

Appendix A: Connected Care Accelerator Measures

The purpose of the Connected Care measures is to support teams in understanding their progress in implementing telehealth over the course of the program, assess differences in utilization by payer type and race/ethnicity, and to understand how screening and response practices are advancing across the learning collaborative participants. This information will also be helpful in making a case to sustain these services into the future.

The Connected Care measurement approach will collect a mix of qualitative and quantitative data from all participating organizations. The measures described in the tables 1-2 below will be used across all participating organizations. Learning Collaborative participants will be required to report on measures in tables 2 and 3.

Table 1. Evaluation methods	
Data type	Description
Clinical data reporting*	Reporting from all participating organizations on key quantitative metrics related to utilization of telehealth (see Table 2). Reporting would be required three times during the initiative (a) Beginning which also includes pre-Covid data, b) after 6 months, c) and at end of program.
Participant interviews	Reflective interviews will be conducted to collect qualitative data on progress and lessons related to telehealth implementation, facilitators and barriers, care team experiences with providing virtual care. Interviews may include: <ul style="list-style-type: none"> • Interviews with key leaders at each participating organization at mid-point and the end of the learning collaborative • Interviews with front line staff from a sample of organizations (e.g., clinicians, other members of the care team)
Provider/staff survey	Survey will be conducted with a small sample of providers and staff to assess provider/staff experience with delivering care virtually.
Learning collaborative activities	ONLY for Learning Collaborative: Post-event surveys will be conducted to understand satisfaction with the activity and how future offerings can be improved.

Table 2: Clinical Data Reporting (both tracks)

Measure description	Required numbers to report (3 times during initiative): Report 1 (Pre-COVID and beginning of program); Report 2 (after 6 months); Report 3 (at end of program)
Distribution of primary care visits by visit type	<ul style="list-style-type: none"> ● Total number of primary care encounters since last report ● Number of face-to-face encounters in primary care ● Number of phone encounters in primary care ● Number of video encounters in primary care
Patients reached by telehealth in primary care	<ul style="list-style-type: none"> ● Total number of patients seen for primary care since last report ● Number of patients seen for primary care with at least one face-to-face encounter ● Number of patients seen for primary care with at least one phone encounter ● Number of patients seen for primary care with at least one video encounter
Distribution of behavioral health visits by visit type provided by own credentialed staff	<ul style="list-style-type: none"> ● Total number of behavioral health care encounters since last report ● Number of face-to-face behavioral health encounters in their clinic ● Number of behavioral health phone encounters ● Number of behavioral health video encounters
Patients reached by telehealth in behavioral health	<ul style="list-style-type: none"> ● Total number of patients seen by behavioral health since last report ● Number of patients seen by behavioral health with at least one face-to-face encounter ● Number of patients seen by behavioral health with at least one phone encounter ● Number of patients seen by behavioral health with at least one video encounter
Utilization of telehealth by payer type	<ul style="list-style-type: none"> ● Number of primary care telehealth encounters (video) by payer type: <ul style="list-style-type: none"> ○ Commercial ○ Medi-Cal FFS/MC ○ Medicare FFS/MC ○ Other payer (e.g., VA) ○ Uninsured (self-pay, free care, county indigent care) ● Number of primary care encounters (phone) by payer type: <ul style="list-style-type: none"> ○ Commercial ○ Medi-Cal FFS/MC ○ Medicare FFS/MC ○ Other payer (e.g., VA) ○ Uninsured (self-pay, free care, county indigent care)

Table 3: Clinical Data Reporting (for Learning Collaborative only)

<p>Distribution of specialty care visits (not including BH) by visit type</p>	<ul style="list-style-type: none"> ● Total number of behavioral health care encounters since last report ● Number of face-to-face behavioral health encounters in their clinic ● Number of behavioral health phone encounters ● Number of behavioral health video encounters
<p>Patients reached by telehealth in specialty care (not including BH) by visit type</p>	<ul style="list-style-type: none"> ● Total number of patients seen by behavioral health since last report ● Number of patients seen by behavioral health with at least one face-to-face encounter ● Number of patients seen by behavioral health with at least one phone encounter ● Number of patients seen by behavioral health with at least one video encounter
<p>Utilization by race & ethnicity for primary care and BH visits</p>	<ul style="list-style-type: none"> ● Overall race/ethnicity distribution of patient population ● Race/ethnicity distribution of patients who have at least one face-to-face visit ● Race/ethnicity distribution of patients who have at least one phone visit ● Race/ethnicity distribution of patients who have at least one video visit
<p>Utilization by age for primary care & BH visits</p>	<ul style="list-style-type: none"> ● Overall age distribution of patient population ● Age distribution of patients who have at least one face-to-face visit ● Age distribution of patients who have at least one phone visit ● Age distribution of patients who have at least one video visit