NACHCs Telehealth Office Hour

October 14, 2021
NACHCs Finance, Operations Mgmt and IT Conference (FOM/IT)

Leveraging the Lessons from COVID-19: How Community Health Centers Shape the Future of Health Care

October 19-20, 2021

The conference will showcase practical tools, cutting edge strategies, and technology to address financial and operational challenges of today and the future. The conference will highlight high-performing health centers that are innovating and boldly re-defining what community health looks like in action and practice.
NACHC supports several user groups for Health Centers that utilize various Electronic Health Record (EHR) platforms. These user groups provide a vehicle for health centers to meet and discuss common issues, share experiences and gain valuable insight on accomplishments and best practices.

Supported Vendors:

- athenaOne
- athenaFlow/athenaPractice (formerly Centricity)
- eClinicalWorks
- Greenway Intergy
- NextGen Healthcare

Benefits of joining an EHR User Group:

- Connect with other Health Centers who use the same EHR platform as you do.
- Discuss issues and enhancements that are most important to Health Centers.
- Groups are led by Health Centers, HCCN’s and PCA staff on a voluntary basis.
- Online forums to exchange ideas, lessons learned and best practices.
- Groups meet both virtually and in-person.
- NACHC provides support via WebEx, conference calls and meeting space at our major conferences.

Questions? E-mail: PStringfield@nachc.org
The Raised Hand Feature

- To use the raised hand feature, please click on the Reactions icon.
- We will unmute you so that you can ask your question.
- Please make sure your audio is connected in order to participate.
Q&A Feature

- The Q&A feature is available to ask questions or make comments anytime throughout today’s Office Hour.

- We will answer as many questions as possible.
Today’s Session: Optimizing Telehealth Workflows

Making telehealth a smooth, streamlined process from scheduling to virtual checkout, is critical in health center operations as it impacts both revenue and patient satisfaction. This session will focus on how current telehealth appointments are scheduled, how to strategically work in telehealth visits into operational workflows, and ensure patients and staff are prepared for their virtual visits.

Presenters:
• Amanda Laramie, COO, Coleman Associates
• Adrienne Mann, RN, BSN, CInO, Coleman Associates
Optimizing Telehealth Workflows

October 14th, 2021
Coleman Associates
Coleman Associates
Presenters

• Adrienne Mann, RN, BSN, CinO

• Amanda Laramie, COO
Agenda Today

1. Scheduling Strategies for Telehealth
2. What We Are Seeing - a Case Study
3. Strategies to Increase Video Visits and Patient Satisfaction
4. Q&A
Scheduling Telehealth Visits

How do you prevent issues from the beginning?
These steps do not have to be linear. Some teams re-order these steps.
**Telehealth Scheduling**

<table>
<thead>
<tr>
<th>Patients</th>
<th>Better with Telehealth</th>
<th>Better In-Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patients at risk of infection - This can be during a pandemic for average patients or for immunocompromised patients during normal times</td>
<td>• Patients who are in good health and need a physical exam</td>
<td></td>
</tr>
<tr>
<td>• Patients who have difficulty with transportation or live prohibitively far away.</td>
<td>• Patients who are in a potentially dangerous situation at home</td>
<td></td>
</tr>
<tr>
<td>• Patients who are contagious and don’t need a physical exam - follow internal policies for treating possible COVID-19 patients</td>
<td>• Patients who can’t take their vitals at home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patients without a working phone, smart device, or internet access</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patients (or caregivers) who are unable to consent to remote treatment</td>
<td></td>
</tr>
<tr>
<td>Visits</td>
<td>• Cold and Flu symptoms - Follow internal policies for caring for possible COVID-19 cases</td>
<td>• Lab and Vaccine Visits - though these can be completed in a drive-thru visit to supplement a telehealth visit - Hybrid</td>
</tr>
<tr>
<td>• Nausea and Vomiting</td>
<td>• Prenatal visits that require fetal heart tones, ultrasound, or labs</td>
<td></td>
</tr>
<tr>
<td>• Skin Conditions</td>
<td>• Newborn visits</td>
<td></td>
</tr>
<tr>
<td>• Uncomplicated UTIs</td>
<td>• Wound Care visits</td>
<td></td>
</tr>
<tr>
<td>• Uncomplicated Yeast Infections</td>
<td>• Palliative and Hospice Visits- ideally these are home visits if allowed by regulations and internal policy</td>
<td></td>
</tr>
<tr>
<td>• Birth Control</td>
<td>• Hospital Discharge or Surgical Follow-Ups- though these can be supplemented with telehealth</td>
<td></td>
</tr>
<tr>
<td>• Behavioral Health Visits</td>
<td>• Procedures</td>
<td></td>
</tr>
<tr>
<td>• Psychiatry Visits</td>
<td>• Controlled-substance refills</td>
<td></td>
</tr>
<tr>
<td>• Stable Chronic Care Visits - Hybrid</td>
<td>Note: Some of these visits require the organization to develop internal policies and protocols to guide presumptive treatment based on symptoms without confirmatory testing.</td>
<td></td>
</tr>
<tr>
<td>• Hospital/ED Follow Up Visits - Hybrid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Do you engineer a certain % telehealth or do you just let patients decide???
Dedicated Telehealth Sessions

Most organizations are making these decisions based on provider schedules and/or space concerns... but can you be intentional about it?
Tele-Jockeying

• Flip scheduling conversations to telehealth visits if the provider is available

Complete pre-registration at the time the patient calls

Pre-reg does a warm hand-off from the patient to the MA

MA routes the patient to the provider

This works great for dental too when there are openings!
When in Doubt, a Primo Tactic: Polishing

Polish the patient schedule by asking of every single appointment:

- **W** Does this patient/parent *want* to be seen in person or can they be seen via telehealth?
- **N** Does this patient/parent *need* to come in? If so, can it be done via telehealth?
- **K** Will this patient/parent *keep* this appointment?
Next Level Scheduling

What we’re learning:

1. Telehealth Visits may require different scheduling practices.
2. Schedules may need simple templates i.e., all 20-minute visits.
3. Simplified schedules improve patient access and are more closely aligned with average telehealth cycle times in the range of 12-18 minutes.
Next Level Scheduling

What we’re learning:

4. Warm handoffs are trickier with telehealth but just as important to meet patient behavioral health needs.

5. Support staff can work from home also to provide telehealth. *But they may need their own telehealth platform logins like clinicians.

6. There’s a need for broader roles amongst support staff to limit multiple calls to patients
What we are seeing...

A Case Study
Acronyms we use to evaluate visits we track

**NVAT**
Non-Value Added Time

**VAT**
Value Added Time

**PPT**
Patient/Provider Time

**Hand Off**
# of Times
<table>
<thead>
<tr>
<th>Step</th>
<th>Time</th>
<th>Run Clock</th>
<th>Description of Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2:31 PM</td>
<td>31</td>
<td>Web reception calls pt to check in. Registration was all up to date.</td>
</tr>
<tr>
<td></td>
<td>3:08 PM</td>
<td>31</td>
<td>It checked in and informed the pt that they would call between 3 pm &amp; 3:30 pm.</td>
</tr>
<tr>
<td></td>
<td>3:11 PM</td>
<td>34</td>
<td>Pt finished getting pt ready for the appointment.</td>
</tr>
<tr>
<td></td>
<td>3:50 PM</td>
<td>79</td>
<td>Pts chart/apppt is ready for the provider.</td>
</tr>
<tr>
<td>2</td>
<td>4:01 PM</td>
<td>84</td>
<td>Provider completes apppt.</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>Provider hangs up with pt.</td>
</tr>
</tbody>
</table>

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Cycle Time = 41 mins from start of visit
Cycle Time = 84 mins from first call

NVAT. Non-Value Added Time = 76 Mins = 90%
VAT. Value-Added Time = 8 Mins = 9%
PPT. Patient Provider Time = 5 Mins = 5%
What Makes a Difference?

The day running smoothly without delay around Telehealth Visits (i.e., not keeping a patient waiting)

Smooth handoffs and virtual waiting rooms (connecting to the patient in one place)

Keeping the patient on the line with minimal waiting (not hanging up, calling back, reconnecting, multiple links)
Back to the Workflow

• Prep the patient for the visit at the time of scheduling or the day before

• Connect the provider to the patient, on-time

• Patient has their visit and schedules follow up before being disconnected
Strategies to Increase Video Visits & Patient Satisfaction
Moving to Video vs. Phone is Important!

Telehealth Visits Over Time

- 87% Phone
- 81% Video

Percent of Phone and Video Visits out of Total Monthly Telehealth Visits

Total Monthly Telehealth Visits
From 3/16/2020 - 12/17/2020

<table>
<thead>
<tr>
<th>Month</th>
<th>No. of Telehealth Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar</td>
<td>15,083</td>
</tr>
<tr>
<td>Apr</td>
<td>54,459</td>
</tr>
<tr>
<td>May</td>
<td>48,401</td>
</tr>
<tr>
<td>Jun</td>
<td>41,397</td>
</tr>
<tr>
<td>Jul</td>
<td>34,584</td>
</tr>
<tr>
<td>Aug</td>
<td>30,104</td>
</tr>
<tr>
<td>Sep</td>
<td>34,376</td>
</tr>
<tr>
<td>Oct</td>
<td>35,887</td>
</tr>
<tr>
<td>Nov</td>
<td>32,657</td>
</tr>
<tr>
<td>Dec</td>
<td>16,043</td>
</tr>
</tbody>
</table>

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Barriers to Video Virtual Visits

- Staff discomfort with the technology
- Patient discomfort with the technology
- Lack of training on the equipment and its bells and whistles
- Inefficient or spotty workflows
- Wi-Fi connectivity
- Concern about reimbursement (current or future)
## Technology Support Can Help!

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the patient log on?</td>
<td></td>
</tr>
<tr>
<td>Does the patient know who to contact in case of issues?</td>
<td></td>
</tr>
<tr>
<td>Can their device, browser, and other software support the visit?</td>
<td>Verifies that the device, software, and internet are all the same as what the patient will use on the day of the visit.</td>
</tr>
<tr>
<td>Does your vendor offer a test program or site?</td>
<td></td>
</tr>
<tr>
<td>Is the internet connection or signal stable?</td>
<td>Ensures that participants can be heard and seen clearly.</td>
</tr>
</tbody>
</table>

Ensures that participants can be heard and seen clearly.
Technology Support

How can you get ahead of the tech issues by building in tech checks at the time the appointment is made?

Can the patients access the patient portal? Can they text or email support?

What scripting does your staff use to get patients enrolled and successfully logged in?

How technology supports benefit the patient?
Telehealth “Competent”

- This is an idea borrowed from CHC, Inc in Connecticut

- After a patient has had 2+ video appointments, CHC applies a global alert called to mark patients as ‘digitally competent’

- This means that call center staff can easily set up the patient with a telehealth/video appointment without tech support
Just Ask!

• When calling patients in advance of their visit, ask the following questions:

  “How do you plan to join your telehealth visit tomorrow? Have you ever used Facetime or Skype before?”

  Do you have a smartphone or tablet?

  “Will you have reliable internet?”

  “Can you test it with me right now?”

Robust Confirmation Calls are now a form of Case Management
KEY TAKEAWAYS

• **Emerging Best Practices in Telehealth**
  • Consider tele-jockeying to utilize what would otherwise turn into empty slots
  • Consider polishing the schedule to clean it up for the most appropriate telehealth vs. in-person visits
  • Ask whether patients want, need, and will keep their visits
  • Evaluate your team communication with virtual care --- how to you prevent errors, duplication and provide a seamless visit for patients?
Q&A

• What questions do you have?
Stay in Touch

Find us at ColemanAssociates.com

Email us at Notify@ColemanAssociates.org

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Twitter: @ColemanAssoc
Facebook & LinkedIn: Coleman Associates – Patient Visit Redesign
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• Text us at #888-403-3764 for questions
Please complete the evaluation at the conclusion of the webinar.

Would you like to share a best practice from your organization? E-mail us at Telehealth@nachc.org