



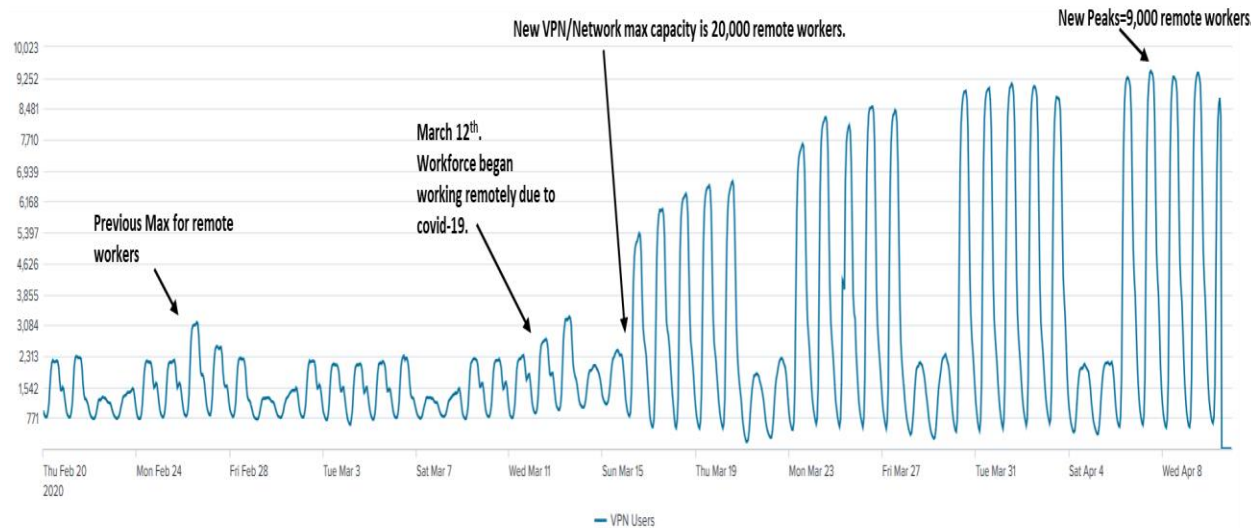
Health IT, COVID and Anticipated Long-Term Needs:

1. Remote Work
2. Telehealth
3. Communications

Andrew Rosenberg MD
Associate Professor
Anesthesiology & Internal Medicine

Chief Information Officer
Michigan Medicine
University of Michigan

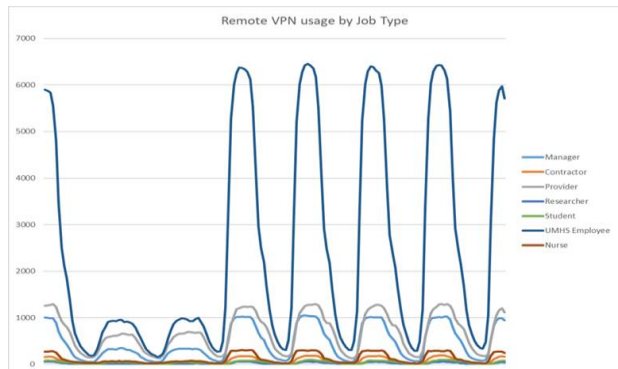
1. Remote Work: 4-fold acute increase. Some of this will be sustained after the crises.



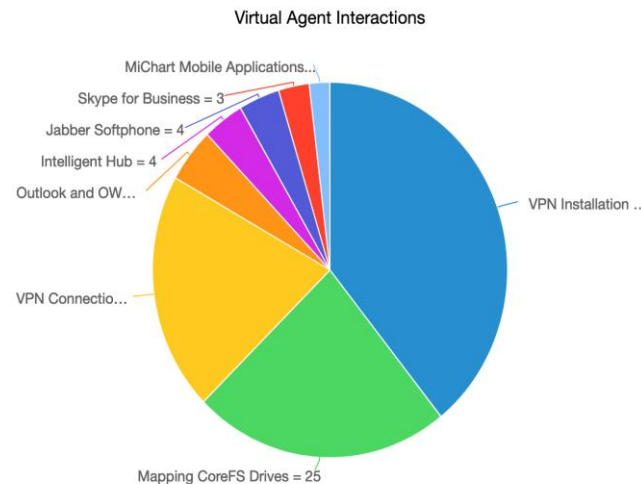
More work is now 'single-threaded' through networks and data centers

Infrastructure: On prem and 'as a service'

Remote work= remote support



Detailed breakdown of worker roles and VPN use
(Providers are in grey and as %, use weekend VPN more than others)



Novel support: ex use of virtual agent for routine calls.

VPN installation= Blue

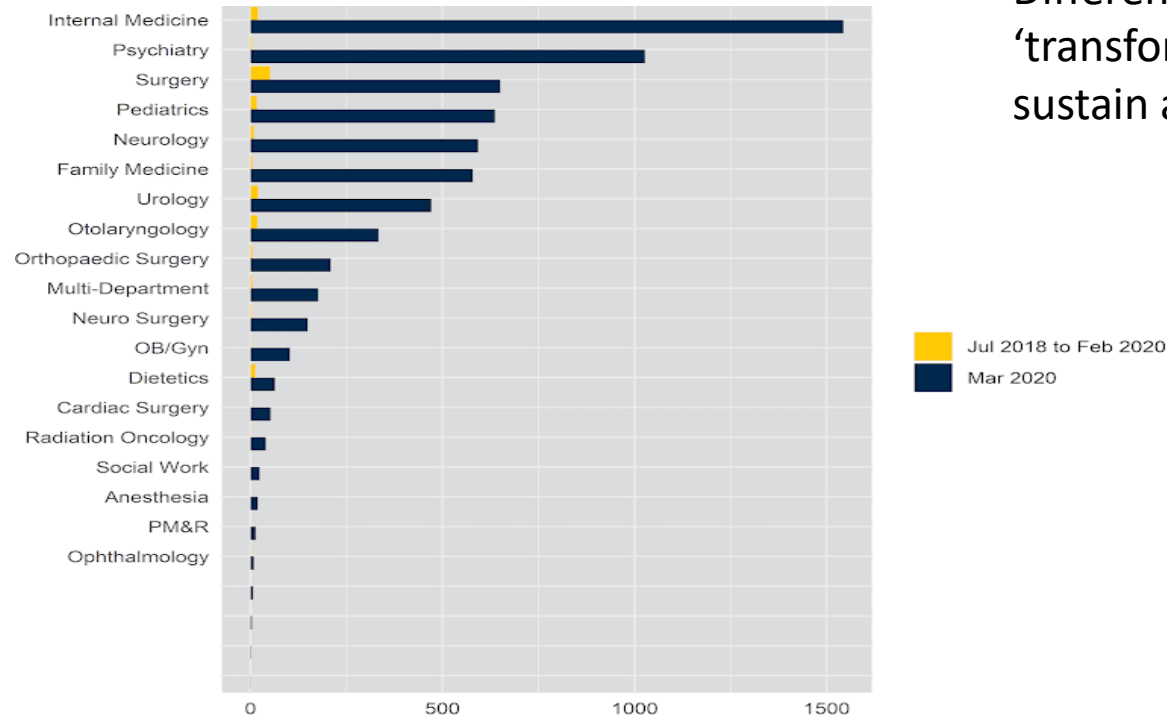
2. Telehealth; 15 to 20-fold growth far exceeding 2-year planned expansion. How to sustain?

2020	Video Visits*	V. V. Providers^
February	444	163
March	6,812	1,089
April 1-5 (Wed-Mon)	2,503	>700

Heterogeneous opportunities

Variable tools, capabilities

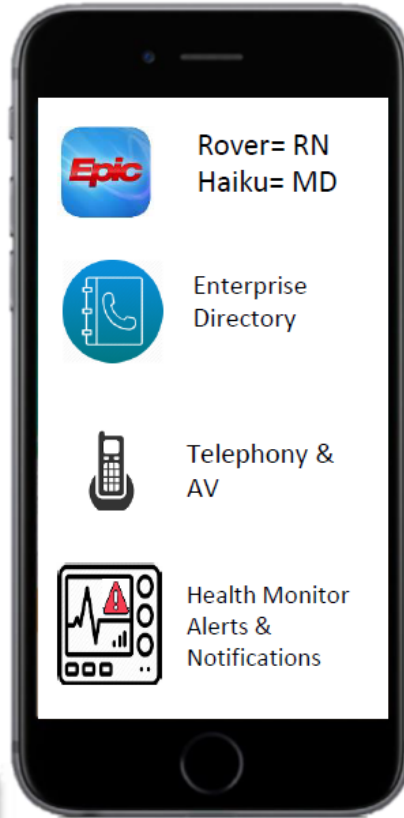
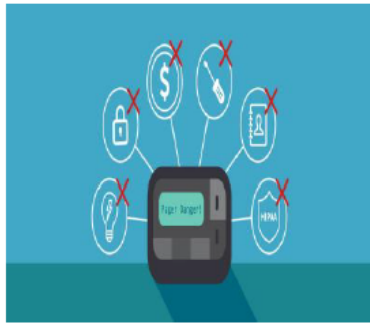
Different work and care 'transformations' required to sustain and grow



Number of video visits in March 2020 compared with prior monthly averages

*Video visit volumes only include those completed through Mich. Med Epic EHR, and not w/other platforms: Zoom, FaceTime, other. ^Providers who completed a video visit through Mich Med Epic EHR. For the week of 4/6-4/10 total volume : 8,226 scheduled video visits.

3. Unified Communications: Replacing old technologies as quickly as possible



Smart Device



Questions- Discussion