Agenda

1 Housekeeping & Agenda Review

2 Overview of CCI

3 Overview of Virtual Care Innovation Network

4 Telehealth Service Recommendations – Oregon Health Leadership Council

5 Hot Topics in Virtual Care Breakout Sessions

6 Next Steps & Wrap Up

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!*

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.

We spark, seed, and spread innovations that strengthen the health and well-being of historically underinvested communities. We create lasting change in collaboration with our partners in the health ecosystem.

Virtual Care Innovation Network

The Goal

Redesign virtual care to expand and strengthen access to high-quality care enabling all patients to benefit from these services.

1 **Partners: Kaiser Permanente, National Health Care for the Homeless Council, PCA's, RAC's, CCHE**

2 **3 Tracks: Applied Project, Clinic Connection, and Learning Hub**

3 **Participants: 59 organizations across 9 states**

4 **Timeline: March 2021 to May 2022**

KAISER PERMANENTE®

Determining Appropriate Telehealth Modality by Disease State

Determining Appropriate Telehealth Modality by Disease State

Jill Leake

Director of Clinical Strategies

Oregon Health Leadership Council

Beth Sommers

Clinical Innovation Manager

CareOregon

Telehealth Service Recommendations

June 8, 2021

Agenda

- What is OHLC?

- Telehealth Workgroup

- Telehealth Service Recommendations

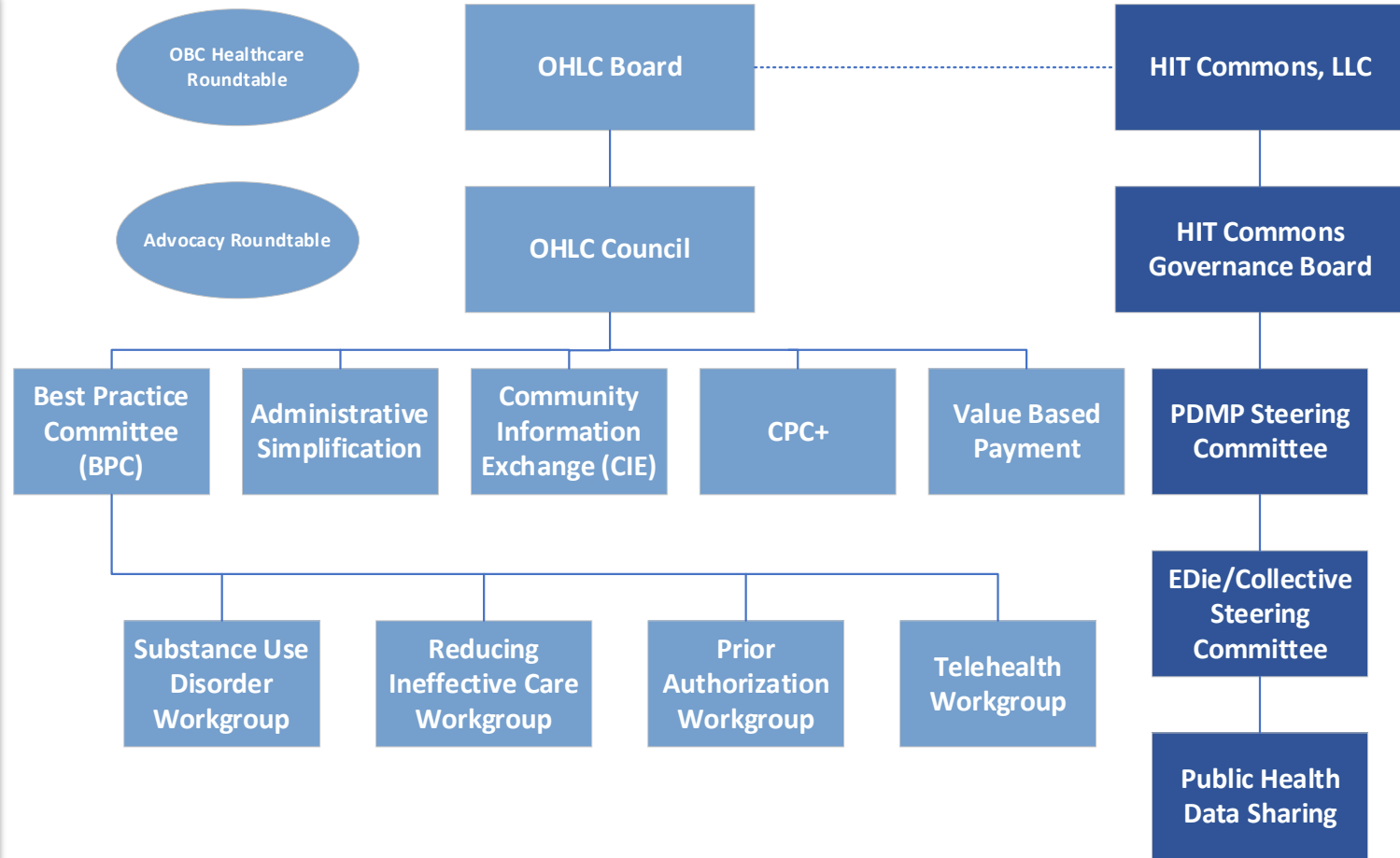- Goals for use

- Next steps

Oregon Health Leadership Council

OHLC is a membership organization working collaboratively to develop solutions that improve health care and lower health costs in the state.

- A unique model that brings together all major health systems and health plans, as well as OMA and OAHHS, while partnering closely with OHA.

- Formed in 2008 at the request of the business community, was instrumental in the formation of the CCO model and Medicaid funding strategy. Has since evolved to fit the changing needs of the health care community.

OHLC Organizational Chart

OHLC Members
Adventist
Aetna
Asante
CareOregon
Cigna
First Choice
HealthNet
Health Share
Kaiser
Legacy
Moda
OAHHS
OHSU
OMA
Oregon Clinic
PacificSource
PCCA
PeaceHealth
Providence
Regence
Salem Health
Samaritan
St.Charles
Tuality
United Health Care

OBC Healthcare Roundtable

Advocacy Roundtable

OHLC Board

HIT Commons, LLC

OHLC Council

HIT Commons Governance Board

Best Practice Committee (BPC)

Administrative Simplification

Community Information Exchange (CIE)

CPC+

Value Based Payment

PDMP Steering Committee

Substance Use Disorder Workgroup

Reducing Ineffective Care Workgroup

Prior Authorization Workgroup

Telehealth Workgroup

EDie/Collective Steering Committee

Public Health Data Sharing

Why Telehealth?

- **…COVID**
- Identified as a high priority area by OHLC Board, Council and BPC in summer 2020
- BPC approved formation of a telehealth workgroup and recommended the following focus areas:
    1. **Improve quality**
    2. **Optimize delivery**
    3. **Improve efficiency**
    4. **Ensure equity**
- Workgroup started in September 2020, including telehealth experts from health systems, FQHCs, women's health, behavioral health, commercial health plans, CCOs

Deliverable #1
Telehealth service recommendations

Specifies which services are appropriate for telehealth visits

Disciplines will include:
- ➢ Primary care (adults & peds)
- ➢ OB/GYN
- ➢ Behavioral Health
- ➢ Oral Health

Best practices will be collected through:
- ➢ Literature
- ➢ Expert opinion

Dissemination:
- • Broad statewide distribution via email, meetings, webinars, etc.

Deliverable #2:
Workflow guidance

Provides optimal processes for pre-visit procedures, use of support staff, and ensuring equitable access

Questions to consider:
- • How will we determine barriers?
- • What disciplines do we want to include?
- • How should we collect/formulate best practices?
- • What communication format(s) should we use to disseminate?

Deliverable #3
Patient education

Informs patients of their responsibilities before and during telehealth visits

Questions to consider:
- • Should the education be discipline specific?
- • How should we collect educational materials?
- • What communication format(s) should we use to disseminate?

Support statewide alignment

Maintain framework of health equity
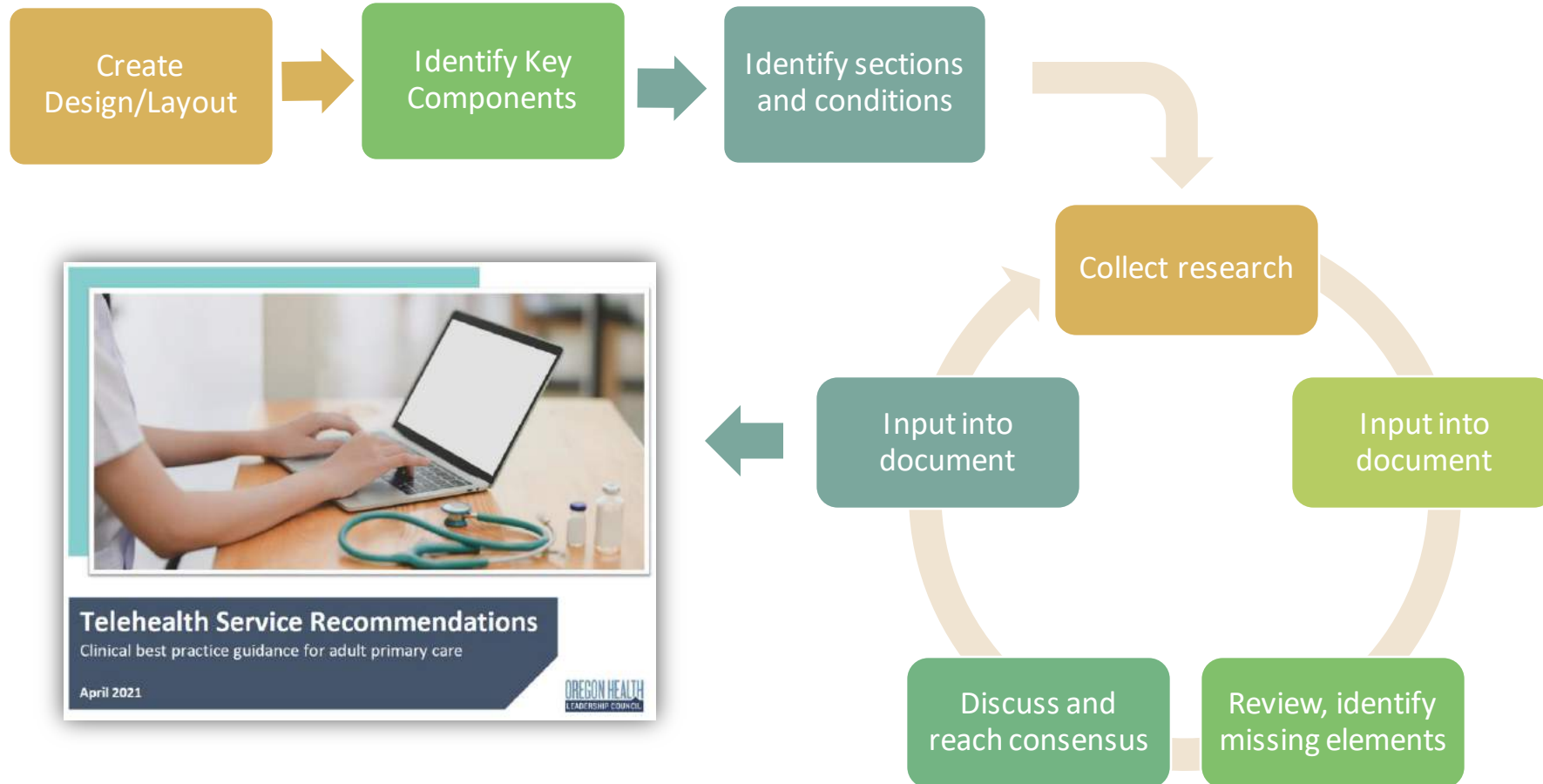
Service Recommendations for Adult Primary Care

Guiding themes

- Telehealth can be a safe and effective way to deliver care, but it **may not always be clinically appropriate**

- Many factors may contribute to the safety and effectiveness of telehealth, including patient condition, risk, family support, language, technology access/skill, utilized modalities, etc. Therefore, **providers should continue to exercise their own clinical judgement.**

- **Additional research is needed** to assess the effectiveness of different telehealth modalities for specific conditions and patient populations

- **West Coast Compact Telehealth Principles** (Access, Confidentiality, Equity, Standard of Care, Stewardship, Patient Choice)

Example – General Recommendations

General Recommendations for Chronic Conditions

These recommendations are applicable to adult patients with one or more **established chronic condition** diagnoses.

During the course of a telehealth visit, if it becomes clear to the provider that an in-person visit is necessary based on clinical need or acuity, the provider should take responsibility for ensuring a visit is scheduled and transportation is arranged.

Recommended Telehealth Uses:
1. Routine follow up in established, stable patients
2. New patients, after comprehensive screening to ensure they do not meet any in-person visit criteria (below)
3. New or worsening symptomology that does not require hands on or urgent/emergent assessment

Consider in-person visits for patients who meet any of the following criteria:
1. Poorly controlled condition with risk for acute complications
2. Lack of access to necessary monitoring devices either at home or at a satellite clinic location (i.e., blood pressure cuff)
3. Due for routine care that requires hands on assessment by a provider (i.e., foot exam)
4. Condition requires a physical assessment to determine a diagnosis or plan of care
5. Lack of access to telehealth technology or lack of necessary telehealth technical skills
6. Preference to visit provider in person
7. Most recent visit(s) were performed via telehealth and provider deems an in-person visit necessary based on patient risk and time elapsed since last in-person visit.

Note: Patients who are due for ancillary services such as lab work, radiology exams, vaccinations, or infusions may receive those in-person services without a face-to-face visit to their primary care provider.

Service Recommendations for Adult Primary Care

Example – Condition Specific Recommendations

Reason for visit	Telehealth Appropriate?	Platforms	Recommended Telehealth Services	In addition to general recommendations above, consider in-person visit for the following:	References
Diabetes Type II	Yes	**Video** – preferred **Telephone** – if video is not possible **Remote Monitoring** – CBG monitoring recommended as adjunct to virtual visits	Routine clinical status evaluation, self-management support, education, medication management, nutrition therapy/education, assessment for specialist referral	• Patient has not been seen in person in 1 year or more • Condition is uncontrolled • Patient is due for foot exam or neuropathy screening • Height, weight, or BP cannot be measured remotely and has not been obtained in 1 year or more (or more frequently if appropriate) • Patient is due for cognitive screening	30,31,32

30. Wu, C., Wu, Z., Yang, L., Zhu, W., Zhang, M., Zhu, Q., Chen, X., & Pan, Y. (2018). Evaluation of the clinical outcomes of telehealth for managing diabetes: A PRISMA-compliant meta-analysis. *Medicine, 97*(43), e12962. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6221638/
31. Appuswamy, A.V. & Desimone, M.E. (2020). Managing diabetes in hard to reach populations: A review of telehealth interventions. *Current Diabetes Reports, 20*(28). https://link.springer.com/article/10.1007%2Fs11892-020-01310-2
32. American Diabetes Association. (2020). Standards of medical care in diabetes – 2020 abridged for primary care providers. *Clinical Diabetes, 38*(1), 10-38. https://clinical.diabetesjournals.org/content/38/1/10

Goals for use

- **Serve as a foundation for PCPs** to build and/or refine their own practice standards and triage/screening tools
- **Promote alignment** of best practice telehealth use across Oregon
- **Highlight the importance of equity and access** in the use of telehealth
- Support the **continued growth and benefit coverage** of safe and effective telehealth services
- **Elicit feedback** from the community so we can update and refine recommendations as new research emerges

Next Steps

Share with stakeholders & collect feedback

- Oregon
- National

More Telehealth Service Recommendations:

- Pediatric Primary Care
- Behavioral Health
- OB/GYN
- Oral Health

Workflow Guidance

Patient Education

Questions

Choose Your Own Adventure!

How to Select a Technology Vendor

Ray Pedden

Strategy and Innovation
Consultant
Center for Care Innovations

Hans Mueller

Director of Innovation and
Technology
Every Child Pediatrics

Matthew White

Innovation Lead and Business
Intelligence Manager
Contra Costa Health Services

Increasing Patient Portal Engagement

Jim Meyers, DrPH
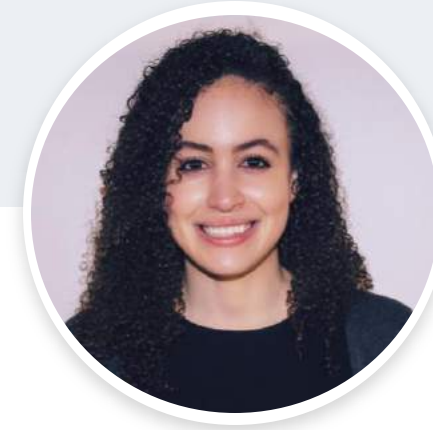
Consultant & Coach

Meyers Health Consulting

Needs of Patients with Limited English Proficiency

Jessica Chao

MBA Candidate 2021

Stanford Graduate School of Business

Yaritza Vargas

MBA Candidate 2021

Stanford Graduate School of Business

Models of Care for People Experiencing Homelessness

Brandon Cook

Health Care for the Homeless Program Director

New Horizon Family Health Services, Inc.

Breakout Rooms

How to Select a Technology Vendor (room 1)

- Ray Pedden, Center for Care Innovations
- Hans Mueller, Every Child Pediatrics
- Matt White, Contra Costa Health Services

Increasing Patient Portal Engagement (room 2)

- Jim Meyers, Meyers Health Consulting

Needs of Patients with Limited English Proficiency (room 3)

- Jessica Chao, MBA Candidate at Stanford Graduate School of Business
- Yaritza Vargas, MBA Candidate at Stanford Graduate School of Business

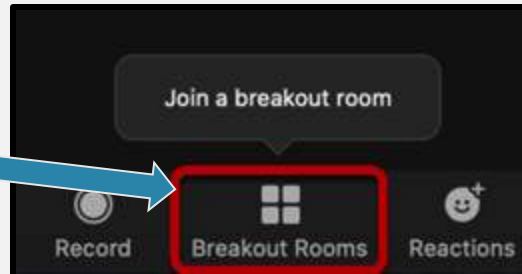## Models of Care for People Experiencing Homelessness (room 4)

- Brandon Cook, New Horizon Family Health Services, Inc

*Then, follow the steps below to join your assigned breakout room:

Step 1:

When breakout rooms open, a popup will show up above the *Breakout Room* icon.
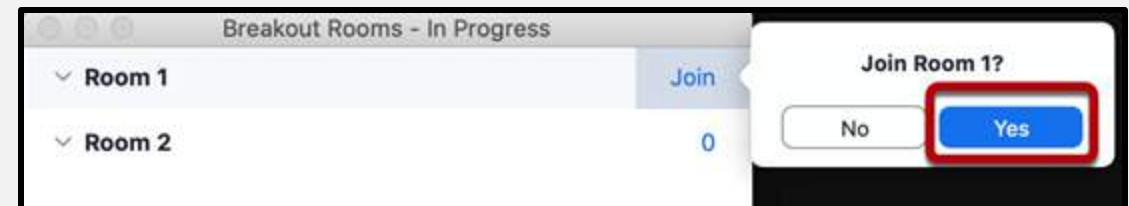
Click **Breakout Rooms**.

Step 2:

A menu will pop up with a list of all breakout rooms. Hover over your assigned breakout room, then select "**Join**."

Step 3:

Click "**Yes**" to confirm, and you will be moved to that breakout room.

Breakout Room Takeaways

In the chat box, tell us:

What did you hear from your breakout sessions that resonated with you?

Next Steps

Virtual Care Innovation Network

A community health collaboration founded by KAISER PERMANENTE.

How Did We Do?

Take the next minute to answer our virtual event poll.

Baseline Data Submission

Update your Data Reporting Dashboard

- Baseline data from March 1 to May 31, 2021

- Submit on your organization's data reporting dashboard in your organization's OneDrive folder

- Guidance document is attached to the data reporting dashboard

- Newsletter with links will be coming

Reach out to Natasha Arora at natasha.b.arora@kp.org if you have any questions.

Pre-Work | Applied Project Track

Update your Storyboard

1. Interview a minimum of 5 people within your project's ecosystem.

2. Join your coaching session – ask questions about journey mapping & interviewing, learn what your peers are doing and hearing, and gain support where you need it.

Reach out to Bijal Shah or Weslei Gabrillo if you have any questions.

Questions?

Bijal Shah

She/her/hers

Senior Program Manager

bijal@careinnovations.org

Weslei Gabrillo

He/him/his

Program Coordinator

weslei@careinnovations.org

Nhi Tran

She/her/hers, they/them/theirs

Program Coordinator

nhi@careinnovations.org