Welcome!

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.
To unmute yourself: Press *6
To mute yourself: Press *7
Agenda

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

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President

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Program Manager

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Senior Program Coordinator

Jaclyn Lau
Senior Events Coordinator
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
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

Chris Perrone
Director, Improving Access to Care
Program Structure
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

<table>
<thead>
<tr>
<th>Infrastructure &amp; Spread Track</th>
<th>Innovation Learning Collaborative Track</th>
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<tr>
<td><strong>Grant size</strong></td>
<td><strong>$50,000</strong></td>
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<tr>
<td><strong>Content Webinars</strong></td>
<td>Optional participation</td>
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<td><strong>Learning &amp; Sharing Sessions</strong></td>
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<td><strong>Site Visits to exemplary sites</strong></td>
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<td><strong>Office Hours with experts</strong></td>
<td>Optional participation</td>
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<tr>
<td><strong>CCI Academy &amp; Web Resources</strong></td>
<td>Optional participation</td>
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<tr>
<td><strong>Data Reporting (including interviews)</strong></td>
<td>Required participation</td>
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<tr>
<td><strong>Application Materials Needed</strong></td>
<td>Submission Form, Narrative, Budget, Tax Status Documentation</td>
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Infrastructure & Spread Track
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
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
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 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.

Identify the biggest challenges & opportunities to strengthen population health management, build virtual care teams, and address how to engage patients with digital barriers.
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
Participating organizations will select at least one of the following cohorts:

- **Cohort 1** Sustaining Virtual Care Teams
- **Cohort 2** Population Management
- **Cohort 3** Engaging Patients with Digital Barriers
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.

* = 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

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<thead>
<tr>
<th>Organization type: Safety Net health care org that provides comprehensive primary care&lt;br&gt;\hspace{1cm}FQHC, Rural &amp; free clinics, Ambulatory clinic of public hospital, Indian health centers, Independent provider practices</th>
<th>Innovation Learning Collaborative Track</th>
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<tr>
<td>Actively Use EMR</td>
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<td>At least 8,000 unduplicated patients</td>
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<td>✔</td>
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<tr>
<td>Have NOT received HealthNet telehealth funding in last 4 months</td>
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<tr>
<td>Medi-Cal / uninsured</td>
<td>Meet one of 3 criteria below:&lt;br&gt;1. At least 70% of patient population&lt;br&gt;2. At least 40% of patient population AND&lt;br&gt;20% black patients&lt;br&gt;3. At least 40% of patient population AND&lt;br&gt;70% non-white patients</td>
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<tr>
<td>✔</td>
<td>✔ ✔</td>
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<tr>
<td>Dedicated Team to participate in program activities</td>
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Thank you!

For questions contact:

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Center for Care Innovations  
jenny@careinnovations.org

Kathleen Figoni  
Program Manager  
Center for Care Innovations  
kathleen@careinnovations.org
Appendix
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<th>Measure Description</th>
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<td><strong>Measure Description</strong></td>
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</table>
| 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) |
## Measure Description

### 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)

*These are draft measures, and we welcome feedback and questions on the measures.*
## Innovation Learning Collaborative Track
### Clinical Data Reporting

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

<table>
<thead>
<tr>
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| 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 |