



Providence

# Virtual Care & Digital Health

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VCDH 2024 Highlights & 2025 Top Focus

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# Providence Virtual Care and Digital Health Overview

# Virtual Care & Digital Health (VCDH)

## Purpose



Leverage the power of deep clinical expertise with emerging technology to create the ultimate healthcare experience.

## Goal



Restore the joy in delivering and receiving care.

## Portfolio of Solutions



Building and prioritizing programs that address the most pressing problems challenging our health system today:

Workforce shortage  
Caregiver burnout

Hospital capacity  
and throughput

Care fragmentation

# Virtual Care & Digital Health Portfolio

## Portfolio of Transformation and Collaboration



Workforce Shortage  
Caregiver Burnout



Hospital Capacity and  
throughput



Care Fragmentation

### Technology and Shared Services

Provide shared services to system clinical care and operations to support programmatic needs

- Regulatory/compliance expertise and job aids
- Billing expertise and job aids
- Hardware/software contracting and management
- Digital access center
- Technology evaluation and assessment
- Workflow development, redesign and optimization
- Business case development
- Analytics

### Program Collaboration & Incubation

Co-own, co-manage programs with clinical care, incubate and accelerate program development

- Hospital at Home: sponsored by Operations
- Co-Caring: sponsored by CNO
- Cadence RPM: sponsored by PCN
- Virtual Visit Optimization: sponsored by PCN and IS
- TheraNow TelePT and RTM: sponsored by operations and PCN (pilot)

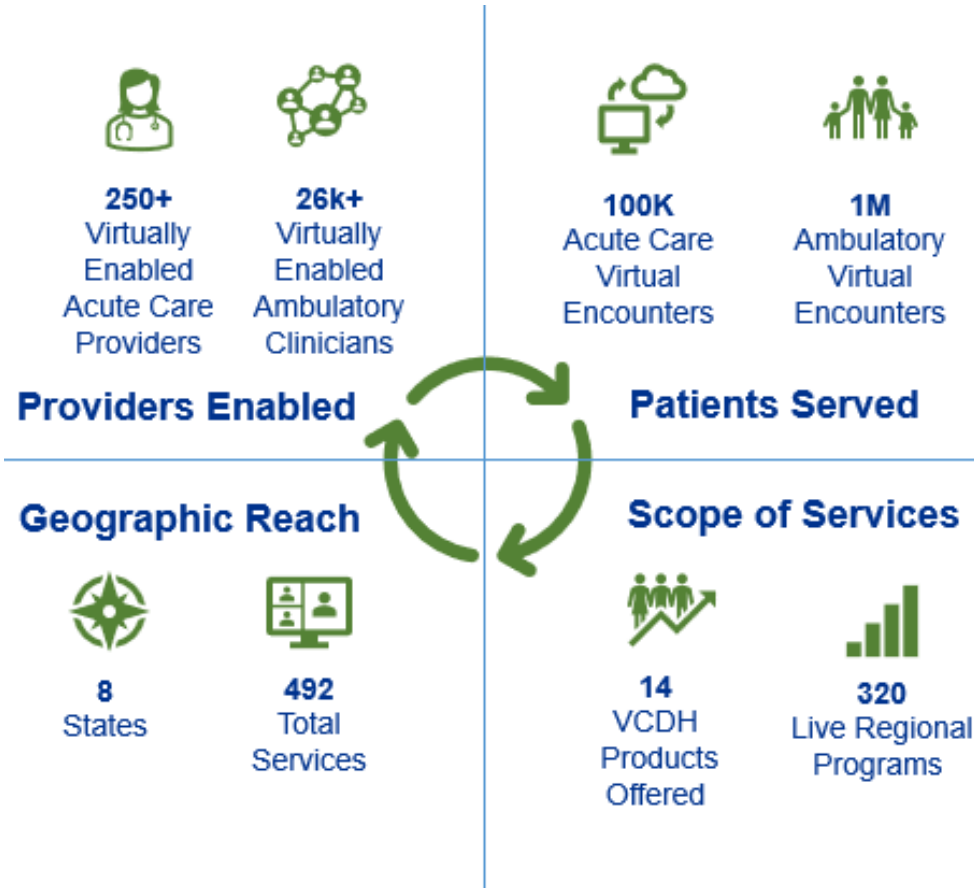
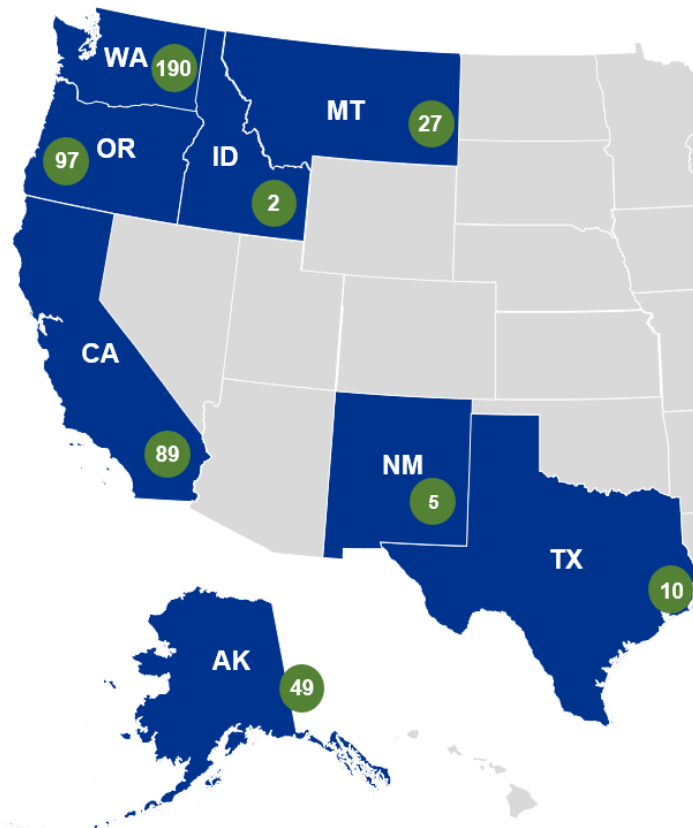
### Clinical and Product Services

Leadership and accountability of clinical operations and clinical product in full collaboration with clinical care

- TeleStroke
- TeleNeuro Emergent
- TeleNeuroHospitalist
- TeleEEG
- TelePsychiatry
- TeleICU
- TeleHospitalist
- TeleInfectious Disease
- TeleCardiology (2025)

# Providence Virtual Care and Digital Health Portfolio

<b>1.1M</b>	<b>103</b>	<b>8</b>	<b>95%</b>
Total Virtual Visits in 2024	Live Enterprise Clinical Service Partnerships in 2024	Enterprise Service Lines	Provider Retention YoY



# VCDH Enterprise Services



## Telestroke

- Launched 2015
- 51 Providers
- 81 Hospitals



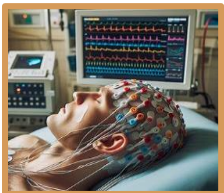
## Emergent TeleNeurology

- Launched 2022
- 51 Providers
- 26 Hospitals



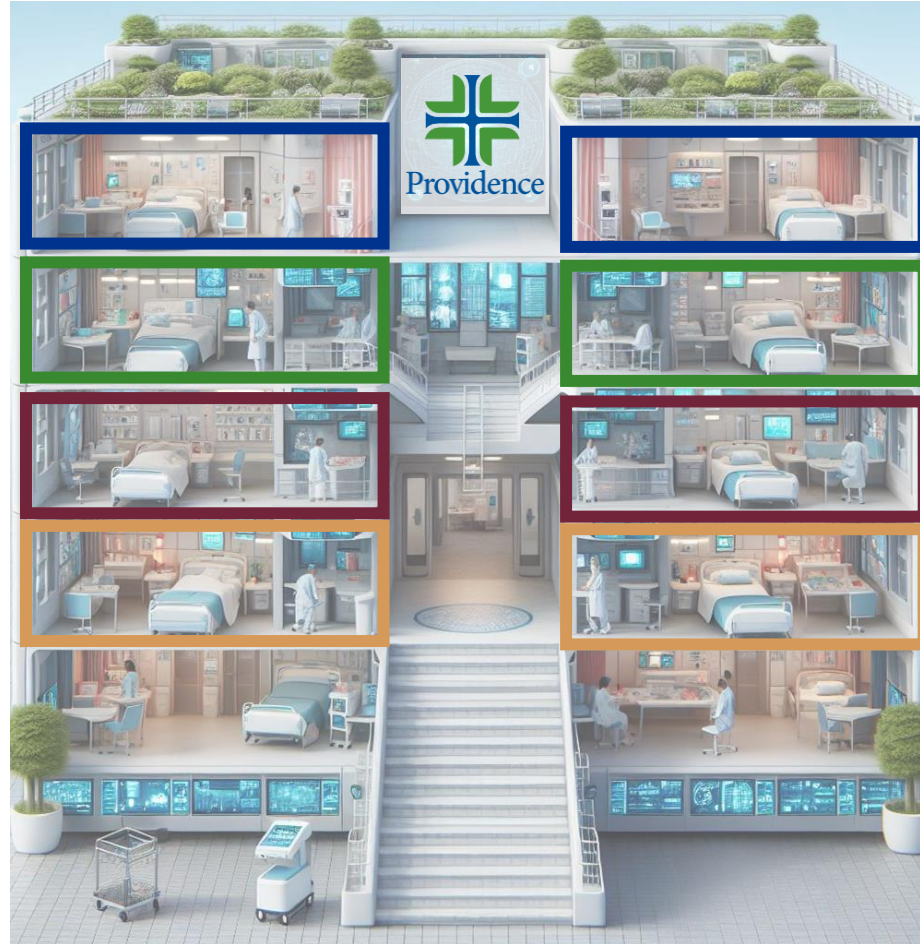
## TeleNeuroHospitalist

- Launched 2023
- 18 Providers
- 6 Hospitals



## TeleEEG

- Launched 2018
- 11 Providers
- 12 Sites (10 Hospitals, 2 Clinics)



## TelePsychiatry

- Launched 2017
- 14 MD, 13 MSW
- 40 Hospitals



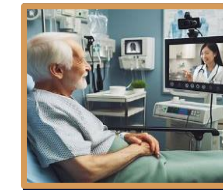
## TeleInfectious Disease

- **NEW SERVICE!**
- Launched June 2024
- 11 Providers



## TeleCritical Care

- Launched 2004 → VCDH 2019
- 13 providers; 15 hospitals



## TeleHospitalist

- Launched 2014
- 29 providers; 12 hospitals

# TelePsychiatry

Virtually cares for vulnerable patients and supports in person providers



**24/7**

Board Certified Psychiatrists  
and Social Workers



**41**

Live Sites



**10K+**

Consults in 2024



**<3 min**

Average Response Time



**1/3**

of patients are rapidly triaged  
and sent to a lower acuity

## CHALLENGE

Staffing full time in person or hybrid Psychiatric providers is costly and patient volumes are unpredictable

## SOLUTION

TelePsychiatry delivers effective, integrated, specialized care to support in-person providers.

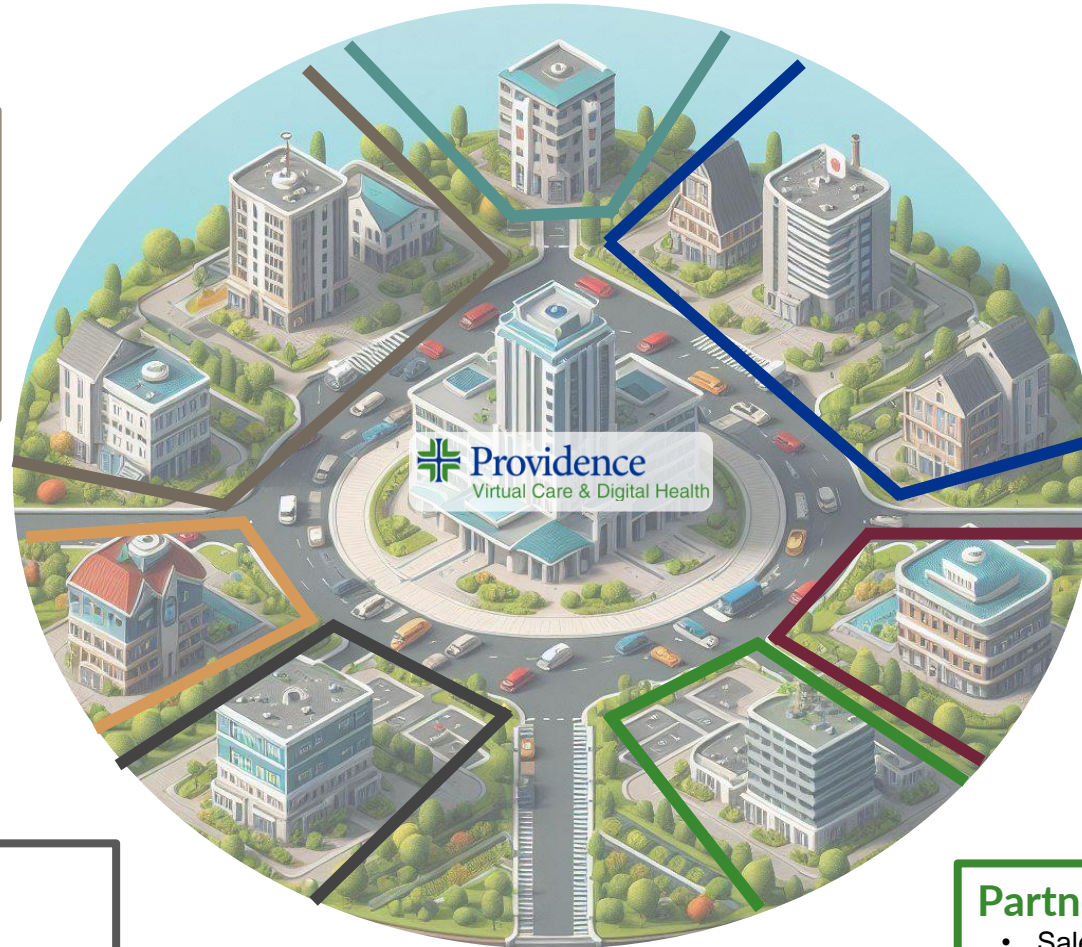
We virtually embed our Psychiatrists and Licensed Social Workers into your care teams within the medical surgical floors and the ED to rapidly commence treatment for this vulnerable population. Fractional FTE allows hospitals to pay only for what they use

## COMMON CONSULTATIONS

- medication recommendations
- suicide risk assessment
- detainment
- depression or anxiety treatment
- substance abuse
- safety planning
- capacity assessment
- confusion/delirium/altered mental status

# Virtual Care & Digital Health

## Virtual Operations Campus



### Analytics

- Business Intelligence
- Clinical Outcomes

### Technology & DAC

- Distribution center
- Fleet management
- Procurement
- Tier 2 Tech Support
- Research & Development
- Telehealth Lab
- 24x7 Digital Access Center

### Clinical Operations

- Professional Fee Billing
- Medical Staff Offices (Licensing, hospital credentialing, payor enrollment)
- Provider Network Management (recruitment, contracting, payroll, scheduling)
- Accounts Receivables and Invoicing
- Quality

### Product Development & Delivery

- New Service Development
- Collaboration Services
- Enterprise Services
- Strategic Initiatives

### Clinical Quality (CPMs)

- Clinical protocol development
- Clinical Account Management
- Quality
- Training

### Project Management

- Strategic initiatives
- Enterprise services
- Implémentations

### Partnerships and Account Management

- Sales
- Contract Invoicing
- Account Management



## Licensing, Credentialing & Payor Enrollment

### Multi-state licensure

- Interstate Medical Licensure Compact

### Hospital Privileging

- Credentialing by Proxy
- Assigned "Provider Liaison"
- Account Management

### Payor Enrollment

- Payors: Medicare, Medicaid, Commercial

### Quality Reporting

- Provide chart reviews for our physicians to sites
- Audit & communicate "good standing"



# Clinical Portal



Customized portal connects the right doctor to the right patient



DAC, provider, and site facing views; improving communication across care teams



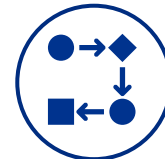
Integrated with L&C information, paging logic, and timestamping each step of the way



Robust data repository for quality metrics and data analytics



Secure messaging post-encounter for performance improvement



Ongoing optimization of end-to-end workflow



# VCDH Quality Processes: 3P's

## Patient Quality

Supported by Clinical Program Managers & Medical Directors

## Program Quality

Supported by Clinical Program Managers & Account Managers

## Physician Quality

Supported by Provider Network, Medical Directors, and Clinical Program Mangers

### Bi-Monthly Patient Safety and Quality Review Committees

Each telehealth service meets bi-monthly to review:

- Safety Event Review
- Quality issue tracking & resolution
- Provider and site feedback
- Email or other notifications
- Chart reviews (rtPA, documentation)

### Site Maintenance Meetings

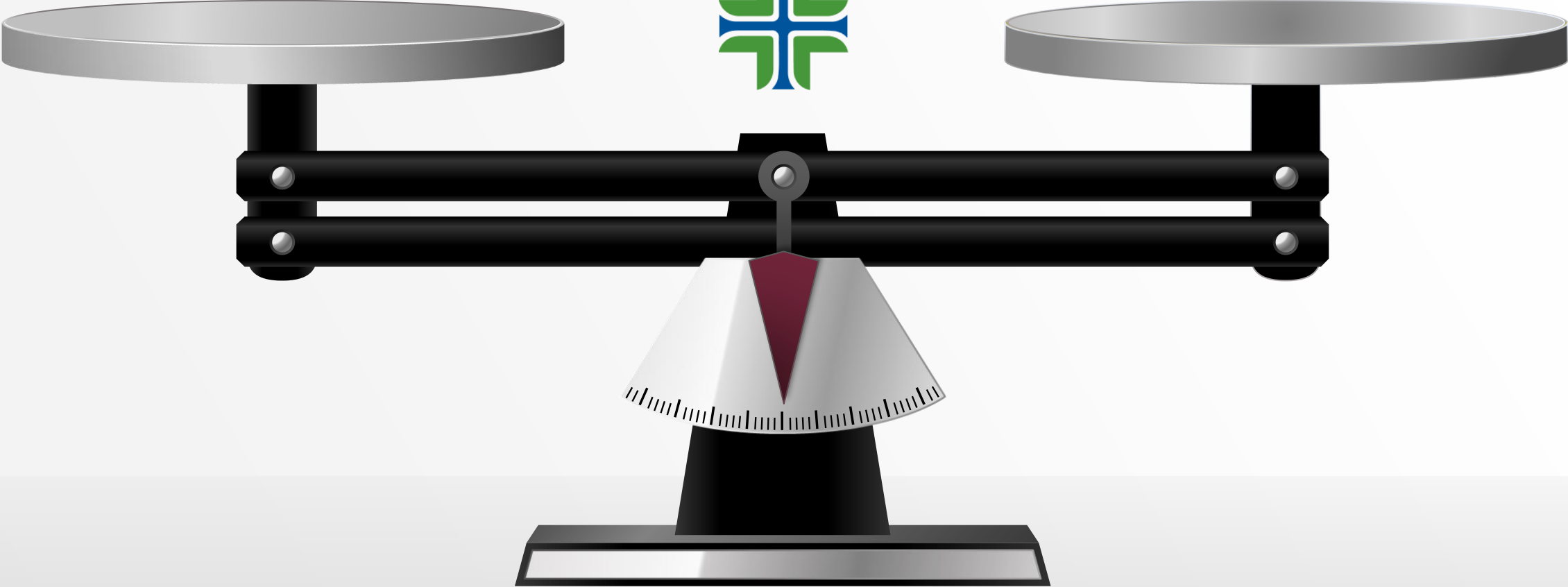
- Review volumes and issue resolution

### Monthly Case Reviews

### Provider Quality Monitoring (FPPE/OPPE)

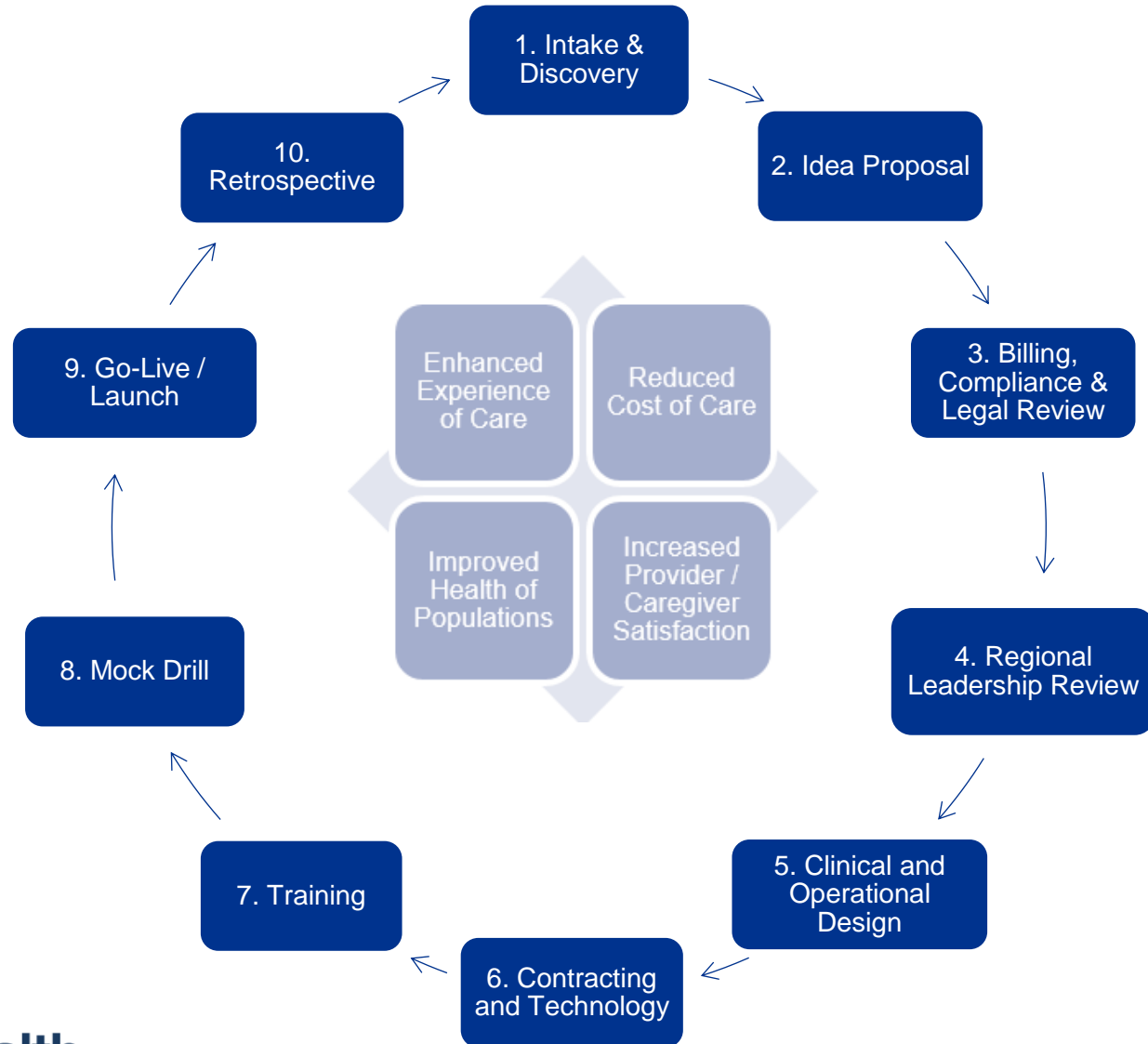
**Enterprise  
Services**

**Regional  
Innovation**



**Providence**

# Telehealth Program Development Cycle



# VCDH Collaborations

## Virtual Hospital 2024 Growth

### Care in the Home Portfolio



#### Cadence RPM

- Launched 2022
- Sponsored by PCN



#### TheraNow PT & RTM

- Launched 2023
- Sponsored by Operations & PCN



#### Virtual Visits Optimization

- Launched 2020
- Sponsored by PCN & IS



#### Hospital at Home

- Launched 2021



### Hospital-Based Collaborations



#### Co-Caring

- Launched - 2022
- Sponsored by CNO
- 11 departments, 400 beds
- 100+ Virtual RNs



#### TeleWound

- In Process - 2025



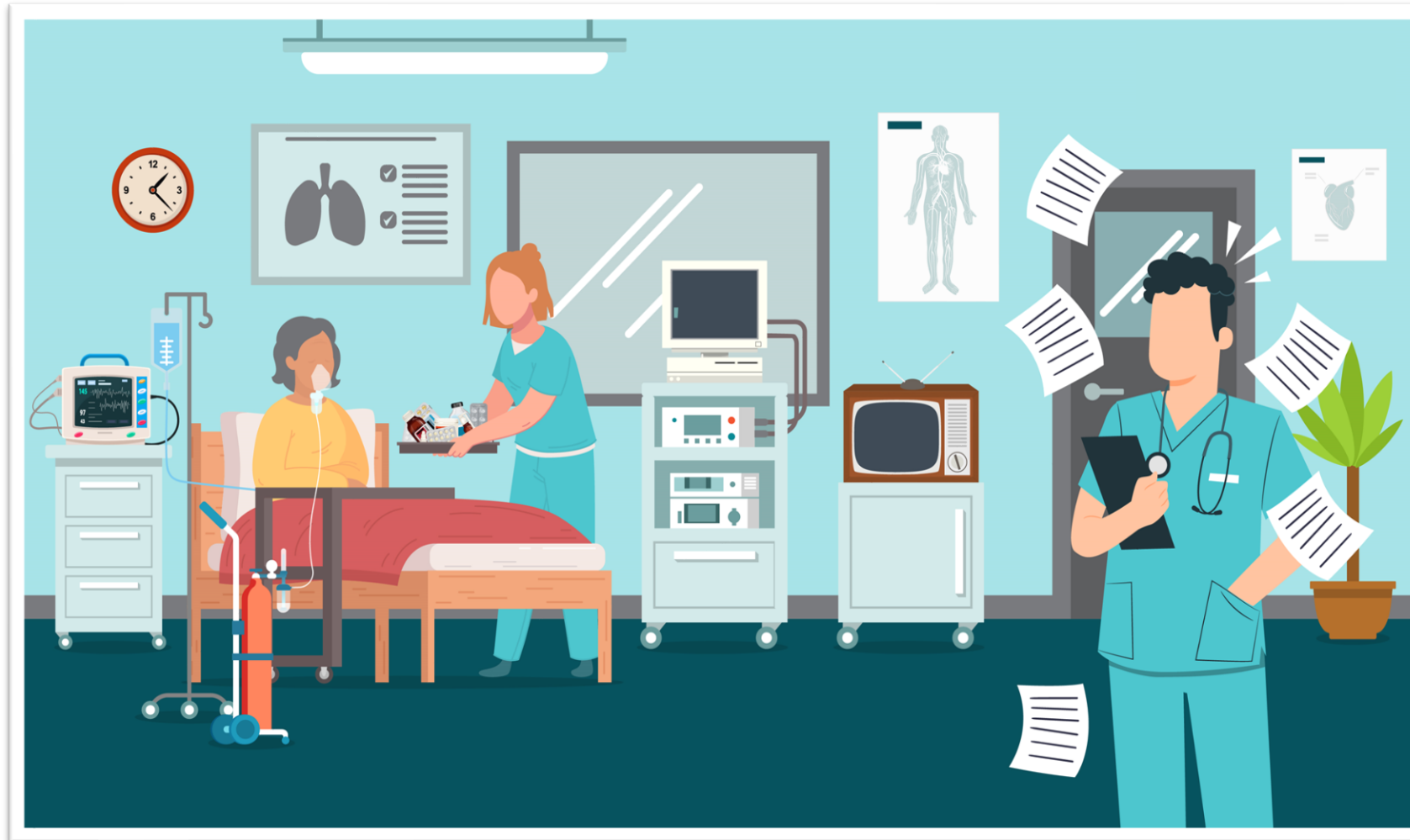
#### Sepsis Surveillance

- In Process - 2025

# What is the hospital room of the future?

Functional groups across the organization are optimizing current technology and identifying opportunities to modernize and enhance inpatient care using technology. This strategic group aims to create a cohesive strategy for the inpatient hospital room, acting as a clearing house for initiatives across the organization. Aligning our efforts will ensure:

- ✓ Patient & caregiver experience are top priorities
- ✓ Quality of care is not compromised
- ✓ Technologies are scalable, reliable, and modern
- ✓ We identify opportunities for interoperability and reduce tech redundancy



\*Workgroup: VCDH, Operations, IS (RESO, Clinical Informatics, TEO, CRCA, CTFS), Office of the CNO and Clinical Experience stakeholders

# 2025 Focus Areas



# Providence Virtual Care and Digital Health Proposed Strategic Priorities

## MISSION, VALUES, VISION, PROMISE

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### MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.



### VALUES

Compassion • Dignity • Justice • Excellence • Integrity



### VISION

Health for a Better World



### PROMISE

"Know me, care for me, ease my way."

## DESTINATION HEALTH 2025: PROVIDENCE STRATEGIC PLAN 2022-2025



### STRENGTHEN THE CORE

1. Ensure Caregivers are **engaged and supported**

2. **Optimize** our **Technology** tools to enhance the efficiency & effectiveness of our virtual care delivery



### BE OUR COMMUNITIES' HEALTH PARTNER

1. **Grow and optimize** core clinical offerings

2. Prioritize and build **new services in partnership** with PCN and Divisions



### TRANSFORM OUR FUTURE

1. **Modernize product and technology** via implementation of Vendor Products

2. Measure clinical and financial impacts of **care transformation**

# Anticipated Challenges for 2025

- Hospitals and health systems are preparing for financial headwinds
- Concerns about provider shortages and burnout
- Regulatory uncertainty: potential changes and expiration of temporary telehealth waivers implemented during the pandemic could affect the scope and reach of Telehealth services
- Concern for ongoing support of Hospital at Home programs
- Continual advancements in telehealth technology require ongoing investment
- Patient access: ensuring equitable access to telehealth services especially for rural populations will require addressing barriers such as internet access, digital literacy and affordability of devices

# Proposed Policy Updates

- Making TH waivers permanent & permanent coverage of H@H
- Create TH policies with both ambulatory and acute TH care in mind
  - *It seems like many policies are designed for clinic or home based TH, but do not consider acute based TH. When you consider the WA Medicaid documentation requirements for a TH encounter, are they all necessary for an acute visit? Is TH consent necessary when a hospital patient completes hospital consent for treatment upon admission? (We are, of course, following all guidelines, but they don't always make sense in the acute settings we serve)*
- Making the provisionally covered CPT codes permanent
- CMS & CPT mirroring each other regarding guidelines and codes
  - *This would also help standardize commercial coverage and billing guidelines*
- Continued national adoption of the interstate medical licensing compact (IMLC)
- CMS to provide clear guidelines for home based and partially home-based TH providers
- Provide an alternative to requiring a provider to submit their home address when working 100% remotely

# Questions?

Thank you!

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