2024 VIZIENT CONNECTIONS SUMMIT

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Moving Virtual Visits Beyond the Trough of Disillusionment

Bryan Beaumont, DO, MS, Medical Director of Digital Operations, Froedtert and the Medical College of Wisconsin, Milwaukee, Wis.

Bryan Yagodzinski, Director of Digital Operations, Froedtert Health, Milwaukee, Wis.

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Learning Objectives

- Identify three strategies to increase virtual visits in primary care

- Describe methods to reduce provider burnout associated with portal message management

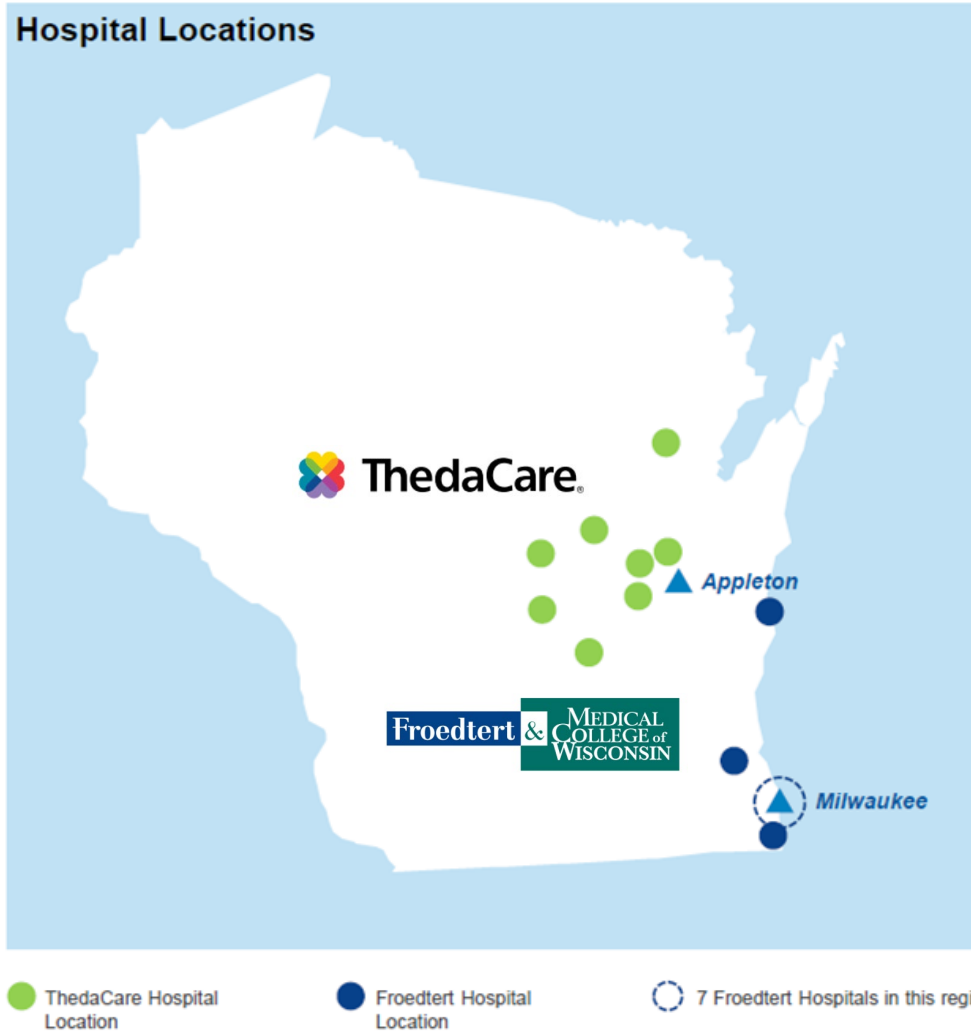# Moving Virtual Visits Beyond the Trough of Disillusionment

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Froedtert ThedaCare Health

Hospital Locations

- 22,000+ Employees
- 3,400+ Providers
- 87,200+ Patient Admissions
- 2.5% Operating Margin
- $6.4B Net Revenue
- 18 Hospitals
- 360+ Outpatient Locations
- 1,700+ Staffed Patient Beds
- $160M Operating Income

ThedaCare Hospital Location
Froedtert Hospital Location
7 Froedtert Hospitals in this region

Froedtert ThedaCare Health
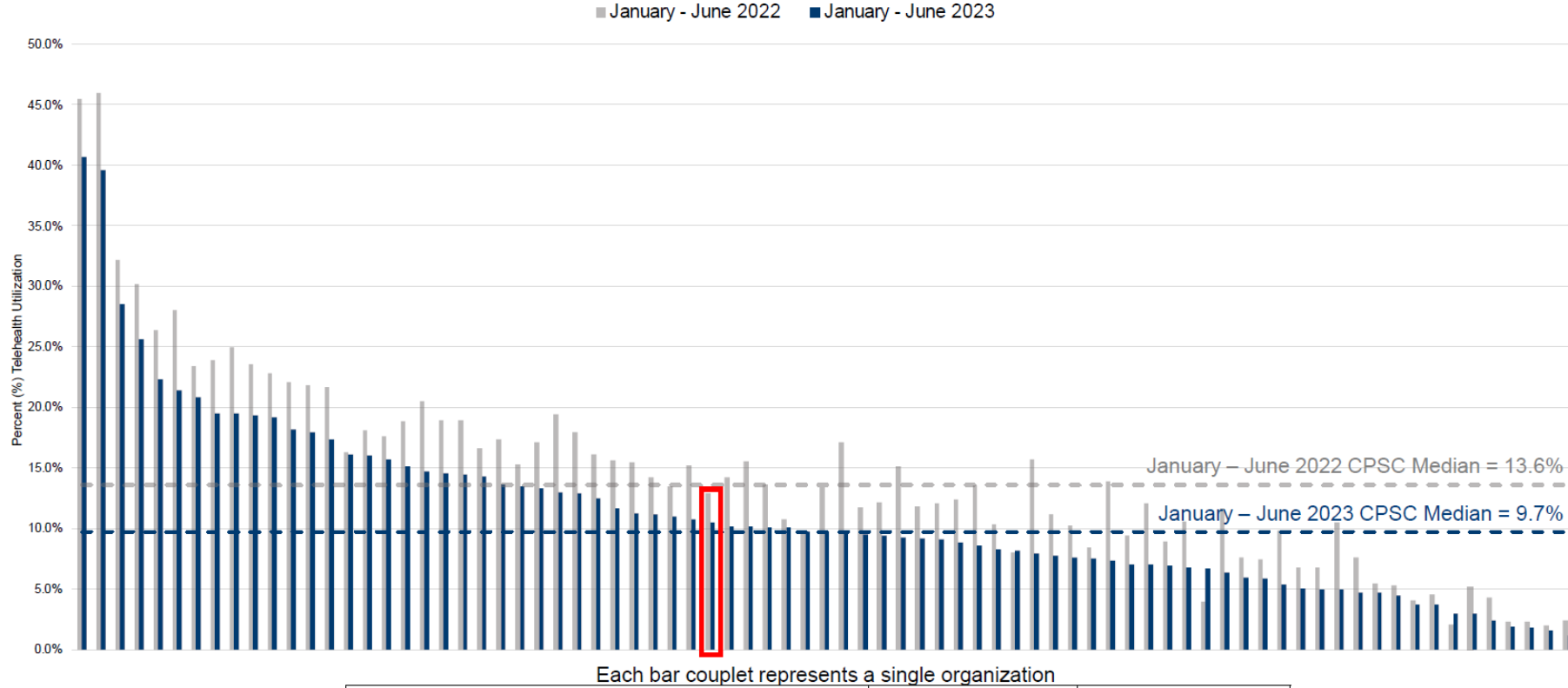
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Every
Moment
Matters

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Gartner Hype Cycle
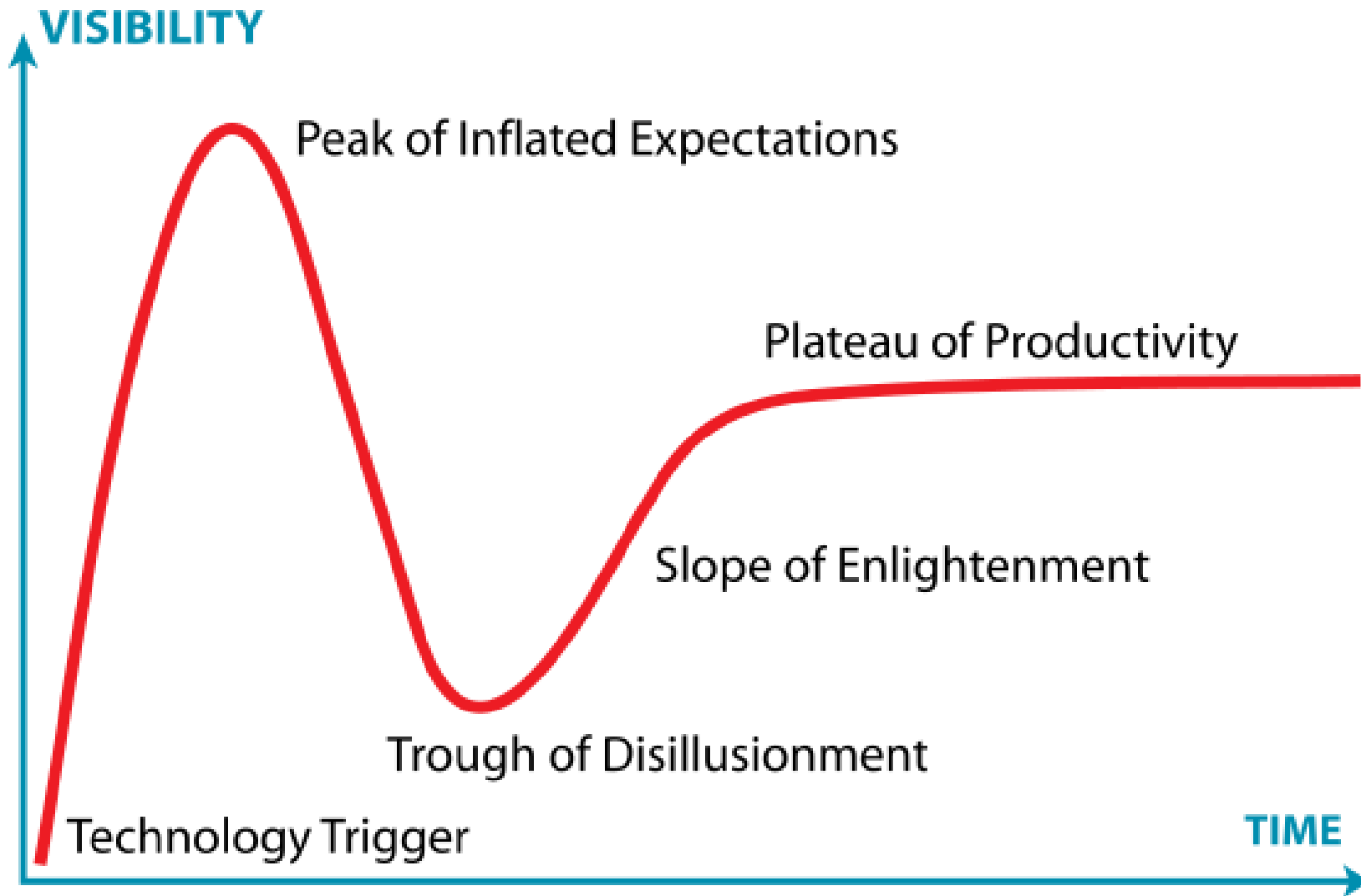
National Trend

Telehealth E/M Use Across CPSC Organizations
January - June 2022 vs. January - June 2023
n=79, each bar couplet represents a single organization

■ January - June 2022   ■ January - June 2023

January – June 2022 CPSC Median = 13.6%

January – June 2023 CPSC Median = 9.7%

Each bar couplet represents a single organization

	January – June 2022	January – June 2023
Medical College of Wisconsin Red Box	12.9%	10.5%
CPSC Average	14.5%	11.3%

The Trough

After Recalibration Post-Pandemic, Virtual Visits are Forecasted to Grow

Virtual Visits as a Percentage of Total E&M Visits by US Region
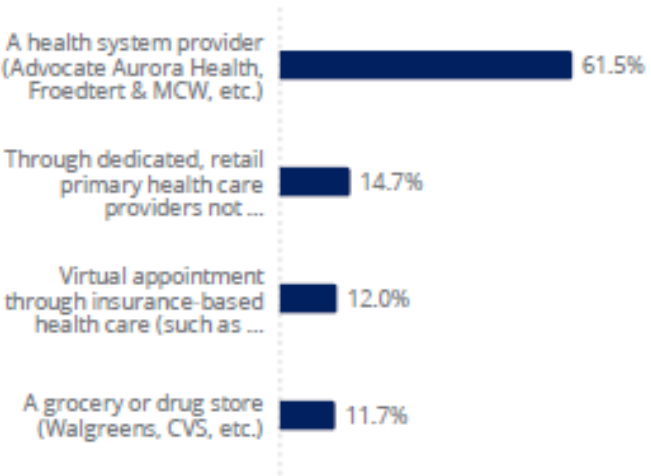
MIDWEST

2023	2033
5%	19%

NORTHEAST

2023	2033
8%	29%

WEST

2023	2033
11%	37%

SOUTH

2023	2033
6%	24%
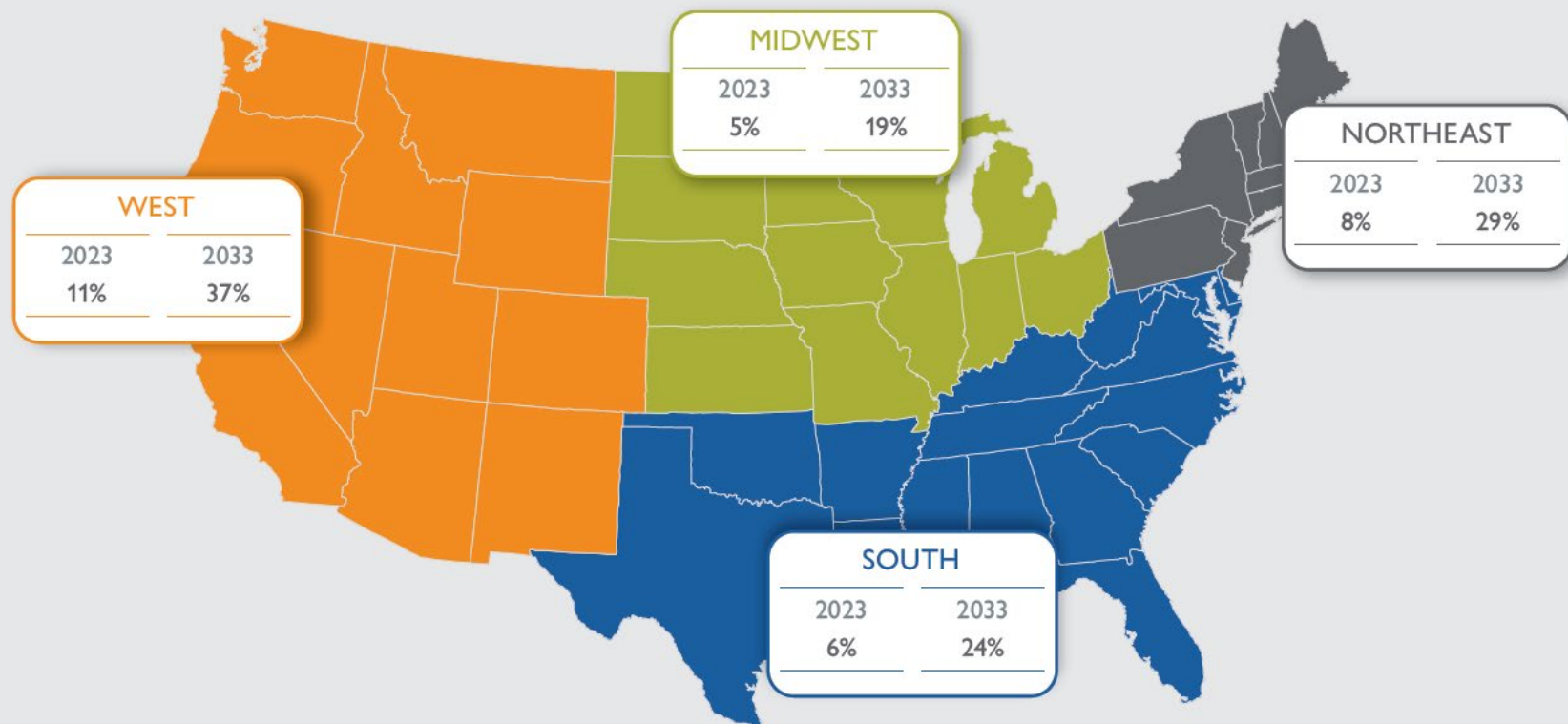
Note: Analysis excludes 0–17 age group. Virtual visits defined as Established Patient Visits—Virtual and New Patient Visits—Virtual. In-person visits defined as Visits—Evaluation and Management, Established Patient Visits—In Person and New Patient Visits—In Person. **Sources:** Impact of Change®, 2023; Proprietary Sg2 All-Payer Claims Data Set, 2021; The following 2021 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2023; Sg2 Analysis, 2024.

Background

- Increase in patients seeking digital health through competitors

- Goal to expand primary care access without expanding our brick-and-mortar footprint

- Decreasing provider satisfaction with increased time spent addressing electronic medical record portal messages
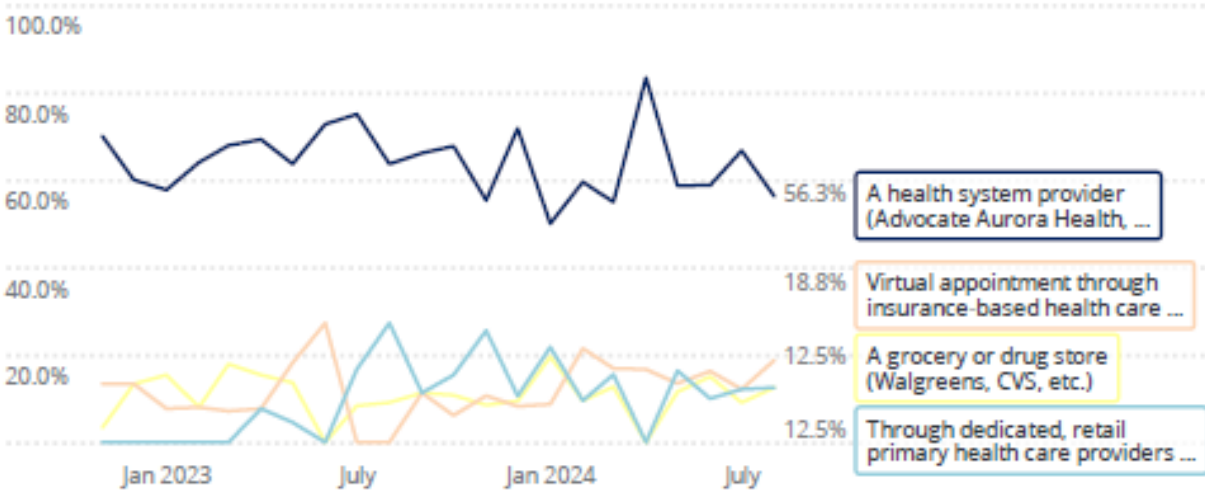
Competition

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Telehealth Appointments Past 6 Months

n – Respondents who had completed a telehealh appointment in the previous month

Click on the widget description ('i' icon) to see widget details

Most Recent Telehealth Appointment 631 ⓘ

Category	%
A health system provider (Advocate Aurora Health, Froedtert & MCW, etc.)	61.5%
Through dedicated, retail primary health care providers not ...	14.7%
Virtual appointment through insurance-based health care (such as ...	12.0%
A grocery or drug store (Walgreens, CVS, etc.)	11.7%

Most Recent Telehealth Appointment Trending ⓘ ▽

- 56.3% A health system provider (Advocate Aurora Health, ...
- 18.8% Virtual appointment through insurance-based health care ...
- 12.5% A grocery or drug store (Walgreens, CVS, etc.)
- 12.5% Through dedicated, retail primary health care providers ...

(X-axis: Jan 2023, July, Jan 2024, July)

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Competition

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Amazon closes $3.9B One Medical deal as it builds out healthcare strategy

By Heather Landi · Feb 22, 2023 09:15am

Costco expands healthcare footprint, teams up with Sesame to offer members $29 virtual care visits

By Heather Landi · Sep 25, 2023 01:00pm

ProHealth Care taps Optum for strategic technology partnership

By Paige Minemyer · Oct 4, 2023 04:55pm

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Expansion

- Ambulatory Network Expansion Strategy

Pillars of the Ambulatory Network

Patient Centered

Innovative and integrated models of care through team-based care delivery

Strategic market growth

Froedtert & the Medical College of Wisconsin Health Network
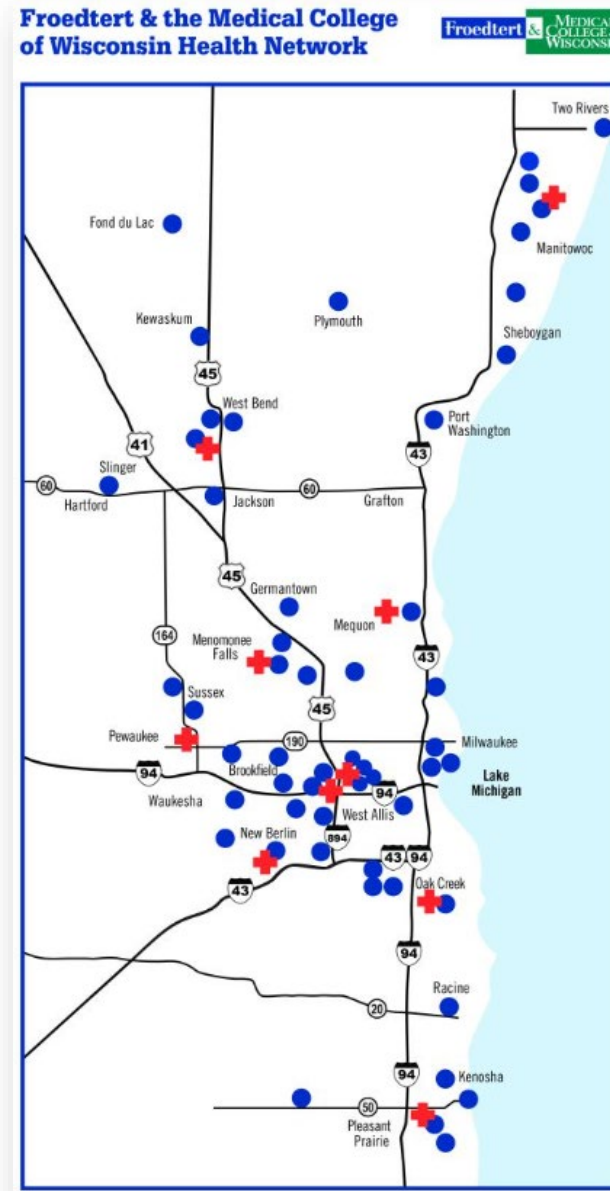
Portal Messages

$$\frac{\text{Messages}}{\text{Amb Visit}} = \boxed{\text{10 to 1}}$$

Interventions

- Virtual template blocks

- Staff brown bag sessions

- Provider follow up button/order

- Portal message to virtual visit

Interventions - Blocks

- Make it visible
- Make it easy

Interventions - Brown bag

- Make it visible
- Make it easy

PRIMARY CARE CONDITIONS PREFERRED TO BE OFFERED VIRTUALLY *(applies to ALL PCPS)*

Common Ailments	Behavioral Health	Gastrointestinal	Skin & Nails
• Allergies	• ADHD	• Diarrhea	• Acne, lesions
• Cold	• Anxiety	• Heartburn/GERD	• Athlete's foot
• Cough	• Depression	• Nausea	• Cold sores
• Covid follow-up	• Smoking cessation	• Upset stomach	• Ingrown nail
• Fever (age 2+)	• Stress	• Vomiting	
• Headaches/migraines			
• Sore throat	**High Risk Hospital Follow-ups in 7 days**		**Other Problems**
• Stuffy nose			
	Weight Management	**Men's Health**	• Eye irritation/pink eye (age 2+)
		• Erectile dysfunction	• Insect bites/stings
	Medicine Check		• Minor burns
Other	• If seen by physician within past year	**Women's Health**	• Minor cuts/scrapes
• Forms completion	• Contraception management	• Urinary tract infection (bladder)	
		• Yeast infection	

Highlighted yellow = Subset of 7 conditions to be "Virtual by Default" for EST patients

In addition, anytime a patient requests a virtual visit we will grant their request
Document as "patient requested virtual"

Interventions - Brown bag

- Make it visible
- Make it easy

Interventions - Brown bag

- Make it visible
- Make it easy

Interventions - Brown bag

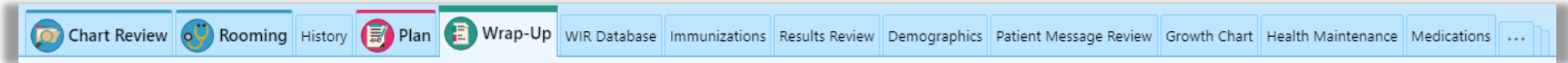- Make it visible
- Make it easy

Interventions - Follow-up

"This relationship and trust between patient and provider is key to patient adoption of telehealth; if providers suggest and encourage telehealth visits to patients, then patients typically will embrace telehealth".

AAMC Vizient (2023, March). Effective Strategies for Sustaining and Optimizing Telehealth in Primary Care. Effective Strategies for Sustaining and Optimizing Telehealth Knowledge Transfer Webinar FINAL.pdf

Interventions - Follow-up

- Make it visible
- Make it easy

Interventions - Follow-up

- Make it visible
- Make it easy

Interventions - Message -> Virtual Visit

- Make it visible
- Make it easy

We appreciate you reaching out to us. After reviewing your concern, Dr. [***] would recommend you schedule a virtual visit to have this concern most appropriately addressed by [***] on our team. At this time, currently we have openings to offer this visit. Please respond to this MyChart conversation or contact us promptly at [***]-[***]-[***] and ask to speak to Dr. [***]'s nursing team to confirm you would like to schedule this virtual visit. Thank you!

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Interventions - Message -> Virtual Visit

- Make it visible
- Make it easy

would there be a way for the primary care RN triage team to use one of the referral orders to trigger a ticket to a patient to schedule a video visit? this came up with the the thought that either when they are responding to a MyChart message or if they are on a call and it warrants a video visit that they could send a ticket. Thoughts?

Yes, mam! The RN triage staff will create a follow up order in the event they are communicating with the patient in mychart and it warrants an appointment. They will have the opportunity to determine if it should be virtual or inperson...or allow the patient to decide

Interventions - Message -> Virtual Visit

- Make it visible
- Make it easy

Outcomes

- Virtual visit volume

- Patient access

- Portal message volume

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Outcomes – Virtual Visit Volume

Outcomes – Virtual Volume vs Percent of total visits

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Total Virtual vs % Virtual

Previous Record
Jan 2022
Volume: 18630
% of visits: 14.80%

New Record!
Jan 2024
Volume: 20606
% of visits: 11.88%

Virtual Visit Total   Virtual Visit %

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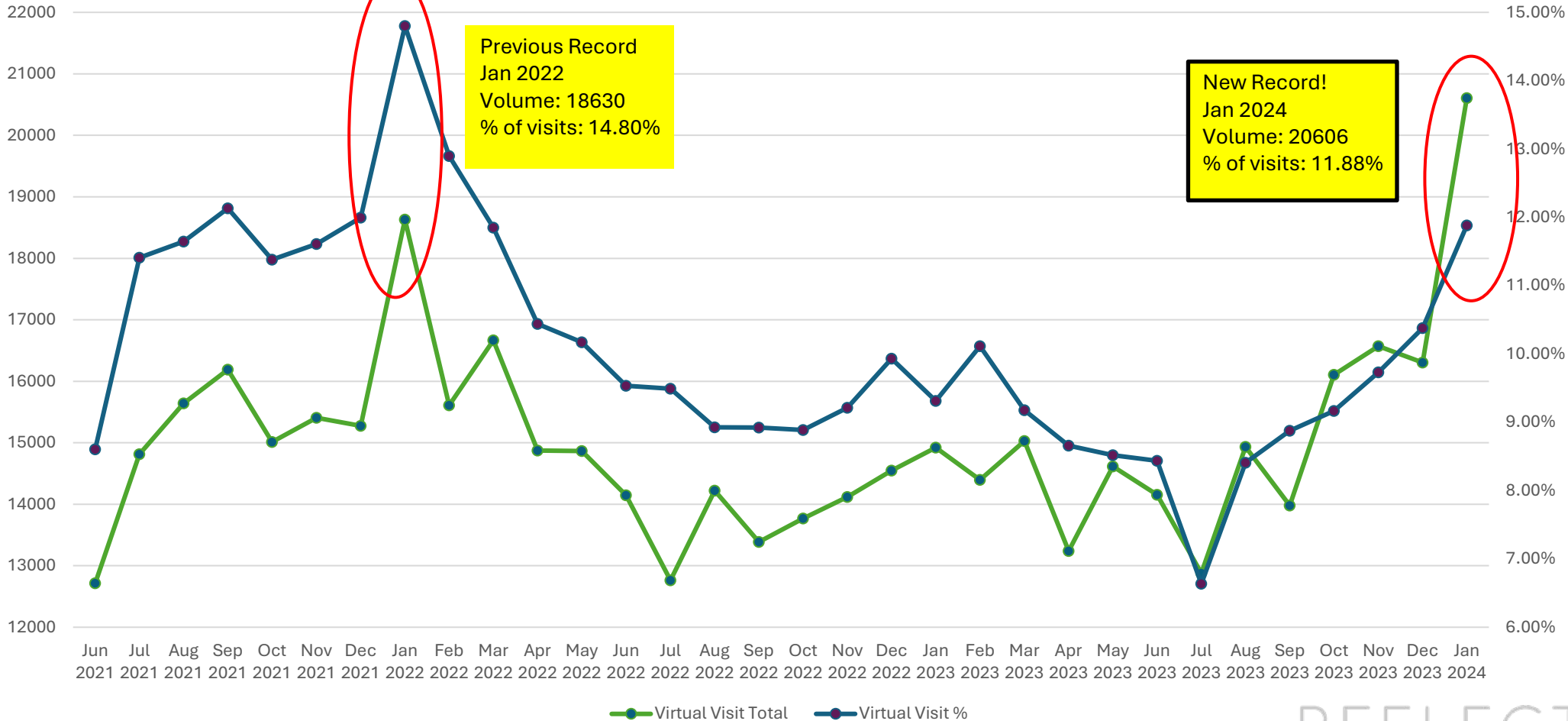
Outcomes - Access

- New patients seen in 10 days increasing from 57.9% in July 2023 to 68.7% in January 2024

- Virtual appointment slots on provider schedules increased by 145% from July 2023 to January 2024 while the proportion of unused virtual slots decreased by 25%

- New patients to our health system self-schedule a virtual appointment with a 12-month improvement from 14.1% to 75.9%

Outcomes – Message Volume

- Realized a 50% improvement in reduction of portal messages sent to providers vs control and a 62% increase in the percent of visits done virtually in pilot vs control group

Lessons Learned

People:

- More cultural "lift" than technical "lift", first understand their concerns/goals and then look to how virtual can support

- Required ongoing re-education of the processes involved

Process:

- Having the right data to track change and identify opportunities

Technology:

- Technical products/process change more rapidly, need plan to stay current

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Top 3 Suggestions:

- Utilize virtual blocks to increase access to virtual care

- Have a well defined process to convert patient portal messages to video visits

- Data analytics to measure the success of interventions

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Closing Reflection

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"Our dilemma is that we hate change and love it at the same time; what we really want is for things to remain the same but get better."

Sydney J. Harris
Journalist Chicago Sun-Times

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Questions?

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Contact:

Dr. Bryan Beaumont, bryan.beaumont@froedtert.com

Bryan Yagodzinski, bryan.yagodzinski@froedtert.com

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