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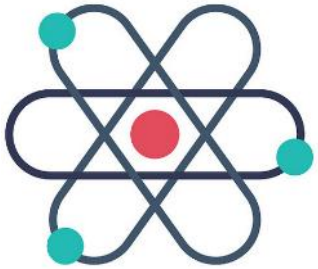
Sustainable Models of Telehealth in the Safety Net

In-Person Workshop

May 21, 2019

San Diego, CA

Program Goals



Expand access to specialty telehealth services

Develop **sustainable telehealth programs** in the safety net

Understand **how to expand** and sustain telehealth programs

Share lessons with other safety net organizations

"Telehealth Trifecta" Team

Veenu Aulakh

Alexis Wielunski

Chris Perrone

Jeanne Russell

Kathy Chorba

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Participating Sites and Health Plans

open door

SHASTA COMMUNITY HEALTH CENTER

PARTNERSHIP HEALTHPLAN of CALIFORNIA

AmplaHealth
Care to improve your life.®

CHAPA-DE
INDIAN HEALTH

El Dorado Community Health Centers
PLACERVILLE | DIAMOND SPRINGS | CAMERON PARK

West County Health Centers
Caring for our Communities
a californiahealth center

california health & wellness™

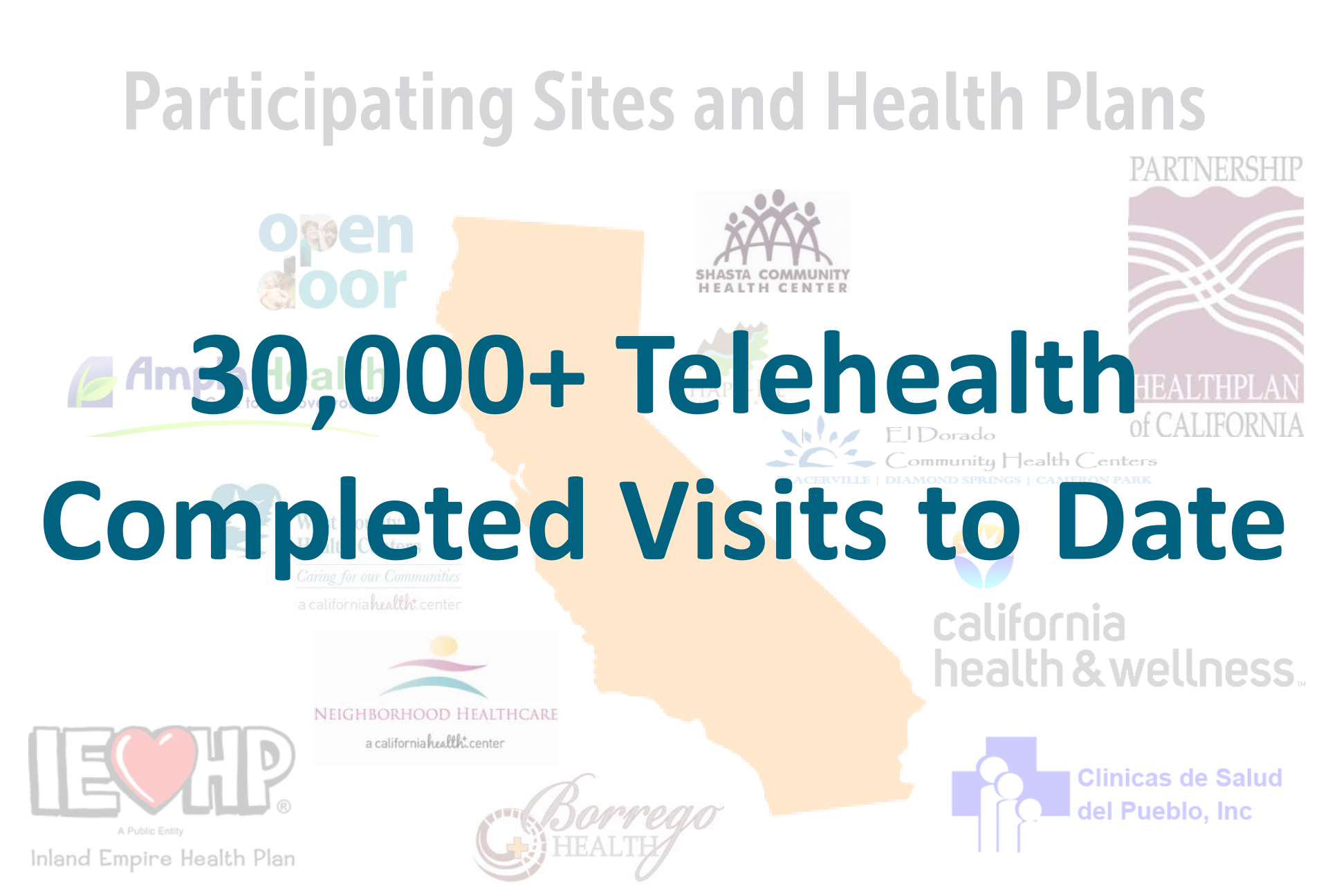
NEIGHBORHOOD HEALTHCARE
a californiahealth center

IEHP®
A Public Entity
Inland Empire Health Plan

Borrego HEALTH

Clinicas de Salud del Pueblo, Inc

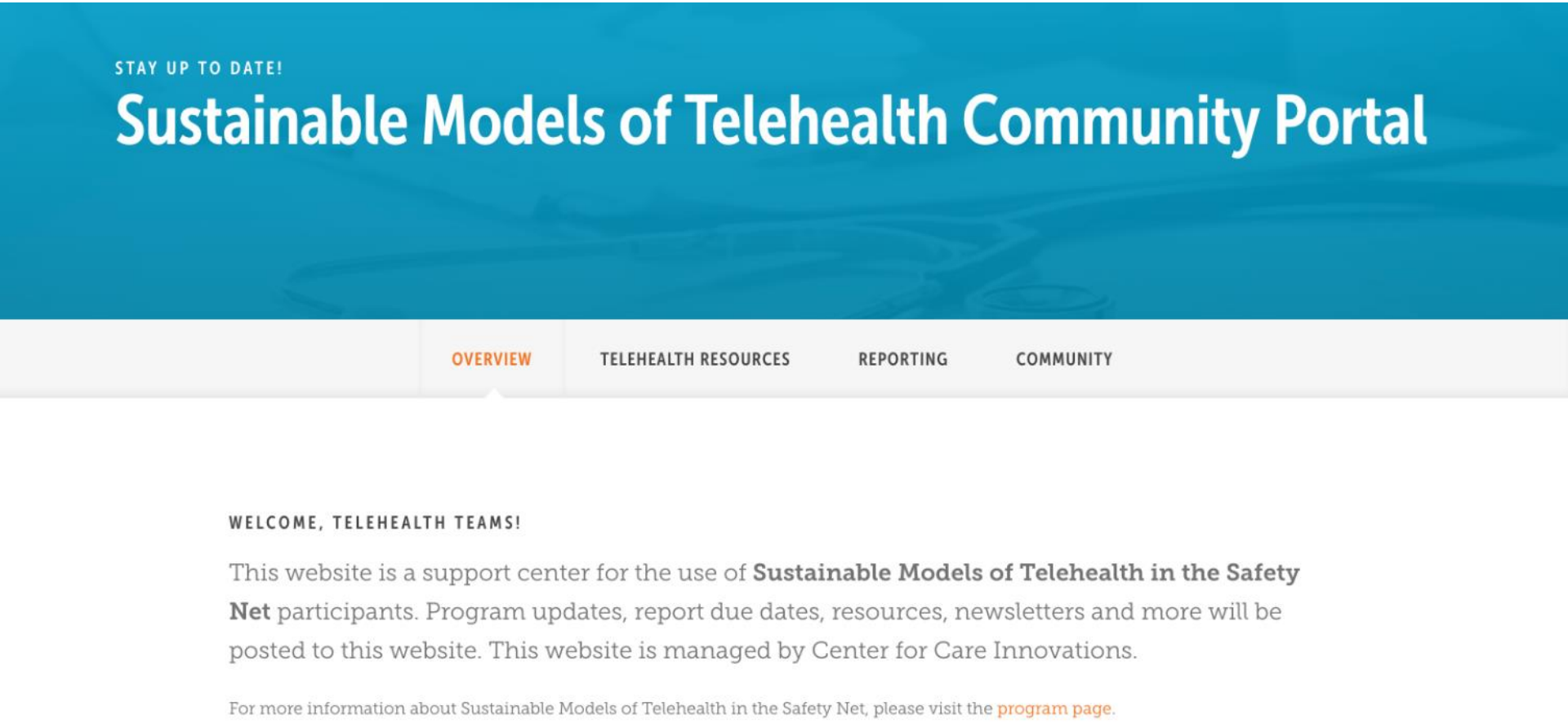
Participating Sites and Health Plans



30,000+ Telehealth Completed Visits to Date

Today's Agenda

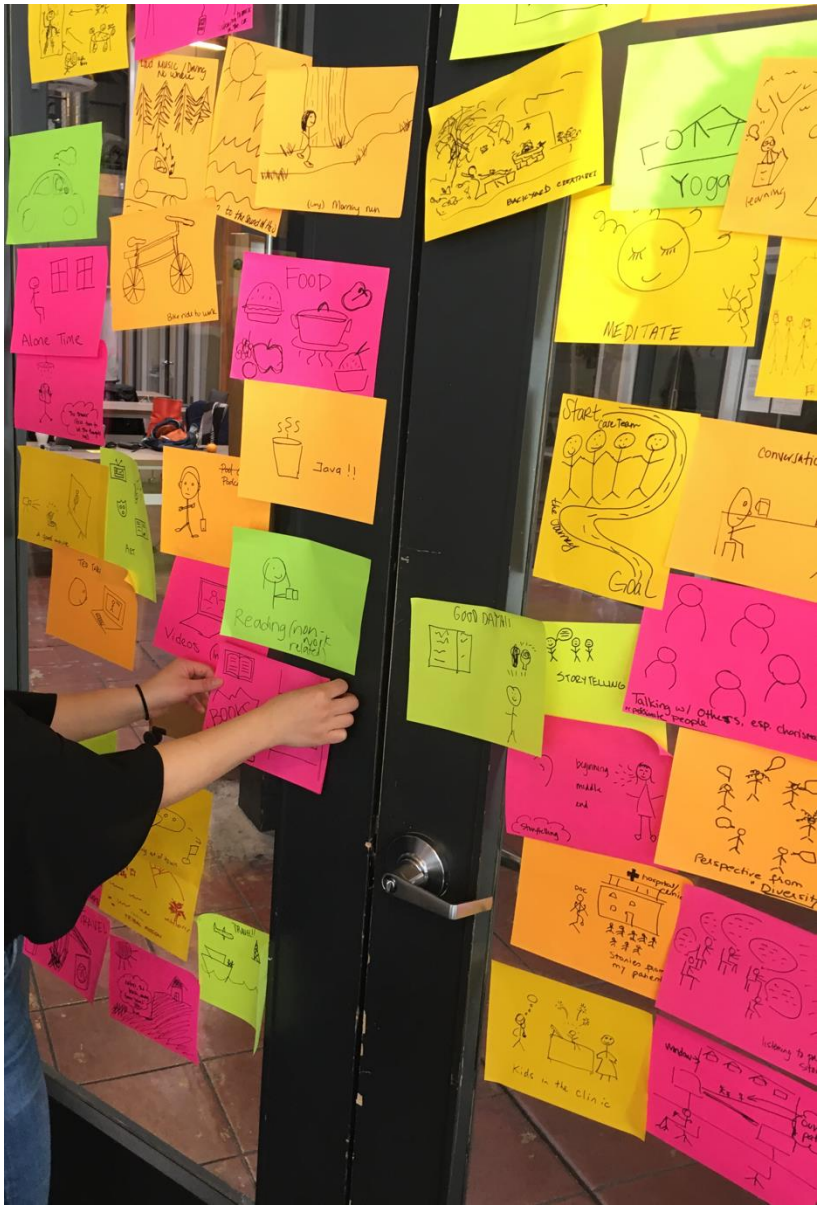
1. Work Flow Mapping: Solving Problems and Identifying Best Practices
2. Peer-to-Peer Problem Solving
3. Networking Lunch
4. Evaluation Update Part 1: Sustainability
5. Making Telehealth Sustainable
    1. Health Center Break Out
    2. Health Plan Break Out
6. Evaluation Update Part 2: Provider Survey Results & Patient Survey Toolkit
7. Wrap Up & Evaluation Survey



www.careinnovations.org/telehealth-portal/

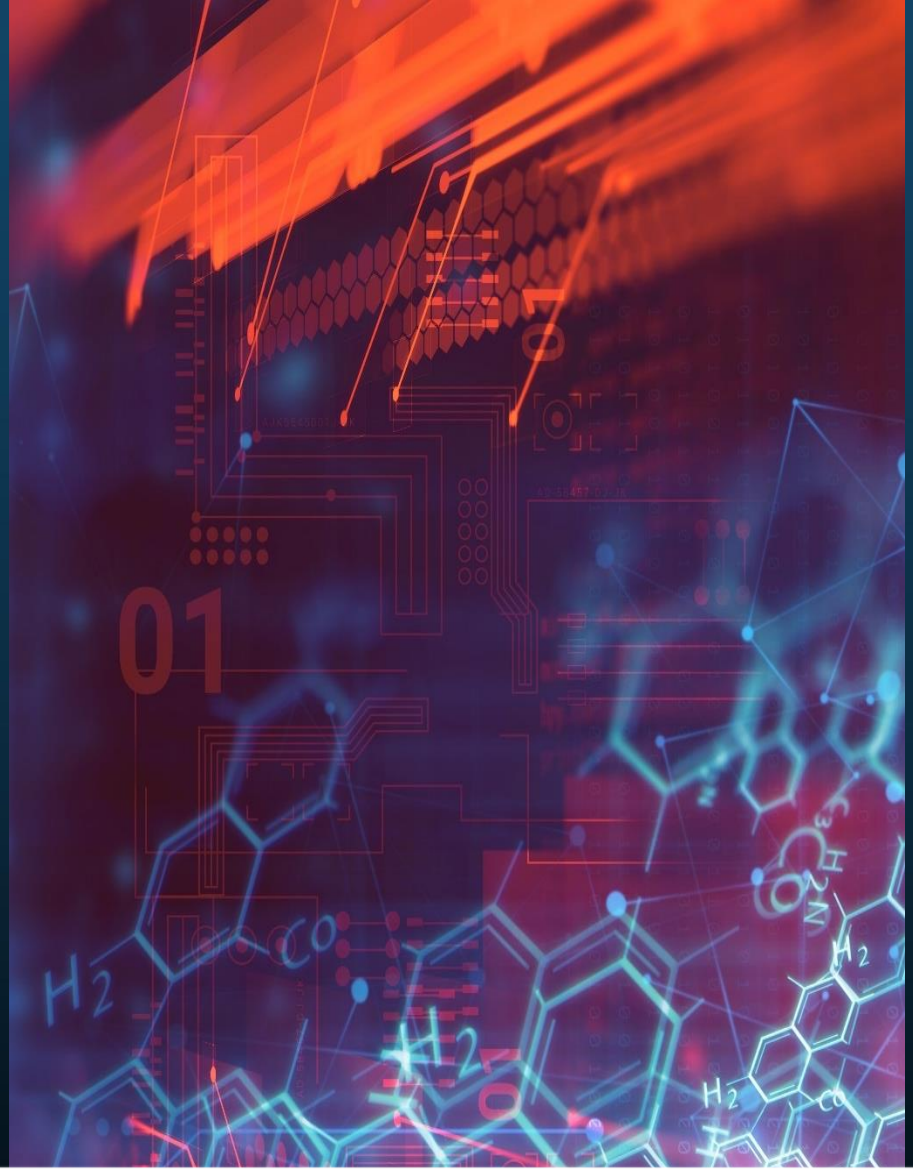
Drawing Warm Up: *How do you stay inspired?*

- Draw how you stay inspired on a large sticky
- Write a word or phrase to summarize your drawing



Workflow Mapping: Solving Problems & Identifying Best Practices

Fay MacDonnell, Workflow Engineer, OCHIN



Learning from Telehealth Workflows

Fay MacDonnell
Senior Workflow Engineer
macdonnellf@ochin.org

WE ARE OCHIN

What Are Workflows?

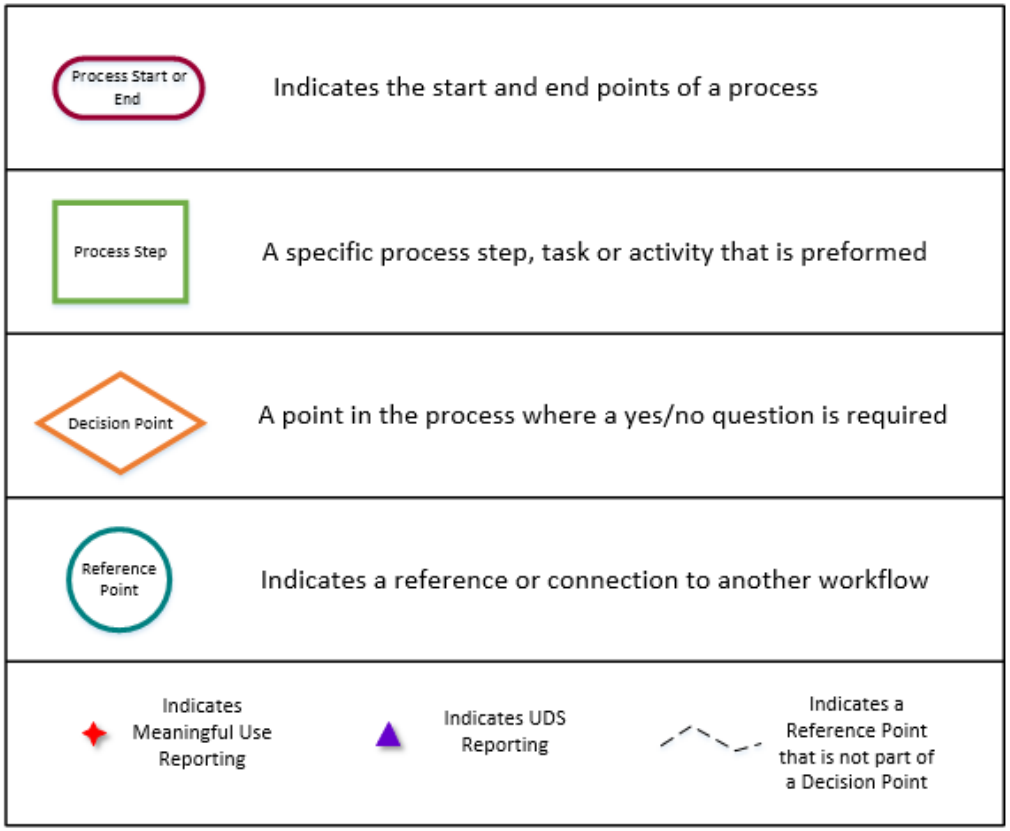
- A workflow is the **progression of steps or tasks** that make up a work process:
  - Physical and/or mental tasks
  - Performed by various people
  - Over time
  - Across roles, teams, or locations
- A **workflow map** shows a picture of who does what, and in which order
  - Tasks can be sequential or simultaneous

https://healthit.ahrq.gov/health-it-tools-and-resources/workflow-assessment-health-it-toolkit/workflow

Benefits of Mapping Workflows

- **Defines the tasks** inherent in a process **and the order** in which they occur
- Establishes **who does what** within a process, thereby reducing ambiguity and confusion
- Provides a clear, concise **visual document** to use as a means of communicating about a process
- Helps to **identify gaps or problem areas** within a process, enabling teams to direct improvement efforts

Workflow Symbols

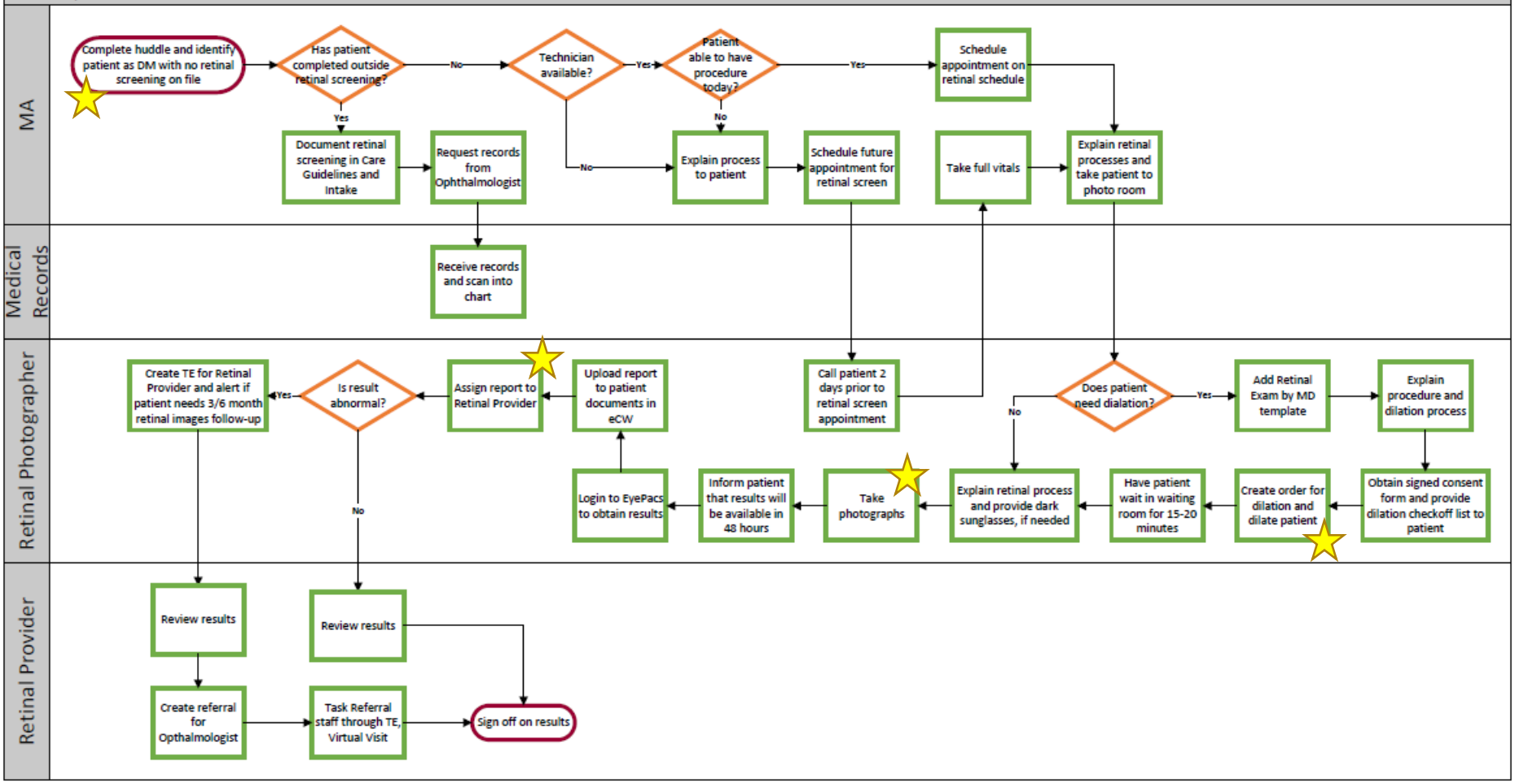


Spotlight Workflows

Worflow Process	Clinic	Presenter
Retinopathy	Neighborhood	Alex Delira, Retinal & Telehealth Coordinator
Referral and prep process	Shasta	Leslie Warner, Telemedicine Manager
Visit process: specialist using same EMR	Ampla	Rhonda Weaver, Telemedicine Advisor

Neighborhood Healthcare – Retinal Screening Current State

Workflow for ordering and completing a store-and-forward retinal screening.
March 19, 2019



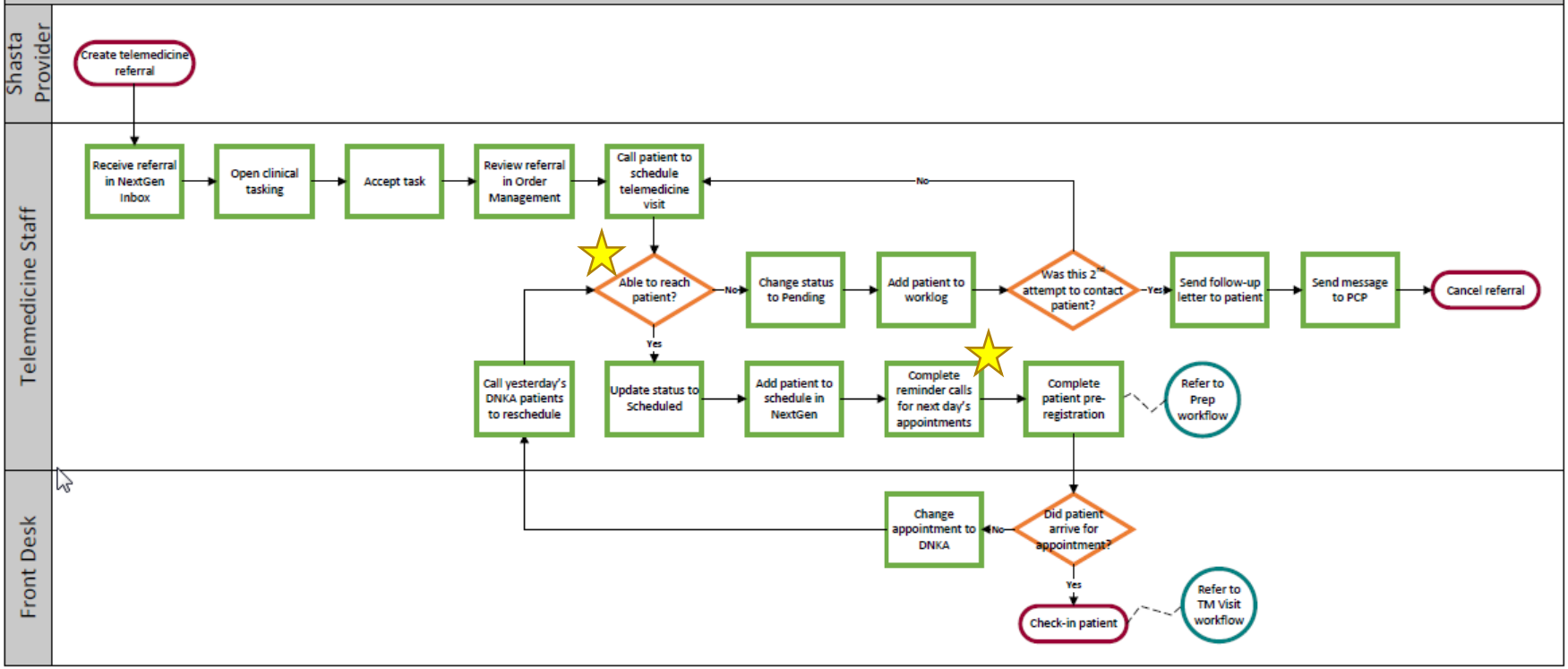
Retinopathy

Best practices:

- Complete retinal scans on same day as PCP visit
- Have camera auto upload pictures to eyePACS
- Attach retinopathy exam to provider encounter for extended billing
- Alert provider that eyePACS report is ready to review

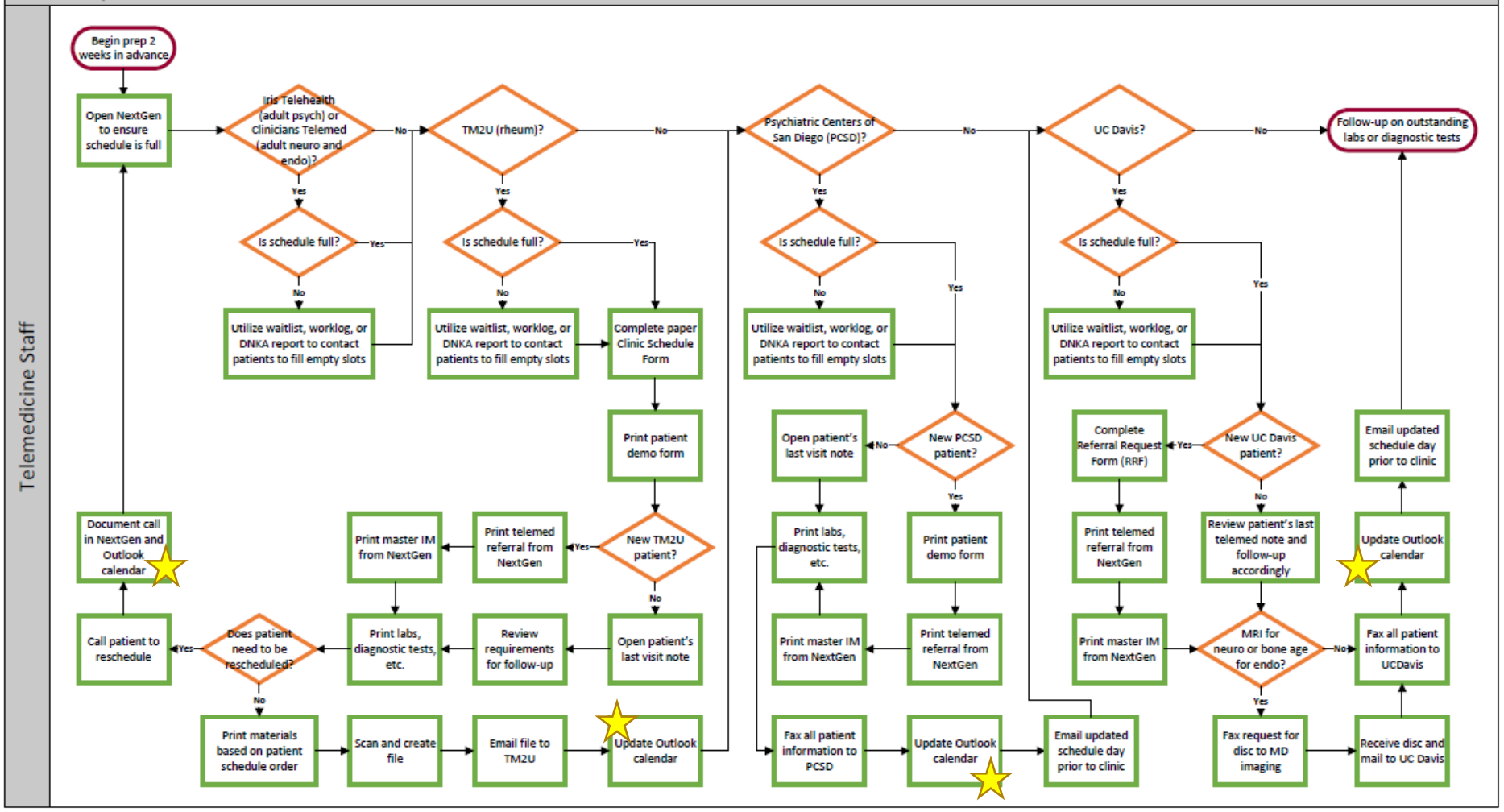
Shasta Community Health Center – Future State: Telemedicine Referral

Workflow for completing a telemedicine referral from a primary care provider (PCP).
November 13, 2018



Shasta Community Health Center – Future State: Telemedicine Visit Prep

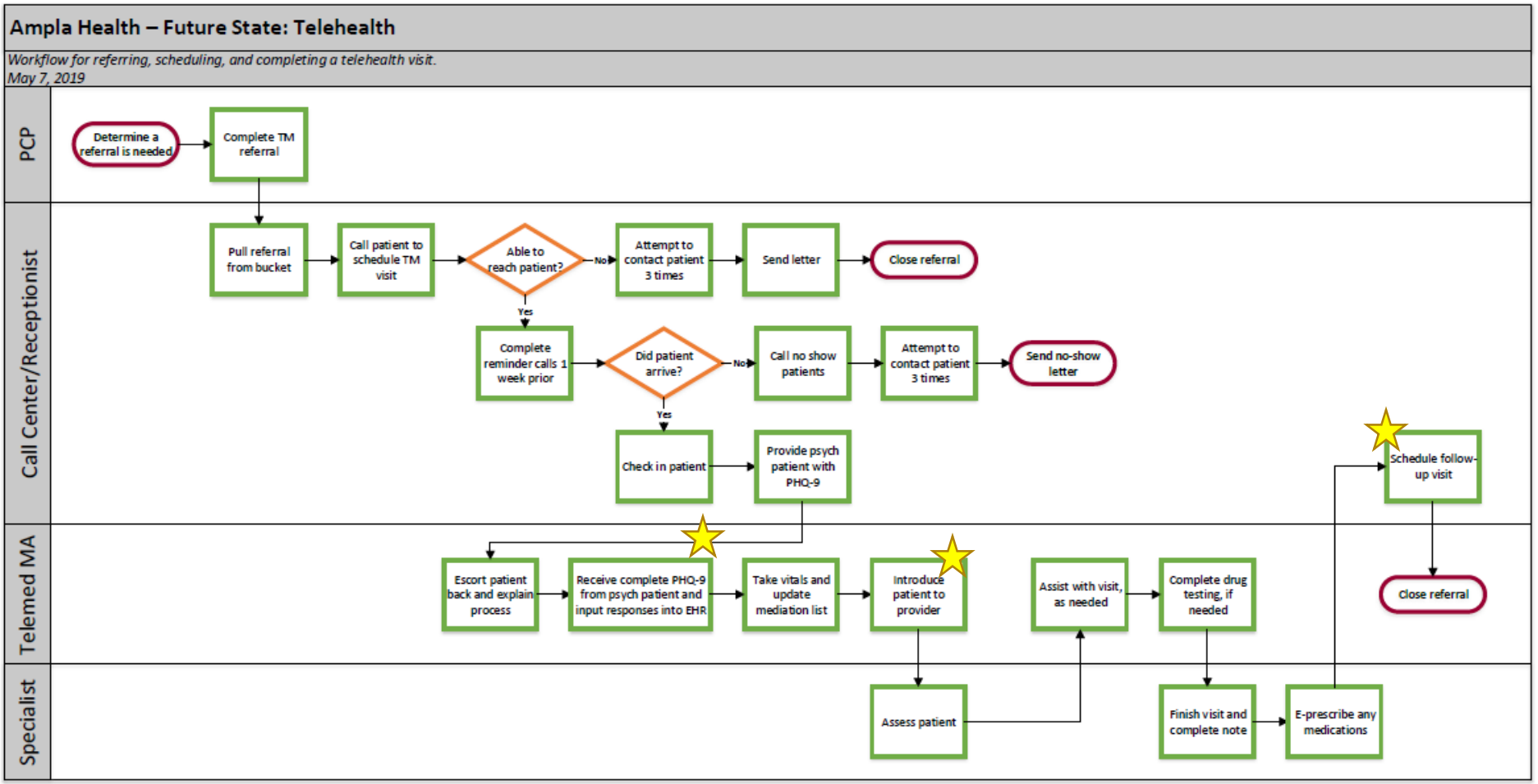
Workflow for preparing for a telemedicine appointment.
November 13, 2018



Telehealth Referral and Prep

Best practices:

- Have a clearly defined process for following-up on and closing referrals (first workflow)
- Reminder calls (first workflow)
- Using Outlook calendar to manage documents and follow up for Telemed2U visits (second workflow)
- Train and reinforce the appropriate workflow with all staff involved


Ampla Health – Future State: Telehealth
Workflow for referring, scheduling, and completing a telehealth visit.
May 7, 2019
PCP
Call Center/Receptionist
Telemed MA
Specialist
Determine a referral is needed
Complete TM referral
Pull referral from bucket
Call patient to schedule TM visit
Able to reach patient?
No
Attempt to contact patient 3 times
Send letter
Close referral
Yes
Complete reminder calls 1 week prior
Did patient arrive?
No
Call no show patients
Attempt to contact patient 3 times
Send no-show letter
Yes
Check in patient
Provide psych patient with PHQ-9
Schedule follow-up visit
Close referral
Escort patient back and explain process
Receive complete PHQ-9 from psych patient and input responses into EHR
Take vitals and update mediation list
Introduce patient to provider
Assist with visit, as needed
Complete drug testing, if needed
Assess patient
Finish visit and complete note
E-prescribe any medications

Telehealth Visit with Specialist on Same EHR

Best practices:

- Provide and upload PHQ-9 in time for specialist to see for the visit
- Introduce patient to provider and update in EHR, ensuring that the specialist has all info for the visit and everything is up to date
- Follow-up TM visit is scheduled prior to patient leaving clinic

Telehealth Workflow Discussion

Break into pairs

- West county – Shasta – Open Door
- Neighborhood – Borrego
- Clinicas – Ampla
- El Dorado – Chapa De

Discussion Topics

- What is working well?
- What would could be improved?
- Other thoughts and suggestions.

Peer-to-Peer Problem Solving Sessions

Each participant that's sharing has 12 to 15 minutes for their challenge

- 3 to 4 minutes to **describe the challenge**
- 1 to 2 minutes to **answer clarifying questions**
- 5 to 7 minutes to listen to **group brainstorm ideas**
- 1 to 2 minutes to **summarize ideas**

Problem Solving Groups

Group 1 | Facilitator: Chris		
1	**Rhonda**	**Ampla**
2	**Leslie**	**Shasta**
3	**Alberto**	**Clinics de Salud**
4	Wendi	Neighborhood
5	Mia	Open Door
6	Ellie	Borrego

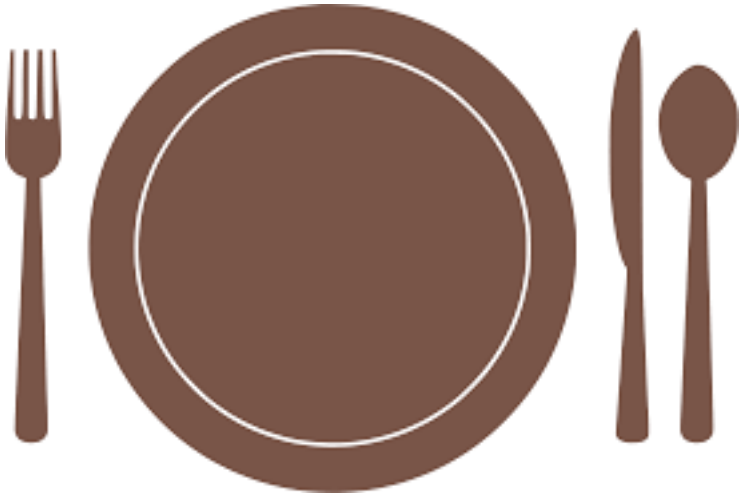
Group 2 | Facilitators: Alexis & Jeanne		
1	**Brandy**	**Chapa De**
2	**Sherrie**	**Open Door**
3	**Stacie**	**El Dorado**
4	Marlo	West County
5	Elizabeth	Borrego
6	Jessica	Clinics de Salud
7	Estevan	Ampla

Group 3 | Facilitator: Veenu		
1	**Alex**	**Neighborhood**
2	**Raven**	**Borrego**
3	**Amy**	**West County**
4	Patricia	Shasta
5	Casey	Chapa De
6	Darlene	Open Door
7	Michael	El Dorado

Each participant that's sharing has 12 to 15 minutes for their challenge

- 3 to 4 minutes to **describe the challenge**
- 1 to 2 minutes to **answer clarifying questions**
- 5 to 7 minutes to listen to **group brainstorm ideas**
- 1 to 2 minutes to **summarize ideas**

Networking Lunch



Sustainable Models of Telehealth in the Safety Net: Evaluation Update

Allison Ober, MSW PhD

May 21, 2019

RAND CORPORATION

To refresh your memory ....

CHCF hired RAND to conduct a third-party evaluation of SMTSN

RAND is a nonprofit research organization based in Santa Monica

The evaluation team has expertise in telehealth and program evaluation

Q1: ACTIVITIES

- *To what extent were the SMTSN elements implemented?*
- *Which features of the initiative contributed to impact?*

Q2: CHALLENGES AND FACILITATORS

- *What are the barriers/facilitators to telehealth? To SMTSN?*

Q3: OUTCOME

- *What was the impact of the initiative on telehealth utilization?*

Our evaluation aims to answer several research questions

Q4: ADDITIONAL COSTS

- *What additional costs were incurred by the health centers to implement and maintain increased volume of telehealth?*

Q5: SUSTAINABILITY

- *How can the initiative be sustained in health centers?*

Q6: LESSONS LEARNED

- *What lessons were learned from the initiative?*
- *What are the implications for replication and scale-up?*

With your help, we've made great progress!

May
Final research and implementation plans

February
Sustainability Focus Groups

July-October
Site Visits & Round 2 Interviews

Mar
Final report and issue briefs

We are Here!

2018 2019 2020

Jun–Sept
Telehealth Coordinator Phone Interviews (Round 1)

March
Provider Survey

Sept–Dec
Data Analysis

Although we don’t have all of our findings ready to share, today I’m reporting preliminary findings from sustainability focus groups and provider surveys, and I will present the patient satisfaction survey toolkit

Sustainable Models of Telehealth in the Safety Net

Sustainability Findings

RAND CORPORATION

What do we mean by sustainability?

- Continuing program activities within an organization, often termed “institutionalization”
- For the SMTSN initiative, we mean maintaining (or increasing) telehealth volume beyond the funding period

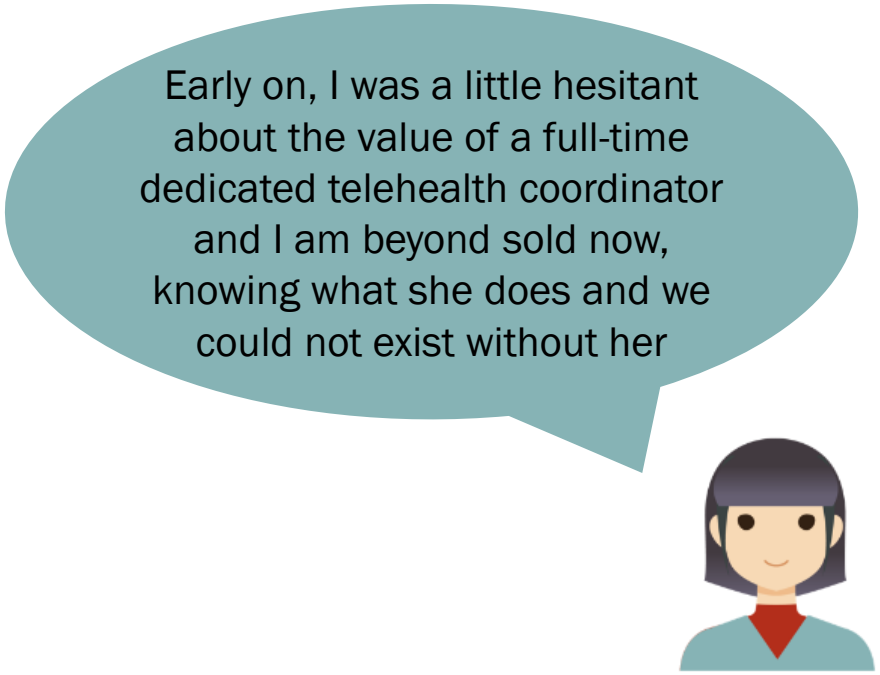
We gathered perspectives on sustainability in two ways …

- Summer 2018 interviews with telehealth coordinators:
  - Do you think you will continue with telehealth after the initiative has ended?
- February 2019 sustainability focus groups with health center leaders, including CMOs and CFOs:
  - 2 90-minute webinars
  - 7 of 9 health centers participated

Several themes emerged ...

Theme 1…

The telehealth coordinator position funded by the initiative is critical to the development of telehealth programs



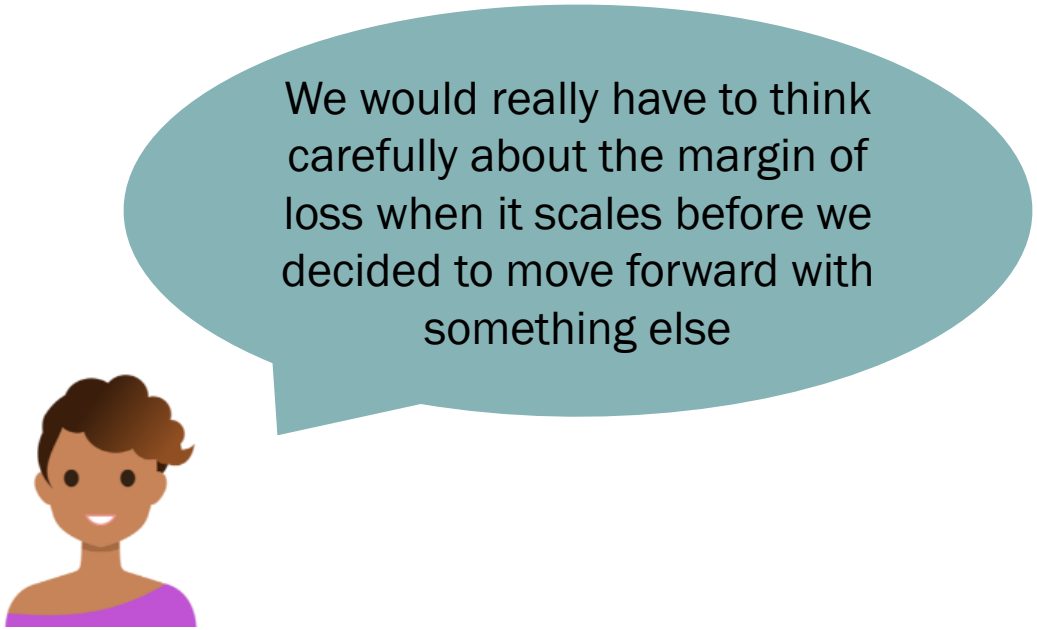
Theme 2…

Telehealth has an impact on clinic finances, which could affect program growth. Financial factors include:

- High no show rates
- Limited connectivity that can waste clinic and vendor staff time
- Restrictions by health plans that don't allow reimbursement of mid-level providers
- Telehealth takes up space that could be used for more profitable visits
- Inconsistent coverage of telehealth services across payers
- Only reimbursed for some visits and can't offer telehealth to all patients
- Inability to be reimbursed for two or more visits on the same day
- Telehealth visits tend to be longer in part because an outside provider controls the visit
- Need for extensive oversight that can be time consuming for staff
- Cost of equipment (e.g., peripherals)
- Low productivity of contracted telehealth providers.
- Costs associated with switching vendors due to poor performance

Theme 3…

While the financial impact of telehealth influences decisions to expand telehealth programs, it has little bearing on the decision to offer telehealth services



Theme 4…

Health center leaders are confident they will sustain their telehealth programs as well as the coordinator position after the initiative has ended

Theme 5…

Health center leaders are optimistic that future policy changes will spur the growth of telehealth programs

Health Center Leaders vs. Coordinators:
Very Similar Attitudes on Sustainability

Health Center Leaders

- No reference to explicit volume goals or the influence of volume on sustainability

Coordinators

- Need to make the case for telehealth by achieving success with the initiative
- Once you increase volume, health centers will not want to discontinue services serving a critical need

Recommendations for TA around Sustainability

- Facilitate sharing of best practices (e.g., through common database)
- Ensure telehealth experts are available to provide advice and feedback
- Additional advocacy by CHCF
- Provide policy summaries and interpretation


Questions?

Making Telehealth Sustainable – Health Center Breakout

Jeanne Russell, Project Coordinator, CTRC
Kathy Chorba, Executive Director, CTRC

Discussion Overview

- Review the benefits and limitations of the Sustainability Worksheet
- Review a sample clinic's successful progression from start-up to sustainability over time

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- Review individual clinic worksheets (deidentified)
- Group discussion to share best practices

CTRC Sample Telehealth Sustainability Worksheet

This worksheet is provided as a basic tool to assist in business model development for FQHC/RHC/IHS and is based on the model of purchasing blocks of time

Instructions: Insert your data in to the blue cells. All remaining cells will be automatically populated based on the information entered.

Appointment type:	time (min)	# of visits	total hours
Initial			#VALUE!
Established			#VALUE!
Total number of visits per block of time purchased		**#VALUE!**	**#VALUE!**

Patient Volume	#VALUE!
Specialist hourly rate	
Specialty cost per block of time reserved	#VALUE!
Clinic collection rate per encounter (PPS rate)	
Amount clinic collects if 100% billable	#VALUE!
Average No Show rate for clinic (or specialty)	
Clinic collection minus No Show rate	#VALUE!
Clinic uninsured rate	
Adjusted clinic collection (after uninsured calculation)	#VALUE!
Staffing and overhead per hour	
Staffing and overhead per block of time purchased	#VALUE!
Variance	#VALUE!

Note: This calculation does not include sliding fee or private pay collection

For more information or assistance with this spreadsheet, please contact us!
California Telehealth Resource Center, www.caltrc.org
To download this interactive worksheet, visit:
caltrc.org/knowledge-center/best-practices/sample-forms/

This is a very basic, yet illuminating tool

What this will do

- Provide a high level, **VERY BASIC** overview of how specialty provider selection decisions and other variables are likely to affect sustainability

What this will not do

- Calculate for:
  - sliding fee or commercial health plan payments
  - Appointment slots filled by double booking
- Provide an accurate, detailed profit/loss statement for clinic financial modeling

NOTE: Clinic collection revenue on this form is based on PPS Medi-Cal patient billable visits only. Other payment sources cannot be predicted or calculated using this simple tool.

CTRC Sample Telehealth Sustainability Worksheet

Illustration of the start-up phase (typically months 1-3)

This worksheet is provided as a basic tool to assist in business model development for FQHC/RHC/IHS and is based on the model of purchasing blocks of time

Instructions: Insert your data in to the blue cells. All remaining cells will be automatically populated based on the information entered.

Appointment type:	time (min)	# of visit	total hours
Initial	40	12	8.00
Established	20	0	0.00
Total number of visits per block of time purchased		**12**	**8.00**

Patient Volume	12
Specialist hourly rate	$ 200.00
Specialty cost per block of time reserved	$ 1,600.00
Clinic collection rate per encounter (PPS rate)	$ 165.00
Amount clinic collects if 100% billable	$ 1,980.00
Average No Show rate for clinic (or specialty)	15%
Clinic collection minus No Show rate	$ 1,683.00
Clinic uninsured rate	5%
Adjusted clinic collection (after uninsured calculation)	$ 1,598.85
Staffing and overhead per hour	$ 20.00
Staffing and overhead per block of time purchased	$ 160.00
Variance	$ (161.15)

Note: This calculation does not include sliding fee or private pay collection

Illustration of the growth phase (typically months 4-8)

This worksheet is provided as a basic tool to assist in business model development for FQHC/RHC/IHS and is based on the model of purchasing blocks of time

Instructions: Insert your data in to the blue cells. All remaining cells will be automatically populated based on the information entered.

Appointment type:	Minutes	Number of visits	Hours
Initial	40	9	6.00
Established	20	6	2.00
Total number of visits per block of time purchased		**15**	**8.00**

Patient volume	15
Specialist hourly rate	$ 200.00
Specialty cost per block of time reserved	$ 1,600.00
Clinic collection rate per encounter (PPS rate)	$ 165.00
Amount clinic collects if 100% billable	$ 2,475.00
Average No Show rate for clinic (or specialty)	15%
Clinic collection minus No Show rate	$ 2,103.75
Clinic uninsured rate	5%
Adjusted clinic collection (after uninsured calculation)	$ 1,998.56
Staffing and overhead per hour	$ 20.00
Staffing and overhead per block of time purchased	$ 160.00
Variance	$ 238.56

Note: This calculation does not include sliding fee or private pay collection

Illustration of the maintenance phase (typically months 9 & beyond)

This worksheet is provided as a basic tool to assist in business model development for FQHC/RHC/IHS and is based on the model of purchasing blocks of time

Instructions: Insert your data in to the blue cells. All remaining cells will be automatically populated based on the information entered.

Appointment type:	time (min)	# of visit	total hours
Initial	40	4	2.67
Established	20	16	5.33
Total number of visits per block of time purchased		**20**	**8.00**

Patient Volume	20
Specialist hourly rate	$ 200.00
Specialty cost per block of time reserved	$ 1,600.00
Clinic collection rate per encounter (PPS rate)	$ 165.00
Amount clinic collects if 100% billable	$ 3,300.00
Average No Show rate for clinic (or specialty)	15%
Clinic collection minus No Show rate	$ 2,805.00
Clinic uninsured rate	5%
Adjusted clinic collection (after uninsured calculation)	$ 2,664.75
Staffing and overhead per hour	$ 20.00
Staffing and overhead per block of time purchased	$ 160.00
Variance	$ 904.75

Note: This calculation does not include sliding fee or private pay collection

Sustainability Break Outs

Break Out 1: Health Centers

[stay in this room]

Break Out 2: Health Plans

[Follow Veenu]

Worksheet A

Specialty	Provider	Mode	
Adult Psychiatry	MD	Growth (3-6 mo)	
Appointment type:	**time (min)**	**# of visits**	**total hours**
Initial	60	2	2.00
Established	30	4	2.00
Total number of visits per block of time purchased		**6**	**4.00**
Patient Volume			6
Specialist hourly rate			$ 175.00
Specialty cost per block of time reserved			$ 700.00
Clinic collection rate per encounter (PPS rate)			$ 455.00
Amount clinic collects if 100% billable			$ 2,730.00
Average No Show rate for clinic (or specialty)			9%
Clinic collection minus No Show rate			$ 2,484.30
Clinic uninsured rate			10%
Adjusted clinic collection (after uninsured calculation)			$ 2,235.87
Staffing and overhead per hour			$ 40.00
Staffing and overhead per block of time purchased			$ 160.00
Variance			**$ 1,375.87**

Success!

What makes this a success?

- PPS Rate ☺
- Low now show rate
- Low uninsured rate
- Mix of new vs. f/u visits

Any thoughts for further improvement?

Worksheet B

Specialty	Provider	Mode	
Adult Endocrinology	MD	Growth (7mo+)	
Appointment type:	**time (min)**	**# of visits**	**total hours**
Initial	30	4	2.00
Established	20	6	2.00
Total number of visits per block of time purchased		**10**	**4.00**
Patient Volume			10
Specialist hourly rate			$ 250.00
Specialty cost per block of time reserved			$ 1,000.00
Clinic collection rate per encounter (PPS rate)			$ 265.00
Amount clinic collects if 100% billable			$ 2,650.00
Average No Show rate for clinic (or specialty)			15%
Clinic collection minus No Show rate			$ 2,252.50
Clinic uninsured rate			6%
Adjusted clinic collection (after uninsured calculation)			$ 2,117.35
Staffing and overhead per hour			$ 50.00
Staffing and overhead per block of time purchased			$ 200.00
Variance			**$ 917.35**

Success!

What makes this a success?

- Time allotted for new and f/u patients, allowing for more visits per half day
- Low no-show rate
- Low uninsured rate
- While the specialty rate is high, the hourly productivity more than makes up for the rate

Any thoughts for further improvement?

Worksheet C

Specialty	Provider	Mode	
Adult Psychiatry	MD	Maintenance (12mo+)	
Appointment type:	**time (min)**	**# of visits**	**total hours**
Initial	60	1	1.00
Established	20	9	3.00
Total number of visits per block of time purchased		**10**	**4.00**

Patient Volume	10
Specialist hourly rate	$ 108.85
Specialty cost per block of time reserved	$ 435.40
Clinic collection rate per encounter (PPS rate)	$ 184.94
Amount clinic collects if 100% billable	$1,849.40
Average No Show rate for clinic (or specialty)	21%
Clinic collection minus No Show rate	$1,458.81
Clinic uninsured rate	3%
Adjusted clinic collection (after uninsured calculation)	$1,422.34
Staffing and overhead per hour	$ 70.00
Staffing and overhead per block of time purchased	$ 280.00
Variance	**$ 706.94**

Success!

What makes this a success?

- Low rate for specialist (in-house MD)
- Mix of new vs. f/u patients
- Low uninsured rate

Any thoughts for further improvement?

Worksheet D

Specialty	Provider	Mode	
Dermatology	MD	contract under negotiation	

Appointment type:	time (min)	# of visits	total hours
Initial	30	8	4.00
Established	15	0	0.00
Total number of visits per block of time purchased		**8**	**4.00**

Patient Volume		8
Specialist hourly rate	$	200.00
Specialty cost per block of time reserved	$	800.00
Clinic collection rate per encounter (PPS rate)	$	160.00
Amount clinic collects if 100% billable	$	1,280.00
Average No Show rate for clinic (or specialty)		15%
Clinic collection minus No Show rate	$	1,088.00
Clinic uninsured rate		9%
Adjusted clinic collection (after uninsured calculation)	$	990.08
Staffing and overhead per hour	$	45.00
Staffing and overhead per block of time purchased	$	180.00
Variance	**$**	**10.08**

Appointment type:	time (min)	# of visits	total hours
Initial	30	5	2.50
Established	15	6	1.50
Total number of visits per block of time purchased		**11**	**4.00**

Patient Volume		11
Specialist hourly rate	$	200.00
Specialty cost per block of time reserved	$	800.00
Clinic collection rate per encounter (PPS rate)	$	160.00
Amount clinic collects if 100% billable	$	1,760.00
Average No Show rate for clinic (or specialty)		15%
Clinic collection minus No Show rate	$	1,496.00
Clinic uninsured rate		9%
Adjusted clinic collection (after uninsured calculation)	$	1,361.36
Staffing and overhead per hour	$	45.00
Staffing and overhead per block of time purchased	$	180.00
Variance	**$**	**381.36**

Success!

What makes this a success?

- 30 minute initial visit slots
- Low uninsured rate
- Once established, this clinic will show further success with a blend of half new, half f/u which will show a positive variance of $381 per 4 hr clinic.

Any thoughts for further improvement?

Worksheet E

Specialty	Provider	Mode	
Adult Psychiatry	MD	Maintenance (9mo+)	
Appointment type:	**time (min)**	**# of visits**	**total hours**
Initial	60	2	2.00
Established	30	4	2.00
Total number of visits per block of time purchased		**6**	**4.00**

Patient Volume	6
Specialist hourly rate	$ 188.00
Specialty cost per block of time reserved	$ 752.00
Clinic collection rate per encounter (PPS rate)	$ 265.00
Amount clinic collects if 100% billable	$1,590.00
Average No Show rate for clinic (or specialty)	25%
Clinic collection minus No Show rate	$1,192.50
Clinic uninsured rate	6%
Adjusted clinic collection (after uninsured calculation)	$1,120.95
Staffing and overhead per hour	$ 50.00
Staffing and overhead per block of time purchased	$ 200.00
Variance	**$ 168.95**

Success!

What makes this a success?

- Low specialty hourly rate
- Low uninsured rate

Any thoughts for further improvement?

- Try to overbook patients to counter high no-show rate

Worksheet F

Specialty	Provider	Mode	
Behavioral Health	LCSW/PA	Maintenance (12mo+)	
Appointment type:	**time (min)**	**# of visits**	**total hours**
Initial	45	2	1.50
Established	30	5	2.50
Total number of visits per block of time purchased		**7**	**4.00**
Patient Volume			7
Specialist hourly rate			$ 80.00
Specialty cost per block of time reserved			$ 320.00
Clinic collection rate per encounter (PPS rate)			$ 200.00
Amount clinic collects if 100% billable			$1,400.00
Average No Show rate for clinic (or specialty)			30%
Clinic collection minus No Show rate			$ 980.00
Clinic uninsured rate			10%
Adjusted clinic collection (after uninsured calculation)			$ 882.00
Staffing and overhead per hour			$ 50.00
Staffing and overhead per block of time purchased			$ 200.00
Variance			**$ 362.00**

Success!

What makes this a success?

- Specialty hourly rate low (using LCSWs)
- Time allotted for new pts – 45 min

Any thoughts for further improvement?

- Reduce now show rate
- Overbook clinic to reduce "unfilled" rate

Worksheet G

Specialty	Provider	Mode	
Pediatric Psychiatry	**MD**	**Maintenance (12mo+)**	
Appointment type:	time (min)	# of visit	total hours
Initial	40	2	1.33
Established	20	8	2.67
Total number of visits per block of time purchased		**10**	**4.00**
Patient Volume			10
Specialist hourly rate			$ 190.00
Specialty cost per block of time reserved			$ 760.00
Clinic collection rate per encounter (PPS rate)			$ 160.00
Amount clinic collects if 100% billable			$ 1,600.00
Average No Show rate for clinic (or specialty)			20%
Clinic collection minus No Show rate			$ 1,280.00
Clinic uninsured rate			0%
Adjusted clinic collection (after uninsured calculation)			$ 1,280.00
Staffing and overhead per hour			$ 50.00
Staffing and overhead per block of time purchased			$ 200.00
Variance			**$ 320.00**

Success!

What makes this a success?

- 40/20 initial & f/u time slots
- Low specialty cost
- Mix of new vs f/u
- Does not offer service to uninsured patients

Any thoughts for further improvement?

Worksheet H

Specialty	Provider	Mode	
Pediatric Psychiatry	MD	Maintenance (12mo+)	
Appointment type:	**time (min)**	**# of visits**	**total hours**
Initial	60	1	1.00
Established	30	6	3.00
Total number of visits per block of time purchased		**7**	**4.00**
Patient Volume			7
Specialist hourly rate			$ 108.85
Specialty cost per block of time reserved			$ 435.40
Clinic collection rate per encounter (PPS rate)			$ 184.94
Amount clinic collects if 100% billable			$ 1,294.58
Average No Show rate for clinic (or specialty)			21%
Clinic collection minus No Show rate			$ 1,021.16
Clinic uninsured rate			3%
Adjusted clinic collection (after uninsured calculation)			$ 995.64
Staffing and overhead per hour			$ 70.00
Staffing and overhead per block of time purchased			$ 280.00
Variance			**$ 280.24**

Success!

What makes this a success?

- Ratio of new vs f/u appointments
- Low specialty hourly rate
- Low uninsured rate

Any thoughts for further improvement?

Worksheet I

Specialty	Provider	Mode	
Adult Neurology	MD	Maintenance (12mo+)	

Appointment type:	time (min)	# of visits	total hours
Initial	60	2	2.00
Established	30	4	2.00
Total number of visits per block of time purchased		**6**	**4.00**

Patient Volume	6
Specialist hourly rate	$ 250.00
Specialty cost per block of time reserved	$ 1,000.00
Clinic collection rate per encounter (PPS rate)	$ 265.00
Amount clinic collects if 100% billable	$ 1,590.00
Average No Show rate for clinic (or specialty)	5%
Clinic collection minus No Show rate	$ 1,510.50
Clinic uninsured rate	6%
Adjusted clinic collection (after uninsured calculation)	$ 1,419.87
Staffing and overhead per hour	$ 50.00
Staffing and overhead per block of time purchased	$ 200.00
Variance	**$ 219.87**

Success!

What makes this a success?

- PPS rate that's higher than specialist rate
- Sustainable mix of new and follow-up pts
- Low no-show and uninsured rates

Any thoughts for further improvement?

Worksheet J

Specialty	Provider	Mode	
Adult Psychiatry	MD	Maintenance (12mo+)	
Appointment type:	**time (min)**	**# of visits**	**total hours**
Initial	30	2	1.00
Established	20	9	3.00
Total number of visits per block of time purchased		**11**	**4.00**
Patient Volume			11
Specialist hourly rate			$ 250.00
Specialty cost per block of time reserved			$ 1,000.00
Clinic collection rate per encounter (PPS rate)			$ 155.00
Amount clinic collects if 100% billable			$ 1,705.00
Average No Show rate for clinic (or specialty)			14%
Clinic collection minus No Show rate			$ 1,466.30
Clinic uninsured rate			5%
Adjusted clinic collection (after uninsured calculation)			$ 1,392.99
Staffing and overhead per hour			$ 55.00
Staffing and overhead per block of time purchased			$ 220.00
Variance			**$ 172.99**

Success!

What makes this a success?

- Sustainable mix of new vs. follow up patients
- Reduced new and follow up appointment times (can fit more patients into clinic)
- Low uninsured rate

Any thoughts for further improvement?

Worksheet K

Specialty	Provider	Mode	
Adult Psychiatry	MD	Maintenance (12 mo)	
Appointment type:	**time (min)**	**# of visits**	**total hours**
Initial	60	1	1.00
Established	20	9	3.00
Total number of visits per block of time purchased		**10**	**4.00**
Patient Volume			10
Specialist hourly rate			$ 230.00
Specialty cost per block of time reserved			$ 920.00
Clinic collection rate per encounter (PPS rate)			$ 130.00
Amount clinic collects if 100% billable			$1,300.00
Average No Show rate for clinic (or specialty)			10%
Clinic collection minus No Show rate			$1,170.00
Clinic uninsured rate			5%
Adjusted clinic collection (after uninsured calculation)			$1,111.50
Staffing and overhead per hour			$ 40.00
Staffing and overhead per block of time purchased			$ 160.00
Variance			**$ 31.50**

Success!

What makes this a success?

- High ratio of follow-up vs new patients
- 20 minute follow-up appts
- Able to fill 90% of slots by double booking to offset no-shows (no-show rate is actually 30-40%)
- Low uninsured rate

Any thoughts for further improvement?

- Consider specialty group with lower hourly rate or consider a group that uses NPs & PAs

Worksheet L

Specialty	Provider	Mode	
Infectious Disease	MD	Maintenance (12mo+)	
Appointment type:	**time (min)**	**# of visits**	**total hours**
Initial N/A (all TM ID pts are f/u)	0	0	0.00
Established	40	6	4.00
Total number of visits per block of time purchased		**6**	**4.00**
Patient Volume			6
Specialist hourly rate			$ 175.00
Specialty cost per block of time reserved			$ 700.00
Clinic collection rate per encounter (PPS rate)			$ 200.00
Amount clinic collects if 100% billable			$1,200.00
Average No Show rate for clinic (or specialty)			18%
Clinic collection minus No Show rate			$ 984.00
Clinic uninsured rate			5%
Adjusted clinic collection (after uninsured calculation)			$ 934.80
Staffing and overhead per hour			$ 60.00
Staffing and overhead per block of time purchased			$ 240.00
Variance			**$ (5.20)**

Success!

What makes this a success?

- Ability to keep hourly rate low by using internal specialty personnel
- All visits are follow-up, thereby allowing more visits per half day
- Low uninsured rate

Any thoughts for further improvement?

- Try overbooking to reduce unfilled rate (shown as no-show rate)

Worksheet M

Specialty	Provider	Mode	
Adult Psychiatry	MD	Maintenance	
Appointment type:	**time (min)**	**# of visits**	**total hours**
Initial	60	2	2.00
Established	30	4	2.00
Total number of visits per block of time purchased		**6**	**4.00**

Patient Volume	6
Specialist hourly rate	$ 195.00
Specialty cost per block of time reserved	$ 780.00
Clinic collection rate per encounter (PPS rate)	$ 216.00
Amount clinic collects if 100% billable	$1,296.00
Average No Show rate for clinic (or specialty)	14%
Clinic collection minus No Show rate	$1,114.56
Clinic uninsured rate	45%
Adjusted clinic collection (after uninsured calculation)	$ 613.01
Staffing and overhead per hour	$ 103.00
Staffing and overhead per block of time purchased	$ 412.00
Variance	**$ (578.99)**

Assistance needed

Positive Attributes?

- Reasonable mix of new vs follow up appointments
- Reasonable specialty provider rate

Any thoughts for improvement?

- Balance no-show rate by overbooking patients so that the "filled clinic" rate is closer to 100%
- Delegate or reassign responsibilities to reduce staff cost

NOTE:

The uninsured rate (45%) represents all non-PPS rate visits which include private insurance, making this model useless to the clinic as it's not possible to predict collection rate.

Worksheet N

Specialty	Provider	Mode	
Pediatric Psychiatry	**MD**	**Maintenance (6 mo)**	
Appointment type:	time (min)	# of visits	total hours
Initial	90	1	1.50
Established	45	3	2.25
Total number of visits per block of time purchased		**4**	**3.75**
Patient Volume			4
Specialist hourly rate			$ 300.00
Specialty cost per block of time reserved			$ 1,125.00
Clinic collection rate per encounter (PPS rate)			$ 170.00
Amount clinic collects if 100% billable			$ 680.00
Average No Show rate for clinic (or specialty)			10%
Clinic collection minus No Show rate			$ 612.00
Clinic uninsured rate			5%
Adjusted clinic collection (after uninsured calculation)			$ 581.40
Staffing and overhead per hour			$ 40.00
Staffing and overhead per block of time purchased			$ 150.00
Variance			**$ (693.60)**

Assistance needed

Positive attributes?

- Good mix of new vs follow-up patients
- Low uninsured rate

Any thoughts for further improvement?

- Slightly overbook to counter no-show rate
- Reconsider specialty group that will:
  - Reduce time needed for initial and follow-up visits (may be hard to do for peds psych)
  - Reduce hourly rate

Key Takeaways

- When your program matures, try to schedule each block of time with a balanced mixture of new and follow-up patients.
- Specialty rates and visit times vary – choose the providers that will fit with your business model (**or try to renegotiate with your current provider**).
  - Remember – the more expensive specialist can also be the most cost effective if they require less time for the visit.
- Overbooking the clinic can possibly help counteract the negative financial impact of a high no-show rate.
- Some specialties will run at a loss while others will render a profit – it's a good idea to use the profit from one specialty to fund the other. The Robin Hood Method!
- Remember, clinics at the start-up phase will most likely operate at a loss at first but may balance out during the maintenance stage.

Take a break!

Sustainable Models of Telehealth in the Safety Net

Provider Survey Results

RAND CORPORATION

Purpose of conducting a survey of health center providers

- Inform quality improvement efforts at clinics by providing insight into level of provider support for telehealth
- Provide contextual information to the evaluation of the SMTSN initiative (i.e., do sites with improved telehealth volume have high or low provider support for telehealth?)

Methods

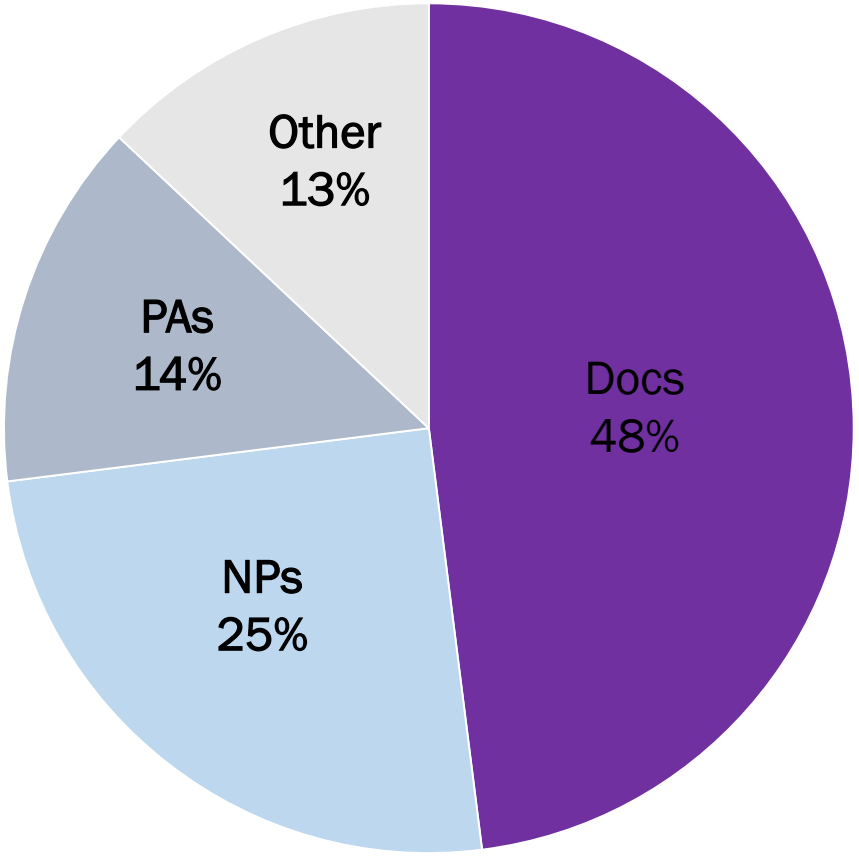
- Paper survey fielded Jan-Feb 2019
- Completed by all primary care providers at sites that offer telehealth
- 12 questions- attitudes (extent of agreement) and open-ended question on barriers
- De-identified results in published materials

Limitations

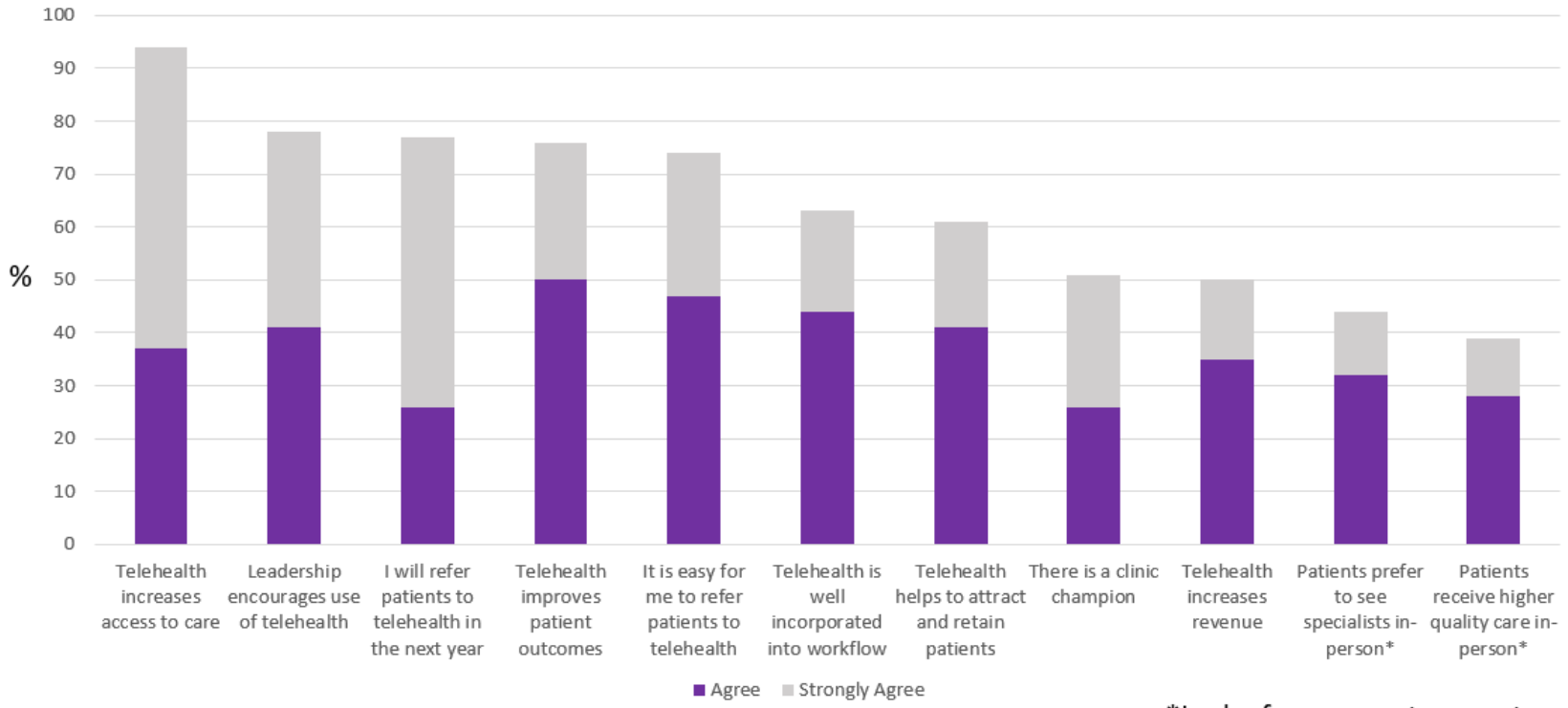
- Provider perceptions/beliefs only; subjective.
- Small sample-sizes and response rates for some health centers and self-selection bias limit our ability to interpret survey findings for all participating health centers.
- Some sites included providers not directly involved with telehealth, which could account for some of the “don’t know” responses, although the number of these “other” providers was small.

Respondents

Overall Participation Rate: 55% (27%-98%)



Respondents in the overall sample generally agreed with statements supporting telehealth, with some exceptions

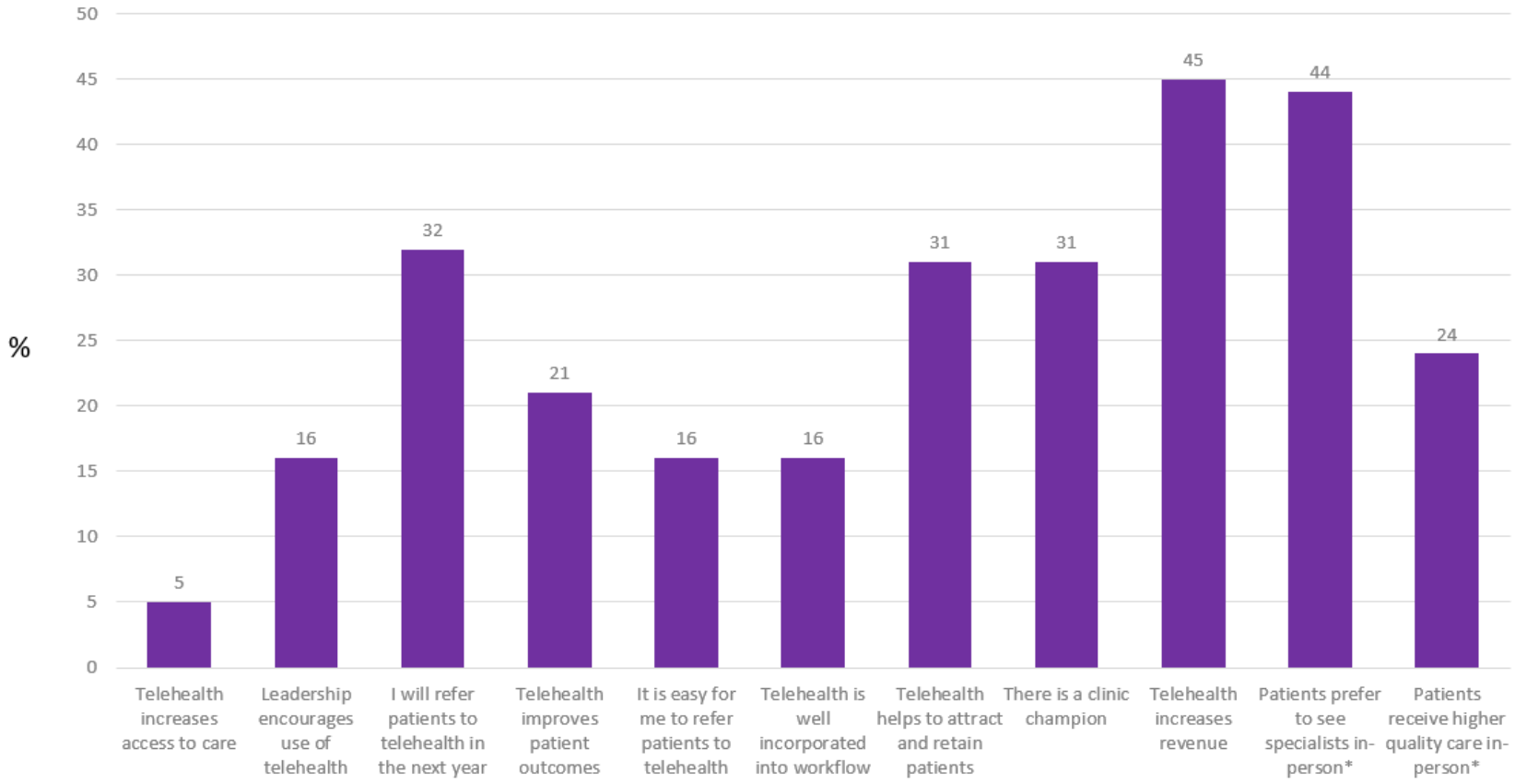


*Lack of agreement suggests positive view of telehealth

Potential Areas for Improvement and Targeted Technical Assistance:

- **Telehealth workflow**. Communicating with and training staff about the telehealth workflow may improve perceptions of the fit of telehealth into the workflow.
- **Presence of a clinic champion**. Identification of and communication about a clinic champion for telehealth may increase awareness and approval of telehealth.

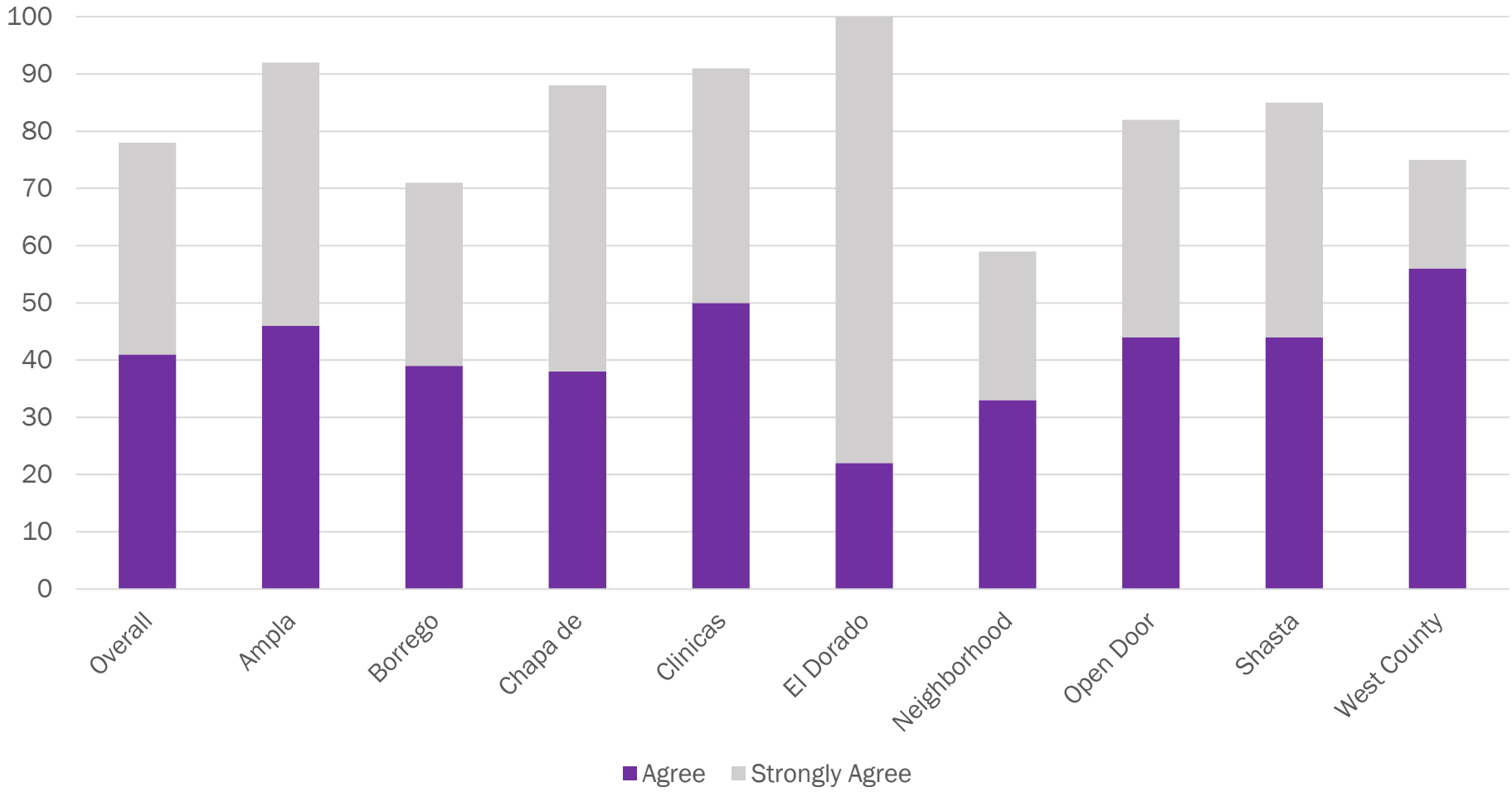
A high proportion of respondents indicated that they "Didn't Know" their perspective on several statement about telehealth



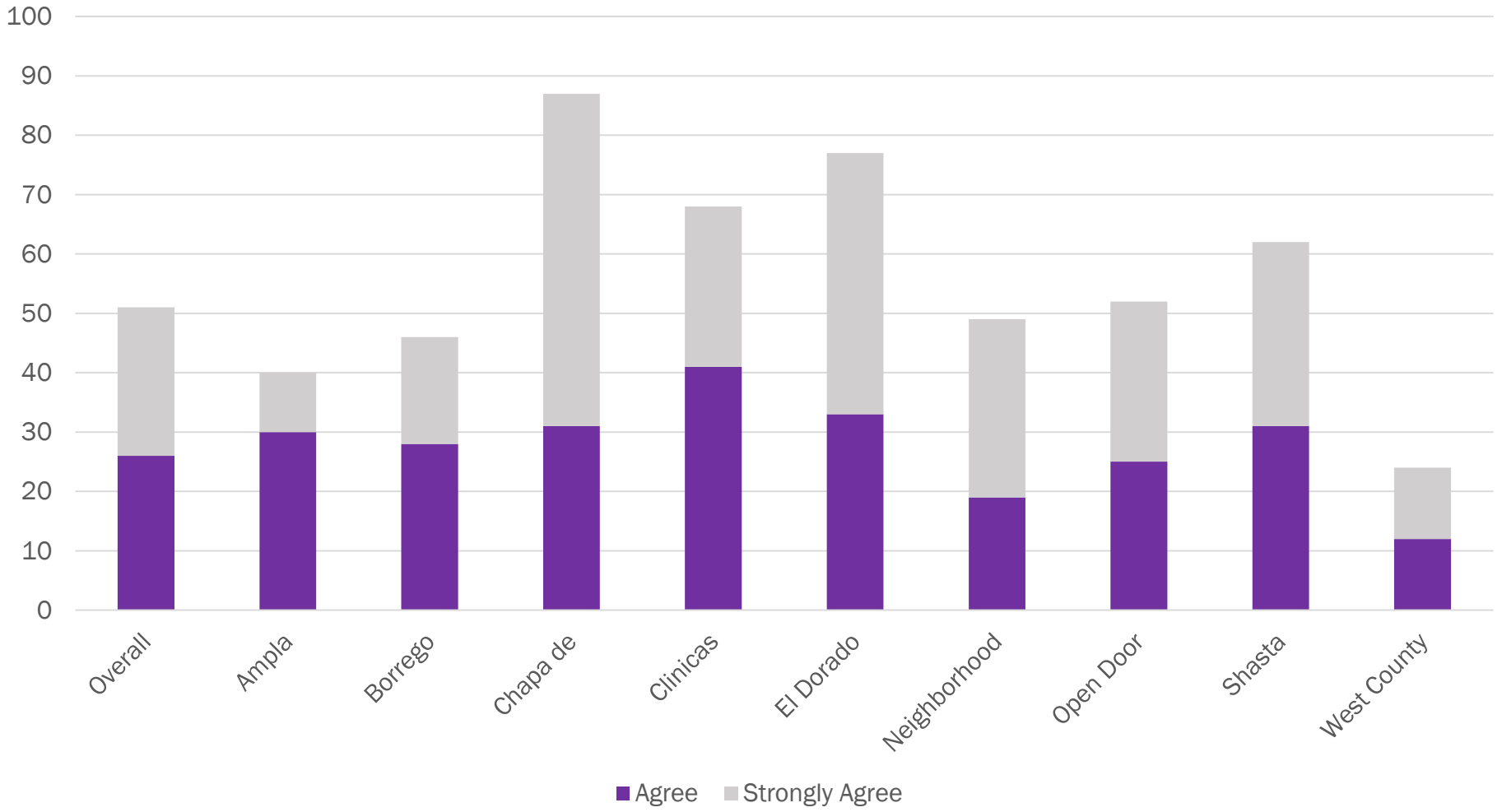
Potential Areas for Improvement and Targeted Technical Assistance:

- Although reasons for selecting the “don’t know” option are unclear and may differ across respondents, lack of knowledge about telehealth may suggest the need for changes such as more education about the benefits of telehealth generally, the need for a more visible clinic champion, and the need for more discussion with patients about their preferences for care.

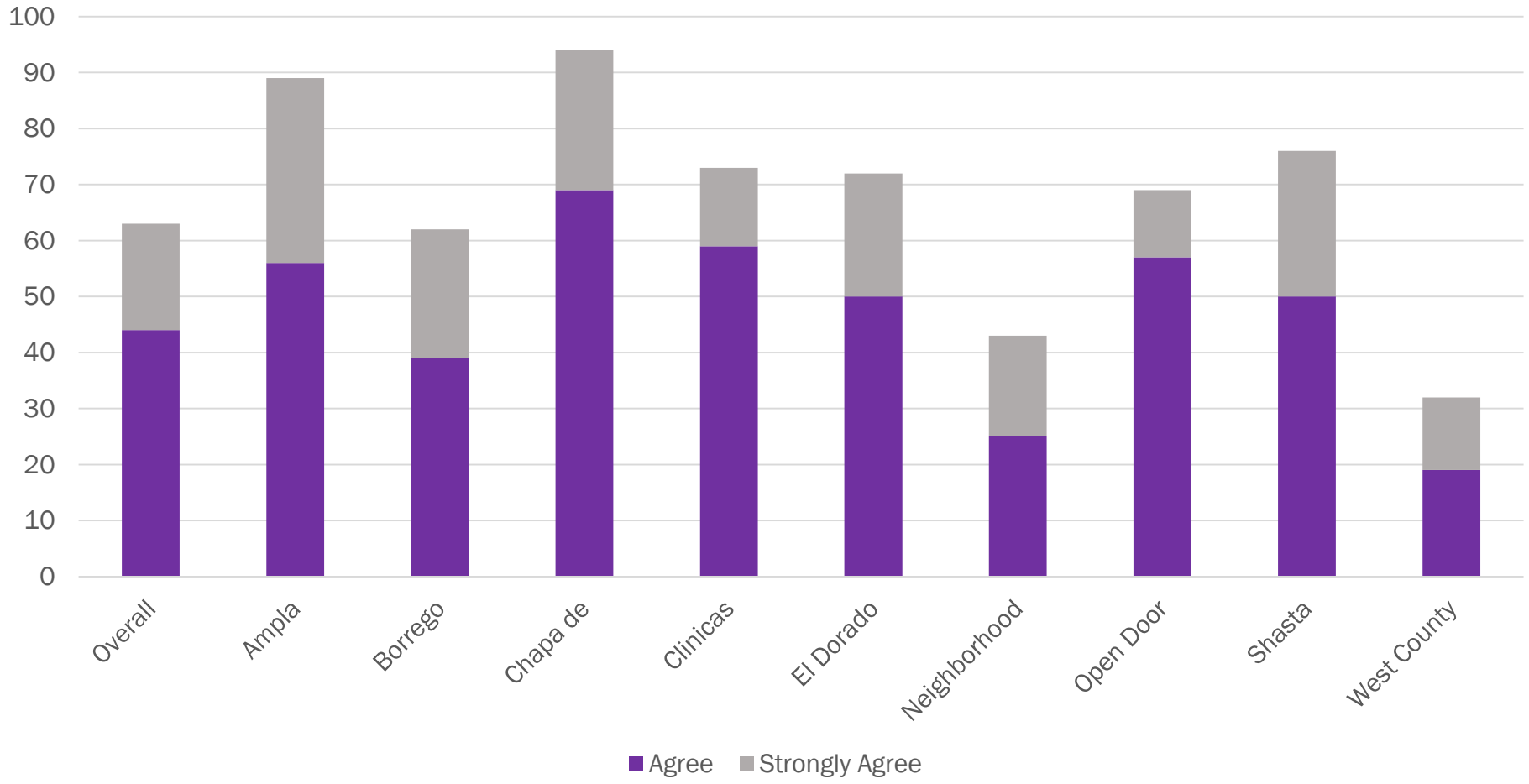
“Leadership Encourages Use of Telehealth” Differences in Agreement by Health Center



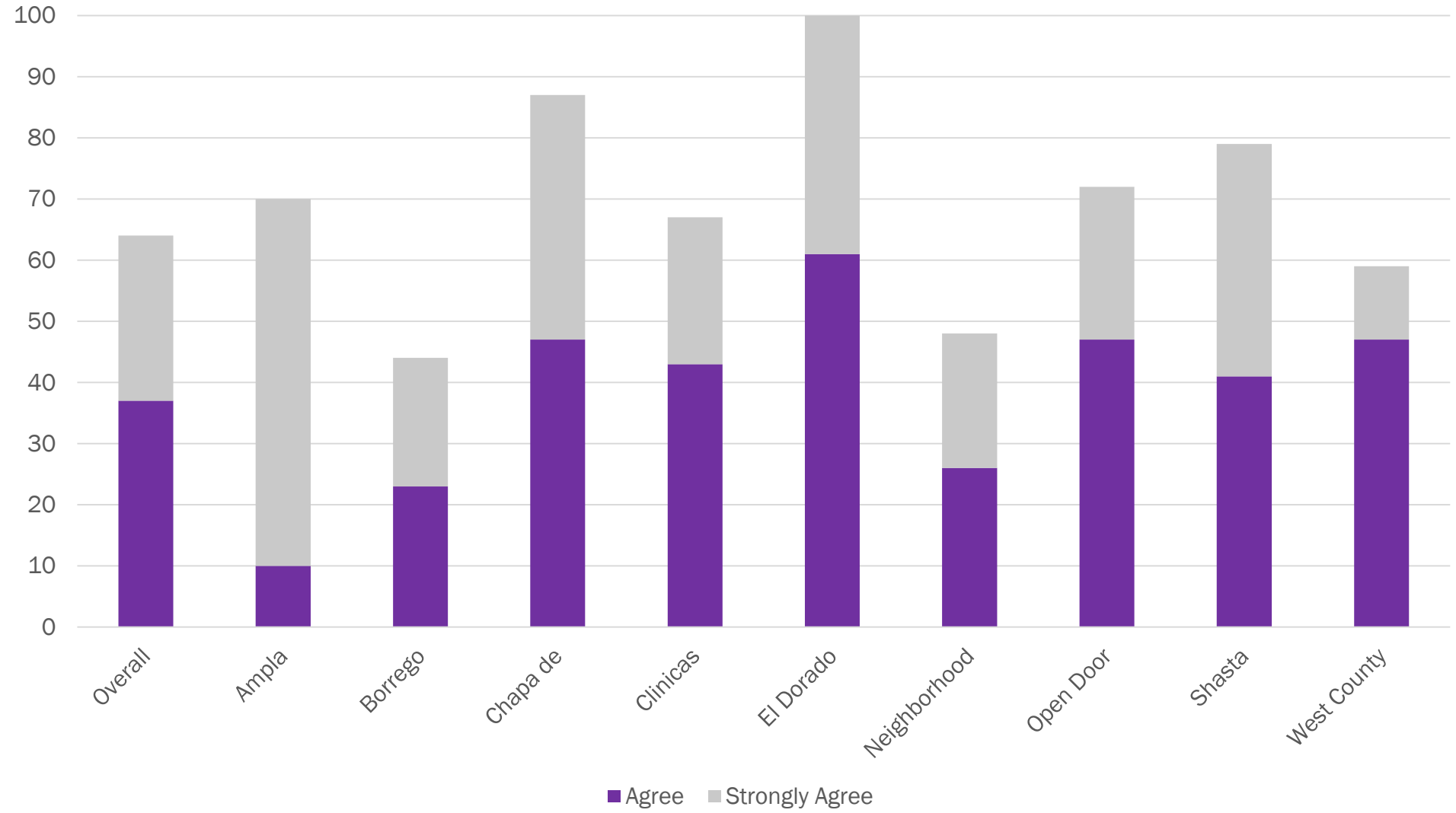
“There is a Clinic Champion for Telehealth” Differences in Agreement by Health Center



“Telehealth is Well Incorporated into Workflow” Differences in Agreement by Health Center



“It is Easy for Me to Refer Patients to Telehealth” Differences in Agreement by Health Center



Potential Areas for Improvement and Targeted Technical Assistance:

- Variation in attitudes by health centers
- More leadership buy-in at certain health centers might be needed to support telehealth sustainability or leadership may need to communicate their support to staff
- Visible clinic champions can help increase sustainability- clinic champions may be needed, or existing clinic champions may need to be more visible to other staff
- Referral procedures may need to be simplified and/or made more accessible at certain health centers

Top Barriers: Overall Sample

- A total of 18 different barriers were identified…
- Top Barriers
  - Long wait times for telehealth (14% of respondents)
  - Patient reluctance to try telehealth (12%)
  - Not enough specialists providing telehealth services (10%)
  - Technical/equipment challenges (8%)

Key Takeaways

- Most providers across all nine heath centers strongly or moderately support telehealth
- Providers identified numerous barriers to telehealth implementation
- Education about telehealth, discussions with patients about their preferences, and workflow assessments and changes may help reduce barriers
- A visible champion could help increase use and acceptance of telehealth
- Sites may wish to distribute the provider survey in the future as a QA tool to see if TA and implementation efforts change attitudes towards telehealth

Sustainable Models of Telehealth in the Safety Net

Patient Survey Toolkit

RAND CORPORATION

Quick refresher …

Clinics requested an improved patient satisfaction survey

Clinics sent RAND existing surveys

RAND edited existing surveys and created a new survey

RAND created a "Quick Guide" for clinics to use to select the right survey

Quick Guide Contents

- **Section 1.** Info on the range and types of questions that are typically included in patient experience and satisfaction surveys on telemedicine.
- **Section 2.** New (not yet validated) patient experience survey developed with survey experts. This instrument may be especially helpful to health centers that are not currently fielding a patient experience survey.
- **Section 3.** Edited versions of the surveys that health centers participating in the initiative submitted

Common Survey Constructs, Definitions and Possible Domains

Construct	Definition	Possible Domains
Satisfaction	Evaluation about whether the user's expectations were met	Overall satisfaction; willingness to use in the future
Experience	Evaluation of the user's experience of the telemedicine service	Patient-reported experience measures; comfort/ease; patient-centeredness
Technical quality	Evaluation of the quality of the technology used	Audio and/or picture quality; interface quality; reliability; usability/ease of use; privacy and security
Perceived effectiveness	Assessment that the visit improved the health status or wellbeing of the patient	Change in health status; measures of health or wellbeing; patient empowerment; patient knowledge; patient-reported outcomes measures
Perceived usefulness	Assessment that the telemedicine visit produced some benefit or achieved the purpose of the visit	Convenience; time consequences; cost consequences; accessibility; effect on continuity of car; acceptability
Impact of telemedicine on patient-clinician interaction/comparison to in-person visit	Assessment that the modality affected patient-clinician interaction and/or similarity of telemedicine to an in-person interaction	Ease of communication; ability to conduct physical exam; completeness of information; preference for telemedicine vs. in-person

New Survey

Below is a patient experience and satisfication survey RAND developed. It was developed to capture multiple domains of telemedicine experience and satisfaction in a clear, user-friendly manner. You may adapt this survey to meet the needs of your health center.

Patient Satisfaction Survey

XXX clinic requests your help. Please complete the following survey based on the telemedicine services you received today. Telemedicine is visit over video with a healthcare provider who is in a diffferent location. Thank you for your time.

1) Have you ever used telemedicine (visit over video) before today? Yes No

2) Tell us how much you agree or disagree with the following statements on a scale of 1-4, where 1= strongly disagree, 2= disagree, 3= agree, and 4= strongly agree.

	Strongly Disagree	Disagree	Agree	Strongly Agree
	1	2	3	4
My telemedicine visit was easy to schedule				
My telemedicine visit started on time				
The healthcare provider I saw over telemedicine explained things in a way that was easy to understand				
The healthcare provider I saw over telemedicine listened carefully to me				
The healthcare provider I saw over telemedicine spent enough time with me				
I could see the healthcare provider clearly during the telemedicine visit				
I could hear the healthcare provider clearly when he/she spoke to me				
This telemedicine visit was as good as an in-person visit				
I would have received better quality care if I had seen the healthcare provider in person				
Telemedicine made it easier for me to see a healthcare provider today				
Overall, I was satisfied with this telemedicine visit				
I would use telemedicine services again				

What's next?

Each clinic has received the patient satisfaction survey toolkit

Clinics can feel free to use their original survey , their survey with edits, or the new survey

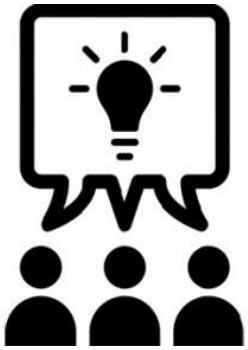
Providing the survey in a systematic way to all patients who receive telehealth can inform quality improvement efforts

Questions about the evaluation? Email us!

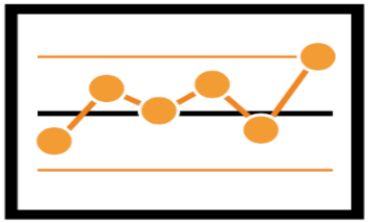
- Allison: Ober@rand.org
- Lori: Luscherp@rand.org

What's Next? Program Updates

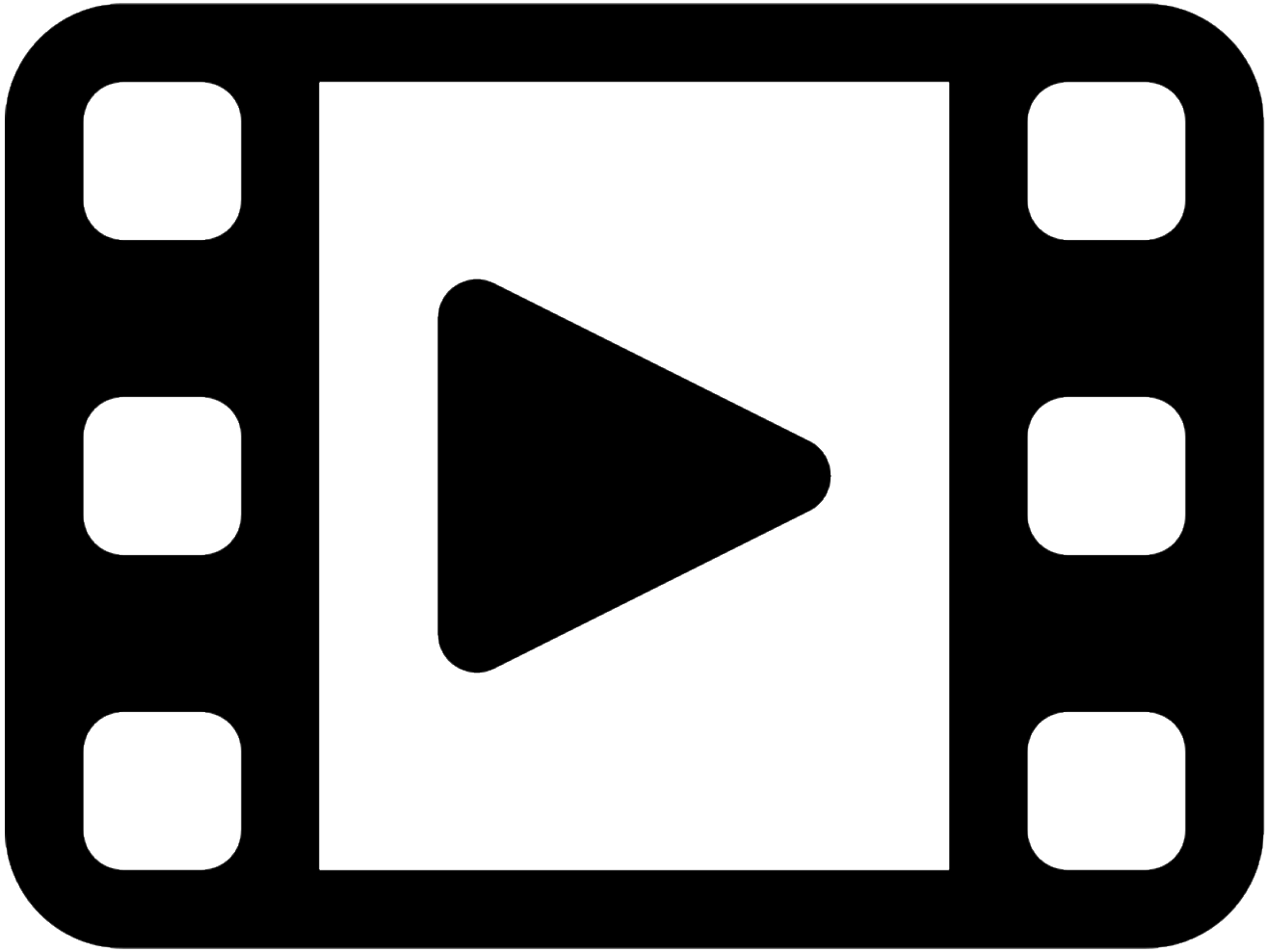
Final Report



Fall Workshop



Continue to Submit Monthly Data



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Thank you!

Please fill out the evaluation form