

# Telehealth Expansion & Changes April 10, 2020

# Agenda

- Connecting by video:
  - Virtual Patient Room
  - Video On Demand Application
- Statistics and Current Requirements
- Lessons and Next Steps
- Store & Forward Options
- Considerations
- Q&A
- Announcement

# Review of Virtual Patient Room (VPR) and New Features

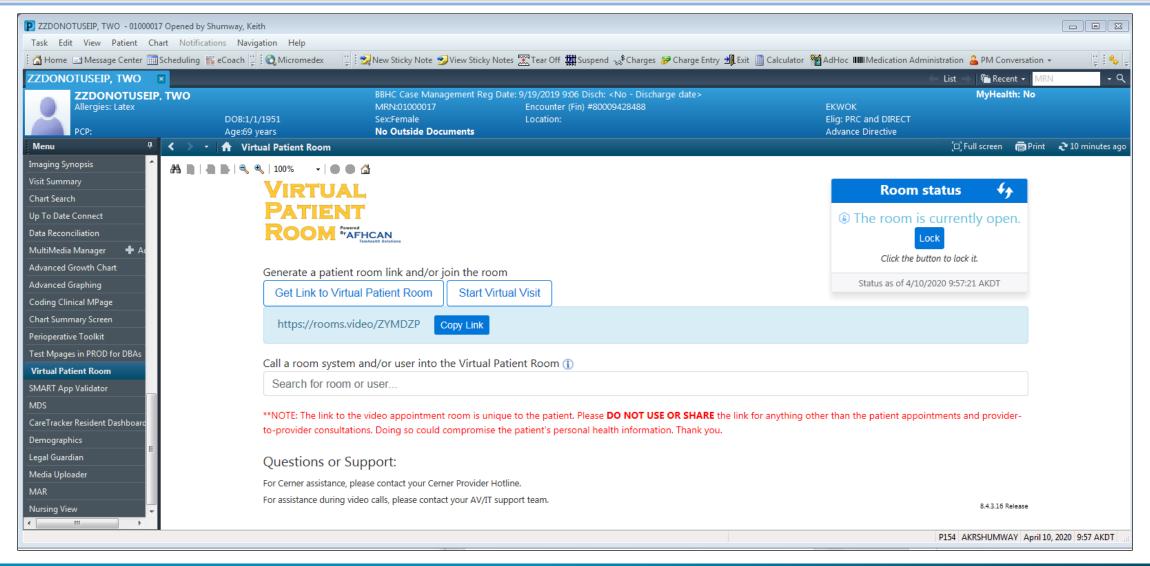
### Virtual Patient Room

- Streamlines/standardizes connection process
- Developed by ANTHC developers for ATHS
- No Vidyo account required
- Located in Cerner chart
  - Provider clinic must have Cerner Access
- Video room link unique to patient chart (and persists)
- Uses for provider to provider; provider to patient in clinic; provider direct to patient home

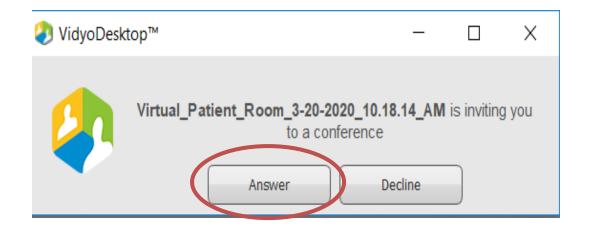
# Using VPR

- Provider Clinic:
  - Calls patient side when possible
  - Sends link when needed (direct to patient, clinic equipment not in Vidyo address book)
- Clinic with patient:
  - Receives call directly (AFHCANcart, Polycom, Vidyo room system, etc.)
  - Use link only when equipment unavailable
- Patient at home: connects via link on own device (requires pretesting from provider clinic staff)

## **VPR from Provider End**



# **VPR From Receiving End**



# Video On Demand Application (VODA)

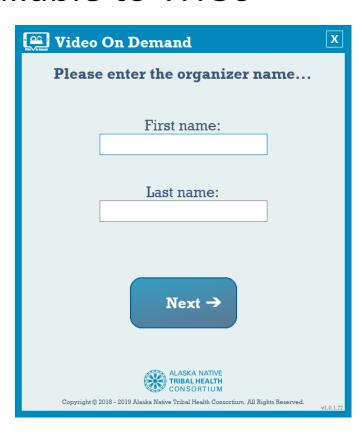
# Using VODA

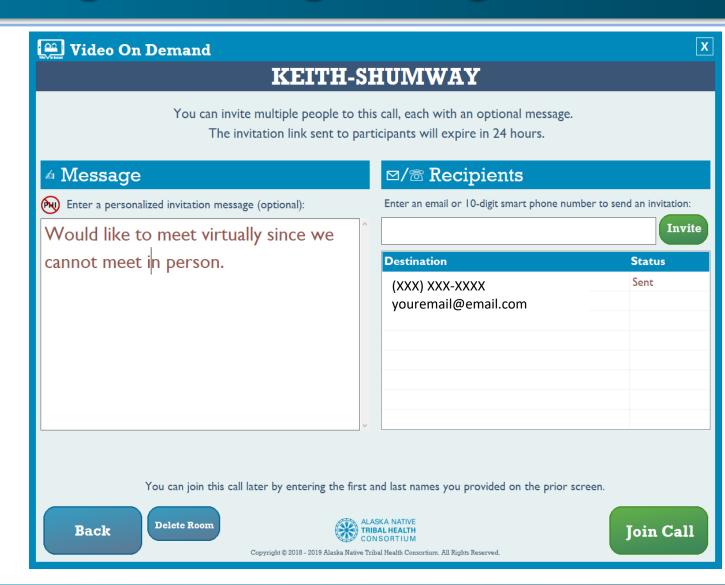
- Inpatient Settings
- No Account/Log In for either side
- Inpatient Staff sends link to recipient via text or email
- Recipient provides staff member organizing call with 10 digit phone number or email address
- Video room link unique to call; expires after 24 hours
- Connecting from Home: must have sufficient internet connection and device with camera/mic/speaker

# VODA from Sending/Call Originating Side

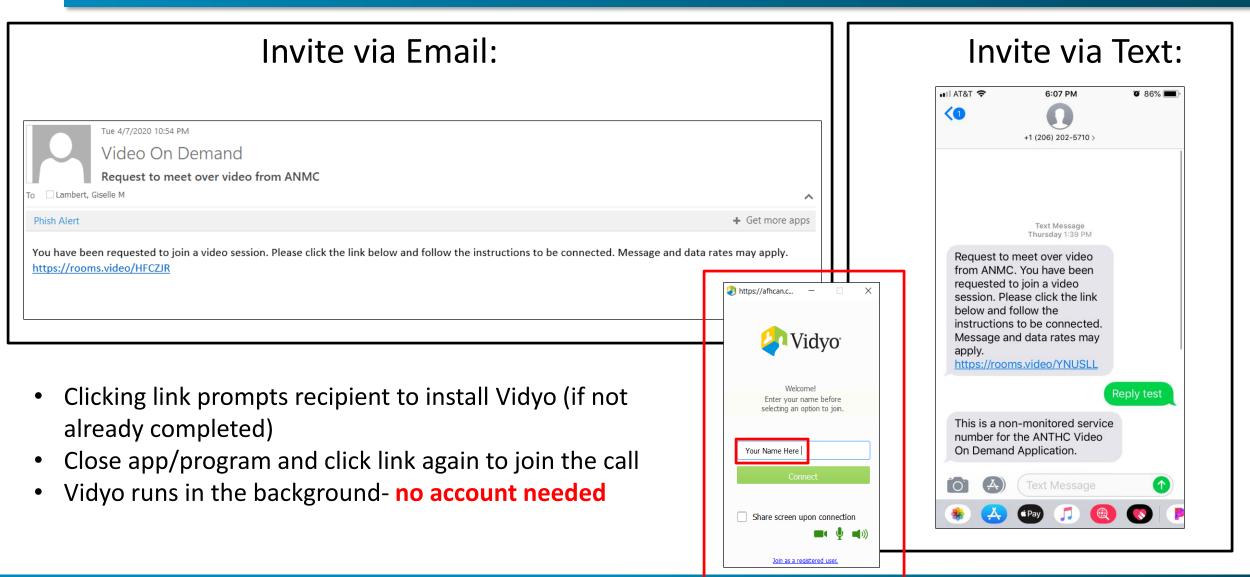
- Virtual On Demand App
- Available to THOs







# **VODA From Receiving Side**



## When to Use VPR vs. VODA

NEED	VPR	VODA
Scheduled VTC (provider on shared domain)	X	
Scheduled family care conferences (provider on shared domain)	X	
Planned provider to provider consult (both providers on shared domain)	X	
Planned or on demand inpatient virtual rounding (connects remote provider to bedside)		X
Immediate inpatient family visits (social, end of life, etc.)		X

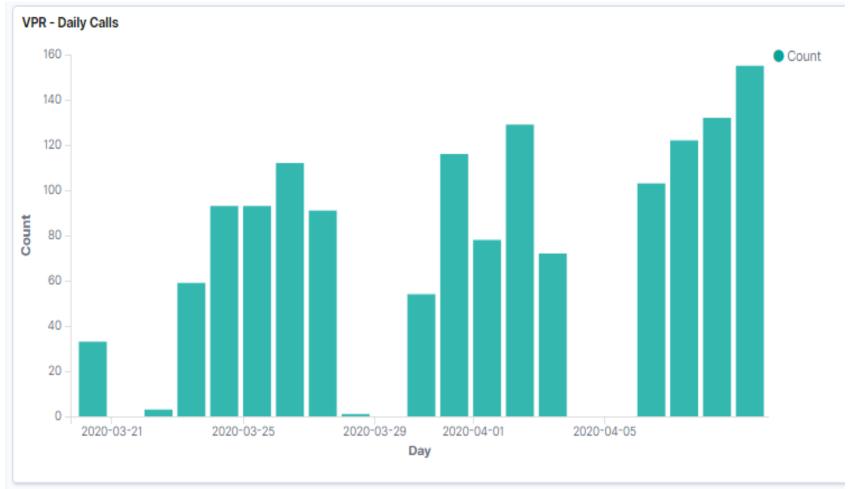
## Available Support for VPR & VODA

- Telehealth department assistance
- Training available: clinical informatics, telehealth department
- Posted information
  - Cerner eCoach (Cerner related documents)
  - ANTHC.org Telehealth page (documents, session recordings)
     <a href="https://anthc.org/what-we-do/telehealth/telehealth-resources/">https://anthc.org/what-we-do/telehealth/telehealth-resources/</a>
  - Signs & tags affixed to carts/devices
- Where to call
  - When using Vidyo local AV/IT support
  - When in Cerner—Provider Hotline

# **Statistics & Current Use Requirements**

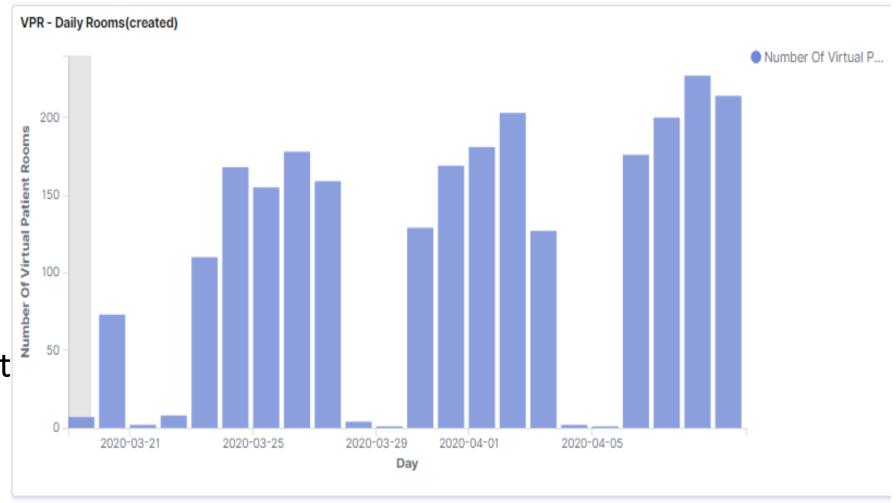
## -VPR Statistics

- VPR Calls 3/20 4/9 mid day
  - 1446 total
- Call is
  - 2 providers
  - At least5 minutes



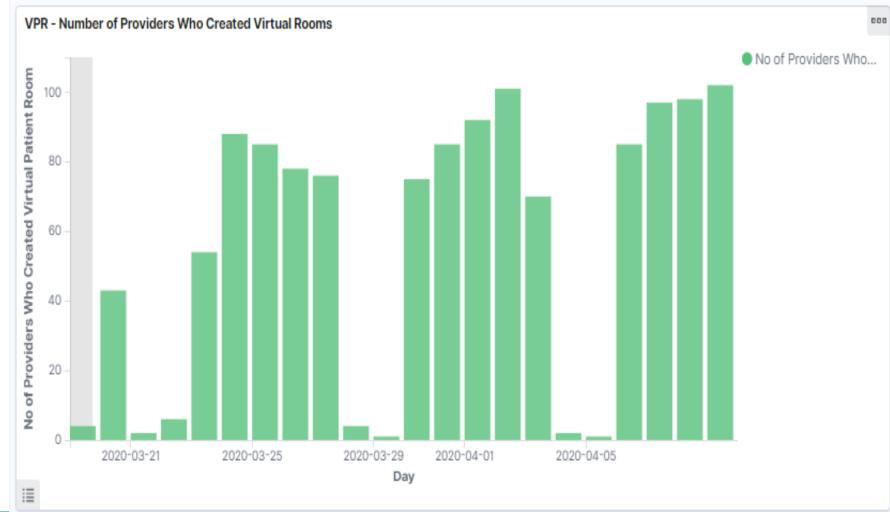
### -VPR Statistics

- VPR Rooms Created 3/20 4/9 mid day
  - 2494 total
- Created means
  - Someoneattempted to joina room
  - Test call
  - Real Patient visit

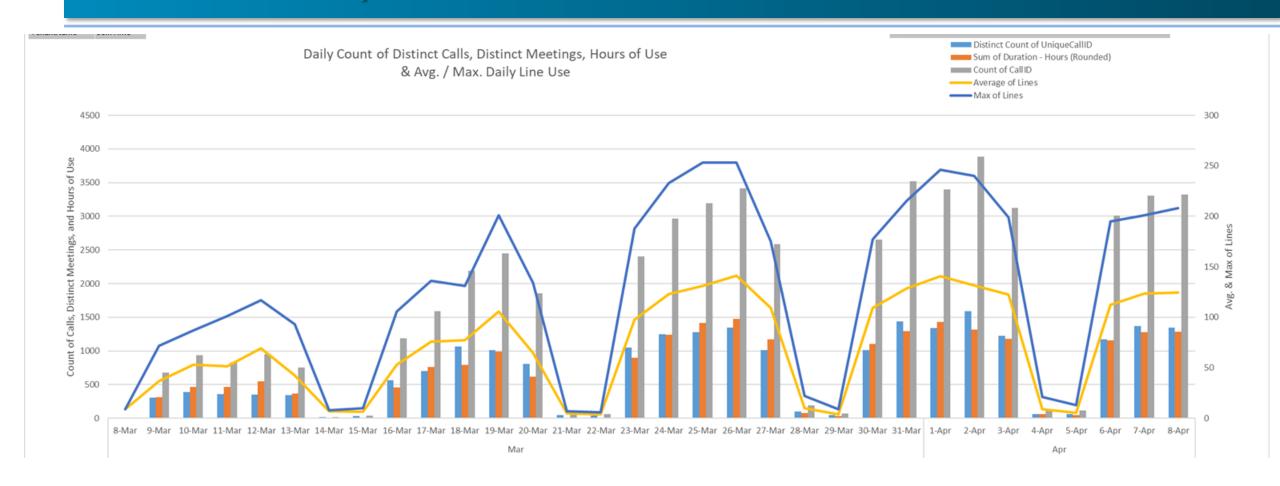


### -VPR Statistics

- Providers Creating Rooms 3/20 4/9 mid day
  - High 102
  - This data is under inflated



# \*Vidyo Utilization – The Past Month



In short – we have quadrupled the number of meetings, tripled the hours of use, and doubled the maximum number of simultaneous / concurrent calls. We expanded our capacity and are using about 65% of our available Vidyo "lines".

# \*Current Technical Requirements for VPR

#### Requirements for Vidyo / VPR Use\*:

- Android 4.4 and up
- iOS 8.0 or later
- Windows 7 and above
- MacOS Sierra and above
- Use Chrome if possible

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

# Lessons Learned, Next Steps & Future Requirements

# \*Current Issues Using Vidyo

#### Technical Issues on Mobile Devices:

- "General Failure. Operation Failed." Vidyo is working on a new iOS release to fix a
  defect we have found.
- Blue screen / no video camera access blocked, in use by another app, low bandwidth
- Lagging / jittery video Generally related to low-bandwidth issues.

#### **Technical Issues on Macs:**

Catalina requires a special Vidyo installer. Available at <a href="https://mac.connectvtc.com">https://mac.connectvtc.com</a>
 and we will be making it more widely available on all systems in the near future.

#### User Issues:

- Patients cannot remember their password to install an app / don't want to install
- Not all patients want to use Vidyo; some would prefer to use telephone

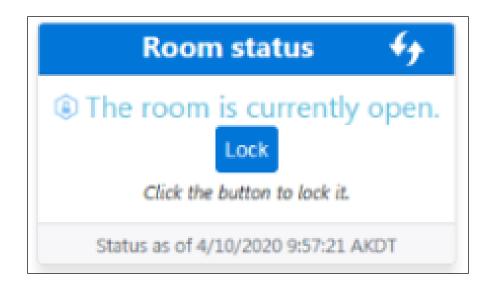
# \*Current Issues Using Vidyo

#### **User Issues:**

- Patients cannot remember their password to install an app / don't want to install an app
- Not all patients want to use Vidyo; some would prefer to use telephone
- Adds a new process for providers and staff that may not be used to doing VTCs
- Pretesting with patients in their homes is a must and hard to coordinate
- Inpatient confusion between when to use VODA and when to set up a Vidyo Desktop call

### -VPR New Features

- TESTME has run into technical difficulties. Currently delayed.
- Lock Room Deployed Last night (4/9)
- Added General Performance fixes (see usage graph)
- Looking into clientless solutions (no patient app to download)
  - Web RTC (Video in a web page)
  - Zoom
  - Vidyo Cloud
- VPR in a Workflow mPage



# \*Future Technical Requirements for VPR

"WebRTC" Requirements – an installation-free Vidyo client

- Known to work
  - Chrome
  - Firefox
- Should work with updates to Vidyo infrastructure
  - Safari
  - Edge
- Only works with a browser plugin
  - Internet Explorer

Also exploring options to integrate other platforms into the VPR system, such as Zoom and other direct-to-patient applications with APIs we can access.

# **Store and Forward**

# Store and Forward Options

- Currently available (provider to provider):
  - AFHCAN only
  - AFHCAN and Cerner blend (lots of underutilized integration features)
  - Cerner only for cases where an image and documentation are all that is needed
- Other possibilities:
  - Telehealth looking at other options for S&F and for VTCs

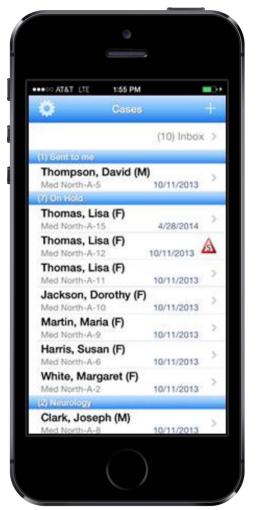
Current environment: AFHCANmobile and Camul could be very useful

### -AFHCANmobile

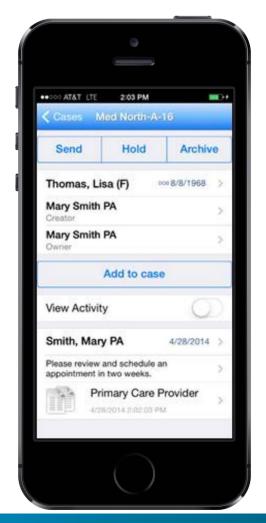
#### Login



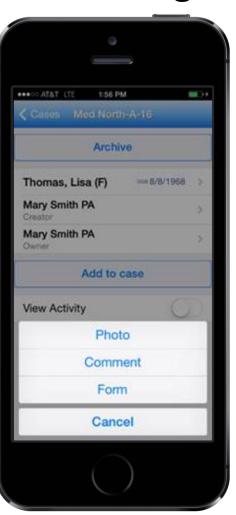
#### Inbox



#### View/Create Case



#### Add Image



## -Camul

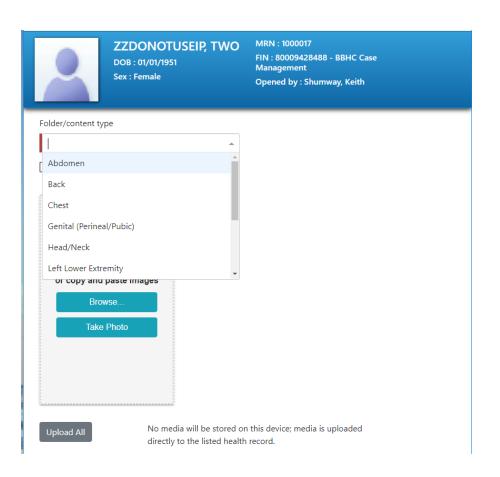
#### FROM PHONE OR TABLET



#### To use Camul from your mobile device:

- 1. Open your iPhone camera or Android QR code reader
- 2. Point the camera to the QR code
- 3. Open the notification displayed
- 4. Start using from the mobile web browser

#### FROM YOUR COMPUTER



# **Important Things to Consider**

# 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?

## 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

# **Training & Process Work**

#### Who

- Providers
- Support staff scheduling process is critical
- Other departments
- Patients
- What
  - Technology
  - Workflow
  - Documentation

# Questions

# Announcement: Dr. Rowan Hurrell & Dr. Kyle Pohl

# ANMC Telehospitalist Program

- On demand inpatient consultative services by video or phone
- Beginning as a pilot project with limited sites this week.
  - Planning rapid expansion of urgent consultative service to all THOs on shared
     Cerner domain in the coming weeks.
  - If not on the shared domain, the service will still be offered but due to technical limitations, will not be as robust.
- Initially starting with Provider-to-Provider consults with formal note written into the EHR.
- To request a consult: Contact ANMC operator and ask to speak to the on-call hospitalist (no change from previous workflow)

# ANMC Telehospitalist Program

- Planning to quickly expand services to include full Telehealth Consultations with video and interviewing the patient as soon as feasible.
  - Dependent on regional hospital hardware/software along with workflow
  - Will preferentially utilize Vidyo if available
- Based on need and volume, can scale to fit the need of regional partners.
- Potential to utilize similar model/workflow in other subspecialties to provide improved consultative services to regional hospitals.
- Contact Information:
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  - Kyle Pohl, MD: kjpohl@anthc.org



#### **Presenters**

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