

Best Practices in Delivering Team Based Care in a Telehealth Care Environment



Community
Health Center, Inc.

Staying True to Mission, While Rapidly Adapting to Crisis

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Locations and Service Sites in Connecticut



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Federally Qualified Health Centers (FQHCs)

- ⊙ Nation's largest safety net setting: 1,352 FQHCs
- ⊙ Located in designated high need communities
- ⊙ Caring for 28 million patients annually
- ⊙ 93% served are below 200% poverty
- ⊙ Public reporting on cost, quality, and utilization

Elements of Model

- ⊙ Fully Integrated teams and data
- ⊙ Integration of key populations into primary care
- ⊙ Data driven performance
- ⊙ "Wherever You Are" approach to special populations

CHC Profile

- ⊙ Founding year: 1972
- ⊙ Primary care hubs: 16; 204 sites
- ⊙ Annual budget: \$120m
- ⊙ Staff: 1,300
- ⊙ Patients/year: 105,000; Visits/year: 600,000
- ⊙ SBHCs across CT: 180; Students/year: 17,000
- ⊙ Specialties: onsite psychiatry, podiatry, chiropractic
- ⊙ National leaders in quality and innovation

Weitzman Institute

- ⊙ QI experts; national coaches
- ⊙ Project ECHO® — special populations
- ⊙ Formal research and R&D
- ⊙ Clinical workforce development
- ⊙ NNPRFTC / NIMAA / ConferMED



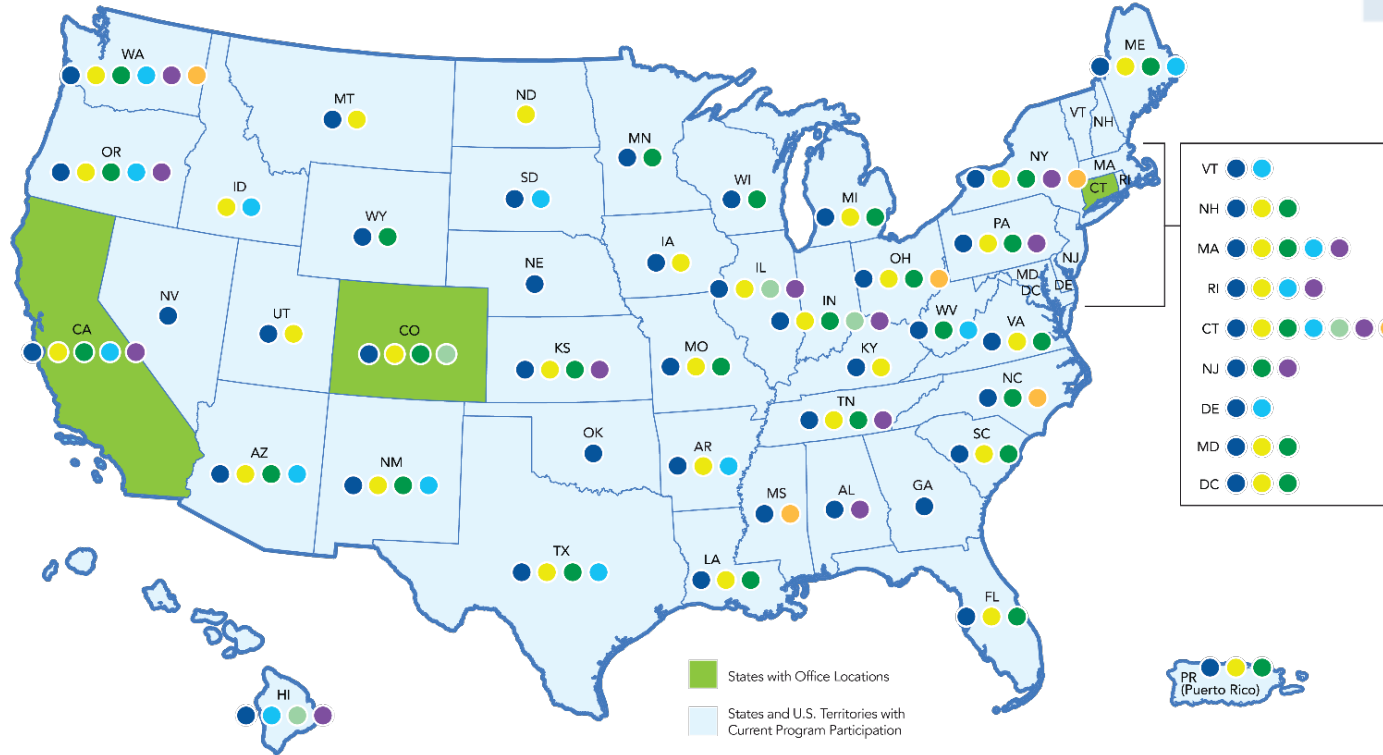
THREE FOUNDATIONAL PILLARS



National Reach



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= Nurse Practitioner Residency Training Program

= Weitzman ECHO

= ConferMED
Move Knowledge, Not Patients™

= Weitzman Learning Academy

= the national institute for nimaa
medical assistant advancement

= CLINICAL WORKFORCE DEVELOPMENT
NATIONAL COOPERATIVE AGREEMENT LEARNING COLLABORATIVE

Postgraduate Residency Training Program Accredited by
 = NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

The Path

Objectives

1. Discuss the evolution of the care teams
2. Provide discussion around the vision for the future



Pre-COVID Landscape

CHC is dedicated to the three pillars:

- Outstanding clinical services
- Research and development
- Training the next generation

Prior to COVID era all clinical services delivered on site face to face:

- CT mandated private insurances cover video telehealth But not Medicaid or Medicare
- Small trial in Behavioral Health for video telehealth
- GPE grant for training psychology students including telehealth development
- Asynchronous electronic clinical care
- Beginning to position ourselves for the revolution in clinical care we knew was coming

State wide clinical service delivery and national footprint:

- Zoom based administrative meetings
- Synchronous and asynchronous training through Weitzman Institute

Student training:

- Mostly face to face
- eSupervision in postdoctoral residency program
- Remote hosted nursing and psychiatric nursing residencies



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Staying True to Mission, While Adapting to Crisis

Addressing necessary steps to ensure continuous quality care for CT's most vulnerable populations

1. Existing Foundation
2. Rapid Implementation
3. Refining Process

Crisis SWOT Analysis



Strengths

- Engaged and involved leadership
- Strong IT and BI Teams
- Mission oriented staff
- Improvement-oriented Culture
- Existing Infrastructure

Weaknesses

- No existing robust telehealth platform
- Fee for service relying on In-Person visits
- Changes in documentation, coding, and billing
- TB Model of Care focused on facility co-location
- Unknown access to home internet for all workforce groups
- Many “unknowns” in the landscape

Opportunities

- Build a Telehealth Model of Care Delivery
- Develop Virtual Team-Based (TB) Care
- Increase access to health care
- Remove the barrier of exam room space
- Retention of staff related to additional flexibility from remote work

Threats

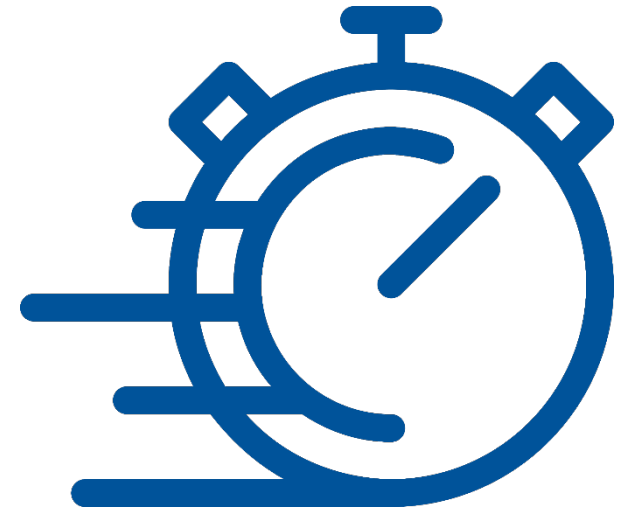
- State regulations
- Federal/CMS regulations
- Access to PPE
- Financial sustainability
- Large non-revenue generating, but valuable workforce to maintain
- Active COVID-19 community spread and disproportionate regional impacts

Implementation

1. Regulatory Advocacy
2. Mobilizing Current Staff/Patients
3. Redeployment/Deployment of Staff
4. Continuation of Care
5. Patient Specific Delivery
6. Internal/External Communications



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Implementation:

Mobilizing Staff and Patients

1. Quick and real time communication
2. Transparency of Mission and Strategy
3. On-going Reassurance
4. Frontline Meetings
5. Redefined incentives for productivity in Medical, Behavioral Health and Nursing



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Implementation:

Continuation of Care- Systems:

1. Telehealth-Platform: Quick move to Zoom
 - Phone- Zoom phone
 - Video (e.g. HIPAA Security Standards, waiting rooms, multiple participants)
2. CHC servers: VPN and Instant Messaging
3. E.H.R. Templates



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Implementation:

Continuation of Care:

Tele-Team Based Care and the Virtual Team

1. Provider-MA Dyads

- Virtual rooming of patients
- Planned Care
- Hand off to provider
- Connection to on-site tasks

2. Separation of RN staff

- Telehealth RN Visits

3. Other Virtual Teams (e.g. MAT, RDs)



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Implementation:

Continuation of Care:

Tele-Team Based Care and the Virtual Team

Virtual team members

- Integrated care
- Virtual availability of the extended care team
- Onsite availability of other care team
- Operational support



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Implementation:

Electronic Warm Hand Off

- eWHO is initiated by medical providers
- Most often from a medical visit
- Medical template structured to ask all patients on BH need



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Subjective:

Chief Complaint(s):

- Tele Video MED Established
- TeleVideo Visit conducted by Video

HPI:

TeleHealth Session

Video Verbal Consent

This visit is occurring via Video. We can have this telehealth visit today because of a law that expires on March 15, 2021. You can opt-out or refuse at any time. No system is 100% secure but this is being conducted on a HIPAA Compliant platform to protect your confidentiality. Do you consent to Video (or consent on behalf of your minor child)? Please verify your Name and Date of Birth. .

Patient provided informed consent for Video appointment Yes

BH Need

Warm Hand Off

Would patient benefit from behavioral health services _



Implementation:

Electronic Warm Hand Off



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Tele-Team Based Care and the Virtual Team

Electronic Behavioral Health Warm Hand Offs (eWHO)

1. Medical template-patient need
2. Temporary shift to 20 minute visits
3. School-based staff
4. Geography less important compared to need
5. Track need and utilization

Implementation: Continuation of Care

Behavioral Health

Tele-Team Based Care and the Virtual Team

Continuing Behavioral Health Care

1. Established Patients
2. Initial assessments of new patients (after eWHO)
3. Medication Assisted Treatment
4. Group Visits
5. End of School year transfers



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Successful Efforts

March 2020 – September 2020



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All Completed Visits as Percent of Daily Budget

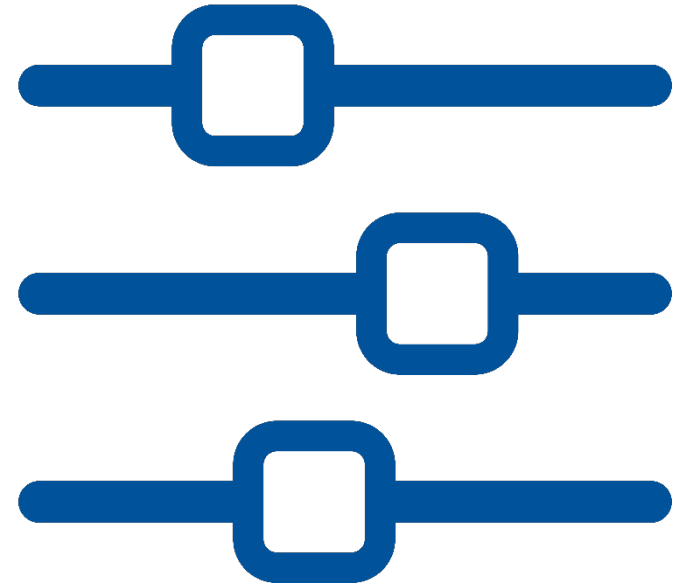


Refining the Process

1. Ongoing Assessments of Current State
2. Tracking Data
3. Continuous Internal Communication
4. Proactive Patient Outreach
5. Re-evaluating Goals



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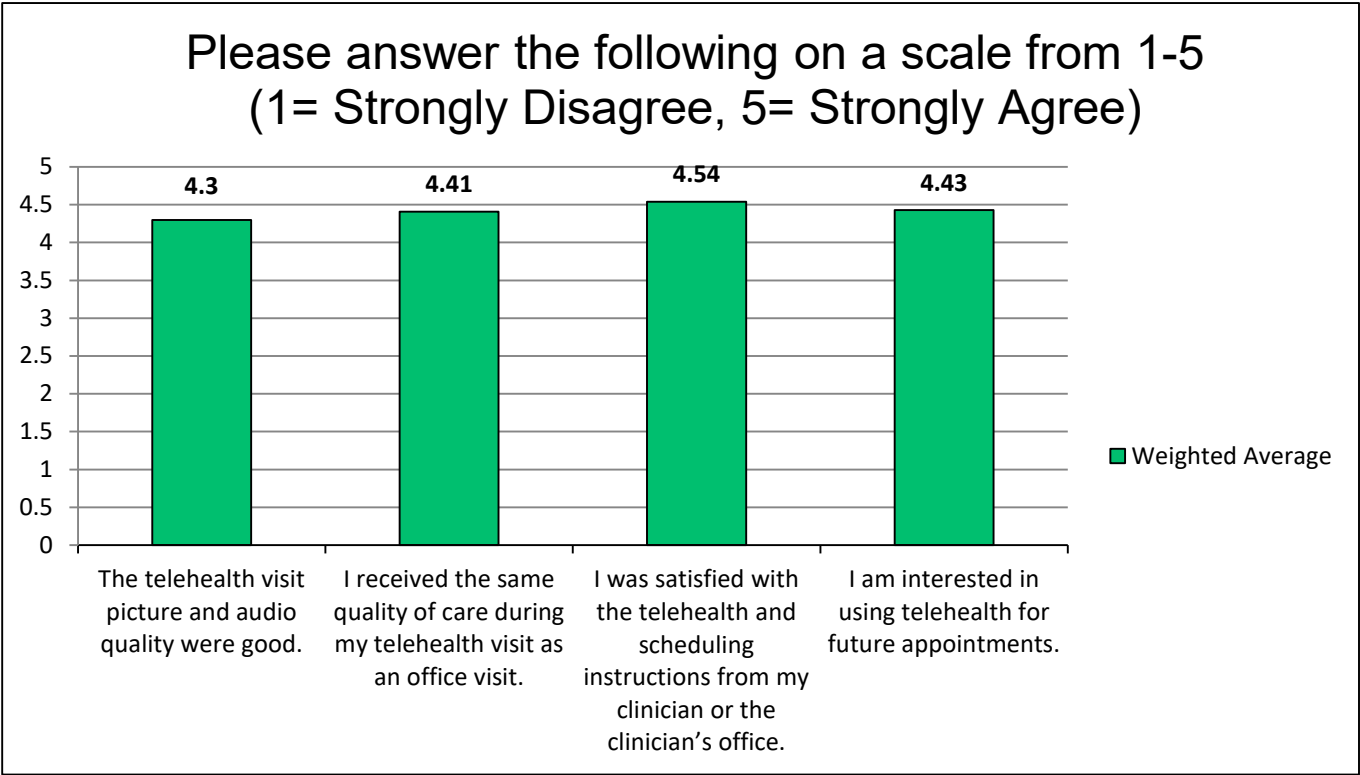


Refining the Process:

Patient Satisfaction Results: Text Survey



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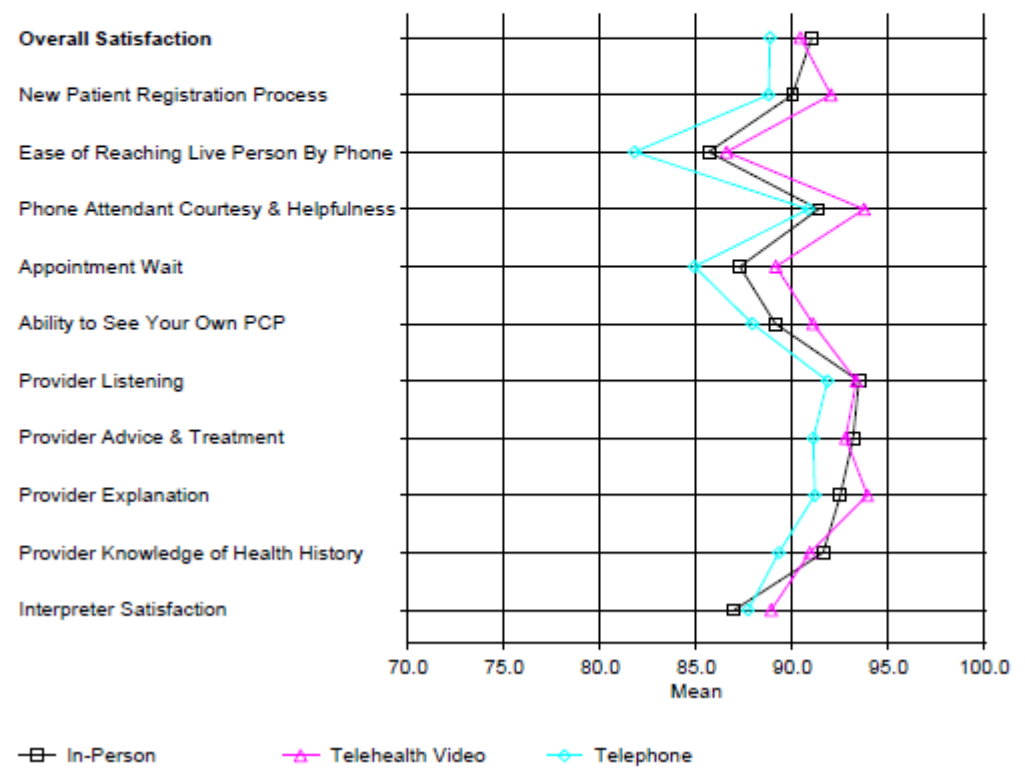
84% of patients are interested in using telehealth for future appointments (n= 551)

Refining the Process: Patient Satisfaction: The Crossroads Group Survey



Satisfaction Scores

By-Encounter Method Patient Satisfaction Scores
Mean Scores
Current Quarter



Results for January – March 2021

Refining the Process:

Workforce and Patient Interaction



1. Fully Onsite
2. Fully Remote
3. Hybrid: Onsite and Remote
4. Telehealth Pods

More Work To Do Path Forward

1. Addressing Integrated Model
2. Solidifying Logistics
3. Supporting Policies
4. Supporting Infrastructure
5. Continuing Communication
6. Road to new delivery model of care



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Implementation:

Continuation of Care:



In Person Visit Request Procedure

Telehealth visit for all patient WITH an In Person Request Procedure with in the EHR:

- Core team-supports all in-person visits
- Remote team-supports most of the virtual visits
- Identify 'centrally' approved in-person visits
- Tracking numbers

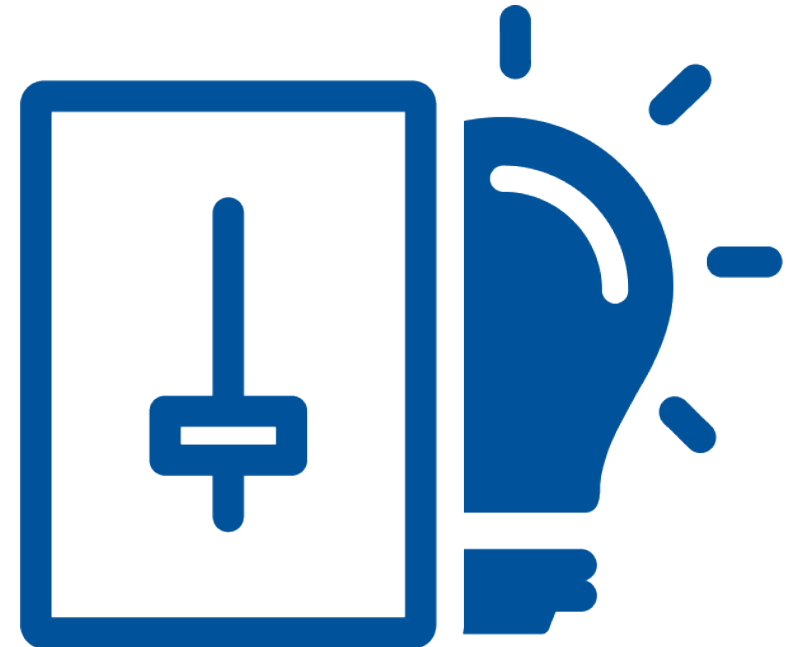
Refining the Process:

Dimmer Switch

1. Regulation changes
2. Reimbursement
3. Ongoing workforce planning
 - Regional COVID-19 rates
 - Patient need (urgent visit types)
 - On Site Safety/Vaccination Rates
 - Staff Preferences
 - Staff, Patient and Program Needs



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Training the Next Generation

TeleHealth and Teaching

1. Residents
2. Students
3. Preceptors (Virtual)



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Summary



1. Assess the current state and leverage current foundation
2. Rapidly implement vital initiatives to maintain sustainability for patients and the organization
 - Re-deploy all available staff to support the overall operations
 - Build on current IT and EHR Systems
 - Centrally define a process for Virtual Visits and In Person Visits
 - Consider the “Virtual Equivalent” to current processes
 - Electronic Warm Hand Offs
 - Use Telehealth to expand access to key populations
 - Increase Patient Outreach methods
 - Staff facing AND patient facing communication
3. Refine overall process over time
 - Track data and reevaluate goals
 - Continuous Trainings
4. Consider the Path Forward



Path Forward – Additional Resources



- Use the Project ECHO model to continue tackling Covid19 and to support practice transformation going forward
- Train health centers in quality improvement tools and approaches
- Provide training in telehealth to all health professions students
- Use telehealth to expand access to key populations and reduce health inequality
- Use eConsults to expand primary care scope and reduce unnecessary referrals
- Capitalize on this moment of challenge and opportunity to build a better healthcare system

