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# Spreading Innovations Outcomes Webinar

Video Collaboration  
Texting Solutions  
Co-Visits

August 4, 2016  
11am-12pm

# Agenda

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## 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



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# Video Collaboration La Maestra Community Health Centers



**LA MAESTRA**  
**COMMUNITY HEALTH CENTERS**  
City Heights · El Cajon · National City · Lemon Grove

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

Spreading Innovations Outcome Webinar

# What did you Accomplish?

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- 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

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- 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

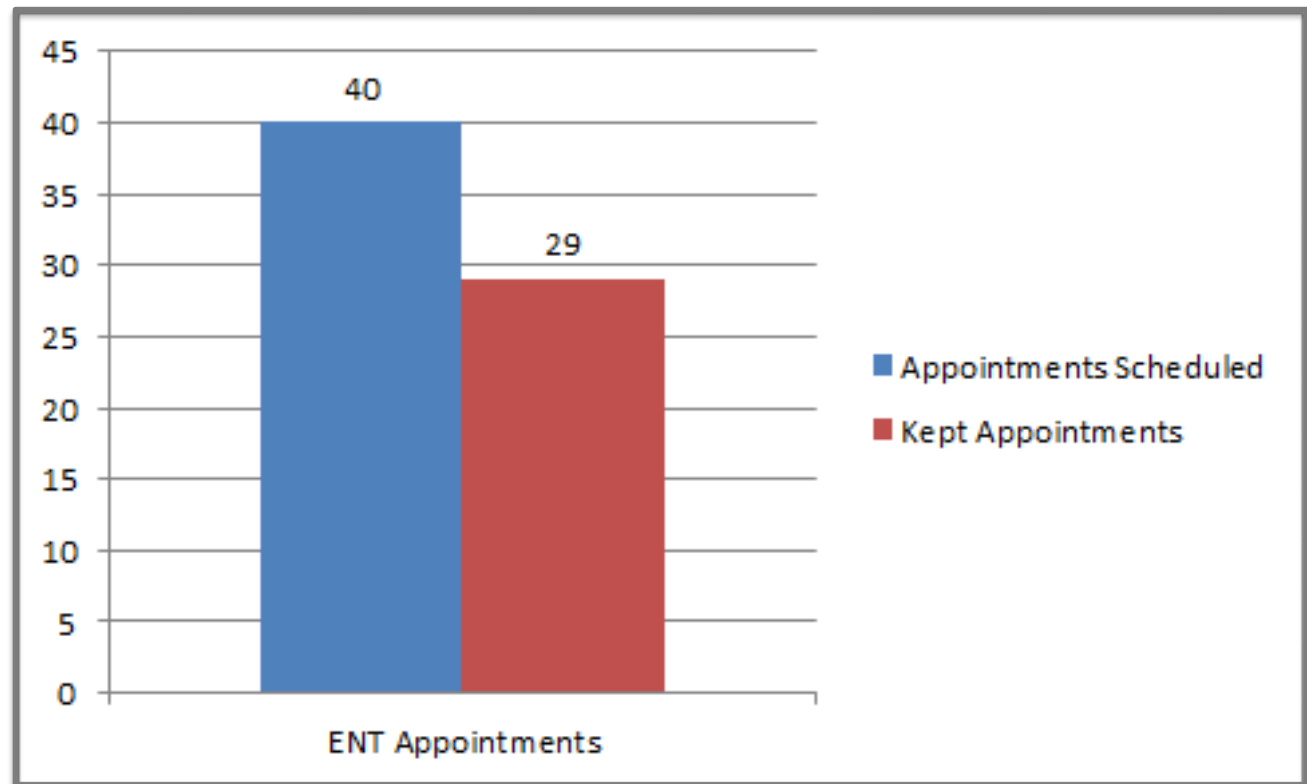
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	Tracking Summary 2		
	Jan-16	Feb-16	Mar-16
Volume			
Number of virtual appointments held	10	5	2
Number of missed virtual appointments	6	6	12
Efficiency			
Percent of appointments that are missed (no-show rate)	38%	55%	86%

# Specialty Appointments

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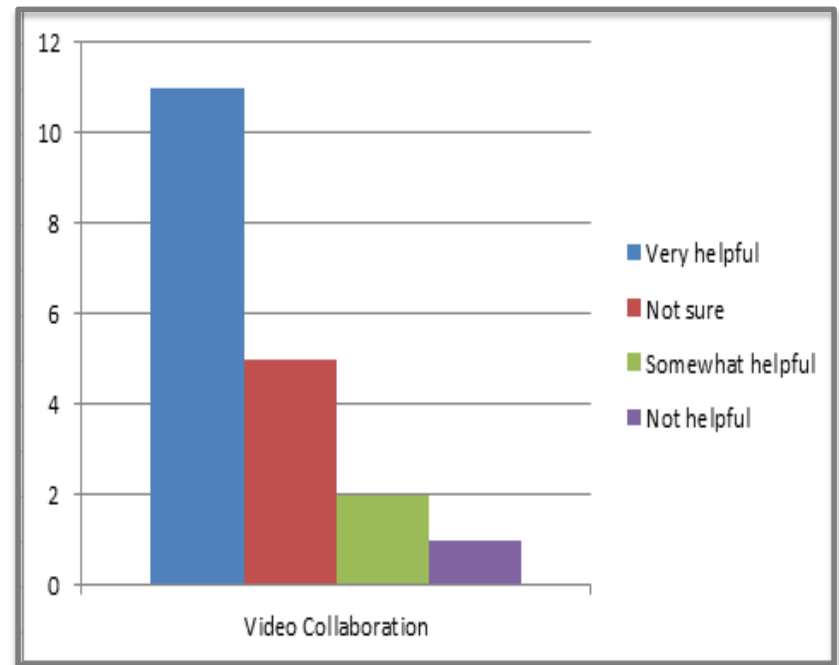
- 73% success rate in keeping ENT appointments





# 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

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- 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

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- **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

- It would be very helpful (and it did when they helped me) when
7. Using video visits makes it easier for me to do my job  
Disagree ☒ Strongly Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ the pharmacist tech was keeping an eye to the pt. and remind the pt about the program before leaving the clinic
8. Using video visits takes up too much of my time  
Disagree ☐ Strongly Disagree ☐ Neutral ☒ Agree ☐ Strongly Agree ☐
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



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## Encuesta de satisfacción del paciente

PLEASE RATE THE FOLLOWING

	Muy de acuerdo	De acuerdo	No estoy seguro	No en acuerdo	Muy en desacuerdo
Estas satisfecho con la colaboración de video	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La farmacéutico respondió a sus preguntas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La información proporcionada era fácil de entender	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La tecnología de video mejoro su cuidado médico	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recomendara este servicio a otros pacientes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¿Qué te gusto sobre la colaboración de video? mas confianza  
de lo que toma  
↓

¿Cómo podemos mejorar este servicio? Ninguna

Sugerencias o comentarios adicionales: contento con el servicio.



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## Patient Satisfaction Survey

PLEASE RATE THE FOLLOWING

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
You were satisfied with the video interaction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacist answered your questions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information provided was easy to understand	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The video technology improved your care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
You would recommend this service to others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

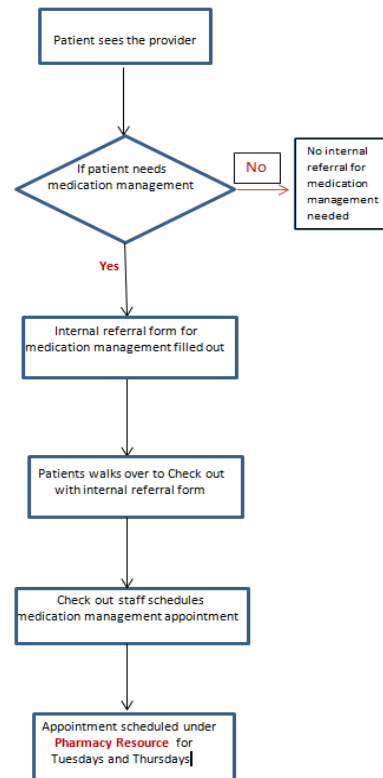
In what way can we improve? Nope - seems to  
be working fine

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.



# Thank you

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- **Sonia Tucker**

**Quality Improvement Director**

**619-584-1612. ext: 3164**

- **Navjot Gill**

**Quality Improvement Specialist**

**619-280-4213. ext:3132**

- **Eddie Tessier**

**Quality Improvement Specialist**

**619-280-4213.ext: 3554**



# Texting Solutions





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# Care Message Texting Project

## Monterey County Clinic Services Bureau

Julie Edgcomb  
Adriana Velez  
Jose Gonzalez  
Franklin Alvarez

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# What did you Accomplish?

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- 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

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- 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

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- 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.

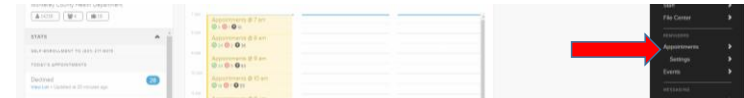
# Work flows & Reports

## How to Run and download Confirmation list

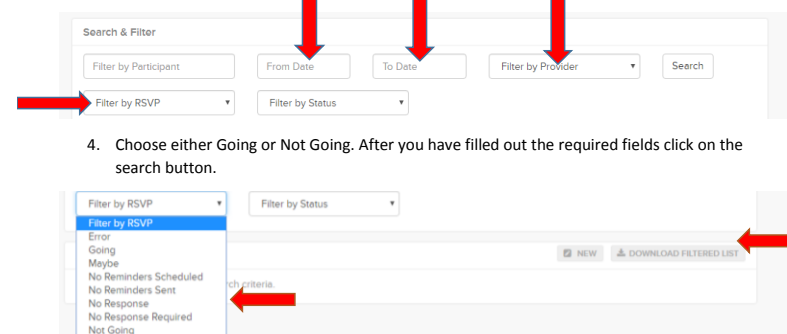
1. Sign into care message: <https://app.caremessage.org>



2. Click on Menu after sign in; click on appointments



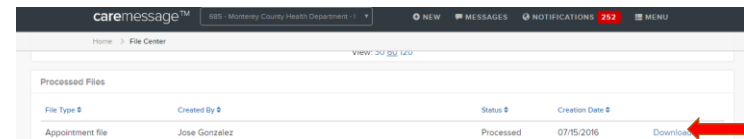
3. Fill out the following Fields in order to process the appointment report accordingly. Chose a date and then click on the clock icon to choose the start time



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:

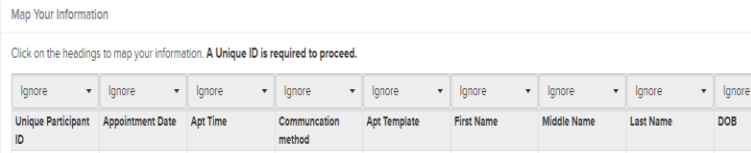


## Care Message Appointment Upload Workflow

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

### Uploading File

1. Go to <https://app.caremessage.org/> and sign in.
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"



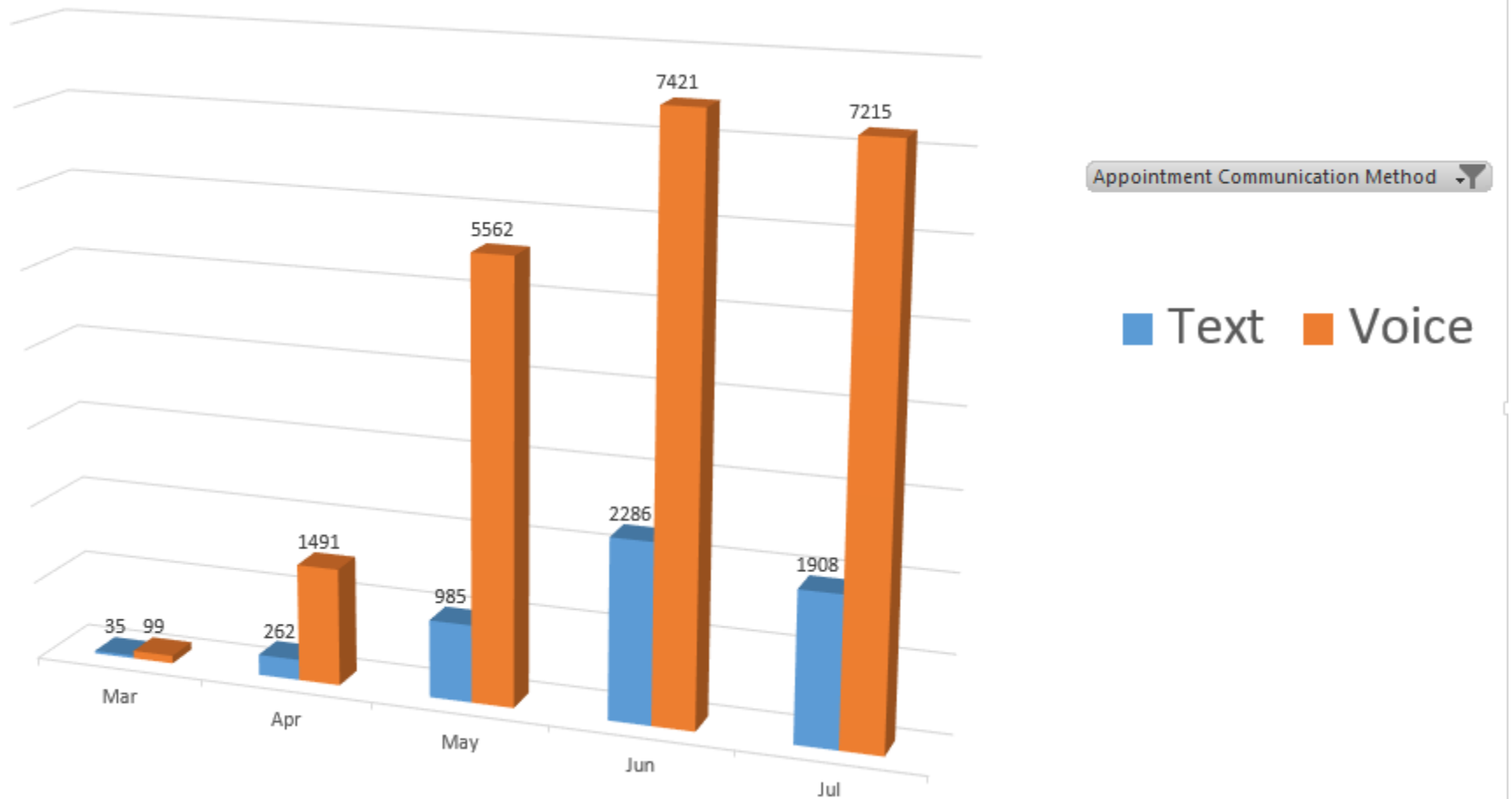
# Work flows & Reports

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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



# Thank you

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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!





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# 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

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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

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Department: Primary Care

# of Providers: 18

# of Patients/month: 2200

	Feb	Mar	Apr	May	Jun
# of Missed Appts	898	1061	907	915	1068
No-Show Rate	25%	27%	24%	26%	30%
# of Cancellations	438	463	422	431	434

# MLK Patient-Centered Medical Home: Preliminary Results

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## << SNAPSHOT >>

RESPONSES	YES	NO	UNKNOWN
7/21	42	3	4
7/22	169	12	29
7/23	60	1	9
7/26	39	6	8
TOTAL	310	22	50

Total # of SMS sent: 923

Total # of failed deliveries: 192

Total # of patient responses: 382 (52% response rate)

# Looking Back

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## Impact

- 1<sup>st</sup> 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

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## **Short-Term Goals**

- Comprehensive data validation
- Report automation

## **Long-Term Goals**

- Program expansion to other clinics
- Trend study to evaluate outcomes

# Thank You

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## Contact information

Jessica Kuo: [jkuo@dhs.lacounty.gov](mailto:jkuo@dhs.lacounty.gov)

Eric Lan: [elan@dhs.lacounty.gov](mailto:elan@dhs.lacounty.gov)

## Telephone Consumer Protection Act (TCPA) – Declaratory Ruling

<http://www.ebglaw.com/news/recent-fcc-ruling-on-the-tcpa-has-important-implications-for-health-care-companies/>



# Texting/Automated appointment reminders

Lizbeth Rodriguez, Front Office  
Manager, OLE Health

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# What did you accomplish?

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- 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

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- *“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

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- *“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

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- 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

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- 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

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- [Irodriguez@olehealth.org](mailto:Irodriguez@olehealth.org)

# Co-Visits



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# Nurse Co-Visits

## Serve the People Community Health Center

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

### Spreading Innovations Outcome Webinar

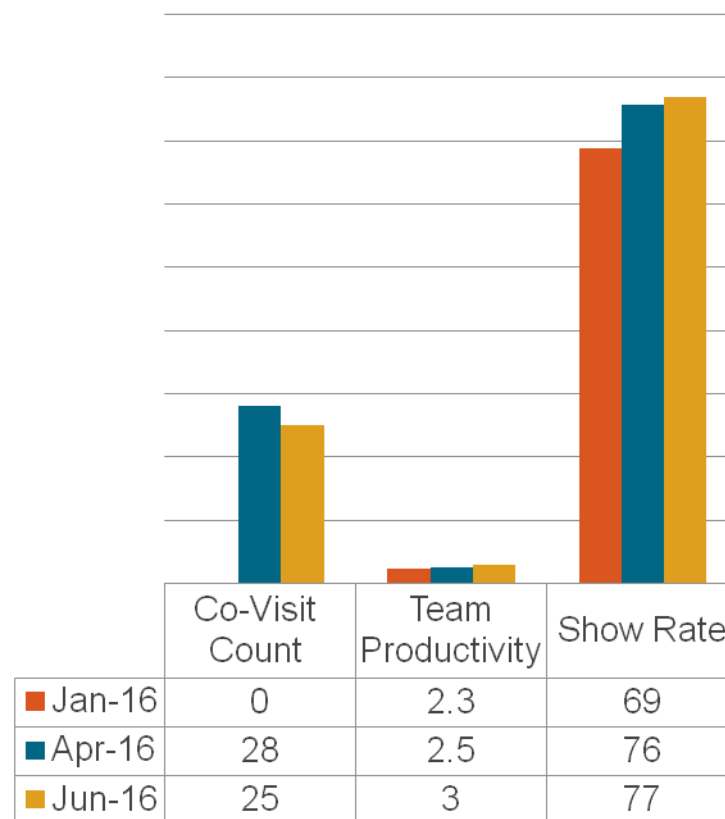




# What Did We Accomplish



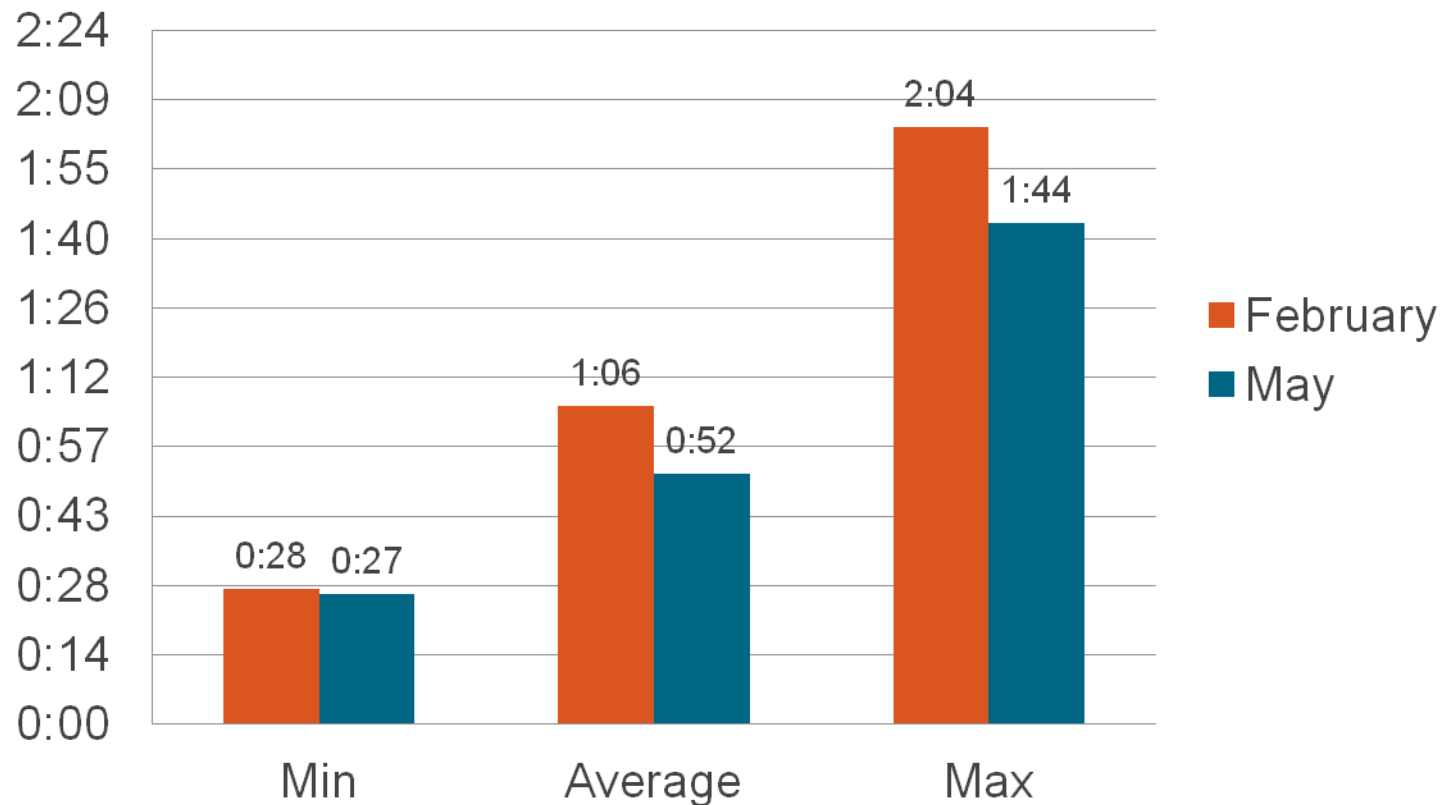
- Improved Patient Access to Care
- Improved Team Based Care
- Gives Patients Choice



# Data – Cycle Time



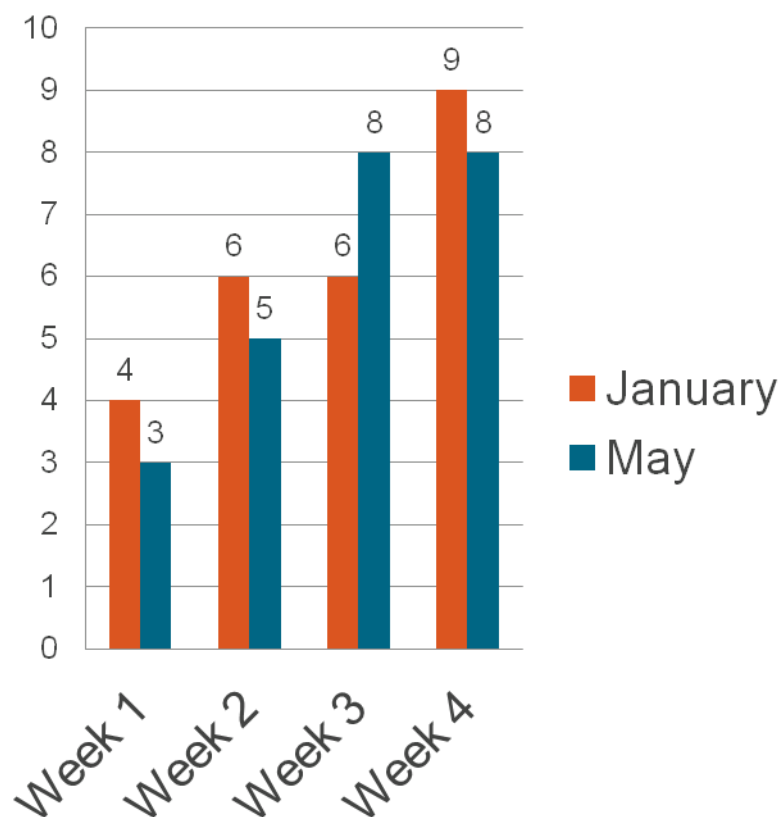
## Cycle Time



# Data - Third Next Available Visit



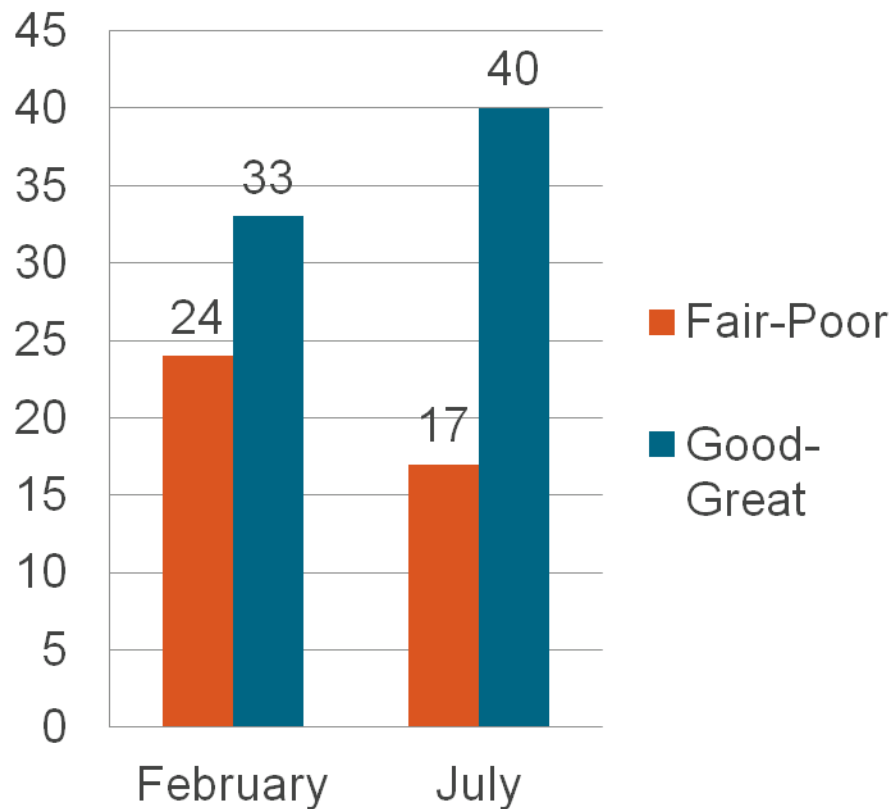
## Third Next Available



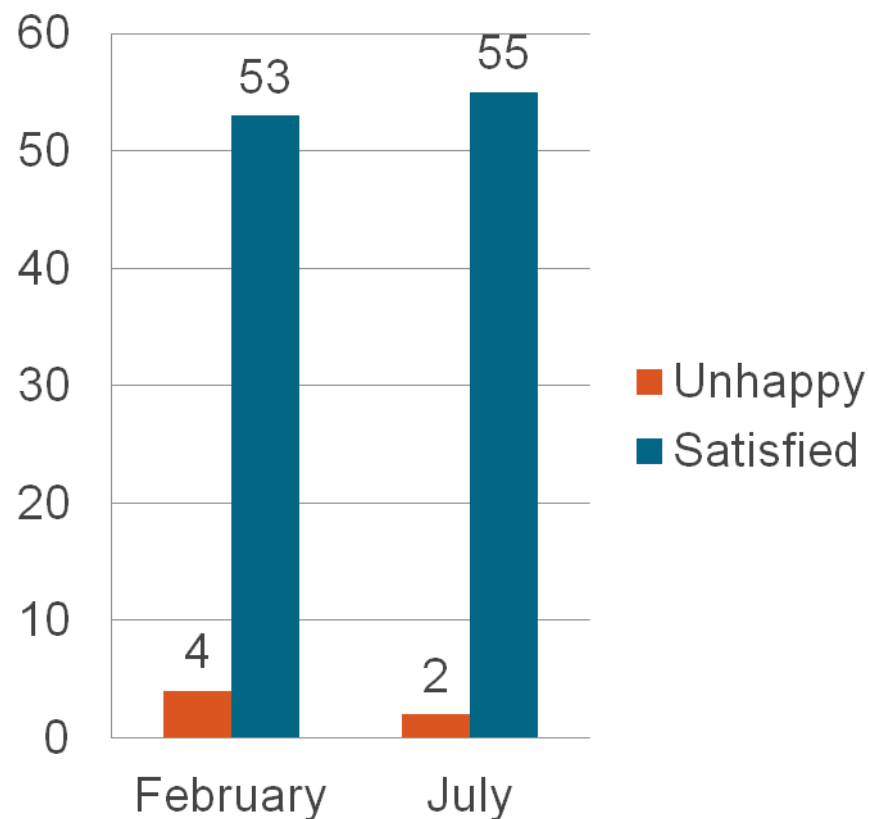
# Data - Patient Experience Surveys



## Length of Visit



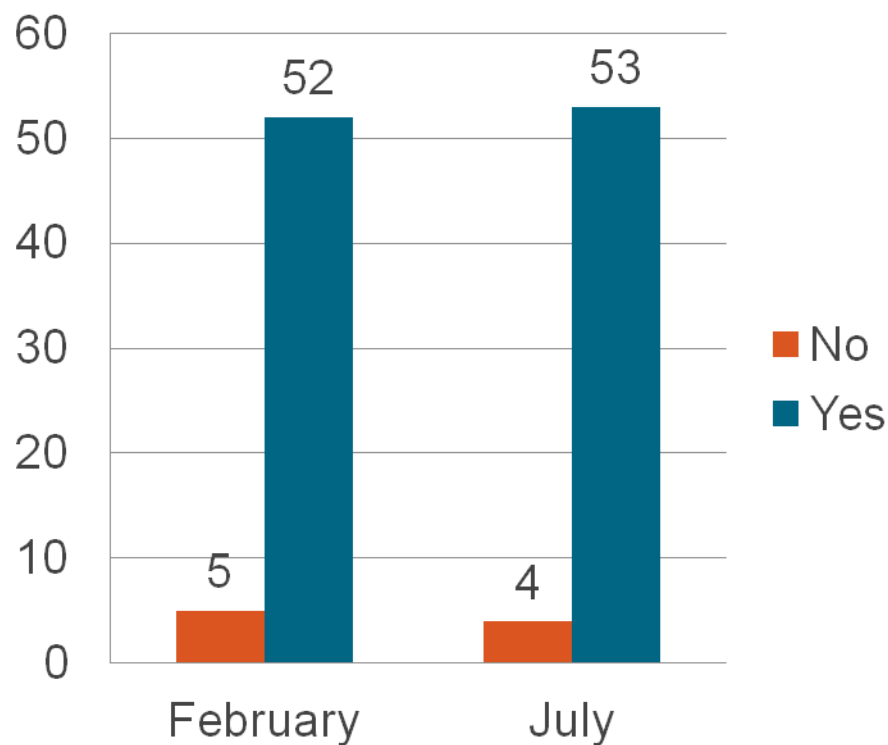
## Visit Satisfaction



# Data - Patient Experience Surveys



Would you refer  
Friends/Family?



# Look Back

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

# Looking Forward

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- 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

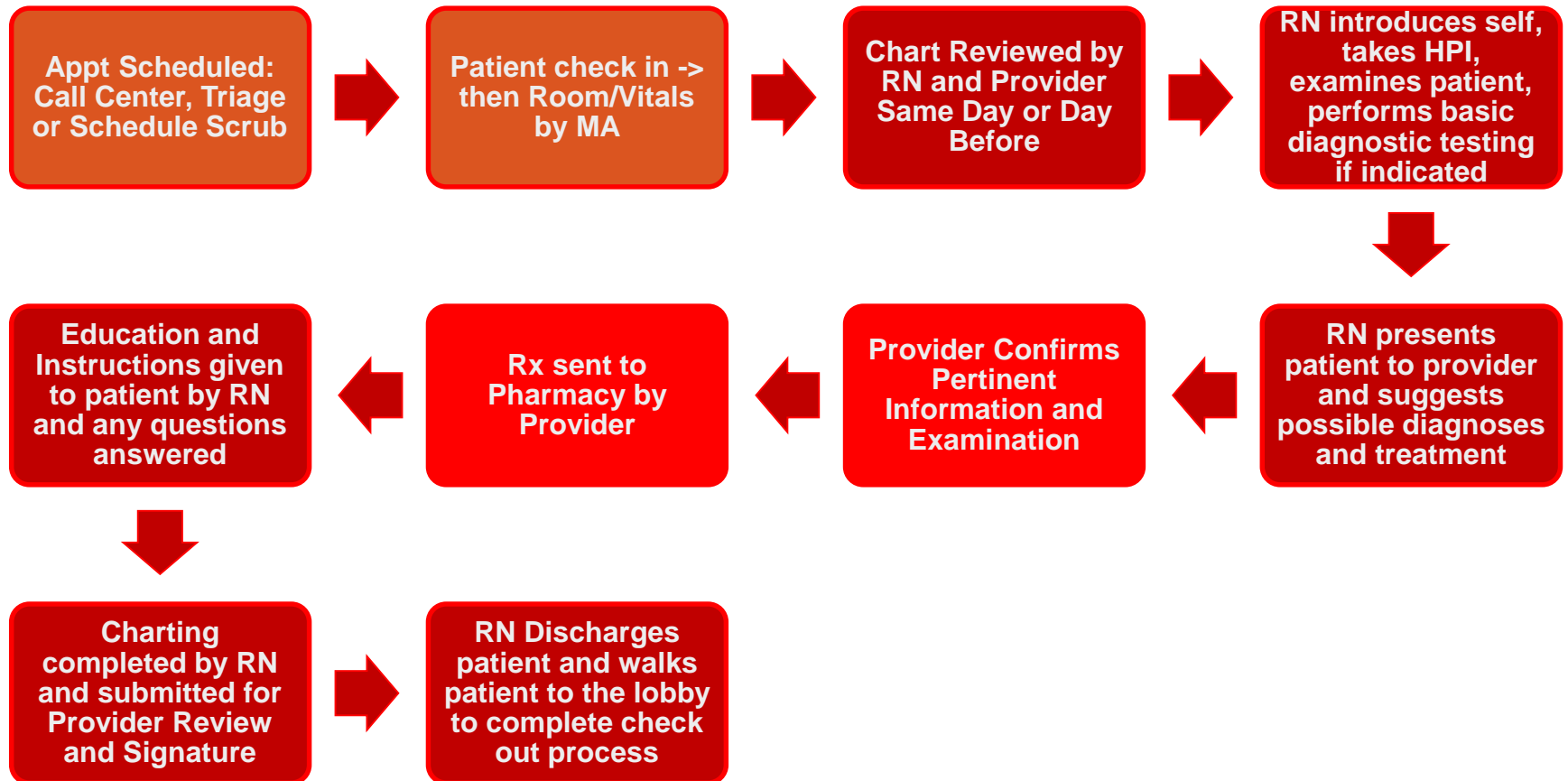
Perform physical exam on patient

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



# Daily Schedule

	Provider A	RN	Provider B	RN	Provider C	RN
8:00 AM	Huddle	Huddle	Huddle	Huddle	Huddle	Huddle
8:20 AM	1		1		1	
8:40 AM	2	1	2		2	
9:00 AM	<b>Co-Visit 1</b>		3		3	
9:20 AM	3		4		4	2
9:40 AM	4		5		<b>Co-Visit 2</b>	
10:00 AM	5		6	3	5	
10:20 AM	6		<b>Co-Visit 3</b>		6	
10:40 AM	7	4	7		7	
11:00 AM	<b>Co-Visit 4</b>		8		8	
11:20 AM	8		9		9	5
11:40 AM	9		10		<b>Co-Visit 5</b>	
12:00 PM	10		11		10	
12:20 PM	11		12		11	
12:40 PM	Charting	Charting	Charting	Charting	Charting	Charting
1:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:20 PM						
1:40 PM						
2:00 PM	Huddle	Huddle	Huddle	Huddle	Huddle	Huddle
2:20 PM	12		13	6	12	
2:40 PM	13		<b>Co-Visit 6</b>		13	
3:00 PM	14	7	14		14	
3:20 PM	<b>Co-Visit 7</b>		15		15	
3:40 PM	15		16		16	8
4:00 PM	16		17		<b>Co-Visit 8</b>	
4:20 PM	Charting	Charting	Charting	Charting	Charting	Charting
4:40 PM						
5:00 PM						

# Thank you



- Contact information:
  - Teresa Flores, MD  
[tflores@servethepeoplechc.org](mailto:tflores@servethepeoplechc.org)
  - Susy Ayala, RN  
[rayala@servethepeoplechc.org](mailto:rayala@servethepeoplechc.org)
  - Isela Soriano, Clinic Operations Manager  
[isoriano@servethepeoplechc.org](mailto:isoriano@servethepeoplechc.org)
  - Rocio Núñez-Magdaleno, Executive Director  
[rmagdaleno@servethepeoplechc.org](mailto:rmagdaleno@servethepeoplechc.org)



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# Nurse Co-Visits

Jennifer Black, COO, RCMS

Karen Wilder, DSD, RCMS

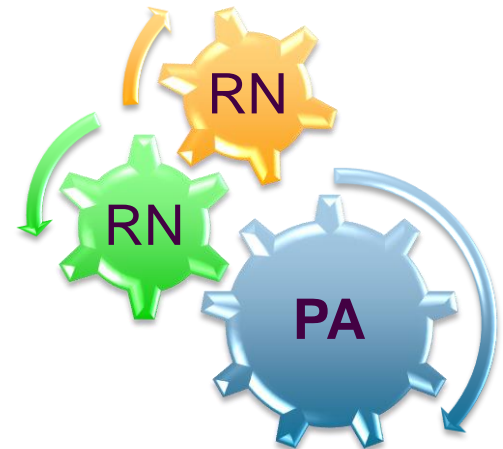
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# Urgent Care at RCMS



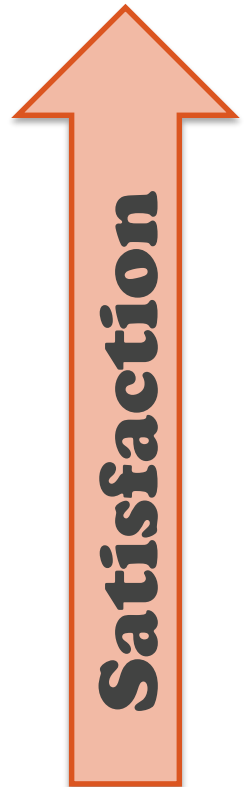
- Redwood Coast Medical Services (RCMS) is a community health clinic in a “frontier” area, the nearest hospital is over 1 hour in any direction
- Urgent Care is staffed by 2 Physician Assistants (PA) and a team of Registered Nurses (RN)



# What did you Accomplish?

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- **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

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- 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

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- 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

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- Jennifer Black, COO
  - [jblack@rcms-healthcare.org](mailto:jblack@rcms-healthcare.org)
  - (707) 884-4005 x 128
- Karen Wilder, DSD
  - [kwilder@rcms-healthcare.org](mailto:kwilder@rcms-healthcare.org)
  - (707) 884-4005 x 140



# Questions?

# Thanks to everyone – keep up the great work!!



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# Spreading Innovations Outcomes Webinar

## Telephone Visits

August 4, 2016  
12-1pm

# Agenda

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- Indian Health Center of Santa Clara Valley
- Northeast Valley Health Corporation
- San Mateo Medical Center
- Multnomah County Health Department
- Kern Medical Center



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# Phone Visits at the IHC

Will Cerrato, MPH  
Director of Clinical Services  
Indian Health Center of Santa Clara Valley  
Spreading Innovations Outcome Webinar

# Accomplishments

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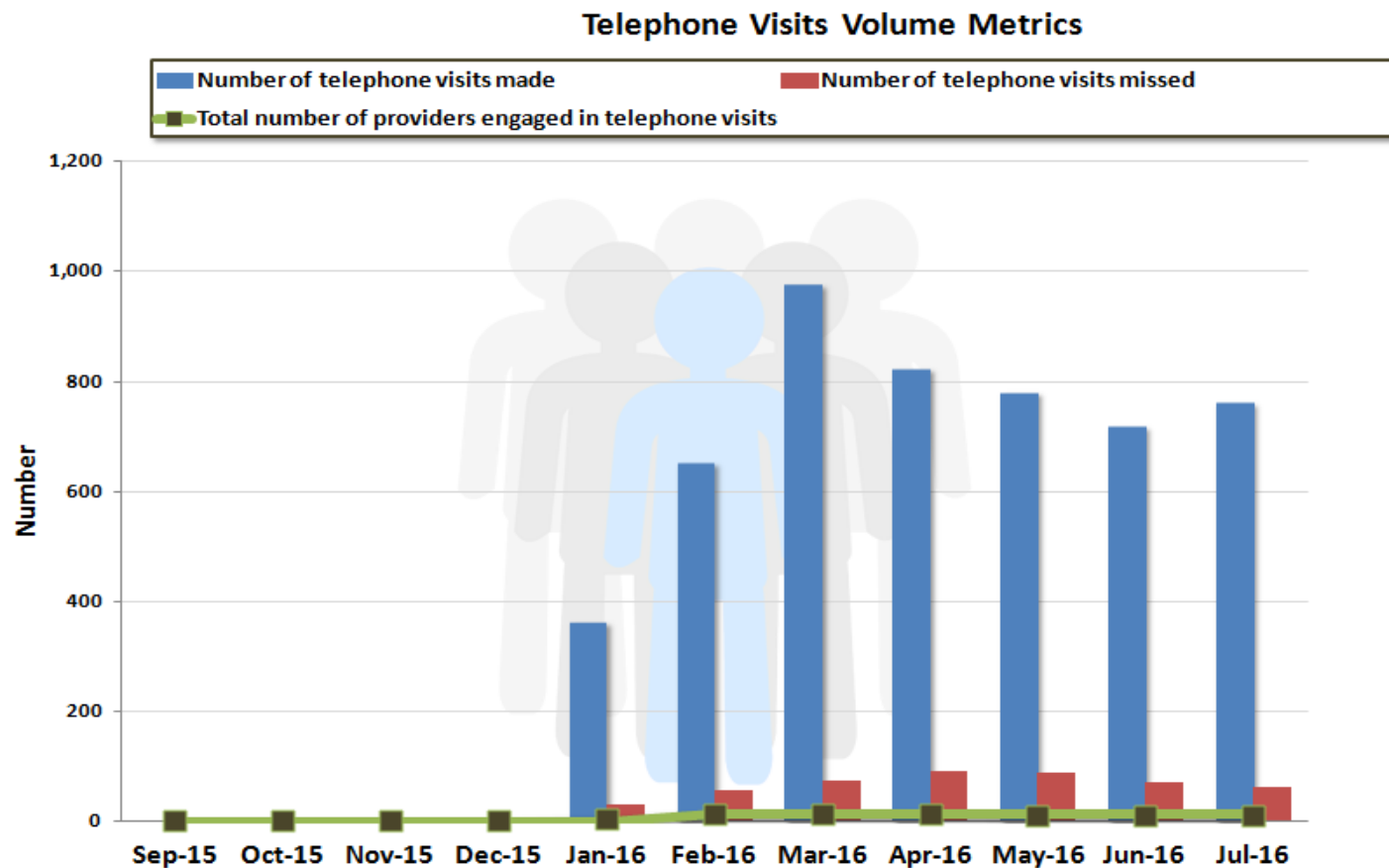
- Increased access to care to patients by improving PCP supply
- Increased patient satisfaction by creating another way to provide services that is convenient for them
- Increased mammogram screening
- Implemented a more efficient way to conduct intakes to newly assigned patients

# Our Numbers

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- 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





# Look Back

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- 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

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- 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

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**Will Cerrato**

***Director of Clinical Services***

**Indian Health Center of Santa Clara Valley**

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Fax: (408) 266-7567

Email: [wcerrato@ihcscv.org](mailto:wcerrato@ihcscv.org)



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# SPREADING INNOVATIONS: Telephone Visits

## Northeast Valley Health Corporation



**Northeast Valley Health Corporation**  
a californiah<sup>+</sup>health center

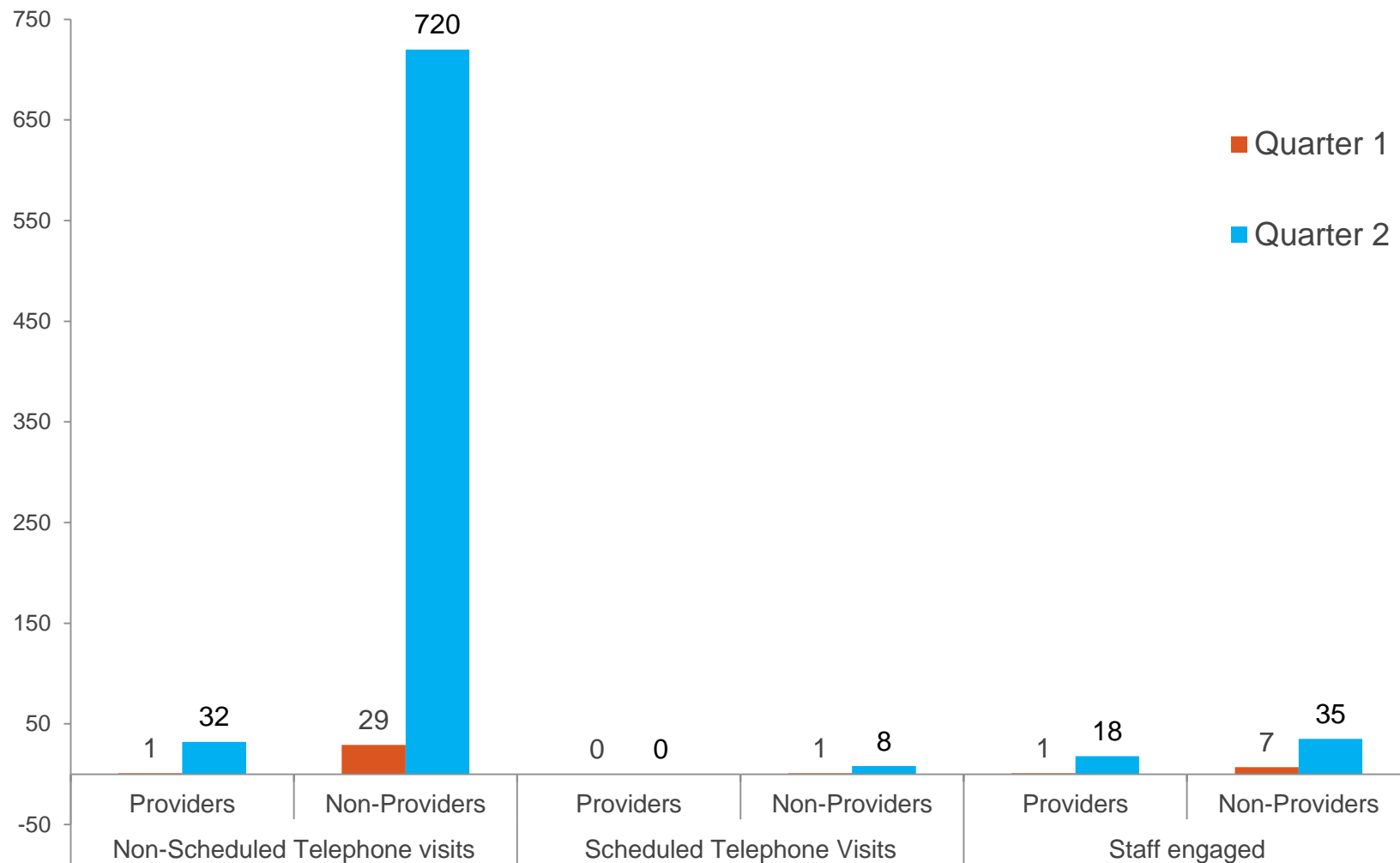
Marirose Medina, Director of Nursing  
Debra Rosen, Director of QI and Health Education  
Spreading Innovations Outcome Webinar

# What did you Accomplish?

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- 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



# Look Back

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- 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

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- 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

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- [MariroseMedina@nevhc.org](mailto:MariroseMedina@nevhc.org)  
Director of Nursing
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# TELEPHONE VISITS

## San Mateo Medical Center

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Operations Strategist, San Mateo Medical Center

Brad Jacobson, MPH  
Quality Strategist, San Mateo Medical Center

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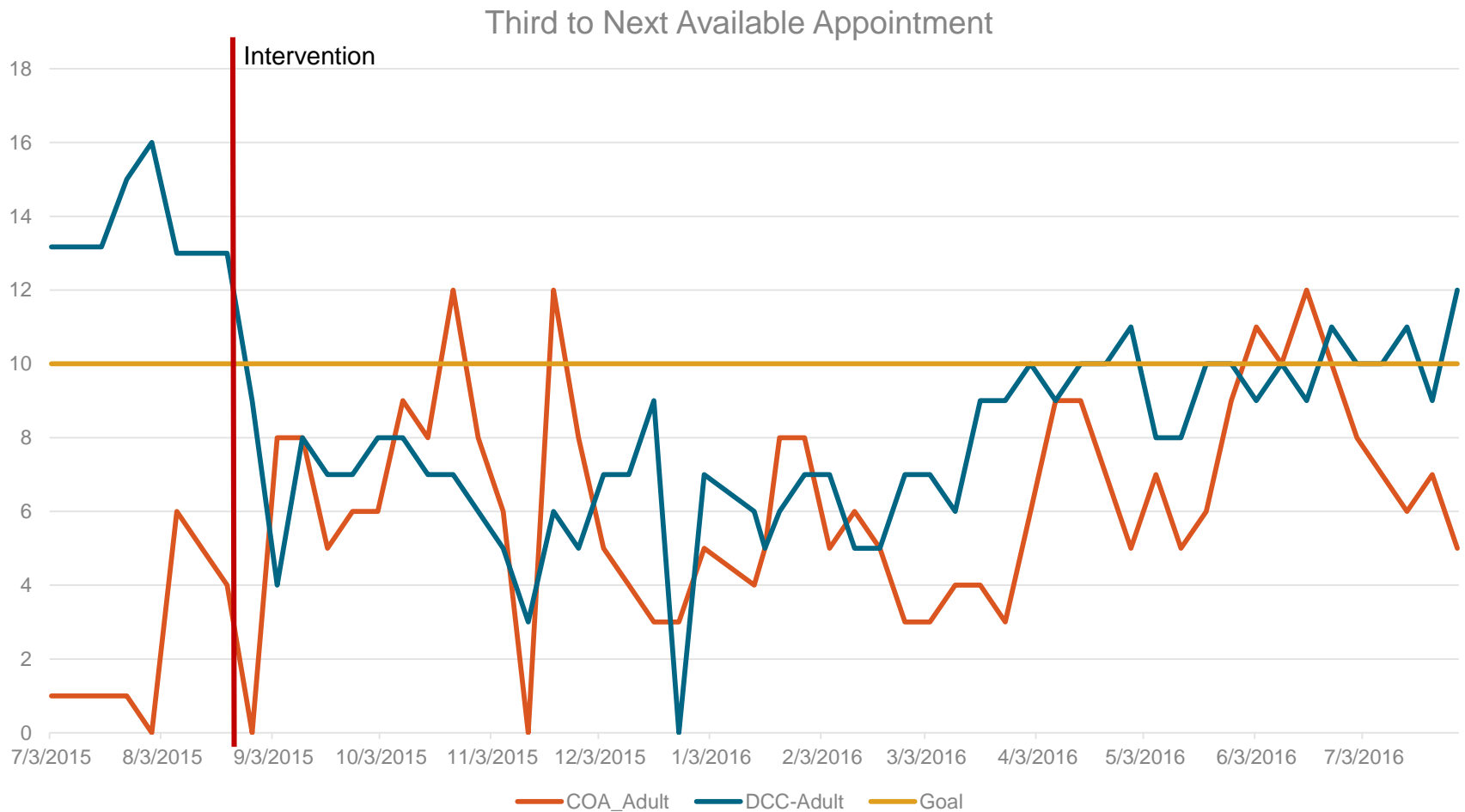
# What did you Accomplish?

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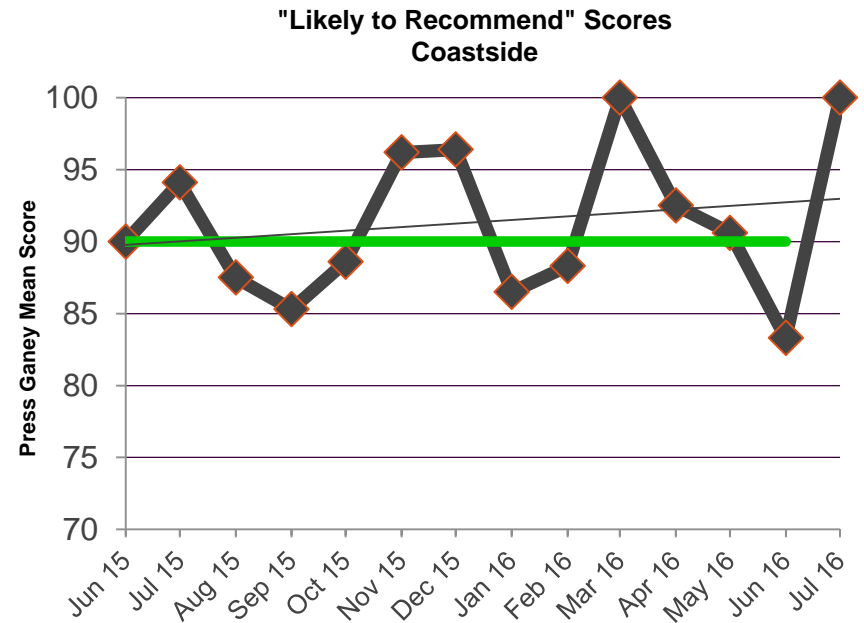
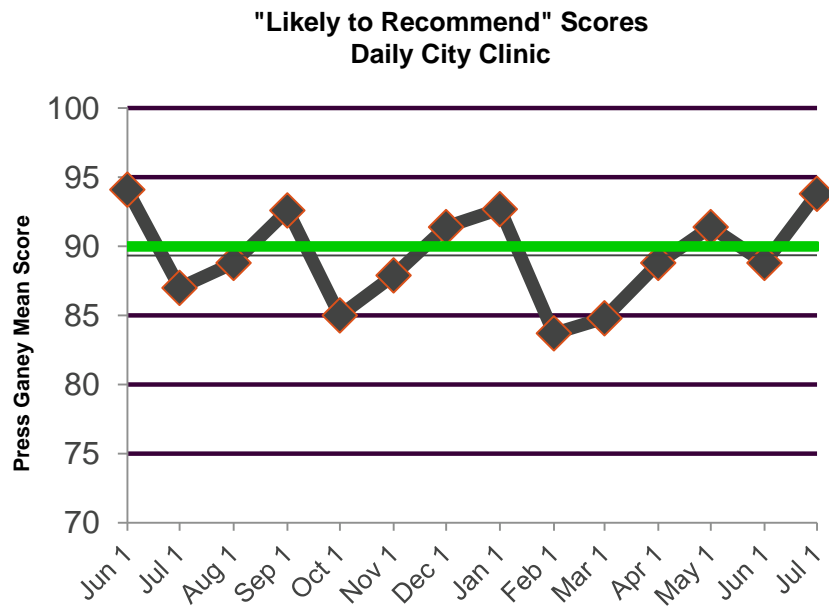
- 1,000 visits since September
- Spread to 5 Primary Care Clinics, 1 Specialty Clinic
- Adopted by 15 providers, 9 Nursing Staff

# Access:

## Time to Third Next Available Appointment



# Patient Experience: Likelihood to Recommend



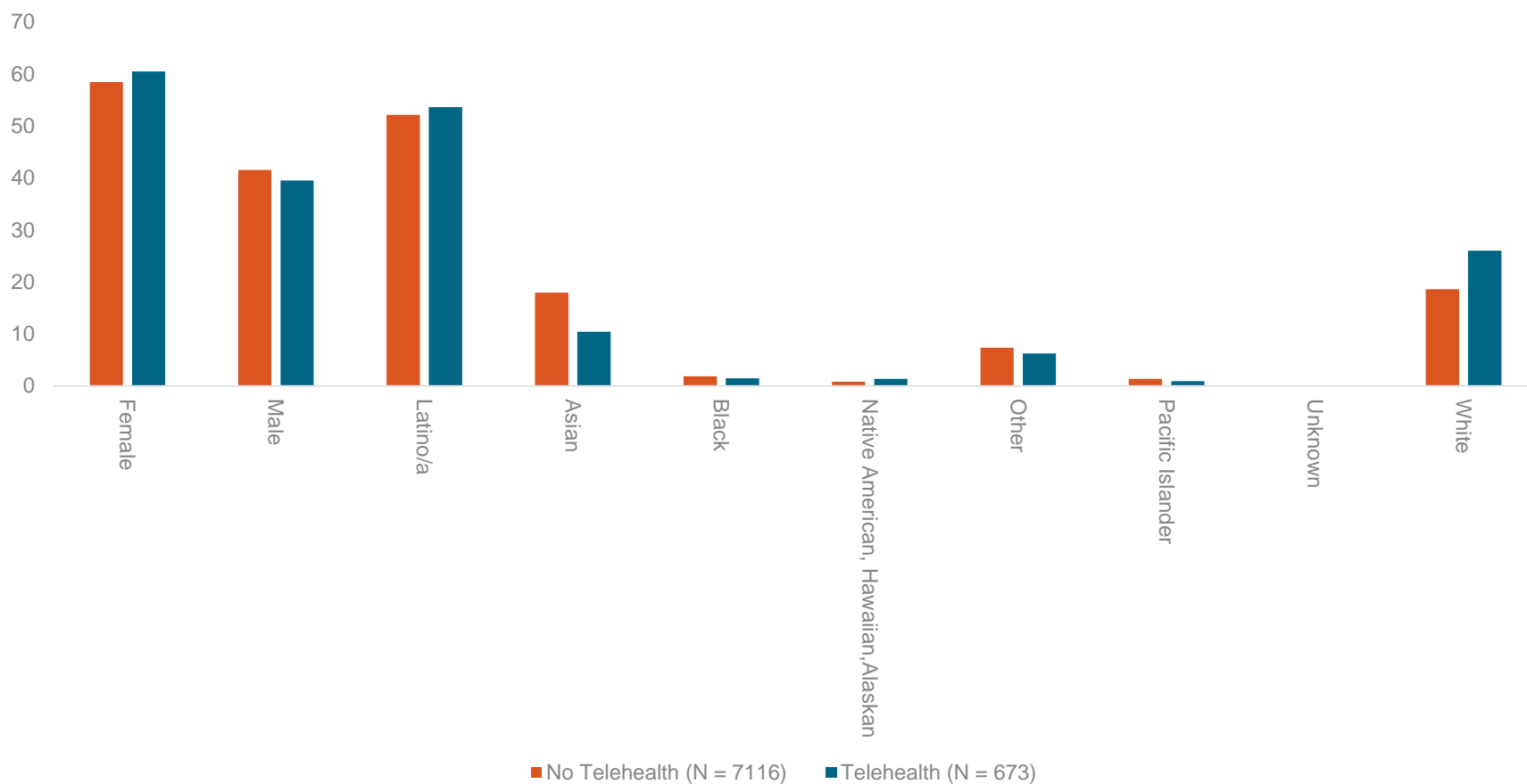
# Data Analysis!

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- 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



# Top 10 Diagnoses

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Top 10 Diagnosis / Reasons for Telehealth Call (by ICD 10 Code) September 2015– July 2016
E11.9 - TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
R05 - COUGH
E11.65 - TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E78.5 - HYPERLIPIDEMIA, UNSPECIFIED
R50.9 - FEVER, UNSPECIFIED
I10 - ESSENTIAL (PRIMARY) HYPERTENSION
J00 - ACUTE NASOPHARYNGITIS (COMMON COLD)
R21 - RASH AND OTHER NONSPECIFIC SKIN ERUPTION
R10.9 - UNSPECIFIED ABDOMINAL PAIN
E11.29 - TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION



# Utilization

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Rate Ratio (95% CI) of Selected Utilization Metrics of Telehealth Patients to Regular Outpatient	
	Telehealth v no Telehealth
Outpatient	1.01 (1.00 - 1.03)
Emergency Department	1.07 (1.03 - 1.11)

# Look Forward

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

# Thank you

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# **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?

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- **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

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- 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

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

# Thank you

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Contact:

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Provider Champion

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# Phone Visits

Natalee Garrett  
Director of Outpatient Integration  
Kern Medical

Spreading Innovations Outcome Webinar

# What did you Accomplish?

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- 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

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- 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

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- 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

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Director of Outpatient Integration  
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# Questions?

# Thanks to everyone – keep up the great work!!