ITUP POLICY FORUMS

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

November 17, 2021
Welcome to the Webinar!

Your Participation

Open and close your control panel

Join audio:
- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments at any time via the Questions panel

**Reminder:** Today’s presentation is being recorded and will be available within 48 hours.
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 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 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/5176284394056828134

AGENDA

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

Chris Mitchell

Director of Community Broadband Networks Initiative,
Institute for Local Self-Reliance
Questions?
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
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 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**

<table>
<thead>
<tr>
<th>Tool Type</th>
<th>Model</th>
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<tbody>
<tr>
<td>Blood Pressure Monitors</td>
<td>Drive Medical®</td>
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<tr>
<td>Blood Pressure Monitors</td>
<td>Omron®</td>
</tr>
<tr>
<td>Glucometers</td>
<td>True Metrix®</td>
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<tr>
<td>Pulse Oximeters</td>
<td>Baseline®</td>
</tr>
<tr>
<td>Digital Thermometers</td>
<td>McKesson®</td>
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</table>

3990 Blood Pressure Monitors
7220 Blood Pressure Monitors
5757 Glucometers
1982 Pulse Oximeters
5900 Digital Thermometers
Clinic Use of Telehealth Technology

HIPAA COMPLIANT?

- Yes, 37
- Unsure, 1

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

- Very Satisfied: 5 (14%)
- Satisfied: 15 (43%)
- Neutral: 12 (34%)
- Dissatisfied: 3 (9%)

<table>
<thead>
<tr>
<th>Telehealth Tool</th>
<th># CHCs Very Satisfied or Satisfied with Tool</th>
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<tbody>
<tr>
<td>Doxy.me</td>
<td>10</td>
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<tr>
<td>Otto Health (NG)</td>
<td>4</td>
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<tr>
<td>Zoom</td>
<td>4</td>
</tr>
<tr>
<td>Healow (eCW)</td>
<td>2</td>
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<tr>
<td>Doximity</td>
<td>1</td>
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</table>

Source: May 2021 CPCA Telehealth Winter Survey
Patient Satisfaction

PATIENT SATISFACTION SURVEYS?

- Yes: 19 (52%)
- No: 9 (24%)
- Unsure: 9 (24%)

Percentage of patients satisfied with video visits

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Count</th>
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<tbody>
<tr>
<td>Less than 10%</td>
<td>2</td>
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<tr>
<td>11-25%</td>
<td>4</td>
</tr>
<tr>
<td>26-50%</td>
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<tr>
<td>51-75%</td>
<td>3</td>
</tr>
<tr>
<td>76-100%</td>
<td>9</td>
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Percentage of patients satisfied with telephonic audio-only visits

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<tr>
<th>Satisfaction Level</th>
<th>Count</th>
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<tbody>
<tr>
<td>Less than 10%</td>
<td>2</td>
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<td>3</td>
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<td>26-50%</td>
<td>1</td>
</tr>
<tr>
<td>51-75%</td>
<td>6</td>
</tr>
<tr>
<td>76-100%</td>
<td>6</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Count</th>
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<tbody>
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<td>Less than 10%</td>
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<td>76-100%</td>
<td>3</td>
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Source: May 2021 CPCA Telehealth Winter Survey
Primary Care Visits Via Telehealth

Source: May 2021 CPCA Telehealth Winter Survey
Post COVID Telehealth Usage

- Video: 6%
- Telephone: 30%
- In-person: 64%

Source: Aug 2021 HCCN Consultant Assessments
Remote Patient Monitoring (RPM) Tools

### Using RPM Tools?

- **Yes**: 17 (52%)
- **No**: 15 (45%)
- **Unsure**: 1 (3%)

**N = 33**

### High Tech or Low Tech?

- **High Tech**: 5
- **Low Tech**: 12
- **Both**: 2

**N = 33**

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

- Yes: 6 (18%)
- No: 27 (82%)

Future Plans to use Wi-Fi RPM Tools?

- Yes: 14 (52%)
- No: 13 (48%)

Patient Populations using Wi-Fi RPM Tools

- Diabetes
- Hypertension
- Controlling Blood Pressure
- COVID
- Congestive Heart Failure
- Chronic Conditions
- Asthma
- COPD

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

Ave no-show rate before virtual care for PC

Ave no-show rate after virtual care for PC

Source: May 2021 CPCA Telehealth Winter Survey

N = 37
Video Visit Issues for Patients

Source: May 2021 CPCA Telehealth Winter Survey

N = 36
DO YOUR PATIENTS HAVE THE NECESSARY EQUIPMENT TO ACCESS THEIR VIRTUAL CARE VISITS?

![Pie chart showing the distribution of responses to the question.]

- Yes: 9 (25%)
- No: 17 (47%)
- Unsure: 10 (28%)

N = 36

What equipment do your patients need?

- 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

Source: May 2021
CPCA Telehealth Winter Survey

N = 18
**Patient Telehealth Adoption Challenges**

- **Patient Access to the Appropriate Technology**: 25
- **Ease of Use, Patient Adoption & Utilization**: 18
- **Access Issues such as Internet Bandwidth**: 15
- **Patient Language and/or Literacy Barriers**: 12
- **Marketing & Awareness of Telehealth Availability**: 12
- **Privacy Issues Associated with Virtual Care**: 18

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

Source: May 2021 CPCA Telehealth Winter Survey
Biggest Challenge to Implementing RPM

- Staff time to manage the program
- Concern with the ability of patients to navigate and use the technology (language and literacy challenges)
- Cost of equipment
- Provider workflow/data incorporation
- Payment for RPM services
- WiFi/cellular/broadband access and costs
- Interoperability with EHRs

Additional Challenge:
- Lack of consensus around RPM initiative objectives.
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?
Partnership Opportunities: Leveraging Philanthropic Funding to Enhance Connectivity and Health in California

Jochai Ben-Avie
Chief Executive Officer, Connect Humanity
Questions?
Thank You!

Contact us at: info@ITUP.org