



CHCF

# 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)

# Connected Care Accelerator (CCA)

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.

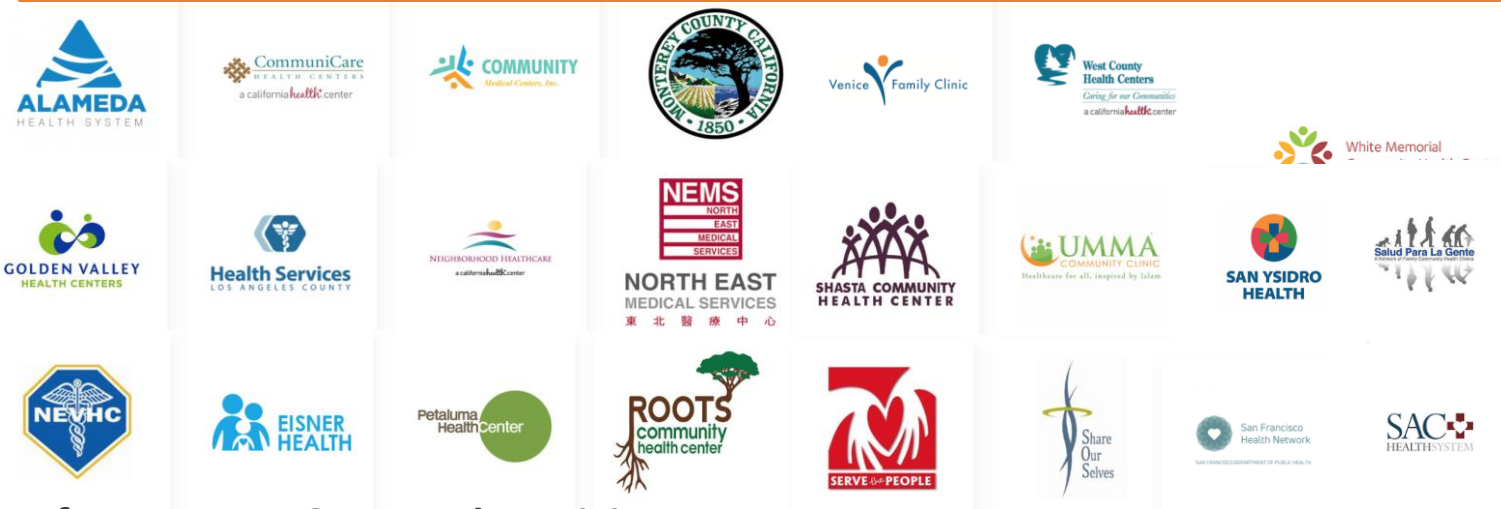


Identify and test virtual care delivery changes to better understand the infrastructure, data, staff, and skills necessary to support these changes.



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

## Innovation Learning Collaborative Participants



## Infrastructure & Spread Participants



# 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



CENTER FOR COMMUNITY HEALTH AND EVALUATION  
cche.org

# Connected Care Accelerator Innovation Learning Collaborative

## Midpoint Evaluation Results

August 30, 2021



# Data Informing Midpoint Evaluation Findings

**23** participating  
health centers



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



# 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.

1

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%**

# Primary Care

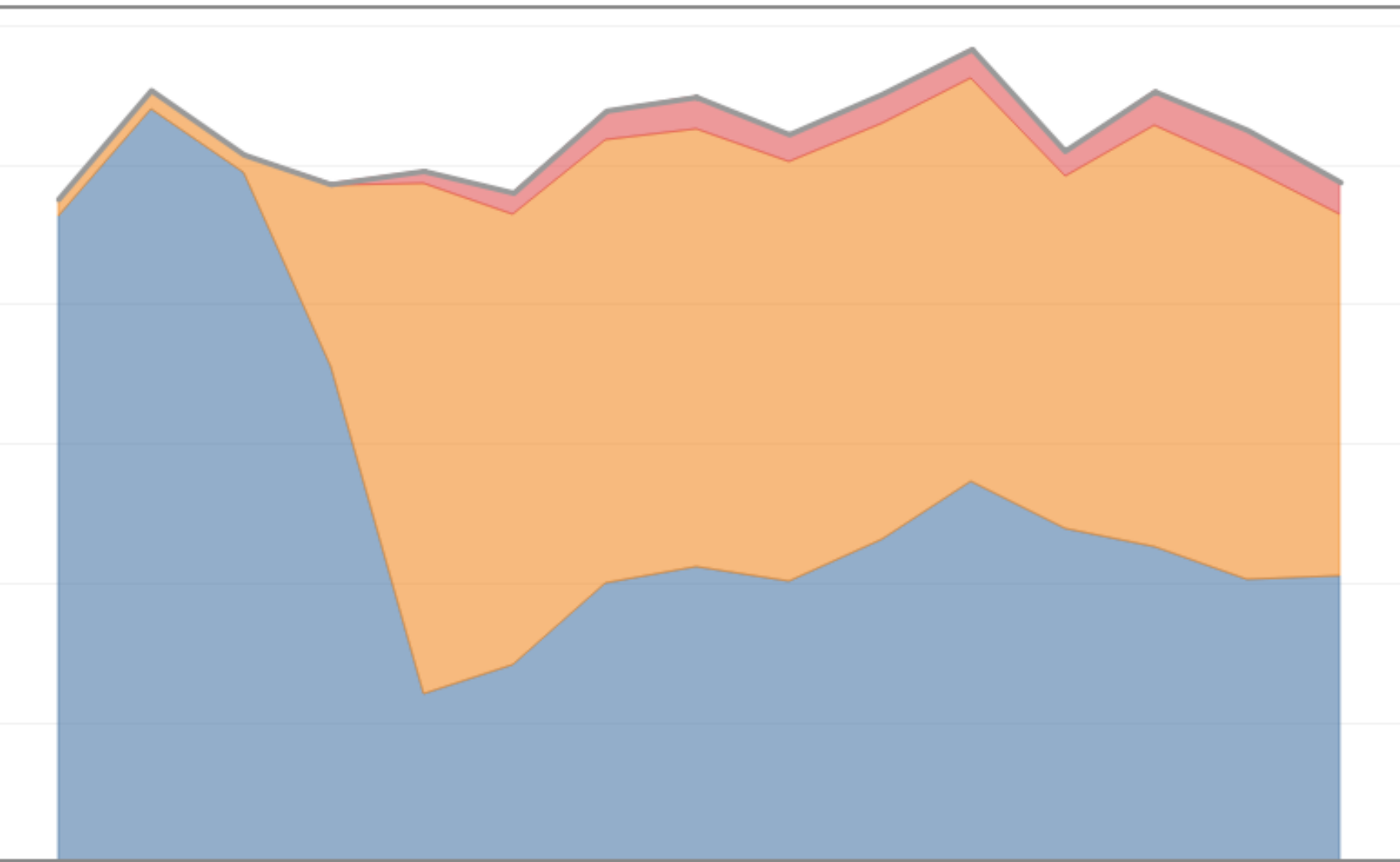
Number of Encounters

300K  
250K  
200K  
150K  
100K  
50K  
0K

Dec 19 Feb 20 Apr 20 Jun 20 Aug 20 Oct 20 Dec 20 Feb 21

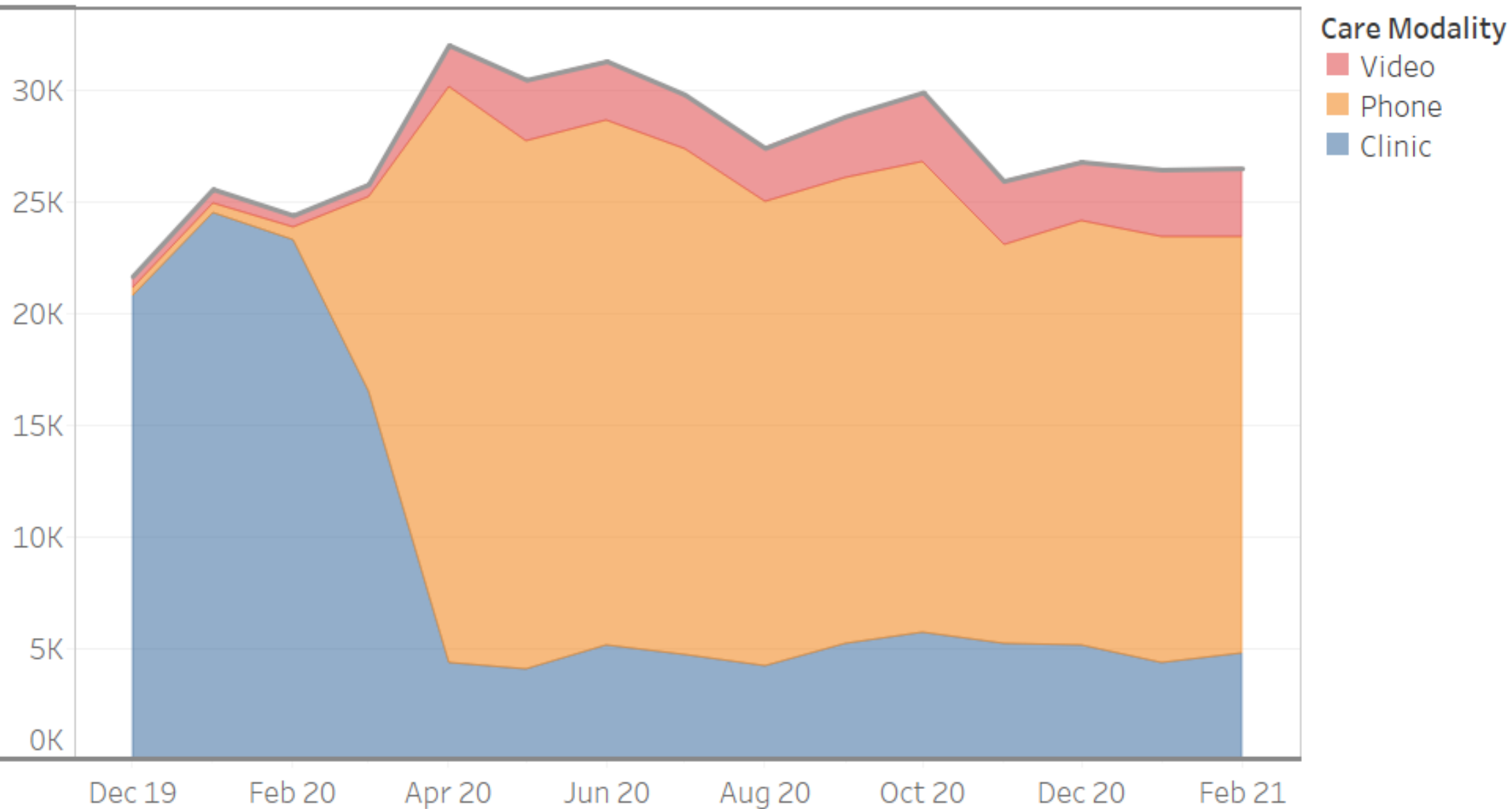
## Care Modality

- Video
- Phone
- Clinic



# Behavioral Health

Number of Encounters



2

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:**

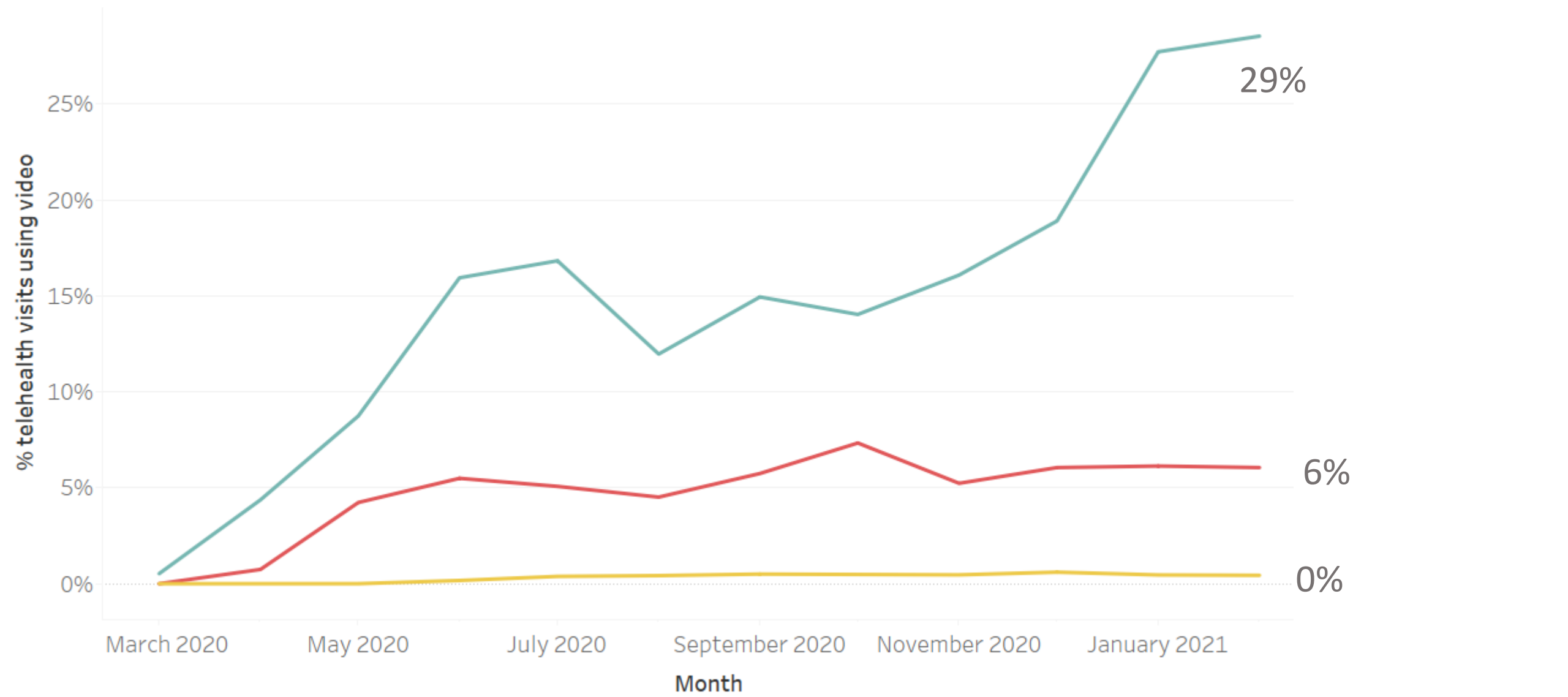
- Identifying and adopting video platforms
- Creating workflows for video visits
- Onboarding patients to the use of the platform
- Establishing new care team models
- Determining how to connect interpreters to video visits

### **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



3

Many factors, including patient needs, staffing models, and technology infrastructure, went into determining each health center's telehealth model.

### **Staffing**

- Care team roles
- Staffing shortages during the pandemic

### **Technology**

- Long-term vs. short-term technology adoption decisions
- Platform-specific facilitators and challenges

### **Decisions around when to use different modalities**

- Clinical criteria
- Provider or patient preference
- Quotas or targets

### **Financial incentives and reimbursement policy**

- Catalyst for rapid change
- Incentives from individual health plans



4

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



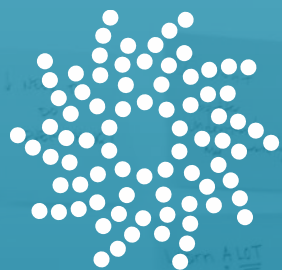
**Delphine S. Tuot, MDCM, MAS**, associate professor in residence, UCSF; associate chief medical officer, Ambulatory Specialty Care and Diagnostics, Zuckerberg San Francisco General Hospital and Trauma Center



**Rakesh Patel, MD, MBA, FAAFP, CPE**, chief executive officer, Neighborhood Healthcare



**Sofi Bergkvist**, MS, president, Center for  
Care Innovations



CCI  
CENTER FOR CARE  
INNOVATIONS

# Virtual Care Resources

August 30, 2021 | Webinar

## Virtual Visit Resources

Patient Facing

Internal Facing  
Operations

Leadership and  
Administration



### PATIENT ONBOARDING & SIGNUP

#### Video Setup

Zoom Setup Videos (English)  
North East Medical Services

NEMS Virtual Visits  
Using Zoom on a Computer



Zoom Setup  
Videos: Desktop



Zoom Setup  
Videos: Mobile



Zoom Setup  
Videos: Desktop

Preparing for Your  
Telehealth Visit

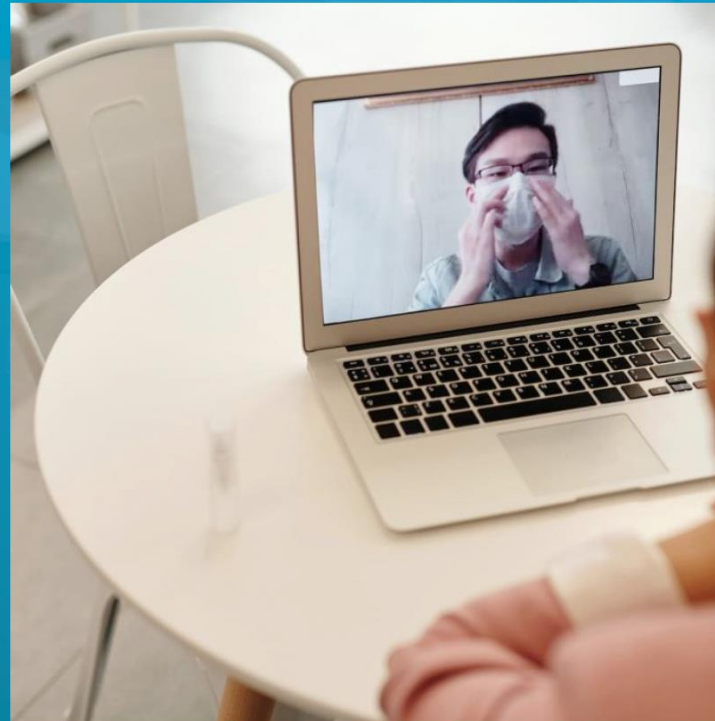


Zoom Setup  
Videos: Mobile



# 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 ...

