

# The Integration of Telehealth Delivery within a Comprehensive Medication Management Practice

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Considering the advantages of telehealth and the future direction of health care, it is no longer a question of *if* telehealth needs to be implemented into practice; rather, it is a question of *how* to integrate telehealth and CMM services. It is important to develop a plan that is feasible and sustainable. Core to a plan is a patient care team that works together to achieve a goal of enhancing patient-centered care and medication optimization. Outlined below are essential steps to integrating telehealth services and CMM practice.

## 1. Define what telehealth means for your practice

Begin by asking how these services will best benefit your patient population. Take advantage of this opportunity to set new or improve on existing goals of quality, efficiency and access to health care for your patients. Recognize that this is an addition to current practices and not a replacement. Setting and communicating clear goals will allow for an understood and clear vision of what aims are to be accomplished with this integration. Examples of initial questions to ask the health care team include:

- What patient population is the practice currently serving, or which payer beneficiaries are in need of CMM care?
- Which patients will benefit most from this service?
- Which patients will get increased access to needed health care from this service?
- How will the addition of this service benefit patients and the health care team?
- What patient outcomes and improvements in care do you wish to achieve by providing CMM via telehealth?

Answers to these questions will identify a specific patient population to target. The Agency for Healthcare Research and Quality conducted a review of systematic literature and found telehealth to be beneficial when used for a specific patient population. Specifically, the evidence supports management of patients with multiple chronic conditions, patient counseling and management of behavioral health with this platform.<sup>1</sup> To ensure that the CMM core tenets are also integrated into the foundation of these services, set an aim for meeting societal and patient needs to target optimal use of pharmacologic therapy.<sup>2</sup>

## 2. Secure stakeholders

Identify the stakeholders who may have a vested interest or are integral to establishing CMM via telehealth.<sup>3</sup> Consider the following likely stakeholders: patients, physicians, other providers, administrators, practice or office managers, compliance officers, risk managers and payers. Engaging them early will help you identify champions for the service and those who may articulate barriers and concerns. Use the most important stakeholders to assist in creating a strategy to resolve resistance and gain the necessary buy-in to move forward.

### 3. Develop a team

In a world where technology is not always reliable, it is important to have a dependable and well-developed team. For a CMM telehealth delivery team, begin by assigning staff members to every step of the process.

First, is the need for a technical assistance team. Involving information technology staff is necessary for the testing phase of initiating a CMM service and for decisions on platforms of delivery and telecommunication technology best suited for the practice to utilize. Engineering management staff may be needed to merge new and existing platforms together to increase efficiency of workflow. Office administrators and practice managers should be included in the team for operational support. Along with organizing service protocols and staff training, these team members should be dedicated to tracking the financial outcomes of the CMM telehealth program and manage billing requirements.<sup>2</sup>

Next, consider who will be providing the services and conducting the visits. Mapping out a workflow may be helpful before deciding on all team members. For example, if the workflow includes support staff collecting initial visit information, a nurse or a medical assistant will need to be assigned to speak with the patient at the start of the virtual visit. Including all physicians, clinical pharmacists and nurse practitioners that will be conducting telehealth visits in the planning processes will help set the project up for success. Key team members will offer the perspective of providing the services that meet patient needs. Including frontline staff members early in the process is essential for preventing gaps and miscommunication along the way. To ensure financial success, commercial and non-commercial payers must be included as part of the external health care team.

The most important team member to consider is the patient. For a telehealth platform to be successful, patients at that practice site must buy into this non-traditional method of care. One way to include patients is to start by assessing patient readiness of virtual visits. This can be achieved by surveying patients' comfort level with the service. This tool will offer support in assessing if the practice would benefit from starting telehealth services and serve as a marketing tool by preemptively informing patients of this new option of health care delivery. The information collected could also be valuable in deciding which patient populations are offered telehealth services. Examples of information to collect from patients include:

- Willingness of meeting with a provider virtually
- Preference of one visit type over the other
- Access to home monitoring equipment (e.g., blood pressure cuff, glucometer, scale, thermometer)
- Access to technology needed (e.g., phone, device with video capability)
- Access to reliable internet

Patients should also be surveyed after experiencing the service to guide future considerations and directions of the program.

For optimal team performance, it is important to consistently communicate. In the first few months, expect to meet regularly to provide updates, get feedback and ask questions. Involving patients and the rest of the health care team early in the process will allow perspectives from all angles to be considered for building the foundation of the CMM program.

## 4. Equipment and software needs

Whether telehealth services will be provided through audio, video or a combination of both, the software used will need to be determined up front. When searching for the best virtual platform, consider the service's fee schedule, ease of use for the patient and providers, compatibility with existing electronic medical records and compliance with current Health Insurance Portability and Accountability Act (HIPAA) laws. For virtual platforms to qualify as HIPAA compliant, the company must sign a Business Associate Agreement with the health care provider. This requires health care visits to be encrypted and only accessible by the patient and authorized staff.<sup>4</sup> Examples of current HIPAA compliant video services include Amazon Chime, Cisco Webex Meetings, Webex Teams, Doxy.me, Google G Suite Hangouts Meet, GoToMeetings, Skype for Business, Microsoft Teams, Spruce Health Care Messenger, Updox, VSee and Zoom for Healthcare. Integration of video or audio interpretation services into virtual visits should also be available and integrated into workflow whenever needed.

The software platform should allow for seamless audio and visual communication with the supervising provider when required for reimbursement of services. Consider a software platform that allows for shared virtual waiting rooms where clinicians can flow in and out of one another's patient encounters to maximize the power of telehealth visits. Once the audio and video platforms have been decided, determine what technological equipment will be provided to CMM care team staff. This may include providing communication equipment and reliable internet access to staff conducting the telehealth visits. It should also be determined if the institution will provide any assistance with providing equipment to patients. During the COVID-19 pandemic, the Veterans Affairs (VA) Healthcare System provided electronics with video capabilities (smartphones and tablets) as well as home monitoring equipment to patients who needed them.<sup>5</sup> Although this may not be possible at every institution, delivering these types of devices will be helpful to decrease health care disparities and increase health care access for more patients.

## 5. Assess costs and financial sustainability

Assess the initial and ongoing costs for initiating and sustaining the CMM telehealth service including, staff time, equipment and software needs. Evaluate your payer mix for the payers that provide telehealth benefits and payment for telehealth services. Adequate compensation by payers of the targeted patient population is necessary for financial sustainability. Payment may be secured through direct contracting, use of telehealth related CPT codes—if available—or chronic care management codes that are intended for telephonic communication. For whichever reimbursement is covered by your payers, ensure that you are in compliance with the state, federal and insurer payment rules and regulations, such as required supervision when designing the service. The external stakeholder members of your health care team are important colleagues in setting clear billing and reimbursement policies that consider the quality, costs, revenue and access of using this modality.<sup>6</sup>

### 6a. Educate staff

Every staff member should be educated on the goals of telehealth integration and appropriate workflows.<sup>3</sup> Consider developing a standard work document for more detailed responsibilities to ensure consistency and standardization of tasks. Educate all staff on the use of technology and software in order to efficiently conduct patient care visits. Although providers should not be expected to disrupt workflow by assisting patients with technological difficulties, all CMM care team staff should be aware of the patient's check-in process. Staff should be educated on specific technological obstacles and how to overcome those when they occur. Technological support contact numbers should be easily accessible, and the process for assistance must be efficient. Ensure that staff members are updated on barriers and solutions consistently to keep everyone informed.

## 6b. Educate patients and caregivers

Before scheduling a patient for a virtual visit, patients should be informed on the meaning of telehealth, the purpose of a virtual visit and the benefits of this platform. Even if most patients at the practice are open to telehealth services, it is still necessary to assess the willingness of a virtual visit for each patient before making an appointment. Once an initial appointment is made, an assigned CMM team member should contact the patient to explain the virtual check in process. Ideally, the patient or caregiver should be provided with the necessary information and walked through the process to allow for troubleshooting. Although this does add an extra step in the process, it will help decrease technical support needs and workflow disruptions during the scheduled appointment.

Patients and caregivers should also be educated on use of appropriate home monitoring equipment. To ensure more efficient patient care visits in the future, the goal of the first telehealth visit can be dedicated to teaching patients how and when to use the home monitoring equipment. Simple physical assessments can also be done by the patient or caregiver during the virtual appointment when needed.

## 7. Develop a workflow

Developing an image of what the day-to-day virtual visits will look like and how each stakeholder will be integrated into the existing workflow will help fill in gaps during the planning stage.<sup>3</sup> Determine the hours of operation for virtual visits. Is it possible to extend virtual practice hours, or will appointments only be made during normal business hours? Realize there are advantages and disadvantages to both. It is helpful to reference back to the goals set for the addition of telehealth services. If one of the practice's goals is to increase access for patients through telehealth, then extended practice hours may help achieve this. Providing later hours will allow increased access for patients who may normally not be able to seek care during normal practice hours; however, this may result in more working hours for CMM care team staff.

Plan the pre-appointment activities that must occur prior to the patient visit. To decrease needs for additional training, assign tasks to staff members who are already providing similar services. For instance, if the practice receptionist currently makes patient appointments, it would be easier for them to plan the pre-appointment activities as well. For tasks that are not accounted for in the current workflow, such as patient training of virtual visits, additional staff members may need to be hired, or, if feasible, tasks can be integrated into current workdays of CMM care team staff.

When establishing the logistics of the actual visit, plan what the most efficient process will be. To do so, the following must be considered:

1. **The check-in process:** Develop a check in process that is as simple as possible for patients to follow. If patients are required to answer questions prior to the appointment, ensure that these questions are simple and clear for patients to understand. If possible, provide "read out loud" and language translation options. If patients are finding it difficult to check-in, provide a contact number for patient assistance during this process. Allowing the patient to contact a staff member prior to the visit may help decrease delays before the scheduled appointment. Once the patient is checked in, determine if it would be time efficient for a nurse or other medical staff to collect the initial visit information (e.g., medication reconciliation, vitals) or if this should be done by the CMM provider.
2. **The virtual visit:** To help avoid distractions and conversations drifts from occurring during your patient visit, establish clear goals with the patient. It is important for the provider to minimize distractions and practice proper "web-side manner" by minimizing environmental distractions,

maintaining eye level with the camera, wearing appropriate attire and a name badge and working out of a private area that would not compromise the patient's right to confidentiality.<sup>7</sup>

3. **Interprofessional consults or shared visits:** Establish how you will connect with the supervising clinician when a need is identified during a visit. Secure the processes and methods for using required audio-visual technology. Consider methods of consulting with other health care team members to conduct shared virtual visits.
4. **The check-out process:** Determine whether patients will receive their visit summaries, referrals or any other documents delivered through mail or electronically. Before scheduling a follow up appointment, assess if there is a need to convert a patient to an in-office visit or if virtual visits continue to be appropriate.

## 8. Measure health care outcomes

To assist with the sustainability and growth of the new service, evaluation of the program must be measured and assessed periodically. Health care outcome measurements should be set prior to the start of telehealth delivery and measured for every patient. Set outcome measures should be clinically important and identical to what is currently being assessed for in-office CMM visits. This allows direct comparisons between in-office and telehealth visits to help establish differences and similarities in care. The cost of the program must also be assessed to compare the costs to an in-office visit and determine opportunities for improvements.<sup>2</sup>

In addition to health care clinical and financial outcomes, assessing provider and patient satisfaction can also assist in discovering areas for improvement in the CMM program. Even if telehealth services are not new at the practice site, it is not a traditional concept, and there will be many areas for improvement. Asking those delivering and receiving these services can assist in ensuring sustainability and continued growth of the service.

## 9. Meet with your team regularly

As mentioned above, it is important to meet with your staff consistently. Regular meetings should include reviewing quality metrics and patient outcomes established for the program and evaluating and addressing both areas for improvement and opportunities to grow. This is especially necessary with the implementation of services that depend on technology. Bottom line, the patient is a part of the telehealth CMM care team, and it is important to keep them informed throughout the process as well.

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### ENDNOTES

1. Totten AM, Womackm DM, Eden KB, et al. Telehealth: Mapping the Evidence for Patient Outcomes from Systematic Reviews. *Agency for Healthcare Research and Quality*; 2016; AHRQ Publication No.16-EHC034-EF; Technical Brief No. 26. PMID: 27536752. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2015-00009-1).
2. Badowski ME, Wright EA, Bainbridge J, et al. Implementation and Evaluation of Comprehensive Medication Management in Telehealth Practices. *JACCP*; 2020. DOI 10.1002/jac5.1210.
3. Singh LG, Accursi M, Korch-Black K. Implementation and outcomes of a pharmacist-managed clinical video telehealth anticoagulation clinic. *Am J Health Syst Pharm*. 2015;72(1):70-73.
4. *The Health Insurance Portability and Accountability Act (HIPAA)*. Washington, D.C.: U.S. Dept. of Labor, Employee Benefits Security Administration, 2004.
5. Heyworth L, Kirsh S, Zulman D, Ferguson JM, Kizer KW. Expanding Access through Virtual Care: The VA's Early Experience with COVID-19. *New England Journal of Medicine*; 2020. DOI: 10.1056/CAT.20.0327.
6. McInnis T, et al. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. 2nd ed., Patient-Centered Primary Care Collaborative. *PCPCC Medication Management Task Force* collaborative document.
7. Teicher E. Training docs on web-side manner for virtual visits. *Mod Healthc*. 2016; 46(6):16-8.

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