

# Virtual Care Strategy: Current & Future State in Public Health Care Systems

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September 14, 2021

12-1pm

[Recording link](#)

# Agenda

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Time	Topic	Lead(s)
5 min	<b>Welcome &amp; Virtual Care Self-Assessment Overview</b>	Zoe So, SNI Amanda Clarke, SNI
20 min	<b>Results Across Public Healthcare Systems (PHS)</b>	Jim Meyers, DrPH
25 min	<b>Discussion: PHS Virtual Care Needs</b>	Veenu Aulakh
5 min	<b>Wrap-up &amp; Announcements</b> <ul style="list-style-type: none"><li>• Post survey</li></ul>	Zoe

# Housekeeping

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Please mute yourself during presentations, but feel free to unmute during the discussion & activity



Please rename yourself to include Name & Organization



If you dialed in, make sure to connect your participant ID



At any time, feel free to chat your questions & comments



Webinar will be recorded and saved on SNI Link



Please complete our post-event survey

# Self-Assessment Overview

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Amanda Clarke, SNI

# Self-Assessment Overview

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Reactive telehealth  
driven by COVID-19



Proactive long-term  
virtual care strategy

- Public hospitals and healthcare systems (PHS) gain a clearer sense of their progress along a continuum of virtual care development and opportunities for improvement
- SNI understand PHS needs and develop technical assistance
- For internal planning purposes, not a validated tool
- Sent to 17 PHS
  - 14 respondents scored their progress along 11 categories of virtual care capabilities

# Virtual Care Self-Assessment and Report

- Scoring Across Domains and Categories
  - Basic (1-3) → Intermediate (4-6) → Advanced (7-9)
- Organizational Information
  - % video and phone visits
  - VC vendors
- Open Comments: Technical Assistance Needs
- Published [Report](#)
  - Exec Summary
  - Detailed Results

		Capability Levels:	<u>Basic</u>
		Self-Score Key:	1-3
Dimension	Category	Description	
Leadership and Governance	Leadership	To what degree have organizational leaders committed to immediate and long-term adoption of virtual care operations?	<ul style="list-style-type: none"> <li>• Leaders leverage virtual care as a short-term, tactical response to the pandemic.</li> <li>• Approaches to virtual care are locally defined and fragmented across departments.</li> <li>• Leaders rely on existing infrastructure and resources to address the shift to virtual care.</li> </ul>
	Governance	To what degree has the organization committed to a permanent organization-wide virtual care governance/strategic oversight structure?	<ul style="list-style-type: none"> <li>• Oversight of virtual care falls to existing in-person care oversight processes.</li> <li>• Existing operational governance structures remain unchanged and there are no new operational or clinical quality oversight processes put in place specifically for virtual care processes.</li> </ul>

# Assessment Results

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Jim Meyers, DrPH

# Average Scores Across All Dimensions

## BASIC (score 1-3)



VCHCA 2.5  
KMC 2.6  
SJGH/CC 3.1  
NMC 3.4  
SMMC 3.9

## INTERMEDIATE (4-6)



AHS 4.0  
UCI 4.1  
CSCHS 4.1  
CCHS 4.5  
Average 4.8

SFHN 5.7

RUHS 6.0  
UCLA 6.5  
UCSD 6.9

## ADVANCED (7-9)



UCSF 7.8



# Average Scores for Each Category

## BASIC (score 1-3)



## INTERMEDIATE (4-6)



## ADVANCED (7-9)



3.9 Health Equity - Awareness  
3.9 Governance

4.0 Patient & Family Engagement  
4.1 Health Equity - Action  
4.5 Operational & Clinical Standards  
4.6 Provider/Staff Engagement  
4.7 Technology Support  
4.9 Leadership  
5.1 Telehealth Devices  
5.7 Cybersecurity Support  
5.6 Core Telecommunications Platform

# Example Category

## Virtual Care Ops: Provider/Staff Engagement

### BASIC (score 1-3)

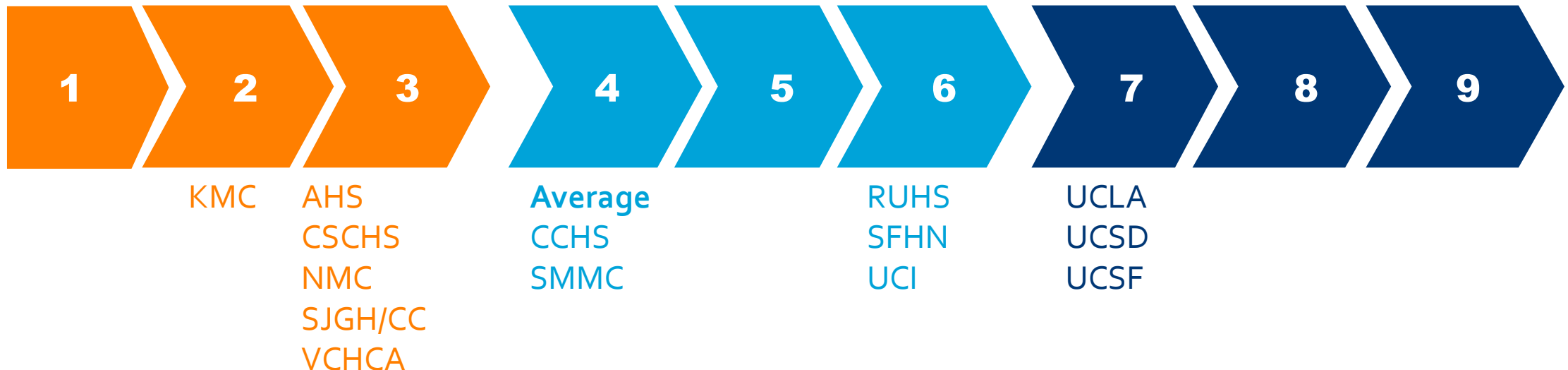
“Whatever works” virtual care that includes truncated or eliminated workflows if necessary

### INTERMEDIATE (4-6)

Workflows include typical integrated team administration and care processes

### ADVANCED (7-9)

All operational workflows are reimagined across virtual, hybrid and in-person settings to best achieve provider and staff satisfaction



# Common Virtual Care Needs

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- **Develop Virtual Care KPIs and Metrics**
  - Integrating virtual care goals into strategic plans; demonstrating ROI to leadership; deciding what to measure and what to compare it to; scaling VC
- **Health Equity in VC**
  - Assisting populations with low digital access and digital literacy; incorporating patient feedback into VC decision-making
- **Role of IT Support**
  - IT support staffing models; use of 3<sup>rd</sup> party vendors for IT support, role of IT support versus clinical staff
- **Tech Navigators**
  - Pre-visit processes and workflows, in patient homes, training staff

# Additional Needs

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- VC financing landscape
- VC staffing roles and responsibilities
- RPM implementation examples
- “Video on Demand” modalities
- Minimizing the impact of transitions to new hardware and software platforms
- Examples of working with CBOs and HIEs to better understand gaps in equity – in a de-identified data environment
- Use of VC to streamline patient intake processes
- Use of VC to improve quality and performance on QIP metrics

# Discussion

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- What was your team's experience taking the virtual care assessment? What did you learn?
- What virtual care strengths did you identify? What opportunities for growth?



# Next Steps You Can Take

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- Form a virtual care stakeholder group - be sure to include patients
- Meet to go over the results of the self-assessment and prioritize areas for action
- *Consider:*
  - *Who should provide input that hasn't had a chance to weigh in? Whose voice is missing?*
  - *Who needs to learn about your system's self-assessment results?*
  - *What information from the assessment will be most compelling for various stakeholders – patients, executive leadership, community partners, etc.?*

# Jamboard Activity: Virtual Care Priorities at Public Health Care Systems

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Veenu Aulakh

# Participants are in Breakout Rooms!

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- Participants are currently in breakout rooms to collaborate on virtual care priorities at public health care systems.
- Please wait to be redirected to a breakout room.



# Wrap-Up

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# Tell us how we did

Please fill out our post-event survey

Let us know what suggestions you  
have for future content!



# SNI Link

[safetynetinstitute.org/member-portal/](https://safetynetinstitute.org/member-portal/)

Webinar slides and recording will be posted on [SNI Link/Telehealth](#)

## TELEHEALTH



[Click here](#) to access member-submitted telehealth implementation resources.

[Click here](#) to view upcoming webinars on Creating the New Normal in Primary Care.

### Webinars

#### **Understanding and Addressing Digital Disparities. November 9, 12-1PM.**

Leaders from Contra Costa Health Services' Digital Disparities Workgroup discussed early efforts to identify and address disparities in telehealth access and engagement. View our [Webinar Recap](#) of key takeaways from the session. [View Webinar Slides & Recording.](#)

#### **Patient Portal Engagement during COVID. October 21, 1-2PM.**

Dr. Jim Meyers shared strategies to improve portal adoption and engagement, including how to leverage COVID-19 to increase patient and staff buy-in. Meyers is a national expert on patient portals and has worked with PHS to increase portal use in the safety net. View our [Webinar Recap](#) of key takeaways from the session. [View Webinar Slides & Recording.](#)

- [Click here for Patient Portals: Playbook of Resources](#)

#### **Team-Based Care in a Telehealth Setting. August 19, 12-pm.**

Leaders from San Mateo Medical Center shared their experience developing, testing, and adapting standard work flows for team-based care in ambulatory telehealth settings. Presenters shared

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# Thank you!

Contact Zoe So  
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