Content Webinar #4

Virtual Care Innovation Network
A community health collaboration founded by KAISER PERMANENTE

MARCH 17, 2022, 12 – 1:00 PDT
Agenda

1. Housekeeping
2. CCHE Presentation
3. NACHC Discussion
4. Program Reminders and Next Steps
Connecting Your Phone to Zoom Audio

**Step 1**
Find “Mute”
At the bottom of your Zoom screen, click the upside-down carrot (^) next to “Mute.”

**Step 2**
“Switch to Phone Audio”
Choose the option “Switch to Phone Audio” in the list.

**Step 3**
“Phone Call”
In the pop-up, make sure the “Phone Call” tab is selected. Follow the instructions.

**Step 4**
Enter Your IDs
Enter your Meeting ID and Participant ID.
*Do not skip this step!*

Center for Care Innovations
**Housekeeping**

- **Mute**
  - Minimize Interruptions
  - Please make sure to mute yourself when you aren’t speaking.

- **Chat**
  - Go Ahead, Speak Up!
  - Use the Zoom chat to ask questions and participate in activities.

- **Naming**
  - Add Your Organization
  - Represent your organization and add your organization’s name to your name.

- **Tech Issues**
  - Here to Help
  - Chat Nhi privately if you are having issues and need tech assistance.
VCIN Midpoint Clinical Data
3/17/22
Presented by: Trang Le
Center for Community Health and Evaluation
Evaluation and Learning Associate
Thank you for sharing your health center data with us!

**Purpose:** To learn clinical utilization patterns across VCIN Health Centers (HCs) and better understand the use of virtual care in the safety net.

**Dataset**
- **52 Health Centers** (32 Applied Project, 20 Clinic Connection)
- **9 months of data** (March-Nov 2021)
  - Collected *number of visits and number of unique patients for each modality* in Primary Care (PC) Behavioral Health (BH)
  - Collected *optional segmented data* for Applied Project track

**Limitations of Data**
- **Broad overview of overall telehealth utilization** but may *not reflect the individual projects* in the VCIN initiative
- **9 health centers** were unable to segment telehealth visits by phone/video due to limitations in EHR or documentation workflows
- **Missing 6 health centers** that have not submitted & a few with data corrections
## Size and Reach of VCIN Health Centers

<table>
<thead>
<tr>
<th>Number of patients seen Annually</th>
<th>N = 52 Health Centers</th>
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</thead>
<tbody>
<tr>
<td>1-5K</td>
<td>9</td>
</tr>
<tr>
<td>10-40K</td>
<td>27</td>
</tr>
<tr>
<td>50-100K</td>
<td>12</td>
</tr>
<tr>
<td>100-200K</td>
<td>4</td>
</tr>
</tbody>
</table>

The median VCIN health center reached close to 2,000 patients monthly during March-November 2021.
Telehealth Utilization Trends (March-Nov 2021)

Telehealth visits (including phone and video visits) make up about one-third of all primary care visits and two-thirds of all behavioral health visits.

Telephone visits make up most of the telehealth visits for both primary care and behavioral health, with higher video utilization in behavioral health.

Health centers in California and Oregon tend to provide more telehealth overall.

There were some differences in telehealth utilization across the demographic groups.
Telehealth Visits (March-Nov 2021)

Telehealth visits (phone and video) make up about one-third of all primary care visits and two-thirds of all behavioral health visits.

<table>
<thead>
<tr>
<th></th>
<th>Primary Care</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth (Phone + Video)</td>
<td>2962 (34%)</td>
<td>1226 (64%)</td>
</tr>
<tr>
<td>In-person</td>
<td>5567 (66%)</td>
<td>699 (36%)</td>
</tr>
<tr>
<td>Total</td>
<td>8629 (100%)</td>
<td>1925 (100%)</td>
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</table>
For both primary care and behavioral health, a large majority of telehealth is provided by telephone and remain consistent overtime.

**Telehealth Visits (March-Nov 2021)**

**Primary Care**
- Telephone: 80%
- Video: 20%

**Behavioral Health**
- Telephone: 64%
- Video: 36%
Video visits require more resources to implement relative to telephone (audio-only) visits, but have potential benefits for patients

Operational changes required for video visit implementation

• Creating procedures and workflows to determine when video visits would occur and how to schedule them
• Determining how to onboard patients to use the video visit platform, including patients who had digital barriers
• Establishing appropriate care team models
• Determining how to connect interpreters to video visits

Potential benefits of video visits

• Patient-provider connection
• Ability to meet greater variety of clinical needs by visualizing the patient
• More certainty around future reimbursement
Health centers in California & Oregon tend to provide more primary care telehealth overall.
For primary care, the median health center provided about 7% of telehealth visits by video, with large variation across health centers.
Large variations in Behavioral health video visits, but with a higher median for percentage of video (29%) as a proportion of telehealth visits.
At least half of the health centers provided segmented data in each category.

**Limitation:**
Assessing differences or disparities using aggregate data is challenging due to the inability to control for all factors that may influence access, especially with race/ethnicity data since there are multiple categories, missing data and different populations served by different health centers.

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Age</td>
<td>28</td>
<td>88%</td>
</tr>
<tr>
<td>Payer</td>
<td>24</td>
<td>75%</td>
</tr>
<tr>
<td>Language</td>
<td>23</td>
<td>72%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>19</td>
<td>59%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>32</td>
<td>100%</td>
</tr>
</tbody>
</table>
Commercial payer and 17 and underage group had the highest ratio of video to telephone (14 per 100) compared to the other groups.
Patients whose primary language is English had a higher ratio of video to telephone (11 per 100) compared to patients with a preferred language other than English (6 per 100).
Ratio of video visits to phone visits differed slightly across race/ethnicity groups, but conclusions on differences in access cannot be drawn from this data.
Next Steps & Your Takeaways

Next Steps

▪ Final data collection is due on June 15, 2022
▪ **Updated spreadsheet template will be on SharePoint and emailed to each HC**, please save and use this spreadsheet to complete end point data for the months of Dec 2021-May 2022.

Your Takeaways & Questions
Questions?

Center for Community Health and Evaluation
Trang Le, Trang.H.Le@kp.org
Natasha Arora, Natasha.B.Arora@kp.org
Each team will need to:

- Download the latest version of the data reporting spreadsheet
  - Please do not use any of the older versions
- Edit it on your computer's Excel software
- Re-upload into your organization's VCIN OneDrive folder
In the Zoom Chat, tell us:

1. What surprised you the most?
2. Are the findings reflective of the shared experience?
3. What do you wish to learn more about?
Project Lifecycle

1. Define March & April ‘21
   Define the problem you will solve over the next 15 months and set a target.

2. Discover May & June ‘21
   Uncover the current state. Learn from those that experience your processes.

3. Prioritize & Design July & August ‘21
   Select and create tests of change that may improve your processes.

4. Test & Refine September – February ‘22
   Test your improvement ideas and measure their impact.

5. Implement & Spread March – May ‘22
   Hardwire and spread successful tests.

We are here!
Telehealth Reimbursement Updates from CMS and Implications for States

Jeremy Crandall - Director, Federal and State Policy
Next Steps
How Did We Do?

Take the next minute to answer our virtual event poll.
We chat with Northeast Valley Health Corporation as they share some of the early successes and challenges faced in using this platform with regards to patients' controlled and uncontrolled blood pressure rates, as well as what implementing RPM looks like in the near future. Learn more about the key role of care coordinators and care teams in advancing this work forward.

Each team’s storyboards and project measures are due **May 31st** in your VCIN OneDrive folder.

Each team must submit their final data submission and final budget expenditures by **June 15**. You can email these final deliverables to nhi@careinnovations.org.
Save the Dates!

<table>
<thead>
<tr>
<th>Applied Project Convenings</th>
<th>2022</th>
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<tr>
<td></td>
<td>Mar</td>
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<td></td>
<td>Apr</td>
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<td></td>
<td>May</td>
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<tr>
<td><strong>Content Webinar #4</strong></td>
<td></td>
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<tr>
<td>Thursday, March 17th</td>
<td></td>
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<td>12 - 1:30 PM PDT</td>
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<tr>
<td><strong>Final Convening</strong></td>
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<tr>
<td>Tuesday, May 31st</td>
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<td>12 – 2 PM PDT</td>
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Questions?

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