Welcome!

202 YEARS CENTER FOR CARE INNOVATIONS

Connected Care Accelerator
Informational Webinar
June 9, 2020

This webinar is being recorded and will be posted to
careinnovations.org/connected-care-2020/
Please use the chat box to ask questions.

Everyone is currently muted.
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Agenda

- Background
- Program Structure
- Infrastructure & Spread Track
- Innovation Learning Collaborative Track
- Key Dates & Timeline
- Q & A

CCI Program Leads

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Center for Care Innovations

Strengthening the Health and Well-Being of Underserved Communities

Spark

New ways of working & creative problem solving

Seed

The research, testing & implementation of fresh approaches

Spread

Successful innovations, so our network rapidly adopts best practices

Background

California Health Care Foundation

Chris Perrone
Director, Improving Access to Care

A Tipping Point for Telehealth in California's Safety Net

- Provide direct funding to safety-net providers and create a learning collaborative
- Develop and disseminate educational resources, tools and technical assistance
- Advance policy and payment reforms
- Monitor and evaluate the impact of telehealth on patients and providers

Program Structure

Connected Care Accelerator

An initiative designed to support organizations in different implementation phases of “virtual care,” also commonly known as “telehealth” or “telemedicine.” The accelerator has two separate tracks:

Infrastructure & Spread Track

Innovation Learning Collaborative Track

Track Comparison

	Infrastructure & Spread Track	Innovation Learning Collaborative Track
Grant size	$50,000	$100,000
Content Webinars	Optional participation	Required participation
Learning & Sharing Sessions		Required participation
Site Visits to exemplary sites		Required participation
Office Hours with experts		Optional participation
CCI Academy & Web Resources	Optional participation	Optional participation
Data Reporting (including interviews)	Required participation	Required participation
Application Materials Needed	Submission Form Narrative Budget Tax Status Documentation	Materials listed on the left Leadership Support Letter

Infrastructure & Spread Track

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What is the Infrastructure & Spread Track?

A 12-month program to support up to 30 safety net practices whose patients are predominantly covered by Medi-Cal, uninsured, and communities of color.

Infrastructure & Spread Track

Goal & Expectations

The goal of this track is to support early implementation and build the necessary infrastructure to provide virtual care.

Identify a team lead that will be responsible for managing the virtual care efforts at their organization.

Collect & submit data 3 times during the program on a standardized set of measures, as well as contributing to sharing stories about the impact of the work.

Participate in qualitative interviews with the evaluation team, as needed

Infrastructure & Spread Track

Support & Delivery

Statewide Initiative

- $50K in Grants
- Patient & Community Involvement
- Data Reporting & Evaluation
- Tools*
- Resources*
- CCI Academy*
- Webinars*

* = Optional

Infrastructure & Spread Track

Data Reporting by Categories

The purpose of the measures is to support teams in understanding their progress over the course of the program and to understand how the virtual care efforts are advancing across the participants.

Primary Care Visits by Type*

Behavioral Health Visits by Type*

TeleHealth Visits by Payor Type*

* = Refer to appendix for details

Who's Eligible?

Safety-net health care organizations that provide comprehensive primary care services primarily to a substantial percentage of Medi-Cal and uninsured patients.

- **Federally qualified health centers (FQHC) and FQHC look-alikes**
- **Community clinics, rural health clinics, and free clinics**
- **Ambulatory care clinics owned and operated by public hospitals**
- **Indian health service clinics**
- **Independent provider care practices**

Infrastructure & Spread Track

Eligible organizations must meet the following criteria.

Providers actively use an **EMR System.**

The organization serves **at least 8,000 unduplicated patients.**

Must meet any of the following three criteria:

- Patient population is at least 70% Medi-Cal and/or uninsured
- Patient population is at least 40% Medi-Cal and/or uninsured, as well as 20% Black
- Patient population is at least 40% Medi-Cal and/or uninsured, as well as 70% non-white

Organizations **have NOT received telehealth grant funding from HealthNet** in the last four months.

Innovation Learning Collaborative Track

blue of california foundation
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What is the Innovation Learning Collaborative Track?

A 12-month learning collaborative to support up to 20 safety net practices where the majority of their patients are covered by Medi-Cal and uninsured.

This track is designed for organizations further along in their implementation of virtual care approaches with a committed team to test, learn and share best practices.

Innovation Learning Collaborative Track

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.

Innovation Learning Collaborative Track

Support & Delivery

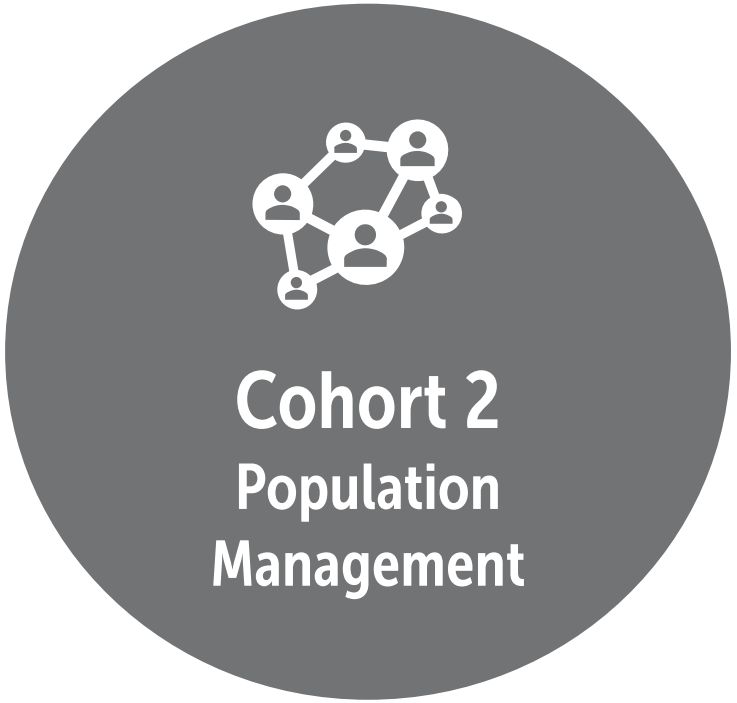
Statewide Learning Community

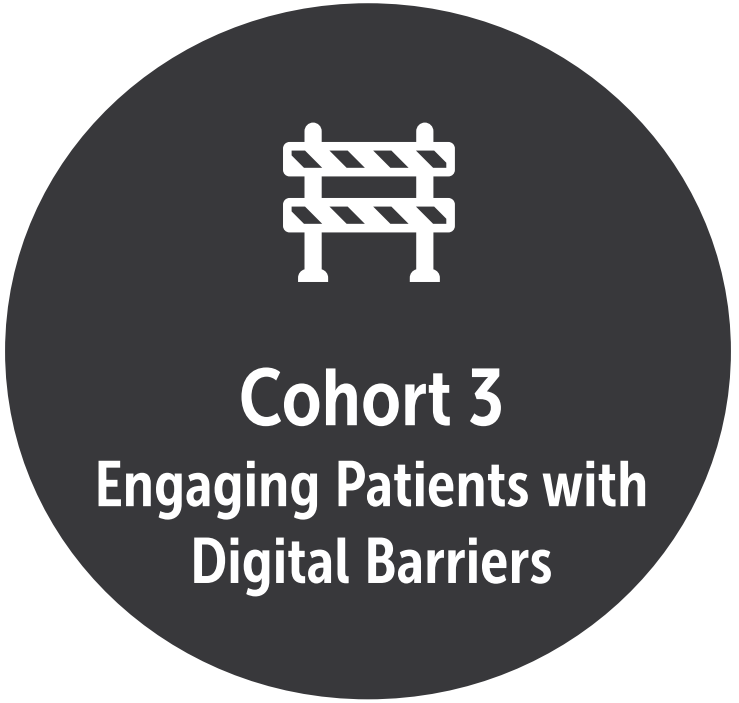
- $100K in Grants
- Peer Learning Convenings*
- Site Visits*
- Toolkits & Resources
- Access to technical experts
- CCI Academy
- Webinars

* = Most likely virtual

Innovation Learning Collaborative Track

Participating organizations will select at least one of the following cohorts.





Innovation Learning Collaborative Track

Data Reporting by Categories

The purpose of the measures is to support teams in understanding their progress over the course of the program and to understand how the virtual care efforts are advancing across the participants.

- Primary Care Visits by Type*
- Behavioral Health Visits by Type*
- TeleHealth Visits by Payor Type*
- Specialty Visits by Visit Type*
- Primary Care & BH Visits by Age*
- Primary Care & BH Visits by Race & Ethnicity*

* = Refer to appendix for details

Innovation Learning Collaborative Track

Who's Eligible?

Safety-net health care organizations that provide comprehensive primary care services primary to at least 8,000 unduplicated patients.

Medi-Cal and uninsured patients must make up at least 50 percent of the organization's total patient population.

- Federally qualified health centers (FQHC) and FQHC look-alikes
- Community clinics, rural health clinics, and free clinics
- Ambulatory care clinics owned and operated by public hospitals
- Indian health service clinics
- Independent provider care practices

Innovation Learning Collaborative Track
Program Requirements

- Leadership Buy-in
- Patient & Community Involvement
- Continuity & a Dedicated Team
- Participation in Program Activities
- Data Reporting & Evaluation Activities

Innovation Learning Collaborative Track

What makes a strong applicant?

Prior experience & desire to expand virtual care capabilities.

Clear vision of how to sustain the efforts in this program.

Data, IT, and QI Systems in place.

Key Dates & Timelines

How to Apply

Applicant organizations must submit the following materials:

1. Application Form
2. Application Narrative
3. Budget Template
4. Tax Status Documentation
5. *Letter of Leadership Support**

All materials must be received by 5:00PM PST on Friday June 19, 2020

* = Innovation Learning Collaborative Track Only

Important Dates & Timelines

Application Period

June 1 - 19, 2020

Application Deadline

June 19, 2020
By 5:00PM

Cohort Announced

July 15, 2020

Accelerator Kick off Webinar

August 13, 2020
12:00PM

Program Page

All this information & more can be found here:

www.careinnovations.org/connected-care-2020/

Questions & Answers

Eligibility Comparison

	Infrastructure & Spread Track	Innovation Learning Collaborative Track
Organization type: Safety Net health care org that provides comprehensive primary care FQHC, Rural & free clinics, Ambulatory clinic of public hospital, Indian health centers, Independent provider practices		
Actively Use EMR	✔	✔
At least 8,000 unduplicated patients	✔	✔
Have NOT received HealthNet telehealth funding in last 4 months	✔	
Medi-Cal / uninsured	**Meet one of 3 criteria below:** 1. At least 70% of patient population 2. At least 40% of patient population AND 20% black patients 3. At least 40% of patient population AND 70% non-white patients	At least 50% of patient population
Dedicated Team to participate in program activities		✔

Thank you!

For questions contact:

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Appendix

Infrastructure & Spread Track

Clinical Data Reporting

*These are draft measures, and we welcome feedback and questions on the measures.

Measure Description	Definition
Distribution of primary care visits by visit type	• 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	• 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	• 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	• 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	• Number of primary care telehealth encounters (video) by payer type: 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: Commercial, Medi-Cal FFS/MC. Medicare FFS/MC, Other payer (e.g., VA), Uninsured (self-pay, free care, county indigent care)

Innovation Learning Collaborative Track

Clinical Data Reporting

*These are draft measures, and we welcome feedback and questions on the measures.

Measure Description	Definition
Distribution of primary care visits by visit type	• 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	• 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	• 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	• 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	• Number of primary care telehealth encounters (video) by payer type: 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: Commercial, Medi-Cal FFS/MC. Medicare FFS/MC, Other payer (e.g., VA), Uninsured (self-pay, free care, county indigent care)

Innovation Learning Collaborative Track

Clinical Data Reporting

*These are draft measures, and we welcome feedback and questions on the measures.

Measure Description	Definition
Distribution of specialty care visits (not including BH) by visit type	• 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 specialty care (not including BH) by visit type	• 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 by race & ethnicity for primary care and BH visits	• 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
Utilization by age for primary care & BH visits	• 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