We spark, seed, and spread innovations that strengthen the health and well-being of historically underinvested communities.

Context for Virtual Care

Pre-Pandemic

Pandemic

Post-Pandemic

- Very low adoption of virtual care in primary care
- Proven effectiveness for specialty care
- Reimbursement was significant barrier to adoption

- Fast pivot to virtual care – not rethinking workflow
- Changes in patient and provider expectations
- Limited evidence on the implications on quality of care and health equity

- Rethink the model of care and a blended model of in-person and virtual care
- Build evidence on impacts on quality and costs

Connected Care Accelerator

The goal of this program 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.

Identify the biggest challenges & opportunities to strengthen population health management, build virtual care teams, and address how to engage patients with digital barriers.
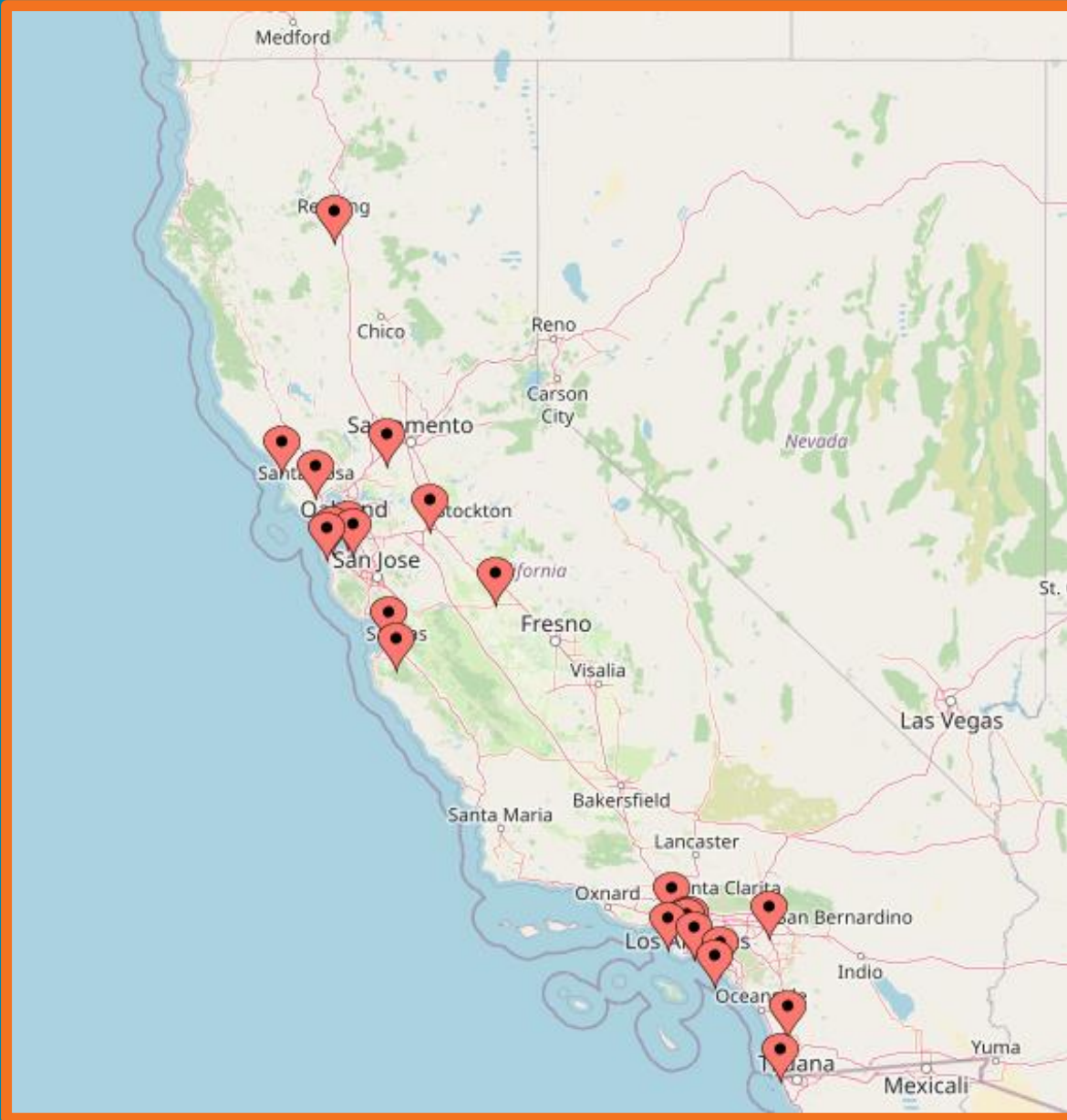
Identify and test virtual care delivery changes to better understand the infrastructure, data, staff, and skills necessary to support these changes.

Uncover, document and share best practices to effectively manage patient populations.
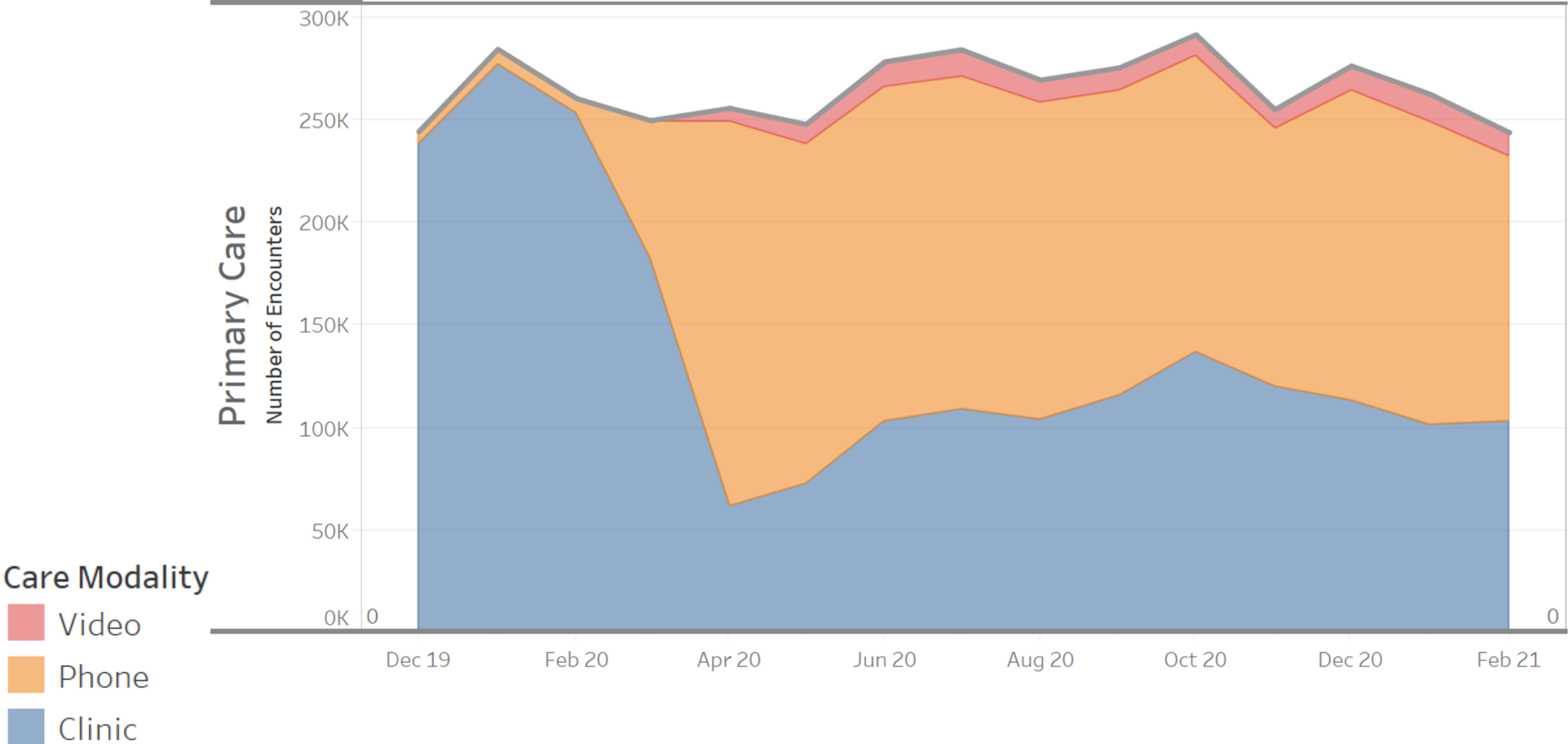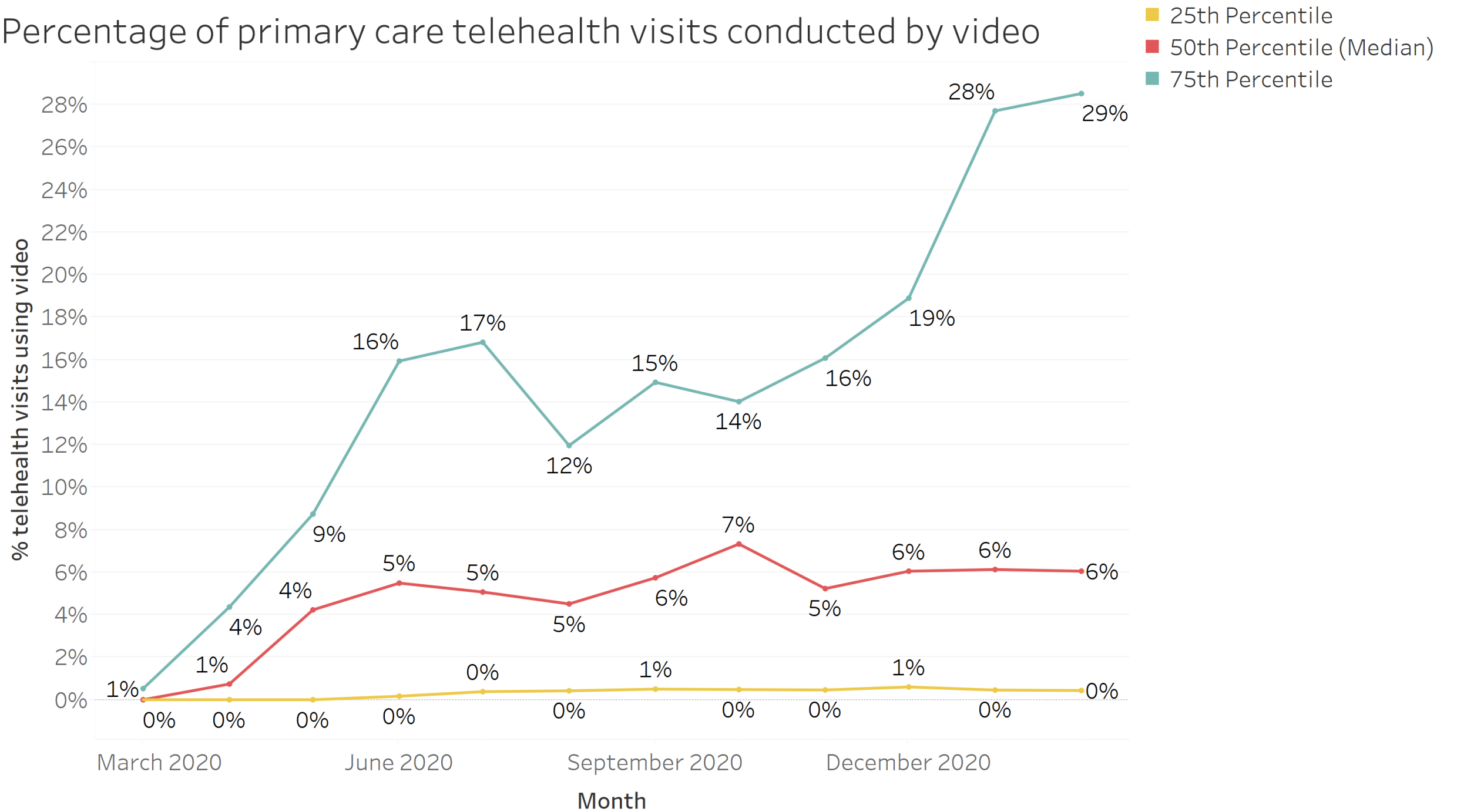
Participating Orgs

1. Alameda Health System
2. CommuniCare Health Centers
3. Community Medical Centers
4. County of Monterey
5. Eisner Health
6. Golden Valley Health Centers
7. Los Angeles County Department of Health Services
8. Neighborhood Healthcare
9. North East Medical Services
10. Northeast Valley Health Corporation
11. Petaluma Health Center
12. Roots Community Health Center
13. SAC Health System
14. Salud Para La Gente
15. San Francisco Health Network
16. San Ysidro Health
17. Serve the People
18. Share Our Selves Corporation
19. Shasta Community Health Center
20. University Muslim Medical Association Inc (UMMA Clinic)
21. Venice Family Clinic
22. West County Health Centers
23. White Memorial Community Health Center

Primary Care Encounters over time, by visit modality

Percentage of primary care telehealth visits conducted by video

Legend:
- 25th Percentile
- 50th Percentile (Median)
- 75th Percentile

Y-axis: % telehealth visits using video

X-axis: Month

75th Percentile values: 1%, 4%, 9%, 16%, 17%, 12%, 15%, 14%, 16%, 19%, 28%, 29%

50th Percentile (Median) values: 1%, 4%, 5%, 5%, 5%, 6%, 7%, 5%, 6%, 6%, 6%

25th Percentile values: 0%, 0%, 0%, 0%, 0%, 1%, 0%, 0%, 1%, 0%, 0%

Biggest Challenges we are addressing in shift to virtual

Leadership support for video visits. New way of working into the future

Provider and Staff Buy-in and capabilities re: video visits (including team roles, workflows)

Supporting patients in using technology including digital literacy, language barriers & access to wi-fi and connected devices

Pandemic has introduced capacity challenges and ability to expand video

Sustaining virtual care reimbursement (especially phone, which is not looking likely in CA)

CCI
CENTER FOR CARE
INNOVATIONS

Identifying best practices for virtual
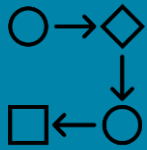
Workflows & Scripts: Adding digital equity screen during check-in; Adapting screening tools to be completed before the visit; Developing scripts for MA, RN's and all team members to reinforce importance / value of video visits

Preparing the Patient: Creating instructional videos; Conducting group zoom classes for RPM & education; Patient onboarding prior to visit to help with tech concerns and new type of visit

New Roles: Tech advocates and volunteers used to prep patients and support technology needs; Using zoom rooms for different care team members to engage with patients

Optimizing use of technology: Leverage patient portals to increase patient engagement for visits; Leverage text messaging for outreach and remote monitoring devices to connect with patients with chronic conditions

Considerations for virtual care into the future

Need additional evidence to better understand equity issues and how to ensure the appropriate modality of care is used to match patient preferences and clinical needs.

Virtual care provides new access points for care and providers believe it needs to be sustained beyond pandemic.

Still need better approaches to address challenges in supporting patients with using technology; especially those with interpreter needs, digital literacy and hard to reach populations
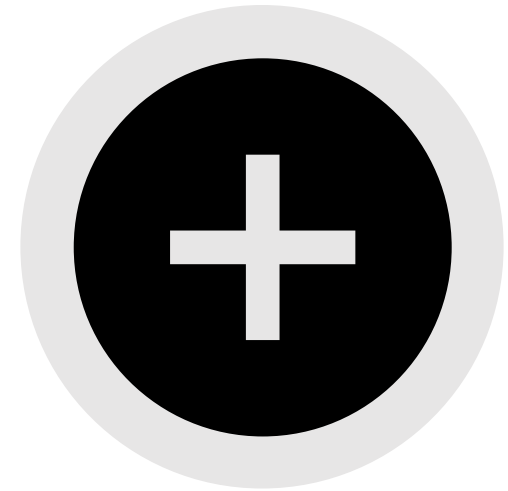
How Does Palliative Care Fit In?

Primary Care

Behavioral Health

Palliative Care

Considerations for Palliative Care

1 Serious Illness Conversations

2 Physical changes/ Physical exam

3 Controlled substance prescribing

4 Interdisciplinary visits +/- Interpreter

5 Risk/burden of transportation
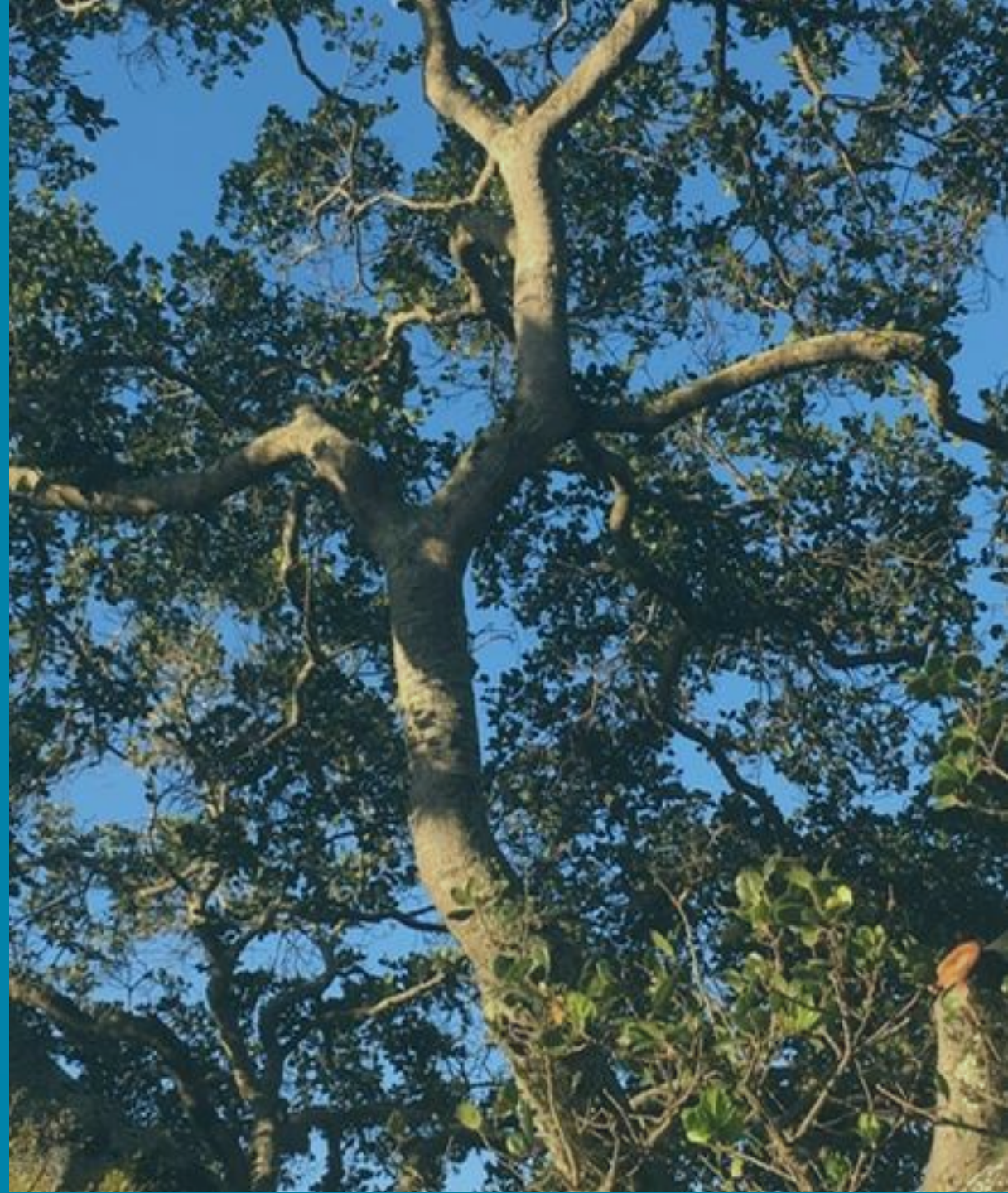
6 Caregiver engagement

Framework
Considerations and Decision Points for Virtual Care

Organizational Considerations, Barriers, and Enablers

Oversight of care experience, quality, and cost for virtual care

Potential impact of policy changes

Current virtual care infrastructure and investment needs

Reimbursements and revenue considerations

Risk management

Operationalizing Virtual Care Delivery

Impact of virtual care on care team roles

Protocols to determine and deliver high-quality care

Training and support for care teams to successfully deliver virtual care

Team burnout and well-being

Operational impact of different workflows by visit type

Addressing Patients' Preferences and Needs

Patients' preferences for different visit types

Patients' digital literacy and ability to engage in virtual care

Support to help patients with technologies for virtual visits

Use of patient satisfaction data to improve services

Resource Scavenger Hunt

BREAKOUT DISCUSSION

- What are the most pressing questions that need to be answered for your organization to determine the extent to which virtual care will be used, for whom and how?

- What additional information would you need to address the questions?

- Thinking about what you have heard regarding virtual visits, what stood out to you or struck you as particularly interesting?