Telehealth Expansion & Changes
Agenda

• Brief overview from last week
• Distance patient care scenarios
• Documentation
• Technology
  – VPR stats, what we’ve learned, how you can help, current efforts
  – Inpatient solution being released to ANMC
• Q&A
Summary from last week
General Changes

• Need for quick mass access
• Bandwidth and Vidyo line strain
• Payment models
  – Telephone
  – Provider from home
Virtual Patient Room

• Simple, no account or log in so helps with mass demand
• Room unique to patient
• Streamlines/standardizes connection process
• Provider to provider use
• Direct to patient home use
• Developed by ANTHC developers for ATHS
Using VPR

• Provider calls patient end when possible
• Provider sends link when needed
  – direct to patient
  – clinics where equipment not in Vidyo address book
  – to another provider
• Clinic with patient receives call directly (AFHCANcart, Polycom, Vidyo room system, etc.). Only need to use link when equipment down.
• Patient at home connects via link on own device (requires pretesting)
VPR from Provider End
VPR From Receiving End

Virtual Patient Room 3-20-2020 10.18.14 AM is inviting you to a conference.

- Answer
- Decline
Available Support

• Direct to home pretesting--ANMC specialty clinic VTCs only
• Clinic to clinic assist with communication
• Training: clinical informatics, telehealth department, other
• Posted information
  – Cerner eCoach (Cerner related documents)
  – ANTHC.org Telehealth page (documents, session recordings to come)
• Where to call
  – When using Vidyo – local AV/IT support
  – When in Cerner—Provider Hotline
ANTHC.org/
What-We-Do/
Telehealth/
Telehealth-Resources
Patient Care Scenarios
Distance Scenarios—Not All Telemedicine

• Video use (provider may be at home for any of these)
  – Provider to patient at home
  – Provider to patient in a distant clinic
  – Provider patient in provider’s own clinic or hospital by video

• Other distance options
  – Provider to provider (store & forward vs video/phone only)
  – Remote patient monitoring
  – Provider to patient by phone
Coordination

• Clinical, Technical & Administrative Leadership
• Pull in key people/departments
  – Clinical considerations – care provision and support
  – Revenue cycle & documentation
  – Regulatory considerations
  – AV & IT support
  – Reporting/monitoring
Delivery Mode Based On Need

- Will phone work?
- Video needed?
- In person needed?
- Store and forward?
- Is what I want to do actually possible with the people, equipment and connectivity I have?
Workflows

• Identify who will do what
• Scheduling
• Testing
• Orders
• Check in
• Connection
• Care provision
• Follow up
Training

• Who
  – Providers
  – Support staff
  – Other departments
  – Patients

• What
  – Technology
  – Workflow
  – Documentation
Technology
Inpatient Solution

• Virtual On Demand App
  – Available for Windows
VPR

• VPR Statistics
  – 763 virtual rooms generated (As of 3/26/2020)
  – 402 Calls with 2 or more people
  – 288 total providers have used VPR since deployed on 3/20/20
  – 88 Providers created a room in a single day

• Lessons learned & Challenges
  – Large number of very successful calls
  – Rolling out to non corporate devices/networks is challenging
  – Hearing there are failures with connection (giving up at 15 minutes)
  – Zeroing in on source of problems but would like to understand failures better
Current Efforts

• Releases (not deployed but days away)
  – VPR 1.6 & ROOMScore 1.2 (developed, currently in test)
    • Lock a Room
    • TESTME Link [https://rooms.video/TESTME](https://rooms.video/TESTME)
      – Connected to a loopback room for self testing
    • Address Defects in Call duration
    • Add parallel room creation (faster room spin up)

• Release next??
  – We’d love your feedback
• Requirements for VPR use
  – Android 4.4 and up
  – iOS 8.0 or later
  – Windows 7 and above
  – MacOS Sierra and above

https://support.vidyocloud.com/hc/en-us/articles/115000347587-VidyoMobile-Supported-Devices
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