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*

1. Click the participants icon at the bottom of your ZOOM screen
2. On the right-hand side of ZOOM, hover over your name & click rename
3. Add your full name & organization’s name
4. Click OK
Welcome!

Innovation Learning Collaborative Track
And
Infrastructure & Spread Track
Agenda

- **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

It comes as a 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

40%  
Adults ≥ 65 unable to send an email, fill out a form, or find a website

44%  
Low-income adults do not have broadband

37%  
Adults who live in rural areas do not have home broadband

1https://www.pewresearch.org/internet/fact-sheet/mobile/
3https://sfmohcd.org/digital-equity

Icons by Yorlimar Campos, ibrandify, Julynn B. from Noun Project
The Digital Divide in San Francisco


Internet Usage & Basic Digital Literacy

- **Overall**: 85% Internet User & Basic Digital Literacy, 8% Internet User Only, 6% Non User
- **Latino**: 76% Internet User & Basic Digital Literacy, 16% Internet User Only, 8% Non User
- **Non-English**: 63% Internet User & Basic Digital Literacy, 26% Internet User Only, 11% Non User
- **65 & Older**: 60% Internet User & Basic Digital Literacy, 17% Internet User Only, 23% Non User
- **<$25K**): 53% Internet User & Basic Digital Literacy, 22% Internet User Only, 25% Non User
## Pre-COVID Disparities in Telehealth

### DIGITAL HEALTH ADOPTION

*Across segments, 2017*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Overall Sample</th>
<th>Chronically Ill Seniors</th>
<th>Vulnerable</th>
<th>Worried Well</th>
<th>Aging Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemedicine use—live video</td>
<td>19%</td>
<td>3%</td>
<td>18%</td>
<td>42%</td>
<td>24%</td>
</tr>
<tr>
<td>Digital health goal tracking</td>
<td>24%</td>
<td>10%</td>
<td>17%</td>
<td>65%</td>
<td>39%</td>
</tr>
<tr>
<td>Wearable use</td>
<td>24%</td>
<td>12%</td>
<td>14%</td>
<td>63%</td>
<td>41%</td>
</tr>
<tr>
<td>Searched for online health information</td>
<td>79%</td>
<td>73%</td>
<td>75%</td>
<td>88%</td>
<td>84%</td>
</tr>
<tr>
<td>Searched for provider reviews</td>
<td>58%</td>
<td>39%</td>
<td>55%</td>
<td>77%</td>
<td>66%</td>
</tr>
</tbody>
</table>

**Chronically Ill Seniors**
- AGED 65+ WITH 1+ CHRONIC DISEASES
  - n=533

**Vulnerable**
- INCOME <$25,000 OR COVERED BY MEDICAID
  - n=1162*

**Worried Well**
- AGED 18-35 AND INCOME >$75,000
  - n=320

**Aging Adults**
- AGED 35-55 AND INCOME >$50,000
  - n=793

Rock Health: [https://rockhealth.com/research/](https://rockhealth.com/research/)
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

Recommendations to Ensure Equitable Access to Telemedicine

Identify disparities

Digital equity intake questions

EHR review

Data on disparities in access & digital literacy

San Francisco Digital Equity Initiative’s Survey: https://drive.google.com/file/d/12SbKr6ryJnoAPzZZMnWdyNL5MSWBU6_i/view
Mitigate barriers to digital literacy & resources

Identify free & low-cost internet...

Free & Low Cost Internet (NDIA) 
Lifeline 
PCs for People

...and devices

SF Digital Equity Playbook: https://sfmohcd.org/digital-equity
National Digital Inclusion Alliance: https://www.digitalinclusion.org/
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
  - Online
  - Paper
- Scheduling blocks with time for connecting the call
- EHR reminders/capability
- Workflow aligns with patient portal uptake/use

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

Zuckerberg San Francisco General
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

Sample clinic workflow
Activities completed by provider at visit

Provider calls patient, gives provider meeting ID

Yes

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help patient download Zoom (1-2 min), give provider meeting ID</td>
<td>Conduct telephone visit</td>
</tr>
</tbody>
</table>

Patient interested in video?

Yes

Patient has smartphone or computer?

Yes

Conduct Zoom video visit

No

Conduct telephone visit

Summary

- 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 (https://cvp.ucsf.edu/telehealth)
- Free and low-cost internet plans (https://www.digitalinclusion.org/free-low-cost-internet-plans/)
Moderated Discussion

Courtney.Lyles@ucsf.edu
@CourtneyRLyles

Center for Vulnerable Populations Mural: Precita Eyes Muralists

Zuckerberg San Francisco General
Questions & Answers
10 minutes
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)

1. Sit or stand with your elbows slightly back.
2. Inhale a deep breath through your nose.
3. Exhale your breath out your mouth, slowly.
Cohort Breakouts
Cohort Driver Diagram

How CCA plans to use Driver Diagrams

1. 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.

2. 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.

3. Testing Change Ideas
   Teams will rapidly test change ideas from their cohort’s driver diagram iterating and capturing learnings along the way.

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

5. 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.
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 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 4 - Sustaining Virtual Care Teams
Facilitated by: Veenu
- San Francisco Health Network
- Shasta Community Health Center
- Venice Family Clinic
- West County Health Centers
- White Memorial Community Health Center
  https://us02web.zoom.us/j/6441898290

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/j/87113678740

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
How to Rapidly Experiment
Mike Lin, Aspen Labs
About me and what I’ve done…

Mike Lin
Principal, Aspen Labs
mike@aspenlabsnetwork.com
WHAT IS IT?
- Principles
- Why Important

HOW-TO
- Methods
- Tools

FAQ
- FAQs
- Your Questions
Booster Webinar #2 – Supporting Rapid Testing
Thursday October 1st 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
Time is money.
Rapid experimentation = PDSAs with a twist

Planning a Test
- Hypothesis-Driven
- Most critical assumptions

Running a Test
- Leanest Way to Learn
- Support w/ Prototypes if necessary

What Did We Learn
- Signals and Metrics

Repeat
- Doing this iteratively
- Desirability, Then Feasibility, 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

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

01  DESIRABILITY
   Do people want this?

02  FEASIBILITY
   How would it work?

03  USABILITY
   How do we make it simple?
Rapid Experimentation Cycle

1 cycle = days/weeks, not months

1. Plan Your Test
   - Most important things to learn
   - Determine Signals of Success
   - Plan your test
   - Check your assumptions

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

3. Assess
   - Review what you learned
   - Identify next steps
   - Adopt, Adapt, Abandon
### Before Experimenting - Your Learning Plan

<table>
<thead>
<tr>
<th>Top 3 learning questions this experiment is testing</th>
<th>Signals of Success (qualitative and/or quantitative)</th>
<th>Test / Prototype Method</th>
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<td>What needs to be true for your test to work?</td>
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### After Experimenting - Your Results

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<th>Iterations</th>
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<tr>
<td>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?</td>
<td>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?</td>
</tr>
</tbody>
</table>
Run Your Test
Prototype if needed
Run your experiment
Collect Your Signals of Success

Take Photos!!!
### Rapid Experimentation Template

**Concept Name**: [Enter concept name and brief description here]

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Step-By-Step Method Card for Rapid Experimentation

## Rapid Experimentation

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

### DESCRIPTION

Rapid experimentation is a hallmark for building out innovative solutions. The more quickly and iteratively you can start to learn about your ideas, get them into tangible form, and start to test your ideas, the sooner you and your team can collaborate to make solutions better based on real-world feedback.

### HOW

<table>
<thead>
<tr>
<th>PREPARE</th>
<th>Identify the ideas to test. 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLAN YOUR TEST</td>
<td>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 critical to the success of your concepts.</td>
</tr>
<tr>
<td></td>
<td>2 Determine your Signals of Success. Discuss what measures will help gauge success. What early indicators would &quot;signal&quot; that you have been successful in your test? For example, what consumer behaviors are you looking for? Then, determine how to measure the size or extent of these signals.</td>
</tr>
<tr>
<td></td>
<td>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. months).</td>
</tr>
<tr>
<td></td>
<td>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 experiment.</td>
</tr>
<tr>
<td>RUN YOUR TEST</td>
<td>Run your tests. Build your prototypes and mockups as needed. Put your experiments out in the world. Capture your learnings and metrics in your template.</td>
</tr>
<tr>
<td>ASSESS</td>
<td>Assess and repeat. When your cycle of experiments have concluded, reserve time 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.</td>
</tr>
</tbody>
</table>
# Draft Driver Diagram

**Sustaining Virtual Care Teams**

**Goal**

- Design care teams that can support & sustain virtual and in-person care.

## Change Categories

1. **New Roles & Responsibilities**
   - Create virtual hubs with dedicated providers
   - Identify team member responsible for pre visit confirmation & patient prep
   - Find roles for other members of the care team in workflow
   - Include pharmacists in visit
   - Leverage at home caregivers as possible assistants
   - Provide video tutorials (specific to EMR or vendor) for patients on how to connect to video app technology
   - Provide “orientation visit” with patient to introduce technology
   - Share video resources for pts on common health conditions
   - Utilize marketing & social media to connect with patients
   - Offer general IT literacy course to patients

2. **Patient Engagement**
   - Create pre-visit workflows to do tech assessment & confirm pt
   - Use huddles and other communication channels so members of care team can communicate
   - Develop process to communicate appt delays to pts
   - Design programs for specific populations (e.g. HIV testing, senior wellness calls)
   - Integrate vitals into video and telephone workflow
   - Identify space in EMR for telehealth intake info (e.g. device info)
   - Optimize use of pt portals & technology solutions (e.g. patient questionnaires)
   - Test platforms to find the best fit for our and patients needs

3. **Designing Workflows & Programs**
   - Equipment for all workspaces and members of care team
   - Explore vendors for remote patient monitoring
   - Provide motivational interviewing training to support pt acceptance of virtual care
   - Develop scripting to support frontline staff (e.g. why)
   - Create job aids for staff to leverage when providing care and supporting patients with technology challenges
   - Redesign space to ensure patient privacy and safe collaboration among members of care team

4. **Technology Optimization**

5. **Staff Education & Confidence Building**
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
Program Structure

Phase 1
Understanding the problem

Phase 2
Solution Testing

Phase 3
Sustaining & Spreading

We are here!
Phase 2: Solution Testing

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 22nd. CCI will be sending out a one slide PowerPoint template where you 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

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!

Optional Drop-in Office Hours
Thursday, September 24
12:00-1:00PM

Optional Booster Webinar
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
2 hours
Teams will be expected to present
Thursday, October 22
12:00-2:00PM
Thank you!

For questions contact:

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Diana Nguyen
(she/her/hers)
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