

CA Public Hospitals and Health Care Systems Virtual Care Self-Assessment Results

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Executive Summary

An overview of key findings from the virtual care self-assessment

Detailed Assessment Results

Assessment results organized by system, across domains and categories

Executive Summary

Virtual Care Self-Assessment Results

Self-Assessment Overview

Reactive telehealth
driven by COVID-19



Proactive long-term
virtual care strategy

- Virtual Care Self-Assessment sent to 17 public hospitals and healthcare systems (PHS)
 - 14 respondents scored their progress along 11 categories of virtual care capabilities
- Results used for internal planning purposes (not a validated tool)
 - ✓ PHS gain a clearer sense of their progress along a continuum of virtual care development and opportunities for improvement
 - ✓ SNI uses the results to inform technical assistance for PHS

Virtual Care Maturity Framework

DIMENSIONS:

Leadership & Governance

Technology Platforms

Virtual Care Operations

Health Equity

CATEGORIES:

- Leadership
- Governance
- Core Telecommunications Platform
- Devices
- Technology & Cybersecurity Support
- Operational and Clinical Standards
- Provider/Staff Engagement
- Patient/Family Engagement
- Awareness
- Action

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)



- 3.9 Health Equity - Awareness
- 3.9 Governance

INTERMEDIATE (4-6)



- 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

ADVANCED (7-9)



Common Virtual Care Needs

- **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 3rd 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 Virtual Care Needs

- 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

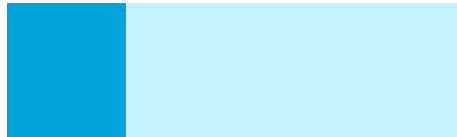
Next Steps You Can Take

- 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.?*

Detailed Assessment Results

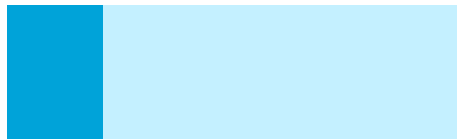
Virtual Visit Ratios

Average PHS ratio of virtual
(phone/video) to in-person visits:



26:74

Average ideal* ratio of virtual
(phone/video) to in-person visits:



21:79

Average PHS ratio of video
to phone visits:



35:65

Average ideal ratio of
video to phone visits:



43:57

*To define ideal, systems indicated what % of visits they want to be virtual and video within the next 12-18 months. Percentages were averaged across the systems who responded (KMC, SMMC, SJGH/CC, CSCHS, UCI, UCLA, UCSD, UCSF).

Video Visit Vendors

	AHS	ARMC	CCHS	KMC	LA	NMC	RUHS	SF	SJGH/ CC	SMMC	CCHS	UCI	UCLA	UCSD	UCSF	VCHCA
Zoom	✓		✓		✓	✓	✓	✓				✓	✓		✓	
Epic MyChart			✓				✓				✓	✓	✓	✓		
Doximity	✓						✓		✓					✓		
Doxy.me						✓				✓						✓
Cerner									✓							
Teams				✓			✓									
Polycom							✓									
Vsee		✓														

Note: This table contains some prior knowledge collected from member interviews, virtual care webinars, and peer groups.

Other Vendors

	AHS	KMC	NMC	RUHS	SJGH/CC	SMMC	CSCHS	UCI	UCLA	UCSD	UCSF	VCHCA
Pre-visit Questionnaires	Epic	Tonic	N/A	Epic	Cerner, Health-note	Doxy.me	Epic	Epic	Epic	Epic	Epic	Tonic
Patient Education Materials	Epic	Cerner	EBSCO	Epic, Krames	Cerner	Lippincott	Elsevier	Emmi	Krames, Emmi	Epic	Emmi	Cerner
Appointments	Epic	Cerner	N/A	Epic	Cerner, Health-note	N/A	Epic	Epic	Epic	Epic	Epic	Cerner
Texting	Well Health	Cerner	N/A	Epic	Cipher	eClinica IWorks	Twilio/Epic	N/A	Well Health	Luma	Conversa, Luma, Epic	Cerner

Other Vendors

- Ironbow for telehealth carts (RUHS)
- MedWeb for teledermatology (SMMC)
- Avaya for call center (SMMC)
- Cipher for inpatient discharge follow-up (UCI)
- Teledoc for after-hours/weekend patient coverage (UCI)
- Tonic for in-clinic waiting room (UCI)
- CyraCom for digital translation services (UCI)
- Care Innovations for cardiac and thoracic surgery RPM kits (UCLA)
- Shadow-IT usage of FaceTime, Doximity (VCHCA)

Leadership & Governance: Leadership

BASIC (score 1-3)

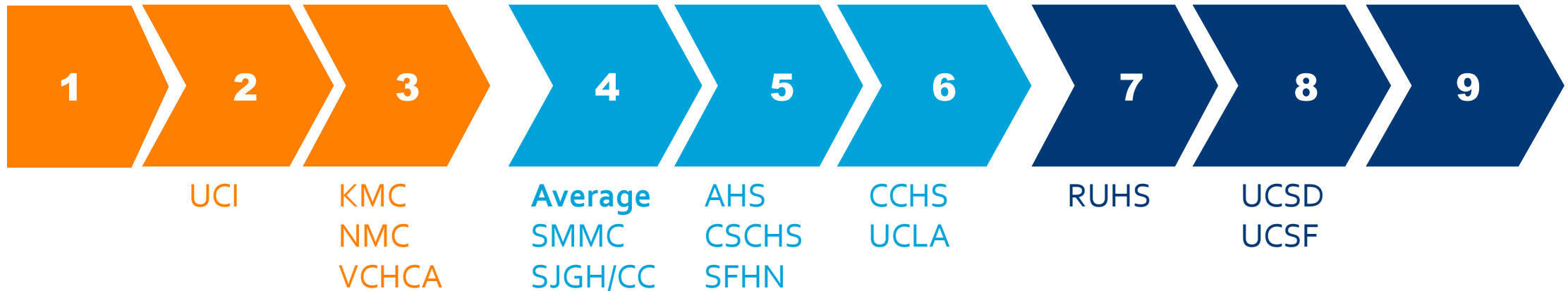
Leadership Focus: Short-term, use-what-you-got response

INTERMEDIATE (4-6)

Virtual care is integrated into standard care operations

ADVANCED (7-9)

Virtual care is a permanent care modality and better achieves the mission



Leadership & Governance: Leadership

- Using Virtual Care to increase revenue and improve financial viability. (CCHS)
- VC outcomes and metrics of success as a strategic priority. (SFHN)
- Health care financing landscape for VC encounters and how each organization adjusts its strategy and operational plans to scale VC models. (SFHN)
- Transitioning workflows from in-person/phone to virtual – roles & responsibilities. (SMMC)
- Creating a long-term strategic plan for virtual care that includes KPIs and success metrics to track. (UCLA)

Leadership & Governance: Leadership

- Obtaining more details/case-studies of return on investment and patient satisfaction/health-outcomes/health-equity when more advanced VC capabilities are achieved in a system, as those are potentially metrics which might move the needle on convincing our organizational leadership to make a change. (VCHCA)

Leadership & Governance: Governance

BASIC (score 1-3)

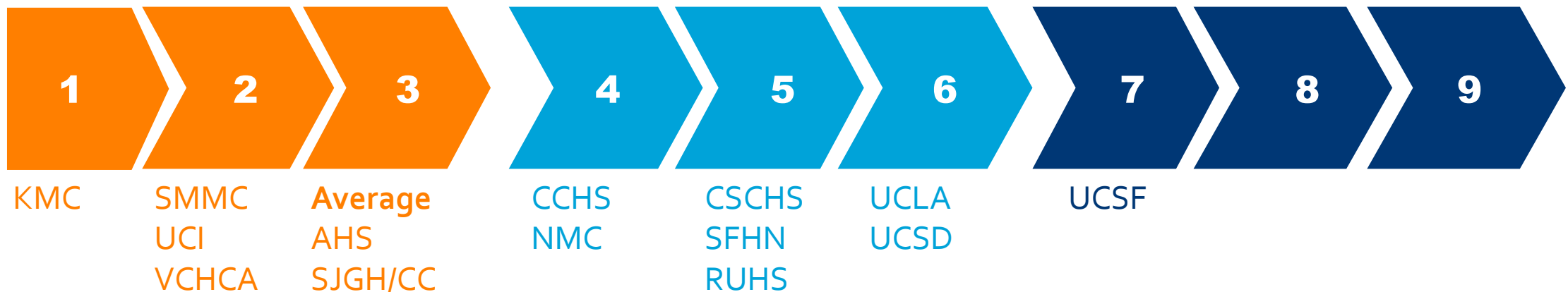
Limited oversight by Board of Directors (BOD)

INTERMEDIATE (4-6)

BOD gets data reporting on operations

ADVANCED (7-9)

BOD intimately involved in how virtual care can impact the mission



Leadership & Governance: Governance

- Definition and standards for quality metrics pertinent to VC models - what are they; how do organizations incorporate them into overall continuous improvement efforts. (SFHN)
- How to baseline virtual care KPI data against other performance in this space by other academic medical centers. (UCLA)

Technology: Core Telecomms Platform

BASIC (score 1-3)

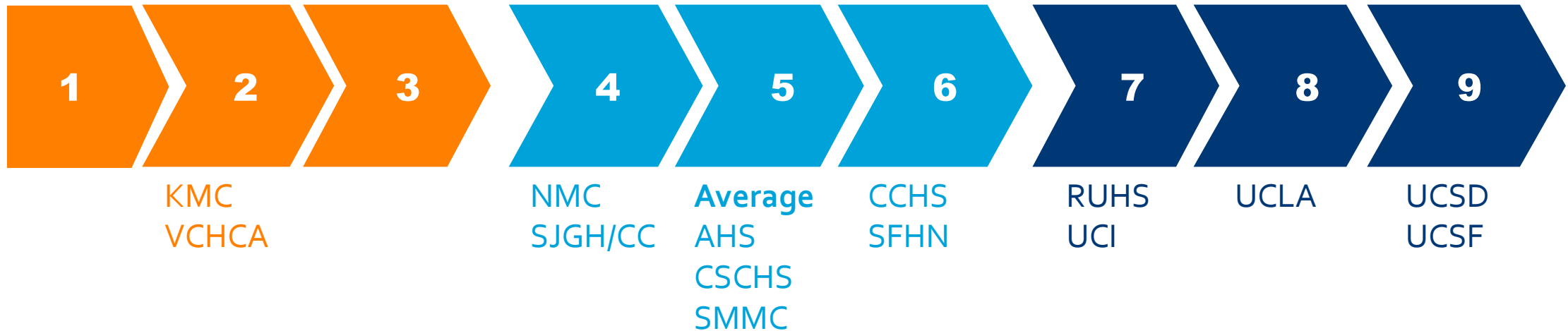
Rely on what-we-got -
the current IT infrastructure

INTERMEDIATE (4-6)

Bandwidth & connection capacity
is improved but systems
interoperability still fragmented

ADVANCED (7-9)

High reliability & interoperability
among all systems with room
for nimble growth



Technology: Virtual Care Devices

BASIC (score 1-3)

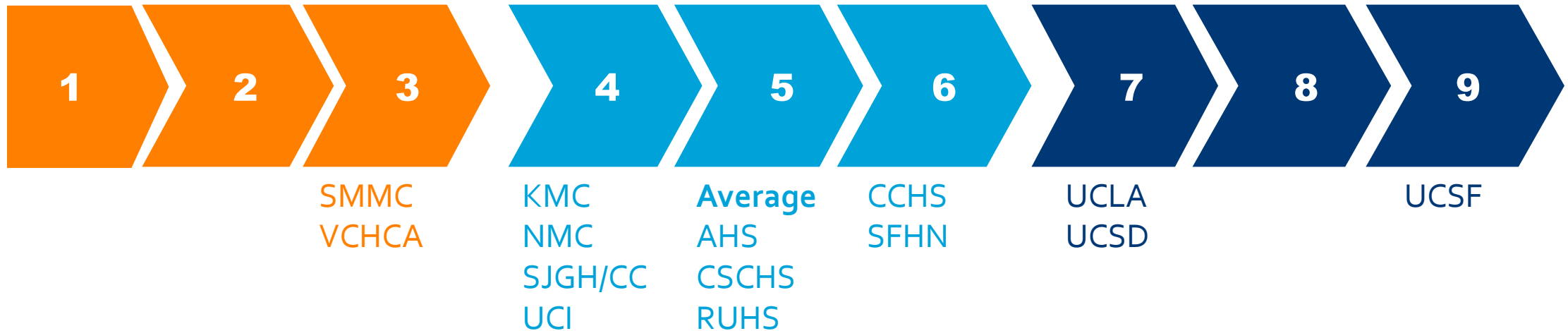
Ad hoc & decentralized hardware and software use

INTERMEDIATE (4-6)

Common hardware & software solutions are purchased for home-based & in-office work settings

ADVANCED(7-9)

Virtual care devices selected based on staff & patient user-friendliness & seamless interoperability



Technology: Virtual Care Devices

- We had designated hardware / software but in transition to new platform had to get new equipment to be able to delivery virtual care – any advice for minimizing these types of impacts? (SMMC)
- Has anyone had experience with "video on demand" modality? (SJGH/CC)
- SJGH/CC is about to implement remote patient monitoring devices for its chronic care management, for example CHF patients. Curious to know if others have already implemented RPM at their sites. (SJGH/CC)

Technology: Technology Support

BASIC (score 1-3)

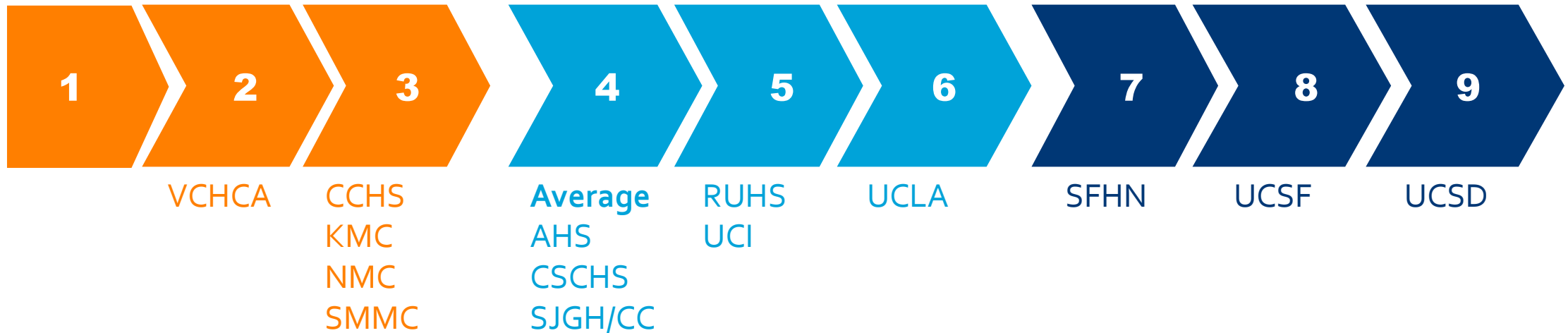
IT is remote and uses what-we-got

INTERMEDIATE (4-6)

IT reimagines IT support teams and processes

ADVANCED (7-9)

IT uses new staffing types, training requirements and nimble operational integration models



Technology: Technology Support

- Technical support resourcing model for unifying as well as 3rd party solutions. (SFHN)
- Any grants or forums to help us explore technology-support models? (Specifically thinking about how clinical "expert" teams have support and ability to work between clinical work and technology development – what models are there that are fiscally possible / sustainable in today's clinical environment). What technology support models exist when IT team size/staffing is limited to provide "just-in-time" to support providers and patients in virtual delivery systems (are there any other models aside from "champion / superuser" models? (SMMC)

Technology: Cybersecurity Support

BASIC (score 1-3)

Awareness of and risk reduction measures for virtual care cybersecurity risks is low



VCHCA

NMC

INTERMEDIATE (4-6)

Awareness of unique virtual care operations risk is high but most harm reduction is provided by virtual care device vendors



SJGH/CC
SMMC

Average
AHS
CCHS
CSCHS
KMC

UCI

ADVANCED (7-9)

Organization-wide harm reduction awareness, training and measures are seamlessly integrated with vendor security measures



RUHS
SFHN

UCLA
UCSD
UCSF

Virtual Care Ops: Ops & Clinical Standards

BASIC (score 1-3)

Care is provided virtually in a “whatever works” to communicate with patients. Limited vital sign collection.



VCHCA

AHS
CSCHS
SJGH/CC
UCI

INTERMEDIATE (4-6)

Virtual care protocols approach in-person standards of care where appropriate. Quality oversight includes virtual care.



Average
CCHS
NMC
SFHN

KMC

RUHS
SMMC

ADVANCED (7-9)

Quality of care, pt experience, & provider satisfaction are reimaged & optimized through a mix of virtual, hybrid & in-person care options.



UCLA
UCSD
UCSF

Virtual Care Ops: Ops & Clinical Standards

- Are there some best practice(s) that other entities have adopted for patient intake workflow in a televisit environment? (SJGH/CC)

Virtual Care Ops: Provider/Staff Engagement

BASIC (score 1-3)

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



KMC

AHS
CSCHS
NMC
SJGH/CC
VCHCA

INTERMEDIATE (4-6)

Workflows include typical integrated team administration and care processes



Average
CCHS
SMMC

RUHS
SFHN
UCI

ADVANCED (7-9)

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



UCLA
UCSD
UCSF

Virtual Care Ops: Provider/Staff Engagement

- Patient/Provider Navigator Strategy to enhance user (pt, family, and provider) onboarding and adoption of VC technology to facilitate virtual care. (SFHN)

Virtual Care Ops: Patient/Family Engagement

BASIC (score 1-3)

Patients experience uneven success in accessing limited virtual care services



KMC
SJGH/CC
VCHCA

AHS
CSCHS
NMC
SFHN

INTERMEDIATE (4-6)

Patients are aware of virtual care options. Staff regularly screen for best virtual or hybrid care options.



Average
CCHS
UCI

SMMC
UCSD

UCLA
UCSF

ADVANCED (7-9)

All operational workflows are reimagined across virtual, hybrid and in-person settings to best achieve patient and family health and well-being



RUHS

Virtual Care Ops: Patient/Family Engagement

- Facilitating more self-monitoring of V/S and recording these during patient intake. (CCHS)
- Leveraging VC to improve quality and meet QIP metrics. (CCHS)

Health Equity: Awareness

BASIC (score 1-3)

Continue using existing demographic patient care tracking methods without additional attention to virtual care's impact on disparities



KMC

SJGH/CC

Average

NMC
CSCHS
SMMC
UCI
VCHCA

INTERMEDIATE (4-6)

Staff regularly screen patients on access & skills necessary to use virtual care options. Data are regularly collected on the impact of virtual care on equity



AHS
CCHS
UCSD

RUHS
UCLA

ADVANCED (7-9)

De-identified community-based equity data are shared & considered in plans to reduce inequities. Virtual care process & outcomes data are collected to measure inequities



SFHN
UCSF

Health Equity: Awareness

- Very Interested in learning how other entities are approaching Health Equity amongst vulnerable population(s). (SJGH/CC)
- Tools to assist populations with low digital access and low digital literacy. (SMMC)
- We would be interested in learning more about opportunities for de-identified information exchanges with community organizations. (UCSF)

Health Equity: Action

BASIC (score 1-3)

No new processes are put in place to address equitable access to virtual care



KMC
SJGH/CC

NMC
UCI
VCHCA

INTERMEDIATE (4-6)

New processes and resources are put in place to specifically reduce inequities in access to quality virtual and hybrid care



Average
AHS
CSCHS
SMMC
UCLA

CCHS
RUHS
UCSD

ADVANCED (7-9)

In partnership w/ the community, broad virtual care inequity-reducing strategies are given top level priority in short-term & long-term operational plans



SFHN

UCSF

Health Equity: Action

- What experiments can be shared from other teams about health inequity work and tools to assess in the virtual practice. (SMMC)

Additional Equity Responses

Do you have efforts in place (or planned) to understand and address barriers to virtual care for a sub-population(s) of your patients? If so, which sub-population(s)?

Additional Equity Responses

- We have done considerable survey work with our patients and have stratified by age, preferred language, race, clinic, specialty. (AHS)
- If they are not able to do a virtual visit, we would do a phone call. (Natividad)
- We are looking into network connectivity. We have overlaid the locations of our assigned lives with network bandwidth maps. Scheduling telehealth visits around patient's availabilities' if they are unable to take sick time. Language /translation services. (RUHS)
- Undertaking ECW Portal workgroup to address barriers for both patients and staff but not yet specific to any sub-populations (SMMC)

Additional Equity Responses

- Telephone option has enabled us to provide care to individuals who have housing insecurity and/or might not have access to Wi-Fi and smart phones. (UCSD)
- Yes, we are collecting and analyzing health equity data across race/ethnicity demographics and working with our Health Equity Diversity and Inclusion officer to redesign our processes to ensure proper collection of Race, Ethnicity, Social Determinants of Health and Sexual Orientation/Gender Identity. From there we will leverage our data to better understand gaps and barriers in the health equity space. (UCLA)

Additional Equity Responses

- Homeless Population (SJGH/CC)
- Yes, minority populations (CSCHS)
- We track differences in telehealth utilization for Limited English Proficiency patients (compared to English-preferred patients) and Black/African American patients (compared to White/Caucasian patients). (Our data indicates no significant differences for other racial/ethnic groups independent of language.) (UCSF)
- Hypertensive remote patient monitoring & education, some identification of SDOH patient attributes and impact on virtual care delivery. (UCI)

Thank you!

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