





Jamboard Activity: Virtual Care Priorities at Public Health Care Systems (9/14)

Webinar participants were asked to collaborate on a Jamboard to identify top virtual care priorities across public health care systems. This document summarizes the ideas shared in breakout rooms.

The sticky notes are color-coded by purpose:

-  **Yellow** = priorities gathered from the Virtual Care Self-Assessment report
-  **Blue** = ideas expanded upon by webinar participants
-  **Pink** = promising practices shared by participants
-  **+1** = idea/priority was also mentioned by another participant

Top Priorities for Technical Assistance

1 Measuring Virtual Care Success

2 IT Support

3 Patient Engagement & Support

4 Health Equity

How do we measure access to virtual care to balance it with in-person?

How do we develop standard virtual care to capture all quality metrics?

How do we better integrate vendors with our EHR?

What kind of staffing models exist for IT support?

What kind of tech navigator models exist?

How can we serve remote, underserved areas using virtual care?

How can we maximize access for our patients?

How can we improve language access for our patient portal beyond English & Spanish?

How do we demonstrate return on investment?

How do we achieve administrative buy-in with competing priorities?

How do we troubleshoot phone audio issues?

How do we leverage 3rd party vendors for IT support?

SFHN telehealth ambassadors call patients prior to video visits

How do we make the case for "bringing the provider to the patient"?

How can we leverage mobile care (e.g., vans) for virtual care?

How do we standardize the line between virtual care support, pop health outreach, and in-reach for staff?

What Key Performance Indicators (KPIs) are other systems using?

How do we standardize elements across virtual and in-person visits?

CCHS uses a 3rd party vendor, Nordic, to contact patients prior to video visits

CCHS operates a remote patient and clinician support helpdesk

CSCHS recruits physician champions by metric to expand health equity work

VCHCA & CCHS track virtual care use by age, gender, race/ethnicity, language, and insurance status

CCHS providers refer patients to social services to access WiFi, devices, and help signing up for MyChart

How do we leverage virtual care to improve clinical quality metrics?

CCHS has early dashboards to compare virtual care to in-person visits

UCSD health navigators set up virtual care equipment in patients' homes

+1

+1

+1

Additional Priorities for Technical Assistance

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Virtual Care Financing

How can we improve access and revenue using dedicated telehealth clinics?

How can we improve access using phone visits?

How do we make the case to payors that virtual care is worth the investment?

How do we tell a unified story/message on the value of virtual care?

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Remote Patient Monitoring

What workflows exist to have patients collect vital signs at home?

+1

What are the metrics for success?

How can we make payment and staffing more sustainable for RPM?

How can we consistently provide blood pressure monitoring cuffs to patients?

What are other systems' models on who assists the patient with set up and implementation?

LADHS has had success with blood pressure monitoring cuffs

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Staffing Roles & Responsibilities

Who screens for digital disparities? Nurses are often over-burdened already

How do we engage/create workflows which don't offload even more non-clinical tasks to providers?

Staff not always familiar with technology to be able to troubleshoot video visit connections, use multiple applications to perform necessary steps.

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Virtual visit workflows

How do we use virtual care to streamline intake processes?

What is the optimal ratio of virtual to in-person care and how can we use call center workflows to operationalize this?

+1

How do we create further pre-"room" virtual visit workflows for MyChart and non-MyChart users?

What workflows have been successful for offering second opinion consults?

How do we integrate forms into virtual care workflows?

CCHS has a hybrid model of 2 virtual visits followed by 9 in-person visits