Delivering on the Promise of Telehealth in California

October 22, 2020

Kim Klupenger, President, CTN
Chief Experience Officer, OCHIN

Who We Are

California Telehealth Network

An OCHIN organization

- CTN has promoted and fostered the provisioning of broadband access and telehealth adoption for healthcare providers across the state leveraging FCC and State funding for over 10 years. CTN became a subsidiary of OCHIN* 3.5 years ago in order to merge the missions that access to healthcare for all with broadband access being foundational.
- CTN is an awardee of HRSA Telehealth Resource Grant (CTRC receives $325k annually) funding tasked with supporting telehealth program adoption.
  - **OCHIN is a national, non-profit health information and innovation organization serving the most fragile and underserved populations.*

Redesigning Health Care for Complex Patients

California Telehealth Network

An OCHIN organization

What We're Learning

Clinical Complexity
Patient Level

+

Social Complexity
Community Level

↓

Patient Outcomes
OCHIN members' patients living in communities with the highest social deprivation are **24% more likely** to have poor diabetes control.

How We're Improving Access to Care

Broadband Network Services and Telehealth Program Adoption Support (CTN and CTRC)

eConsult and Telehealth Tools

Adoption of Virtual Care Solutions

Patient Engagement Solutions including Interpreter Services

Social Service Resource Locators

Our Work in California

California Telehealth Network

An OCHIN organization

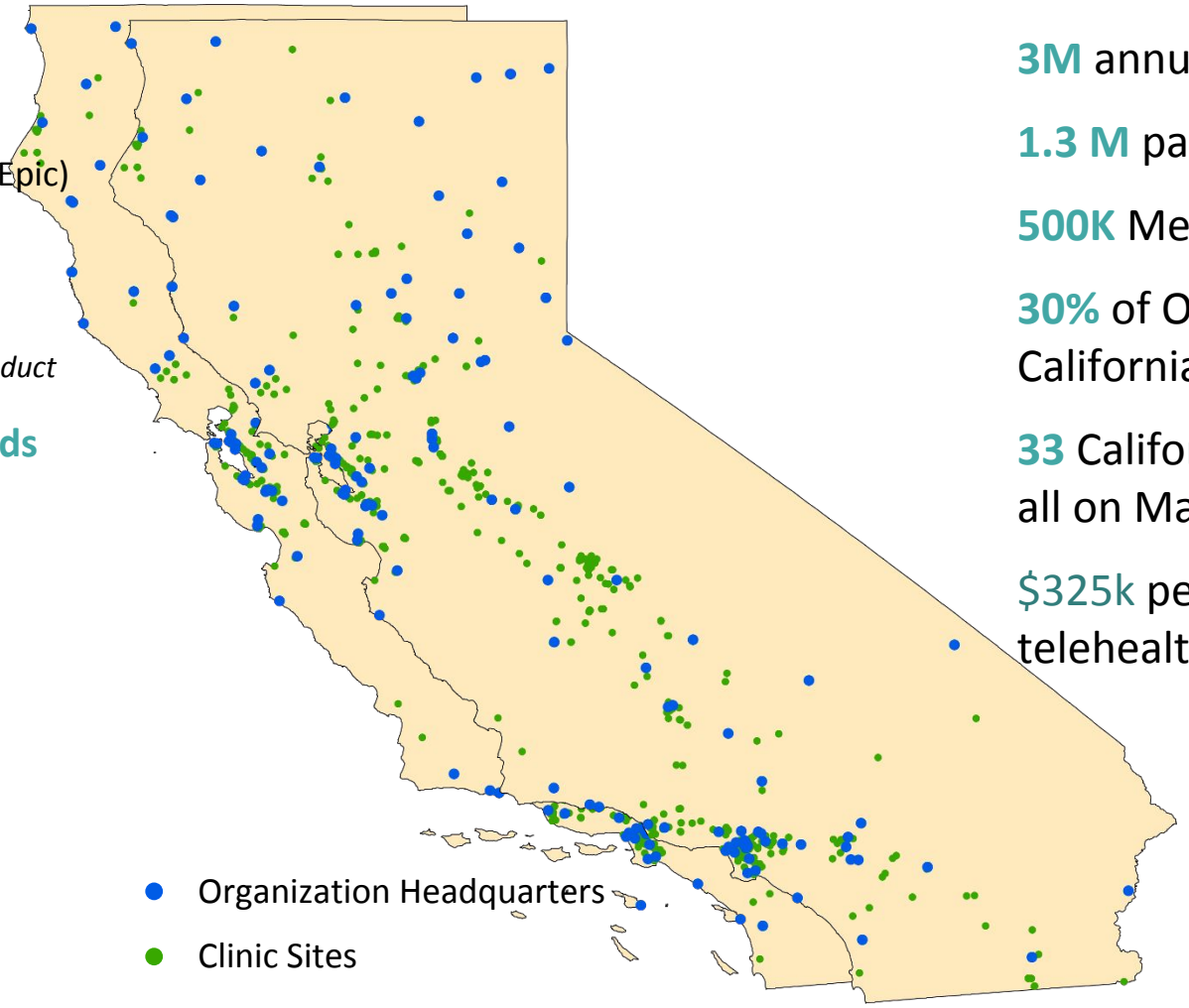
133 Total Organizations*

- Broadband: 88 (177 locations)
- Epic: 33 (31 CA FQHCs on OCHIN Epic)
- NextGen: 5
- HCCN: 36
- Research Partners: 2

**Some customers have more than one product*

Special California Program Needs

- Alternative Payment Models
- CA Telehealth Resource Center
- CAIRS2
- CHDP
- CPSP
- Every Woman Counts
- FamilyPACT
- HCCN HRSA Network Grant
- Medi-Cal
- OSHPD
- 340B



3M annual visits

1.3 M patients

500K Medi-Cal patients

30% of OCHIN EHR visits are in California, more than any other state

33 California groups on OCHIN Epic, all on Managed Medi-Cal

$325k per year CTRC support for telehealth adoption

As of August 2020

Broadband Investments in California

FCC Subsidy Obtained for the 2020 Funding Year:

$1,650,567 (Net 2020 Funding Year)

56% Rural Members

177 Member Locations:

157 Clinics

20 Hospitals

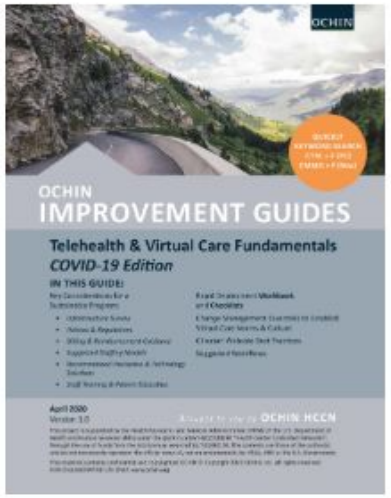
EMR Agnostic Technical Training and Support

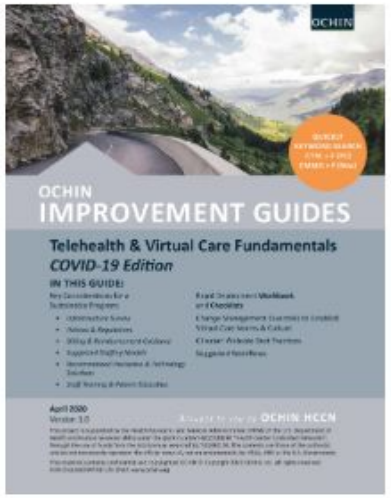
California Telehealth Network

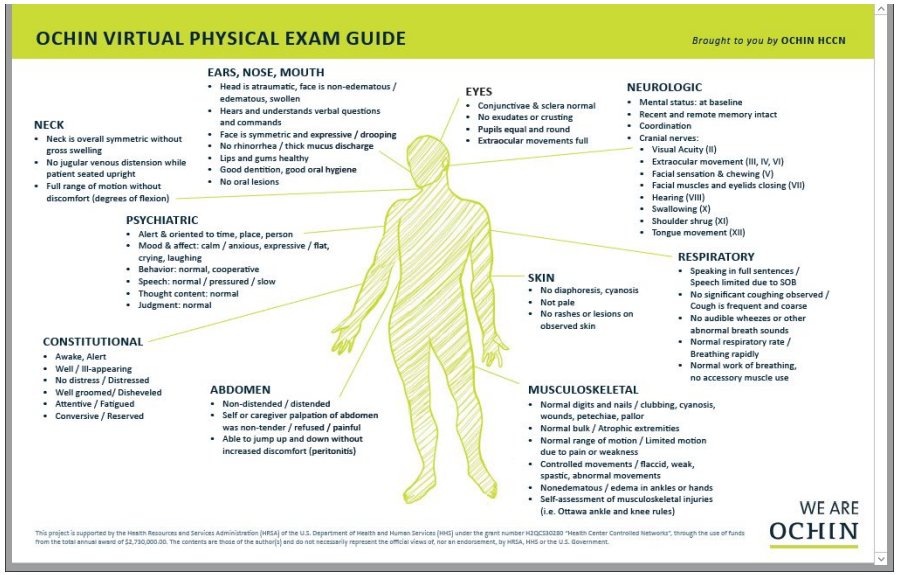
An OCHIN organization

Through our Health Center Controlled Network we're learning more about gaps in:

- Provider support for new 'webside manner' needs including specific workflows and technical training/IT support
- Continued support for broadband access
- Patient Engagement: *technology out of the box*
    - Isn't culturally competent
    - limited language access
    - requires high technology literacy-need "help" line support







FCC Telehealth Funding Awards

California Telehealth Network

An OCHIN organization

We received 41 applications totaling more than $12.9 million in requests from members of the two OCHIN-run consortia: OCHIN Broad Network Services (OBNS) and the California Telehealth Network (CTN). *(NOTE: One organization alone in California requested $4.2m in critically needed hardware and devices to support virtual care in the pandemic)*

With only $2 million awarded to us from the FCC, we managed a highly competitive process based on the criteria set out in the application.

We awarded 24 health care organizations:

- 11 from CTN (CA) for $1M
- 13 from OBNS (22 states) for $1M

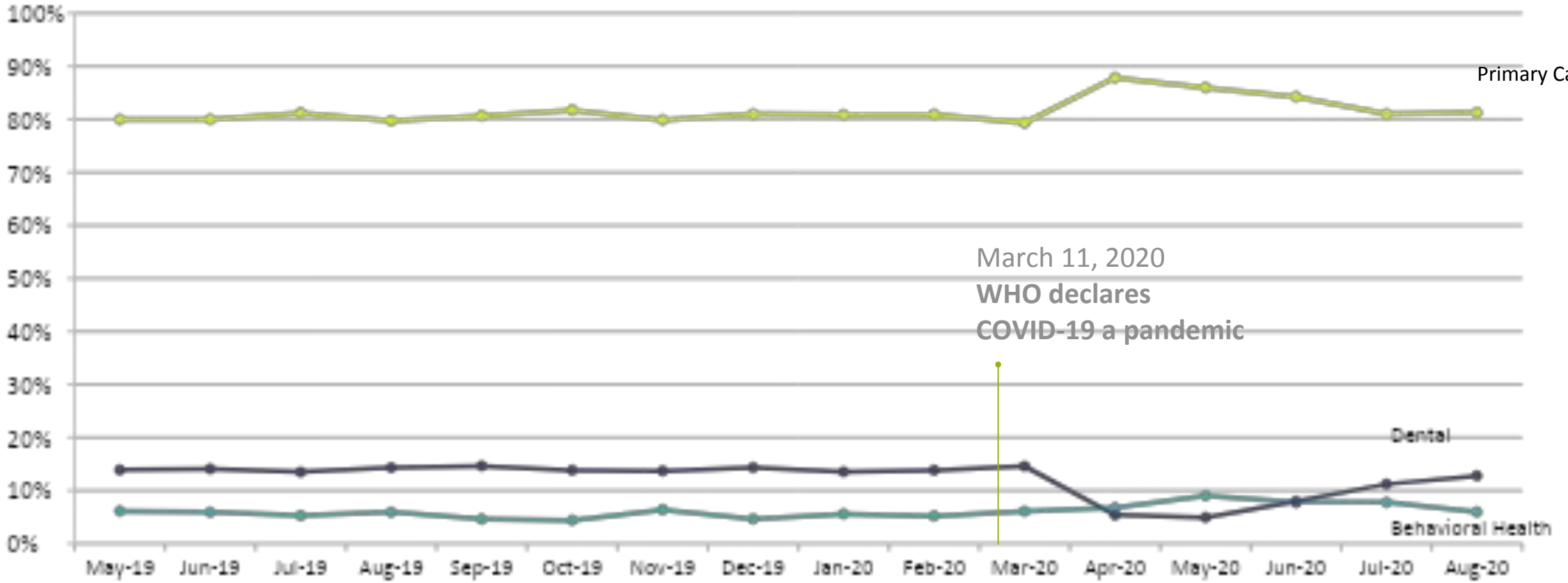
Packages included:

- 220 Virtual Clinic-At-Home
- 679 Hypertension Management
- 356 Diabetes Management
- 445 Device & Service

For California Members, Percentage of Gross Charges for Behavioral Health and Primary Care Services Increase, While Charges for Dental Service Decrease During COVID-19

California Telehealth Network
An OCHIN organization

Percentage of Total Gross Charges (California Members), by Month



Source: Financial Cubes, retrieved 10/05/2020

Telehealth Encounters in California Remain Steady in Response to COVID-19

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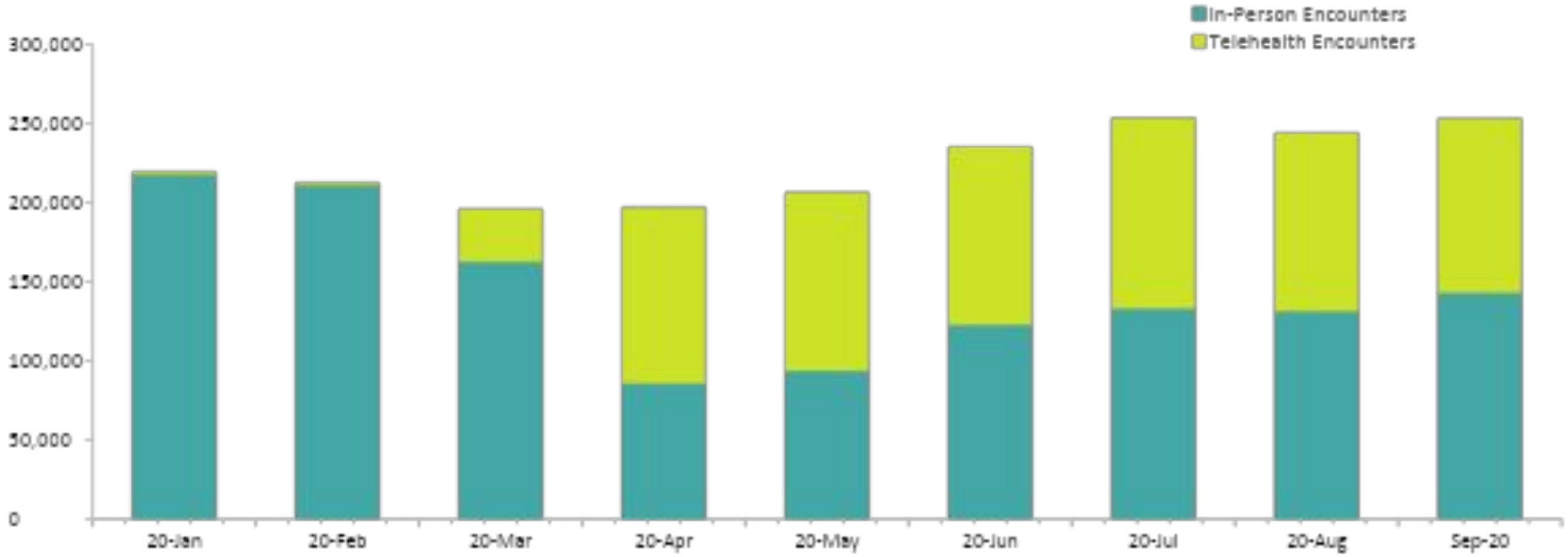


Source: F2F vs Telehealth Encounters Tableau Dashboard, retrieved 10/05/2020

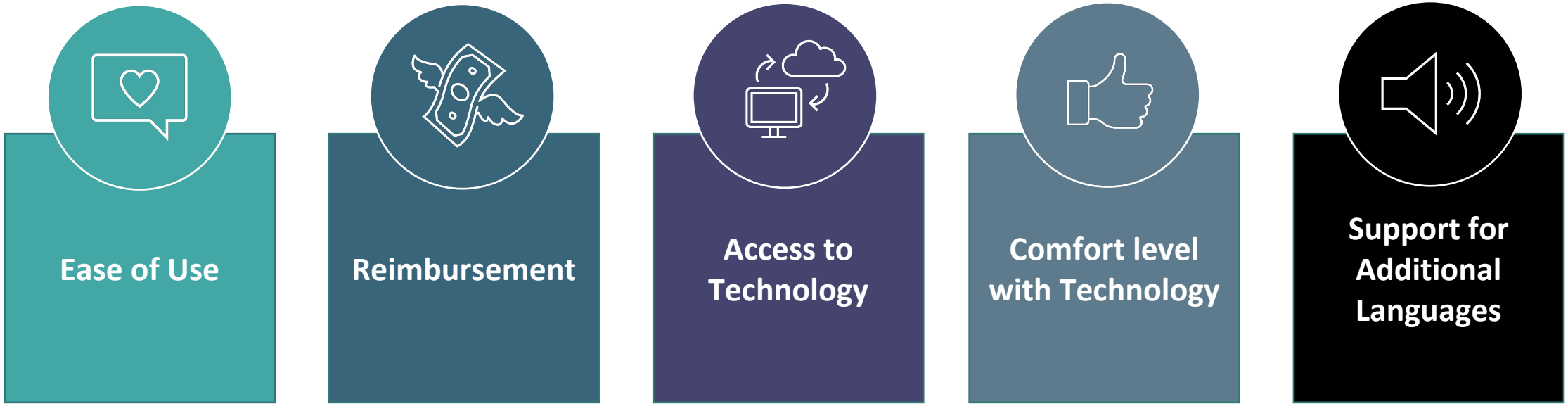
OCHIN

What We've Learned So Far:

California Telehealth Network
An OCHIN organization

The appetite for virtual care has **increased with the advent of COVID-19** and corresponding changes to reimbursement rules.

While adoption has dramatically increased in 2020, several barriers pose a challenge to adoption:



Virtual Care Advocacy in California

CTN/ OCHIN is partnering across the state to advocate for stability in virtual care payment and support for health centers.

Efforts In Sacramento include:

- Supporting the ability for providers to establish new patients via telehealth beyond the end of the public health emergency
- Continuing virtual care payment and flexibility options in preparation for future disasters or outbreaks
- Advocating for FQHC/RHC to continue to be both originating and distant sites to provide virtual patient care
- Supporting Medi-Cal payment for asynchronous care such as eVists and eConsults
- Continued support for expanding funds and access for broadband and helping close equity gaps around telehealth

Key Actions to Support Virtual Care Adoption : Call for Working Together

California Telehealth Network
An OCHIN organization

1. Build certainty in sustained telehealth reimbursement
2. Continue broadband investments to reduce the digital divide
3. Support provider training, patient engagement and patient portals
4. Support for Patients using these tools

California Telehealth Policy Update

October 22, 2020

Center for Connected Health Policy
The National Telehealth Policy Resource Center

Mei Wa Kwong, JD,
Executive Director, CCHP

CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

DISCLAIMERS

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.

ABOUT CCHP

- Established in 2009
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition

TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

Search by Category & Topic

Medicaid Reimbursement

- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

Private Payer Reimbursement

- Private Payer Laws
- Parity Requirements

Professional Regulation/Health & Safety

- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)

TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL

MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

•DEA – PHE prescribing exception/allowed phone for suboxone for OUD
•HIPAA – OCR will not fine during this time

STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections

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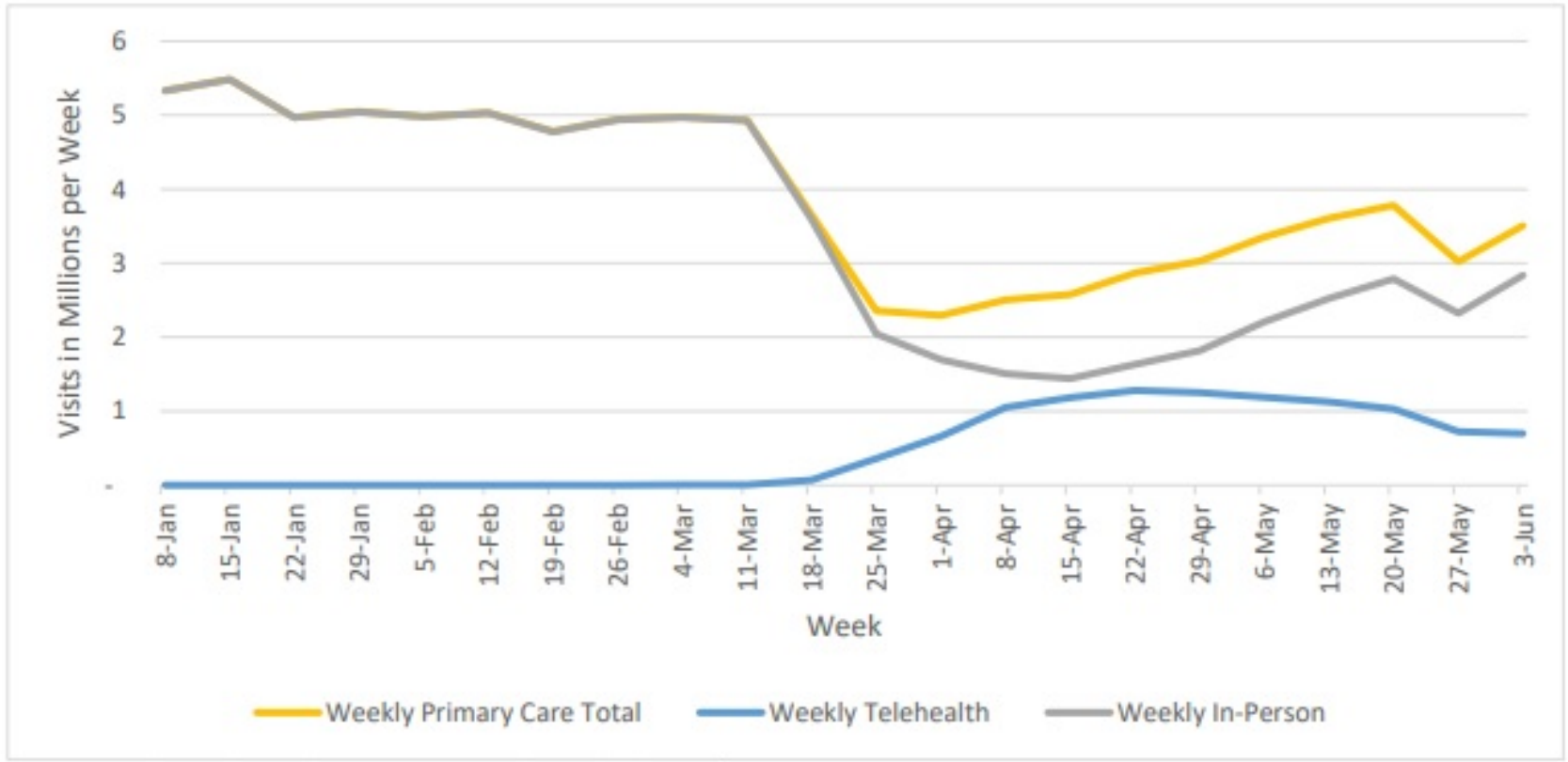
The National Telehealth Policy Resource Center

IMPACT OF TELEHEALTH POLICY CHANGES

Figure 1. Primary Care Visits for FFS Medicare Beneficiaries (visits in millions per week)



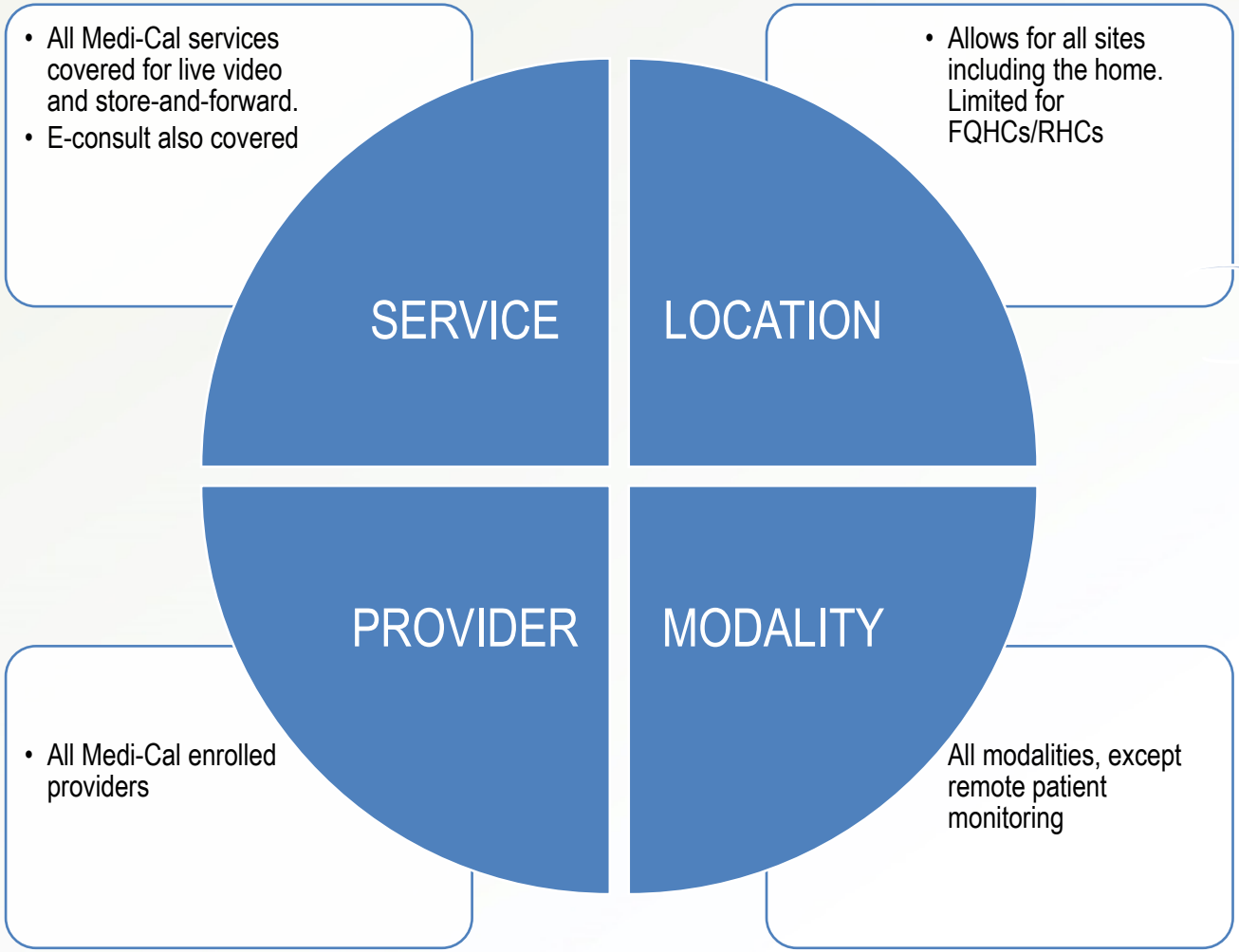
Source: Medicare claims data up to June 3rd, available as of June 16.

- *Chart from ASPE Issue Brief, July 28, 2020 "Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of the COVID-19 Pandemic"*

https://aspe.hhs.gov/system/files/pdf/263866/HP_IssueBrief_MedicareTelehealth_final7.29.20.pdf

CALIFORNIA POLICY PRE-COVID-19

- **Medi-Cal** Policies, Update Summer 2019
  - All covered services can be provided by live video or store-and-forward, at the provider's discretion
  - Home is an eligible originating site
  - Certain limitations for FQHCs and RHCs
- Oral or written consent to use telehealth permitted
- **Commercial Plans:** AB 744 (2019) requires payment parity for commercial health plans and insurers, for all contracts executed or amended on or after January 1, 2021



CALIFORNIA POLICY CHANGES DURING COVID-19

Key temporary California policy changes during COVID-19:

- Medi-Cal and commercial plans are required to reimburse for **services provided by telephone**
- In Medi-Cal, **FQHCs/RHCs have expanded ability to recoup reimbursement for telehealth**
- Governor relaxed **consent and privacy requirements**
- Commercial health plans are required to **cover telehealth, at payment parity**
- Many temporary **changes tied to federal public health emergency (PHE)**

ISSUE	MEDI-CAL	COMMERCIAL HEALTH PLANS
Geographic Limitation	N/A – Did not have limitation pre-COVID-19	N/A – Did not have limitation pre-COVID-19
Site Limitation	Waived restrictions for FQHCs/RHCs	N/A – Did not have limitation pre-COVID-19
Provider Limitation	Allowed greater flexibilities to providers at FQHCs/RHCs	DMHC requested plans not limit provider types eligible for reimbursement
Services Eligible	DHCS required Medi-Cal Managed Care Plans to cover telehealth services to the same extent as in-person equivalents	DMHC required health plans to cover telehealth services to the same extent as in-person equivalents
Payment Parity	DHCS required Medi-Cal Managed Care Plans to cover telehealth services at same rate as in-person equivalents	DMHC required health plans to cover telehealth services at same rate as in-person equivalent
Billing Frequency Limitations	N/A	N/A
Modality	Expanded coverage to include phone as a modality to deliver services	Expanded coverage to include phone as a modality to deliver services
Licensing	Limited exceptions for certain facilities that apply for a waiver through the California Emergency Services Agency	Limited exceptions for certain facilities that apply for a waiver through the California Emergency Services Agency

TELEHEALTH & MEDICAID

Preliminary data suggest that services delivered via telehealth increased from February through April 2020

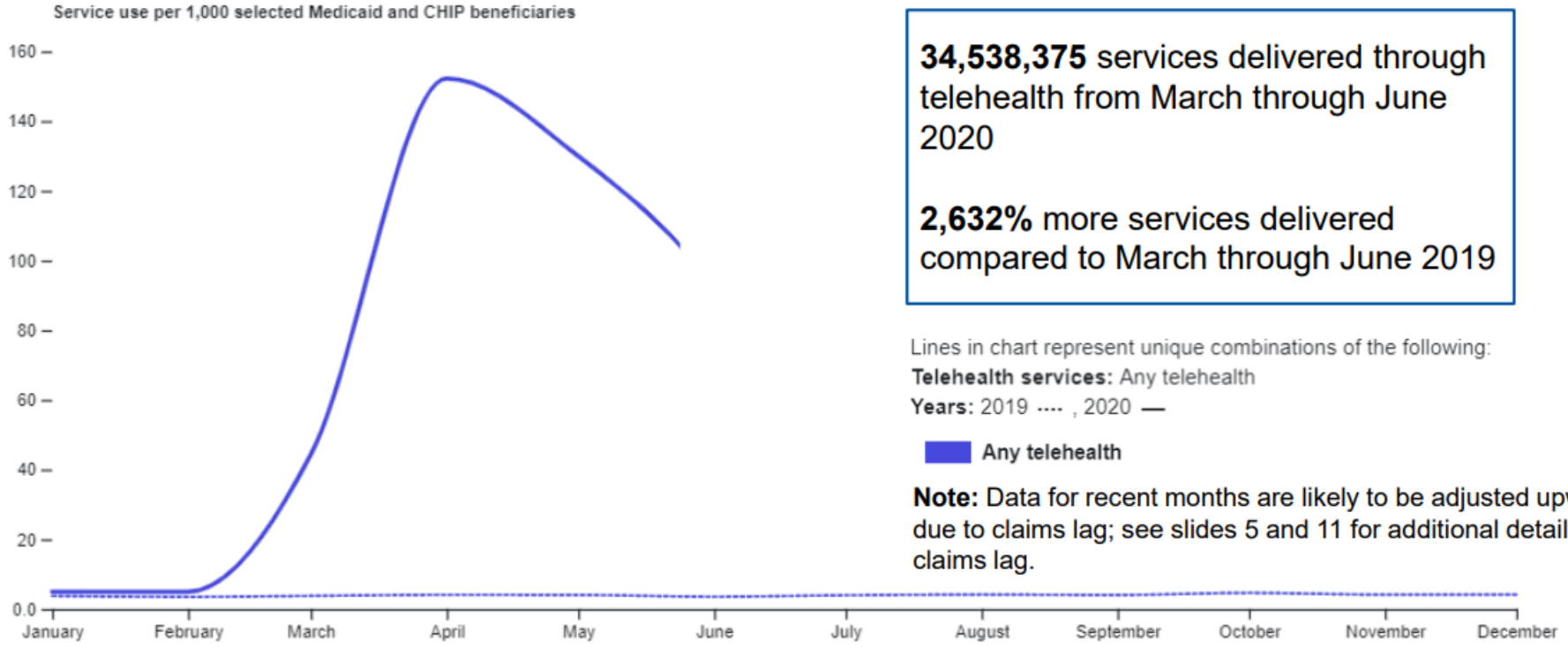
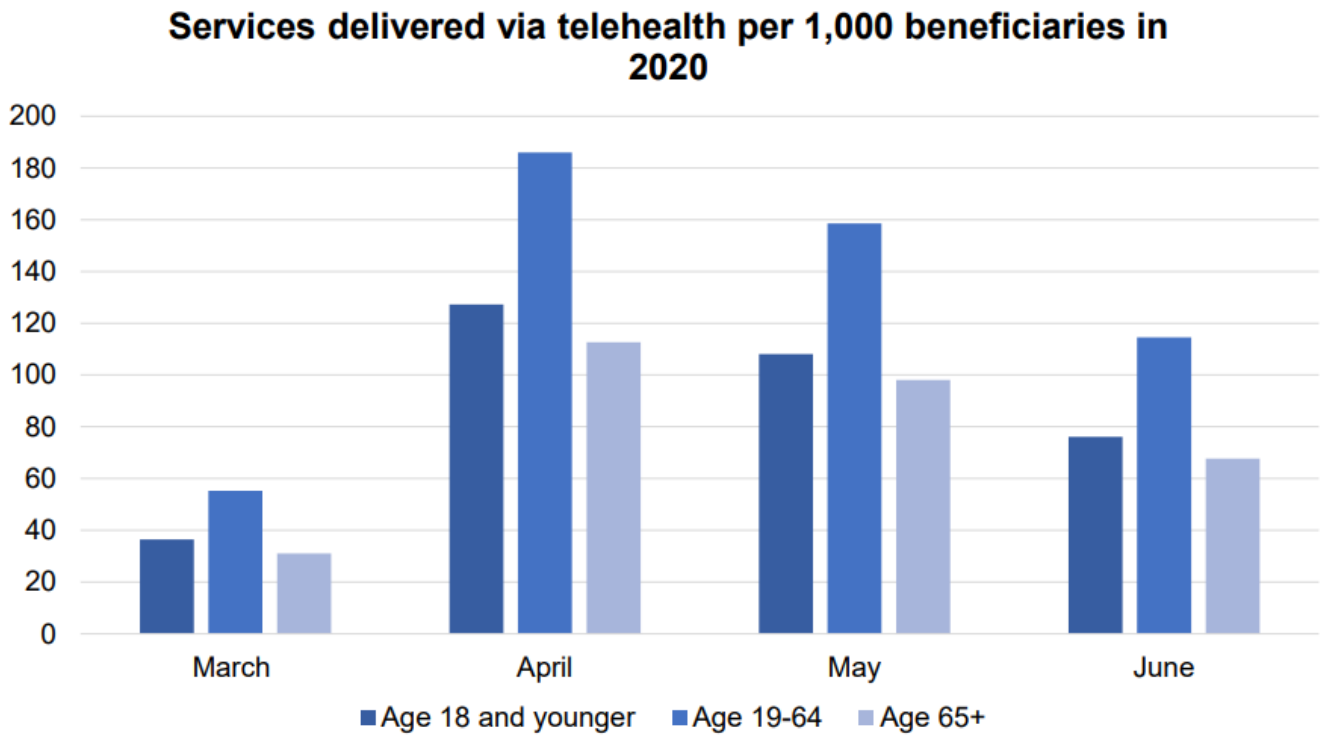


Chart & Information from CMS Preliminary Medicaid & CHIP Data Snapshot for Services through June 30, 2020.
https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-COVID-19-snapshot-data-through-20200630.pdf

TELEHEALTH & MEDICAID

Preliminary data suggest that services delivered via telehealth were highest among working age adults, followed by children and older adults



Note: Data for recent months are likely to be adjusted upward due to claims lag; see slides 5 and 11 for additional details on claims lag.

Note: Many beneficiaries age 65 and older are likely to be dually eligible for both Medicare and Medicaid. Therefore, the results may underestimate telehealth utilization in this population.

Chart & Information from CMS Preliminary Medicaid & CHIP Data Snapshot for Services through June 30, 2020.
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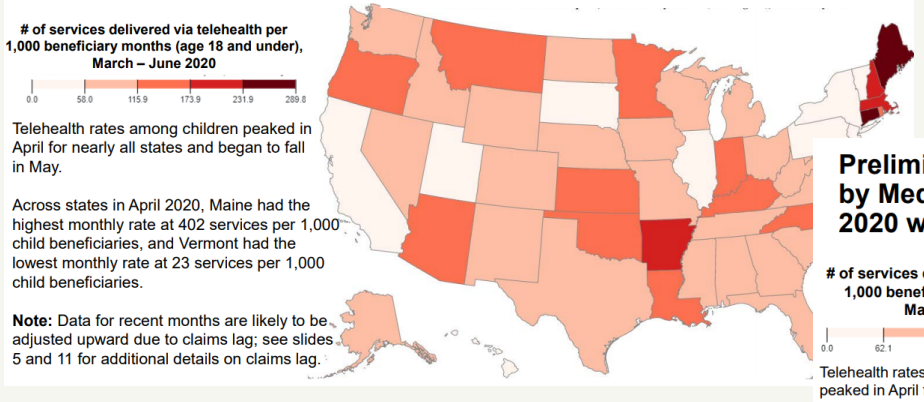
TELEHEALTH & MEDICAID

Preliminary data suggest that, among children, services delivered via telehealth per 1,000 beneficiary months from March through June 2020 varied across states

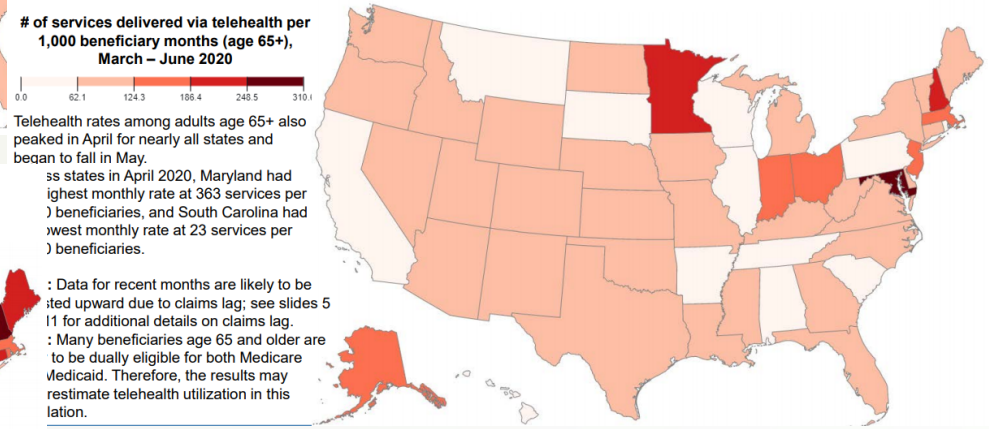


Telehealth rates among children peaked in April for nearly all states and began to fall in May.

Across states in April 2020, Maine had the highest monthly rate at 402 services per 1,000 child beneficiaries, and Vermont had the lowest monthly rate at 23 services per 1,000 child beneficiaries.

Note: Data for recent months are likely to be adjusted upward due to claims lag; see slides 5 and 11 for additional details on claims lag.

Preliminary data suggest that services delivered via telehealth (paid by Medicaid) per 1,000 beneficiary months from March through June 2020 was lowest among beneficiaries age 65+ across most states

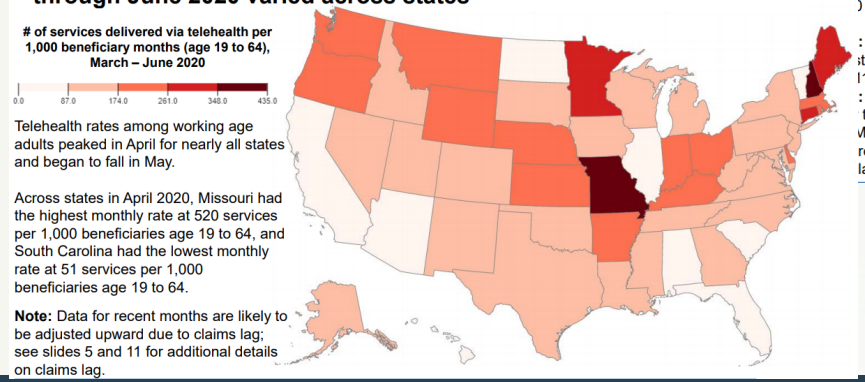


Telehealth rates among adults age 65+ also peaked in April for nearly all states and began to fall in May.

ss states in April 2020, Maryland had ighest monthly rate at 363 services per) beneficiaries, and South Carolina had owest monthly rate at 23 services per) beneficiaries.

: Data for recent months are likely to be ted upward due to claims lag; see slides 5 11 for additional details on claims lag.
: Many beneficiaries age 65 and older are to be dually eligible for both Medicare Medicaid. Therefore, the results may restimate telehealth utilization in this lation.

Preliminary data suggest that, among adults age 19 to 64, services delivered via telehealth per 1,000 beneficiary months from March through June 2020 varied across states



Telehealth rates among working age adults peaked in April for nearly all states and began to fall in May.

Across states in April 2020, Missouri had the highest monthly rate at 520 services per 1,000 beneficiaries age 19 to 64, and South Carolina had the lowest monthly rate at 51 services per 1,000 beneficiaries age 19 to 64.

Note: Data for recent months are likely to be adjusted upward due to claims lag; see slides 5 and 11 for additional details on claims lag.

Chart & Information from CMS Preliminary Medicaid & CHIP Data Snapshot for Services through June 30, 2020.
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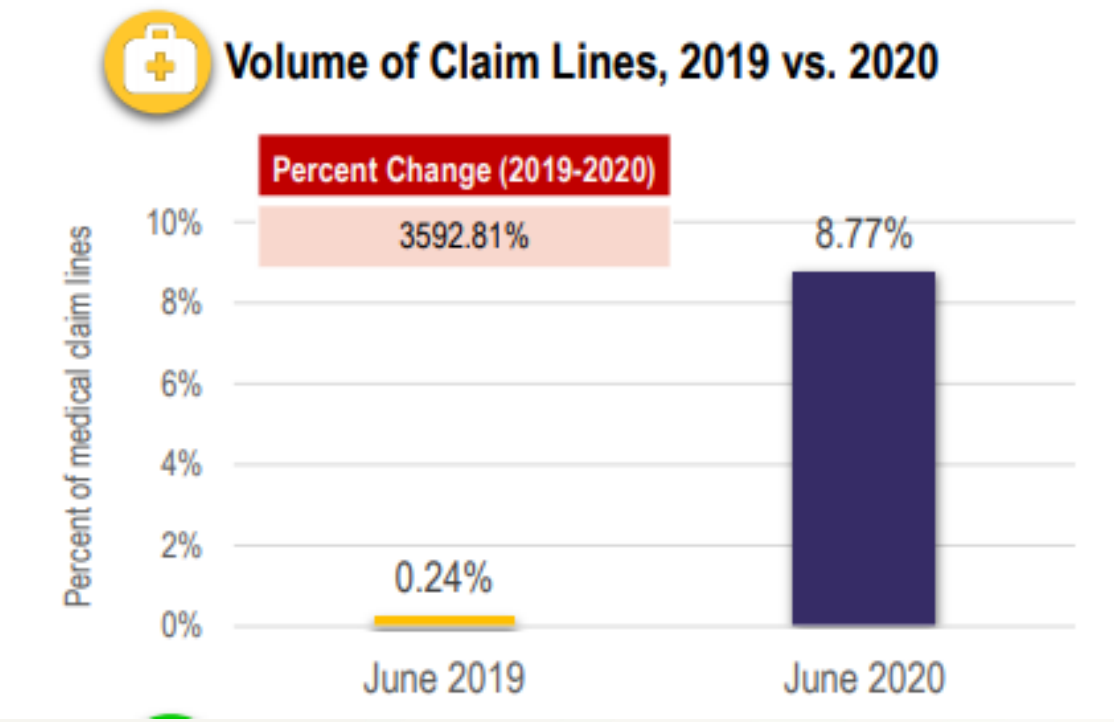
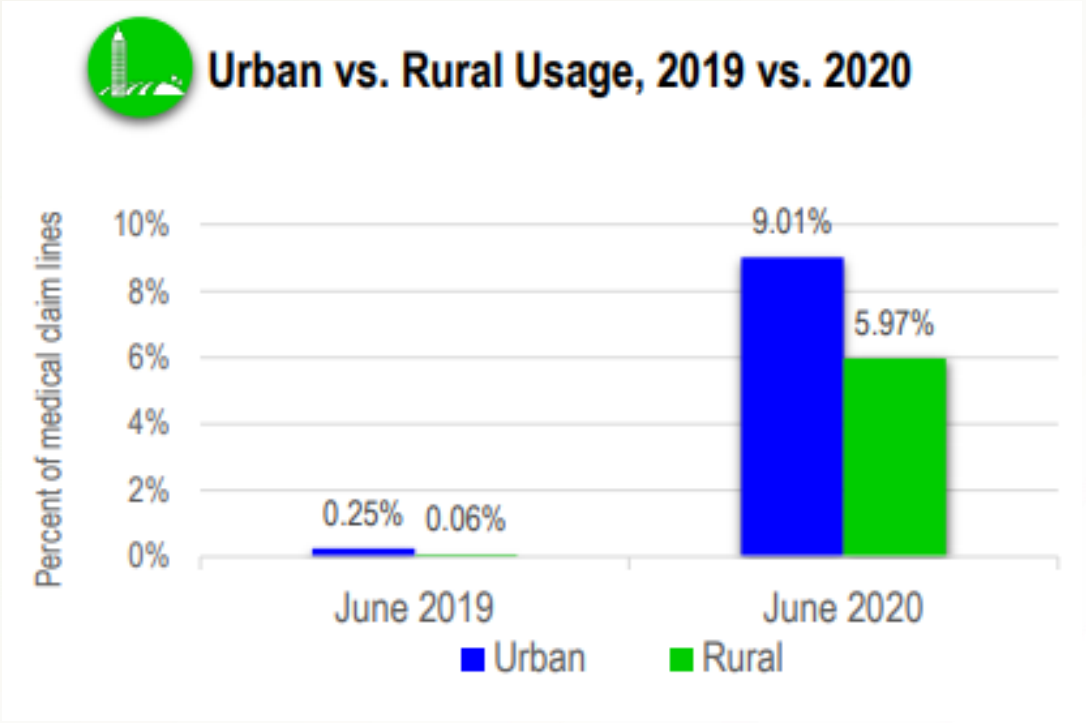
The National Telehealth Policy Resource Center

TELEHEALTH & COMMERCIAL PAYERS

JUNE 2020 – For AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

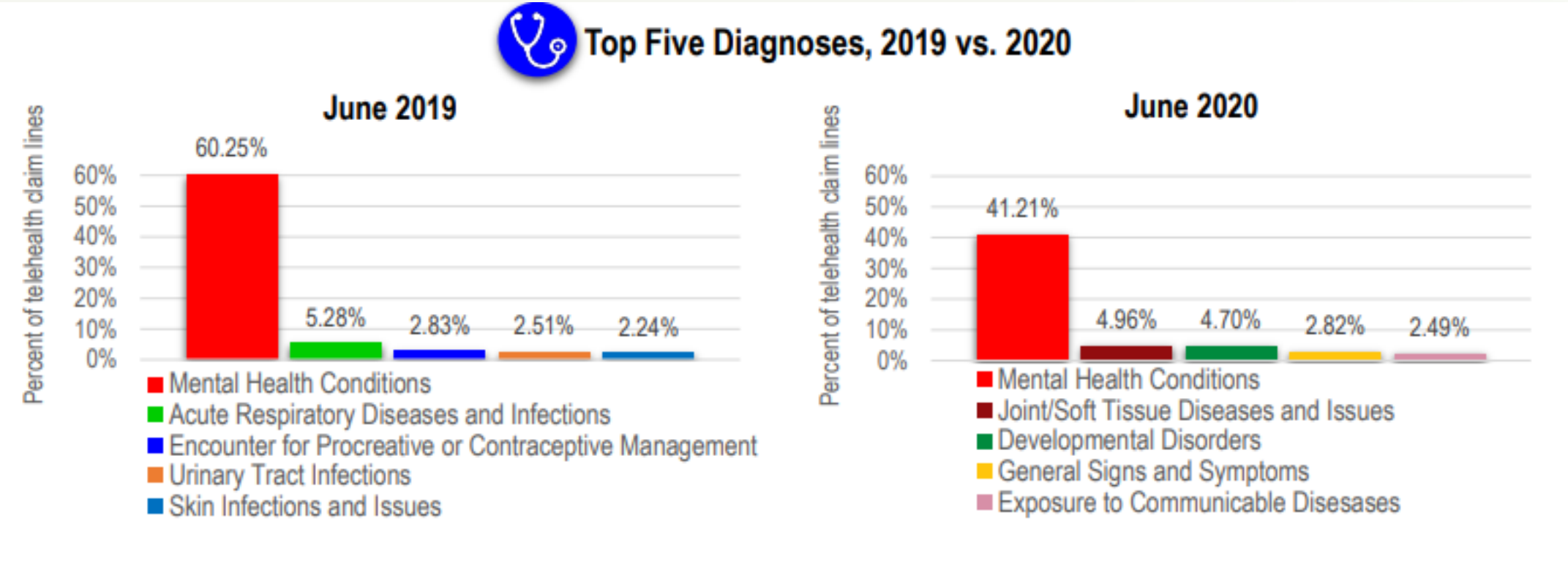




** Chart from Fair Health Monthly Telehealth Regional Tracker -* https://www.fairhealth.org/states-by-the-numbers/telehealth

TELEHEALTH & COMMERCIAL PAYERS

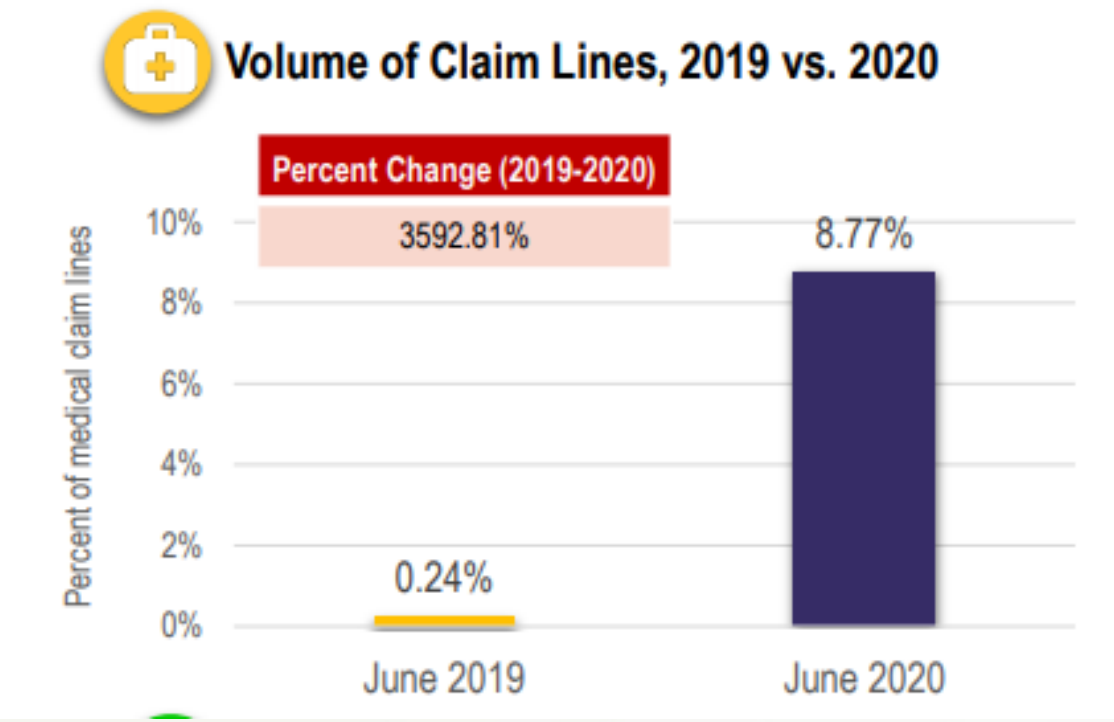
JUNE 2020 – For AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

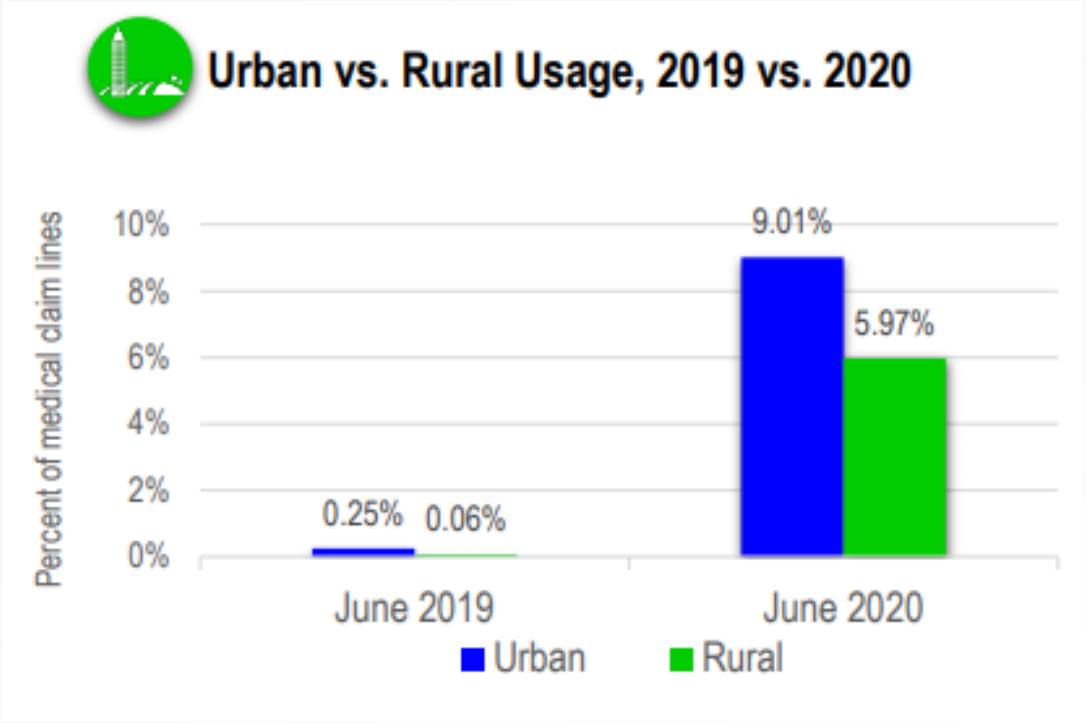


** Chart from Fair Health Monthly Telehealth Regional Tracker -* https://www.fairhealth.org/states-by-the-numbers/telehealth

TELEHEALTH & COMMERCIAL PAYERS (2)

JUNE 2020 – For AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY





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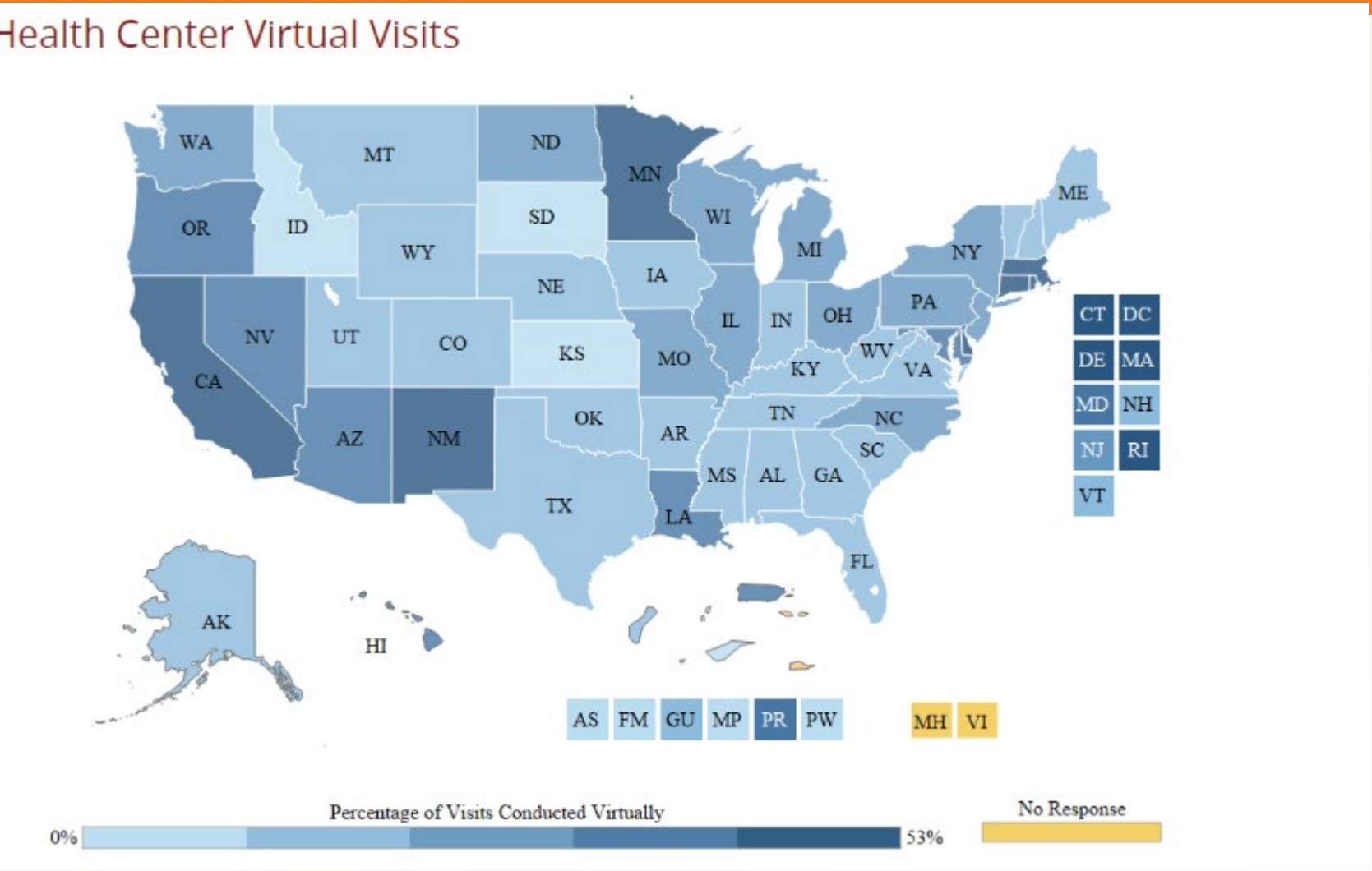
CHC TELEHEALTH UTILIZATION



In a survey conducted by the Health Resources and Services Administration (HRSA) of CHCs, an average of 27.13% of the health center visits were conducted virtually (either telephone or a telehealth modality) for the week of October 2, 2020.

Health Resources & Services Administration, COVID-19 health Center Survey Maps. https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data/survey-maps#virtual (Accessed October 18, 2020).

OTHER ISSUES

- Beyond reimbursement/coverage
  - Broadband
  - Licensing
  - Education of providers and consumers
  - Out-of-date forms, regulations

CALIFORNIA POLICY DURING COVID-19

- Where do we stand now?
  - Still only have temporary changes, nothing made permanent yet
  - No significant telehealth legislation was signed this past session
  - In Governor Newsom's veto message, DHCS "is currently in the process of evaluating its global telehealth policy to determine what temporary flexibilities should be extended beyond the COVID-19 pandemic."

CA TELEHEALTH POLICY COALITION

- Established in 2011
- A project of CCHP
- 100 State & National Organizations as members
- Wide variety of state organizations participate
- Valued resource of educational materials
- Informational webinars and legislative briefings

California Telehealth Policy Coalition

COALITION RECOMMENDATIONS FOR 2021

For California, necessary policy changes for 2021 include:

- Continue to require payment for the use of telephone to deliver services, including for FQHCs and RHCs.
- Continue to allow FQHCs and RHCs to provide services to their patients in the home.
- Expand payment parity for telehealth-delivered services to Medi-Cal Managed Care.
- Require reimbursement of remote patient monitoring and e-consult in Medi-Cal, including for FQHCs and RHCs.
- Allow FQHCs and RHCs to establish a patient-provider relationship via telehealth.
- Create more provider education materials on how to bill for telehealth.
- Generate more patient education on the availability of telehealth and how to access it.
- Update outdated forms that don't allow billing for telehealth.

California has the opportunity to learn from COVID-19 so that when our next major emergency occurs, the state and its providers are prepared to use telehealth to meet Californians' needs.

CCHP

- CCHP Website – cchpca.org
  - Telehealth Federal Policies - https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies
  - State Emergency Waivers/Guidance - https://www.cchpca.org/resources/covid-19-related-state-actions
- Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe

Thank You!

www.cchpca.org

info@cchpca.org

ALAMEDA HEALTH CONSORTIUM

COMMUNITY HEALTH CENTER NETWORK

Telehealth in Community Health Centers

Laura M. Miller, MD

CMO – CHCN

October 22, 2020

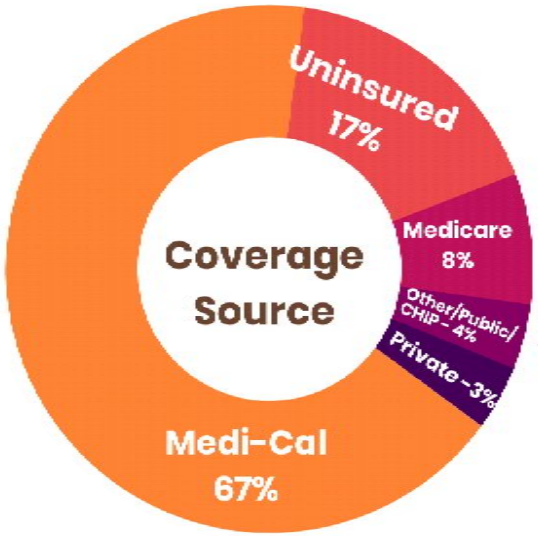
Who we are

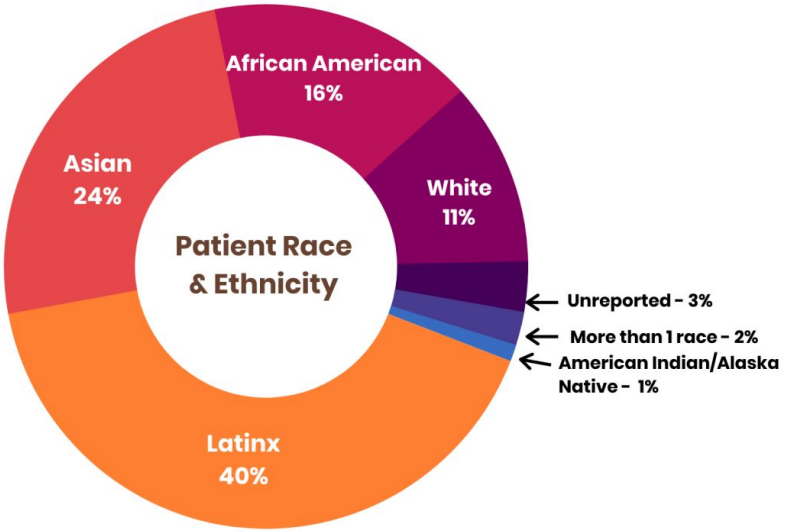
8 Community Health Centers

95+ Sites

270,385 Patients

1,243,914 Visits



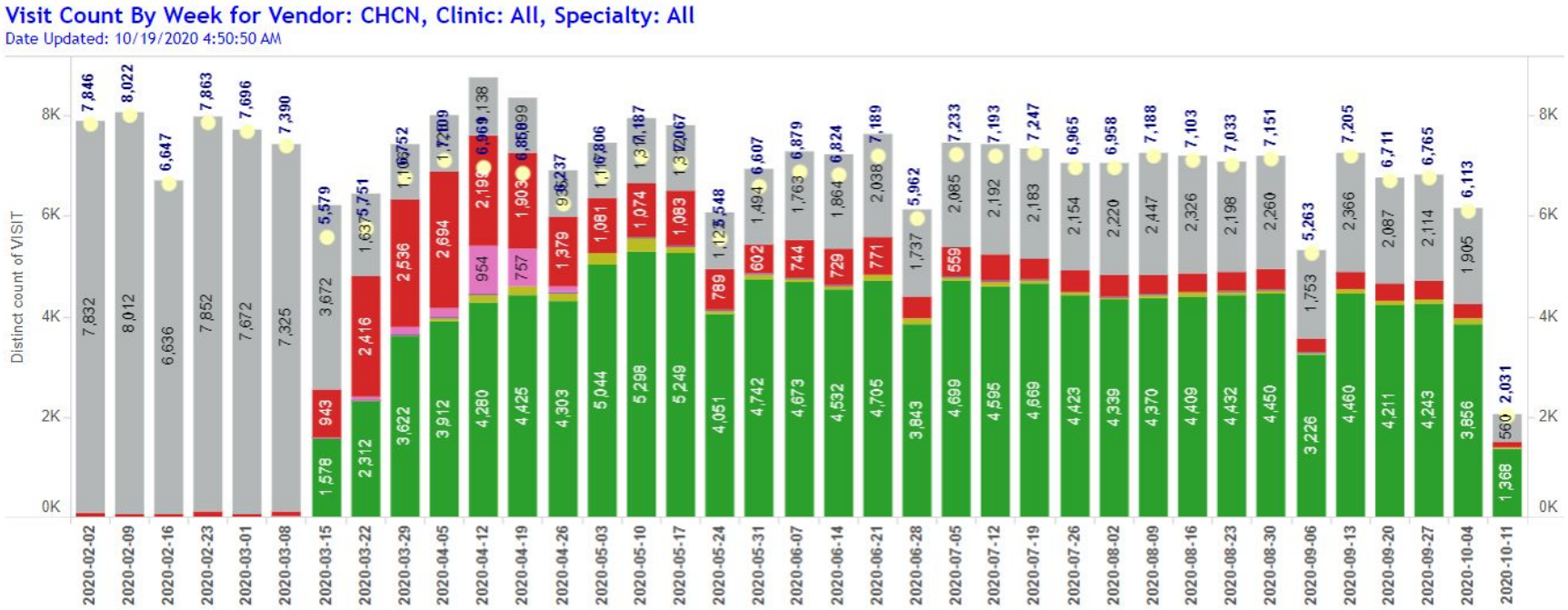


ASIAN HEALTH SERVICES
axis community health
BAY AREA COMMUNITY HEALTH
La Clínica a california health center
LifeLong Medical Care Health Services For All Ages a california health center
NATIVE AMERICAN HEALTH CENTER Serving the community since 1972
TIBURCIO VASQUEZ Health Center
West Oakland Health

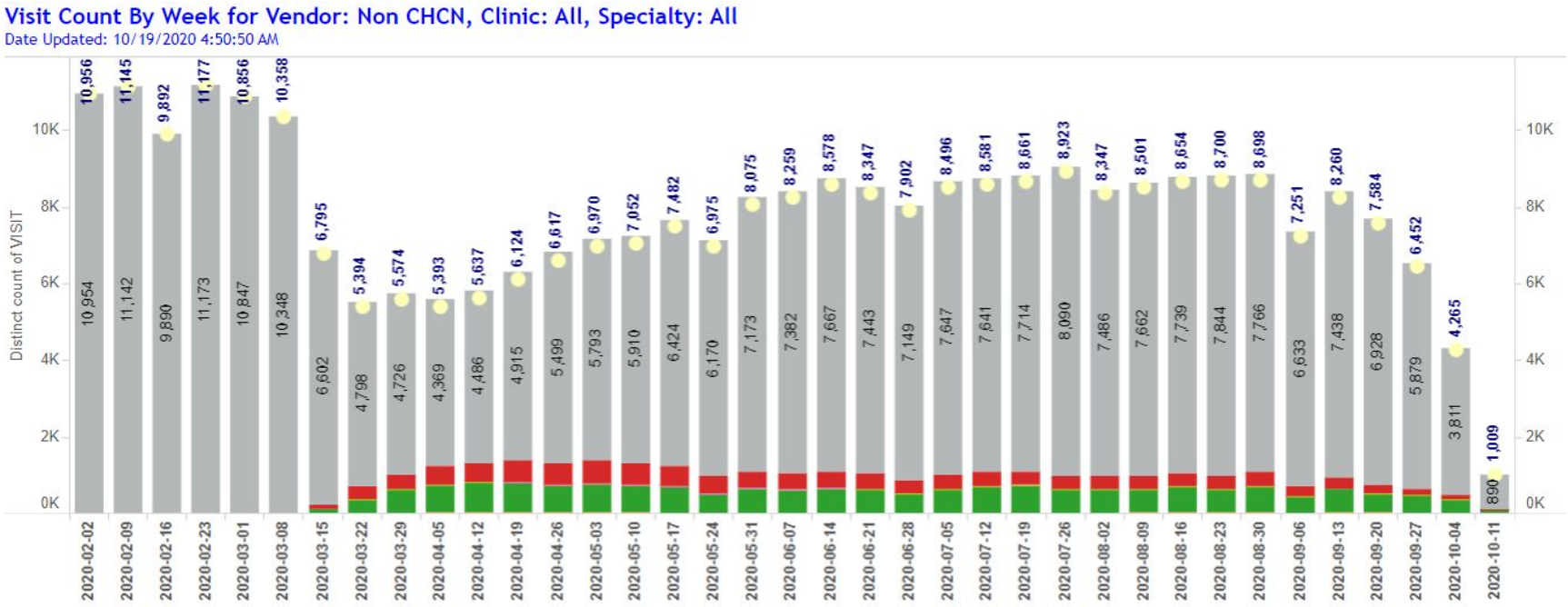
Current State

- Rapid pivot in March 2020
- Faster than our specialty network

Grey – non TH
Green – TH
Yellow -- TH
BH
Purple –TH FQ
Red – TH other
Pink – TH transmittal



Specialty Network Telehealth Adoption



Technology and Practices

- Multiple modalities
- Audio only
  - Doximity dialer
  - Clinic-purchased i-phones
- Video
  - Doximity dialer
  - Zoom via OCHIN EPIC My Chart
  - Face-time via clinic-purchased i-phones

Use of Telehealth

- Primary care visit numbers are only slightly lower than prior to Shelter-in-Place
- In September, 61% of visits were via telehealth
- In a study done by LifeLong Medical Care, 81% of respondents were satisfied with telehealth, and 40% of those were over 65 years old
- Much reduced no-shows for primary care and behavioral health

Barriers

- Comfort with technology
- Access to stable Wi-fi
- Access to devices
- Non-English speakers
  - Challenges with 3-way calls for translation in both video and audio visits
- Lack of privacy in the home
  - May make behavioral health and inter-personal violence harder to approach

Key Action Steps

- Optimize connected devices – BP control is a glaring example of need
- Make FaceTime HIPAA compliant
- Integrate devices in to the EHR
- Simplify access to Zoom for MyChart
- Continue to reimburse visits in the FQHC setting
- Erase the digital divide

Key Action Steps regards Structural Barriers

- Telehealth can reduce disparities in access by minimizing the economic burden of taking time off work
- Transportation is a structural barrier that is mitigated by use of telehealth

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Telehealth Promotion Project

CETF Presentation

October 2020

Tory Starr, Chief Executive Officer

The Rural Perspective

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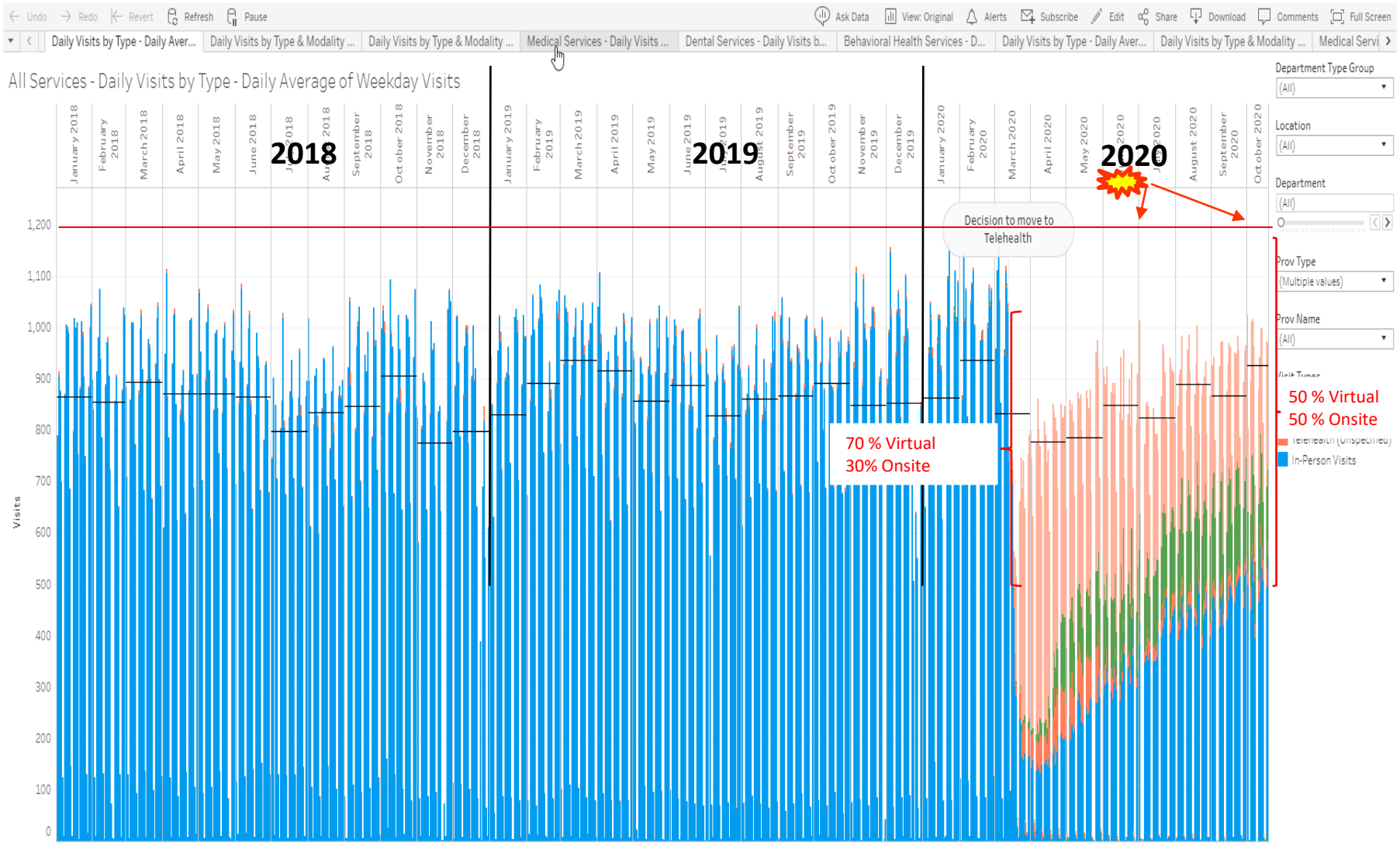
Daily Visits – 2018 thru Oct 21-2020



**Included encounters have an end of day appointment status of arrived or completed or are posted in billing. Un-appointed encounters are excluded until posted in billing, so there is a lag.

** Reference lines display the average weekday visit counts for the respective month.

**Telehealth includes encounters that have either a Telehealth appointment type, encounter type or program code attached.

**Telehealth Video & Phone are distinguished using the appointment type and/or the encounter reason codes. Telehealth encounters without these reason codes are included as Telehealth Unspecified.

Video Care Values Statement

Open Door Community Health Centers removes barriers, improves access, and creates lasting and transformative change to the way we provide healthcare by equipping patients and staff with what they need for a high quality video visit experience.

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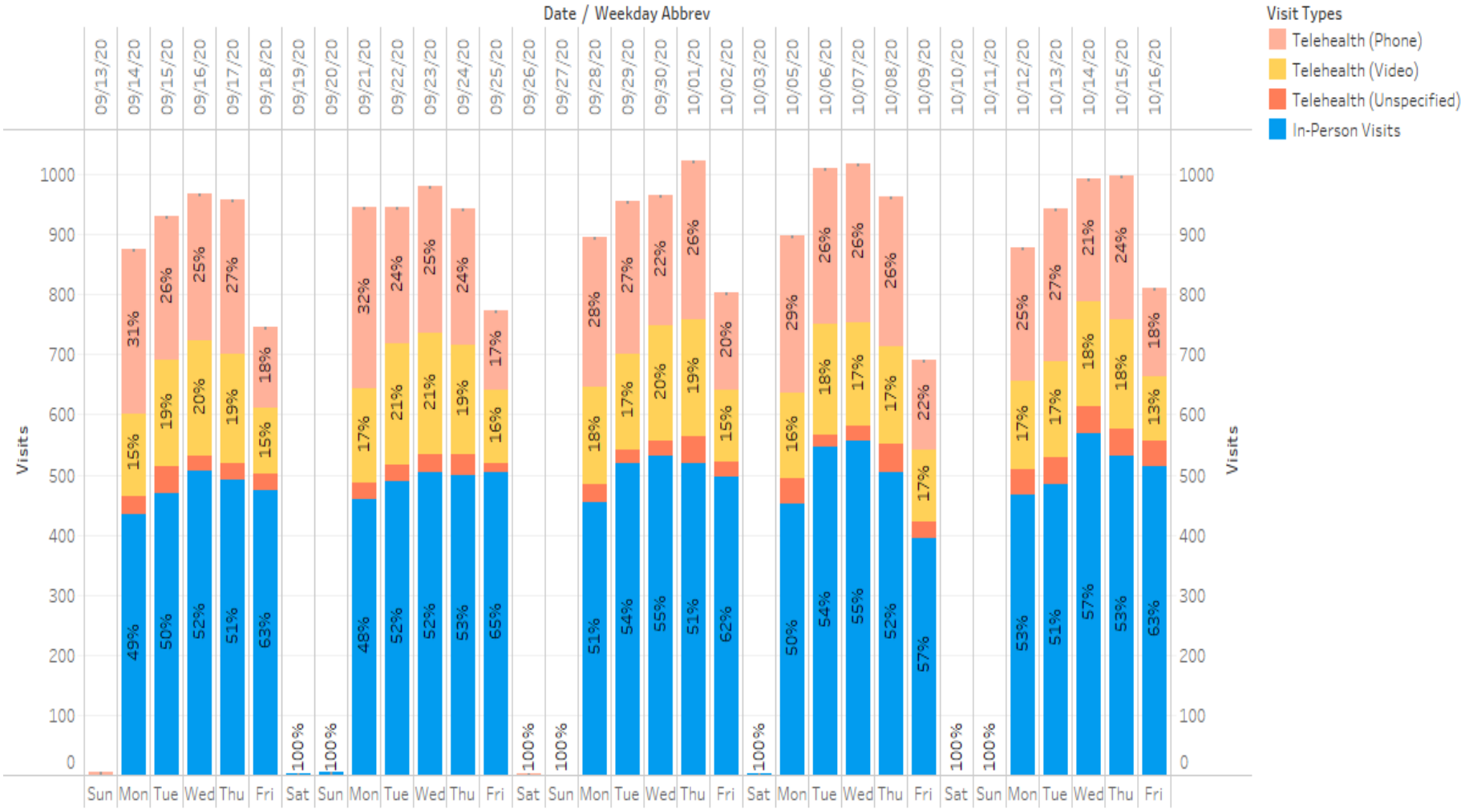
All Service Lines - Daily Visits by Type



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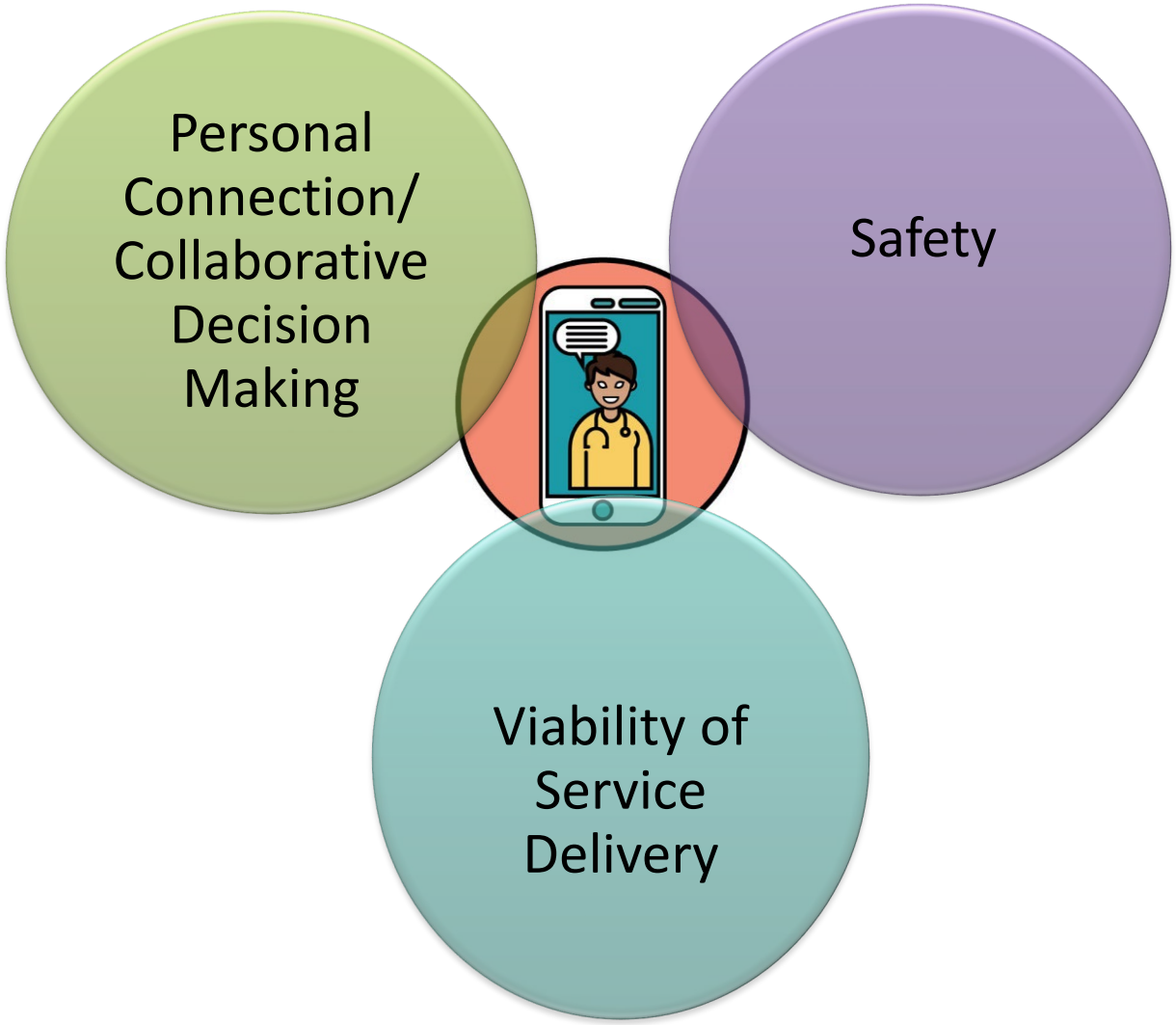
**Telehealth includes encounters that have either a Telehealth appointment type, encounter type or program code attached.

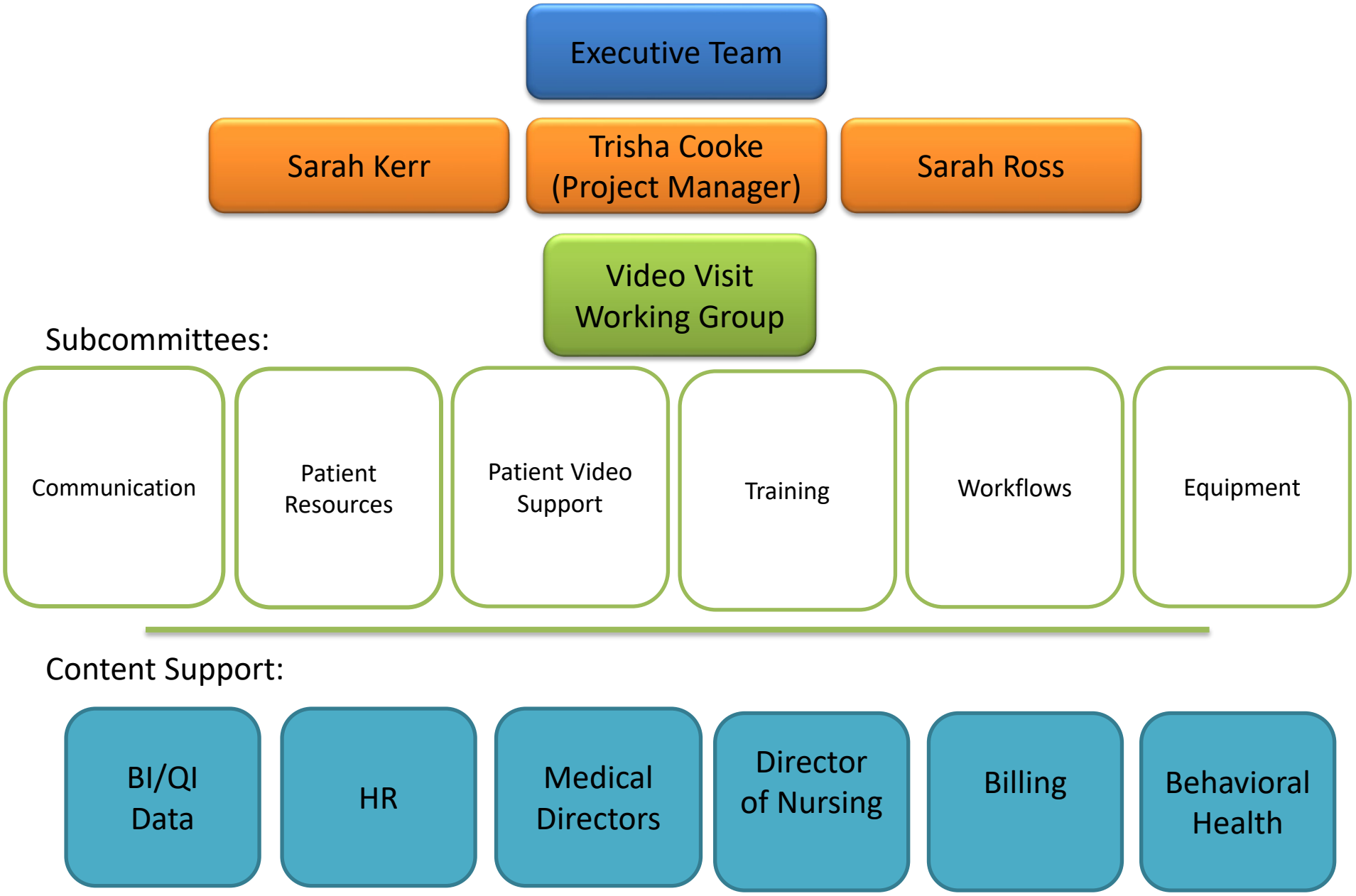
**Telehealth Video & Phone are distinguished using the appointment type and/or the encounter reason codes. Telehealth encounters without these reason codes are included as Telehealth Unspecified.

** Percentages in gray outside of colored bars display daily total visits as percentage of prior year moving average weekday visits.

Goal: By October 31st, **50%** of all *virtual* medical visits will be done by video.



Project Structure



Staff Resource Development

Video Care Resources

- Video Care 101
- Video Care Workflows
- Patient Resources

Family Practice Virtual Visit Types

Primary Care Virtual Visit [878] – Any Video or Telephone Visit where the Staff can send a Zoom, DOXY, or other Platform invite for a virtual visit. This is for visits that would normally be scheduled in a Family Practice department, including Case Management, Latino Health Coordinators, Nursing, or other Non-Billable visits.

MyChart Virtual Visit [733] – Any Video Visit where the patient has an active MyChart account and can self check-in and launch the Video Visit from MyChart. This is for visits that would normally be scheduled in a Family Practice department, including Case Management, Latino Health Coordinators, Nursing, or other Non-Billable visits.

MyChart Group Vir
Virtual Group meet
and a facilitator or t
Practice. Patients c
Zoom or a facilitato

Virtual Visit After H
strictly for the After
type is in conjunctio
workflow. This visit
occur after hours.

Behavioral Health Virtual Visit Types

BH Virtual [877] – Any Video or Telephone Visits where the staff can send a Zoom, DOXY, or other Platform for a virtual visit. This visit type is to be used in the Mental Health Departments only for behavioral health providers.

MyChart BH/MH Virtual Visit [942] – Any Video Visit where the Patient has an active MyChart account and can self-check-in and launch the Video Visit from MyChart. This visit type is to be used in the Mental Health Departments only for behavioral health providers.

MyChart BH/MH Grp Virtual Visit [951] – Any created Virtual Group meeting that has many participants and a facilitator or two that is part of the Mental Health Departments. Patients can self-check-in and launch Zoom or a facilitator can send a Zoom invite via text or email.

Dental Virtual Visit Types

Dental Virtual Visit [1021] – Any Video or Telephone Visits where the staff can send a Zoom, DOXY, or other platform invite for a virtual visit. This visit type is only for the Dental Department.

MyChart Dental Virtual Visit [937] – Any Video Visit where the patient has an active MyChart account and can self-check-in and launch the Video Visit from MyChart. This visit type is only to be used in the Dental Department for behavioral health providers.

Telemedicine Visit Types

Telemedicine (TM) [121] – Any visit where a patient comes into the clinic for an appointment and a staff member connects the patient to another provider or specialist via Zoom, DOXY, or other video

Virtual Visits [946] – Not currently being used

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Open Door Community Health Centers provides quality medical, dental and mental health care and health education to al regardless of financial, geographic, or social barriers.

Home | COVID-19 Hub » | Clinical & Medical Resources Hub » | Human Resources » | Member Services » | Behavioral Health »
Racial Equity & Inclusion | Saba Information | Video Care | IT Help Desk » | Directory » | Training & Education | News » | Employee FAQ »

Home » Video Care

Video Care

The leadership team for the Video Care project comprises, Regional directors Sarah Ross and Sarah Kerr, with project manager Trisha Cooke, from North Coast Clinics Network.

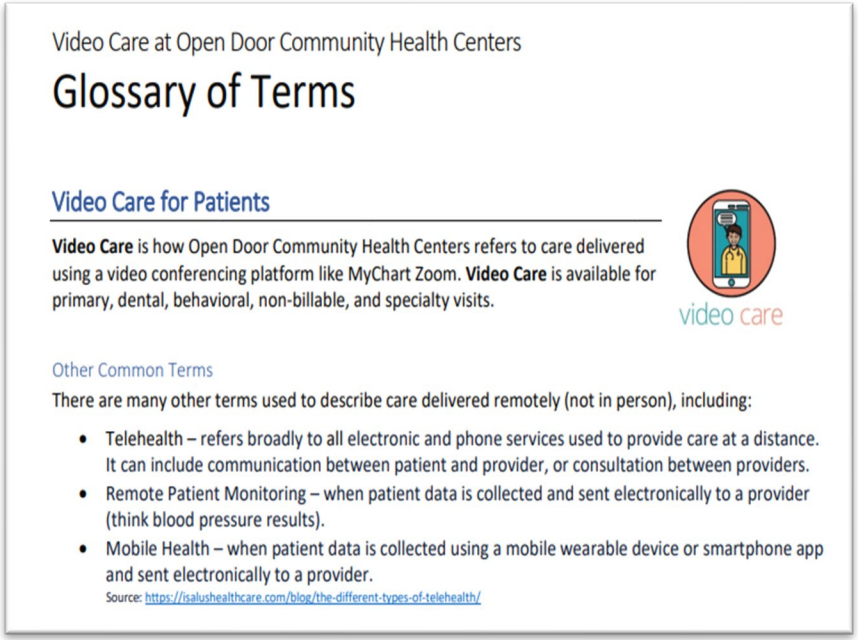
Latest Updates

09-24 FYI Flags and Video Care Dotphrases
Written by: esalholm Date: 09-24-2020
Read More

09-14 Video Care: Notes From The Field 09/14/20
Written by: esalholm Date: 09-14-2020
Over the last several months, the Video Care Working Group and the Latino Health Coordinators have been collecting resources that help Spanish-speaking patients get up and running with video visits. T... Read More

08-19 Video Care: Notes From The Field 08/12/20
Written by: jfranklin Date: 08-19-2020
Check out the latest update from the Video Care team. Read More

Patient Resource Development



Video Care at Open Door Community Health Centers

Glossary of Terms

Video Care for Patients

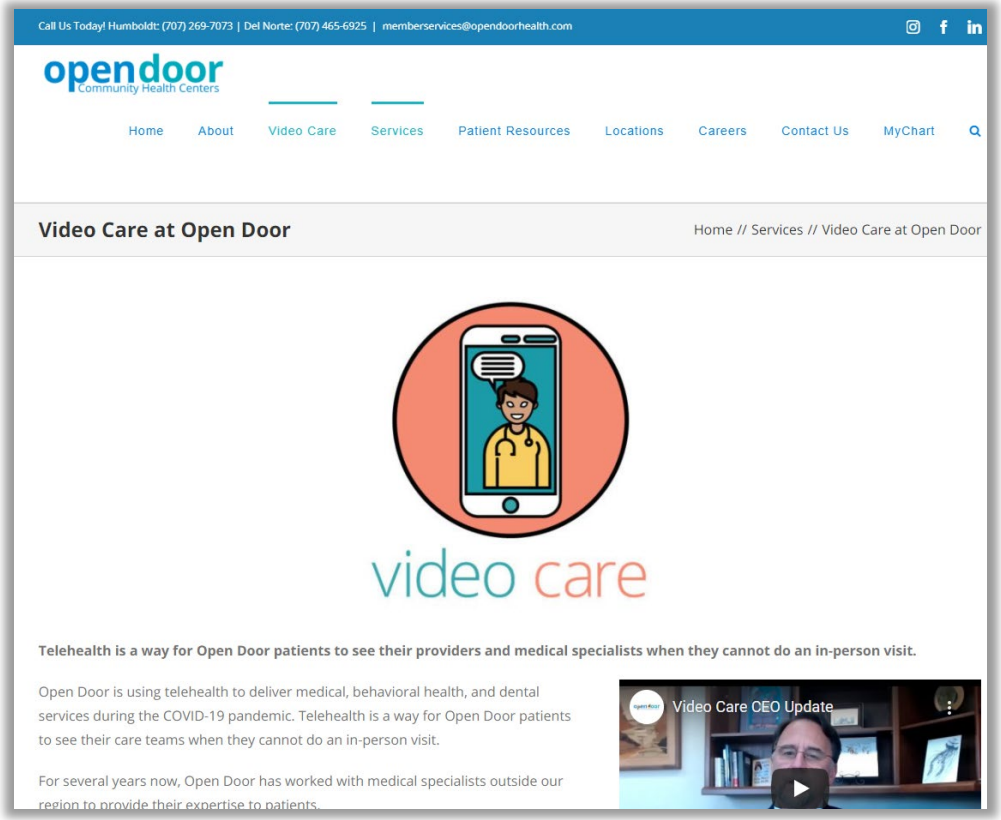
Video Care is how Open Door Community Health Centers refers to care delivered using a video conferencing platform like MyChart Zoom. **Video Care** is available for primary, dental, behavioral, non-billable, and specialty visits.

Other Common Terms

There are many other terms used to describe care delivered remotely (not in person), including:

- Telehealth – refers broadly to all electronic and phone services used to provide care at a distance. It can include communication between patient and provider, or consultation between providers.
- Remote Patient Monitoring – when patient data is collected and sent electronically to a provider (think blood pressure results).
- Mobile Health – when patient data is collected using a mobile wearable device or smartphone app and sent electronically to a provider.

Source: https://isalushealthcare.com/blog/the-different-types-of-telehealth/

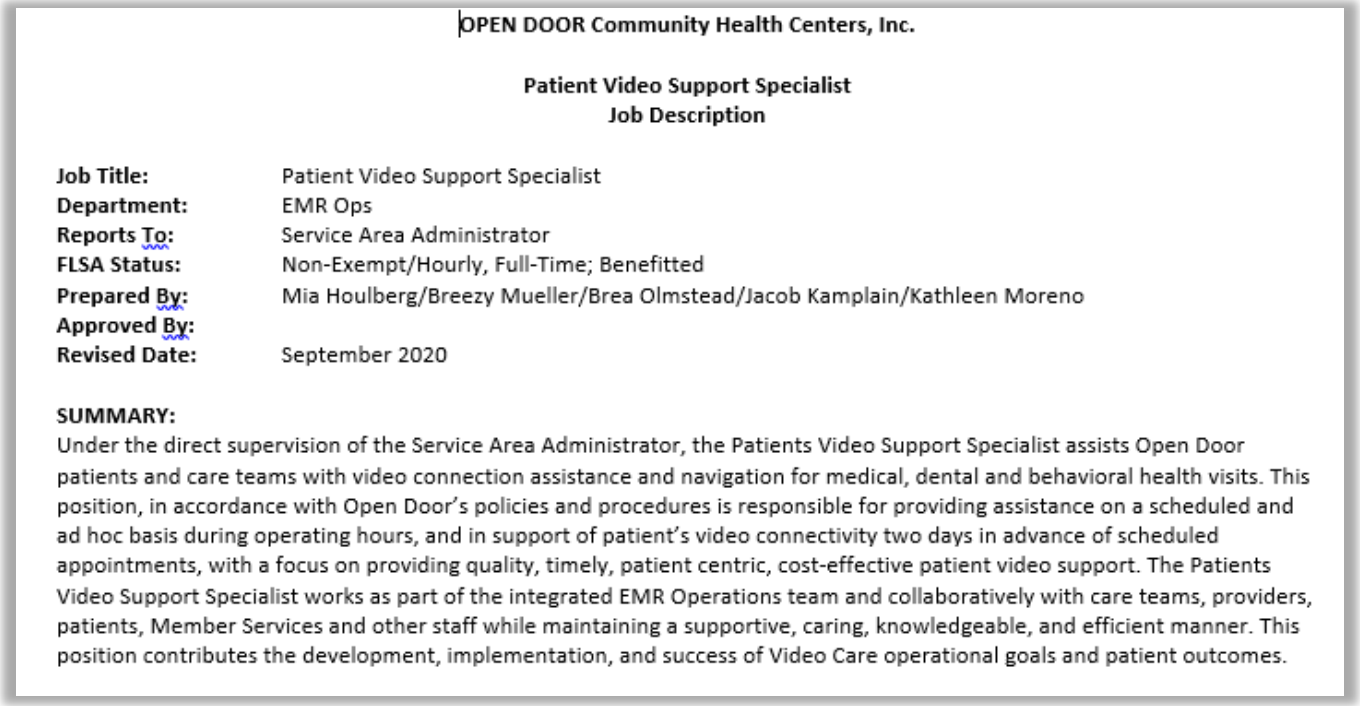


Patient Video Support

During Phase 1 Telemedicine & EMR teams helped track data:

Ave time helping a patient onboard to video care:

- 5-10 min for patients with medium confidence with technology
- 20+ min for patients with low confidence with technology



OPEN DOOR Community Health Centers, Inc.

Patient Video Support Specialist
Job Description

Job Title:	Patient Video Support Specialist
Department:	EMR Ops
Reports To:	Service Area Administrator
FLSA Status:	Non-Exempt/Hourly, Full-Time; Benefitted
Prepared By:	Mia Houlberg/Breezy Mueller/Brea Olmstead/Jacob Kamplain/Kathleen Moreno
Approved By:	
Revised Date:	September 2020

SUMMARY:

Under the direct supervision of the Service Area Administrator, the Patients Video Support Specialist assists Open Door patients and care teams with video connection assistance and navigation for medical, dental and behavioral health visits. This position, in accordance with Open Door's policies and procedures is responsible for providing assistance on a scheduled and ad hoc basis during operating hours, and in support of patient's video connectivity two days in advance of scheduled appointments, with a focus on providing quality, timely, patient centric, cost-effective patient video support. The Patients Video Support Specialist works as part of the integrated EMR Operations team and collaboratively with care teams, providers, patients, Member Services and other staff while maintaining a supportive, caring, knowledgeable, and efficient manner. This position contributes the development, implementation, and success of Video Care operational goals and patient outcomes.

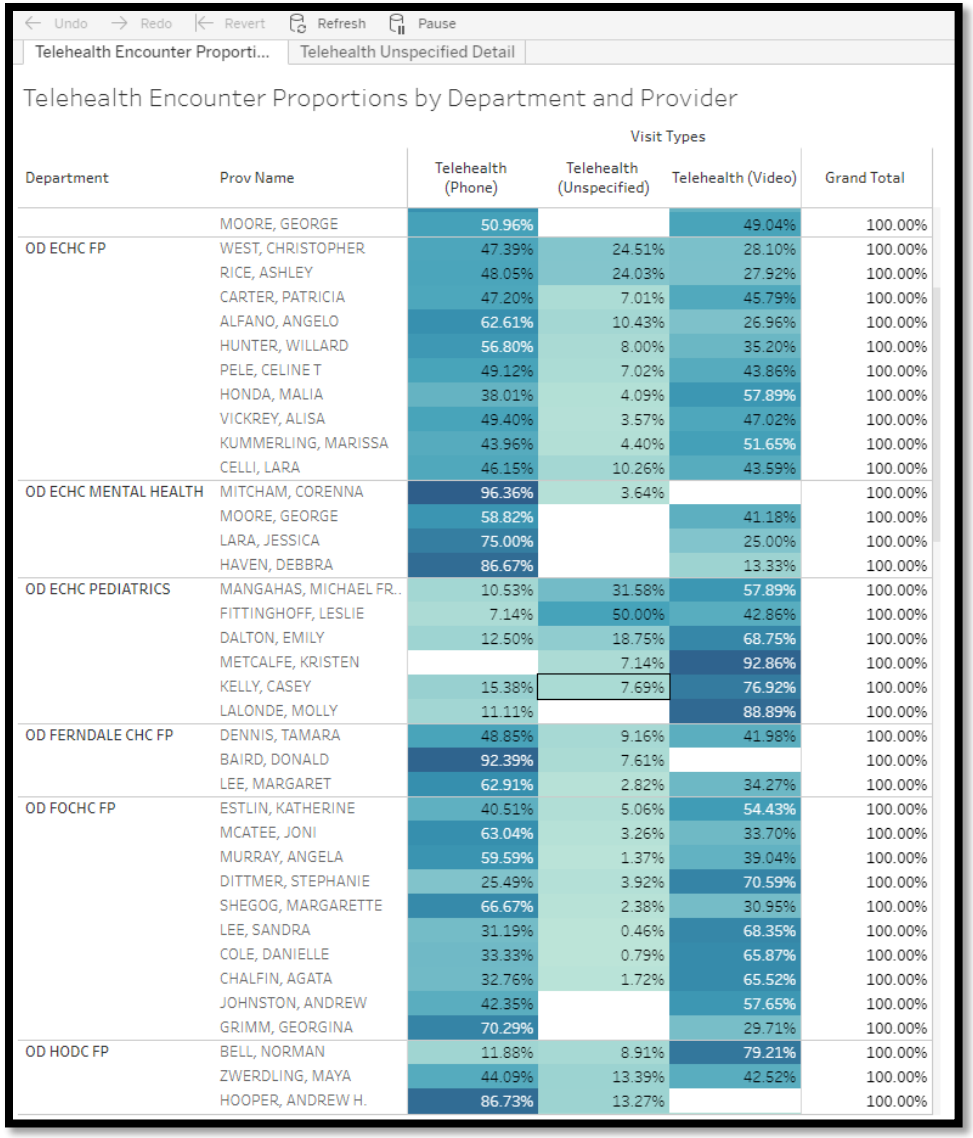
Next Steps:

- Build capacity at all levels to support patients with video support.
- Build capacity within the EMR Team for enhanced patient & staff video care support.

Staff Training

Training Name	Learning Objectives	Target Audience	Length of Training	Resources Needed	Trainers
Problem Solving/ Troubleshooting	How to get patients connected to different platforms & workflow overview.	Front office/ Back Office	~1 hr./ lunch	Zoom, computers	Jessica Clower primary Training Team back up
Workflow Training	Step-by-step training of the EMR video visit workflow.	Front office/ Back Office	~1 hr./ lunch	Zoom, computers, EMR prep	Training team primary Breezy back up
Video Visit Best Practices	Customer care training to help staff feel confident in their video care role.	Front office/ Back Office	~1 hr./ lunch	Zoom, computers	Resolution Care
Provider Resolution Care Training	Basic etiquette and best practices for providers regarding Video Visits. CME attached.	All providers	~1 hr./ lunch	Zoom, computers	Dr.Fratkin Resolution Care
Provider Workflow Training	Step-by-step detailed training and troubleshooting EMR for video visits.	Providers with low % of video visits.	~1 hr./ lunch	Zoom, computers, EMR prep	Alisa Panel of experienced providers-TBD

Which Providers are Struggling?



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Telehealth Encounter Proporti... | Telehealth Unspecified Detail

Telehealth Encounter Proportions by Department and Provider

Department	Prov Name	Visit Types: Telehealth (Phone)	Telehealth (Unspecified)	Telehealth (Video)	Grand Total
	MOORE, GEORGE	50.96%		49.04%	100.00%
OD ECHC FP	WEST, CHRISTOPHER	47.39%	24.51%	28.10%	100.00%
	RICE, ASHLEY	48.05%	24.03%	27.92%	100.00%
	CARTER, PATRICIA	47.20%	7.01%	45.79%	100.00%
	ALFANO, ANGELO	62.61%	10.43%	26.96%	100.00%
	HUNTER, WILLARD	56.80%	8.00%	35.20%	100.00%
	PELE, CELINE T	49.12%	7.02%	43.86%	100.00%
	HONDA, MALIA	38.01%	4.09%	57.89%	100.00%
	VICKREY, ALISA	49.40%	3.57%	47.02%	100.00%
	KUMMERLING, MARISSA	43.96%	4.40%	51.65%	100.00%
	CELLI, LARA	46.15%	10.26%	43.59%	100.00%
OD ECHC MENTAL HEALTH	MITCHAM, CORENNA	96.36%	3.64%		100.00%
	MOORE, GEORGE	58.82%		41.18%	100.00%
	LARA, JESSICA	75.00%		25.00%	100.00%
	HAVEN, DEBBRA	86.67%		13.33%	100.00%
OD ECHC PEDIATRICS	MANGAHAS, MICHAEL FR..	10.53%	31.58%	57.89%	100.00%
	FITTINGHOFF, LESLIE	7.14%	50.00%	42.86%	100.00%
	DALTON, EMILY	12.50%	18.75%	68.75%	100.00%
	METCALFE, KRISTEN		7.14%	92.86%	100.00%
	KELLY, CASEY	15.38%	7.69%	76.92%	100.00%
	LALONDE, MOLLY	11.11%		88.89%	100.00%
OD FERNDALE CHC FP	DENNIS, TAMARA	48.85%	9.16%	41.98%	100.00%
	BAIRD, DONALD	92.39%	7.61%		100.00%
	LEE, MARGARET	62.91%	2.82%	34.27%	100.00%
OD FOCHC FP	ESTLIN, KATHERINE	40.51%	5.06%	54.43%	100.00%
	MCATEE, JONI	63.04%	3.26%	33.70%	100.00%
	MURRAY, ANGELA	59.59%	1.37%	39.04%	100.00%
	DITTMER, STEPHANIE	25.49%	3.92%	70.59%	100.00%
	SHEGOG, MARGARETTE	66.67%	2.38%	30.95%	100.00%
	LEE, SANDRA	31.19%	0.46%	68.35%	100.00%
	COLE, DANIELLE	33.33%	0.79%	65.87%	100.00%
	CHALFIN, AGATA	32.76%	1.72%	65.52%	100.00%
	JOHNSTON, ANDREW	42.35%		57.65%	100.00%
	GRIMM, GEORGINA	70.29%		29.71%	100.00%
OD HODC FP	BELL, NORMAN	11.88%	8.91%	79.21%	100.00%
	ZWERDLING, MAYA	44.09%	13.39%	42.52%	100.00%
	HOOPER, ANDREW H.	86.73%	13.27%		100.00%

Find in Tableau: Site Management; Telehealth Visits without Chief Complaint

How Many Patients Need Video Care?

PDSA Cycle No.	What is the barrier or challenge?	Description of test	What do you predict will happen?	How will you measure if your test made an improvement?	Date(s) of test Where? Who? How?
1	Gap in understanding re: how many patients need assistance with getting onto video care	Collect data on patient confidence with technology	50% of patients asked will score low-medium confidence with technology	* % of patients by site across the organization for each category of confidence: 5=I am very confident with video calls, such as Zoom, Facetime, or Skype, and I use it all the time. 4=Mostly confident, I have done video calls quite a few times. 3=I have done a video call once or twice. 2=I have never done a video call. 1=I don't even know what you are talking about.	10/12-10/16 All Open Door sites Sarah Kerr and Sarah Ross will work with Site Administrators to have front desk staff ask this question of all patients scheduling a video call appointment (VAV). Front desk staff will ask patient their level of confidence with video calls and document the patients confidence level in the appointment note. Example: VAV Conf # (1) Tammy and the EMR Operations Team will review appointment notes and document confidence level. Confidence level data will be saved in S://MEETINGS/Video Care/ Data Collection for Patient Video Support Data results should show data by site and by the entire organization

The Future

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Thank You!

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Community Health Centers

Telemedicine in Long-Term Care: What has COVID-19 taught us?

Karl Steinberg, MD, CMD, HMDC, HEC-C

President-Elect, AMDA

Past President, CALTCM

Email: karlsteinberg@MAIL.com **Twitter: @karlsteinberg**

Telemedicine in SNFs

- Historically, strict criteria had to be met for telemedicine visits to be covered
  - Limited to one visit every 30 days
  - Defeats the purpose of medical necessity, or follow-up after a change of condition
- Federal waivers during the pandemic have greatly relaxed the ability to perform (and bill for) virtual visits, and HIPAA
- Proposed rule indicates one telehealth visit in NF/SNF once every three days
  - Multiple professional societies requesting no specific limit, just medical necessity
- Avoiding unnecessary ED visits and hospitalization/ rehospitalization is a key goal

Telemedicine in SNFs

- Telemedicine, virtual visits, can be very effective
  - For providing medical care and advance care planning
  - Ability to loop in family members who may be in a remote location, great for family meetings
- Some of the waivers may be made permanent
  - Initial comprehensive visits allowed by telemedicine
  - Advanced practice practitioners doing initial comprehensive visits
  - Concern about possible abuse/overuse of these visits, where clearly they are not the same as an in-person visit
- These visits do require staff time. That must be calculated into any programs.
- Who should be on the provider side?
  - “Talk 9” proposed an ED physician remotely, with an EMT onsite
  - Experienced geriatricians/post-acute and long-term care clinicians might be a better option, with a nursing home nurse onsite

Telemedicine in Assisted Living

- There are lots of medically ill and complex patients residing in AL
- It's increasingly difficult for the industry to cling to the "we're not medical" mantra
- There is a need for medical supervision in these settings
  - **Telemedicine** can fulfill at least some of this need
  - Unnecessary emergency department utilization would be appreciated by all – Title 22 makes it difficult to avoid without a medical evaluation
  - How does a six-bed get medical supervision? Who pays for it?
  - Inappropriate use of hospice occurs, reasons multifactorial—how can AL residents get palliative care when they are either philosophically or prognostically not eligible for hospice? Telemedicine!

What Have We Learned in Hospice & Palliative Care?

- Virtual visits can be surprisingly effective – including family conferences
- In the pandemic, patients can crash too fast for hospice to get adequately involved
- Continued workforce shortage of specialty palliative care
- Telehealth solutions can improve efficacy for specialists—especially in community private home settings and in small residential homes

Thank You

TELEHEALTH FACT-FINDING LISTENING CONFERENCE

Paula Hertel, MSW

Senior Living Consult – Lead Consultant

California Assisted Living Association (CALA) Board Member,
Co-Chair of the Education Committee

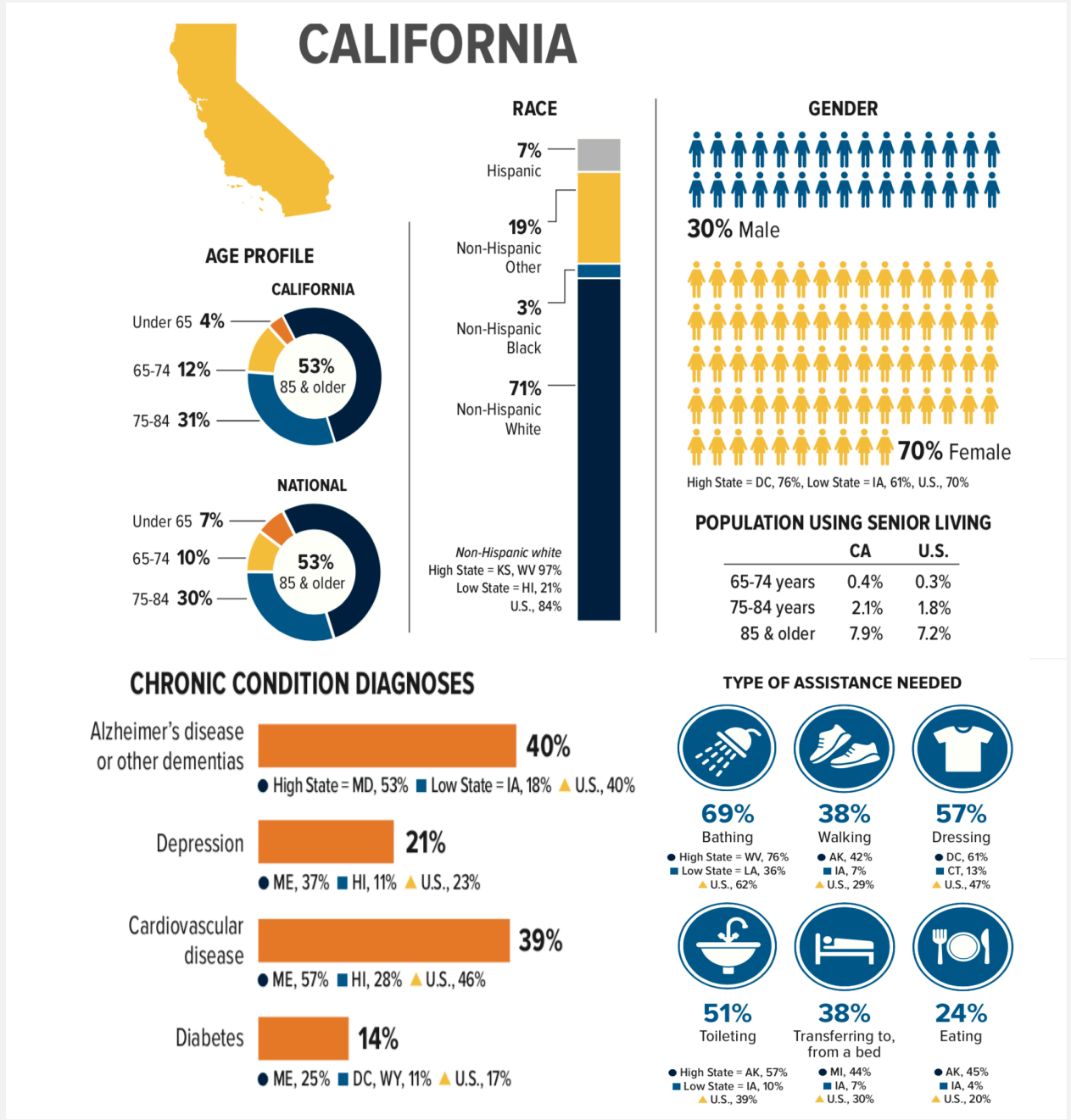
QUICK OVERVIEW OF CALIFORNIA ASSISTED LIVING

Licensed Residential Care Facilities for the Elderly (RCFEs) include a diverse group of communities and operators with a wide range of approaches, amenities and care options.

There are 7,361 RCFEs in California

- 6,123 of these RCFEs have six or fewer beds
- CALA has 671 provider members with over 85,000 licensed capacity
    - 620 – Assisted Living and Memory Care
    - 51- CCRCs

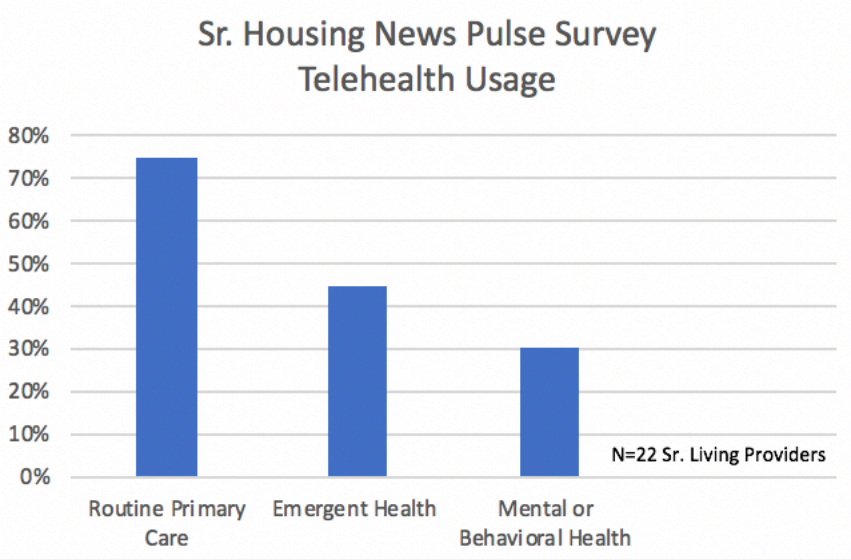
RESIDENT PROFILE



Argentum Senior Living Resident Profile, 2017

OBSERVATION OF USE OF TELEHEALTH IN CALIFORNIA

We do not have comprehensive data on how many communities are using telehealth in California.



- The COVID-19 pandemic has necessitated Telehealth in many communities and for many clinicians. (The reimbursement changes helped drive this shift)
- We do see an uptick in larger communities utilizing sensors and technology analytics to help identify early warning signs (e.g. changes in sleep, mobility, continence, falls, elopements)

EMERGING USES

Emerging Uses

- Telehealth Tablets and Robot QI in COVID-19 Isolation Units
- Remote Assessments and Screening
- Care Coordination Applications
- Lighthouse for Older Adults Project
- Telehealth Start-ups and Collaboration

Areas for Further Exploration

1. **Assessments** - Offsite remote assessment, especially with new residents and residents returning from higher levels of care

2. **Emergency /Specialty Intervention** - Need for clinical interventions relating to high risk negative outcomes – falls, negative/harmful behaviors, medications. Emergency Room visits are often traumatic to residents.

3. **Primary Care Oversight for Memory Care Residents** – medical appointments for residents living in memory care can be difficult to coordinate

4. **Chronic Physical and Mental Health Needs-** Easier access for residents with high acuity physical and cognitive needs, support complex care coordination.

BARRIERS AND OPPORTUNITIES

Barriers

- Risk and Regulatory Restraints (e.g. 87465)
- Different Payer Platforms and Internal Processes
- RCFE Staffing Resources and Training
- Connectivity in the Residential Community (access and costs)
- Confidentially and Privacy Protocols
- Older Adult Adoption of Telemedicine
- How to Address Multi-System Chronic and Acute Symptoms

Opportunities to Solve Challenges

- Address Ongoing COVID-19 Issues
- Increased Access to Geriatricians and Specialist Care
- Immediate/Timely Access to Health Care Services and Interventions
- Better Assessment and Onsite Interventions for Poor Reporters, Especially Residents with Dementia
- Ongoing Monitoring of Physical and Cognitive Changes in Condition
- Increased Involvement and Care Coordination among Resident, Family and Clinical Team
- Collaboration with ALW and Managed Care
- Utilize Professionals' Full Scope of Practice

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Assembly
California Legislature

CECILIA M. AGUIAR-CURRY
ASSEMBLYMEMBER, FOURTH DISTRICT

COMMITTEES
CHAIR: LOCAL GOVERNMENT
AGRICULTURE
GOVERNMENTAL ORGANIZATION
TRANSPORTATION
JOINT LEGISLATIVE COMMITTEE ON
EMERGENCY MANAGEMENT

Since she was elected, Assemblymember Aguiar-Curry has authored and supported several ground-breaking policies to expand the access and use of telehealth technology and improve the health outcomes of millions of Californians. These policies include: AB 744 which creates telehealth parity by requiring that a health plan or insurer must reimburse a healthcare provider for services delivered to an enrollee through telehealth, if those same services are covered when in-person. In addition to AB 1494 that ensures during a declared state of emergency our community clinics can be reimbursed for telehealth provided to Medi-Cal patients in the aftermath of a disaster, and AB 401, which she authored in her first year as a legislator, authorizing the first-ever use of telepharmacy technology in medically underserved areas of California, where there is no pharmacist within ten miles or more.

This year, Aguiar-Curry worked to expand telehealth services eligible for equal reimbursement to in-person health services and to make permanent the telehealth services subject to federal waivers. When those federal waivers expire as the pandemic winds down, Assemblymember Aguiar-Curry noted that we must be prepared with State law to continue telehealth parity.

Equity in the use of telemedicine requires critical investments in our state's broadband infrastructure, particularly in our hardest to reach areas, that have been left behind for too long. This year, in partnership with the California Emerging Technology Fund and our widespread coalition of support, the Assemblymember authored AB 570 that would have provided the necessary funding and safeguards for our most vulnerable communities, critical to fully realizing the innovative capacity of telemedicine.

This upcoming session, Assemblymember Aguiar-Curry in partnership with CETF is reintroducing broadband legislation that will provide the necessary funding and bonding capacity to pave the way for statewide investment in future-proof infrastructure and high-speed internet access for all. Together, we can expand broadband access in our most unserved, high-poverty communities, equip small businesses with the connectivity they need to survive, and truly achieve Internet For All.