Telephone Visits

Riverside University Health System

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Population Health and Quality

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Administrative Services Officer

April 13th, 2018
Welcome and Introductions

– Alameda Health System
  Meritza Brown, Rafael Vanquerano, Ivonne Spedalieri

– Center For Care Innovations
  Jaclyn Lau, Jenny Wright

– North County Health Services
  Erica Eacott, Elaine Lam, Hector Orozco, Stephanie Rojas

– Venice Family Clinic
  Jessica Stroik, Elvira Linarte, Bessie Mathew

– Internal Medicine Clinic, RUHS
  Christina Kim, Miriam Codemo
Roadmap

• Implementation (Piloting, Spreading, Sustaining)
• Current Use and Impact
• Coding and Tracking Approaches
• Reporting of Services and Evaluation of Success
• Lessons Learned
Riverside University Health System Family Care Clinics

- 12 Family Care Clinics - 10 FQHCs & 2 hospital-based
- 130,000+ visits per year
- 51 physicians, nurse practitioners & physician assistants
- 70% Medi-Cal
Implementation of Telephone Visits

• Phase 1: Piloting (March 2013 – February 2014)
• Phase 2: Internal Spreading (September 2013 – July 2015)
• Phase 3: Sustaining (August 2015 – present)
• Phase 4: External Spreading (2015 – present)
Implementation: Phase 1 (Piloting)
Access challenges

• Inability to schedule follow up appointments in a timely manner
• Backlog of appointment requests (large unmet need)
• Patient dissatisfaction
• Provider dissatisfaction
Implementation: Phase 1 (Piloting)
Critical Ingredients for Success

• Big Picture Goal (Access)
• CCI Expertise (Structure, Process, Pathway)
  – Opportunity to brainstorm and reflect
• Patient Input
• Coaching
• Enthusiastic Team
• Weekly Touchpoint (Tuesdays 7-7:30 am)
Implementation: Phase 1 (Piloting): Patient Perspective

- Patient calls to schedule an appointment
  - Arrange for time off from work for appt
    - Wait for appointment (2 weeks)
      - Drive to clinic or take public transportation (30 minutes)

- Patient visit with provider (15 minutes)
  - Drive back home (30 minutes)
  - Medical assistant takes vitals (5 minutes)
    - Wait in exam room for provider (10 minutes)

- Wait in waiting room (15 minutes)
  - Check in at clinic (10 minutes)
Implementation: Phase 1 (Piloting): Patient Perspective

1. Patient calls to schedule an appointment
2. Wait for appointment (< 24 hours)
3. Patient visit with provider (10 minutes)

- Arrange for time off from work for appt
- Drive to clinic or take public transportation (30 minutes)
- Drive back home (30 minutes)
- Wait in exam room for provider (10 minutes)
- Medical assistant takes vitals (5 minutes)
- Wait in waiting room (15 minutes)

- Check in at clinic (10 minutes)
- Wait in waiting room (15 minutes)
- Wait for appointment (< 24 hours)

- Wait for appointment (2 weeks)
Telephone Visit definition

• Clinical exchanges that occur via telephone between providers and patients

• Connect with patients in any setting (e.g. home, work, etc.)

• Not:
  – appointment reminders
  – communication of normal routine results
Implementation: Phase 1 (Piloting)
Defining Virtual Telephone Visits

• Requires one or more of the following:
  – Involves medical decision making or care coordination that necessitates involvement of a provider
  – Serves as a substitute for an in-person visit
  – Involves counseling, patient education, informed consent, or motivational interviewing
Implementation: Phase 1 (Piloting)
Defining Virtual Telephone Visits

• What “reasons for visit” are appropriate for telephone visits?
Implementation: Phase 1 (Piloting)
Appropriate for Virtual Telephone Visits

• Chronic disease management
• Medication management
• Discussion of results
• Care coordination (including referrals)
• Motivational interviewing
• Preventive health (e.g., care gaps)
• Minor illnesses (e.g. colds, urinary tract infections, etc.)
• Emergency and hospital follow-up
Implementation: Phase 1 (Piloting)
More Appropriate for In-Person Visits

• New patients
• Physical examination
• Controlled substances (e.g., opioid pain medications)
Implementation: Phase 1 (Piloting)

Defining Telephone Visit Workflow – Paper Charting

Workflow Diagram

Patient calls for appointment or with a question / concern

Is patient new or established?

Established

Appropriate for telephone visit?

Yes

Clinic staff helps patient schedule telephone visit with provider

Day before scheduled telephone visit

Clinic staff prepares chart for telephone visit and reminds patient of appointment

Clinic staff completes any other indirect work related to telephone visits (referrals, orders, prescriptions, etc.)

Provider prepares for and conducts telephone visit

Provider documents visit and completes encounter form (coding)

A/C reviews charges and closes encounter

New

Clinic staff helps patient schedule in-person clinic visit with provider

No
Implementation: Phase 1 (Piloting)

Defining Telephone Visit Workflow – EHR

Workflow Diagram

- Patient calls for appointment or with a question / concern
- Is patient new or established?
  - New
    - Clinic staff helps patient schedule in-person clinic visit with provider
  - Established
    - Appropriate for telephone visit?
      - Yes
        - Appointment center or clinic staff schedules phone visit
      - No
        - Clinic staff completes any other indirect work related to telephone visits (referrals, orders, prescriptions, etc.)
- Provider conducts the phone visit and completes documentation and drops CPT code in EHR
Implementation: Phase 1 (Piloting)

Documentation Requirements

• Date and Time of Call
• Reason for Call
• Subjective
• Objective
• Assessment / Diagnosis
• Plan / Next Steps
• Coding / Level of Service
Implementation: Phase 1 (Piloting)

Reinforcing Value

- Documentation expectations similar to that of an Office Visit
- Time built into schedule (designated appointment slots)
- For productivity purposes:
  - 2 telephone visits = 1 in-person visit
Implementation: Phase 1 (Piloting)
Addressing Stakeholder Anxiety

Administrators
• Start as small as tolerable
• Framing as “Administrative Time”
• Focusing on value to patients (decreased backlog, reduced appointment requests)
• Preparing for future

Providers
• Start with what you are comfortable with
• Value work you are already doing
• You choose the time
• You decide which patients appropriate for telephone visits (initially)
Implementation: Phase 1 (Piloting)

Initial Findings

Planned Evaluation
- Appointment Backlog
- Patient Satisfaction
- Clinical Metrics (A1c)

Unexpected Results:
- Improved satisfaction of Scheduling Staff
- Improved satisfaction of Clinic Support Staff
- Improved patient-provider bonding
- Reduced provider anxiety regarding follow-up
- Improved efficiency with right care at right time
Implementation: Phase 1 (Piloting)

Other Topics

• Scripting
• Post-Telephone Visit Patient Survey
• Frequently Asked Questions (purpose)
Implementation of Telephone Visits

- Phase 1: Piloting (March 2013 – February 2014)
- **Phase 2: Spreading (September 2013 – July 2015)**
- Phase 3: Sustaining (August 2015 – present)
- Phase 4: External Spreading (2015 – present)
Telephone Visit Toolkit
Includes:
Standard workflow
Preparing for virtual telephone visit
Frequently asked questions
Telephone Visit Script
Epic Tip Sheet

**Telephone Encounter vs. Telephone Visit**

There are two ways to communicate with patients via the phone. A Telephone Encounter is like a telephone call in the paper world. It’s for talking with the patient about results, questions, refills, etc. This encounter does not need to be checked in, does not need a level of service and can be created on the fly when needed by clinical support users. The Telephone Visit is an actual visit that needs to be scheduled, rog'd and checked in. It is just like an office visit and will need to have a LOS and have the visit signed. These visits will be scheduled and seen on the schedule.

**Telephone Encounter**
1. Use the Telephone Call button on the toolbar to create a Telephone Encounter.
2. Look up the patient and click Accept.
3. Open the Encounter section.
4. Click **Incoming Call**, **Outgoing Call**, or **Other**.
5. Enter relevant information, including the name of the person calling or being called and their phone number.
6. Open the Reason for Call section.
7. Enter the first few letters of the reason in the Reason field and press Enter. A list of matching reasons appears. Double-click a reason to select it.
8. In the Documentation section, write your comments by typing or using SmartTools.
9. When you’re finished, close the section to save your note.

**Telephone Visit**
1. Make sure the Telephone Visit is checked in on the schedule.
2. Double-click the visit to begin documenting.

3. Once inside the encounter, document like a normal office visit on the Visit Navigator.
4. All of the normal sections that are documented during an office visit can and need to be documented to complete the visit: Visit Info, Visit Diagnosis, Progress Notes, Meds & Orders, LOS and Sign Visit.
Implementation: Phase 2 (Spreading)

Video

Implementation: Phase 2 (Internal Spreading)
Initial Spread Sites
Timeline for Spread

- March 2013: add Site 1 (Riverside Neighborhood)
- July 2013: add Site 2 (Perris)
- Aug 2013: add Site 3 (Family Care Clinic 2)
- Jan 2014: add Site 4 (Family Care Clinic 1)
- Nov 2014: add Site 5 (Lake Elsinore)
- Dec 2014: add Site 6 (Indio)
- Mar 2015: add Site 7 (Palm Springs)
- May 2015: add Site 8 (Banning)
- June 2015: add Site 9 (Corona) and Site 10 (Hemet)
- July 2015: add Site 11 (Jurupa) and Site 12 (Rubidoux)
Implementation: Phase 2 (Spreading)
Gaining Buy-In
Implementation of Telephone Visits

• Phase 1: Piloting (March 2013 – February 2014)
• Phase 2: Spreading (September 2013 – July 2015)
• Phase 3: Sustaining (August 2015 – present)
Current Use:

Total Telephone Visits

- Telephone Visits make up about 9% of all RUHS primary care clinic encounters
- We believe 33-50% of all clinic encounters could be conducted by Telephone
# Current Use: Daily Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Patient ID</th>
<th>Patient Info</th>
<th>Purpose</th>
<th>Results</th>
<th>Provider Name</th>
<th>Provider MDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>61 y.o. /M</td>
<td>FCC2 NEW PT</td>
<td>Knee injection</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Mahbuba Khan, MD</td>
</tr>
<tr>
<td>8:40 AM</td>
<td>69 y.o. /F</td>
<td>FCC2 RETURN PT</td>
<td>Flu</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Not Specified Provider</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>62 y.o. /M</td>
<td>FCC2 NEW PT</td>
<td>rt flu med refil</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Not Specified Provider</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>57 y.o. /F</td>
<td>FCC2 SAME DAY APPT</td>
<td>Follow up Ultrasound Results per Dr Myint</td>
<td>No Show [NS]</td>
<td>Mahbuba Khan, MD</td>
<td>Not Specified Provider</td>
</tr>
<tr>
<td>9:40 AM</td>
<td>55 y.o. /F</td>
<td>FCC2 SAME DAY APPT</td>
<td>Flu</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Shunling Tsang, MD</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>55 y.o. /F</td>
<td>FCC2 RETURN PT</td>
<td>Pap</td>
<td>No Show [NS]</td>
<td>Mahbuba Khan, MD</td>
<td>Not Specified Provider</td>
</tr>
<tr>
<td>10:20 AM</td>
<td>23 y.o. /M</td>
<td>FCC2 NEW PT</td>
<td>new pt physical exam</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Not Specified Provider</td>
</tr>
<tr>
<td>10:40 AM</td>
<td>34 y.o. /F</td>
<td>FCC2 RETURN PT</td>
<td>Eye pain</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Nathan D McLaughlin, MD</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>59 y.o. /F</td>
<td>FCC2 SAME DAY APPT</td>
<td></td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Mahbuba Khan, MD</td>
</tr>
<tr>
<td>11:20 AM</td>
<td>56 y.o. /F</td>
<td>FCC2 CONTINUITY CARE</td>
<td>Pap and mammogram results needs to apply for HWC</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Khaing Myint, MD</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>52 y.o. /F</td>
<td>FCC2 PHONE VISIT</td>
<td></td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Mahbuba Khan, MD</td>
</tr>
<tr>
<td>1:20 PM</td>
<td>60 y.o. /F</td>
<td>FCC2 PHONE VISIT</td>
<td></td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Mahbuba Khan, MD</td>
</tr>
<tr>
<td>1:40 PM</td>
<td>65 y.o. /M</td>
<td>FCC2 PHONE VISIT</td>
<td></td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Bob Chiang, MD</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>57 y.o. /F</td>
<td>FCC2 RETURN PT</td>
<td>rt med refil</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Not Specified Provider</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>54 y.o. /F</td>
<td>FCC2 RETURN PT</td>
<td>XRAY RESULTS/ MED REFILLS</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Mahbuba Khan, MD</td>
</tr>
<tr>
<td>2:20 PM</td>
<td>52 y.o. /M</td>
<td>FCC2 RETURN PT</td>
<td>Results</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Parastou Farhadian, MD</td>
</tr>
<tr>
<td>2:20 PM</td>
<td>55 y.o. /M</td>
<td>FCC2 NEW PT</td>
<td>Flu</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Rajagopal Krishnan, MD</td>
</tr>
<tr>
<td>2:40 PM</td>
<td>51 y.o. /F</td>
<td>FCC2 SAME DAY APPT</td>
<td>RT DM PT: [URGENT FU]</td>
<td>No Show [NS]</td>
<td>Mahbuba Khan, MD</td>
<td>Not Specified Provider</td>
</tr>
<tr>
<td>2:40 PM</td>
<td>64 y.o. /F</td>
<td>FCC2 SAME DAY APPT</td>
<td>New Oncology Pt; Establish Care</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Not Specified Provider</td>
</tr>
<tr>
<td>3:00 PM</td>
<td>51 y.o. /F</td>
<td>FCC2 SAME DAY APPT</td>
<td>left breast pain</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Mahbuba Khan, MD</td>
</tr>
<tr>
<td>3:20 PM</td>
<td>48 y.o. /M</td>
<td>FCC2 RETURN PT</td>
<td>SHOULDER</td>
<td>Closed: Comp</td>
<td>Mahbuba Khan, MD</td>
<td>Mahbuba Khan, MD</td>
</tr>
</tbody>
</table>
# Current Use: Daily Schedule

## Proposed 9 Hour Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Len</th>
<th>Open/Ovb</th>
<th>Block Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 AM</td>
<td>10</td>
<td>1/0</td>
<td>FQHC Phone (1)</td>
</tr>
<tr>
<td>7:40 AM</td>
<td>20</td>
<td>1/0</td>
<td><strong>FOLLOW UP (1), FQHC Prenatal (1), Family Planning (1), Walk In (1)</strong></td>
</tr>
<tr>
<td>8:00 AM</td>
<td>20</td>
<td>1/0</td>
<td><strong>FOLLOW UP (1), FQHC Prenatal (1), Family Planning (1), Walk In (1)</strong></td>
</tr>
<tr>
<td>8:20 AM</td>
<td>20</td>
<td>1/0</td>
<td>New FQHC (1), Physical (1), FQHC Prenatal (1), Family Planning (1), WCC (1), RET WCC (1)</td>
</tr>
<tr>
<td>8:40 AM</td>
<td>20</td>
<td>1/1</td>
<td><strong>FOLLOW UP (1), FQHC Prenatal (1), Family Planning (1), Walk In (1)</strong></td>
</tr>
<tr>
<td>9:00 AM</td>
<td>20</td>
<td>1/0</td>
<td>New FQHC (1), Physical (1), FQHC Prenatal (1), Family Planning (1), WCC (1), RET WCC (1)</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>20</td>
<td>1/1</td>
<td>Hold (1), SR Physical (1), Clinic Add (1), DUAL choice (1)</td>
</tr>
<tr>
<td>9:40 AM</td>
<td>20</td>
<td>1/0</td>
<td>New FQHC (1), Physical (1), SR Physical(1), FQHC Prenatal (1), Family Planning (1), WCC (1), RET WCC (1)</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>20</td>
<td>1/1</td>
<td>Hold (1), Walk In (1)</td>
</tr>
<tr>
<td>10:20 AM</td>
<td>20</td>
<td>1/0</td>
<td>New FQHC (1), Physical (1), FQHC Prenatal (1), Family Planning (1), WCC (1), RET WCC (1)</td>
</tr>
<tr>
<td>10:40 AM</td>
<td>20</td>
<td>1/1</td>
<td>Hold (1), Clinic Add (1)</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>20</td>
<td>1/0</td>
<td><strong>FOLLOW UP (1), FQHC Prenatal (1), Family Planning (1)</strong></td>
</tr>
<tr>
<td>11:20 AM</td>
<td>20</td>
<td>1/1</td>
<td><strong>FOLLOW UP (1), Clinic Add (1)</strong></td>
</tr>
<tr>
<td>11:40 AM</td>
<td>20</td>
<td>1/0</td>
<td><strong>FOLLOW UP (1)</strong></td>
</tr>
</tbody>
</table>

*Riverside University Health System*
**Sample Telephone Visit Note**

**4/4/2018 visit with Mahbuba Khan, MD for FCC2 PHONE VISIT - Phone visit**

<table>
<thead>
<tr>
<th>Contacts</th>
<th>Date/Time</th>
<th>Type</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>04/04/2018 03:17 PM</td>
<td>Phone (Outgoing)</td>
<td>Tupas, Rolando Letada (Self)</td>
</tr>
</tbody>
</table>

**Reason for Call**

<table>
<thead>
<tr>
<th>MRI result</th>
<th>Onset</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI result</td>
<td>4/4/2018</td>
<td></td>
</tr>
</tbody>
</table>

**Progress Note**

- Spoke with pt
- MRI Rt foreram reviewed - Rhabdomyosarcoma in brachioradialis
- Discuss the result with pt
- Plan to refer to Ortho as urgent
- Staff notified

Discussed importance of follow up as recommended. Patient verbalized understanding of information discussed and opportunity was provided for patient to ask questions. All of patient's questions were answered with acknowledgement of understanding from patient. Patient agrees to take any applicable medications and to accept treatment plan. Patient is advised to call Urgent Care or the Emergency Department as soon as possible or follow up in the office sooner if symptom is without improvement or persisted, or if patient experienced side effects of the proposed treatment/medication. After visit information discussed and provided. Pt agreed to keep future appointments.
Coding and Tracking: Sample Telephone Visit Charge Capture

4/4/2018 visit with Mahbuba Khan, MD for FCC2 PHONE VISIT - Phone visit

Level of Service

- NL1
- NL2
- NL3
- NL4
- NL5
- EL1
- EL2
- EL3
- EL4
- EL5
- NP<1
- NP1-4
- NP5-11
- NP5-5
- NP12-17
- NP18-39
- NF40-64
- NF55+
- EP<1
- EP1-4
- EP5-11
- EP12-17
- EP13-39
- EP40-54
- EP55+
- 99899

LOG: PHYSICIAN TELEPHONE EVALUATION 5-10 MIN [99441]

Modifiers:

- Additional E/M codes: Click to add

Auth prov: KHAN, MAHBUBA
Billing area: RUH FQHC FAMILY MEDICINE

Telephone Visit CPT Codes

- 99441 5-10 minutes
- 99442 11-20 minutes
- 99443 21-30 minutes
## Provider Productivity Report

For transactions between 1/1/2018 and 3/31/2018

### RUH FAMILY CARE CLINIC 2

<table>
<thead>
<tr>
<th>Physician</th>
<th>Clinic Visits</th>
<th>Booked Hours</th>
<th>Productivity</th>
<th>Walk In</th>
<th>No Show</th>
<th>Left Not Seen</th>
<th>Cancel</th>
<th>Telephone Encounter</th>
<th>Telephone Visit</th>
<th>Clinic Visits + (Phone Visits/2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>108</td>
<td>57.34</td>
<td>2.25</td>
<td>0</td>
<td>31</td>
<td>0</td>
<td>30</td>
<td>44</td>
<td>42</td>
<td>123.0</td>
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<tr>
<td>February</td>
<td>98</td>
<td>62.67</td>
<td>1.84</td>
<td>0</td>
<td>45</td>
<td>0</td>
<td>30</td>
<td>66</td>
<td>35</td>
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<tr>
<td>March</td>
<td>127</td>
<td>72.00</td>
<td>2.08</td>
<td>0</td>
<td>31</td>
<td>0</td>
<td>59</td>
<td>23</td>
<td>46</td>
<td>150.0</td>
</tr>
<tr>
<td><strong>Physician Assistant</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>274</td>
<td>155.67</td>
<td>1.99</td>
<td>0</td>
<td>84</td>
<td>0</td>
<td>106</td>
<td>9</td>
<td>73</td>
<td>310.5</td>
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<tr>
<td>February</td>
<td>226</td>
<td>138.67</td>
<td>1.91</td>
<td>0</td>
<td>96</td>
<td>0</td>
<td>68</td>
<td>5</td>
<td>75</td>
<td>265.5</td>
</tr>
<tr>
<td>March</td>
<td>259</td>
<td>154.67</td>
<td>1.97</td>
<td>0</td>
<td>98</td>
<td>0</td>
<td>91</td>
<td>4</td>
<td>91</td>
<td>304.5</td>
</tr>
</tbody>
</table>
Evaluation of Success:
Patient Feedback on Telephone Visits

• “I am very pleased to know my doctor cares about me. I never had a doctor call me before.”
• “It’s really really useful!”
• “I do not have to spend time and money on transportation”
• “I have told all my friends and family about it”
Evaluation of Success:
Clinician Feedback on Telephone Visits

- “I learned that I can do so much with telephone visits”
- “My patients are very happy”
- “There are so many things I can address over the phone”
- “I feel like I am in control… I know what is happening”
- “I feel like the quality of care I provide is better”
Total phone visits 2017
12,598 visits

- RUHS Total Phone Visits: 11,667
- Med Center FCC1 & FCC2: 3,333
- Rubidoux: 1,046
- Riv. Neighborhood: 1,080
- Perris: 718
- Indio: 1,039
- Lk. Elsinore: 1,827
- Palm Springs: 1,235
- Jurupa: 1
- Hemet: 1,311
- Corona: 669
- Banning: 564

Legend:
- Telephone Visits Scheduled
- Telephone Visits Completed
## Community Health Clinics and Family Care Clinics 1 & 2

### 2017 TOP DIAGNOSES

<table>
<thead>
<tr>
<th>Rank</th>
<th># of Phone Visits</th>
<th>Diagnosis</th>
<th>ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1715</td>
<td>Encounter to discuss test results</td>
<td>Z71.89</td>
</tr>
<tr>
<td>2</td>
<td>747</td>
<td>Essential hypertension</td>
<td>I10</td>
</tr>
<tr>
<td>3</td>
<td>721</td>
<td>Dyslipidemia</td>
<td>E78.5</td>
</tr>
<tr>
<td>4</td>
<td>657</td>
<td>Follow up</td>
<td>Z09</td>
</tr>
<tr>
<td>5</td>
<td>367</td>
<td>Mixed hyperlipidemia</td>
<td>E78.2</td>
</tr>
<tr>
<td>6</td>
<td>321</td>
<td>Chronic pain syndrome</td>
<td>G89.4</td>
</tr>
<tr>
<td>7</td>
<td>245</td>
<td>Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)</td>
<td>E11.9</td>
</tr>
<tr>
<td>8</td>
<td>212</td>
<td>Uncontrolled type 2 diabetes mellitus with hyperglycemia, unspecified long term insulin use status (HCC)</td>
<td>E11.65</td>
</tr>
<tr>
<td>9</td>
<td>208</td>
<td>Acquired hypothyroidism</td>
<td>E03.9</td>
</tr>
<tr>
<td>10</td>
<td>194</td>
<td>Prediabetes</td>
<td>R73.03</td>
</tr>
<tr>
<td>11</td>
<td>189</td>
<td>Vitamin D deficiency</td>
<td>E55.9</td>
</tr>
<tr>
<td>12</td>
<td>185</td>
<td>Hypertriglyceridemia</td>
<td>E78.1</td>
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</tbody>
</table>
A1c Reduction Pilot Utilizing Telephone Visits

<table>
<thead>
<tr>
<th>Date</th>
<th>Dr. Khan - All Visits</th>
<th>Dr. Khan - Phone Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/1/2016</td>
<td>45.45%</td>
<td>43.75%</td>
</tr>
<tr>
<td>1/1/2017</td>
<td>45.07%</td>
<td>31.58%</td>
</tr>
<tr>
<td>2/1/2017</td>
<td>38.89%</td>
<td>37.50%</td>
</tr>
<tr>
<td>3/1/2017</td>
<td>48.89%</td>
<td>33.33%</td>
</tr>
<tr>
<td>4/1/2017</td>
<td>42.50%</td>
<td>36.36%</td>
</tr>
<tr>
<td>5/1/2017</td>
<td>30.30%</td>
<td>34.48%</td>
</tr>
<tr>
<td>6/1/2017</td>
<td>27.78%</td>
<td>42.11%</td>
</tr>
<tr>
<td>7/1/2017</td>
<td>22.97%</td>
<td>16.67%</td>
</tr>
<tr>
<td>8/1/2017</td>
<td>30.88%</td>
<td>27.27%</td>
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<tr>
<td>9/1/2017</td>
<td>27.69%</td>
<td>30.00%</td>
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<tr>
<td>10/1/2017</td>
<td>33.03%</td>
<td>16.67%</td>
</tr>
<tr>
<td>11/1/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/1/2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evaluation of Success:
Ideal Measures versus Actual Measures

Ideal Measures:
• Quality of care
• Hospitalization admission rates
• Unnecessary emergency room visits
• Time to care
• Overall cost of care

Actual Measures:
• Access (appointment backlogs)
• Patient Satisfaction
• Staff and Provider Satisfaction
• Diabetes Testing and Control
Sustaining: Phase 3
Video

https://youtu.be/T9oqe2LtlZI
Lessons Learned

- Let patient be your guide
- Let front line staff drive the process
- Changes take time (first pilot started in 2013)
- Help different stake holders feel comfortable
- IT and Finance are critical partners
- Start small and track outcomes
- Marketing to patients, staff and care teams still needed
- Shift mindset of frontline and leadership on what can be done virtually
- We estimate that at least one third to one half of all clinic visits can be substituted with virtual telephone visits
- Lack of reimbursement is a major barrier to widespread implementation
- Some reimbursement models (such as capitation) may better support telephone visits
- Global Payment Program (GPP) has helped to reinforce the value of non-traditional services
- Telephone Visits are part of a larger strategy of creating medical homes, integrated delivery systems, and population health
Phase 4: External Spreading: CCI Telephone Site Visit (March 2017)
Questions?

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