Hot Topics in Virtual Care Webinar
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.
OUR MISSION

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

Virtual Care Innovation Network

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
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
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.
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
Specifies which services are appropriate for telehealth visits

Disciplines will include:
- Primary care (adults & ped's)
- OB/GYN
- Behavioral Health
- Oral Health

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

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

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?

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?
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)
Development process

1. Collect research
2. Input into document
3. Discuss and reach consensus
4. Review, identify missing elements
5. Input into document
6. Collect research
7. Identify sections and conditions
8. Identify key components
9. Create design/layout
10. Input into document
11. Review, identify missing elements
12. Discuss and reach consensus
13. Review, identify missing elements
14. Input into document
15. Identify sections and conditions
16. Identify key components
17. Create design/layout
18. Input into document
Service Recommendations for Adult Primary Care

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

<table>
<thead>
<tr>
<th>Reason for visit</th>
<th>Telehealth Appropriate?</th>
<th>Platforms</th>
<th>Recommended Telehealth Services</th>
<th>In addition to general recommendations above, consider in-person visit for the following:</th>
<th>References</th>
</tr>
</thead>
</table>
| 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 |


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
Co-founder and CEO
LingoHealth

Yaritza Vargas
Co-founder and COO
LingoHealth
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

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**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
How Did We Do?

Take the next minute to answer our virtual event poll.
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.
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?

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