Virtual Care Innovation Network

A community health collaboration founded by KAISER PERMANENTE.

Virtual Convening #2
May 4, 2021

Please use the chat box to ask questions.

This webinar is being recorded.
Zoom Housekeeping

Take a moment now to please

Rename yourself with your organization

1. Click the participants icon at the bottom of your ZOOM screen
2. On the right-hand side of ZOOM, hover over your name & click “Rename”
3. Add your full name & organization’s name
4. Click “Rename” to confirm
Zoom Housekeeping

Are you using the phone for your audio?
Please connect your Zoom video with your phone audio

1. Click on the upside down carrot (^) icon to the right of Mute/Unmute button
2. Choose the “Switch to Phone Audio” option
3. In the pop-up box, click the “Phone Call” tab
4. Follow instructions for dialing in
5. Enter your Meeting ID & Participant ID (DO NOT SKIP THIS STEP)
Agenda

• Cohort Spotlight
  ○ Danielle Hull, San Mateo County Healthcare for Homeless and Farmworker Health Program
  ○ Cedric Johnson, Unity Care Northwest
  ○ Margarita Sol, Community of Hope

• CCI Connected Care Accelerator Journey Map
• Small Group Discussion
• Next Steps
Cohort Spotlight

Danielle Hull,
Clinical Services Coordinator
Telehealth Pilot @ Maple Street Shelter

Healthcare for Homeless & Farmworker Health (HCH/FH) Program
May 4th, 2021
Vision & Goals

Vision
Create accessible space at shelters for patients to access comprehensive virtual care with San Mateo Medical Center (SMMC)

Long-term Goals
• Establish shelter telehealth stations as points of access for virtual visits
• Improve access and turnaround time for new patient appointments to establish care
• Standardize process of collaborative care model between PCP and PHPP Mobile Clinic for homeless shelter patients
• Establish desktop as access point for behavioral health
Current Set-up

The pilot is taking place at an adult homeless shelter in Redwood City, CA called Maple Street Shelter

- Part of LifeMoves shelter network
- HCH/FH currently has a care coordination contract with this organization
- <100 residents but will be ramping up to over 200 residents in coming months

SMMC offers in-person, telephone, and virtual face-to-face visits

- Virtual face-to-face platform is Doxy.Me
  - Cloud-based, can connect using any browser/smartphone

Desktop setup in the clinic space at the shelter

- Used in evenings by the PHPP Mobile Clinic
- No peripheral equipment installed yet
  - We’ve purchased a digital otoscope and Eko stethoscope and ECG
- Landing page on desktop set for Doxy.Me
LVN at Maple Street identified clients that meet criteria, sends to HCH/FH; LVN instructed #2 to say they’re part of HCH/FH Pilot

Clinical Services Coordinator (CSC) checked for patients in eCW

CSC followed up with PCP to ensure medical team knew visit should be via Doxy.Me/patient is in shelter; let LVN know when appt is

CSC followed up with NPCC to see when new patient appointment was, reached out to medical team to let them know patient is in shelter, should be done via Doxy.Me

After appointment, followed-up with LVN and PCP to see how the experience was

Process Map for Test #1

• Criteria: Medicare eligible (65+) [due to expanded reimbursement for video visits]
  • Client #1: already connected with a PCP at SMMC and due for a visit
  • Client #2: is not connected with SMMC; needs new patient appointment (could not connect)
Lessons Learned

Client #1

- Successfully used desktop at Maple Street Shelter for Doxy.Me visit
  - Provider stated good connection and CM assisted patient with access; initially connected on mobile device
- Short turnaround time between conversation with PCP and letting LVN know
  - Need better communication strategy between CSC and LVN

Assessing experience

- PCP follow-up was unstructured
- No patient survey after visit
Challenges

• Going to in-person appointments is one of the few allowable reasons to leave shelter due to the pandemic
• Information sharing between shelter and medical center is manual (no shared information system)
• Use of Doxy.Me not widely standardized
  • Most providers and patients not comfortable with the new platform
  • Providers all have access to Doxy.Me
• COVID-19 Testing and Vaccine efforts come first
• Staffing of HCH/FH Program
Next Steps

Create “living document” in Microsoft cloud to monitor current shelter clients & cross match with SMMC

Create Doxy.Me “waiting room” for PCPs; would simplify process of finding provider on platform for homeless patients in shelter

Communications:
- Draft flyers for patients to notify them of this service
- Alert PCP’s and medical staff that patients at shelter can connect via desktop

We are also working with the LVN at Maple Street to organize a gift card incentive for using the desktop and completing surveys
Questions?
CONTACT US

Healthcare for Homeless & Farmworker Health Program
• SMMC_HCH_FH_Program@smcgov.org
Danielle Hull, Clinical Services Coordinator
• dhull@smcgov.org
Questions & Answers

5 minutes
Cohort Spotlight

Cedric Johnson,
Quality Improvement Manager
Virtual Care: Patient Satisfaction

Virtual Care Innovation Network
Virtual Convening #2 May 4, 2021

Cedric M. Johnson, Quality Improvement Manager
Unity Care Northwest
Who We Are

- FQHC located in Whatcom County, WA with clinics in Bellingham and Ferndale

- 19,600 unduplicated patients in 2020

- 21,446 unduplicated patients in 2019

- Approx. 1 in 10 Whatcom Co. residents utilize our services
Patient Satisfaction & Experience Survey

• The Crossroads Group

• Surveyed 100 CHCs nationally, 22 in WA (Q4 2020)

• State, regional, and national benchmarks

• Telehealth and COVID-specific questions added March 2020
Patient Satisfaction & Experience Survey

![Bar chart showing patient satisfaction and experience by encounter method - Q1 2021. The chart includes satisfaction levels for Overall Satisfaction, Appointment Wait, Phone Attendant Courtesy & Helpfulness, Provider Listening, Provider Time Spent, Provider Explanation, Provider Knowledge of Health History, Overall Quality of Care, Ability to Reach Care Team, and Hours of Operation. The data is segmented by Telephone (n=72), Video (n=32), and In-Person (n=203).]
Burning Questions

• What advertising strategies have folks found to be successful for telemedicine?
• What platforms are people using and how would you rate your experience?
• Is anyone doing Medicare Wellness videos via telemedicine?
• Is anyone using online scheduling for telemedicine visits and how is that process working?
• How are you dealing with paperwork (signatures)?
• Roles and responsibilities – do you have dedicated staff for troubleshooting, registration, scheduling, “rooming”, etc.?
• How many have providers working from home? What kind of policies and procedures, security measures, IT support?
• What are the challenges experienced with Medicare Advantage plans and reimbursement on FQHC-specific telehealth codes (like G2025)?
Cohort Spotlight

Margarita Sol,
Lead Care Team Nurse
Questions & Answers
5 minutes
Connected Care Accelerator

The goal of CCA is to provide a testing ground & support for organizations to **rapidly design, test and share solutions** to effectively care for patients using virtual care strategies.

- 23 organizations across California
  - 17 FQHC’s or FQHC Look Alikes
  - 4 Public Hospitals or County Systems
  - 2 Community Clinics

- 12 month program from August 2020 - August 2021

What CCA participants have achieved:
- Health Centers with highest % of video utilization conducting more than a quarter of telehealth visits by video
- Many health centers focusing on building infrastructure to implement video visits
What is a Journey Map?

A visualization of a person's or peoples' experience that showcases the layers of their experience over time.

The insights uncovered through journey mapping help teams enhance and improve their workflows.
opportunities to engage patients throughout their journey, digitalizing processes and improving communication and engagement with patients.

Opportunities to leverage automation and artificial intelligence to streamline processes and reduce manual tasks.

Connections to external resources and partnerships that support the patient journey and enhance overall patient outcomes.

Access to valuable resources and tools to support the implementation and integration of new processes.
**Activity: Update the Report Out Dashboard**

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Project Lead Name</th>
<th>What’s going well?</th>
<th>What has been challenging?</th>
<th>What did you learn today that you plan on taking back to your team?</th>
<th>Did your team try something new since our last convening?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area Community Health</td>
<td>Katherine Haley</td>
<td>Ensuring our patients have access and working closely with interpretive services to optimize Telehealth visits.</td>
<td>Patients unable to take advantage of video visits.</td>
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<td>CHAS Health</td>
<td>Roy Cann</td>
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<td>Clackamas County Health Centers</td>
<td>Andrew Sachocki</td>
<td>Quick transition to virtual care during the pandemic; virtual sessions by medical assistants; teamwork between providers and MA’s during remote visits.</td>
<td>Patients resistance to virtual care, affecting productivity of remote providers. Technical difficulties with remote platform to provide team based care and interpretation services.</td>
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<td>Community of Hope</td>
<td>Aaron Gerstenmaier</td>
<td>Behavioral health staff have maintained productivity and patient access through virtual care. Call center transitioned fully to working from home.</td>
<td>Defining the role of virtual care as more providers are coming back to in person care.</td>
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<td>Cowwire Family Health Center</td>
<td>Gerry Melgar</td>
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<td>GPW Health Center</td>
<td>Jackie Malagonado</td>
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<td>HealthWorks for Northern Virginia</td>
<td>Saba Lemora</td>
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We were able to rapidly set up telehealth visits providing our patients with a safe, secure, accessible means of primary, BH, and dental healthcare. We established workflows for telehealth. Technical difficulties for patients connecting to video have limited what we can achieve in our virtual visits. We are reviewing our workflows with our new billing team to be sure that all virtual visits are accurately coded for reimbursement. We continue to be.
Next Steps
We want your feedback!

Post-Webinar Survey | 2 minutes
## Save the Dates!

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<tr>
<td><strong>Jun</strong></td>
<td><strong>Virtual Convening Webinars (Clinic Connection)</strong></td>
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<td><strong>Virtual Convening #3</strong></td>
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<td><strong>Combined Convening #1</strong></td>
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<td><strong>Combined Convening #3</strong></td>
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<td><strong>Virtual Convening #5</strong></td>
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## Quarterly Expert Webinars (in partnership with Applied Project Track)

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<th><strong>Jan 2022</strong></th>
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Pre-Work #3

Due: Tuesday, June 1st by 3:00pm PST

- Join the Virtual Care Innovation Network Club

Complete Pre-Work #3 thread in the club:
  - Update the Report Out Dashboard by answering the questions under May

- Update your Data Reporting Dashboard monthly
Resources

Check out CCI’s favorite virtual care articles, and feel free to share articles you’re reading on the “Virtual Care Articles & Reading!” thread in the Club.

Learning Hub
Access the Learning Hub for resources to support your efforts to advancing virtual care.

Telehealth Deployment Maturity Assessment
Access progress with your organization’s telehealth deployment

ABCs of Quality Improvement (QI)
Short-Course series that provides a step-by-step approach to improving performance through brief videos, interactive activities, and peer sharing.
Thank you!

For questions, contact:

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