

# Virtual Care Measures of Success

## 3-month Check-in

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March 1, 12-1:30pm



[Recording link](#)

# Agenda

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Time	Topic	Facilitator(s)
5 min	<b>Welcome and Housekeeping</b>	Amanda Clarke, <i>SNI</i>
10 min	<b>Telehealth Policy Update: 2022-23 State Budget</b>	Haleigh Mager-Mardeusz, <i>CAPH</i>
30 min	<b>Member Presentation: UCSD Health</b> Virtual Care Strategic Planning	Emily Perrinez Heather Erwin Dr. Brett Meyer <i>UCSD Health</i>
40 min	<b>Breakout Activity</b> <ul style="list-style-type: none"><li>Leveraging KPIs for Strategic Decision Making and Resource Allocation</li><li>Refining and Applying Virtual Care KPIs</li></ul>	<i>Coleman Associates</i> <i>SNI</i>
5 min	<b>Next Steps and Wrap-up</b>	Amanda

# Housekeeping

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Rename yourself to include your name and organization



Feel free to speak up or chat in responses at any time



You're encouraged to turn on video for peer discussion



This meeting is being recorded and will be posted online



Materials will be available at [SNI Link/Virtual Care](#)

# Virtual Care Maturity Framework

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## DIMENSIONS:

Leadership & Governance

Technology Platforms

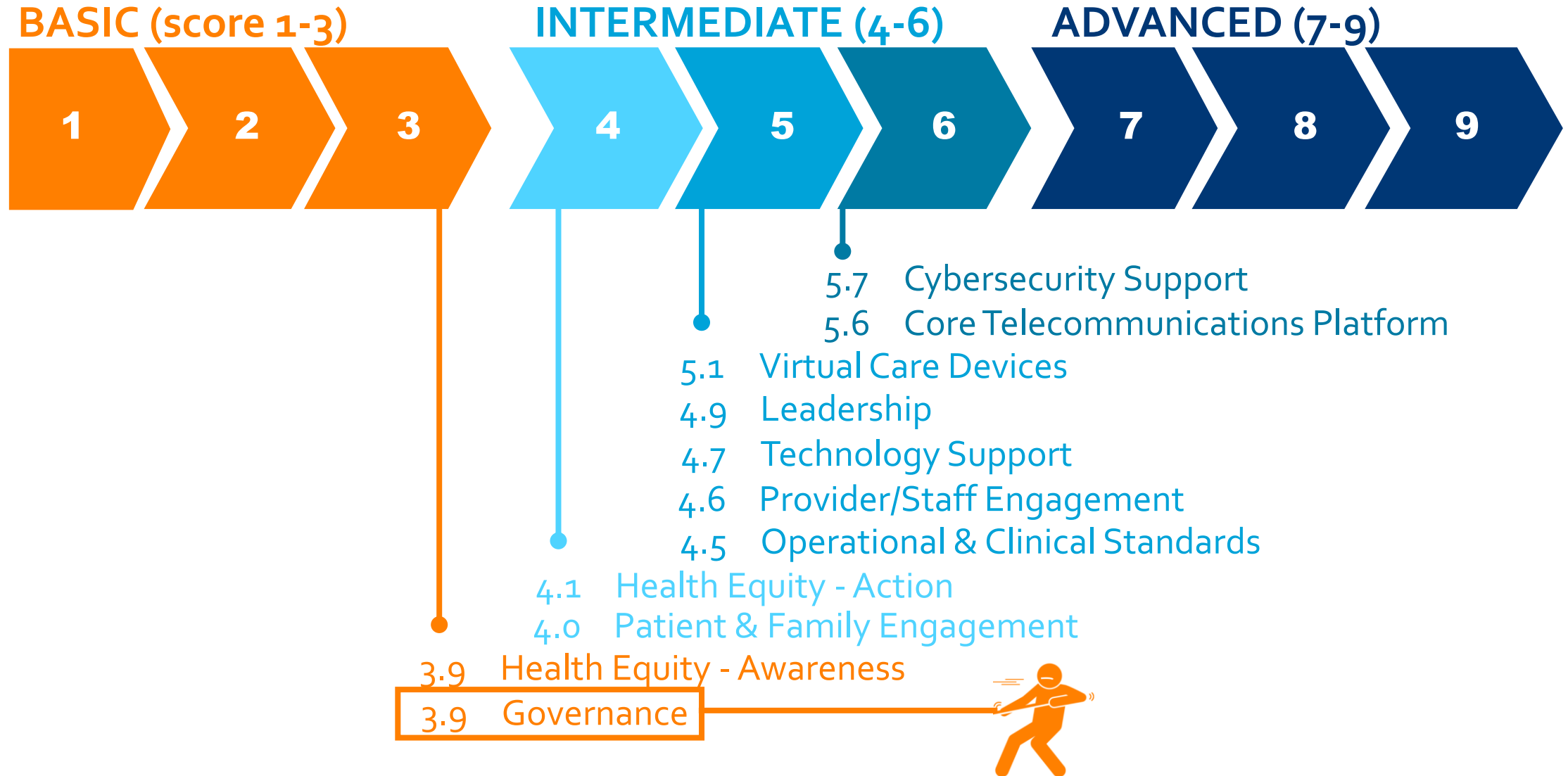
Virtual Care Operations

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 for Each Category



# SNI Support for PHS

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## Governance: Measuring Success in Virtual Care

3-part webinar series

- ✓ Defining Measures of Success in Virtual Care
- ✓ Peer Sharing: Virtual Care Measures of Success at Public Health Care Systems
- **Virtual Care Measures of Success: 3-Month Check-in**

# Telehealth Policy Update

Haleigh Mager-Mardeusz

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# DHCS' Proposed Telehealth Policy

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- As part of the Governor's 2022-23 State Budget, DHCS released its post-public health emergency (PHE) Medi-Cal telehealth policy proposal on February 4

## Proposal Elements

- Coverage and reimbursement for both video and audio-only telehealth services would **continue at payment parity**, including for FQHCs
- **New patients would be established via video** telehealth services only. Providers would be prohibited from establishing patients via audio-only telehealth. Some exceptions, including asynchronous dental services delivered by FQHCs



# DHCS' Proposed Telehealth Policy

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- **Coding changes** including adoption of a new audio-only modifier (93), although timing is TBD. DHCS also proposes to implement new audio-only E&M (99441-3) and A&M codes (98966-8) for “brief telephonic check-ins” by July 1, 2022
- Provider **video capabilities would be required** no sooner than January 1, 2024. If a provider offers audio-only telehealth services, the provider would also be required to provide the option for video services to preserve patient choice.
- **Patient consent changes** including requiring that additional information be shared as part of patients’ consent for telehealth services. This would include information regarding the right to in-person services; voluntary nature of consent; availability of transportation to access in-person services when other available resources have been reasonably exhausted; limitations/risks of receiving services via telehealth; and availability of translation services.

# State Budget Process & Next Steps

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- State Budget process:
  - Awaiting DHCS' proposed telehealth budget trailer bill language (TBL), which may include additional details and is needed to authorize the policy in state law.
  - The proposal will continue to be discussed in Budget Committee hearings in the Legislature.
  - May be revisions to the proposal prior to passage (likely sometime in June or July).
- Next steps:
  - DHCS will seek any necessary federal approvals to effectuate this policy through Medicaid state plan amendments or waivers and plans to update provider manuals/provide additional guidance on the details of the policy.
  - CAPH will provide updates as we learn more details on the proposal or if there are any major changes.

*\* Note that the current Medi-Cal PHE telehealth flexibilities will remain in effect for the duration of the PHE and until December 31, 2022.*

# Member Presentation

## UCSD Health

Emily Perrinez, Heather Erwin, & Brett Meyer

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# Breakout Activity

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# Breakout Rooms

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## Leveraging KPIs for Strategic Decision Making and Resource Allocation (breakout room 1)

- Peer discussion based on member questions
- Virtual care strategic leads, CIO/CMIOs, systems with established KPIs

## Refining and Applying Virtual Care KPIs (breakout room 2)

- Peer case conferencing based on homework
- Virtual care teams, systems in the process of developing KPIs

# Leveraging KPIs for Strategic Decision Making and Resource Allocation

Breakout Room 1

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# Discussion – Resource Deployment

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- How do you use data (KPIs) to make decisions about IT resource deployment across the organization, including virtual care (not just what's measured, but how it's weighted and used to prioritize)?
- What criteria do you use to determine which service line gets a technology solution first (e.g., clear clinical standards for virtual care like dermatology)?
- How do you make decisions about sequencing and timing roll-outs?
- How do you allocate resources for helping clients use technology?
  - For example, decisions about leveraging existing internal resources/care teams versus new partnerships with third parties (e.g., CBOs)? How do you weigh the options?

# Discussion – Embedding and Sustaining Virtual Care Strategy

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- How do you organize a virtual care strategy in the context of a broader, enterprise-wide IT strategy (e.g., EHR deployment, data warehouses, e-consult, RPM, apps)?
- How do you balance short-term human resource investments to ramp up IT solution with longer term pay-off?
- Are there cross-cutting approaches for engaging patients with language/digital literacy and access barriers?
- How is your organization developing or adapting virtual care goals (and KPI's) in response to new policies and statewide requirements?
- What is the biggest challenge for your organization as you move into sustaining your virtual care strategy? Is there anything SNI can do to help?



# Refining and Applying Virtual Care KPIs

Breakout Room 2

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# Homework Review

Sharing What You Learned

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# Breakout Room Instructions

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- Review Homework on how you tweaked your KPIs and got feedback from internal customers
- Discuss progress and receive feedback from your peers

# What Changes or Additions Did You Make at this Stage?

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Breaking down data by race/ethnicity

Looking at virtual visit No-Show Rates

Looking at length of visits and opportunities for efficiencies

Revising patient surveys to capture access (and equity) issues

Testing to close language barriers

Reviewing data at department level...to make improvements

Changing ratios of telehealth and in-office visits

# What Feedback Did You Get?

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- Lower-income, publicly-insured, and non-English-speaking patients were frequently less aware of the video visits option
- Need to address parents' skepticism about video visits
- Navigating the video visit process was challenging
- Clinical providers and staff offered video visits less frequently to certain groups of patient families because of workflow inconsistencies
- MyChart platform was only available to our patient families in English
- Need to raise awareness about the differential uptake of video visits by certain groups of patient families
- Would like to see more specialty video visits
- Need more data to assess access
- Preferred a flexible approach to scheduling to allow for patient choice

# What Initial Targets Did You Set?



## Initial Targets: Focus on TNAA

- Our overall goal is 7 days.
- Our equity goal for office and telehealth TNAA is to be within 3 days of each other.

# What Initial Targets Did You Set?

## Initial Targets:

- Portal registration
- Portal usage
- MyChart messages
- Portal status at time of visit check-in
- Completed virtual visit
- Conversion from video to telephone



# What Initial Targets Did You Set?

## Initial Targets:

- Increase VV as proportion of overall visits to 20% by May 2022
- Increase VV as proportion of Telehealth to 50% by August 2022, 75% by end of 2022
- No show rates less than 10%
- Minimize failed visits due to hardware failures, target less than 10% (currently at 20%)





# What Initial Targets Did You Set?

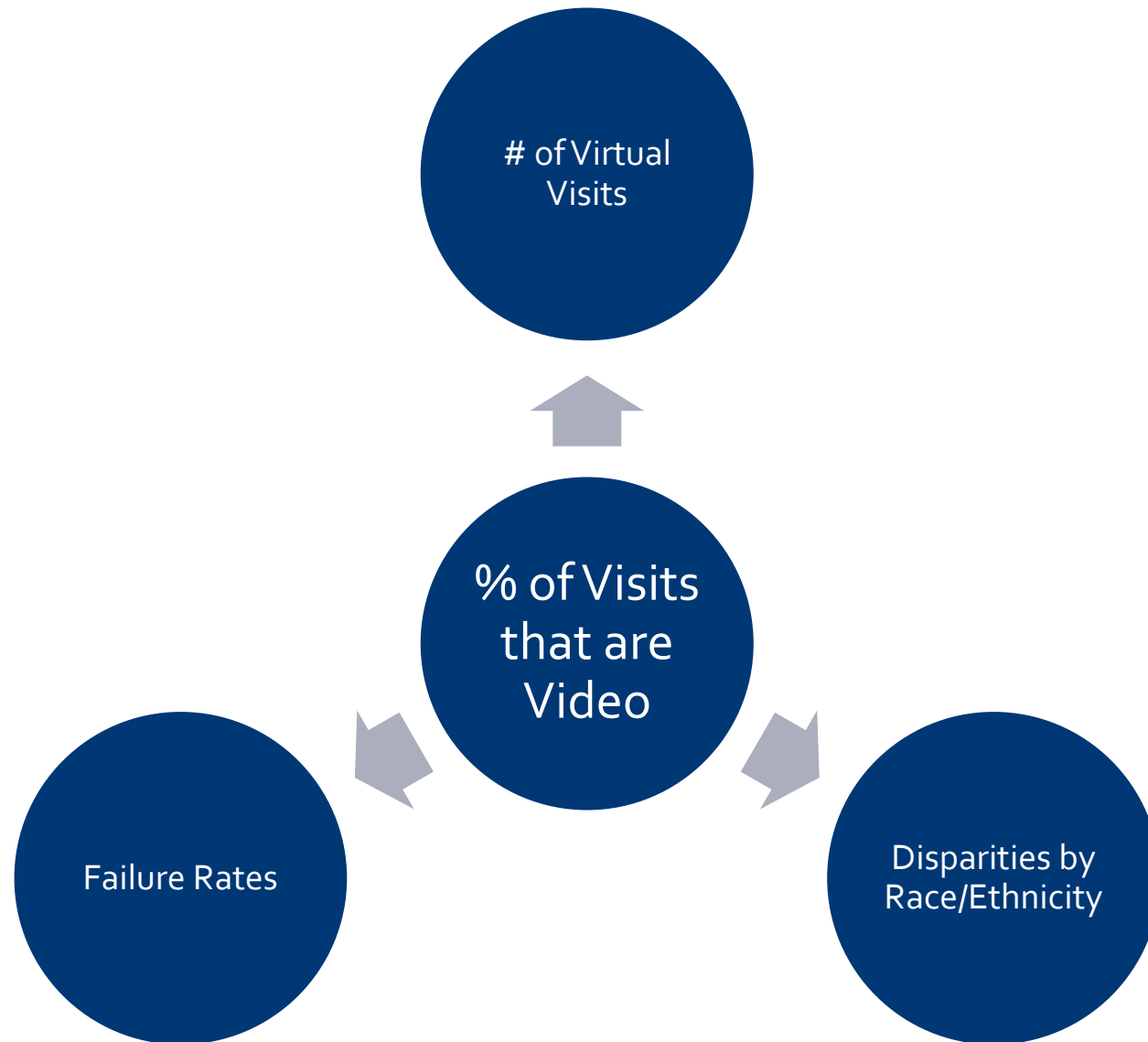
## Initial Targets:

- 30% telehealth
  - 30% video
  - 70% audio
- 70% in-person



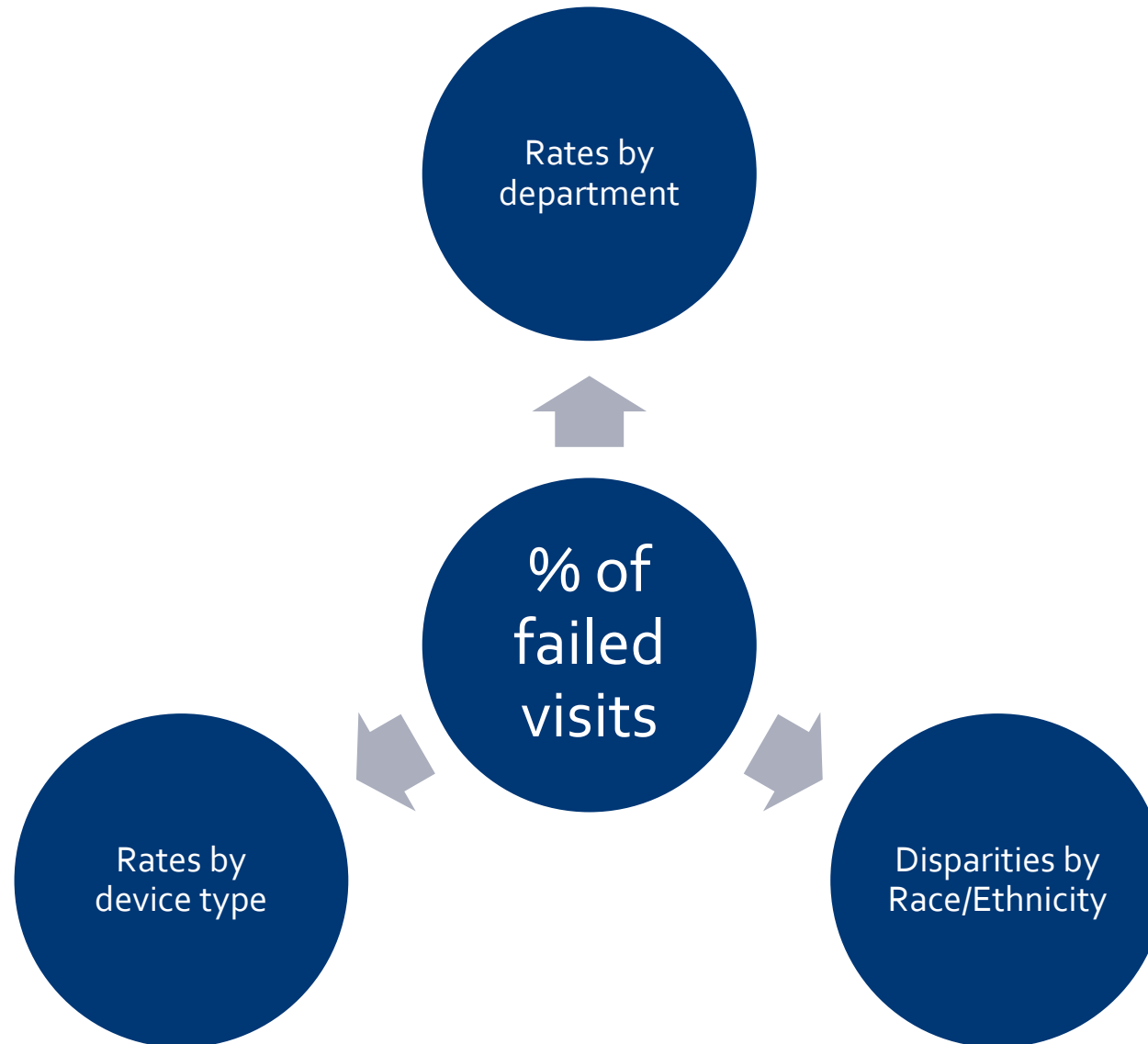
# Strengthening Your Measures

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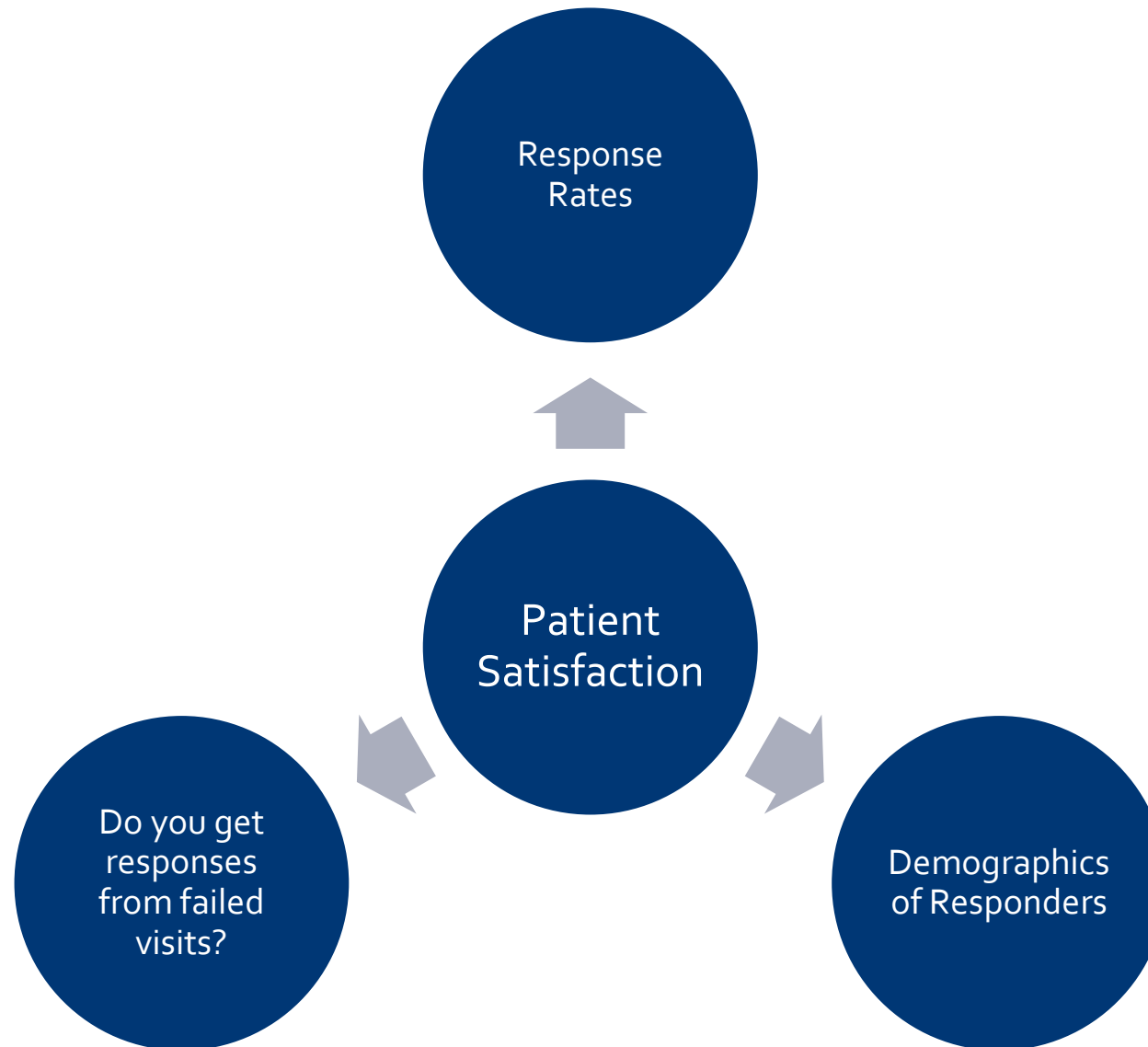
# Strengthening Your Measures

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# Strengthening Your Measures

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# Wrap-up

Upcoming SNI Offerings

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# SNI Support for PHS

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- ✓ **Virtual Care Measures of Success: 3-Month Check-in**

# SNI Support for PHS

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- ✓ Virtual Care Measures of Success: 3-Month Check-in

## Operations & Clinical Standards

- **Mixed Models, Revisited (late March/early April)**
- Virtual Care Intake and Social Needs Screening

## Patient & Family Engagement

- **Tech Navigators (mid-end April)**
- Access and Digital Literacy
- Remote Patient Monitoring

# Thank you!

don't forget to fill out the survey

