



Welcome!

We'll get started promptly at 12:02PM

Find your team number & add it before your name

1

- Golden Valley Health Centers
- Los Angeles County Department of Health Services
Jenelle, Mary Ann, Guillermo, Behnaz, Armeni & Lusine
- Neighborhood Health
- Northeast Valley Health Corporation
Christine, Belen, Gina & Stephen
- SAC Health System

2

- Community Medical Centers
- County of Monterey
- Eisner Health
- Los Angeles County Department of Health Services
Barbara, Ray, Jagruti, Guili & Debra

3

- Alameda Health System
- CommuniCare Health Centers
- Los Angeles County Department of Health Services
Gladys, Guadalupe, Gordon, Michelle, Ashley, Emilia, Pilar
- North East Medical Services

4

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

5

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

6

- Salud Para La Gente
- San Ysidro Health
- Serve the People
- University Muslim Medical Association

Housekeeping Reminders



Audio

Link your audio to video if you called in via phone



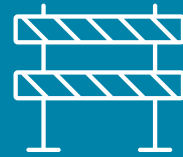
Chat Box

Please chat in your questions



Name

Add your team number in front of your name



Tech Issue

Private chat Jaclyn Lau for assistance



Welcome!

Share & Learn Virtual Event #2

December 17, 2020



Agenda



Rapid Testing Dashboard Themes

Themes, Gaps Spotighting & More!



Cohort Conversations



Break



Conversation Café



Homework & Next Steps

Rapid Testing Dashboard Themes

Rapid Testing Dashboard

The upcoming slides are pulled your organizations tab as of 12.4.2020



| CCA_Rapid Test Dashboard | | | | | |
|--|--|---|--|--|--|
| File Edit View Insert Format Data Tools Add-ons Help Last edit was 6 minutes ago | | | | | |
| 100% \$ % .0 .00 123 Arial 9 B I A | | | | | |
| A | B | C | D | E | F |
| | | | November 2020 Status Update | | Decem |
| Type in the name of your Rapid Test / Solution | Describe your Rapid Test in 2-4 sentences, include why you began this rapid test | Select the Driver Diagram & Change Category this solution falls under | Select the stage that best describes what phase of the process your organization is in | In 3-5 sentences, describe any progress you made with this rapid test. If you stopped considering this solution please specify why. | Select the stage that best describes what phase of the process your organization is in |
| Name | Rapid Test Description | | Status | Comment on Status | Status |
| <i>Example: Digital Equity Intake Form</i> | <i>Example: The barrier to care cohort is testing the willingness and capability of patients to participate in virtual care visits by creating the digital screening tool</i> | Digital Barriers Change Category: Technical Support & Troubleshooting | Assess + Repeat Testing | <i>Example: This past month CCI Clinic tested our digital equity intake form. We tested this 6 question paper survey with 9 Spanish speaking patients and 11 English speaking patients. We quickly learned that Question #2: [What smart devices do you currently use for the Internet at home?] was confusing for 6 out of the 20 patients. In all 6 cases our MAs had to explain what a smart device meant. We also learned we needed add a question that helps us understand which cell service provider (i.e. AT&T, Verizon, etc.) does the patient have.</i> | Assess + Repeat Testin |
| Post Video Visit Survey | LA DHS Cohort 2 population health is trying to understand the feasibility of implementing post-video visit surveys as part of the workflow for patients and staff completing video visits. We also want to obtain patient feedback regarding their preference and benefit for video visit compared to other visit modalities. | Pop Management Change Category: Patient Engagement | Experimentation + Testing | In September we developed a post-video visit patient survey tool. We tested it with two care teams across our system and obtained a total of 9 patient surveys in the month of October. The care teams and patients were both willing to engage in and complete the surveys. In November, we asked that each clinic team currently conducting video visits offer patients a post-visit survey as a standard part of their workflow for all video visit appointments for two consecutive weeks. There were several additional surveys which were returned by the clinic with the highest total volume of video visits. Other clinics did not return video visit post surveys. | Assess + Repeat Testin |
| Video Visit Screening & Script | LADHS Cohort 1 Virtual Care Teams rapidly experimented having nurses in the Antihypertensive Medication titration Nurse-Directed Clinic use a script to screen patients and identify those who might be potential candidates for video visits. We were hoping to learn if the script was helpful and easy for nurses to use, if the questions identified potential video visit candidates, and if the script would increase the number of patients interested in video visits. | Care Teams Change Category: Workflows & Programs | Experimentation + Testing | Since the rapid experiment, we've expanded are rapid experimentation to include patients scheduled for any of the Nurse-Directed Clinics rather than just the patients scheduled in the Antihypertensive Medication Titration NDC. We found that the original patient population we had targeted had a high turnover rate and were discharged from the program because they met their targeted blood pressure goals before the video visit could occur. We hope that by expanding to other NDC patients, we'll have a larger sample size and be able to successfully identify and enroll more patients into video visits. | Assess + Repeat Testin |
| Digital Equity Intake Form | The barrier to care cohort is testing the willingness and capability of patients to participate in virtual care visits by creating the digital | Digital Barriers Change Category: Technical Support & Troubleshooting | | The Barriers to Care Cohort utilized a 5 questionnaire digital screening tool to examine patient's willingness and capability to participate in Virtual Care. Based on a sample of 15 patients whom completed the screening, we learned that patient's willingness correlated to their level of need. For example, patients (5) who are under the care of CHWs showed unwillingness to participate due to the complexity of their care. Patients (8) under the care of MCM and SAC showed | Assess + Repeat Testin |
| + LADHS Neighborhood Healthcare NEMS NEVHC Petaluma Health Center Roots Community Clinic SAC Salud Para La Gente | | | | | |

Sustaining Virtual Care Teams

Participating Organizations

Golden Valley Health Centers

Los Angeles County Department of Health Services

Neighborhood Healthcare

Northeast Valley Health Corporation

SAC Health System

San Francisco Health Network

Shasta Community Health Center

Venice Family Clinic

West County Health Centers

White Memorial Community Health Center

Draft Driver Diagram

Sustaining Virtual Care Teams

Goal

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

Change Categories

New Roles & Responsibilities

Patient Engagement

Workflows & Programs

Technology Optimization

Staff Education & Confidence Building

Change ideas/projects/activities

- 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 including IT support
- Include different roles: pharmacists. Scribe, volunteers 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 & what to expect
- 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

- 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 incl portals
- Design programs for specific populations (e.g. HIV testing, senior wellness calls)
- Integrate vitals, consent 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
- Equipment & tools for workspaces and members of team, break-outs
- 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 aides 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 out of 5

**change categories from the
Sustaining Virtual Care Teams Driver Diagram
are currently being tested**



New Roles & Responsibilities

Patient Engagement

Workflows & Programs

Technology Optimization

Rapid Testing Gaps

Sustaining Virtual Care Teams

Building Confidence Amongst Staff

In the chat box, tell us how you are building confidence amongst staff.

New Roles & Responsibilities

- RN Video Visit Screening & Script (LADHS)
- Virtual Intakes: Depression & DV Screening (VFC)
- Virtual Concierge Role (WCHC)

Patient Engagement

- Pt instructions for connecting to MyChart for a video visits (SAC)
- Video Visit Verification Text Message (VFC)
- MA to assist with patient education to assist with technology & confidence (GVHC)

Workflows & Programs

- Staff scripts for onboarding & rooming a patient onto ZOOM (SFHN)
- Virtual Care Team physical configuration and workflow (NH)
- Develop a process to communication appt delays to pts. (NEVHC)
- Integrate vitals, screening questionnaires & clinical decision support tool into video and telephone workflow (NEVHC)

Technology Optimization

- POD equipped with technology to conduct video videos (SAC)
- Platform comparison Doxy.me vs. ZOOM (NH)
- Portal Implementation (SCHC)
- Primary Care & Behavioral TeleHealth Post Visit Survey via Text Messages (WMCHC)

Change ideas
Rapid Tests
Sustaining Virtual Care Teams

West County Health Centers



Rapid Testing

Virtual Care Concierge

(New role, redefining the visit, pt education & more!)



Population Management

Participating Organizations

Community Medical Centers

County of Monterey

Eisner Health

Los Angeles County Department of Health Services

Northeast Valley Health Corporation

Petaluma Health Center

Roots Community Health Center

Share Our Selves Corporation

Draft Driver Diagram

Population Management

Goal

To strengthen and sustain population management strategies that leverage virtual and in-person care.

Change Categories

Staff Education & Buy-In

Patient Engagement

Workflows & Protocols

Reliable Technology

Remote Monitoring

Change ideas/projects/activities

- Train providers and staff on technologies & HIPAA
- Gain buy-in from providers, management, IT for time
- Develop educational materials for training
- Address lack of vitals for virtual visits
- Improve patient-provider emotional connection

- Provide clear education about video visits, technologies
- Leverage volunteers/call center to help patients with technology
- Scheduling & reminders to patients before virtual visit
- Get feedback from patients about video visits (experience)
- Identify ways to do online screening / questions

- Develop protocols for referrals, follow-up, care coordination
- Electronic consents (one-time)
- Guidelines for scheduling & templates (phone vs video vs live)
- Identify & define appropriate clinical use for video/phone
- Set goals for # of video visits per week & success metrics
- Interpreter services & workflows

- Reliable internet in clinics
- Patient access to high-speed wifi in community
- Identify additional equipment & reliable platform
- Provide patients with access to devices & equipment

- Streamlined education for patients on use of BP monitors
- Develop strategies to ensure validity of home BP
- Evaluate effectiveness of home BP program
- Ensure protocols for correct use of BP monitoring
- Ensure reliability of home glucometers & data

4 out of 5

**change categories from the
Population Management Driver Diagram
are currently being tested**



Staff Education & Buy-in

Patient Engagement

Workflows & Protocols

Remote Monitoring

Rapid Testing Gaps

Population Management

Reliable Technology

In the chat box, tell us how you are improving your technology reliability and connections.

Staff Education & Buy-in

- Educate staff on home BP monitor option for uncontrolled HTN pts (CMC)
- Telehealth new template note type (Roots)

Patient Engagement

- Post-video visit patient survey (LADHS)
- BP monitor teaching via ZOOM Group classes (NEVHC)
- ZOOM education in Spanish (NEVHC)
- Psychology College Students volunteer to help patients with portal, CHADIS & overall telehealth system (PHC)

Workflows & Protocols

- Workflow that identifies pts, ordering & distribution BP monitors for insured & uninsured pts (CMC)
- Determining if a CPSP pt would benefit from a video visit via Doximity or FaceTime (COM)
- Diabetic Prenatal Patient Workflow (Eisner)
- Alert in EHR to inform Care Team that a pt has received a BP monitor (NEVHC)
- FormDr to automate consent for telehealth via text (PHC)

Remote Monitoring

- Pt education on HTN, use of BP monitor & BP log sheet (CMC)
- Alert in EHR to inform Care Team that a pt has received a BP monitor (CMC)
- Online questionnaire tool (PHC)
- Educating patients on how to utilize their BP Monitors (SOS)

Change ideas

Rapid Tests

Population Management



Share Our Selves

Rapid Testing

Blood Pressure

RPM Device Program

(P&P, staff workflows, pt education & more!)



Digital Barriers

Participating Organizations

Alameda Health System

CommuniCare Health Centers

Los Angeles County Department of Health Services

North East Medical Services

Salud Para La Gente

San Ysidro Health

Serve the People

University Muslim Medical Association

Draft Driver Diagram

Engaging Patients with Digital Barriers

Goal

To remove digital barriers for all safety net patients to access high quality health care services.

Change Categories

Free or Low Cost Resources

Technical Support & Troubleshooting

Patient & Staff Education

Caring for Specific Populations

Schedules & Workflows

Change ideas/projects/activities

- Tablet + kiosk at clinic ready for patient
- Incorporate free phone services into care & sign up at enrollment
- Gather community wifi + technology resources currently available at free or no cost to the patient
- Purchase or lend smart phones or laptops
- Offer group practice sessions for patients who need additional Zoom practice
- Partner with carriers to provide hardware & connectivity

- Hire a telehealth coordinator to troubleshoot in real time
- Support staff to jump in virtual waiting room & tell the patient what to expect
- Involve family members/caregivers in the patients set up of virtual visits & navigation virtual care
- Offer more tech assistance via phone and in person to the patient / hotline
- Digital intake to assess comfort & device prior to visit
- Minimize clicks/steps by using technology that does not require links (QR codes)
- Provide tech advocates/volunteers with resources if other issues outside of tech barriers

- Informational campaigns to communicate why & how we are doing virtual visits
- Develop patient handouts/videos in multiple languages on smartphones skills
- Step-by-step instructions that includes more pictures & what you should expect
- Leverage vendor education & marketing (Epic MyChart videos, healow marketing, etc.) for patients
- Educate employees on how to connect and conduct meetings remotely (WFH)
- Create a "how-to" provider + staff tutorial video + cheatsheet across dept's

- Provide activities such as lotteria and bingo through videoconferencing to minimize social isolation
- Create ways for SW's to quickly communicate with patients requiring support
- Launch Care.Coach tablet to help relieve anxiety, loneliness and lack of socialization among patients

- Establish workflow for MA's to prepare patients before the visit
- Establish workflow for front office to prepare patients before the visit.
- Create workflows & train employees on how to use technology like (doxy.me, gotomeetings, teams, zoom, interpretation app)
- Develop hybrid visits to increase access for patients
- Build in time in schedule to assist with troubleshooting video visits
- Integrating telehealth platforms into EHR (helpful for group classes)

4 out of 5

**change categories from the
Digital Barriers Driver Diagram
are currently being tested**



Technical Support & Troubleshooting

Patient & Staff Education

Caring for Specific Populations

Schedules & Workflows

Rapid Testing Gaps

Digital Barriers

Free & Low-Cost Resources

In the chat box, tell us what you are doing to help your patients access free or low-cost devices/technology.

Rapid Testing Gaps

Digital Barriers

Interpreter Services

In the chat box, tell us how you are using interpreter services and/or addressing language barriers in a virtual environment.

Technical Support & Troubleshooting

- Piloting video visits via Doxy.me (CHC)
- Digital literacy screening form (SPLG)
- Improving internet reliability & connection (UMMA)

Patient & Staff Education

- Training to convert from telephone to ZOOM visits (NEMS)
- ZOOM Instructional Videos for their patients that help their patients download and install the ZOOM application (NEMS)

Caring for Specific Populations

- Using Tech Advocate to help enroll & educate low literacy pts on the portal (AHS)
- Care.Coach use tablets with pet avatar to help with safety interventions (SY)
- Transient Patient Compliance Questionnaire (STP)
- Collaborating with Mental Health Association to provide telehealth visits for homeless population (STP)

Schedules & Workflows

- Digital Equity Screen & Script (CHC)
- Digital Equity Intake Form (LADHS)
- Hybrid Visits with patient in clinic and provider at home (UMMA)

Change ideas

Rapid Tests

Digital Barriers

San Ysidro Health



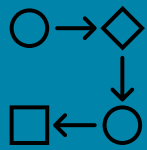
Rapid Testing

Using Pet Avatars to help
with safety interventions

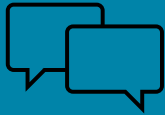
(High risk for falls, social isolation, & more!)



Cross-Cutting Rapid Test Themes



Designing new workflows for specific types of visits (e.g. diabetic prenatal workflow, and general primary care visit) and adapting screenings to the virtual setting (e.g. digital equity screen, and online questionnaire for remote monitoring)



Preparing patients for virtual visit by creating instructional videos & conducting group classes



Developing scripts to support care team members with various parts of new workflows (e.g. RN video visit script, and scripts for onboarding & rooming patients)



Optimizing use of patient portals to increase patient engagement

Cohort Conversations

Rapid Testing Breakouts

RAPID TESTING

SHARE OUT



Cohort Conversations

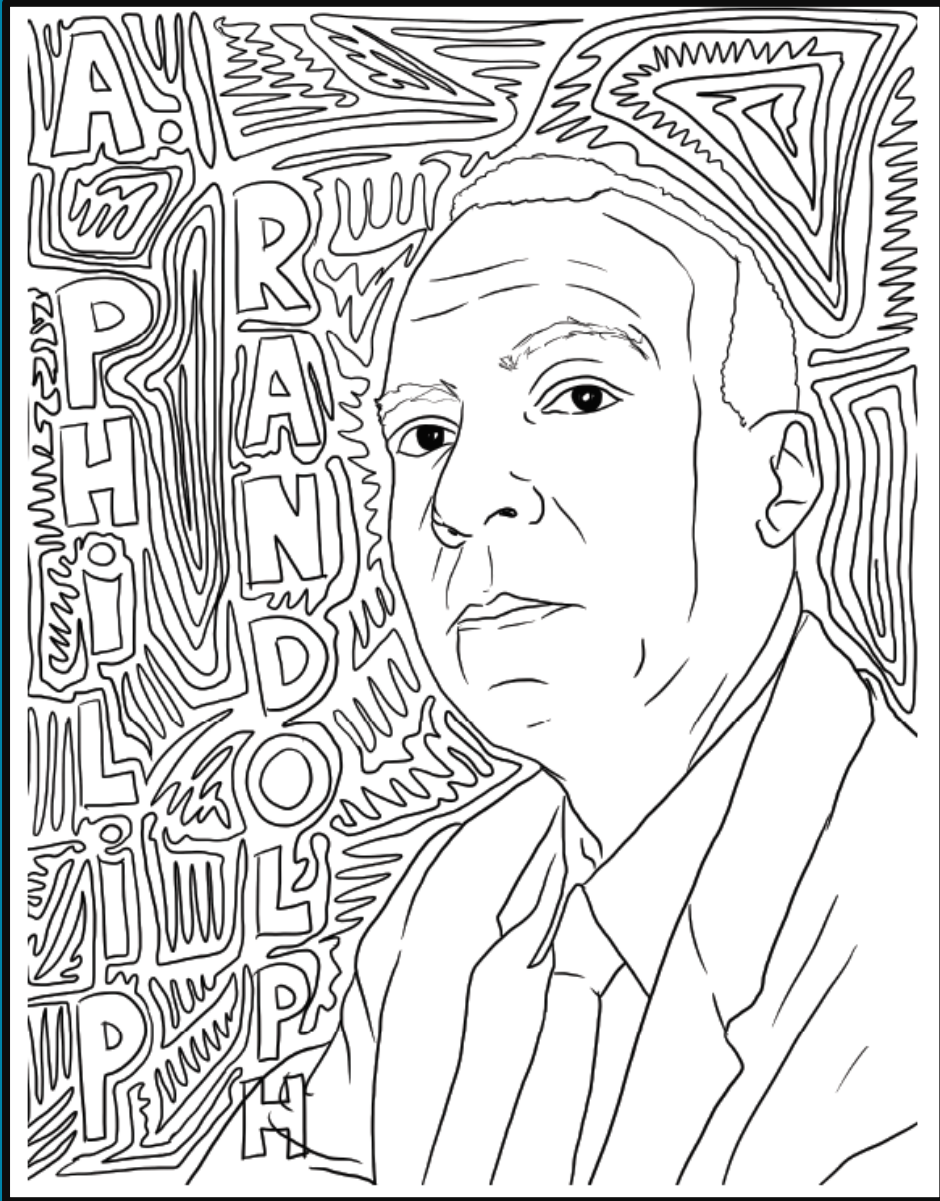
Objectives for this session

Your task for the next **40 minutes** will be to share your lessons learned from your rapid experiment.

Each room has a **facilitator** that will help keep track of time & advance the slide deck.

Remember to be curious, ask questions & have fun!





Welcome Back!

Let's color together

- Click **View Option** at the top
- Choose the **Annotate** option
- Choose an **Annotation Tool**
- **Join in** on the coloring action!

Meet A. Philip Randolph

In 1925, Randolph organized the brotherhood of sleeping car porters, the first mostly African-American Labor Union.

In the early civil rights & labor movement, Randolph was a voice that would not be silenced. He successfully helped end segregation in the armed services and inspired the "Freedom Budget," which aimed to deal with the economic barriers facing the black community.

Break

WCHC 7-Minute Guided Meditation

TONGLEN MEDITATION

FACILITATED BY DANA
VALLEY



Conversation Café

Breakouts

Conversation Café



Objectives for this session

Your task for the next **20 minutes** will be to connect with your peers, share lessons and lay the groundwork for new strategies to emerge around your given topic:

- **Building Staff Confidence for Video Visits**
- **Building Patient Confidence for Video Visits**



Instructions

Total Time: 25 minutes

Step 1

Participants will be put into groups of 3-5 via randomized ZOOM breakouts.

Step 2

Participants will then decide what topic they would like to discuss: [2 mins]

<Building staff confidence for video visits or Building patient confidence for video visits >

Step 3

In the first round, each person one by one will share their perspective on the topic for about one minute. [5 mins]

Step 4

In the second round, each person one by one will have about a minute to follow up on anything or elaborate on what was said in round one. [5 mins]

Step 5

In the third round, everyone is invited to contribute via open discussion. [10 mins]

Ground Rules

Suspend
judgment

Listen like
an ally

Seek to
understand

Stay focused
on the topic

Go for honesty &
depth without
going on & on

Take turns
speaking



Ground Rules

Suspend

Listen like

Seek to understand

- If you are not the person speaking, **mute** your mic.
- When you are done speaking, pass the **"turn"** to someone else by name. They should unmute to share or to pass.
- You may always **"pass"** the **mic** if you do not feel like contributing in the moment.

Stay focused on the topic

depth without going on & on

Take turns speaking



Debrief: Conversation Café

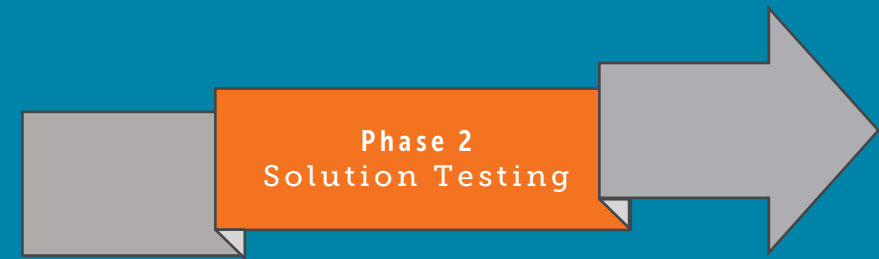
- 1** Take the next minute to gather your thoughts & reflect on your key takeaways
- 2** In the chat box, tell us:
 - What topic you discussed
 - Share 2-3 takeaways
- 3** Take the next minute to read your peers comments in the chat



Homework Assignment & Programmatic Reminders

Homework Assignment #5

Due by 5:00PM on **Friday, January 15th** on the CCA Club!



Meet With Your Coach

Continue meeting with your coach. Set up another hour meeting to discuss your rapid testing and prepare for the Gallery of Innovations in February.

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.

Announcements



Gallery of Innovations – February 2021

Please don't forget that the Gallery of Innovations is right around the corner! Remember you'll be showcasing two different innovations you've been testing with your peers. We can't wait for this virtual event!!



Drop in Office Hours

Our next session on January 28th from 12:00-1:00PM will focus on Affinity Group Topic: **Remote Patient Monitoring**. Feel free to come to this optional remote support event.



Provider & Staff Survey released February 2021

CCHE will reach out to your teams in January to develop an implementation plan to release the provider and staff survey in your organization. The survey will be distributed in February 2021.



Resources

Three new grant opportunities!



Deadline Extension - Virtual Care Innovation Network

A community health collaboration founded by Kaiser Permanente. Applications are now due on Wednesday, January 13 at 12:00PM PT



Addiction Treatment Starts Here: Primary Care

Seeking organizations designing new or expanding existing medications for addiction treatment (MAT) programs. MAT includes FDA-approved medications for OUD: methadone, buprenorphine, and naltrexone. Applications due Friday, January 8 by 5:00PM (PT)



Amplify Health Connections

Seeks six California-based, multi-sector partnerships (each involving at least one community-based organization and one health care provider serving youth 12-18 years old) to participate in a 22-month learning collaborative aimed at strengthening partnerships that prevent domestic violence. Applications due Wednesday, January 20 by 5:00PM PT



Save the Dates!

Homework Assignment #5

**Due by 5:00PM on
Friday, January 15**

Content Virtual Event #3

**Thursday, January 21
12:00-2:00PM**

Optional Drop-in Office Hours

*Affinity Group Topic
Remote Patient Monitoring*

**Thursday, January 28
12:00-1:00PM**

Post-Webinar | 3 Question Survey

We want your feedback!





HAPPY

NEW

YEAR

**See you
next year!**

2021



CCI
CENTER FOR CARE
INNOVATIONS

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