ITUP POLICY FORUMS

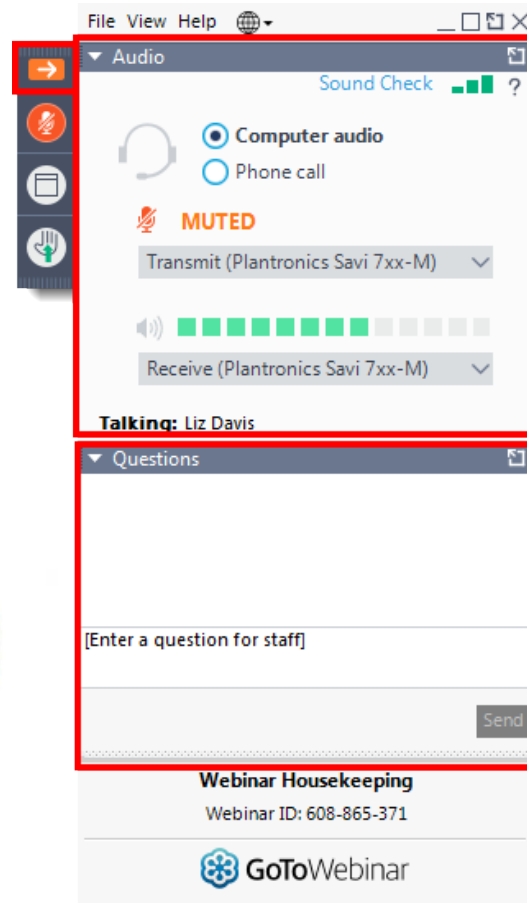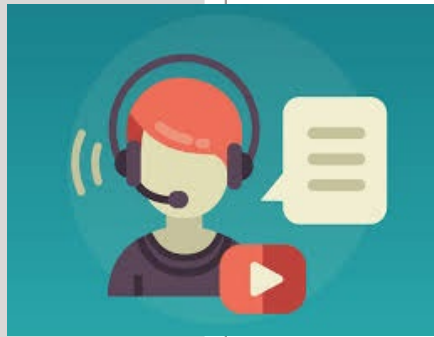## Partnering for Success: Leveraging Telehealth as a Use Case for Community Broadband and Connectivity

November 17, 2021

ITUP
Insure the Uninsured Project

Welcome to the Webinar!

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Audio

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Talking: Liz Davis

Questions

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ITUP
Insure the Uninsured Project

ITUP Mission / Vision

Mission

ITUP's mission is to promote innovative and workable policy solutions that expand health care access and improve the health of all Californians. ITUP implements its mission through policy-focused research and broad-based stakeholder engagement.

Vision

ITUP believes that all Californians should have a fair opportunity to live their healthiest lives.

ITUP
Insure the Uninsured Project

ITUP Values

ITUP Seeks a Health Care System that is:

Universal – All Californians are eligible for comprehensive health coverage and services, including primary, specialty, behavioral, oral, and vision health services, as well as services that address the social determinants of health.

Equitable – All Californians receive health care coverage, treatment, and services that address the social determinants of health regardless of health status, age, ability, income, language, race, ethnicity, gender identity, sexual orientation, immigration status, and geographic region.

Accessible – All Californians have access to coverage options and services that are available, timely, and appropriate.

Effective – Health, health care, and related services that address the social determinants of health are person-centered, value-based, coordinated, and high-quality.

Affordable – Coverage and services are affordable for consumers at the point of purchase and care; and, at the health system level for public and private purchasers.

ITUP
Insure the Uninsured Project

Today's Agenda

ITUP POLICY FORUMS

Partnering for Success: Leveraging Telehealth as a Use Case for Community Broadband and Connectivity

November 17, 2021
9:00 – 11:00 a.m.

Go to Webinar Link:
https://attendee.gotowebinar.com/register/2176784951560229134

AGENDA	
9:00 – 9:10 a.m.	**Welcome and Introductions**
9:10 – 9:35 a.m. *Includes Q&A*	**Overview: Broadband Basics** **Chris Mitchell**, Director of Community Broadband Networks Initiative, Institute for Local Self-Reliance
9:35 – 10:20 a.m. *Includes Q&A*	**Broadband for Telehealth: Perspectives from the Health Care Delivery System** **Robert P. Wack, M.D.**, Chief Medical Information Officer, Frederick Memorial Hospital, Maryland **Aisha Iqbal, M.H.I.M.**, Director of Health Information Technology Programs, Community Clinic Association of Los Angeles County
10:20 – 10:55 a.m. *Includes Q&A*	**Partnership Opportunities: Leveraging Philanthropic Funding to Enhance Connectivity and Health in California** **Jochai Ben-Avie**, Chief Executive Officer, Connect Humanity **Katie Heidorn, M.P.A.**, Executive Director, Insure the Uninsured Project
10:55 – 11:00 a.m.	**Takeaways and Wrap Up**
11:00 a.m.	**Adjourn**

Overview: Broadband Basics

Chris Mitchell
Director of Community Broadband Networks Initiative, Institute for Local Self-Reliance

Broadband for Telehealth: Perspectives from the Health Care Delivery System

Robert P. Wack, M.D.

Chief Medical Information Officer, Frederick Memorial Hospital, Maryland

Aisha Iqbal, M.H.I.M.

Director of Health Information Technology Programs, Community Clinic Association of Los Angeles County

Telehealth and Broadband

DR. ROBERT WACK

CMIO, FREDERICK HEALTH

DEPUTY HEALTH OFFICER, CARROLL COUNTY MARYLAND

Definitions

- Telehealth – the broadest characterization including all technologies and applications

- Telemedicine – providing direct patient care remotely using technology (audio, video, data collection, images, etc.)

- Remote Patient Monitoring (RPM) – collecting and transferring patient data for patient care (vitals, weight, feedback, etc.)

Frederick Chronic Care Management Program (CCMP) and RPM

- 543 patients, with multiple chronic conditions across four programs;

- 10 staff (RNs, LPNs, MA, SW), plus a half time pharmacist for med rec;

- Historically "frequent flyers": high utilization, frequent readmission, frequent ED visits;

RPM Equipment

- Enrollees given tablet with cell service and basic equipment (pulse ox, BP, scale);

- Nurse managers monitor patient data, as often as daily, to weekly;

- Call or video chat to monitor or respond to patient calls;

CCMP Results

- Most recent data from Jan-Jul 2020;

- Subset of 515 interactions from total patients served;

- Decreased ED visits by 39%;

- Decreased 30 day readmissions by 61%;

- Part A cost avoidance $8.2M, decreased 51%;

- Part B cost avoidance $615,000, decreased 15%;

CCMP RPM Results

- Clearly demonstrates value of RPM;

- Requires dedicated staff;

- Does NOT require large amount of bandwidth; operates off basic cellular connection;

- VERY EXPENSIVE, but still cost effective for these patients;

- Likely would not scale to broader population;

COVID Telemedicine

- Implemented video telemedicine platform (Jellyfish);
- Very successful!
- Required significant adjustments to practice management:
  - Dedicated support staff;
  - Integrate to EMR
  - New registration and patient workflows

Video Telemedicine

- Provider expectations varied, some needed more time to adapt;

- Changes in reimbursement and provider; productivity measurement may significantly impact provider acceptance;

- Patients LOVE IT! Convenience is king;

- Not ideal for some kinds of visits (connection quality constraints -> broadband connection);

Telehealth Impacts

- Scheduling

- Registration

- EMR

- Patient flow

- Provider scheduling

- Reimbursement

- Patient communication/Portal use

Summary

- Ubiquitous, cheap, reliable, and abundant broadband is a necessary, but not sufficient requirement for effective telehealth programs;

- Telehealth is much more than just buying equipment;

- Health systems must be prepared for and effectively implement workflow and staffing transformations to derive maximum value from telehealth investments.

ITUP Policy Forum:
Telehealth & RPM Landscape & Challenges

Wednesday, November 17th

Aisha Iqbal

Community Clinic Association of Los Angeles County
Director of HIT Programs

Agenda

- Introduction to CCALAC

- Telehealth and RPM Landscape

- Challenges

- Q&A

About CCALAC

CCALAC represents 64 non-profit community clinics and health centers that operate primary care sites throughout the county. Our members serve as the medical home for more than 1.7 million patients per year.

CCALAC delivers a variety of member services including policy advocacy, education, and peer support. We connect clinics, share and leverage resources, increase organizational capacity, and raise a unified voice on behalf of clinics.

CCALAC's Mission and Vision

Mission:

"To promote community clinics and health centers as providers and advocates for expanding access to quality comprehensive health care for medically underserved people in Los Angeles County."

Vision:

"To advance the health and wellness of communities throughout Los Angeles County, creating a comprehensive health care system for underserved populations to help reduce health disparities in the county."

CCALAC Services

CCALAC provides a range of trainings, technical assistance, and resources to support our members' mission to provide quality healthcare to their communities. Whether in partnership with regional health plans and agencies or through peer networks and activities, CCALAC assists our members in meeting their individual and collective goals.

CCALAC provides services to its members in the following areas / domains:

POLICY & ADVOCACY	FINANCE & OPERATIONS	EMERGENCY MANAGEMENT	
HEALTH INFORMATION TECHNOLOGY PROGRAMS	CLINICAL & QUALITY IMPROVEMENT	PHARMACY	WORKFORCE

HIT Programs Division

Health Center Controlled Network Program

- HRSA funded program since 2013
- 1 of 49 HCCNs around the nation
- Utilize HIT and QI to improve quality of care and reduce costs as a network through technical assistance

Support Services/Programs

- **Telehealth Assistance Program (TAP)**
- RPM Vendor guide, Training Series, Toolkit, etc.
- Health Information Exchange support

User Groups & Roundtables

- Health IT Roundtable
- NextGen User Collaborative
- eClinicalWorks User Collaborative

Events & Trainings

- Trainings on telehealth, remote patient monitoring, patient engagement, cybersecurity, data blocking, etc.
- Annual EHR Super User Trainings
- Annual HIT Summit

Cedars-Sinai COVID-19
Response Funding

Funding Amount

- $1 million from May 1, 2020 – June 30, 2021

Goals

- Implement telehealth

- Rollout telehealth trainings and webinars

- Purchase remote patient monitoring (RPM) tools

TAP Services

Direct TA
- ✓ 900+ TA hrs. total (May – Oct)
- ✓ 62 health centers opted-in

Trainings
- ✓ 15 trainings (July – Oct)

Office Hours
- ✓ 7 office hours (May – June)
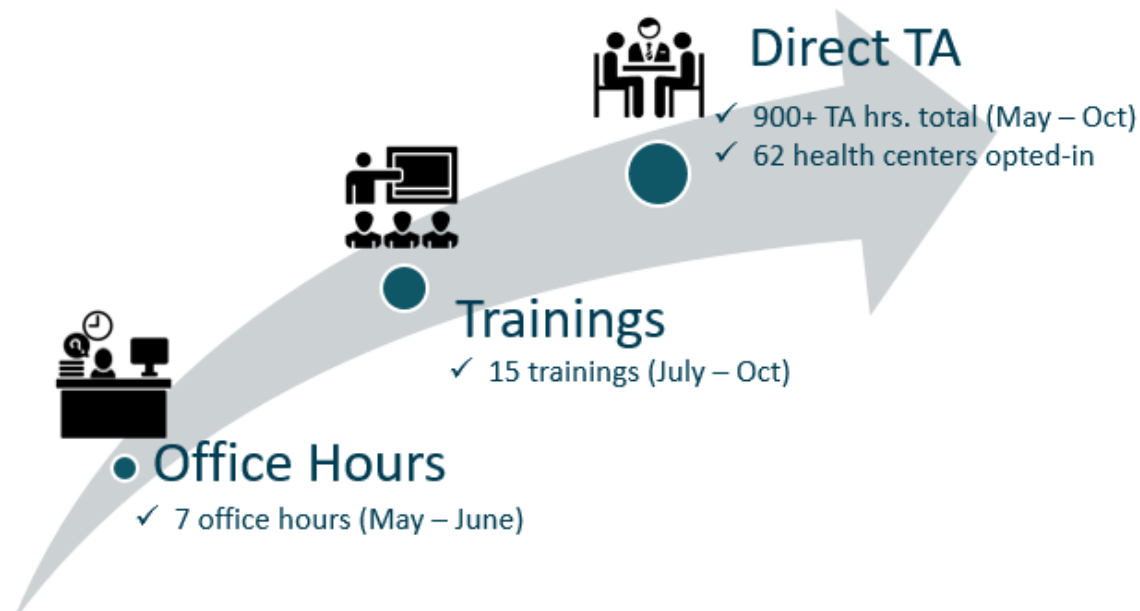
Low-tech Remote Patient Monitoring Tools Distributed
3990 Blood Pressure Monitors (Drive Medical®)
7220 Blood Pressure Monitors (Omron®)
5757 Glucometers (True Metrix®)
1982 Pulse Oximeters (Baseline®)
5900 Digital Thermometers (McKesson®)

Clinic Use of Telehealth Technology

HIPAA COMPLIANT?

Unsure, 1

Yes, 37
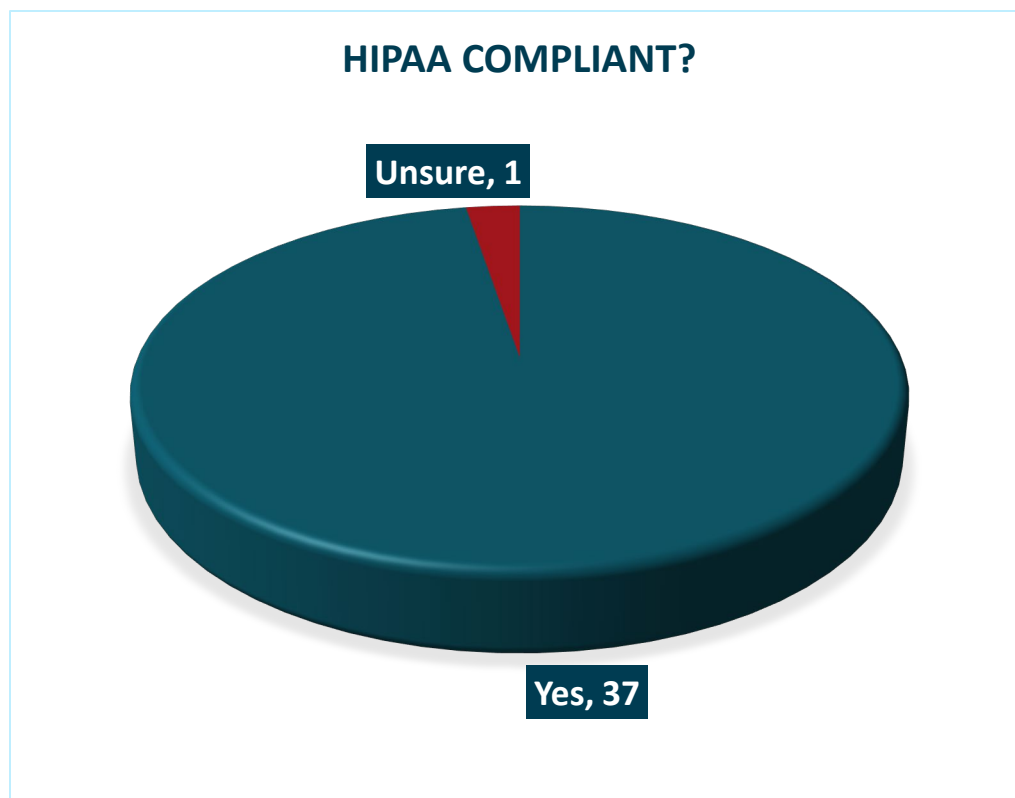
Top 5 HIPAA Compliant Platforms

Doxy.me
Otto Health (NG)
Healow (eCW)
Zoom
Doximity

N = 38

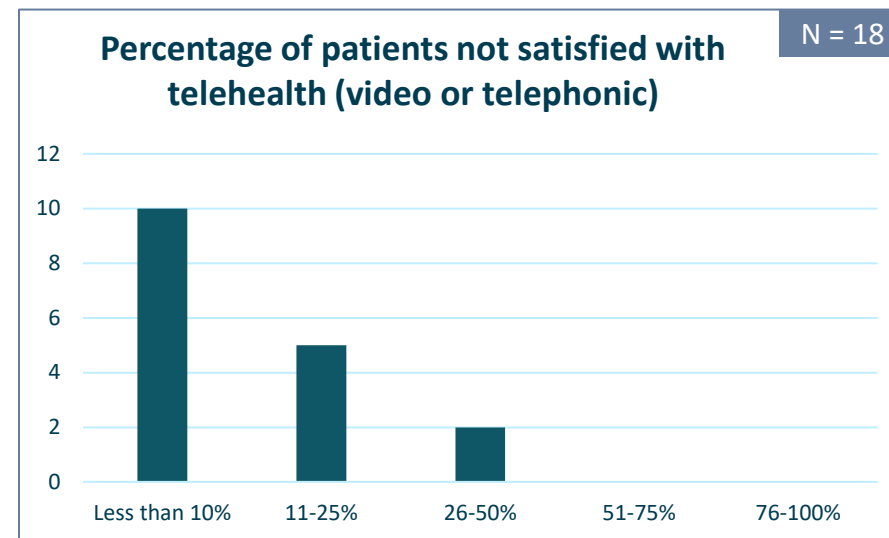Source: May 2021 CPCA Telehealth Winter Survey

Clinic Use & Satisfaction with Telehealth Technology

SATISFACTION WITH TELEHEALTH TOOL

Dissatisfied
3
9%

Very Satisfied
5
14%

Neutral
12
34%
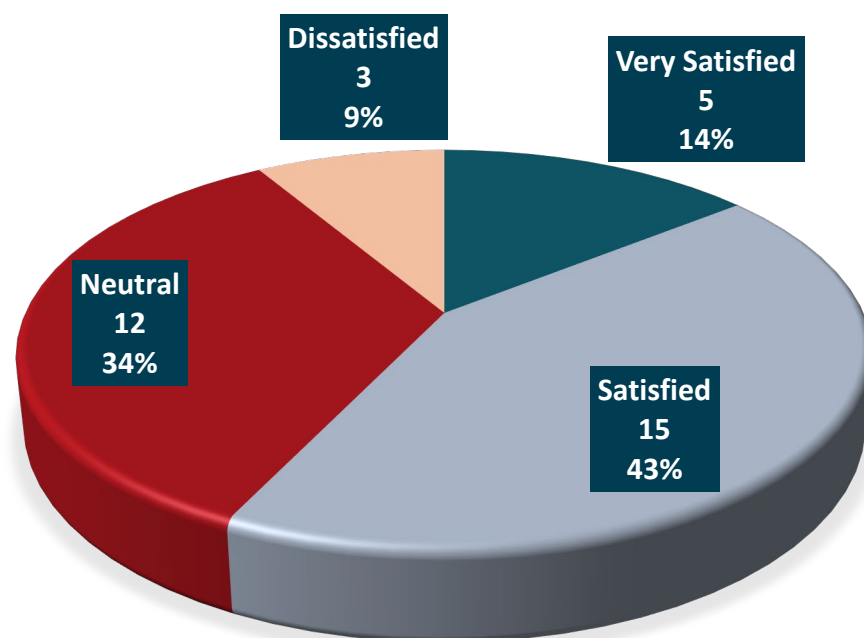
Satisfied
15
43%

Telehealth Tool	# CHCs Very Satisfied or Satisfied with Tool
Doxy.me	10
Otto Health (NG)	4
Zoom	4
Healow (eCW)	2
Doximity	1

N = 35

Source: May 2021 CPCA Telehealth Winter Survey

Patient Satisfaction

PATIENT SATISFACTION SURVEYS?   N = 37

- Unsure 9 24%
- No 9 24%
- Yes 19 52%

Percentage of patients not satisfied with telehealth (video or telephonic)   N = 18

Less than 10%	11-25%	26-50%	51-75%	76-100%
10	5	2		

Percentage of patients satisfied with video visits   N = 17

Less than 10%	11-25%	26-50%	51-75%	76-100%
1	1	3	4	7

Percentage of patients satisfied with telephonic audio-only visits   N = 19

Less than 10%	11-25%	26-50%	51-75%	76-100%
1		2	4	11

Source: May 2021 CPCA Telehealth Winter Survey

Primary Care Visits Via Telehealth

PC Appts: Telehealth with video visits

N = 36

PC appts: Telephonic audio-only visits

N = 35

PC appts: In-person visits

N = 37

Source: May 2021 CPCA Telehealth Winter Survey
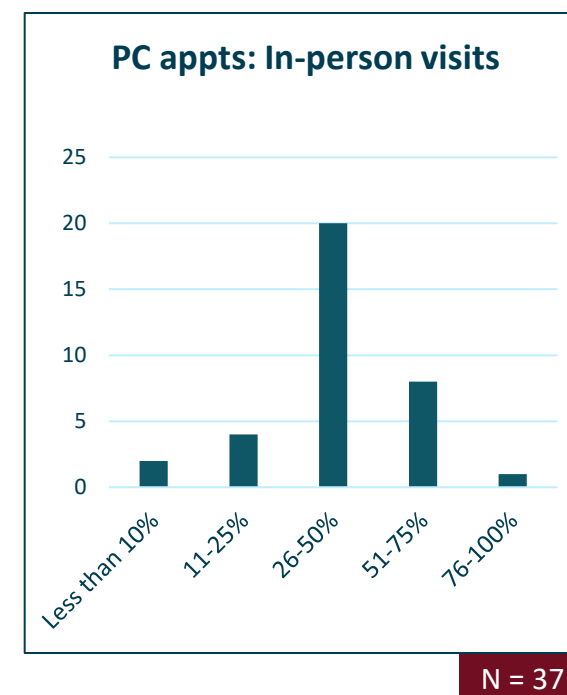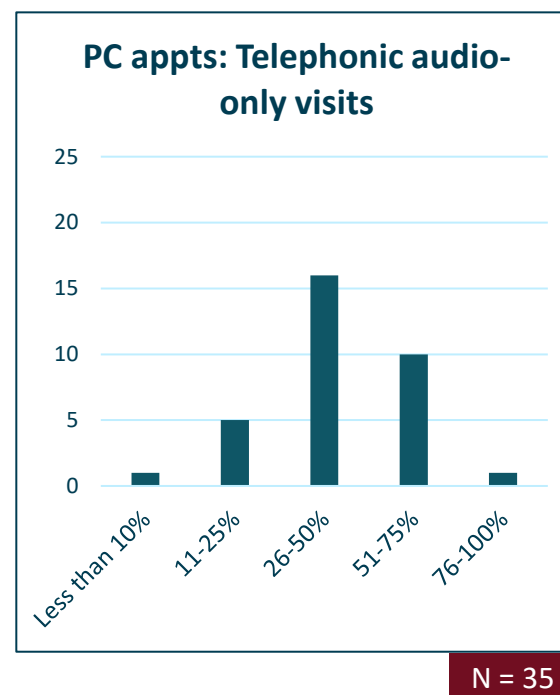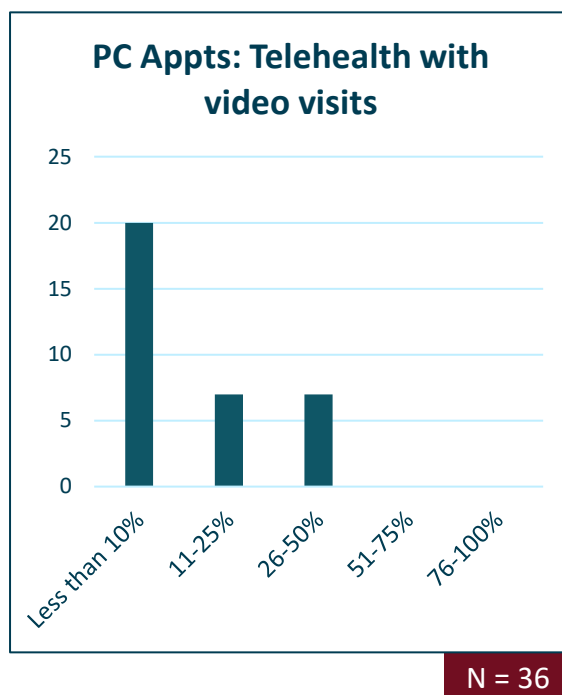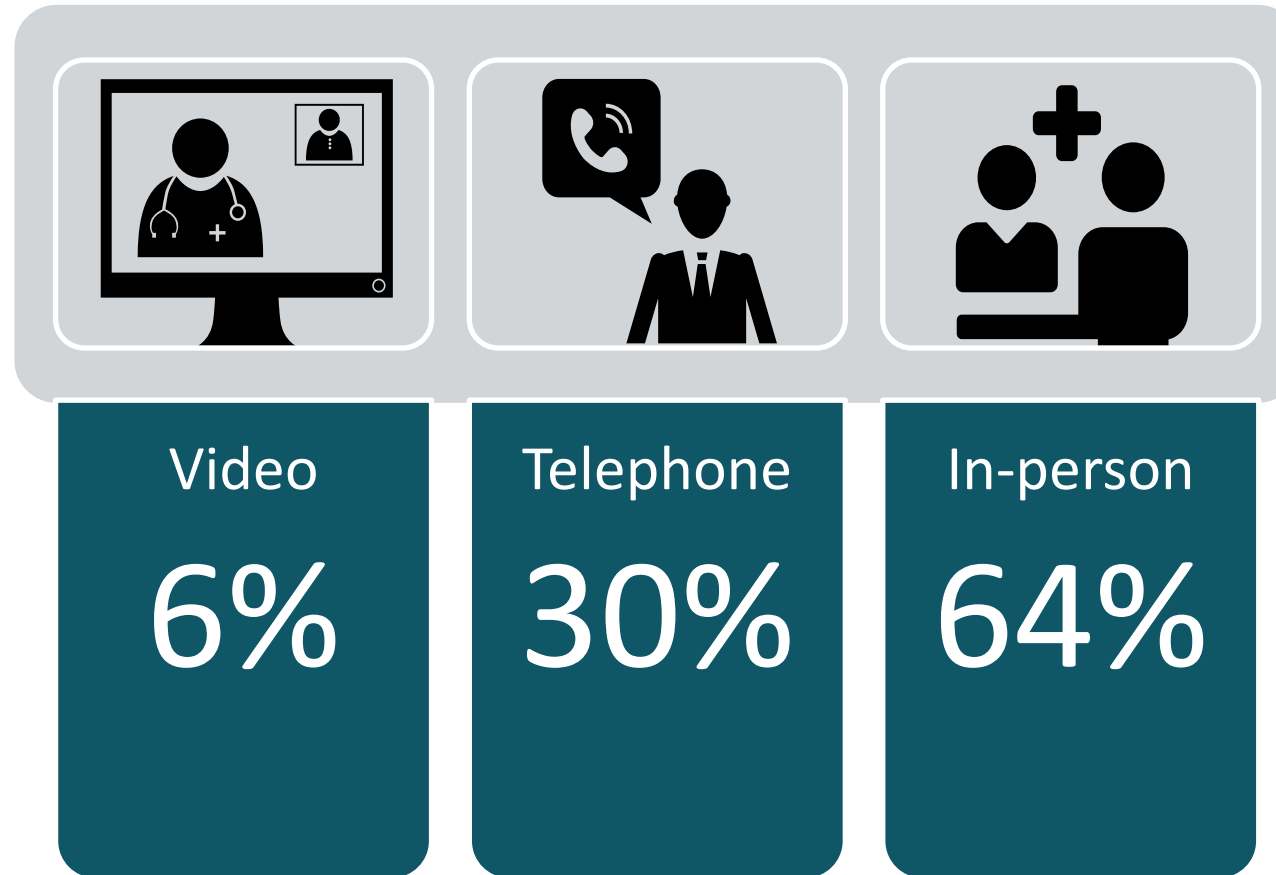
Remote Patient Monitoring (RPM) Tools

USING RPM TOOLS?

Unsure
1
3%

No
15
45%

Yes
17
52%

HIGH TECH OR LOW TECH?

Low Tech, 12

High Tech, 5

Both, 2

N = 33

Source: May 2021 CPCA Telehealth Winter Survey
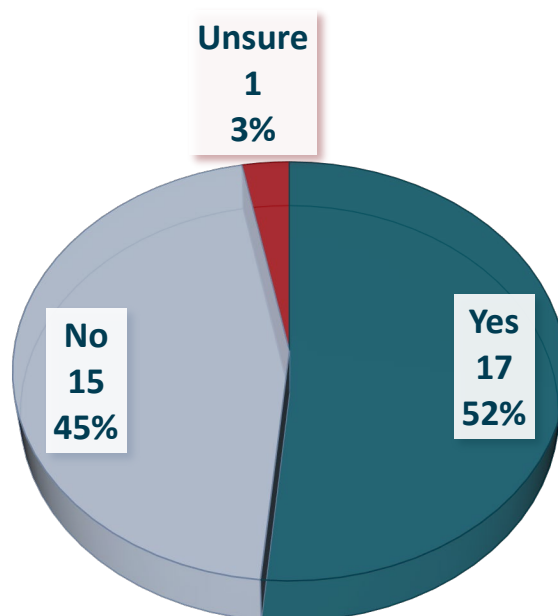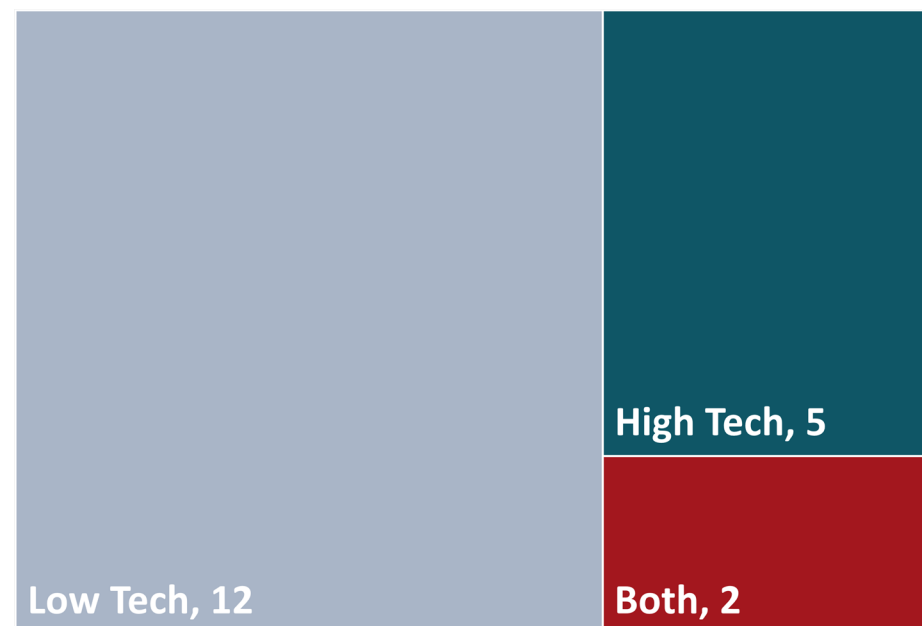
Using Wi-Fi Enabled RPM Tools?

Yes
6
18%

No
27
82%

N = 33
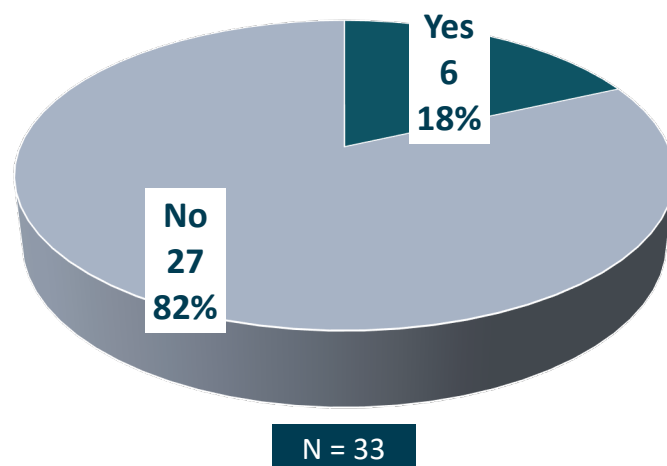
Future Plans to use Wi-Fi RPM Tools?

No
13
48%

Yes
14
52%

N = 27
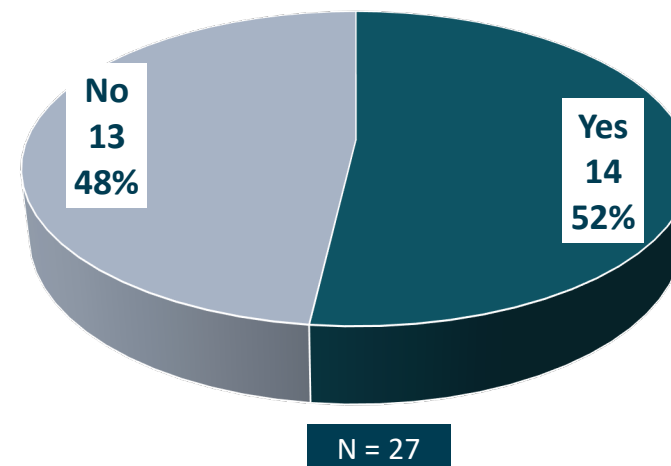
Patient Populations using Wi-Fi RPM Tools

Category	Value
Diabetes	5
Hypertension	5
Controlling Blood Pressure	3
COVID	2
Congestive Heart Failure	2
Chronic Conditions	2
Asthma	2
COPD	2

N = 6

Source: May 2021
CPCA Telehealth
Winter Survey
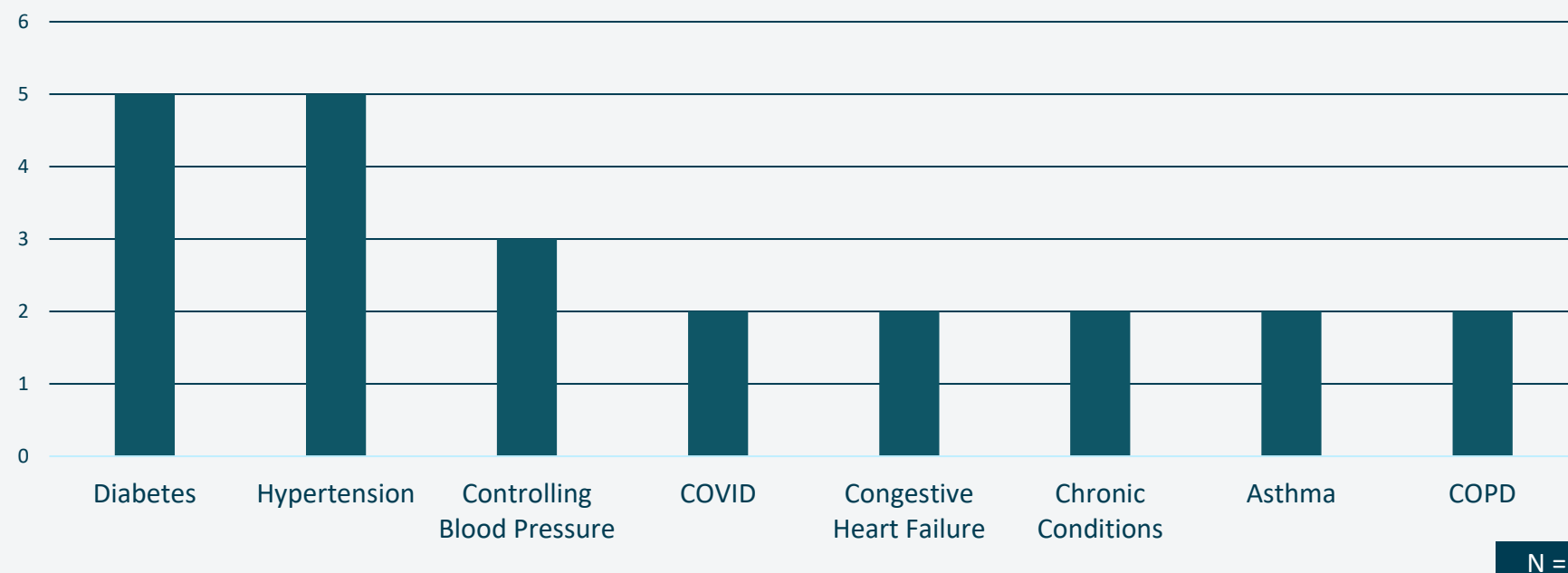
Primary Care No Show Rates

Increased
1
3%

No
Change
10
27%

Decreased
26
70%
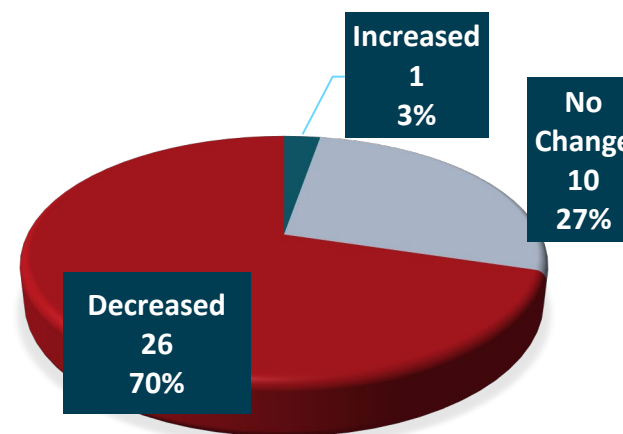
Ave no-show rate before virtual care for PC

30	
25	
20	
15	
10	
5	
0	

Less than 10%   11-25%   26-50%
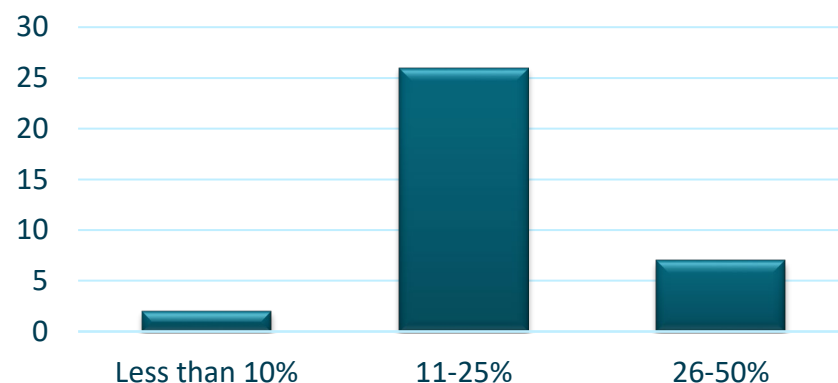
Ave no-show rate after virtual care for PC

30	
25	
20	
15	
10	
5	
0	

Less than 10%   11-25%   26-50%

Source: May 2021 CPCA Telehealth Winter Survey

N = 37
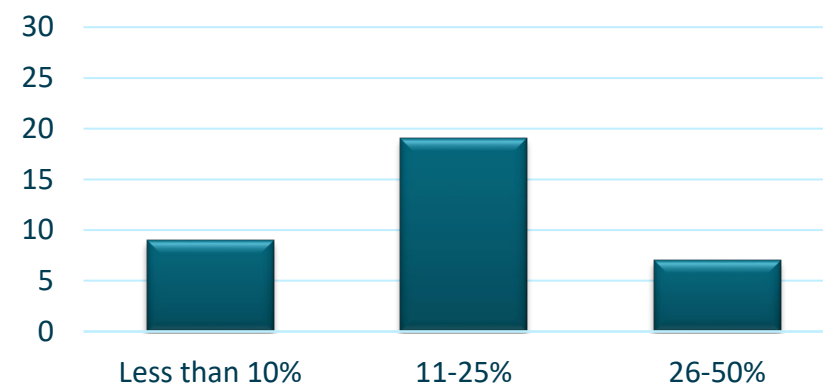
Video Visit Issues for Patients

Source: May 2021 CPCA Telehealth Winter Survey

N = 36

COMMUNITY
CLINIC
ASSOCIATION
OF LOS ANGELES COUNTY
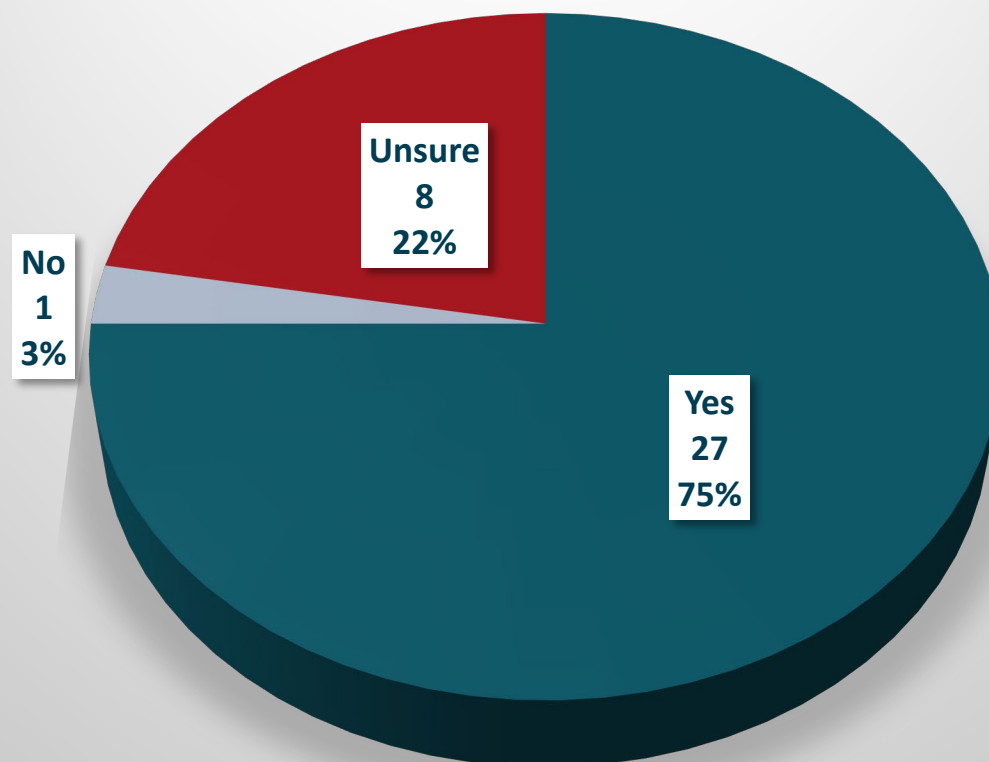
DO YOUR PATIENTS HAVE THE NECESSARY EQUIPMENT TO ACCESS THEIR VIRTUAL CARE VISITS?

Unsure
10
28%

Yes
9
25%

No
17
47%

N = 36
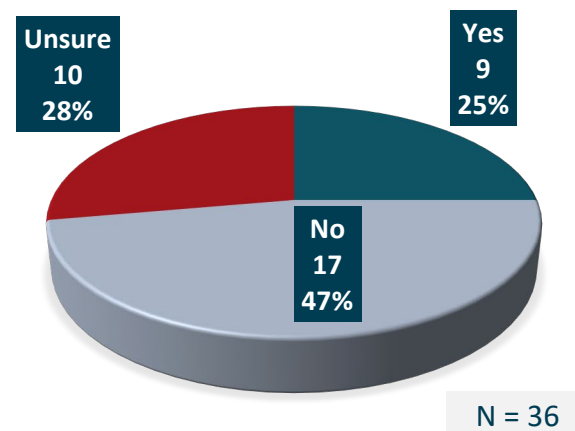
What equipment do your patients need?

Equipment	Value
Smartphones (with adequate data)	9
Computers/ Laptops	8
Webcam	7
Internet/Wi-Fi	5
Headset with Mic	5
Speaker	3
Email address	1
Cameras	1

N = 18

Source: May 2021
CPCA Telehealth
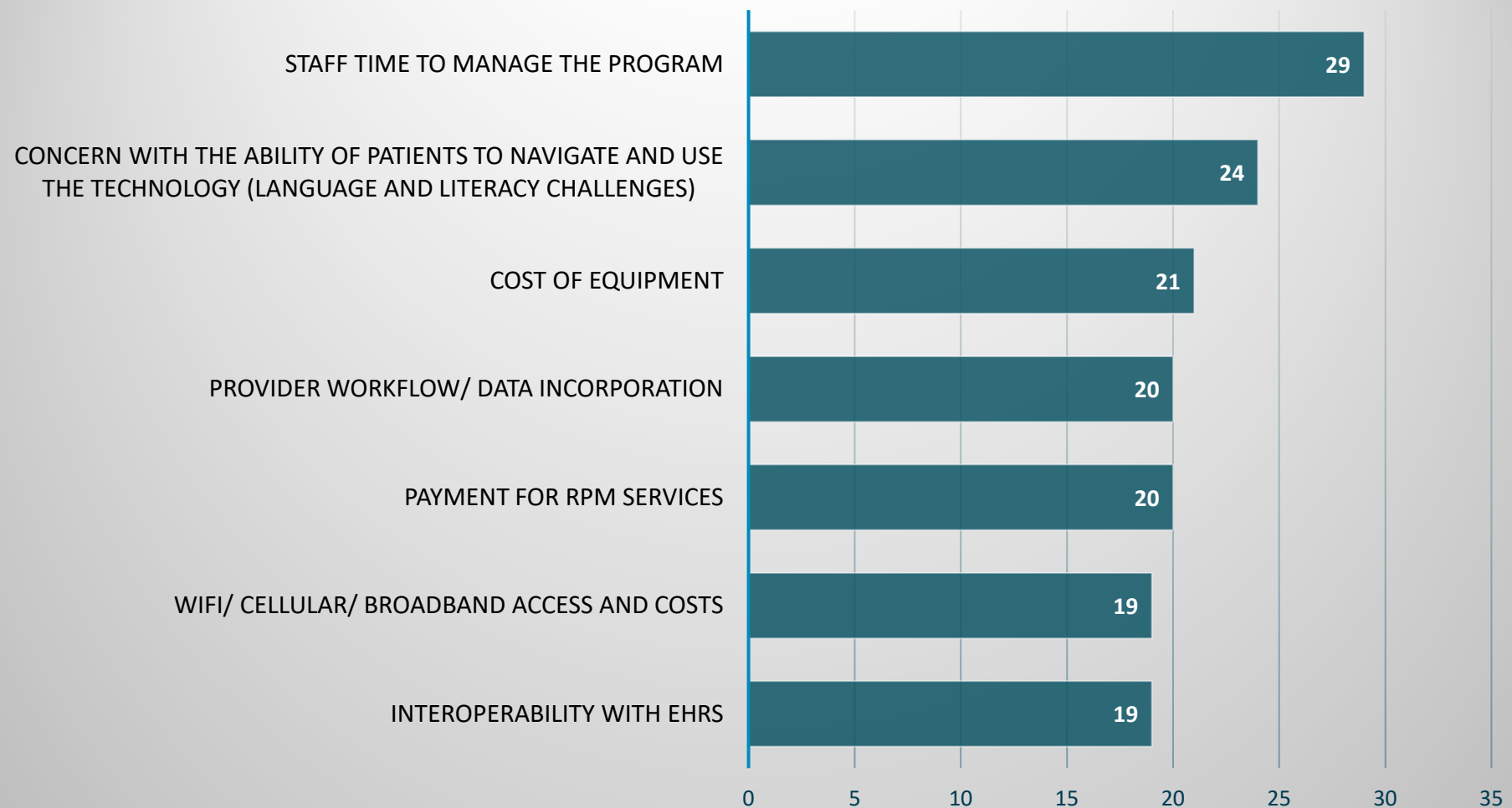Winter Survey

36
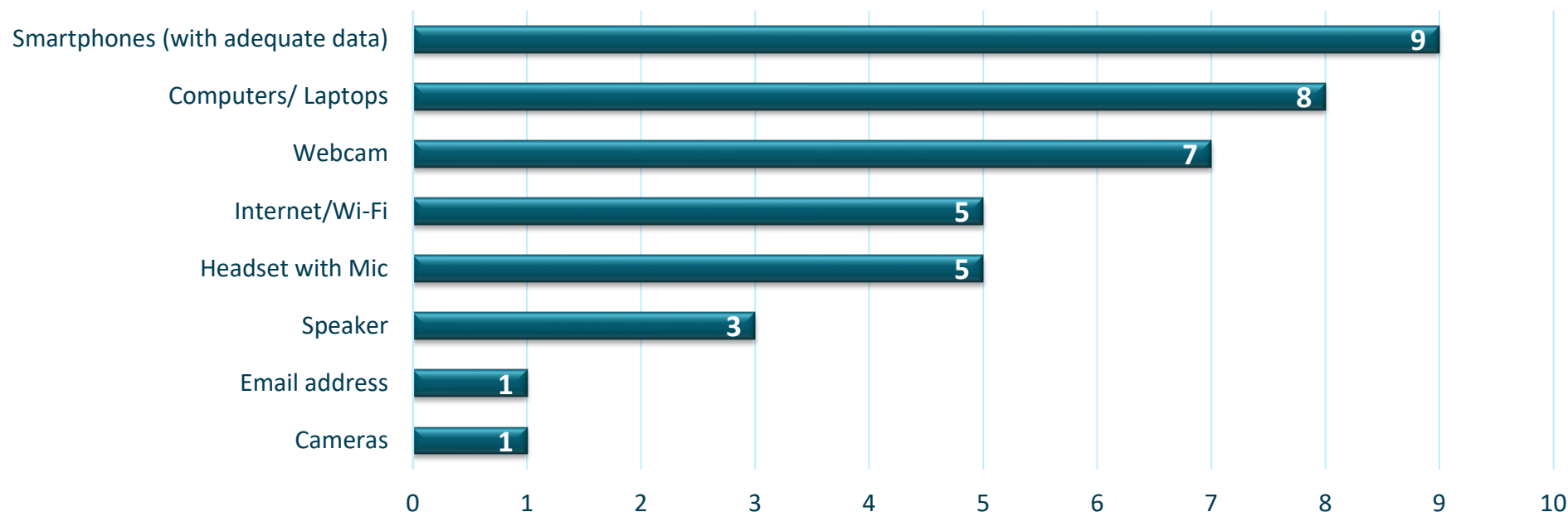
Patient Telehealth Adoption Challenges
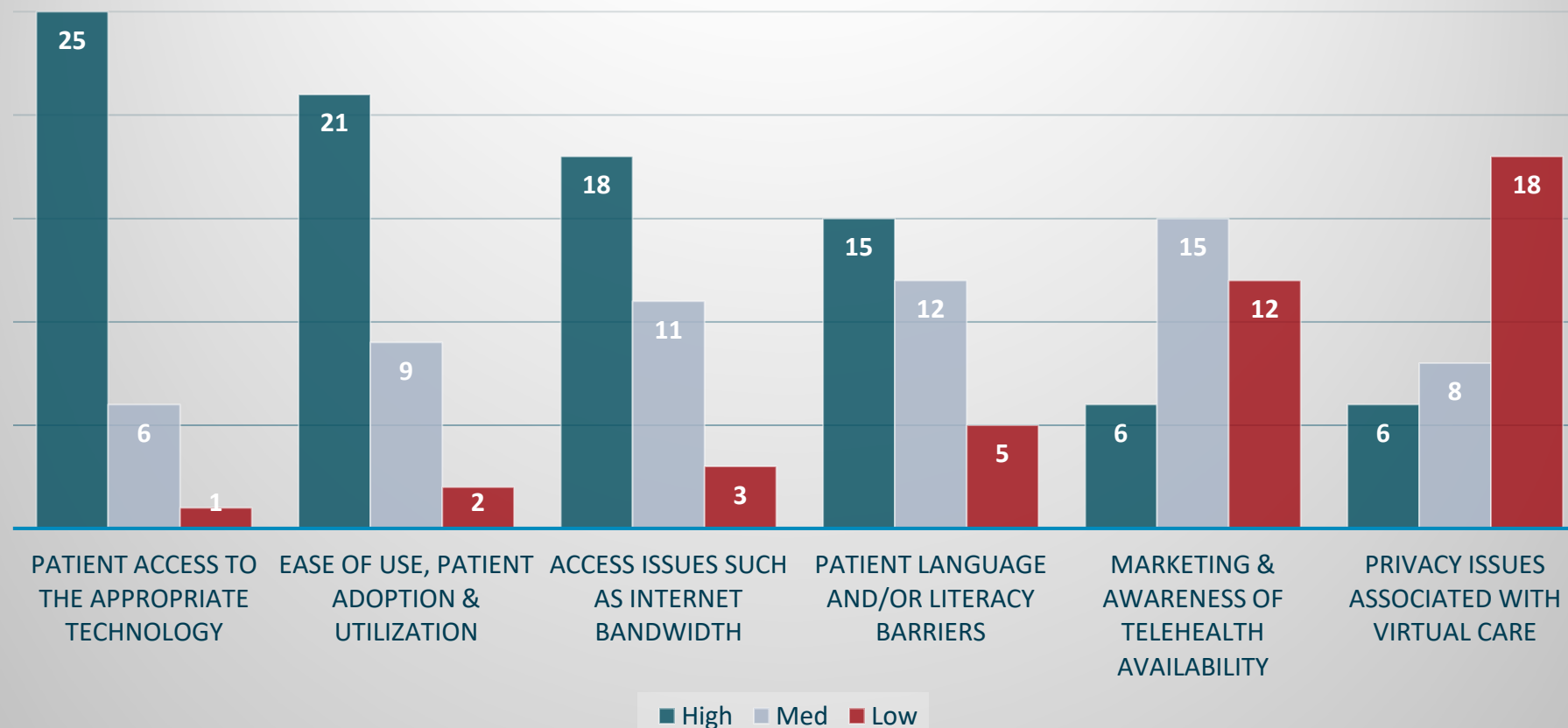
Additional Challenges:
- Patient's knowledge of and willingness to use technology
- Infrastructure
- Outdated equipment and resolution issues

Source: May 2021
CPCA Telehealth
Winter Survey

N = 32

37

Biggest Challenge to Implementing RPM

Category	Value
STAFF TIME TO MANAGE THE PROGRAM	29
CONCERN WITH THE ABILITY OF PATIENTS TO NAVIGATE AND USE THE TECHNOLOGY (LANGUAGE AND LITERACY CHALLENGES)	24
COST OF EQUIPMENT	21
PROVIDER WORKFLOW/ DATA INCORPORATION	20
PAYMENT FOR RPM SERVICES	20
WIFI/ CELLULAR/ BROADBAND ACCESS AND COSTS	19
INTEROPERABILITY WITH EHRS	19

Source: May 2021
CPCA Telehealth
Winter Survey

Additional Challenge:
- Lack of consensus around RPM initiative objectives.

N = 32

Key Takeaways

Catalyst to Success:

- ✓ Over 50% of providers and patients were satisfied with telehealth
- ✓ Telehealth can help reduce no-show rates

Barriers to Success:

- ✓ Need adequate Wi-Fi & broadband infrastructure
- ✓ Need equipment for patients (e.g. smartphone, tablets, etc.)
- ✓ Need technology training and support for patients
- ✓ Need telehealth & RPM to be reimbursable

Questions?

Aisha Iqbal, MSHIM
Community Clinic Association of Los Angeles County (CCALAC)
Director of HIT Programs
aiqbal@ccalac.org

Questions?

Questions?

Thank You!

Contact us at: info@ITUP.org