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INNOVATIONS

Telehealth Improvement Community: Framework for Accessible Video Visits

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Framework for Accessible Video Visits

1. Prioritize Accessible Video for Telehealth Visits
 - a. Align your organization
 - b. Understand/Reduce Video Tech Burden
2. Build video access into visit scheduling process
 - a. Design processes to promote video
 - b. See your patients' challenges, supports, confidence
3. Support patients to use video
 - a. Tailor support to meet patient challenges & strengths
 - b. Prepare staff or create roles to provide support



■ Prioritize Accessible Video for Telehealth Visits

Align your organization

HIGH LEVERAGE CHANGES

Align leaders

- Compelling message on why video is better & sustainable
- Trust that the video visit platform works
- Influential leaders & providers prioritize & champion

Execute effectively

- Dedicate a lead & multi-disciplinary team (front office, providers/care team, tech team) to implement changes
- Quick feedback on tests/pilots to learn quickly and pivot your approach (including on your base video technology)

Use data to reflect and improve

- Set, measure, and report on video visit goal for a specific population (e.g. chronic disease) or service (e.g. pediatrics)
- Report and use data on key processes & patient experience
- Stratify data by race, ethnicity, age, language, rural, or other factors

Understand/Reduce Video Tech Burden

HIGH LEVERAGE CHANGES

Choose low patient and provider/staff burden tech

- Choose tech that can be easy for providers/staff **AND**
- Choose web real time communication (one-click to enter visit) **OR**
- Choose tech familiar to patients (e.g. Zoom, Facetime) **OR**
- Know the patient burden of your tech, and try to ease it (e.g. add one-click)

Address critical features

- Identify solution for 3-way video for interpreters/caregivers/family/scribes
- Support team-based care model for telehealth
- Ensure easy to send/text appt. confirmations, links, reminders



Build video access into visit scheduling processes

Design processes to promote video

HIGH LEVERAGE CHANGES

Choose process point(s) to promote video

- Promote video when patient requests visit **OR**
- Promote video for follow-up visit scheduling (at end of a visit) **OR**
- Promote video for call-backs (patients you need to see) **OR**
- Outreach to phone visits to switch to video

Build effective and reliable process

- Build in messages/voice from patients' trusted provider(s)
- Use checklists, scripts built from patient/front-line staff input
- Enable providers to safely trial video visits to build confidence
- Test/simulate with staff and improve your standard process

Co-design with patients and point-of-care staff

See patients' challenges, supports, confidence

HIGH LEVERAGE CHANGES

Adapt simple screener built into scheduling process

- Video device
- Free cellular or wifi
- Private/quiet space for video
- Preferred language
- Technology confidence
- Support at home/work to overcome challenges



I Support patients to use video

Tailor support to meet patient challenges & strengths

HIGH LEVERAGE CHANGES

Deliver tailored patient support

- Phone visit or in-clinic prep/training for video visit
- Virtual rooming just before video visit
- Text/email reminders (clickable to access resources or appt.)
- Free tech
- Non-home locations for patient to have video visit
- Leverage patients' existing family/friend support

Match patient culture and preferred language

- Match patient-provider language on video visit **OR**
- Include qualified translators on 3-way video **AND**
- Deliver video visit support matching your patients' culture and preferred language

Prepare staff or create roles to provide support

HIGH LEVERAGE CHANGES

Dedicate staff or create new roles

- New Telehealth Coordinator or Health Tech Navigator role
- Volunteer tech advocates
- Existing staff (eg MAs and front office) dedicated to this role

Enable the role

- Protect/create additional staff time to provide the support
- Choose staff who match/connect to the culture and language of your patients (e.g. Community Health Workers)
- Train and support the people who support patients (esp. with simulating workflows)

