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# ENHANCING VIRTUAL CARE OPERATIONS: LESSONS LEARNED TO SUPPORT ORGANIZATIONAL READINESS FOR VIRTUAL CARE DELIVERY

U.S. Department of Health and Human Services  
Health Resources & Services Administration  
Bureau of Primary Health Care

Through the Optimizing Virtual Care (OVC) program, the [Health Resources & Services Administration \(HRSA\)](#) funded 29 health centers to develop, implement, and evaluate innovative evidence-based virtual care strategies that:

- Expand on the national surge in virtual care utilization at health centers in response to the COVID-19 public health emergency.
- Optimize the use of virtual care to increase access and improve clinical quality for populations who are medically underserved and have historically faced barriers to care.
- Can be adapted and scaled across HRSA's Health Center Program.

This program is the first in the Quality Improvement Fund, the [Bureau of Primary Health Care's \(BPHC\)](#) investment to activate and accelerate innovation. During the first 18 months of the OVC program (March 2022 to August 2023), awardees implemented new or enhanced virtual care strategies. Awardee activities addressed four key OVC program objectives: 1) increase access to care; 2) improve clinical quality and health outcomes; 3) enhance care coordination; and 4) promote health equity.

This brief is part of a series of OVC materials released by HRSA to share innovative strategies and actionable tips from OVC awardees to support other health centers in planning virtual care approaches in their communities. For more information or to access other briefs and OVC resources, visit the [OVC webpage](#).

## Capturing OVC Awardee Insights on Enhancing Virtual Care Operations

OVC awardees are currently piloting new self-reported measures to capture information about virtual care implementation successes, challenges, and lessons learned to improve access to care. As part of the grant monitoring process, OVC awardees submitted 18 monthly reports and three biannual reports (at the time of publishing of this brief) to describe key activities and progress made toward achieving OVC program objectives.

This brief highlights insights from OVC awardee efforts to support organizational readiness for virtual care delivery by enhancing health center operations. During the OVC project, awardees reported implementing strategies to:

- Address patient needs and preferences before virtual care encounters.
- Enhance patient and provider satisfaction during virtual care encounters.
- Manage patient data and follow up after virtual care encounters.





## Planning Health Center Operations for Future Virtual Care Delivery

Virtual care services rapidly expanded in the United States during the COVID-19 emergency and are now a permanent fixture of the health care system. Virtual care delivery supports population health by expanding access to care, increasing patient and provider satisfaction, and improving clinical and quality outcomes.<sup>1,2,3</sup> Maintaining organizational readiness for virtual care delivery is essential for health centers to continue these health promotion efforts.

**Virtual care operations address organizational processes before, during, and after patients engage virtual care services.** Operations activities range from establishing patient engagement to facilitating virtual visits and managing follow-up care. The blue boxes below describe examples of operations-related activities across these phases.



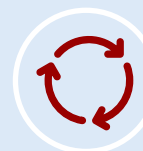
### Before Virtual Care Encounter

- Schedule patient appointment or register for virtual care services.
- Confirm patient access to necessary internet services and virtual care devices.
- Prepare patients for virtual technology use.



### During Virtual Care Encounter

- Assist patients with connecting to the internet, logging into appointments, and using virtual care technology.
- Resolve patient challenges with using devices.



### After Virtual Care Encounter

- Review patient data submitted electronically.
- Schedule virtual and in-person follow-up care.
- Refer and connect patients with other necessary services.

## Health centers assessed and enhanced virtual care operations to support organizational readiness.



**Assessing Virtual Care Operations.** OVC awardees used the Virtual Care Strategic Deployment Self-Assessment Model (VCSD) instrument to better understand their health center's virtual care operations, as one dimension of organizational readiness.<sup>4</sup>

- Awardees completed a VCSD questionnaire bi-annually to identify their health center maturity level as basic, foundational, or advanced for virtual care delivery.
- Visit [careinnovations.org](https://careinnovations.org) to download tools for measuring organizational virtual care strategic deployment maturity.



**Enhancing Virtual Care Operations.** Awardees reported progressive improvements in virtual care operations during the OVC grant period.

- Stronger operations helped health centers sustain virtual care strategies by mitigating common delivery challenges.
- Well-planned virtual care operations helped health centers manage workforce shortages, staff burnout, data integration limitations, and digital inequities.

### Health center strategies to enhance operations before, during, and after virtual encounters:

- **Advancing health equity.** For example, implement comprehensive virtual care strategies that expand opportunities for all patients to access health center services and achieve wellness goals.
- **Establishing clinical and operational standards.** For example, tailor quality metrics to virtual care and communicate guidelines on choosing in-person versus virtual care to health center patients and staff.
- **Engaging staff and providers.** For example, provide periodic education and training, measure provider satisfaction, and collect feedback on virtual care operations.
- **Prioritizing and gathering patient and family experiences.** For example, collect information about patient preferences regarding virtual care and respond to feedback on virtual care visits.



## Addressing Patient Needs BEFORE Virtual Care Encounters

OVC awardees refined workflows to support health center staff in identifying and connecting patients with appropriate virtual or in-person care. The following information presents considerations for health centers enhancing operations to address patient needs and preferences before virtual encounters.

### Identifying patient barriers to using virtual care services

- **Assess and document factors that impact patient access to virtual care prior to scheduling appointments.** Consider patient care needs, comfort with technology, appointment preferences, spoken languages, access to devices, privacy concerns, and social determinants of health. Offer multiple ways for patients to share their virtual care preferences using digital tools (e.g., online surveys), audio-only calls, and in-person interviews with standardized screening questions.
- **Review patient records for evidence of difficulty accessing virtual care services.** For example, frequent incomplete video-based virtual visits.
- **Identify resources to address patient technology barriers.** Connect patients with federal or state-run programs that provide reduced cost broadband, smart devices, and screen readers. Explore virtual and in-person options for translation services.

### Scheduling virtual care services

- **Increase patient awareness of available virtual care services.** Consider creating workflows for staff and providers to discuss virtual care options with patients. Invest in community collaborations and marketing materials. Communicate anticipated virtual care costs to patients, including costs covered by insurance.
- **Leverage external resources for virtual care enrollment and appointment scheduling.** Consider call centers, community partners, online platforms, and automated processes to improve access while reducing staff burden.
- **Establish staff practices to connect patients with appropriate care.** When possible, encourage patients to select the appointment type that best fits their health care needs, and not just the first available. Consider scheduling extended visit times for patients less comfortable with virtual care technology.

To learn more about organizational changes health centers can implement to improve patient access across virtual care pathways, visit the Journey Map resources on the [OVC webpage](#).



## Enhancing Patient and Provider Satisfaction DURING Virtual Care Encounters

OVC awardees balanced efforts to offer new technology while ensuring they had sufficient support to create quality patient and provider experiences. The following information presents considerations for health centers enhancing operations to support patient and provider satisfaction during virtual encounters.

### Providing adequate staff resources

- **Provide remote and hybrid staff appropriate equipment to facilitate virtual appointments.** Consider resources such as laptops, monitors, smartphones, charging stations, wireless internet hot spot devices, ergonomic desk supplies, and audio and video conferencing supports (e.g., webcams, headsets, virtual backgrounds). Adapt equipment provided based on staff feedback.
- **Schedule routine software updates.** Complete updates for all electronic health record (EHR) and device software packages to ensure compatibility with newer software and up to date security features.

### Resolving technical issues

- **Offer virtual care support to patients prior to virtual visits.** Consider facilitating mock telehealth visits. Send instructions and virtual care website links prior to encounters. Assign staff to assist virtual patients in “waiting rooms” to troubleshoot technical issues prior to providers joining.
- **Engage patient family members and caregivers.** Consider using technology with an “add a guest” feature that allows caregivers and family members to attend the virtual care visit with the patient and provider.
- **Establish technical support teams.** Consider cross-training staff (e.g., administrative staff, community health workers, information technology teams) and engaging external vendors to provide real-time technical support to patients and providers. Include team members that share the patients’ lived experiences and culture (e.g., language, race/ethnicity).

### Additional Resources

- [Telehealth Technical Assistance Resources – National Association of Community Health Centers](#)
- [Telehealth Implementation Playbook – American Medical Association](#)
- [Quality Frameworks for Virtual Care: Expert Panel Recommendations](#)



## Managing Patient Data and Follow Up AFTER Virtual Care Encounters

OVC awardees adapted organizational processes for documenting and responding to new information captured from virtual care encounters. The following information presents considerations for health centers enhancing organizational operations to manage patient data and follow up after virtual care encounters.

### Establishing follow-up procedures

- **Ensure providers have full access to the patients' medical records.** Review records to identify and address gaps in patient care. Assess patients' needs for follow-up in-person visits.
- **Create clear processes for follow up within the EHR platforms.** Establish guidelines for responding to patient questions, ordering appropriate specialty consults, and scheduling patients for follow-up in-person visits for things that require physical contact such as vaccinations, lab tests, or physical exams to address gaps in care.
- **Monitor patient use of asynchronous virtual care tools** (e.g., remote patient monitoring). Follow up with patients who are not using tools as expected with targeted education and troubleshooting help. Provide regular educational follow up for remote monitoring tools to help patients read their health measurements.
- **Determine criteria for ending patient participation in remote patient monitoring (RPM) programs offered for specific health conditions** (e.g., continuous glucose monitors for diabetes). Communicate program criteria to patients and care teams. Consider strategies to support continued patient engagement after the program and incorporate them into daily care routines.

### Managing virtual and in-person data to support quality of care

- **Integrate data collected from virtual care devices with other relevant data**, such as patient scheduling and billing. Ensure bidirectional communication between the EHR and external virtual care systems.
- **Work with your EHR vendor.** Discuss similarities and differences in how the EHR documents in-person and virtual encounters. Adapt data collection workflows to support reliable reporting.
- **Upload data from asynchronous tools**, such as remote patient monitoring devices, to the patient's EHR before the patient's provider visit to allow the clinical care team to consider these data during an appointment.
- **Track the quality of virtual care.** Compare clinical quality outcomes across virtual and in-person service types to assess differences in care. Compare patient data and experiences across patient populations to identify health care disparities.

## References

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