Doing Telehealth Before It Was Cool

Marshfield Clinic Health System Shares 23 Years of Telehealth Experience

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Just about everyone has heard of telehealth nowadays as a result of the COVID-19 lockdowns, but that wasn't always the case. Prior to the pandemic, telehealth was a growing but still relatively new concept for many health care providers. Telehealth pioneers were paving the way, but many smaller clinics did not see the need—until the coronavirus crisis forced them to find non-contact ways to serve their clients.

Given the Public Healthcare Emergency, the learning curve was steep and rapid. Fortunately, several telehealth forerunners were willing to step in and provide a helping hand.

Photo description: Marshfield Clinic Health System

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Long History of Telehealth

The Marshfield Clinic Health System (MCHS), which serves the healthcare needs of the northwest quarter of Wisconsin, has been an ambulatory health care provider for more than a century. In the last decade, it has added nine hospitals to its system, expanding its services to include acute care.

"We've been actually doing telehealth since 1997," said Chris Meyer, director of virtual care at MCHS. "I always tell people we did telehealth before it was cool. We started telehealth services in the radiology area and quickly expanded as we found telehealth an easier and cheaper way for patients to access specialty care."

Meyer explained that MCHS's service area, which is mostly rural, has really benefited from telehealth services.

"We serve a very rural area; some say there are more cows than people," Meyer said. "Northwest Wisconsin is also an economically depressed area where health care expenses as well as the time required to access health care are a challenge. Most people need to take an unpaid day off to see a doctor."

Telehealth services help to reduce or eliminate significant costs for MCHS patients including wage loss and travel expenses. In addition, it expands access to specialists and providers.

MCHS operates a large telepharmacy system as well. "It's difficult to justify the cost of employing a pharmacist at a rural pharmacy that serves a very small population," Meyer said. "However, we can place pharmacy technicians at these locations to do the dispensing and filling of prescriptions under the supervision of a pharmacist located elsewhere using telehealth technology."

Photo description: Video visit

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Experience Leads to Rapid COVID-19 Ramp-Up

Since MCHS had already established both staff and workflows related to telehealth services, it made the ramp-up during the early days of the pandemic relatively easy and fast.

"Once we assigned people to growing our telehealth services in response to COVID, we were able to move on it quickly," Meyer explained. "In March, we were able to get 1,500 providers prepared to offer virtual visits within nine days, and we had our first new virtual visit after six days of program initiation."

MCHS experienced 20% to 30% growth in telehealth services from 2016 to 2019. With the rapid move to telehealth for COVID response, these volumes increased more than 1900% in April and May 2020. As facilities reopened, telehealth volumes did decrease, but the monthly volumes from June to September still exceeded volumes for all of 2019.

Photo description: Video visit

Sharing Lessons and Guidance

Marshfield has generously shared its telehealth experiences broadly with other health care systems through webinars and presentations.

Meyer serves as a member of the Program Advisory Council (PAC) of the Great Plains Telehealth Resource & Assistance Center (gpTRAC) as well as presents nationally on related telehealth issues.

"We want to be collaborative about sharing our experiences to help other health systems get up and going," Meyer said. "I want to be a resource for organizations like gpTRAC and others. They are often a resource for me as well."

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