TELEHEALTH PROVIDER EXPERIENCE JOURNEY MAP

U.S. Department of Veterans Affairs
Veterans Benefits Administration

The Telehealth Provider Experience Journey involves the following key phases: Awareness, Training, Adoption, Technology/Equipment Set Up, Determining Patient Need and Eligibility, the Care Appointment, and Continuing Education and Exposure.

To complete this journey map, human-centered designers interviewed a total of 17 VA Medical Facility providers, including 10 Telehealth providers and 7 non-Telehealth providers. Providers ranged from novice Telehealth providers to experienced Telehealth providers across a variety of specialties, including Geri-psych, Palliative Care, Pharmacy, Mental Health, Nutrition, PT/PACT, and Primary Care. This journey map captures the voice of Telehealth providers and highlights which moments matter most in their experience of offering Telehealth care.

KEY

JOURNEY PHASE

| Moment that matters | Journey moment | ⚙ Bright Spot |
| | | ⚡ Pain Point |

	INTRODUCTION TO TELEHEALTH SERVICE		SERVICE PREPARATION			TELEHEALTH SERVICE	AFTER SERVICE
	Awareness	**Training**	**Adoption**	**Technology/ Equipment Set Up**	**Determine Patient Need and Eligibility**	**Telehealth Appointment**	**Continuing Education**
WHAT OCCURS IN THIS MOMENT	*Providers are exposed to Telehealth*	*Providers receive training to offer Telehealth services*	*Providers decide to offer Telehealth services*	*Providers initiate Telehealth technology/equipment set up at their home, CBOC, hospital, etc.*	*Providers determine patients' overall need for Telehealth and compatibility with a particular modality*	*Providers initiate and conduct Telehealth appointments* 📹 Clinical Video Telehealth 🏠 Home Telehealth 🖥 Store-Forward Telehealth *See 'Telehealth Provider's Appointment Journey Maps' for more details.*	*Providers support their peers in joining Telehealth through word of mouth and mentorship*
⚙ BRIGHT SPOTS		⚙ "Don't have much of any Telemonitoring training. I am a bit of a mentor in advocating people to do it and people ask me to help them."	⚙ "They closed our nursing home, so I thought this was a good way to keep my eyes on th patients." ⚙ "Did telehealth appointments while other providers were on maternity leave." ⚙ "Allows us to provide services in places where we could not get to patients." ⚙ "Wonderful opportunity to educate the patient."	⚙ "Seems more complicated than it actually is."	⚙ "Patients are 85 years old and don't want to drive 2.5 hours." ⚙ "Multiple comorbidities and mental health issues make Veterans in rural areas want to isolate. VA needs a strong presence in these rural areas." ⚙ "Palliative care patients need to save all the energy they can."		⚙ "Video chatted with other providers to practice as test patients." ⚙ "I am a bit of a mentor in advocating people to do it and people ask me to help them." ⚙ "I am interested in connecting more with full time mobile Telehealth providers in the area."
⚡ PAIN POINTS	⚡ "I bet this was introduced in a meeting or something. There was a lot thrown at us." ⚡ "Telemedicine, a lot of people have never heard of it.." ⚡ "Learned about VA Video Connect through virtual e-detailing training." ⚡ "All providers were sent an email that they are required to do training."	⚡ [Regarding training] "Oh, I didn't have any."	⚡ "Number of patients vs. patient care and quality of care."	⚡ "People don't love the uncertainty of it." ⚡ "IT support is often lacking." ⚡ "It is important to get IT to understand the significance of patient care, [they] didn't have a sense of priority." ⚡ "Initially I thought oh I can't set up that contraption."			⚡ "All different resources. That's been my frustration." ⚡ "Providers do not know that a Telehealth SharePoint exists." ⚡ "I have so much to keep up with, don't have time to learn something new." ⚡ "Legal opinions, no one knows what is going on, makes you hesitant."
THIS MOMENT MATTERS BECAUSE…	**Many providers that currently offer Telehealth services did not take training, however if they did have the opportunity, they would have preferred in-person training.**		**Adopting Telehealth is often initiated by chance, curiosity, leadership direction, and/or understanding patient need.**		**Many providers feel that once they engage with their patient, Telehealth appointments feel like typical in-person appointments.**		
WHAT SHOULD WE MEASURE	- Communication of information - Training engagement - Relevance of material - Support to adopt Telehealth		- Satisfaction with Telehealth - Establishing trust with patients - Ability to provide quality care - Support in using Telehealth		- Satisfaction with Telehealth - Establishing trust with patients - Ability to provide quality care - Efficiency of equipment and technology - Support in using Telehealth	-	

NON-TELEHEALTH PROVIDER EXPERIENCE JOURNEY MAP

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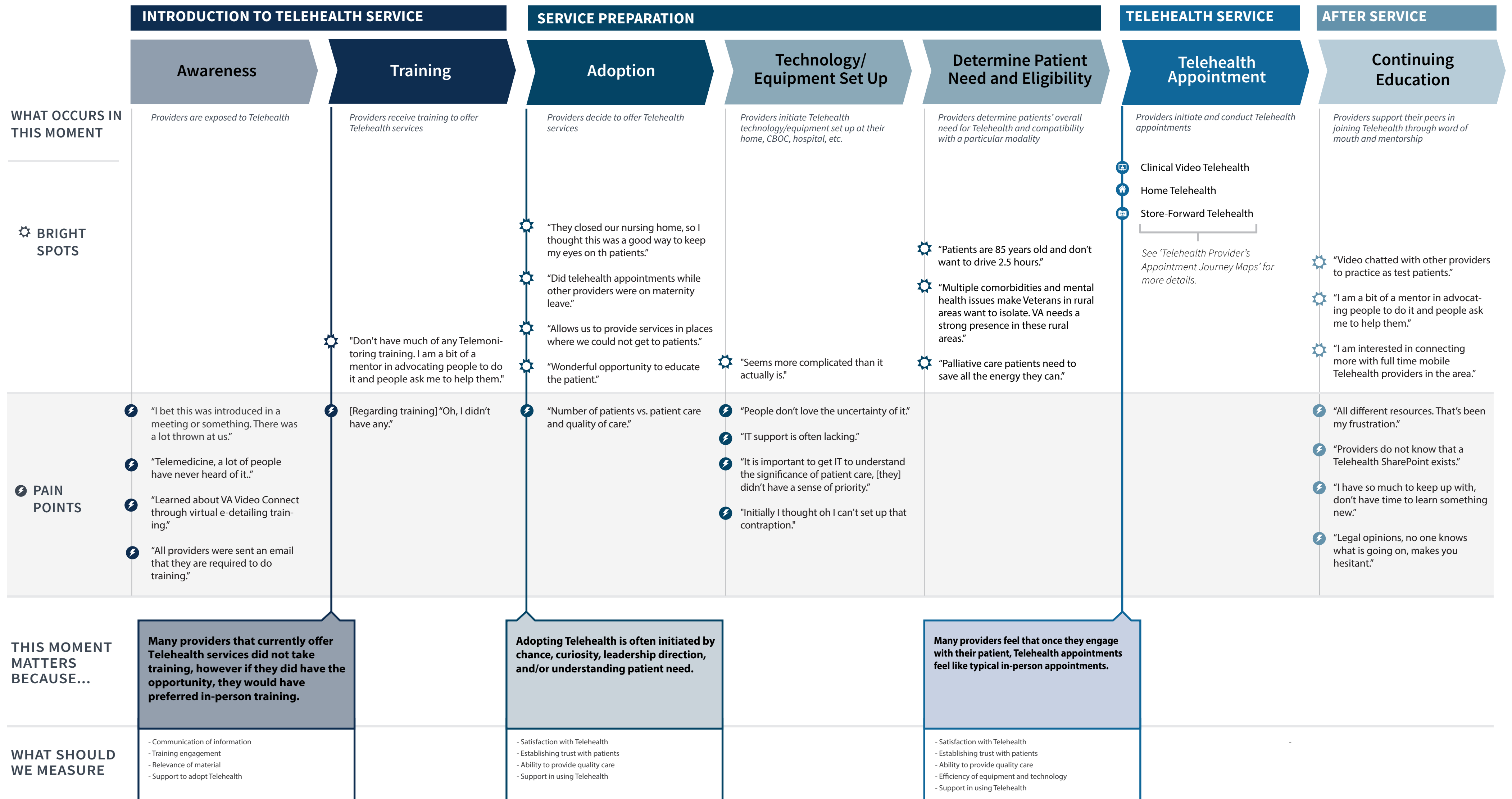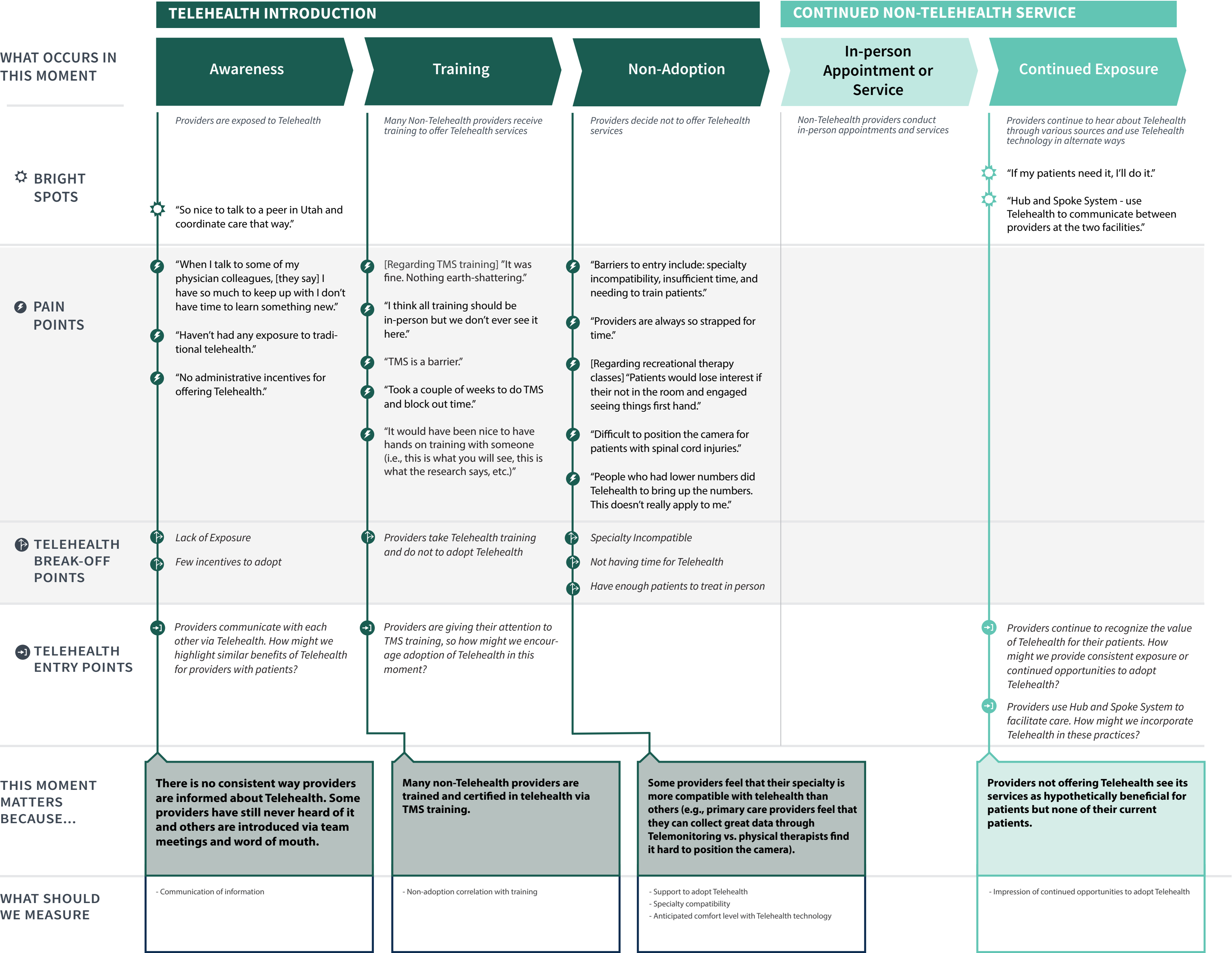
The Non-Telehealth Provider Experience Journey involves the following key phases: Awareness, Training, Non-Adoption, In-Person Appointment or Service, and Continued Exposure to Telehealth.

To complete this journey map, human-centered designers interviewed 7 non-Telehealth VA Medical Facility providers. Providers ranged in level of care experience and spanned across a variety of specialties, including Pharmacy, Mental Health, Nutrition, Physical Therapy, and Primary Care. This journey map captures the voice of Non-Telehealth providers and highlights which moments matter most in their decision to adopt Telehealth.

	TELEHEALTH INTRODUCTION			CONTINUED NON-TELEHEALTH SERVICE	
WHAT OCCURS IN THIS MOMENT	Awareness	Training	Non-Adoption	In-person Appointment or Service	Continued Exposure
	Providers are exposed to Telehealth	*Many Non-Telehealth providers receive training to offer Telehealth services*	*Providers decide not to offer Telehealth services*	*Non-Telehealth providers conduct in-person appointments and services*	*Providers continue to hear about Telehealth through various sources and use Telehealth technology in alternate ways*
⚙ **BRIGHT SPOTS**	"So nice to talk to a peer in Utah and coordinate care that way."				⚙ "If my patients need it, I'll do it." ⚙ "Hub and Spoke System - use Telehealth to communicate between providers at the two facilities."
⚡ **PAIN POINTS**	⚡ "When I talk to some of my physician colleagues, [they say] I have so much to keep up with I don't have time to learn something new." ⚡ "Haven't had any exposure to traditional telehealth." ⚡ "No administrative incentives for offering Telehealth."	⚡ [Regarding TMS training] "It was fine. Nothing earth-shattering." ⚡ "I think all training should be in-person but we don't ever see it here." ⚡ "TMS is a barrier." ⚡ "Took a couple of weeks to do TMS and block out time." ⚡ "It would have been nice to have hands on training with someone (i.e., this is what you will see, this is what the research says, etc.)"	⚡ "Barriers to entry include: specialty incompatibility, insufficient time, and needing to train patients." ⚡ "Providers are always so strapped for time." ⚡ [Regarding recreational therapy classes] "Patients would lose interest if their not in the room and engaged seeing things first hand." ⚡ "Difficult to position the camera for patients with spinal cord injuries." ⚡ "People who had lower numbers did Telehealth to bring up the numbers. This doesn't really apply to me."		
TELEHEALTH BREAK-OFF POINTS	*Lack of Exposure* *Few incentives to adopt*	*Providers take Telehealth training and do not to adopt Telehealth*	*Specialty Incompatible* *Not having time for Telehealth* *Have enough patients to treat in person*		
TELEHEALTH ENTRY POINTS	*Providers communicate with each other via Telehealth. How might we highlight similar benefits of Telehealth for providers with patients?*	*Providers are giving their attention to TMS training, so how might we encourage adoption of Telehealth in this moment?*			*Providers continue to recognize the value of Telehealth for their patients. How might we provide consistent exposure or continued opportunities to adopt Telehealth?* *Providers use Hub and Spoke System to facilitate care. How might we incorporate Telehealth in these practices?*
THIS MOMENT MATTERS BECAUSE...	**There is no consistent way providers are informed about Telehealth. Some providers have still never heard of it and others are introduced via team meetings and word of mouth.**	**Many non-Telehealth providers are trained and certified in telehealth via TMS training.**	**Some providers feel that their specialty is more compatible with telehealth than others (e.g., primary care providers feel that they can collect great data through Telemonitoring vs. physical therapists find it hard to position the camera).**		**Providers not offering Telehealth see its services as hypothetically beneficial for patients but none of their current patients.**
WHAT SHOULD WE MEASURE	- Communication of information	- Non-adoption correlation with training	- Support to adopt Telehealth - Specialty compatibility - Anticipated comfort level with Telehealth technology		- Impression of continued opportunities to adopt Telehealth

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TELEHEALTH PROVIDER'S APPOINTMENT JOURNEY MAPS

The Telehealth Provider Experience Journey involves the following key phases: Awareness, Training, Adoption, Technology/Equipment Set Up, Determining Patient Need and Eligibility, the Care Appointment, and Continuing Education and Exposure.

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KEY

JOURNEY PHASE

| Moment that matters | Journey moment | ○ Bright Spot |
| | | ● Pain Point |

TELEHEALTH SERVICE

🔲 CLINICAL VIDEO TELEHEALTH

| Appointment Initiation | Conduct Appointment |

🏠 HOME

| Set Up Equipment | Review Patient Daily Vitals | Care Escalation if Needed | Provide Care Guidance | Initiation and Conduct Appointment | Continuously Monitor Patient's Vitals |

🔲 STORE-FORWARD

| Notify TCT/Nurse to Set Up Equipment | Review Images | Provide Course of Treatment |

WHAT OCCURS IN THIS MOMENT

- **Appointment Initiation:** Providers initiate Telehealth appointment with a patient in a CBOC.
- **Conduct Appointment:** Providers conduct care appointments via Telehealth while patient are at a CBOC facility.
- **Set Up Equipment:** Nurses or TCTs set up Telehealth equipment at Veterans' homes.
- **Review Patient Daily Vitals:** Nurses review daily patient vitals collected.
- **Care Escalation if Needed:** If nurses identify a potential issue, they escalate the issue to the provider.
- **Provide Care Guidance:** Providers offer care guidance if an issue arises.
- **Initiation and Conduct Appointment:** Providers initiate and conduct Telehealth appointment with patients who are at home.
- **Continuously Monitor Patient's Vitals:** Nurses continue to monitor patients vitals and provide summaries to providers.
- **Notify TCT/Nurse to Set Up Equipment:** Provider notifies TCT or nurse to set up Store-Forward equipment for patient as well as image viewing software for providers.
- **Review Images:** Providers review Store-Forward Telehealth images.
- **Provide Course of Treatment:** Providers recommend a course of treatment based on images.

✿ BRIGHT SPOTS

Conduct Appointment (CVT):
- "Using the web-cam was very helpful. I usually do phone consults, liked this significantly better."
- "Having a colleague or social worker present can be helpful."
- "I use props, power points, and binders with pamphlets to engage patients."

Appointment Initiation (CVT):
- "Tech delays are not super common and/or often."

Review Patient Daily Vitals (Home):
- "Using Telehealth home data makes my work more smooth and allows me to get better feedback."
- "More real time information on patients."
- "I can look at the trends and know what someone's average blood pressure is instead of only getting it once."
- Real time monitoring - I am more intimate

Initiation and Conduct Appointment (Home):
- "The nurses I have met from Telehealth are amazing."
- "Nurses that have done more independent work are better. Need to have been involved in an acute setting."
- "There really isn't anything different besides the physical exam."
- "It really reduces a patient having to drive in two hours."

⚡ PAIN POINTS

Appointment Initiation (CVT):
- "Big bandwidth problems. A lot of areas with poor internet."
- "The more people that get on the wifi throughout the day the worse it gets"
- "[You] can see facial and body movements in real time in person. Delays make it hard to catch. When you're looking at multiple people it's just much harder with the delay."
- "As the technology changes its hard, not enough staff to really help you."

Conduct Appointment (CVT):
- "Group appointments are hugely difficult."
- "You have to be aware of what the patients are doing and how they are responding. It's hard to judge over Video Telehealth."
- "We can have 30 to 45 second delays. See something happening on the screen 45 seconds before I actually hear it."

Initiation and Conduct Appointment (Home):
- "Sometimes the video or internet doesn't work so the provider can't see the Veterans."
- "Trying to get IT to do anything is ridiculous.
- "IT support is often lacking"
- "It's hard to control the environment the other end of the camera."

THIS MOMENT MATTERS BECAUSE...

- **Many Telehealth providers in both CVT and Home Telehealth experience wifi issues during appointments, distracting them or preventing them from providing high quality care.**
- **Telehealth Providers are able to engage their patients in a more interactive manner with CVT and Home Telehealth (e.g., hearing heart tones and breast sounds) through Telehealth technology.**
- **Nurses with strong skills/qualities such as good assessment, greater independence, and providing frequent Telemonitoring summaries give Telehealth Providers a sense of security with CVT and Home Telehealth.**

WHAT SHOULD WE MEASURE

- Efficiency of equipment
- Efficiency of and technology

- Trust in patient provider relationship
- Quality of appointment

- Employee helpfulness