



## Telehealth Q and A

**Question:** One of the specialists in our practice has suggested that in order to accommodate patients who have to travel a great distance to see us, we could implement a telehealth process within the clinic. She feels this would assist her to provide care to some of her patients who are in remote areas (rural and on the outskirts of our major city) and would replace a clinic visit. How would this impact our present process?

**Answer:** This is a good question. As you undoubtedly know from your personal investigations into this modality, telehealth methods are used widely with great success around the world. I would suggest first of all that you investigate the specific technologies (some are more effective than others) and then look at what you are trying to accomplish clinically and see if that modality is the most appropriate. Obviously, telehealth provides great success in visual types of investigations but has limits if a “physical” examination is required.

Operationally, however, telehealth falls into the same basic dynamic as other types of visits - success depends on whether we can match customer demand to clinic supply/resource. There are a number of critical operational factors at work here:

1. The sum of all the various forms of demand: new patient in-person appointments + return patient in-person appointments + telehealth patients (whether new or return or a combination) must = capacity. The sum of the demand simply must be met by the office supply or capacity. This is measurable.
2. Telehealth visits may “replace” an in-person visit but do not reduce the total number of visits and the workload associated with those visits.
3. Telehealth visits may reduce the workload of the clinic staff, and, as such, open more capacity for “help” to the clinician.
4. There is a start up cost for this modality. That cost has to be “paid for.”
5. Telehealth appointments need to be scheduled work.
6. If telehealth appointments are treated as distinct appointment types (the creation of new + return + new telehealth + return telehealth) then the practice will encounter all the problems associated with using several appointment types (see the articles on appointment types).
7. The best systems will merge all new appointments into one type and all return appointments into a second type. Telehealth appointments just take place in a different “room.”
8. To accomplish #6 above, a practice has to review appointment lengths.
9. In scheduling for a specific telehealth room, there is a temptation to use a specific appointment type in order to prevent the room from being booked by two patients at once. The best approach is not to have distinct appointment types but to have a computer-based signal that warns the scheduling person that the telehealth room is already booked.

Telehealth visits are an effective strategy. They provide convenience for patients and, to some degree, relief for staff, but do not change the clinician's workload. These appointments are not much different than any other appointment and function operationally in the same way. It is all, all supply and demand.