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Telehealth Visits for Common Concerns in a Primary Care Setting: Establishing a Protocol

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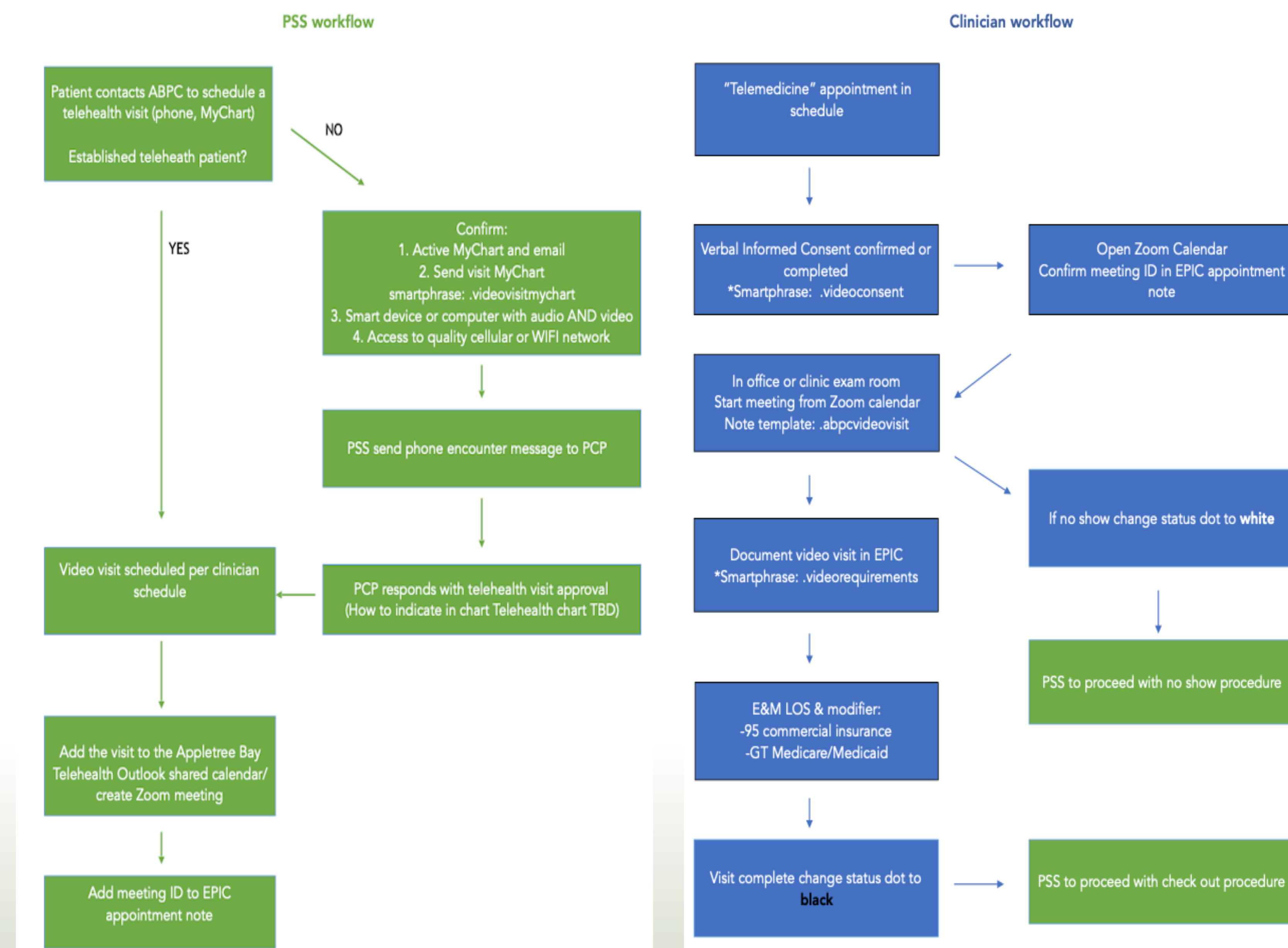
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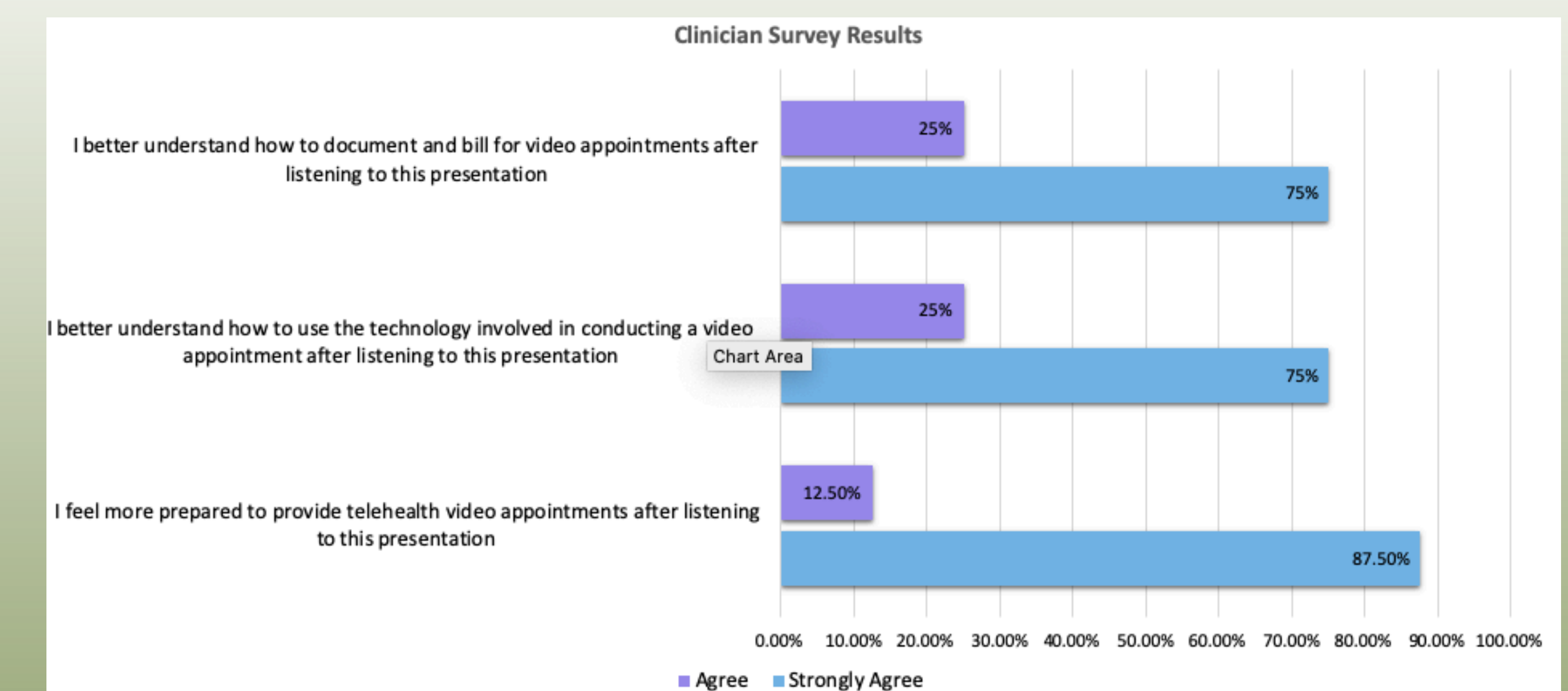COLLEGE OF NURSING
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Background: Vermont has identified several barriers to accessing healthcare including weather conditions, rurality, lack of public transportation systems, and busy schedules[3]. Telehealth mitigates these barriers, providing a safe and effective option on par with in-person visits, while lowering overall healthcare costs and increasing patient satisfaction[1,2,4]. This project aimed to expand telehealth visits in a nurse practitioner-run primary care practice, via designing effective protocols and educating clinicians on telehealth use, requirements, documentation, and billing in order to complete telehealth visits successfully.

Methods: Infrastructure for telehealth: a workflow protocol, patient education materials, procurement of technological resources including iPads, and necessary, HIPAA compliant, secure accounts. Materials were presented at a practice meeting, with all clinicians and the practice supervisor present, including a complete walk-through mock video visit. A six-question Likert scale survey was administered post-presentation. Descriptive statistics were used to analyze survey results.

Results: Surveys from 7 APRNs, and 1 MD (n=8) indicated that presentation and live video visit walk through were effective as 100% of clinicians agreed that it enhanced their knowledge and confidence across all measured responses, with 75% or more strongly agreeing with items 2, 3 and 4 that specifically assessed presentation effectiveness. The protocol was successfully implemented on January 17th, 2020 after the educational presentation. Telehealth appointments are available for booking daily and are being used with no major flaws in the protocol identified.

Conclusion: A formal protocol for implementation of expanded telehealth use was designed and established into the daily workflow, creating a quality improvement practice change at this clinic. Providing clinician education was associated with increased provider knowledge and confidence.

PSS workflow / Clinician workflow

Clinician Survey Results

References:
1. Halpren-Ruder, D., Chang, A. M., Hollander, J. E., & Shah, A. (2019). Quality Assurance in Telehealth: Adherence to Evidence-Based Indicators. Telemedicine journal and e-health: the official journal of the American Telemedicine Association, 25(7), 599–603. doi:10.1089/tmj.2018.0149
2. Player, M., O'Bryan, E., Sederstrom, E., Pinckney, J., & Diaz, V. (2018). Electronic visits for common acute conditions: Evaluation of a recently established program. Health Affairs, 37(12), 2024-2030.
3. State of Vermont. (2015). A Statewide Telehealth Strategy for the State of Vermont. Retrieved from: https://healthcareinnovation.vermont.gov/sites/hcinnovation/files/HIE/Telehealth_Strategy_Report_Final_9-16-15.pdf
4. Yamamoto, D. H. (2014). Assessment of the Feasibility and Cost of Replacing In-Person Care with Acute Care Telehealth Services.