



COVID-19

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How to rapidly scale telehealth and digital health capabilities in response to COVID-19

By Carol Chouinard, Provider Technology Services, Optum Advisory Services

As health systems across the country grapple with front-line aspects of delivering care during the global health crisis of COVID-19, the use of telehealth and other digital health tools have emerged as a critical part of their response plan. Last week, CMS announced that it would expand telehealth services for Medicare beneficiaries and temporarily relax HIPAA enforcement, opening the door for the type of technology adoption only seen in crisis situations. This paves the way for health systems to deploy telehealth more broadly and support care delivery in a safe and effective way.

From an IT perspective, health systems are now challenged to stand up a full solution in a fraction of the time it would normally take to implement a telehealth platform. Where a typical telehealth rollout usually takes about six months, now we're on course to enable thousands of clinicians to deliver care via telemedicine platforms in a matter of weeks.

Deploying telehealth in crisis management mode

To rapidly deploy a telehealth platform, our team of consultants is working with provider organizations to rigorously manage priorities and accomplish tasks daily that would normally take weeks. We're using telehealth "SWAT teams" to ensure that clinical, operational and IT teams work in close collaboration, and focus on critical tasks:

Prioritizing demand

Identify the regions and clinics with the highest demand, and develop an IT implementation plan that takes into consideration their clinical, operational and technology readiness. Our team is working with our clients to ensure clinicians are ready to adopt new technologies and workflows, confirming revenue-cycle capabilities are in place, and securing technology that can scale to meet the demand surge.

Assessing IT solution set

In many cases, health systems already have a telehealth platform in place that can be leveraged and expanded. CIOs should focus on assessing which additional technologies may be needed to round out a full virtual care program, such as patient engagement and triage, patient-provider communications, and clinical decision support. The good news is that there are plenty of options that have already gone through regulatory approval, and are clinically proven and mature.

The CIO's role should be to connect the dots between each discrete solution, ensuring seamless connection between platforms and existing technology, like the EHR, and eliminating redundancies.

Patient engagement and rollout

A key part of telehealth and digital health rollout is introducing these solutions to the patients and supporting them throughout the adoption process.

Typically, a staged roll-out plan uses the health systems employees as the initial pilot group and then scales the technology to accommodate additional populations as workflows and care protocols are refined. In the current situation the dynamic has shifted and patients across the community will be in the first wave of users for these newly implemented digital health platforms.

Therefore, these expedited telehealth launches and expansions will need to have a much higher level of quality and very rigorous testing as they go live. And the teams behind them will need to be very responsive and rapidly find resolutions as issues surface.

Planning a digital health strategy launch also needs to take into account the variety of technologies patients are already familiar with, like phone calls, text messages, websites and mobile applications, in a consistent and flexible way.

Clinician training

We're asking a lot of clinicians during this time of COVID-19 response. Many are on the front lines of the pandemic, so we need to be mindful that trainings on digital health are effective and make efficient use of their time. Think about the kind of change-management strategies and training we do with clinicians during new technology rollouts. Now fast forward all of those trainings and communications to a fraction of the time normally allotted.

Moreover, as teams roll this out to clinicians, we must ensure that we are all striking the right tone and leading through service.

The good news is that in my experience, clinicians are open and ready for telehealth. In fact, I've heard a lot of comments like, "What took us so long — we should have been doing this the whole time."

Finance and reimbursement

While CMS may now reimburse providers for Medicare telehealth visits, commercial providers may not. Normally a change to reimbursement like this would have been planned out, with careful guidance across the industry. Now providers must keep up with a changing set of rules and set themselves up for a future state that hasn't yet been defined.

Provider organizations should take the initiative to closely align with their payer partners on how to promote telemedicine to their managed populations, ensuring cases are appropriately managed remotely.

Standing up a telehealth solution is an expensive investment, especially now that health systems have to fast-track the entire process. But provider organizations can't afford to ignore the very clear need to provide this service. As health systems continue to adapt to respond to COVID-19, a telehealth solution can cut down on unnecessary in-person visits for patients who still need a method to manage their normal health concerns and chronic conditions.

Risk and compliance issues

While the demand for telehealth is surging, there are still a number of guidelines that providers must be mindful of when it comes to delivering care remotely. Questions still remain about whether providers can serve patients located in states where they are not licensed. We're seeing state by state guidance here, so provider organizations should do their own research to make sure they are in compliance with current guidance.

If the health system is considering a purchase of brand-new technology to help mobilize telemedicine, ensure that risk and compliance departments are mobilized to act quickly as IT decisions are made.

As I'm working with health systems to rapidly respond to telehealth needs, I start by giving them a few recommendations on how to launch a telehealth and digital health rapid response team:

- Build on what you have, i.e., leverage IT solutions already in your portfolio.
- Engage the right team from the start, with the right mix of clinical, operational and technology expertise and resources.
- Build for the long run — try to avoid adopting any solution or approaches that cannot be leveraged post-pandemic response.
- Anticipate and prepare for staff disruptions and outages as populations are confronted with the impacts of COVID-19.
- Recognize that patients will have high expectations. They will compare their experience to their broader use of technologies and expect a similar level of user-friendly experience and support that we in the health care industry can provide.

Opportunities will always emerge from periods of challenge and crisis, and this time is no different. Our mission is to provide support and resources to help provider organizations care for their patients in the best way possible.

The COVID-19 crisis provides us with a unique opportunity to drastically accelerate the adoption of telehealth and other valuable digital health technologies and to improve the patient experience permanently.



Looking for support on rapid IT response to the COVID-19 crisis?



Meet our expert

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