# Welcome!

**Connected Care Accelerator Content Webinar #1 September 16, 2020** 



### While we're waiting, please:

### Rename yourself

We'll get started promptly at 12:00 PM

3



 $\checkmark$ 4 Add your full name & Click OK organization's name



## Welcome!

#### **Innovation Learning Collaborative Track**

And

**Infrastructure & Spread Track** 



**Guest Speaker** Courtney Lyles, UCSF S.O.L.V.E Health Tech



### **Break**

**Cohort Conversations** 



How to Rapidly Experiment Mike Lin, Aspen Labs



### Homework & Next Steps







## The Digital Divide

According to the latest data from the U.S Census, at least 30% of all households still lack a wireline broadband connection in 2018

National Digital Inclusion Alliance, https://www.digitalinclusion.org/

It comes as surprise that every CCA – Innovation Learning Collaborative Cohort identified uneven distribution in access, use of, or impact of technology.

Access to devices & Wi-Fi, comfort level with technologies, digital literacy & more were just a few of the themes critical to moving your virtual care initiatives forward.



### **Guest Speaker** Courtney Lyles, UCSF S.O.L.V.E Health Tech





## The Digital Divide: Addressing Barriers to Telehealth Equity

Dr. Courtney Lyles, Associate Professor of Medicine 9/16/20



1 in 4 may lack digital literacy & internet-enabled devices, particularly underserved patients







**47%** Adults ≥ 65 do not have a smartphone<sup>1</sup> 40%

Adults ≥ 65 unable to send an email, fill out a form, or find a website<sup>2,3</sup> 44%

Low-income adults do not have broadband<sup>2</sup> 37%

Adults who live in rural areas do not have home broadband <sup>2</sup>

<sup>1</sup><u>https://www.pewresearch.org/internet/fact-sheet/mobile/</u> <sup>2</sup><u>https://www.pewresearch.org/internet/fact-sheet/internet-broadband/</u> <sup>3</sup>https://sfmohcd.org/digital-equity

Icons by Yorlmar Campos, ibrandify, Julynn B. from Noun Project



## The Digital Divide in San Francisco

Internet Usage & Basic Digital Literacy



San Francisco Digital Equity Strategic Plan: https://sfmohcd.org/sites/default/files/SF\_Digital\_Equity\_Strategic\_Plan\_2019.pdf



## Pre-COVID Disparities in Telehealth

#### DIGITAL HEALTH ADOPTION

Across segments, 2017

			$\odot$	$\bigcirc$				
		OVERALL SAMPLE	CHRONICALLY ILL SENIORS	VULNERABLE	WORRIED WELL	AGING ADULTS	6	$\bigcirc$
<	Telemedicine use—live video	19%	3%	18%	42%	24%	CHRONICALLY ILL SENIORS AGED 65+ WITH	VULNERABLE INCOME <\$25,000 OR
	Digital health goal tracking	24%	10%	17%	65%	39%	1+ CHRONIC DISEASES n=533	COVERED BY MEDICAID n=1162*
	Wearable use	24%	12%	14%	63%	41%		
	Searched for online health information	79%	73%	75%	88%	84%	WORRIED WELL AGED 18-35 AND INCOME>\$75,000	AGING ADULTS AGED 35-55 AND INCOME >\$50,000
	Searched for provider reviews	58%	39%	55%	77%	66%	11=320	11-775

ROCK

HEAL+H

Rock Health: https://rockhealth.com/research/

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Current Transition to Telemedicine: We can learn from previous experience with portals

- High interest in digital healthcare services for all patients (>70%)
- Barriers in uptake by race/ethnicity, literacy, language, and income
  - Preferences for in-person vs. digital
  - Lack of perceived need
  - Lack of technical support availability
  - Communication barriers for those with limited health literacy or English proficiency

Schickedanz et al, J Gen Intern Med, 2013: <u>https://pubmed.ncbi.nlm.nih.gov/23423453/</u> Lyles et al, J Med Internet Res, 2016: <u>https://pubmed.ncbi.nlm.nih.gov/27697748/</u> Lyles et al. PLoS Med, 2015: <u>https://pubmed.ncbi.nlm.nih.gov/26172977/</u>



## Recommendations to Ensure Equitable Access to Telemedicine

Nouri S, Khoong EC, Lyles, CR, Karliner L. https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0123

## Identify disparities





San Francisco Digital Equity Initiative's Survey: <u>https://drive.google.com/file/d/12SbKr6ryJnoAPzZZMnWDyNL5MSWBU6\_i/view</u> Nouri S, Khoong EC, Lyles, CR, Karliner L. <u>https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0123</u>



## Mitigate barriers to digital literacy & resources

### Identify free & low-cost internet...



SF Digital Equity Playbook: <u>https://sfmohcd.org/digital-equity</u> National Digital Inclusion Alliance: <u>https://www.digitalinclusion.org/</u>



## Remove health system barriers: Before the visit

Sample clinic workflow

Activities completed by clinic staff before visit



- Team approach/tasks
- Scripted pre-visit call for access/ skills
  - <u>Online</u>
  - <u>Paper</u>
  - Scheduling blocks with time for connecting the call
  - EHR reminders/ capability
- Workflow aligns with patient portal uptake/use

CVP: <u>https://cvp.ucsf.edu/telehealth#Sample-Clinic-Workflows;</u> Blythe Butler



# Remove health system barriers: During/After the visit

- Engage family members
- Integrate language
  interpretation
- Consider google
  translate for AVS
- Consider team (RN) follow up call



CVP: <u>https://cvp.ucsf.edu/telehealth#Sample-Clinic-Workflows;</u> Blythe Butler Khoong EC, Steinbrook E, Brown C, Fernandez A. <u>https://pubmed.ncbi.nlm.nih.gov/30801626/</u>





- Telehealth has the potential to exacerbate existing healthcare disparities given the underlying digital divide in the US
- Multiple strategies can mitigate differences, especially with consideration for pre-, during, and post-visit approaches
  - Draw upon previous approaches with patient portal uptake/spread
- Digital inclusion involves training/technical assistance, and increased access to devices & high-speed Internet
  - Healthcare can more effectively partner with government and community-based organizations to achieve this



## Recommendations

- Patient level:
  - Messaging about extending/maintaining in-person relationships
  - Eliciting specific barriers and perceptions
- Provider/System level:
  - Screening for devices, high speed internet, digital literacy
  - Providing ongoing technical support
  - Develop workflows to support clinicians and address burnout

## Top Resources and Tools

- Center for Vulnerable Populations Telehealth Resources (<u>https://cvp.ucsf.edu/telehealth</u>)
- Free and low-cost internet plans (<u>https://www.digitalinclusion.org/free-low-cost-internet-plans/</u>)
- American Medical Association Digital Health Implementation Playbook (<u>https://www.ama-assn.org/amaone/ama-digital-health-implementation-playbook</u>)
- San Francisco Digital Equity Playbook (<u>https://sfmohcd.org/sites/default/files/Digital%20Equity%20Playbook%20v1.pdf</u>)

## Moderated Discussion



### Courtney.Lyles@ucsf.edu

@CourtneyRLyles

Center for Vulnerable Populations Mural: Precita Eyes Muralists





## Thank you for joining us Infrastructure & Spread Track!



We will now shift our attention + focus on the Innovation Learning Collaborative

## Break

Breathing Exercise For the next 2 minutes listen to the music & follow instructions below. (optional - feel free to turn off your video)



Inhale a deep breath through your nose.



## **Cohort Breakouts**

## **Cohort Driver Diagram**

How CCA plans to use Driver Diagrams





#### Brainstorming Change Ideas

Teams will take time brainstorming ideas, projects and/or activities they would like to test in order to achieve their cohort's goal.

#### Identifying Gaps + Prioritizing Change Ideas Together each cohort will

take some time to review their draft driver diagram and identify gaps that may be missing. Teams will leverage their cohort's driver diagram to prioritize their test of changes.

#### Testing Change Ideas

Teams will rapidly test change ideas from their cohort's driver diagram iterating and capturing learnings along the way.



#### Identifying Impactful Changes

Brainstorming and testing change ideas will allow us to identify the most impactful categories of change (primary drivers).

#### Sustaining & Spreading Change Ideas

By the end of this program, each cohort will have developed, tested and refined a driver diagram for future use in the field.

## COHORT

## CONVERSATIONS

### **Driver Diagram: Ideation**

Identifying Gaps. Generating New Ideas. Developing Solutions.

### **Our objective for today!**

We took all your ideas from your brainstorming activity & created a *Draft Driver Diagram* for each cohort.

Your task for the next 30 minutes will be to review your cohort's draft driver diagram, identify any gaps that may be missing & brainstorm new change ideas and/or categories of change.

Each room has a facilitator that will help guide your group through a series of activities.

Please honor our time limits & have fun!



### **Cohort Breakouts**

Find your organization and click the link 、 to join your breakout room

#### **Team 1 - Sustaining Virtual Care Teams Facilitated by: Diana**

- Golden Valley Health Centers
- Los Angeles County Department of Health Services
  - Jenelle, Mary Ann, Guillermo, Behnaz, Armenui & • Lusine
- Neighborhood Health
- Northeast Valley Health Corporation
  - Christine, Belen, Gina & Stephen
- SAC Health System

https://us02web.zoom.us/j/84242603453

#### **Team 2 - Population Management** Facilitated by: Juliane

- **Community Medical Centers** .
- County of Monterey
- Eisner Health
- Los Angeles County Department of Health Services
  - Barbara, Ray, Jagruti, Guili & Debra

https://us02web.zoom.us/j/81166000645

#### **Team 5 - Population Management** Facilitated by: Alexis

Northeast Valley Health Corporation

Debra, Stephen, Jasmine, Jessica & Samantha

- Petaluma Health Center
- Roots Community Health Center
- Share Our Selves Corporation

#### https://us02web.zoom.us/i/87113678740

#### **Team 3 - Engaging Pts with Digital Barriers** Facilitated by: Kathleen

- Alameda Health System
- CommuniCare Health Centers
- Los Angeles County Department of Health Services
  - Guadalupe, Gordon, Michelle, Ashley, Emilia
- North East Medical Services

#### https://us02web.zoom.us/j/84775902934

#### **Team 6 - Engaging Pts with Digital Barriers** Facilitated by: Sofi

- Salud Para La Gente .
- San Ysidro Health
- Serve the People
- University Muslim Medical Association

https://us02web.zoom.us/j/87178217864

https://us02web.zoom.us/j/6441898290

#### **Team 4 - Sustaining Virtual Care Teams Facilitated by: Veenu**

San Francisco Health Network

- Shasta Community Health Center
- Venice Family Clinic

Center

- West County Health Centers
- White Memorial Community Health

### How to Rapidly Experiment Mike Lin, Aspen Labs



Mike Lin

Principal, Aspen Labs mike@aspenlabsnetwork.com

#### About me and what I've done...













### TODAY

RAPID EXPERIMENTATION

WHAT IS IT?

1

Principles Why Important HOW-TO

2

Methods Tools **FAQ** FAQs Your Questions

3

### Booster Webinar #2 – Supporting Rapid Testing Thursday October 1<sup>st</sup> from 12:00-1:00PM

Optional but highly encouraged



This a 30-minute optional webinar designed to support teams as they embark upon testing.

Come ask a question or ask for feedback on your upcoming assignment & learn more about the rapid experiment framework.

Rapid Experimentation | What is it?

# Get ideas off of paper...and getting them into the real-world (quickly).



#### Why this is important

#### **Idea Holders**

Faulty Assumptions Confirmation Bias

Logic /-/ Behavior Latent Needs

#### **Real World**

Unexpected dynamics Unexpected benefits



### Rapid experimentation = PDSAs with a twist



Desirability, Then Feasiblity, Then Usability

### The Art of a Minimally Viable Test

#### Live Tests



#### Fake Tests



#### Show It



### What this can look like in our world: Fake Tests



Wizard of Oz



Would people want their wait times?

Yes, but not in the way we thought...

And not for the reasons we thought...

Rapid Experimentation | How-To

### FRAMEWORK FOR RAPID EXPERIMENTATION

DESIRABILITY, THEN FEASIBILITY, THEN USABILITY



### **Rapid Experimentation Cycle**

1 cycle = days/weeks, not months



#### Rapid Experimentation Template

cept Name: <Concept name and <u>brief</u> description goes here>

#### Before Experimenting - Your Learning Plan

Top 3 learning questions this experiment is testing	Signals of Success (qualitative and/or quantitative)	Test / Prototype Method	Assumptions
	Ex. Number of people who show up, qualitative feedback in exit interview	Ex. Live tests, role play, storyboard, paper prototypes	What needs to be true for your test to work?

#### After Experimenting - Your Results

What We Learned	Iterations
What answers did we find to our learning questions? Did we see the results we wanted in our key metrics? Did we find out	Based on our learnings, what do we need to change? What are we taking forward from this experiment? What do we need
anything about our assumptions?	to learn next?

learn Determine Signals of Success Plan your test

Plan Your Test

Most important things to

1

Check your assumptions

**Run Your Test** Prototype if needed Run your experiment Collect Your Signals of Success 2

Take Photos!!!



Tools



Tech



Workflow



Roles





**Business Model** 

#### Rapid Experimentation Template

cept Name: </ <pre> <Concept name and <u>brief</u> description goes here>

#### Before Experimenting - Your Learning Plan

Top 3 learning questions this experiment is testing	Signals of Success (qualitative and/or quantitative)	Test / Prototype Method	Assumptions
	Ex. Number of people who show up, qualitative feedback in exit interview	Ex. Live tests, role play, storyboard, paper prototypes	What needs to be true for your test to work?

#### After Experimenting - Your Results

What We Learned	Iterations
What answers did we find to our learning questions? Did we see the results we wanted in our key metrics? Did we find out anything about our assumptions?	Based on our learnings, what do we need to change? What are we taking forward from this experiment? What do we need to learn next?

Assess

3

Review what you learned

Identify next steps

Adopt, Adapt, Abandon

#### Rapid Experimentation

Transition ideas from paper and start to learn about the "in the real"



### Step-By-Step **Method Card** for Rapid Experimentation

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PREPARE		<b>Identify the ideas to test.</b> Work with your team to identify ideas you want to learn about. At this point, the ideas should be articulated as concepts - where you have a sense for who it is for, what you're trying to accomplish, how that might be accomplished, what's involved, etc.
	1	Align on what you need to learn. Use the Rapid Experimentation Template provided to build a learning plan. This upfront investment takes a bit of time, but it will set you up for success. As a team, start the learning plan by determining the most important questions that are ciritical to the success of your concepts.
PLAN YOUR TEST	2	Determine your Signals of Success. Discuss what measures will help gauge success. What early indicators would "signal" that you have been successful in your test? For example, what consumer behaviors are you looking for? Then, deterimine how to measure the size or extent of these signals.
	3	Plan your tests and prototypes. As a team, figure out the simplest and leanest way to test out your concepts. Determine if prototypes or mock-ups are needed to support your tests. If so, think small and scrappy. Plan for tests and prototypes that are simple to execute (i.e., can be accomplished in days or weeks, vs. month).
	4	Check your assumptions. As a team, check your assumptions about what would need to be true for your test to work. This provides your team an opportunity to address potential barriers before you run your experiement.
RUN YOUR TEST		Run your tests. Build your prorotypes and mock-ups as needed. Put your experiments out in the world. Capture your learnings and metrics in your template.
ASSESS		Assess and repeat. When your cycle of experiments have concluded, reconvene as a team. Conduct a retrospective, review what you learned as a team. Based on these learnings, discuss next steps (i.e., adopt, adapt, or abandon). Repeat and iterate the testing cycle above - until you've reached a level of understanding about what is desirable, feasible and viable.



#### Rapid Experimentation | FAQs

Q: How is this different than PDSAs and Rapid Tests of Change?

A: Similar, but it gives a slant on how to do them more effectively

Q: How is this different than a pilot?

A: like PDSAs, this is something you do WAY before pilots...as a transition between an idea on paper, and building things out for a pilot

Q: How much cycles of tests can I expect do

A: Depends on the idea you are trying to learn about.

Homework Assignment #2 & Next Steps





### **Phase 2: Solution Testing**



#### **Homework Assignment #2**

Complete & submit the items below by EOD Wednesday October 14th on CCA's Club on CCI Academy!

#### Rapidly test one change idea\*

Over the course of the next month your team will be expected to test one change idea from your cohort's driver diagram. Use the Rapid Experimentation Template to capture all your learnings & more!

#### Share lessons learned from your rapid test\*

Each team will be expected to share learnings from your rapid experiment at our upcoming Share & Learn Webinar on October 22<sup>nd</sup>. CCI will be sending out a one slide PowerPoint template where your can share high-level learnings from your rapid experiment.

\*These activities will be sent out in a follow up email but also can be downloaded off CCA's Club on CCI Academy!



## **Next Steps**

Connected Care

Meet with your team & select *one* change idea from your cohort's driver diagram to rapidly test over the course of the next month.



By EOD Wednesday October 14th, each team will have conducted a rapid experiment & completed Homework Assignment #2

**CCA's Club** is now LIVE! By our next webinar participants will have, logged in and:

- Upload Homework Assignment #2
- Optional shared resources & started discussions with your peers!

Maggie from CCHE will be reaching out to Project Leads in October to schedule team interviews.

## Save the date!

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Optional Drop-in Office Hours

Thursday, September 24 12:00-1:00PM

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#### Optional Booster Webinar Supporting Rapid Testing

Supporting Rapid Testing

Facilitated by Mike from Aspen Labs!

Thursday, October 1 12:00-1:00PM Homework Assignment #2

Due by 5:00PM on Wednesday, October 14

#### Share & Learn Webinar <sup>2 hours</sup>

Teams will be expected to present OUR

Thursday, October 22 12:00-2:00PM

## Thank you!

For questions contact:



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Senior Program Coordinator diana@careinnovations.org



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