



Go the Distance

Group's remote visits jump to 70% of total one month after disease onset

By Sid Shapira

Adjusting and adapting on the fly takes a lot of effort, coordination, and dedication. For our team of professionals at San Diego-based Sharp Rees-Stealy Medical Group, tackling the COVID-19 pandemic head-on meant an unyielding commitment to modifying, fine-tuning, and expanding our telemedicine services.

When the COVID-19 outbreak hit the United States in March with stay-at-home orders issued shortly afterwards, Sharp Rees-Stealy team members leaped into action with a full-court telemedicine press. The World Health Organization (WHO) defines telemedicine as “healing from a distance,” and in this era of social distancing, never before has this transformation been more visible or paramount.

Sharp Rees-Stealy, with more than 580 physicians and 2,700 staff members, is part of Sharp HealthCare, which serves San Diego County with four acute-care hospitals, three specialty hospitals, three affiliated medical groups, a health plan, and more than 18,000 employees.

Prior to COVID-19, on average, a mere 1%–2% of all Sharp Rees-Stealy patient visits were conducted remotely (by video or phone). With the onset of the COVID-19 crisis, we quickly shifted

our focus to video and phone visits. By the beginning of April, 70% of all patient visits were conducted remotely. While in-person clinic visits have returned somewhat, expectations are that no more than 50% will be in-person for quite some time.

Ramping Up

“We were fortunate that prior to the COVID-19 pandemic, we had already trained our doctors and advanced practice providers [APPs] in telemedicine,” says Steven Green, M.D., chief medical officer, Sharp Rees-Stealy Medical Group. “We were able to ramp up from less than 200 telemedicine visits a day to more than 2,400 a day. Patients, doctors, and APPs have all realized this is a great way to provide care, and we plan to maintain this after the pandemic is under control.”

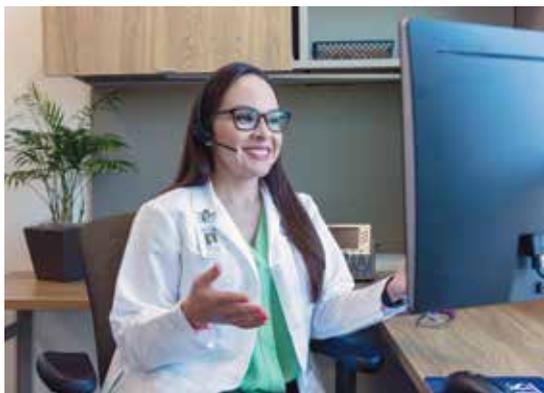
Sharp Rees-Stealy made this dramatic transition without knowing how or if we would be reimbursed for these services. “We moved ahead with this without the thought of reimbursement because we felt it was the right thing to do for our patients,” says Stacey Hrountas, M.P.H., CEO, Sharp Rees-Stealy Medical Centers.

While in most cases the hardware and software components were already in place, we had

to move quickly to acquire additional hardware for use at home.

The spike in demand overwhelmed the existing platform, prompting Sharp Rees-Stealy—which began offering telemedicine appointments, mainly by phone, in 2016—to begin piloting alternative systems, some of which are still being analyzed to determine which is the most patient-friendly.

With a significant number of Sharp Rees-Stealy doctors already trained on telemedicine, little support was required to move them up to the new platforms. For those doctors who were using telemedicine for the first time, training was conducted via webinar. “Fortunately, most of the platforms are user-friendly enough so that very little technical training is required,” says Brent Steineckert, M.P.H., director of access, electronic health records, health information management. “We spent a bit more time on the workflow processes and the training of what we call ‘webside manner.’”



Dr. Cristina Misra, internal medicine, Sharp Rees-Stealy Medical Group, conducts a video visit with one of her patients.

The Webside Manner

Webside manner is the idea of bringing The Sharp Experience—a corporate culture that combines clinical excellence, advanced technology, and patient- and family-centered care—into the digital world.

Doctors are

instructed on how to “look patients in the eye” when using videoconferencing systems, while staff are taught to ensure every non face-to-face touch (email, text, phone call) is a welcoming experience. In addition, we provided doctors with simple, effective tips related to lighting and background setup, along with assistance in sharing the patient’s electronic chart to enhance the experience.

Of course, there have been obstacles to overcome, Steineckert admits. “In the clinic, it was easy to control the experience since we controlled the hardware, the software, and the bandwidth,” Steineckert explains. “In a doctor’s home, where many telemedicine visits are taking place, we had to customize our support to account for the variety of hardware and Internet setups. It requires us to be flexible in our support structure and to

develop expertise for non-standard systems.”

In addition, as Sharp Rees-Stealy doctors started doing visits from home, due to social distancing requirements, there wasn’t a virtual process in place to prepare the patient and chart. The team quickly implemented a “virtual preparation” process to enable doctors to manage all the needs of their patients during their telemedicine visits.

Patient Satisfaction

Fortunately, we addressed and resolved these issues, and most importantly, patient feedback has been extremely positive. Our data support this. In a patient satisfaction survey we conducted from April 27 to May 25, 2020, results showed a negligible difference in overall score—95% to 94.3%—when comparing an in-office visit to a telemedicine visit. And, in many categories—notably, ease of scheduling, ability to get desired appointment, and promptness in returning calls—telemedicine scored one percentage point or more higher than in-person visits.

Many first-time telemedicine patients expressed delight with the outcome of these remote visits, noting that the appointments went smoothly, covered all their necessary issues, and, most importantly, spared them from going into the clinic during the pandemic. “I was really impressed with how quick and easy it was to have an appointment via video. It made me feel confident that, in this unique time, I have medical care that is so accessible,” one Sharp Rees-Stealy patient commented.

“The doctor was very patient and thorough. I’m just so pleased with how well this ‘virtual’ appointment went. We feel like we’ve been her patient for years even though this was our first time ever speaking to her,” another patient remarked.

“They love it!” exults Eunice Sanchez-Mata, M.D, a family medicine doctor with Sharp Rees-Stealy Medical Group, who has been doing telemedicine visits for about two years. “Patients find it very convenient and easy, and many have indicated they would like their future appointments to be telemedicine visits.”

Before COVID-19, Dr. Sanchez-Mata was doing about one or two telemedicine visits per day. Now, she is doing upwards of 20 visits per day, because she can do two virtual visits during a 20-minute appointment slot.

“Previously, my telemedicine visits were conducted mainly with women 18 to 50 years of

age,” she says. “Now, it’s all ages and genders. I recently performed a co-virtual visit with a 90-year-old patient and her daughter. They both found it very useful and effortless.”

In addition, telemedicine offers improved access for patients who may have difficulty getting to the clinic due to a lack of transportation or the sheer distance they must travel.

The Triage Component

Another key component of Sharp Rees-Stealy’s telemedicine effort during the pandemic has been on-demand (triage) telemedicine. Spearheaded by Brent Rathbun, M.D., medical director, on-demand telemedicine, the immediate challenge was navigating a triage support system that was inundated just as the pandemic arrived in California and anxiety reached a fevered pitch. “It was taking up to 10 hours to return calls,” Dr. Rathbun reports. “Our contracted nurses triage system was overwhelmed, as was our internal triage system.”

Triage call volumes jumped from 160 per day to more than 400. To compound the issue, the average time to first answer a call was 27 minutes. “To handle the huge increase in call volume, we enlisted our internal telemedicine support for daytime calls and recruited physicians who had job-share positions, as well as providers who were in a high-risk [over 60 years of age] group,” says Dr. Rathbun.

Three APPs, two pediatricians, and six primary care physicians (PCPs)—all full-time doctors who were themselves at high risk for COVID-19—were brought in to take daytime calls. “This group was brought online and underwent extensive training to perform telemedicine visits,” Dr. Rathbun notes. “They were new to telemedicine and were trained on how to take calls and how to use telemedicine notes.”

The transformation was quite remarkable. While call volumes remained robust—three times the rate before COVID-19—the speed at which calls were answered dropped from an average of 27 minutes to under 2 minutes. And, thanks to the diligence and preparedness of this team, abandoned calls dropped from 20% to under 2% in just three days (see “The Team Effort”).

By staffing up quickly and undergoing rigorous training, wait times were dramatically reduced while patients were concurrently spared from making unnecessary trips to Urgent Care or the ER.

“On one occasion, one of our weekend providers reached a patient who was in their car outside the ER, getting ready to go inside for evaluation,” Dr. Rathbun recalls. “Fortunately, the provider was able to help the patient manage their concerns without going in. In addition, many patients with symptoms typical for COVID-19 have been managed without an in-office visit, thus protecting staff and other patients while preserving personal protective equipment [PPE] for when it would be truly needed.”

Conversely, providers have been able to assess and diagnose serious medical issues through these telemedicine visits and bring people in for immediate care who might not have otherwise gone in for treatment.

A Vote of Confidence

This nimble, cohesive team effort in an unprecedented time of crisis has earned the attention and admiration of the Sharp Rees-Stealy leadership team. “We moved rapidly and efficiently to build upon our telemedicine efforts and get the people and processes in place to address our telemedicine needs at the outbreak of the COVID-19 pandemic,” says Hrountas. “It’s a tribute to the work of our dedicated physicians and team that this transformational change occurred so seamlessly.”

Alan Bier, M.D., president of Sharp Rees-Stealy Medical Group, concurs. “I was amazed by the highly coordinated performance of our team,” he remarks. “We had been gradually increasing our use of telemedicine, but within a few days, we were able to get everyone up to speed and dramatically reduce our response time to the huge volume of calls from patients. It was a herculean effort.”

Clearly, telemedicine has come to the forefront at Sharp Rees-Stealy during the COVID-19 pandemic. And, from all indications, it will maintain a prominent role in the medical group’s long-term plans. [GRU](#)

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The Team Effort

Dr. Rathbun, medical director for on-demand telemedicine, credits a collaborative effort among his colleagues to help bring this newly created group up to speed. The team conducted a thorough inspection of the technology, space, and training needed. And, after just two weeks, the after-hours, on-demand part of the triage team working from home on evenings and weekends was humming along like a well-oiled machine. Now, 90% percent of their patient visits are conducted by video.