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PELA® Virtual Conference

Telehealth Innovations Conference Report

INTRODUCTION

Paul W. Abramowitz

Thomas J. Johnson

On May 11, 2021, the ASHP Pharmacy Executive Leadership Alliance (PELA®) convened its second virtual conference, Telehealth Innovations. The conference was a platform for health-system pharmacy executives and thought leaders to share experiences, challenges, and opportunities and to identify changes needed to transform and advance patient-centered care and optimize medication-use through telehealth. The demand for telehealth services increased greatly during the COVID-19 pandemic as clinicians sought to provide socially distanced and accessible routine and acute care. Rapid implementation and increased uptake of telehealth allowed patients to overcome barriers to care, such as time and distance, that were exacerbated by the pandemic. **Thomas J. Johnson, president of ASHP and assistant vice president of pharmacy for Avera Health**, welcomed conference panelists and emphasized the strategic importance of telehealth as a "necessary enabler" for innovations in healthcare. Johnson noted that one goal of the conference was to enhance PELA panelists' decision-making by bringing together diverse perspectives on advancing telehealth technologies and providing the highest levels of care. Johnson said pharmacy executives face a unique opportunity to leverage the accelerated adoption of new technologies and models of care influenced by the COVID-19 pandemic. As health systems emerge from the pandemic, their leaders recognize a strategic imperative to evaluate whether and how to sustain, refine, and potentially expand effective but rapidly implemented innovations like telehealth. In his opening remarks, **ASHP Chief Executive Officer Paul W. Abramowitz** gave an overview of PELA and ASHP's telehealth and innovation initiatives. The application of telehealth in comprehensive medication management (CMM) services for patients with complex needs is a focus area for the ASHP Innovation Center, which seeks to elevate the roles of pharmacy practitioners in new and emerging sciences, including the development of enhanced care systems. Abramowitz noted that the ASHP Commission on Goals convened in March 2020 and called for a discussion of telehealth and its impact on patient-centered care, workforce transformation, and digital applications.[1] The commission found that progress had been made to support the expansion of telehealth despite serious barriers to adoption. These barriers include restrictions on how payers cover and pay for telehealth; licensure laws and regulations that limit the ability to provide telehealth services across state lines; lack of adequate broadband service in some areas; and the high cost of telehealth technologies and infrastructure. The first PELA summit, held in October 2020, focused on post-COVID-19 recovery and reimagining care, and participants described the rapid deployment of and investment in telehealth by health systems.[2] This year's Telehealth Innovations conference built on those conversations and had four main objectives:

- Discuss the opportunities telehealth provides to improve healthcare in the United States and the necessary enablers to improve adoption by providers and patients.
- Discuss tactics, state and federal regulations, and long-term planning for the implementation of new health-system practice models that enhance patient access by leveraging telehealth and virtual health technologies.
- Discuss areas of innovation and disruptors hospitals and health systems need to react to, develop, and implement to maintain marketplace competiveness and enterprise sustainability.
- Discuss the unique challenges pharmacy executives face in leading the pharmacy enterprise and identifying solutions and opportunities with telehealth innovations and population health.

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KEYNOTE

CONTEXT FOR INNOVATION

Mark McClellan

The session opened with remarks from keynote speaker **Mark McClellan, director and Robert J. Margolis, M.D., Professor of Business, Medicine and Policy at the Duke—Margolis Center for Health Policy**. His past service includes senior fellow in Economic Studies at the Brookings Institution, where he was director of the Health Care Innovation and Value Initiatives and led the Richard Merkin Initiative on Payment Reform and Clinical Leadership, as well as former administrator of the Centers for Medicare & Medicaid Services (CMS) and former commissioner of the U.S. Food and Drug Administration (FDA). McClellan shared his perspective on how telehealth fits into the broader healthcare delivery system, the future of telehealth policy, and accelerating the transition to a virtual care model in the context of team-based, patient-centered care. McClellan said changes to regulatory and payer policies produced a "huge shift" toward telehealth adoption when COVID-19 shelter-in-place orders were in effect. He said telehealth uptake continued to grow before stabilizing and then declining toward the end of 2020. McClellan predicted that the large increase in virtual care for behavioral and primary care services will be sustained. But he cautioned that although there's strong bipartisan support in Congress for payment parity for telehealth services, legislative challenges remain. Temporary policy changes enacted during the pandemic supported rapid innovation. These included changes to interstate licensing rules and flexibility under the Health Insurance Portability and Accountability Act (HIPAA) to use everyday technologies to conduct virtual visits. McClellan speculated that these flexibilities will extend at least through 2021, but a permanent extension is unlikely in a fee-for-service environment because doing so could significantly increase healthcare costs, add to existing services, and could lead to fraud and abuse. He cited one survey indicating that 93% of health systems felt it is essential to continue waivers permanently.[3] The pandemic created an urgent need for healthcare providers to innovate for better and more accessible care enabled by virtual capabilities. McClellan said there is an urgent need for providers to move beyond fee-for-service care and explore payment models like accountable care organizations and bundled episode payments that combine helehealth with more comprehensive approaches to virtual care. McClellan noted that such virtual models provide convenient, home-based, personalized, prevention-oriented care that will likely continue beyond the pandemic. He also described the need for "telehealth plus" to leverage remote monitoring technologies, digital self-care tools, and other applications in comprehensive care models supported by robust longitudinal and integrated data and analytics. This "new normal," he said, will meet patients where they are and boost the demand for allied health professionals and community health workers — a less costly and more convenient alternative to hospital care. In a cost-effective future, teams that include pharmacists will be built around these services, McClellan said. He noted that CMS is exploring alternative payment models, such as the Independence at Home Demonstration for Frail Elderly and Hospital at Home programs, that could incorporate telehealth services. Such models, he said, are the key to an accountable and financially sustainable future for telehealth, with services integrated into broader payment models and tied to patients' functional status and outcomes. He emphasized the need for telehealth to be person-centered and to ensure quality without adding to overall costs.

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PHYSICIAN EXECUTIVE PANEL

TELEHEALTH DRIVING OUR NEW VIRTUAL NORM, AND WHAT DOES THE NEAR-TERM FUTURE LOOK LIKE?

Panel Moderator **Andrew R. Watson, vice president of clinical information and technology transformation at the University of Pittsburgh Medical Center**, said nearly all of his patient encounters were virtual in the week before the conference, demonstrating the COVID-19 "new virtual normal." Watson believes the change is driven, not by the healthcare industry, but by consumers' acceptance of and access to technology. Before the pandemic, telehealth had been evolving slowly, beginning with remote radiology, intensive care, and urgent care services. In Watson's practice, the pandemic accelerated the adoption of virtual visits, and he expects the use of peripheral devices and remote patient monitoring to grow in the months ahead. Although the opportunities for telehealth seem endless, challenges include addressing equity and inclusion in underserved populations who may not have access to technology; redesigning operational workflows; and adopting value-based care delivery models. Watson said telehealth's future is changing quickly, and he asked physician panelists to share their vision for telehealth and how to strategically redesign healthcare delivery to include virtual care. Panelist **Helen Burstin, executive vice president and CEO of the Council of Medical Specialty Societies**, urged participants to determine where care is best delivered, how it impacts workflow, and how it meets patient expectations (e.g., no need to find or pay for transportation, request time off, or arrange for child care). She said developing new systems for seamless workflow and convenient patient access across transitions and sites of care are key to a successful shift to telehealth services. **Ritu Thamman, assistant clinical professor of medicine at the University of Pittsburgh School of Medicine**, urged consideration of the needs of learners, such as teaching them how to perform a physical exam virtually or how to teach patients to examine themselves. Providers must also be trained in the nuances of "webside" manner vs. "bedside" manner, such as picking up on visual cues and making sure patients are confident the conversation is private. She said a major benefit of video patient visits is that the provider sees the patient's home environment and can better assess social determinants of health, an important part of patients' overall care. Thamman said one looming question is how to create virtual team-based care models that include pharmacists and support providers and patients. Such models could feature interoperable systems that allow pharmacists to see all medications, reconcile them, and support their safe use.

> Pharmacists who are at the table bring their expertise in safety and a systems-based approach. Pharmacist involvement in pain management, medication adherence, and chronic disease management are all opportunities where care can be enhanced through telehealth.
>
> \- **Ritu Thamman**, MD, FACC, FASE
> University of Pittsburgh School of Medicine

PHYSICIAN EXECUTIVE PANEL

Helen Burstin

Ritu Thamman

Andrew R. Watson

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PHARMACY EXECUTIVE PANEL

ENTERPRISE SOLUTIONS AND STRATEGIC DIRECTIONS

Kathleen S. Pawlicki, immediate past president of ASHP, led a discussion of pharmacy experts on enterprise solutions and strategic direction for telehealth services. She asked panelists to describe strategies they believed were critical to sustain and expand of telehealth services. **Sandra Kane-Gill, professor of pharmacy, critical care medicine, biomedical informatics and clinical translational sciences at the University of Pittsburgh**, provided a perspective from a large academic medical center with integrated health information technology. Kane-Gill noted that telehealth strategies must meet the needs of the patients and the institution and include access to appropriate technology. She said enablers must then adopt the technology, and its impact must be measured. Strategies may include implementing systems that support communication across disciplines, establishing criteria for telehealth vs. in-person visits, supporting regulations, and ensuring adequate reimbursement. When asked to identify areas of risk to consider when developing telehealth models, **Patricia Killingsworth, national director for pharmacy integration at Ascension Health/AscensionRx**, noted several; these include regulatory compliance in the face of rapidly changing rules; HIPAA compliance; adoption of multiple systems or applications across one organization; and the overuse of technology solutions that may not be optimal across settings. Killingsworth recommended consulting informatics staff early in the planning process for new technology deployment so risks can be readily identified and addressed. **Marybeth Kazanas, system director of clinical pharmacy services at MedStar Health**, brought integrated delivery network experience to the discussion along with experience managing COVID-19 patients. Kazanas said telehealth planning should include strategies to address literacy and access and to give employees what they need to function fully and work successfully within new processes. Killingsworth discussed how to manage telehealth care in a diverse system with multiple sites of care, some highly specialized and others in rural locations. Where standardization is not possible, she said, systems should be flexible and allow customizations in local markets. She said that to address competing priorities, dialogue is needed to ensure that all involved are on the same page. Killingsworth said an initiative can be pilot tested in one market to evaluate what works well and what changes are needed in other markets. The panelists suggested several strategies to advance pharmacy and telehealth applications:

- Lead the change needed related to medication management (e.g., remote anticoagulation and diabetes monitoring and wearable devices).
- Use clinical algorithms and predictive modeling to identify patients who would benefit the most from telehealth, then incorporate those criteria into decision-support tools.
- Use telehealth to connect with patients in sites of care such as nursing homes, hospital-at-home programs, and rural locations.
- Consider implementing initiatives that improve the healthcare of a health system's own employees, when the system is self-insured.
- Leverage telehealth to extend pharmacist expertise in care delivery (e.g., pharmacogenomics and specialty pharmacy).
- Leverage telehealth to extend pharmacist expertise to learners.
- Identify key process indicators that demonstrate value; when measures are not apparent, consider using surrogate endpoints with proven association to outcomes or cost savings.

PHARMACY EXECUTIVE PANEL

Sandra Kane-Gill

Marybeth Kazanas

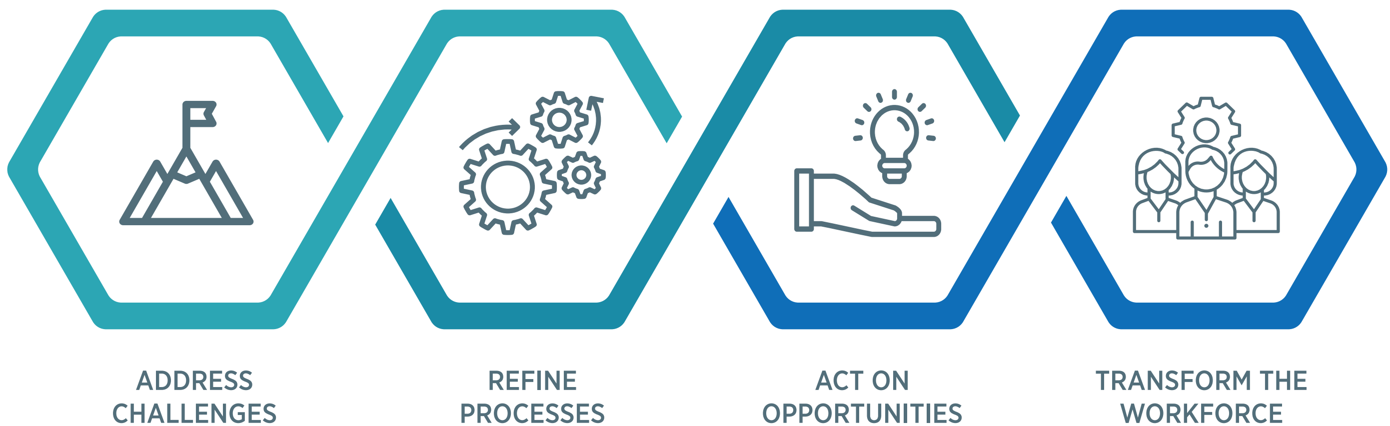
Patricia Killingsworth

Kathleen S. Pawlicki

PHARMACY EXECUTIVE LEADER DISCUSSION GROUPS

The PELA® attendees, a group of over 150 diverse leaders representing health systems across the United States, shared their experiences and lessons learned from the rapid expansion of telehealth services during the COVID-19 pandemic. Panelists were assigned to facilitated discussion groups and asked to address a variety of topics. Four strategic "elements of innovation" emerged that addressed the sustainability and potential for expanded telehealth services to enhance medication management for health-system patients: addressing challenges that arose during the unprecedented acceleration of telehealth adoption; refining telehealth processes for the future; acting on opportunities for practice innovation; and responding to how telehealth is transforming the pharmacy workforce. Strategies for health-system and pharmacy leaders to consider were also identified.

Elements of Innovation in Telehealth to Optimize Patient Care



1. TELEHEALTH: ADDRESS CHALLENGES OF ACCELERATED ADOPTION

All panelists witnessed the accelerated adoption of telehealth at their health systems during the pandemic, and there was excitement across the board about new opportunities for telehealth to enhance care. Health systems that were already conducting some telehealth visits before the pandemic were better prepared to scale up telehealth. Health systems expanded pharmacists' reach and access to patients beyond traditional CMM services delivered in an ambulatory clinic setting. Meds-to-beds programs expanded, virtual transitions-of-care programs increased, and multidisciplinary rounds were attended virtually. Most telehealth encounters prioritized high-risk populations, such as patients taking specialty medications, and were conducted via phone versus videoconferencing. But patients showed strong interest and capability to participate in video visits. The provider and patient experience was positive overall, but monitoring of outcomes remained largely manual or limited to targeted populations.

When shutdowns occurred, health systems moved rapidly to sustain services for patients who could not travel to care sites. Remote care processes evolved in different ways depending on each organization's existing readiness for telehealth, but common challenges existed and were quickly addressed.

Infrastructure challenges varied across organizations, but most major electronic medical record systems included some support for telehealth visits. Some organizations adapted telehealth applications that existed before the pandemic.

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For example, one site expanded its employee-focused telehealth services and platforms to also serve patients. Most organizations that expanded existing technology made major new technology investments, purchasing upgraded laptops, cameras, microphones, and software. At one site, the neurology service was an early adopter of telehealth to screen and identify acute episodes of stroke at the bedside (with a pharmacist ready at the bedside to prepare tissue plasminogen activator). Most sites have seen an increase in pharmacists providing services via telehealth, with a focus on hard-to-reach or high-risk patients. Disease states or visits not requiring an in-person physical exam were most conducive to telehealth visits. While some organizations expanded upon existing telehealth infrastructure, there were also some significant provider challenges, which were amplified at organizations without an existing infrastructure, and building the necessary technology infrastructure and provider workflows was required.

Social determinants of health and equity issues affected patients' access to telehealth services. Some patients had internet access but lacked the bandwidth needed for video visits. Some patients owned a cell phone but had a limited data plan and no access to a landline. Other patients were homeless; some had no phone.

Policy and regulatory challenges to telehealth existed, but some were mitigated by temporary allowances during the pandemic emergency. HIPAA concerns related to texting patients and telephone privacy remain. Panelists reported problems with scope-of-practice laws and state board of pharmacy restrictions, particularly when telehealth visits crossed state lines. In some cases, this required pharmacists to be licensed in multiple states or necessitated the hiring of a pharmacist in the patient's state.

Ambulatory care pharmacy sites transitioned to telehealth visits in parallel with clinics. Pharmacists delivered efficient virtual care, but that value was difficult to capture from reimbursement. The need for pharmacists to be onsite in the clinics has been questioned, and pharmacists and technicians in some clinics have shifted to prior authorization and patient assistance support. Panelists described a mixed and less-expanded implementation of remote monitoring technology applications. Some platforms have apps or add-ons to support remote technology monitoring. This is an area for potential future expansion and innovation.

> "Physicians often don't see the value of adding pharmacists to the patient care teams in ambulatory clinics, stalling the implementation of these services. However, later on we had physicians who would only work in a clinic that had a pharmacist. These providers recognized the efficiency increases and the value to patients when working with pharmacists on their team.
>
> \- **Linda S. Tyler**, PharmD
> Chief Pharmacy Officer
> Pharmacy Services
> University of Utah Health

Common Challenges to Broad Implementation and Expansion of Telehealth

- Need for infrastructure (e.g., hardware, applications, and interoperability)
- Access limited by social inequities (e.g., inadequate internet access, bandwidth, or phone service)
- Difficulty obtaining lab data and physical assessment information required to manage patients (e.g., glucose and anticoagulation control)
- Concerns with HIPAA compliance (e.g., security of text messaging or other applications)
- Concerns with state board of pharmacy regulatory compliance (e.g. providing services across state lines, scope of practice)
- Navigating disparate platforms is difficult across facilities (e.g., when sharing screens and three-way calling)
- Ability to build care teams and relationships in a virtual care setting (e.g., seamless transitions, being present when needed)

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2. TELEHEALTH: REFINE PROCESSES FOR THE FUTURE

Breakout panelists expressed uncertainty about continuing and expanding telehealth adoption postpandemic. Generally, organizations felt that the accelerated COVID-19 telehealth "test of change" opened up endless opportunities to innovate and meet the patients where they are, including a planned expansion of the hospital-to-home model. Despite an overwhelmingly positive experience thus far, breakout panelists said significant questions remain about the future of telehealth. As COVID-19 pandemic restrictions have waned, there was no consistent experience across organizations with regard to a "new normal." Some organizations have sustained a high percentage of telehealth visits, some have seen decreased utilization over time, and some have shifted back to near-2019 levels. All agreed that health systems will explore ways to sustain and refine existing telehealth programs, but the lack of adequate reimbursement is the greatest contributor to uncertainty.

If you convert to telemedicine services in clinics where you have established pharmacists, [you] have to be open to changing some tactics while maintaining relationships (with other members of the healthcare team).

- **Meghan D. Swarthout**, PharmD, MBA, BCPS
Division Director, Ambulatory and Care Transitions Pharmacy
The Johns Hopkins Health System

Also uncertain is whether short-term policy changes will continue beyond COVID-19. These include the CMS waiver for hospital-at-home services and a potential shift toward payment equity, rather than payment parity. These policy issues must be addressed at the federal and state levels. For example, one participant described a major challenge with state board of pharmacy (BOP) regulations that apply to the hospital-at-home model. The BOP raised concerns about medication storage and required dispensing to be consistent with outpatient use instead of unit-dose dispensing. Variability in interpretation of regulations by Medicare administrative contractors (MACs) and local compliance officers must also be addressed. One participant's health system compliance officer interpreted payer policies in a way that did not allow virtual supervision for "incident-to" services and required the pharmacist be in the office with immediate supervision despite Medicare rulings.

In the last two years pharmacy has been able to demonstrate their value to patient care more publicly than ever before. With the recent acceleration of telehealth, pharmacy has the opportunity to expand and take advantage of this space. The timing is good for pharmacy.

- **Debbie Simonson**, PharmD
System VP, Pharmacy
Ochsner Health

Although pharmacists' roles have generally not changed during the pandemic, there have been challenges related to adopting a remote provider model of care. The most successful organizations refined pharmacy staff roles and expanded services that were efficient, improved outcomes for high-risk patients, and offered "collateral" benefits, such embedding pharmacists within specialty clinics to assist with obtaining prior authorizations.

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3. TELEHEALTH: ACT ON OPPORTUNITIES FOR PHARMACY PRACTICE INNOVATION

Breakout group panelists shared opportunities for innovating and expanding patient care services, both realized and potential. Participants said telehealth can improve patient access to pharmacists for medication management and help pharmacists serve as a resource for other healthcare team members. Some organizations expanded pharmacist and pharmacy technician roles in transitions-of-care services by using virtual visits. In one example, pharmacists performed medication histories at admission for patients transferred to skilled nursing facilities. Centralization of these services allowed for leveling of work and broader reach. One organization's innovative "super command center" served as hub for all virtual systems and services. Another health system established a centralized "care hub" to facilitate the patient discharge process, improve efficiencies, coordinate meds-to-beds and medication reconciliation services, and, ultimately, facilitate high-quality care at home. Management of chronic diseases such as hypertension and diabetes in the ambulatory setting is considered well-suited to telehealth, which supports intensified patient follow-up and, potentially, better outcomes.

Another area of potential innovation is retail and specialty pharmacy. For example, telehealth visits helped one organization verify patient eligibility for the federal 340B Drug Pricing Program, presenting an opportunity to reduce the cost of specialty drugs for patients with conditions such as rheumatoid arthritis, irritable bowel disease, and multiple sclerosis. This telehealth service supported patients and generated considerable savings for the organization. Additional telehealth opportunities likely exist in specialty and home care prescription services.

Although not a focus of the discussion, many organizations noted they have expanded the use of video technologies in acute care settings. Examples include remote support for IV and chemotherapy preparation, virtual clinical and teaching rounds, and remote order verification. One participant whose organization operates several hospitals across a 100-mile area said that when clinical experts were made available remotely, it was easier to support smaller sites that lacked access to that expertise in the past. Students, residents, and learners also had a wide variety of "remote" education opportunities. Now that work is not tied to physical location, pharmacy departments are leveraging staff and finding creative new ways to support facilities and patient populations.

> The experience of pharmacists working remotely has had a positive impact on the staff. It has created a culture of more openness and flexibility in how we do our work; there is greater trust built among the staff.
>
> \- **Zachary McCall**, PharmD, MBA, BCPS, BCACP, FOSH
> Ambulatory Pharmacy Services Director
> Legacy Health

Opportunities to Innovate through Telehealth

- Expand pharmacists' role across transitions and sites of care (e.g. behavioral health and skilled nursing facilities)
- Support remote management of chronic diseases (e.g. heart failure, hypertension, and diabetes), including preventive measures
- Expand roles for pharmacy technicians, including conducting medication histories
- Support integration with remote monitoring applications
- Gain insight into a patient's home setting and social determinants of health
- Support innovative staff deployment models, such as remote order verification
- Create an option to access experts for education and training
- Support optimization of specialty pharmacy and determine 340B program eligibility

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4. TELEHEALTH: TRANSFORM THE PHARMACY WORKFORCE

The pharmacy workforce will continue to evolve and transform as telehealth matures. Panelists felt that telehealth will not replace face-to-face care, but it is here to stay and will be a component of the model of care. Work at home has allowed organizations to decompress their capacity and gain efficiencies. One participant noted that their pharmacy information technology staff were more productive and had greater job satisfaction after shifting to remote work, despite having unchanged roles. As a result, the organization is adopting to a hybrid staffing model, where people are onsite for meetings but much of their work is done remotely. This decreased the need for office space and permitted the implementation of multiuser office space. Other participants said their organizations are implementing similar hybrid staffing models. Participants emphasized the need to reassess how to best support the needs of a remote or hybrid workforce for communication platforms, office equipment, downtime plans, and internet security. Many of these requirements have been long applied in the business world but not programmatically implemented across health systems.

Potential Benefits of a Remote Workforce

- Ability to share pharmacy expertise across care settings and facilities
- Leveling of workload across providers
- Increased employee satisfaction and recruitment
- Improved staff efficiency
- Reduced need for office/work space
- Increased opportunities for learners

Panelists said they expect the hospital footprint to shrink as more staff work from home, and hybrid or fully remote staffing models are here to stay. There is a need to identify patient care services that can be provided virtually, target appropriate patients for the services, and provide care while managing workplace flexibility in a way that's fair to all staff. Organizations must also identify new skill sets and training needed for virtual work. Examples may include motivational interviewing techniques in a telehealth environment and addressing technical challenges, such as engaging a translator, when needed to support the patient visit. Participants expect remote work options to improve staff recruitment opportunities and support the deployment of people and resources in new ways. Pharmacy leaders also recognized the need for innovative methods to orient, mentor, and integrate remote staff into the pharmacy team.

Ensuring the effectiveness of telehealth service delivery is important, especially given the rapid deployment of these services during the pandemic. Most organizations did not develop new metrics specific to telehealth services and largely integrated them into existing processes. To ensure effective care, it's essential to identify patients and care settings that would most benefit from telehealth, establish appropriate telehealth care intervals, and create efficient workflows. Panelists recommended the development of telehealth performance dashboards to ensure accountability and assess and improve staff effectiveness and efficiency.

STRATEGIES TO SUPPORT TELEHEALTH INNOVATION

1. Ensure that pharmacy is involved in implementing telehealth applications, and consider patient-facing needs (e.g., videoconferencing capability) and the perspective of remote pharmacy staff (e.g., techniques for virtual service delivery and collaborative practice).
2. Advocate for sustaining positive policy changes at the federal (e.g., CMS) and the state level.
3. Advocate for payment models that support sustainability of telehealth services.

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4. Work with payers to consider appropriate payments (e.g., per-member-per-month) or value-based payment models that support pharmacist delivery of services that are efficient and effective and produce a good patient experience.
5. Prioritize telehealth services for high-risk populations, such as people with chronic diseases or complex medication requirements (e.g., oncology or specialty pharmacy) or to address disparities (e.g., lack of transportation, rural setting).
6. Leverage telehealth services to enhance other revenue streams, such as increasing prescription capture.
7. Ensure an adequate infrastructure and work environment to support employee efficiency and effectiveness.
8. Work with health-system compliance officers and local regulators (MACs) to ensure consistency in interpretation of regulations.
9. Create tools and resources that meet current needs and support the future use of technology for patient care services.
10. Conduct research and disseminate findings that better inform the deployment of telehealth services (e.g., what patients would benefit the most and under what circumstances) and document the value of telehealth in optimizing CMM.
11. Develop or share examples of remote and hybrid staffing models for pharmacy.
12. Draft standards for offsite and onsite learners that define expectations for staff in fully remote and hybrid settings.

CONCLUSION

In conclusion, the breakout session panelists reviewed their experience with telehealth adoption during the pandemic and identified challenges to sustainability and broader telehealth adoption, such as uncertain regulatory and payment policies. Panelists shared observations about the benefits of telehealth and discussed organizational strategies to broaden telehealth adoption, transform the workforce, and advance medication-use optimization through telehealth innovation in a postpandemic future.

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