

Telehealth Measures Guidance and Starter Set

This short two-pager provides high-level guidance and several potential telehealth-related measures for consideration.

Guidance

If you don't know where you're going, you'll wind up someplace else. ~ Yogi Berra.

The same is true for your telehealth service delivery. We measure what we treasure, so consider what is important for your organization to measure without choosing an overwhelming set of measures that creates a burden to collect, collate, and present.

For each measure consider these three questions.

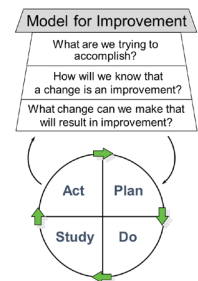
1. What is our question (that we hope to answer with this data)?
2. Will the data answer our specific question?
3. What will we do with the results?

For purposes of quality improvement, data and measurement are *always* for learning, not for judgement.

If the answer to the last question is “We just want to know” consider carefully whether you need that data and whether the investment in time, energy, and will is worth it.

For each measure answer the three questions above and:

- Define the numerator and denominator
- Specify the measurement period
- Clarify how the data will be collected (Can it be auto generated from the electronic health record (EHR)? Do we need to create or designate new structured data fields to run reports? Will we need to modify data input and workflows and who needs to know and be trained? Etc.)
- Obtain baseline data
- Draft an aim statement that is specific, measurable, actionable, realistic, and time-bound (SMART)
- Create a way to solicit possible changes to improve the system and test them using the plan-do-study-act (PDSA) approach (e.g., brainstorm, talk to frontline staff)
- Assign a person who is responsible for all the above – your own internal measure steward
- Commit to measuring at least monthly to know if a change is an improvement
- Decide how the data will be presented
- List the people who need to see and/or review the data/reports
- Consider identifying an end point for when there is no longer a need to keep measuring and collecting this data



We encourage readers to peruse this excellent resource: [A Lexicon of Assessment and Outcome Measures for Telemental Health. American Telemedicine Association. 2013.](#)

Starter Set

There are many telehealth measures, and several that are commonly used are listed below. The first measure includes an example of applying the recommendations above. See also

- Percent of encounters that are telehealth visits (often separated into telehealth and audio-only) vs. in-person visits (by clinician/care team)
 - Our question(s): What is the trajectory of our telehealth (as distant site), audio-only and in-person visits and are there differences among clinicians/care teams and/or primary diagnoses?
 - Will the data answer our question? Yes.
 - What will we do with the results? 1) Identify if and/or why there are differences among clinicians/care teams and/or diagnoses and ensure that all patients have a choice for how they would like to receive their health care. 2) Understand the impact of the waning of the pandemic and whether we need to make adjustments if certain visit types are trending up or down.
 - Jane will track the data on a weekly basis. Each Monday we will do a week's look back of all visits across the organization (denominator). Of those visits, we will identify how many were telehealth (video and audio), audio-only, or in-person (numerators). We will also further identify these data on a clinic-by-clinic and clinician basis as well as by primary diagnosis. The data are already captured as visit type in scheduling and patient charts, and we have a canned report we can use.
 - Once we have our baseline data, the QI team will discuss if we have goals for each of the types of visits and will then set aim statements for each, which may be challenging if patient choice is the primary driver of each type of visit. The QI team will discuss possible changes to test and will confer with clinicians with low rates of telehealth visits to solicit additional improvement opportunities.
 - We will track any changes that we test using our PDSA form and project tracker.
 - Data will be presented in a run chart that is annotated with any changes or other impacts to the system and will be posted in the break room and waiting room for patients to review. The CEO, medical director and clinical manager will receive results by email for review and approval prior to posting.
- No show rates among the types of visits (telehealth, audio-only and in-person), including reason for no show if patient is contacted to reschedule the visit
- Cycle time – There are several time courses to measure. The consumer-focused calculations start from the time the patient connects to the visit to when the visit ends for the patient. Consider also comparing to in-person cycle times (“toes in” to “toes out”).
- [Third next available appointment](#) – compare between in-person and telehealth visit and among clinicians.
- Percent of patients who are video-capable, which can be defined as “patient has successfully completed two video visits” or patient has one of the three – smartphone, tablet, or desktop computer with camera and internet.
- Percent of patients who have a barrier to engaging in telehealth, including what the barrier(s) are because this will be key to implementing changes to decrease the percentage or number who cannot have a telehealth visit.
- Percent of visits that start and end on time – include reasons why visits did not start or end on time (e.g., provider running late, patient not ready on time, appointment time too short to cover issues, questions, and concerns).
- Successful completion rate of telehealth visits and reasons for incomplete visits (do not include no-shows).
- ED visits, admissions, and readmissions rates over time.
- Clinical quality/other measures (e.g., vaccine and cancer screening rates, A1Cs, blood pressure control) – compare rates between those seen in-person and those seen mostly by telehealth to be sure all preventive and chronic gaps in care are identified and addressed for telehealth visits.