

# SNI Webinar Recap: Getting it Right: Matching Patient Preference/Access, Provider Location, & Visit Modality

On November 16, 2020, SNI hosted the webinar, Getting it Right: Matching Patient Preference/Access, Provider Location, and Visit Modality with leaders at Alameda Health System (AHS) as a part of a series on [Creating the New Normal for Primary Care](#). The webinar slides and recording are available [here](#). Below are key takeaways from the session.

## Alameda Health System's Approach to "Getting it Right"



### Phase 1: The Shock of Shelter in Place

When Alameda County issued a shelter-in-place order on March 16, AHS quickly moved to 90% virtual care. Initially, patients had little choice for visit modality as all visit types were determined by clinical need. As the pandemic progressed, AHS realized the need to adapt processes to evolve to a "new normal."

### Phase 2: Evolving to a New Normal

In the current phase, AHS faces competing priorities around patient preference, provider satisfaction, clinical needs, and operational efficiency as it works towards delivering optimal care. So far, AHS has implemented the following features:

- **Mixed in-person and telehealth templates**, intentionally not clustering in-person sessions in order to ensure patient access
- **Provider recommendations** for visit modality based on transparent guidelines, but ultimately left to patient choice
- **Guiding principles** for providers to allow telecommuting without compromising access:
  - No more than 1/3 of sessions can be telehealth only
  - Need to ensure a mix of AM/PM shifts and days of the week
  - Monitor to ensure access of in-person visits within two weeks of patient request
- Creation of **scheduling blocks** in Epic to designate in-person vs. virtual visits
- Utilization of **Epic chat** to facilitate check-ins and warm handoffs between virtual team members

### Phase 3: The Ideal Future

AHS is planning for the future and working towards the following goals:

- **Maximize staffing and workspace efficiency** by clustering in-person and virtual visits by day or time of day
- **Improve digital supervision** by implementing a system-wide telecommuting policy that is inclusive of unionized staff
- Enhance patient experience by **ensuring universal access** to technology and connectivity
- **Utilize value-stream mapping** to design a telehealth experience that integrates sexual orientation and gender identity collection, behavioral health screening, cancer screening, and more

