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California
Health Care
Foundation



CALIFORNIA
TELEHEALTH
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CENTER



Sustainable Models of Telehealth in the Safety Net - Virtual Session

May 12, 2020 (1:00-2:30pm)

Welcome to our Virtual Session!

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

- ✓ **Audio/visual connection:** make sure you're logged in on both audio *and* visual. If calling in by phone, enter your participant ID (your ID is displayed at the top of your Zoom screen). **Do this now by pressing *#number#* on your phone (e.g.: #24#).**
- ✓ **Please re-name yourself:** we'd like to know what organization you're from, e.g.: *Veenu (CCI)* or *Jeanne (CTRC)*. **Hover over your name in the participant list and click "Rename".**
- ✓ **Turn on your video!:** if you have video capability, we'd love to see your face.

Additional housekeeping items



1. To mute/unmute yourself to ask a question or comment:

- **Via computer** - Click the microphone icon on lower left of your Zoom screen
- **On the phone** - Press *6

2. *Please do not put us on hold!*

3. Feel free to chat in your questions.

4. Webinar is being recorded *in the main room only (NOT in breakout rooms)*.
Link to the recording will be sent via e-mail and posted to the SMTSN website.

5. Please fill out a quick feedback survey at the end of this session.

***As we get started:**

Please type in your **name & organization** in the chat box –
and the names of anyone in the room with you!**

What you can expect today

This is the second to 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. A draft of the program evaluation has been shared with the participants and the final evaluation materials are being revised and will be posted in July.

Meanwhile, the COVID-19 pandemic has required major shifts in how care is delivered, and health centers throughout California are trying to navigate providing virtual care.

AGENDA

| | |
|-------------|--|
| 1:00 – 1:10 | Welcome Introductions (<i>CCI and CHCF</i>) |
| 1:10 – 1:40 | SMTSN Evaluation Presentation and Discussion (RAND) |
| 1:40 – 2:25 | Peer Sharing – Connecting SMTSN Evaluation with the Current Reality (breakout room sessions) |
| 2:25 – 2:30 | Closing and Next Steps (Main room) |

What one word describes how you feel about the state of telehealth and virtual care in California right now?





Evaluation of the Sustainable Models of Telehealth in the Safety Net Initiative

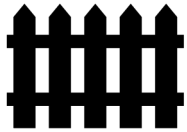
Lori Uscher-Pines and Allison Ober

May 12, 2020

Research Questions



1. What staffing, programmatic, and process changes were implemented?



2. What barriers did health centers face?



3. What was the impact of health center activities on telemedicine volume?



4. What factors contribute to sustainability?

Issue Briefs

01

The Case for a
Telemedicine
Coordinator:
Lessons Learned
from the SMTSN
Initiative

02

Costs of Maintaining
a High-Volume
Telemedicine
Program in
Community Health
Centers

03

Promising Practices
for Telemedicine
Implementation

Mixed Methods Evaluation

Qualitative

Examines INPUTS, ACTIVITIES and some OUTPUTS

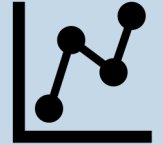
- Site Visits
 - Staff Interviews
 - Observations
- Focus groups



Quantitative

Measures OUTPUTS and IMPACT

- Progress reports
- Telemedicine volume data



Key Findings



Research Questions



1. What staffing, programmatic, and process changes were implemented?

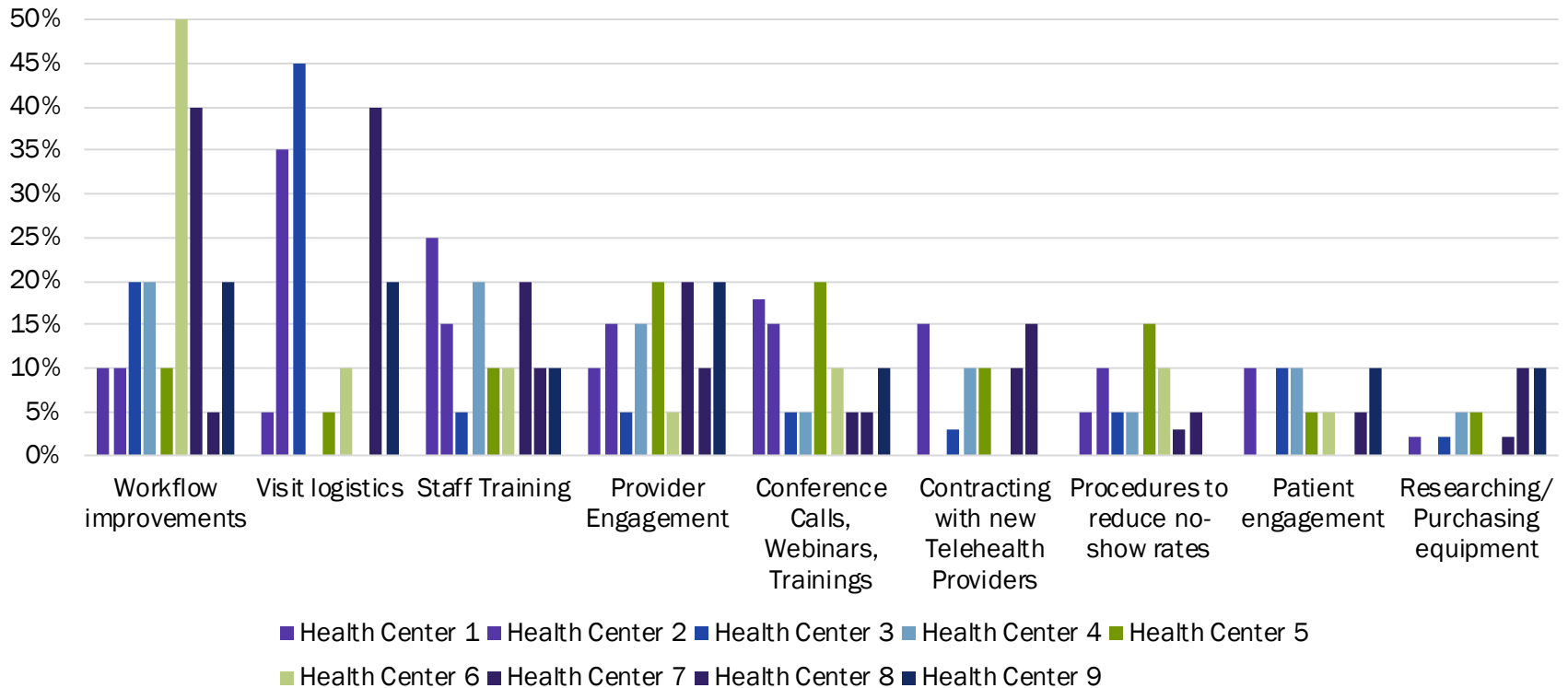
Health centers expanded staffing

- All health centers added dedicated telemedicine staff.
 - 6 health centers used grant funding to hire one or more dedicated telemedicine coordinators.



1. What staffing, programmatic, and process changes were implemented?

On average, coordinators spent most of their time on workflow improvements and visit logistics



1. What staffing, programmatic, and process changes were implemented?

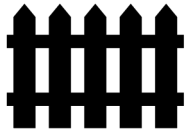
Health centers worked on new approaches to expanding telemedicine volume

- Most common approaches:
 - Add new service lines, contract with new vendors, and/or purchase additional blocks of time with existing vendors
 - Offer telemedicine services at new clinic locations
 - Purchase new equipment



1. What staffing, programmatic, and process changes were implemented?

Research Questions



2. What barriers did health centers face?

There were common barriers to expansion across health centers

- Most common barriers:
 - Variable or insufficient reimbursement
 - Technical difficulties
 - Staffing challenges
 - Insufficient physical space
 - Challenges working with remote specialists



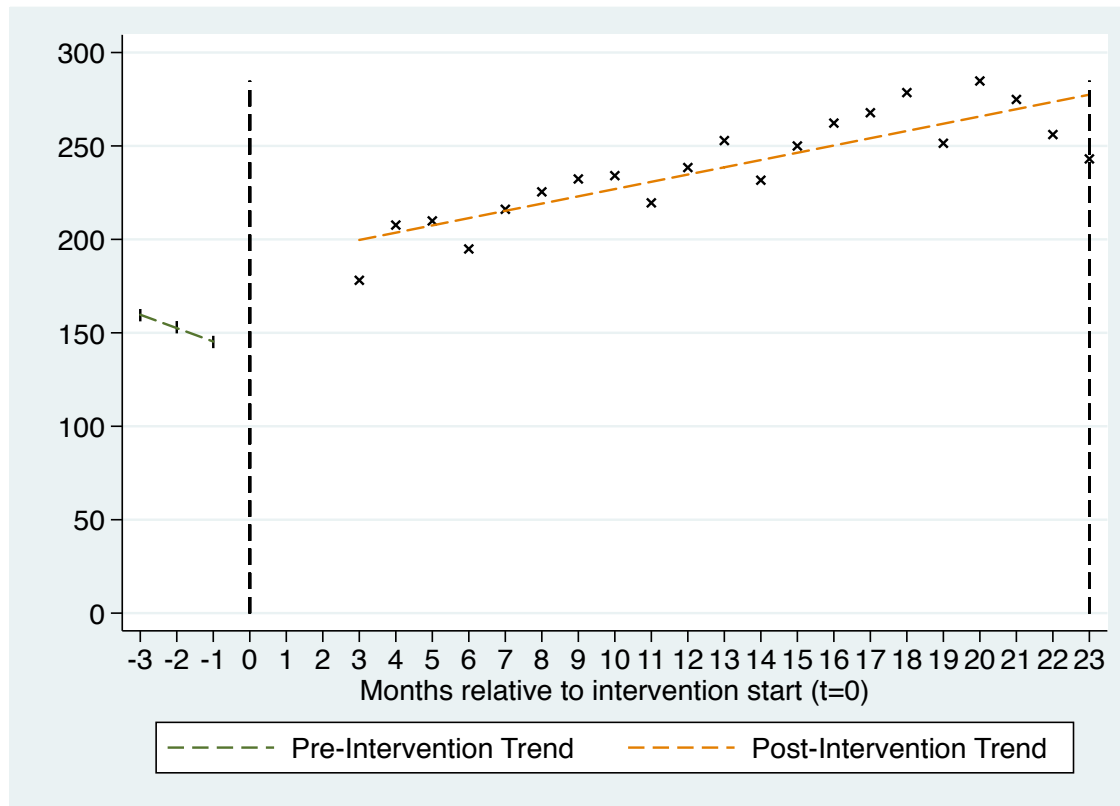
2. What barriers did health centers face?

Research Questions



3. What was the impact of health center activities on telemedicine volume?

Interrupted time series analysis showed that telemedicine volume increased at most health centers during the initiative



3. What was the impact of health center activities on telemedicine volume?

Most sites had significant changes in monthly telemedicine volumes

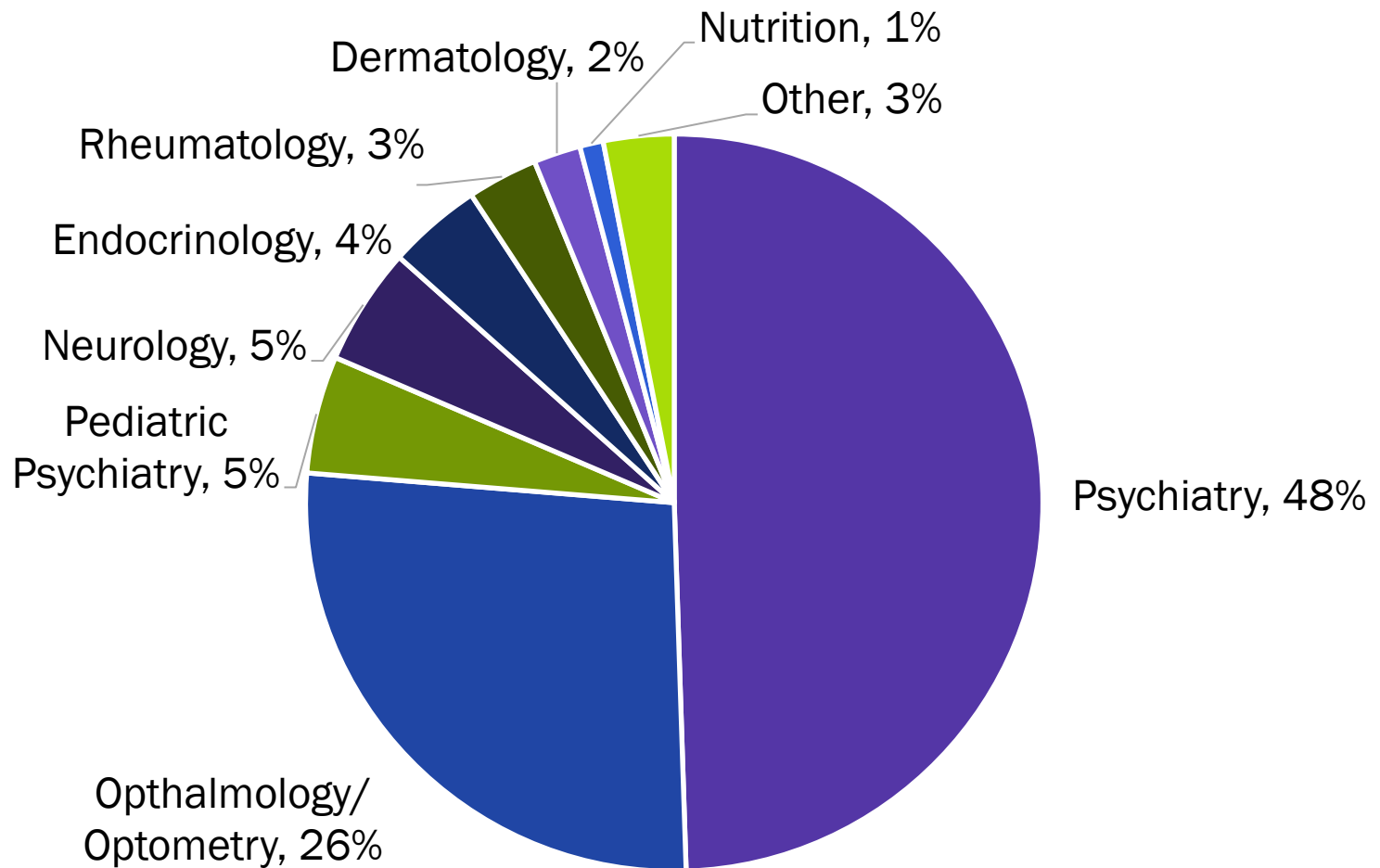
| Health Center Number | Pre-initiative monthly average | Post-initiative (final 3 months) monthly average | Change in volume: Number of visits | Change in Volume: Percent change |
|----------------------|--------------------------------|--|------------------------------------|----------------------------------|
| 1 | 102.3 | 249.7 | 147.3** | 144.1 |
| 2 | 167.0 | 298.0 | 131* | 78.4 |
| 3 | 102.3 | 390.8 | 288.4** | 282.0 |
| 4 | 50.7 | 95.0 | 44.3* | 87.4 |
| 5 | 64.3 | 29.0 | -35.3*** | -54.9 |
| 6 | 286 | 462.0 | 176* | 61.5 |
| 7 | 53.0 | 148.1 | 95.1* | 179.4 |
| 8 | 512.7 | 561.3 | 48.7 | 9.5 |
| 9 | 34.3 | 88.3 | 54*** | 157.4 |
| Mean | 152.5 | 258.0 | 105.5* | 69.2 |

NOTE: ***p<0.001, **p<0.01, *p<0.05.



3. What was the impact of health center activities on telemedicine volume?

Most telemedicine visits were for psychiatry or ophthalmology /optometry.



3. What was the impact of health center activities on telemedicine volume?

Research Questions



4. What factors contribute to sustainability?

Telemedicine will likely continue after the SMTSN initiative

- Health centers are committed to increasing access to services for their clients
- Financial factors will determine scope of services



4. What factors contribute to sustainability?

Health centers may face some barriers to sustaining telemedicine

- High no-show rates
- Limited connectivity
- Physical space
- Restrictions by health plans on mid-level providers
- Inconsistent coverage across payers
- Instability to be reimbursed for 2 or more visits on same day
- Telemedicine visits for specialty care tend to be longer
- Time-consuming oversight on scheduling and billing
- Low productivity of contracted telemedicine providers
- Cost of switching vendors due to poor performance



4. What factors contribute to sustainability?

Conclusions

- Volume at most SMTSN health centers increased significantly from 2017-2020.
- Health center activities appear to have been successful in growing telemedicine services.
- Ongoing challenges to implementation and sustained growth were identified.



Limitations

- Lack of control group for limits ability to attribute growth to initiative
- Generalizability to health centers in other states is unclear
- Data collection took place prior to COVID-19
- Recommendations generated from project data and must work within existing constraints



Recommendations for Health Centers



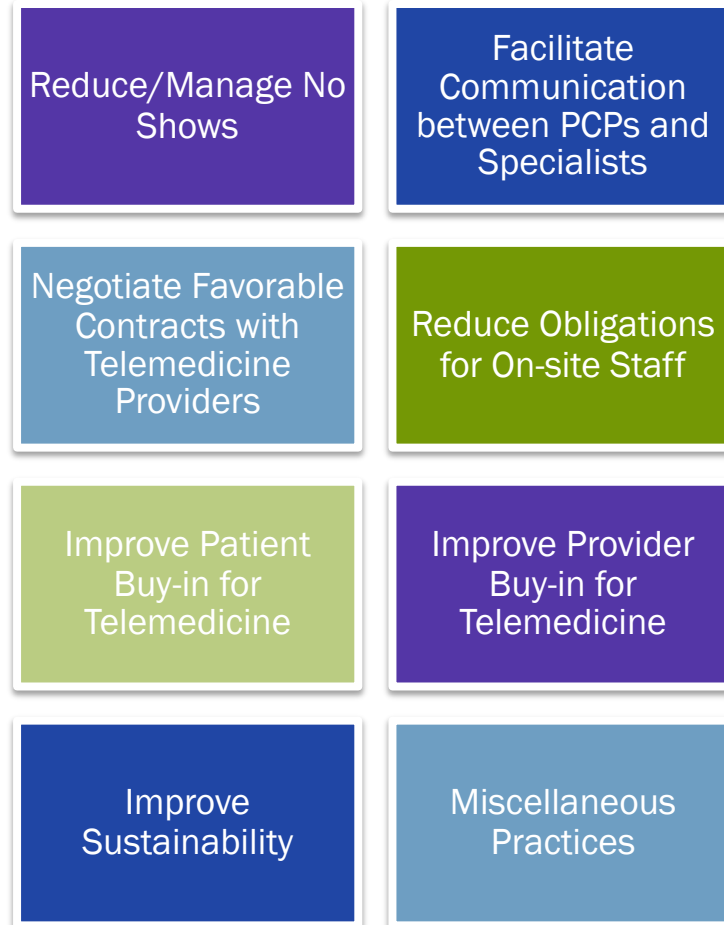


Several recommendations emerged from the evaluation ...

- Add dedicated telemedicine staff.
- Implement various promising strategies (described in issue brief) to improve the efficiency and quality of telemedicine services.
- Offer telemedicine services to patients in their homes.
- Participate in a learning community of peer organizations if you are beginning to implement telemedicine or seeking to expand it.
- Consider the opportunity cost for telemedicine when deciding whether to expand existing telemedicine programs.
- Track telemedicine related-costs.



We learned about several strategies that could help centers expand telemedicine





Thoughts about the recommendations?

- Reactions?
- Anything you expected to see and didn't?
- Anything that does not belong here?



Recommendations for Policy Makers and Payers





Health centers suggested ways policy makers and payers can support telemedicine

- Clarify telemedicine policies.
- Align telemedicine policies.
- Explore the impacts of telemedicine in the home vs. healthcare settings on access, quality, and costs.
- Allow FQHCs to serve as distant sites.
- Support health centers in pooling demand for telemedicine visits across health centers to facilitate contracting.
- Support health centers in contracting with third party telemedicine providers.



Recommendations for Policy Makers and Payers

- Reactions?
- Anything you expected to see and didn't?
- Anything that does not belong here?





Connecting SMTSN Evaluation with the Current Reality

Peer Sharing in Break Out Groups



Clinic Breakout groups (same for both rounds)

Group 1 | Facilitator: Veenu | Note-Taker: Jeanne

| Clinics |
|--------------------------------|
| Ampla Health |
| Shasta Community Health Center |
| Clinicas de Salud del Pueblo |

Group 2 | Facilitator: Alexis | Note-Taker: Allison

| Clinics |
|---------------------|
| El Dorado |
| Neighborhood Health |
| Borrego Health |

Group 3 | Facilitator: Lori | Note-Taker: Kathy

| Clinics |
|-------------------------------------|
| Open Door Community Health Center |
| West County Community Health Center |
| Chapa-De Indian Health |



Peer Sharing in Break Out Groups

| Round | Question 1 | Question 2 | Time |
|-------|---|--|-----------|
| 1 | What are some of the new challenges with implementing telehealth at this time? | How have staff roles-- including the telehealth coordinator role--changed in the last two months? | 1:43-1:55 |
| | Facilitators report back Key Takeaways – in main room | | 1:55-2:05 |
| 2 | What skills or experiences from the SMTSN program have helped you in implementing telehealth in the last 2 months? | What new types of resources or tools do you think are needed for your clinic to sustain these primary care telehealth models going forward? | 2:05-2:17 |
| | Facilitators report back Key Takeaways– in main room | | 2:17-2:25 |



Closing & Next Steps

Please respond to our quick polls as we cover next steps for SMTSN



Save the date!

SMTSN Final Virtual Session

June 16, 2020 | 12:00-2:00pm

- Instructions for “Storyboard” prework will be emailed to health center participants
- Storyboards are due June 9th

Waterfall Chat

What would make the final session meaningful to you?



Thank You!

- Please email alexis@careinnovations.org or russellj@ochin.org

