

Third Eye Health | May 2020 White Paper

Evaluating Telehealth Platforms for Post Acute

Considerations for Incorporating a Telehealth Platform into Your Care Delivery Strategy Both During and After COVID-19

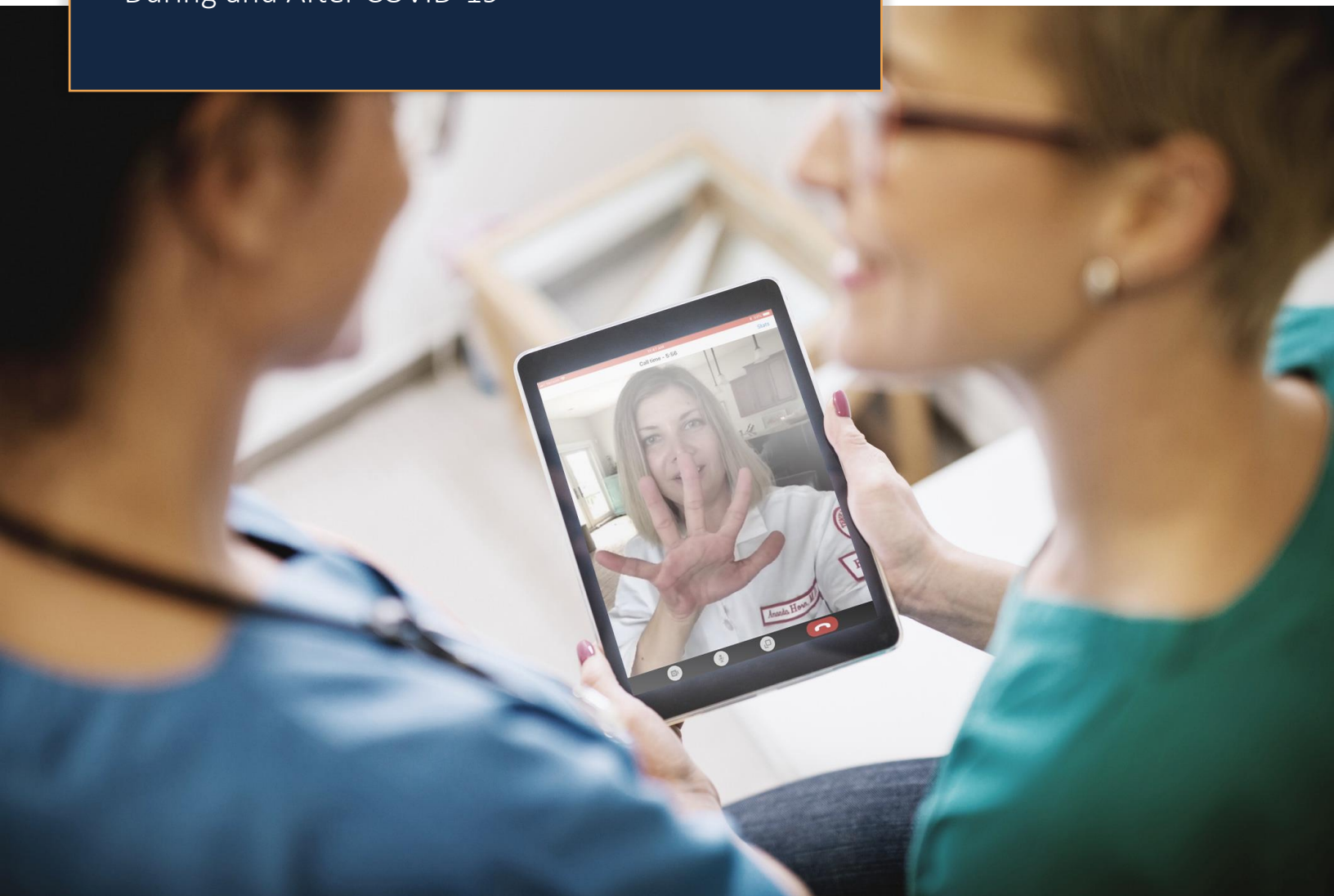




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Rethinking Your Telehealth Technology Strategy During and After COVID-19

While provisions waiving certain HIPAA requirements during the national emergency are temporary, the expanded use of telehealth is here to stay. When asked about telehealth, CMS administrator Seema Verma responded “...**there’s absolutely no going back.**”

During the beginning of the crisis, many providers relied on consumer level video chat applications to handle virtual telehealth visits, regardless of the application’s HIPAA compliance or original intended use. While these applications served the purpose of temporary emergency communication, providers and operators are now faced with the challenge of **standardizing on a technology platform** that will address post acute workflow challenges and a myriad of reporting and tracking requirements from regulatory bodies. Even as the post acute sector is facing extreme operational and personnel challenges, regulatory and liability considerations will continue to impact technology decisions both during and after the national crisis.

Virtual Access Control

Physical facility access control is not a new concept, but given the nature of COVID-19, operators and providers have been forced to completely reconsider the implications of who comes in and out of their buildings, both physically **and virtually**. New CMS/CDC tracking and reporting requirements for COVID-19 require time-sensitive notifications and monitoring. If audited, operators and providers may be required to provide a detailed audit trail of every relevant encounter between patients and providers. Simply having a timestamp of when the encounter occurred **may not provide sufficient protection**. Providers will also need to pinpoint the *content* of the encounter, such as Chief Complaint, nurse/provider dialogue, and any notes or orders that are created and sent to the EHR. Most consumer level chat applications were not created to capture this level of detail, nor integrate with post acute EHRs. The ability for an application to log encounter details that occur **outside** the confines of the EHR is paramount.

Things to Consider

- Can the platform produce a detailed record of every virtual visit to my building?
- Can the platform control who is credentialed to virtually visit the building?
- Can the platform capture and store discrete clinical data fields, such as Chief Complaint?

“Simply being HIPAA compliant does not address regulatory concerns around virtual access control and audit reporting, exposing post acute operators and providers to **unnecessary risk.**” — *Lucas Baran, CTO*
Third Eye Health

Nurse Usability & Platform Fatigue

Now and into the foreseeable future, an overwhelming percentage of physician to patient encounters in post acute will take place virtually via telehealth. For reasons previously cited, patient movement in and out of the facility will be limited. As an operator or as a Medical Director, orchestrating virtual primary or specialty care visits could prove challenging. With the potential for each provider wanting to use their own telehealth platform to enter the building, it would not take long for nurses and administrators to become overwhelmed by “**platform fatigue**”. A stance must be taken on **platform consolidation** in order to provide a *controlled, repeatable* workflow experience for nurses and clinicians. Operators will be tasked with the new role of application management, and whatever application that is, it needs to have the right tools.

A major change with virtual visits in post acute is the concept that **nurses will drive and initiate the encounter workflow** between the patient and the provider. The telehealth platform should be designed **end-to-end** with this reality in mind. The user interface should be simple, intuitive, and not require anything beyond very basic user training. Given the turnover issues in post acute, operator resources can not be expended on perpetual software training.

Another major consideration is the physical form factor of the hardware device on which the application resides. If the application resides on a laptop or a large “medical cart”, with complicated apparatuses, **operators and providers should immediately give pause**. It is likely that the application either was not designed for post acute, or it has not been used at scale. Results have shown that the more difficult it is to physically move the device and learn the various widgets, the less likely the nurse is to use the device. The physical device should be easily portable, not difficult to learn, and should be made readily available throughout the building, with ideally one or more per nurses' station.

Things to Consider

- How many post acute providers and nurses are already using the platform?
- How many devices will I need to purchase and at what cost?
- Is the platform designed for a nurse-driven workflow?



A Purpose-built Design

In a rush to address the unforeseen spike in demand for telehealth visits, many consumer level communication platforms have been stretched beyond their original design as providers have done what they could to adapt to the **platform's** capabilities. Moving forward, a telehealth platform must have proven, *purpose-built* functionality that adapts to the evolving needs of **post acute providers and operators**.

Historically, the post acute sector has not been known for technological innovation. However, there are certain companies and organizations that chose to invest early in post acute technology and built solutions from the ground up to address the unique needs of the sector. For post acute telehealth, a platform needs to be extremely agile as the demands and needs of providers change and intensify. Platforms should have care coordination functionality, multiparty video encounters, post acute EHR integrations, and the ability to integrate with digital instruments such as stethoscopes and EKGs. Specialty providers will also need additional instrumentation, such as high-quality noise canceling microphones for behavioral health. The expanding use cases will drive the need for **rapid software development and integration**. In order to respond, a platform's main priority should be centered on post acute product development.

Things to Consider

- Was this platform designed for post acute?
- How many post acute facilities have already *integrated* with this platform?
- What percentage of this platform's software development budget is focused on features and functions for post acute?
- How frequently are new software versions released?
- Is there an ability to request custom features based on my needs?

"This has upped the ante of the number of services that we're able to provide."

"...game-changer."

— Richard Nolden, Administrator
Monarch Landing

EHR Integrations

Unlike the acute care sector, EHR integrations are less common in post acute settings. However, the need for EHR-integrated software and services will continue to rise as more care is delivered virtually. In order to keep up, a telehealth platform **must be cloud-based** and must have the ability to work with Application Programming Interfaces (APIs). An ideal platform will have bidirectional capabilities with the EHR in order to extract patient information, create notes and orders, and then digitally transfer that information back to the EHR. Manual processes such as faxing, scanning, and uploading PDFs create unnecessary work and could lead to mistakes due to human error. As the use of telehealth increases in post acute, any platform **deficiency or inefficiency will be amplified**.

Things to Consider

- Which EHR vendors does this platform integrate with?
- How many live, EHR-integrated sites are using this platform?
- Does this platform work with APIs?
- Does this platform charge extra for API integrations?
- How long does it take to activate a new integration?





Implementation, Training, & Support

The ability to recruit and retain has long been a challenge for post acute operators. Many facilities have no or limited IT resources. Nurse turnover means having to retrain and constantly manage user access. Faced with extraordinary operational tasks, facility administrators will likely **not have the bandwidth** to design, implement, and manage a training and support system. A telehealth platform **must** be more than just a piece of software. A proven and methodical training and support system is key for a successful telehealth program.

Vendor implementation and support staff need to be familiar with post acute operations and personnel roles. Ideally, these vendor staff members will have direct experience working in post acute settings, such as former Administrators, DONs, and nurses. Recognizing that certain facility staff do not work 9-to-5 hours, a training curriculum needs to be in place to educate these staff members and adapt to their schedule. As post acute care never stops, a platform vendor needs to have **rapid support available 24/7/365**. Busy corporate call centers with long wait times are not an option. Support must be US based and must understand healthcare.

In addition to managing the software, vendors need to secure and manage the hardware remotely. A platform should have the option of **Mobile Device Management software** (MDM). MDM provides the flexibility and control for operators and providers to use existing tablets and mobile devices, without sacrificing security. Vendors should have an optional **“Bring Your Own Device”** plan so that providers and operators can consolidate the number devices in their buildings.

Managing users, their roles, and their access to the platform can become overwhelming without the proper tools. For a handful of users at one facility, it is manageable. However, in order to deploy a platform at scale, the vendor should offer user management tools, such as Active Directory and Single-Sign On (SSO) capabilities.

Things to Consider

- How many post acute facilities has the vendor taken live?
- What is the response time to support requests and what healthcare experience do reps have?
- What does the training curriculum look like?
- Does vendor support MDM, AD, and SSO?
- Can I use existing tablets or mobile devices?
- Will I have a project and account manager?

Security and Critical Infrastructure

Although perceived by many to be the golden standard, the designation of “HIPAA compliant” is **entirely insufficient** in modern day healthcare. As witnessed countless times in the past few years, healthcare organizations (including large hospital systems) have fallen victim to ransomware attacks, in some cases resulting in full scale network shutdowns. Your telehealth platform must now be considered **mission critical infrastructure**.

Secure handling of PHI is only a small part of telehealth security and infrastructure. Vendors must invest in security technology *and* processes to protect providers and operators. A critical question to ask is *where* the data lives. Being in the cloud is good, but **not all clouds are created equally**. Public cloud vendors such as Amazon Web Services™ and Microsoft® Azure lead the industry with their ability to provide unmatched resources in security and service uptime. In addition to living in a public cloud, a platform should achieve the designation of SOC 2 Compliance. SOC 2 security compliance is enforced at the highest levels of enterprise organizations, such as the federal government and leading health systems. Post acute providers and operators should demand the same level of protection. Platform vendors should have experience working with large health systems and be able to pass the rigorous security checks they require. Health systems will continue to be a key referral source and they are **unlikely to deal with any technology that is not SOC 2 compliant**.

Give the 24/7 nature of healthcare, operators and providers should also request uptime performance reports, typically by minimum percentages. The platform must also have automatic backup and disaster recovery capabilities.

Things to Consider

- Have any health systems used or approved of the platform and its underlying security?
- Is the platform SOC 2 Compliant?
- Does the vendor own the underlying software, or is it outsourced?
- In what cloud vendor does the platform and data reside?
- What is the platform’s uptime performance?
- What is the disaster recovery plan?

Physician Services

As the crisis begins to stabilize and elective surgeries resume, new admissions and census will cause a significant uptick in clinical services. Medical Directors and attending physicians may want the option of additional clinical support and relief. Whether local providers want night, weekend, and holiday coverage, or if they need specialty coverage such as behavioral health or cardiology, a platform **should offer optional specialty physician services.**

Before, during, and after COVID-19, operators and providers have a critical shared mission **of treating patients in place.** The platform should have the flexibility to easily connect to a “Virtual ER & Urgent Care” program to help treat patients in place around the clock. A vendor should be able to provide performance data such as “treat-in-place” rates, case volumes, and other clinical & financial outcomes.

Things to Consider

- Does the platform have optional physician services?
- What specialty coverage is available?
- What are the key performance indicators, such as “treat in place”?
- How many physicians are available on the platform?
- How many physician consults have occurred on the platform?

“A platform that allows for seamless coordination of care and communications between facility staff and providers combined with 24/7/365 access to the primary team, after hours team, or specialty medicine team at the push of a button is the **most logical Telehealth solution for post acute** in the setting of COVID-19 and beyond.”

— Jane Himmelho, MD
Chief Medical Officer
Third Eye Health



Have questions?

Want to see a demo?

Want to speak with references?

Click Below

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