

Philip Springfield (00:04):

Awesome. Awesome. Thank you so much, Alyssa. And hello, everyone. Again, just welcoming you into our June session of the next Telehealth Office Hour. And just wanted to put a quick, just FYI that this is going to be our final Telehealth Office Hour for the season. And we will resume back probably in the fall, right after CHI. So thank you again for joining. And if you would like to view some of our previous trainings, our previous Telehealth Office Hours, you can always visit nachc.org. And then they are also hosted on the Health Center Resource Clearinghouse. So those are two places where you can access all the recorded sessions, if you haven't been able to participate in all of them throughout this year. You can go ahead and move on to the next slide.

Philip Springfield (00:53):

And as we get started, as always, I like to put in a quick plug for NACHCs EHR user groups. I'll put in the link that'll get you there. It's going to be right there in your chat. But NACHC does currently host six EHR user groups that meet on a quarterly or a monthly basis. And the special thing about these user groups is that they are led by Health Centers, HCCN and PCA leaders. So we definitely look forward to having you all there and seeing you there. These groups will be meeting this month. Epic met last week, eClinicalWorks and NextGen will be meeting next week, and the rest of the groups will meet at the end of the month. So definitely feel free to email me, Pstringfield@nachc.org, if you'd like to find out more information and how to get connected to one of the groups.

Philip Springfield (01:38):

And then lastly, I just want to go ahead and dive right into things and introduce Janet Ramirez, who serves as the Health Education Program Manager at WellSpace Health, and will really be diving into the Remote Self-Monitoring Blood Pressure Program that they developed over at their health center in California.

Philip Springfield (01:56):

So without further ado, I'll go ahead and hand things over to Janet. And just as a FYI, I will be keeping track of all the questions. So feel free to dump them in there and we'll make sure to get to as many as we can once we get to the end. So thank you again. And Janet, it's all yours.

Janet Ramirez (02:16):

Thank you Philip. Good morning, everyone. Or good afternoon to some of you. My name is Janet. I'm the health education program manager, for WellSpace Health, and today I will be presenting with Dr. Bera, who's our chief medical officer. So Dr. Bera, feel free to jump in. And today we'll be talking about our Remote Self-Monitoring Blood Pressure Program. And we have been working on this project for the last 10 months. So, Dr. Bera and I, and all of the health centers that we have, we've been working on implementing this.

Janet Ramirez (02:56):

So today I am going to share with you about that implementation with specifically this program, and how we have been doing it at 14 of our health centers. We will also share with you some of our outreach strategies to engaging patients and also the care teams. And last, we will also recognize some of the potential challenges that may emerge when you implement these type of programs, and how to solve those problems and how to better plan for implementation of these programs.

Janet Ramirez (03:46):

Okay. So to begin, the Remote Self-Monitoring Blood Pressure Program is thanks to a grant that we received. And this program, as it says remote, is for patients to check their blood pressure at home. And so this includes them managing their medication, working with their primary care provider, as well as with a health educator. So the reason why we include the health educator is because health educators are part of the primary care team. So we have our PCHH model, which is Patient Centered Health Home. And part of that team includes the provider, the medical assistant, the health educator, and the integrated care coordinator. So because we work so closely with primary care, health education seemed to be the best fit to implement this program.

Janet Ramirez (04:48):

So we did have requirements for it, of course, remote, it meant that we needed to track that remotely. So that included having a smartphone. And so for that, having internet and email and of course, space for applications in your phone. And because we really wanted to push for remote, we also wanted the visits to be via telehealth for video. And it also included them committing to following up with their provider and with the health educator. So the main goal of this program is for patients to really just improve their blood pressure management, and also for them to learn more about what blood pressure is and what they can do, so that they can manage their blood pressure.

Janet Ramirez (05:45):

Dr. Bera, would you like to add anything here?

Dr. Janine Bera (05:49):

No, you're doing great. Thank you.

Janet Ramirez (05:55):

Okay. So this is a picture of the monitors that we give away. They are wireless and they are rechargeable. So no batteries needed. They connect via Bluetooth. So we partnered with Noteworthy, which is the main one where we built the results of these blood pressure gains. So the patient has to have an application on phone. So when they check their blood pressure, it goes to the application and the application automatically uploads the results to what we have, kind of like a portal. And when the patients have their visit with their provider, they are able to pull up those results. And I'll show you in bit what that looks like. But just to add, we have monitors that are sized. And there's also that are XL size. So use both.

Janet Ramirez (06:57):

So if you go on your phone and you go to your Apple store or the play store, you can look up WellSpace health. And it is an application specifically for this program. However, you won't be able to check your blood pressure or create an account because those have to be activated by us. But this is what you would see. And it's an app. It has the results. It provides the patient how they're doing when they're readings, and the ranges. And then right away, they get the results. It takes within seconds from when they check their blood pressure with the application, so that it could be uploaded into our portal. And just to add, this does not have integration. And this might be a question. This does not have integration with our electronic medical record system. But all the providers have access to the readings, so they're able to see that.

Janet Ramirez ([08:00](#)):

And of course, in this last picture, you can see how it has an article. And this is just additional education for the patient. If they ever want to go back and read more about it, they can do so. And they're all implemented in there. This application is now available in English and in Spanish. And those articles are also available in Spanish.

Janet Ramirez ([08:29](#)):

So this is what providers see on their end. And this is an example of a patient, one of our early participants. And here it gives you the breakdown of a 90 day. And then on the right side, you see 30 day averages as well. So it breaks it down by systolic and diastolic average. And it even tells you at what times the patient is taking the readings. So here we keep, we see on the right side, that six readings were between 6:00 AM to 12:00 PM. And then we can also see how it's been looking like every day, if they're checking every day.

Janet Ramirez ([09:08](#)):

Now this program, like I said, included health education and primary care, the primary care providers. So in order for the patient to know exactly what they were getting into, we had this calendar so they can anticipate seeing the health educator and then their primary care provider, and then their health educator again. And we outlined the topics that we would be covering at each visit. And it looks like it's a little bit, and I know hypertension can be so much. We want to share a lot. This looked different when we first started. And I'll tell you why in a little bit. But this is our most recent program calendar.

Janet Ramirez ([09:51](#)):

In here, we also included the phone number if they had any issues with their blood pressure monitor, either not connecting their phone. They were able to call a support number or email. And if they needed to, let's say, reschedule their appointment with the health educator, we also had a phone number specifically for our health education department.

Janet Ramirez ([10:20](#)):

Okay, so let me share with you what happened with our pilot. So we wanted to implement this at 14 different health centers, and we thought that it would be best to start with one and then see how that went, and eventually implemented throughout the other health centers. So this is what we found for hoping that it would work out. So first we identified the patients. Then we compiled a list of those patients that were eligible for the program. And then we went live with a tech campaign. We utilized a third party for the tech campaign. So all we had to do was just compile the list and then they would be sending the list to the patients.

Janet Ramirez ([11:05](#)):

And then last, we would do outreach calls. So we had health educators that were calling those patients that received that text message. And we were able to get a response. So when they received the text message, they could respond either, one, that they're interested or zero, that they were not interested. So those that did say they were interested, we went ahead and we called so that we can schedule an appointment. Those that said that were not interested, we didn't call them, and we just left it at that.

Janet Ramirez ([11:36](#)):

And when we called them, we went ahead and scheduled their appointment with the health educator and with their primary care provider, which had to be within one to two weeks after picking up a monitor. So from those outreach calls that we made, it was about 400 calls. Like I said, we started at one health center. And about 400 patients had uncontrolled hypertension. From the 400 calls, 62% of those were left to voicemail. 25% declined, or they didn't meet the criteria, which means that they maybe didn't have a phone or they didn't have access to internet, or they just were not comfortable with using their phone and didn't have access to email.

Janet Ramirez ([12:27](#)):

And then 57 of those patients were scheduled, from those 400 calls. 400 calls is a lot. And that meant about a hundred plus hours of health educators calling to reach these patients. Now from 57 patients that were scheduled to receive their monitor from the pilot, we had only 36 patients that actually showed up and received their monitor. Now we did reminder calls a day before or two days before to make sure that they were going to come to the health center and pick their monitor, but unfortunately not everybody showed up. So that kind of tells us really how much the calls were really worth it, right. It was more than 100 hours of work. A lot of calls and not many people actually showed up from all of those calls that we made.

Janet Ramirez ([13:30](#)):

Now I'm going to break it down for the challenges and lessons learned specifically with the pilot. We realized that we spent too much time spending making calls and not many patients were either calling back or scheduling. So what the solution for this was, we were going to change from making phone calls to sending a letter in the mail. And we went ahead and made those personalized, where it said, "Hi, Mr. Smith. Your provider at WellSpace Health thinks you would be a great candidate for this program." And then it gave them the outline of what the program looked like and instructions to download the application with a phone number for them to give us a call.

Janet Ramirez ([14:14](#)):

We also wanted to expand it more so that providers that are already seeing patients with hypertension could send an internal referral to our health education department and just go ahead and schedule them that way.

Janet Ramirez ([14:29](#)):

Now, when we went live with the text campaign, the first one with the pilot, we included the word free. And it seemed that some patients saw this as a potential scam. We all get those text messages, and it makes sense. So we had to adjust the wording of the text messages that we sent out in order for them to look like they were coming from us. And like I previously mentioned, we had a list of patients that were supposed to receive the text message campaign, the text message. And when the campaign went live, not all of those patients, or some patients that were not on the list, received the text message. So we had to figure out what the issue was with some patients receiving the information that were not supposed to. And unfortunately that was out our hands because that was being done through a third party. But we have a solution for that I'll share in a bit.

Janet Ramirez ([15:34](#)):

Time commitment, that was one of the challenges where patients were declining. They just thought it was too much of a commitment seeing a health educator. As you saw in the previous slides, I had in

total three visits with a health educator and one visit with the provider. It used to be more visits. And when we were talking to patients ... so it's three visits, correct. And the first one, they're not receiving any health education necessarily. The first visit is for us to show them how to use the monitor, how to manage the application, how to connect it, where to go for information, how to contact us. So that requires a lot of time and we don't even go about what is blood pressure, hypertension, any of that.

Janet Ramirez ([16:24](#)):

So what we started doing is we changed word a bit. So for example, instead of saying you have three health education visits with a health educator, we say you go pick up your monitor first. We show you how to use it. And then you just see the health educator two times. So just changing the wording around that, it seemed that it made a difference for patients being interested.

Janet Ramirez ([16:45](#)):

In the pilot, we also learned that signing patient agreement forms ... so I guess I should explain patient agreement forms. We had these forms where the patient was acknowledging that they were responsible for the monitor and that were committing to being in this program and that they were going to complete the program. They had to sign it. And then it also had a section for the provider to sign. Now this took more time than we thought, because then we had to send the physical copy into the provider's inbox. And it seemed like it was a little bit much on our end. So what we did is we just did it electronically. Once the patient signed it, we uploaded it into NextGen, the patient's chart. And then we just assigned the provider so that they could sign it virtually, electronically.

Janet Ramirez ([17:44](#)):

Now the third thing that we learned was that we needed to train our health educators more. I developed this guide that is about 40 pages from scripts to who meets the criteria for the program, what are the steps with scheduling those appointments, what do we need to have in those appointments. In the details, how do we schedule the provider's appointments of the details that are included this program. And it seemed that most of the health educators really needed to just sit down and do an training with, an all day training. Means we went from start, from doing the outreach, to when the patient leaves and we do the charting for the visit.

Janet Ramirez ([18:38](#)):

So this was a pilot. And then here we have the adjusted workflow. Now for the text campaign, we made the adjustments to the boarding. And we also are now doing, or we will be attempting to do, the text message campaign through our internal portal that we have. We, unfortunately, didn't have that capacity before, but we recently implemented patient portal where we are able to communicate with patients. And this will be way, sending a text. And we can also send an email.

Janet Ramirez ([19:16](#)):

Letter in the mail, we're actually not doing this anymore. But this is what we adjusted to from the pilot, when we were implementing everywhere. Now other challenges that we faced with implementing this program, we had the challenges for the pilot. But as we implemented at every single health center, we were having other challenges that we didn't anticipate. So for example, when we were sending the letters to the second health center where we were going to implement, we were getting a lot of mail back. And that was because there were some formatting challenges in that the address was in the wrong field, in our medical system, the apartment number.

Janet Ramirez ([20:16](#)):

So all of those that we were getting back, we realized, why are we getting these back? Is it because the address isn't up to date? Some of them were. But others were because the apartment number was not included. So a solution for this was to communicate with our NextGen staff and see what we can do about this when pulling the data from NextGen for these patients. And so there was another column that we just needed to pull from that data, that we weren't expecting to have that challenge. But now this, and any data that we're downloading with patients' information and demographics, we make sure that we include that second address in case the apartment number is there.

Janet Ramirez ([21:00](#)):

Now, as I mentioned earlier, their health educators bring the patients. We show them how to use the monitor. And then they have to follow up with their provider. And that meant about one to two weeks they had to go see their provider. And this was where it was challenging for us. We had our providers booked far out. And so that meant that we had to double book. And that seemed to cause either miscommunication or some pushback, because we had these patients double-booked in their schedule.

Janet Ramirez ([21:38](#)):

So what we ended up doing is going to each of the health centers before we implement the program. And we tried to explain exactly how this program looked like, what this meant for their care team, and how this was going to impact their workflow. And that seemed to help a bit. However, even though they saw it coming, they didn't see it as a challenge until we actually were at the health center doing the blood pressure program.

Janet Ramirez ([22:09](#)):

And with that, and implementing this at different health centers, we also noticed some inconsistency with the way that the teams worked. Every health center is very different. Some are very big, others are really small. So the way that things go, even though we have standard ways to do things, everyone kind of adjusts little things here and there. And the communication was key. Like I mentioned, in the beginning, we are a patient centered health home and we operate by that model.

Janet Ramirez ([22:43](#)):

And huddles is a time where the primary care team meets in the morning and in the afternoon to discuss which patients we have for the day or the health educators to either do a warm handoff, to do an A1C, or anything in relation to the patients that we have that day, so that we can address that. That was one of the ways, and that is one of the ways that we want to include more patients. We already have patients coming into the health center, why not do a warm handoff? Why not offer it to them if they have hypertension? So that is very key for one of the ways to get patients enrolled in the program.

Janet Ramirez ([23:31](#)):

Okay. So in total, this is not counting the pilot outreach calls or those text messages, but in total we have sent over about 16,000 messages. 90% of those that responded, responded with a one, that they were interested. But then when we would call them, we wouldn't be able to get ahold of them or they wouldn't call us. And then 10% of those declined. There was about 4,000 patients who responded with a text other than one or zero, but those were questions more towards other things. For example, if they wanted an appointment with their PCP or they were waiting on a document. So there was some

engagement there, but we don't really know if it was something related to the grant, to the program, excuse me.

Janet Ramirez ([24:24](#)):

And we also sent about 3,000 letters, 3,522. And we also realized that we were spending a lot of money on paper, on labels, and time to get these together and send them over. And it wasn't really making a difference with calls. It was about the same. It seemed to be working in the beginning, but it seemed that it wasn't really.

Janet Ramirez ([24:50](#)):

I was very lucky to have three interns from Sac State university, and I had them do more outreach calls. We already knew that these weren't very successful, but I had interns, so I had them call the patients that had the highest blood pressure readings and the most recent ones. And from those, we were able to schedule about 33% of those, which is better than what we had before. But then we see here, 8% would say that they would call back. And then others would say that they didn't have a phone or an email. And 11% declined. So similar how we saw in the previous one, 10% declining.

Janet Ramirez ([25:45](#)):

So this is our latest workflow. This is the main difference, in the middle, internal outreach and promotion. We have been doing our presentations throughout the health centers about this program, getting the whole team involved, from the front desk to the MAs to the health educators, everyone. And we've been doing this by promoting more of the program. We also have monthly meetings for all the health center managers and all the care teams that want to be part of this meeting, to bring up any challenges, concerns regarding the program, if we need to make a change.

Janet Ramirez ([26:27](#)):

Now, outcomes so far. This is what we've working so hard for to get some results. And way that we do this, in NextGen we are able to tag patients. So those patients that were enrolled the program, they were tagged as hypertension program. And we were able to determine from when they received their monitor and their readings before that. Now the readings before, on average, before they joined the program, were about 149 over 85. And the readings after receiving the monitor, their most recent reading is, on average, 139 over 82. So as you can see, this is an improvement. This is good news. I was happy to see that it improved.

Janet Ramirez ([27:22](#)):

And we are still working on making this program even better so that we can see more results. This slide includes only the 301 patients that we have enrolled. The goal is to have about 2,000 patients enrolled in the program. And the data that I provided in the previous slide is for those just 300 patients.

Janet Ramirez ([27:47](#)):

We have done this at 14 health centers. We started slowly, one by one, and we realized that we could do more than one. And we are now fully implemented in all of our 14 health centers in Sacramento. And the next steps include including more of the medical assistants. We noticed that at one particular health center, we were having more referrals from one provider, and we had more patients that were being referred. And that is because the medical assistants were reminding the providers, "This is a patient that

has hypertension, just a reminder. If you want to invite them or send over the referral for them to be in the program."

Janet Ramirez ([28:34](#)):

Next steps also include sending email invitations. And like I mentioned, doing our internal text message campaign. And then Dr. Bera is starting a volunteer internship outreach program where we have a outreach coordinator specifically working with volunteers on specific project that need more outreach. And one of those will be this program. And then last but not least, because our budget allowed, we have now ordered incentives for patients to receive when they complete the program. So we have a stress ball a water bottle with an infuser. And then we have a lunch bag so that they can put in there, their lunch for work.

Janet Ramirez ([29:30](#)):

We also created a flyer that we could share internally to have at our front desk to have the providers to hand them to patients or the medical assistants. And in general, when we're doing any outreach internally or externally. All right, well that was the end of my presentation. We can go to questions. Or if Dr. Bera, you want to add anything?

Dr. Janine Bera ([30:02](#)):

Yeah. Thank you, Janet. That was an excellent presentation. This is one of my favorite projects, because it was very timely with the advent of federally qualified health centers being able to use telehealth. So the remote monitoring fit in perfectly because as we're all aware, during the pandemic people were not coming in for visits, nor could they. So our hypertension measures were suffering, and thereby we can imagine that patients, they are suffering as well, in terms of getting their blood pressure under control.

Dr. Janine Bera ([30:40](#)):

So this then allowed us to have the patients stay in the comfort of their home. They only needed to come in for the one visit to pick up the monitor. And we did make that an in-person visit, of course, because they needed to pick it up. And that was with our health education team. So they could do everything, download the app, learn how to use it, learn how to use the monitor. And so that was the one face-to-face visit that was, of course, required. A patient could do more, if they so desired.

Dr. Janine Bera ([31:10](#)):

And then the subsequent visits were all here at telehealth. And there was a question there about billable. So, of course, the PCP visit is billable, and the health educator visits are not. But those are critical for the success of the program, because our health educators are the ones that are able to provide the education and explain to the patients the importance of checking their monitor, making the diet and exercise changes. And then, of course, the PCPs are ordered labs and checked blood pressures and made medication adjustments.

Dr. Janine Bera ([31:49](#)):

On completing the program, it's over the course of the year. And during all of the visits, which as Janet described, we decreased or changed how we discussed them. So it's basically three visits over a year or sooner, depending on the needs of the patient. And well, not the monitor, I think you are asking, does

Medicare or Medicaid cover this? There was some discussion about that. Not these monitors, but other monitors, I think for Medicare can be covered, but not in Medicaid. And we do have to-

Philip Springfield ([32:32](#)):

Thank you so much doctor. Sorry. I was going to jump in really quick just to say thank you so much for this great presentation. And I just want to say thanks again to Dr. Bera and Janet for sharing with us. So we do have a couple of questions that I don't mind asking you all. But Dr. Bera, if there's any remaining ones, feel free to go ahead and get those covered.

Philip Springfield ([32:55](#)):

And then I just also wanted to shout out my colleague, Meg Meador, who serves as the Director of Clinical Integration and Education here at NACHC, whose also been dropping in some resources in the chat for you as well, to take a look at if you're not already aware of the Million Hearts Initiative. So just wanted to put those in there as well. And then I'll hand it back to Dr. Bera before we get into that.

Dr. Janine Bera ([33:19](#)):

There's just one question left. And we have not done demographic breakdown yet on the patients. We'll be doing that shortly.

Philip Springfield ([33:29](#)):

Awesome. So I just wanted to see if we can dive into a couple other questions that we got, because we've gotten a lot. And this is really important work that's going on. So I think the first question, it's already been answered, but I just want to make sure we clear it up, around the EHR. So could you just tell us a little bit more about that, as far as does the results populate and what the workaround was for that, if it doesn't?

Dr. Janine Bera ([33:56](#)):

So that was a big challenge at the very beginning. And yes, I'll just be honest, we were kind of led to believe that it would populate into our EHR. But for those of you who have NextGen, you probably have experienced that NextGen is very finicky and not many things work along with it. So the one thing they were able to offer us in NextGen was having a button in NextGen that would take you to the program online. And that, of course, was for an extra cost. We didn't think having a button would be useful, so we chose not to pay that. And we could not upload the readings into NextGen in a way that would make it quantifiable. Janet was able to give you the average changes over time, with the program. We would not have been able to do that. However, we can do that in the program itself. So we can do that kind of on the backend.

Dr. Janine Bera ([34:55](#)):

And also, we can pull those numbers. I think she pulled these. And please, why don't you answer this, Janet, from NextGen. But from it being entered into NextGen during the visits. And that would've been manual by a health educator or by the primary care provider. So if you're interested in this, it does depend on what path you choose and what company supports it. And so those would be conversations that you would have directly with that company, to see what they're able to do.

Philip Springfield ([35:29](#)):

Thank you for that. Another question, folks that would love to know, and I know that you now have expanded across 14 health centers. But could you tell us a little bit more about the staff makeup for this program and just speak to a little bit on how vital the health educators were throughout this program.

Dr. Janine Bera ([35:50](#)):

They basically ran the show. So Janet, do you want to talk about what that was like for you? Janet took the lead on getting this organized for us.

Janet Ramirez ([36:04](#)):

Yeah, like I mentioned, we had to have those meetings. We would go at the health center meetings and provide presentation about what we had coming. We wanted to show them how the monitor looked like, what we actually talked to the patient about. And we also needed everybody to work together because this wasn't just a health education program. This is a program for all of our WellSpace health patients, regardless if you have coverage or not. And what we would do is include the process. We would include the medical assistant. We would also include the integrated care coordinators, which are behavioral health. We would try to include as much as we could. But it did require a lot of communication and working as a team with the whole primary care team.

Janet Ramirez ([36:57](#)):

So for example, the front desk, they knew that they were coming to see us for health education. But they also were asking them, "Did you download the application?" And if they didn't, they would hand them out a flyer of how to do it while we went to go get the patient.

Philip Springfield ([37:17](#)):

Awesome. Just as a follow-up, so just to make sure. So essentially most of your existing staff were used in order to get this kind of kicked off. There was no like additional members outsourced or anything?

Janet Ramirez ([37:31](#)):

No, it was mainly us. And myself, just developing the program and going live with it at all the health centers, and pretty much informing everyone else.

Dr. Janine Bera ([37:44](#)):

We opened the program [crosstalk 00:37:46] equality team. So that team provided the data and helped to support what they were doing. But the work, in terms of doing the outreach and education, was developed in house. We did work a bit with American Heart Association, because this grant is monitored through them. So they've offered support as well. But in terms of anyone, there's a chance we're going to have some students come in and work along with us on this program, working at one of the nurse practitioner schools. I'm blanking on the name. Because it's a good project for them as well during their education. So we'll be partnering with a school for students to come in and assist as well.

Philip Springfield ([38:39](#)):

I think that's just really great to know that you don't have to kind of reinvent the wheel. You can kind of start with where you are to really kind of get things started. So I appreciate that perspective. Got a lot of great questions. I'm trying to see which ones to go to. So there's one that came in the chat. Does anyone get an urgent notification if a reading is dangerously high or low?

Dr. Janine Bera ([39:00](#)):

We alert the patient to what to look for, and then they would call in and talk to our advice nurses. Because remember-

Philip Springfield ([39:09](#)):

Could you all-

Dr. Janine Bera ([39:10](#)):

Does not populate into our EHR.

Philip Springfield ([39:18](#)):

I want to see if you all could kind of speak to the patient end of it. So there is a question. I'll read it out loud. It says, "How do we implement this at our health center and minimize maybe the ongoing need for troubleshooting or troubleshooting issues with patients?" Did you all run into that issue often? Was there folks that had bandwidth issues? Were there any type of challenges from that IT perspective from the patient end?

Dr. Janine Bera ([39:48](#)):

Janet, did you want to answer question?

Janet Ramirez ([39:54](#)):

Yeah. So if patients had a challenge with their monitor connecting, is that what you mean?

Philip Springfield ([39:57](#)):

Yeah. Just troubleshooting regular questions you would get.

Janet Ramirez ([40:02](#)):

Yeah. What we try to do when we give the patient the monitor, is we educate them on how to use it. And we do a teach back. We show them and we tell them, "Okay, now you show us how to do it." And that way we know, we're confident that they're leaving, knowing how to use the application and connecting it to the phone. We also invited them to bring someone else with them, if they were going help them, how to navigate the phone in the application. But if they have problems in terms of connecting, usually the bulk problem was because they didn't have the Bluetooth on, their Bluetooth on. And that was the main issue, which could also just be addressed quickly by calling our support number or they could just come to the health center with the health educator and they can try to troubleshoot it, if needed.

Philip Springfield ([41:03](#)):

So there's a question that's here that may be kind of related. I guess it's assuming you were able to get the information uploaded into your EMR, it says, "Do you have any legal obligation to respond to critical readings?"

Dr. Janine Bera ([41:24](#)):

That's an interesting question. I guess I would look at it more as we'd have a medical responsibility to reach out to the patient. But I wouldn't know if we'd have a legal. Also, I guess I would know if we ended up doing that. So I didn't explore that. Our responsibility, I feel, was to educate the patient that when they saw a reading that was in the dangerous range, either too high or too low, that they needed to call in. And then what we have at our call center is advice nurses who take those calls and then would take care of the patient and direct them as needed.

Dr. Janine Bera ([42:08](#)):

If someone, of course, comes into the health center and the health educator is having a person do blood pressure that's dangerous, then they work along with the primary care provider in that health center to see and take care of the patient.

Philip Springfield ([42:27](#)):

Thank you. And this question kind gives back into follow up, working with patients. It says, "How do you navigate patients who are not engaged or not utilizing the devices or are having technical difficulties with cuff?"

Janet Ramirez ([42:48](#)):

Yeah, I can answer that one. Since they see the health educator, when they see the health educator they also have them check their blood pressure as they're meeting via Zoom, virtually. And when we are following up with the patient, if they miss a visit, we are looking at that. We can also see who has been taking their blood pressure and who hasn't. That's the nice part about going into the actual portal where we can see who has been doing their readings or not. So that is also a way that we follow up with that.

Janet Ramirez ([43:22](#)):

Unfortunately, some patients, we do just lose contact. And those that are lost to follow up, we do send out a letter explaining to them you missed your appointment. Want to make sure everything's fine. Please go ahead and give us a call to schedule or follow up with us. But that's as much as we do. We try to call them. And if not, we send them a letter.

Philip Springfield ([43:47](#)):

Thank you. I saw that Meg just added some insights, just around that whole legal responsibility. So that's in the chat there. Thank you so much, Meg. And I think I'm down to my last two questions. So the first one is, how you define completing the program?

Janet Ramirez ([44:08](#)):

Yes. Completing the program means that they saw the health educator for the visits that they agreed on, and that they have follow-ups with the provider at least once, for their blood pressure.

Philip Springfield ([44:26](#)):

And the last one is, did you provide a demographic breakdown at the beginning? I guess this person would like to know a little bit more about your patients. Did you have any information on maybe if anywhere unhoused or anything like that specifically?

Dr. Janine Bera ([44:42](#)):

Not yet, but we will be doing that analysis.

Philip Springfield ([44:50](#)):

Perfect. Awesome. I don't believe there's any other questions. I'll give folks just an extra minute to put it in the chat or the Q&A, if you would like to ask our esteemed panelists any additional questions before we go. But this was definitely great and insightful. I'm definitely glad to highlight your organization as we wrap up the Telehealth Office Hour for this season. Just because remote patient monitoring was not on our list up to-dos, but I think this definitely gave us great insights to how you can uphold it at your own health center.

Philip Springfield ([45:24](#)):

So with that, I want to go ahead and thank again, Janet Ramirez and Dr. Janine Bera with WellSpace health, in sharing this great presentation with us. We will go ahead and get this recorded for you all. So that way you are able to view it at a later time. As Alyssa did say, these slides were sent and shared earlier today, but we'll make sure to do that at the conclusion of today's call as well. So thank you again, everyone. Take care and we hope to see you either at CHI or another training event.

Janet Ramirez ([45:53](#)):

Thank you.

Philip Springfield ([45:54](#)):

Thank you.