Innovation Before, During, and After a Pandemic

Jake Wahrer, IT/Facilities Director at Northern Nevada HOPES, shared insights into how their health center advanced their health IT before and during the pandemic as well as next steps for the health center.

Jake shared key insights into how much time can be saved with detailed evaluation of purchasing health IT products for a health center. Overall when evaluating time lost due to IT protocol cost roughly $19,000 for the health center. Time lost associates with system wait times, database access, and login prompts. Time saved associates with remote management tools for IT to use to resolve problems, having information readily available for staff, and staff aptitude for the systems in place and usability. Time saved with these software purchases associates with 15 to 20 minutes of productivity. The health center was able to save 250 employee hours, and 5 days alone made up the costs from the health IT infrastructure purchased.

When the pandemic unfolded, lists of staff who can be remote were developed. The health center already adopted SharePoint, Skype For Business, Mitel, and VPNs. Everything was slowly bundled together prior to COVID-19. In addition, telehealth has been piloted at the center 4 months prior to lockdown in March.

Another key area Jake focused on was health IT equipment. When the pandemic was becoming more of a reality for the health centers and staff needed to begin working remotely, everyone started competing for the same resources (i.e. webcams, laptops, etc.). HOPES began opting for refurbished laptops and equipment rather than new assets. Warranties were also purchased when replacements needed to be done.

Workflow changes were organization-wide. Soft hand offs were done between It and health center staff to help with the shirt. Recurring virtual lunch sessions for IT staff to virtually fine—tune the experience for staff was done. Test sessions with test patients on telehealth were practiced. BAAs with online platforms like GoToMeeting were established to continue diabetes nutrition classes and pregnancy classes in a virtual setting.

In the future at HOPES, virtual diabetes nutrition and pregnancy classes will continue virtually and in-person when allowed to do so. Jake and his team will continue to identify how to optimally use telehealth services for their patients. Remote patient monitoring is also becoming a strategy for care health centers like HOPES is looking into. Cloud-based EHR systems are emerging, but experts like Jake recommend a hybrid approach for a cloud-based server and physical onsite server.

Jake emphasized that health centers need to take a step back and identify if they are really using IT optimally. We need not to think of telehealth as a band aid for care during the time of COVID-19, but as a new strategy and solution for future patient care delivery. Health centers need to think differently and acknowledge the work they are doing right now to advance telehealth are for permanent fixes, not just temporary ones.

To view more information from Northern Nevada HOPES, please access the [recording](#).