

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

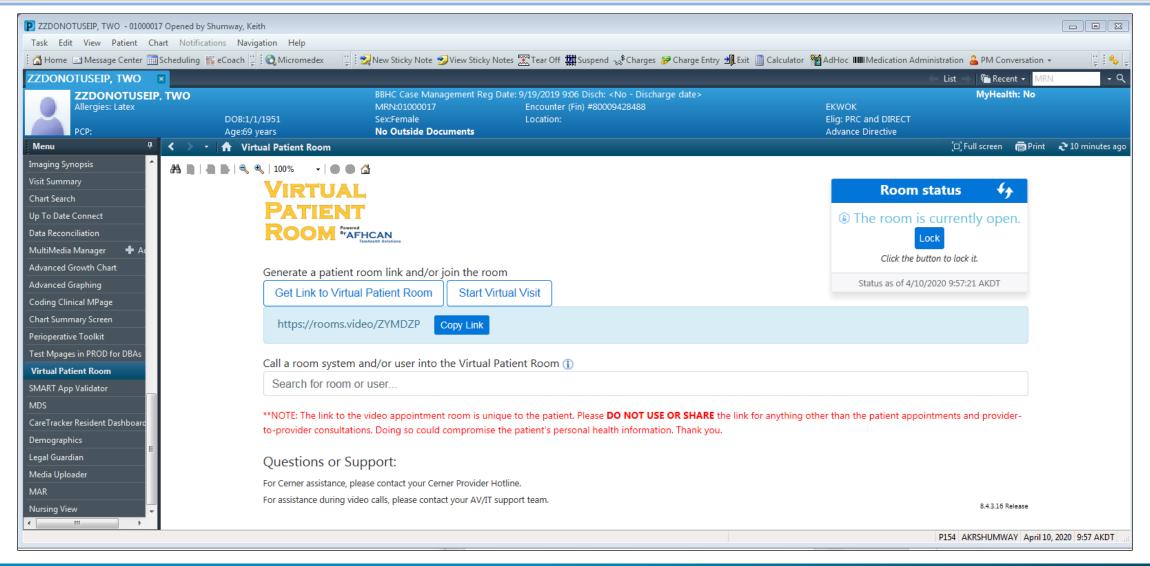
Virtual Patient Room

- 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

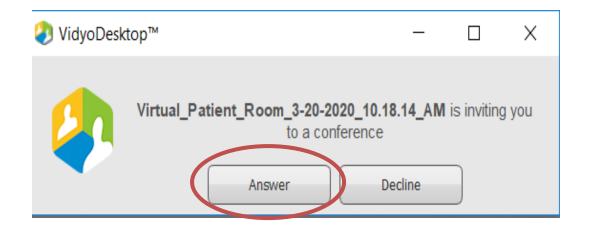
Using VPR

- 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)

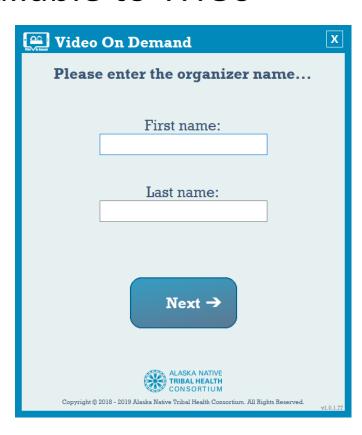
Using VODA

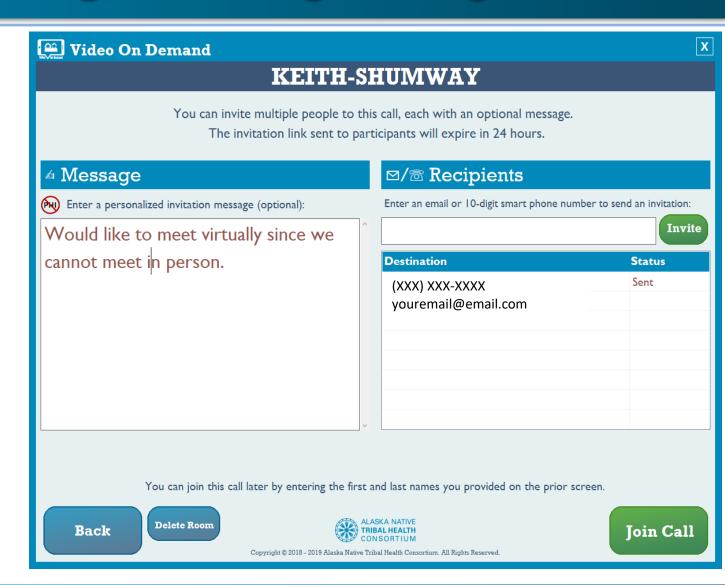
- Inpatient Settings
- No Account/Log In for either side
- Inpatient Staff sends link to recipient via text or email
- Recipient provides staff member organizing call with 10 digit phone number or email address
- Video room link unique to call; expires after 24 hours
- Connecting from Home: must have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

VODA from Sending/Call Originating Side

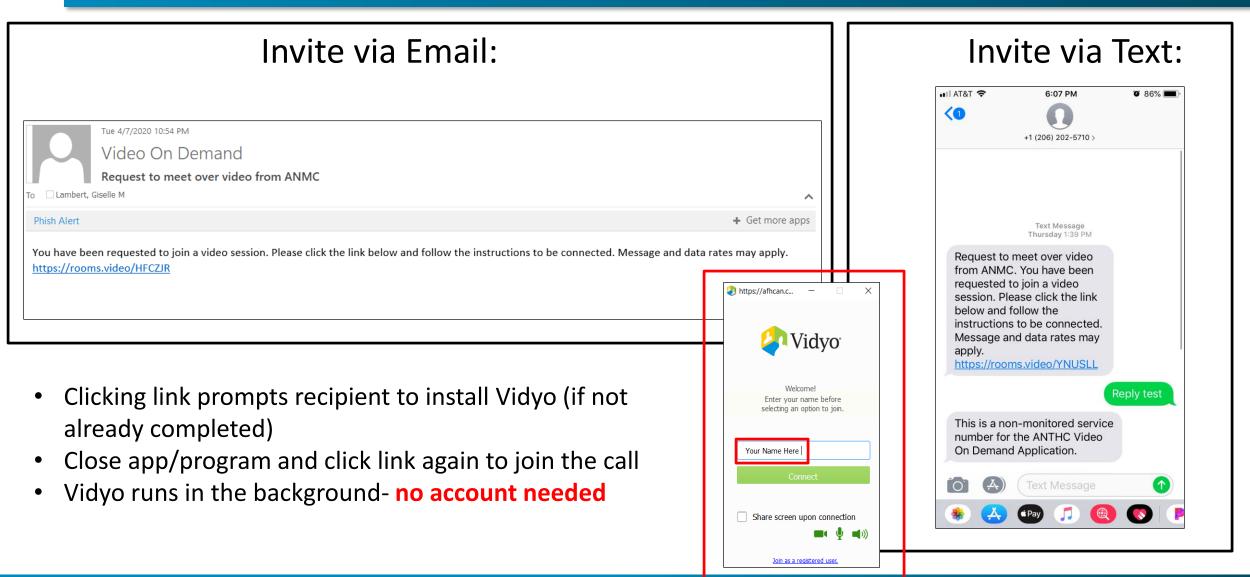
- Virtual On Demand App
- Available to THOs







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

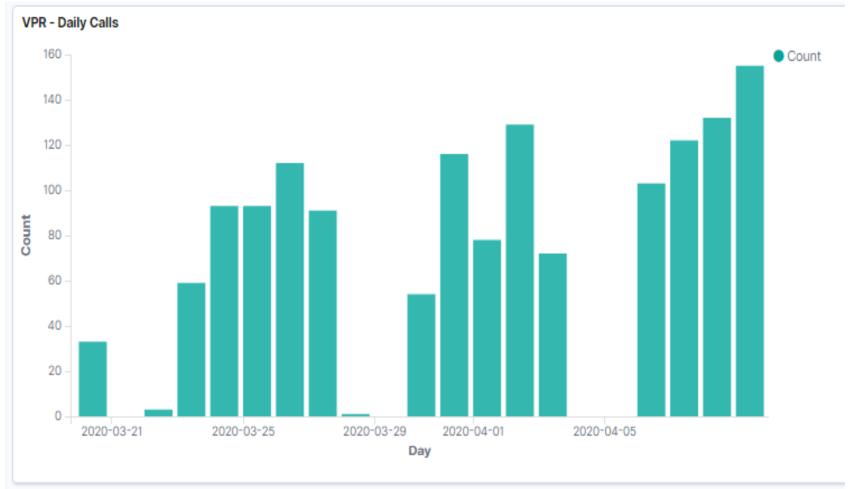
Available Support for VPR & VODA

- Telehealth department assistance
- Training available: clinical informatics, telehealth department
- Posted information
 - Cerner eCoach (Cerner related documents)
 - ANTHC.org Telehealth page (documents, session recordings)
 https://anthc.org/what-we-do/telehealth/telehealth-resources/
 - 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

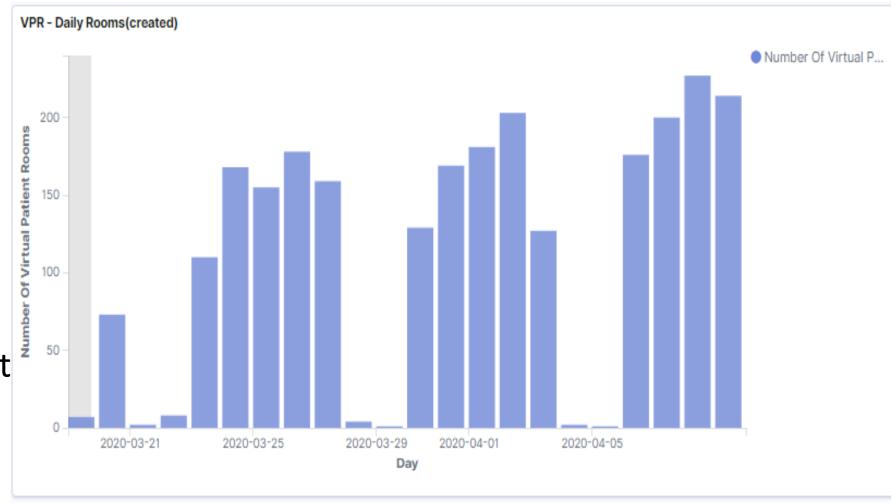
-VPR Statistics

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



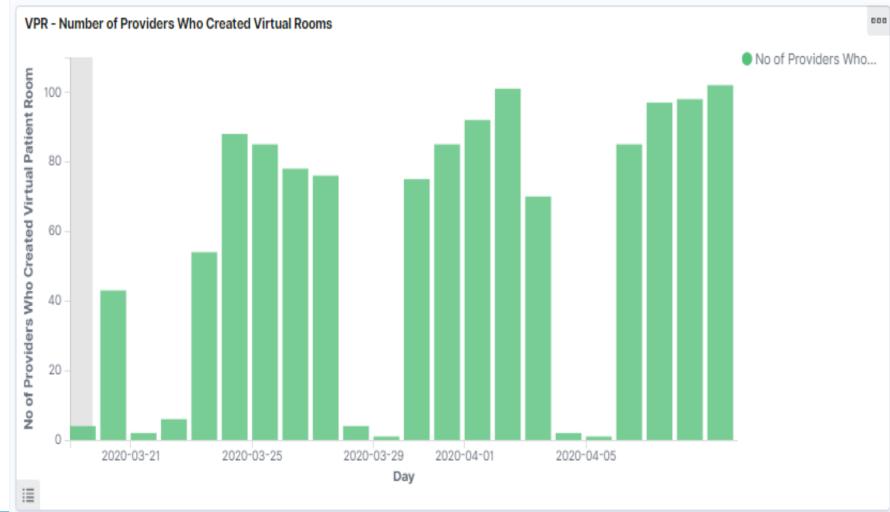
-VPR Statistics

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

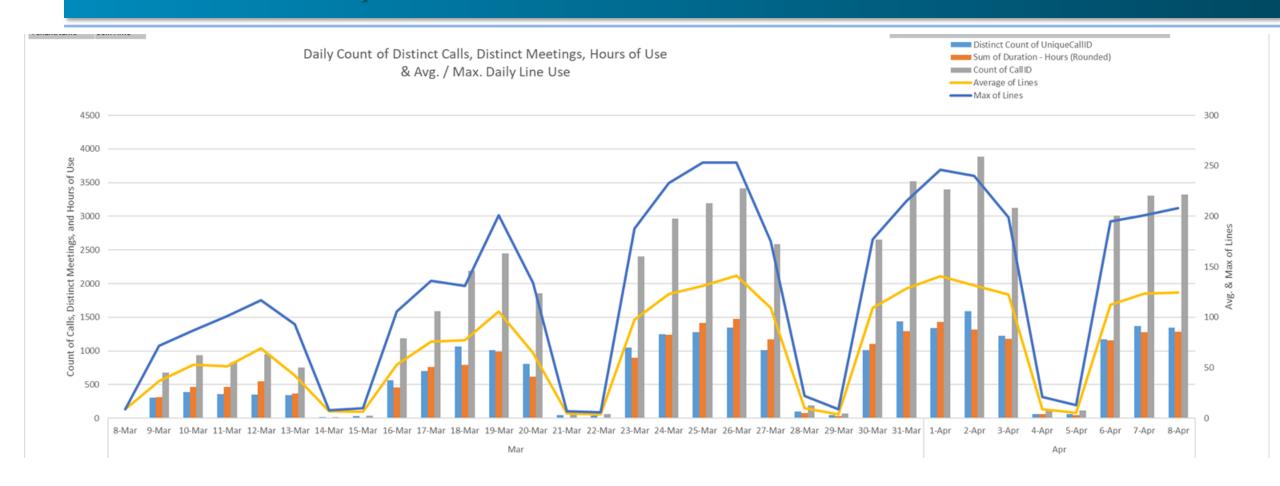


-VPR Statistics

- 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 https://mac.connectvtc.com
 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

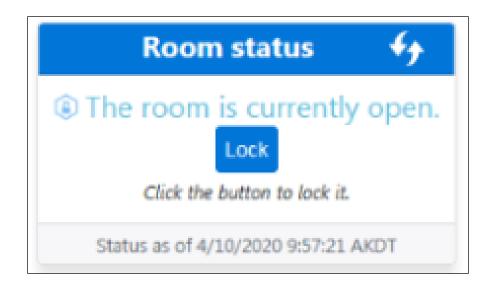
*Current Issues Using Vidyo

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

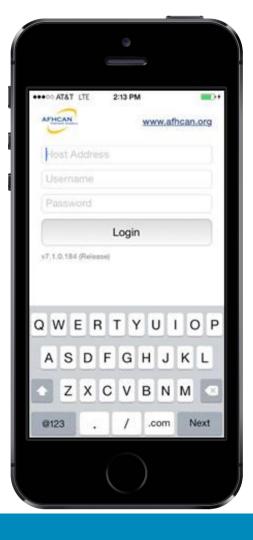
Store and Forward Options

- 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

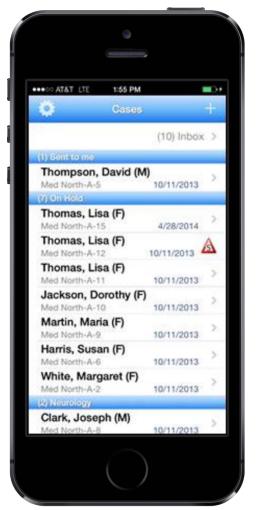
Current environment: AFHCANmobile and Camul could be very useful

-AFHCANmobile

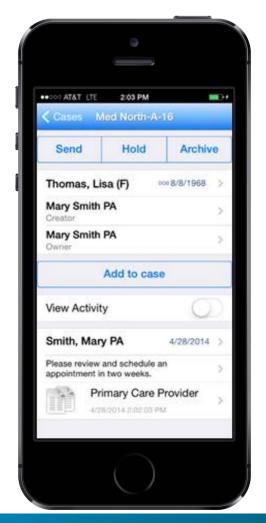
Login



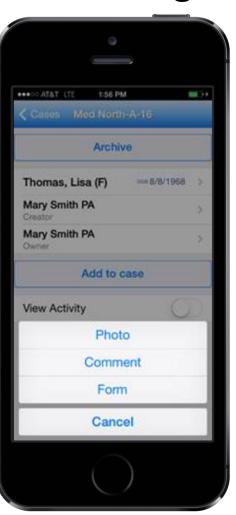
Inbox



View/Create Case



Add Image



-Camul

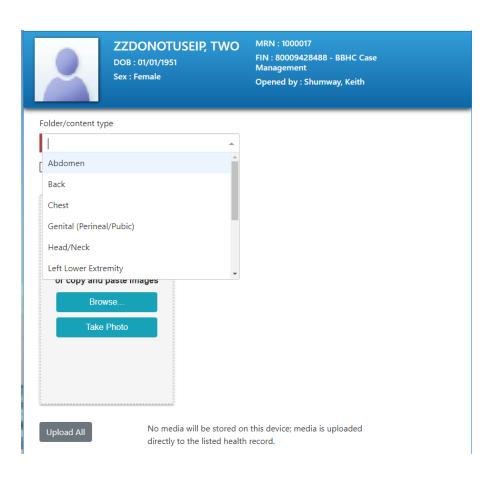
FROM PHONE OR TABLET



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.
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Presenters

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