

# Call Me Maybe? Improving Utilization of Telemedicine in a VA Resident Clinic

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## Background

Problem: Many patients live in rural areas or have physical limitations making face to face visits difficult which impacts the quality of care they receive.

### Telemedicine

With rapid improvements in technology, telemedicine is becoming common place in modern medical practice<sup>1</sup>

$$\text{High Value Care} = \frac{\text{Quality}}{\text{Cost}}$$

- Allows for quicker, more convenient access to health care and closer follow-up<sup>1,2</sup>
- Shown to improve patient and provider satisfaction<sup>3,4</sup>
- Potential to reduce health care costs and decrease patient burden<sup>3,4</sup>

### What is telemedicine?



### Portland VA Phone Clinic

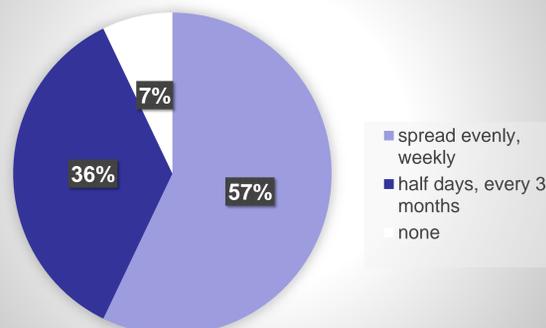
- Portland VA clinicians have the unique opportunity to schedule clinical follow up over the phone.
- Resident telephone visits began in 2013 and were scheduled during half day blocks once every three months.
- Residents were found to be utilizing less than 20% of appointment (< 4 encounters per resident a year).

## Methods

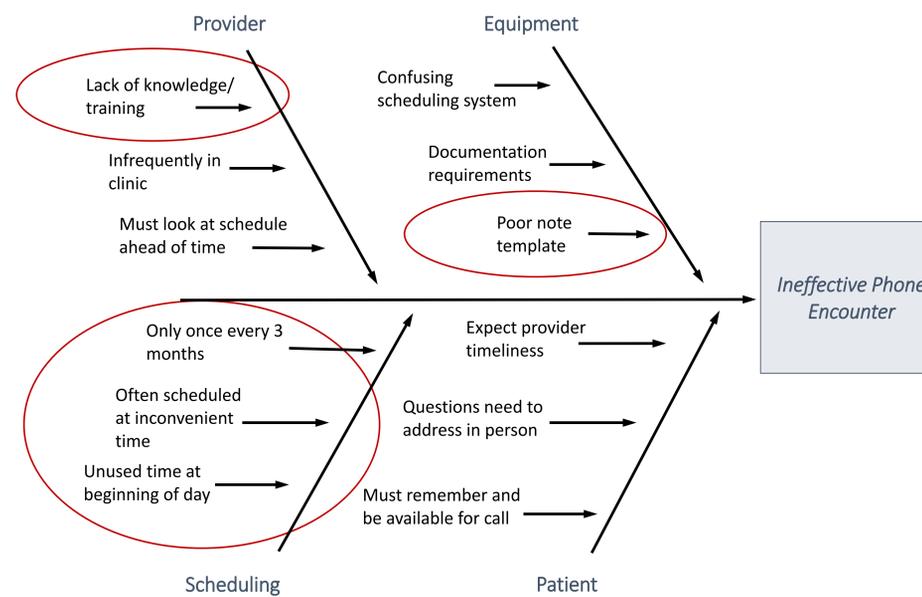
- Administered paper survey addressing attitudes and barriers to resident utilization of phone clinic
- Used fishbone diagram to perform a root cause analysis of the problem
- Implemented multicomponent intervention
- Administered follow up survey evaluating the changes made
- Used chart review to track phone encounters

## Opportunity for Change

### When should phone clinic appointments be scheduled? (n=28 residents)



## Factors Hindering Phone Clinic Efficiency



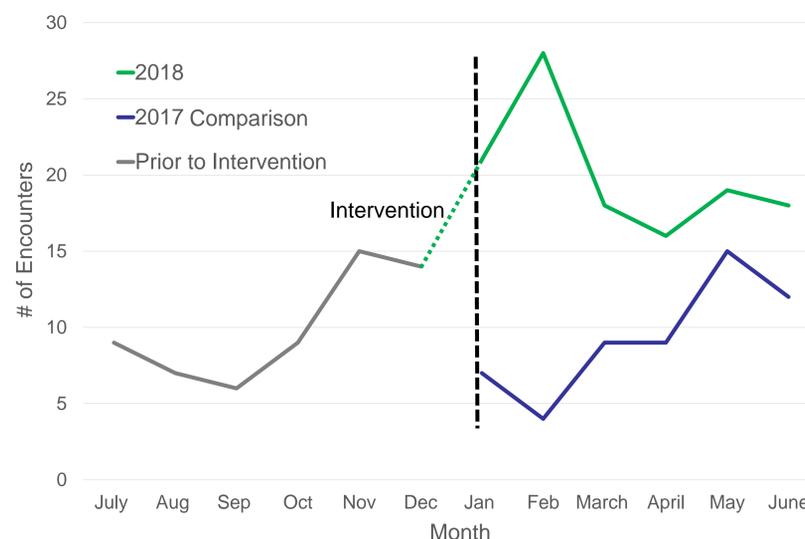
## Intervention

**Aim:** Increase utilization of available resident telephone appointments from 18% to 50% by Jan 2019 to increase resident exposure to telemedicine and improve patient care

- Designed and conducted a phone clinic orientation/refresher session
- Created a clinical note template to facilitate documentation
- Created a 30 minute protected time slot for phone visits each clinic week
- Worked with administrative staff to create additional phone visit appointments as needed

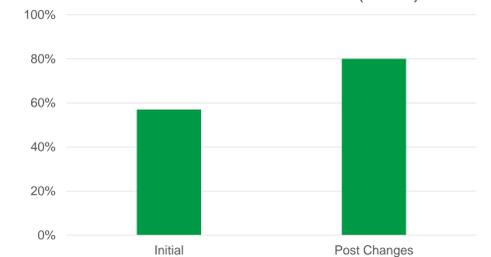
## Results

### Number of Resident Phone Encounters by Month

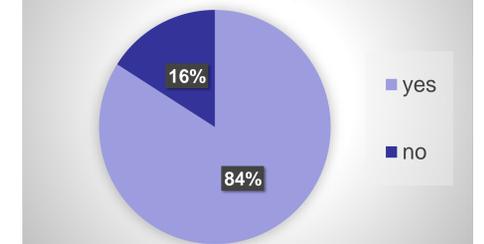


There was a 114%(120 vs 56) increase in total number of phone encounters in the first 6 months of 2018 compared to 2017. Utilization of time set aside for phone appointments increased from 18% to 32% when comparing the 6 months prior to and after the intervention.

### Do you know how to see your phone clinic schedule in advance? (n=25)



### Do you plan to continue using phone clinic? (n=25)



## Discussion

- Increased resident participation in telephone clinic by 114% with continued enthusiasm for the project
- Increased resident experience with a valuable health care tool that is likely to remain a vital component of primary care going forward
- Research suggests we have also improved value of care<sup>3,4</sup>
  - Reduced health care cost
  - Increased satisfaction in care provided
  - Decreased patient burden
- There is an ongoing need for education in scheduling and use of telephone appointments in primary care

## Challenges / Next Steps

- Frequent turnover of support staff and limited outpatient resident time allotted for primary care
- EMR software limiting ability to see scheduled patients and visualize provider schedules
- Consider evaluating patient experience with our telephone clinic
- Further define categories of care appropriate for telephone care vs. face to face visits
- Further large scale studies evaluating cost effectiveness of telemedicine

## References

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