Welcome!
We’ll get started promptly at 12:02PM

Find your team number & add it before your name

1. Alameda Health System
2. CommuniCare Health Centers
3. Community Medical Centers
4. Eisner Health
5. Golden Valley Health Centers
6. Los Angeles County DHS Care Teams
7. Los Angeles County DHS Digital Barriers
8. Los Angeles County DHS Population Management
9. Monterey County Clinic Services
10. Neighborhood Health Care
11. North East Medical Services
12. Northeast Valley Health Corporation Care Teams
14. Petaluma Health Center
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16. SAC Health System
17. Salud Para La Gente
18. San Francisco Health Network
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20. Serve the People
21. Share Our Selves CHC
22. Shasta CHC
23. UMMA Community Clinic
24. Venice Family Clinic
25. West County Health Centers
26. White Memorial Health Center
n/a. If you’re a guest, no need to rename yourself
Housekeeping Reminders

Audio
Link your audio to video if you called in via phone

Chat Box
Please chat in your questions

Name
Add your team number in front of your name

Tech Issue
Private chat Jaclyn Lau for assistance
Welcome!
Content Virtual Event #2
November 19, 2020
Agenda

Guest Speaker
Dr. Yumi Taylor & Robert Scrase of the Tera Clinic

Break

Emerging Virtual Care Promising Practices
CCHE & CCA Teams

Meet Your Coaches

Team Time

Homework & Next Steps
Guest Speaker
Dr. Yumi Taylor & Robert Scrase of the Tera Clinic
Webinar: Lessons from a Successful Virtual Primary Care Practice

Yumi Taylor, MD & Rob Scrase
Objectives - TBD

• Overview of Tera’s virtual practice

• Lessons learned and best practices for virtual care and applications: Pre-presentation questions

• Question Answers for in-talk chat questions
Pre-submitted QUESTIONS

• Any data showing quality doesn’t suffer with virtual visits
• How to decide when to use phone vs video vs in-person
• How to prepare patients for video and new way of engaging health system
• How to prepare staff?
• How do roles on the team change with virtual?
• How should RPM be integrated into care
• Any insights about supporting patients with digital barriers?
Overview
Tera Background

• Virtual First, Full Service Primary Care launched 2018
• Value Based - True North: Quadruple Aim
• Care team pod model
• 2019 Quality Award: Highest score across 14 quality measures in Sutter
• Patients located around Northern California
Tera Background

- 90% care virtual
  - Secure messaging, telephone, video, RPM, in-person
- Care Team: Physician, LVN, APC, health coach
- EHR & Video: Epic
- Chronic conditions with health coaching
- Panel management using frontline developed data reports
- Virtual mental health integration
Who have we learned with: Demographics

• **Myth:** Tera population is a young, tech savvy Silicon Valley Engineer or Apple, Facebook, Google employee

• **Fact:** Tera population was a recent Medi-Cal patient, city worker, school district, service industry employee OR senior
Who have we learned with: Demographics

Average Age: 49 (18-98)

Race (self reported):
• 54% white
• 26% Asian
• 10% Hispanic/Latino/Spanish
• 10% Other (Black or African American, prefer not to answer)

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?
• 25% self-report somewhat hard, hard or prefer not to answer

What is the highest level of education that you have completed?
• 40% self-report some college or below in education

In your opinion, how is your overall health?
• 16% self-report fair/poor
Who we have learned with

- Uncontrolled chronic disease: DM, HTN, CHF, CAD, asthma
- New diagnosis of ischemic heart disease and heart failure
- New diagnosis of cancer
- Patients age 70-100 & their caregivers
- Low health literacy, limited financial resources and English as a second language
- Frequent ED utilizers

- Chronic pain, chronic narcotics with substance abuse
- Mental health with suicidal ideation, personality disorders, substance co-morbidities
- Homebound emotionally or physically
- Homelessness and unstable housing
- ESRD on HD
- COPD on O2
- Autoimmune, immunosuppressed
Quality
Pay for Performance

**Tera Target:**
P90 > 65% & P50 < 0%

**Health System Target:**
P90 > 40% & P50 < 17%
Patient Experience

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>MD</th>
<th>LVN</th>
<th>HC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4.89</td>
<td>4.86</td>
<td>4.92</td>
<td>4.98</td>
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<tr>
<td></td>
<td>482</td>
<td>236</td>
<td>120</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>Tera</td>
<td>Our Health System</td>
<td></td>
<td></td>
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<tr>
<td>------------------------</td>
<td>------</td>
<td>-------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 65+</td>
<td>82%</td>
<td>62%</td>
<td></td>
<td></td>
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<tr>
<td>Spanish Speaking</td>
<td>56%</td>
<td>28%</td>
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</tbody>
</table>
**Provider Experience**

How would you rate your work/life balance?

<table>
<thead>
<tr>
<th>Work</th>
<th>6.5</th>
<th>Life</th>
</tr>
</thead>
</table>

Is the practice leadership more likely to direct or empower?

<table>
<thead>
<tr>
<th>Direct</th>
<th>8.75</th>
<th>Empower</th>
</tr>
</thead>
</table>

How much control do you have over your clinical schedule?

<table>
<thead>
<tr>
<th>Defined</th>
<th>8.5</th>
<th>Flexible</th>
</tr>
</thead>
</table>

Is your work efficiency streamlined, or more manual?

<table>
<thead>
<tr>
<th>Streamlined</th>
<th>5.25</th>
<th>Manual</th>
</tr>
</thead>
</table>
Virtual Preparation
Preparing Patients

- Video: Patient Portal Access
- Video: Wiki on connection, audio expectations
- Telephone: “Provider will call you”
- Prescreen, triage appointment type (in person, telephone, video)
- Reassurance on appropriate access
- Message value proposition of virtual: Convenience, cost
Our Start: Circa 2018
Evolution of Set Up
Circa 2020

Being Comfortable
Preparing Staff

• Set expectations on tech support required
  Lesson 1: Patients adopt technology when they understand the value (convenience)

• Set expectations on flexibility to assure successful visit completion
  Lesson 2: 98% of care is around a good history (video unnecessary)

• Set expectations on visit planning & new pre-visit calls
  Lesson 3: It takes a virtual team
Shifted Roles

• LVN/MA: Rooming → Virtual triaging, Previsit planning, panel management
  
  **Lesson 1:** It takes a virtual team

• Phone/front desk: Tech support for patient portal/video access, champion value of virtual access to patients; utilize scripts
  
  **Lesson 2:** Patients adopt technology when they understand the value

• APC/Physician: Schedule grooming & oversight on appropriateness of selected visit modality
  
  **Lesson 3:** A lot of care & high risk care is amenable to virtual management
Telephone vs Video vs In Person?
What we start/offer

• New Patient: Video
• Follow up chronic condition: Telephone
• Skin complaint: Photo
• Certain Acute conditions (MSK, abdominal, Pulm): In-Person
• HME for care gap closure + risk factor assessment: Telephone
• HME for pap: In – Person
• Vaccines: Scheduled MA visit, unscheduled retail clinic

*Build flexibility based on patient preference
Video Best Practices

• Complete the visit even when video doesn’t work

• Confirm location and safety/privacy
  “Is this still a good time to talk?”

• Clear communication with patient when to seek in-person care
Supporting patients with Digital Barriers

Ex/ Non-English speaking, hearing impaired, no internet, unable to access patient portal

Lesson 1: Engage caregivers (virtually)

Lesson 2: TELEPHONE - Use a landline

Lesson 3: Enable photo exchange via secure email

*98% of care is around a good history (video unnecessary)
Don’t Forget about Equity of Access

With the virtual shift, WHO IS GETTING LEFT BEHIND?

<table>
<thead>
<tr>
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<th>Tera</th>
<th>Our Health System</th>
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</tr>
</tbody>
</table>
RPM
Recognition of home vitals

P4P: BP Control
Practical Considerations

• Start with “UN”- connected devices
• Tech support needed (Connected device set up is very time consuming)
• Integration with EHR
• Integration with vitals flowsheet

**Lesson**: Be creative & flexible in utilizing existing digital tools
Patient Discussions on RPM

• Cost & Insurance Coverage
• Online purchase
• Expectations on frequency of vitals
• Expectations on sharing vitals
In Chat Questions
Questions & Answers
10 minutes
Thank you for joining us Infrastructure & Spread Track and Special Guests

We will now shift our attention to the Innovation Learning Collaborative
Emerging Virtual Care Promising Practices
Initial learnings on virtual care utilization

CCA evaluation team

November 19, 2020
Goals of the Evaluation

- Assess changes in organizations’ telehealth capacity, including
  - Telehealth utilization
  - Promising practices
  - Facilitators and barriers to telehealth.

- Assess the experience of providers and care teams in delivering telehealth.

- Understand the contribution of the learning collaborative to organization’s progress

- Provide real time information to CCI about program progress and participant experience.

- Synthesize and communicate results and learnings from the program to key stakeholders.
Thank you for sharing your data!

- Over the past two months, we have received data reports from all health centers and completed interviews with nearly all health centers
- What have we learned from your data?
- The following summary slides include data from 21 of the 23 health centers participating in the Innovation Learning Collaborative
  - 18 FQHCs and look-alikes
  - 3 county/public hospital systems
- Data submitted includes
  - Monthly number of encounters and unique patients for each encounter type (in-person, phone, video)
  - Encounter data segmented by payor
  - Unique patient data segmented by race, ethnicity, age group, preferred language (English or language other than English)
- 19 health centers reported language data
Overall Findings

- Initial decrease in primary care encounters, with return to baseline levels in June. No decrease in encounters for behavioral health.

- Vast majority of telehealth appointments (94% overall) were phone appointments.

- Use of video increased from March to August, reaching 7-8% of primary care appointments and 13-14% of behavioral health appointments in July/August.

- For the most part, no clear variation in utilization of telehealth or specific modalities (phone or video) by payor or demographic categories (race, ethnicity, age group, language access). The following differences were found:
  - Greater use of video among pediatric patients
  - Greater use of video among patients with English as their preferred language for behavioral health.
Encounters over time, segmented by modality

All visits over time, September 2019 - August 2020

Month: Sep 20, Oct 20, Nov 20, Dec 20, Jan 21, Feb 21, Mar 21, Apr 21, May 21, Jun 21, Jul 21, Aug 21

Modality:
- Care
- Video
- Phone
- Clinic

Primary Care
- Number of Encounters

Behavioral Health
- Number of Encounters
Unique patients over time, segmented by modality

Legend:
- New Unique Patients
- Patients with clinic visits
- Patients with phone visits
- All Unique Patients
- Patients with video visits

Unique patients over time, September 2019 - August 2020

- Primary Care
  - Number of Unique Patients

- Behavioral Health
  - Number of Unique Patients

Month:
- Sep 19
- Oct 19
- Nov 19
- Dec 19
- Jan 20
- Feb 20
- Mar 20
- Apr 20
- May 20
- Jun 20
- Jul 20
Percentage of telehealth visits conducted by phone vs. video

Percentage of telehealth visits by modality

Legend
- Phone
- Visit

Primary Care

Behavioral Health
Age by visit modality: Mar 2020 - Aug 2020

The chart shows the distribution of patient age groups across different care modalities (in-clinic, phone, and virtual) for primary care and behavioral health. Each bar represents the percentage of visits within a specific age group and care modality.
Language access needs by visit modality

Language access needs by visit modality, Mar 2020 - Aug 2020

Bar charts represent the percentage of patients within each language category, broken down by care modality (clinics, phone, and video) and service type (primary care or balance of health). Unique patient data was collected on a monthly basis, so there may be some duplication of patients within aggregating over a 6-month period.

<table>
<thead>
<tr>
<th>Language</th>
<th>Clinics</th>
<th>Care Modality</th>
<th>Phone</th>
<th>Video</th>
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<tbody>
<tr>
<td>Best Served in English</td>
<td>32%</td>
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<tr>
<td>Best Served in a Language Other Than English 44%</td>
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<td>Best Served in English</td>
<td>56%</td>
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<td>Best Served in English</td>
<td>72%</td>
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Increasing video utilization

• Overall, video visits as a percentage of total telehealth visits in August was 7% for primary care and 14% for behavioral health

• Increasing video utilization is a goal for many sites due to possible future changes in reimbursement for, as well as clinical quality and patient-provider connection

• Several health centers have been able to push video utilization higher into the 30% range

• Emerging promising practices for increased video utilization:
  • Provider and leadership buy-in
  • Scripting at the time of appointment scheduling
  • Patient technology education
Increasing video utilization: learnings from health centers

**Eisner Health**

Dr. Deborah Lerner

• Importance of leadership support for promoting video usage

• Potential for increased access and patient/family engagement among FQHC patient population
Increasing video utilization: learnings from health centers

Community Medical Centers
Elizabeth Castillo

• Scripting at the time of scheduling to encourage patients to utilize video visits
• Uniform scripting to mitigate potential for bias
Increasing video utilization: learnings from health centers

North East Medical Services
Hilary Djeng

• Strategies for supporting and educating patients in using unfamiliar technology
• Role of health education team in supporting patient technology use
Meet Your Coaches
You asked...

...we listened

....coaching is here!
Coaches will provide guidance & strategies for managing change & engaging clinicians & care teams in innovation testing.

**Tools & Methods Expertise**
Coaches will provide feedback (including any methods & tools) to help organizations align solution tests to their problem statement & improve the depth of their solution tests.

**Guidance & Strategy Support**
Coaches will provide guidance & strategies for managing change & engaging clinicians & care teams in innovation testing.

**Thought Partnership**
Coaches will support teams to think more broadly to address identified pain points, gaps, area of focus based on organizations’ data & information shared.

**What is Coaching?**
Jim Meyers, DrPH, MHA, LFACHE

I’m an expert in:
- Health IT Innovations – Telehealth and Patient Portal Operations
- SDOH and Direct Care Integration
- Strategic Planning

I’ve worked for:
- Independent Consulting
- UC Berkeley School of Public Health – faculty member
- United States Air Force

I have training in:
- Doctor of Public Health – Social Scientist
- Masters, Health Administration: Health Information Sciences and Social Epidemiology
- Lifetime Board Certified, Healthcare Executive (Fellow)

jim@meyershealthconsulting.com
SA Kushinka

I’m an expert in:
- Health Information Technology Implementation
- Data Governance
- Project Management

I’ve worked for:
- Full Circle Projects
- CCI
- National Consulting Agencies
- Software Vendors

I have training in:
- Building a Data Driven Culture
- Change Management
- Project Management

sak@fullcircleprojects.com
Laura Jantos

I’m an expert in:
• Taking advantage of new/disruptive technologies and legislation.
• Designing implementable solutions and getting vendors on board.
• Patient engagement from the patient perspective.

I’ve worked for:
• Safety Net Provider Organizations
• Services Organizations (Voxent/PPFA, OCHIN)
• Health Systems (e.g. Providence)

I have training in:
• Biomedical Informatics (AI/ML)
• MBA/MHA
• Life Fellow, Healthcare Information and Management Systems Society (LFHIMSS)

laura@ldjconsulting.net
Mike Lin

I’m an expert in:

- Innovation
- Human-Centered Design
- Rapid Testing / Experimentation

I’ve worked for:

- Kaiser Permanente
- Centura Health
- PepsiCo, Diageo, J&J, Royal Caribbean, Microsoft, Facebook

I have training in:

- Participatory Design
- Designing services and experiences
- Product Innovation and Development

mike@aspenlabsnetwork.com
Coaching Next Steps

• After today’s meeting, CCI will review your needs from team time. We will align a coach with your needs.

• CCI will introduce teams to coaches to schedule an hour meeting in December.

• After your meetings, CCI will meet with coaches to identify any additional resources to introduce.
Team Time
Team Time

Add your notes to your teams Google Slide Deck

1. Reflect on what you’ve done
2. Discuss where you’re headed
3. Determine where you need additional support
| 1  | Alameda Health System                  |
| 2  | CommuniCare Health Centers             |
| 3  | Community Medical Centers              |
| 4  | Eisner Health                          |
| 5  | Golden Valley Health Centers           |
| 6  | Los Angeles County DHS Care Teams      |
| 7  | Los Angeles County DHS Digital Barriers |
| 8  | Los Angeles County DHS Population Management |
| 9  | Monterey County Clinic Services        |
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| 20 | Serve the People                       |
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| 22 | Shasta CHC                             |
| 23 | UMMA Community Clinic                  |
| 24 | Venice Family Clinic                   |
| 25 | West County Health Centers             |
| 26 | White Memorial Health Center           |
| n/a| If you’re a guest, no need to rename yourself |
Wellness Moment

Take the next 30 seconds to minute to stretch and/or stand
Homework Assignment #4
& Programmatic Reminders
Homework Assignment #4
Due by 5:00PM on Friday, December 11th on the CCA Club!

Meet With Your Coach
CCI will introduce teams to coaches to schedule an hour meeting in December.

Continue Rapid Testing
Your team will continue to do one or more of the following:
- Improve your current Rapid Test
- Start a new Rapid Test
- Move your Rapid Test to the next stage

Update the Rapid Testing Dashboard
Capture & document all your learnings from this month’s rapid tests.

Complete the Rapid Test PowerPoint
Each team will be expected to present this PowerPoint at our upcoming Share & Learn Virtual Event #2 on December 17th
CCA Newsletters
Please don’t forget to whitelist news@careinnovations.org to ensure that emails arrive directly to your inbox!

Drop in Office Hours
These optional remote support opportunities will now center around our Affinity Group Topics. We’ll also only be hosting Office Hours once a month, the 4th Thursday of every month from 12:00-1:00PM

Provider & Care Team Survey
CCHE is soliciting input from site leads on what you think would be reasonable for your organization in terms of survey administration, and what would provide you with useful information. Please feel free to share any feedback with CCHE on the CCA Club!
Two health systems will share early wins and successful practices for engaging and supporting patient self-monitoring. This webinar will take place on Tuesday December 15 at 12:00PM.

Applications are due Wednesday November 25 at 3:00PM PT

To ensure the best experience for their patients, NEMS created ZOOM Instructional Videos for their patients that help their patients download and install the ZOOM application. Check out these videos on the CCA Club!

New Grant Opportunity! Virtual Care Innovation Network

Self-Measured Blood Pressure Monitoring: Lessons from the Field
Save the Dates!

**Optional Booster Webinar #3**
Facilitated by Mike from Aspen Labs!
**Thursday, December 3**
12:00-12:30PM

**Homework Assignment #4**
**Due by 5:00PM on Friday, December 11**

**Share & Learn Virtual Event #2**
Teams will be expected to present
**Thursday, December 17**
12:00-2:00PM
Post-Webinar | 3 Question Survey
We want your feedback!
Thank you!

For questions, contact:

Kathleen Figoni
(she/her/hers)
Program Manager
kathleen@careinnovations.org

Jaclyn Lau
(she/her/hers)
Senior Events Coordinator
jaclyn@careinnovations.org