Welcome SMTSN Community!

Let's color together while everyone logs in...

Follow the steps below.

- Click View Options at top
- Choose the Annotate option
- Choose an annotation tool
- Join in on the coloring action!





Sustainable Models of Telehealth in the Safety Net - Virtual Session June 16, 2020 (12:00-2:00pm)



#### Welcome to our Virtual Session!

Please help us get set up by doing the following: (and chat us if you need help)

- Turn on your video! if you have video capability, we'd love to see you
- ✓ Use the chat: ask questions and connect with others in the session
- $\checkmark\,$  This session is being recorded
- ✓ Please fill out the quick feedback poll at the end of the session
- ✓ To mute/unmute yourself:

→ Via computer - Click the microphone icon on lower left of your Zoom screen

→ On the phone - Press \*6

#### What you can expect today

This is the last session for the SMTSN Program.

#### **CONTEXT:**

Nine health centers in California have completed the SMTSN program, which aimed to develop sustainable models for telehealth to improve low-income Californian's access to specialty care. This session will capture the key takeaways and lessons learned by the participating health centers and will serve as an opportunity to celebrate all the efforts and successes.

AGENDA			
12:00 - 12:10	Welcome		
12:10 - 12:20	Trifecta Storyboard		
12:20 – 1:50	Clinic Storyboards		
1:50 - 2:00	Closing		



# Virtual Storyboard Gallery

Browse the Virtual Storyboard Gallery				
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Shasta Community Health Center CLICK TO VIEW STORYBOARD	Open Door Community Health Center CLICK TO VIEW STORYBOARD	El Dorado Community Health Centers CLICK TO VIEW STORYBOARD	Chapa De Indian Health CLICK TO VIEW STORYBOARD	
	Clinicas de Salud del Pueblo, Inc.	weighterhood Neighterhood Healthcarris Telehealth Journey	West County Health Centers	
Ampla Health CLICK TO VIEW STORYBOARD	Clinicas de Salud del Pueblo CLICK TO VIEW STORYBOARD	Neighborhood Health Care CLICK TO VIEW STORYBOARD	West County Health Centers CLICK TO VIEW STORYBOARD	
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Borrego Health CLICK TO VIEW STORYBOARD	Telehealth Trifecta (CHCF, CTRC, and CCI) CLICK TO VIEW STORYBOARD			

https://www.careinnovati ons.org/smtsnfinalvirtuals ession/



Sustainable Models of Telehealth in the Safety Net

# **Trifecta Team Storyboard**

- California Health Care Foundation
- California Telehealth Resource Center
- Center for Care Innovations



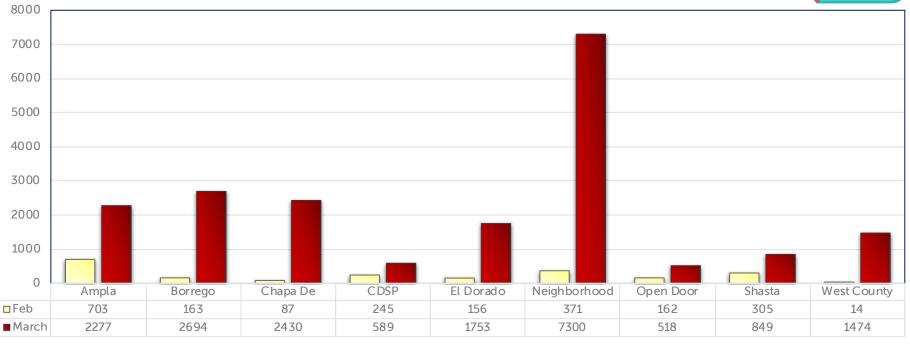


# 57,897 completed specialty care telehealth encounters during the SMTSN initiative



## **COVID-19 Telehealth Encounter Volume Impact**

Monthly Data for Feb. and March 2020 (Self-Reported\*)



∎Feb ∎March

\*Do not cite. Due to variation in data collection, this chart may not reflect accurate differences between sites and between February and March. March numbers include phone, video, and primary care for most sites.

#### **Key Factors & Supports**







Regular Check In Meetings with Jeanne 2x per year In Person Workshops from June 2017 to November 2019 Peer Learning Site Visits to participating health centers to see each other's telehealth programs firsthand



## **SMTSN Impacts**

Significant expansion of telemedicine at participating health centers: 57,897 completed encounters during the initiative

2

Ability of participating health centers to quickly shift to primary care telehealth when the COVID pandemic began



Contributed to significant legislative advances in the 2019 session

## **Telehealth Impact Videos**







<u>'No, I Don't Have Money. But I</u> <u>Can Have the Same Kind of</u> <u>Health Care as Everyone</u> <u>Deserves'</u> (Chapa-De) Melissa's Story: Telehealth Is<br/>Knowing Care Is Just a Call<br/>Away (Chapa-De)Bobbi's Story: Telehealth is a<br/>'Blessing' for Grandson with<br/>Cerebral Palsy (Shasta)





After Tragedy, Debbie Heals with the<br/>Help of Telehealth (Borrego)Telehealth Brings the Dentist to Schools<br/>in El Dorado County (El Dorado)

## Top 3 Takeaways: What were our top three lessons learned in SMTSN?

Successful programs require dedicated people and a local supported champion for the work Health centers with the specialty in their scope of practice are more easily able to sustain telehealth financially

An aligned approach among payers for telehealth reimburseme nt is needed to enable financial sustainability

## **Clinic Storyboards**

Impact stories, Takeaways, and Awards



# Wisdom Award

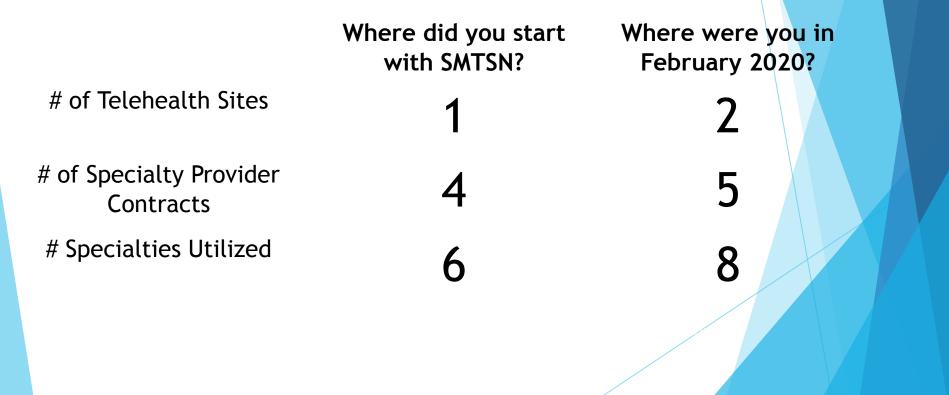
this certificate is awarded to:

#### Shasta Community Health Center

in recognition, of

Sharing deep telehealth experience and knowledge to help peer organizations

#### SCHC's Telehealth Journey



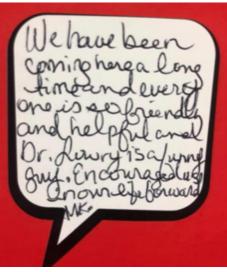
**Increased Visit Volume** 

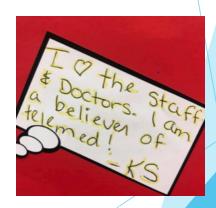
# 7,549 Telehealth Encounters between July 2017and February 2020

#### Impacts of the Initiative

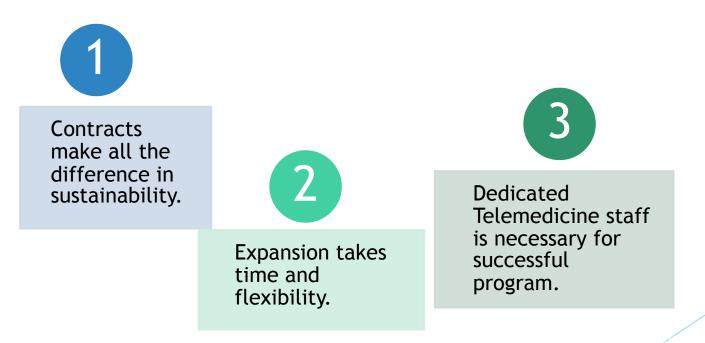
- ▶ The impacts of the initiative are impossible to measure...
- By expanding access, we have been able to change hundreds of lives.
- Every visit added was someone who otherwise would have been without specialty care.

We love it because Can See a Speciality " out having to travel far away - platty Nie





#### Top 3 Takeaways





## **Our Telehealth Journey**



	Where did you start with SMTSN?	Where were you in February 2020?
# of Telehealth Sites	7	19
<pre># of Specialty Provider Contracts</pre>	12	20
# Specialties Utilized	5	6



# **3082** Telehealth Encounters between April 2018 and February 2020







# Impact on our Patients, Staff, or organization

- The **shared experiences with our colleagues** allowed us to implement new strategies and keep focus on Telehealth improvement.
- We gained confidence in implementing innovative solutions.
- The COVID-19 pandemic has changed the way people everywhere receive care, and <u>telehealth has become the "new normal"</u> for healthcare during challenging times. CTRC did a fantastic job in educating and preparing us! We were able to develop an effective and innovative telehealth strategy and most of the providers and staff were fully trained by the time we were mandated to stay home.



### Top 3 Takeaways: Top three lessons we learned in SMTSN

2

Shared learning experiences in the industry are KEY for Growth Telehealth allows for increased access, timely care & reduces no show rates (when care is provided to the patient where they want)

Advocacy for Telehealth is a MUST in order to support the needs of our most vulnerable patients

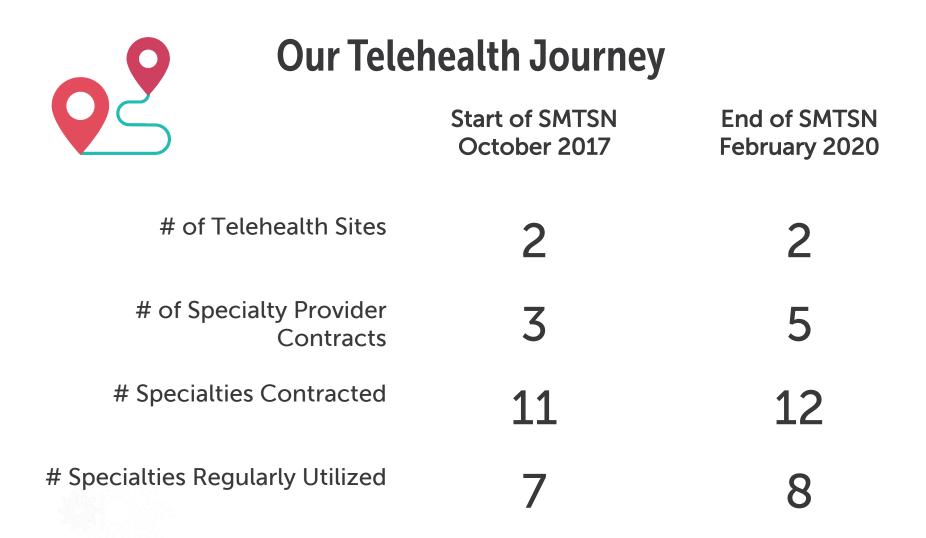


# Bounce Back Award

this certificate is awarded to: Chapa-De Indian Health

in recognition, of

Successfully regaining monthly encounter volume after interruptions in provider services



# 2,226 Telehealth **Encounters** between October 2017 and February 2020





**Telehealth removes** barriers and enables more care and moreconvenient access to care

https://youtu.be/HX8sDIAFGiw

#### Here is Jill's story:







### **Top Three Lessons Learned in SMTSN**



## Innovation Award

#### this certificate is awarded to: Clinicas de Salud del Pueblo

in recognition, of

Willingness to test new telehealth models, vendors, and providers

#### Your Telehealth Journey: Where did you start, and where are you now with specialty care?



Current Telehealth program launched late 2015

In 2016 we started with 2 Telehealth Technicians and started providing services is 4 locations Had limited access to equipment in all our locations.

Where did you start with SMTSN? Where were you in February 2020?

Currently 6 Telehealth Technicians All sites now have equipment Providing Telehealth services in all 10 clinic sites

5 Specialty Provider Contracts 3 Specialties Utilized

# 11108 Telehealth **Encounters** between December 2017 and February 2020



#### Impact on our patients, staff, or organization

Our clinics exist in Imperial County and Riverside County. We first started services in Imperial County but Riverside County had a great need for telehealth services. We started our expansion into Riverside County as we began working with SMTSN.



One of our rural clinics in Riverside County is in Mecca CA. This clinic has an large migrant population with great need for services and limited access to specialty care. Working with our partners we were able to attain Telehealth equipment and staffing to provide Retinal, Psychiatry and Dermatology services. Once this site was deployed, it served as a launch pad for providing services other clinics in Riverside County clinics in Coachella and Hemet.

The knowledge and help provided by SMTSN has helped us in many ways as we applied for grants, training and deployment of services.







# Telehealth in Action







#### Top 3 Takeaways: What were our top three lessons learned in SMTSN?



There are many variables with making a program sustainable. Telehealth is a balancing act. Lessons learned in previous years can now be applied to the new changes brought about by COVID-19

## Community Collaborator Award

this certificate is awarded to: El Dorado Community Health Centers in recognition, of Partnership with schools and community organizations to offer telehealth

#### Your Telehealth Journey: Where did you start, and where are you now with specialty care?

EDCHC started our Telehealth journey with a variety of tests into multiple telehealth designs before landing on what we have in place today. It started with Behavioral Health counseling and some medical reconciliations. We tried contracting with medical groups for specific specialty services and with individual specialists.

When we started with SMTSN in we had only two store and forward options and one specialty contract with UC Davis.

Today we have clinics hosted regularly at our Placerville site for four specialties, and at our Cameron Park site for two.

EDCHC Currently has 4 contracts for Specialty Provider services with 1<sup>2</sup> separate Specialty Services provided to our patients.

From an environment where we had little to no access to specialty services for our patients- We grew to.....

# **3070 Telehealth Encounters** between **October 2017** and February 2020!



# H

### Impact on our patients, staff, or organization

The case of a 58-year-old patient who had a difficult time getting in to see endocrinology due to her work schedule and transportation. This patient was not able to see an endocrinologist when she came to the center so she left the office feeling hopeless and believing she would not get any help with her diabetes. She started to feel like no specialist was available to help her and that she was just another number in the provider schedule. She even reported that she started to feel bad about herself and questioned why she should continue to try to seek treatment. The patient informed her PCP at the next visit she was not going back again because she now felt like there was no hope in getting treatment.

When a Telemedicine Endocrinologist visit was offered to her as a possible alternative, she decided to try it. The PCP had recorded an A1C of 14.7 and it was getting higher at each visit. The patient was quickly scheduled an appointment with the Telemedicine specialist and after her first encounter, she commented that even though the provider was on a TV, she felt like that she actually cared and had a "game plan" on getting her A1C numbers down. The specialist provided the patient educational materials on her illness, and followed up with her PCP. The patient was then prescribed new medication and began working on, "Staying on track" with what she was told by the endocrinologist. With 6 months of care between the Specialist and PCP the patient was able to bring her A1C from 14.7 to 7.7.

Not only did the patient get help with her diabetes but also changed her whole perspective on the treatment she was receiving. She now feels like her provider is behind her helping her with treatment instead of her feeling as if she is just a number in a long list of patients. The patient is still on track with her A1C numbers and still requests follow up Telemedicine visits. She is now excited to see her providers and to share her A1C number with them both.

### Top 3 Takeaways: What were your top three lessons learned in SMTSN?

Consistency is key to the success of the program. Patients, specialists, and staff all do better when they know what to expect. Specialists may not know the challenges faced by FQHC patients and need the cultural competency support of the local staff. Good scheduling attendance can be achieved with unwavering and frequent follow-up with patients.



### **Neighborhood Healthcare's Journey**



Where did you start with SMTSN?

1

1

6

0

Where were you in February 2020?

# of Telepsych Clinics# BH Providers using Telepsych

# of Retinal Telehealth Clinics Virtual Dental 7 11 (pre-COVID)

> 6 2

> > neighborhood 3

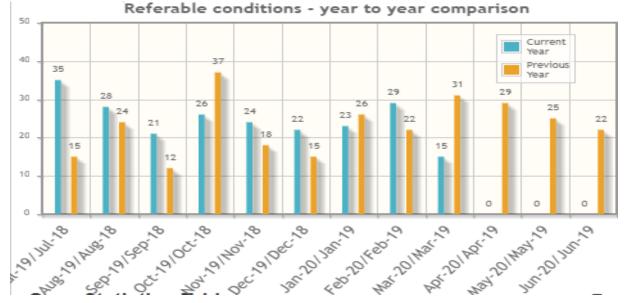
Neighborhood Healthcare had 6302 Telehealth Encounters between April 2018 and February 2020





### Impact on Patients, Staff, and Organization

At Neighborhood Healthcare we've been able to help many of our patients with early detection for eye conditions and some even blindness



### **Success Story**

"Thank you for your dedication to my healthcare. You both listened and were emotionally available to me during my journey. You made it possible to walk through this."

Meet Tanya. She is a 56 y/o female, diagnosed with ETOH dependence, Cirrhosis, Encephalopathy, MDD with psychotic features (hears voices, paranoid that ghost is watching her), Severe Anxiety, and PTSD. She received in person counseling and Telepsych from a prescriber at a different location than the patient. Tanya had lost financial support from a friend and was at risk of losing her apartment.

Interventions included counseling, medication management to help stabilize her emotional regulation through Telepsych, and coordination with Interfaith to apply for SSI, rental assistance, SDG&E assistance, and job training. Today Tanya has SSI, has stable housing, is working toward getting a job, and is stable with her medications. She hosts AA meetings in her home. ©

### **Top 3 Takeaways**

Importance of training and retraining all levels of staff Communication between depts including billing and support staff 3

Keep training materials and P&P accessible to staff



## Contribution Award

this certificate is awarded to:

Open Door Community Health Centers

in recognition, of

Engagement in program activities and willingness to contribute to the learning community

### Your Telehealth Journey: Where did you start, and where are you now with specialty care?



	Where did you start with SMTSN?	Where were you in February 2020?
# of Telehealth Sites	5	5
# of Specialty Provider Contracts	1	3
# Specialties Utilized	13	10



5028 Telehealth **Encounters** between December 2018 and February 2020



# C P

## Impact on our patients, staff, or organization

- Before SMTSN -1 internal nutritionist -scheduled months out.
- During SMTSN-Open Door requested Partnership Health Plan add nutrition as a new telemedicine specialty. TM2U then added 1 nutritionist, a member of our local community who lives remotely and is able to work from home. A 2<sup>nd</sup> nutritionist was added to meet the demand from multiple health centers.
- A patient was referred to telemedicine nutrition because of a recent diagnosis of Type 2 Diabetes. Pt. had never had any formal diet education before, and weight had increased to 40 lbs. over the past years. By the third visit with nutritionist, patient reported making most of the diet changes that were suggested by nutritionist and over time Pt. was able to report a weight loss of 21 lbs and lower their A1C from 7.7 to 7.1.

### Top 3 Takeaways: What were our top three lessons learned in SMTSN?

 1
 Health Centers are striving to meet the needs of patients via telehealth in similar ways.

Workflows will constantly change. Adaptation and flexibity is essential.



### West County Health Centers Telehealth Journey: Where did you start, and where are you now with specialty care?



Where did you start with SMTSN?

3 Sites

3 Specialty Provider Contracts

3 Specialties Utilized

2017: We offered Psychiatry, Rheumatology, Dermatology and Endocrinology.

Where were you in February 2020?

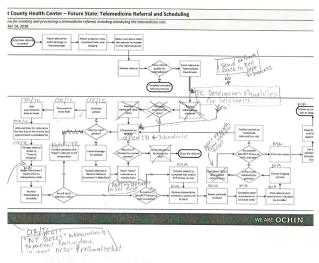
2020: We continue to offer monthly Rheum and Endo clinics. We have integrated Dermatology consults within the primary care visit and offer walk-in clinics for Diabetic Retinal Screening. We have successfully transitioned to video and phone visits for our primary care and behavioral health patients focused on COVID19 related issues, Wellness and Counseling services, and Gender Expansive care.

# 1388 Telehealth Encounters between December 2017 and February 2020



## **Impact on our WCHC Patients**





- Engaging with other from the SMTSN network, specifically Alberto- Clinicas de Salud del Pueblo, Inc., sharing information and insight using UC Berkeley Optometric Eye Center – for Diabetic retinal screening. After the suggested demo with UCBOEC, we began collaboration in Jan 2019 and served 283 patients.
- 2019 Streamlining workflows with the assistance of OCHIN allowing us to ensure the most efficient workflow for our staff and patients. Serving 131 patients for TeleRheum & TeleEndo.
- 2019 Streamlining workflows with an agency wide training with the medical assistants for store and forward consultations using the Stanford's DirectDerm platform. Serving 57 patients; a 50% increase from 2017.

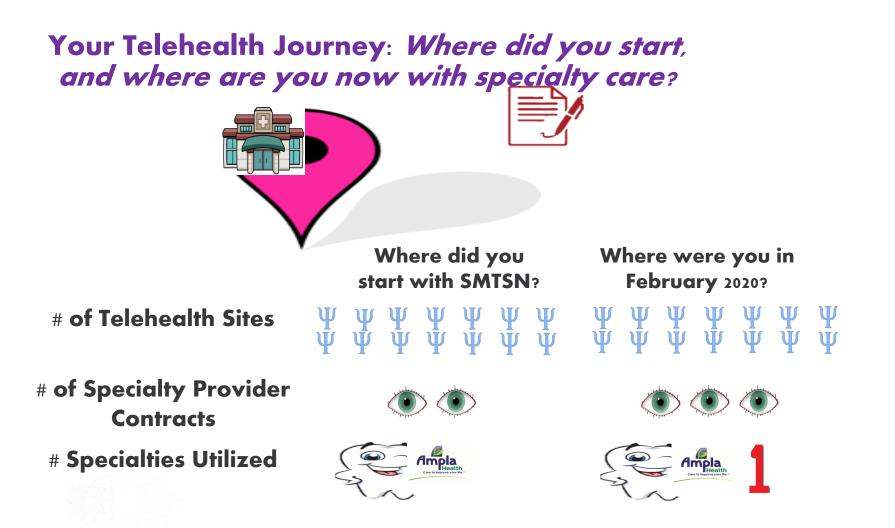
### Top 3 Takeaways: What were your our three lessons learned in SMTSN?

**Required:** A dedicated Telehealth Coordinator (and scheduler) are vital to ensuring full schedules, effective workflows, and monitoring of no show rate.

Vital: having committed Executive leadership and support along with having stellar information technology resources available, internally and externally.

Imperative: To have a total understanding of Telemedicine billing. To have access to quick translation of the complicated and fluctuating TeleMedicine guidelines. To have a dedicated data collection and reporting system and team available.

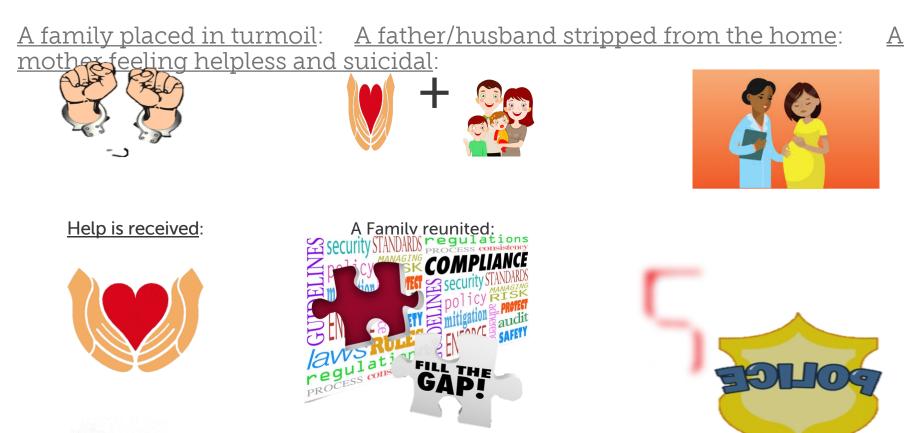




# Telehealth **Encounters** between an. 2018 and Feb. 2020



### A memorable IMPACT to LAST a LIFETIME!



### Top 3 Takeaways: What were our top three lessons learned in SMTSN?



### **Closing & Next Steps**

Please respond to the quick polls as we close the session



### **Future: What's Next?**



- 1. SMTSN Evaluation Report Publications (July 2020)
- 2. Find SMTSN resources on the program site
- 3. Continued policy work to advance telehealth policy with the <u>California Telehealth Policy Coalition</u>

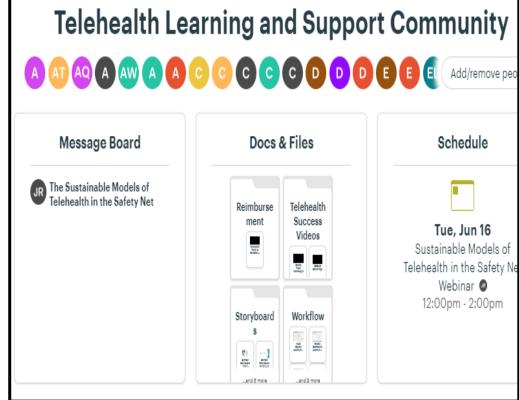


#### Join us on **BASECAMP**

The **Telehealth Learning and Support Community team** has been established in Basecamp, a listserv software that will enable us to stay connected.

In Basecamp, you can:

- Use the group message board to post and view group questions & answers, share best practices, information and success stories
- Ping one or a few selected individuals for a more direct conversation
- Post group documents and resources to be stored and retrieved when needed
- View the schedule for upcoming events



**Participation is limited to the SMTSN Learning Community.** For registration and login information, contact Jeanne Russell.

We hope to see you around the campfire!



#### New Grant Opportunity! Apply by June 19th Connected Care Accelerator

CCI and the California Health Care Foundation are excited to launch the **Connected Care Accelerator** to support the implementation of virtual care.

The accelerator is designed to help California's health care safety net respond to the COVID-19 pandemic. Community health centers and independent physician practices that predominantly serve lowincome communities are encouraged to apply: <u>https://www.careinnovations.org/connected-care-</u> 2020/



### **Thank You!**

