Housekeeping Reminders

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

Chat Box
Please chat in your questions

Name
Add your organization to your name

Tech Issues
Private chat DeShawn Spellman for assistance
Agenda

Guest Speaker
    CCHE & CCA Teams

Break

Looking Ahead
    Mike, CCA Coach

Cohort Conversations

Affinity Group

Homework & Next Steps
Guest Speaker
CCHE
Midpoint learnings on virtual care utilization

CCA ILC Evaluation Team
April 22, 2021
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 and learnings!

**Clinical data**

- All 23 health centers submitted data

- Data presented includes:
  - 19 FQHCs and Look-Alikes
  - 4 county hospital systems

- Data submitted includes
  - Monthly number of visits and unique patients for each modality (phone, video, in-person)
  - Visits segmented by payers
  - Patients segmented by race, ethnicity, age, English proficiency

**Interviews**

- All 23 health centers participated in interviews

- Topics addressed included
  - Successes, learnings, challenges on CCA projects
  - Video visit promotion, implementation, and utilization
  - Plans for the rest of the program and the future of telehealth
Visit and patient volume
All primary care visits over time, Dec 2019 - Feb 2021

Care Modality
- Video
- Phone
- Clinic

Number of Visits
- 300K
- 250K
- 200K
- 150K
- 100K
- 50K
- 0

Month
- Dec 19
- Feb 20
- Apr 20
- Jun 20
- Aug 20
- Oct 20
- Dec 20
- Feb 21
Percentage of telehealth visits conducted using video
Percentage of primary care telehealth visits conducted by video

- 25th Percentile
- 50th Percentile (Median)
- 75th Percentile

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% telehealth visits using video

Month
Percentage of behavioral health telehealth visits conducted by video

- 25th Percentile
- 50th Percentile (Median)
- 75th Percentile

Month:
- March 2020: 9%
- June 2020: 7%
- September 2020: 19%
- December 2020: 32%

% telehealth visits using video:
- March 2020: 0%
- June 2020: 0%
- September 2020: 0%
- December 2020: 0%
Percentage of primary care telehealth visits conducted by video

Individual health center trajectories

Month:
- March 2020
- May 2020
- July 2020
- September 2020
- November 2020
- January 2021
Differences in video access/utilization
Differences in phone/video utilization by age and English proficiency

**Pediatric patients**
Mar 2020 - Feb 2021
Primary Care

- Clinic: 36% (Adult), 64% (Pediatric)
- Phone: 17% (Adult), 83% (Pediatric)
- Video: 43% (Adult), 57% (Pediatric)

**Limited English Proficiency**
Mar 2020 - Feb 2021
Behavioral Health

- Clinic: 25% (Best Served in English), 75% (Best Served in a Language Other than English)
- Phone: 26% (Best Served in English), 74% (Best Served in a Language Other than English)
- Video: 16% (Best Served in English), 84% (Best Served in a Language Other than English)
Context from interviews
Summary of quantitative findings

• Overall visit volume, and volume for each modality, has remained relatively stable for the past six months (Sept 2020 – Feb 2021)

• The median health center is conducting about 6% of its telehealth visits by video

• Health centers with the highest percentage of video utilization (as a proportion of telehealth visits) are conducting more than a quarter of their telehealth visits by video

• Video utilization appears to be higher among:
  • Pediatric patients (primary care and behavioral health)
  • Patients who are proficient in English (behavioral health)
Context from interviews

• Health centers that have been able to achieve **high video utilization** discussed the following strategies, among others:
  • Using EMR to identify patients who have video visit capacity
  • Hybrid visits (video and in-person components)
  • Scripting to encourage video use and screening for digital barriers when scheduling appointments
  • Concrete targets for video utilization
  • Using health educators, MAs, volunteers, and other care team roles to support patient technology use
  • Using texting campaigns to get information out to patients

• Many health centers are focused on **building infrastructure to implement video visits** or improve video utilization that are unlikely to result in immediate change. Examples include:
  • Patient portal enrollment
  • Identifying telehealth platforms for longer-term use
  • Refining workflows within a pilot care team group before expanding video

• Many health centers have been thinking about **plans to continue offering virtual care**, but reimbursement uncertainties remain
Health Center Share-outs: Video Visit Utilization
Increasing video utilization: learnings from health centers

UMMA Community Clinic
Jennifer Garcia, Director of Quality Improvement

- Patient outreach and education strategies & different platforms for communication with patients
- Determining health center goals for virtual care going forward
Increasing video utilization: learnings from health centers

County of Monterey
Adriana Velez & Lupe Hueramo

• Virtual Care workspace/infrastructure
• Overcoming provider and staff hesitancy to video visits
• Determining health center goals for virtual care going forward
Questions?

Natasha Arora  Natasha.B.Arora@kp.org
Maggie Jones  Maggie.E.Jones@kp.org
Abbie Lee  Abbie.N.Lee@kp.org
Thank you for joining us
Infrastructure & Spread
Track and Special Guests

We will now shift our
attention to the Innovation
Learning Collaborative
Break
Looking Ahead
Program Goal & Objectives

The goal of this track is to provide a testing ground & support for organizations to rapidly design, test and share solutions to effectively care for patients using virtual care strategies.

Identify the biggest challenges & opportunities to strengthen population health management, build virtual care teams, and address how to engage patients with digital barriers.

Identify and test virtual care delivery changes to better understand the infrastructure, data, staff, and skills necessary to support these changes.

Uncover & document the best practices to effectively remotely manage patient populations.

Share best practices & bring successful changes to scale.
Program Structure

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.
Sip & Share Success

The resources you’ve all shared from our Sip + Share Events have been hugely valuable, as your peers work on video visits in their own organizations.

To showcase the major steps of the video visit experience over time we organized your artifacts into a journey map.
What is a Journey Map?

A visualization of a person’s or peoples’ experience that showcases the layers of their experience over time.

The insights uncovered through journey mapping help teams enhance and improve their workflows.
CCA Solutions by Patient Journey
In the spirit of sharing our work early + often, we would like to share this journey map with the larger CCI community.

If you would like to opt out, please email Jaclyn by Monday May 3rd otherwise we will assume everyone is willing to share their work.
Program Phases

Phase 1
Understanding the problem

Phase 2
Solution Testing

Phase 3
Sustaining & Spreading

Getting here
Virtual Care Playbook
Cohort Conversations
Cohort Conversations

Activity Overview

1. Reflect on what you’ve done
2. Discuss where you’re headed
3. Determine where you need additional support
Cohort Conversations

Logistics

1. Golden Valley Health Centers
   - Los Angeles County Department of Health Services
   - Jenelle, Mary Ann, Guillermo, Behnaz, Armenui & Lusine
   - Neighborhood Healthcare

2. SAC Health System
   - Community Medical Centers
   - County of Monterey
   - Eisner Health
   - Los Angeles County Department of Health Services
   - Carmen, Debra, Guili, Jagruti, Ray

3. Alameda Health System
   - CommuniCare Health Centers
   - Los Angeles County Department of Health Services
   - Cinthia, Emilia, Gladys, Mario, Pilar
   - North East Medical Services

4. Northeast Valley Health Corporation
   - Alejandra, Debra, Jasmine, Jessica & Samantha
   - Petaluma Health Center
   - Roots Community Health Center
   - Share Our Selves Corporation

5. San Francisco Health Network
   - Shasta Community Health Center
   - Venice Family Clinic
   - West County Health Centers
   - White Memorial Community Health Center

6. Salud Para La Gente
   - San Ysidro Health
   - Serve the People
   - University Muslim Medical Association
We’re currently in Cohort Conversation Breakouts

If you experience any technical issue and/or need help getting into your breakout, please chat DeShawn Spellman
Breakout Room Takeaway
In the chat box tell us:

What did you hear from your peers that resonated with you?
Affinity Group
Affinity Group
Self-select your breakout

A. Virtual Care of the Future
B. Business Case to Sustain Telehealth
C. Remote Patient Monitoring
D. Determining appropriate for visit type
E. Optimizing the Patient Experience
Step 1
After breakout rooms open, a popup will show up above the "Breakout Room icon." Click Breakout Rooms.

Step 2
A menu will pop up with a list of all breakout rooms. Select “Join” to enter the affinity group you would like to discuss.

Step 3
Click “Yes” to confirm, and you will be moved to that breakout.
Affinity Group
Self-select your breakout

A Virtual Care of the Future
B Business Case to Sustain Telehealth
C Remote Patient Monitoring
D Determining the appropriate modality for visit type
E Optimizing the Patient Experience
We’re currently in Affinity Group Breakouts

Virtual Care of the Future
Business case to sustain Telehealth
Remote Patient Monitoring
Determining the appropriate modality for visit type
Optimizing the Patient Experience

If you experience any technical issue and/or need help getting into your breakout, please chat DeShawn Spellman
Homework Assignment & Programmatic Reminders
Homework Assignment #9
Due by 5:00PM on Friday, May 14th on the CCA Club!

Phase 2 Solution 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.

Complete the Planning Your Future Tests PowerPoint
Each team will be expected to present this PowerPoint at our upcoming Share & Learn Virtual Event #4 on May 19th
Announcements

CCA Patient Solutions Journey Map
Email Jaclyn by Monday, May 3rd to opt out of sharing your organization’s resources with the larger CCI safety-net community.

Canceled! April 29th Affinity Group Coaching Office Hours
We will resume office hours on Thursday, May 27 from 12 – 1PM.
Resources

COVID-19 Telehealth Program
The FCC approved a second round of funding providing $200 million to help pay providers’ telehealth costs. Applications open Thursday, April 29 at 12PM (ET) and close on Thursday, May 6 at 12PM (ET).

New & Improved! California Telehealth Resource Center’s Website
CTRC offers an array of no-cost comprehensive telehealth resources, trainings, and reimbursement and policy updates on their website.
Save the Dates!

Homework Assignment #9
Due by 5:00PM on Friday, May 14

Share & Learn Virtual Event #4
Teams will be expected to present
Thursday, May 19
12:00-2:00PM

Affinity Group Coaching Session
Thursday, May 27
12:00 – 1:00PM
2 Question Poll
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