



Excellence in Practice—Key Qualities of Successful Telehealth Programs

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When I was asked to create a new column within *Telehealth and Medicine Today* that focused on “Excellence in Practice,” I began to reflect on one of my favorite books, Jim Collins’ *Good to Great*. If you have not read it yet, I highly recommend it. It provided a guiding philosophy for my personal approach to leadership and building successful teams.

For those not familiar with the book, *Good to Great* provides a review of key shared characteristics of companies that went from “good to great” organizations based on financial performance. Accordingly, I thought a similar review would be a good approach to assessing excellence in the practice of telehealth care delivery. Key qualities that can facilitate a good-to-great transition in telehealth delivery include patient-centeredness, high quality care, collaborative approaches, sustainable financial models, and accountability.

Reviewing ten health systems (Table 1) with programs that recognized for their excellence in telehealth care, reveals common threads that illustrate these qualities. Nine out of ten were based in an academic medical center, which are known for advocating transformation and advancement of healthcare delivery. Seven out of ten have hospitals hold Magnet[®] designation. While Magnet[®] status signifies excellence in nursing care, it also demonstrates a system's dedication to overall excellence in patient-centered care and quality outcomes.

While not surprising, 100% of the health systems with successful telehealth programs specifically used the words “innovative” or “innovation” as a strategic directive within their mission or vision; and perhaps more importantly, they are anchored to organizations with a strong value system and a long history of

Table 1. Health Systems Reviewed

- Avera Health
- Banner - University Medical Center Tucson ("Banner Health")
- Massachusetts General Hospital ("MGH")
- Medical University of South Carolina ("MUSC Health")
- University of Arkansas for Medical Sciences ("UAMS")
- University of California – Davis Medical Center (“UC Davis”)
- University of Mississippi Medical Center ("UMMC")
- University of New Mexico Health System ("UNM")
- University of Pittsburgh Medical Center ("UPMC")
- University of Virginia Health System ("UVA")

serving their state’s medically underserved populations. A deeper dive reveals that many of the successful telehealth programs originated out of a necessity to meet the needs of these underserved populations—many leveraging the technologies’ benefits to address statewide health disparities.

ANGELS

Arkansas is a state with an infant mortality rate significantly higher than the national average. Thus, was born the Antenatal and Neonatal Guidelines, Education and

Learning System ("ANGELS"), based at the University of Arkansas for Medical Sciences ("UAMS"). This pioneering program expanded access to maternal fetal medicine specialist throughout the state and has resulted in a reduction of the sixty-day infant mortality rate by 0.5%.¹ This has translated into fewer complications for high-risk women and their babies and significant cost-savings for Arkansas’ Medicaid program.

MUSC HEALTH

The telestroke network at the Medical University of South Carolina ("MUSC Health") was developed to aid in treating patient with

stroke in a state located in the heart of the United States’ “stroke belt.” Prior to telemedicine, less than 40% of the state’s population was within a one-hour drive to time-sensitive, expert stroke care.

Now, MUSC Health’s telestroke network covers 26 hospitals and many other South Carolina hospitals also receive telestroke services, resulting in over 4,000 statewide telestroke consults a year and providing full statewide coverage of expert stroke care for the state’s population. Today, over 96% of the population of South Carolina is within a one-hour drive of expert stroke care via combined in-person and telemedicine care.²

DIABETES TELEHEALTH NETWORK

Finally, when Mississippi was confronted with the second highest prevalence rate of diabetes in the U.S., the University of Mississippi Medical Center ("UMMC") initiated their Diabetes Telehealth Network. In the initial trial of 100 patients, the network demonstrated a 1.7% reduction in hemoglobin A1C levels and a cost savings of over \$300,000.³ This program will result in significantly reduced diabetes associated morbidity and mortality.

THIS YEAR

My goal is to both cover effective telehealth services with demonstrated true excellence in practice and provide *TMT* readers with a deeper understanding of the why, how, and what was done to accomplish these successful outcomes.

While many health systems across the country have initiated telehealth pilots, only a few have truly demonstrated successful scalability of their telehealth programs and become recognized for excellence in the practice of telehealth care delivery.

Transitioning from good to great in telehealth requires a mission-based focus, grounded in shared values, and oriented towards the particular healthcare needs of the patient populations served. It is by applying this framework that can transform the way we deliver care through telehealth.

Conflicts of interests: None

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