

OhioHealth Virtual Health Update

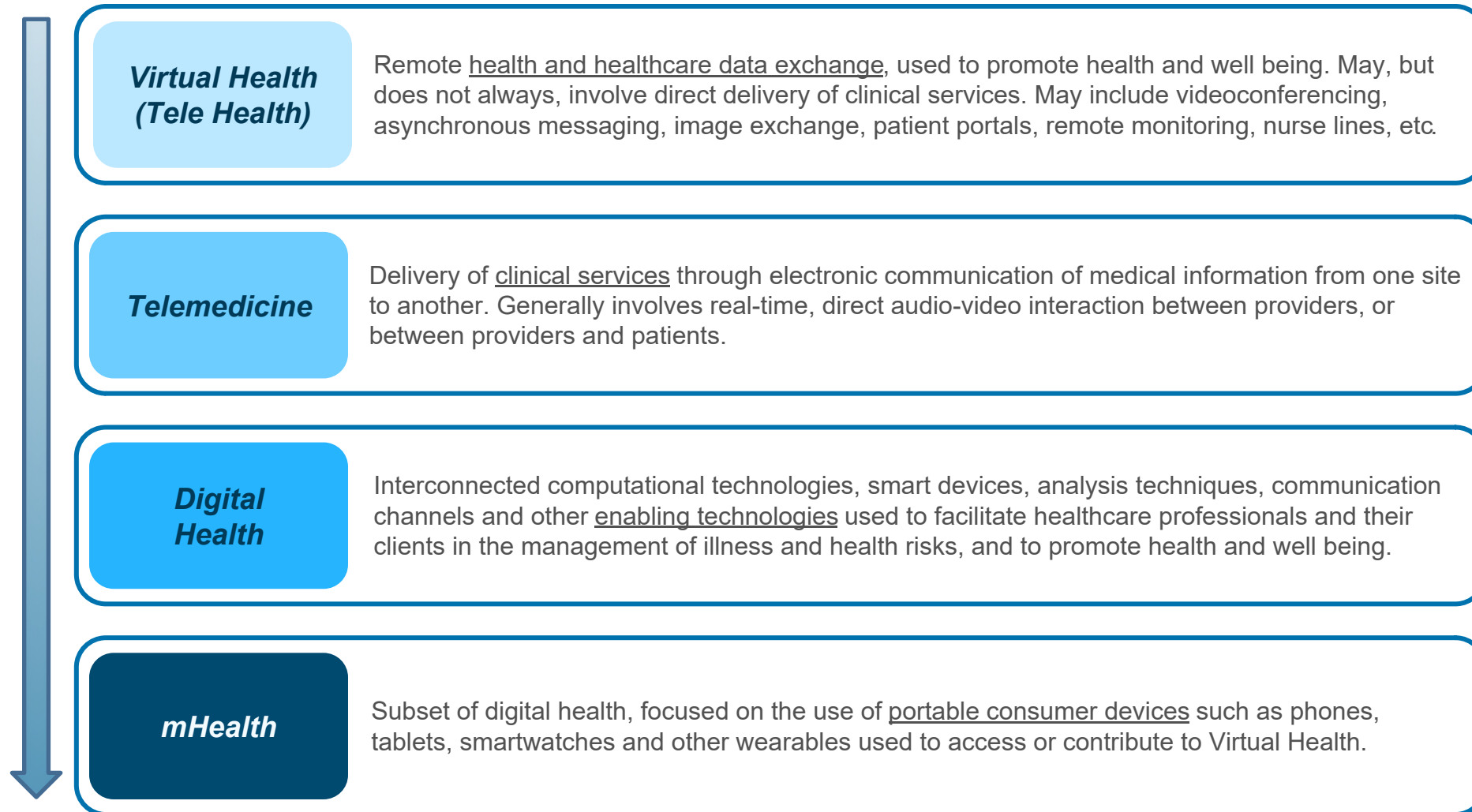
Monday, July 20th, 2020

Obinna Moneme, MD

GOALS

- Telehealth definitions
- Why continue Telehealth post COVID?
- What is OhioHealth's Virtual health strategy?
- What is our Service Line Virtual health strategy?
- What are some tips and resources to optimize the Virtual health experience for providers and patients?

Definitions – Hierarchy of terms



([American Telemedicine Association, 2019](#); [Meskó, et. al., 2017](#))

TeleHealth Options

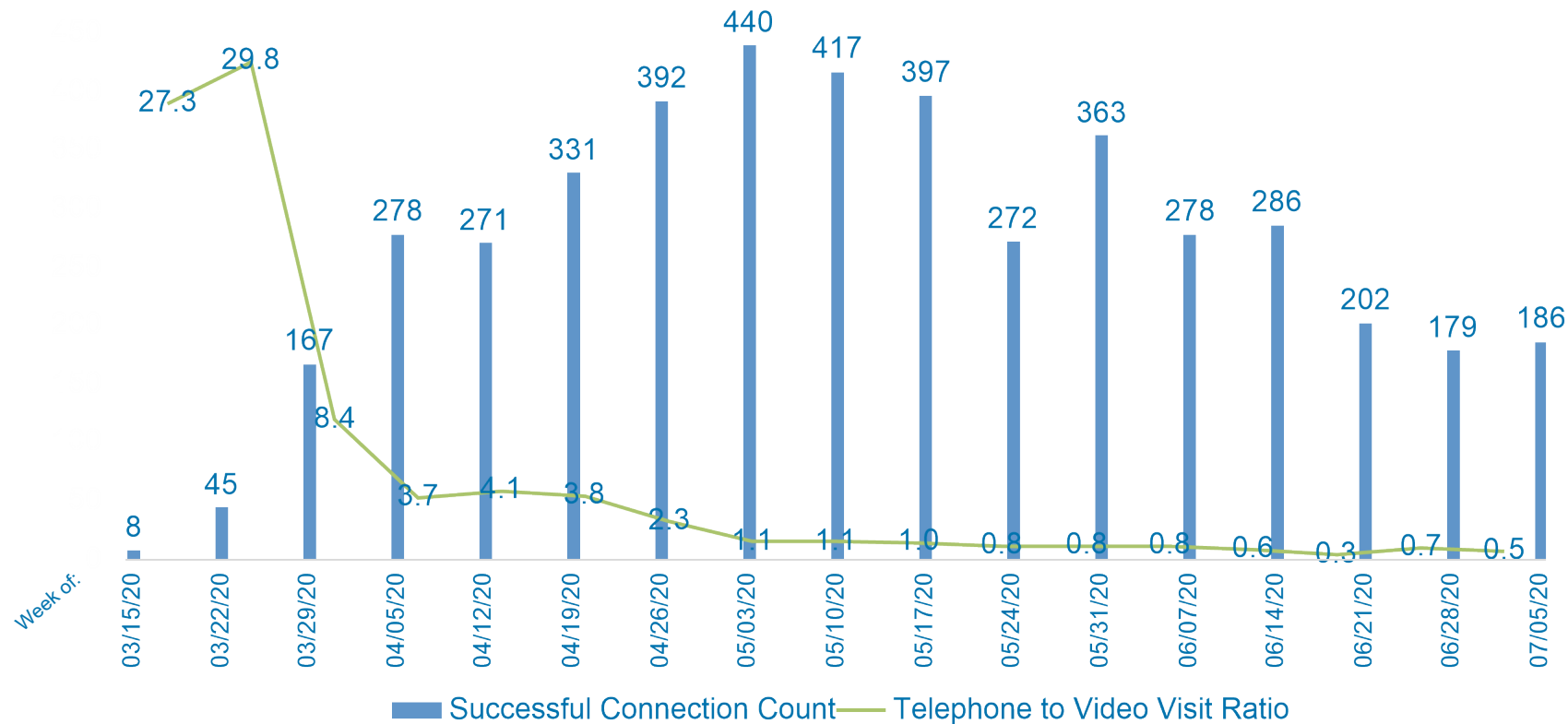
Synchronous Care

- Scheduled outpatient video visit
- On Demand outpatient video visit
- Inpatient consults
- ED consults
- Inpatient rounding
- Post acute Care- (LTACH/SNF)
- Home care

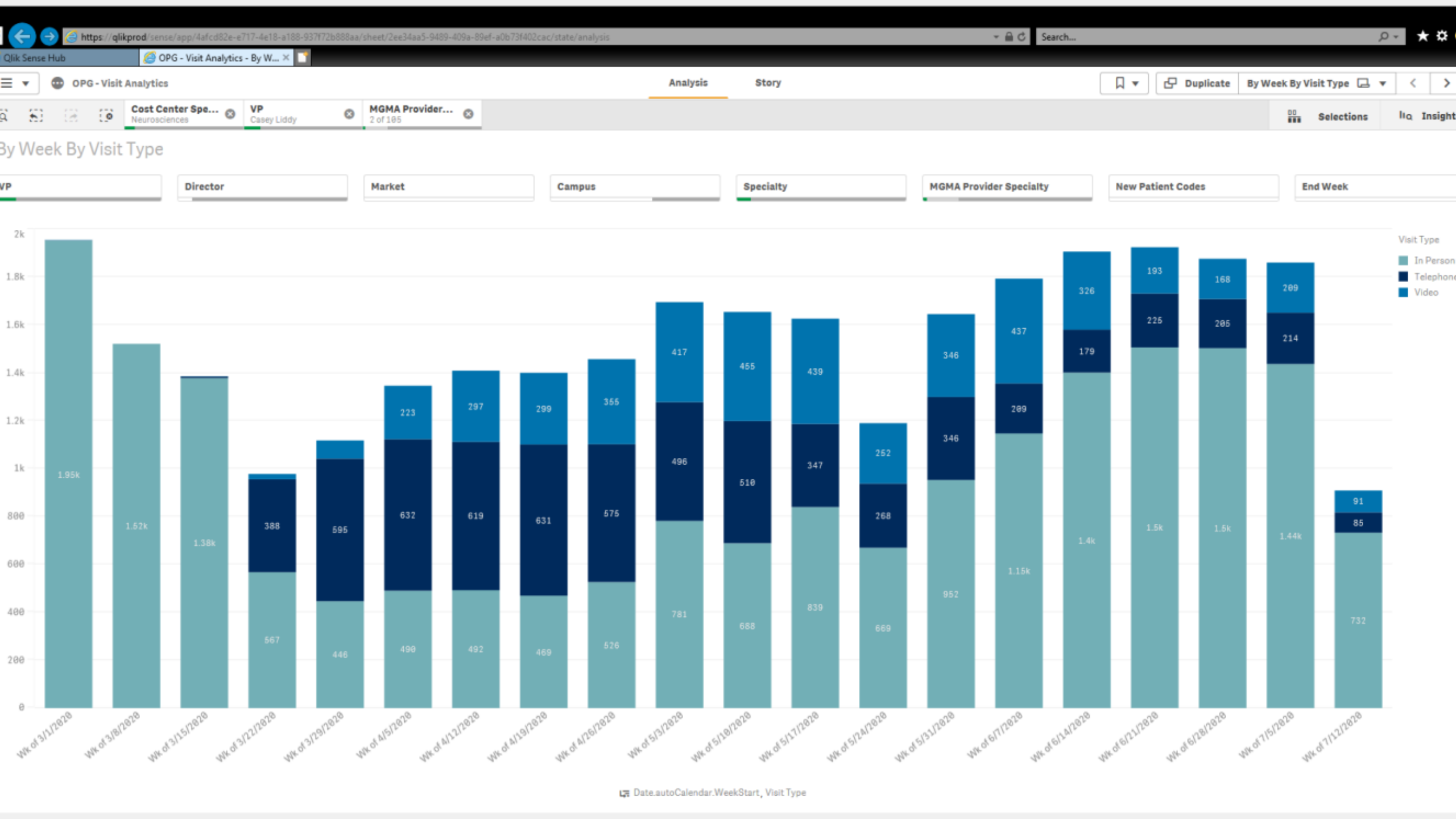
Asynchronous Care

- MyChart evisit (image upload)
- eConsult
- 2nd opinion consults

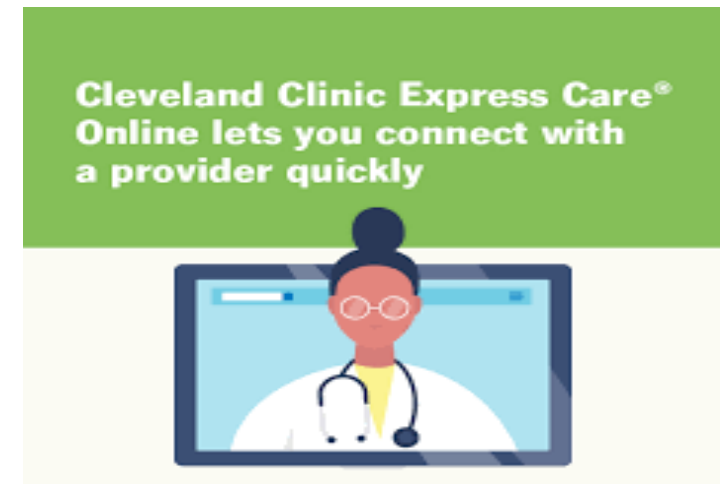
Neurology Video Visits have declined following initial surge



Practices have transitioned almost entirely away from Telephone Visits to Video



Why continue Telehealth post COVID??



How has COVID-19 changed the outlook for telehealth?

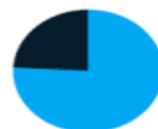
1 Consumer

Shift from:

**11%**

use of telehealth in 2019

To:

**76%**

now interested in using telehealth going forward

While the surge in telehealth has been driven by the immediate goal to avoid exposure to COVID-19, with more than 70 percent of in-person visits cancelled,¹ 76 percent of survey respondents indicated they were highly or moderately likely to use telehealth going forward,² and 74 percent of telehealth users reported high satisfaction.³

2 Provider

Health systems, independent practices, behavioral health providers, and others rapidly scaled telehealth offerings to fill the gap between need and cancelled in-person care, and are reporting

50–175xthe number of telehealth visits pre-COVID.⁴In addition, **57%**

of providers view telehealth more favorably than they did before COVID-19 and

64%are more comfortable using it.⁵

3 Regulatory

Types of services available for telehealth have greatly expanded, with the Centers for Medicare & Medicaid Services (CMS) temporarily approving more than

80 new services

and lifting restrictions on originating site, allowing Medicare Advantage plans to conduct risk assessments via telehealth, and adding other regulatory flexibilities to increase access to virtual care.⁶

¹ McKinsey COVID-19 Consumer Survey, April 27, 2020.

² McKinsey COVID-19 Consumer Survey, May 20, 2020.

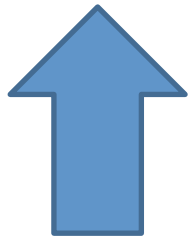
³ McKinsey COVID-19 Consumer Survey, April 13, 2020.

⁴ Ibid

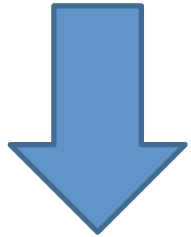
⁵ McKinsey COVID-19 Physician Survey, May 2020.

⁶ Medicare telemedicine health care provider fact sheet, March 17, 2020, cms.gov.

The Impact of Telehealth

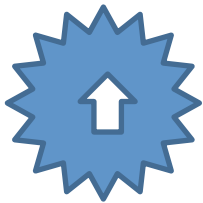


IMPROVED ACCESS TO CARE



DECREASED COST OF CARE

- Decreased ED/UC utilization
- Avoidable transfers
- Decreased travel time (provider and patient)



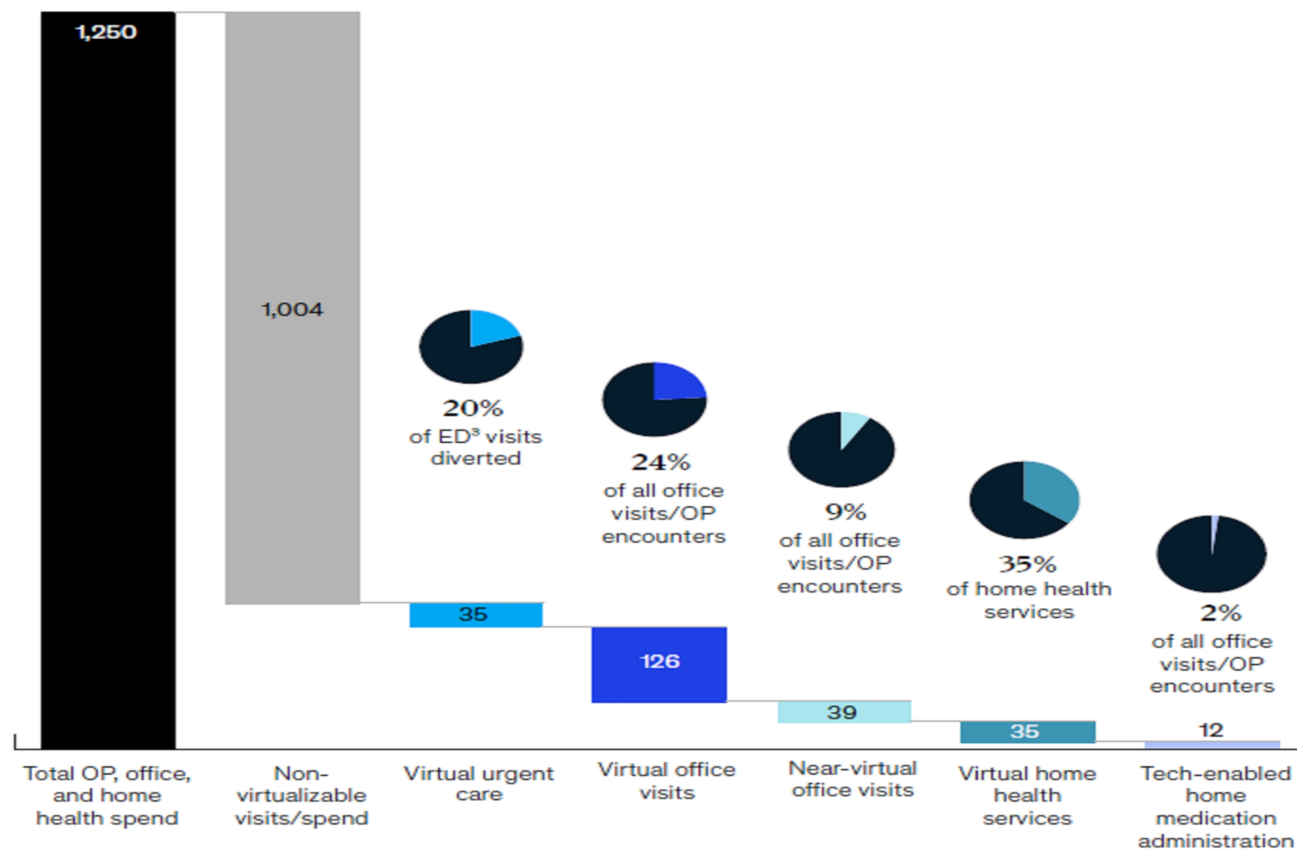
HIGH PROVIDER AND PATIENT SATISFACTION

Exhibit 2

Approximately \$250 billion—or ~20%—of all Medicare, Medicaid, and Commercial OP, office, and home health spend, could potentially be virtualized.

Current OP¹ and office visits that can be virtually enabled

Commercial, Medicare, and Medicaid 2020 estimated,² billions of dollars



¹ Outpatient.

² Projected from 2018 commercial and Medicare spend, using National Health Expenditures.

³ Emergency department.

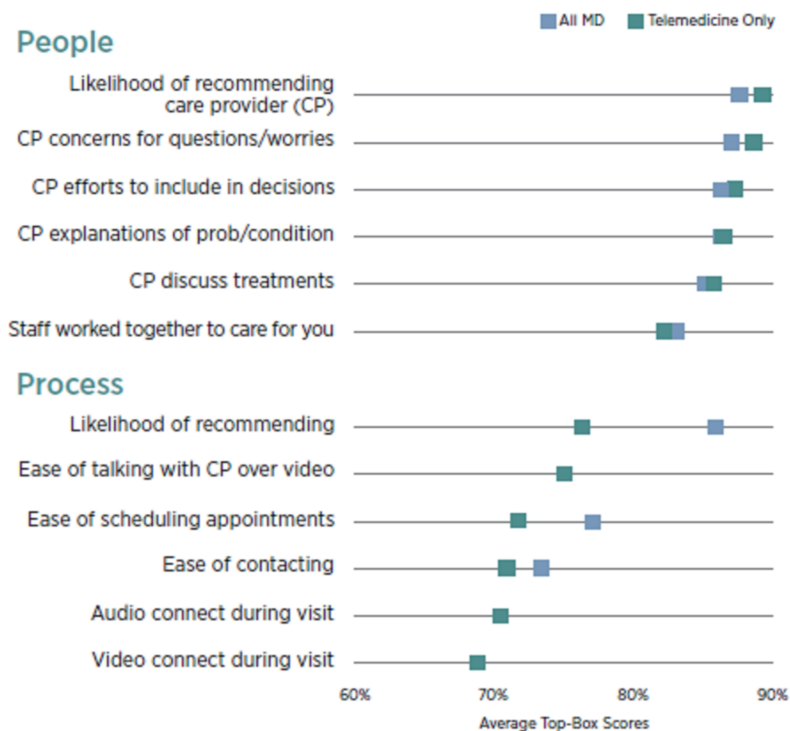
Source: Anonymized claims data representative of commercial, Medicare, and Medicaid utilization

TELEHEALTH SUMMARY (N=884)

- 58% of respondents are likely to use telehealth to manage a new care need during the COVID-19 pandemic; while 69% of respondents are likely to use telehealth to manage an ongoing care need or chronic condition.
- However, after the COVID-19 pandemic, fewer people intend on using telehealth to manage their healthcare.
 - 47% say they are likely to use telehealth after the COVID-19 pandemic to manage a health care need.
 - 59% say they are likely to use telehealth to manage an ongoing care need or chronic condition after the COVID-19 pandemic.

GLOBAL TELEMEDICINE CHALLENGES

Analyses of more than 30,000 early consumer responses to telemedicine surveys received through the end of April paint a favorable picture for patient experience with virtual visits. Based on the data, patients are overwhelmingly positive about their virtual interactions with their care providers, even when technical issues posed challenges, as indicated by the lower scores for technology-related items. These patterns can be seen in the analysis below, which compares performance on “people” and “process” survey items in medical practices that have both standard and full telemedicine visits.



DRIVERS TO CONTINUE TELEHEALTH

Top Key Drivers of Likelihood to Recommend Care Provider: Telemedicine Survey



Figure represents the odds of top box scores for Likelihood to Recommend the care provider when all three drivers get top box ratings. The proportion of patients who give top scores on all three items is 83.9%.

Top Key Drivers of Likelihood to Recommend Video Visit: Telemedicine Survey

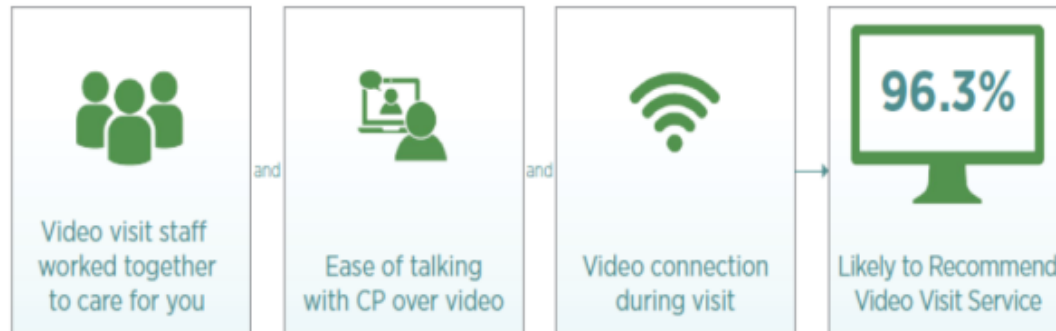


Figure represents the odds of top box scores for Likelihood to Recommend the Video Visit when all three drivers get top box ratings. The proportion of patients who give top scores on all three items is 63.5%.

Key Takeaways

- Drivers of Likelihood to Recommend the care provider on the telemedicine survey are similar to those that are observed for traditional in-person visit models. Specifically, these include patients' **perceptions of clinicians' empathy for their concerns, involving patients in decision-making, and communication** about conditions and problems.
- Performance on each of **these items can substantially influence patient loyalty** to the provider. When patients feel their care providers did not show concern for their questions, scores for Likelihood to Recommend the provider drop by more than 70%.
- These are behaviors over which the clinician has full control, independent of the technology. Therefore, these **interpersonal skills should continue to be prioritized and improved** to create an optimal experience for patients.
- Patients' Likelihood to Recommend the video visit is driven more strongly by process considerations, such as **care coordination around the virtual visit** and technology issues.
- When patients perceive a lack of **teamwork in care delivery**, scores for Likelihood to Recommend the visit drop by more than 70%.

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Video Visits vs. Phone Calls

	n=609	n=791
	Video	Phone Call
Question	Fully Telemed rank	Fully Telemed rank
Std Care Provider	73	43
CP explanations of prob/condition	67	42
CP concern for questions/worries	73	38
CP efforts to include in decisions	75	45
Likelihood of recommending CP	68	42
CP discuss treatments	80	40

BARRIERS- The Digital Divide

A well described phenomenon that arises from limited access to and utilization of technology such as telehealth platforms

- Personal/sociocultural Barriers

Low health literacy

Low income

Limited English proficiency

Limited electronic skills

Disability

- Structural Barriers

Geographic isolation

Broadband capacity

Technical hardware

Strategies for Digital Care of Vulnerable Patients in a COVID-19 World—Keeping in Touch
Darrell Gray, Joshua Joseph, J. Nwando Olayiwola- JAMA Health Forum 6/12/2020

Snapshot of what has been achieved

Since March 15

All OPG specialties
are offering
telehealth visits
(telephone + video)

Operationalized
video visits for
1K+ clinicians,
of which **1,001** of
them scheduled appts

**45,294 total
video visits**

**Gathering
initial user
feedback**

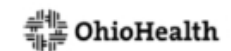
through Press Ganey
surveys, direct
observation, and user
experience interviews
to drive improvements

**4.7/5 video
4.7/5 telephone**

Patient rating given on Press
Ganey for video & telephone

VIRTUAL HEALTH STRATEGY

*Areas of focus for **Virtual Health***



OHIOHEALTH VIRTUAL PRODUCT TEAM

What does working differently look like?

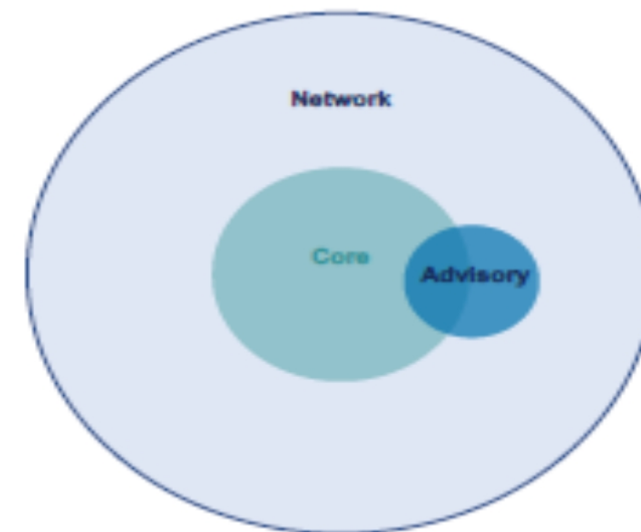
Core Team

Product Strategy & Delivery
User Experience & Design
Engineering
CareConnect Builders
Analytics
Training
Informatics
Operations
Clinical

VH Advisory Council

In the near term, priorities will be governed by these operational leaders:

*Dr. Amy Imm - Advisor
Casey Liddy - OPG
Dr. Michael Kramer - CMIO
Dr. Obinna Moneme – Service Line
Dr. Jim O'Brien – Pop Health/COVID +1
Connie Gallaher – Home Care
Kevin Stiver- Service Line
Andy Narcelles- OPG*



What if...

Discovery & exploration around art of the possible (differentiators)

How might we...

Build & test new products

How might we...

Operationalize new & existing products

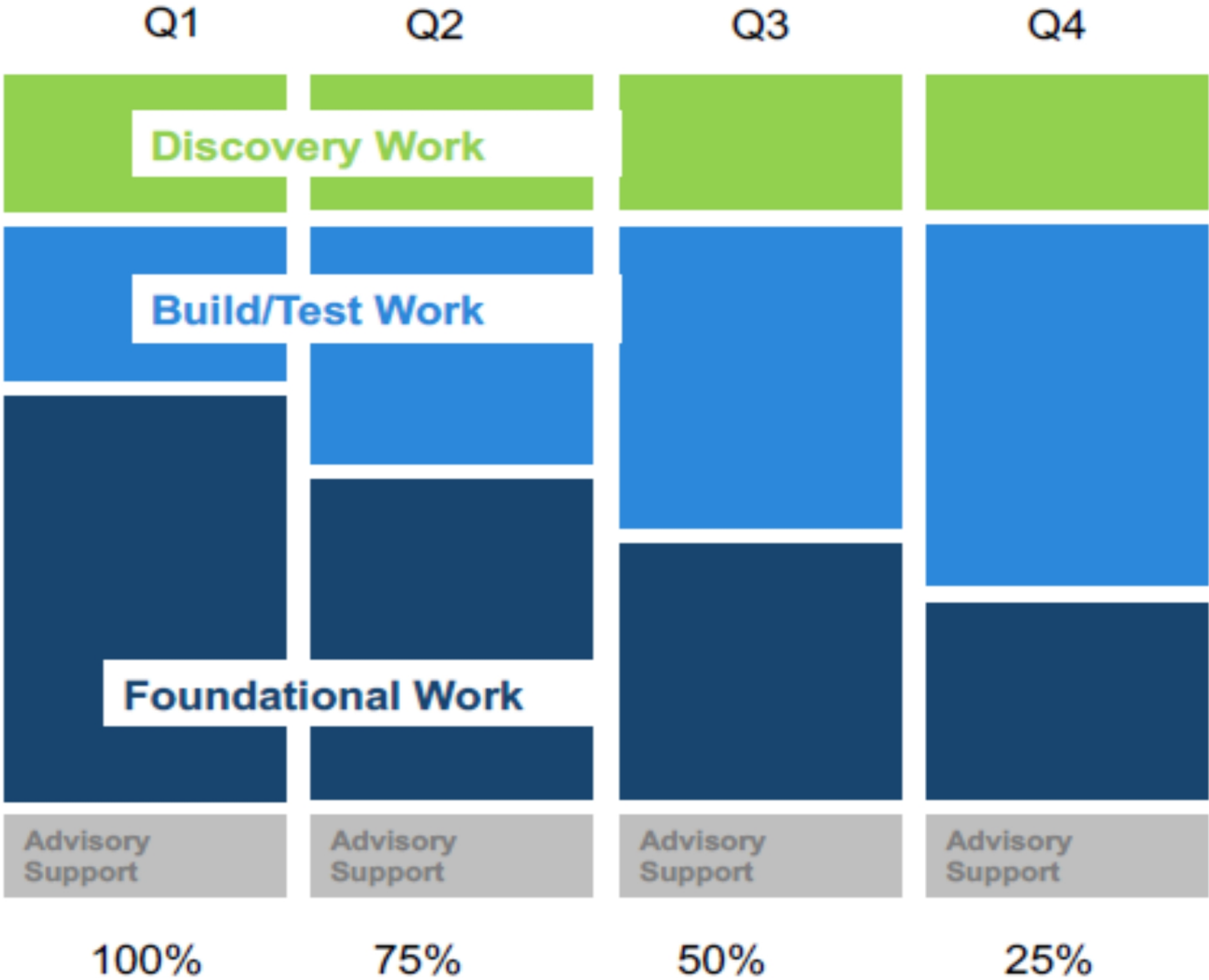
What must be done...

To build a stable virtual health foundation

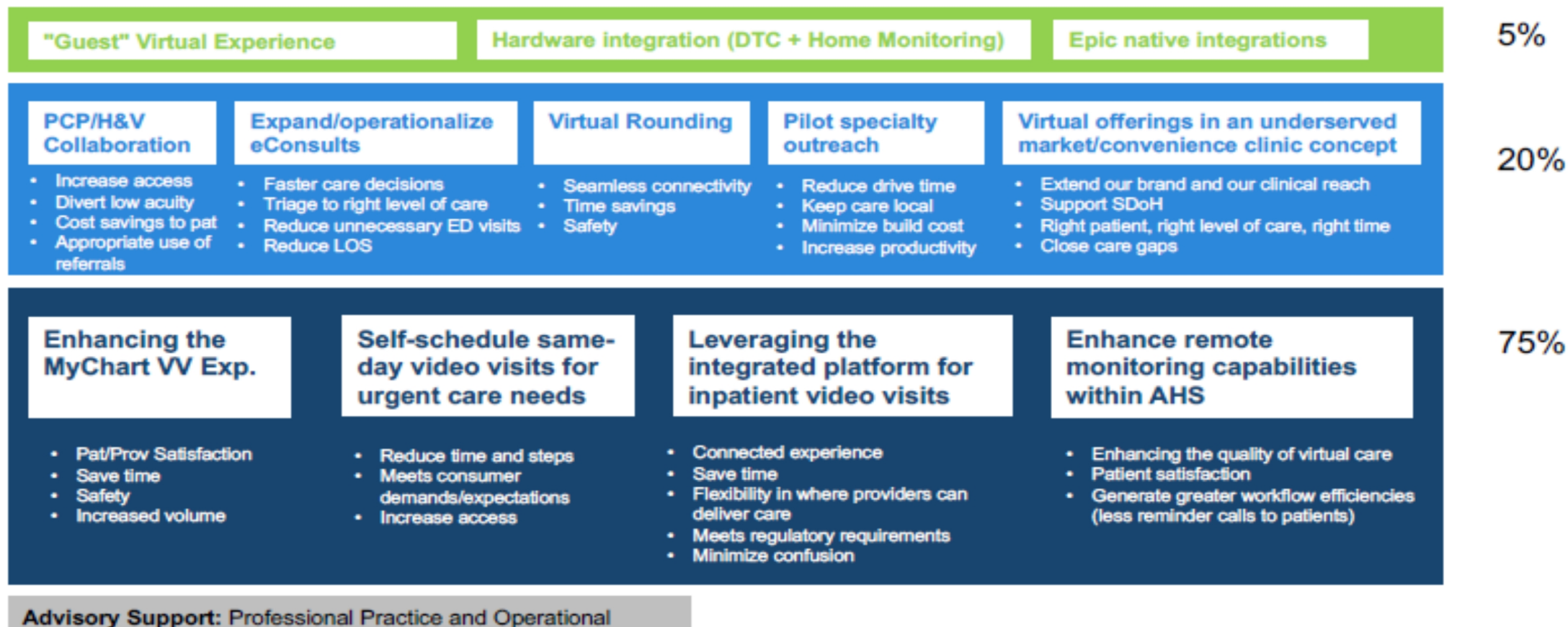
Advisory Support

Professional Practice
and Operational

Product Roadmap Framework



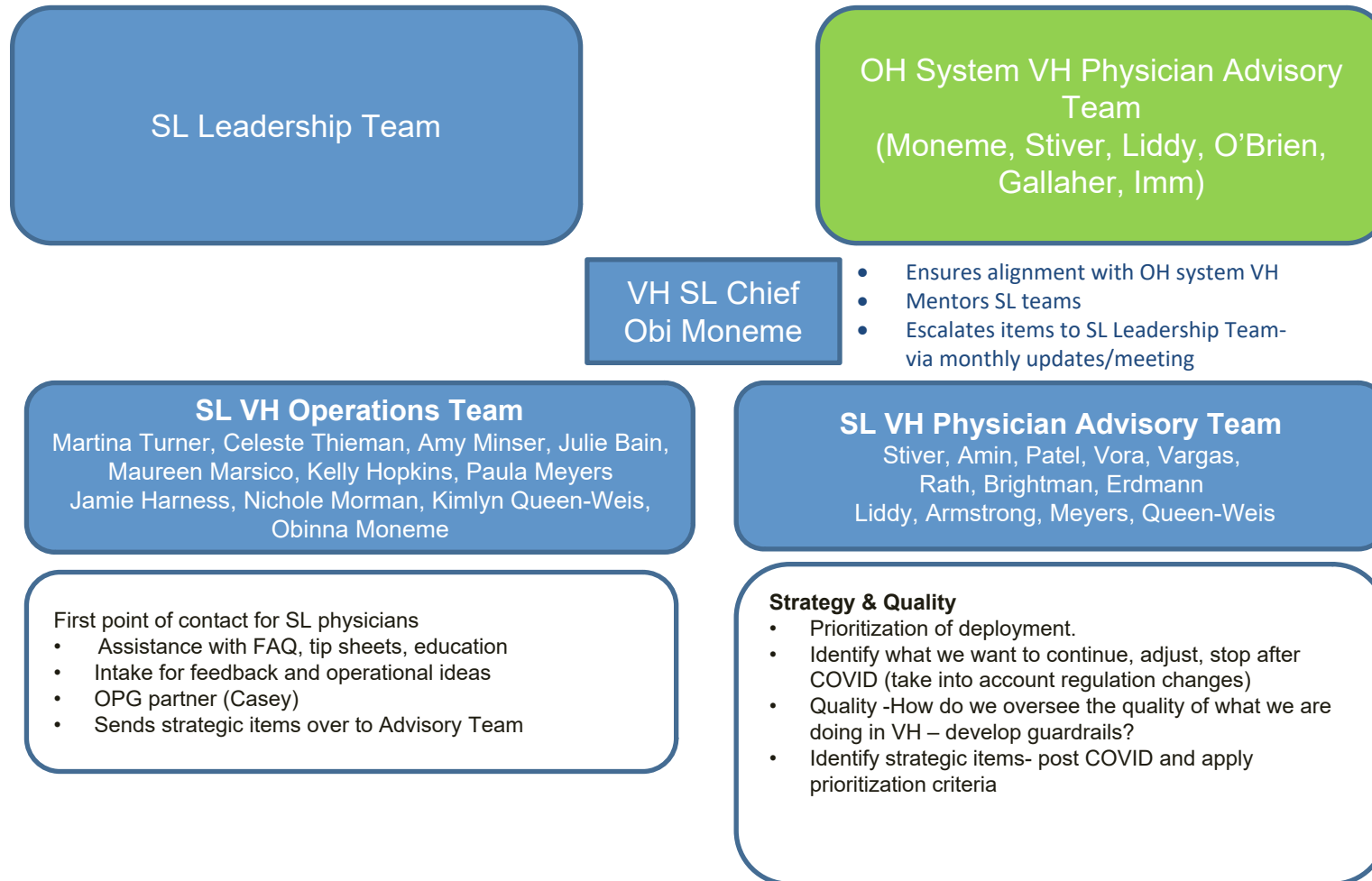
Q1 Roadmap



What is our Service Line Virtual Health Strategy?

- Improving access
- Decompressing tertiary centers/Keep care local
- Reducing physician windshield time
- Increasing reach/availability of services into new markets

SL Virtual Health Structure



Service Lines Goal Deployment Active A3s (FY21)

SL's are defining our priorities from this slide now- With a focus on the next 6 months.

Heart & Vascular

1. Structural Heart/TAVR (Savage)	2. CABG Bundle and Episode (Savage)	3. EP/Afib (Turner)	4. CHF/LVAD (Turner)
5. Vascular Strategy (Wiseman)			

Neuroscience

1. Neuro Compensation (Smith)	2. Reduce Spine Costs (Mansur)	3. Spine Episode (Mansur)	4. Epilepsy – TTA (Pack)
5. Team Based Care Model – APP Access (Graves)	6. Spasticity (Counts)	7. Headache (Counts)	

Oncology

1. Bone Marrow Transplant (Tarcy)	2. Med Onc Alignment (Tarcy)	3. Surg Onc Alignment (Russ)	4. Precision Medicine (Tarcy)
5. Operationalizing Survivorship (Ahonen)	6. MD Anderson partnership/ research (Mulholland)	7. Thoracic (Russ)	8. Sarcoma (Russ)
9. Downtown Cancer Center (Ahonen)	10. Rad Onc. Alignment (Russ)	11. Navigation Consistency (Ahonen)	12. CIN Wallet Share (Rudy)
13. Outcomes Reporting (Tallman)	14. Same Day Lab (Otler)	15. Short Stay (Harness)	16. Palliative (Harness)
17. Prevention & Screening (Bridgette)	18. Brand Awareness (Driskell)		

Miscellaneous

1. Virtual Health (Meyers)	2. Easy Access / Digital (Armstrong)	3. P&W (Hyek)	4. Infrastructure (Rudy)
5. Trauma (Martin)	6. Transfer Center (Queen)		

CARFs / BDC Items

Multi	Pickerington Medical Center Expansion Project
ONC	project with COHA to develop a comprehensive cancer center in Dublin. Launch operationalize; Aug 2019 CMC approval
H&V	H&V: Phase 1: Reopen Dublin Cath Lab and transition to Level I Phase 2: Transition to Level II lab to be able to perform some high-risk and interventional procedures. Phase 2: On-Hold
H&V	Mansfield TAVR Program
Multi	Westerville Medical Campus Backfill
Multi	New Albany Market Expansion Project
Neuro	High-Intensity Focused Ultrasound for Movement Disorders Program
Neuro	Worthington Project
ONC	Develop & launch BMT Program
ONC	Develop & launch Thoracic Program
ONC	Develop & launch Sarcoma Program
H&V	CICU at RMH
Multi	DMH Expansion/RMH Quaternary
Neuro	Behavioral Health – ECT Mansfield
Neuro	TMS expansion – Marion
Neuro	Implement Robotic Surgery program (MAZOR)
ONC	North Market Mobile Mammography

VH Readiness Assessment Form

- Tool used to **gauge ability to implement** new Virtual Health initiatives
- Measures readiness based on:
 - Operational Interest
 - Change Management
 - Provider Compensation
 - Fiscal Considerations
 - Experience with Virtual Health
 - Competing Priorities
 - Provider Efficiency
 - Staffing Considerations
- Categories are scored (on a scale of 1-10) and weighted
- Also serves as a help in **project prioritization**

Specialty / Service Line Virtual Health Readiness Assessment

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General Information

Specialty / service area: Neurology Video Visit for Marion Stroke Bundle Pts in SNFs

Clinical lead: Dr. Alex Perchuk

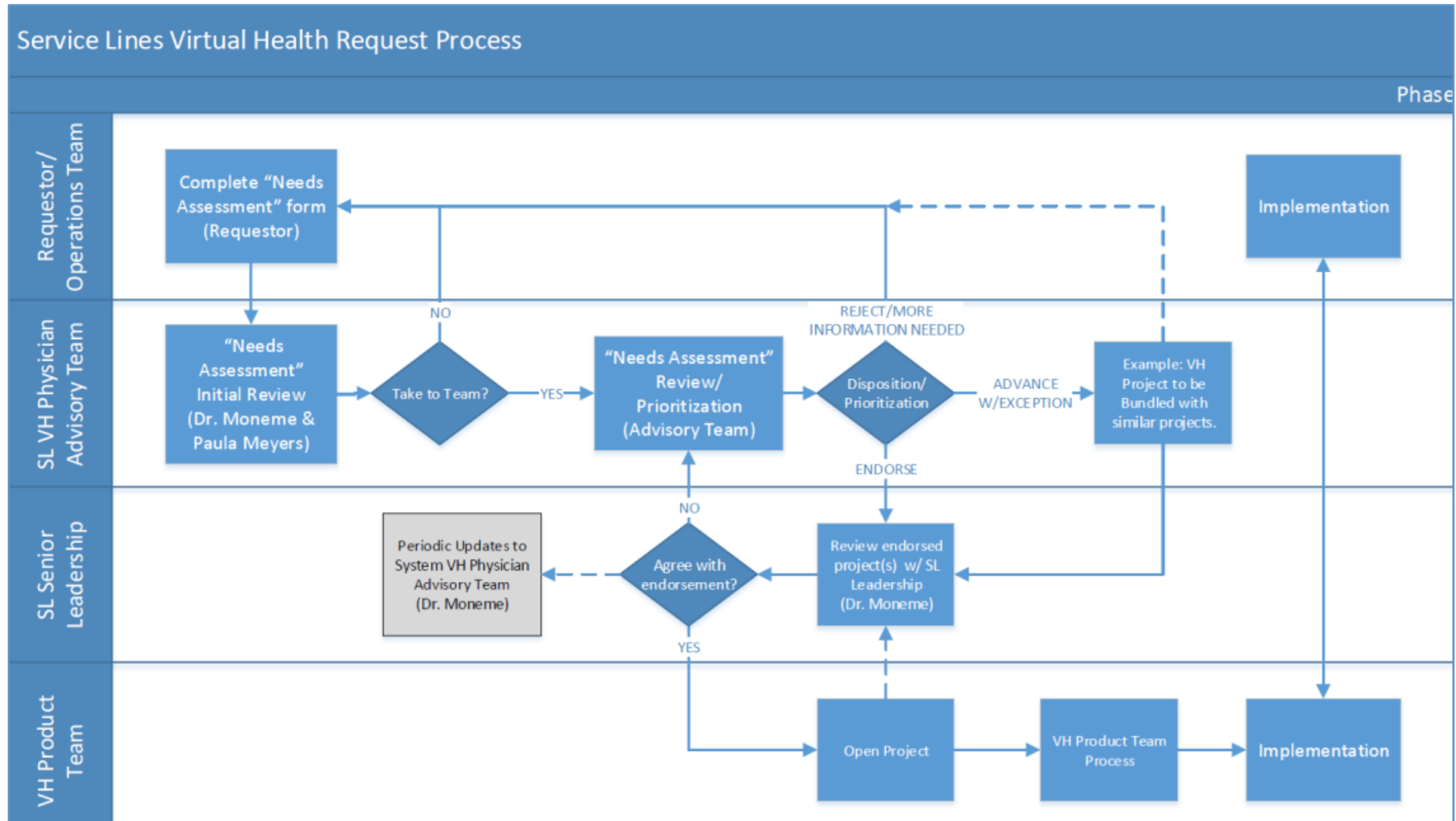
Operational lead: Kim Hallinan

Lead Reviewer & Date reviewed

Please choose a rating from 1-10 for each category. In all cases, 10 equals the highest state of readiness and 1 equals the lowest.

Operational interest		
Category	Rating	Notes
Operational interest	9	Strong SNF collaborative work w/Jayne Flowers and team, embedded care coordinator in some Marion SNFs. Strong linkage with Heartland of Marion and Presidential SNF with stroke bundle pts (biweekly debriefs with multidisciplinary team hardwired). We have attempted 2 SNF video visits already, thought we had coordination with the SNF nursing staff, but that nursing staff was not available to facilitate at the time of appt.-this is why I marked Operational interest at 9.
Provider champions	10	This is a request of Dr. Perchuk for continued stroke bundle management-avoid readmissions/cost and check progress of medical plan while pt recovering in SNF to achieve CMS total Cost of stroke bundle Care.
Openness to creative thinking	8	Video visits have revolutionized our thought process in neurology.
Change Management		
Assess the level of effort needed to implement change within the reviewed business/clinical area.		
Category	Rating	Notes
Overall	8	Neurology staff comfortable with video visits, but this would be a new process for the SNF.
Provider Compensation Model		
Description		
Category	Rating	Notes
Overall	10	Video neurology visit is currently a billable service.
Fiscal considerations		
Description		
Category	Rating	Notes
Overall	7	I am uncertain if SNFs have the hardware to provide video visit, visit will need boots on ground to support. OPG, MGH, vs SNF payment for equipment?
Experience with virtual health		
Description		
Category	Rating	Notes
Overall	7	Neurology with excellent experience with virtual health, during the COVID crisis SNFs limited visitation and I am assuming offered some virtual health option for this.
Competing priorities		
Description		
Category	Rating	Notes
Regulatory commitments	5	We have a formal agreement with CMS to provide stellar 90 day care for stroke pts at Marion under a target price. Readmissions, extended SNF stays and unnecessary diagnostics drive the TCOC in Marion.
CARF commitments	5	?SNF hardware will be needed. Not a huge cost.
Other		
Provider efficiency		
Description		
Category	Rating	Notes
Overall	8	Video visits provides maximal efficiency for our neurology team, however the SNF may have difficulty with bringing up platform for the visit.
Staffing considerations		
Description		
Category	Rating	Notes
Overall	8	Uncertain the resources needed on the SNF side to execute a video neurology visit.

VH Request Process/Flow



What's in the virtual “pipeline”?

Outpatient Outreach Specialty Clinic

- Cambridge, Mansfield
- TBD

Multidisciplinary Virtual Clinic

- ALS Clinic- Dr. Novak
- Movement, MS

Marion SNF stroke followup

- Dr. Perchuk

Inpatient Virtual Consult

- Stroke 3.0- (Grady, Berger {weekends})
- Non acute- (Berger, Grady, Morrow, Cambridge, Hardin)

Inpatient eConsult

- Non-patient, non-provider type of consult- “Curbside”

Cambridge Acute EEG monitoring

- Dr. Klatte, Renee Pack

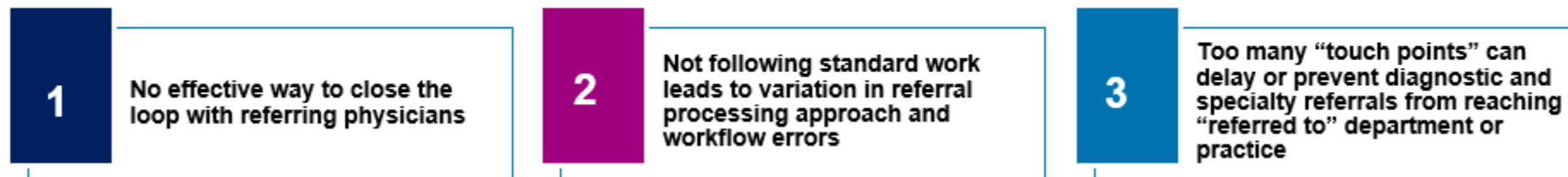
Epilepsy Transition Clinic Collaboration with NCH

- Dr. Klatte, Renee Pack

C	D	E	F	G	H	I	J	K	L	M
OhioHealth Service Lines - Virtual Health Project Pipeline										
Description (short) ▾	Administrative Lead ▾	Provider Lead ▾	Project Request Date ▾	Est. Project Completion Date ▾	A3 connection? (Y/N) ▾	Readiness Assessment Complete? (Y/N) ▾	Readiness Assessment Score ▾	Project Status (pick one) ▾	Notes/Comments ▾	
m Tim Clouse from 2 never has been all OH hospitals	Tim Clouse	Dallas Erdmann	5/28/20	6/1/20	N	N	N/A	Implemented	Submitted 2 years ago	
PH, MCH, HMH, Berger	Paula Meyers	Obinna Moneme	12/1/19		Y	N	N/A	On Hold	Related to compensation model	
dy, Dublin, Grant, DH	Renee Pack	Nirav Vora	11/1/19	9/30/20	N	N	N/A	Implemented	Position cerebrovascular services across the system to bring specialty services close to home, improving patient outcomes from the onset of stroke, stroke alert, inpatient stay and through the recovery process.	
	Martina Turner	Anish Amin	5/19/20	7/31/20	Y	Y	9	Initial Review (Obi/Paula)	Telehealth schedule change in Care Connect build for location	
	Jayne Flowers/Renee Pack	Alex Perchuk	5/28/20	9/30/20	N	Y	8	SL Physician Advisory Review	Interest with SNF, Contract(s)? Need reviewed with legal	
	Paula Meyers	John Novak	6/1/20	TBD	N	N	N/A	On Hold	Optimization of current ALS process - needs equipment which is ordered. Started w/COVID 19 pandemic. Expanding use in clinic rooms	
	Paula Meyers	Al Vargas	6/1/20	TBD	N	N		Needs Assessment - In Process	Can be bundled with Stroek/SNF project; different contracts, resurces, process same	
sy Clinic	Renee Pack	Emily Klatte	6/10/20	TBD	N	N		Needs Assessment - In Process	Contract details need addressed, resources, compensation to OhioHealth;	
am; contracted commercialization (ber/ Pack)	Renee Pack	Emily Klatte	6/18/20	9/30/20	N	Y	7	Initial Review (Obi/Paula)	Contract details need addressed, resources, compensation to OhioHealth;	
	Dan Savage (Brittany Ansel)	Dr. Friedman			Y	N				
	Deborah Graves	Dr. Ueberroth	6/18/20	3/1/20	Y	N	N/A	Implemented	A3 related in Neuro - Team has been doing VH with team based care since march (COVID related); asking that patient facing website be added to marketing materials	

Easy Access

- Divert low acuity patients from ED
- Revenue generation (billable service)
- Decreases misappropriate use of referrals
- Patient satisfaction (quicker turnaround on next steps)
- Provider satisfaction (creates a process to quickly get feedback from a specialist, no need for phone tag)

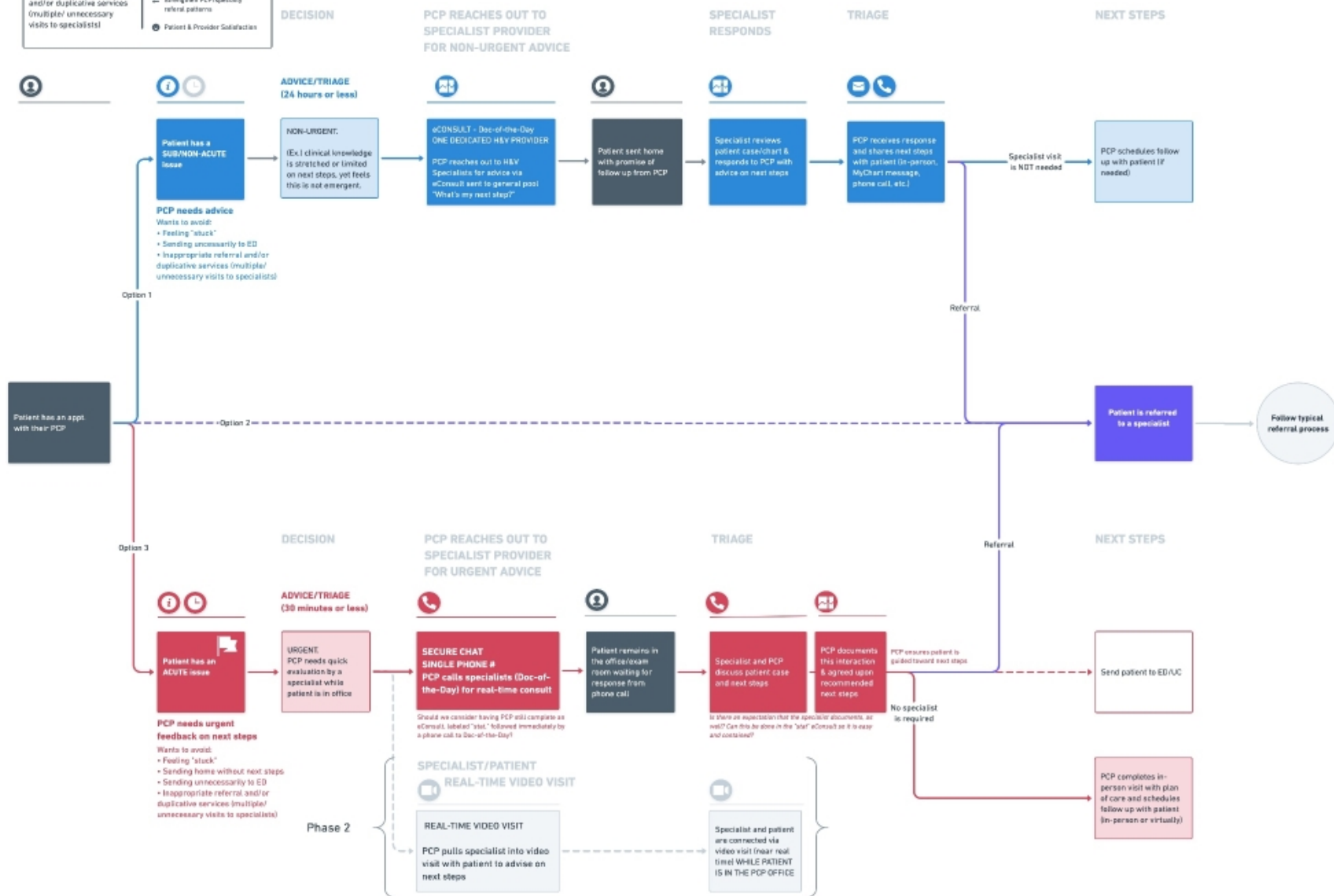


PCP | H&V Collaboration

Problem to solve:
Avoid sending patient to ED or UC
Inappropriate referral and/or duplicative services (multiple unnecessary visits to specialists)

What success looks like

- Decrease ED utilization
- Increase referral velocity
- Strengthen PCP/specialist referral patterns
- Patient & Provider Satisfaction



Snapshot of what has been achieved

Since March 15

**338K
MyChart**

total users since
March 15

**85,721
MyChart
activations**

**Entire system
using a single
platform**

integrated with our custom
Epic MyChart

**MyChart
serves**

as a foundation for
not only virtual
services, but also
closures in gaps
of care

Why MyChart?

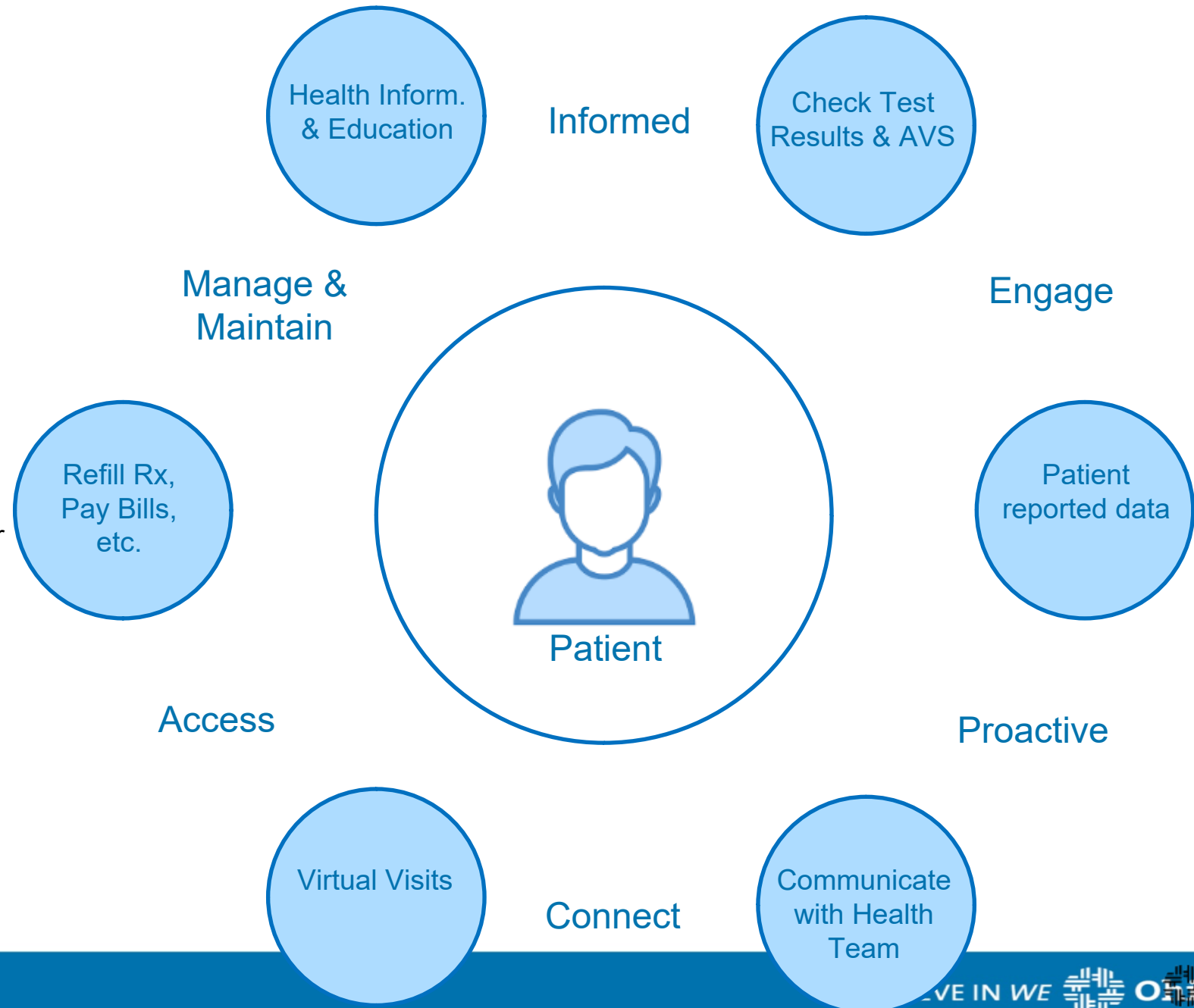
Integrated Platform

Benefits to the patient

- Patients can access **ALL** of their health information in one place
- Maintaining a consistent experience (same platform for bedside, ambulatory and remote care)

Benefits to the provider

- Access all patients health information in one place
- Streamlined process (better prepare for the visit ahead of time)
- Secure and compliant option



In the current experience...

Patients feel



- **Appreciative** that OhioHealth is offering video visits, so they can stay home and stay safe
- **Intimidated** by the instructions, so some disregard or call for help
- **Confused** when they can't hear or see the provider because they thought they had everything set up

MAAs feel



- **Excited** that video visits are encouraging more patients to get on MyChart
- **Frustrated** that the instructions aren't clear to the patients and they don't know what the patient sees
- **Overwhelmed** by the current workflow and amount of time spent walking the patient through instructions

Providers feel



- **Grateful and excited** that we're leveraging video visits to connect with patients remotely
- **Annoyed** that the process is cumbersome and could be simplified (single click)
- **Anxious** to streamline the process and technology to make it easier for patients and staff

What is the ***ideal*** video visit experience we want to create?

Technology

Setup is simple, launch is one click away – it's intuitive for both patients and providers

Process & Standard Work

A consistent, yet adaptable process that gives more time back to patient care

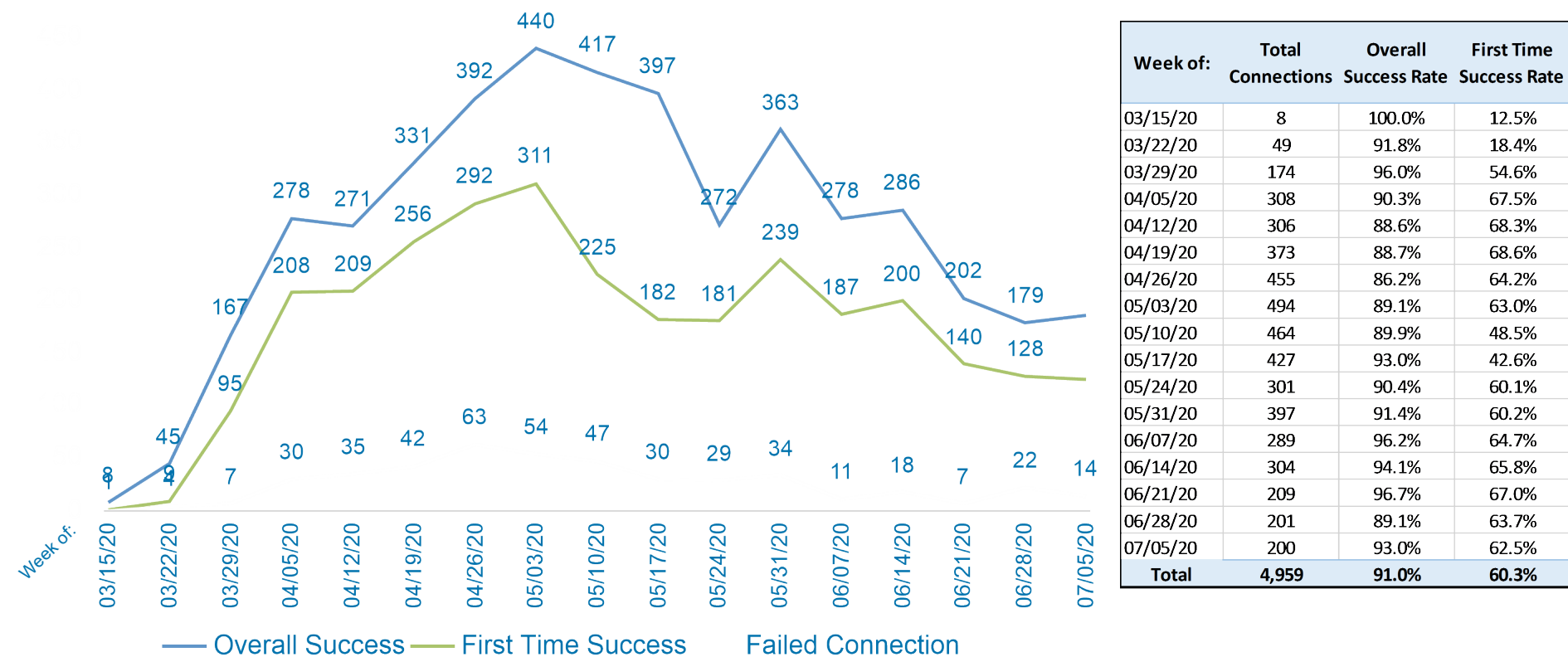
Support

A sustainable model that provides real-time proactive and reactive support for our patients and/or clinicians

Communication & Education

An intuitive experience, in which support and education/training are merely safety-nets, not a necessity

Neurology providers and patients connect successfully via Video ~90% of the time



Neurology providers/patients connect successfully on the **first try** ~60% of the time

Video Visit success rate varies by Neurology Department

Department Name	Total Connections	Overall Success Rate	First Time Success Rate
OPG NEUROLOGY CHATHAM	1,280	93.0%	62.3%
OPG NEURO EPIL OLNTGY1	550	90.9%	58.4%
RMH MS CLINIC TOWER	499	87.4%	52.5%
OPG NEUROLOGY SEASONS	478	93.9%	59.2%
MAP NEUROLOGY MARION	360	84.4%	58.3%
OPG NEUROONC BING	269	95.9%	71.4%
OPG NEUROLOGY STATE	202	91.6%	65.3%
OPG NEUROLOGY STRING3	192	93.8%	64.6%
OPG NEUROLOGY HOSP 2	183	90.7%	61.2%
OPG NEUROLOGY ATHENS 2	173	97.7%	82.7%
OPG NEUROLOGY PMC	109	86.2%	48.6%
OPG NEUROLOGY OHIOHLTH	91	96.7%	65.9%
RMH STROKE CLINIC TOWR	88	78.4%	35.2%
RMH MOVEMENT CLINIC	87	89.7%	63.2%
OPG NEUROLOGY GLESSNER	69	75.4%	53.6%
OPG NEUROLOGY POLARIS	57	93.0%	63.2%
WMC ALS CLINIC	49	100.0%	38.8%
OPG NEUROLOGY POLARIS2	39	87.2%	59.0%
OPG NEUROLOGY CIRCLEVILLE	33	75.8%	45.5%
OPG NEUROLOGY PMC 2	33	81.8%	54.5%
OPG NEUROLOGY NHAMPTON	31	96.8%	58.1%
OPG NEUROCOG GERLACH	23	91.3%	26.1%
OPG MS CLINIC OH BLVD	23	95.7%	69.6%
OPG NEUROLOGY PMC 3	11	63.6%	54.5%
OPG NEUROLOGY HAMILTON	11	81.8%	63.6%
OPG NEUROLOGY STATE 2	6	100.0%	50.0%
OPG NEUROLOGY STATE 3	4	100.0%	75.0%
OPG NEUROHR OLNTNGY	4	75.0%	75.0%
HMH HSC NEUROL	3	66.7%	33.3%
OPG NEUROCOG STATE	1	100.0%	100.0%
MAP NEUROLOGY MARIONRD	1	100.0%	100.0%
Grand Total	4,959	91.0%	60.3%

- 52% of Neurology Departments have an Overall Success Rate above the Neurology Total (91.0%)
- 48% of Neurology Departments have a First-Time Success Rate above the Neurology Total (60.3%)

 Department success rate is less than Neurology Total

Process/Standard Work

- ✓ Completed
- ❖ Piloting/In-progress
- Discovery

Pain Points

- MAs may **call a patient** 3-5 times per one video visit. This can be **burdensome** on the MAs and patients
- Patients don't know to **expect the MA to call** before or after the visit, so they don't answer
- Patients are told to sign in 15-30 min. early and wait in a virtual black hole – **no feedback** to know if connection is good and/or provider is running behind

Opportunities

- Re-evaluate standard work to align with CareConnect build enhancements and scripting
- Streamline clinical flows (reduce steps, remove duplicative work, avoid unnecessary issues, etc.)
- Re-evaluate training and tools needed to be successful in carrying out the standard work across all practices/departments

Quick Wins

- ✓ Simplified MA scripting
- ✓ Simplified MyChart message w/ clear patient set-up instructions & links to videos
- ❖ Help patient with MyChart/Zoom setup in-person

Communication & Education

- ✓ Completed
- ❖ Piloting/In-progress
- Discovery

Pain Points

- "Laundry list" of instructions given in the MyChart message is **overwhelming**
- **Inconsistent messaging** in MA scripting, MyChart, and OH.com is confusing to users
- Patients **aren't reading the instructions** and instead are calling MAs to help setup
- Providers are **overwhelmed with the tip sheets and organization** of those tip sheets on eSource – it's not easy to find what you need

Opportunities

- Provide accessible and easily-digestible information that prepares and empowers users
- Set clear expectations (when to choose video or in-person visit, what may be asked of you, etc.)
- Help to dispel myths associated with virtual health (e.g. privacy, security, quality, etc.)

Quick Wins

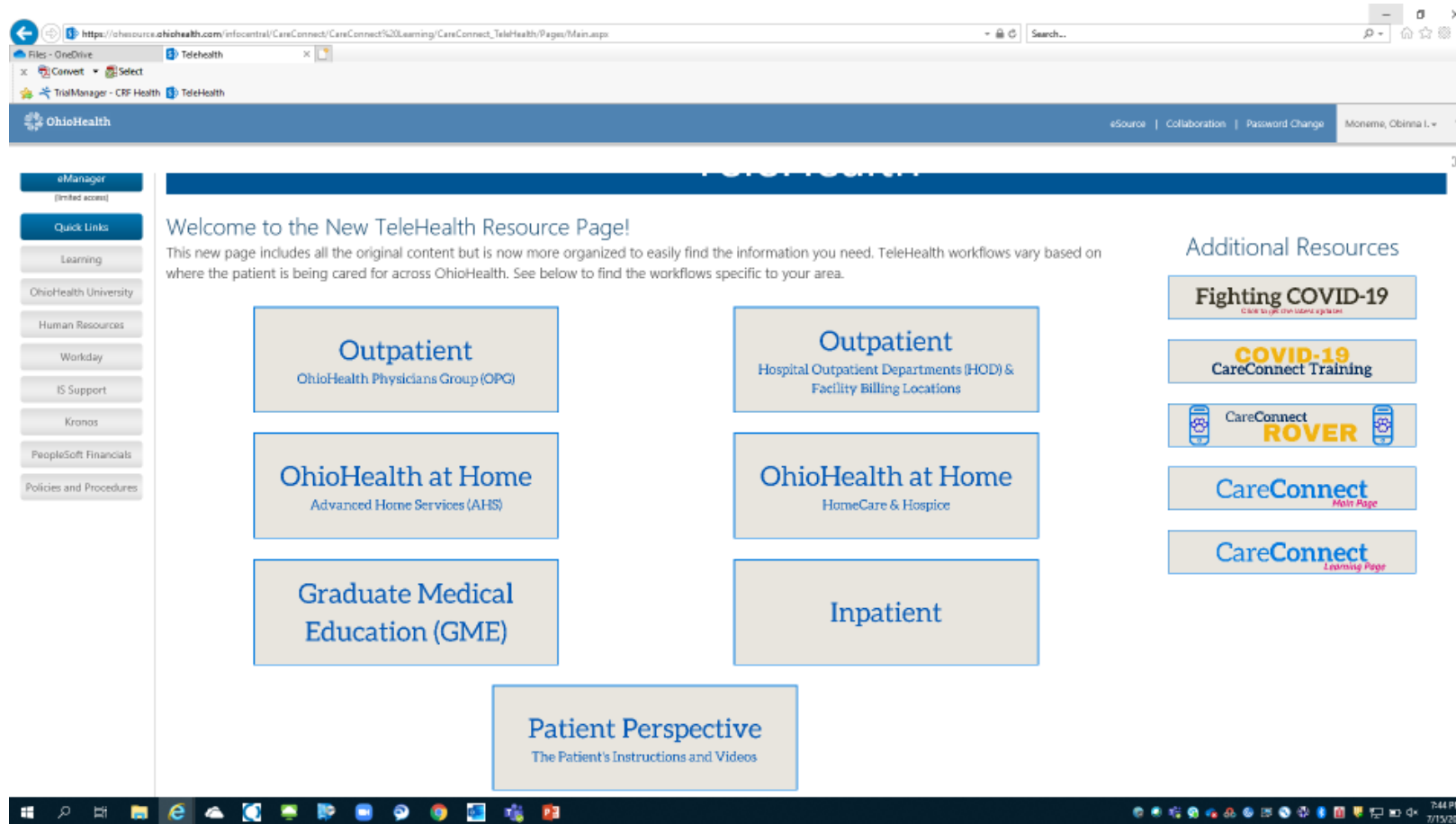
- ✓ Improving organization of clinician resources on eSource
- ❖ Pull video/instructions into OH app
- ❖ Simplified patient instructions to include visuals

Possible Digital Product Enhancements

- One touch launch/Zoom integration
- Patient Self Service – for the pt. to be able to schedule, reschedule, etc.
- Support Patient Preference for visit type
- Mychart set up prior to hospital discharge (EP)
- Patient Service Center concept (for scheduling/Tech support)
- Virtual Waiting Room- Keep patients better informed
- Email link to pull patient into encounter
- Geofencing

TeleHealth Home Page-

go to eSource and search “telehealth”



The screenshot shows a web browser window displaying the OhioHealth TeleHealth Home Page. The browser's address bar shows the URL: https://ehsource.ohiohealth.com/infocentral/CareConnect/CareConnect%20Learning/CareConnect_TeleHealth/Pages/Main.aspx. The page features a blue header with the OhioHealth logo and navigation links for eSource, Collaboration, Password Change, and a user profile for Monama, Obinna L. Below the header is a sidebar with a 'Quick Links' section containing links for eManager (limited access), Learning, OhioHealth University, Human Resources, Workday, IS Support, Kronos, PeopleSoft Financials, and Policies and Procedures. The main content area is titled 'Welcome to the New TeleHealth Resource Page!' and includes a brief introduction. It features a grid of nine resource boxes: 'Outpatient OhioHealth Physicians Group (OPG)', 'Outpatient Hospital Outpatient Departments (HOD) & Facility Billing Locations', 'OhioHealth at Home Advanced Home Services (AHS)', 'OhioHealth at Home HomeCare & Hospice', 'Graduate Medical Education (GME)', 'Inpatient', and 'Patient Perspective The Patient's Instructions and Videos'. To the right of the grid is a section titled 'Additional Resources' with links for 'Fighting COVID-19', 'COVID-19 CareConnect Training', 'CareConnect ROVER', 'CareConnect Multi Page', and 'CareConnect Learning Page'. The Windows taskbar at the bottom shows the time as 7:44 PM on 7/15/2020.



Need an OhioHealth doctor? We'll help you find one close to home or work.

FIND A DOCTOR

Step 2: Prepare for Your Telehealth Appointment

Below for video walkthroughs and step-by-step instructions that will have you ready for your appointment in no time.



Phone and Tablet

or



Desktop and Laptop



OhioHealth Telehealth

[OhioHealth Telehealth Home](#)

[Phone and Tablet Instructions](#)

[Desktop and Laptop Instructions](#)

[Berger Hospital Provider Instructions](#)

[Troubleshooting Tips](#)

[FAQ](#)

Telehealth Troubleshooting Tips

If you have issues with your telehealth visit, you may need to make some adjustments to your browser, or your audio and video settings. Try these tips. If you are having issues with MyChart, call (844) 646.9242.

Outpatient TeleHealth Resources

Standard Work

Our data shows failure rates are lower when practices and providers are following standard work.

OhioHealth Directory

- eManager (limited access)
- Quick Links
- Learning
- OhioHealth University
- Human Resources
- Workday
- IS Support
- Kronos
- PeopleSoft Financials
- Policies and Procedures

TeleHealth OPG

Provider

Preparation for Video or Telephone Visits
[Initial Set-Up - Tip Sheet](#)

Connecting to the Video from
[Hyperspace - Tip Sheet](#)
[Hyperspace - Video](#)
[Haiku \(iOS\) - Tip Sheet](#)
[Haiku \(iOS\) - Video](#)
[Haiku \(Android\) - Tip Sheet](#)
[Quick Troubleshooting - Helping Patients Connect - Tip Sheet](#)

Documentation- Video Visits
[Quick Tips - Tip Sheet](#)
[Detailed Workflow - Tip Sheet](#)
[Code Selection - Video](#)
[Launched from Hyperspace - Video](#)
[Launched from Haiku \(iOS\) - Video](#)

Documentation- Telephone Visit
[Quick Tips - Tip Sheet](#)
[Detailed Workflow - Tip Sheet](#)
[Detailed Workflow - Video](#)

Special Workflows
[Interpreter Services - Tip Sheet](#)
[Annual Medicare Wellness - Tip Sheet](#)
[Annual Medicare Wellness - Video](#)
[Transition of Care - Tip Sheet](#)

Outpatient Staff

Scheduling & Registration
[Video or Telephone Visit Quick Tips - Tip Sheet](#)
[Video or Telephone Visit Details - Guide](#)
[Interpreter Services - Tip Sheet](#)
[Registration/Verbal Consents - Tip Sheet](#)

Outpatient Clinical Staff
[Video & Telephone Visit - Tip Sheet](#)
[Annual Medicare Wellness - Tip Sheet](#)
[Transition of Care - Tip Sheet](#)

MyChart Activation & Proxy Access
[Activate a Patient - Tip Sheet](#)
[Patient Grants Proxy Access - Tip Sheet](#)
[OhioHealth Grants Proxy Access - Tip Sheet](#)
[Activate a Patient & Proxy Access - Guide](#)

Additional Resources

- Fighting COVID-19**
Click to get the latest updates
- TeleHealth in CareConnect**
- COVID-19 CareConnect Training**
- CareConnect ROVER**
- CareConnect**
Main Page
- CareConnect**
Learning Page

*Setting up proxy access

*Using interpreter services

Practice Lead Champion

Video Visit Troubleshooting Guide

Quick Troubleshooting Guide- Helping Patients Connect to Zoom Audio/Video

CareConnect Learning | TIP SHEET

This will serve as a quick guide for in-the-moment troubleshooting but will not be exhaustive of all options to improve the AV connectivity issues between you and your patient. You should be aware of the amount of time it takes to attempt these maneuvers as it applies to the length of the visit and the urgency/timeliness of the visit.

You can hear patient, but cannot see patient

Ask Patient to Start Video

- Ask patient to touch the screen (or navigate on laptop) to **hit 'Start video'** in bottom left corner of the screen.

Send Patient Prompt to Start Video

- You, using Mobile:
 - **Participants** (bottom of Zoom window)> **Camera icon** w/ slash next to patient's name> **Ask to Start Video**. The patient will receive a prompt on their end to start video.
- You, using Computer:
 - **Participants** (bottom of Zoom window)> **More** next to patient's name> **Ask to Start Video**. The patient will receive a prompt on their end to start video.

Patient Reports "Unable to Access Camera" Warning

- Ask patient to go to their device **Settings> Privacy> Camera> toggle Zoom to ON**. Then apply the changes by **backing out of Privacy (upper left) and Settings (also upper left)**. **Go back to the Zoom app**.

You can see patient, but cannot hear patient

Send Patient Prompt to Unmute

- You, using Mobile:
 - **Participants** (bottom of Zoom window)> **Microphone icon** w/ slash next to patient's name> **Ask to Unmute**. The patient will receive a prompt to unmute on their end.
- You, using Computer:
 - **Participants** (bottom of Zoom window)> **Unmute** next to patient's name. The patient will receive a prompt on their end to start video.

Based on the Patient's Issue, Display One of the Following Instructions with Your Camera for Patient to See

Mobile/computer instruction cards provided below. Consider printing and using the cards as needed for patient guidance.

- Patient Using Mobile (**Blue Cards – p.2**)
 - **Join Audio** > Select Internet Audio
 - **Unmute Audio** (if sending the prompt, as described above, did not work)
 - **Adjust Volume**
 - **Change Audio from Bluetooth to Mobile Device**
 - **Change Audio from Earpiece to Speaker**
 - **Let Patient Know You've Sent Them a Chat**
- Patient Using Computer (**Green Cards – p.3**)
 - **Join Computer Audio**
 - **Join Audio by Calling in with a Phone**
 - **Let Patient Know You've Sent Them a Chat**
 - **Unmute Audio** (if sending the prompt, as described above, did not work)
 - **Change Audio from Computer to Phone**

Call the Patient on a Different Phone Line







- Call the patient directly at their home or cell.

Troubleshooting Guides

Mobile

Patient Using Mobile






CareConnect Learning | TIP SHEET

Tap screen and select  (bottom left corner) Select 'Internet Audio'	Tap screen and select  (bottom left corner) Now microphone is no longer red
Tap screen and select  (top left corner) Then, increase volume .	Tap screen and select  (upper left corner) Select Your Device/Phone
Tap screen and select  (upper left corner) Sound should now be coming from your speaker .	Tap screen and select  (bottom right corner) and read the chat message I sent you.

Computer

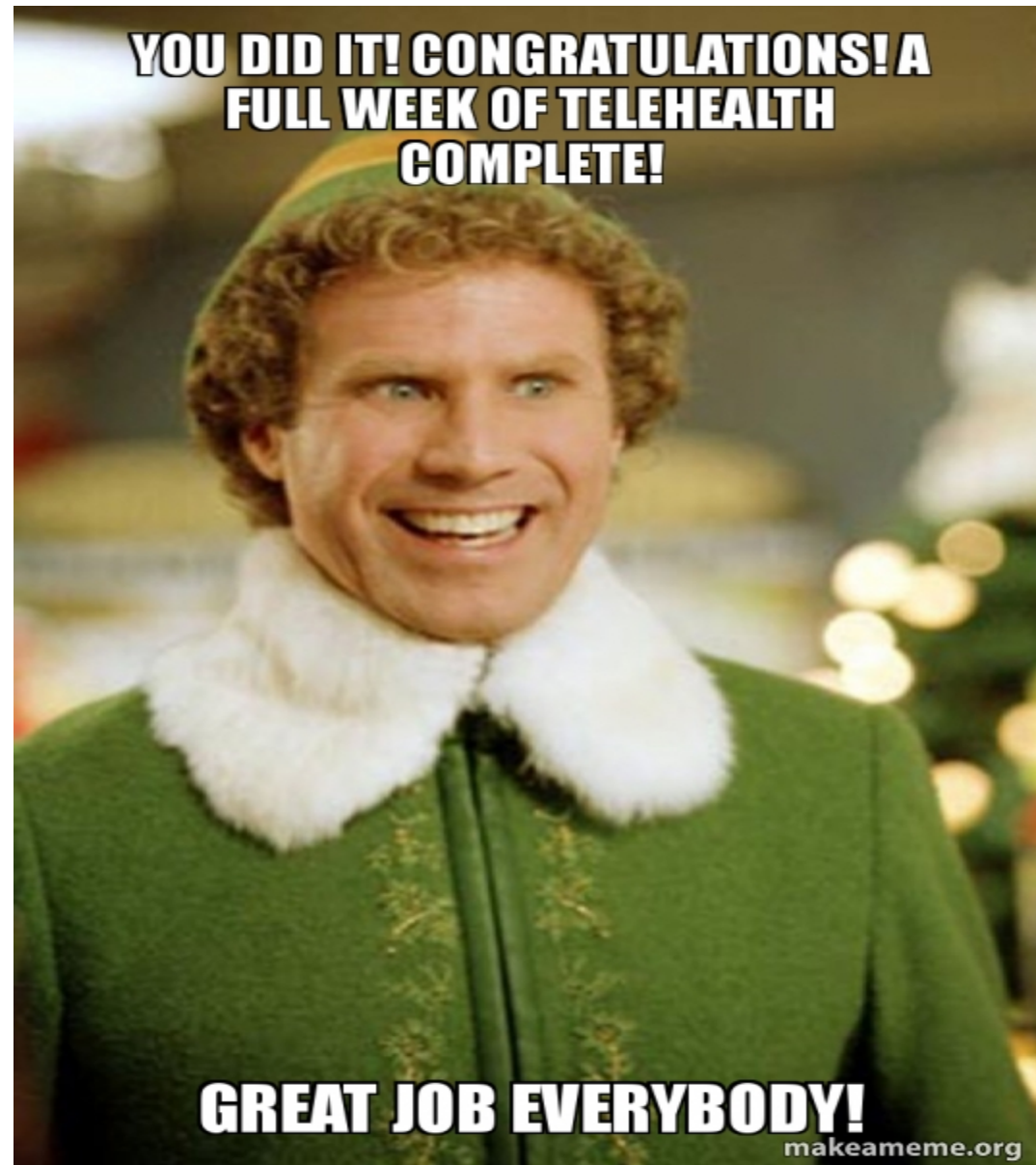
Patient Using Computer

CareConnect Learning | TIP SHEET

Click Zoom window & select  (bottom left corner) Select 'Join with Computer Audio'	Click Zoom window & select  (bottom left corner) Select 'Phone Call' tab Call any of the #'s Wait to be connected
Click Zoom window & select  (bottom right corner) and read the chat message I sent you.	Click Zoom window & select  (bottom left corner) Now microphone is no longer red
Click Zoom window & select  (bottom left corner) Switch to 'Phone Audio' Call any of the #'s Wait to be connected	

Other tips for improved Video Visit efficiency

- Use the most updated scripting and patient education video enhancements- (Office managers, Amy Minser, Julie Bain)
- Communication with staff- Jabber or Secure Chat to communicate with staff (MA use of zoom license has not been approved)
- Planned for end of month: Zoom integration into MyChart. The providers may be happy to hear that patients won't need to do the extra step of downloading zoom
- Changing template options for Video visits. First time video visits may need more time for tech issues. Repeat patients may be easier to complete encounters. Schedule intermittently or blocks, based on comfort level



References

- Telehealth: A quarter-trillion-dollar post-COVID-19 reality?

McKinsey & Co. May, 2020

- The Rapid Transition to Telemedicine: Insights and Early Trends

Press Ganey 2020

- Strategies for Digital Care of Vulnerable Patients in a COVID-19 World—Keeping in Touch

Darrell Gray, Joshua Joseph, J. Nwando Olayiwola- JAMA Health Forum 6/12/2020

NEUROLOGY VISIT GUIDELINES- draft

New patient (never seen neurologist)			
Reason for Visit	In-person	Video	Telephone
Neuropathy (numbness/tingling)	yes		
Headache	yes	yes	
Dizziness	yes	yes	
memory loss	yes	yes	
muscle weakness (nmj, dystrophy, als)	yes		
seizure	yes	yes	
MS	yes		
Parkinsons	yes		
Essential tremor	yes	yes	
Dystonia	yes		
other movements	yes		

New referral--previously seen neurologist with records available			
Reason for Visit	In-person	Video	Telephone
Neuropathy (numbness/tingling)	yes	yes	
Headache	yes	yes	
Dizziness	yes	yes	
memory loss	yes	yes	
muscle weakness (nmj, dystrophy, als)	yes	yes	
seizure	yes	yes	
MS	yes		
Parkinsons	yes	yes	
Essential tremor	yes	yes	
Dystonia	yes	yes	
other movement	yes	yes	

Follow up patients			
Reason for Visit	In-person	Video	Telephone*
Neuropathy (numbness/tingling)	yes	yes	
Headache	yes	yes	yes
Dizziness	yes	yes	yes
memory loss	yes	yes	yes
muscle weakness (nmj, dystrophy, als)	yes	yes	yes
seizure	yes	yes	yes
MS	yes	yes	
Parkinsons	yes	yes	yes
Essential tremor	yes	yes	yes
Dystonia	yes	yes	
Hospital fu	yes	yes	
CVA fu	yes	yes	