

Virtua Health



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At Virtua Health System, a telehealth platform was rapidly scaled at the onset of the pandemic. Since launching a multi-faceted platform for COVID patients, the COVID ED remote patient program has seen over 700 referrals, of which over 400 patients have completed at least one visit. Expanded hours of operation in Urgent Care Telehealth between 8 am – 9 pm on weekdays and 9 am - 5 pm on weekends and holidays have improved accessibility. Remote Patient Monitoring (RPM) programs have decompressed the ED and reduced revisits to the ER. Patients seeking Urgent Care Telehealth services reach providers OnDemand via a web-based video platform, whereas RPM patients have scheduled appointments. The health system's remote patient monitoring for inpatient discharges program has also had positive clinical impacts.

■ What is the structure and overall flow of the Virtual Care program?

We currently operate on a hybrid model. During peak volume hours, a dedicated remote clinician sees patients who call in to our video platform on demand. During off peak times, calls are answered by our clinicians working in the urgent care centers. Triage is performed by our clinical support team, who obtain the patient's chief complaint and determine whether the patient's issue can

be addressed with telehealth based on a list of conditions and symptoms provided to them and then the patient is routed to a clinician.

■ What critical success factors drove rapid implementation of this effort?

The key to success here has been adaptability, a shared goal of helping as many people as possible, and champions at the clinical and operational level. We were lucky to have a video platform at the ready when this program launched. Of course, an increased demand for telehealth services helped drive success as well.

■ Any metrics we can share in terms of number of visits, patient satisfaction, wait times, turnaround time to see a provider?

Over 3500 completed encounters in 2020 and likelihood to recommend for our Urgent Care Telehealth services is over 80%

■ What is the overall structure and flow of the Remote Patient Monitoring Program?

There are several Remote Patient Monitoring programs at Virtua. The 2 focused on COVID patients are our ED discharge remote monitoring program (COVID EDRPM), and our program for inpatient discharges (COVID IPRPM). In the EDRPM program, patients with COVID or suspected COVID who are seen in the ED and might be kept for observation or admission can be discharged

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home with a pulse oximeter device and 1-3 scheduled telemedicine follow up visits. In the IPRPM program, inpatients with confirmed COVID who would benefit from additional monitoring are released home with a Vivify kit which includes a tablet and Bluetooth enabled pulse oximeter, blood pressure cuff, and weight scale. Patients are prompted to enter vitals and answer questionnaires about their health daily. Once home, they are contacted by our RPM nursing team to schedule nursing video visits and clinician telehealth visits over the course of 2 weeks.

■ How are patients selected for the program?

EDRPM uses an algorithm that risk stratifies patients into mild or moderate risk for complications and patients are scheduled accordingly. Patients are eligible for the inpatient COVID RPM program if they have confirmed COVID infection, are above 18, had an inpatient stay, and agree to participation. These patients typically have co-morbidities like hypertension or diabetes.

■ What results has your program achieved?

What were the critical success factors that drove implementation and lessons learned along the way?

700 IPRPM encounters and 630 EDRPM encounters have been completed to date with early analysis showing reduction in readmission rates. A patient-facing technical support team to assist patients with accessing Virtua's video platform and patient portal has contributed a great deal to the success of these programs. So has the nursing team that supports the inpatient RPM program outside of clinician visits, fielding medical questions and following up on out of range questionnaire responses and vital sign recordings. A key lesson learned was learning to integrate RPM and digital technologies into the workflow.



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