Our Telehealth Journey
Lessons Learned

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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.
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.

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

Break Boundaries
I work with others to achieve success.

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

Create Tomorrow
I embrace effective change and seek innovative solutions.

Honor Patients
I always put the patients first.
More than just Healthcare
Grant Health Center
3655 E. Grant Road
Newest Location—April 2022
<table>
<thead>
<tr>
<th><strong>Total Number of Patients Served</strong></th>
<th>110,629</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Face-to-Face Patient Visits</strong></td>
<td>364,641</td>
</tr>
<tr>
<td><strong>Total Number of Virtual Patient Visits (20%)</strong></td>
<td>72,951</td>
</tr>
<tr>
<td><strong>Total Patient Visits</strong></td>
<td>437,592</td>
</tr>
<tr>
<td><strong>Number of Employees</strong></td>
<td>1,417</td>
</tr>
<tr>
<td><strong>Number of Health Center Campuses</strong></td>
<td>13</td>
</tr>
</tbody>
</table>
El Rio Health

2021 Data

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Providers</td>
<td>290+</td>
</tr>
<tr>
<td>Number of Pharmacists</td>
<td>50+</td>
</tr>
<tr>
<td>Number of Licensed Nurses</td>
<td>170+</td>
</tr>
<tr>
<td>Number of Dietitians, Exercise Physiologists, Health Builders</td>
<td>20+</td>
</tr>
<tr>
<td>Number of Students</td>
<td>&gt;250</td>
</tr>
</tbody>
</table>
Who do we serve?

- **Patients by Payer Source**
  - Medicaid, 51%
  - Private, 22%
  - Uninsured, 14%
  - Medicare, 13%

- **Patients by Age**
  - 0 - 17, 35%
  - 18 - 64, 55%
  - 65 +, 10%

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

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

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
Telehealth Appointments by Type

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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Increase the percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.</th>
</tr>
</thead>
</table>
| **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 as any Epic data  
- Validation still ongoing but aims to be completed by 1/21/2021

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**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

<table>
<thead>
<tr>
<th><strong>Goal</strong></th>
<th>Increase the percentage of patients aged 12-21 who have one or more comprehensive well-care visits during the measurement year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benchmark</strong></td>
<td>54% Healthy People 2030 55% (2018 HEDIS Medicaid HMO Mean)</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>15,664 patients who turned 12-21 years old during the measurement year</td>
</tr>
<tr>
<td><strong>Quarter</strong></td>
<td>End of fourth quarter 2021</td>
</tr>
</tbody>
</table>

| **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]

- UCL = 66.262
- Average = 63.087
- LCL = 63.912

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

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 ...)

HealthTUCSON
EL RIO HEALTH
St. Elizabeth's A Health Center
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?
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