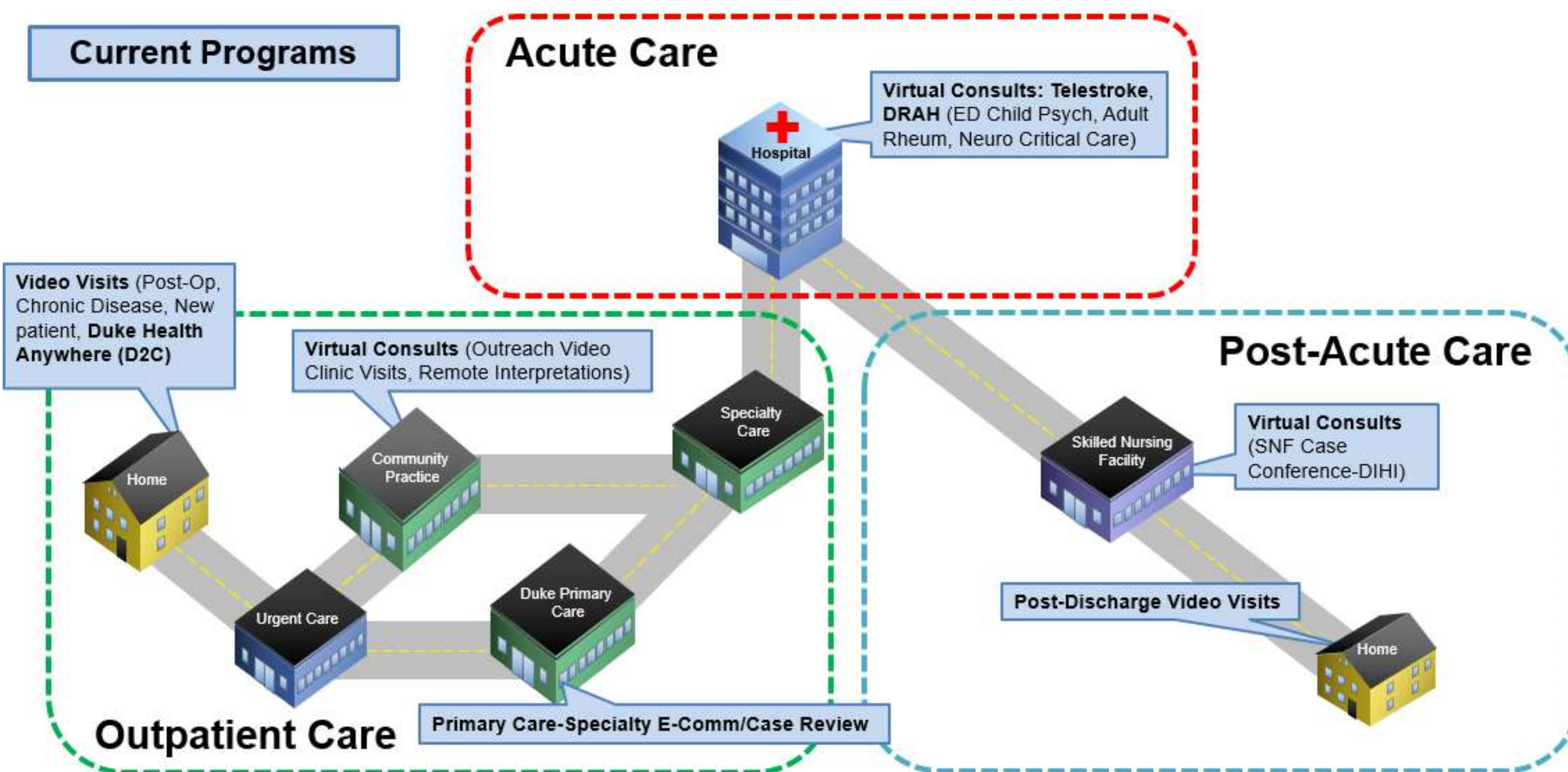


## BACKGROUND

- In 2017 Duke developed an initial strategic plan focusing on three Telehealth platforms – e-communications (e-consults), video visits, and virtual consults
- Since 2017, there has been continued work on the three platforms identified to establish robust, scalable capabilities across the enterprise
- Balanced Scorecards are standard in many industries as a management tool that provides a holistic view of an organization's performance<sup>1</sup>
- Originating in 1999, Duke Health began utilizing the Balanced Scorecard framework. Used by leaders at all levels to drive decisions, the Balanced Scorecard has become an integral part of daily operations and strategic planning at Duke Health<sup>2</sup>
- While many believe Telehealth has great potential for improving access to care, widespread adoption has not been realized. Some believe this is due to a lack of clarity in describing the value of telehealth implementations<sup>3</sup>

Figure 1 Duke Telehealth Current Programs



## PROJECT AIM

Build upon the existing Duke Balanced Scorecard infrastructure to enable the scale of strategic telehealth platforms through three main objectives:

- Widespread communication of impact and value through common language
- Telehealth alignment with system priorities and growth
- Identification of improvement opportunities

## METHODS

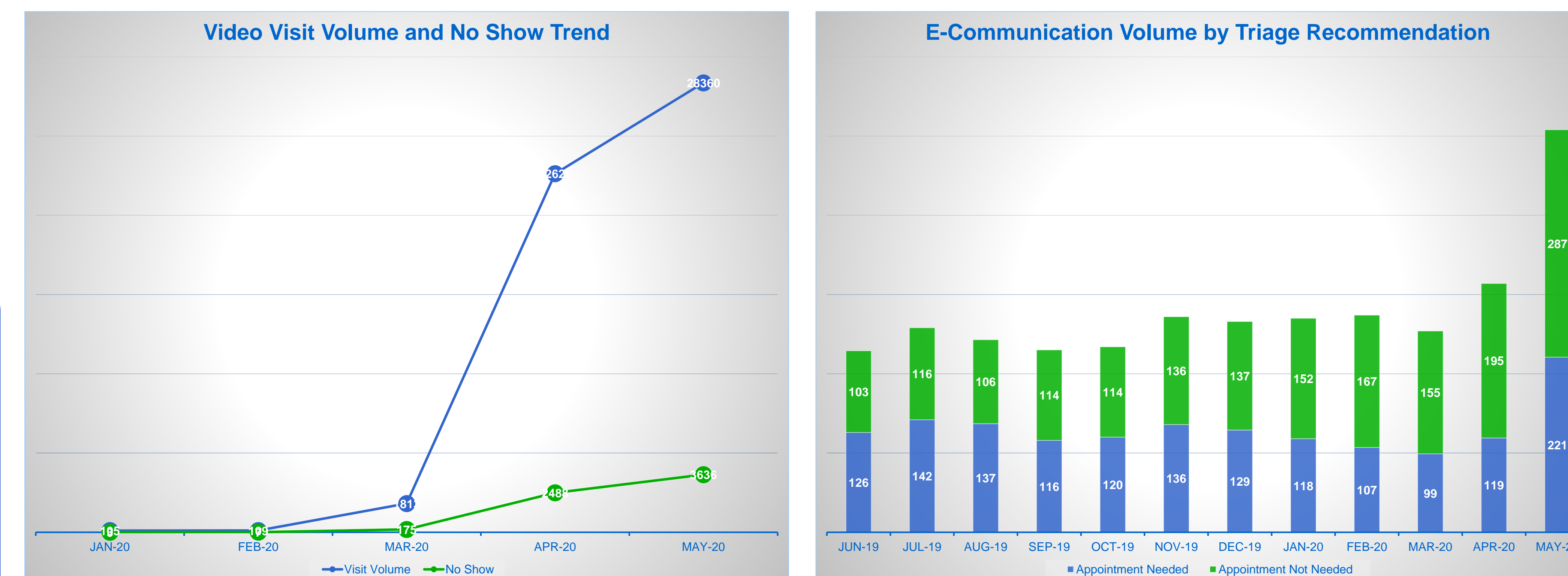
- Set consistent definitions of platforms for use across the enterprise
- Convene multi-disciplinary stakeholder groups to determine metric definitions, exclusions, and calculations
- Select metrics supporting the value-based care transition, user experience, and health system priorities; align with strategic initiatives
- Set annual and monthly targets aimed at continuous improvement using historical performance, industry benchmarks, and academic journals
- Use existing Duke Balanced Scorecard custom built intranet site and quadrants Quality and Patient Safety, Patient Experience, Finance and Growth, and People and the Environment; create stand-alone Duke Telehealth Scorecard

Figure 2 Sample Balanced Scorecard Quadrant

Patient Experience					
E-Communications: Decrease in New Appointment Lead Time for Urgent Specialty Patient					
Video Visits: Specialty Video Visit Patient Satisfaction					
Video Visits: % of Successful Video Visits					
Video Visits: % of Video Visits that Required DTO intervention					
Video Visits: Patient miles saved					
DHA Urgent Care (D2C): Patient Satisfaction with DHA Experience					

## OUTCOMES

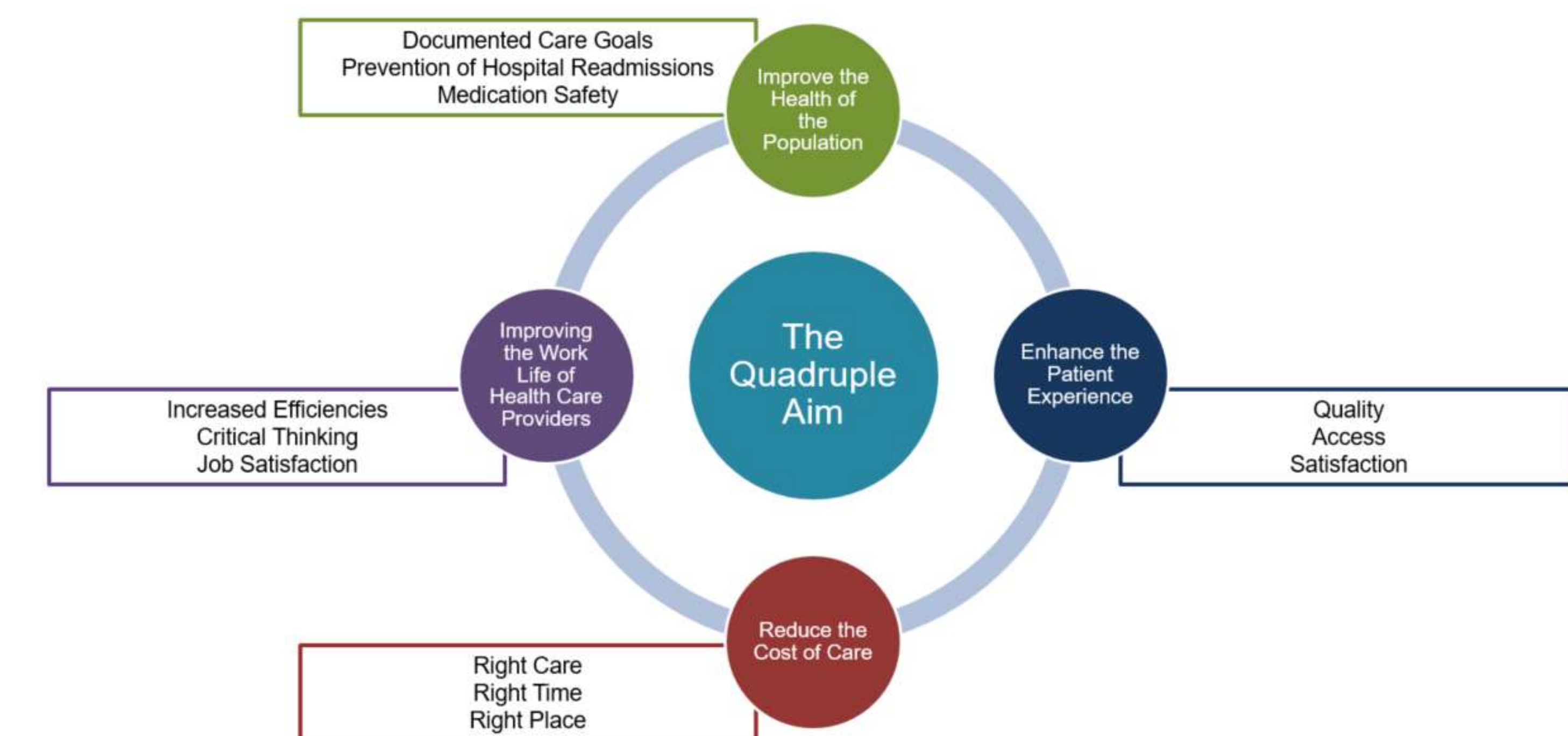
Figure 3 Sample Program Metrics and Outcomes



## CONCLUSIONS

- Telehealth progress can be difficult to translate into value and requires careful communication amongst all stakeholders
- Alignment with existing infrastructure aids in a shared understanding of success
- Telehealth helps healthcare providers to achieve the Quadruple Aim
- The Balanced Scorecard framework allows decision makers at all levels to track ongoing value and identify opportunities for areas of improvement

Figure 4 Telehealth and the Quadruple Aim



## LIMITATIONS AND NEXT STEPS

- Prior to Covid-19, lack of reimbursement parity and restrictive provider state licensure laws limited widespread adoption of telehealth
- Post Covid-19, variation in payer and government policies to support ongoing telehealth adoption creates some uncertainty about future financial implications
- As programs grow, a next step would be to integrate Telehealth scorecard metrics with other system scorecards for shared awareness and accountability

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