

Mid-Atlantic Telehealth Resource Center - Regional Success Story

The George Washington University Medical Faculty Associates



“ We used our tele-urgent care service to provide telehealth consultations and care recommendations to patients enrolled in the COVID-19 remote patient monitoring program for patients discharged after being seen at GW's ER. ”



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The GW Medical Faculty Associates

The George Washington University Medical Faculty Associates (MFA) leveraged their existing urgent care website, electronic medical record, video conferencing technology, and a web-based communication platform to rapidly mobilize an efficient tele-urgent care offering. Staff at MFA's three urgent care centers scheduled patients and generated a Zoom link for appointments, emailing confirmation to both providers and patients. Multiple secure chat threads accessible to scheduling staff and members of the care team were established in Microsoft Teams to facilitate efficient communication and troubleshoot issues in real-time.

■ What critical success factors drove this implementation effort and is there anything you'd do differently?

The implementation of a secure web-based communication platform was a critical success factor. The real time support to troubleshoot issues and capability to assist providers was essential as our EM providers were not familiar with our outpatient EMR system. Our chosen platform was Microsoft Teams. The platform provided

a hub for training and reference materials that was constantly updated as new information about workflow and billing changes occurred throughout the pandemic. Any significant process changes were announced to all providers via a Posts tab. The implementation was an active learning process and the platform was pivotal in sharing the knowledge gained. There were multiple chat threads on the platform: a thread to communicate with schedulers, a thread for troubleshooting and real time support, and 3 threads to communicate with staff at the MFA's three urgent care centers should the patient require in person testing/treatments.

Another critical success factor was support from both Emergency Medicine and Urgent Care leadership. The pandemic led to a significant reduction in needed hours of Emergency Medicine physician coverage in multiple affiliated Emergency Departments. As a response to the reduced hours the Emergency Department leadership supported physician coverage for our tele-urgent care program. Urgent Care leadership at the GW MFA immediate and primary care centers allowed us to use existing staff to incorporate our workflows. Without their support this program would not be feasible.

The tele-urgent care implementation was in response to an ongoing pandemic crisis. Had we had more time to prepare, I would have spent more time discussing the program with all stakeholders before go live to negotiate

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and configure scheduling, provider, and referral workflows. In addition, although MFA IT had brief mandatory EMR training sessions with all our providers, I would have spent more time training our providers before their initial shift on utilization of the EMR and teleconsultation technology.

■ What types of issues did your team run into that were resolved via a single web-based communications platform – in this particular case Microsoft Teams?

Scheduling: Notifying schedulers in real-time if there were last second changes to the provider covering for the day
Zoom link generation: Sometimes the automated links were not received by the patient or providers and had to be manually re-sent

Patient technology: Sometimes the patient needed assistance before or during their appointment to make sure they were able to download and use Zoom successfully. If the patient could not successfully use the technology, the scheduling staff would notify the provider to call the patient

Patient triage: Communicating to the scheduling staff if a patient was not appropriate for a telemedicine visit and needed to be seen in person

EMR: Assisting providers with documentation, testing, prescribing, and billing questions within the EMR
Referral/Follow up: Notifying and checking with the existing Urgent Care locations whether testing and treatments were available before sending the patient to the Urgent Care location. Notifying scheduling staff if the patient was recommended for Primary Care follow-up

■ Any additional detail or stories you'd be willing to share related to additional telemedicine response efforts and opportunities for other organizations to consider as they navigate the pandemic?

We used our tele-urgent care service to provide testing, isolation, care, and return to work recommendations as part of the George Washington University's Employee Health COVID-19 surveillance program. This program assists GW employees who test positive or develop symptoms suggestive of COVID 19.

Although not currently active, we used our tele-urgent care service to provide telehealth consultations and care recommendations to patients enrolled in the COVID-19 remote patient monitoring program for patients discharged after being seen at GW's ER.