Making Telehealth Work: Key Insights from the California Safety Net

Webinar
August 30, 2021
Agenda

- Welcome and Overview
- Presentation of Key Findings
- Discussion Panel
- Audience Q&A
- Telehealth Resources
- Adjourn
About California Health Care Foundation (CHCF)

• Independent philanthropy created in 1996
• Dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes
• Three goals:
  • Improving access to coverage and care
  • Advancing people-centered care
  • Laying the foundation (investing in people, knowledge, and networks)
CCA provides a testing ground and support for organizations to rapidly design, test, and share solutions to care for patients effectively using virtual care strategies.

Identify the biggest challenges and 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 manage patient populations effectively.

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**Connected Care Accelerator (CCA)**

**Innovation Learning Collaborative Participants**

**Infrastructure & Spread Participants**

CALIFORNIA HEALTH CARE FOUNDATION
Evaluation to Support Real-Time Learning

Goals
• Support and strengthen the Innovation Learning Collaborative by providing timely information about participants’ experiences
• Inform stakeholders beyond the CCA
  • Assess changes in organization’s telehealth capacity, including telehealth utilization, promising practices, and telehealth facilitators and barriers
  • Assess the experiences of providers and care teams delivering telehealth
• Evaluate the program: What worked/didn’t work and why? What impact did the learning collaborative have?

Next steps
• Final program evaluation in early 2022
  • Six additional months of utilization data
  • Additional qualitative details
  • Provider and staff survey results
• Extend data collection for another year (September 2021 – August 2022)
Natasha Arora, MS, evaluation and learning associate, Center for Community Health and Evaluation

Diana Camacho, MPH, senior program officer, California Health Care Foundation
Connected Care Accelerator
Innovation Learning Collaborative

Midpoint Evaluation Results
August 30, 2021
Data Informing Midpoint Evaluation Findings

Clinical utilization data from Feb 2019 to Feb 2021, including visits and unique patients by modality (clinic, phone, in-person)

Interviews with health center teams in Oct/Nov 2020 and Mar/Apr 2021

Project materials and artifacts created by health centers throughout the collaborative

23 participating health centers
Key Findings at Midpoint

1. Telehealth replaced a large volume of care during the pandemic, with most visits conducted by telephone.

2. The rate of adoption of video visits varied and was supported by a few key implementation practices.

3. Health centers developed unique telehealth models, incorporating patient needs, staffing models, and technology infrastructure.

4. Health centers implemented and continue to seek solutions to address digital barriers.
Telehealth replaced a large volume of in-person care in the safety net during the COVID-19 pandemic, with most telehealth visits conducted by telephone.

- **Percent of monthly primary care visits conducted by telehealth**
  - Before pandemic: < 4%
  - During pandemic: 53%–75%

- **Percent of telehealth visits (during pandemic) conducted by telephone**
  - Primary care: 94%
  - Behavioral health: 89%
The rate of adoption and spread of video visits varied across health centers, with some key implementation practices supporting higher utilization of video visits.

Steps for video implementation:
• Identifying and adopting video platforms
• Creating workflows for video visits
• Onboarding patients to the use of the platform
• Establishing new care team models
• Determining how to connect interpreters to video visits

Health centers with high video utilization:
• Use platforms that provide easy access for patients
• Schedule telehealth appointments as video by default
• Set targets for video utilization
• Have prioritized operational bandwidth to make the transition to video
Percentage of Primary Care Telehealth Visits Conducted Using Video

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

Month:
- March 2020
- May 2020
- July 2020
- September 2020
- November 2020
- January 2021

Values:
- 0%
- 6%
- 29%
Many factors, including patient needs, staffing models, and technology infrastructure, went into determining each health center’s telehealth model.

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Technology</th>
<th>Decisions around when to use different modalities</th>
<th>Financial incentives and reimbursement policy</th>
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<tbody>
<tr>
<td>• Care team roles</td>
<td>• Long-term vs. short-term technology adoption decisions</td>
<td>• Clinical criteria</td>
<td>• Catalyst for rapid change</td>
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<td>• Staffing shortages during the pandemic</td>
<td>• Platform-specific facilitators and challenges</td>
<td>• Provider or patient preference</td>
<td>• Incentives from individual health plans</td>
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<td>• Quotas or targets</td>
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Health centers made progress in meeting a variety of patient needs via telehealth and continue to seek solutions to address digital barriers.

- Building **patient capacity** to engage in telehealth visits
- Enabling the use of **language interpretation**
- Implementing **remote patient monitoring**
- Enrolling patients in **patient portals** in order to increase access to video visits
- Offering **hybrid visits** to meet patient needs
- Providing **hardware or Wi-Fi access** to patients

Teams also emphasized their patients’ strengths, including willingness and eagerness to try new things, support provided within families and across generations to troubleshoot technology, and responsiveness to provider encouragement.
Discussion Panel

Jason Cunningham, DO, chief executive officer, West County Health Centers

Delphine S. Tuot, MDCM, MAS, associate professor in residence, UCSF; associate chief medical officer, Ambulatory Specialty Care and Diagnostics, Zuckerberg San Francisco General Hospital and Trauma Center

Rakesh Patel, MD, MBA, FAAFP, CPE, chief executive officer, Neighborhood Healthcare
Sofi Bergkvist, MS, president, Center for Care Innovations
Virtual Care Resources
Virtual Visit Resources

Patient Facing

Internal Facing

Operations

Leadership and Administration

PATIENT ONBOARDING & SIGNUP

Video Setup

Zoom Setup Videos (English)
North East Medical Services

Preparing for Your Telehealth Visit

Zoom Setup Videos: Desktop
NEMS Virtual Visits Using Zoom on a Computer

Preparing for Your Telehealth Visit

Zoom Setup Videos: Mobile

Preparing for Your Telehealth Visit

Zoom Setup Videos: Desktop

Preparing for Your Telehealth Visit

Zoom Setup Videos: Mobile
Virtual Care Learning Hub

CCI is sharing the best of the best for achieving health equity through virtual care. We’ve synthesized 20+ years of experience to create this learning hub filled with great ideas you can start testing right away.

FEATURED RESOURCE

Peer Sharing: Demonstrating a Video Visit Workflow

Neighborhood Healthcare of Southern California is working on an ambitious goal of converting 90 percent ...