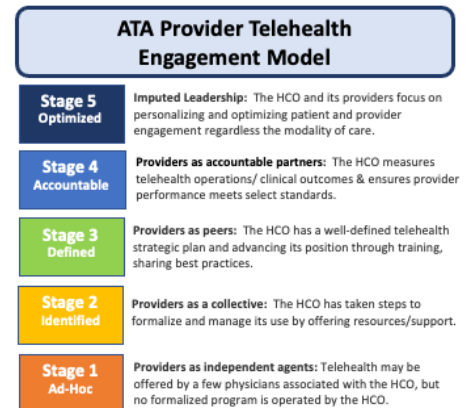# Introduction to ATA's Provider Engagement Model

With the help of our members, the ATA guides the evolution of the telehealth market. Our latest expression of our commitment is our Provider Telehealth Engagement Model (PTEM). Employing rigorous telehealth research, vetted analytics, and strategic frameworks, PTEM helps **patient care delivery organizations** to better understand why, when, and how to mature their telehealth program.

Provider engagement plays a critical role in the success of any healthcare organization's (HCO) telehealth offering. Employing a 5-Stage Maturity Model in a confidential environment, the ATA delivers customized, vetted assessments of self-reported organizational inputs – culture, clinical, and corporate – from HCOs utilizing telehealth services in some manner to deliver patient care.

With a customized report, HCOs can learn how they compare to peers across the country, and how to undertake strategic efforts to increase positive provider engagement in their telehealth program.

**ATA Provider Telehealth Engagement Model**

**Stage 5 Optimized** — **Imputed Leadership:** The HCO and its providers focus on personalizing and optimizing patient and provider engagement regardless the modality of care.

**Stage 4 Accountable** — **Providers as accountable partners:** The HCO measures telehealth operations/ clinical outcomes & ensures provider performance meets select standards.

**Stage 3 Defined** — **Providers as peers:** The HCO has a well-defined telehealth strategic plan and advancing its position through training, sharing best practices.

**Stage 2 Identified** — **Providers as a collective:** The HCO has taken steps to formalize and manage its use by offering resources/support.

**Stage 1 Ad-Hoc** — **Providers as independent agents:** Telehealth may be offered by a few physicians associated with the HCO, but no formalized program is operated by the HCO.

## Case Study: Ascension

Ascension is a faith-based HCO dedicated to transformation through innovation across the continuum of care. Its national health system operates more than 2,600 sites of care in 19 states and the District of Columbia. As a marker of its dedication, Ascension will create a national Center for Telehealth and Digital Innovation. This Center has the potential to transform the way in which Ascension delivers care through its 40,000 aligned providers.

Like many HCOs, prior to the COVID-19 pandemic, Ascension providers engaged in virtual care via an ad-hoc approach. Since the onset of the pandemic, Ascension's leadership has worked tirelessly to equip its providers and patients with access to world-class care virtually. Due to a dearth of evidence-based guidance on how to effectively mature a telehealth program, this work has been complex and variable.

As a Level 5 member of the ATA, Ascension was one of the first HCOs that the ATA engaged to inform the development of our Provider Telehealth Engagement Model. The 5-stage Maturity Model aligned with the work underway within Ascension, providing a framework that Ascension could adopt and adapt internally.

This is Ascension's story.

### Ascension's Vision for its Telehealth Program

While it's clear in 2022 that telehealth is here to stay, prior to the COVID-19 pandemic, virtual care across our markets was not widely used in the ambulatory setting. When the pandemic struck in March 2020, virtual care became one of the few care delivery options for our 40,000 providers. We began daily meetings with leaders in our markets and – almost overnight – implemented Ascension Video Chat, a proprietary, HIPAA-compliant software solution developed by the Ascension Studio, with feedback from

our clinicians for conducting virtual visits. So many things happened quickly – we were simultaneously providing direct patient care virtually, implementing new technologies, trying to figure out what was (and was not) covered, training staff and patients in real time, etc. As many of our brethren reading this case study will relate, this was a messy, challenging, and complicated time.

In the first year of the pandemic, we learned that there was a significant level of variability in the use of virtual care across our markets. Some markets had champions within both the operational and clinical department – professionals who truly understood the value of virtual care and wanted to expand its use. At the opposite end of the spectrum were markets in which virtual care was almost non-existent. And, in between these two extremes were many of our markets: interested, open to new ideas, and welcoming guidance.

As a national leader in telehealth, Ascension intends to make the virtual care experience for our providers and patients uniformly excellent. At the end of the day, it's all about the patient. So, if we see that virtual care is going well for patients in one market, we intend upon replicating that success across the Ascension family.

We want to make hybrid care the standard of care throughout Ascension. Hybrid care is an environment in which the right modality of care – virtual or face-to-face – is chosen to create the optimal patient-provider encounter. Because our care is relational and longitudinal, we believe hybrid care should be the norm. 99.99% of a patient's life occurs outside a physician's office. Therefore, virtual care helps clinicians better understand a patient's home environment and lifestyle considerations which, in turn, results in better care for our patients.

To achieve this vision, Ascension intends upon creating a National Center for Telehealth and Digital Innovation to transform the way we deliver care. For example, with a uniform and comprehensive virtual care program including remote patient monitoring (RPM) and interprofessional (e)-consults, we can reach more deeply into our rural communities to offer primary and specialty care.

### The First Steps in Ascension's Journey Towards Making Hybrid Care the Standard of Care

We determined that our first order of business would be to conduct a census survey of our markets to understand how their virtual care programs were structured, the services offered, and the operational foundations that enabled the offerings. Our thought was that if, at a systemic level, we could describe the current state of virtual care across Ascension, then we could create the frameworks our leaders in each market could use, over time, to mature their virtual care offerings and realize a robust, cost-effective, patient-centric hybrid care program.

Once we determined what we needed to do, it was time to create the right methodology. It was at this juncture that we were introduced to the ATA's Provider Engagement Model (PTEM). The timing was perfect.
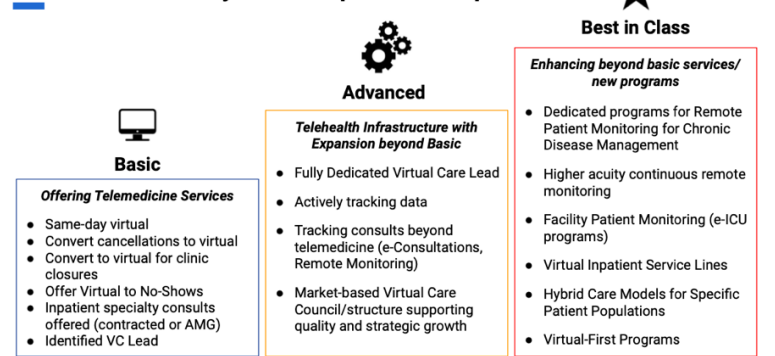
### How ATA's PTEM Accelerated Ascension's Telehealth Maturation Journey

Prior to learning about the ATA's Model, we were actively brainstorming how to best understand the status of each market's virtual care realities, and to create fair and balanced comparison analyses. We also knew that a vetted virtual care maturation narrative would be pivotal to creating an Ascension framework leaders could use to set realistic, meaningful goals and track progress.

ATA's PTEM provided us with the vetted structure we needed. Utilizing a tailored model specific to our programs, we now have Ascension-centric language to describe and map our telehealth maturation journey and a template we are customizing to help our markets set goals, assign resources, and compile objective measurable data. Plus, at the national level, we're using PTEM to identify the increasingly-sophisticated components of virtual care that Ascension wants to see activated in each market.

To-date, we've completed our census survey and created data templates that each market can customize. We now have a deep understanding of each of our market's virtual care offerings, who the champions and leads are, and the resources that have been assigned to maturing the use of virtual care. Through a transparent, consensus approach, we've agreed upon the Ascension telehealth maturation journey, specifically slotting virtual care offerings into a spectrum from "Basic" to "Best in Class". Thanks to the foundation of ATA's PTEM, Ascension's market leaders now have a common framework and language to set meaningful goals and create realistic KPIs. For example, our maturation narrative helps illuminate to our market leaders the importance of starting with a basic virtual care offering – such as virtual same-day appointments – before tackling a best-in-class offering, such as a virtual-first program. And, just as importantly, what the value could be to offer each virtual care service.



### Our 5-Year Strategy

Our Model launched in November 2021 and we host monthly virtual care market meetings to share knowledge and stay on-track. In our quarterly executive leadership meetings, our market leaders present their Virtual Care Market Progress reports. Through our consensus-based approach, we've agreed that each market's annual virtual care goals must tie into the markets' and national priorities. For example, if a market prioritizes increasing the percentage of Medicare beneficiaries completing their annual wellness visits, then their virtual care goal(s) should also support achievement of that priority.

In these early days of our telehealth maturation journey, we're focusing on socializing our Model within each market's leadership team – such as the Presidents, COOs, CMOs, and CNOs. And, we're working in partnership with each market's Virtual Care Leader to create meaningful and achievable goals that align with that market's business and clinical priorities. For example, enhancing access and throughput efficiencies to core services, reducing unnecessary utilization, increasing physician and patient satisfaction, and reducing the impact of our clinical staffing shortage.

We can use our learnings to set KPIs and support each market's achievement. And, we'll produce ROI analyses that will enable us to tightly focus on optimal value of virtual care, leading to hybrid care as the Ascension standard of care. At every step of the way, our national telehealth team is in constant contact with our market leaders to enable success.

**What's Next in Ascension's Telehealth Strategy**

Now that we have a solid understanding of our markets' telehealth efforts, identified the virtual care leads, operationalized a suite of templated worksheets, and are setting meaningful and achievable goals aligned with stated priorities, we're ready for the next step: Ascension's National Center for Telehealth and Digital Innovation. Our National Center will enable us to expand our national RPM programs, telestroke, e-ICU, and virtual pharmacy, nursing, and palliative care. Plus, we're expanding our behavioral health (BH) services into primary care through tech-enabled BH integration and collaborative care.

As we optimistically look ahead to a post-COVID world, there are three key priorities we aim to accomplish as we launch our National Center for Telehealth and Digital Innovation:

1. Harness the momentum we have achieved within Virtual Care both nationally and at the market/local levels by memorializing best practices and sharing opportunities across markets. Such work only stands to increase visibility of our programs and the impact of hybrid care across our organization.

2. Enhance clinical practice optimization across our organization and ensure the best use of physician and clinical/non-clinical staff member time. Given recent staffing shortages across the nation both within and outside of healthcare, we are confident that virtual care can help alleviate some of the challenges and reduce physician and office staff burnout.

3. Our standards must be at or better than current state brick-and-mortar programs in place. We regularly examine our initiatives and programs to ensure we are not worsening the digital divide for our patients or compromising quality.

With a vision to make hybrid care Ascension's standard of care, we are excited and motivated by the possibilities of changing the entire way patients and clinicians think about the care continuum. Plus, best use of virtual care modalities well means that Ascension is in an even-stronger position to positively impact public policy and regulations to help patients and clinicians. Through our membership with the ATA, we can leverage our innovative leadership to achieve broad reform of virtual care that allows for payment parity, patient access to excellent care regardless of geography, and greater clinician satisfaction.