



# I Housekeeping



# Mute

# **Minimize Interruptions**

Please make sure to mute yourself when you aren't speaking.



# Chat

# Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.



# **Naming**

# **Add Your Organization**

Represent your team and add your organization's name to your name.



# Tech Issues

# Here to Help

Chat Jaclyn privately if are having issues and need tech assistance.



# Agenda

- 1 Welcome & Agenda
- 2 CCHE Midpoint Report
- 3 Spotlight: Patient Stories
- 4 Break
- 5 Affinity Group Breakouts
- 6 Homework & Next Steps





# CCHE Midpoint Report



# Connected Care Accelerator Innovation Learning Collaborative

Midpoint evaluation results

June 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.

# Data informing the mid-point report



2 report submissions (baseline, midpoint)



team interviews (23 baseline, 23 midpoint)



- Rapid testing dashboards
- **Presentations during LC** events
- Other team documents



# Key findings at mid-point

- Telehealth replaced a large volume of inperson care in the safety net during the COVID-19 pandemic, with most telehealth visits conducted by telephone.
- The rate of adoption and spread of <u>video</u> <u>visits</u> varied across health centers, with some key implementation practices supporting higher utilization of video visits.
- Health centers made progress in meeting a variety of patient needs via telehealth and continue to seek solutions to address digital barriers.

- Many factors, including patient needs, staffing models, and technology infrastructure, went into determining each health center's telehealth model.
- The learning collaborative is providing clinics with needed support to advance telehealth efforts, address challenges, and plan for the future of telehealth.

Telehealth replaced a large volume of inperson care in the safety net during the COVID-19 pandemic, with most telehealth visits conducted by telephone.

- Pre-pandemic use of telehealth in primary care (PC) & behavioral health (BH) was very limited (less than 4% of visits)
- During the pandemic, telehealth visits accounted for 53-75% of total monthly health center visits
- Of telehealth visits, 94% of PC and 89% of BH visits were conducted by phone.

In interviews, teams discussed telephone visits as easy to implement, convenient for patients, comfortable for providers, and useful in being able to address a variety of patient care needs.



The rate of adoption and spread of <u>video</u> visits varied across health centers, with some key implementation practices supporting higher utilization of video visits.

## Elements for successful use of video visits:

- Identifying & adopting video platforms
- Creating workflows for video visits
- Onboarding patients to the use of the platform
- Establishing new care team models
- Determining how to connect interpreters to video visits

# Health centers with high video utilization:

- Use platforms that provide easy access for patients
- Schedule telehealth appts as video by default
- Have prioritized operational bandwidth to make the transition to video
- Set targets for video utilization



Health centers made progress in meeting a variety of patient needs via telehealth and continue to seek solutions to address digital barriers.

- Building **patient capacity** to engage in telehealth visits support patients' access to technology and providing training/support to use technology & recognizing patient strengths to leverage, for example:
  - Using health education staff to do education about accessing video visits in the waiting room when they are there in-person
  - Using student volunteers to do virtual patient rooming and troubleshooting technology issues
  - Creating a website to instruct patients on accessing video visits
  - Conducting outreach to patients ahead of video visits to assess technology needs and rehearse visits ahead of time

In interviews, teams also emphasized the strengths of their patients, including willingness and eagerness to try new things, support provided within families and across generations to troubleshoot technology, and responsiveness to provider encouragement.



Health centers made progress in meeting a variety of patient needs via telehealth and continue to seek solutions to address digital barriers (continued)

- Enabling the use of **language interpretation** 
  - providing interpretation on video visits was a challenge for health centers
  - health centers overcame this through using phone visits and/or multi-lingual staff, while continuing to work through tech challenges
- Implementing remote patient monitoring, including identifying technology, deploying devices, providing patient education, and developing data collection processes
- Enrolling patients in **patient portals** in order to increase access to video visits
- Offering **hybrid visits** to meet patient needs, for example, having a patient meet inperson with an MA and meet with the provider on the phone.
- Providing hardware or wi-fi access to patients, such as the use of Care Coach tablets and the use of parking lot wi-fi to support patient access



Many factors, including patient needs, staffing models, and technology infrastructure, went into determining each health center's telehealth model.

# Factors that influenced health centers' telehealth care models:

- **Staffing** and care team models, including care team roles, and staffing shortages during the pandemic
- Technology the technology that health centers adopted influenced their model; some took a long-term view to adopting new technology, some were limited by existing contracts; there were many platformspecific facilitators and challenges
- Decisions around when to use different modalities health centers are using different decision-making criteria to determine which visit modality is recommended, many are relying on patient or provider preferences for the type of telehealth visit (video or phone)
- Financial incentives & reimbursement policy were a catalyst for making rapid & sustainable changes

In interviews, teams talked about the relentless efforts of staff at every level to make the shift to telehealth work and to manage a large amount of change under rapidly shifting conditions.

Throughout the pandemic, health centers were challenged by limited bandwidth, staff shortages, and competing priorities.



The learning collaborative is providing clinics with needed support to advance telehealth efforts, address challenges, and plan for the future of telehealth.

Participants were overwhelmingly positive about their experiences with the learning collaborative. The most valuable aspects included:

- Peer learning, particularly the Sip N Share sessions, which allowed them to connect with organizations that were similar to theirs in terms of geography, structure, technology platforms, etc.
- **Coaching,** which provided opportunities for troubleshooting projects and helped participants identify helpful resources and materials
- **Learning collaborative events,** with effective use of digital collaboration tools and opportunities to learn from both peers and experts
- **Grant funding**, which allowed teams to adopt new technology and have dedicated time and staffing to advance their telehealth goals.

"The most useful element for me every time has been hearing what other clinics are doing, hearing new ideas we might want to take to our own practice....Also, the sense that you're in this with other people who are having the same struggles."

"It's been great to hear other programs that have been successful to know that we can be successful with our patient population."

# What are the next steps for health centers?

# Improving virtual care implementation

- Increasing the use of video visits
- Increasing supports for patients and providers to effectively engage in telehealth services
- Refining workflows and processes

# Adjusting virtual care models for long-term

- Selecting and adopting new technology that is accessible and has useful backend features
- Adjusting infrastructure to current health center needs (i.e., how to integrate virtual care with increasing in-person care)
- Aligning strategies with available resources (e.g., payment, physical space, etc)

# Monitoring outcomes

- Ensuring quality of care
- Ensuring equitable access and continued patient engagement

# **Breakout discussion questions**

- 1. What are your plans for improving your virtual care implementation?
- 2. What are you doing to adjust your virtual care models for the long-term?
- 3. How are you thinking about monitoring quality and equitable access?





# Spotlight Patient Stories



# Storytelling in Communications

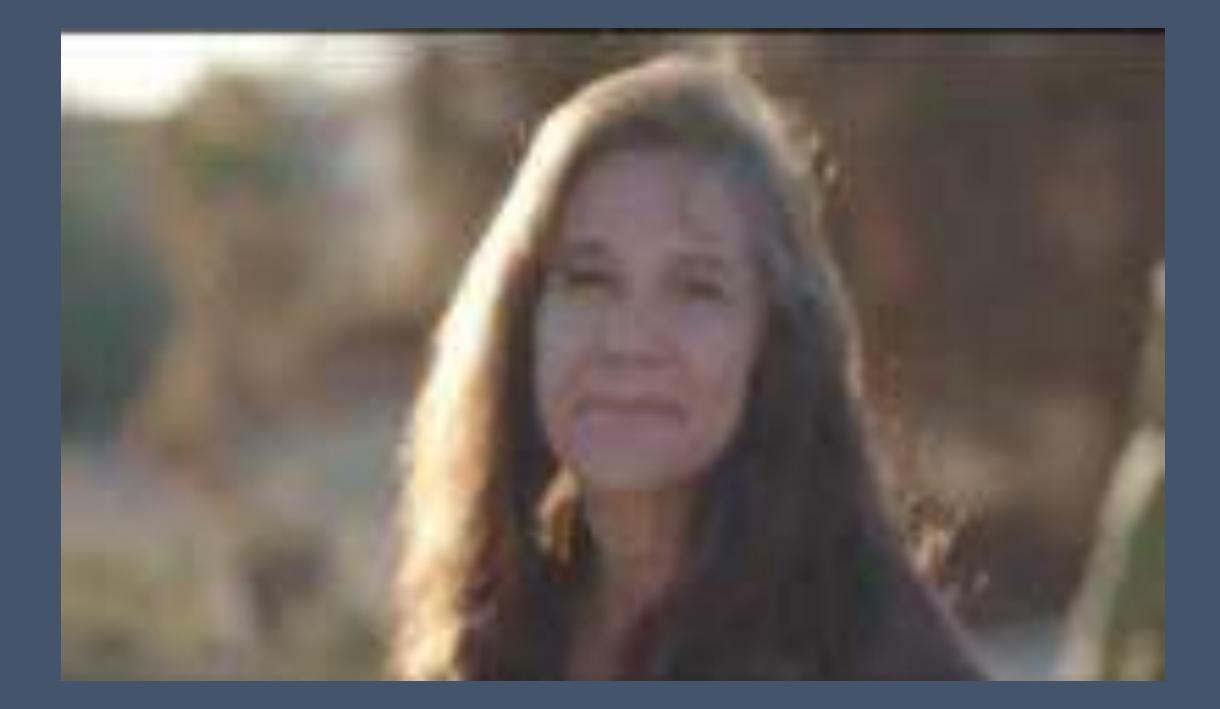
June 17, 2021

# **Stories Matter**

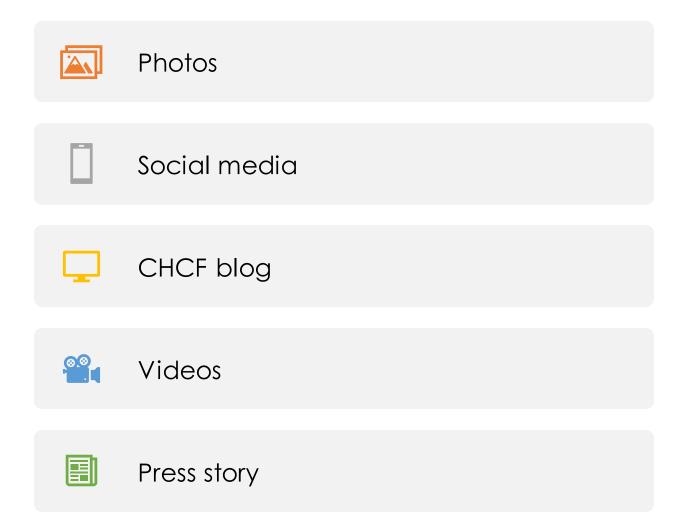
People make decisions based on emotion.

Storytelling has been an important way humans communicate.

Visual images play a large role in communicating information.



# Ways We Tell Stories



# CHCF Blog



SEARCH Q HELP SIGN UP

- ABOUT CHCF OUR WORK - THE CHCF BLOG PUBLICATIONS GRANTS INVESTMENTS EVENTS MEDIA



CHCF BLOG

# Ending Phone Visits Would Be a Setback for Patients with Low Incomes

APRIL 30, 2021

By Christopher Perrone





As a person who experienced homelessness, Kevin Shoop values his ability to consult with his primary care physician through telephone visits. Photo: Story Eyed Media

# **Press Story**



# Social Media



# What's In It for Partners



Provide feedback on stories.



Share with your board.



Incorporate into your marketing efforts.



Use in waiting rooms.

# Painless Process



Partners identify story subjects.



Our experienced team manages logistics to make the process easy.



We provide a release form.

# Break



# Affinity Group Breakouts



# Affinity Group Breakout

**Activity Overview** 

For the next 30 minutes you & your peers will have an opportunity to dive deeper into themes that you've identified will help advance your telehealth initiatives.

During this breakout you will:

- Provide feedback on materials produced by our coaches
- Build awareness & identify actionable next steps
- Discuss challenges & areas of opportunity

A facilitator & notetaker will be present to keep time & help guide the conversation.

\*We recommend your team split up into different breakout groups





Journey Mapping the BP & Glucose Remote Patient Monitoring Experience

Telehealth Strategic Planning – Ways to Successfully Address Equity





B Journey Mapping the BP & Glucose Remote Patient Monitoring Experience

Telehealth Strategic Planning – Ways to Successfully Address Equity













B Journey Mapping the BP & Glucose Remote Patient Monitoring Experience

Telehealth Strategic Planning – Ways to Successfully Address Equity



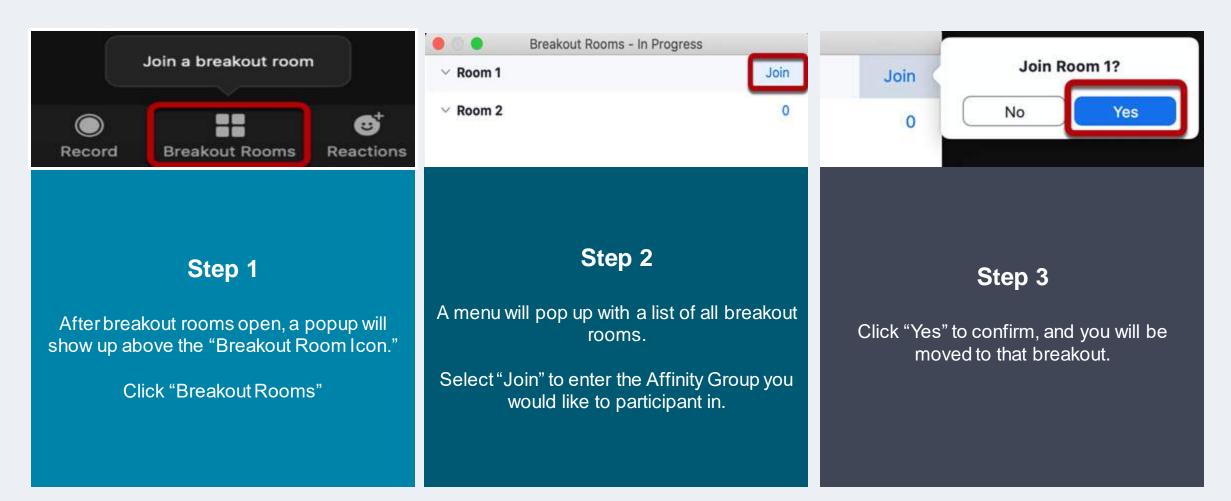


Journey Mapping the BP & Glucose Remote Patient Monitoring Experience



# How to Self Select into a Breakout Room





# We're currently in Affinity Group Breakouts



If you experience any technical issue and/or need help getting into your breakout, please private chat **Jaclyn Lau** 



# Homework Assignment & Programmatic Reminders

# Homework Assignment #11





# **Phase 2 | Solution Testing**

# **Rapid Testing PowerPoint Slide**

- Download & complete the slide template off the CCA Club
- Share high-level learnings from your rapid experiments
- Each team will be expected present this at our next virtual event on July 14<sup>th</sup>

# **Continue Rapid Testing**

- 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

# I Final Deliverables

## **Final Virtual Event**

# Sip & Share #3 *August 18, 2021*

- Prepare a 2-minute Pitch
- Prepare a 10-minute presentation
  - Describe the problem you were trying to solve for.
  - Describe how you approached it.
  - Describe what you learned that would be of value to your peers.
  - Share 2-3 artifacts that your peers can adapt.
- Answer any questions your peers might have following your presentation

# Operationalizing Your Teams TeleHealth Initiative

## **Project Narrative**

Due: September 15, 2021

- A final narrative will be submitted to CCI summarizing the implementation and outcome of your team's telehealth initiatives over the past year.
- This narrative will be shared broadly with the greater safety net.



# I Announcements 🔊



We're **cancelling** the optional Booster Webinar #5 on July 8th. Stay tuned for a cancellation notice this week!



The final virtual event on August 18th has been extended by 30 minutes. Event run time is 12 – 2:30 PM, please check your inbox for the updated calendar invite sent on Tuesday, May 11<sup>th</sup>.



Join CCI for an on-demand screening and discussion of the documentary: A Place to Breathe on June 29<sup>th</sup> from 12-1:30pm PST.

# Save the Dates



Homework Assignment #11

**JULY 9** 

Due by 5:00pm



Share & Learn Virtual Event #5

**JULY 14** 

12:00pm - 2:00pm



Content Virtual Event #6

**AUGUST 18** 

12:00pm – 12:30pm

\*Final Virtual Event\*





# **How Did We Do?**

Take the next minute to answer our virtual event poll.

# Questions?



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