

# Determining Staffing Needs for Direct-to-Consumer Telehealth

## A Decision Guide

Direct-to-consumer (DTC) telehealth has the potential to remedy the two access challenges that medical groups face: clinician capacity and coverage (extended hours and geographic reach). However, the success of a DTC telehealth program—and its profitability—relies on staffing it to ensure both coverage and efficiency. Medical groups partnering with a telehealth platform vendor can approach this in a number of ways. Below is a decision guide to help you assess the optimal staffing plan for your group.

### STEP 1

## Source Core Clinical Staff for Virtual Visits

#### OPTION 1

### Utilize Vendor Clinician Network

#### + ADVANTAGES

- Reduces training burden for both clinicians and support staff
- Reduces risk of virtual visits replacing in-person visits, since medical group clinicians are available only in person
- Best solution if clinician shortage is primary driver of access challenge
- If priority is making service available to patients, some vendor platforms have low or no up-front costs for medical group
- Guaranteed coverage if demand exceeds provider availability
- Enables access at all hours, without relying on medical group clinicians
- Fastest option, since clinician and scheduler training are not necessary

#### - DISADVANTAGES

- Lose opportunity to redirect in-person visits to telehealth platform, where appropriate
- Less control over consistency and quality of patient interaction
- Depending on IT connectivity, potential risks of inaccurate or incomplete patient data within EMR

#### OPTION 2

### Deploy Medical Group Clinicians

#### + ADVANTAGES

- Greater control over caliber, consistency of patient experience
- Reduces potential for duplicative or conflicting care protocols
- Creates opportunity for clinicians with available capacity to fill schedules through virtual visits
- Opens possibility of revenue stream from virtual care
- If a telemedicine platform can drive loyalty, it is most likely to do so with your own providers
- Likely to expand the number of use case options, since medical group physicians can experiment with the platform beyond predetermined roster of covered appointment types

#### - DISADVANTAGES

- More expensive option for medical group
- Medical group physicians likely to not have significant downtime to devote to virtual visits
- Early adopters report limited success getting employed physicians to use platform
- Creates operational complexity for both clinicians and administrative staff, especially schedulers

### Considerations

- Even those medical groups planning to rely initially on vendor clinicians may want to reserve the option of phasing in the service for its own clinicians later on; unless you are partnering as a temporary solution until either building your own platform or offering virtual visits through the EMR, ensure that any vendor you select can allow your own clinicians to access the interface
- Many platforms offer the option to start with medical group clinicians and automatically reroute calls to vendor clinicians after a certain amount of time
- Using both vendor and medical group clinicians arguably affords the greatest flexibility
- If you decide to offer virtual visits using your own clinicians, you'll need to sit down with schedulers, clinic support staff, and process architects to figure out workflow implications
- Another option is to use a dedicated group of your own clinicians; this allows the medical group maximum control over the caliber of clinician taking virtual visits on behalf of the system, while reducing workflow implications inherent in rolling out virtual visits among existing clinic docs

### STEP 2

## Select Clinicians to Pilot Virtual Visits Within the Medical Group

#### DECISION 1

### Physicians or Advanced Practitioners?

#### + ADVANTAGES OF PHYSICIANS

- Some patients still prefer physicians over APs
- Many vendors include only physicians in their network
- Use of physicians may broaden the range of conditions treatable within platform

#### + ADVANTAGES OF ADVANCED PRACTITIONERS

- APs likely to be more cost-effective than physicians
- Majority of visits and conditions typically covered by platform fall within AP scope of practice
- APs more likely than physicians to have capacity

#### DECISION 2

### Dedicated Group of Clinicians or Any Clinician with Capacity?

#### + ADVANTAGES OF DEDICATED CLINICIANS

- Reduces administrative and scheduling complexity, since clinicians won't switch between in-person and virtual visits
- Reduces workflow disruption from telehealth for majority of physicians
- Good option for clinicians desiring part-time or flexible work schedules

#### + ADVANTAGES OF LETTING ANY CLINICIAN PARTICIPATE

- Allows clinicians to fill downtime with virtual visits, earn additional revenue
- Clinicians can use telehealth platform for follow-up and last-minute visits with existing patients, improving care continuity
- Broadens potential role of telehealth in medical group's care management efforts
- If patient adoption is low, less risk of disengaging clinicians assigned to the virtual platform

### Considerations

For medical groups planning to allow any clinician to take virtual visits, start by encouraging clinicians to dedicate blocks for virtual care. This will help schedulers and front-office staff acclimate to supporting virtual visits in the office and helping smooth transitions between virtual and in-person care.



#### NEXT

### Develop a Scheduling Infrastructure

Any successful telehealth program requires a scheduling infrastructure to support seamless adoption of virtual visits. For more information on developing this scheduling infrastructure, see our forthcoming white paper *Ten Steps to Centralized Scheduling*.