EDCHC

El Dorado Community Health Centers a california health+ center

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 14 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 !

CCI
CENTER FOR CARE INNOVATIONS

Key Factors & Supports

Patrick Klein has been involved in the development of the EDCHC Telemedicine Program since the beginning. His consistent support and devotion to growing the services has been instrumental in the success of our program. He has coached all members of the team and supported their continued education through CTCN, CCI, and the training offered as part of the Sustainable Models of Telehealth in the Safety Net program.

Syndalee Villafuerte has supported our program both as a Telemedicine MA, and now as the Telemedicine Coordinator. She has built workflows and brought structured that help maintain a consistent high level service expectation. This consistency and high performance is appreciated by the patients and is expected by both the Specialists and the rest of the Telemedicine team. Her attendance at webinars, training sessions, and meetings has been a great addition to the Telemedicine Team.

Jessica Santana has supported the program at EDCHC in the role of Telemedicine MA. She has effectively synchronized patients, providers, and resources to ensure a great show rate and high level of service. The success of the program is dependent on her actions as the person who makes sure the patients make it to their appointments. Jessica coaches both patient and staff in the Telemedicine process and makes sure everything goes smoothly.

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?

1. Consistency is key to the success of the program. Patients, specialists, and staff all do better when they know what to expect.

2. Specialists may not know the challenges faced by FQHC patients and need the cultural competency support of the local staff.

3. Good scheduling attendance can be achieved with unwavering and frequent follow-up with patients.

Future: What's Next?

Sustaining

- We have the framework- now we need to make it costs effective and sustainable.

- We expect to do more direct contracting for services and bill our PPS rate for the visits.
- We are doing more follow-up appointments to support the PCP's review of specialty consultations.
- We are expanding Store-and-Forward opportunities to increase specialty services available to our patients.