

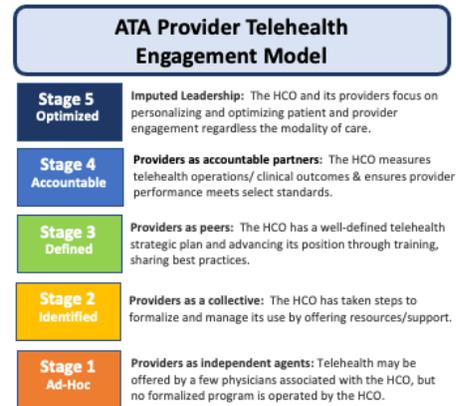


Introduction to ATA’s Provider Telehealth Engagement Model

With the help of our members, the ATA guides the evolution of the telehealth market. Our latest expression of our commitment is our Provider Telehealth Engagement Model (PTEM). Employing rigorous telehealth research, vetted analytics, and strategic frameworks, PTEM helps **patient care delivery organizations** to better understand why, when, and how to mature their telehealth program.

Provider engagement plays a critical role in the success of any healthcare organization’s (HCO) telehealth offering. Employing a 5-Stage Engagement Model in a confidential environment, the ATA delivers customized, vetted assessments of self-reported organizational inputs – culture, clinical, and corporate – from HCOs utilizing telehealth services in some manner to deliver patient care.

With a customized report, HCOs can learn how they compare to peers across the country, and how to undertake strategic efforts to increase positive provider engagement in their telehealth program.



Case Study: University of Utah Health

University of Utah Health (UUH) is the Mountain West’s only academic healthcare system, serving patients in predominantly rural settings in Utah, Idaho, Wyoming, Montana, western Colorado, and much of Nevada. UUH encompasses five hospitals, 12 community care centers, 6 schools and colleges, a health plan covering 190k people, the UU Medical Group, numerous institutes and centers, and one of the United States’ largest reference labs. With such a broad and deep reach, UUH trains most of Utah’s clinicians – physicians, nurses, pharmacists, therapists, and other healthcare professionals.

This is UUH’s story.

UUH’s Vision for its Telehealth Program

As a healthcare organization serving people who predominantly live in rural communities, UUH’s leadership is laser-focused on increasing patient access to quality care. Only the highest acuity patients are transferred to UUH’s hospital in Salt Lake City. And, this is made possible because UUH takes full advantage of its telehealth initiatives – such as tele-stroke, tele-burn, tele-NICU, tele-ICU, as well as virtual primary and urgent care, and surgical follow-up – to keep patients in their local community while receiving high-quality healthcare.

As the only academic medical center for the States of Utah, Idaho, Montana, and Wyoming – and one of two AMCs each in Colorado and Nevada – patients trust and expect excellence from UUH. But patients consistently find it difficult to make a timely appointment with UUH. In addition, the COVID-19 pandemic overwhelmed UUH’s Salt Lake City hospital, making patient access to timely, high-quality care an even bigger challenge.

UUH leadership recognized telehealth as the practical, actionable initiative to successfully address the problem. Since implementation, UUH's telehealth program has been wildly successful with both the clinicians and the patients they serve.

A Beneficial Partnership Between UUH and Its Affiliates

UUH's telehealth program has made it possible to align financial incentives. HCOs can contract with UUH for telehealth services, such as those noted above, and earn revenue because they now have an expanded suite of patient care offerings. And, UUH simply bills its affiliate HCO partners for services rendered; UUH doesn't have to engage with the partner's insurers. As a result, the financial incentives are aligned for both parties.

UUH employs market managers who stay in close contact with leadership in rural HCOs. When those leaders have an additional need, such as a faster response for burn patients or expanded oncology care, UUH's telehealth team will create a viable, affordable solution. The UUH market managers partner with HCO leadership to build the appropriate contractual arrangements, and the solution is implemented.

In addition, UUH's telehealth team has extensive experience in physician engagement. In the early years of UUH's program, the telehealth team focused its efforts on addressing physicians' needs. For example, a physician group would say something like "We have 'this' access problem." Or "We want to solve for 'x'." And, the UUH telehealth team would respond with a white-glove approach, thinking very carefully about the physicians' workflow requirements to ensure that the proposed solution would solve the problem without introducing a new set of challenges.

Setting A Digital Health Strategy & Using Virtual Care to Respond to the Pandemic

2019 and 2020 were watershed years for UUH's telehealth program. First, UUH executive leadership built a robust digital health strategy that embraced the full promise of telehealth. The team visioned, and then created, offerings such as e-consults and post-surgical patient virtual follow-ups, as well as deploying numerous digital tools to better engage patients in virtual care.

When the pandemic emerged, it became apparent that UUH's digital health strategy could not be fully realized without focusing on IT infrastructure gaps, and training professionals to help them understand the promise of telehealth. Today, the UUH team is hard at-work instituting agile methodologies and increasingly-robust security protocols for its telehealth programs.

Fortunately, UUH entered the pandemic crisis with a solid telehealth foundation and operational infrastructure in place. Within 40 days of the crisis hitting the western mountain states, UUH went from 300 physicians utilizing telehealth services to 3,500 physicians & nurses. In 2019, UUH had 10,000 telehealth encounters. In 2021, that number exploded to 305,000.

All this growth happened without adding a single FTE to UUH's telehealth team. The team used its existing telehealth operational playbook, and their collective experience, to rapidly add clinicians using existing clinical workflows already designed for virtual care. Having an operational backbone proved crucial to "turning on" virtual care options for so many clinicians in such a short time. Though this team-developed asset was highly valuable, many challenges remained; the team learned a lot as they sought to ensure that all stakeholders had the tools and real-time workflows needed for excellent care to be

delivered virtually. For example, caring for cardiology patients tends to be more-complex than patients with gastro-intestinal issues. Creating the appropriate workflows and access channels took significant attention and partnership with each team. Afterall, UUH's team is committed to ensuring positive experiences for schedulers, physicians, nurses, patients – everyone. Today, the GI department has fully embraced virtual care for numerous diagnoses and treatment plans. Cardiology has a smaller virtual care footprint; one that works for the clinicians and the complex patients they serve.

One key to UUH's telehealth success was CMS' relaxations of reimbursement rules. The UUH team believes that foundation made it possible for virtual care to take off; without it, clinics would have had been forced to reopen. Recently, a physician told the UUH team: "It's not like we never wanted to try telehealth. It's just that we knew the reimbursement was so bad, we didn't want to get involved." The reimbursement relaxation opened the floodgates to UUH's telehealth program.

UUH's Go-Forward Strategy

Now that so many patients, clinicians and administrators have embraced telehealth, the UUH team is focused on maintaining the momentum. As noted above, they're strengthening their IT infrastructure strategies and re-positioning FTEs to be optimally effective. The team is constantly asking questions such as: "Will this make it better for physicians, nurses, and schedulers? Will this make experiences better for our patients? How can we best expand our access to patients in various communities?"

UUH is also hard at-work responding to a significant economic boom in the Salt Lake City area; employers are expanding their workforces rapidly. And, these are often younger and healthier employees. As a result, these employers don't want a traditional care delivery model; they want virtual care options that fit their employees' lifestyles and rhythms. UUH is responding to this market opportunity.

UUH has proven that virtual care works and is now focusing on two new levers: first, being proactive, not reactive. Second, ensuring UUH's system can handle innovation – how to provide excellent accessible care faster, better, and cheaper. UUH intends for its virtual care programs to enable proactive outreach to patients rather than passively waiting for patients to call and seek an appointment that may be weeks away.

They point to the ATA's Provider Telehealth Engagement Model as a valuable asset for several reasons. The Model allows HCO leaders to complete the instrument as a team. This, plus the resulting confidential report, guides leaders towards robust conversations where they can think through complex issues. In addition, as Nate Gladwell noted: "The comparative data we received with our ATA PTEM report helps us choose the right strategies at the right time to both remain stable *and* innovate."

UUH's strategy recognizes that telehealth is not "the answer", nor the "top of the mountain". Rather, it's a crucial tool in solving some of the big, complex problems in healthcare; such as better access to excellent care, how, when and where it is needed. UUH's team has the grit and determination to help address access – and telehealth is a must-have tool in their toolbox.