CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

Epic Safety Net User Group (eSNUG) Video Visit Integration

Tuesday, August 18, 2020
1-2pm

Recording Link

Agenda

Topic	Lead(s)
Welcome, Logistics & Intros	David Lown Zoe So
Santa Clara Presentation: Video Visit Integration with Cerner	County of Santa Clara Health System
Q&A and Peer Sharing	All
Wrap-up & Announcements • SNI Updates	David

Logistics

You're encouraged, but not mandated, to go on video!

Please mute yourself! (We'll have to mute lines if there is background noise)

Please feel free to speak up or chat in any questions

Webinar will be recorded and saved on SNI Link/Data/EHR User Groups

Please complete our post-event survey (posted in the chat)

Epic Safety Net User Group (eSNUG): Video Visit Integration

August 18, 2020

INTEGRATED VIDEO VISITS

COUNTY OF SANTA CLARA
Health System

Who are we?

Michael Hwa,
MD FACP

CMIO

Jesus Saucedo,
MD MBA

Associate
CMIO

Molly Forbes

EPIC Program
Manager

Dan Vostrejs,
MD MHS FAAP

Ambulatory EPIC
Champion

COUNTY OF SANTA CLARA
Health System

3 HOSPITALS

1025 BEDS

13 CLINICS

>970K OUTPATIENT VISITS

>1000 PHYSICIANS

>700K PATIENTS

THE COUNTY OF SANTA CLARA 1850

O'CONNOR HOSPITAL
A COMMUNITY HOSPITAL

SANTA CLARA VALLEY MEDICAL CENTER
Hospital & Clinics

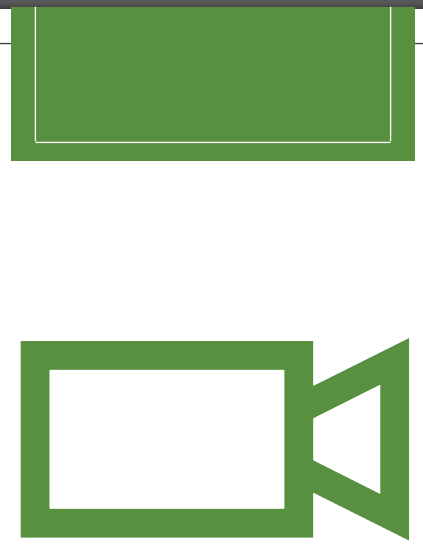
ST. LOUISE REGIONAL HOSPITAL
A COMMUNITY HOSPITAL

Some Definitions

- **Vidyo = Video Conferencing Company**
- **HealthLink = CSCHS name for EPIC EMR**
- **MyHealth Online = CSCHS name for EPIC MyChart**
- **All speakers have no conflict of interest**

Roadmap

- **Our journey to video visits**
- **Technical aspects of Vidyo and EPIC integration**
- **Workflows**
- **Challenges and opportunities**
- **Discussion**



JOURNEY TO INTEGRATED VIDEO VISITS

JESUS SAUCEDO, MD MBA

Pre-COVID-19

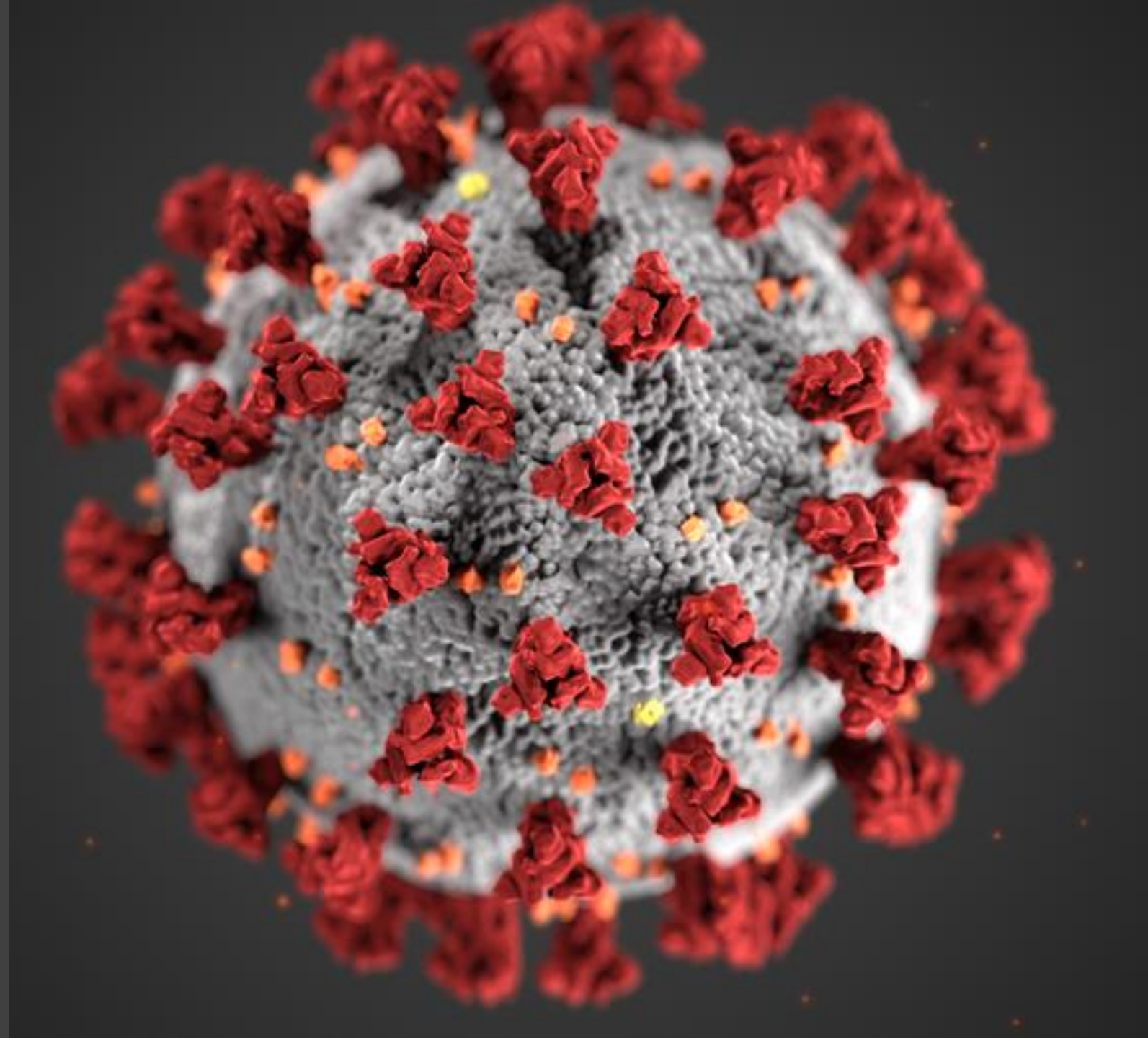
- CSCHS was at the late planning stages of rolling out a telehealth solution
- There was little to no hardware deployed (e.g. phones, tablets or webcams) to support video visits.
- Initial plan was for a gradual rollout to various specialty areas with specific needs for a telehealth solution

Initial Pre Covid-19 Rollout

- **Rehab Center** – Discharged spinal-cord injury patient consultations using video, meet the needs of frequent healthcare to decrease complications and ER visits
- **Custody** - Ability to schedule follow-up video visits with patients within jails: specifically, from each of the four jail clinics, and from the medical examination rooms scattered around jail residences to providers in specialty clinics at SCVMC
- **BHS and BHS custody** – Ability to consult providers who are in custody facilities and outside with SCVMC
- **Tele Stroke** - Ability to consult out into the field with paramedics. Consultation between ambulances and the stroke neurologist at SCVMC to determine best disposition for suspected stroke patients and prepare teams at SCVMC for in-coming stroke patients.
- **Homeless Health and Residential** – Ability to remotely consult with homeless clinics with SCVMC

SHELTER IN PLACE ORDER

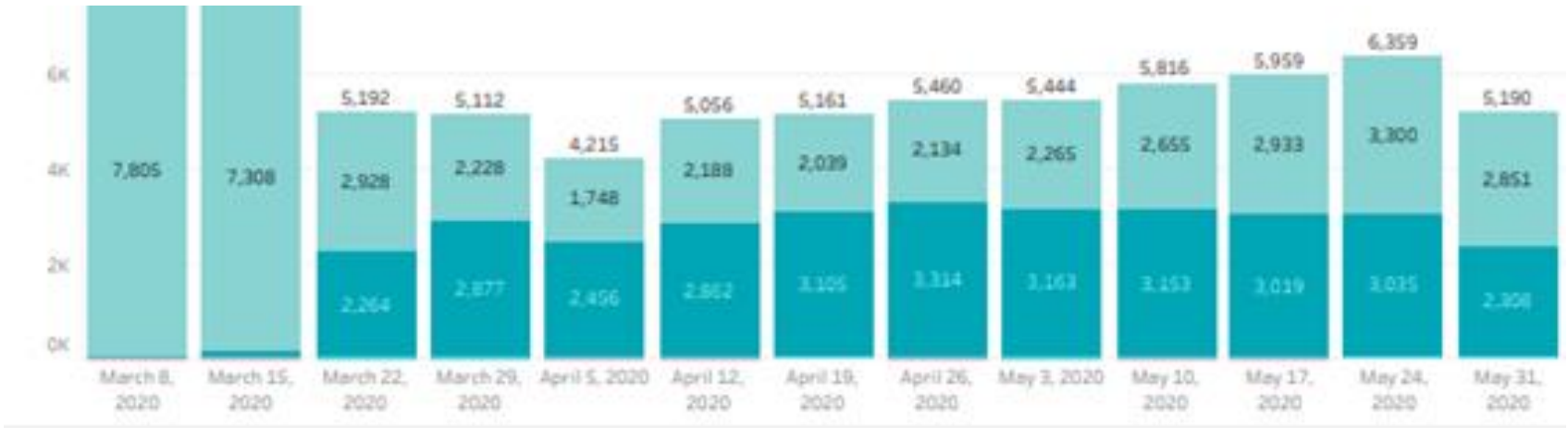
3/16/2020

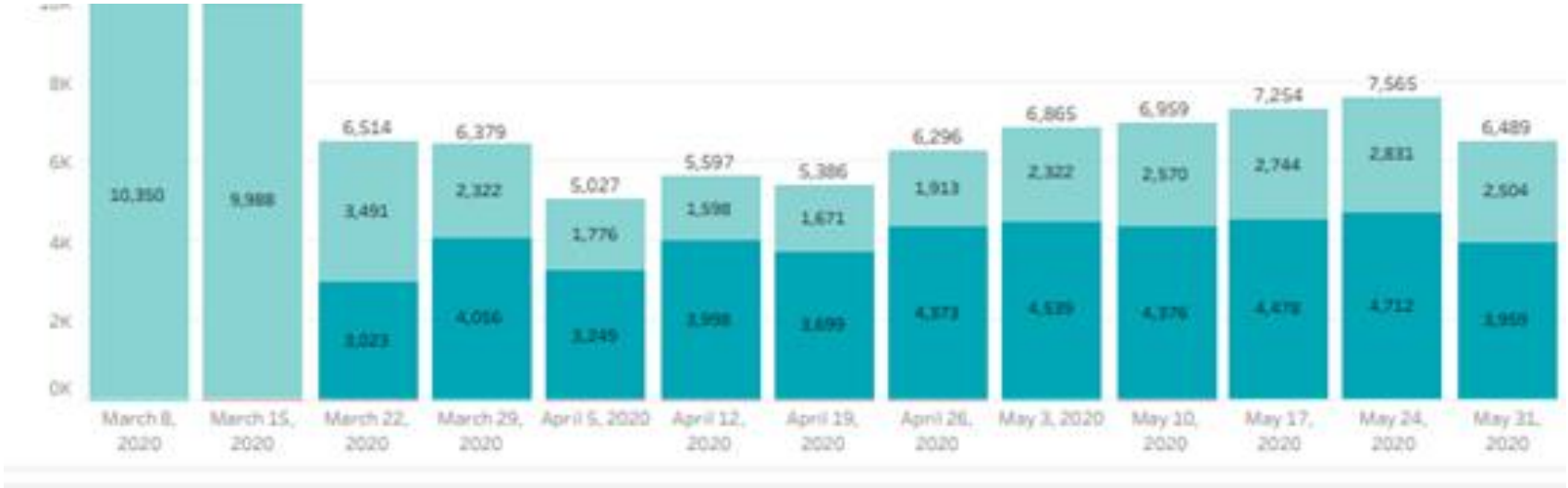


COVID-19 Rollout

- **Ambulatory Primary Care**
  - Adult and Primary Care
  - Family Medicine
  - OB/GYN
  - Urgent Care
  - Non-specialty Behavioral Health and Dental
- **Ambulatory Specialty Care**
  - Adult and Pediatric Specialties
  - PACE, ID, TB, Refugee
- Roll out due both access patients & demand from video solution, its improved quality over phone calls

Rapid Shift to Telephone Visits in Primary and Specialty Care

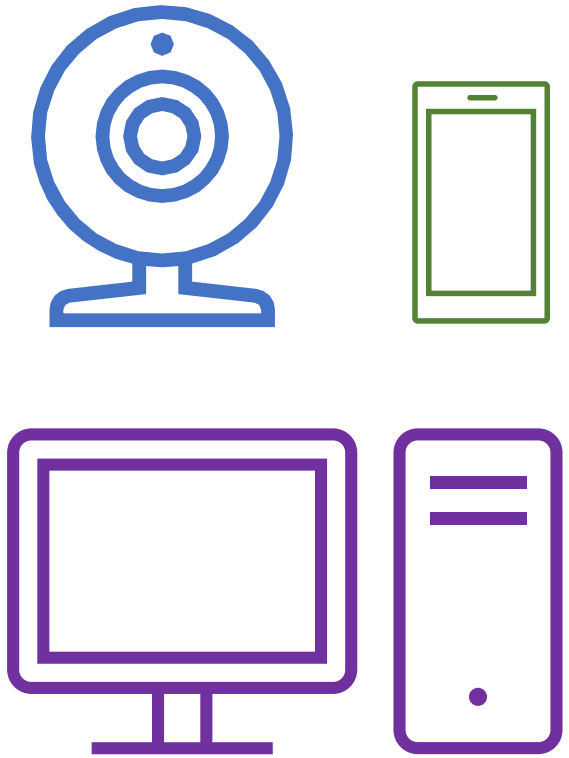




Why Vidyo®?

- To serve the needs of our providers and patients, we needed to be able to run video visits from IOS, Android, Web, and from Hyperspace workstations.
- We looked at nine technology video vendors that support video visits
- Four vendors supported video visits that integrated into Epic
- One video vendor supported Hyperspace to Hyperspace and Hyperspace to Mobile Device

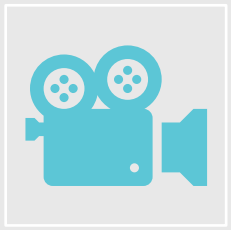
Vendor	Video Visits	Integrate EPIC	Hyperspace to Hyperspace	Hyperspace to Mobile Device
Vidyo	x	x	x	x
Cisco VSM	x	x		
Adobe	x	x		
Axis	x	x		
Zoom	x			
Polycom	x			
Skype	x			
LogmeIn	x			
Chiro	x			



Integrated Video Visits: Technical Considerations

Molly Forbes

Epic Integration



Selected vendor due to compatibility and integration with Epic EMR and Patient portal

Implementing on the cusp of development transition from “deep integration” to “context aware linking (CAL)” integration framework

Selected CAL due to vendor recommendations as one of the first Vidyo/Epic CAL implementations

Capabilities

Types of Visits

Provider to Patient Scheduled Visits

Provider to Provider Scheduled Visits (Clinic-to-clinic)

On Demand

Acute Teleconsults (Inpatient and ED)

Mobile and Desktop compatible

Desktop: MyChart and Hyperspace

Mobile: Haiku, Canto, Rover, and MyChart Mobile

Implementation

Timeline: ~6 months (on the longer side due to delays with integration method transition and waiting on vendor development)

Scope: Planned for focused pilots, but ultimately went big bang due to necessity

Cost: Per visit or per lines licensing, varies widely

Resources:

Epic team:

- Ambulatory, MyChart, Cadence Scheduling
- Inpatient or Emergency Dept depending on scope
- Technical- Interconnect team
- Training

Stakeholders and SMEs

Executive Sponsorship

Field Support

Compliance

Security

Project Manager

Features to consider

Patient Experience

- Patient portal integration- pros and cons
- Ease of use and assistance required
- Testing mode to test setup ahead of time
- Familiarity with third party app
- Waiting room feature

Both

- Mobile and Desktop compatibility
- Necessity of downloading a separate app
  - "Web RTC" and Mobile "Web RTC"
- Interpreter workflow support and integration with third party translation services providers

Staff Experience

- EMR integration
  - Schedule management
  - In-line/side by side documentation
  - Integrated notification that patient joined visit
- Ease of use/Amount of patient technical support required
- Integration with peripheral hardware (stethoscopes, thermometers, etc.)

INTEGRATED VIDEO VISITS: WORKFLOW

DAN VOSTREJS, MD MHS FAAP

Goals of workflow

Simple

Integrated into existing workflows

HSRs are already doing reminder calls the day before the visit

MA/LVN are used to “Rooming” patients

Staff prepare patient in advance of video visit – 3 touch points (saves time, keeps clinic moving)

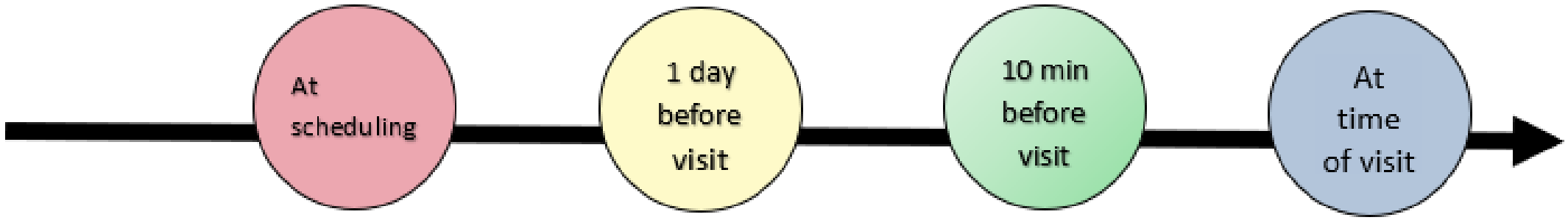
At scheduling

During reminder call

During rooming as a failsafe

If staff is unable to prepare patient, they can do a warm handoff to the Support Desk for more assistance

Clinic workflow for Scheduled Video Visits



Provider				Joins VV when staff indicates pt is ready (changes dot to green)
Front desk staff		REMINDER CALL: Calls patient to remind of VV, Confirms Pt is set up for VV, transfers call to Support Desk if needed		
Clinic staff	Sets patient up for VV or transfers call to the Support Desk		ROOMING CALL: When provider is ready, staff calls pt to join VV. Once pt has joined, staff "rooms" the pt (CC, Allergies…)	

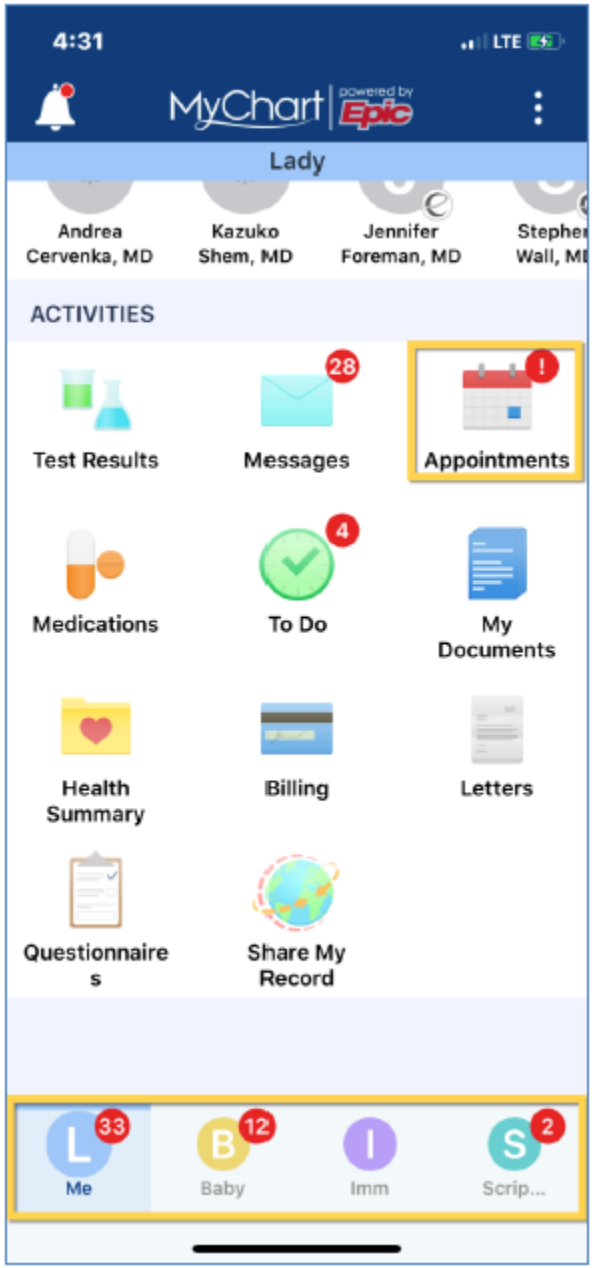
Keys points

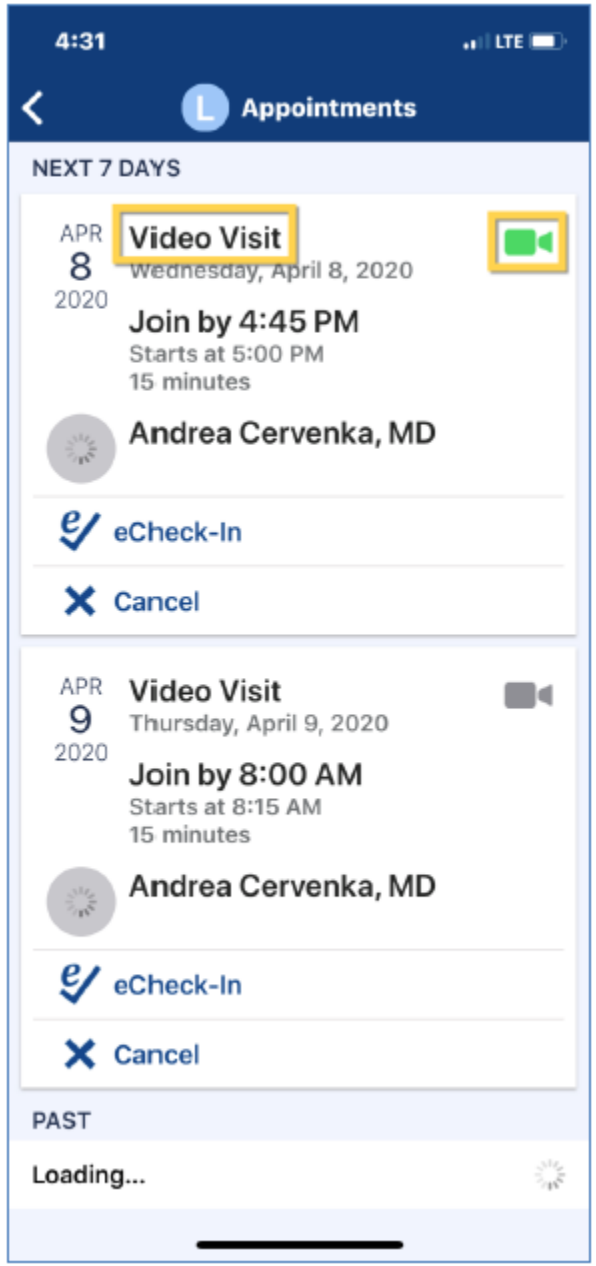
Prepare patient for video visit in advance

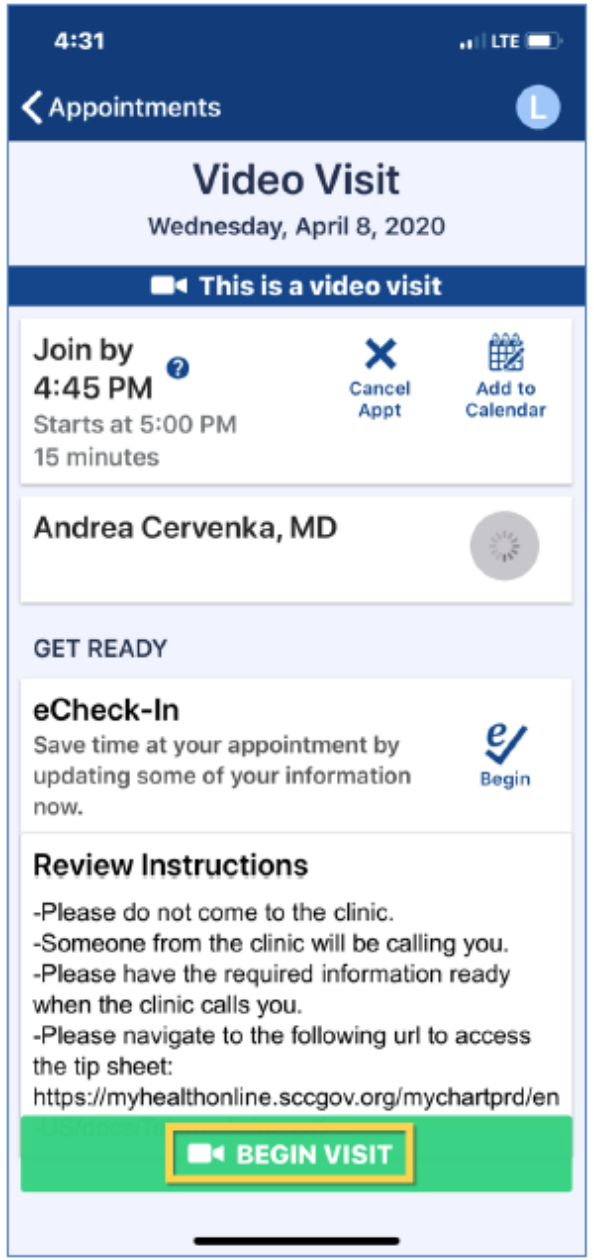
Train front desk and back office staff on how to enroll patients in MHO and prepare them for video visits

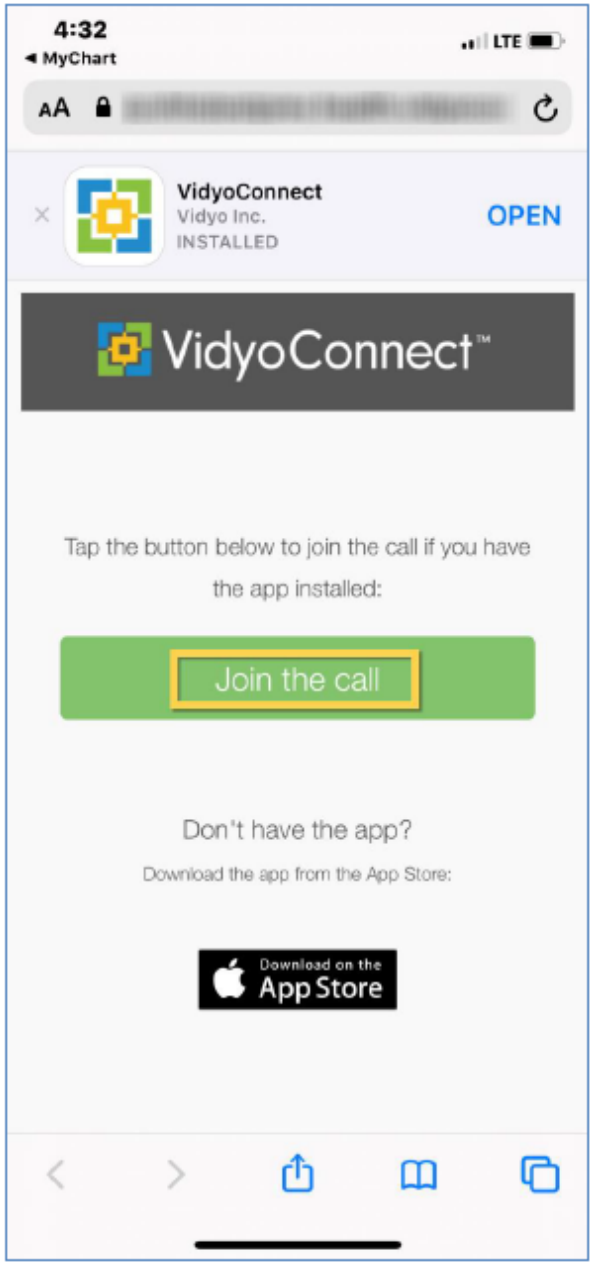
Rooming staff treats video visits like office visits—notifies patient if provider is running late, calls the patient when it is time to join the call, and “rooms” the patient.

Patient: MyChart

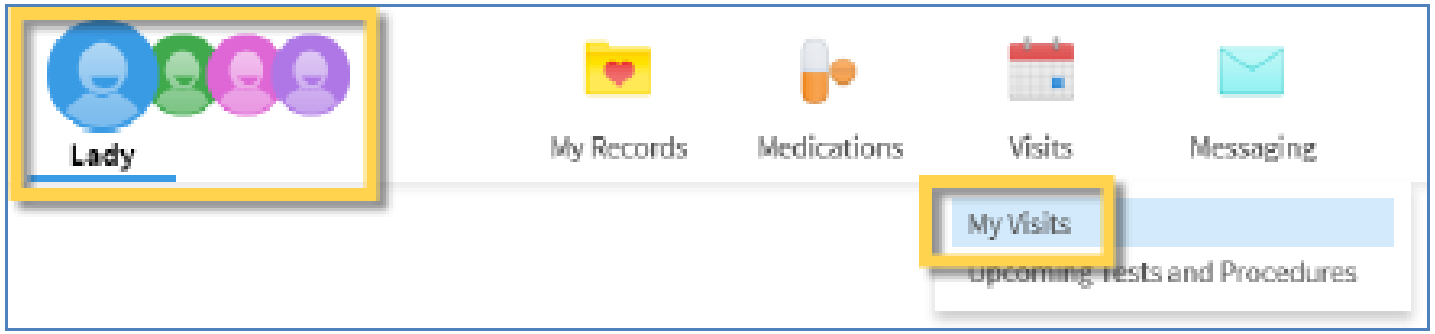


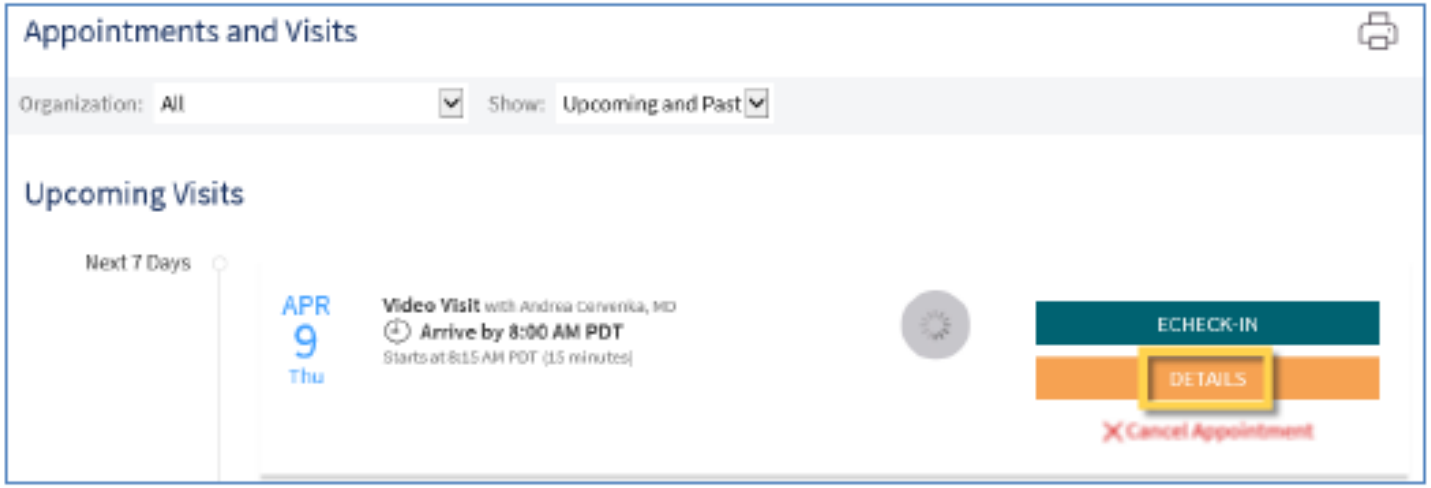


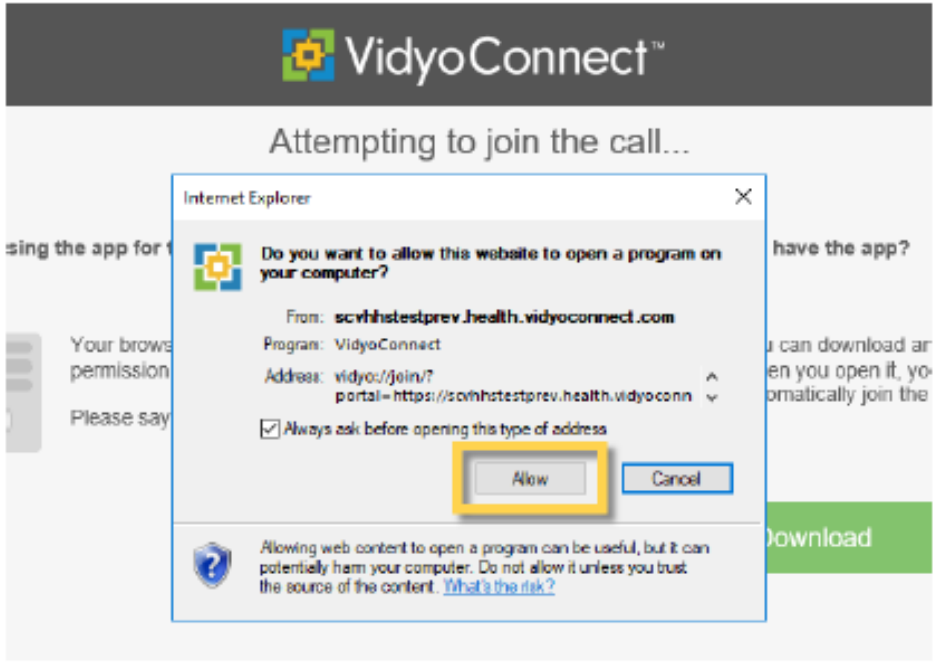


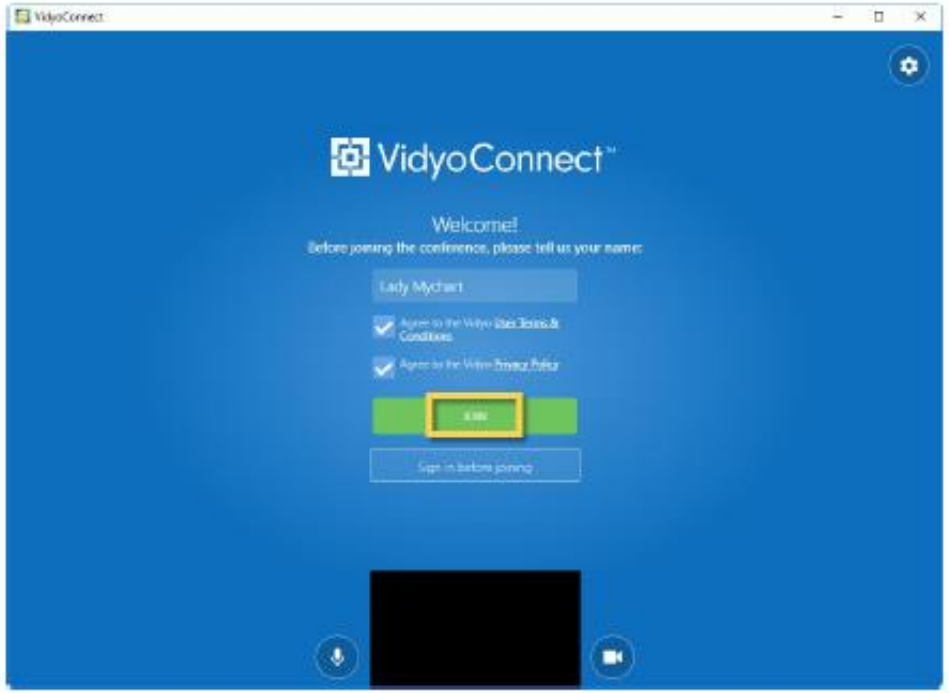


Patient: My Health Online

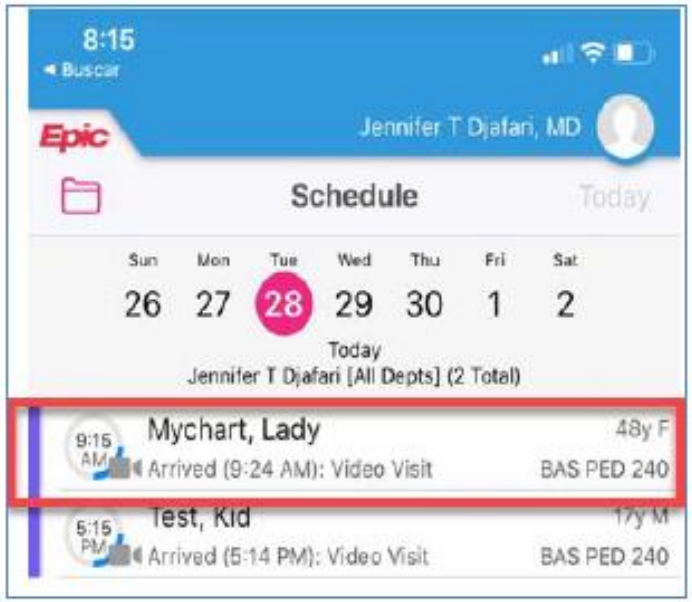


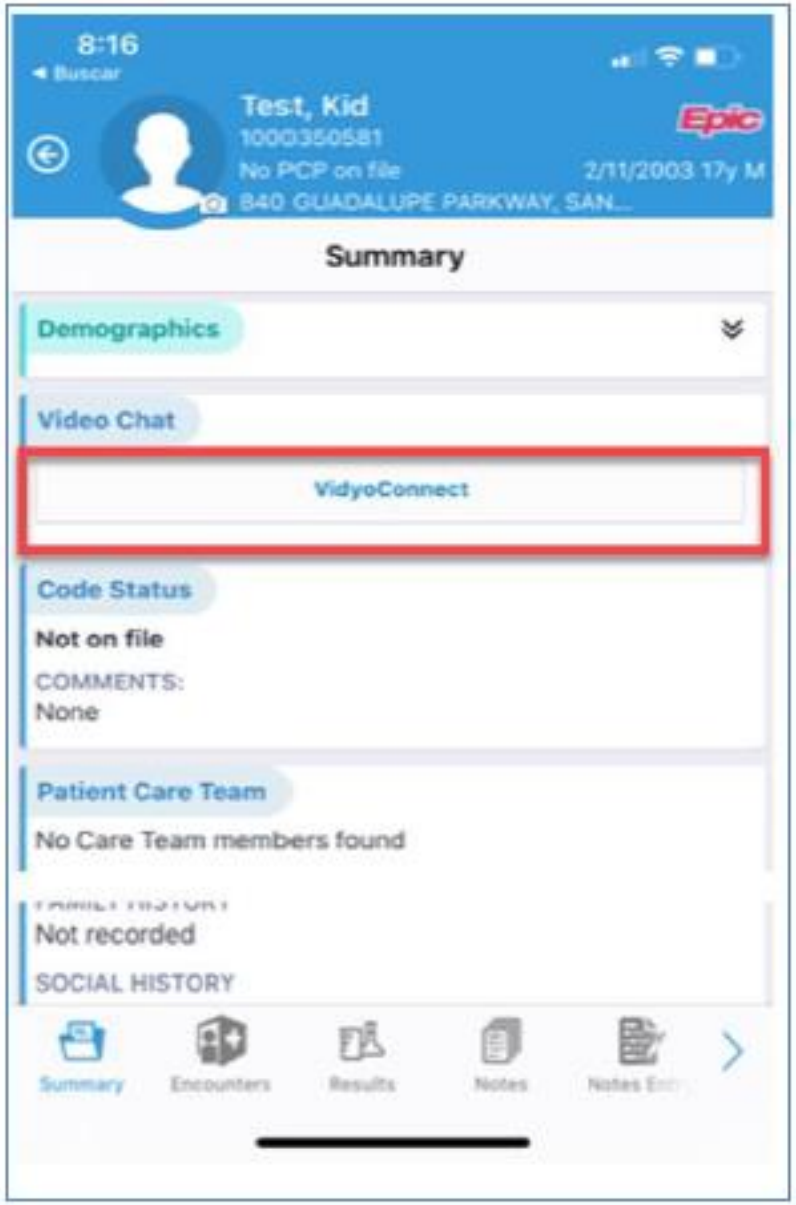


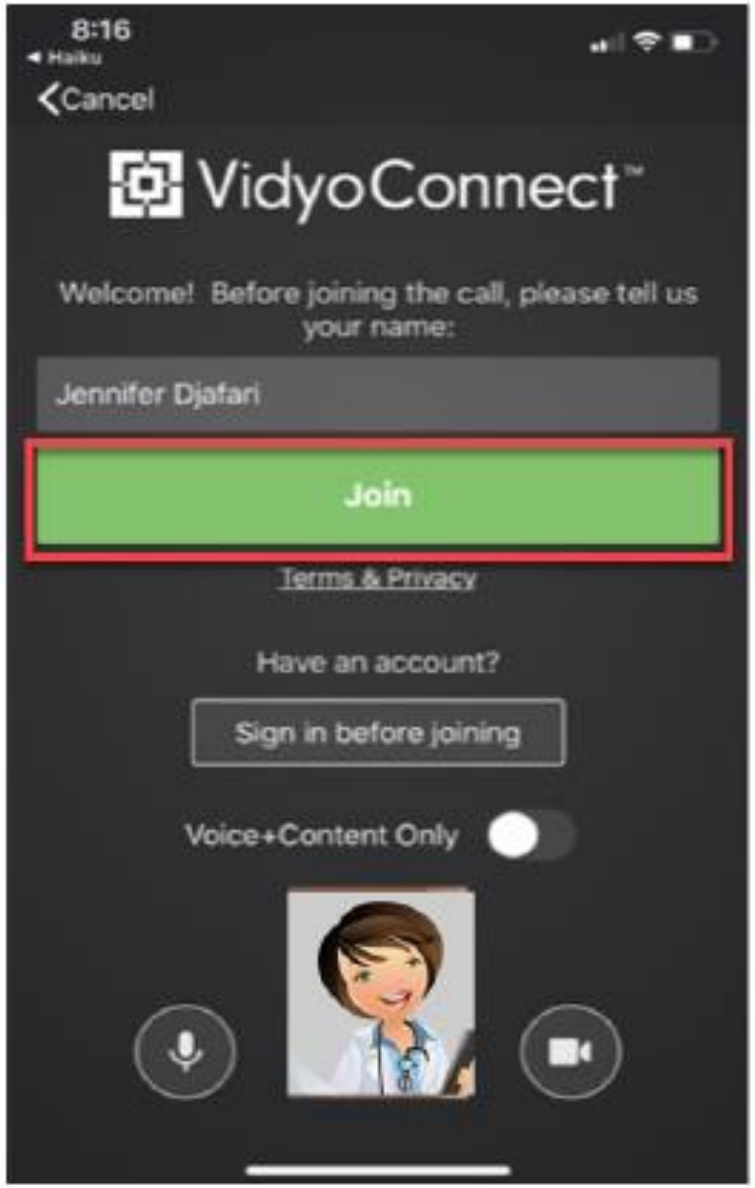




Provider: Haiku/Canto



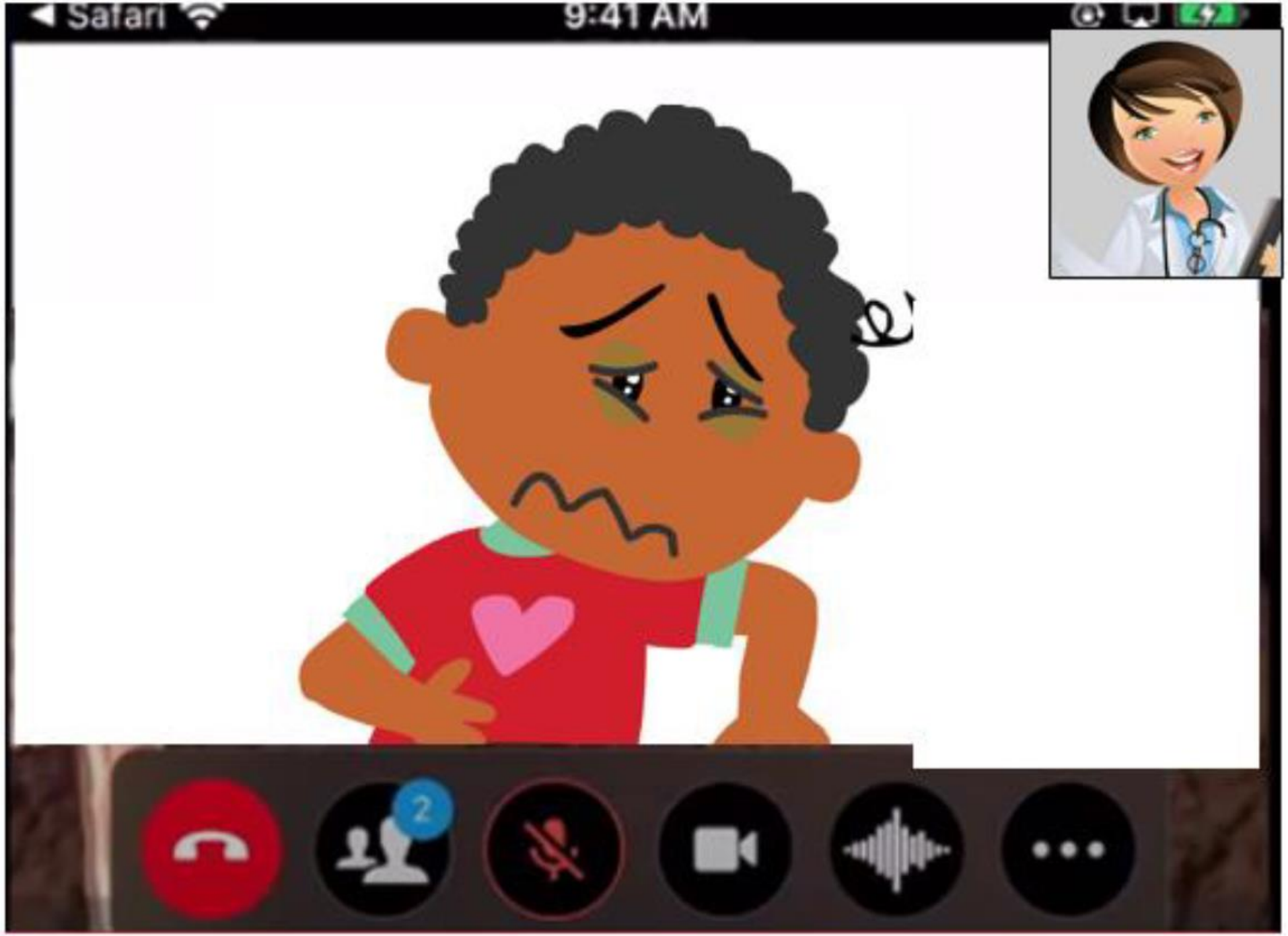




Provider: Desktop/Hyperspace

= Patient has not joined the VV

= Patient has joined the VV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2

CHALLENGES AND OPPORTUNITIES

MICHAEL HWA, MD FACP

Challenges: Provider

Telephone visits in many ways are more convenient than video visits

Require less setup time, are more reliable at a lower infrastructure entry point

Significant inertia from the beginning of the pandemic to use telephone visits since that's all we had at the beginning

Misunderstandings about reimbursement rates between telephone and video visits

Rolling out such a large improvement project across 13 clinics and hundreds of providers has been a challenge

Challenges: Technology

Lack of infrastructure

County hardware vendor completely sold out of our standard webcam since pandemic began

Needing to have multiple apps (MyChart and VidyoConnect) installed for a successful visit

Lack of a virtual "waiting room

If patient joins early or provider running late, they may not know they joined correctly

Challenges: Patient

The need for an Active MyChart account

- ~43% of paneled patients, and only 20% of all patients had an active MyChart account
- Many patients require help signing up and activating accounts which can be a time intensive task

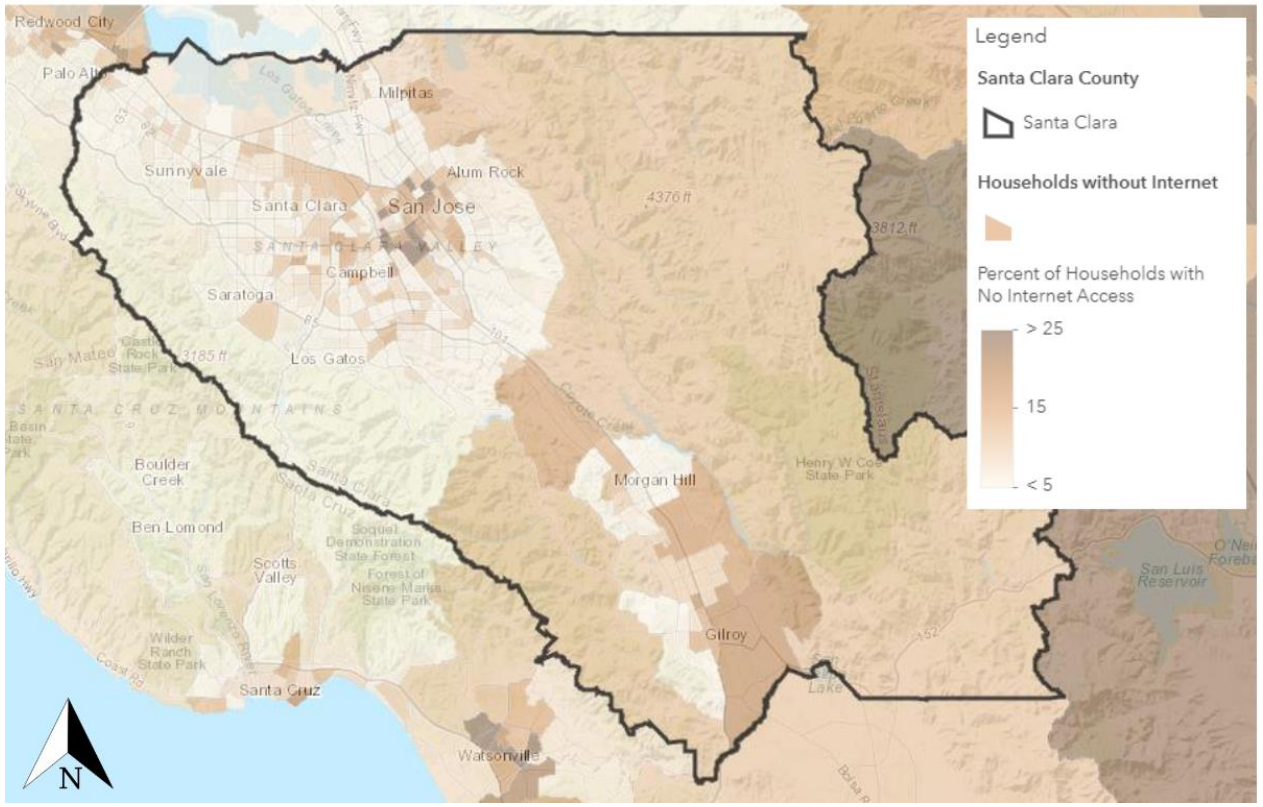
Patient reticence to take part

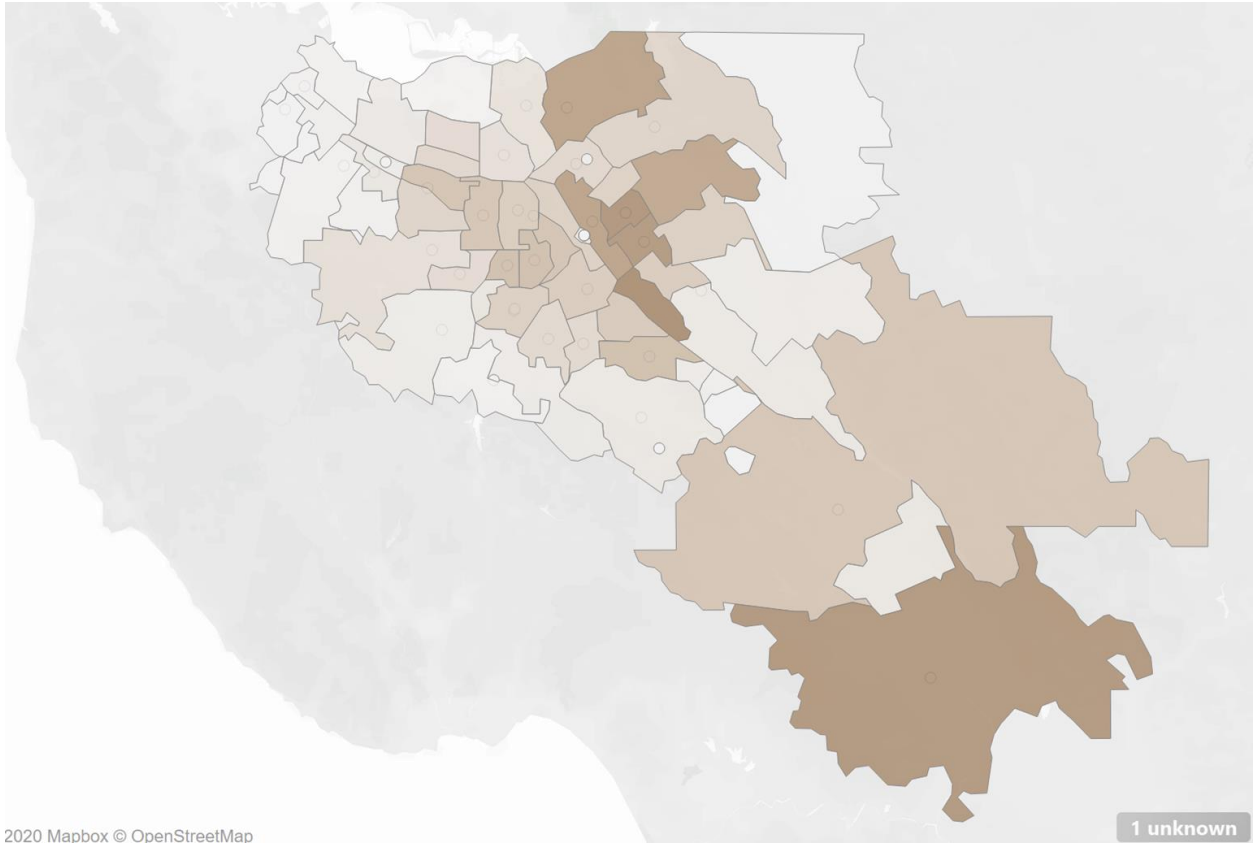
- Lack of a private area
- Concern over dress/appearance
- Busy doing other things
- Unfamiliarity with video visits

Digital Divide

- Tech literacy
- Lack of adequate internet access
- Lack of hardware

Digital Divide





Ongoing Video Visit Improvement Project

Patient:

- 3rd party vendor for phone support with pts to enroll in MyChart and get them ready for video visits.

- Push/Pull workflows, multiple touch points

- Advertise the pros of video visits over telephone visits

- Work with county on initiatives to bridge the digital divide

Technology:

- Future EPIC development – video visits w/o need for an active MyChart account. E-mail or SMS direct link to video visit

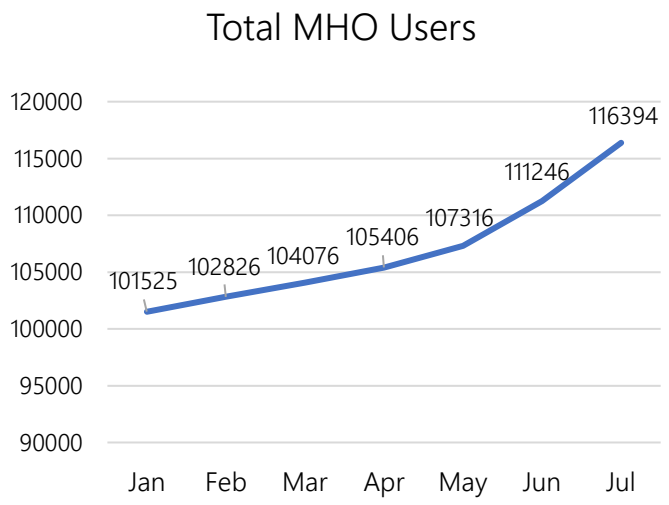
- Potentially switch to native EPIC/Twilio in the near future

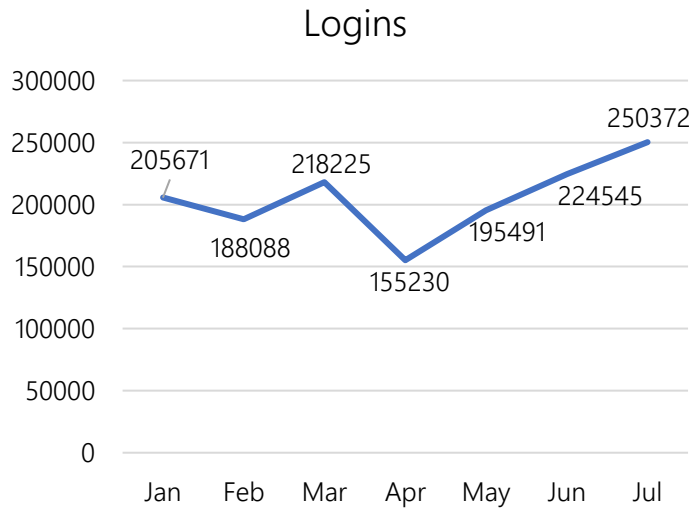
Provider/Staff:

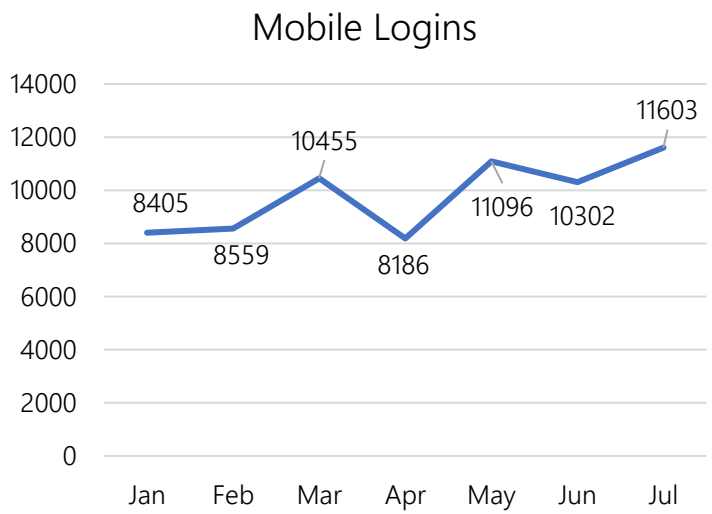
- Educational campaign, virtual brown bag sessions, targeted interventions, hardware assessments

- Help assess which visits are best for F2F, Video or Telephone

Growing Patient Portal (myHealth Online) Use & Support







TOTAL INCOMING CALLS: 8,260

TOTAL OUTGOING CALLS: 2,780

% OF PATIENTS ACCEPTING HELP: 60%

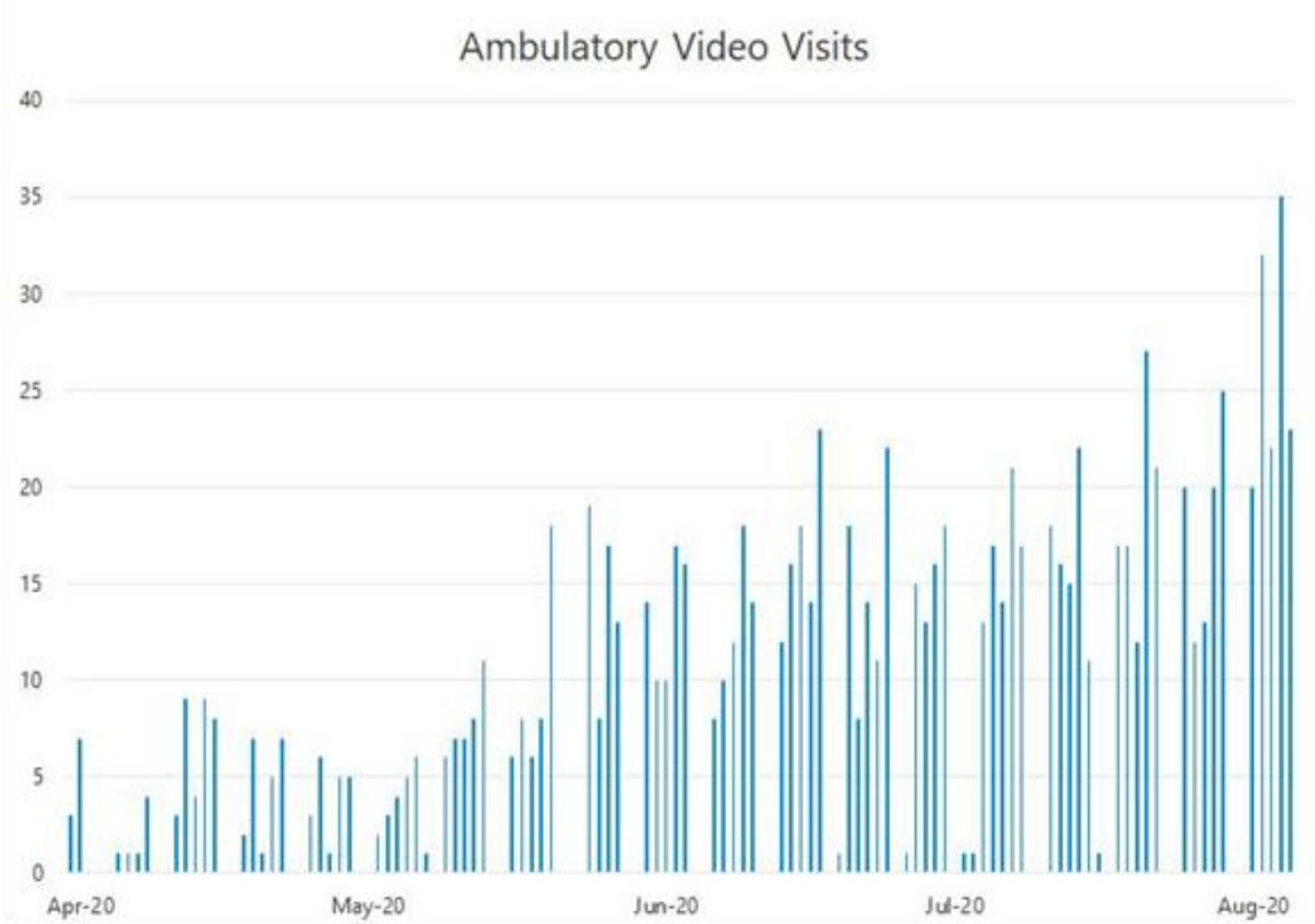
Advancing Telehealth

PROVIDER IPADS DEPLOYED: 550

PROVIDER IPHONES DEPLOYED: 450

TOTAL OUTPATIENT VIDEO VISITS: 850

TOTAL DEPARTMENTS WITH ACCESS: 200



Discussion/Questions

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Molly.Forbes@hhs.sccgov.org
Daniel.Vostrejs@hhs.sccgov.org

COUNTY OF SANTA CLARA
Health System

WRAP UP

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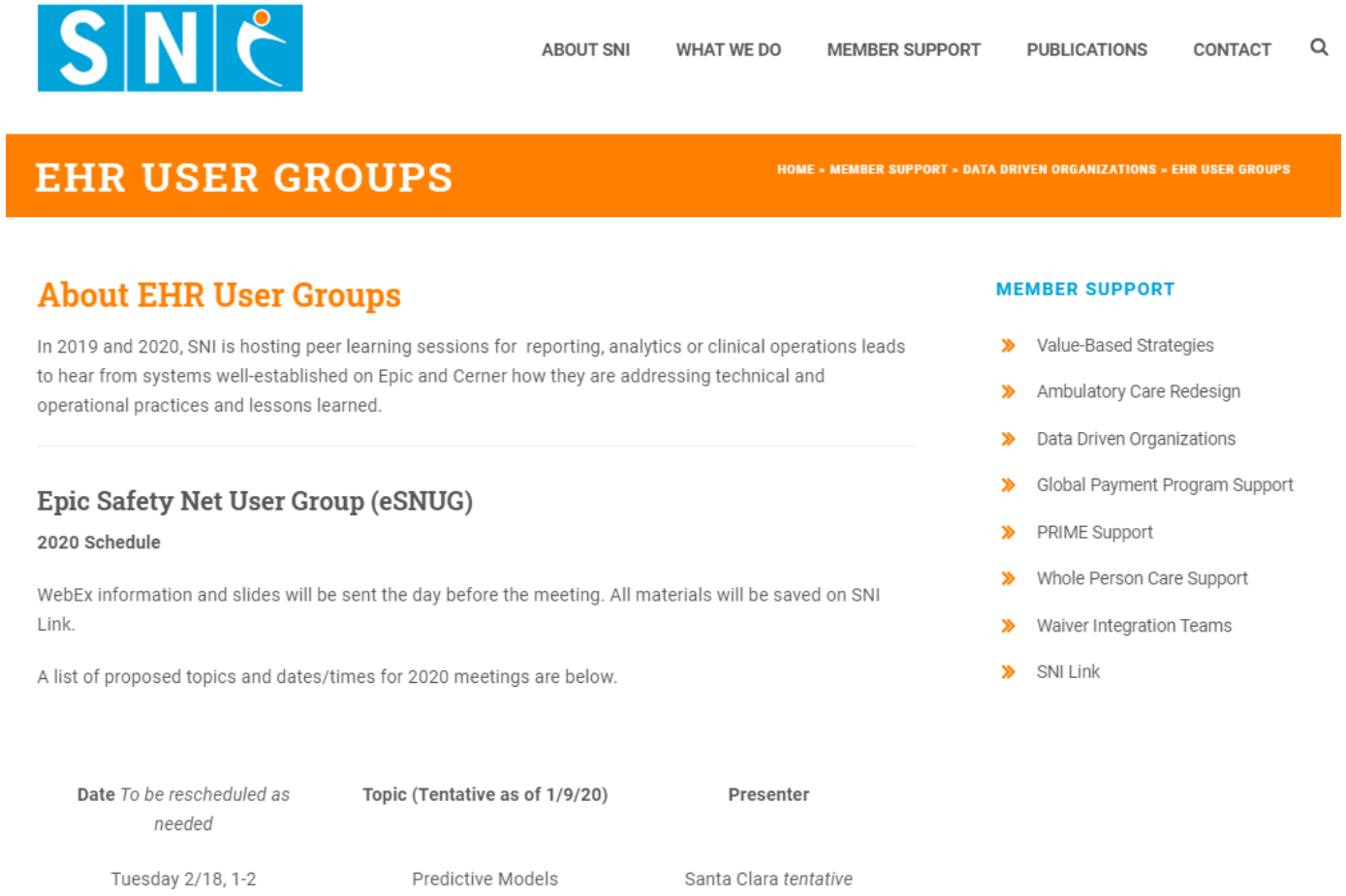
SNI Link

SNI Link/Data Driven Organizations/EHR User Groups
https://safetynetinstitute.org/membersupport/datadrivenorganizations/**ehr-user-groups/**



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EHR USER GROUPS

HOME » MEMBER SUPPORT » DATA DRIVEN ORGANIZATIONS » EHR USER GROUPS

About EHR User Groups

In 2019 and 2020, SNI is hosting peer learning sessions for reporting, analytics or clinical operations leads to hear from systems well-established on Epic and Cerner how they are addressing technical and operational practices and lessons learned.

Epic Safety Net User Group (eSNUG)

2020 Schedule

WebEx information and slides will be sent the day before the meeting. All materials will be saved on SNI Link.

A list of proposed topics and dates/times for 2020 meetings are below.

Date *To be rescheduled as needed*	**Topic (Tentative as of 1/9/20)**	**Presenter**
Tuesday 2/18, 1-2	Predictive Models	Santa Clara *tentative*

MEMBER SUPPORT

- Value-Based Strategies
- Ambulatory Care Redesign
- Data Driven Organizations
- Global Payment Program Support
- PRIME Support
- Whole Person Care Support
- Waiver Integration Teams
- SNI Link

Your thoughts, please

How did we do?

What did you learn?

Do you have suggestions for future topics or content?

SURVEY LINK IN CHAT BOX