How can telemedicine be used to improve access (as measured by new patient appointment wait time) at Hartford HealthCare’s Headache Center?

New patient wait time is high & while in-line with others, it can be better

We examined four ways that telemedicine could be used to shorten new patient wait times

1. Level Loading
   Can HHC shift volume from high traffic to low traffic sites?

2. Scheduling Optimization
   Can HHC unlock more capacity with tele-visit?

3. No Shows
   Can telemedicine interventions prevent same-day cancellations?

4. E-Consults
   Can provider-to-provider consultations improve patient mix?

Chronic headache and migraine impacts 1 out of 6 Americans. The Headache Center is nationally recognized for providing comprehensive care, generating strong regional demand.

4 recommendations for the Headache Center

- Expand & Simplify Patient Eligibility
  Drive volume of telemedicine appointments to accelerate adoption.

- Interchangeable Visit Modalities
  Build flexibility into scheduling as opposed to rigid appointment blocks.

- Streamline Telemedicine Visits
  Evaluate virtual rooming process & give time back to providers.

- 2-Way E-Consult Communication
  Enable review of patient suitability for HC, referring the right type of demand.

Preliminary data suggest opportunity to improve patient suitability

Many referred patients have ≤ 2 visits after becoming Headache Center patients

A deeper dive into e-consults – asynchronous communication between providers

Research suggests that e-consults can improve patient access in two ways

1. Decreasing Patient Wait Time
   [by 22 - 29%]
   - Increasing capacity for appropriate demand
   - ...and reducing wait time by lowering referral volume

2. Increasing Referral Follow Through
   [by 12 - 30%]
   - Simplifying referral & consultation process, improving continuity of care and patient retention

Barriers to e-consult rollout that must be considered...

- Culture
  • Motivation / Incentive for physicians to take part?
  • Community
  • Mindset: “our” patient, not “my” patient

- Financial
  • Reimbursement unclear
  • Makes sense for value-based care
  • Additional cost of higher complexity patients?

- Clinical
  • Can patients be managed at PCP level?
  • Risks & liability

- Operational
  • Workflows, training, support for each clinic
  • System-wide integration required
  • Referral source coverage

...But alignment among stakeholders demonstrates clear value & reinforces HHC’s goal of #123: being No. 1 in customer service in the region by 2023

Healthcare Lab
Matthew McDermott • Steph Rampello • Ellen Schippert • Yuelin Song