Doctor of Nursing Practice Projects   School of Nursing

Spring 5-6-2023

Telehealth Integration in Primary Care

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Integration of Telehealth in Primary Care: Executive Summary

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Introduction

Telehealth was first introduced to the project location rural clinic as the COVID-19 pandemic began. While it was introduced during this time, training was not done on how to use the technology. This brought frustration with utilization and caused infrequent use of the video conferencing option for patients as a form of visit with their provider. During the pre-survey period, only 2 telehealth visits were carried out. Most education starts with the basics of telehealth and how to use the system, then evaluating the intervention provided, followed by teaching and education on the intervention based on effectiveness (Chike-Harris et al., 2021). Many primary care offices conduct multiple telehealth appointments. The providers were interested in being able to conduct more telehealth visits but unfamiliar with program availability, how to bill for the visits, and how to conduct telehealth appointments using the VseeFace technology that this office already has access to. Advantages to telehealth that may be seen include similar billing cost, improvement in patient satisfaction, feasibility of completing necessary sessions, and decreased remission rates (with MDD and PTSD) (Veazie et al., 2019).

Literature Review

The project's purpose was to increase Telehealth usage in primary care services when deemed appropriate by the provider while upholding disease-specific guidelines. The purpose was achieved by streamlining a specific process and program usage and improving provider comfort with Telehealth usage. Comfort was created by improving provider understanding of

billing reimbursement, establishing comfortability with HIPAA compliance, and usage availability.

The providers feel more comfortable using telehealth when they understand how to use the telehealth domain themselves. Part of quality patient care and management is maintaining HIPAA to ensure that patient confidentiality and the information provided is safe. HIPAA compliance is a concern for many providers when using telehealth. HIPPA compliant facetime technology examples are VSeeFace, Zoom for healthcare, Skype for business, Google G Suite Hangout Meets, Updox, and Amazon Chime to name a few listed by Telehealth.HHS (2021). Using a credentialed videoconferencing service and establishing who is in the room establishes and maintains HIPPA compliance. Two nurses were also made to be super users of the VseeFace to help navigate use in office as it was found that with "complexity in the organizational domain was managed more effectively when telehealth champions were available" (James et al., 2021, p.13). Chike-Harris et al. (2021) states that education about telehealth has not been universalized yet, and therefore when providing education on telehealth to providers there is a need for evaluation to be able to understand how the providers are able to interrupt the education. Education on telehealth can help the providers not only use the technology as a service but how to appropriately offer it to patients.

U.S. Centers for Medicare & Medicaid Services provides a list of covered telehealth visits for Medicare and Medicaid services and a condensed list of frequently done visits was able to be given to each provider inside the clinic. This allows providers to feel more confident in how they bill their visits and know the patient's insurance will also cover the bill. This will allow providers to bill for services as they had during COVID-19 and maintain the amount of telehealth use across all specialties (Zimbroff, et al., 2021). Being a rural health clinic also

allows the office to bill problem visits (99213/99214) as telehealth appointments and face-to-face. Internet connection on both sides proposes issues when using telehealth. The "available technologies for video consultations posed challenges for establishing remote models of care" and support and training are needed for providers to handle glitches and issues to ensure a successful telehealth visit (James et al., 2021, pg.10). If one party does not have good access to the internet, then telehealth is not an option. The visual component allows for a visual assessment where an auditory call only allows for a review of systems to be completed, so a good internet connection is preferable so the provider can complete a video call.

Project Methods

The purpose of our project was educating staff and patients about telehealth services to increase provider comfortability around using telehealth, increase the regular use of telehealth appointments, and increase provider and staff satisfaction of telehealth appointments. Data analysis was configured by pre and post surveys that providers and patients completed. Pre-implementation surveys were distributed to providers prior to training, then 4 months after implementation to evaluate use and comfortability with Telehealth. Several random patients were surveyed after their telehealth appointment during the pre-implementation time and the same number of random patients was surveyed 4 months after the implementation mark. The number of patients surveyed was based on how many telehealth visits were scheduled in a month's time. While telehealth was already established in the office, many providers were unaware of how to use the telehealth service and many patients did not know that this is a service that the office provided. Results collected from pre-surveys and post-surveys showed that providers are now more comfortable with initiating telehealth appointments and feel more comfortable doing some troubleshooting airs that arise during an appointment. The office team including nurses are

excited to bring the service to the patient and promises growth and continue utilization of the service. Utilization is still growing. Further use of the telehealth service will help bring the comfortability of utilization up further and will show to bring better time management and workflow for the providers as they have fewer difficulties using the service. While the results of the project right now show minor improvement in the impact on the office it's promising to be able to have continued improvements in the results of utilization of the telehealth.

Evaluation

The education provided to the providers was able to show an increase in competency and an increase in the willingness to use telehealth in the future through survey results. Two patient surveys were able to be collected before the introduction of education and six were able to be collected afterward which showed a small increase and hopefully a continuing increase. Not being able to talk to all providers on the same day was one of the first struggles and limitations we ran into with the project. All providers in the office are not there on the same day. This caused more teaching to happen. While that was ok, it limited us by not being able to establish a team effort of getting providers excited to start a new way of how they can provide service. There was also a change in providers as there was a gain in 2 more NPs during the implementation. This put extra work on the two medical doctors training them and checking them off on how they practice and inform taking away from the attention they had on becoming more comfortable with telehealth and adding variety to their visits.

The number of patient surveys is also a limitation and a predicted limitation that we thought would be a problem in the pre-survey time. Having the sparse number of surveys showing the patient's point of view did not let us see if many changes needed to be made to make it easier or more user friendly for the patient's side of telehealth. Flyers were made to be able to

go up in the office waiting room and on the doors of patient rooms to be able to promote patient communication about wanting to do telehealth and bringing it up to the provider. New how-to-pamphlets were also given to patients so that they knew how to log in to the telehealth and what to expect during the telehealth experience. How-to-pamphlets were also given to the providers during the initial education process so that they would have easy reminders of how to do simple troubleshooting and how to be able to add a 3rd person to a call if needed. Giving these hand-outs and creating flyers for the office is part of the plan to help establish continuity of growth and use of telehealth visits.

Impact on Practice

Slow growth in the utilization of telehealth was seen through patient surveys giving a month timeline for surveys to be able to come in and telehealth visits to be done and used during the pre and post-survey collection time. More providers felt more comfortable using the service meaning more provider's understood health utilization. This will continue to help increase the amount of telehealth that is utilized. While the immediate impact was small, it shows progress to continue to grow. Two nurses have become superusers of the app to help with technical support and setting up 3 way calls for providers when needed and are eager to help provide the service for patients as they get many requests for it but were unsure how to help providers or when providers could offer the service. This help from the nurses helps bring a team impact towards the growth of telehealth and helps bring encouragement to the providers as it helps bring time-management to their day instead of it being a struggle part of the day.

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also seen and more providers felt more comfortable using the product, which will hopefully continue to help increase the amount of telehealth that is utilized. While the immediate impact is small, it shows progress to continue to grow.

Conclusion

Continued growth and usability are predicted to be seen. Having providers slowly become more comfortable and understanding when to use telehealth will bring time management as it will help workflow as it will no longer be a disruption to the day but just like seeing a patient in office. Now that better instructions are given to patients to help them understand how to log on there are fewer connection errors with patients creating less difficulty when it is time to do a telehealth visit as well. Having more Medicare patients brings different barriers. Medicare patients that have a harder time leaving home will be able to follow up more conveniently and on time by being able to understand when to ask for a telehealth visit.

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