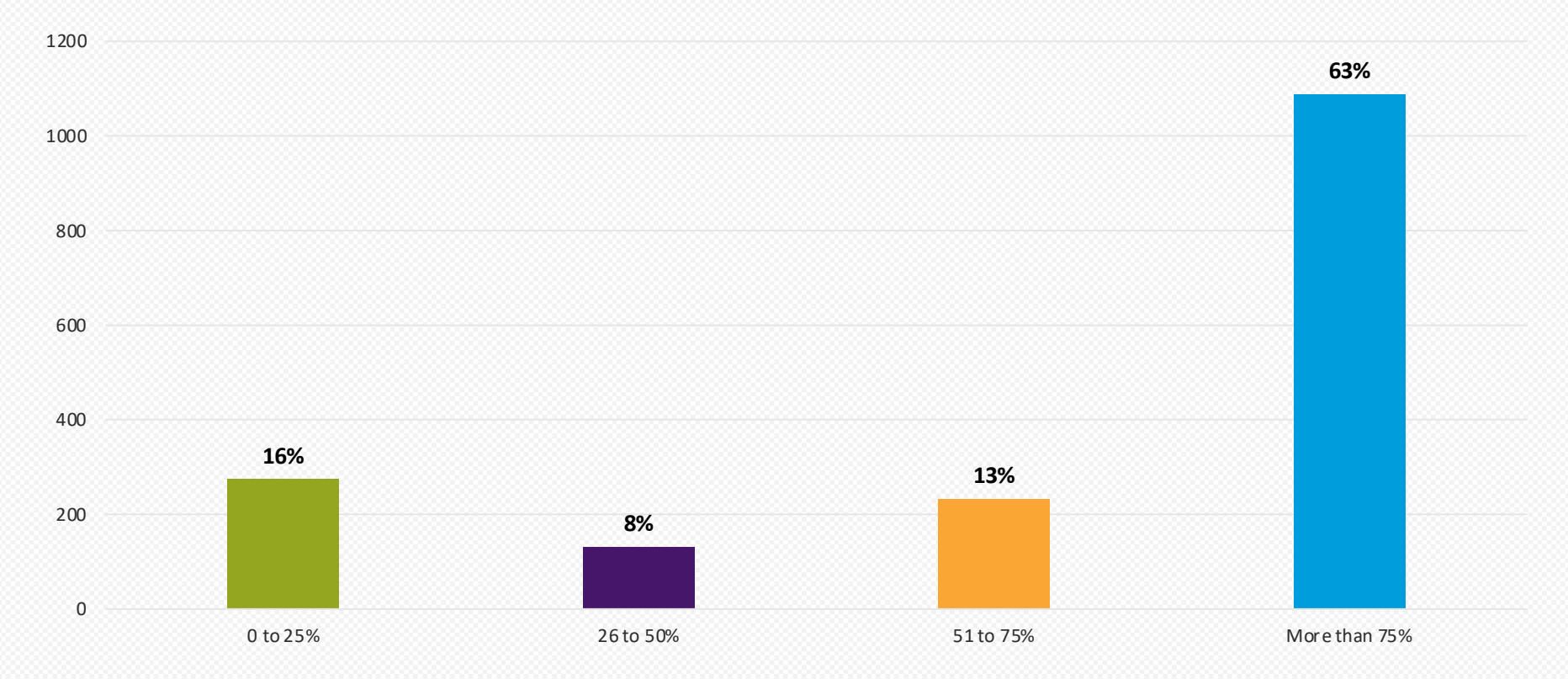
Survey was fielded: Nov 1 – Dec 31, 2021; Report published March 31, 2022

Convenience sample: 2,200+ Survey Respondents

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AMA | Physicians' powerful ally in patient care

63% of respondents indicate 75% or more of telehealth visits are with established patients



Currently, based on total volume of telehealth services delivered, what percent of your telehealth visits are with patients with whom you have an established patient/physician relationship?

N=1,724

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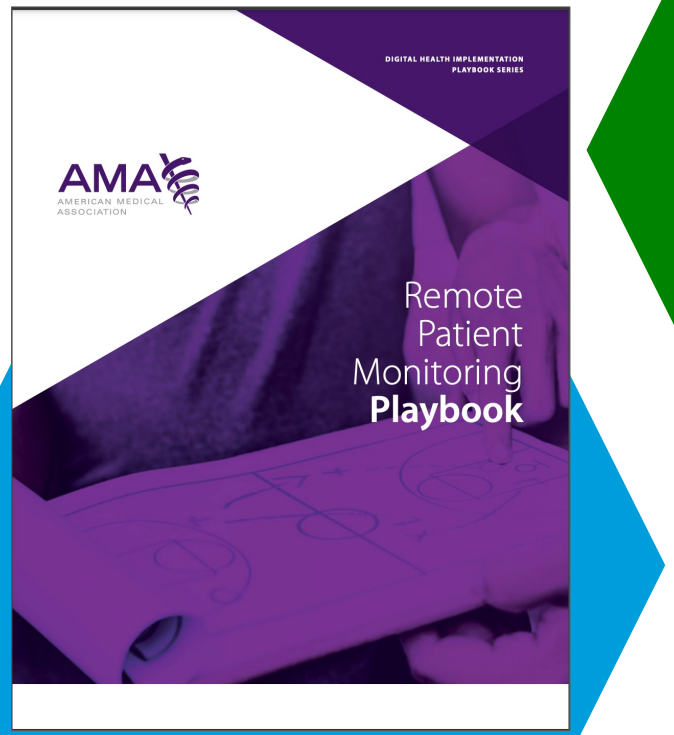
Digital Health Playbook Series

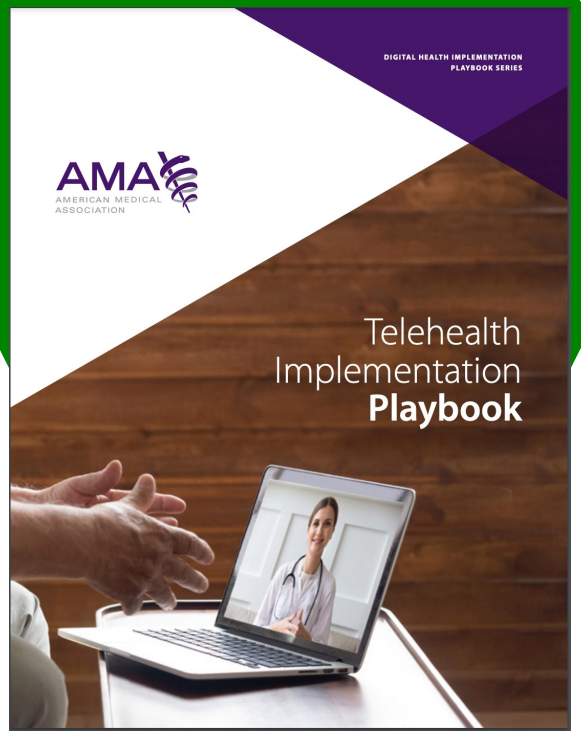


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Digital Health Playbook Series









IDENTIFYING A NEED
What's the problem?

DEFINING SUCCESS
What are we trying to achieve?

MAKING THE CASE
How do we get political and financial buy-in?

DESIGNING THE WORKFLOW
What will need to change to integrate this technology?

PARTNERING WITH THE PATIENT
What does the patient need?

EVALUATING SUCCESS
Did it work?



FORMING THE TEAM
Who needs to be involved and when?

EVALUATING THE VENDOR
What's the right technology?

CONTRACTING
What's our expected timing, budget, and plan with our vendor?

PREPARING THE CARE TEAM
Does everyone know what they need to do to make this successful?

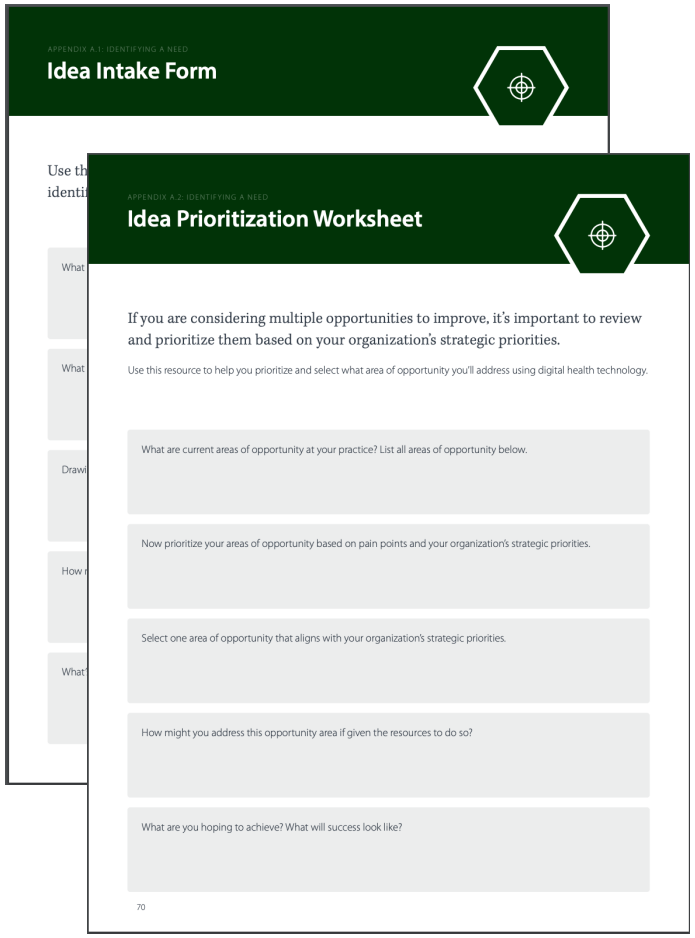
IMPLEMENTING
How does it work in practice?

SCALING
What's next?

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Step 1: Identifying a Need



APPENDIX A.1: IDENTIFYING A NEED

Idea Intake Form

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APPENDIX A.2: IDENTIFYING A NEED

Idea Prioritization Worksheet

If you are considering multiple opportunities to improve, it's important to review and prioritize them based on your organization's strategic priorities.

Use this resource to help you prioritize and select what area of opportunity you'll address using digital health technology.

What are current areas of opportunity at your practice? List all areas of opportunity below.

Now prioritize your areas of opportunity based on pain points and your organization's strategic priorities.

Select one area of opportunity that aligns with your organization's strategic priorities.

How might you address this opportunity area if given the resources to do so?

What are you hoping to achieve? What will success look like?

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Step 2: Forming the Team



APPENDIX B.1: FORMING THE TEAM

Team Structure Framework

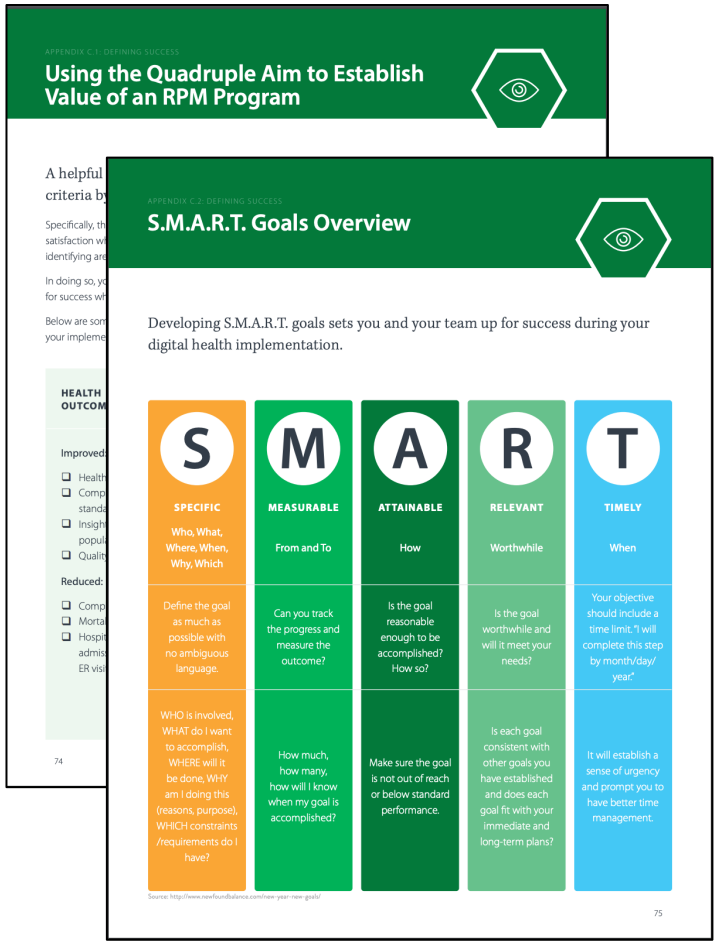
Although every organization may have their own team needs, below is the suggested team organizational structure for a digital health implementation.

It's possible that one person may sit on multiple teams. For example, a Core team member may also be on the Implementation team, or a Leadership team member may also be on the Advisory team.

CORE TEAM	LEADERSHIP TEAM	ADVISORY TEAM	IMPLEMENTATION TEAM
The team that is responsible and accountable for putting together the plan and driving the project forward day to day • Clinical Representative(s) (physician, nurse, etc.) • Administration Representative(s) (practice manager, administrator) • Information Technology or Information Security Representative(s) • Project Manager(s) • Priority Department Representatives	High-level decision-makers who authorize key decisions, provide budgetary approval, and whose alignment is important for wide-scale success • Board of Directors • C-suite Executives • Practice Owners/ Partners	A group of advisors for the Core team to consult for perspective and guidance and ensure the team's decisions and leadership proposal are strategically sound **End Users:** • Practicing care team members • Patient Advisory Board/Patients/ Caregivers **Organizational Navigation:** • A program sponsor • Retired Leadership team members • Benefactors	Close-to-the-ground teams in impacted departments who will be informed of the plans and ultimately carry out the day-to-day process of implementation • Nurse Manager • Additional Priority Department Representatives • Superuser to provide on-the-ground technical support • Information Technology or Information Security Representative(s)

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Step 3: Defining Success



APPENDIX C.1: DEFINING SUCCESS

Using the Quadruple Aim to Establish Value of an RPM Program

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- ❑ Quality

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APPENDIX C.2: DEFINING SUCCESS

S.M.A.R.T. Goals Overview

Developing S.M.A.R.T. goals sets you and your team up for success during your digital health implementation.

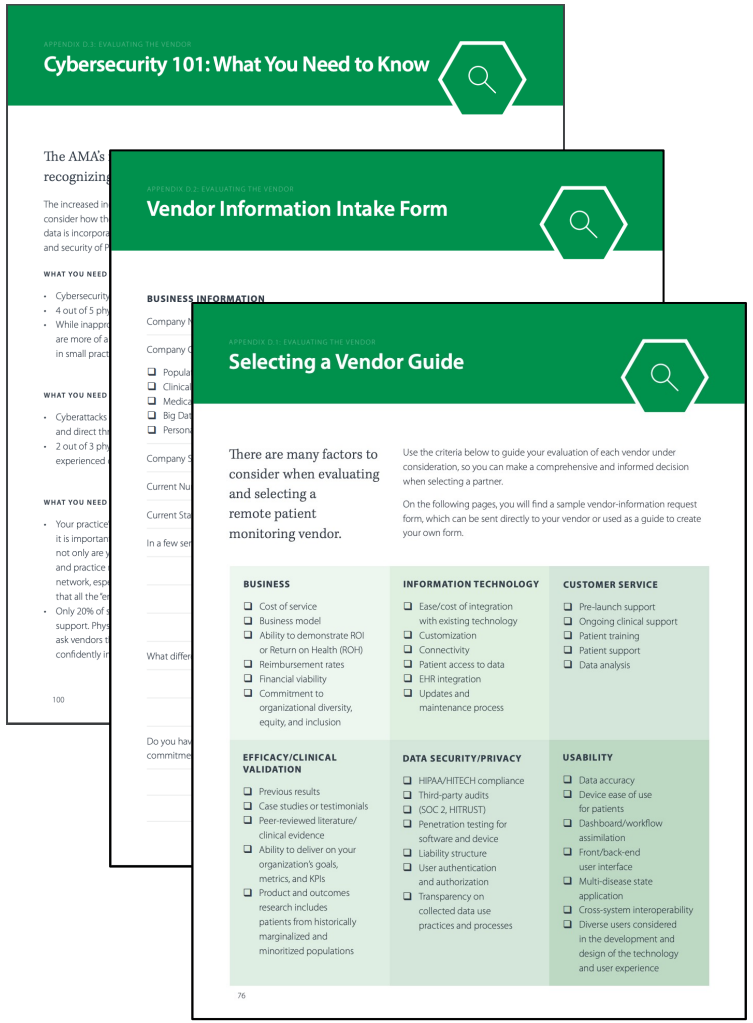
S	M	A	R	T
SPECIFIC	MEASURABLE	ATTAINABLE	RELEVANT	TIMELY
Who, What, Where, When, Why, Which	From and To	How	Worthwhile	When
Define the goal as much as possible with no ambiguous language.	Can you track the progress and measure the outcome?	Is the goal reasonable enough to be accomplished? How so?	Is the goal worthwhile and will it meet your needs?	Your objective should include a time limit. "I will complete this step by month/day/year."
WHO is involved, WHAT do I want to accomplish, WHERE will it be done, WHY am I doing this (reasons, purpose), WHICH constraints /requirements do I have?	How much, how many, how will I know when my goal is accomplished?	Make sure the goal is not out of reach or below standard performance.	Is each goal consistent with other goals you have established and does each goal fit with your immediate and long-term plans?	It will establish a sense of urgency and prompt you to have better time management.

Source: http://www.newfoundsbalance.com/new-year-new-goals/

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Step 4: Vendor Evaluation



APPENDIX D.3: EVALUATING THE VENDOR

Cybersecurity 101: What You Need to Know

The AMA's
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APPENDIX D.2: EVALUATING THE VENDOR

Vendor Information Intake Form

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APPENDIX D.1: EVALUATING THE VENDOR

Selecting a Vendor Guide

There are many factors to consider when evaluating and selecting a remote patient monitoring vendor.

Use the criteria below to guide your evaluation of each vendor under consideration, so you can make a comprehensive and informed decision when selecting a partner.

On the following pages, you will find a sample vendor-information request form, which can be sent directly to your vendor or used as a guide to create your own form.

BUSINESS

- Cost of service
- Business model
- Ability to demonstrate ROI or Return on Health (ROH)
- Reimbursement rates
- Financial viability
- Commitment to organizational diversity, equity, and inclusion

INFORMATION TECHNOLOGY

- Ease/cost of integration with existing technology
- Customization
- Connectivity
- Patient access to data
- EHR integration
- Updates and maintenance process

CUSTOMER SERVICE

- Pre-launch support
- Ongoing clinical support
- Patient training
- Patient support
- Data analysis

EFFICACY/CLINICAL VALIDATION

- Previous results
- Case studies or testimonials
- Peer-reviewed literature/ clinical evidence
- Ability to deliver on your organization's goals, metrics, and KPIs
- Product and outcomes research includes patients from historically marginalized and minoritized populations

DATA SECURITY/PRIVACY

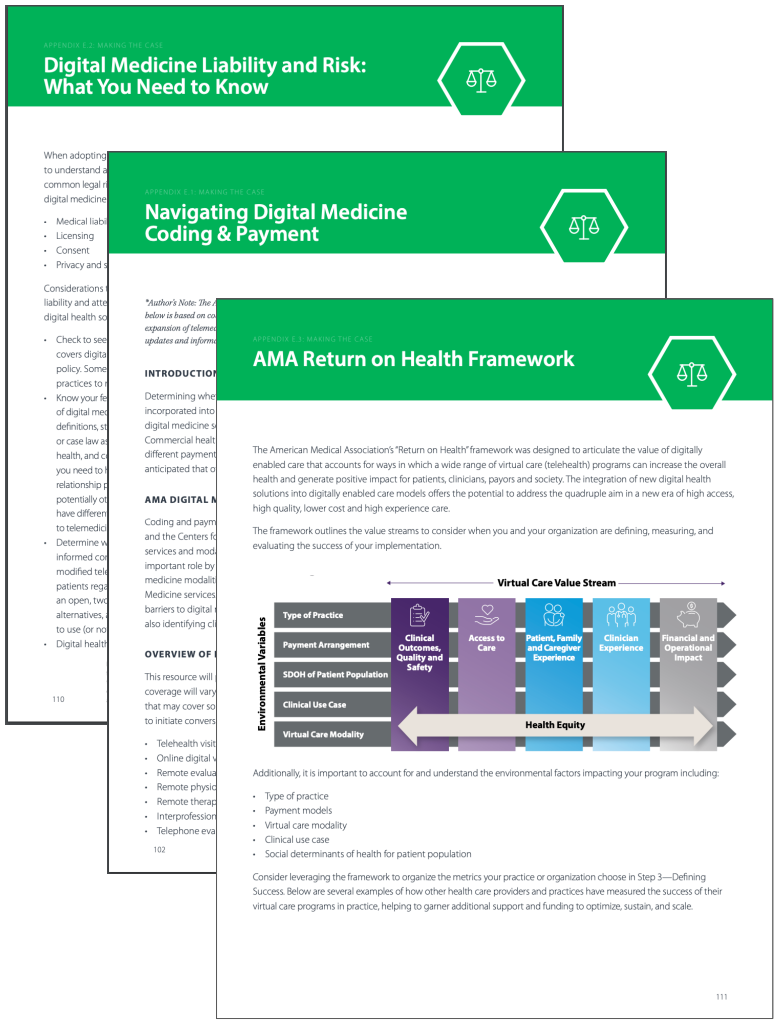
- HIPAA/HITECH compliance
- Third-party audits
- (SOC 2, HITRUST)
- Penetration testing for software and device
- Liability structure
- User authentication and authorization
- Transparency on collected data use practices and processes

USABILITY

- Data accuracy
- Device ease of use for patients
- Dashboard/workflow assimilation
- Front/back-end user interface
- Multi-disease state application
- Cross-system interoperability
- Diverse users considered in the development and design of the technology and user experience

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Step 5: Making the Case



APPENDIX E.2: MAKING THE CASE

Digital Medicine Liability and Risk: What You Need to Know

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APPENDIX E.1: MAKING THE CASE

Navigating Digital Medicine Coding & Payment

**Author's Note: The A
below is based on co
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INTRODUCTION

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- Online digital v
- Remote evalua
- Remote physic
- Remote therap
- Interprofession
- Telephone eva

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APPENDIX E.3: MAKING THE CASE

AMA Return on Health Framework

The American Medical Association's "Return on Health" framework was designed to articulate the value of digitally enabled care that accounts for ways in which a wide range of virtual care (telehealth) programs can increase the overall health and generate positive impact for patients, clinicians, payors and society. The integration of new digital health solutions into digitally enabled care models offers the potential to address the quadruple aim in a new era of high access, high quality, lower cost and high experience care.

The framework outlines the value streams to consider when you and your organization are defining, measuring, and evaluating the success of your implementation.

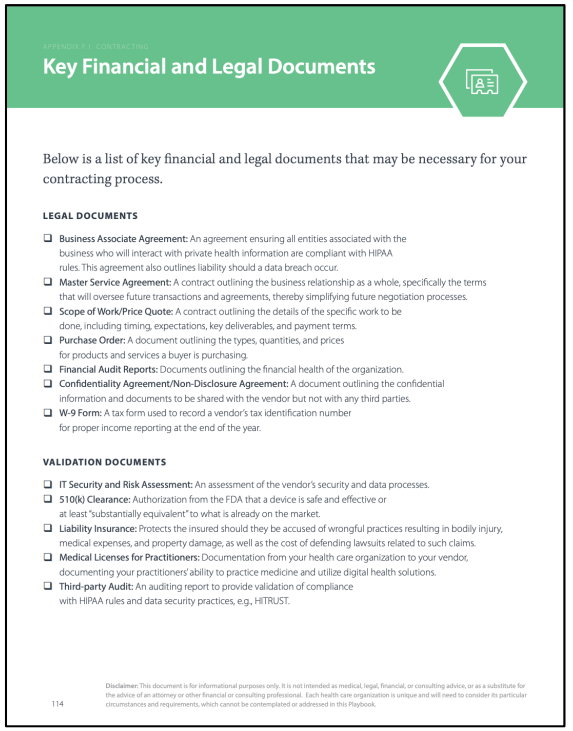
Additionally, it is important to account for and understand the environmental factors impacting your program including:

- Type of practice
- Payment models
- Virtual care modality
- Clinical use case
- Social determinants of health for patient population

Consider leveraging the framework to organize the metrics your practice or organization choose in Step 3—Defining Success. Below are several examples of how other health care providers and practices have measured the success of their virtual care programs in practice, helping to garner additional support and funding to optimize, sustain, and scale.

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Step 6: Contracting



APPENDIX F.1: CONTRACTING

Key Financial and Legal Documents

Below is a list of key financial and legal documents that may be necessary for your contracting process.

LEGAL DOCUMENTS

- **Business Associate Agreement:** An agreement ensuring all entities associated with the business who will interact with private health information are compliant with HIPAA rules. This agreement also outlines liability should a data breach occur.
- **Master Service Agreement:** A contract outlining the business relationship as a whole, specifically the terms that will oversee future transactions and agreements, thereby simplifying future negotiation processes.
- **Scope of Work/Price Quote:** A contract outlining the details of the specific work to be done, including timing, expectations, key deliverables, and payment terms.
- **Purchase Order:** A document outlining the types, quantities, and prices for products and services a buyer is purchasing.
- **Financial Audit Reports:** Documents outlining the financial health of the organization.
- **Confidentiality Agreement/Non-Disclosure Agreement:** A document outlining the confidential information and documents to be shared with the vendor but not with any third parties.
- **W-9 Form:** A tax form used to record a vendor's tax identification number for proper income reporting at the end of the year.

VALIDATION DOCUMENTS

- **IT Security and Risk Assessment:** An assessment of the vendor's security and data processes.
- **510(k) Clearance:** Authorization from the FDA that a device is safe and effective or at least "substantially equivalent" to what is already on the market.
- **Liability Insurance:** Protects the insured should they be accused of wrongful practices resulting in bodily injury, medical expenses, and property damage, as well as the cost of defending lawsuits related to such claims.
- **Medical Licenses for Practitioners:** Documentation from your health care organization to your vendor, documenting your practitioners' ability to practice medicine and utilize digital health solutions.
- **Third-party Audit:** An auditing report to provide validation of compliance with HIPAA rules and data security practices, e.g., HITRUST.

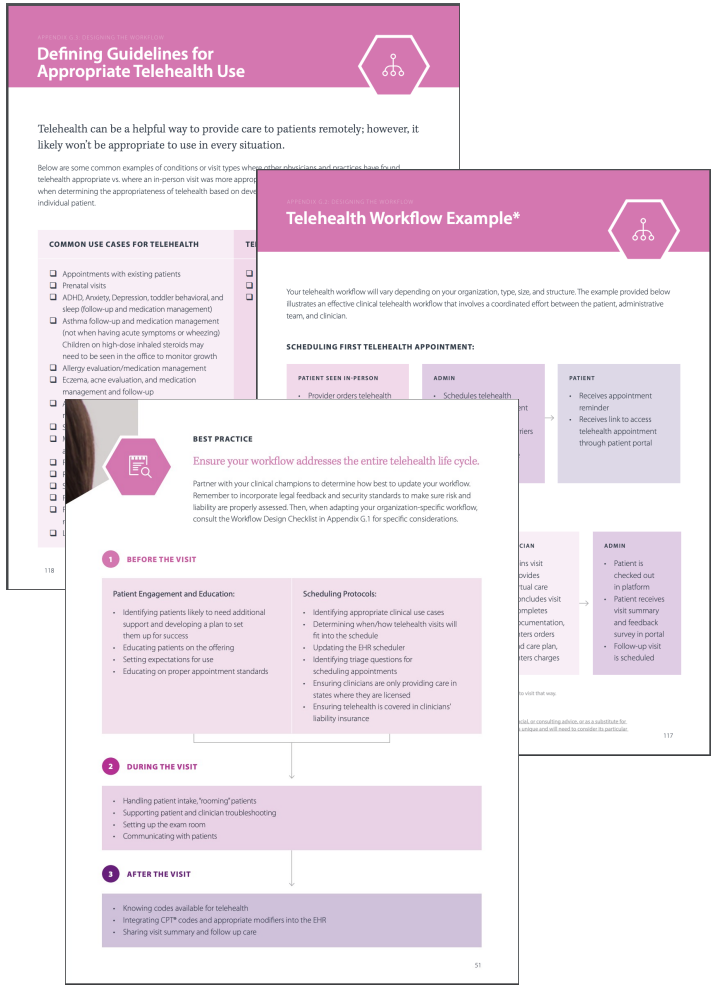
Disclaimer: This document is for informational purposes only. It is not intended as medical, legal, financial, or consulting advice, or as a substitute for the advice of an attorney or other financial or consulting professional. Each health care organization is unique and will need to consider its particular circumstances and requirements, which cannot be contemplated or addressed in this Playbook.

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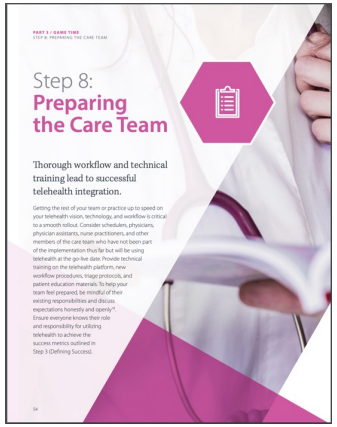
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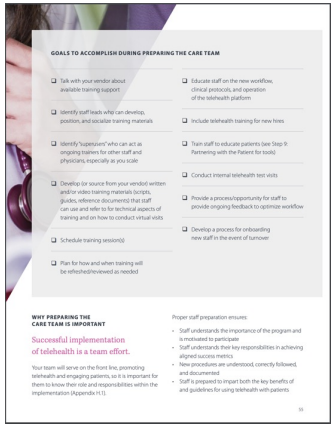
Telehealth Implementation Playbook

Step 7: Designing the Workflow



Step 8: Preparing the Care Team





Step 9: Partnering with the Patient

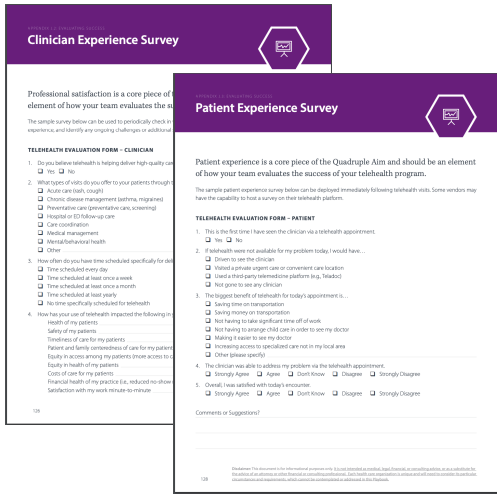




Step 10: Implementing



Step 11: Evaluating Success



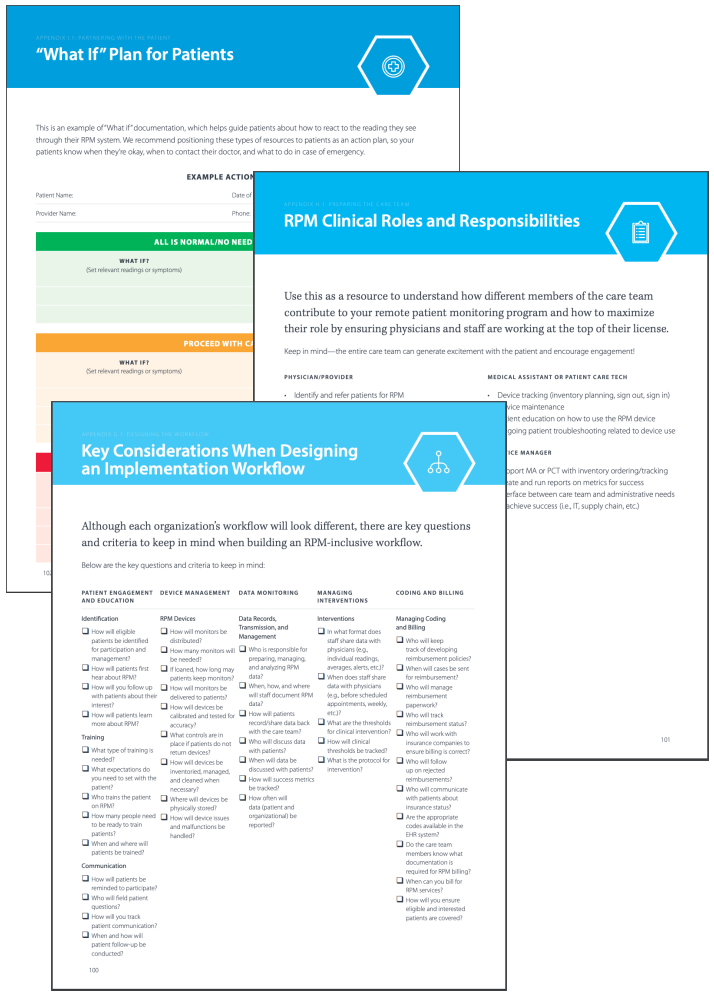
Step 12: Scaling



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RPM Implementation Playbook

Step 7: Designing the Workflow



Step 8: Preparing the Care Team





Step 9: Partnering with the Patient



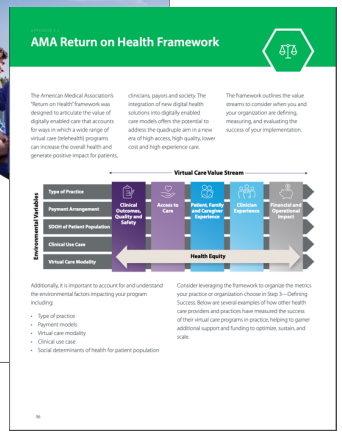


Step 10: Implementing



Step 11: Evaluating Success





Step 12: Scaling

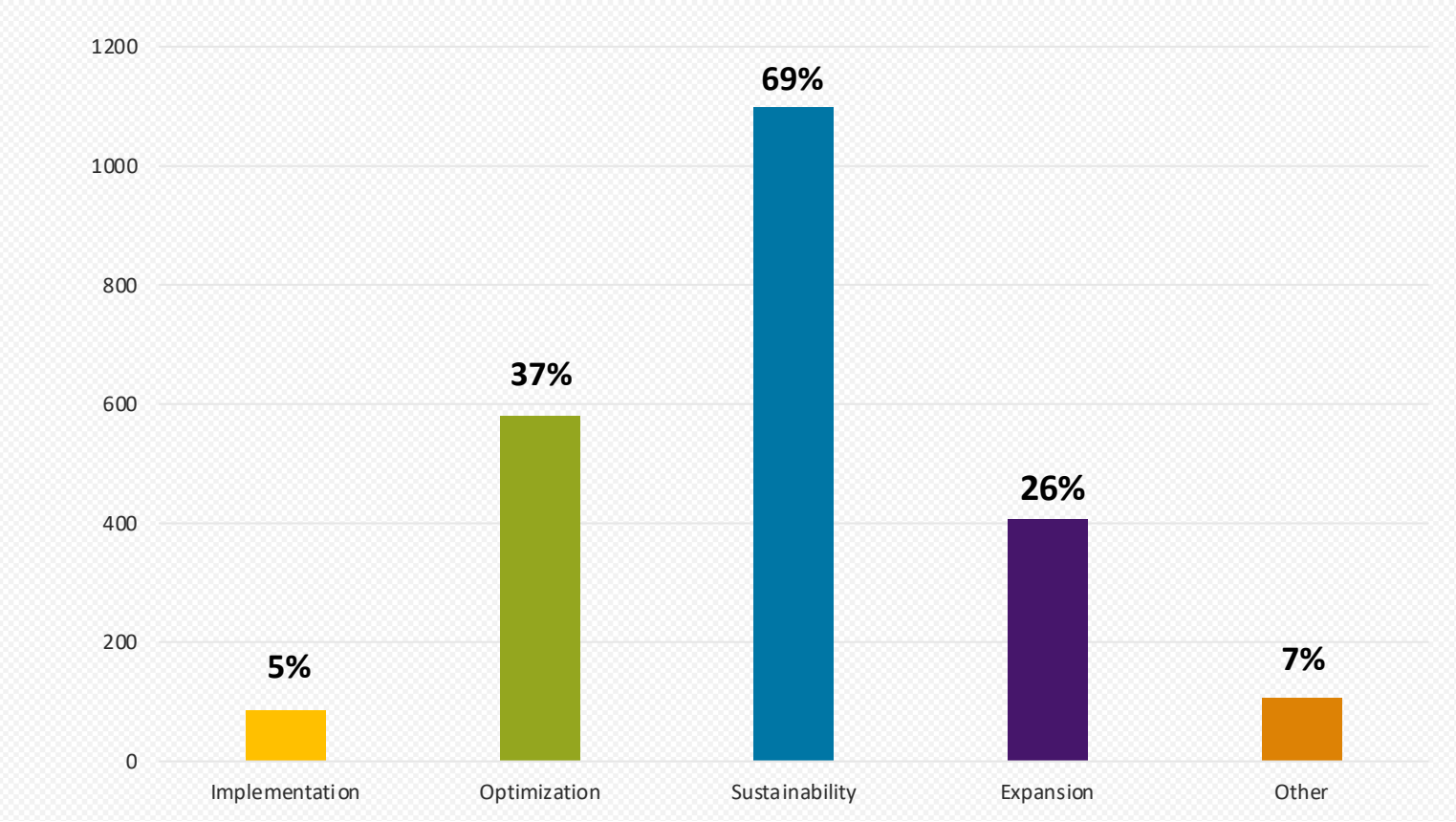


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Telehealth Immersion Program

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Most are focused on *sustaining* telehealth at their practice or organizations



Implementation = just getting started in implementing telehealth

Optimization = looking to improve existing telehealth operations

Sustainability = interested in continuing to offer telehealth services that seamlessly integrate with in-person care

Expansion = looking to expand telehealth offerings for other services, additional locations, or more comprehensive virtual care

At what stage is your organization's telehealth program? (select all that apply) N=1,585

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What is the Telehealth Immersion Program?

Support physicians, practices, and health systems in optimizing and sustaining telehealth at their organizations

The purpose of the program is to:

1. **Provide available education** on telehealth
2. **Build the evidence base** supporting telehealth use in providing patient care
3. **Facilitate a network** of collaboration and sharing of best practices

There are no registration fees or costs to participate.

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How do I participate in the Telehealth Immersion Program?

- **Webinars:** 60-minute didactic lecture presentation designed to increase knowledge on a specific topic followed by Q&A.
- **Peer-to-peer session:** 90-minute peer-to-peer interactive session offering deep dives into virtual care use cases. Session will include short didactic presentation followed by two case-based presentations and discussions.
- **Mini-Bootcamp:** Extended length mini-conference. Bootcamps are typically 1.5-2 hours in length and consist of a mix of didactic presentations, interactive peer-to-peer sessions, and break out rooms / networking opportunities.
- **Online discussion:** 10-day asynchronous discussion on a specified topic with program participants and content experts on the Physician Innovation Network.
- **On-demand resources:** A comprehensive library of program session recordings and related educational resources will be available on our website.

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Since Launch…

18 Virtual Events

- **8 Webinars**
  - Program introduction
  - Measuring the value of virtual care
  - Healthcare technology + human connection
  - Telehealth educator's playbook
  - Implementing innovative solutions w/ equity lens
  - Leveraging EHR-integrated tools to improve the patient + physician experience
  - Developing Digital Empathy & the Virtual Physical Exam
  - Current telehealth trends & implications for the future
- **5 Clinical Case Study Sessions**
  - Mental/behavioral health
  - Hypertension
  - Primary care
  - Allergy, Asthma, & Immunology
  - Telehealth for Emergency Medicine
- **3 Virtual Discussions**
  - Measuring the value of virtual care
  - Implementing innovative solutions w/ equity lens
  - Telehealth for Emergency Medicine
- **2 Mini-Bootcamps**
  - ATA Telehealth Awareness Week
  - What's next for telehealth?



The Telehealth Immersion Program

10 videos • 229 views • Last updated on Nov 9, 2021

American Medical Association (AMA) SUBSCRIBED

2 Measuring the Value of Virtual Care — 1:02:04
American Medical Association (AMA)

3 Clinical case study: Telehealth for mental/behavioral health — 1:29:13
American Medical Association (AMA)

4 Health Care Technology & the Human Connection — 55:39
American Medical Association (AMA)

5 Clinical case study: Telehealth for hypertension — 1:29:08
American Medical Association (AMA)

6 How to incorporate learners in telehealth encounters — 1:06:11
American Medical Association (AMA)

7 Implementing innovative solutions with an equity lens — 55:23
American Medical Association (AMA)

8 Clinical Case Study: Telehealth for Primary Care — 1:32:15
American Medical Association (AMA)

9 AMA Telehealth Immersion Program mini-boot camp event — 2:17:47
American Medical Association (AMA)

10 Leveraging EHR-integrated telehealth tools — 41:15
American Medical Association (AMA)

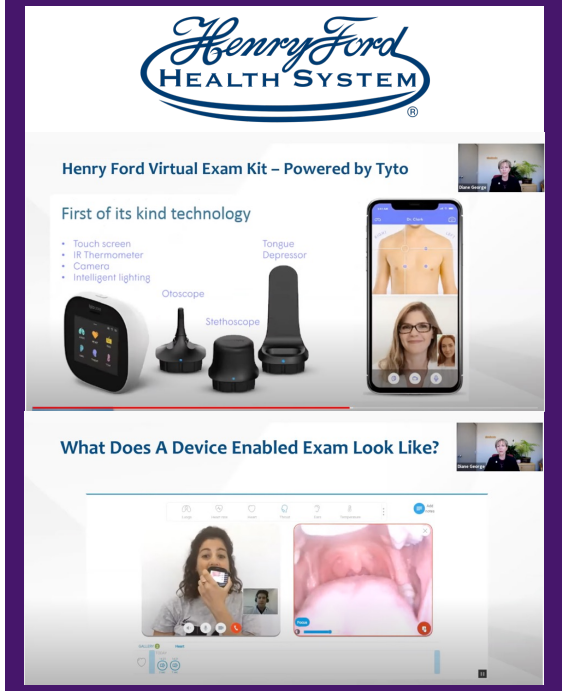
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A Few Program Highlights…

Clinical Case Study: Telehealth for Primary Care

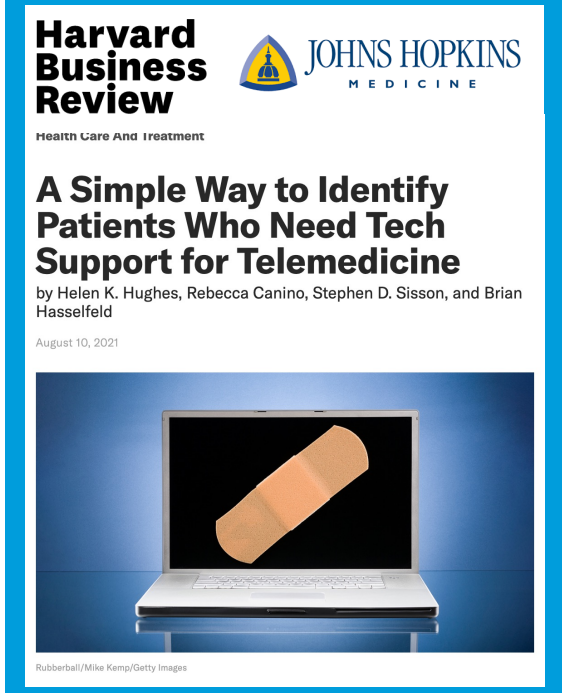
**In collaboration with AAFP*

September 14, 2022



Leveraging EHR-integrated tools to improve the patient & physician experience

November 2, 2021



Clinical Case Study: Telehealth for Allergy, Asthma, and Immunology

**In collaboration with ACAAI*

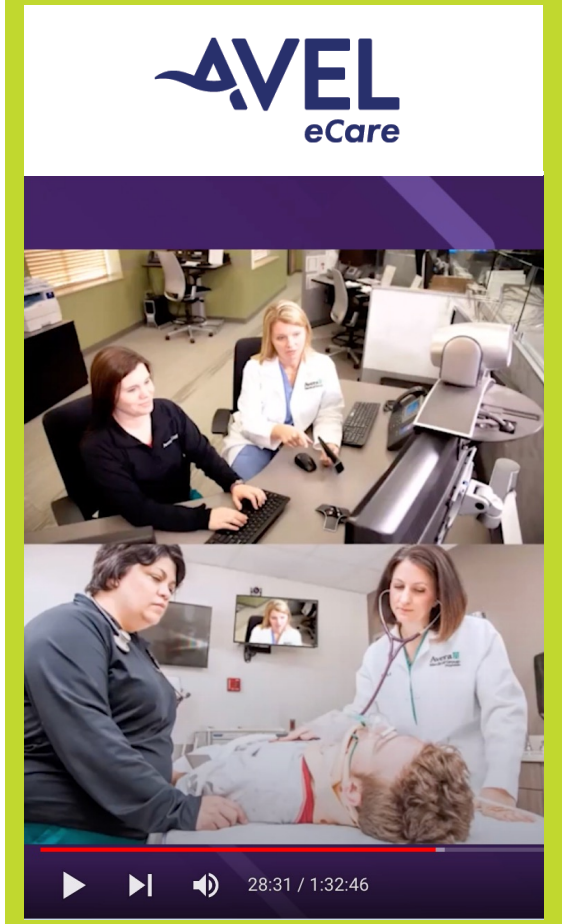
February 18, 2022



Clinical Case Study: Telehealth for Emergency Care

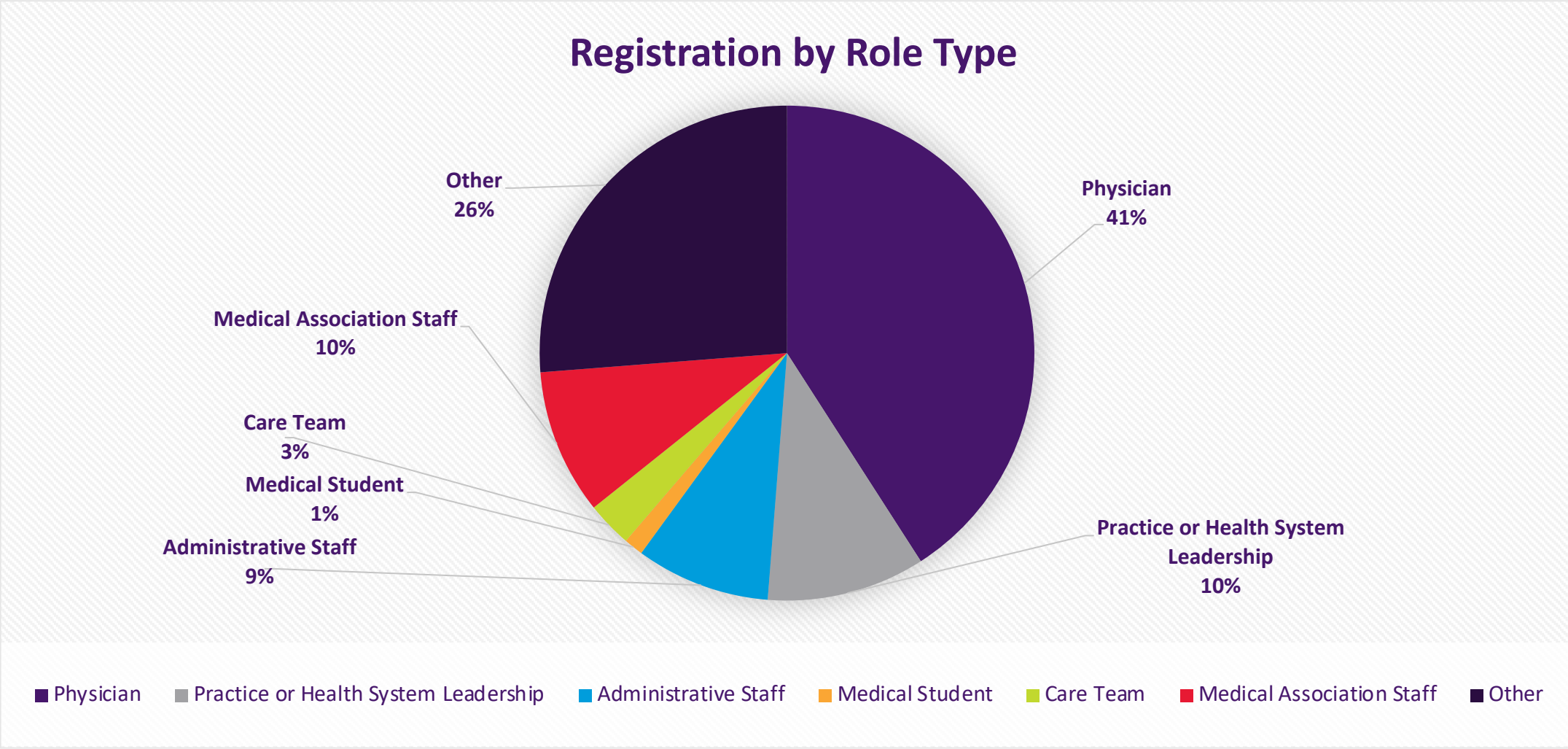
**In collaboration with ACEP*

April 16, 2022



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Who is the immersion program audience?



**Other includes medical education, telehealth technology vendors, government agencies, and other stakeholders in the industry.*

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Who are program collaborators?



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When are the events?

Webinar | Peer-to-Peer | Discussion | Bootcamp

JANUARY	FEBRUARY	MARCH	APRIL
Webinar: Developing Digital Empathy & The Virtual Physical Exam *1/26 1p ET*	Clinical Case Study: Telehealth for Allergy, Asthma, & Immunology **In collab w/ ACAAI* *2/18 11am ET*	Webinar: Current telehealth trends & implications for the future *3/31 10am ET*	Clinical Case Study: Telehealth for Emergency Care **In collab w/ ACEP* *4/14 11am ET*
			Virtual Discussion: Telehealth for Emergency Medicine Q&A
MAY	**JUNE**	**JULY**	**AUGUST**
Clinical Case Study: Telehealth for Dermatology *5/18 4pm ET*	Clinical Case Study: Telehealth for Neurology **In collab w/ AAN* *6/1 12-1:30p ET*		Webinar: Digital Health Adoption: Addressing Key Barriers **In collab w/ AMA CPT* *August TBD*
Virtual Discussion: Telehealth for Dermatology Q&A	Accelerating behavioral health integration through telehealth *6/21 11-12:30p ET*		
Webinar: Understanding AI Taxonomy **In collab w/ Health Solutions* *5/25 1-2pm ET*			
SEPTEMBER	**OCTOBER**	**NOVEMBER**	**DECEMBER**
	Clinical Case Study: Telehealth for Addiction Medicine TBD	Panel Discussion: 2022 Retrospective & 2023 Predictions **In collab with THMT* 11/14	
Mini-Bootcamp **In collab w/ ATA Awareness Week* *TBD*	Clinical Case Study: Telehealth for Pulmonary Medicine **In collab w/ CHEST* *TBD*	*Virtual Discussion: 2022 Retrospective & 2023 Predictions Q&A*	

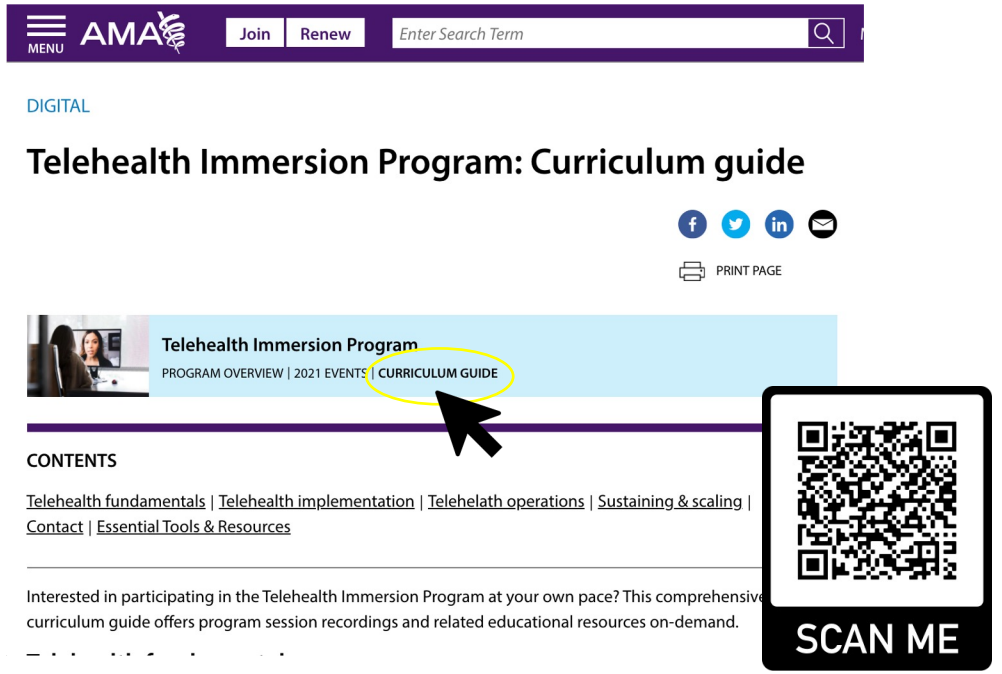
Welcome ideas for additional topics

Where can I find more information on the Telehealth Immersion Program?

Program Website: www.ama-assn.org/telehealth-immersion



Register for upcoming events



Access resources and recordings

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Return on Health Framework

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AMA Return on Health research

OVERVIEW:

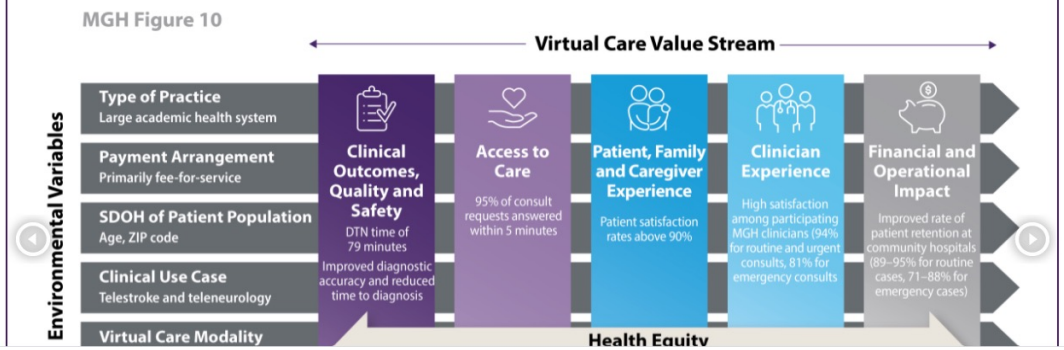
The AMA Return on Health (ROH) research and framework launched in May 2021. This work looks at how physicians in different practice sizes and payment models with varying patient populations and telehealth modalities are experiencing and quantifying the value of virtual care.

Help Measure the Value of Telehealth

Demonstrating the value of telehealth in practice is critical to support national and local advocacy efforts to ensure virtual care coverage and payment remains in place. The American Medical Association's **"Return on Health" research framework** is designed to understand and showcase the various ways virtual care programs generate value—financial and beyond—across practice settings, payment models, digital health modality, and social determinants of health for patient populations.

Are you interested in completing the framework to share how telehealth is adding value and not cost to the health care system? **Click here to complete the framework** and share the impact of telehealth in your environment now.

Examples below:





Measure the Value of Virtual Health Care
hbr.org



www.returnonhealth.org

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Value Stream 1: Clinical Outcomes, Quality and Safety

CLINICAL OUTCOMES, QUALITY AND SAFETY SUB-STREAMS	EXAMPLES OF COMMONLY USED MEASURES
Clinical quality and safety outcomes	• Mortality measures (e.g., mortality rate) • Functional status measures (e.g., Functional Independence Measure) • Disease morbidity measures (e.g., Patient Health Questionnaire-9) • NCQA HEDIS measures[ii] • Readmission rates (e.g., 30/60/90-day) • Emergency department (ED) visits • Number of visits to correct diagnosis • Adverse event rate (e.g., postoperative infection rate) • Patient-reported outcomes (e.g., Brief Pain Inventory) • Antibiotic prescribing rate
Clinical processes	• Medication adherence • Adherence to care plans or discharge instructions • Adherence to evidence-based guidelines (e.g., door-to-needle time) • Improvement in disease detection

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Value Stream 2: Access to Care

ACCESS TO CARE SUB-STREAMS	EXAMPLES OF COMMONLY USED MEASURES
Availability of care	• Time to third next available appointment or consultation • Percentage of patients who completed specialty referral within 14 days of referral or interprofessional consult request • Percentage of patients with coverage for virtual visits on their current health insurance plan • Median travel time to care per patient • Number and frequency of patient touchpoints with clinician and/or care team • Reduction in patient transfers
Equitable care*	• Percentage of patients who delay care due to access barriers (e.g., lack of access to broadband, provided technology) • Out-of-pocket costs as a percentage of household budget • Percentage of patients with disabilities who are able to conduct a virtual visit through adaptive technologies • Percentage of patients who can conduct a virtual visit in their desired language

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Value Stream 3: Patient, Family, and Caregiver Experience

PATIENT, FAMILY AND CAREGIVER EXPERIENCE SUB-STREAMS	EXAMPLES OF COMMONLY USED MEASURES
Clinical and/or technology experience	• Net promoter score (NPS) • Patient activation measure (PAM) • Hospital or Clinician and Group Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS or CG-CAHPS) • Reported understanding of physician instructions: assess patients' understanding of treatment instructions provided by their physician

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Value Stream 4: Clinician Experience

CLINICIAN EXPERIENCE SUB-STREAMS	EXAMPLES OF COMMONLY USED MEASURES
Technology experience	• Reported ease of using technology, obtaining clinical information, participating in the virtual visit
Work experience	• Engagement and satisfaction with work (self-reported) • AMA-recommended physician satisfaction surveys (e.g., Mini-Z)[iv] • Annual percentage of physician turnover (or annual recruiting costs) • Duration of visit (compared with equivalent in-person visit) • Percentage of visits conducted virtually and in person

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Value Stream 5: Financial and Operation Impact

FINANCIAL AND OPERATIONAL IMPACT SUB-STREAMS	EXAMPLES OF COMMONLY USED MEASURES
Direct revenue	• Payment for professional services (e.g. virtual visits, remote patient monitoring, interprofessional consults) • Payment for technical services • Program revenue for offering telehealth services (e.g., the fees that community hospitals pay to participate in a telestroke network) • Performance-based payments generated by participation in an alternative payment model
Indirect revenue	• New patient acquisition • Patient retention rate • Percentage of referrals completed • Increased capacity (bed or appointment availability)
Direct expenses	• Telehealth program expenses (e.g., setup costs, staffing, IT infrastructure, maintenance costs) • Malpractice expenses • Clinical care expenses • Total cost per episode of care or per member per month (for payers, employers and clinicians in risk-based arrangements)
Operational efficiencies	• Length of stay • No-show rate • Inpatient or ED throughput rate • Clinician panel size

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Value Stream 6: Health Equity

HEALTH EQUITY SUB-STREAMS	EXAMPLES OF COMMONLY USED MEASURES
Equity in clinical outcomes, quality and safety	• Inequities impacting marginalized patient populations in selected process, outcomes, quality and safety measures
Equity in access to care	• Inequities impacting marginalized patient populations in selected access measures
Equity in patient, family and caregiver experience	• Inequities impacting marginalized patient populations in selected patient, family and caregiver experience measures
Equity in clinician experience	• Inequities impacting marginalized clinician populations and/or clinicians caring for marginalized patient populations in selected clinician experience measures
Equity in financial and operational impact	• Inequities impacting provider organizations caring for marginalized patient populations in selected financial and operational impact measures

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Real-World Case Studies



Ochsner Health – Hypertension Digital Medicine Program

STRATEGIC GOALS

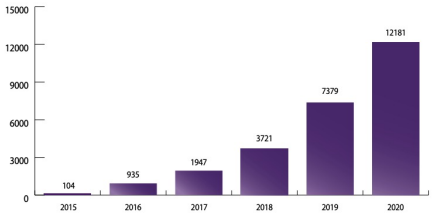
Ochsner utilizes its Hypertension Digital Medicine program in order to:

- Improve clinical outcomes for patients with uncontrolled hypertension.
- Reduce avoidable ED and inpatient utilization by improving hypertension control.
- Improve primary care capacity.

DESCRIPTION

Ochsner Health System is a nonprofit, academic, multi-specialty, integrated delivery system based in New Orleans, LA, that serves over 700,000 patients a year. Ochsner employs over 1,200 physicians and operates over 90 clinics and 20 hospitals. In 2015, Ochsner launched the Hypertension Digital Medicine program, which provides digitally enabled chronic disease management to patients with hypertension, in an effort to address Louisiana's high rates of hypertension.[18] The program provides highly tailored, adaptive care to help program enrollees improve hypertension control rates. The program now serves approximately 13,000 individuals across 10 states. More than half of program enrollees are over 65 years old (65%), are women (55%), and identify their race or ethnicity as white (65%). Approximately, 33% of the program enrollees identify as Black and 2% identify as other. Program enrollment has increased more than 11,000% since program launch (see Figure 7). Ochsner has plans to expand the program to all 50 states in 2021.

FIGURE 6. HYPERTENSION DIGITAL MEDICINE PROGRAM ENROLLMENT



Source: Ochsner Health

Virginia Commonwealth University Health – Telepsychiatry During COVID-19

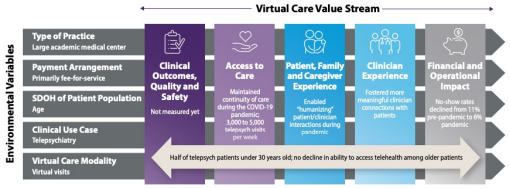
STRATEGIC GOAL

VCU Health implemented telepsychiatry during the COVID-19 pandemic in order to ensure access and continuity of care during a time when in-person interactions were unsafe and to reduce the risk of avoidable disease transmission.

DESCRIPTION

Virginia Commonwealth University Health (VCU Health) has a large service area covering urban, suburban and rural geographies. VCU Health implemented telepsychiatry video visits prior to the onset of the COVID-19 pandemic in an effort to address psychiatry clinician shortages in rural areas; however, utilization was low and telepsychiatry was not a prominent method of care delivery. Once the COVID-19 pandemic began and clinicians were not able to safely interact with patients in person, telepsychiatry, in the form of both video and audio-only visits, became a critical method of connecting with both inpatient and outpatient psychiatry patients.

FIGURE 3. VCU TELEPSYCHIATRY PROGRAM AND IMPACT SUMMARY



Starting in mid-March 2020, VCU Health psychiatrists and administrative staff began scheduling telepsychiatry appointments interspersed with in-person appointments. Before the appointment, VCU Health administrative staff provide a warm reminder call to the patient to ensure they understand how to log in to their session. During the video visit, the patient connects via the practice's secure, synchronous video visit platform to receive evidence-based teletherapy. To ensure the safety of the patient during the appointment, the clinician verifies the patient's emergency contact information and current location in case an emergency response must be activated during the appointment.

Based on the outcomes described below and the likelihood of continued patient demand for telepsychiatry, VCU Health will continue offering these services after the COVID-19 pandemic has subsided.

Cityblock Health – Complex Care Coordination

STRATEGIC GOALS

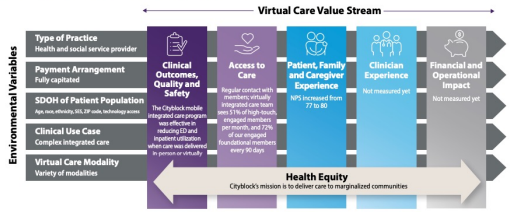
Cityblock implemented its virtually integrated care model in order to:

- Ensure continuity of complex care management for a diverse, older patient population during a pandemic.
- Maintain or lower cost of care for members by reducing avoidable ED visits and inpatient admissions.

DESCRIPTION

Cityblock Health is a tech-enabled provider of health care and social services to low-income and racially diverse populations. Founded in 2017, Cityblock contracts with payers to provide primary care, behavioral health care and social services to members with complex needs. One of Cityblock's unique virtual care models adopted during the COVID-19 pandemic, the mobile integrated care program, leverages a variety of modalities (including interprofessional consult, video and phone visits, SMS messaging, and in-home care) to deliver whole-person, complex care management to marginalized communities in New York, Massachusetts and Connecticut. Over half of the members who receive services through this model are over 60 years old, and more than half (59%) are women. Approximately 25% of members receiving services through the model identify their race or ethnicity as Black, 21% are white, 3% are Hispanic, 7% are multiracial, and 32% did not identify their race or ethnicity. Payers provide Cityblock an annual capitated payment for each member, and if Cityblock is able to manage its total membership's care for lower cost than projected, it keeps those savings. Cityblock assumes financial responsibility for medical expenses beyond the capitated payment rate.

FIGURE 12. CITYBLOCK VIRTUAL INTEGRATED CARE PROGRAM AND IMPACT SUMMARY





Massachusetts General Hospital – Teleneurology and Telestroke

STRATEGIC GOALS

Massachusetts General Hospital (MGH) provides teleneurology and telestroke services through partnership with several community hospitals.

STRATEGIC GOALS FOR MGH (HUB HOSPITAL)

- Distribute MGH's clinical expertise across its network through the standardization of clinical protocols and real-time decision support.
- Preserve inpatient capacity for patients with higher-acuity neurological conditions.
- Support expansion of the MGH network.

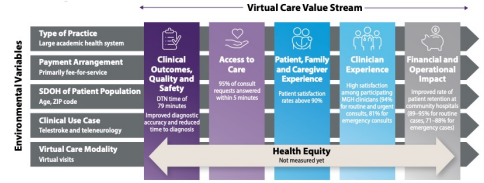
STRATEGIC GOALS FOR COMMUNITY (SPOKE) HOSPITALS

- Retain patients who would otherwise be transferred to MGH or another tertiary hospital.
- Improve availability of timely neurological consultation.

DESCRIPTION

MGH, part of Mass General Brigham, is a large teaching hospital located in Boston, Ma., that offers comprehensive telestroke and teleneurology programs to community hospitals. Telestroke services provide smaller hospitals access to vascular neurologists 24 hours a day, seven days a week, to treat acute stroke and other emergency neurology conditions.[28] Teleneurology services provide smaller hospitals access to neurohospitalists with a variety of different subspecialties, 24 hours a day, seven days a week, to treat urgent and routine neurology conditions. Both services can be flexibly deployed in a wraparound model to cover the hours, days or weeks needed by the smaller hospital if local neurology coverage exists, and both include the option to enable local neurology services to leverage MGH's technology and tools to provide that local coverage virtually as well.

FIGURE 10. MGH TELENEUROLOGY AND TELESTROKE PROGRAM AND IMPACT SUMMARY

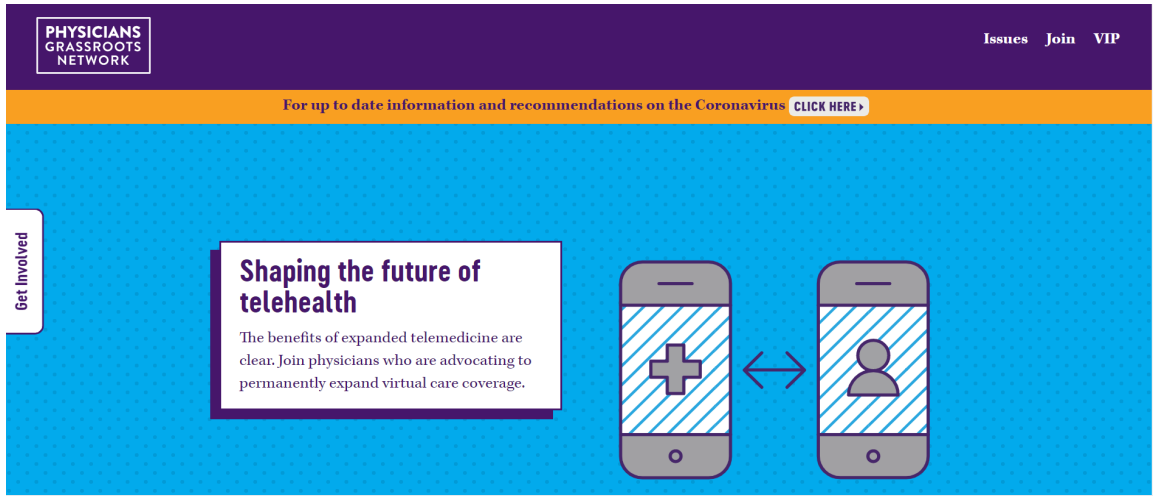


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Share your virtual care outcomes with the value framework

https://physiciansgrassrootsnetwork.org/telemedicine

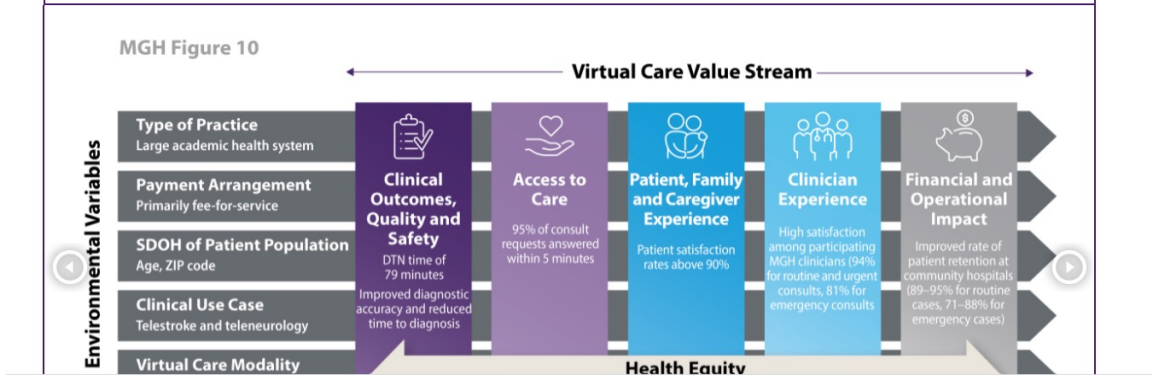


Help Measure the Value of Telehealth

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Examples below:



The Telehealth Initiative

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The Telehealth Initiative

In collaboration with the Physicians Foundation

Goal: To bolster state medical associations with the national network and support needed to establish and maintain strong relationships with physicians, practices, and health systems interested in implementing, optimizing or sustaining telehealth.

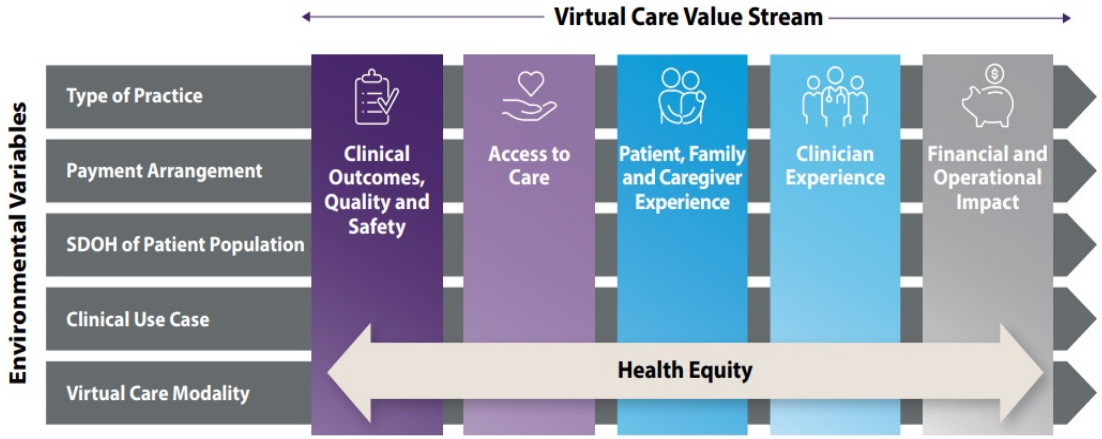
Program design: High-touch cohort model that includes mentorship and support from AMA, TMA, FMA. Through this innovative and strategic effort, participants will thoughtfully implement telehealth using national and state-based resources crafted specifically for this initiative, while having access to expert coaches and opportunities to learn from other practices.

Participating medical societies in **cohort 2** include:

- Academy of Medicine of Cleveland & Northern Ohio (AMCNO)
- Iowa Medical Society
- MSSNY
- Montana Medical Association
- Massachusetts Medical Society

Cohort 2 has recruited **15+ practices** across their states/locations to:

- Participate in the Telehealth Immersion Program
- Utilize the AMA's Return on Health framework to support measuring the value of virtual care in practices across their state or region



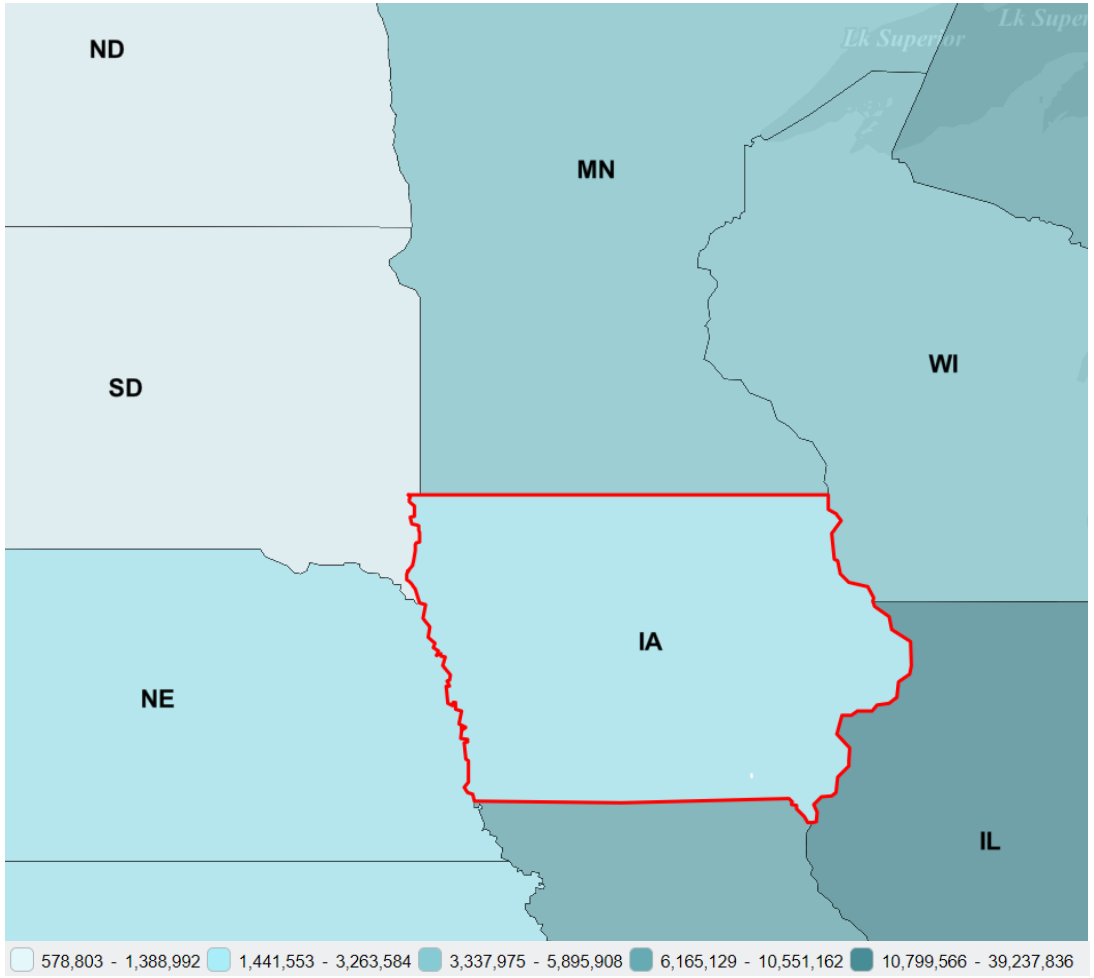
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The Telehealth Initiative Program Participant Spotlight: Iowa Medical Society

Kady Reese, MPH, CPHG
Director, Education and Engagement
Iowa Medical Society
kreese@iowamedical.org

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The Iowa Experience



Population

- 3.2 million residents
- 61% population living in urban and suburban areas; 39% rural
- 17.5% age 65+; 23% under age 18

Healthcare Landscape

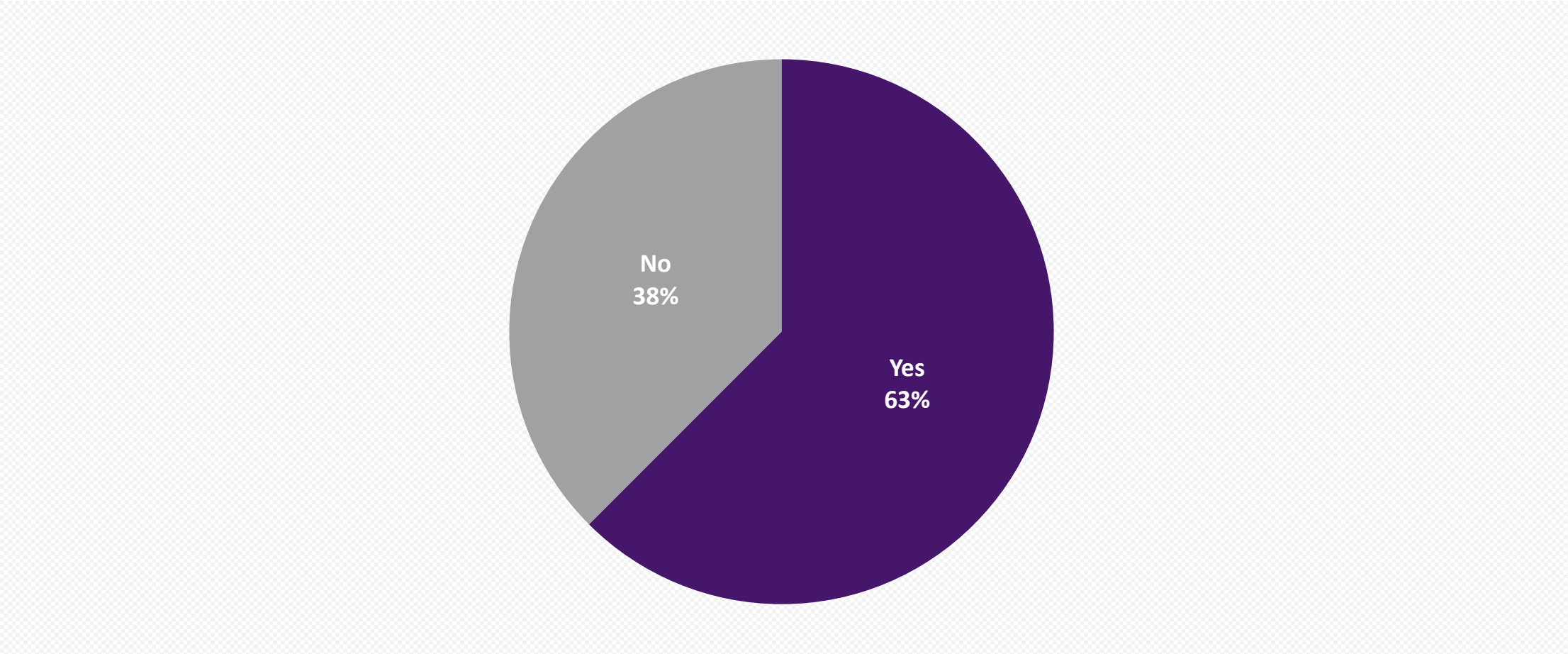
- 7,056 active practicing physicians[1]
- One large academic health system; four large, predominate hospital-based health systems
- 82 critical access hospitals in Iowa
- All but 9 of 99 counties designated as HRSA primary care shortage area

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[1] AAMC. AAMC. 2021 State Physician Workforce Data Report. Washington, DC: AAMC; 2021

Image Source: US Census Bureau. Quick Facts Iowa. July 1 2021

63% of Iowa respondents say they use telehealth



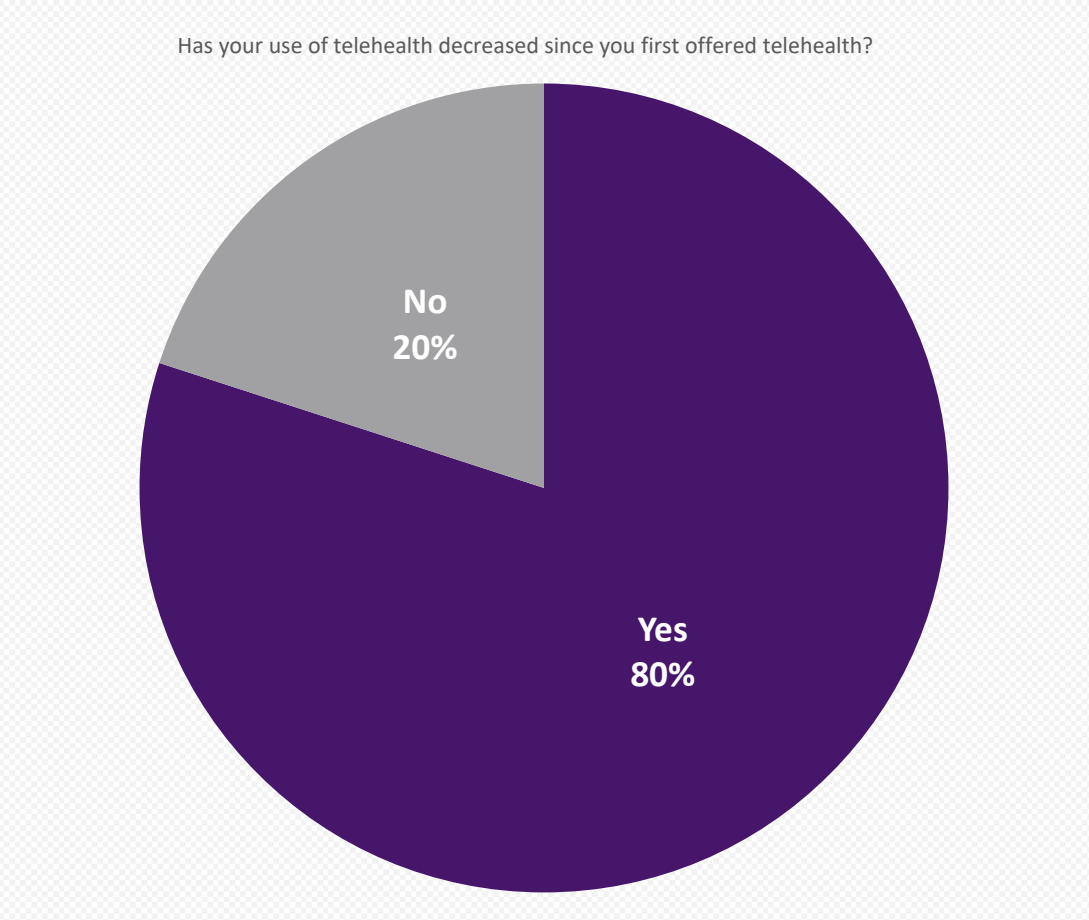
Q5. Do you currently use telehealth to care for your patients? N=16

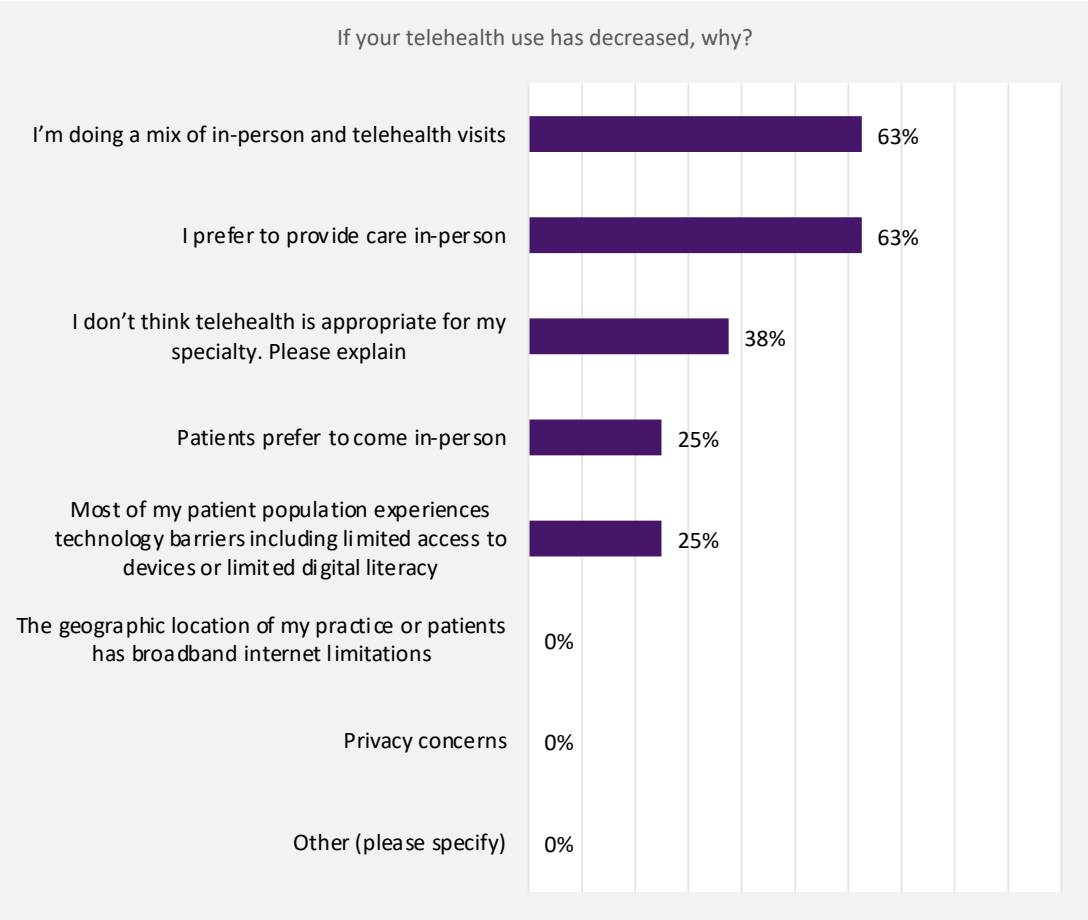
**Caution – low base sizes. Results are highly directional*

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Most respondents that report a decrease in use now provide a mix of in-person and virtual care



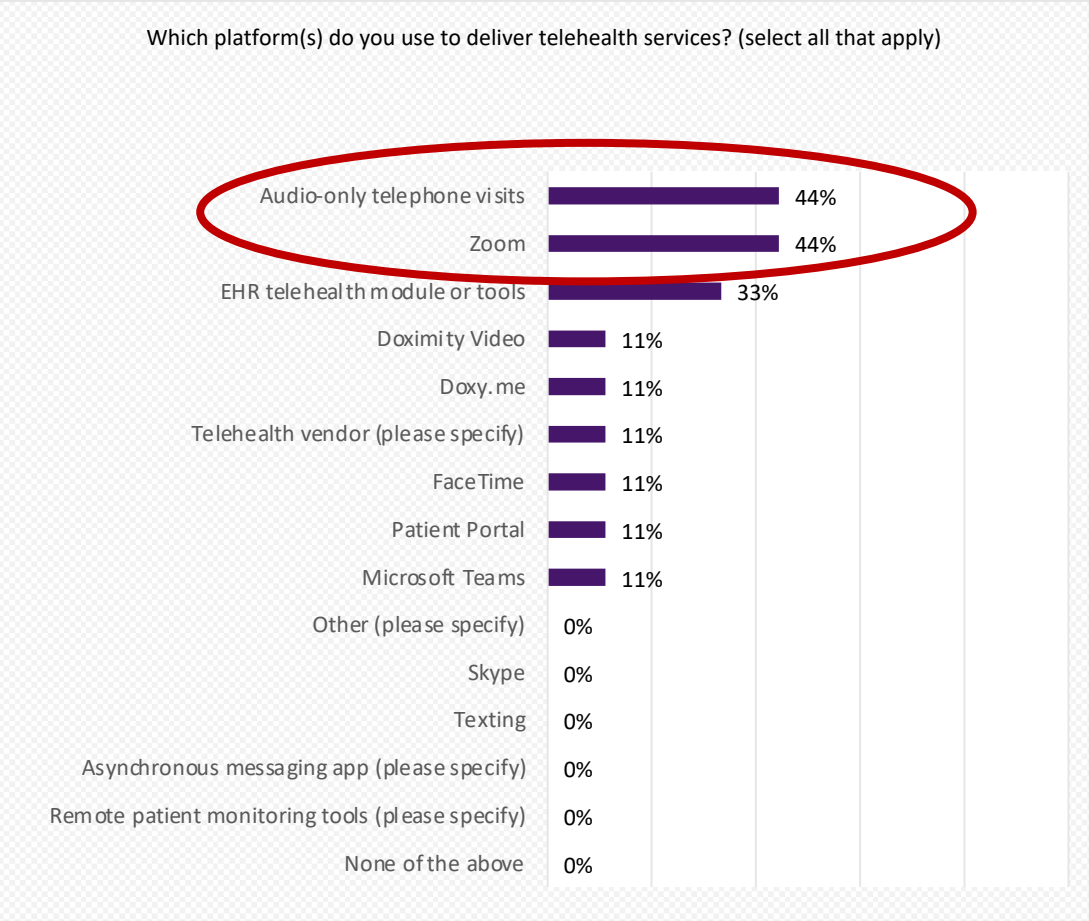


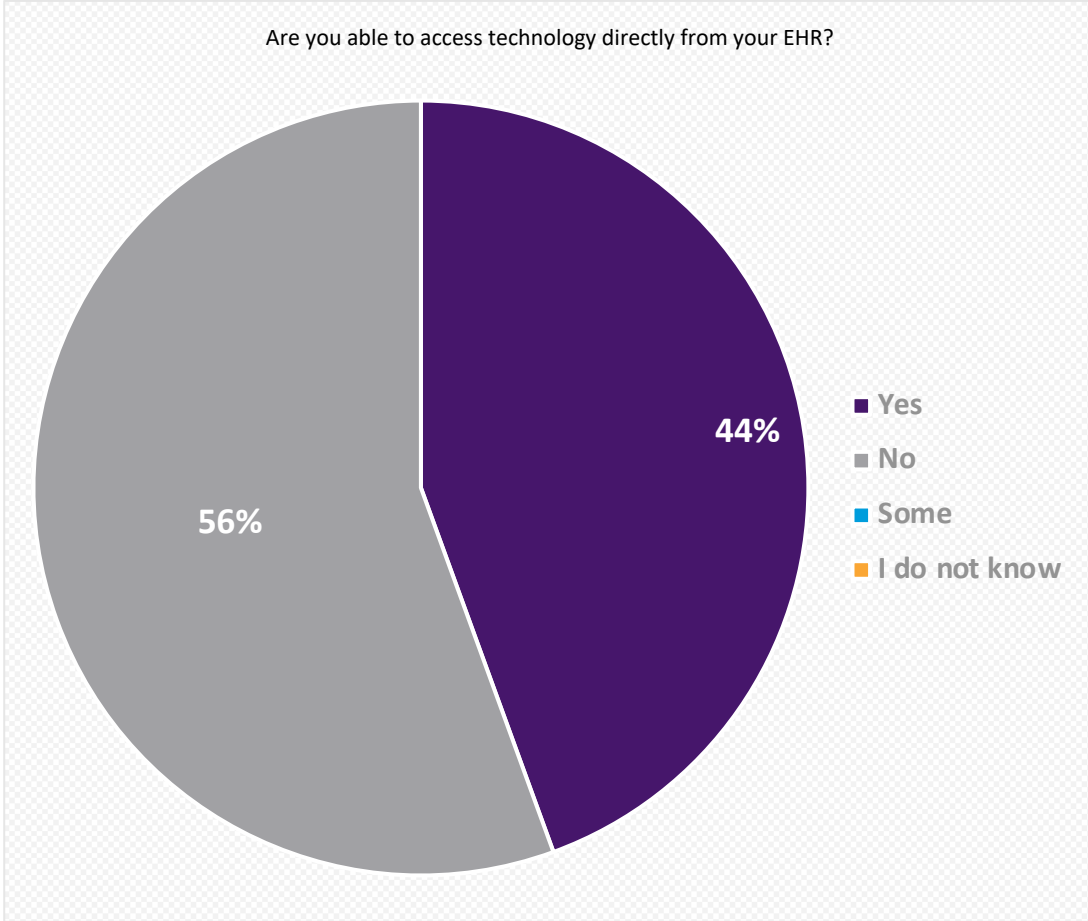
Q14. Has your use of telehealth decreased since you first offered telehealth services? N=10
Q15. If your telehealth use has decreased, why? N=8

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Various platforms are used to deliver telehealth; 44% can access these platforms via the EHR



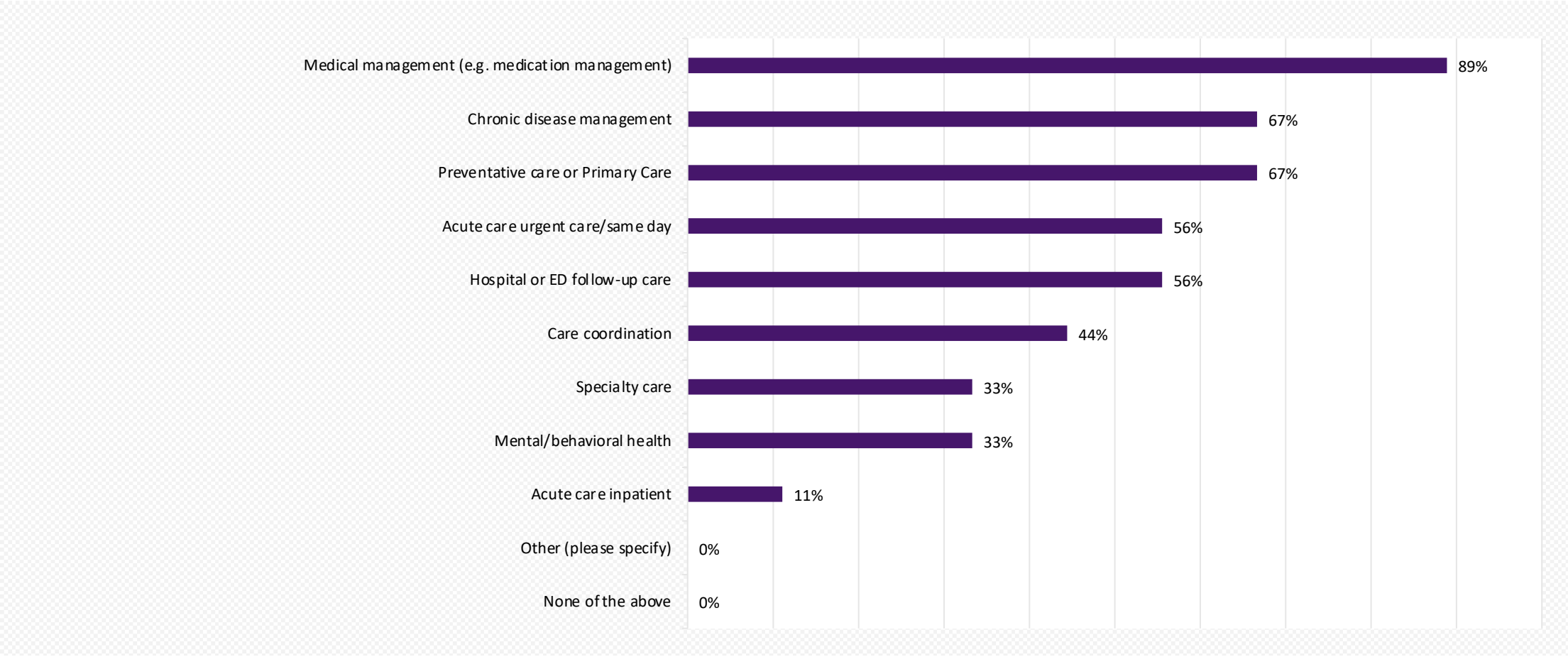


Q20. Which platform(s) do you use to deliver telehealth services? (select all that apply) N=9
Q21. Are you able to access your telehealth technology directly from your Electronic Health Record (EHR)? N=9

**Caution – low base sizes. Results are highly directional*

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Telehealth is used to deliver a variety of health care services



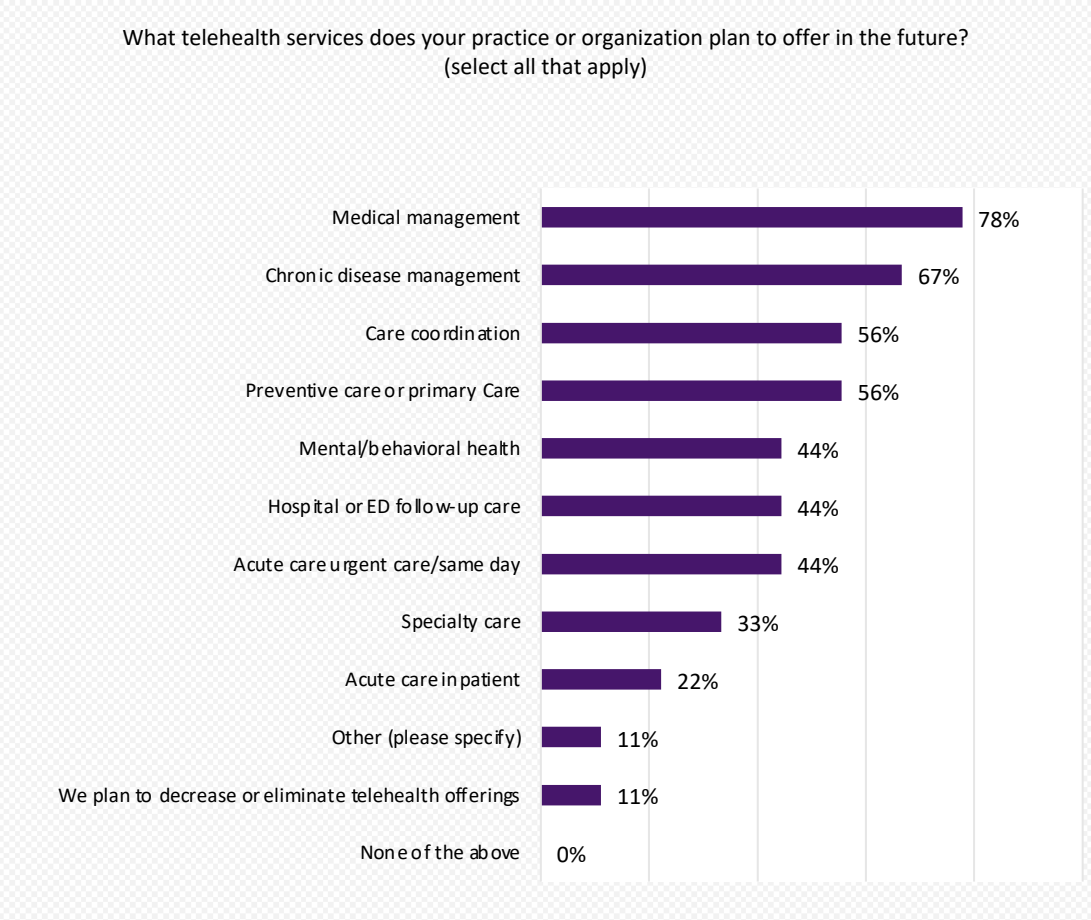
Q24. What services do you or your practice/organization currently provide via telehealth? N=9

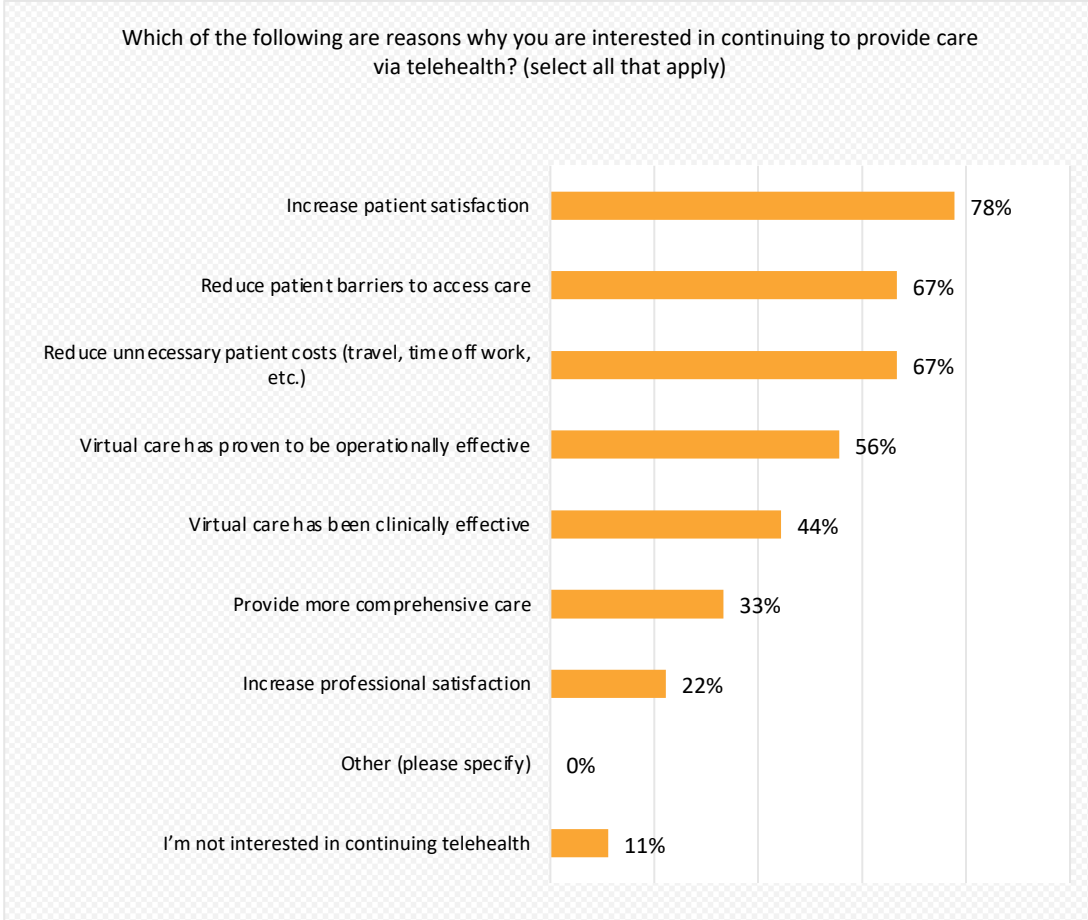
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Practices plan to offer a variety of services via telehealth in the future for a variety of reasons



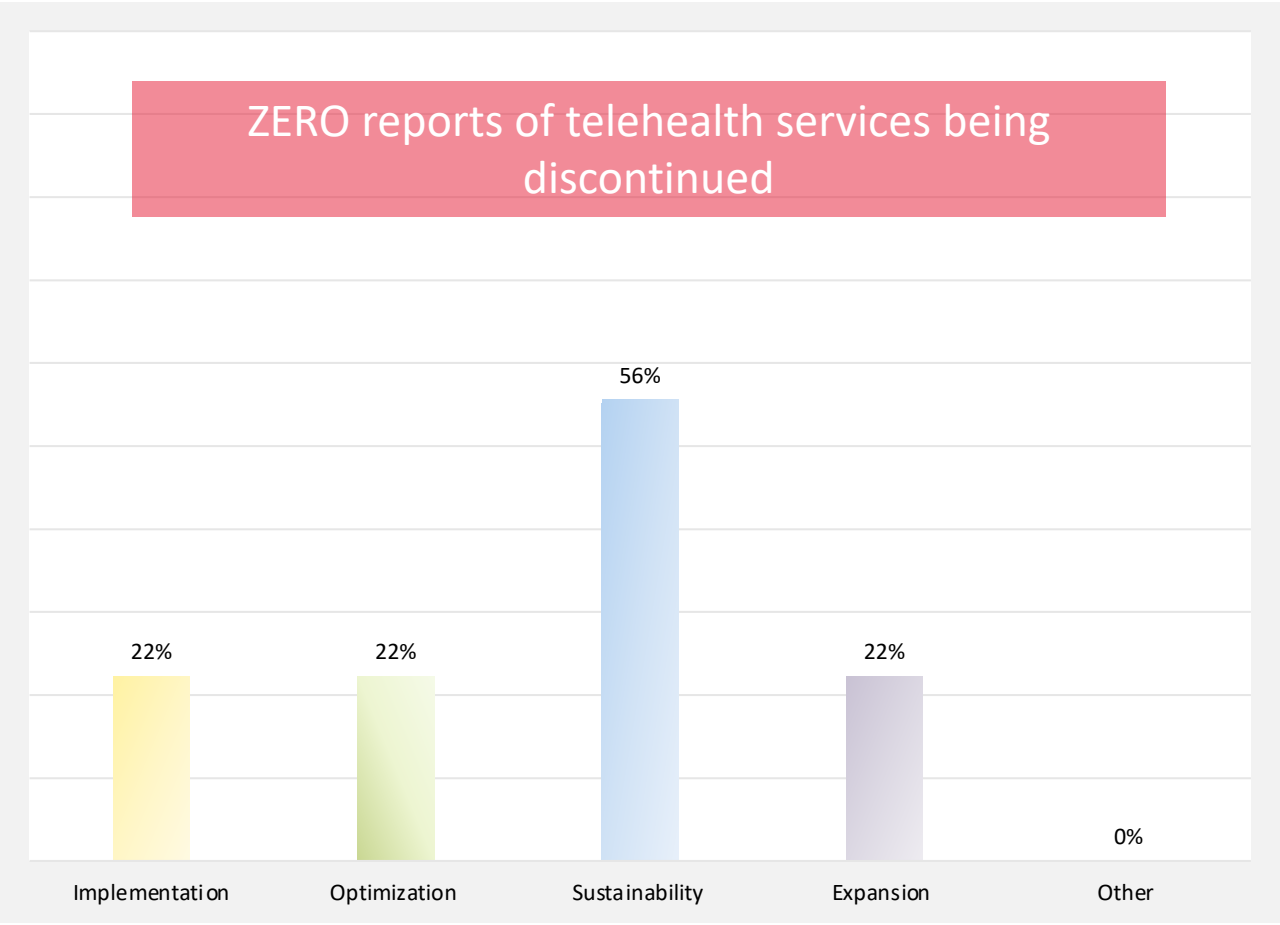


Q26. What telehealth services does your practice or organization plan to offer in the future? (select all that apply) N=9
Q27. Which of the following are reasons why you are interested in continuing to provide care via telehealth? (select all that apply) N=9

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Most Iowa respondents say their practices are focused on *sustainability* at their practice or organizations



Implementation = just getting started in implementing telehealth

Optimization = looking to improve existing telehealth operations

Sustainability = interested in continuing to offer telehealth services that seamlessly integrate with in-person care

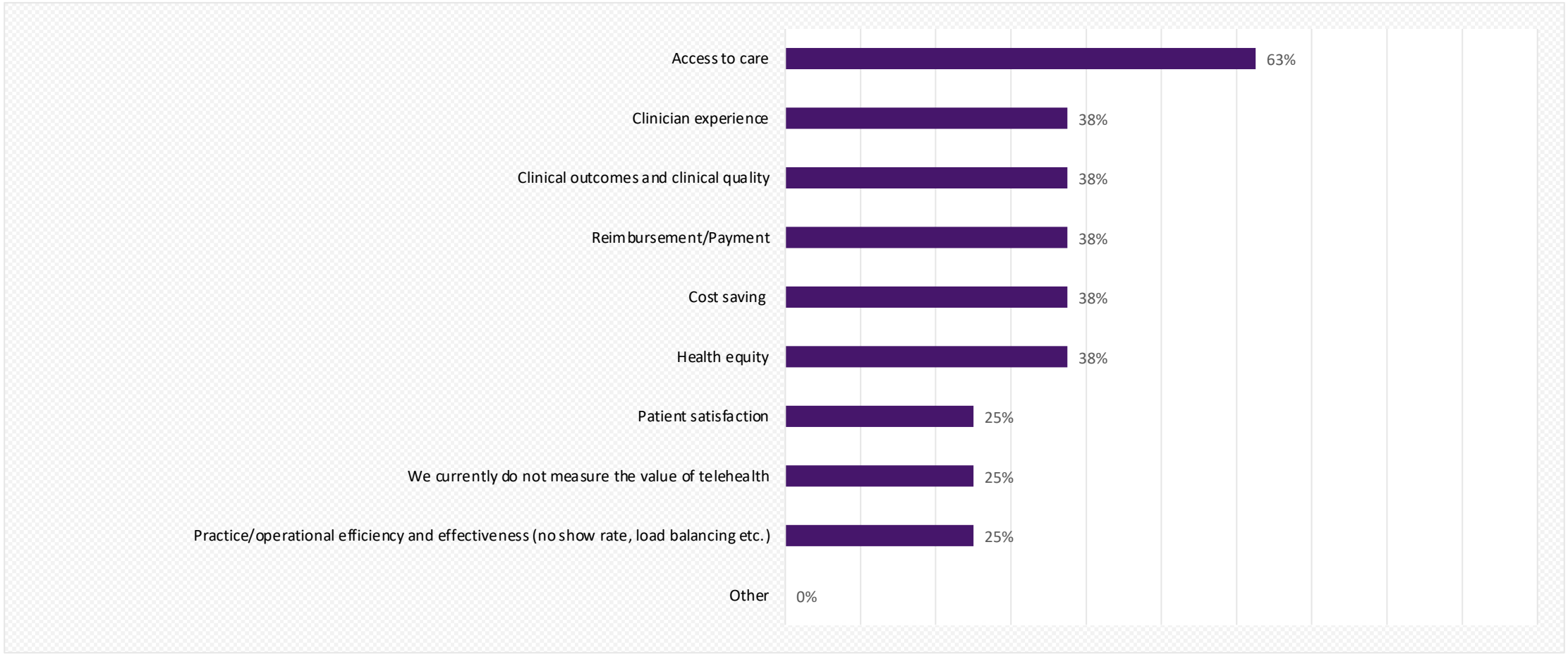
Expansion = looking to expand telehealth offerings for other services, additional locations, or more comprehensive virtual care

Q28. At what stage is your organization's telehealth program? (select all that apply) N=9

**Caution – low base sizes. Results are highly directional*

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Most are measuring the value of telehealth via access to care metrics

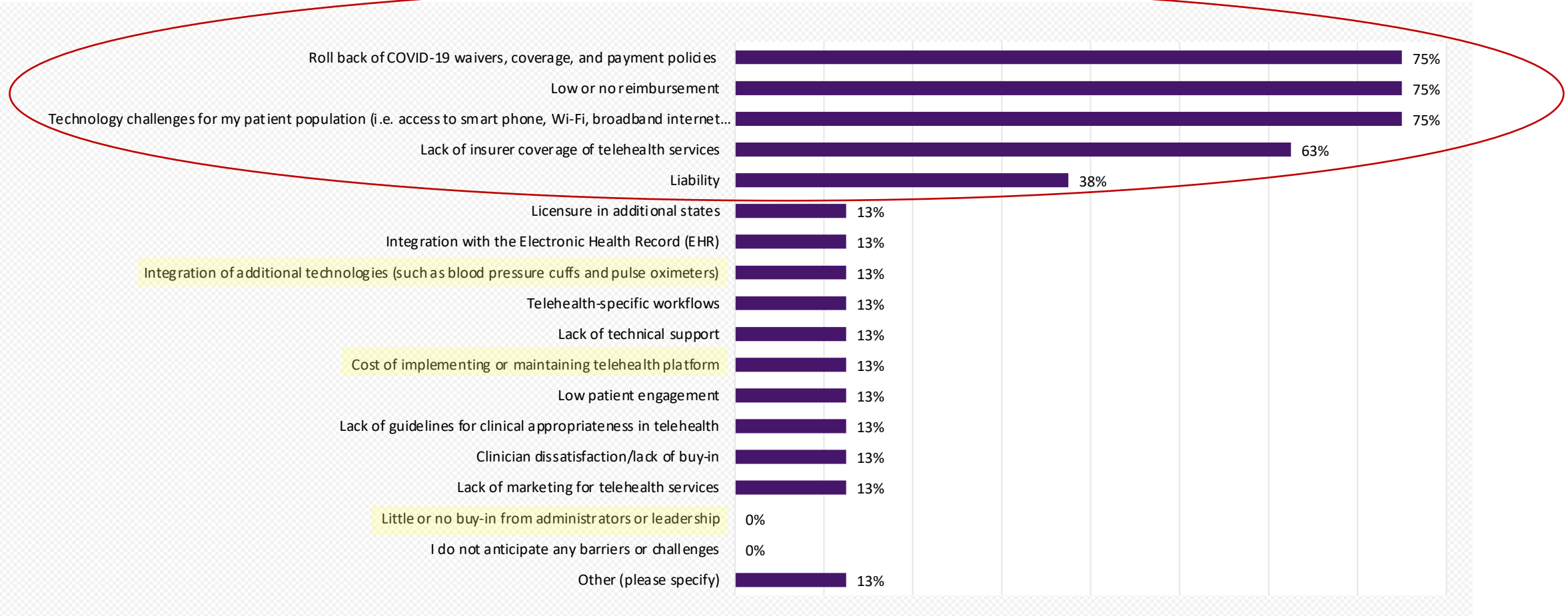


Q29. How do you currently measure the value of telehealth in your practice or organization? (select all that apply and if you can, share examples of relevant metrics) N=8

**Caution – low base sizes. Results are highly directional*

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Barriers to offering telehealth include coverage, payment, and reimbursement uncertainty



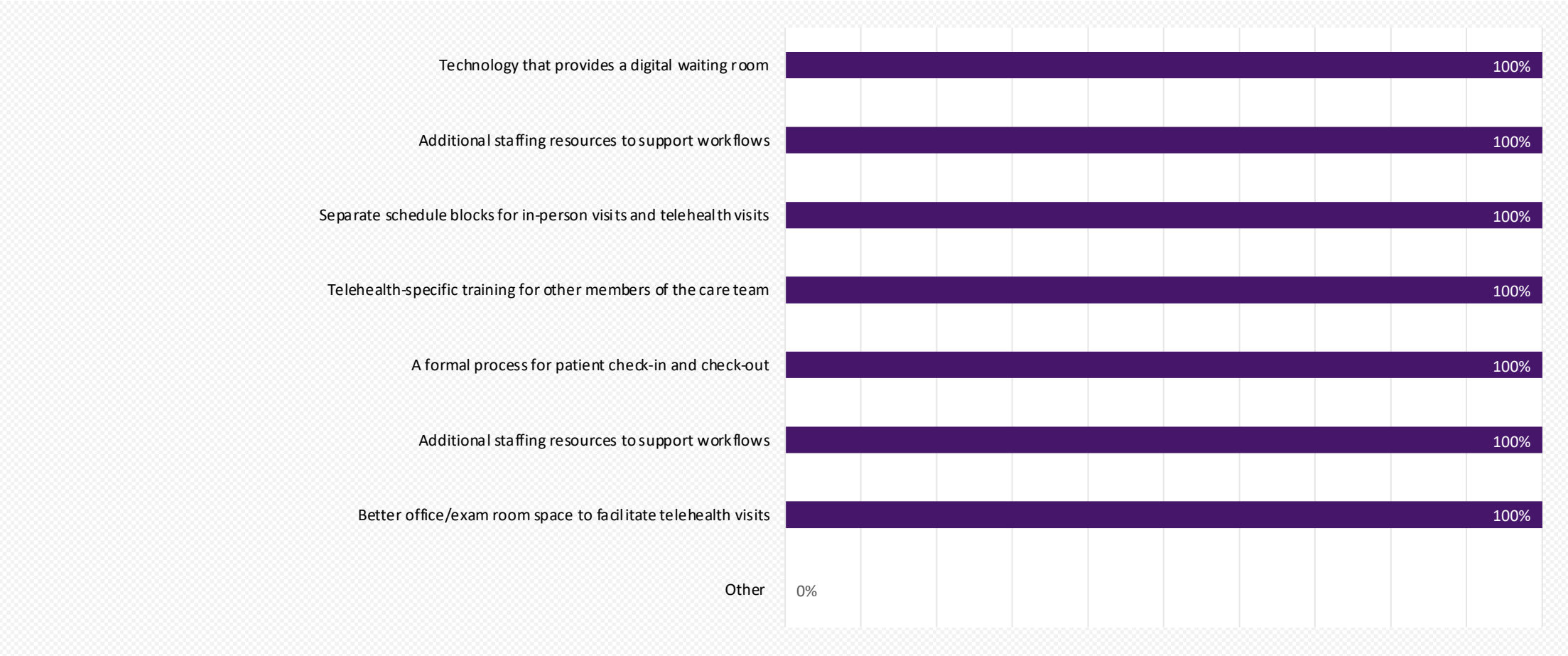
Q30. Which of the following, if any, do you anticipate being ongoing barriers or challenges to your organization offering telehealth? (select all that apply) N=8

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Respondents identify the following as opportunities to improve telehealth workflows in the practice



Q32. Which of the below would support improved telehealth-specific workflows? (select all that apply) N=1

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A Case Study in Two Experiences

Neurology Clinic

- 5 physicians, 1 ARNP office
- Independent physician-owned multi-specialty clinic system
- Located in urban “fringe”
- Started provided outpatient telehealth service during COVID, some prior experience with inpatient telehealth
- Physician champion end-of-career practitioner

Behavioral Health Clinic

- 1 physician, 5 APP office
- Independent integrated behavioral health and substance use clinic
- Micropolitan location, 8 county service catchment area
- Telehealth for substance use disorders through COVID regulatory flexibilities
- Physician champion early career practitioner

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TTI Lessons from the Field

- Meet providers where they are
  - Ongoing COVID-related impacts
  - Pandemic fatigue, burnout, and overwhelm
  - Existing quality, safety, & payment priorities
  - Be the sense-maker – follow a structure, make it organized
- Engage the data and reporting teams
- Be considerate of generational influences
- There is a difference between “doing” telehealth and doing it well
  - Patient engagement strategies & digital health best practices
  - Build off the COVID emergency initiation experience
- Its about progress, not perfection

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Our Mantra & Approach to Change

*We cannot **become** what we need to be **by remaining** what we are.*

- Oprah Winfrey

A little
progress
each day
adds up
to big results.

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AMA Physician Innovation Network

How to Engage Physicians in Innovative Health Care Efforts

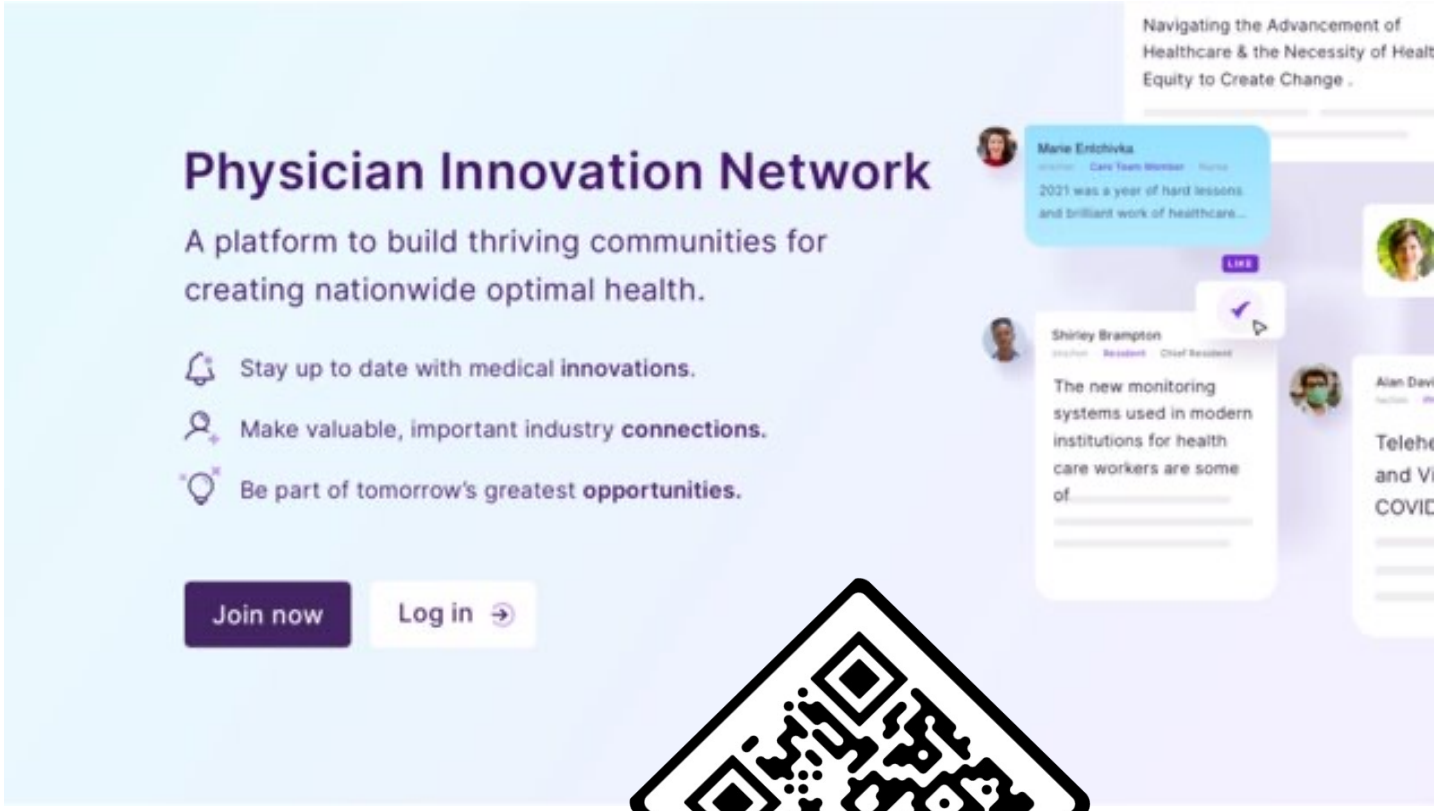
by Michael Hodgkins, Meg Barron, and Stacy Lloyd

Harvard Business Review

November 11, 2019



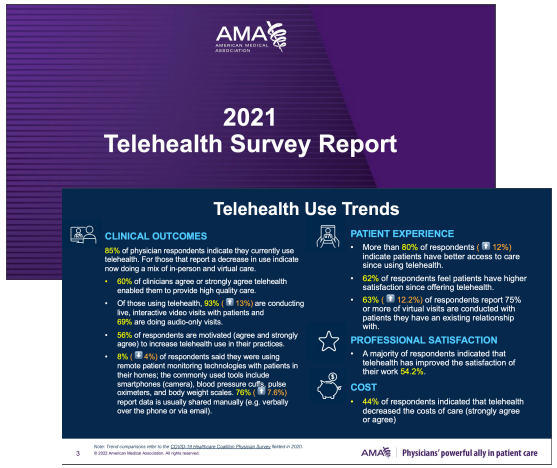
Paper Boat Creative/Getty Images



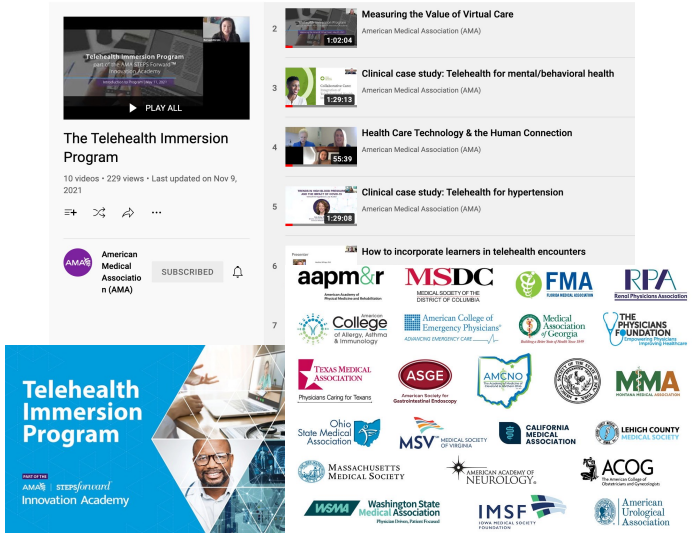
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AMA | Physicians' powerful ally in patient care

Summary







Research

- Digital Health Research
- National Telehealth Survey
- Return on Health
- Future of Health

Resources

- AMA Digital Health Playbook Series
- The Telehealth Quick Guide

Programs

- The Telehealth Immersion Program
- The Telehealth Initiative

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Let’s Connect!



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Physicians' powerful ally in patient care

Physician digital health adoption: 2016 to 2019

Adoption had increased for all digital health solutions, **particularly for tele-visits/virtual visits and remote monitoring for improved patient care (telehealth 14% to 28%)**

As of end of 2019, despite growth across the board, still much room for improvement in terms of wide-scale adoption

More physicians than ever recognized digital health tools as an advantage for driving improved efficiency and safety in health care

Physicians key requirements remained: Does it work, will I receive proper payment, will I be liable, will it work in my practice



Source: AMA 2019 Digital Health Research

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AMA Telehealth Efforts



The AMA **Telehealth Playbook** provides practical steps to optimize telehealth implementation

The AMA **Telehealth Quick Guide** is an overview for the evolving landscape

The **Telehealth Initiative (TTI):** Supporting physician practices with implementing telehealth

AMA Telehealth Research – TTI survey results; Nationwide physician telehealth impact survey in development

The AMA **STEPS Forward Telehealth Module** provides online training for telehealth

The **Physician Innovation Network** is educating and engaging physicians on telehealth

.

Ongoing policy collaboration and **advancement of telemedicine and digital medicine payment (DMPAG & internal workgroup)**

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AMA Digital Health Research & Resources



AMA DIGITAL HEALTH RESEARCH (2016, 2019, 2022)



AMA DIGITAL HEALTH PLAYBOOK SERIES



AMA TELEHEALTH QUICK GUIDE



NATIONAL TELEHEALTH IMPACT SURVEYS



AMA TELEHEALTH INITIATIVE & AMA TELEHEALTH IMMERSION PROGRAM



AMA PHYSICIAN INNOVATION NETWORK



AMA RETURN ON HEALTH RESEARCH & VIRTUAL CARE VALUE FRAMEWORK

Ongoing collaboration with partners on key topics such as interoperability and EHR usability

What's needed next as we move into a post pandemic reality?

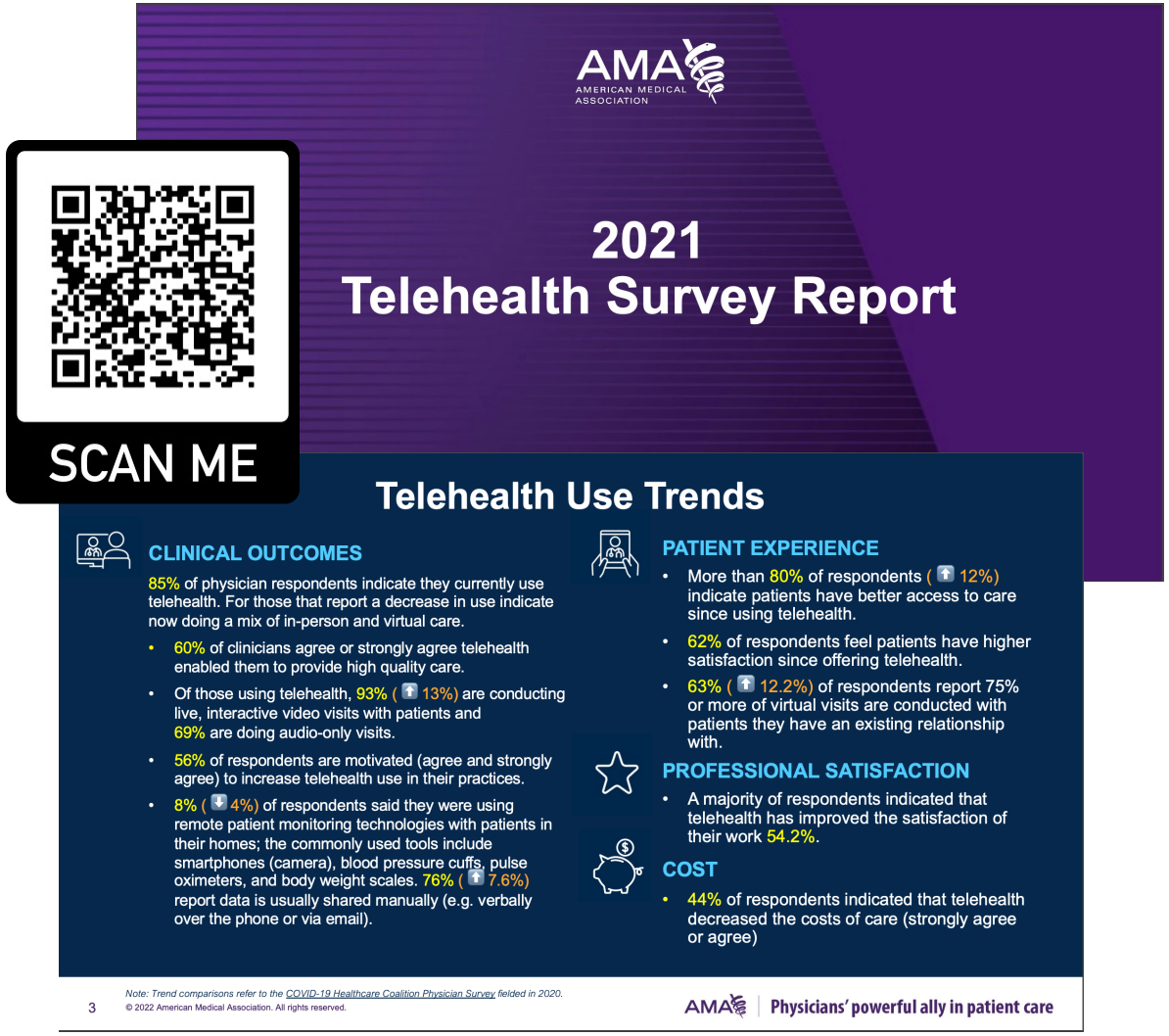
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Telehealth Use Survey

As a follow up to the AMA's Telehealth Initiative survey and the Telehealth Impact Study completed in 2020, we fielded a Telehealth Use Survey with the goals of:

- Maintaining a pulse on trends around utilization (modality type, for what, from where, etc.)
- Continue exploring what's working well and where barriers and challenges still exist
- Assess how impact is being measured and future use
- Identify opportunities for future research

Survey was fielded: Nov 1 – Dec 31, 2021
Convenience sample: 2,200+ Survey Respondents



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Telehealth Use Trends

SCAN ME

CLINICAL OUTCOMES

85% of physician respondents indicate they currently use telehealth. For those that report a decrease in use indicate now doing a mix of in-person and virtual care.

- 60% of clinicians agree or strongly agree telehealth enabled them to provide high quality care.
- Of those using telehealth, 93% (⬆ 13%) are conducting live, interactive video visits with patients and 69% are doing audio-only visits.
- 56% of respondents are motivated (agree and strongly agree) to increase telehealth use in their practices.
- 8% (⬇ 4%) of respondents said they were using remote patient monitoring technologies with patients in their homes; the commonly used tools include smartphones (camera), blood pressure cuffs, pulse oximeters, and body weight scales. 76% (⬆ 7.6%) report data is usually shared manually (e.g. verbally over the phone or via email).

PATIENT EXPERIENCE

- More than 80% of respondents (⬆ 12%) indicate patients have better access to care since using telehealth.
- 62% of respondents feel patients have higher satisfaction since offering telehealth.
- 63% (⬆ 12.2%) of respondents report 75% or more of virtual visits are conducted with patients they have an existing relationship with.

PROFESSIONAL SATISFACTION

- A majority of respondents indicated that telehealth has improved the satisfaction of their work 54.2%.

COST

- 44% of respondents feel that telehealth has decreased the costs of care (strongly agree or agree)

Note: Trend comparisons refer to the COVID-19 Healthcare Coalition Physician Survey fielded in 2020.

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