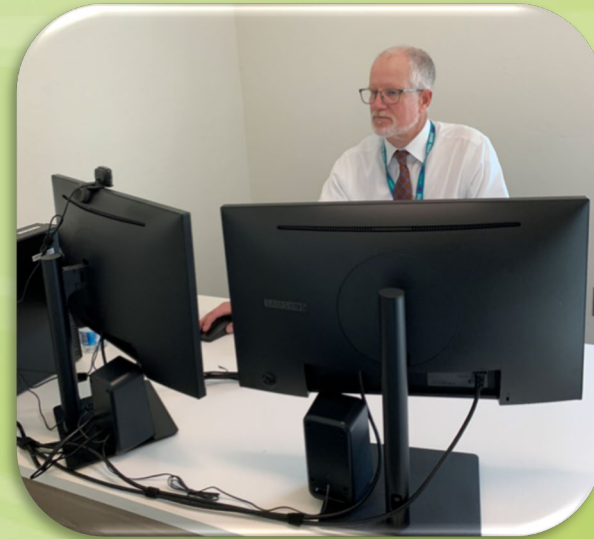# Our Telehealth Journey
Lessons Learned

Gregory J Raglow, MD, FAAFP, Dip Clin Informatics

CQO / CMIO

El Rio Health

Our Organization

❖ Federally Qualified Health Center – a non-profit institution governed by a Board of Directors representative of the community served.

❖ Does not refuse patients regardless of their ability to pay.

❖ Utilize a sliding fee scale for self-paying patients.

EL RIO HEALTH

Mission & Values

Improving the health of our community through comprehensive, accessible, affordable, quality and compassionate care.

Step Up
I am accountable for making El Rio a world class health center.

Value Health
I take time for my own health to promote yours.

I Matter
I make a difference by voicing my opinions and knowing I am heard.

Create Tomorrow
I embrace effective change and seek innovative solutions.

Break Boundaries
I work with others to achieve success.

Honor Patients
I always put the patients first.

EL RIO
HEALTH

NCQA
RECOGNIZED PRACTICE

The Joint Commission
NATIONAL QUALITY APPROVAL

LEADER
IN
LGBT HEALTHCARE
EQUALITY
2016
HEALTHCARE EQUALITY INDEX
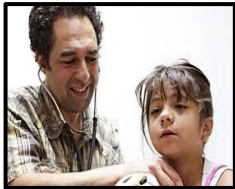
More than just Healthcare

EL RIO HEALTH

#	Center	Address
1	**Grant Health Center**	3655 E. Grant Road
2	**Cherrybell Health Center**	1230 S. Cherrybell Stravenue
3	**Congress Health Center**	839 W. Congress Street
4	**El Pueblo Health Center**	101 W. Irvington Rd, Bldg #100
5	**HealthOn Broadway**	1 W. Broadway Blvd.
6	**HealthOn University**	434 E. University Blvd., #100
7	**Northwest Health Center**	320 W. Prince Road
8	**OB/GYN Associates**	225 W. Irvington Rd.
9	**Pascua Yaqui Health Center**	7490 S. Camino de Oeste
10	**Southeast Health Center**	6950 E. Golf Links
11	**Southwest Health Center**	1500 W. Commerce Court
12	**St. Elizabeth's Health Center**	140 W. Speedway Blvd.
13	**Center of Opportunity**	4550 S. Palo Verde Rd. (Open to COO guests only)

Grant Health Center
3655 E. Grant Road
Newest Location—April 2022

El Rio Health

2021 Data

Total Number of Patients Served	**110,629**
Total Number of Face-to-Face Patient Visits	**364,641**
Total Number of Virtual Patient Visits (20%)	**72,951**
Total Patient Visits	**437,592**
Number of Employees	**1,417**
Number of Health Center Campuses	**13**

EL RIO
HEALTH

El Rio Health

2021 Data

Number of Providers	290+
Number of Pharmacists	50+
Number of Licensed Nurses	170+
Number of Dietitians, Exercise Physiologists, Health Builders	20+
Number of Students	>250

Who do we serve?

Patients by Payer Source

Medicaid, 51%
Private, 22%
Uninsured, 14%
Medicare, 13%
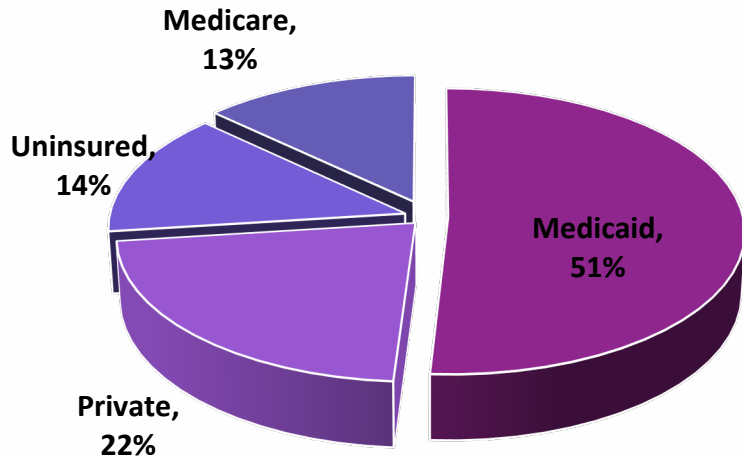
■ Medicaid ■ Private ■ Uninsured ■ Medicare

Patients by Age

0 - 17
35%
18 - 64
55%
65 +
10%
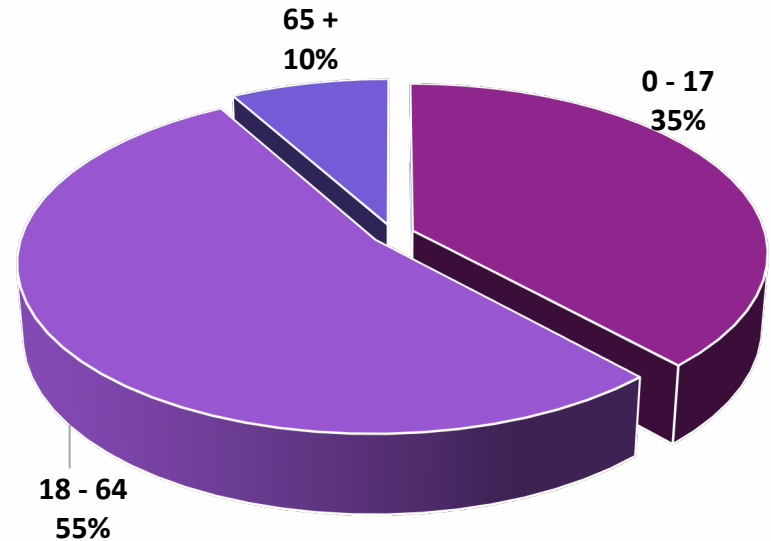
■ 0 - 17 ■ 18 - 64 ■ 65 +

❖ 42% of El Rio's patients live at or below 100% of the Federal Poverty Line.

EL RIO
HEALTH

Comprehensive Primary Care

- **Medical Care** – Family Med, Internal Med, Pediatrics

- **Women's Care** – OB/GYN, Certified Nurse Midwives, Birth Center

- **Behavioral Health** – Primary & Specialty Behavioral Health

- **Dental Care** – Adult & Pediatrics

- **Ancillary Services** – Laboratory, General Radiology, Ultrasound, Mammography

- **Chronic Disease Management & Care Coordination** – Registered Nurses, Health Coaches, Clinical Pharmacists, Pulmonary Center of Excellence, 24/7 Triage

- **Pharmacies**

- **Physical Therapy**

- **Advocacy, Health Education & Wellness Programs** – Dietitians, Exercise Physiologists, Health Educators

- **Some Specialty Care** – Dermatology, Pulmonology, Audiology & Ophthalmology

- **Telehealth** – eVisits & Specialty Consults

Pre-Covid El Rio Telehealth

- Asynchronous: Radiology, Eye Cameras, Derm Consults

- Synchronous: Teen Clinic, Nutritionist, Pilots, Some Telephone calls

- AHCCCS Rules change Q4 2019
  - Ease restriction on patient location (e.g. now urban as well as rural)
  - Increased list of services that can be delivered
  - We were in the beginning stages of piloting

- **Covid created a "Burning platform" for rapid deployment**
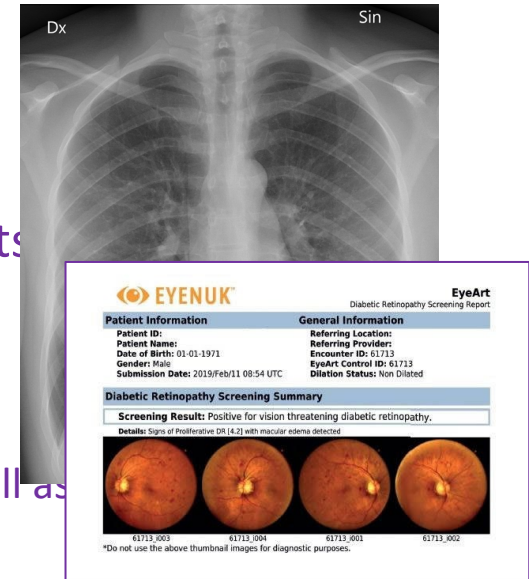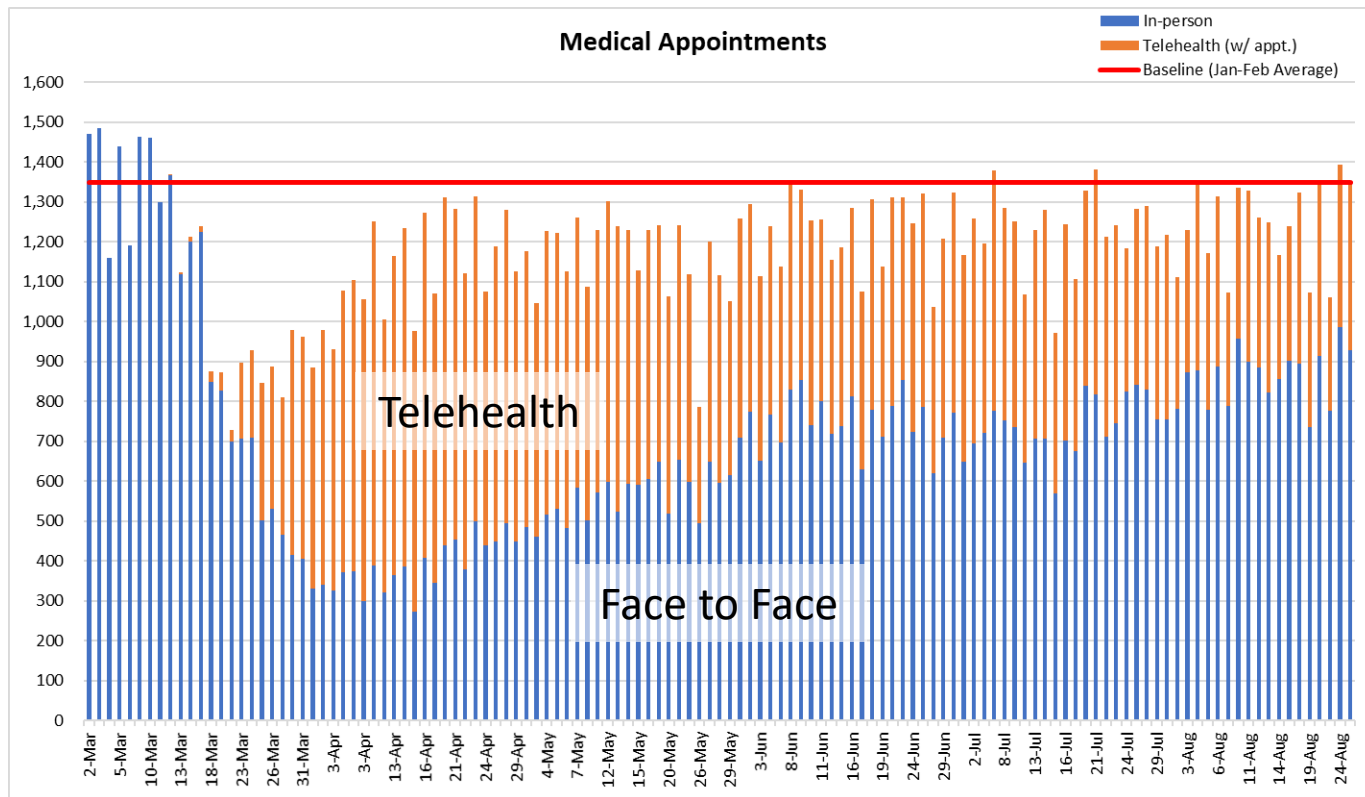
Standing it up

Enablers during Covid

- Reduce regulation
    - Definition of what patients qualify (removal of rural)
    - Enable telephone only at same rate
    - HIPAA Relaxation
- Coverage at standard rates
- People flexibility during pandemic
- Interfaced with TH Provider (though switched later)
- Wide spread smart phone use
- Generous donors and grants

Medical Appointments

Medical Appointments

Legend:
- In-person
- Telehealth (w/ appt.)
- Baseline (Jan-Feb Average)

Chart labels: Telehealth, Face to Face

Y-axis: 0 to 1,600

X-axis (dates): 2-Mar, 5-Mar, 10-Mar, 13-Mar, 18-Mar, 23-Mar, 26-Mar, 31-Mar, 3-Apr, 8-Apr, 13-Apr, 16-Apr, 21-Apr, 24-Apr, 29-Apr, 4-May, 7-May, 12-May, 15-May, 20-May, 26-May, 29-May, 3-Jun, 8-Jun, 11-Jun, 16-Jun, 19-Jun, 24-Jun, 29-Jun, 2-Jul, 8-Jul, 13-Jul, 16-Jul, 21-Jul, 24-Jul, 29-Jul, 3-Aug, 6-Aug, 11-Aug, 14-Aug, 19-Aug, 24-Aug
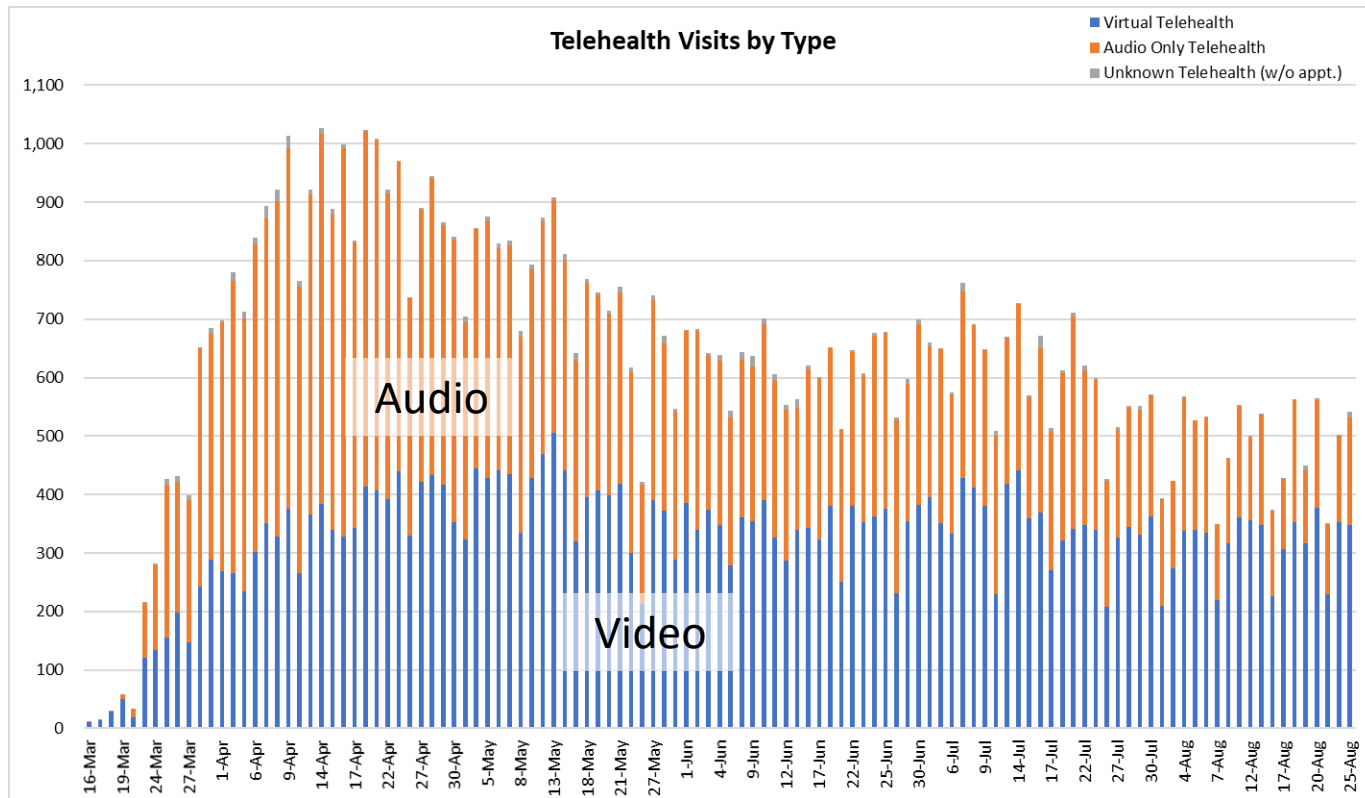
100%
Yesterday as a percentage of Jan-Feb average

92%
Rolling 5-day average as a percentage of Jan-Feb average

64%
In-person rolling 5-day average as a percentage of Jan-Feb average

*Weekdays only. In-person visits do not include those generated w/o an appt. Telehealth visits include Unknowns

Health On TUCSON

EL RIO HEALTH

St. Elizabeth's HEALTH CENTER

NCQA RECOGNIZED PATIENT-CENTERED MEDICAL HOME

HRSA Health Resources and Services Administration HEALTH CENTER Health Center Program QUALITY LEADER 2021 Awardee

THE JOINT COMMISSION NATIONAL QUALITY APPROVAL

HEALTHCARE EQUALITY INDEX LGBTQ HEALTHCARE EQUALITY 2020 LEADER

13

Telehealth Appointments by Type

Telehealth Visits by Type

- Virtual Telehealth
- Audio Only Telehealth
- Unknown Telehealth (w/o appt.)

Audio

Video

*Weekdays Only

64.3%
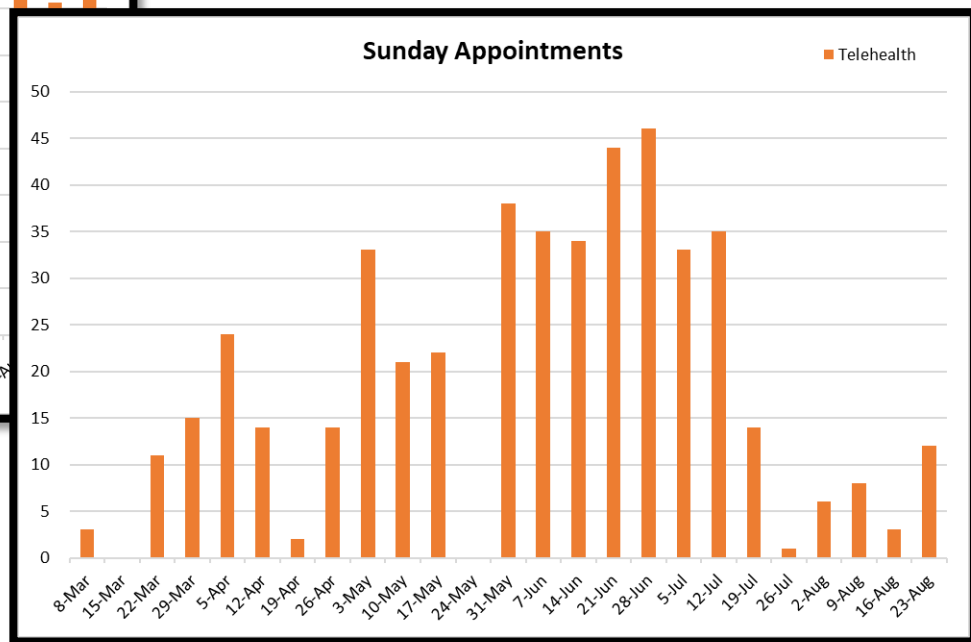Yesterday's Virtual Visits as a percentage All Telehealth Visits
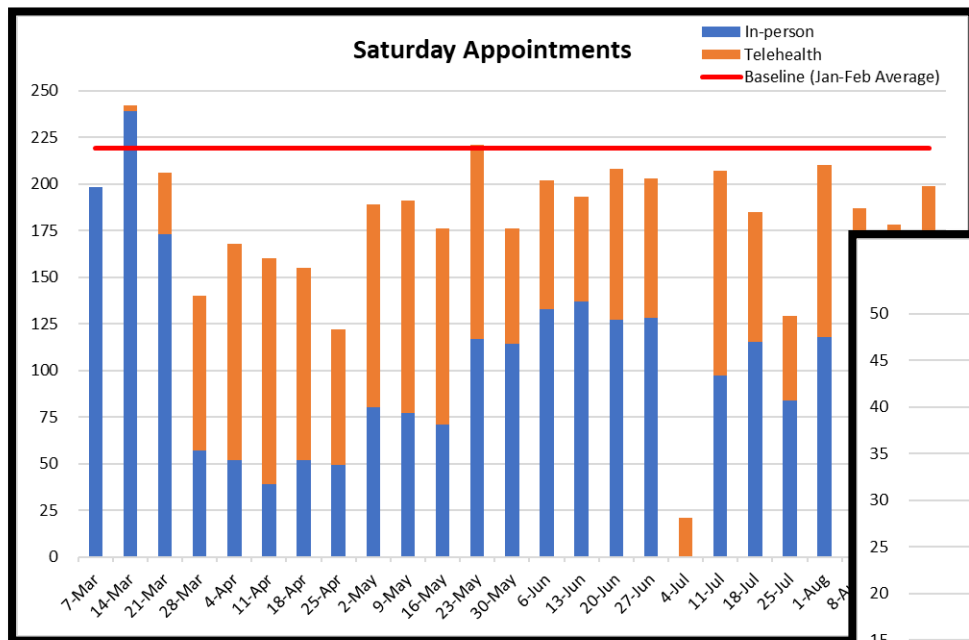
34.0%
Yesterday's Audio Only Visits as a percentage All Telehealth Visits

1.7%
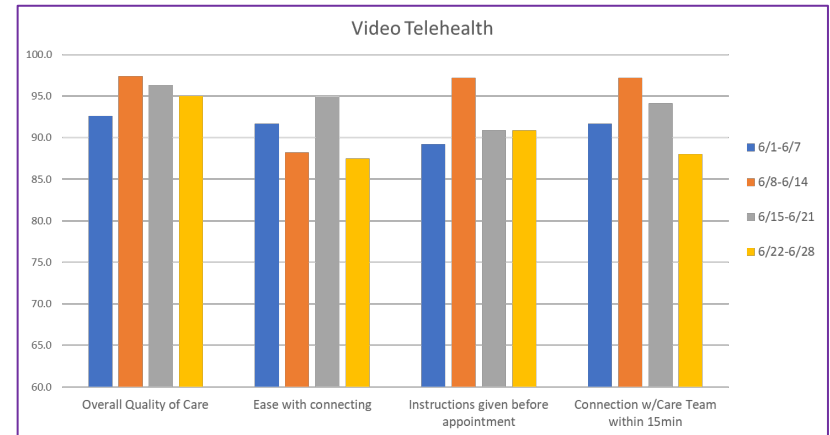Yesterday's Unknown Visit Type as a percentage All Telehealth Visits

Saturday and Sunday Appointments– Medical

* Telehealth visits include
  Unknowns

Successes

- Rapid Deployment
- Financial Successes
- Outreach to High Risk Patients
- High Patient Satisfaction
- Adoption by Providers and staff
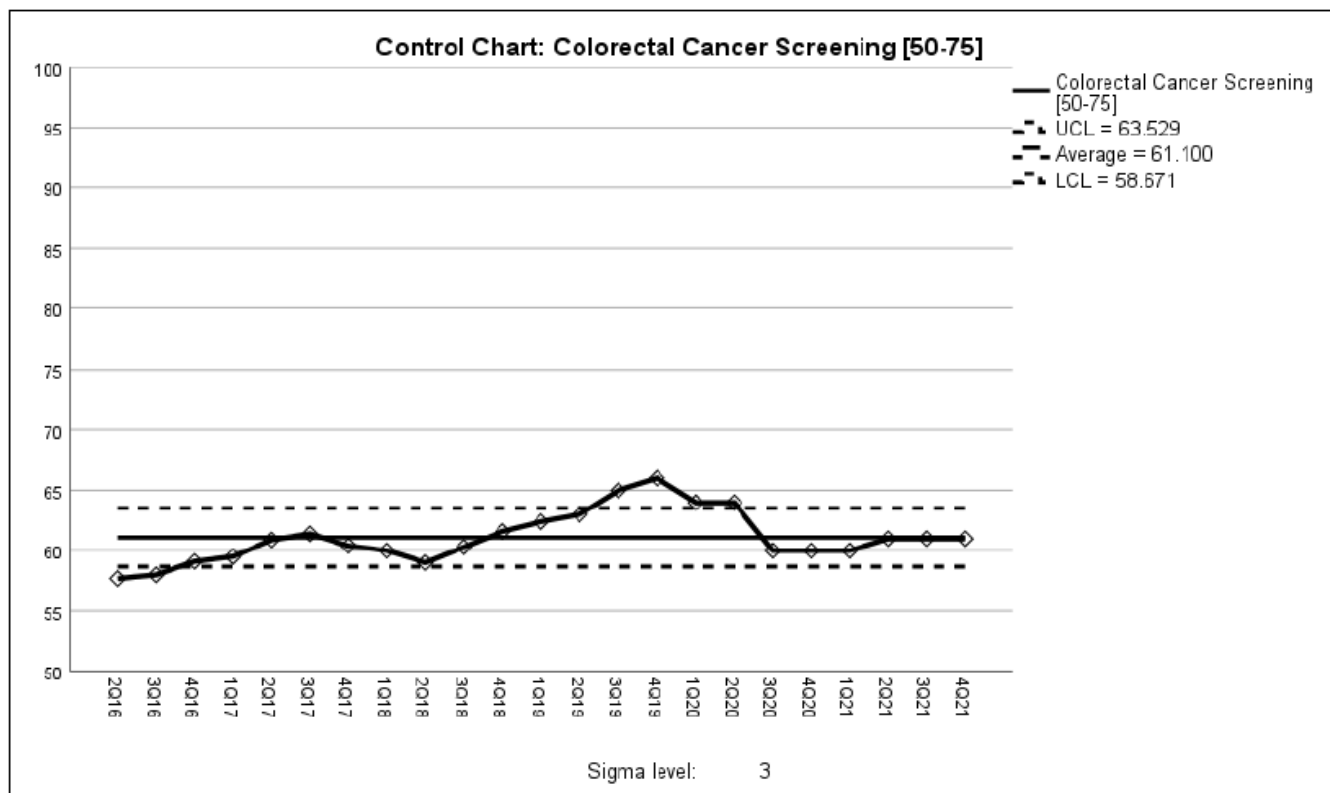- Decreased risk in covering Covid visits

Video Telehealth chart with categories: Overall Quality of Care, Ease with connecting, Instructions given before appointment, Connection w/Care Team within 15min. Legend: 6/1-6/7, 6/8-6/14, 6/15-6/21, 6/22-6/28.

Colorectal Cancer Screening [50-75]: 2Q16 - 4Q21

Goal	Increase the percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.
Benchmark	74.4% (Healthy People 2030 Target) 61% Internal El Rio Key Result 72 % (2020 HEDIS Medicare HMO Mean)
Numerator	11,241 (patients age 50-75 who have receive appropriate colorectal cancer screening) - Epic Data
Denominator	18,578 (patients age 50 –75 years of age) - Epic Data
Quarter	End of fourth quarter 2021

Interpretation	We are making progress toward organizational and AHCCCS goals—in 4Q2019 the organization was at a high of 66%. The impact of COVID, there was a decrease to 56%. Currently at 61%.
Data Update	• Data obtained from Epic & NextGen • Includes Care Gap and lab data as well as scanned documents from Next Gen, as well a any Epic data • Validation still ongoing but aims to be completd by 1/21/2021

Control Chart: Colorectal Cancer Screening [50-75]

Colorectal Cancer Screening [50-75]
UCL = 63.529
Average = 61.100
LCL = 58.671

Sigma level: 3

Adolescent Well-Care Visits [12-21]: 2Q16 –4Q2021
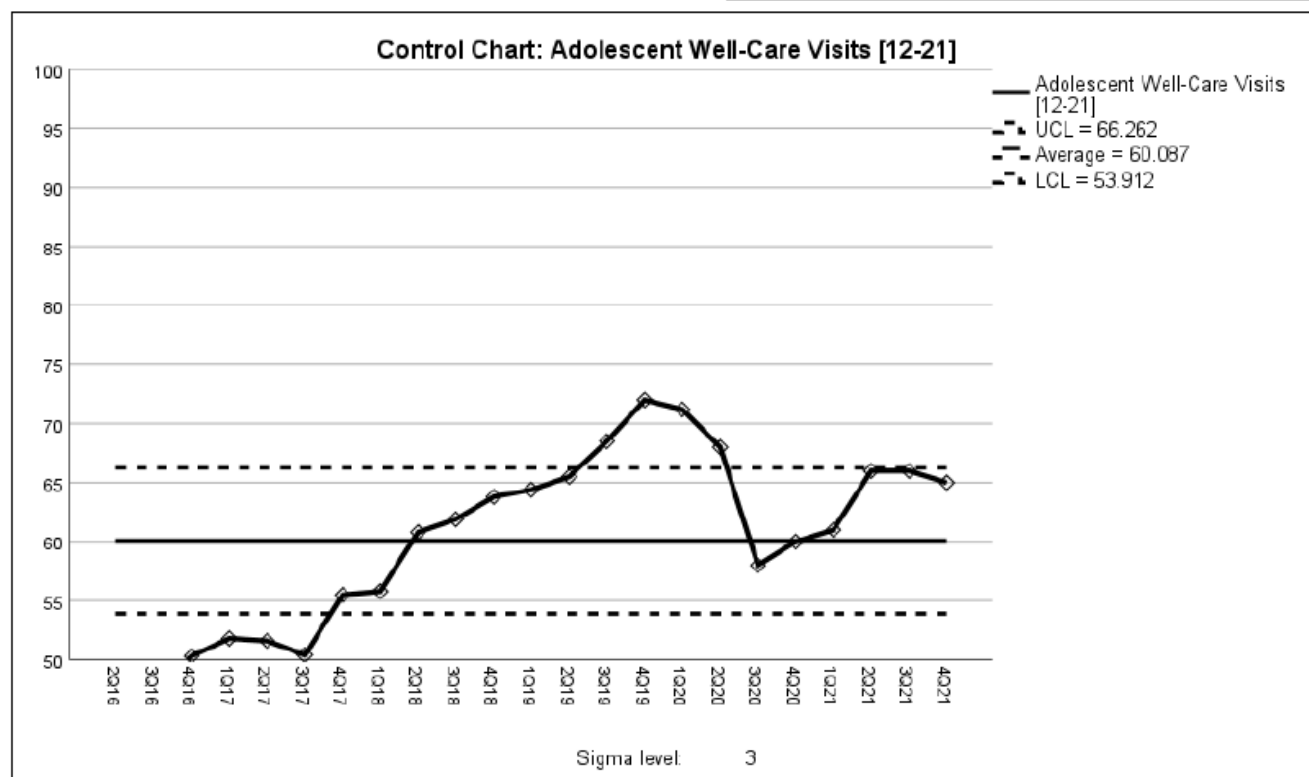
EL RIO HEALTH

Goal	Increase the percentage of patients aged 12-21 who have one or more comprehensive well-care visits during the measurement year
Benchmark	54% Healthy People 2030 55% (2018 HEDIS Medicaid HMO Mean)
Numerator	10,204 patients aged 12-21 years who had at least one well visit with a PCP or OB/GYN practitioner during the measurement year
Denominator	15,664 patients who turned 12-21 years old during the measurement year
Quarter	End of fourth quarter 2021

Interpretation	The data demonstrates a statistically significant improvement beginning third quarter of 2017 continuing through fourth quarter of 2019, in the first quarter of 2020, there was a statistically significant decrease in compliance related to COVID 19. Current status: 65%
Action Plan	• Back to school physicals/well visit increase • Sick visit to well visit conversion • Express Lane built in Epic to ease well visits process • Bulk outreach built in Epic for Go Live

Control Chart: Adolescent Well-Care Visits [12-21]

Legend: Adolescent Well-Care Visits [12-21]; UCL = 66.262; Average = 60.087; LCL = 53.912

Sigma level: 3

Problems we Can Solve:
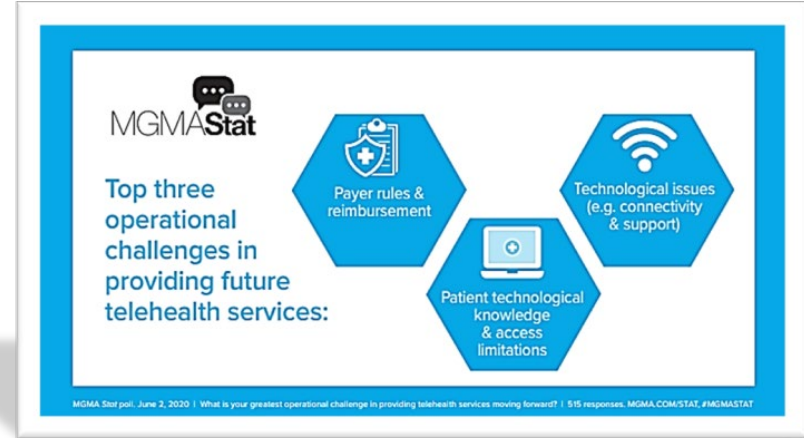# Use Cases (Urban)

- Routine and sick visits
    - Flexible increased availability
    - Expansion without additional Bricks/mortar
    - Nearly homebound patients
    - Convenience and **timeliness** (think paxlovid/Monoclonal Ab)
- Elderly outreach
- Covid Visits
    - Decreased risk of exposure—wait room, public transportation
- CHOP (Covid Home Oxygen Program)
- Specialty care (HIV, Transgender medicine, HCV)
    - HIV care for incarcerated patients
- After hours expansion (Sundays)

Post-Covid Advantages of Telehealth

- Convenience
- Safer for high-risk patients in pandemic times
- Ease of keeping track of high-risk patients
  - (e.g. weekly for a month) a fraction of 1 ED visit
- Consumers now expect it

- Keep infectious patients home
  - Reduced risk to staff, providers, other patients
- Expansion without expense of Brick & Mortar
  - (but still need such locations!)
- Flexibility
  - Ramp up or down easily

Challenges

Top three operational challenges in providing future telehealth services:
- Payer rules & reimbursement
- Technological issues (e.g. connectivity & support)
- Patient technological knowledge & access limitations

MGMA Stat poll, June 2, 2020 | What is your greatest operational challenge in providing telehealth services moving forward? | 515 responses. MGMA.COM/STAT, #MGMASTAT

Patient

- Reliant on patient infrastructure
  - Broadband/data plans
  - Devices
  - Tech know-how
  - Limited "minutes" or data plan
- Patient behaviors
  - Moving/driving, light, noise, privacy
  - Incoming phone calls
- Translation services not embedded

Provider

- Home Infrastructure
- Supplying provider and staff with devices initially
  - Camera/mic
- No visualization of team
  - Communication methods
- Communicate time expectation
- Working without staff
- Scribes

Best Practices

- Scheduling

- "Huddle"

- Checking in

- "Rooming"

- Provider visit

- Wrap up

Best Practices: Scheduling

- Ask Covid questions
  - Try to schedule TH if +
- Ask TH capacity questions
  - Audio, Video, Broadband
  - "Can you facetime or video chat?"
- Explain TH process for newbies
  - Be ready 15 minutes before
    - Home, quiet, good light, private, allow 60 minutes
    - Phone charged, good signal, stop gaming/videos
    - Take Home measurements (BP, Pulsox) before
  - Have meds at the ready
  - Click on link and agree to Mic, camera

Best Practices: "Huddle"

- Review schedule to anticipate needs (ED Records on chart?)

- Who working with? How to contact? Set expectations

Best Practices: Checking in

- No "desk" to prompt

- EHR sends link and reminder or MA sends

- In TH—often MA instead of receptionist
  - Run Real Time Eligibility check
  - Set Pharmacy prefs
  - Confirm correct demographics/ best contact number
  - Enroll in portal
  - Reiterate best patient practices (quiet, light, no driving …)

Best Practices: "Rooming"

- Typical rooming workflow—Telehealth tweaked
- MA to get on video
- Solve patient connection issues
- Obtain Vitals and see via video ("electronic transmission of data")
- Time check
- Communicate via EHR Schedule

Best Practices: Provider Visit

- Train on tech / solutions

- Train on overall Webside manner*

- Train on Telehealth Physical Exam

- Determine suitability of Telehealth for the situation

*Attention to dress, "eye" (camera) contact,
posture, background, lighting, consent

Best Practices: Wrap up

- Communicate to patient and Care team
  - Next visit
  - Orders

- Patient Summary / Education via portal or mail

- Determine whether patient stays on video or a call-back occurs

When PHE ends:

- Telehealth is here to stay

- Recent changes keeping PHE regulations intact after Public Health Emergency ends

- Valuable lessons learned—patients, staff and providers more comfortable

- Continue to leverage

What do you want from a TH platform?

Attributes

- Initial ease of use
- Sustained connectivity
  - In case of outside call
  - Loss of signal
- Link via text
  - Reminder texts
- HIPAA

TH Platform Vendors we've used

- eVisit
- Otto
- Mend
- Doximity
- Teams
- Facetime
- Epic

Important but not critical

- Secure chat in session
- Integration with schedule
- See status in Schedule
- See patient signal status
- Refresh patient session
- Screen share
- Questionnaires

- Reporting
- Bill pay
- Allow others to join session
- Add or embed translator
- Screen background
- Call patient who doesn't join
- Whiteboard/pictures

Current and Future Directions

- Telehealth "Site"

- Recruit/retain providers

- TH is part of our Care Model (vs. external contractors)

- Devices and broadband for patients (SDoH)

- Added functionality
  - Transcription/Translation
  - Diagnostic devices

- TH Booth?

Thank You!

Any Questions?
gregoryr@elrio.org