Spreading Innovations Outcomes Webinar

Video Collaboration Texting Solutions Co-Visits

August 4, 2016 11am-12pm
Agenda

Video Collaboration
- La Maestra Community Health Centers

Texting Solutions
- Monterey County Health Department
- Martin Luther King, Jr. Outpatient Center
- OLE Health

Co-Visits
- Serve the People
- Redwood Coast Medical Services
Video Collaboration
Video Collaboration
La Maestra Community Health Centers

Sonia Tucker, Quality Improvement Director
Navjot Gill, QI Project Coordinator
Edward Tessier, QI Specialist

Spreading Innovations Outcome Webinar
What did you Accomplish?

- Introduced video collaboration with the pharmacist
- Created workflows and trained staff on using technology for video conference
- Recruited patients with chronic conditions for medication management via video conference
- Pharmacy Technicians excited about doing patient’s warm hands off to the pharmacist
Accomplishments

• We had to broaden the scope of the project to different services to better serve our patients
• Include specialist referrals patients
• Not only patients with chronic conditions but also other specialty need patients such as ENT
• High ENT no show rate as patients can’t get to these appointments due to different barriers:
  - Transportation
  - Hours not convenient
  - Language
## Chronic No Show Rate

<table>
<thead>
<tr>
<th>Volume</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of virtual appointments held</td>
<td>10</td>
<td>5</td>
<td>2</td>
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<tr>
<td>Number of missed virtual appointments</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Efficiency</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Percent of appointments that are missed</td>
<td>38%</td>
<td>55%</td>
<td>86%</td>
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</table>
Specialty Appointments

- 73% success rate in keeping ENT appointments
Spread of Innovation

- 2 sites
- National city to El Cajon
- For our chronic condition patients, project expanded to other site in El Cajon
- El Cajon has relatively low no show rate in general
- Patient population across sites varies in complexities and health concerns

Needs Assessment in El Cajon
Looking Back

What impact have you had and what lessons have you learned?

**Impact:**
- No-show rate for ENT specialty significantly reduced from 50% to 13%
- This proves that there is higher need for specialty services

**Lessons:**
- For chronic conditions:
  - Staff recruitment was a major challenge
  - Providers buy-in is really crucial
  - Ideal to have one provider champion per site
  - Patients more interested in medication management for specialty services
Looking Forward

- What is next for this body of work?
- Expand to rest of the sites
- Establish 1 provider champion per site
- Include both chronic condition and specialty service collaboration
Staff Feedback

Medication Management via Video Conference: Provider/Staff Feedback

7. Using video visits makes it easier for me to do my job
   Disagree [ ]   Strongly Disagree [ ]   Neutral [ ]   Agree [ ]   Strongly Agree [ ]

8. Using video visits takes up too much of my time
   Disagree [ ]   Strongly Disagree [ ]   Neutral [ ]   Agree [ ]   Strongly Agree [ ]
   The pharmacist tech was keeping an eye on the pt. and reminded the pt. about the program before leaving the clinic.

9. Patients like to use video visits
   Disagree [ ]   Strongly Disagree [ ]   Neutral [ ]   Agree [ ]   Strongly Agree [ ]

10. Using video visits improves the quality of work that I do
    Disagree [ ]   Strongly Disagree [ ]   Neutral [ ]   Agree [ ]   Strongly Agree [ ]

11. Using video visits helps free up my time so I can work on other things
    Disagree [ ]   Strongly Disagree [ ]   Neutral [ ]   Agree [ ]   Strongly Agree [ ]

12. All in all, do you think there are more benefits or disadvantages for your site if you continue to use video visits over time? (on a scale of 1 to 10)
    10
    It is a really good program because it educate patients about their medicines.
Patient Feedback

LA MAESTRA Community Health Centers

Encuesta de satisfacción del paciente

PLEASE RATE THE FOLLOWING

<table>
<thead>
<tr>
<th>Muy de acuerdo</th>
<th>De acuerdo</th>
<th>No estoy seguro</th>
<th>No en acuerdo</th>
<th>Muy en desacuerdo</th>
</tr>
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Estás satisfecho con la colaboración de video
La farmacéutico respondió a tus preguntas
La información proporcionada fue fácil de entender
La tecnología de video mejoró su cuidado médico
Recomendarías este servicio a otros pacientes

¿Qué te gusto sobre la colaboración de video? *mas confianza*

¿Cómo podemos mejorar este servicio? *ninguna*

Sugerencias o comentarios adicionales: *contento con el servicio.*

Patient Satisfaction Survey

LA MAESTRA Community Health Centers

Patient Satisfaction Survey

PLEASE RATE THE FOLLOWING

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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You were satisfied with the video interaction
The pharmacist answered your questions
The information provided was easy to understand
The video technology improved your care
You would recommend this service to others

What did you like about the video collaboration? *Fast and Easy*

In what way can we improve? *Hope seems to be working fine*

Additional comments or suggestions:
Workflow

Medication Management

Please refer to the workflow below for referring patients to medication management with the Pharmacist on Tuesdays and Thursdays.

1. Patient sees the provider
2. If patient needs medication management:
   - Yes: Internal referral form for medication management filled out
   - No: External referral for medication management needed
3. Internal referral form for medication management filled out
4. Patient walks over to Check out with internal referral form
5. Check out staff schedules medication management appointment
6. Appointment scheduled under Pharmacy Resource for Tuesdays and Thursdays
Thank you

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  Quality Improvement Director
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• Navjot Gill
  Quality Improvement Specialist
  619-280-4213. ext: 3132

• Eddie Tessier
  Quality Improvement Specialist
  619-280-4213. ext: 3554
Texting Solutions
Care Message Texting Project

Monterey County Clinic Services Bureau

Julie Edgcomb
Adriana Velez
Jose Gonzalez
Franklin Alvarez

Spreading Innovations Outcome Webinar
What did you Accomplish?

- From April 2016 to June 2016 Clinic services has Implemented Care Message in the following clinics
  - Alisal Health Center
  - Laurel Internal Medicine
  - Seaside Family Health Center
  - Marina Health Center
  - Laurel Family Practice
  - Laurel Pediatrics
  - Laurel Vista Clinic
- Currently have 5,476 patients receiving appointment reminders via text message.
- Manual confirmation work time has been reduced by 70%
- Working with OCHIN to integrate text data into our electronic health record.
Look Back

• We are meeting community standards of communication and technology by providing text message reminders to our patients.
• Texting has decreased the work load of front desk staff, enabling more face to face interaction with patients.
• Our work group found there was more manual work to be done than we had anticipated. Our timeline had to adjusted due to the unanticipated and necessary workarounds.
• Text messaging for us is an early step in introducing mHealth to the care transformation process. Incorporating mobile technology and team building are necessary for building a practice that will support care management in the APM environment.
Look Forward

- Monterey County and other interested Service areas are currently meeting with OCHIN and Care Message to discuss the possibility of a bi-directional Interface.
- Monterey County Clinic Services is working on developing and providing patient outreach and education via text messages.
- We are in conversations with OCHIN to utilize Care Messages as a tool to assist us in Alternate Payment Methodology.
- Clinic Services will be utilizing Care Message Survey functionality to Increase patient engagement.
Care Message Appointment Upload Workflow

This process must be done before 9am every morning by the assigned user.

**Uploading File**

2. Go to Menu> File Center.
3. Click “Upload” > Choose File.
4. Find location of “Appointment Upload” folder and select file to upload.
5. Click “NEXT” The file will be uploading. The page will automatically refresh when it is done uploading.
6. Map Your Information by selecting the Unique ID’s to each column. Match the Column header to each field.
7. Click “NEXT” and then “SUBMIT”
8. Check the status of upload by going to file center page. (MENU>FILE CENTER)
9. Look for final status “IMPORTED”

**How to Run and download Confirmation list**

1. Sign into care message: [https://app.caremessage.org](https://app.caremessage.org)
2. Click on Menu after sign in; click on appointments
3. Fill out the following Fields in order to process the appointment report accordingly. Choes a date and then click on the clock icon to choose the start time
4. Choose either Going or Not Going. After you have filled out the required fields click on the search button.
5. After you have generated the report you will have to click on the “download filtered list” button.
6. The final step would be to download the report. Scroll down to processed file section. Click on the download:
Work flows & Reports

As of 07/25/2016 our text statistics are:

- 4,742 Patients have signed a consent to receive text messages.
- Currently 20% of our appointment reminders are going out as text.
- 52% of patients responded to text reminder.
Text Vs Voice Chart

Mar: 35, 99
Apr: 262
May: 985
Jun: 7421
Jul: 7215

Appointment Communication Method

Text □ Voice □
Thank you

Monterey County Clinic Services would like to give a special thanks to all who kindly shared their ideas, documentation and work flows with us. Thank you CCI staff for the great ideas, linking us with other members and keeping us focused on our goals!
TEXTING:
APPOINTMENT REMINDERS

Jessica Kuo | Associate Administrator
Eric Lan | Information Systems Supervisor
Martin Luther King, Jr. Outpatient Center
Los Angeles County, Department of Health Services

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Accomplishments

1. Initiated a new communication bridge for patient outreach
2. Integrated electronic health record data with SMS technology
3. Generated a prospective appointment scheduling reminder report
4. Opened additional data collection pathway for patient behavioral analysis
# MLK Patient-Centered Medical Home: Baseline Data

Department: Primary Care  
# of Providers: 18  
# of Patients/month: 2200

<table>
<thead>
<tr>
<th></th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Missed Appts</td>
<td>898</td>
<td>1061</td>
<td>907</td>
<td>915</td>
<td>1068</td>
</tr>
<tr>
<td>No-Show Rate</td>
<td>25%</td>
<td>27%</td>
<td>24%</td>
<td>26%</td>
<td>30%</td>
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<tr>
<td># of Cancellations</td>
<td>438</td>
<td>463</td>
<td>422</td>
<td>431</td>
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MLK Patient-Centered Medical Home: Preliminary Results

**SNAPSHOT**

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<th>RESPONSES</th>
<th>YES</th>
<th>NO</th>
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<td>7/21</td>
<td>42</td>
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<td>169</td>
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<td>7/26</td>
<td>39</td>
<td>6</td>
<td>8</td>
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<tr>
<td>TOTAL</td>
<td>310</td>
<td>22</td>
<td>50</td>
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</tbody>
</table>

Total # of SMS sent: 923
Total # of failed deliveries: 192
Total # of patient responses: 382 (52% response rate)
Looking Back

Impact
- 1st successfully implemented SMS appointment reminder program at MLK Outpatient Center

Lessons Learned
- Patient education is a must, specifically relating to appropriate SMS responses
- Availability of patient information in electronic health record is key
- Data validation is an ongoing process
Moving Forward

Short-Term Goals
  – Comprehensive data validation
  – Report automation

Long-Term Goals
  – Program expansion to other clinics
  – Trend study to evaluate outcomes
Thank You

Contact information

Jessica Kuo:  jkuo@dhs.lacounty.gov
Eric Lan:  elan@dhs.lacounty.gov

Telephone Consumer Protection Act (TCPA) – Declaratory Ruling

Texting/Automated appointment reminders

Lizbeth Rodriguez, Front Office Manager, OLE Health

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What did you accomplish?

• We created a workflow that has successfully opted in over 200 patients into eMessenger at our St. Helena Health Center

• We were able to collect feedback from our patients showing that they feel automated reminder calls and texts have been helpful in reminding them of their appointments

• We were able to overcome several barriers with our system and also with compliance concerns
Qualitative Data! Positive Feedback from our Patients

- “I knew when my appointment was.”
- “[It] helps me remember.”
- “It reminded me that I have an appointment.”
- “I love that I have it on my phone and I can refer to it as needed.”
- “I could see the details of my appointment.”
- “It’s very detailed and specific.”
- “[It’s] very informative.”
Qualitative Data! Opportunities for Improvement from our Patients

- “I wasn’t sure how to answer it because it didn’t give me an option to confirm or cancel by replying with a number.”
- “It should be a day before [my appointment].”
- “It didn’t say where—it would be helpful to get the location of the appointment.”
- “If I have questions, I have to call back.”
- “I didn’t know how to respond to confirm; it’s in English and confusing.”
Look Back

• We learned that compliance is a huge part of eMessenger

• Our pilot gave us a great idea on what our barriers are and what we should continue to work on

• We learned how important it is to have the right people on the team so that things don’t get missed and we prevent from doing additional work

• We learned that the decisions we make should be based on the patient needs and wants even if that means doing things a little differently
Look Forward

- Our new compliance officer will be part of this project
- We continue to look for ways to mass enable our patients
- We hope to launch texting as our confirmation system by 12/01/2016
Thank you

- lrodriguez@olehealth.org
Co-Visits
Nurse Co-Visits

Serve the People Community Health Center

Teresa Flores, M.D
Susy Ayala, RN
Isela Soriano, MA
Brenda Aguirre, MA

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What Did We Accomplish

• Improved Patient Access to Care
• Improved Team Based Care
• Gives Patients Choice

<table>
<thead>
<tr>
<th></th>
<th>Co-Visit Count</th>
<th>Team Productivity</th>
<th>Show Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-16</td>
<td>0</td>
<td>2.3</td>
<td>69</td>
</tr>
<tr>
<td>Apr-16</td>
<td>28</td>
<td>2.5</td>
<td>76</td>
</tr>
<tr>
<td>Jun-16</td>
<td>25</td>
<td>3</td>
<td>77</td>
</tr>
</tbody>
</table>
Data – Cycle Time

Cycle Time

- Min: 0:28, 0:27
- Average: 1:06, 0:52
- Max: 2:04, 1:44

Legend:
- Orange: February
- Blue: May
Data - Third Next Available Visit

Third Next Available

Week 1 | Week 2 | Week 3 | Week 4
---|---|---|---
January: 4 | 3 | 5 | 8 |
May: 8 | 6 | 6 | 9 |

- January
- May
Data - Patient Experience Surveys

Length of Visit

- February: 24 (Fair-Poor), 33 (Good-Great)
- July: 17 (Fair-Poor), 40 (Good-Great)

Visit Satisfaction

- February: 4 (Unhappy), 53 (Satisfied)
- July: 2 (Unhappy), 55 (Satisfied)
Would you refer Friends/Family?

- February: 52 (Yes), 5 (No)
- July: 53 (Yes), 4 (No)
Look Back

- Improved System
- Co-Visits is a Sustainable Model
- Improved Patient Care and Education
- Shared Learning
Looking Forward

- Spreading Co-Visits to the Rest of Care Teams
  - We are moving to 2 co-visits per provider per day
- Expanding List of Co-Visit Types
- Designing Space to Assist Team Integration/Work Flow
- Adding Group Visits
- Completing EHR Enhancements
Nurse Responsibilities

- Responsible for obtaining and documenting Subjective / HPI
- Scribes for provider for the rest of the patient visit (physical exam, plan)
- Reviews Assessment and Plan with patient
- Appropriate patient education reviewed with patient
- Patient plan given to patient
- Maintain communication with provider about co-visit schedule, changes of schedule

Provider Responsibilities

- Responsible for Assessment, and Plan. This includes medical decision making (MDM) and coding.
- Make necessary changes to the HPI if needed
- Perform physical exam on patient
- Assessment and plan of care thoroughly reviewed with nurse
- Verbal orders for labs, written orders meds, and diagnostics as needed for this acute visit
Co-Visit Workflow Diagram

1. **Appt Scheduled:**
   - Call Center, Triage or Schedule Scrub

2. **Patient check in:**
   - then Room/Vitals by MA

3. **Chart Reviewed by RN and Provider:**
   - Same Day or Day Before

4. **RN introduces self, takes HPI, examines patient, performs basic diagnostic testing if indicated**

5. **Education and Instructions given to patient by RN and any questions answered**

6. **Rx sent to Pharmacy by Provider**

7. **Provider Confirms Pertinent Information and Examination**

8. **RN presents patient to provider and suggests possible diagnoses and treatment**

9. **Charting completed by RN and submitted for Provider Review and Signature**

10. **RN Discharges patient and walks patient to the lobby to complete check out process**
## Daily Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Provider A</th>
<th>RN</th>
<th>Provider B</th>
<th>RN</th>
<th>Provider C</th>
<th>RN</th>
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<tbody>
<tr>
<td>8:00 AM</td>
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<td>1</td>
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<td>Huddle</td>
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<tr>
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<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8:40 AM</td>
<td>2</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Co-Visit 1</td>
<td></td>
<td>3</td>
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<td>9:40 AM</td>
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<td></td>
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<td>6</td>
<td>3</td>
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<td>5</td>
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<td>5</td>
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<td>11:40 AM</td>
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Thank you

• Contact information:
  – Teresa Flores, MD
    tflores@servethepeoplechc.org
  – Susy Ayala, RN
    rayala@servethepeoplechc.org
  – Isela Soriano, Clinic Operations Manager
    isoriano@servethepeoplechc.org
  – Rocio Núñez-Magdaleno, Executive Director
    rmagdaleno@servethepeoplechc.org
Nurse Co-Visits

Jennifer Black, COO, RCMS
Karen Wilder, DSD, RCMS

Redwood Coast Medical Services

Spreading Innovations Outcome Webinar
Urgent Care at RCMS

• Redwood Coast Medical Services (RCMS) is a community health clinic in a “frontier” area, the nearest hospital is over 1 hour in any direction

• Urgent Care is staffed by 2 Physician Assistants (PA) and a team of Registered Nurses (RN)
What did you Accomplish?

- **Increased provider satisfaction.**
  - The team does co-visits all day long, provider gets to go home on time, within 15 to 20 minutes of last patient ending.

- **Staff appreciate learning about clinical care, diagnosis and plan as they are there the whole visit.**
  - The staff see difference between the PA who implements co-visits from the other PA that is still hesitant.

- **Wait time complaints:** “I don’t get them anymore,” used to be mostly urgent care patients.
  - For non-co-visit PA, nurses do more to get patients in and they use some aspects of co-visits and wait time reduction without provider.
Look Back – Impact & Lessons Learned

• Increased efficiency of visits
  – Increased patient satisfaction – less wait time
  – Increased staff satisfaction

• It’s OK to be creative and think outside of the box
  – Change operational norms for efficiency
  – Model for the organization
Look Forward

• What is next for this body of work?
  – Buy in from other providers
  – Increase template functions to expand efficiency or scribe
  – Expand Urgent Care model to Primary Care
Thank you

• Jennifer Black, COO
  – jblack@rcms-healthcare.org
  – (707) 884-4005 x 128

• Karen Wilder, DSD
  – kwilder@rcms-healthcare.org
  – (707) 884-4005 x 140
Questions?

Thanks to everyone – keep up the great work!!
Spreading Innovations Outcomes Webinar

Telephone Visits

August 4, 2016
12-1pm
Agenda

- Indian Health Center of Santa Clara Valley
- Northeast Valley Health Corporation
- San Mateo Medical Center
- Multnomah County Health Department
- Kern Medical Center
Phone Visits at the IHC

Will Cerrato, MPH
Director of Clinical Services
Indian Health Center of Santa Clara Valley

Spreading Innovations Outcome Webinar
Accomplishments

• Increased access to care to patients by improving PCP supply
• Increased patient satisfaction by creating another way to provide services that is convenient for them
• Increased mammogram screening
• Implemented a more efficient way to conduct intakes to newly assigned patients
Our Numbers

• Mammogram screening rate increased from 55% to 60% in the last seven months!
• Health Education productivity increased from 55% to 78%
• Number of new patients walking-in after the Eligibility intake decreased by 60%
• Decreased need of scheduling Breast Exam appointments which in turn opened providers’ schedules
Telephone Visits Volume

**Telephone Visits Volume Metrics**

- Number of telephone visits made
- Number of telephone visits missed
- Total number of providers engaged in telephone visits

![Graph showing telephone visits volume metrics from September 2015 to July 2016.](image-url)
Look Back

- The Clinic Support team (Women’s Health and Health Education) has an efficient way to provide services to our patients
- Newly assigned patients no longer need to come to the clinic to have their eligibility intake
- Educating patients about the phone visits approach is critical
- Improvement of various clinical measures including access to care and patient satisfaction
Look Forward

- Expand telephone visits for other enabling services at other IHC sites
- Recruit more medical providers in these efforts
- RNs to schedule phone visits to conduct Health Assessments for new members who opt not to schedule New Office Visits after the eligibility intake
Thank you

Will Cerrato

Director of Clinical Services

Indian Health Center of Santa Clara Valley

Phone: (408) 445-3400 ext 3690
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SPREADING INNOVATIONS: Telephone Visits
Northeast Valley Health Corporation

Marirose Medina, Director of Nursing
Debra Rosen, Director of QI and Health Education
Spreading Innovations Outcome Webinar
What did you Accomplish?

• Developed & implemented method to document and gather statistics on telephone visits

• Experimented with different approaches to telephone visits
  – Non-scheduled, scheduled, care team members, providers

• Obtained buy in from ES to pilot with providers
Telephone visit data, Q1-Q2 2016

<table>
<thead>
<tr>
<th></th>
<th>Providers</th>
<th>Non-Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Scheduled Telephone visits</td>
<td>1</td>
<td>32</td>
</tr>
<tr>
<td>Scheduled Telephone Visits</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff engaged</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>35</td>
</tr>
</tbody>
</table>

- **Quarter 1**
- **Quarter 2**
Look Back

• Implementation of this grant gave NEVHC an opportunity to recognize:
  – Current use of telephone visits
  – Develop a system to quantify telephone visits, and amount of time spent
  – Increased awareness of scheduling telephone visits as alternative encounters

• The organization must be ready to support alternative encounters (financial impact)

• Preparation for the implementation of the payment reform CP3
Look Forward

• **Conduct Surveys**
  – Patient satisfaction surveys for non-scheduled telephone & scheduled telephone visits
  – Provider/staff satisfaction surveys

• **Evaluate**
  – Pilot with Dr. Sanders and Care Team at the Pacoima Health Center
  – Utilization of non-scheduled telephone visits by Care Team members
  – Financial impact of pilot and present to ES

• **Develop**
  – Spread plan for scheduled visits by Care Team members & by providers
Thank you

- MariroseMedina@nevhc.org
  Director of Nursing
- DebraRosen@nevhc.org
  Director, QI and Health Education
TELEPHONE VISITS
San Mateo Medical Center

Melissa Rombaoa, MPH
Operations Strategist, San Mateo Medical Center

Brad Jacobson, MPH
Quality Strategist, San Mateo Medical Center

Spreading Innovations Outcome Webinar
What did you Accomplish?

- 1,000 visits since September
- Spread to 5 Primary Care Clinics, 1 Specialty Clinic
- Adopted by 15 providers, 9 Nursing Staff
Access:
Time to Third Next Available Appointment
Patient Experience:
Likelihood to Recommend

"Likely to Recommend" Scores
Daily City Clinic

"Likely to Recommend" Scores
Coastside
Data Analysis!

- Patients assigned to Daily City Adult, Coastside Adult, and Coastside Pediatrics, and encountered these clinics Sep 1, 2015 – July 18, 2016

- Telehealth versus any outpatient encounter

- Compared demographics and utilization of outpatient, emergency and inpatient services at SMMC
Demographics

Gender, Race, and Ethnicity of Telehealth Patients
September, 2015 - July 18, 2016

- Female
- Male
- Latina/o
- Asian
- Black
- Native American, Hawaiian, Alaskan
- Other
- Pacific Islander
- Unknown
- White

No Telehealth (N = 7116)  Telehealth (N = 673)
## Top 10 Diagnoses

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E11.9 - TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td>
<td></td>
</tr>
<tr>
<td>R05 - COUGH</td>
<td></td>
</tr>
<tr>
<td>E11.65 - TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA</td>
<td></td>
</tr>
<tr>
<td>E78.5 - HYPERLIPIDEMIA, UNSPECIFIED</td>
<td></td>
</tr>
<tr>
<td>R50.9 - FEVER, UNSPECIFIED</td>
<td></td>
</tr>
<tr>
<td>I10 - ESSENTIAL (PRIMARY) HYPERTENSION</td>
<td></td>
</tr>
<tr>
<td>J00 - ACUTE NASOPHARYNGITIS (COMMON COLD)</td>
<td></td>
</tr>
<tr>
<td>R21 - RASH AND OTHER NONSPECIFIC SKIN ERUPTION</td>
<td></td>
</tr>
<tr>
<td>R10.9 - UNSPECIFIED ABDOMINAL PAIN</td>
<td></td>
</tr>
<tr>
<td>E11.29 - TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION</td>
<td></td>
</tr>
</tbody>
</table>
## Utilization

<table>
<thead>
<tr>
<th>Rate Ratio (95% CI) of Selected Utilization Metrics of Telehealth Patients to Regular Outpatient</th>
<th>Telehealth v no Telehealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>1.01 (1.00 - 1.03)</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>1.07 (1.03 - 1.11)</td>
</tr>
</tbody>
</table>
Look Forward

• Further Data Analysis: Utilization for individuals pre-telephone visit services v. post-telephone visit services
• Financial Sustainability Analysis
Thank you

- Melissa Rombaoa, MPH
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  mrombaoa@smcgov.org, 650-573-3677

- Bradley Jacobson, MPH
  Quality Strategist, San Mateo Medical Center
  bjacobson@smcgov.org, 650-573-2212
TELEMEDICINE PROJECT

Mid County Health Center

Tasha Wheatt-Delancy, Interim Primary Care Director

Berednice Dominguez, Senior Manager

Kirsten Roberts, FNP, Provider Champion

Spreading Innovations Outcome Webinar
What did you Accomplish?

• Increase patient access
  • from 20-24 patient touches per day

• Improve patient satisfaction
  • 100% of our patients preferred a phone appointment when appropriate

• Improve provider satisfaction
  • Providers feel that they are providing better care and are more connected to the patients

• Decrease unnecessary emergency room visits
Look Back

• Remind patients that they have options: telephone visit vs in office visits
• All patients are great candidates for telephone visits (yes even your most complex patients)
• Requires great collaboration with all team members.
Looking Forward

- Expanding services to all county clinics
- Increasing access for patients to see their own provider
- Increasing services to include nurse visits and behavioral health provider visits
Thank you

Contact:

**Tasha Wheatt- Delancy**
Interim Primary Care Director
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**Kirsten Roberst FNP**
Provider Champion
kirsten.roberts@multco.us
What did you Accomplish?

- Tackled a complex registration to EMR throughput system in order to effectively generate appropriate phone visit templates.
- Encouraged apprehensive physicians to try phone visits and worked closely with them to widen their comfort level to include alternate visit types.
- Launched new care management phone visit type for our diabetic clinic and added PharmDs to the list of providers utilizing phone visits.
Look Back

• If I were to re-launch this project, I would not have launched with the same specialty (pediatrics) as this particular specialty was not as comfortable treating patients without seeing them face to face. I think we would have been more successful and tried a wider variety of visit types had we selected a different specialty such as family practice or internal medicine for the initial launch.
Look Forward

- We have already begun rolling phone visits out in our diabetic clinic and we are using them in our care management program.
- Additionally, our PharmDs have also already begun utilizing phone visits.
Thank you

• Natalee Garrett
  Director of Outpatient Integration
  Email: Natalee.Garrett@KernMedical.com
  Cell: (661) 331-1121
Questions?

Thanks to everyone – keep up the great work!!