Connected Care Accelerator

Provider and Care Team Experience with Telehealth

Center for Community Health and Evaluation

September 29, 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.

CCA Provider and Care Team Survey Overview

- Distributed to **30 health centers**; data for 29 health centers included in the aggregate analysis presented here
  - Health centers included 22 Innovation Learning Collaborative, 8 Infrastructure & Spread participants

- Sample included primary care providers, behavioral health providers, nurses (RN), and medical assistants
  - Overall number of responses: **559**
    - 239 PCPs, 65 BHPs, 205 MAs, 50 RNs
    - Responses per health center ranged from 2-72, median = 13
  - Overall response rate: **33%**
    - Response rates similar across roles

- Questions asked about overall telehealth experiences, confidence delivering care through telehealth, job satisfaction, and facilitators and barriers

Who is providing telehealth?

Current use of telehealth

- Nearly all respondents (97%) currently provide or support phone or video appointments

- About 2/3 (69%) of respondents provide both phone and video appointments

- Primary care providers and behavioral health providers nearly all provided phone visits (95% PCP, 89% BHP)

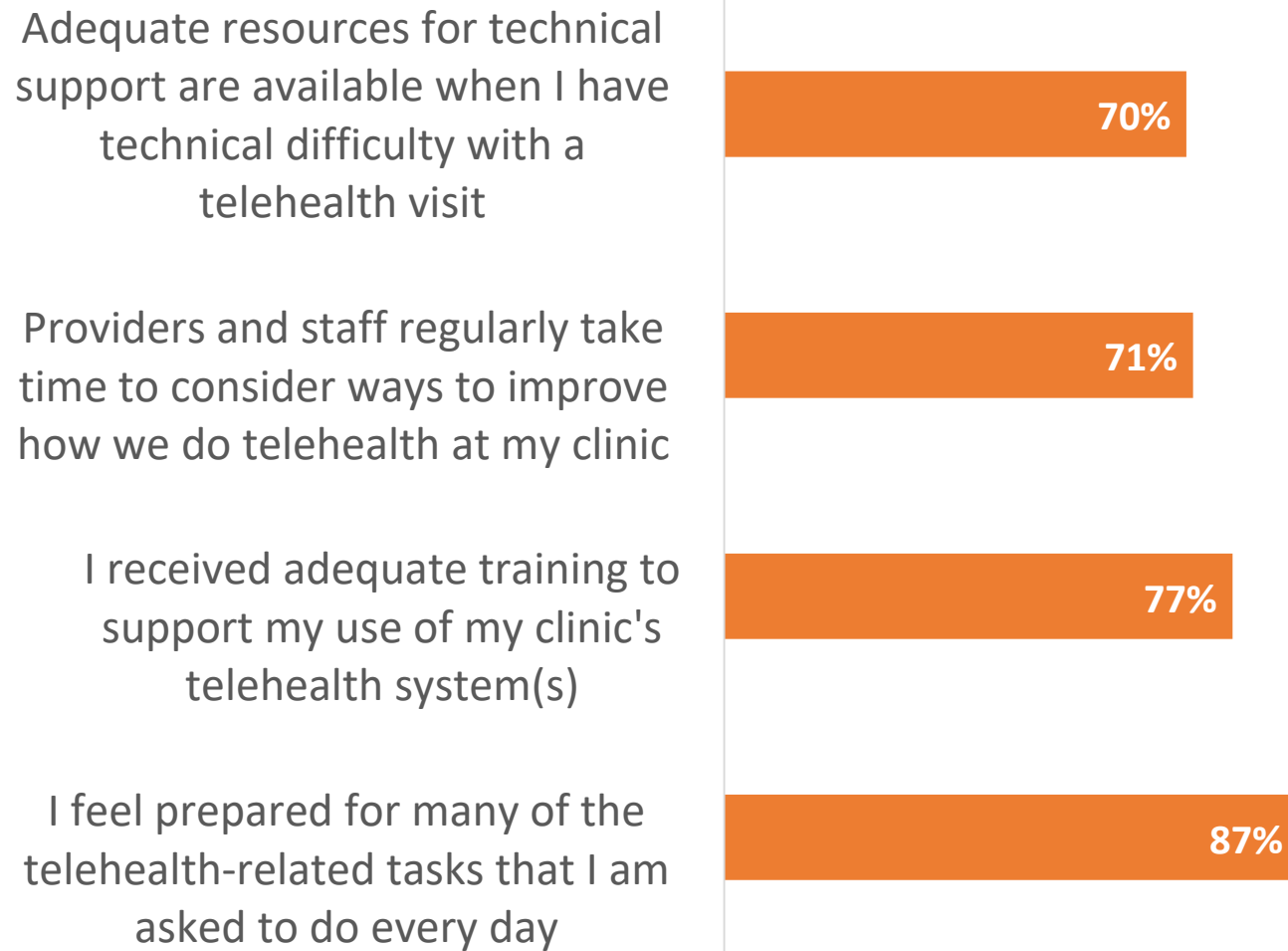- More behavioral health providers provide video visits (86% BHP, 72% PCP)

Use of telehealth before pandemic

- Less than 20% of providers provided phone or video visits before pandemic

- Most frequent telehealth services provided before pandemic were nurses performing telephone visits (40% of nurses)

General telehealth experiences

Resources and training

Percentage of respondents who selected "agree" or "strongly agree"

Adequate resources for technical support are available when I have technical difficulty with a telehealth visit — **70%**

Providers and staff regularly take time to consider ways to improve how we do telehealth at my clinic — **71%**

I received adequate training to support my use of my clinic's telehealth system(s) — **77%**

I feel prepared for many of the telehealth-related tasks that I am asked to do every day — **87%**
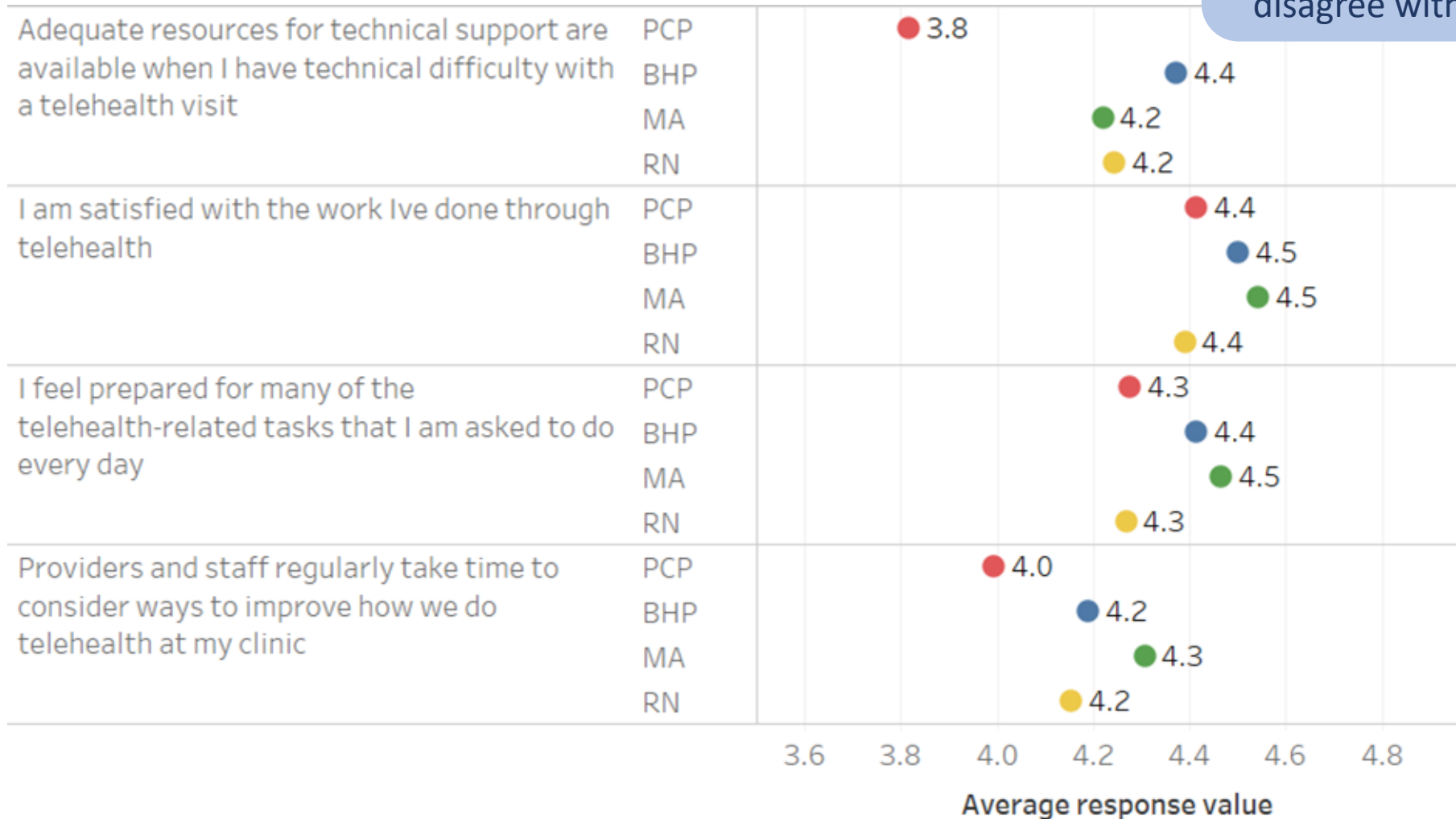
Key take aways:

- Survey respondents generally agreed that they have the resources and technical support available to complete telehealth visits

- Responses to questions on resources and training varied across health centers
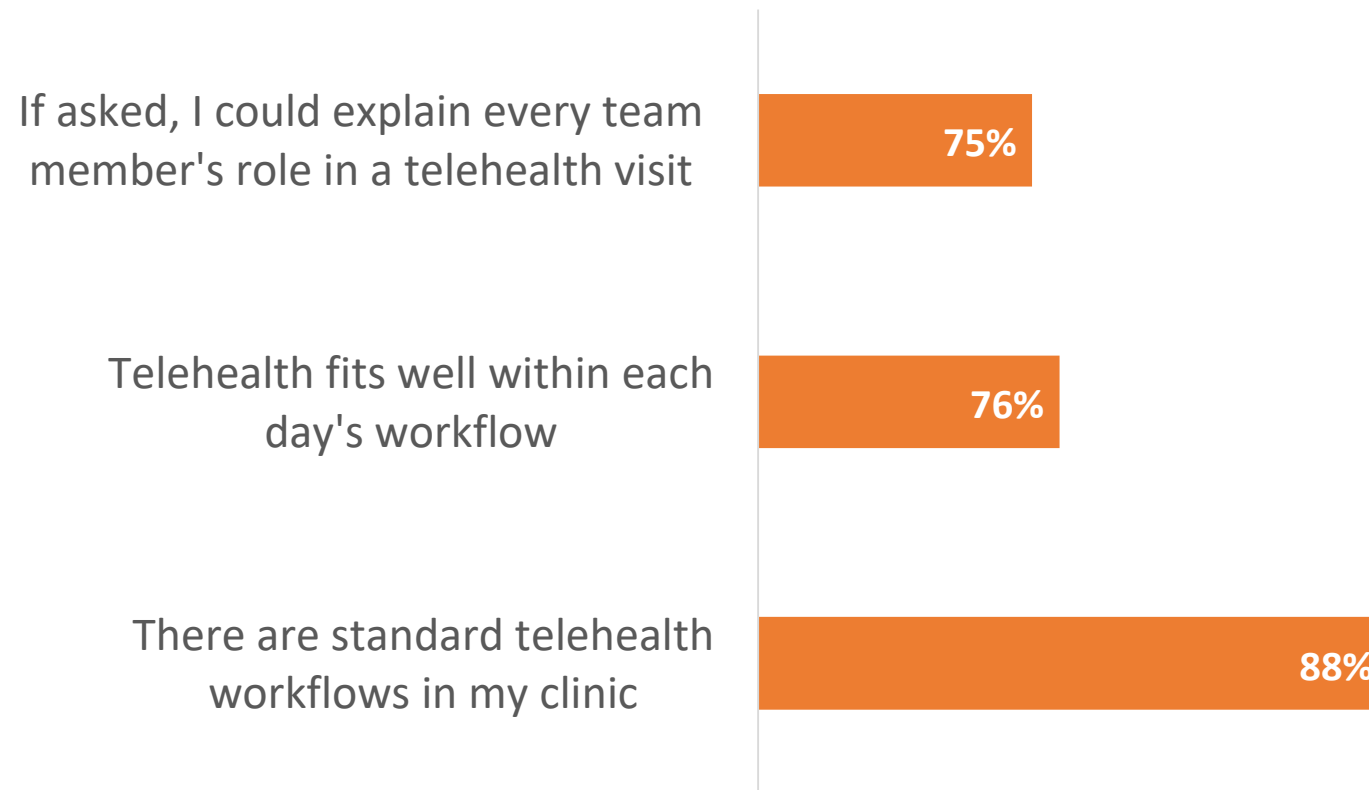
Resources and training by role

Statement	Role	Average response value
Adequate resources for technical support are available when I have technical difficulty with a telehealth visit	PCP	3.8
	BHP	4.4
	MA	4.2
	RN	4.2
I am satisfied with the work Ive done through telehealth	PCP	4.4
	BHP	4.5
	MA	4.5
	RN	4.4
I feel prepared for many of the telehealth-related tasks that I am asked to do every day	PCP	4.3
	BHP	4.4
	MA	4.5
	RN	4.3
Providers and staff regularly take time to consider ways to improve how we do telehealth at my clinic	PCP	4.0
	BHP	4.2
	MA	4.3
	RN	4.2

Average response value

3.6 3.8 4.0 4.2 4.4 4.6 4.8

1 = strongly disagree, 2 = disagree, 3 = partly agree, partly disagree, 4 = agree, 5 = strongly agree

Team-based care and workflows

Percentage of respondents who selected "agree" or "strongly agree"

If asked, I could explain every team member's role in a telehealth visit — **75%**

Telehealth fits well within each day's workflow — **76%**

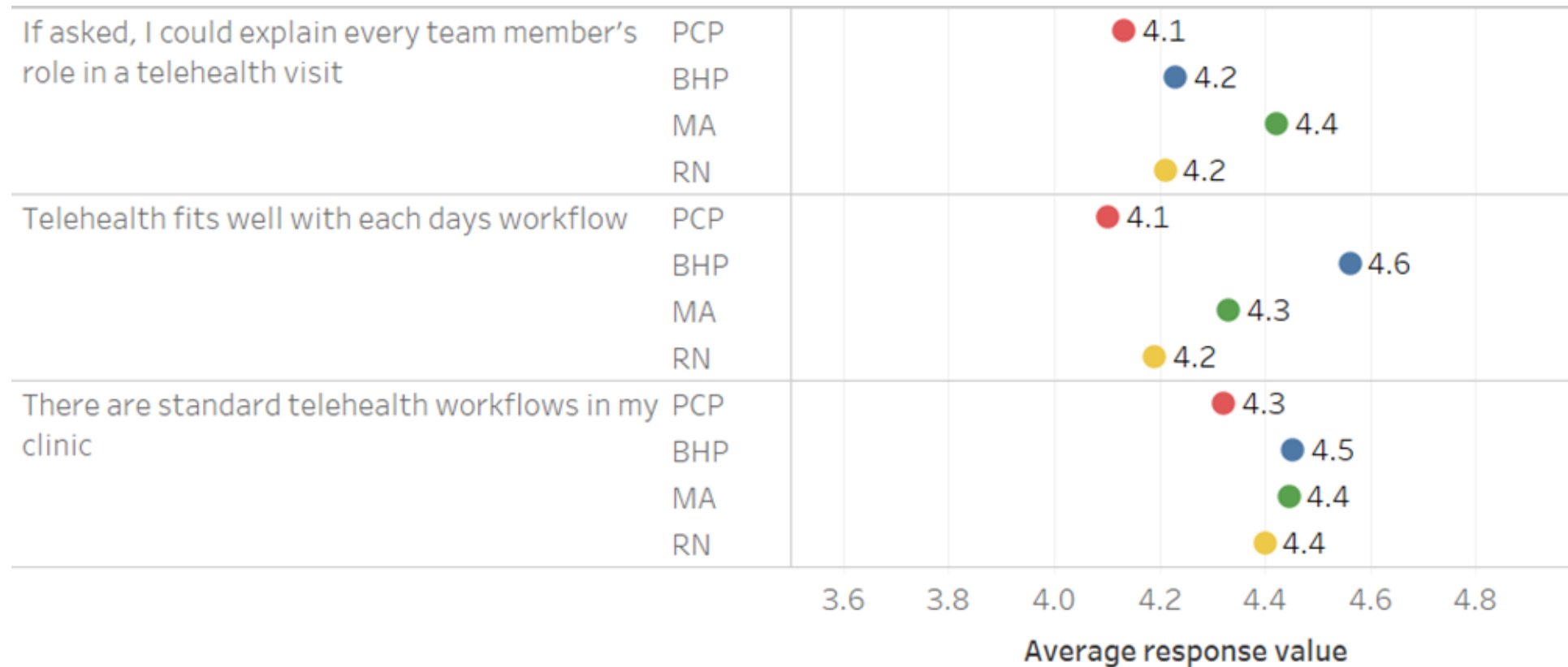There are standard telehealth workflows in my clinic — **88%**

Key take aways:

- Most respondents agreed that their clinic has adopted standard workflows

- More mixed views on whether telehealth fits well into daily workflows and whether respondents could explain each team member's role in a telehealth visit
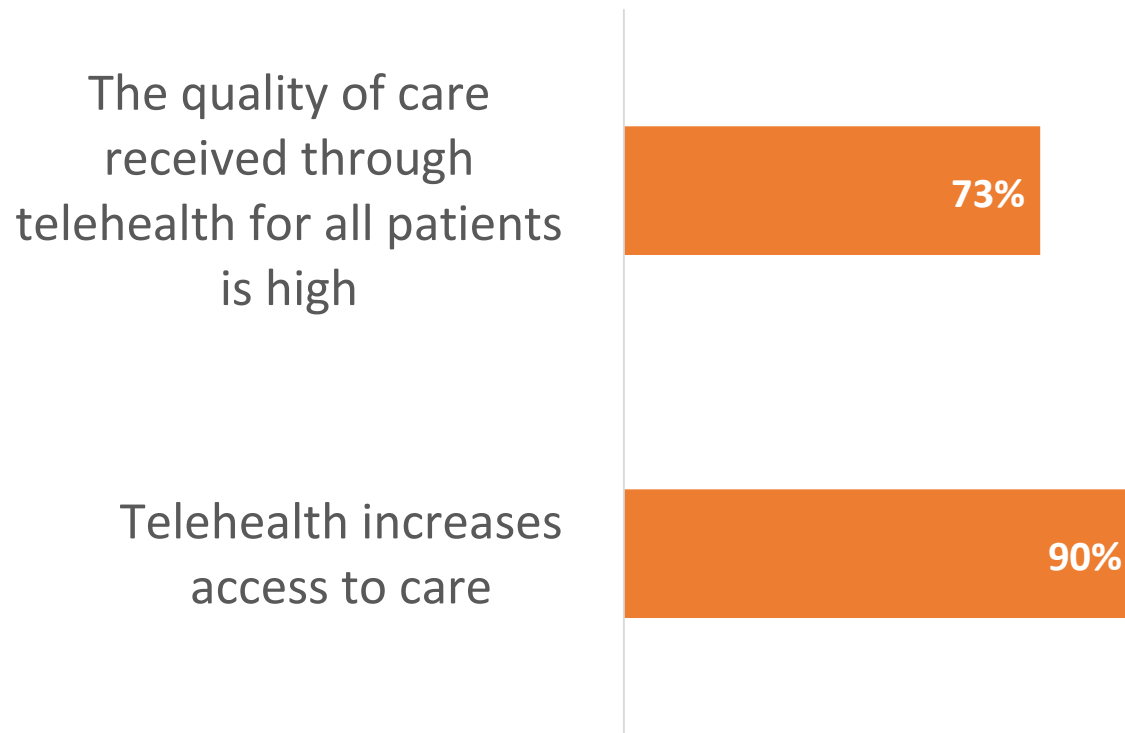
Team-based care and workflows by role

Key take away: Primary care providers had slightly lower average ratings than other respondents

		Average response value
If asked, I could explain every team member's role in a telehealth visit	PCP	🔴 4.1
	BHP	🔵 4.2
	MA	🟢 4.4
	RN	🟡 4.2
Telehealth fits well with each days workflow	PCP	🔴 4.1
	BHP	🔵 4.6
	MA	🟢 4.3
	RN	🟡 4.2
There are standard telehealth workflows in my clinic	PCP	🔴 4.3
	BHP	🔵 4.5
	MA	🟢 4.4
	RN	🟡 4.4

3.6 3.8 4.0 4.2 4.4 4.6 4.8

Average response value

1 = strongly disagree, 2 = disagree, 3 = partly agree, partly disagree, 4 = agree, 5 = strongly agree

Access to care/quality of care

Percentage of respondents who selected "agree" or "strongly agree"

The quality of care received through telehealth for all patients is high — **73%**

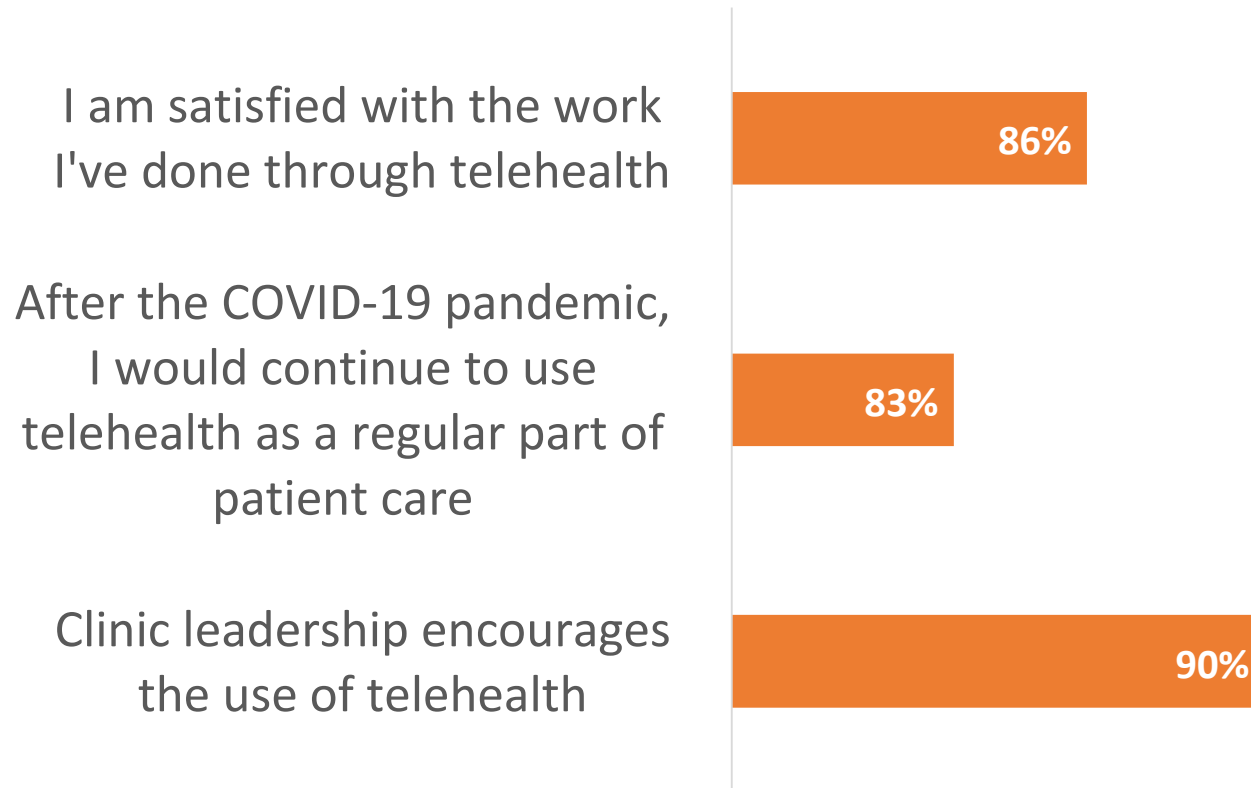Telehealth increases access to care — **90%**

Key take aways:
- Respondents strongly agreed that telehealth increases access to care
- Generally agreed that quality of care provided by telehealth is high

Leadership and satisfaction

percentage of respondents who selected "agree" or "strongly agree"

I am satisfied with the work I've done through telehealth — **86%**

After the COVID-19 pandemic, I would continue to use telehealth as a regular part of patient care — **83%**

Clinic leadership encourages the use of telehealth — **90%**

Key take aways:

- Respondents agreed that leadership encourages the use of telehealth

- Respondents expressed satisfaction with work they've done through telehealth and would continue to use it in the future

Care for patients with limited English proficiency

Percentage of respondents who selected "agree" or "strongly agree"

The quality of telehealth for patients with limited English proficiency is lower than the quality for patients with English proficiency
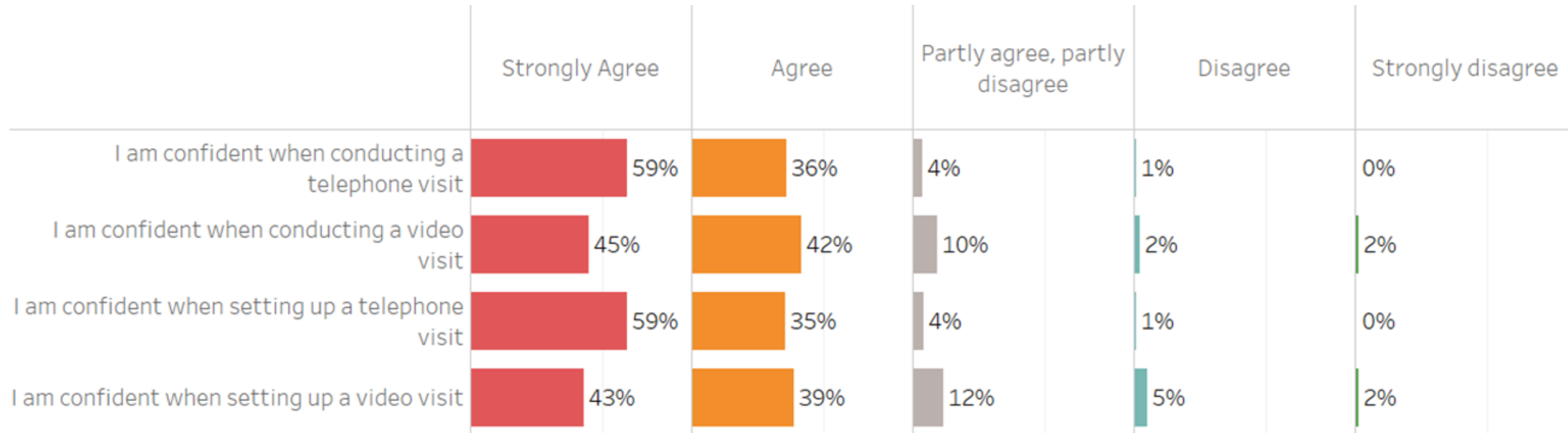
46%

Average response value
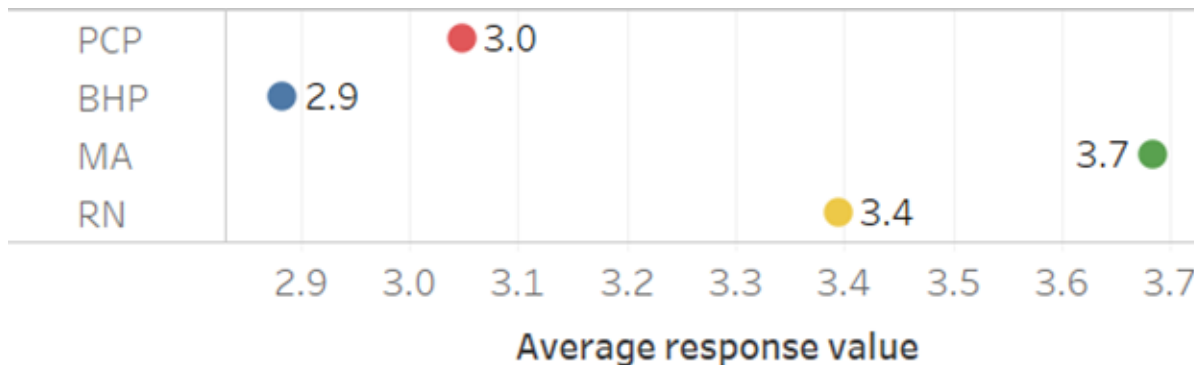
Key take aways:

- Respondents offered different opinions on whether quality of care for patients with LEP is lower than care for patients proficient in English

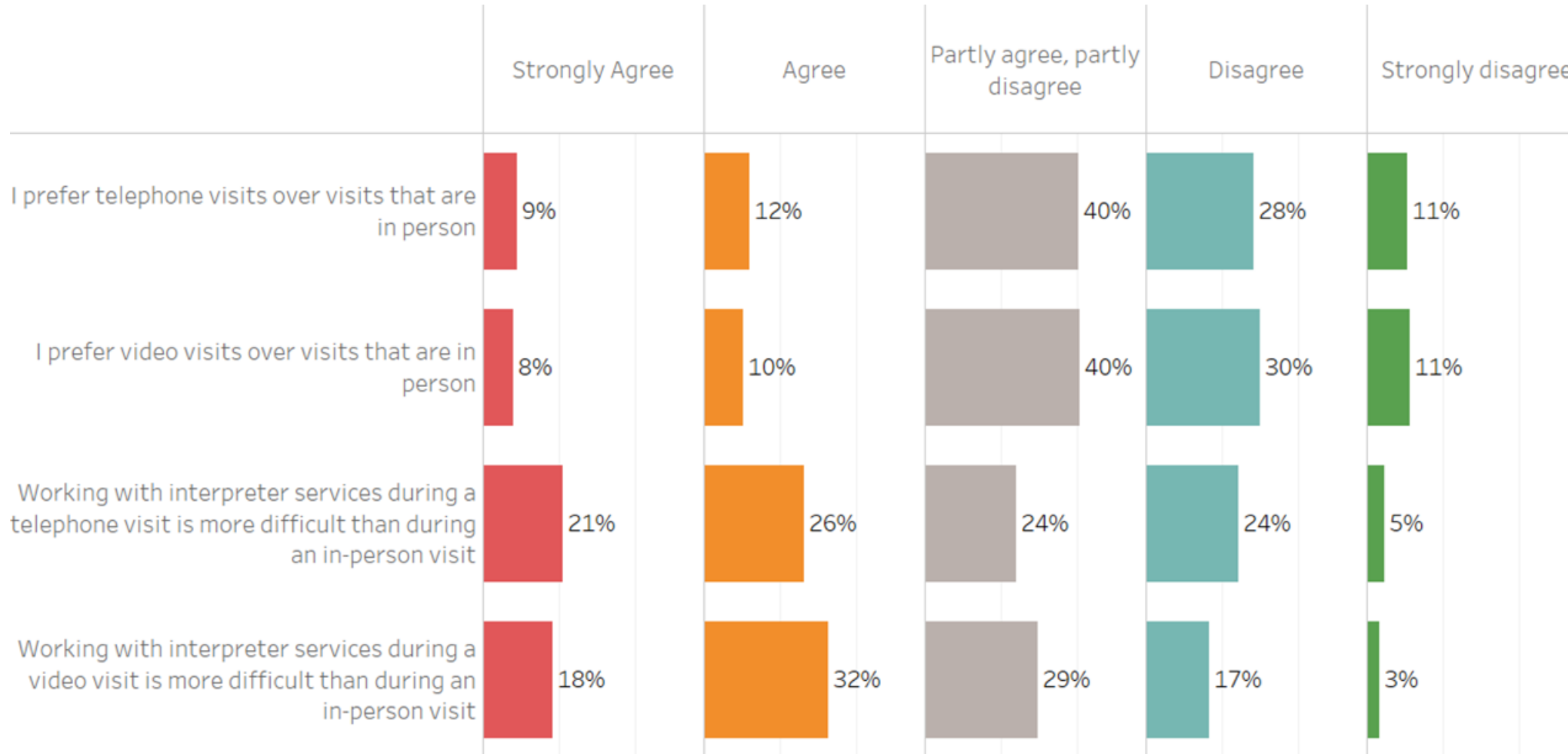- MAs were more likely than those in other roles to agree with this statement

Confidence with delivering telehealth services

Confidence with telephone and video visits

Key take away: Nearly all respondents indicated confidence setting up and conducting telephone and video visits. In general, medical assistants indicated higher confidence than primary care providers.

	Strongly Agree	Agree	Partly agree, partly disagree	Disagree	Strongly disagree
I am confident when conducting a telephone visit	59%	36%	4%	1%	0%
I am confident when conducting a video visit	45%	42%	10%	2%	2%
I am confident when setting up a telephone visit	59%	35%	4%	1%	0%
I am confident when setting up a video visit	43%	39%	12%	5%	2%

Experience with telephone and video visits

	Strongly Agree	Agree	Partly agree, partly disagree	Disagree	Strongly disagree
I prefer telephone visits over visits that are in person	9%	12%	40%	28%	11%
I prefer video visits over visits that are in person	8%	10%	40%	30%	11%
Working with interpreter services during a telephone visit is more difficult than during an in-person visit	21%	26%	24%	24%	5%
Working with interpreter services during a video visit is more difficult than during an in-person visit	18%	32%	29%	17%	3%

Key take away: Many respondents chose "partly agree, partly disagree" when asked about preferences for telehealth vs. in-person care.

Provider confidence with care delivery

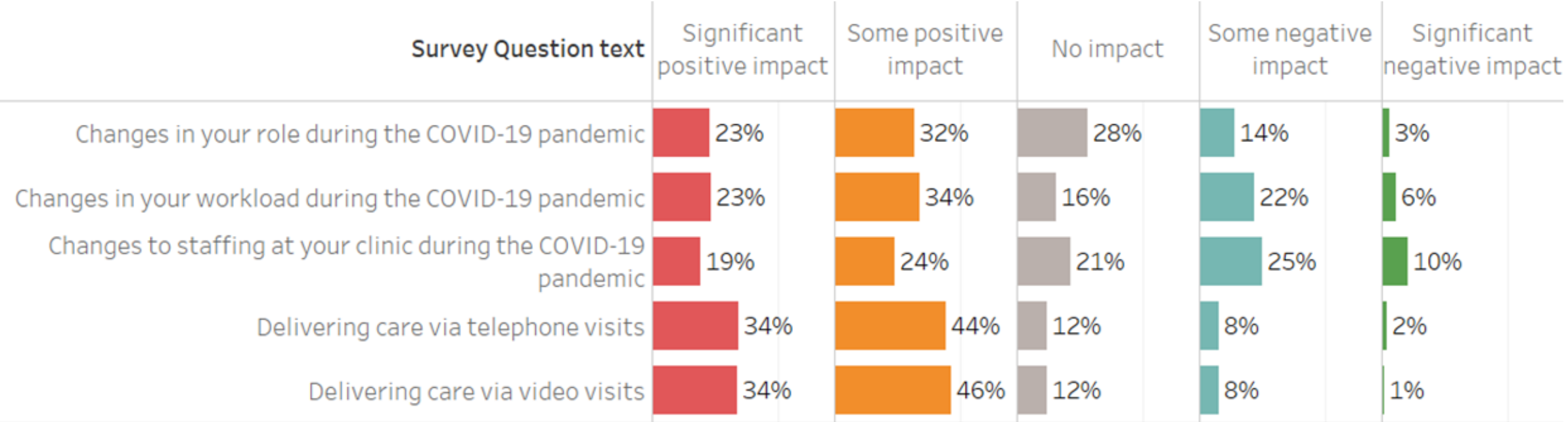|		Strongly Agree	Agree	Partly agree, partly disagree	Disagree	Strongly disagree
I am confident in my ability to diagnose new conditions using telephone visits	PCP	7%	33%	40%	17%	3%
	BHP	14%	48%	28%	8%	2%
I am confident in my ability to diagnose new conditions using video visits	PCP	9%	42%	37%	11%	2%
	BHP	44%	41%	13%	2%	2%
I am confident in my ability to manage my patients' chronic conditions using telephone visits	PCP	22%	45%	26%	7%	1%
	BHP	20%	43%	31%	5%	2%
I am confident in my ability to manage my patients' chronic conditions using video visits	PCP	23%	50%	21%	5%	1%
	BHP	48%	41%	10%	2%	

Key take aways:
- Providers had mixed, but generally positive, opinions on their ability to diagnose new conditions and manage chronic conditions
- The highest level of agreement on these statements came from BH providers rating experience with video telehealth

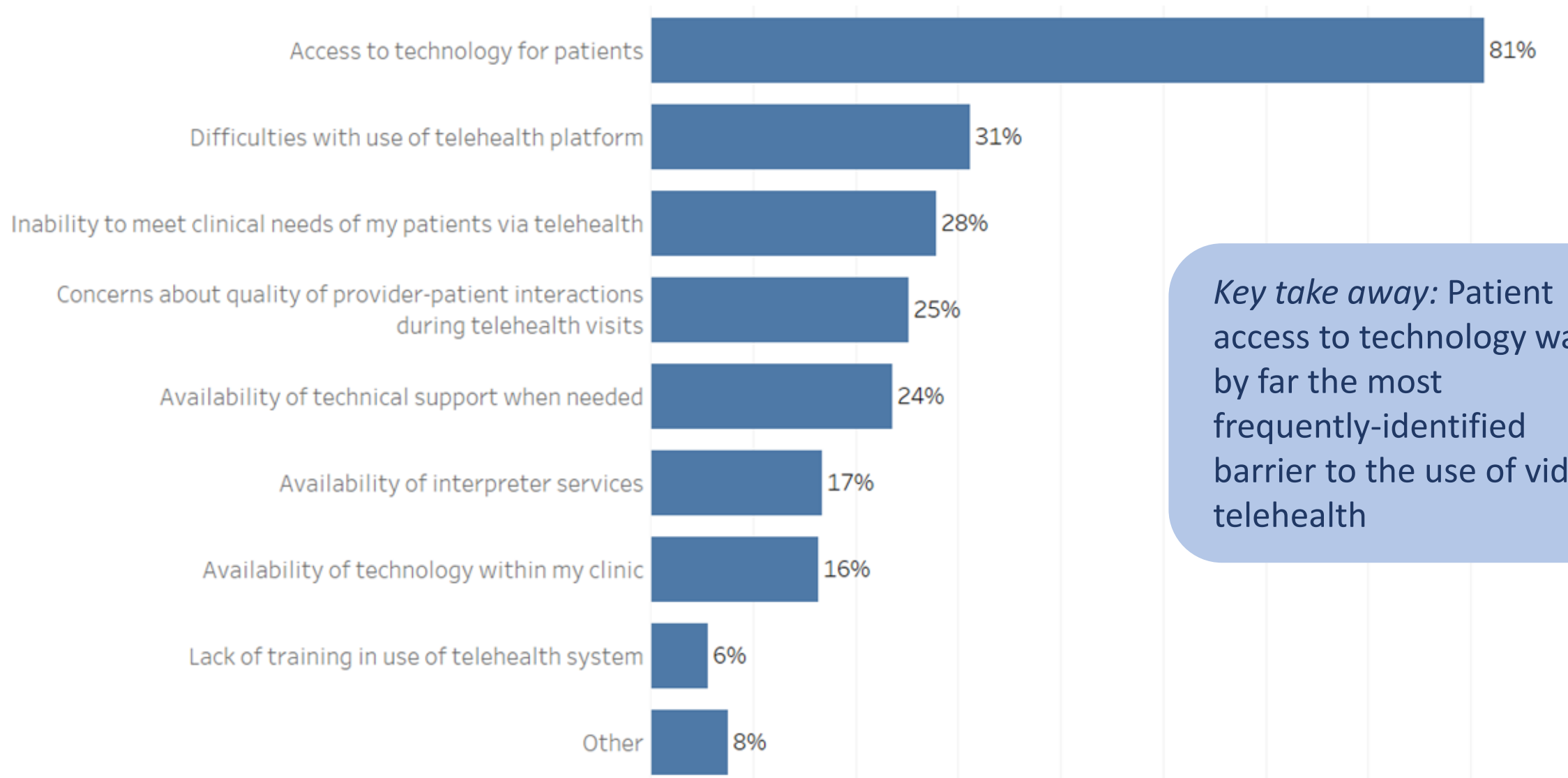# Job satisfaction

Job satisfaction

Key take aways: Telehealth overall had a positive impact on job satisfaction. Other factors, such as role, workload, and staffing changes, had mixed impact on respondents.

To what extent do you think the following factors are having an impact on your job satisfaction?
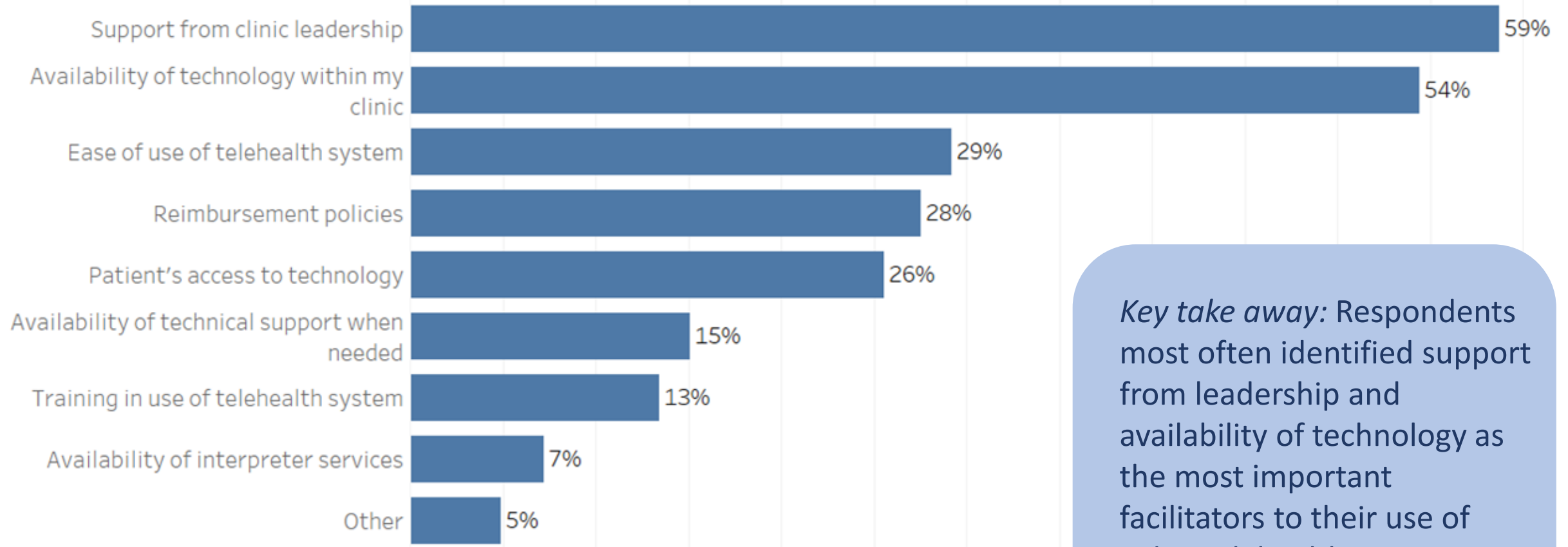
Survey Question text	Significant positive impact	Some positive impact	No impact	Some negative impact	Significant negative impact
Changes in your role during the COVID-19 pandemic	23%	32%	28%	14%	3%
Changes in your workload during the COVID-19 pandemic	23%	34%	16%	22%	6%
Changes to staffing at your clinic during the COVID-19 pandemic	19%	24%	21%	25%	10%
Delivering care via telephone visits	34%	44%	12%	8%	2%
Delivering care via video visits	34%	46%	12%	8%	1%

Barriers and facilitators to video visits

Barriers to use of video telehealth

Barrier	Percentage
Access to technology for patients	81%
Difficulties with use of telehealth platform	31%
Inability to meet clinical needs of my patients via telehealth	28%
Concerns about quality of provider-patient interactions during telehealth visits	25%
Availability of technical support when needed	24%
Availability of interpreter services	17%
Availability of technology within my clinic	16%
Lack of training in use of telehealth system	6%
Other	8%

Key take away: Patient access to technology was by far the most frequently-identified barrier to the use of video telehealth

Facilitators of use of video telehealth

Facilitator	Percentage
Support from clinic leadership	59%
Availability of technology within my clinic	54%
Ease of use of telehealth system	29%
Reimbursement policies	28%
Patient's access to technology	26%
Availability of technical support when needed	15%
Training in use of telehealth system	13%
Availability of interpreter services	7%
Other	5%

Key take away: Respondents most often identified support from leadership and availability of technology as the most important facilitators to their use of video telehealth.

Discussion Questions
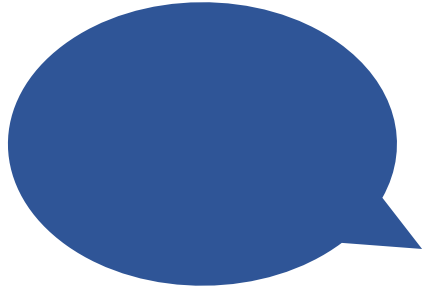
What resonated for you from the survey data?

What surprised you?
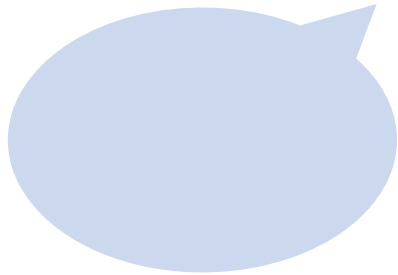
How are you monitoring and responding to staff/provider experience with telehealth? What are you learning?

Gratitude and next steps

Thank you for your participation!

- *Data reports:* helped us understand utilization, informed a research letter in JAMA that has been used in policy discussions, & continues to be of interest to inform policy & practice

- *Interviews:* helped to identify promising practices, facilitators, and barriers, which informed content in the webinars throughout the program. Early lessons on barriers to video visits also informed a Health Affairs blog post

Next steps for the evaluation

Immediate next steps…

- Completing final interviews

- Clarifying data questions

- Sending out final dashboards with clinic utilization data

By the end of the year…

- Contributing to a RAND report that will bring together results from ILC & I&S

- Sharing an ILC-specific report on accomplishments & lessons

Opportunity: CHCF Connected Care Accelerator data collection extension

Overview & Requirements

- **Goals**
  - Understand how the use of telehealth continues to evolve as the pandemic endures and the effect of environmental factors, such as evolving telehealth policy and payment, have on telehealth use.
  - Health centers will continue to use reported data to improve telehealth capacity, access, and quality within their practices.

- **Reporting details**
  - Your organization will submit two separate 6-month data reports:
    - Wave 1: September 2021 – February 2022 data reporting period. Due March 15, 2022
    - Wave 2: March 2022 – August 2022 data reporting period. Due September 15, 2022
  - The data submission template will be the same that was used for the Connected Care Accelerator evaluation reporting.

- **Grants**: For each fully completed data report, you organization will receive a $2,500 payment for a total of $5,000 for two reports.

- **Eligibility**: Your organization should have received an email indicating your organization is eligible. If you are not sure, CHCF is considering all Innovation Learning Collaborative and Infrastructure & Spread health centers that demonstrated the ability to submit quality data during the Connected Care Accelerator grant period.

To submit interest...

Please fill out the short form here by **September 30, 2021** and the CHCF team will follow-up with more information to complete the grant agreement.

For questions...

Eligibility or grant agreement: Lauren Vandam at lvandam@chcf.org

Data collection requirements: Lori Uscher-Pines at luscherp@rand.org

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