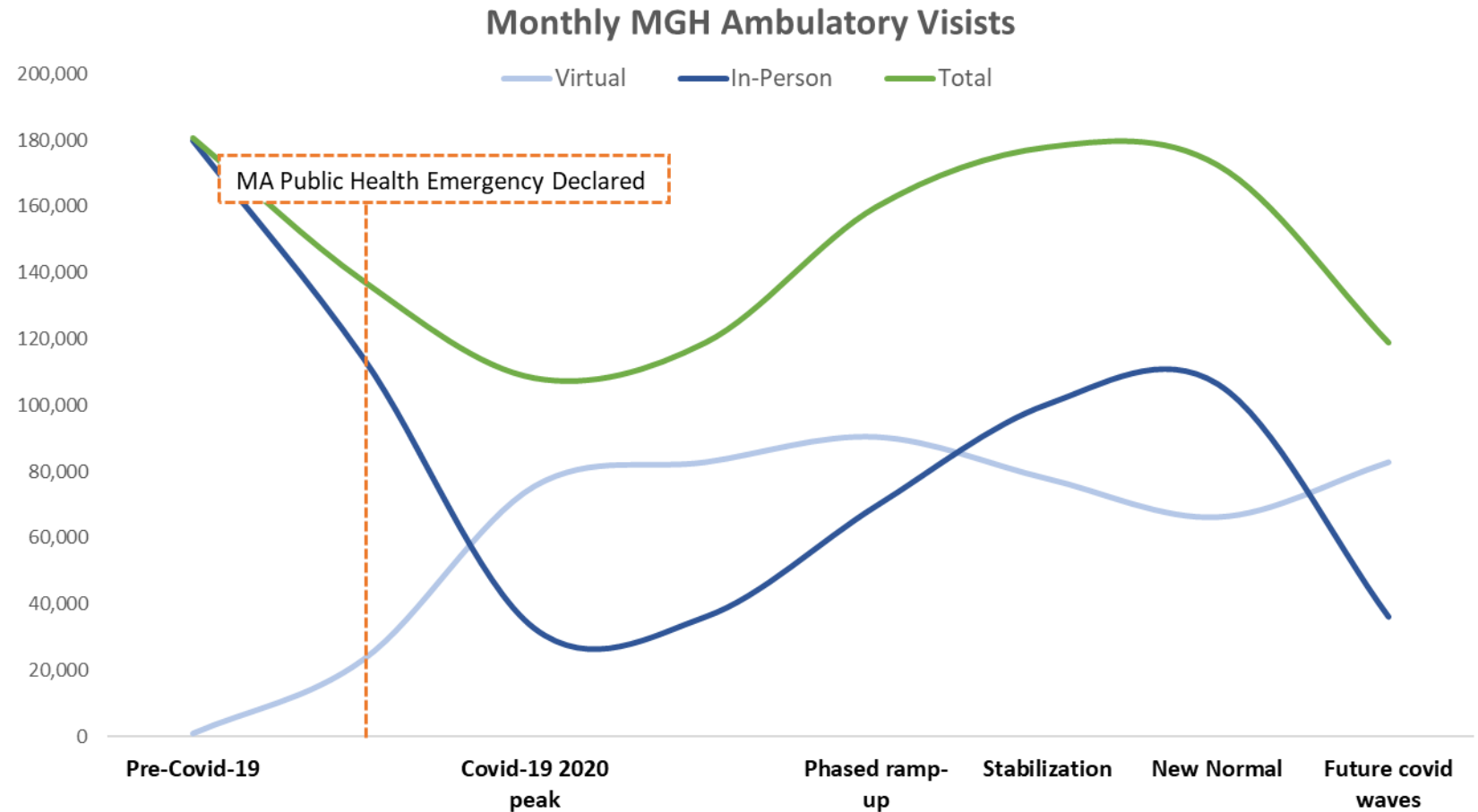# Scaling Virtual Care at an Academic Enterprise

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SVP Ambulatory Care and Patient Experience, MGH/MGPO

# Virtual Visits: Transforming Care

- At its peak, MGH conducted **~90,000 virtual visits/month**, a 112x increase over pre-pandemic levels (~800/month)

- Six weeks into the pandemic, virtual accounted for **83% of ambulatory visit volume** (up from 0.4%)

- In total, **700K virtual visits** were conducted across all MGH practice sites in 2020

## Monthly MGH Ambulatory Visists

Virtual — In-Person — Total

MA Public Health Emergency Declared

Y-axis: 0, 20,000, 40,000, 60,000, 80,000, 100,000, 120,000, 140,000, 160,000, 180,000, 200,000

X-axis: Pre-Covid-19, Covid-19 2020 peak, Phased ramp-up, Stabilization, New Normal, Future covid waves

Source: IPORT Cadence data, displayed monthly from Feb 2020 to Aug 2020
Last point "Future Covid-19 waves" assumes same behavior as May 2020 (conservative estimate)
**X-Axis:** Pre-Covid-19 = Feb, Covid-19 2020 peak = Apr, Phased ramp-up in-person = Jun, Stabilization =Jul, New Normal =Aug
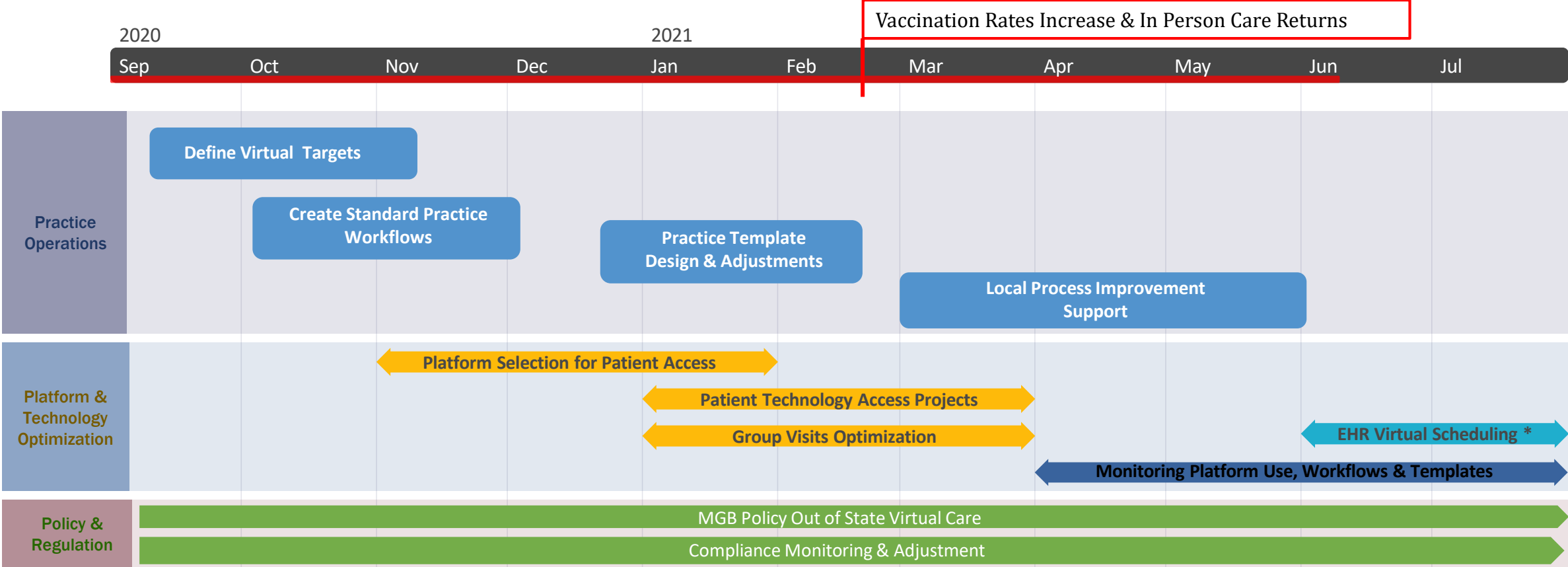
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# Optimize and Sustain



| | Sep 2020 | Oct | Nov | Dec | Jan 2021 | Feb | Mar | Apr | May | Jun | Jul |
|---|---|---|---|---|---|---|---|---|---|---|---|

**Vaccination Rates Increase & In Person Care Returns**

**Practice Operations**
- Define Virtual Targets
- Create Standard Practice Workflows
- Practice Template Design & Adjustments
- Local Process Improvement Support

**Platform & Technology Optimization**
- Platform Selection for Patient Access
- Patient Technology Access Projects
- Group Visits Optimization
- EHR Virtual Scheduling *
- Monitoring Platform Use, Workflows & Templates

**Policy & Regulation**
- MGB Policy Out of State Virtual Care
- Compliance Monitoring & Adjustment

\* EHR Decision tree integration for virtual scheduling to pair out of state patients with appropriately licensed clinicians

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# Virtual Care Measurement Tools for Scale: Operations
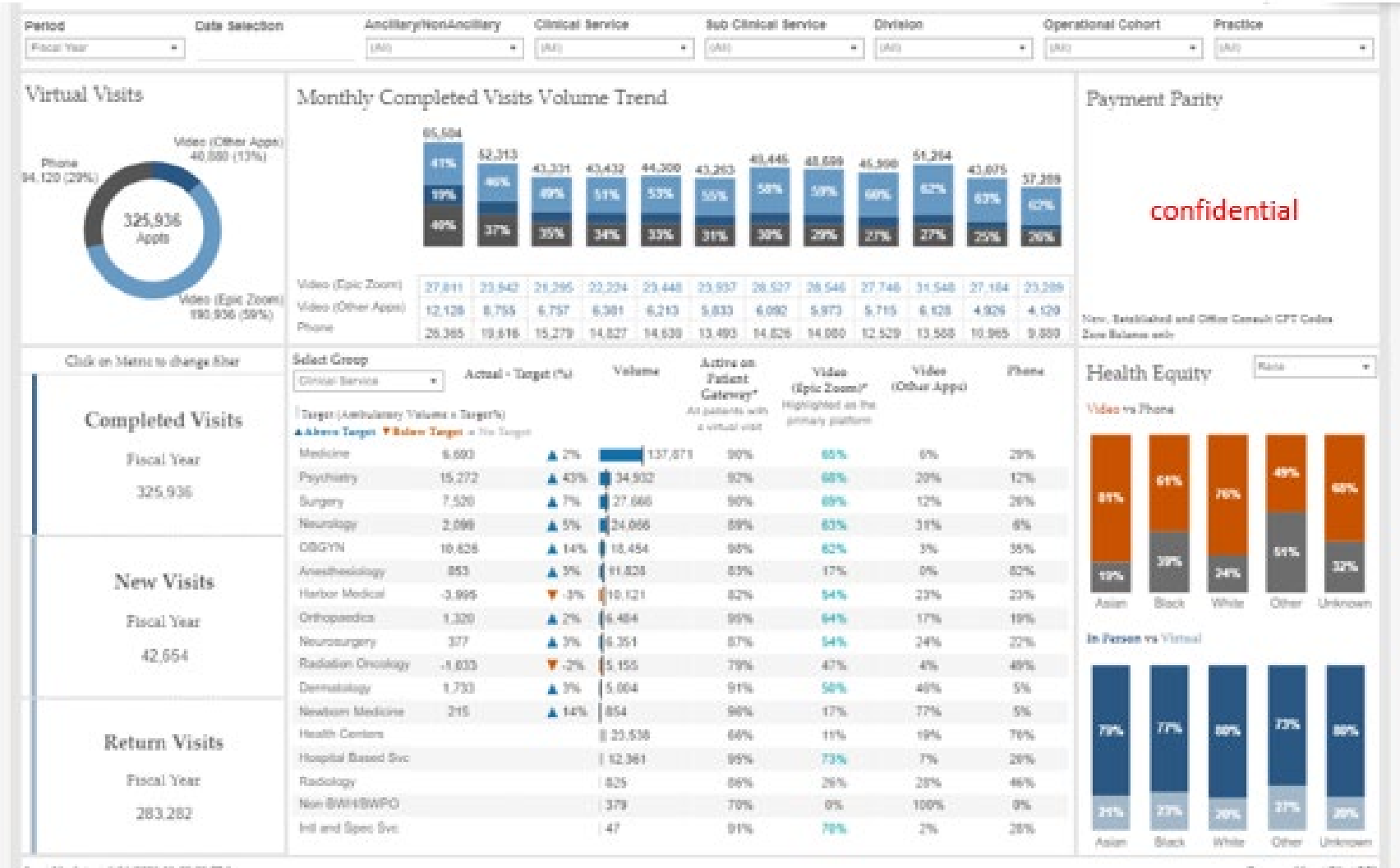
# Virtual Care Measurement Tools for Scale: Experience

| Question | YTD | Last 3 Months | Last Month | n-size |
|---|---|---|---|---|
| Provider treated w/ respect | 90.9 | 91.1 | 90.7 | 39,367 |
| NPS: Provider would recommend | 88.1 | 88.2 | 89.0 | 38,930 |
| Provider explanation clear | 87.3 | 87.5 | 87.2 | 39,483 |
| Provider listen carefully | 86.5 | 86.6 | 86.2 | 39,664 |
| Telehealth connection quality | 73.1 | 73.8 | 73.0 | 40,522 |
| Easy to connect w/ provider | 70.3 | 71.4 | 70.2 | 41,019 |
| Wait before talking | 68.7 | 69.1 | 68.5 | 42,795 |
| Easy to log in to visit | 68.1 | 68.9 | 68.5 | 41,533 |
| Easy to schedule | 53.6 | 58.3 | 58.3 | 763 |
| Got technical support | 34.2 | 35.6 | 35.9 | 4,390 |

**NET PROMOTER SCORE**

## 88.1 n-size: 38,930
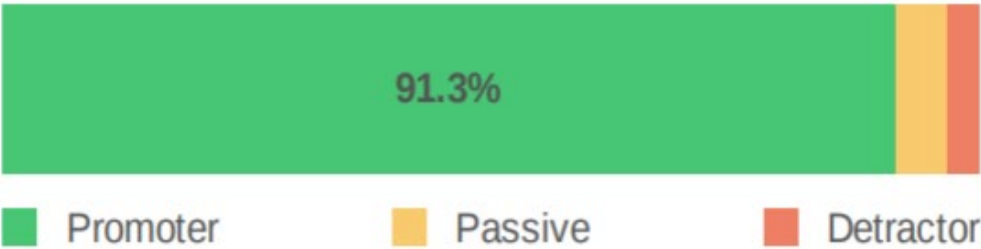
**91.3%**

■ Promoter   ■ Passive   ■ Detractor

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# Addressing the Digital Divide

- We are united as a system to address disparities in access to virtual care
  - Multiple new interventions:
    - Digital access coordinators
    - Tools available in multiple languages (including our patient portal)
    - Loaner technology
    - Text-based video for patients unable to access video visits through our portal
    - Easier integration of interpreters into visit

  - Health implementation science: studying the optimal deployment of virtual healthcare
    - Barriers to acceptance
    - Community determinants of virtual care efficacy
    - Optimal health conditions for use
    - Pairing of wearable technology and monitoring innovation
    - Condition specific research

  - Regulatory and reimbursement questions
    - Out of state virtual care
    - Shifting conversations from reimbursement to value



United against racism

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# Thank you

- MGH Telehealth Team
- Lee Schwamm MD, VP Telehealth MGB
- Adam Licurse MD, Director of Telehealth BWH
- Joe Betancourt MD, SVP Diversity Equity and Inclusion, MGH
- MGH Ambulatory Management Team

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