

Getting It Right: Matching patient preference/access, provider location, and visit modality

November 16, 2020

[Recording Link](#)

Agenda

Topic	Lead(s)
Welcome, Logistics, and Resources	David Lown Hunter Gatewood
Getting it Right: Alameda Health System approach and lessons <i>Q&A throughout</i>	Palav Babaria, MD, MHS, CAO, Ambulatory Services Neha Gupta, MD, Director of Value-Based Care
Discussion	Hunter Gatewood
Wrap-up & Announcements <ul style="list-style-type: none">• Upcoming events• Post event survey	David Lown

Logistics



Please use the chat box to ask questions

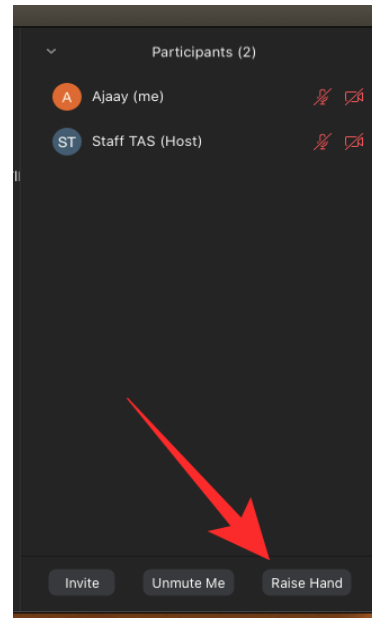
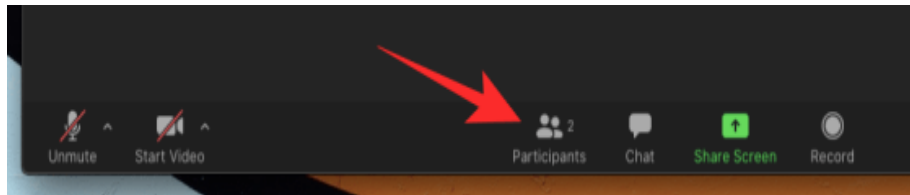


Webinar will be recorded and saved on [SNI Link/Ambulatory Care](#)

...Or raise your hand



Please complete our pop-up survey

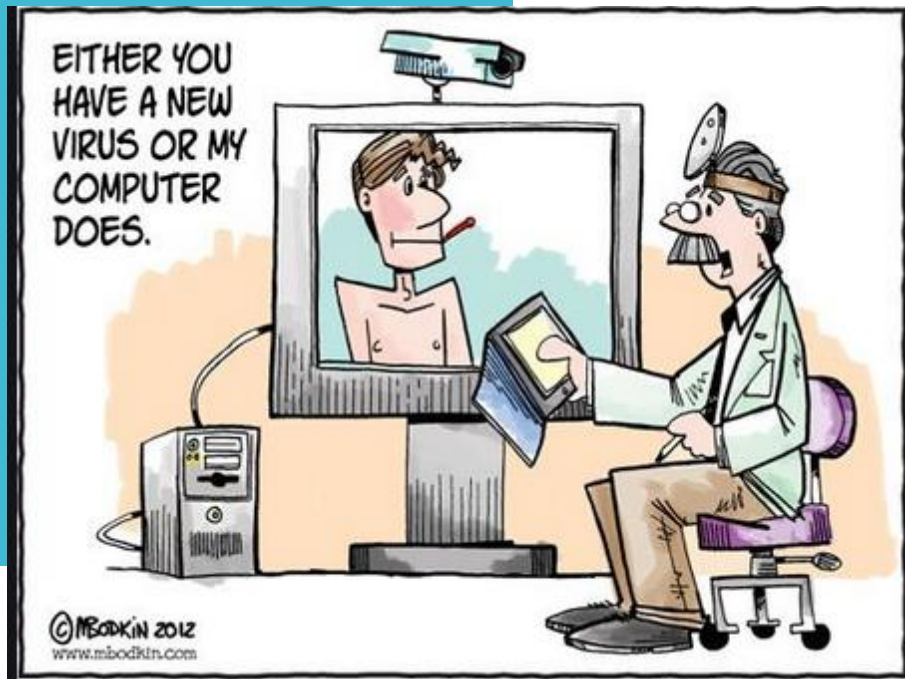


Getting it Right: Alameda Health System approach and lessons

Palav Babaria, MD, MHS, CAO, Ambulatory Services

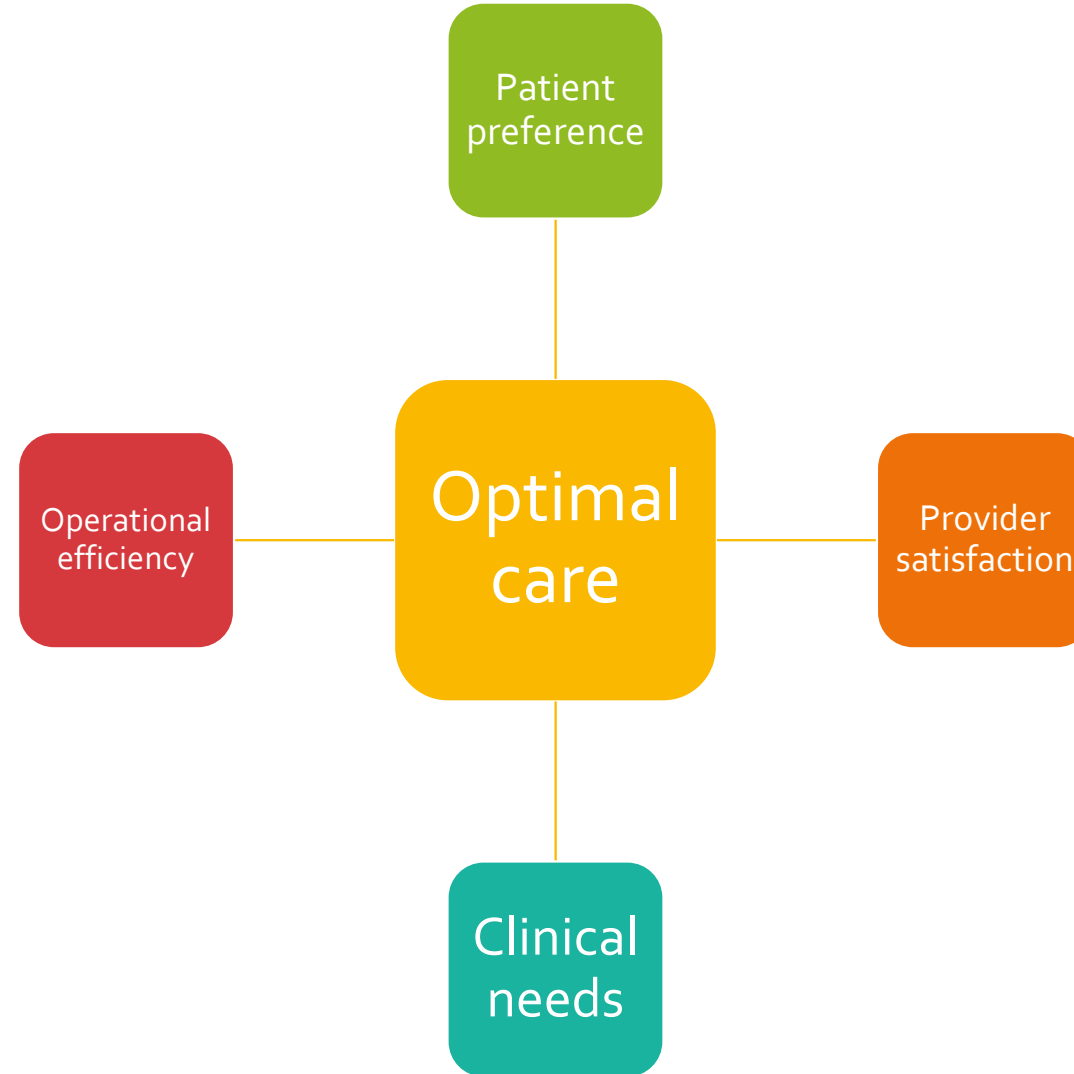
Neha Gupta, MD, Director of Value-Based Care

Phase 1: The shock of shelter in place



- Rapid deployment of telephone visit workflows (almost 90% virtual care) w/ manual provider scrubbing
- Many providers working remotely with some in-person staffing at all sites
- LCSWs, pharmacists working remotely (those who have their own templates)
- All registration staff, MAs, RNs on site
- No patient choice for in-person vs. virtual care; dictated by clinical need
- Centralized screening of all patients w/ COVID19 sx triage and testing done outside of clinics

Phase 2: Evolving to our new normal

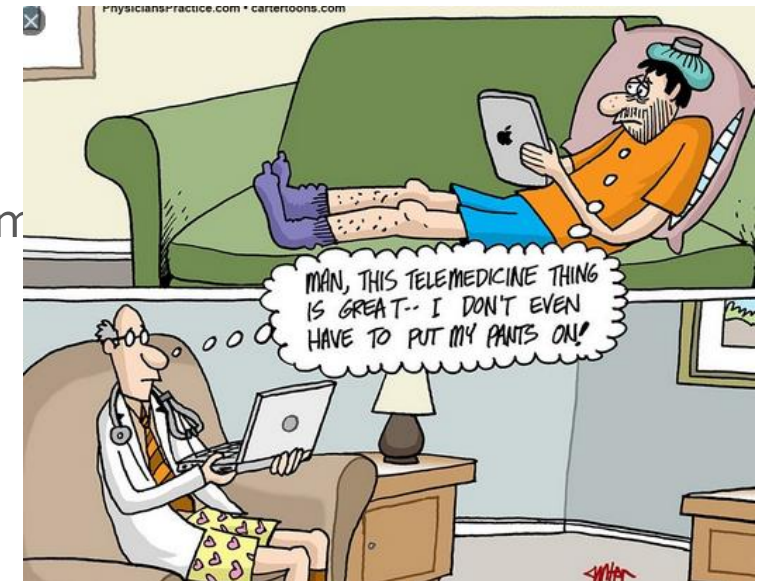


Phase 2: Evolving to our new normal

- **Most templates a mix of in-person and telehealth:** mostly phone, some video
- **Honoring patient preference in specialty, women's and adult med. Some phone triage for peds visits with more sick visits**
 - E-consult allows specialist recommendation on in-person vs. virtual care, shared with patient
 - Guidelines for peds/adult med/womens on which patients should be in-person vs. virtual, shared with patient, some hard-wired (e.g. all post-discharge visits recommended to be in-person)
- Creating **telehealth-only templates** for providers to allow telecommuting without compromising access with guiding principles
 - No more than 1/3 of sessions can be telehealth-only
 - Need to ensure mix of AM/PM and days of week for patients
 - Monitor TNAA for in-person visits to ensure access within 2 weeks
 - Not appropriate for specialties with high in-person volume (e.g. procedural specialties, ob-gyn/peds unless full-time provider) or very part-time providers
 - Using blocks in Epic to accomplish this so we can still enable My-Chart scheduling and ease of system-wide access to templates
- Working to adjust **team member templates** (e.g. pharmacist, LCSW) to mirror provider mix
- **Epic chat** for warm handoffs/virtual team members: Supervisor check-in huddles and secure chat standards for staff working remotely

Phase 3: The ideal future

- Operational challenges with mixed telehealth/in person appointments (although optimal for patient access); pilots to cluster appointments to improve flow and optimize resource utilization (space and staff)
- Improved dashboards/productivity expectations to help support more staff to work remotely and more flexibility for providers
- Monitoring patient experience for telecommuting visits (CGCAHPs comments re: poor internet/video connection or dropped calls), minimum technology standards for telecommuting & telecommuting policy



Questions?



Where is your system? Where are you going?

Please use Chat to respond to both of these

1) Visit mix now: More in-person, More virtual, About 50/50

2) Goal for next 6 months: Stay the course, Move to more in-person, moving to more virtual

Wrap Up



Upcoming Webinar

Best/Next Practices in Pediatric Well-Care and Provision of Immunizations. Nov 30 (12-1pm)

Pediatric leaders from Los Angeles Department of Health Services and Riverside University Health System will present strategies to maximize pediatric well-care and immunizations during the pandemic and beyond. [Register](#)

In Case You Missed It

Understanding and Addressing Digital Disparities. CCHS' Digital Disparities Workgroup discuss early efforts to ID & address disparities in telehealth access & engagement.

SNI Webinar Recap: Patient Portal Engagement During COVID-19

Dr. Jim Meyers shared strategies to improve portal adoption and engagement, including how to leverage COVID-19 to increase patient and staff buy-in. [Click here](#) for key takeaways from the session.

SNI Webinar Recap: Patient Portal Engagement During COVID-19

On October 21, 2020, SNI hosted the webinar, Patient Portal Engagement during COVID-19 with Jim Meyers as a part of a [series of offerings on telehealth](#). The webinar slides and recording are available [here](#). Below are key takeaways that emerged from the session.

Public health care systems (PHS) have historically low patient portal uptake, and many have attempted to increase enrollment with little success. With COVID-19, PHS are seeing new demand from patients and providers to use the portal as a "one stop shop" for virtual care.

Strategies to Increase Patient Portal Engagement:



Engage Patients and Providers

Survey patients and providers about their top priorities to build a portal that is responsive to users' needs.



Break Down Digital Barriers

People with limited access to technology can still access the portal through smartphones, library computers,

PHS identified the top functionalities providers and patients would want for the portal:

1. View lab results
2. View and schedule appointments
3. Secure message/e-mail
4. Request medication refills
5. Connect with video visit

Your thoughts, please



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THE POP-UP
SURVEY**