Mid-Atlantic Telehealth Resource Center - Regional Success Story

Appalachian Regional Healthcare



Internet connectivity to the home was very limited in rural areas.

A curbside care service was launched to overcome this challenge for patients who had to drive to a physical site whereby tablets were brought out to cars to facilitate a telemedicine visit.

Nicole WinklemanDirector of Telehealth, Appalachian Regional Healthcare



Appalachian Regional Healthcare (ARH) is a not-for-profit health system operating 13 hospitals in Kentucky and West Virginia, as well as multi-specialty physician practices, home health agencies, home medical equipment stores and retail pharmacies.

Appalachian Regional Healthcare had a limited telemedicine infrastructure and presence at the start of 2020 but quickly launched direct to consumer efforts within a span of two weeks. They created teams with the "right" people in the necessary functions. This did not necessarily mean high level managers. The focus was on enlisting the key stakeholders who can make decisions to get things done. The VP of Corporate Strategy was also a driver as telemedicine was part of the strategic plan. This was a big organizational change but almost everyone was on board.

The organization developed a process to obtain and document verbal consent in offering virtual care services among 400 providers.

In developing workflows for clinical staff they attempted to mirror the normal, in-office workflow they were used to. They used their Meditech EMR to schedule and document and used Zoom as their video platform. Providers could also use Facetime or other video platforms if they or the patient preferred (or where a lack of technology or connectivity did not allow the use of Zoom).

Billing and coding workflows were also put in place to bill for all consults (in-person or virtual).

Focus areas of care were oncology, primary care and cardiology. Patients were very receptive to primary care compared to oncology and cardiology. Overall most patients were willing to try it (or would ask family members to help) because it did not disrupt their daily living.

In addition to developing a workflow for clinic staff and several training sessions, a forum to frequently gather feedback and answer questions among clinic staff and providers was key. Through an internal education platform, clinic staff could access recorded audio training materials.

Internet connectivity to the home was very limited in rural areas. A curbside care service was launched to overcome this challenge. Patients could drive to a physical site where tablets were brought out to cars to facilitate a telemedicine visit. Patients received a telemedicine visit in their car so they did not have to enter the facility or mix in waiting rooms. It was well used in the beginning and reached its highest peak in the fall of 2020. It still makes up 12-17% of encounters.

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Telemedicine was also employed to provide inpatient consults and rounding within and between facilities. This allows providers to see patients in the 6 critical access hospitals and reduce unnecessary transport. It also helped keep the higher acuity beds at the region's centers available for higher acuity patients.

Challenges/Barriers

Broadband internet access connectivity was limited in rural settings. This limited the rural population's ability to access care and providers options to deliver care. Access to technology and technical literacy

Solutions/Advantages/Lessons Learned

Telemedicine was already part of their new strategic plan

- Acting quickly to compensate for closed clinics
- Productive interdisciplinary teams were built early in the process
- Lack of connectivity to many patients drove creativity
- Both patients and providers accepted telemedicine and were willing to utilize it rapidly
- Kentucky already had public policy that supports telemedicine
- CMS waivers were a very big help and they hope they will continue

Will these programs continue after COVID?

Yes, this forced a more rapid move toward virtual care, resulting in many advantages for both patient and provider.

Note: This content is sourced from healthcare provider interview summaries developed for the National Pandemic Response Action Plan by the National Telehealth Technology Assessment Resource Center. For additional information, please visit: https://telehealthtechnology.org/toolkit/project-background-and-summary/

