Welcome!

We'll get started promptly at 12:02PM

Content Virtual Event #3 | January 21, 2020
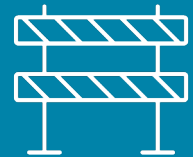
Welcome!

Content Virtual Event #3

January 21, 2020

Agenda

Guest Speaker
Chris Perrone, CHCF

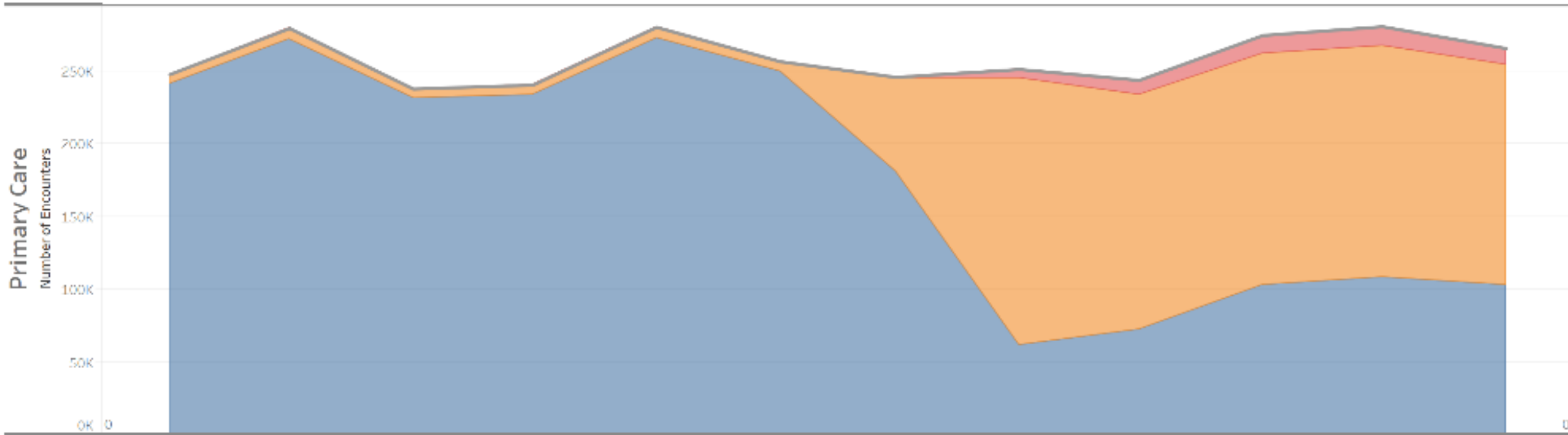**Video Visit Promising Practices**

Break

Sip & Share Overview

Homework & Next Steps

Encounters over time, segmented by modality

All visits over time, September 2019 - August 2020

- Health centers rapidly transitioned from in-person visits to virtual care, consisting mostly of phone visits
- During Mar-Aug 2020, 94% of telehealth visits were phone visits and 6% were video visits
  - Video visits increased slightly over this time period, to 8% of primary care visits and 14% of behavioral health visits
- Overall visit numbers, did not decrease much and returned to baseline within a few months

Video

Phone

Clinic
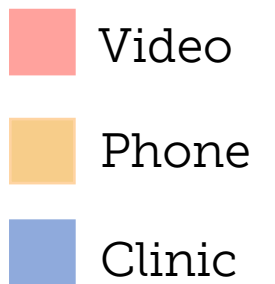
Guest Speaker

Chris Perrone, CHCF

California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

The Future of Medi-Cal Reimbursement for Virtual Care: What Can We Expect?

Chris Perrone

Director, Improving Access

Connected Care Accelerator

Content Webinar #3

January 21, 2020

Overview

- Telehealth Flexibilities During the Pandemic

- What We Know / Are Hearing

- Medi-Cal's Options

- Other States

- Key Dates

- Predicting the Future

Telehealth Flexibilities During Pandemic

- Granted flexibility on telehealth technology and privacy rules, including by expanding the types of permissible telehealth platforms

- Relaxed requirements regarding consent for telehealth services and inadvertent disclosures of protected information during telehealth

- Required health plans to reimburse for telehealth services (both video and audio-only) as if they were provided in person

- Permitted billing for telehealth with patients located in their homes and outside of designated rural areas

- Allowed for practice of remote care through telehealth across state lines

- Permitted controlled substances to be dispensed based on telehealth encounters

- Enhanced flexibility for Narcotic Treatment Programs (NTPs) with respect to telehealth assessments and counseling, take-home dosing, and hand-delivery of medications

What We Know
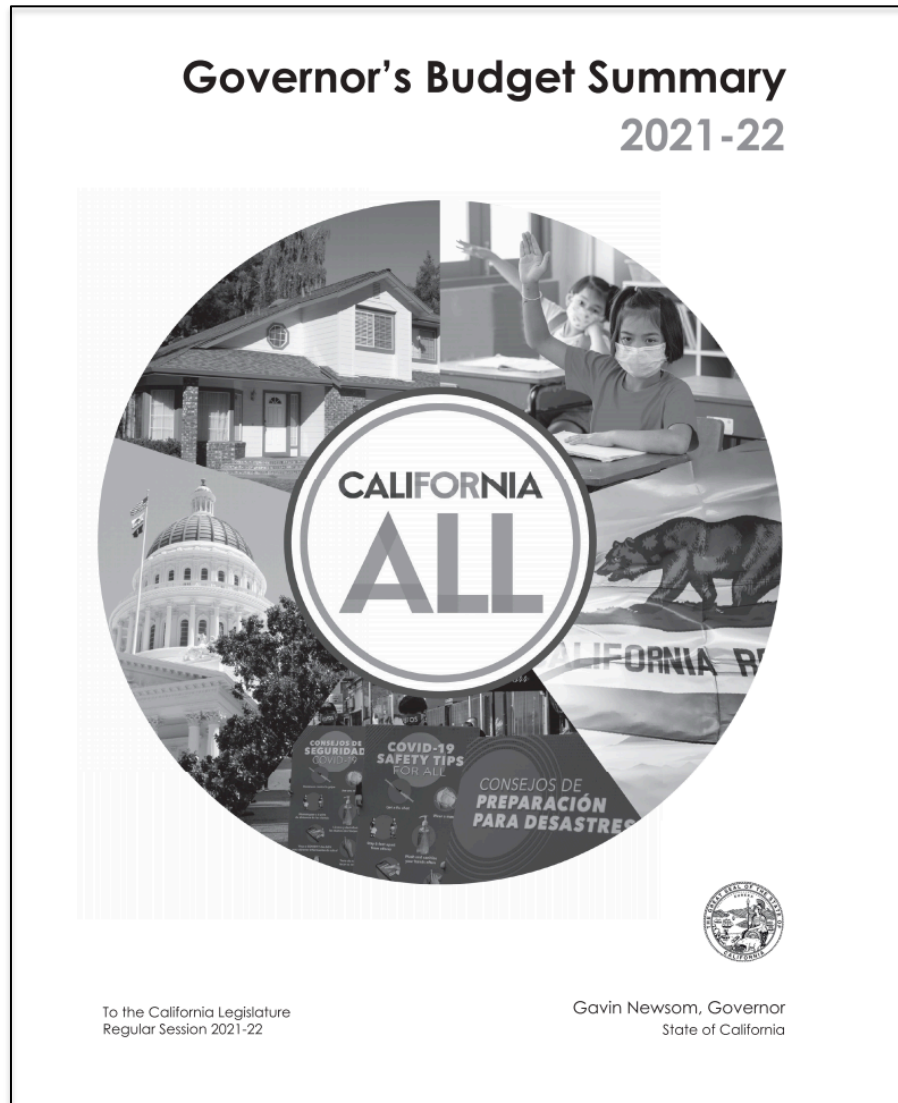
Permanent Telehealth Flexibilities

"The Budget includes $94.8 million to maintain and expand telehealth flexibilities authorized during COVID-19 for Medi-Cal providers, and to add remote patient monitoring as a new benefit, effective July 1, 2021."

"This effort will expand access to preventative services and improve health outcomes, thereby increasing health equity."

What We're Hearing

Alice Hm Chen, MD, MPH
Former Deputy Secretary for Policy and Planning and Chief of Clinical Affairs, California Health and Human Services Agency. Current Chief Medical Officer, Covered California.

"While equal payment for telehealth visits during COVID has been critical for sustaining our health care system... the truth is that the inputs for telehealth are not the same as for an in person visit."

"As proponents of telehealth, we have an obligation to have a value orientation and really be evidenced-based in our policies."

"We need to develop guidelines for when a telephone call is sufficient, when a video visit is preferred, and when an in-person visit is indicated."

- California Telehealth Policy Coalition Annual Meeting, November 17, 2020

Medi-Cal's Options

| Payment	Utilization Management
• PPS • Alternative Payment Methodology • Fee-for-service • Service-specific PPS Rates	• Per-patient encounter limits • Limit same-day visits • Other restrictions • Establish audit and monitoring practices

Source: Rafael Gomez, Pacific Health Consulting Group. Draft report for CHCF.

Other States

- Several states will reimburse FQHCs for video visits at the PPS rate beyond the pandemic

- Some states will also reimburse for telephonic visits at PPS beyond the pandemic

- Significant receptivity for telephonic visits for behavioral health services

- Wide agreement that more time and experience are needed to establish long term telehealth policy

  o NH: Commission to Study Telehealth Services

  o VT: Audio Only Telephone Services Working Group

Source: Rafael Gomez, Pacific Health Consulting Group. Draft report for CHCF.

Key Dates Ahead

FEBRUARY

1
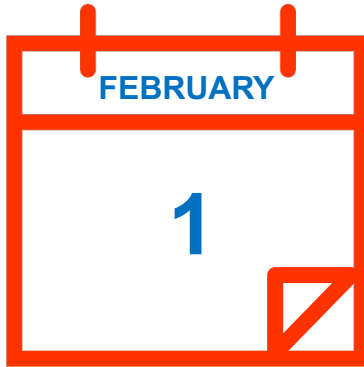
DHCS scheduled to release its proposed telehealth policy

FEBRUARY

16
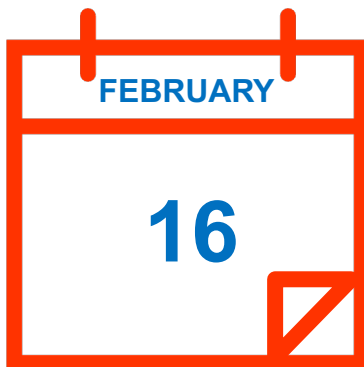
Assembly Health Committee Hearing

Predicting the Future?

Questions & Answers

10 minutes

Video Visit Promising Practices

Peer Sharing

Leadership Considerations

Dr. Jason Cunningham, CEO
West County Health Centers

Dr. Grace Floutsis, CMO
White Memorial Community Health Center

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Break

Provider & Team Considerations

Flipping a Telephone Visit to a Video Visit
CommuniCare Health Centers

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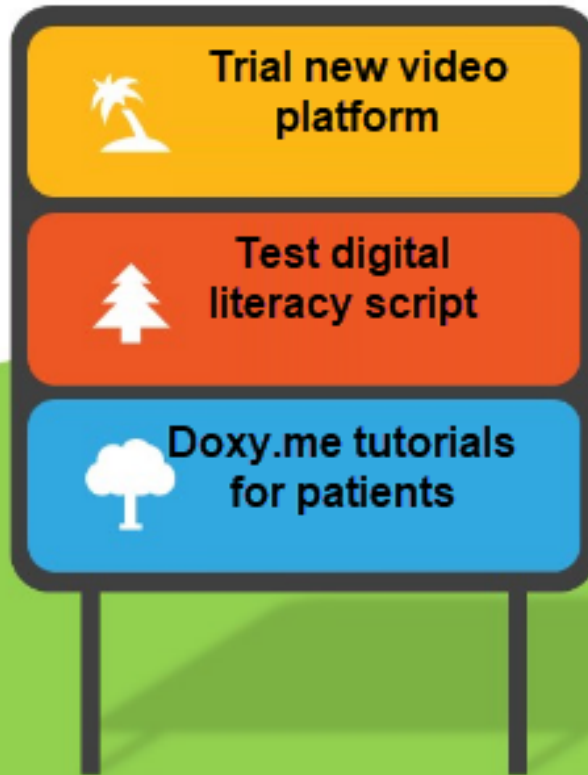# CommuniCare Health Centers

Lessons Learned from Implementing Video Visits

Video Visit Challenges

- Limitations of eCW's video platform

- Lack of buy-in from leadership and providers

- Perception that patients don't have interest/technological capabilities to complete video visits

- Collective staff exhaustion of transforming workflows in midst of a pandemic
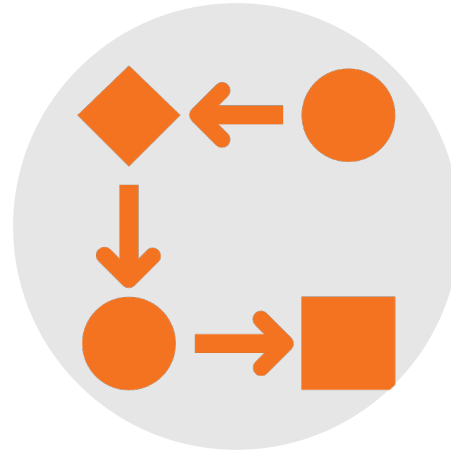
Video Visit Relaunch Roadmap

Key Tools & Resources

- Phone script

- Scrubbing schedule

- Training care teams

- Written workflows

- Progress Reports

Phone to Video Script

Good morning/afternoon, this is (insert name) from CommuniCare Health Centers calling you regarding your appointment with (Providers name). (Providers name) would like to have a video visit with you instead of speaking over the phone. Video visits enable our doctors to offer the same quality of care virtually as we provide in-person. It is a very simple and fast process. Before scheduling your appointment, we would like to ask you a couple of questions:

1. **Access to a Device?**
   - Smartphone/Computer/Tablet
2. **Access to the Internet?**
   - Access to Wi-Fi
   - Unlimited data
3. **Comfort?**

Are you comfortable utilizing video platforms (Face Time, What's App?)
   - Do you have a family member who would be able to help you?

   - If no, would you like one of our staff members to help you?
      - Yes, offer real-time tutorial
      - If, the patient doesn't have time, send TE to EHR trainer who will contact the patient and conduct a tutorial at their convenience.

Partnership QIP Virtual Care Grant Program

PHP % Video out of Virtual

Legend: Davis, Hansen, Salud, Goal

Next Steps: Spreading & Sustaining

- Finessing IT equipment (testing Ipads)

- Expanding Visits to RNs, PDEs, group visits

- Culture shift from seeing video visits as a project to new way of delivering care

- Adding interpreters to video visits
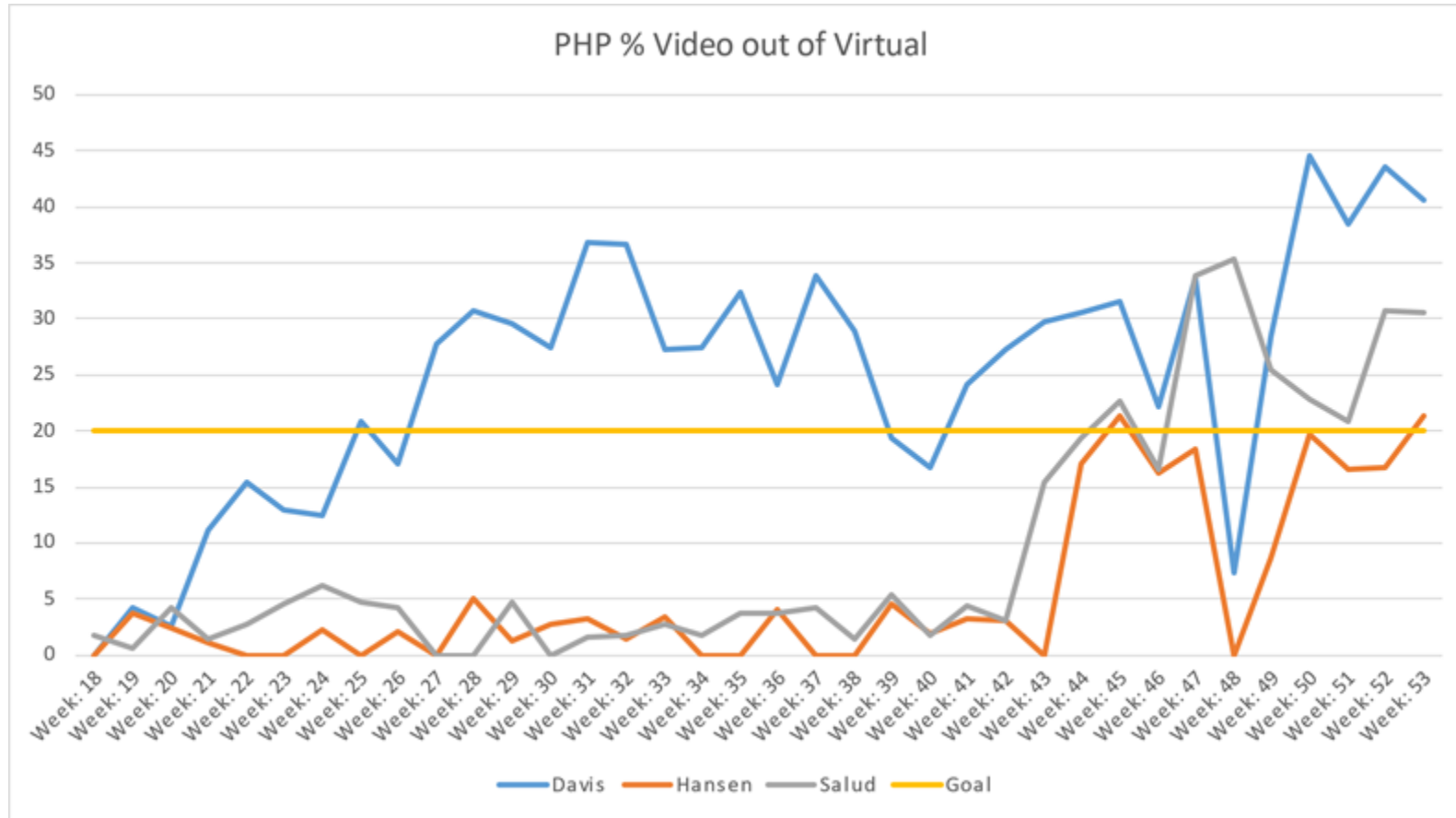
Thank you!

For questions contact:

Lynnette Brady

Director of Health Information Systems

LynnetteB@communicarehc.org

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Provider & Team Considerations

Demonstrating the Video Visit Workflow
Neighborhood Healthcare

Patient Considerations

Leveraging College Students as Tech Volunteers
Petaluma Health Center

Making Virtual Connections:
Needs and Opportunities in Telehealth

Observation

There is a **spectrum of support** that patients need in order to effectively engage on virtual platforms for telehealth. If our call center stays on the phone as long as some patients need them to, our hold times and dropped calls skyrocket and access suffers.

The Need

Petaluma HealthCenter

"How might we give dedicated support to patients with limited tech literacy without overwhelming our staff?"
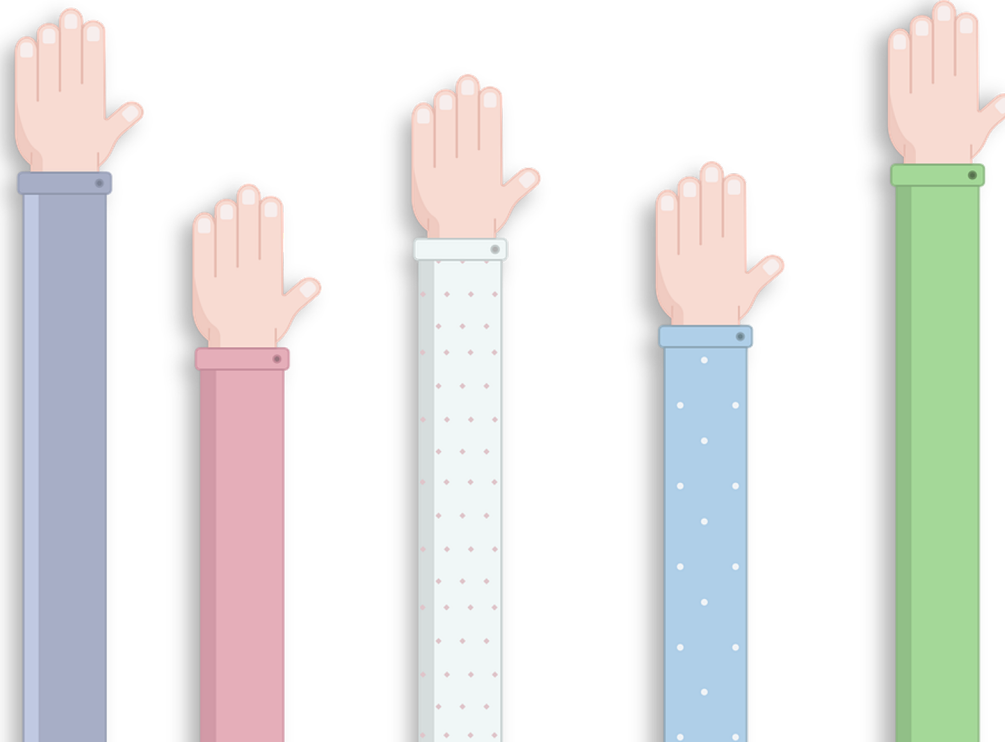
The Opportunity

College psychology students looking for opportunities to volunteer their time and be of service.

The Test

Trained 3 volunteers who were assigned to specific provider schedules to outreach 1-2 days ahead of their video visit to get them onto Webex platform, portal, email if needed, and CHADIS.

Discoveries

- Volunteer coordinator recruited & onboarded, trainer oriented, but ongoing supervision wasn't clearly defined.
- Volunteer process wasn't integrated and transparent to all team members.
- Messaging from multiple people on multiple channels.
- Connection was inconsistent, no good way to follow-up.
- Many concurrent changes made it difficult to manage.

Pivot

- New volunteer cohort assigned to standing 4-hour defined shift.
- Use consistent "Meeting Room" for all volunteers to make connecting more seamless and build-in accountability and supervision.

Questions?

Patient Considerations
Responding Organizations

1. **What have you done that is similar to PHC?**

2. **What have you done that is different than PHC?**

Recruitment, Training, Retention

- Recruitment:
  - Leveraged existing Volunteer Services Coordinator
  - Both email screen and interview
- Training:
  - SOP straining via Zoom
  - ERH training via video
- Retention:
  - Speaker series
  - Weekly office hours
  - Weekly check-in email
- Clinic alignment
  - Panel Managers
  - Monthly Newsletters
  - Partnered with Practice Managers and Med Directors

volunteers are fully remote

Organization: Alameda Health System

Tech Advocates

"FYI: Just used Tech Advocates. They helped a patient set up. The patient was so happy he called back to thank me!" – Ortho Nurse

"They are very grateful to be able to refer patients to the tech advocates for assistance with MyAlameda Health!" – Call Center Manager

"Teamwork makes the dream work!"

Show me the data!

Data from August 1, 2020 – January 20, 2021

- 925 attempted outreach calls
- 542 calls were successful
  - 155 declined assistance
- 350 activation codes were sent
- 168 successful sign-ups in real-time
  - ~ 30% conversion rate

"Hi Brian, Just wanted to let you know I successfully signed up and into MyChart. Thx again for your help!" – Grateful Patient

Outreach, Referrals, Scrubbing

- Primary Care Outreach Lists
  - ~60% all calls
  - Pt with an upcoming appointment in the next 14dys
- Scrubbing
  - ~30% Scrubbing specialty schedules
  - Targeting Zoom set-up + MyChart
- Referrals
  - ~10%
  - Password re-set
  - Access help

Patient Considerations
Responding Organizations

1. What have you done that is similar to PHC?

2. What have you done that is different than PHC?

What is your next step?

What are two things you might act on after what you've learned here today?

Thank you for joining us Infrastructure & Spread Track and Special Guests

We will now shift our attention to the Innovation Learning Collaborative

Sip & Share

Overview & Expectations

From
Gallery of Innovations
To

Sip & Share

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What is a Sip & Share?

It's an approach for sharing promising practices over coffee/tea.

The goal is to inspire you, get you interacting with innovative concepts & have you walk away with workflows, scripts & more!

Presentation criteria

Your presentation must address the following:

Describe the outcome you were trying to achieve

Describe 2-3 tests you've conducted

Share links to at least 2 examples of your work

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Presentation criteria

Describe the outcome you were trying to achieve

Example:

Preparing a patient for a video visit.

Describe 2-3 tests you've conducted

Share links to at least 2 examples of your work

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Presentation criteria

Example:

1. Call Center helps determine which patient is appropriate for video visit using the digital equity intake form

2. Once we've determined which patients were appropriate for a video visit the Call Center will call patients with an upcoming telephone appt and use the script to convert them to video visit

3. Two days before their video visit, we will text our text enabled patients a link to our educational video providing them with step-by-step instructions to join the visit via their smartphone

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Describe the outcome you were trying to achieve

Describe 2-3 tests you've conducted

Share links to at least 2 examples of your work

Presentation criteria

Example:

1. Digital Equity Intake Form

2. Call Center script for converting a patient from a telephone visit to a video visit

3. Link to the educational video that showcase step-by-step instructions for joining a video visit smartphone

Describe the outcome you were trying to achieve

Describe 2-3 tests you've conducted

Share links to at least 2 examples of your work

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Presentation criteria

Exa

1.

2. tient

3. owcase
a video

Share your work early + often

We don't anticipate these examples being perfect as we are still in our testing phase!

It's okay if these workflows, scripts & approaches are still being prototyped.

Describe the outcome you were trying to achieve

Describe 2-3 tests you've conducted

Share links to at least 2 examples of your work

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Presentation Medium

Choose a medium of your liking!

Here are some ideas to help you get started:

- PowerPoint
- Show + Tell Video
- Prezi Presentation – Prezi.com
- Doodle Drawing Video - Doodly.com
- Create an interactive Game Show
- Compose a song
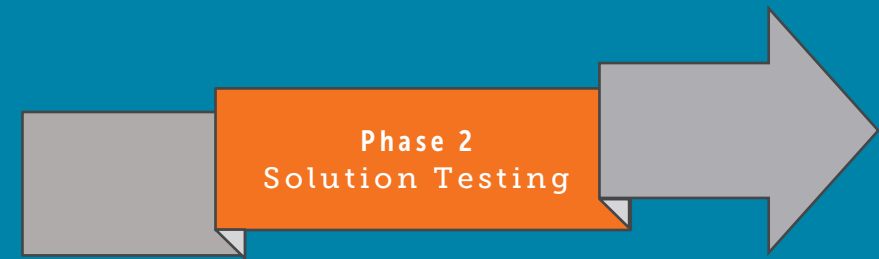
In Summary, CCA Teams Presenting will:

✓ Prepare a 2-Minute Introduction

✓ Prepare a 10-Minute Presentation

✓ Share links to **at least two examples** of your work *[workflow, flowchart, educational video, flyer, etc.] so your* peers can adapt it & make their own

✓ Ready & willing to answer your peer's questions

Homework Assignment #6
& Programmatic Reminders

Homework Assignment #6

Due by 5:00PM on **February, Friday 12th** on the CCA Club!

Phase 2
Solution Testing

Meet With Your Coach

Continue meeting with your coach. Set up another hour meeting to discuss advancing your rapid testing.

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.

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Homework Assignment #6

Due by 5:00PM on **February, Friday 12th** on the CCA Club!

February Teams Only!

1. Alameda Health System
2. CommuniCare Health Centers
3. Community Medical Centers
4. Monterey County Clinic Services
5. Neighborhood Healthcare
6. North East Medical Services
7. Northeast Valley Health Corporation
   - Virtual Care Teams
   - Population Management
8. Petaluma Health Center
9. San Francisco Health Network
10. San Ysidro Health
11. Share Our Selves Corporation
12. West County Health Centers
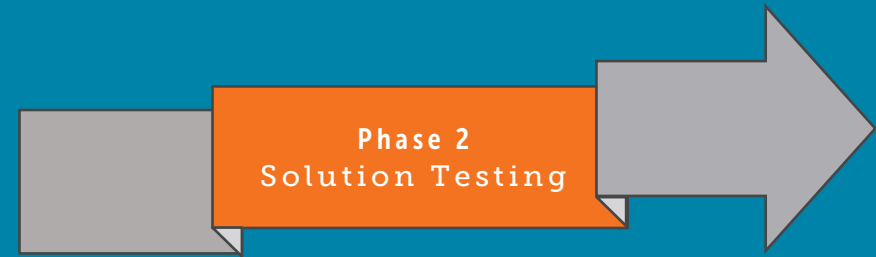
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Capture & document all your learnings from this month's rapid tests.

Sip & Share Presentation

Prepare a 2-minute introduction, 10-minute presentation and be prepared to address your peer's questions.

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Announcements

Booster Webinar #4 – Preparing Your Sip & Share Presentation
Join us on Thursday, February 4th at 12pm for our Booster Webinar. On this optional call CCI staff will help you prepare for your upcoming Sip & Share Presentation.

Drop in Office Hours
Join us on Thursday, January 28th at 12pm for our monthly drop-in office hours call. The topic will focus on video visits. We'll explore how you might apply and even test some of the promising practices you heard today!

Provider & Care Team Survey
In response to the COVID-19 surge & vaccinations, CCHE will be delaying the release of this survey to March/April. We will continue to provide updates.

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Resources

Telemedicine for Health Equity Toolkit
The toolkit provides background information and concrete guidance for healthcare systems looking to initiate, expand, or improve telemedicine programs.

CCA Club Spotlights
Visit the Peer Collaboration page on the CCA Club to access peer resources. Recent resource posts include: Eisner Health's Prenatal Diabetic Flowchart and West County Health Centers patient preparation guide.

Modern Redlining: Recognizing the Impact of Digital Redlining & Implicit Bias during the COVID-19 Pandemic
Differentiate between implicit bias as a systemic barrier in telehealth pre-COVID, and other forms of bias that were further exposed by COVID-19 as related to digital redlining. This webinar will take place tomorrow, Friday January 22 from 10:00-11:00AM PST

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Save the Dates!

**Optional
Booster Webinar #4**

**Thursday, February 4
12:00-12:30PM**

**Homework
Assignment #6**

**Due by 5:00PM on
Friday, February 12**

Sip & Share
Share & Learn Virtual Event #3

*Assigned February Teams
will be expected to present*

**Thursday, February 18
12:00-2:00PM**

Post-Webinar | 3 Question Survey
We want your feedback!