

Designing a Mixed Model Approach: Finding Balance Between In-Person & Virtual Care

August 16, 2021
12-1pm

[Recording Link](#)

Housekeeping



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



Please complete our pop-up survey

Agenda

Time	Topic	Lead(s)
5 min	Welcome and Housekeeping	Thuy-Ann Le
15 min	PHS Spotlight: Contra Costa Health Services	B. Yoshi Laing, MD, MPH Ambulatory Care Telehealth Lead
15 min	PHS Spotlight: SF Department of Health/SF Health Network	George Su, MD Informatics Director for Telehealth & Professor of Medicine (UCSF)
20 min	Q&A & Round Robin Peer Sharing Discussion	All
5 min	Wrap-up & Announcements <ul style="list-style-type: none">• Upcoming Events• Post-Survey	Thuy-Ann

August 16th, 2021

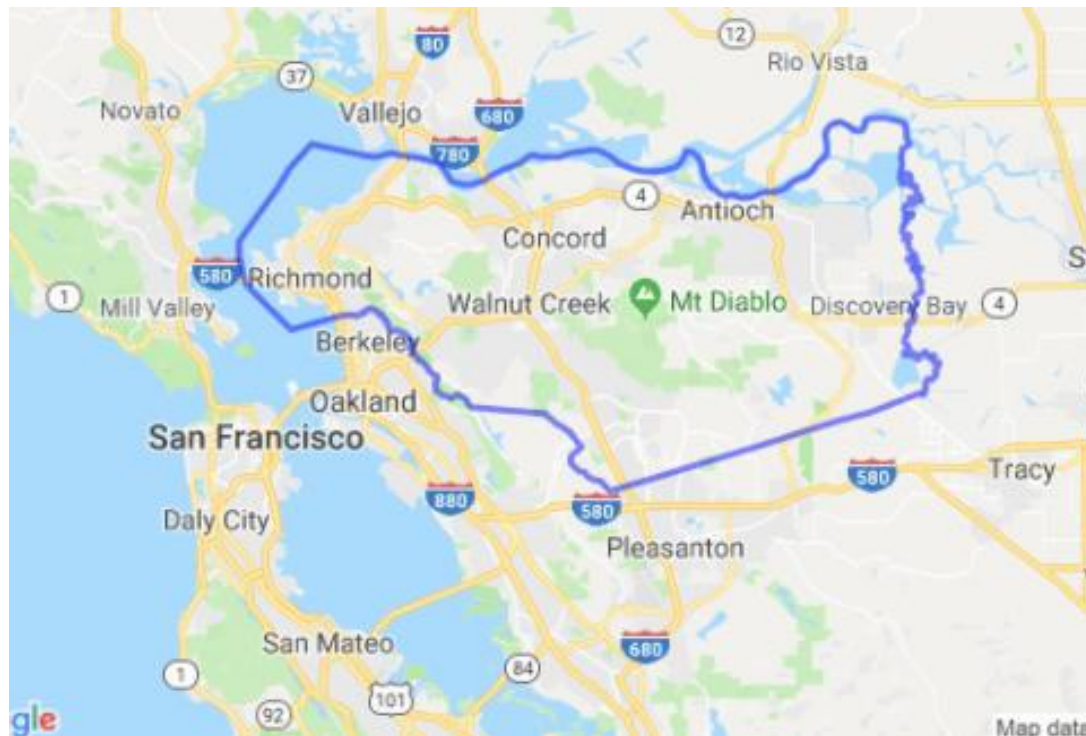
The Hybrid Template

Our next phase of telehealth

**B. Yoshi Laing, MD, MPH
Adam Buck, MD
Rajiv Pramanik, MD
Contra Costa Health Services**

Contra Costa Background

- Contra Costa Regional Medical Center and its nine Health Centers care for 140,000 empaneled patients
- We conduct ~90,000 total visits per month including ~24,000 primary care visits.



Building the Current State

Spring 2020 – Spring 2021

- We use Zoom integrated with Epic and also stand alone Zoom as a back up.
- Nursing staff does comprehensive telephonic intake and reviews gaps in care before the visit with provider.



Building the Current State

Spring 2020 – Spring 2021

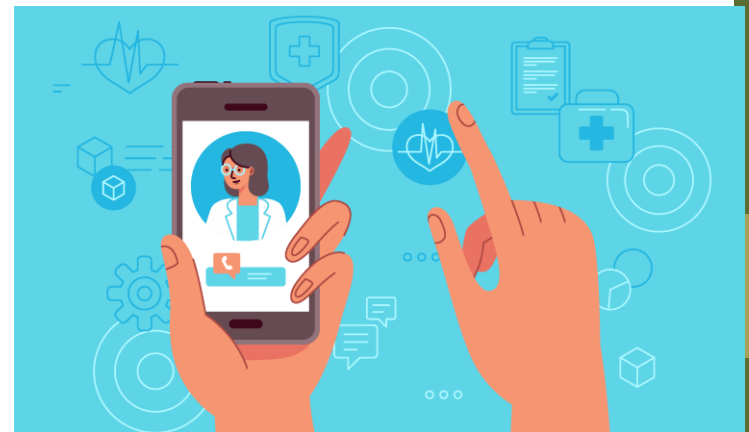
- We promoted video visits heavily with patients, providers, nurses, appointment unit.
- We formed a Digital Disparities Working Group to address the need for digital literacy, devices & WiFi.
- In primary care, we peaked at 23.7% of telehealth visits done by video (6.9% of all visits) in April 2021.



The Current State

Spring – Summer 2021

- Providers have designated half days for in-person clinic or telehealth clinic.
- Third next available appointments are further out for in-person visits compared to telehealth visits e.g. 23 days vs. 9 days for Family Medicine in May 2021.
- We've been gradually shifting from an in-person / telehealth ratio of 60/40 to 80/20.



Deciding the Future State

How can we increase in person visits but maintain and optimize telehealth as a post-pandemic option?

Consider phone visits may not be reimbursed in the future



Launched two pilots to test:

1. Dedicated Video Clinics
2. Hybrid Template (mixed office & tele visits)

Pilot 1

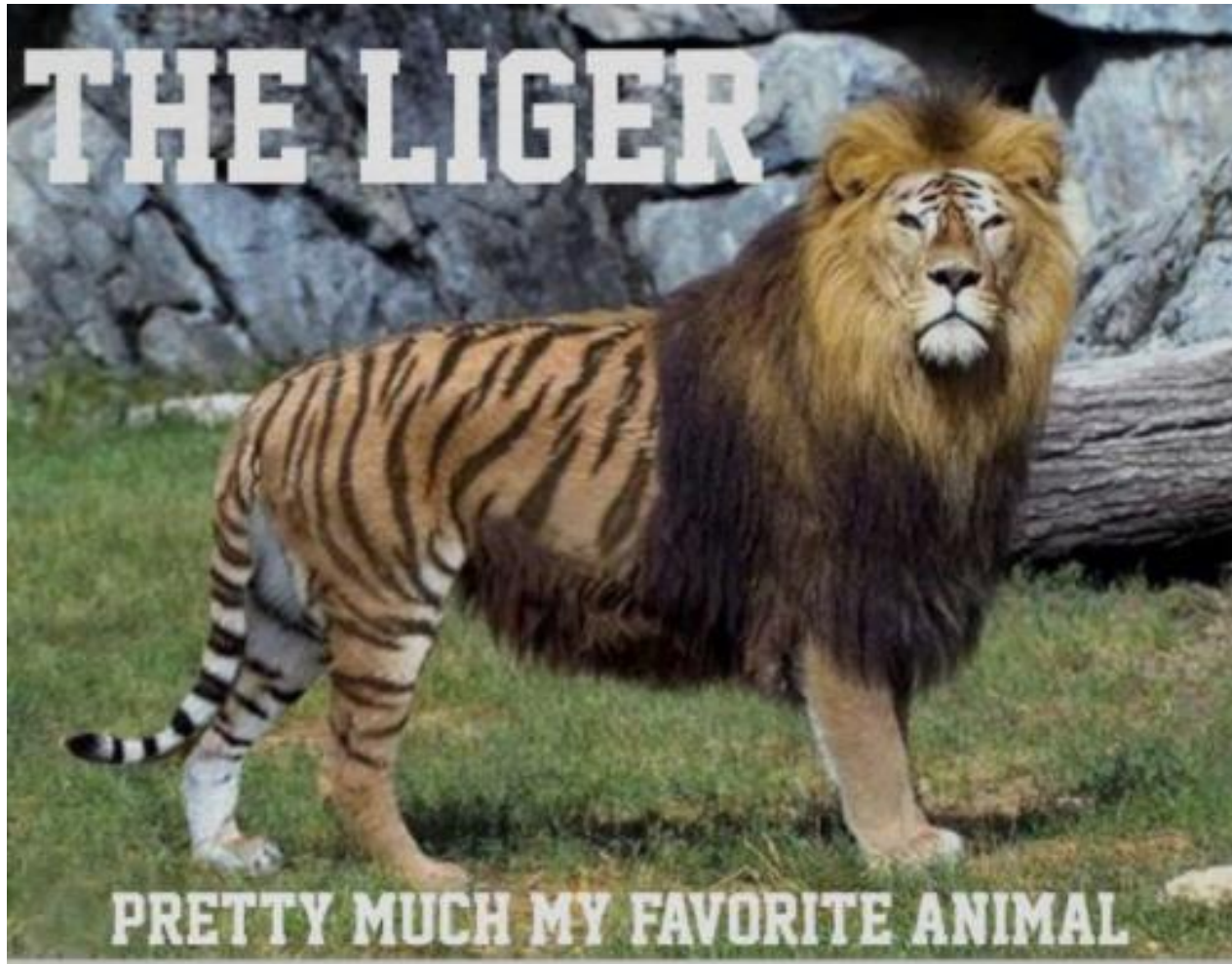
Dedicated Video Clinics

Aim: To determine if we could fill a telehealth clinic with 9 video visits out of a total of 12 visits.

Metrics: # of video visits scheduled and completed per clinic

- We selected 5 of top video-user providers
- We blocked 9 visits for video
- Only 5 of 12 dedicated video clinics hit the 9 visit target

Pilot 2 – Hybrid Template



Pilot 2 - Hybrid Template

Aim: To determine if we can create a smooth workflow starting with 2 telehealth visits followed by 9 in-person visits

Metrics: clinic finish time, qualitative provider & nurse feedback

- Why did we choose 2 tele visits at the beginning of clinic?

Pilot 2 - Hybrid Template

Family Medicine Clinic

<u>Standard Office Template</u>	<u>Hybrid Template</u>
8:00 am	8:05 am – tele (nurse calls pt at 8am)
8:15 am	8:20 am – tele (nurse calls pt at 8:10am)
8:30 am	8:35 am
8:45 am	8:50 am
9:00 am	9:10 am
9:20 am	9:30 am
9:40 am	9:50 am
10:00 am	10:10 am
10:20 am	10:30 am
10:40 am	10:50 am
11:00am	11:10am

Hybrid Vigor!



Hybrid Vigor!

- We had 3 physician leaders try this, 3 times each
- Feedback was overwhelmingly positive e.g. “dream template”
- Providers stayed more punctual throughout the clinic *and* finished on time. This was a major improvement from standard clinic with 11 in-person visits.
- Nurses were also enthusiastic about this model because clinic stayed on time
- Telehealth access is distributed throughout the week rather than limited to a single half day

Implementation

- In May, leadership decided to begin laying the groundwork for the hybrid model
- Leadership engaged the providers' union early on to achieve agreement on the plan
- Publicly announced the hybrid template in July 14th

Planning a phased roll out:

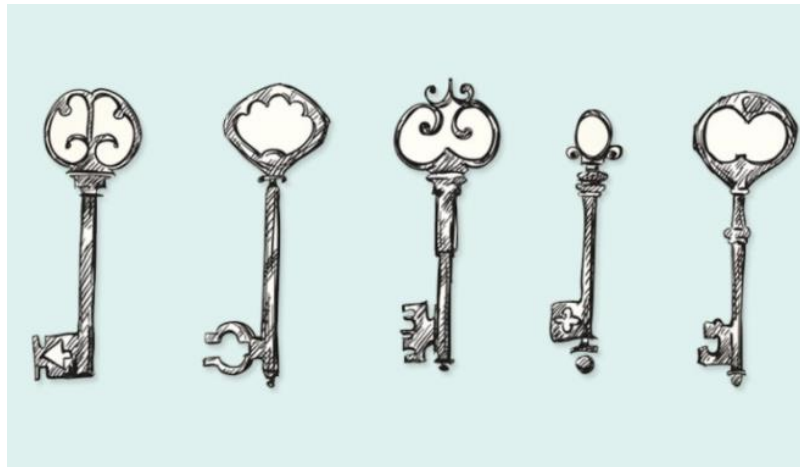
- West County in September
- Central County in October
- East County in November

Anticipating Needs

- Unused telehealth slots will open up to in-person visits 48 hours ahead of time
- Hardware: IT is equipping 50% of exam rooms with telehealth workstations
- Network bandwidth appears to be sufficient
- Coordinating with Appointment Unit to build new templates
- Providers can individually approve more telehealth visits in their schedule if desired

Our keys to progress

- Two provider leads with QI experience and dedicated time for telehealth efforts
- Twice a month meetings with our “Video Visit Workgroup” which includes key leaders
- Clear communication with frontline providers, nurses, appointment clerks on what’s coming



Questions from CAPH Members

- How are systems developing criteria that would qualify for virtual visits?
- How are you freeing up clinic space in order to provide greater access?
- How are systems training providers and staff to best utilize these new virtual care services to improve both health outcomes and patient satisfaction?
- How are systems addressing prevention and chronic care gaps in care when using virtual visits?
 - How are systems planning to manage the recommendation to see patients with chronic disease at least once in person (annually)?

Telehealth in the San Francisco Health Network

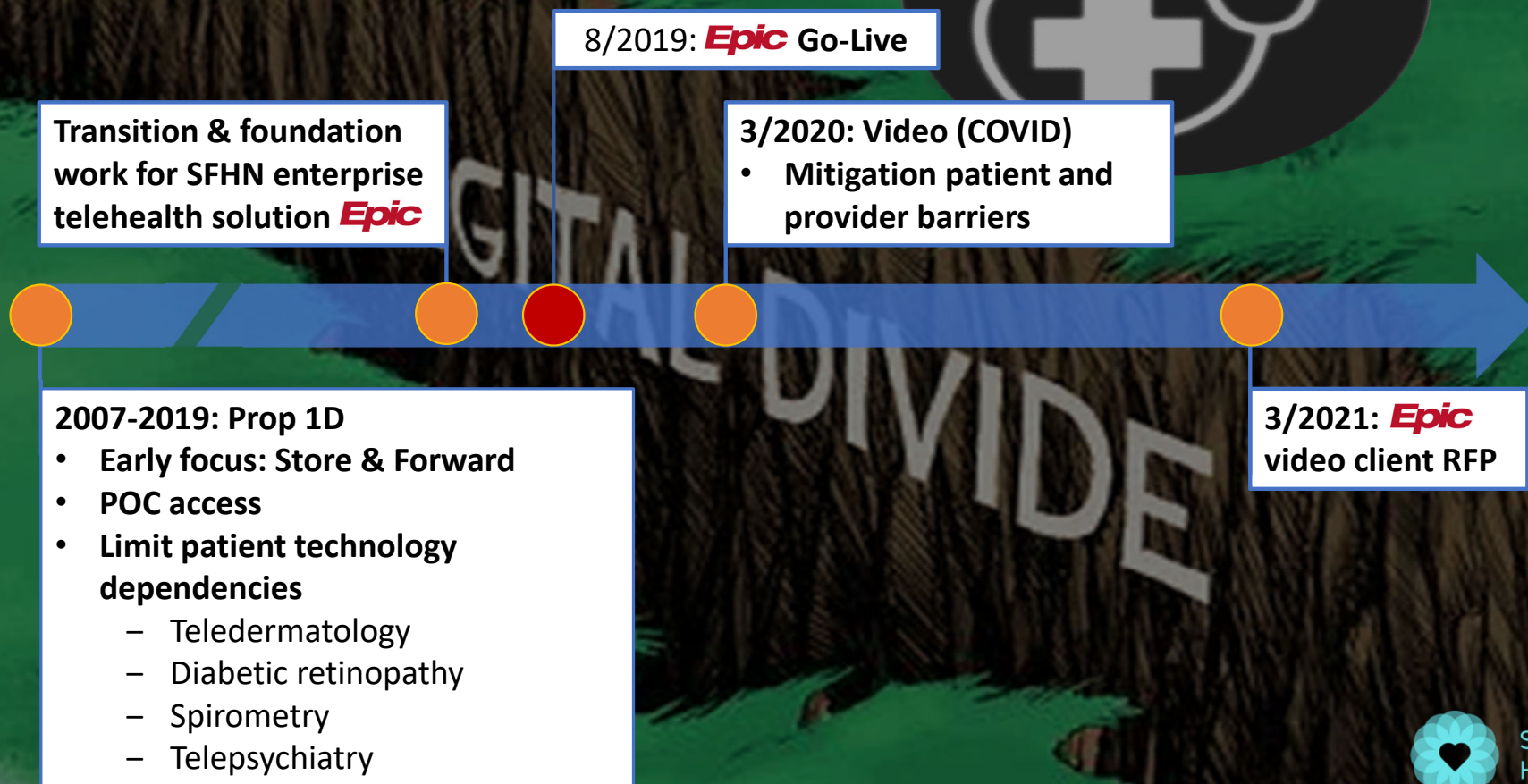
Designing a Mixed Model Approach

August 16, 2021



San Francisco
Health Network

SFHN telehealth timeline



San Francisco
Health Network

Video Visits



CITY AND COUNTY OF SAN FRANCISCO
DIGITAL EQUITY

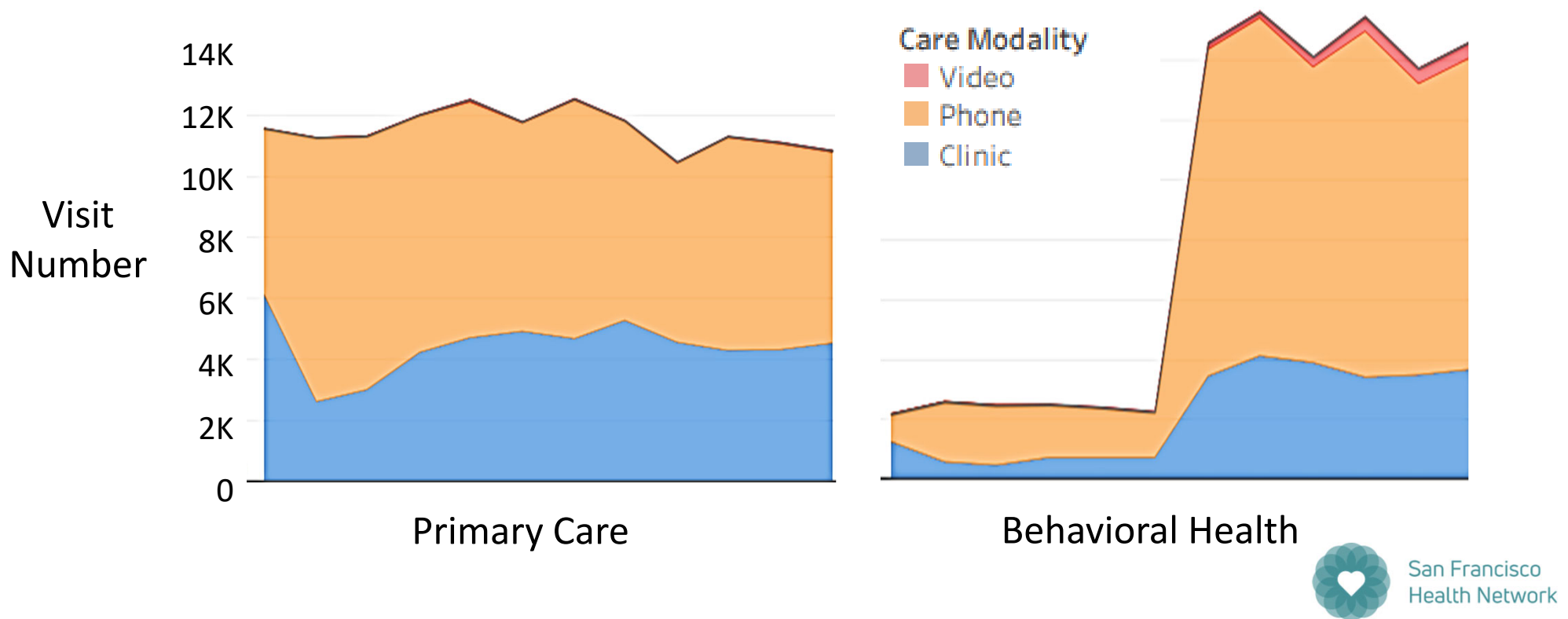


San Francisco
Health Network

SFHN video visits

- Specialty pilots: mental health, pain, palliative care
- COVID: immediate conversion to >90% virtual care (phone and video)
- Emergency use authorization (EUA) Zoom contract (standalone)
- Universal technical training (clinic level, QI metric)
- Webcam/headset deployment
- EPIC build: “smart buttons” to ease documentation, tracking, accounting
- \$3M five-year investment (WiFi remediation, hardware, patient education)

SFHN patient visits (by type) (Mar20-Feb21)



Patient Interest in and Barriers to Telemedicine Video Visits in a Multi-lingual Urban Safety-Net System

Khoong, Butler, Mesina, Su, DeFries, Nijagal, Lyles; JAMIA 2020

Conclusions: Safety-net patients *are interested in video visits* and able to successfully complete test visits. *Internet/data access* is a common barrier and may impact equitable telemedicine access

Cross-sectional phone survey
of 202 patients scheduled for phone-
only visits in safety-net system







87.6% racial
minorities



55.9% non-
English
speakers

Asked each patient about:

Interest in video 	Device access 
Wi-Fi access 	Barriers to video 



65% (n=132)
interested in video
visit over phone-only



54% (n=109)
were able to complete a
test video visit



**>50% (n=112) reported
barriers to video visits**

Most common:

- Inadequate data/Wi-Fi
- Hesitancy about technology
- No access to device

**Factors associated
with interest in video**

Younger age
(<55) **73%**
interested in
video

Non-English
language
preference **76%**
interested in
video

Prior
smartphone
app usage **84.8%**
interested in
video



@elainekhoong
@blythe_butler
@CourtneyRLyles




General Internal
Medicine
Department of Medicine



Obstetrics, Gynecology
& Reproductive Sciences



Center for
Vulnerable Populations
Department of Medicine
 @ucsfcvp

Resources for telehealth in
safety-net settings
<https://cvp.ucsf.edu/telehealth>

Patient barriers to telehealth uptake



**Federal
Communications
Commission**

FCC Announces Initial Connected Care Pilot Program Projects



DEPARTMENT OF TECHNOLOGY



**SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION**



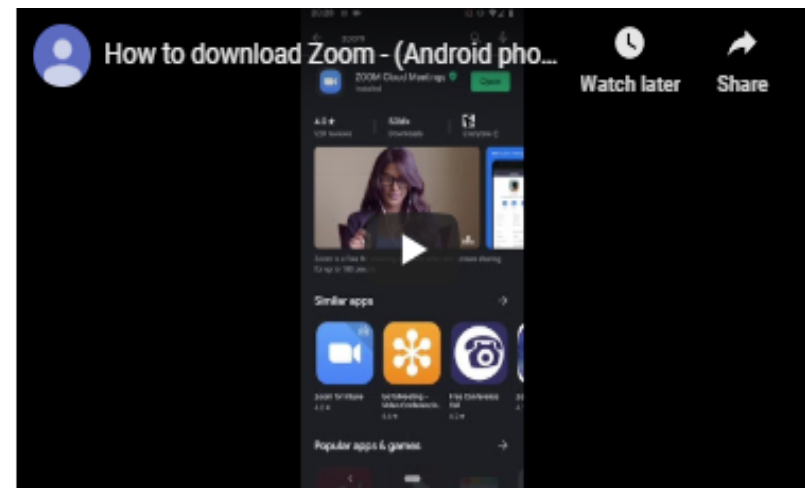
San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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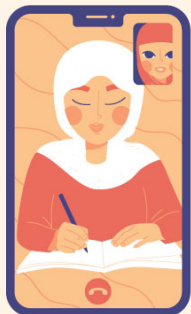
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zoom



Video Idiomas: [Inglés](#) [Español](#) [Cantonés](#) [Mandarín](#) [vietnamita](#) [Ruso](#) [Arabic](#)

Have your next APPOINTMENT over video call



What: Have your next appointment with your provider over a secure video call.

Who: Anyone with a device connected to internet with a working camera

Where: A private space to use your device

If you are interested, please let a **Front Desk staff** know.



Seguro. Fácil. Accessible.

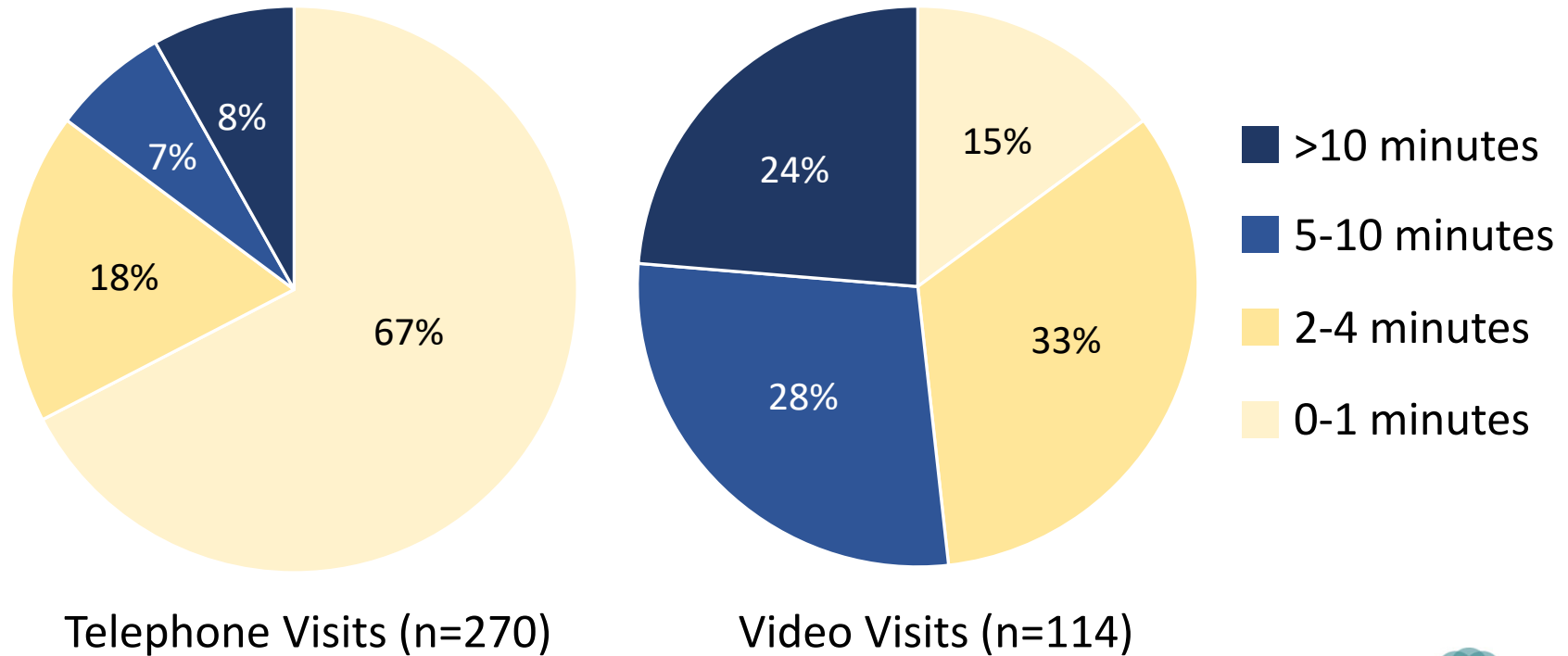
Haga su próxima cita con su médico a través de una **videollamada**.

¿Qué necesita? Un dispositivo con conexión de internet, una cámara que funcione, un lugar privado para recibir la llamada.

Si está interesado, por favor, **hágaselo saber al personal de recepción.**



Time navigating technology during visits



Clinician/system barriers



Use Zoom for video visits with SFDPH patients



This page is about video visits for SFDPH patients. For questions about internal video calls or video conferencing between co-workers, call the DPH IT Service Desk at 628-206-7378 and ask about using Microsoft Teams or WebEx.

This page will be updated regularly. Please share a link to this page, rather than a print-out, so that you will always have the most updated information.

On this page

Organization Name: San Francisco Health Network (SFHN)

Cohort: Sustaining Virtual Care Teams

Describe the change idea you rapidly experimented.

- Develop scripts and workflow (swim-lane diagram) for front desk staff to invite patients to a VV and for MEAs to “virtually” room patients
- Pilot use of the script by MEA and Practice Manager for rooming
- Pilot workflow/communication between clinic staff and providers

Key Learnings thus far:

- MEAs will need a private/quiet to call patients on day of appt; need device
- Providers need to assign co-host status to MEAs before clinic starts
- New workflow for Medical Assistants will require a lot of hands-on training
- Delineating front desk staff vs. Medical Assistant role is key to success

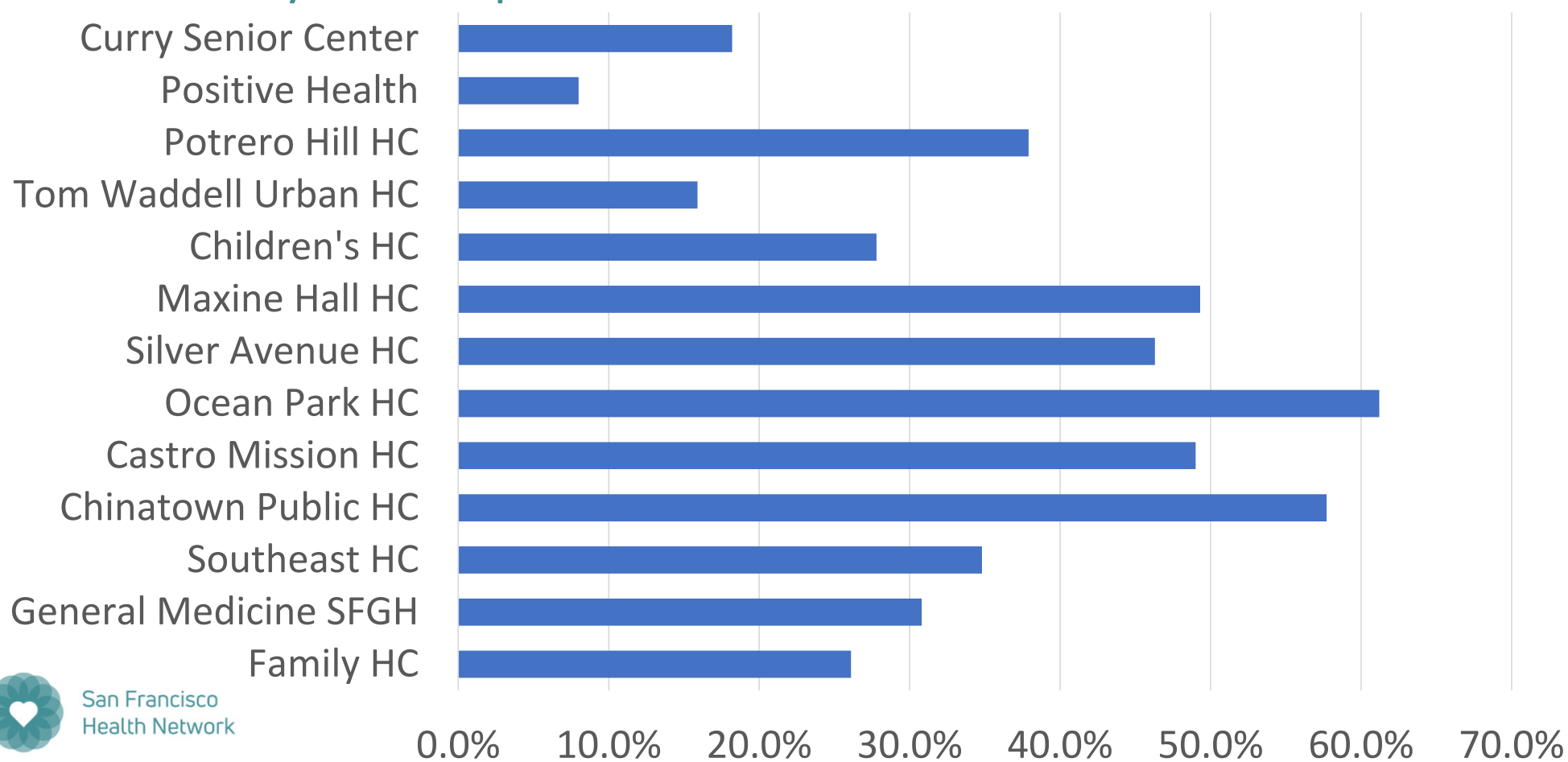
Next Steps:

- Revise MEA script to “room” patient on day of appt
- Continue in-person observation of video visit workflows in first piloting clinic
- Schedule meeting with Front Desk manager to review specific tasks/workflows

SFHN virtual care team development

- Scripts for patient onboarding (front desk staff)
- Medical assistant virtual rooming
- Workflow and communication standards (clinic staff and providers)
- Telehealth pool for technical assistance (technology navigator)
- User experience (UX) in-person observations

Primary Care phone/video visit % of total visits



SFHN mixed model

- General target of 70:30
- Optimal split is not clear (resourcing, support, costs, reimbursement, patient experience, provider experience, clinic flow)
- Healthcare maintenance and screening rebounding after return of in-person visits; efforts at telephonic intake
- Decreased no-show rates for virtual
- Piloting templates: full telehealth days, designated half days, “first and/or last”
- Metrics: cycle times, technical onboarding time, clinic overruns; nurse manager, provider, patient feedback

Epic integrated video: design for equity


- Context-aware linking: seamless experience (scheduling, calendar, launch video visit)
- No download(s) for the patient (WebRTC)
- Need solution outside of MyChart (text link to video visit--SMS compatible)
- Flexible multi-party communication: interpreter services, group visits (not a mature feature currently)
- Structured field to document digital literacy as SDOH

Video visits in SFHN: next steps

- Universal workstation outpatient (monitors, some dual, Webcams)
- iPads will be deployed to all clinics
- What form of technical and onboarding support for patients?
- How to reduce human resource capital: technology navigation, resourcing, efficient workflows (“virtual care teams”)
- MyChart enrollment
- BYOD device “policy”
- Non-EPIC users?
- How to document “video-enabled patient”


SFHN Teledermatology



Sprint 9:24 AM 67%

 **Derm, Anne E**
203203
Physician Epiccare Link,.... 9/22/1981 37y F

Summary

PERMANENT ADDRESS

 1425 Maple Street Madison WI 53711

 608-555-1425 (H)  608-550-1425 (M)

Active Problems

- Psoriasis
- Dysthymic disorder
- Endometriosis
- Infertility, female
- Overweight
- Major depression single episode, in partial remission (CMS/HCC)
- Prenatal care, first pregnancy
- Acne vulgaris

Never reviewed

Current Medications


OUTPATIENT MEDICATIONS


FOUNDATION SYSTEM DYNAMIC DATA - DO NOT USE


50 mg oral Daily, Take 50 mg by mouth daily.,

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Capture Clinical Media



Diagram Annotation


Capture ID Photo

Sprint 6:38 PM 65%




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Ambulatory, Norman
9/10/1950 - 68y M



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Description
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SFHN teledermatology value proposition

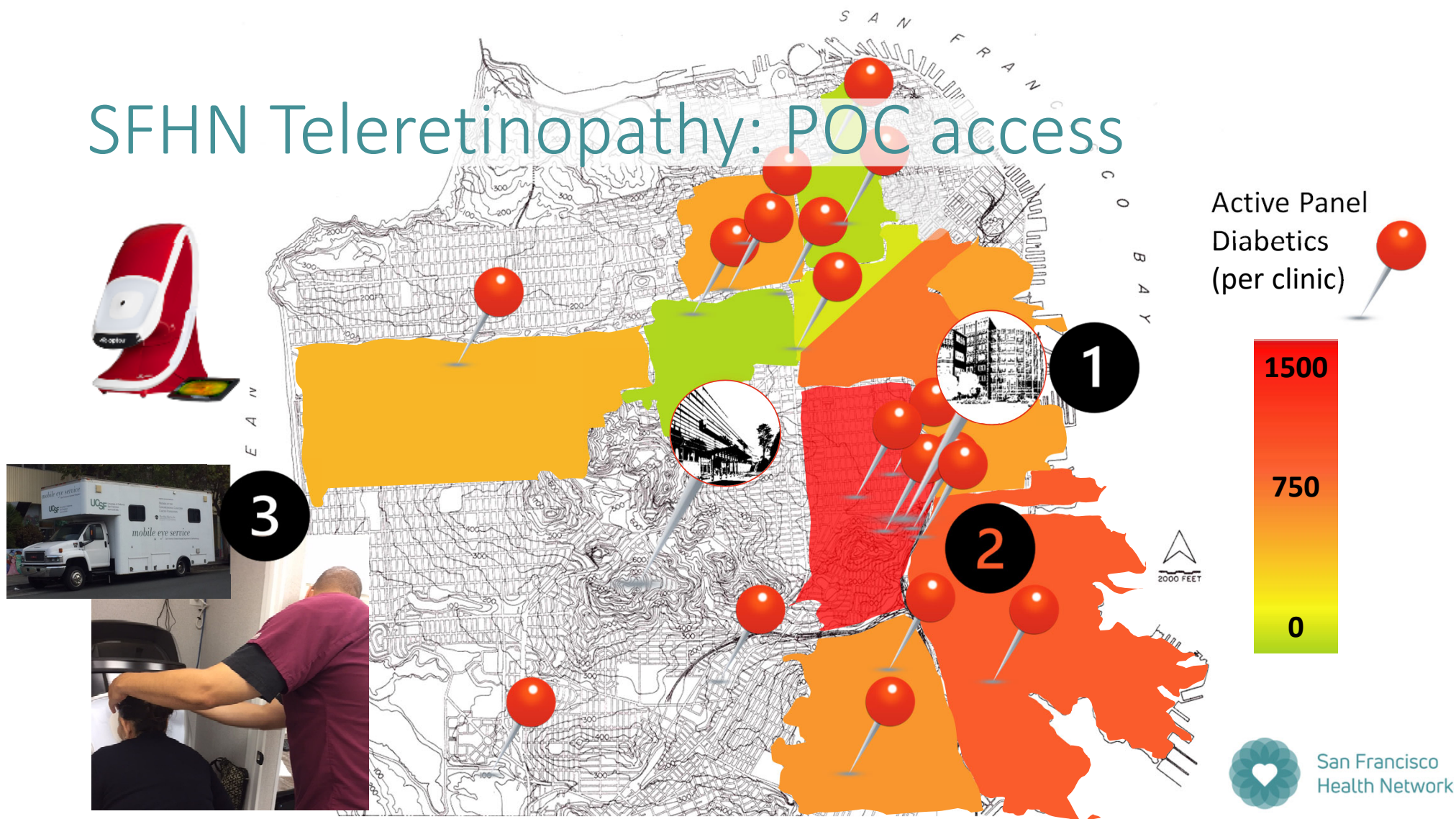
Table II. Access measures

Variable*	Pre-telederm	Post-telederm	Change (%)	P value
Clinic waiting times (TNAA) for new patients, d	84.6 (69.66-99.49)	6.7 (2.78-10.65)	−92.08	<.001

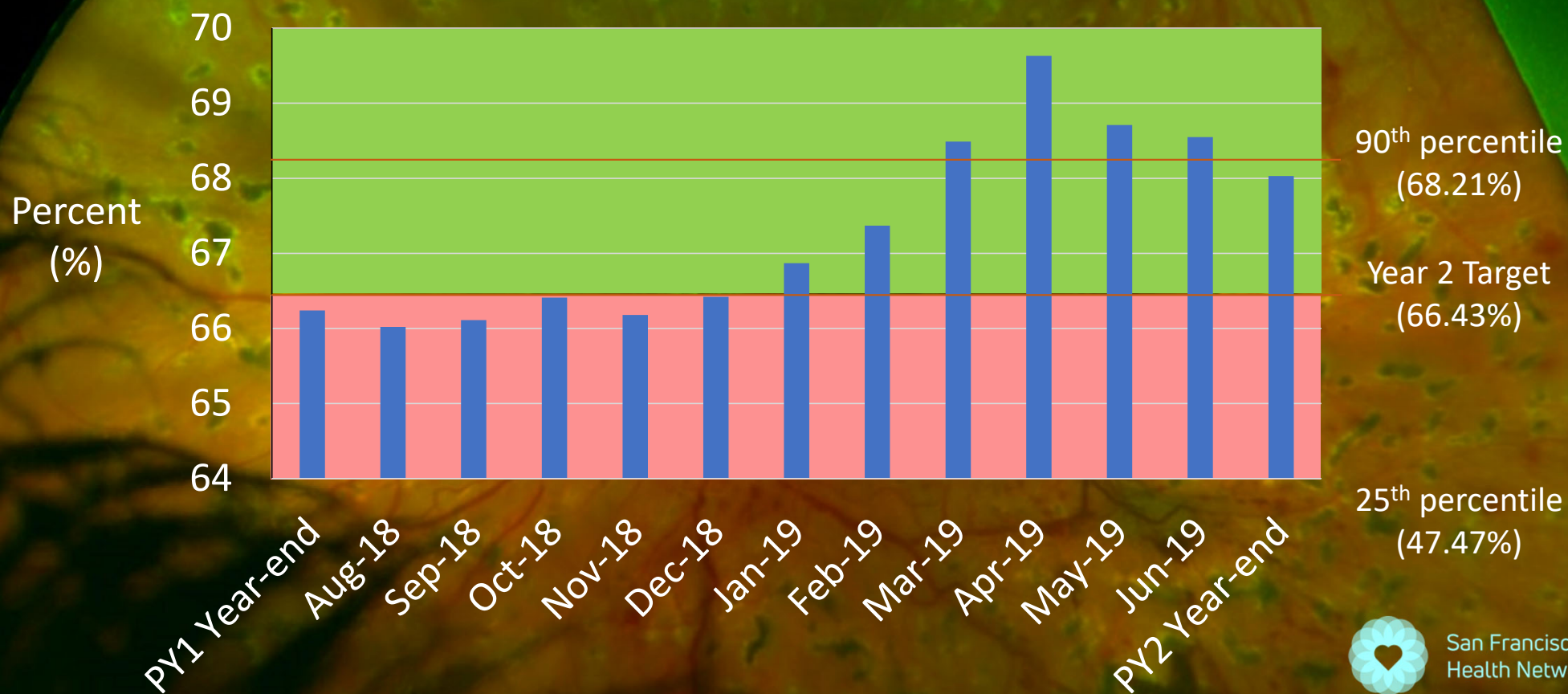
- 61.8% of cases adjudicated by image review only
- Six-month retrospective cost-minimization analysis:
- \$599.84 vs. \$699.96 per patient (teledermatology triage vs. in-clinic) for **\$140.12 per patient savings**

Zakaria et al., 2019; Zakaria et al., 2021

SFHN Teleretinopathy: POC access



PRIME: Primary Care: DM eye exam



SFHN store-and forward telehealth

- Enterprise solution built into EPIC eConsult
- Plan to leverage to expand services (e.g. wound care)
- Featured prominently in overall telehealth strategy: more broadly disseminated, less patient digital literacy dependency, high ROI



SFHN telehealth:

- Changing the way we interact with our patients
- Breadth of portfolio: video, store-and-forward, and future (remote patient monitoring (RPM), point of care diagnostics)
- Institutional maturity: leadership, governance, technology, operations
- TH Workgroup, Enterprise Communications & Collaboration, QI
- SFHN specialty and primary care champions; clinic-specific
- Strategic roadmap: formal strategic planning process



Thank you!

- george.su@ucsf.edu



Questions



Round Robin Peer Sharing Discussion

- How are systems mixing virtual care into a face-to-face session?
- How are systems developing criteria that would qualify for virtual visits?
- How are systems scheduling the mixed model approach? How are you freeing up clinic space in order to provide greater access?
- How are systems training providers and staff to best utilize these new virtual care services to improve both health outcomes and patient satisfaction?

Round Robin Peer Sharing Discussion (Con't)

- How are systems addressing prevention and chronic care gaps when using virtual visits?
- How are systems planning to manage the recommendation to see patients with chronic disease at least once in person (annually)?
- How are systems improving adoption for underserved communities (e.g., patients w/ limited broadband, homeless population, etc.)?

Upcoming Webinar

Virtual Care Strategy: Current and Future State in Public Health Care Systems

September 14, 12-1pm

Please [Register here](#)



Your thoughts, please



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THE POP-UP
SURVEY**