

# Telehealth During the Pandemic and Beyond: Lessons and Tools from California Safety-Net Organizations

January 26, 2022 | 12-1pm



California  
Health Care  
Foundation

Additional  
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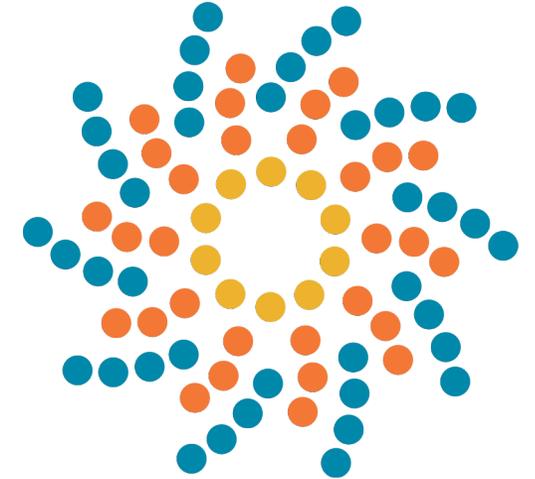
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**L.A. Care**  
HEALTH PLAN®

# I Agenda

- 1 Welcome & Housekeeping
- 2 Background and Context
- 3 Lessons from the Connected Care Accelerator
- 4 Practical Tools to Improve Telehealth
- 5 Connected Care Accelerator Announcement



# I Housekeeping



## Mute

### Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.



## Chat

### Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.



## Naming

### Add Your Organization

Represent your team and add your organization's name to your name.



## Tech Issues

### Here to Help

Chat Weslei privately if are having issues and need tech assistance.



# California Health Care Foundation



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# Evaluation Team



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CENTER FOR COMMUNITY HEALTH AND EVALUATION  
cche.org

# Connected Care Accelerator Innovation Learning Collaborative

## Evaluation results

January 2022

# Data informing evaluation findings

**23**  
participating  
health  
centers



Clinical utilization data from Feb 2019 to Aug 2021, including visits and unique patients by modality (clinic, phone, in-person)



Interviews with health center teams in Oct/Nov 2020, Mar/Apr 2021 and Sept/Oct 2021



Provider and care team survey on telehealth experiences administered in June 2021 (559 respondents; response rate of 28%)



Project materials and artifacts created by health centers throughout the collaborative

# Key findings

1

Telehealth replaced a large volume of in-person care in the safety net during the COVID-19 pandemic. Telephone (audio-only) visits played an instrumental role in supporting widespread access to care.

2

Several key implementation practices supported a few health centers to achieve high utilization of video visits.

3

Health centers established the necessary infrastructure – staffing models, technology, operational changes – to facilitate the transition to virtual care.

4

Health centers made progress in meeting a variety of patient needs via telehealth and continue to seek solutions to address digital barriers.

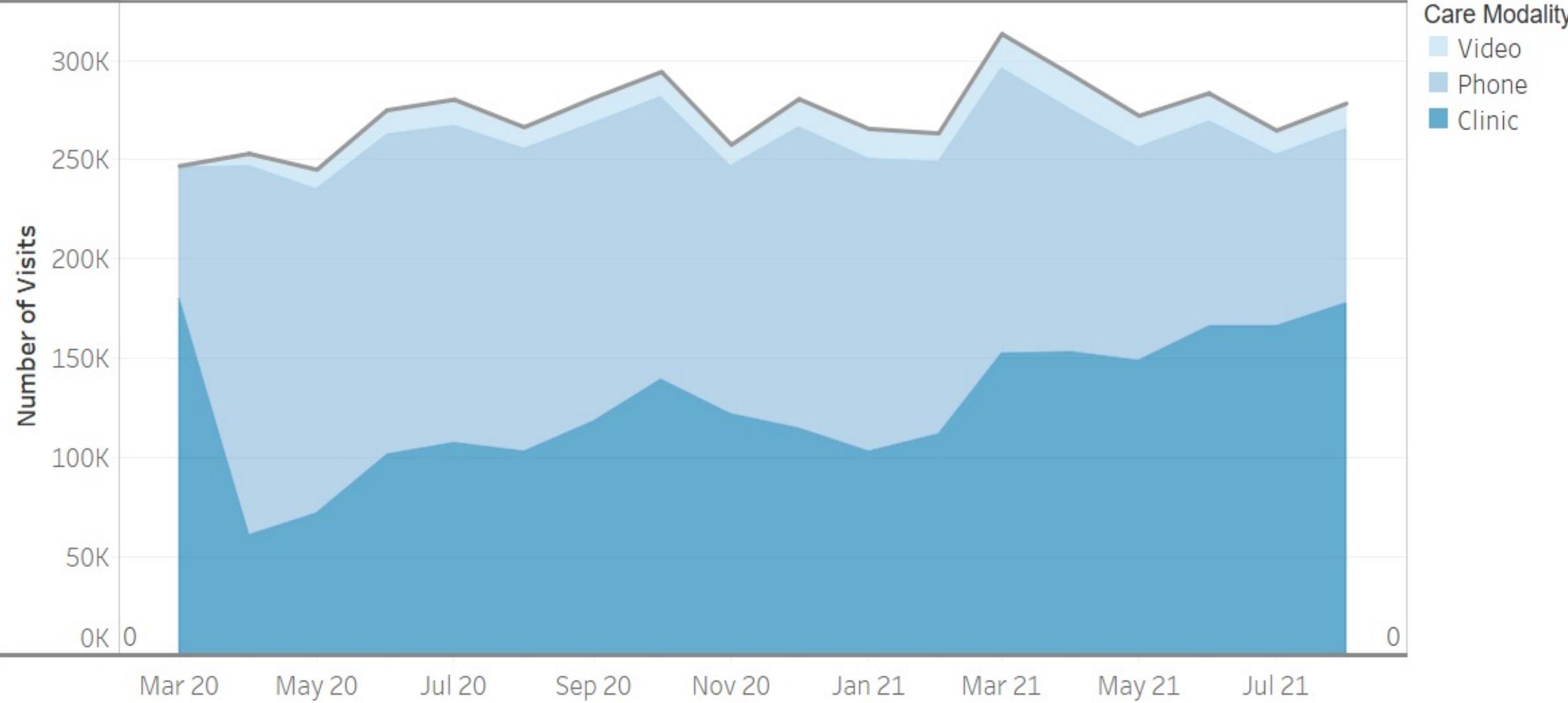
1

Telehealth replaced a large volume of in-person care in the safety net during the COVID-19 pandemic. Telephone (audio-only) visits played an instrumental role in supporting widespread access to care.

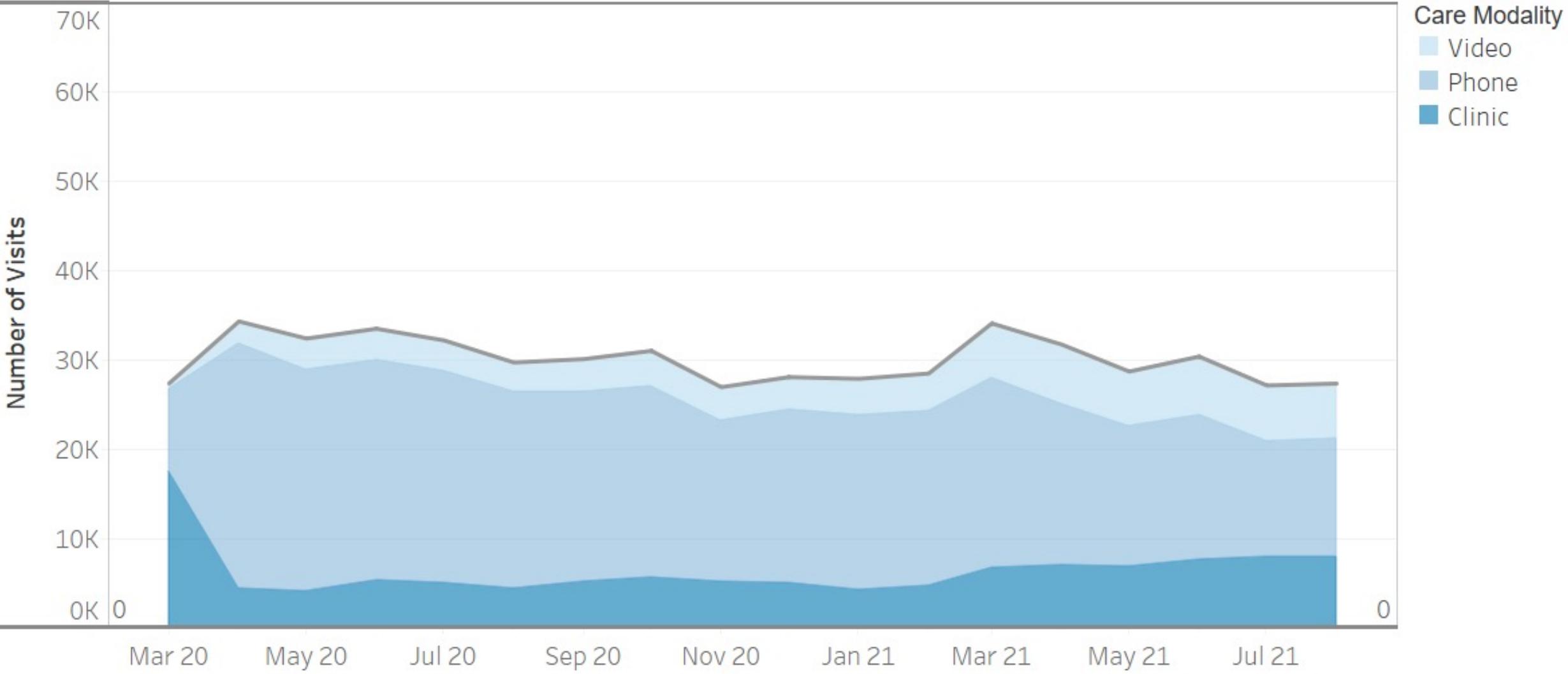
	Apr 2020 – Feb 2021 Rapid transition to telehealth	Mar – Aug 2021 Return to more in-person care
% of primary care visits delivered by telehealth	61%	43%
Monthly average number of patients reached by phone visits	128,000	96,000
Monthly average number of patients reached by video visits	11,000	13,000



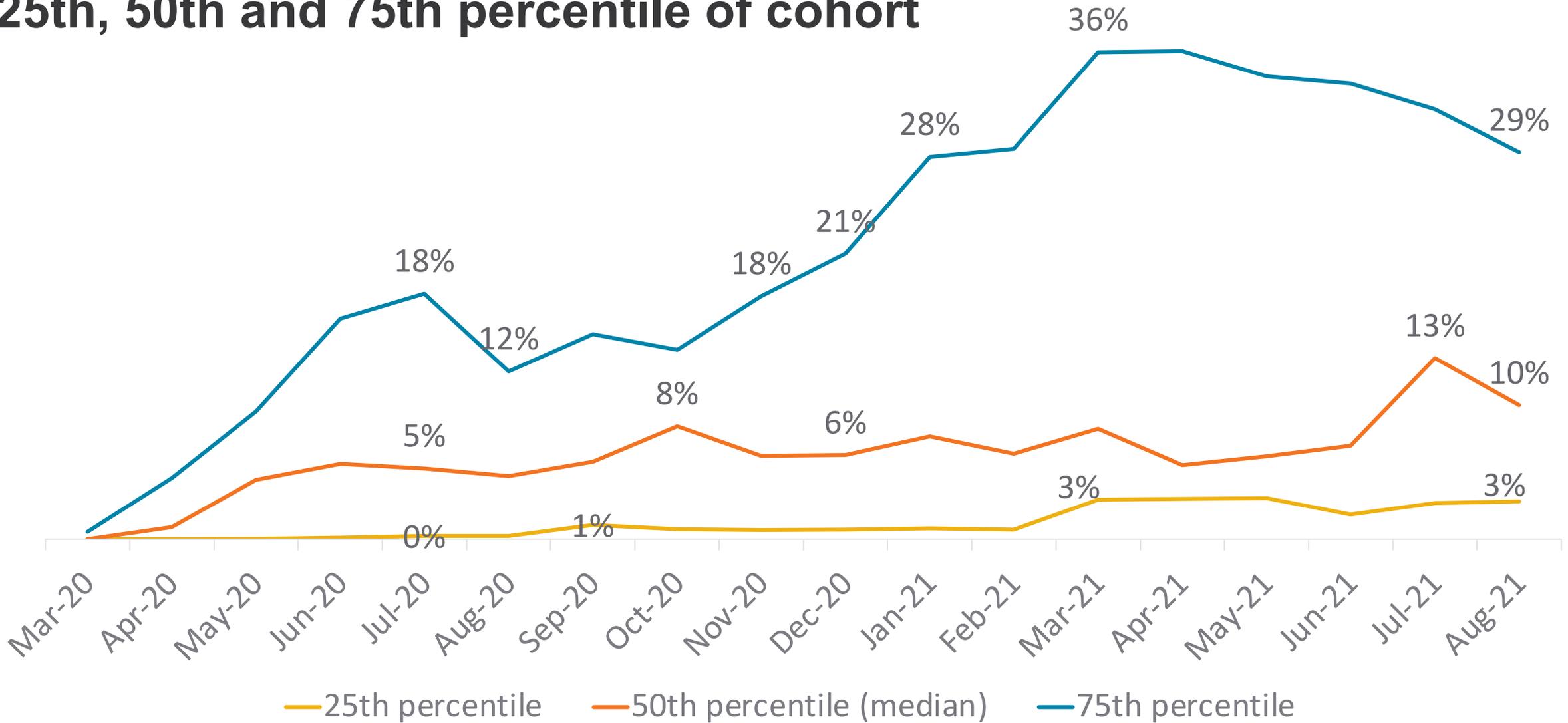
# # of visits completed monthly in each modality: Primary care



# # of visits completed monthly in each modality: Behavioral health



# % of primary care telehealth visits conducted by video at the 25th, 50th and 75th percentile of cohort



2

Several key implementation practices supported a few health centers to achieve high utilization of video visits.

# Operational changes required for video visit implementation

Creating procedures and workflows to determine when video visits would occur and how to schedule them

Determining how to onboard patients to use the video visit platform, including patients who had digital barriers

Establishing appropriate care team models

Determining how to connect interpreters to video visits

# Practices of health centers with high video utilization

Dedicating operational resources to video visit implementation

Use of technology platforms that provide easy access for patients

Providing dedicated support to patients to orient them to video platforms

Scheduling telehealth appointments as video by default

Setting targets or quotas for appointment modalities

*“One of the biggest things we did was educate the schedulers—the people who were interacting with the patients on why a video visit is a better option. Moving that needle on the percentage [of video visits] was largely a combination of the staff being better educated to understand why [a video visit] was important and having the tools to communicate that with patients.”*

3

Health centers established the necessary infrastructure – staffing models, technology, operational changes – to facilitate the transition to virtual care

# Operational changes: promising practices

Creating standardized workflows for all aspects of clinical encounter, including scheduling visits, communicating reminders, checking in patients, completing paperwork and documentation, visit pre-work and screenings, and visit follow-up

Developing standardized scripts for schedulers, call center staff, patient care representatives, and other non-clinical staff involved in determining appointment types

Having clearly defined goals when making changes to workflows

Using rapid cycle improvement processes

Coordinating across IT, operations, and clinical teams and providing IT support to providers and other patient-facing staff

# Staffing and care team models

## Example changes made to staffing models

- Telehealth coordinator roles to support provider and patient technology needs and relieve MAs of some responsibilities
- MAs specifically trained in telehealth-related tasks
- Volunteer tech advocates to onboard patients to technology platforms

# Staffing and care team models: promising practices

Providing venues for digital communication and collaboration among care teams (e.g., chat platforms, break-out rooms in Zoom)

Ensuring adequate staffing for additional responsibilities associated with telehealth visits within clinical team or within newly developed telehealth roles

Delegating responsibility for overall telehealth implementation to a manager or coordinator role

*"[Reflecting on lessons learned] highlighted the importance of having a strong MA-provider dyad. The teams that were most successful integrated their MA into virtual visits..."*

# Promising Practices -Technology

## Technology changes made

- Adoption of telehealth platforms
- Decisions around EHR integration
- Adoption or increased use of additional technology: Patient portals, Remote patient monitoring tools, Patient messaging platforms

## Features valuable for patient experience

- Technology familiar to patients
- Virtual waiting rooms
- Three-way calling for interpreter services
- Photo uploads and file sharing
- Electronic registration forms
- Ability to test a video call ahead of appointment

## Features valuable for provider, staff, or backend user experience

- Integration with EHR
- Integration with patient portal
- Ability to facilitate digital communication and collaboration across the care team
- Ability for all clinical roles, not just providers, to conduct visits
- Capacity for group visits

4

Health centers made progress in meeting a variety of patient needs via telehealth and continue to seek solutions to address digital barriers

# Supporting patients with digital barriers

## Examples of health centers' strategies for supporting patients to engage in telehealth visits

- Engaged health education team in teaching patients how to access their video visits
- Incorporated student volunteers to support virtual patient rooming and technology troubleshooting
- Created a website to instruct patients on accessing video visits
- Created telehealth coordinator positions focused on patient virtual visit outreach, assessing technology needs and rehearsing for video visits

# Supporting patients with digital barriers: promising practices

Systematically screen patients for technology access and digital barriers

Develop clear processes and workflows for onboarding patients onto telehealth visit platforms, including 1:1 support

Consider a variety of access points for providing information on telehealth to patients, such as providing materials in waiting rooms, text messages, and during visits

Leverage relationships between patients and providers to encourage patient use of technology



# Next steps for health centers

Transition from a reactive model of care that emerged during the pandemic to an evidence-based model of care that will be responsive to the needs of their patients

Develop a sustainable operational model for seamlessly integrating telehealth into clinical practice

Expand access for patients experiencing barriers by promoting services available, providing individual support to patients, and supporting patients to overcome digital barriers

Determine future reimbursement models to sustain telehealth practice, including advocating for continued reimbursement for audio-only (telephone) visits

Resolve ongoing challenges with providing consistent access to language interpretation via telehealth

# *A Fireside Chat*

## Tools and approaches from the CCA Initiative



**Veenu Aulakh**

Senior Innovation Fellow



**Sofi Bergkvist**

President  
Center for Care  
Innovations



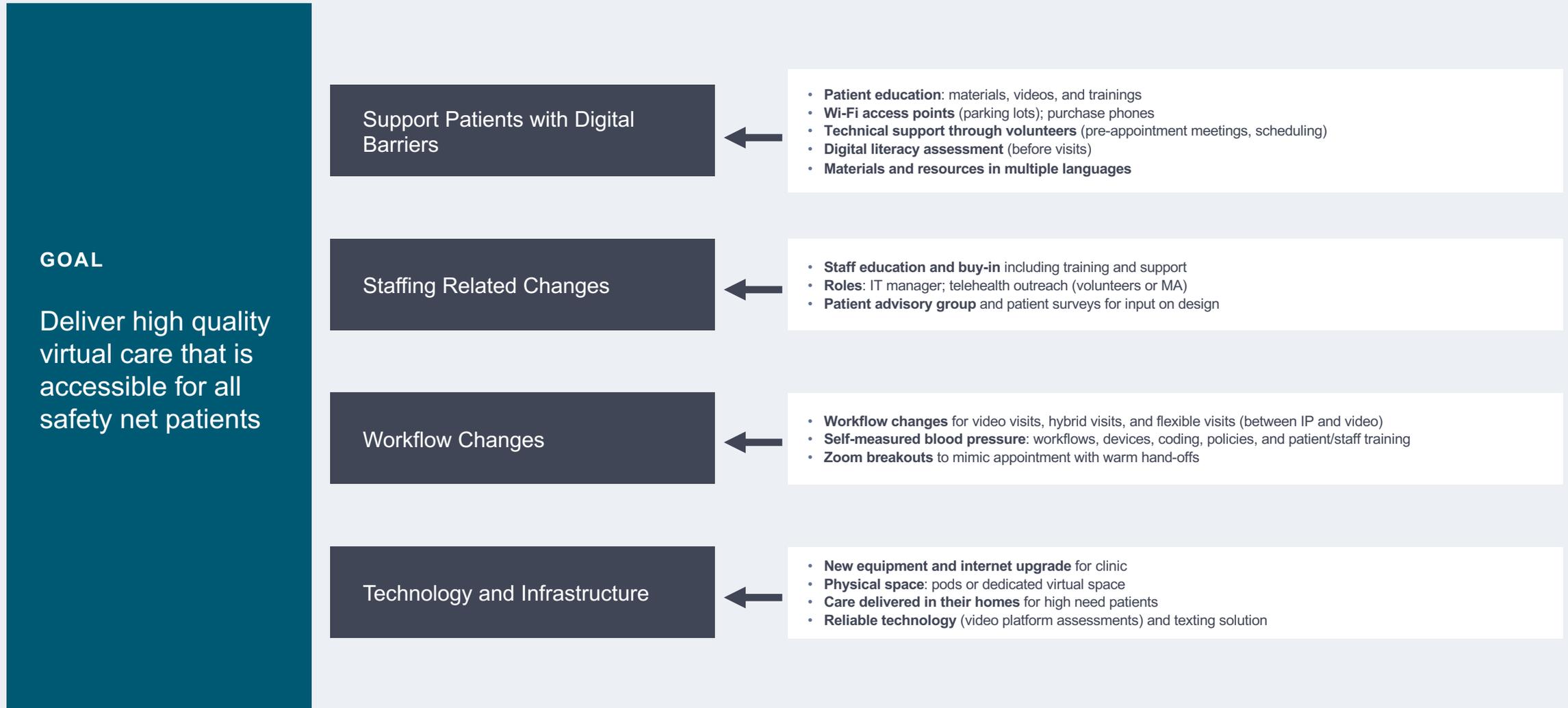
**Melissa Schoen**

Connected Care  
Accelerator  
Program Consultant



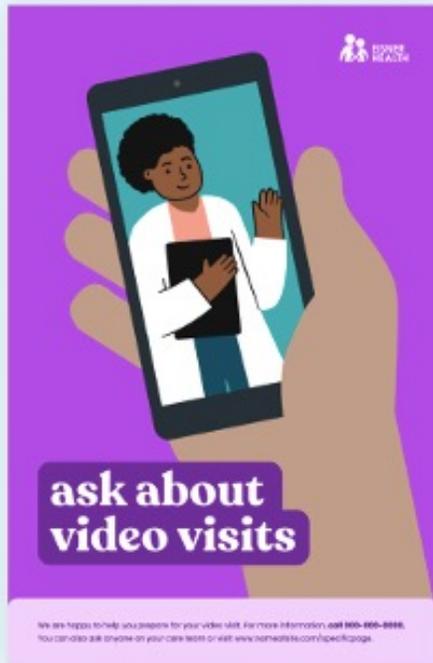
# Video Visit Driver Diagram

LINK: [Delivering High-Quality Video Visits](#)



# The Benefits of Telehealth

A set of customizable patient education materials



POSTER

HANDOUT



DIGITAL GRAPHICS



LINK: [Patient Education Materials](#)

Remove this green shape and add your logo here



**ask about  
video visits**

We are happy to help you prepare for your video visit. For more information, call 000-000-0000. You can also ask anyone on your care team or visit [www.nameofsite.com/specificpage](http://www.nameofsite.com/specificpage).

## **Video visits** are great when seeing us in person isn't easy



### **Schedule a visit during work breaks**

Taking off work can put you in a tough spot. See your provider during work and lunch breaks.

### **Show your doctor something at home**

Some things are hard to explain over the phone, and easier to show over video.

### **Invite a family member to join**

Other people can join your video visit and help translate or ask more questions.

### **Skip the stress of traveling to the clinic**

Video visits means you don't have to deal with parking, traffic, public transit, or paying for gas.

### **Avoid being around other sick people**

Stay home and limit your exposure to colds, the flu, COVID and other germs.

We are happy to help you prepare for your video visit. For more information, call 000-000-0000. You can also ask anyone on your care team or visit [www.nameofsite.com/specificpage](http://www.nameofsite.com/specificpage).

**Customize  
this section**



## Rather skip the stress of traveling to the clinic?

Schedule a video visit and avoid dealing with parking,  
traffic, public transit, or paying for gas.

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shape and  
add your  
logo here

We are happy to help you prepare for your video visit.  
For more information, **call 000-000-0000.**

You can also ask anyone on your care team or visit  
[www.nameofsite.com/specificpage](http://www.nameofsite.com/specificpage).



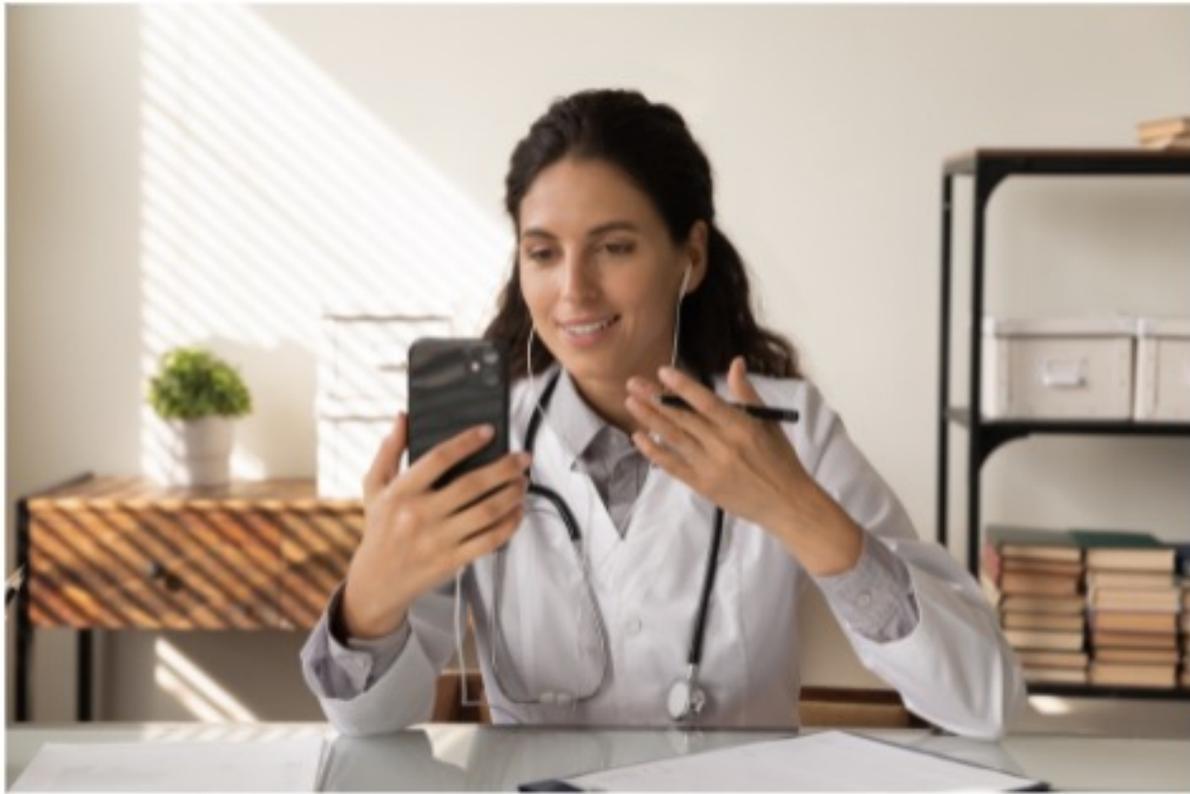
## Don't want to be around other sick people?

Schedule a video visit and stay home. Avoid the flu,  
COVID and other germs.

Remove  
this green  
shape and  
add your  
logo here

We are happy to help you prepare for your video visit.  
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# Telehealth Scheduling Guide - Center for Care Innovations

This guide aims to help frontline staff, schedulers, and care team members determine if a patient's needs can be addressed with a virtual visit.

[www.careinnovations.org](http://www.careinnovations.org)

# Telehealth Scheduling Guide



LINK: [Telehealth Scheduling Guide](#)

**Chronic  
Obstructive  
Pulmonary Disease  
(COPD)**

<b>Status</b>	<b>Modality Guidance</b>
New Diagnosis	<b>In-Person</b> At least one in-person visit and second in-person at discretion of clinician and then weekly virtual visits with home monitoring until stable.
Stable, mild	<b>Virtual Visit</b> Virtual visits every 3 months with once annual in-person visit.
Stable, moderate to severe	<b>Virtual Visit</b> Virtual visit every month with remote monitoring (e.g. peak flow) and case management.
Exacerbation	<b>Virtual Visit and In-Person</b> In-person visit 0 to 48 hours after exacerbation based on clinical severity and concern with a virtual visit if not possible to get in quickly. Then follow up with weekly virtual visits and home monitoring until stable. Can start treatment prior to in-person visit.



# Template Materials

We encourage you to edit, add, and delete from this guide to best suit your clinic's needs. You can copy and paste the table below to add a new diagnosis or visit need and the related modality guidance.

Diagnosis or visit need	Status	Modality Guidance
		Virtual Visit or In-Person



# Connected Care Accelerator (CCA) 2.0: Promoting health equity with telehealth



**CCI**  
CENTER FOR CARE  
INNOVATIONS



California  
Health Care  
Foundation

Additional  
support  
from:



**Cedars  
Sinai**

# Connected Care Accelerator 2022-2023

## Equity Collaborative

Supporting patients with digital barriers

Improving use of video telehealth

Support for patients with a preferred language other than English

**Releasing Request for Applications on February 2nd**

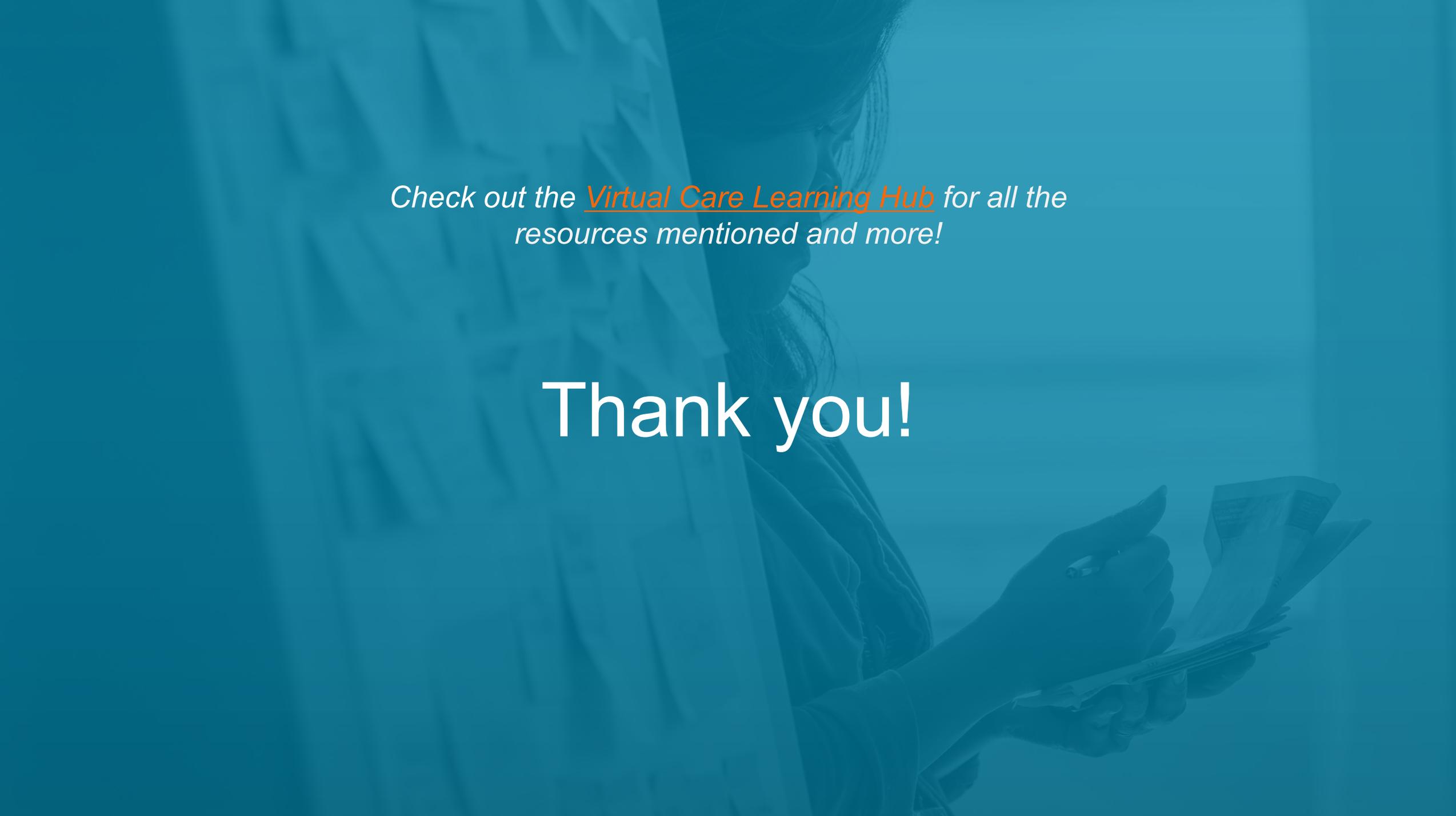
Grant amount: \$75,000

## Telehealth Improvement Fund: Spread of Promising Practices

### Emerging promising practices for adoption and adaption

- Screening for digital barriers
- Support to address digital barriers
- Practices to increase the use of video visits
- Secure ways to collect materials for virtual patient intake
- Team based care with telehealth

**Releasing Request for Applications in the Spring**  
Grant amount: \$20,000



Check out the [Virtual Care Learning Hub](#) for all the resources mentioned and more!

Thank you!