TELEHEALTH IN A POST-PANDEMIC ERA: SUSTAINABLE APPROACHES TO SUPPORT INTEGRATED CARE PART 2

HMA **ICTA** INTEGRATED CARE TECHNICAL ASSISTANCE

MSDC MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

FACILITATED BY:
Jean Glossa, MD, MBA, FACP

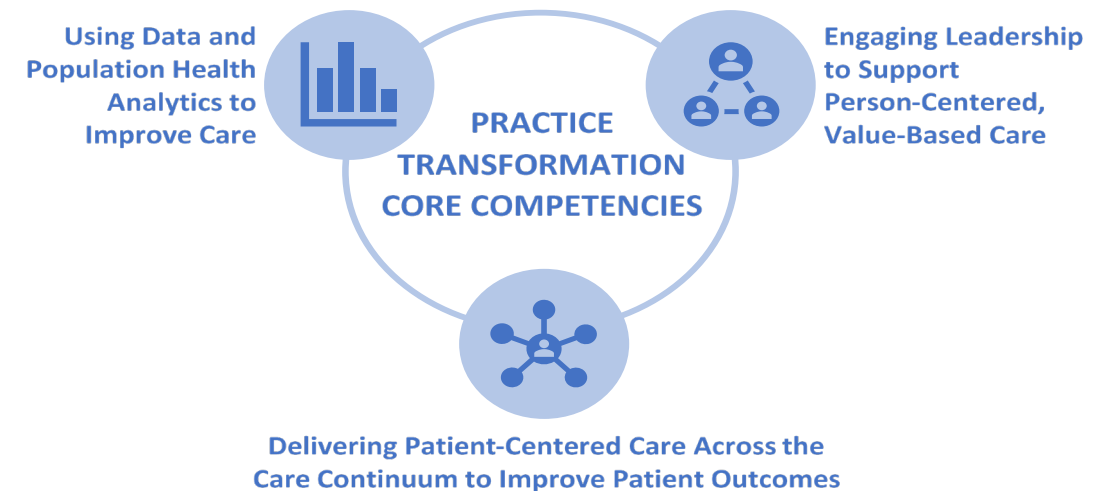**Wednesday, September 29, 2021**
11:00am – 1:00pm EST

The Integrated Care DC Technical Assistance Program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

HMA **ICTA** INTEGRATED CARE TECHNICAL ASSISTANCE

» Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.

» Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:

Using Data and Population Health Analytics to Improve Care

Engaging Leadership to Support Person-Centered, Value-Based Care

PRACTICE TRANSFORMATION CORE COMPETENCIES

Delivering Patient-Centered Care Across the Care Continuum to Improve Patient Outcomes

» The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.

» All material is available on the project website: Integratedcaredc.com

» Educational credit is offered at no cost to attendees for select elements.

Learning Collaborative public meeting

Individualized coaching

Office hours

TA Curriculum Components

Website resources

Webinars

Telehealth TA

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Chief Medical Information Officer
Unity HealthCare

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Unity HealthCare

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So Others Might Eat (SOME)

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TA Coach, SME
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TA Coach, SME
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DISCLOSURES

Faculty	Nature of Commercial Interest
Jean Glossa, MD, MBA, FACP	Dr. Glossa discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Lori Raney, MD	Dr. Raney discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Suzanne Daub, LCSW	Ms. Daub discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Caitlin Thomas – Henkel, MSW	Ms. Thomas - Henkel discloses she is an an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Carrie Ojo	Ms. Ojo discloses she is an employee of So Others Might Eat (SOME).
Angela Diop, ND, CHCIO	Dr. Diop discloses she is an employee of Unity Healthcare.
Andrew Robie, MD	Dr. Robie discloses he is an employee of Unity Healthcare.
Elizabeth Wolff, MD, MPA CME Reviewer	Dr. Wolff discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

Telehealth in A Post-Pandemic Era: Sustainable Approaches to Support Integrated Care Part 2

1. Welcome and Program Announcements DC Landscape to Support Telehealth
2. Patient Engagement- Lessons Learned
3. Tele-behavioral Health Best Practices: Managing Safety Concerns During Telehealth Visits
4. Break Out Sessions
   a. Addressing Crisis and Risk During a Telehealth Visit – Case Based Workshop Discussion
   b. Strategies for Consumer Engagement in Telehealth
   c. Maximizing the Care Team During Telehealth Visits
5. Break Out Report Out
6. Telehealth Assessment - Overview and Update
7. Wrap up and Next steps

1. Describe patient engagement strategies based on recent local research and current practices across Medicaid providers.

2. Identify telehealth best practices for patients with suicidal ideations and other urgent issues.

3. Identify workflow strategies to improve care team optimization during telehealth visits.

Image permitted by DC Department of Health Care Finance

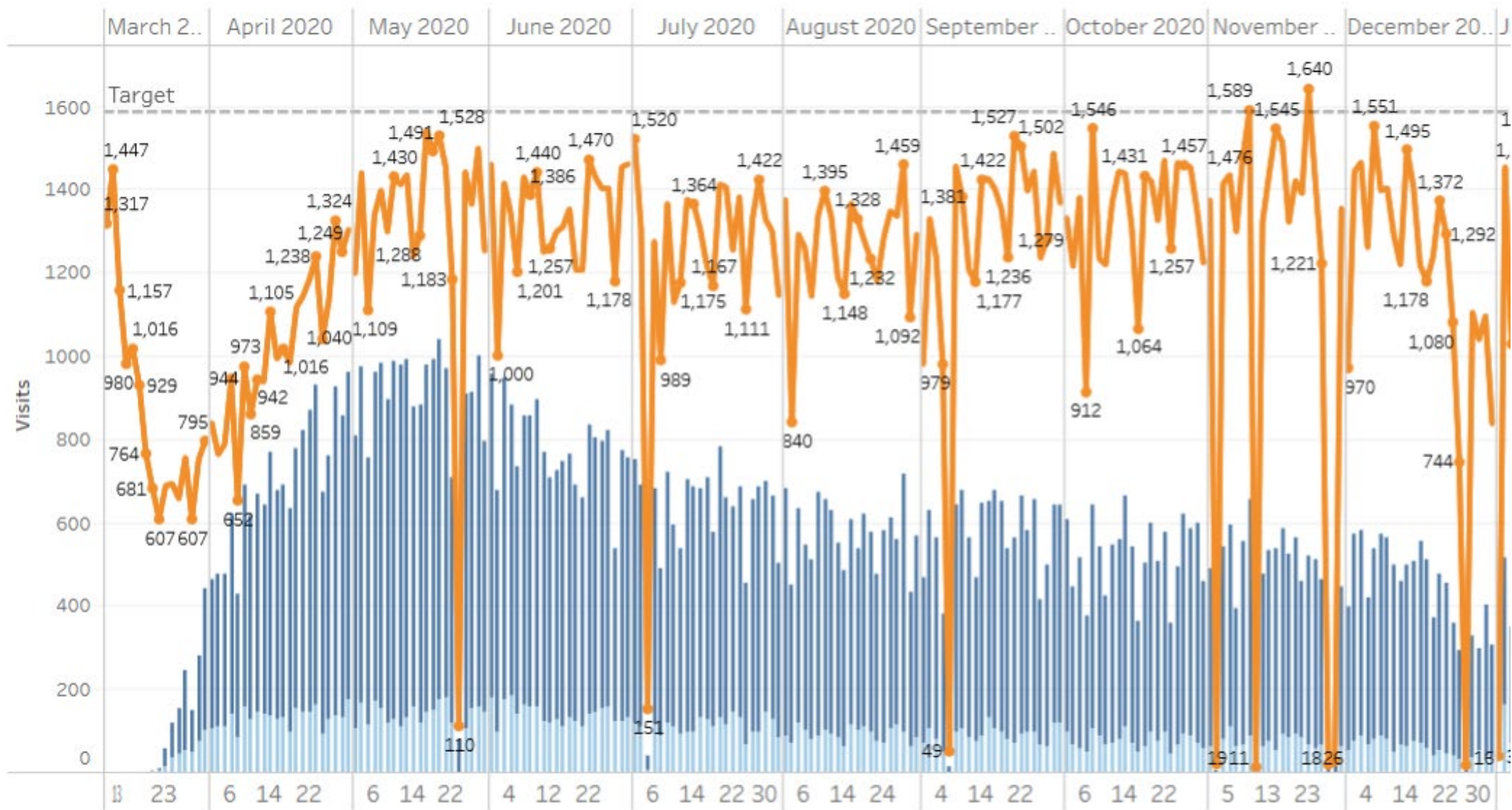# PATIENT ENGAGEMENT- LESSONS LEARNED

INSIGHTS FROM UNITY HEALTH CARE / SIBLEY JOHNS HOPKINS TELEMEDICINE STUDY

September 29, 2021

Unity Health Care, Inc.

**Large federally qualified health center (FQHC) in Washington, DC**

- Care for all regardless of ability to pay
- 60% of patients below 100% FPL ($12,880 for 1 adult, $26,500 for a family of 4)
- ~100,000 unique patients and 500,000 patient visits annually
- Primary medical, specialty medical, behavioral health and dental services
- 9 community health centers
- 11 medical sites in homeless shelters and day centers, mobile and walking outreach
- 2 school-based health centers
- DC Department of Corrections
- Teaching health center
  - Family medicine residency, nurse practitioner residency

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Telemedicine opportunities/ benefits

- Reduce exposure to disease

- Efficient

- Cost effective

- Convenient

- Reduce travel time/time off work

- Engage family and care team members

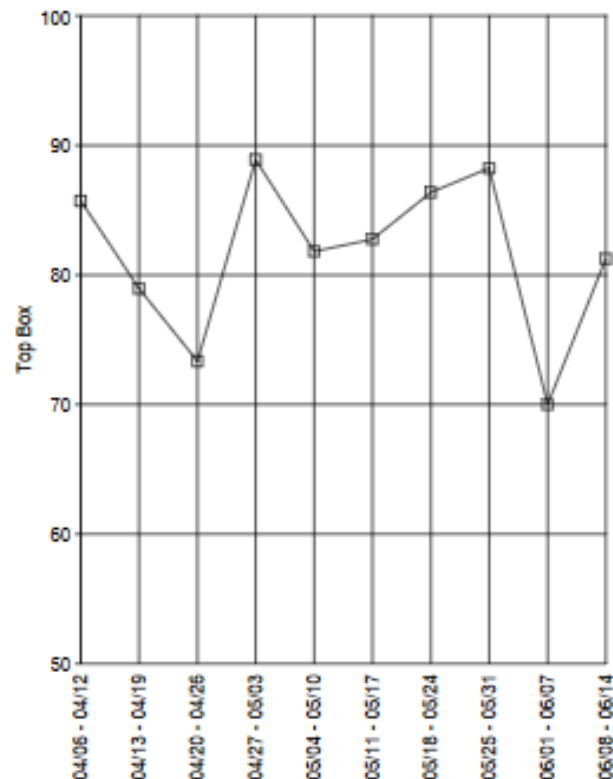- Scheduling flexibility

- Reduced wait times

No Show Rate
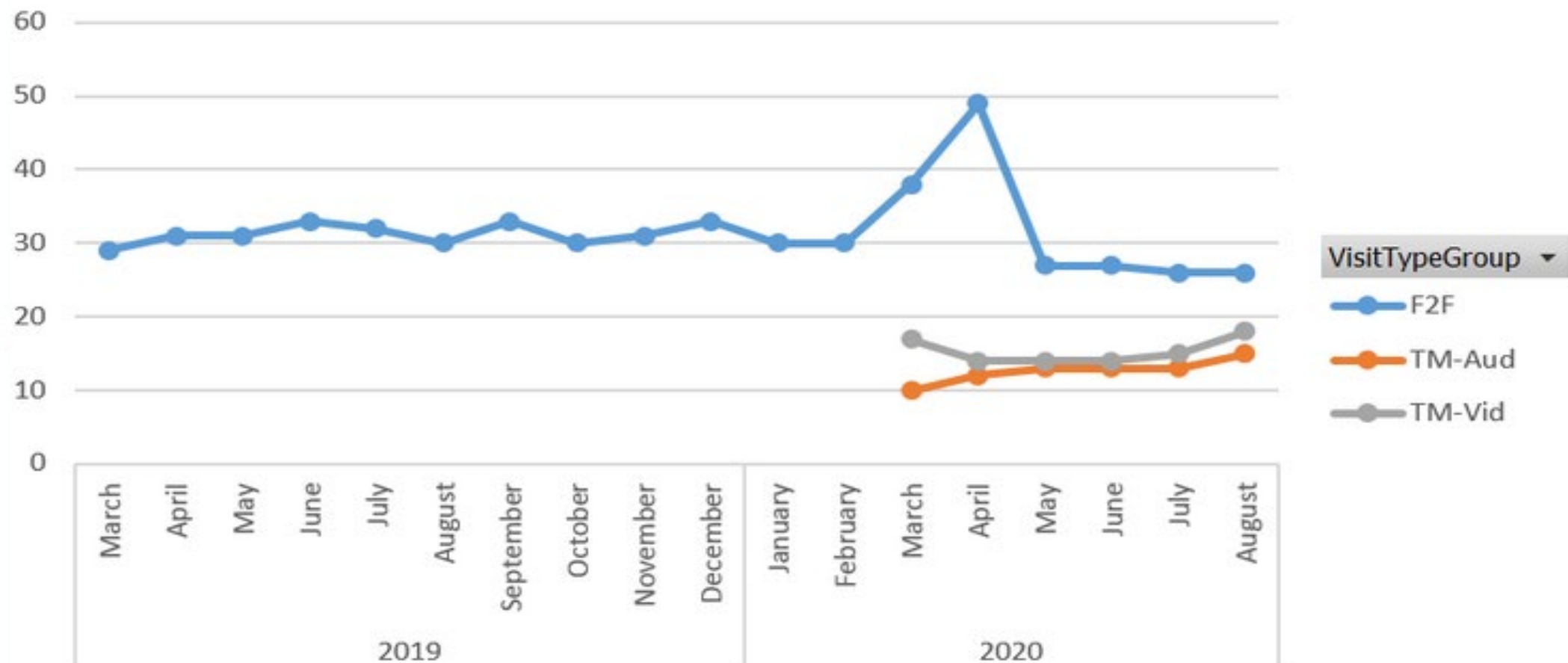
[In-Person] Saw Care Team Within 15 Minutes of Appt. Time?
Percentage "Yes" Scores
Week-to-Week Comparison

Q: For this visit, were you able to see a member of the care team within 15 minutes of your scheduled appointment time?
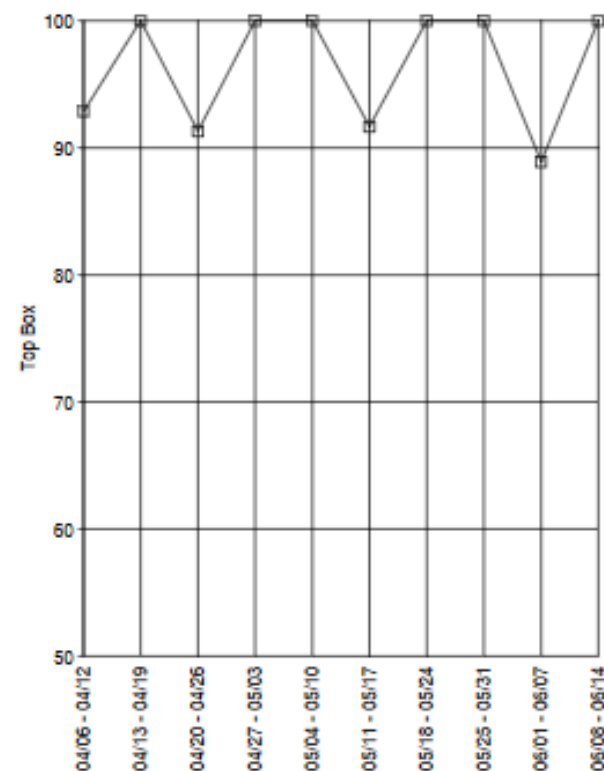
[In-Person] Saw Care Team Within 15 Minutes of Appt Time?

[Telehealth Video] Connected w/ Care Team Within 15 Minutes of Appt. Time?
Percentage "Yes" Scores
Week-to-Week Comparison

Q: For this telehealth video encounter, were you able to connect with a member of the care team within 15 minutes of your scheduled appointment time?
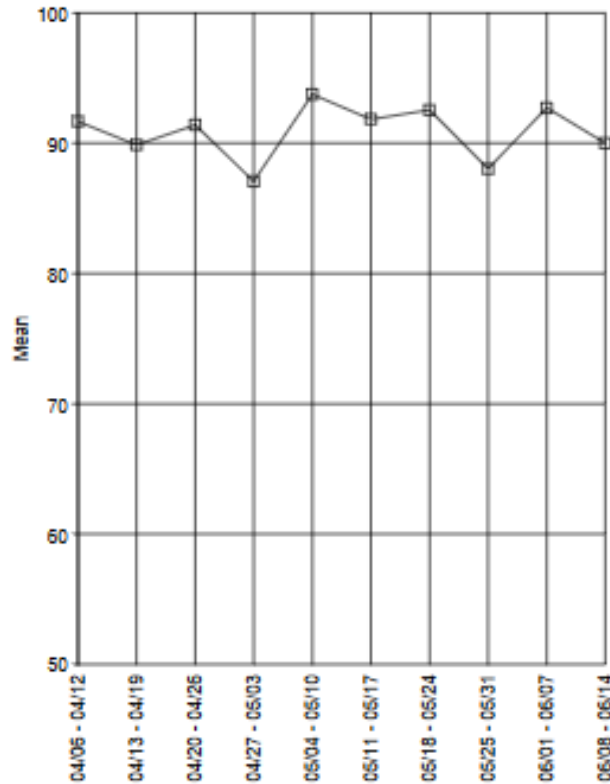
[Telehealth Video] Connected w/ Care Team Within 15 Minutes of Appt Time?

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[In-Person] Overall Quality of Care By Provider
Mean Scores
Week-to-Week Comparison

Q: How would you rate the overall quality of the care
you/your child received from the provider?
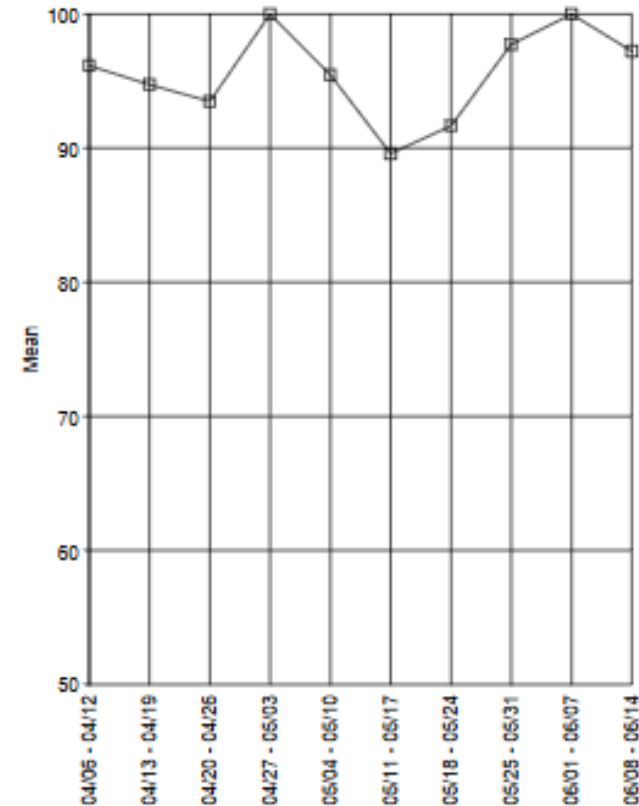
[In-Person] Overall Quality of Care By Provider

[Telehealth Video] Overall Quality of Care By Provider
Mean Scores
Week-to-Week Comparison

Q: How would you rate the overall quality of the care
you/your child received from the provider?

[Telehealth Video] Overall Quality of Care By Provider

unityhealthcare.org

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Sibley/Johns Hopkins and Unity Partnership

- **Purpose:** Understand telemedicine video experiences of vulnerable seniors and the healthcare teams who serve them.

- **Goal:** Design primary care telemedicine services to meet needs of our most marginalized patients so they can meet the needs of all our patients.

The Team

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Understanding the
Unity Telemedicine Experience

Research Questions (Using the Human-Centered Design Approach):

- How do vulnerable seniors in Wards 7 & 8 experience telemedicine primary care via video & audio?

- How might we improve access to telemedicine for vulnerable seniors?

The Project's
Human-Centered Design Approach*

- Analyze existing quantitative and qualitative data available regarding seniors' utilization of telemedicine

Explore patterns in quantitative data

Apply human centered design

- Conduct in-depth interviews with patients and healthcare teams

- Identify patterns and common themes for patients and healthcare teams, separately

Synthesize

Future State

- Establish vision for what exceptional telemedicine care for each healthcare system

- Make the vision actionable and establish immediate, moderate and long-term recommendations

Establish Recommendations

*Human-centered design is an action-oriented problem-solving approach to quickly understand human needs and values.

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Human-Centered Design Interviews w/ Sibley Primary Care Patients

300+

Minutes of Conversation

60+Yrs

Lifelong DC Residents

50%

Women

Majority Have
Chronic Illnesses

Return Patients

7-30 Years

Introduced to
Telemedicine by
Healthcare Team

86% received Telemedicine
Via Video

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Key Insights from Those Who Had a Telemedicine Video Appointment

Technology at
Home and Common
Difficulties

Telemedicine Experiences
and Benefits

Future Use of Video
Telemedicine
Appointments

Technology at Home and Common Difficulties

Telemedicine patients primarily own and use smartphones to access the internet even though they might have additional devices or means to get connected. Regardless of how they connect, patients still experience difficulties.

- Lack of familiarity operating the device
- A few did not have video capability or understand how to use it
- Several required assistance from a family member
- Some have poor reception, requiring them to go outside
- Range of interest and patience to learn to new tools

"I have a smartphone and I use it for the visits. I have problems with getting the computer set up. I am trying to get some things done with my internet but I use my cell phone to get on the internet."

"I need help because I just don't have the patience for it."

Telemedicine Experiences and Benefits

Patients who connected with their providers via video were generally pleased with their experiences and noted several benefits of connecting via video.

- Were able to connect with relative ease
- A few had help and felt more comfortable each time
- Appreciated staying home, limiting COVID exposure
- Valued saving time by eliminating clinic/ER wait times
- A few patients had audio issues and were turned off by using video

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"I would do it again in a heartbeat!"

"It was much easier than getting an in person appointment because when we went in person sometimes we had to wait for hours."

"Sometimes audio is not that great because of the service coverage."

"With the current [COVID] health issues, I have no problem using telemedicine."

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Telemedicine Preferences and Future Use

The majority of patients plan to return to in-person appointments after the pandemic and some plan to incorporate telemedicine for follow-up or other minor medical issues.

- Many value face to face, in person communication
- There is no substitute for the physical exam
- Will use telemedicine when it is convenient for them
- Saves them a trip if their labs are not due/required
- Allows them to share updates with their doctor and request prescriptions

"I like in person better, I like that connection with my doctor. You can't check my heart rate . I can check my blood pressure, weight, and sugar."

"I prefer to go there and talk face to face with someone. I am not a technical person. I can do all the basics. I just rather have an in person visit."

"I'd use telemedicine for following up and for minor issues… by and large I would like to get back to face to face."

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Recommendation Area # 1
Create Strategies to Enhance Digital Engagement

- Approaches
  - Create easy to understand print and web/media campaigns to highlight benefits and engage seniors
  - Offer demos, set up, and problem-solving support
- Staffing
  - Create a digital community health worker role
  - Compensate time supporting patients
- Venues
  - In-clinic support
  - Leverage churches, community wellness centers and residences, community centers

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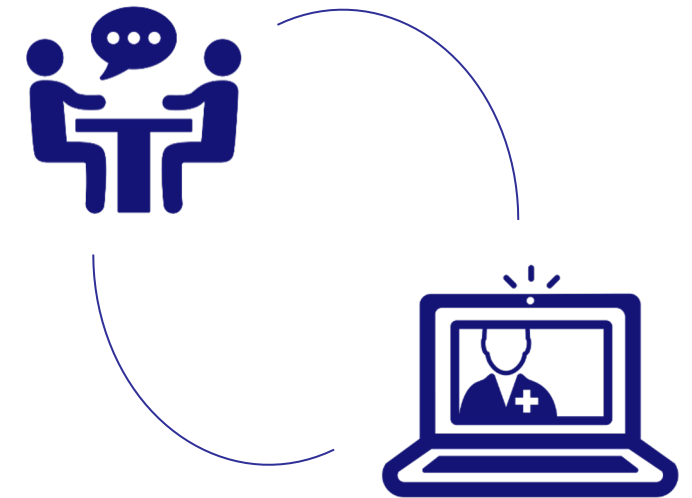
Recommendation # 2
Help Senior Patients Get Comfortable

- Offer hands-on support, simple instructions
  - Help patients get set up when at the clinic
  - Walk them through the process
  - Set expectations on what they will experience
  - Ask patients to join earlier to account for technical issues
  - Include a help desk # in case issues arise

- Offer patients a choice between audio and video for those uncomfortable with video, less savvy or have tech issues

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# Recommendation Area # 3: Incorporate Telemedicine as a Standard Protocol

- Approaches
  - Create treatment protocols based on health needs/conditions that include telemedicine
  - Show patients an annual visit roadmap so they know when to expect telemedicine visits
  - Have providers include summary notes to indicate next visit is via telemedicine

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Recommendation Area # 4
Build Health Connections Between Providers & Patients

- Allow providers to build trust & establish a connection before introducing telemedicine

- Offer a combination
  - Have initial visit in person and move follow-up to telemedicine
  - Use telemedicine for minor/follow-up, keep in-person visits for major visits
  - Triage patients to determine if they need telemedicine or need to be seen in person

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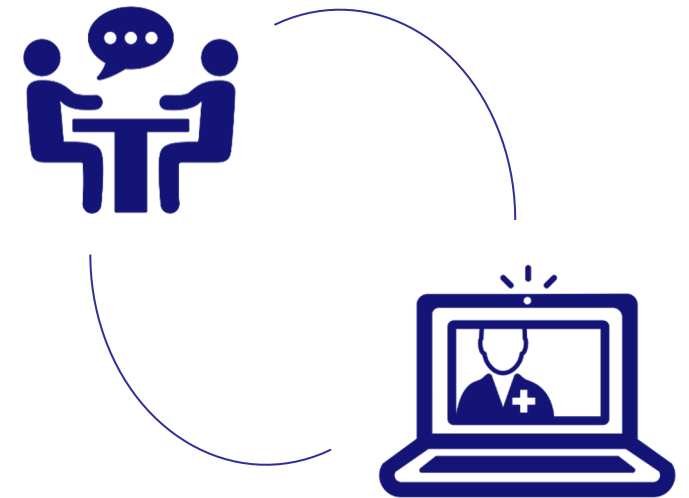
Questions?

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TELE-BEHAVIORAL HEALTH BEST PRACTICES:
MANAGING SAFETY CONCERNS DURING TELEHEALTH VISITS

>> Establishing Protocols

>> Creating an Emergency Plan

>> Conducting Comprehensive Suicide Risk Assessment

>> Clinical Management of Suicidal Clients

>> Presentation from Unity Healthcare

>> Establish **escalation protocols** that dictate when a patient receiving telehealth services should be transitioned to urgent in-person, inpatient and follow-up care.

>> Consider when the patient may require in-person services, particularly in more vulnerable populations.

>> All clinical staff within a given institution should be aware of these guidance documents and when to use them.

https://psnet.ahrq.gov/perspective/telehealth-and-patient-safety-during-covid-19-response

The remote **safety planning** process is similar to conducting it in person.

» Assess whether client has previously completed a safety plan and ask them to obtain it, if possible, for review.

» Let client know that you want to develop a safety plan with them to help maintain their safety, and that it will take about 30 minutes to do.

» Emphasize that having a safety plan is particularly important now, (during the pandemic), to stay safe without going to the ED or a medical facility.

» Remind clients that hospitals have limited resources to care for them at this point and that managing at home is safer for them.

CREATING AN EMERGENCY PLAN (HANDOUT)

>> Answer the following questions with your patient before or during their first appointment.
- ☐ Current location
- ☐ Emergency numbers for that location
- ☐ Emergency contact information for other health care professional(s)
- ☐ Local emergency contact or support person
- ☐ What happens if the call is disconnected during an emergency?
- ☐ What situations will lead to putting the emergency plan into action?
- ☐ What circumstances will require a referral/transition to in-person treatment or care?
- ☐ Assess client discomfort in discussing suicidal feelings.

>> Prior to contact, develop a plan for how to stay on the phone with the client while arranging emergency rescue.

https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/creating-an-emergency-plan/
https://sprc.org/system/files/private/event-training/COVID-19TelehealthWebinar.pdf

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» If there is time, encourage and collaborate with client to develop a daily plan to maintain stability and build mental reserves during this time:

- ❑ Keep a regular schedule - sleep, eat, exercise.
- ❑ Go outdoors at least once daily in a safe manner.
- ❑ Encourage acceptance of the range of feelings.
- ❑ Build mastery, identify and encourage pleasurable activities.

https://sprc.org/system/files/private/event-training/COVID-19TelehealthWebinar.pdf

» Considering the current stressful circumstances, broader assessment of suicide risk is indicated.

» Ask directly about recent suicidal ideation and behavior using a tool like the Columbia Suicide Severity Scale (C-SSRS) or SAMHSA's SAFE-T.

» Assess for the **emotional impact of the pandemic on** suicide risk. Examples that can escalate risk:

   » Increased social isolation; social conflict for those sheltering together; increased financial concerns or worry about health or vulnerability in self, friends, and family; decreased social support; increased anxiety and fear; disruption of routines and support.

» Identify **protective factors** that can be emphasized: Reasons for living (family, hope for the future, children); deterrents (fear of injury, religious beliefs). Attend to protective factors that may have diminished recently.

https://ahcpsychologists.org/wp-content/uploads/2020/03/Telehealth-Tips-with-Suicidal-Clients.pdf

» Use technology to allow for the inspection of the patient for verbal and visual cues of agitation or other possible factors related to patient safety.

» Assess level of agitation, potential for harm to self or others, any safety hazards that might be accessible by the patient during the session.

　　» This information will determine any need for higher levels of acute care, need to coordinate any changes in medications.

https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/patient-safety-and-emergency-management

>> Identify ways to increase safety **short of sending client to the Emergency Department** (ED)

>> Developing a safety plan will help clients manage their suicide risk on their own.

>> Make provisions for increased clinical contact (even brief check-ins) until risk de-escalates

>> Provide crisis hotline (1-800-273-8255) and crisis text (Text "Got5 to 741741) information

>> If risk is imminent, stay on the phone with the client until other care is present

https://ahcpsychologists.org/wp-content/uploads/2020/03/Telehealth-Tips-with-Suicidal-Clients.pdf

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>> If risk becomes imminent and cannot be managed remotely or with local supports, arrange for client to go to the nearest ED or call 911.

>> If risk is imminent, **stay on the phone if possible** until the client is in the care of a professional or supportive other person who will accompany them to the hospital.

https://sprc.org/system/files/private/event-training/COVID-19TelehealthWebinar.pdf

BREAKOUT SESSIONS

Participants are to choose which 30-minute breakout session you would like to attend:

A.) Addressing Crisis and Risk During a Telehealth Visit – Case Based Workshop Discussion

Telehealth best practices; caring for patients via telehealth who have suicidal ideations and other urgent issues

Breakout Session Leads: Suzanne Daub, LCSW, Dr. Lori Raney

B.) Strategies for Consumer Engagement in Telehealth

Patient engagement using telehealth kiosks; learning and discussing applications to your practice

Breakout Session Leads: Carrie Ojo (SOME), Caitlin Thomas Henkel, MSW

C.) Maximizing the Care Team During Telehealth Visits

Learning and applying new workflow strategies to engage your entire care team

Breakout Session Lead: Dr. Jean Glossa

BREAKOUT SESSION A: ADDRESSING CRISIS AND RISK DURING A TELEHEALTH VISIT – CASE BASED WORKSHOP DISCUSSION

Jennifer Pauk, LICSW, MPH

Unity Health Care

Lori Raney, MD

Health Management Associates

Suzanne Daub, LCSW

Health Management Associates

1. Please introduce yourself
2. Describe to your colleagues how you have approached safety issues while providing care via telehealth
3. Do you have a policy and procedure(s) for handling telehealth emergencies, and if so, would you share?
4. Do you have an interesting case to present?

BREAKOUT SESSION B: STRATEGIES FOR CONSUMER ENGAGEMENT IN TELEHEALTH

SO OTHERS MIGHT EAT

TELEHEALTH KIOSKS

Let's get you seen!

Hours:
Issues: thealth@some.org

SOME

So Others Might Eat

TELEHEALTH

- Male
- 65 + years old
- African American
- Unhoused
- Limited Income
- 6th Grade Education
- Low Digital Literacy Level
- Multiple Comorbidities

WHO WE SERVE

———

"Mr. Some"

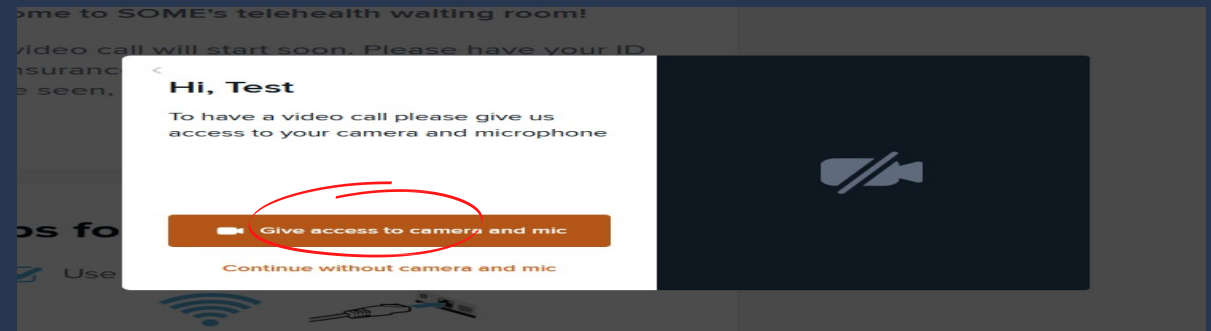**TELEHEALTH GUIDE**

START A SESSION
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3 Simple Steps

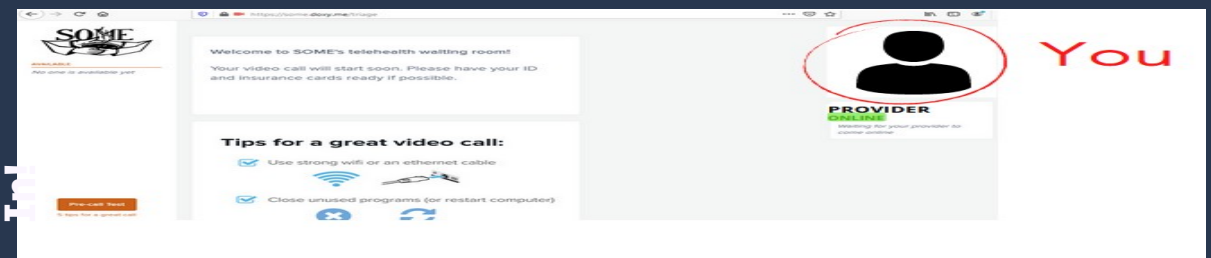Issues: thealth@some.org

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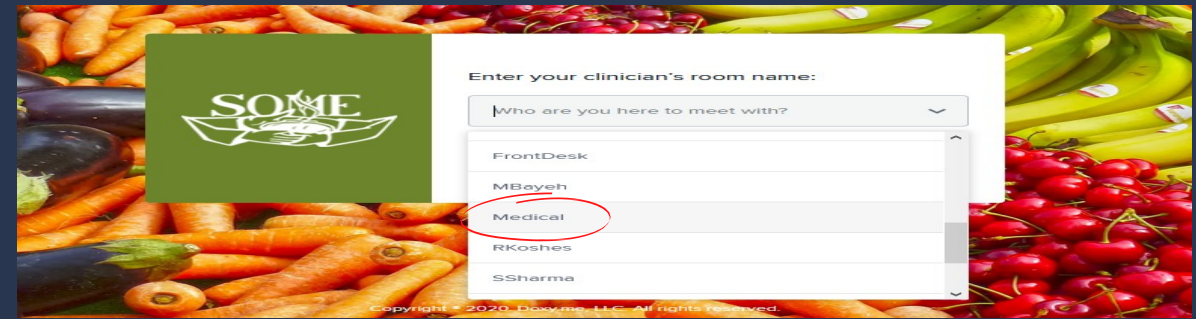
Chose Who You Want To See
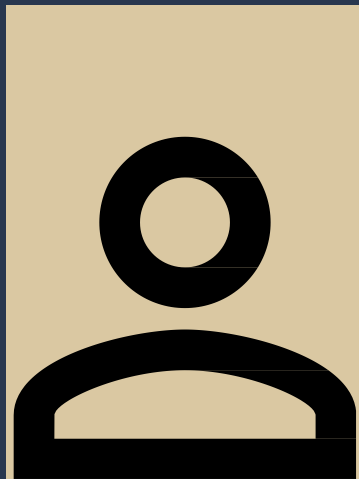
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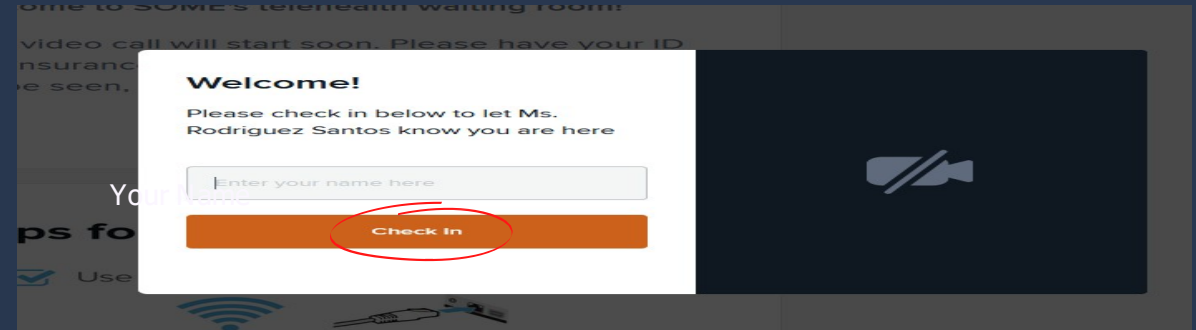
Type Your Name

3

Turn On Camera & Microphone
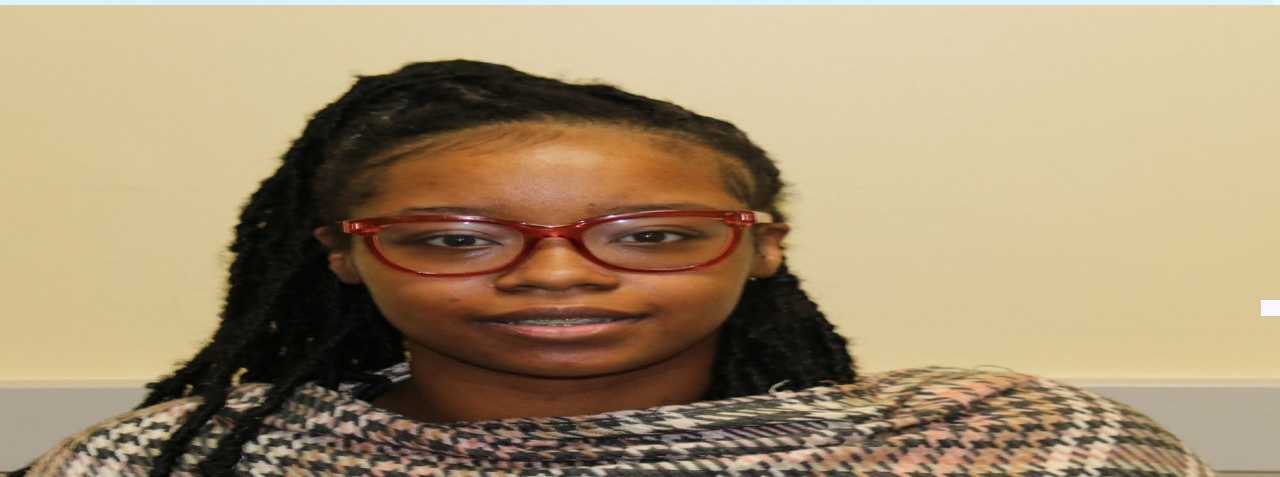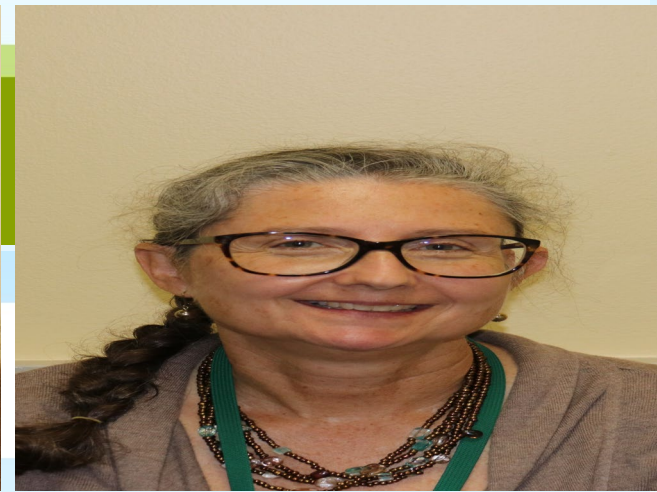
You're In!

TELEHEALTH PROVIDERS

MEDICAL TEAM

Hours:
Issues: thealth@some.org

TELEHEALTH PROVIDERS

MENTAL HEALTH TEAM

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BREAKOUT SESSION C: MAXIMIZING THE CARE TEAM DURING TELEHEALTH VISITS

BREAKOUT LEADER: JEAN GLOSSA, MD HMA

WHERE DID EVERYBODY GO?

Finding and maximizing your care team in the virtual world

What are some of the tasks that have shifted to the provider for telehealth visits that other care team members do/did during in person visits?

What strategies has your team used to address this problem?

Worksheet for Telehealth Visits

PROCEDURE	IN PERSON VISIT	VIRTUAL
Registration for a new patient		
HIPAA notification		
Insurance verification		
Completing the patient's medical history at the time of registration		
Completing a regular medical consent/consent for treatment		
Completing a consent for telehealth		
Identifying/triaging patients or conditions appropriate for telehealth		
Collecting a visit co-pay		
Completing a ROI- release of information for medical records		
Obtaining hospital discharge records or ED notes		
Scheduling the first visit		
New patient- adding medications		
Scheduling a follow up visit		
Collecting a preferred pharmacy		
Verifying patient identification for telehealth visit		
Checking the PDMP		
Checking an HIE- CRISP		
Pre-visit check list		
Obtaining notes from specialists and diagnostic studies		
Updating the medical history prior to each visit		
Updating the medication list prior to each visit		
Recording a chief complaint		
Managing the waiting room		
Tracking Follow up orders (meds, follow-up appointments, other)		
Prescribing medications		
Documenting the visit (provider notes)		
Ordering and scheduling referrals- specialty		
Ordering and scheduling referrals- diagnostic ie CT scan, x-ray		
Ordering and follow up of labs		
Scheduling a follow up visit		
Giving patients written visit summary		
After visit questions to the provider		
Tracking results- notifying the patient with results		

How to use the worksheet:

Everyone will be sent a copy of this template and it will be available on integratedcaredc.com

For each step in the workflow- identify who- by name or by role, is responsible for each step first for the in-person visits, then for the telehealth visits.

Helpful to have team members work on this individually, then come together to compare answers, and problem solve.

Document is in "word" so you can add or delete steps in the workflow.

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BREAKOUT REPORT OUT

BREAKOUT SESSION REPORT OUTS: KEY TAKEAWAYS

A.) Addressing Crisis and Risk During a Telehealth Visit – Case Based Workshop Discussion

Telehealth best practices; caring for patients via telehealth who have suicidal ideations and other urgent issues

Breakout Session Leads: Suzanne Daub, LCSW, Dr. Lori Raney

B.) Strategies for Consumer Engagement in Telehealth

Patient engagement using telehealth kiosks; learning and discussing applications to your practice

Breakout Session Leads: Carrie Ojo (SOME), Caitlin Thomas Henkel, MSW

C.) Maximizing the Care Team During Telehealth Visits

Learning and applying new workflow strategies to engage your entire care team

Breakout Session Lead: Dr. Jean Glossa

TELEHEALTH ASSESSMENT

Program assessment for proposed, temporary or established programs

a. Online tool located on Integrated Care DC website

b. Reports findings across ten domains of readiness

c. Optimally to be completed as a team; can be repeated

d. Coaching hours available to help complete assessment or review findings

e. Topics include: change management, billing/coding/compliance, clinical best practices, choosing equipment, working with vendors, measuring outcomes and more

Biggest barriers to adoption/growth of telemedicine

» Lack of updated equipment

» Lack of access to programs/portals for patients and providers to use regularly

» Lack of dedicated staff to help develop and implement a plan

» Lack of staff education regarding available telemedicine resources

» Patient comfort level and access to bandwidth and technology

Biggest concerns for staff in development/growth of telehealth program

» Getting the patients connected properly

» How it fits into overall process and workflow

» Ability to provide high quality, evidence-based, clinical care

» Patient compliance

Biggest concern in meeting the regulatory and practice standards for telehealth

» Different regulations in different jurisdictions; meeting the needs of patients across state lines

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WRAP UP AND NEXT STEPS

As a result of this workshop, I understand (check all that apply):

a. Patient engagement strategies based on recent local research and current practices across Medicaid providers

b. Telehealth best practices for patients with suicidal ideations and other urgent issues

c. Workflow strategies to improve care team optimization during telehealth visits

>> Please complete the online evaluation! **If you would like to receive CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this workshop.

>> The workshop recording will be available within a few days at: https://www.integratedcaredc.com/learning/

>> **Upcoming Webinar:**
>> *Adapting Evidence Based Practices for Integrated Care*
>> Tuesday, October 19, 2021, 12-1pm EST

>> For more information about Integrated Care DC, please visit: https://www.integratedcaredc.com/

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