

# Team-Based Care in a Telehealth Setting

Wednesday, August 19, 2020 1-2pm

Recording Link

PLEASE MUTE YOUR LINES

## Agenda

Time	Topic	Lead(s)
5 min	Welcome and Logistics	Amanda Clarke
35 min	Team-Based Care in a Telehealth Setting: San Mateo Medical Center	San Mateo Medical Center
15 min	Q&A	All
5 min	<ul><li>Wrap-up &amp; Announcements</li><li>Upcoming Events</li><li>Post Event Survey</li></ul>	Amanda



## Logistics



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



At any time, feel free to chat your question & we will read out

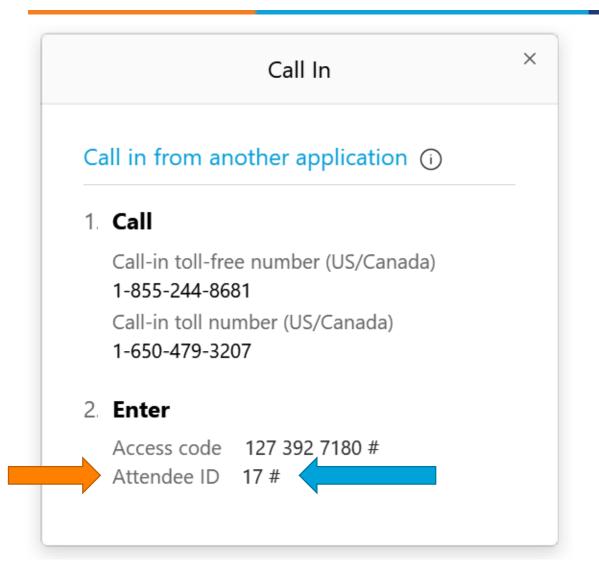


Webinar will be recorded and saved on SNI Link/Telehealth



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## When calling in...



- Enter Attendee ID in order to link your audio to your computer
- Call-in users who do not enter Attendee IDs may not be able to participate in the discussion
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## Team-Based Care in a Telehealth Setting

#### San Mateo Medical Center

August 19, 2020, 1-2pm

#### Intros

#### **Brighton Ncube**

Deputy Director of Ambulatory Services
San Mateo Medical Center

#### **Chris Montenegro**

Patient Services Supervisor

San Mateo Medical Center

#### **Patrick Grisham**

Clinics Manager

San Mateo Medical Center

#### **Charity Barcenas**

Charge Nurse (Innovative Care Clinic)

San Mateo Medical Center

#### Rakhi Singh, MD

**Medical Director** 

Fair Oaks Health Center



## SMMC - Telehealth

August 19, 2020

#### **Pillar Goals**











## **Ambulatory Care**

- 55,000 Assigned Patients by Health Plan
- 14 Primary Care Practices
- 22 Medical & Surgical Specialties
- 22 Dental Operatory
- 184 Exam Rooms
- 400 Staff and Providers



#### Telehealth @ SMMC

 As Shelter-in-Place order went into effect, we supported staff & providers to begin Telework  Telehealth -- Healthcare services rendered via phone, video, or other technology



## Why Offer Telehealth?

- Convenience
- Access
- Personal Connection



Currently reimbursed at same level as inperson visits

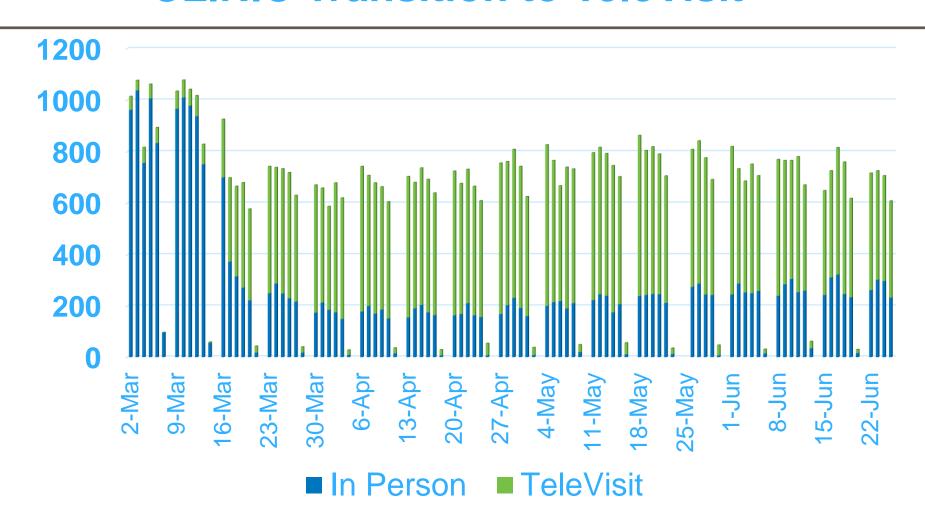


## **Telehealth Planning**

- Selection of telehealth platform
- How were the workflows going to look like?
- Defined what we would call a quality telehealth visit
- Planned a 5 Day Improvement Event
- Invited people who do the work to participate



#### **CLINIC Transition to TeleVisit**



## Improvement Event: Need

All patients seen or assigned to SMMC need our teams to maximize their health outcomes by providing health promotion and prevention, managing chronic disease, and meeting their acute medical or behavioral health needs, while ensuring smooth transitions when care must be delivered in other settings.



## Define and Improve a Standard for High Quality Ambulatory Care Service Televisits Improve our current process to better meet our patients' needs

- Define & Document Target Condition for televisits
- Design and document the standard process (televisit flow)
- Design and document the work flows for connecting to other services that may be required to meet patients' needs (post visit)
- Define and document Standard Work for each member of the patient's care team members that supports the standard processes



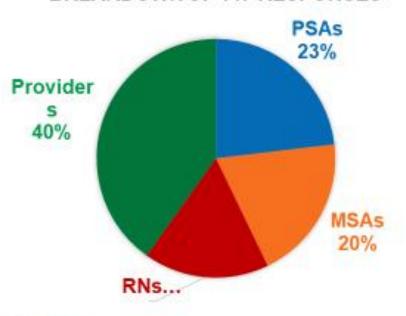
## **Survey Results**

#### **Current State Themes**

- Patients like televisits
- Too many phone calls per patient!
- Need to know who's on your team every day
- Variation
- Call window can be several hours



#### **BREAKDOWN OF 147 RESPONSES**



#### Suggestion Themes

- Use Teams
- Bring MSA within workflow with Provider
- Unblock phone number



**Primary Care Televisits – Current State** Add MSA communication challenger Chart Pres Not all staff SAs unable to reach pt. on Microsoft Teams-Two team members cannot but MA/Provider do-Multiple/vertable signaling utiled in RD to access the same section : visit will ocpur without √Teams or eCW, or ne Call is drop between of the chart at the same support a pre-registration. signeling MISA and Provider the register not pel avisit shappy complete Conversation of Ancillary staff PSA Schedule televisit appt w apprpt team member: Patient who has Provider Start of Session (huddle) Provides Before Session: Update med history: review Utilize standardized clinical need that can 1. Confirm plan for how to transfer calls to Ensure Pt knows appointment will be by ancillary patient records in prep for patient visit (incl. HIE. protocols to meet of needs provider phone/likely blocked number be met via: services in Soriam, Portal as needed) Check pt out or warm. 2. İnitiate huddle Confirm phone number to call patient. real time televisit. handoff to next team. Need for Privacy Practices 3. Share Results from Chart Prep for ea. Pt. based on Start of Session: member 4. Daily Deignee/RN to post daily/weekly PEDS – ask that parents + child be avail at visit. patient need Adjust plan for Pt. – Revise per MSA plan, add Pre-Reg & Confirm Info (before sesson: cross coverage or team assgn't/Pod RNs notused to meet patient. any additional Pt needs for screenings or other RN/MA/LVN/Provider Complete the pre-reg pathway in Gold: needs consistently All staff share extns and cell # 1. Verify all demographics Check for recent hospitalizations. 2. Capture insurance Wisit: Gather consents (COA, COT, NPP, etc.) Do Agenda setting, document in Chief. 4. Confirm phone number Adult: Do P1 to specialists if needed (required for 5. Gather SOGI information Variation in screenings all urgent referrals) Confirm Pharmacy DM – next eve exam due Provider does or. done Discuss with Pt the assessment. Confirm patient mailling address. recommendations and f/u, formulate plan; Mail Notice of Privacy Practices if needed Apply standard screenings: Depression, consider future orders for Ju/July Food Insecurity, SBIRT (ICC - only?) Make sure CDP active, if not activate (verbal. ·Refers to ancillary or specialty services as Transfer call to Provider/RN (sometimes) Interpreter does not Menwith call. Inform pt to have medications and expect call Orders medications as needed. ·Prepare and mail NPP, note for from blocked number :Check pt out or Teams messages/transfers\_call to 4 work/school, anything else noted by MSA or PSA if needed (to schedule appts) Schedule Follow-up appointments provider Prints AVS if needed Prepare note for work/school, anything else. At consistent connection Schedules follow-up appointments. noted by provider Delay in Telebeath visits to PSA/MSA Print AVS if needed. as involinic appt schedule conflict. With FALI poper and of contract of the sent No-Show patients who could not be reached. and/or went late, next in-clinic year civoks do not have the edge. Pt arrives. Teleboath visit. and try to reschedule Beighthen

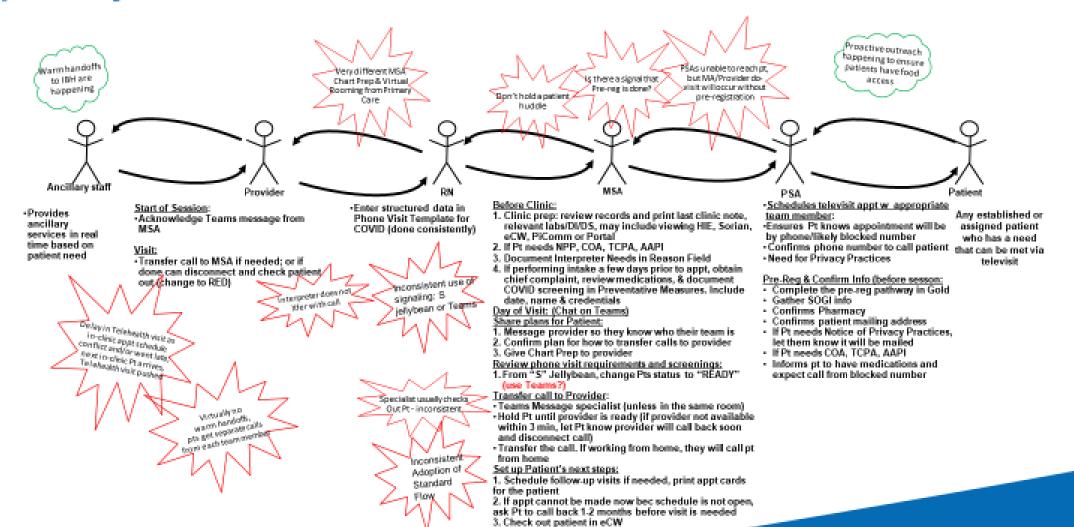
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warm handotti.

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#### **Specialty Care Televisits – Current State**





## Key Insights from Current State Analysis

- Variation is the only thing that everyone has in common!
  - Individual variation
  - Clinic variation
  - Service Line (OB vs Pediatrics vs Primary Care vs Specialty) variation
- One patient might get up to 12 different phone calls
- Handoffs between team members is significant source of problems
- Co-location avoids several problems
- Our technology can be improved to support our workflow
  - Templates for documentation within ECW
  - Telephone transfer/conference capabilities
  - Use of Doxy.me for video visits
  - Use of Portal and/or Doxy.me to share documents



#### Process at a Glance: Standard Televisit Flow

	Before Clinic Session	Start of Session	Televisit Session	After Visit
PSA	Set up phone visit Pre-Reg and Confirmation			Set up Patient's Next Steps
→ MSA	Chart Prep	Share Plans for Patient	Preventative Needs and Screenings	Set up Patient's Next Steps
Provider/ RN	Update Medical History	Adjust Plan for Patient	Conduct Visit (RN: chronic disease management visit)	

#### Standard flow and roles















Schedule telehealth appointment, pre-register

Meet preventative care needs

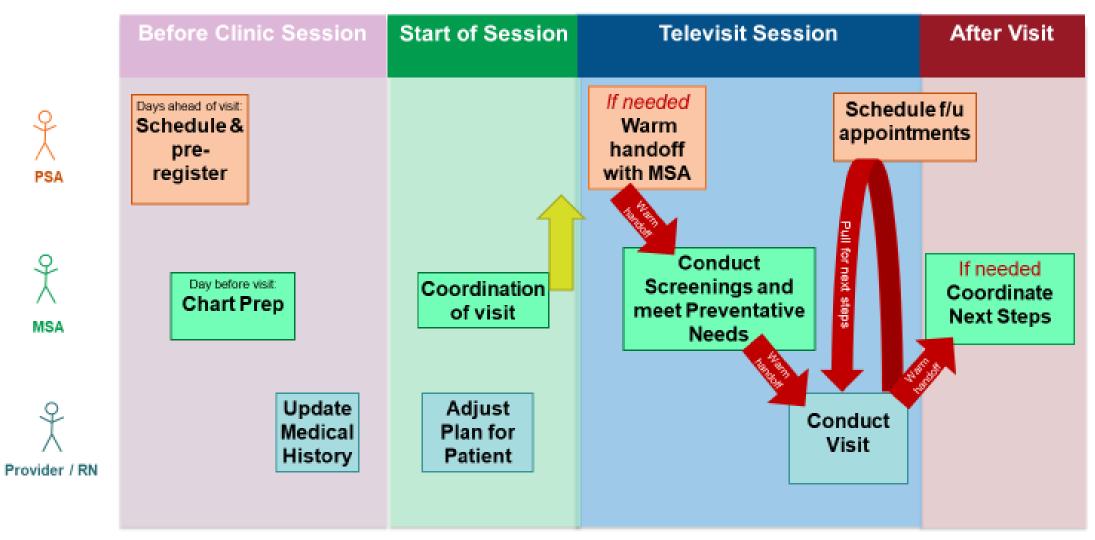
Meet ongoing chronic disease care needs

Diagnose & manage chronic &acute conditions, refer/consult/ warm handoff as needed

**PSA** Schedule follow-up needs



**Target Process:** Standard Televisit Flow: **minimize touches** – *what's the best way and what's best for the patient?* Day of visit should be **seamless** –warm handoff between all team members (and eliminate as many handoffs as possible)



## Creating consistency in our process





## **Operator Standard Work**

- PSA SW
- MSA SW
- RN SW
- PCP SW



#### Role of PSAs in Telehealth

- Developed processes for gathering consents over the phone.
- Patient Services Assistants will try to connect with patient a day before to complete pre-registration, consents, enroll in programs, and offer doxy.me video appts.
- Provide instruction on doxy.me and appointment window.
- In the actual appointment we document in a way that the team could quickly identify pre-registration was completed, consents were updated, best phone number to contact patient, and language if other than English.
- Connect with patient after visit is over to schedule follow-up or specialty appointments.



#### **MSA** Role in Telehealth

- Focus on preventative care
  - CDSS Alert
  - Open patient's CAIR
- Pre-visit or patient intake
- Rooming for in-person or telehealth as in SW
- Medication reconciliation
- Connection to IBH if needed
  - Review records & preventative needs
  - Huddle with provider
  - Closing duties



#### The Role of RNs in Televisits



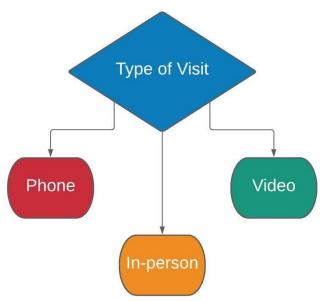
#### **RN Televisits**

- Focused on Chronic disease management.
- Incorporated RN triage.
- RN work as members of a care Team.



#### **PCP** – Telehealth

Receives message when pt ready



- Conducts visit
  - History/ Med Reconciliation
  - Assessment and Plan



#### **PCP** – Telehealth

- Consults and ancillary orders- coordination
- Send Rx
- Clear follow up instructions
- Visit summary and educational materials sent via text or mail
- End of visit handoffs /smooth transition



## **Addressing Social Determinants**

- food insecurity screen every visit
- 211 :Essential Community Services
  - Housing/Rent/utility assistance
  - Senior support
  - Legal Services
- ACEs: adverse childhood experiences



## **Questions?**







## **WRAP UP**

## **Upcoming Telehealth Series**

#### **Patient Experience and Access**

New SNI webinar series on patient experience and access in telehealth Stay tuned!



### **SNI Link**

#### SNI Link/Telehealth

https://safetynetinstitute.org/member-portal/programs/telehealth/



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#### **Overview**

SNI is developing new technical assistance to support members' transition to telehealth, both in the immediate term to respond to the COVID-19 emergency and in the long-term, as members incorporate telehealth into standard operations.

Contact Zoe So for more details.

#### Webinar Series: Technical Considerations in Telehealth

This series will address the technical aspects of telehealth implementation, including software

#### **SNI LINK**

- >> Programs
  - >> PRIME
  - Medicaid Managed Care
  - Slobal Payment Program
  - >> Whole Person Care
  - Alternative Payment Models

## Your thoughts, please



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