CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

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ADVANCING INTEGRATED HEALTHCARE

*Advancing Team Based Telehealth in RI Webinar Series:*

# Rhode Island Telehealth Sustainability Strategies – Telehealth Workflow and Etiquette“

Care Transformation Collaborative of R.I.

FEBRUARY 23,2021

# What we learned from Practice Assessment & Patient Surveys

**UnitedHealthcare Telehealth Project:**
46 Practices completed Practice Assessment; Over 900 Patient Surveys

**Top 4 things to improve telehealth:** patient education, better workflows, improved internet in community, staff training

**Top topics for webinars**: # 3 Technology/training for patients, #4 Integration into EHR, #5 Patient Engagement

**Patient feedback on how to improve telehealth visits:**

- "Calling a day before to remind me of appointment" ; "...appt. scheduled via patient portal"
- "Conversation prior to visit thru website to discuss issue(s) before visit so we can "get down to business" during telemedicine visit."
- "Actually, I thought this was best way to speak to my provider as I did not know what was wrong with me; I was worried I would infect others…I would have ended up in ER or Urgent Care Ctr."

# Presenters:

Lisa Denny, MD | **Barrington Family Medicine**

Marna Heck-Jones, Kristi Lombardo, LMHC &
Robyn Ostapow, PA | **Anchor Medical**

(Moderator) Reid Plimpton MPH, Project Manager|
**Northeast Telehealth Resource Center (NETRC)**

# Telehealth Workflow & Etiquette

**"Telehealth Workflow"** - a practice's process for setting up/managing telehealth appointments may include:

- Staff training/assignment of tasks
- Scheduling patient visit (ensuring equal access to telehealth visits)
- Pre-visit planning; Preparing the patient;"Virtual visit set-up"
- Provider conducts visit with Patient
- Closure of visit; Billing/Coding & Legal considerations

**"Telehealth Etiquette"** – considerations to ensure professional standards are maintained in virtual visits:

- Environment
- Equipment
- Communication
- Dress

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# Why Strategic Design Matters in Telehealth

**Telehealth Vision**
- –Where You Want To Go
- –Direction On How To Get There

**Strategic Alignment Across Org**
- –Digital Health Strategy
- –Payment Options (other states?)

**Leadership Buy-in**
- –Multiple CEOs & Leaders
- –Unique Physician Relationships
- –Competing Internal Initiatives

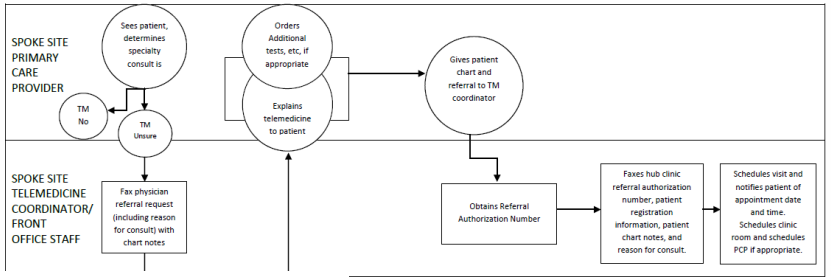
**Clear Communication**
- -Internal Marketing
- -External Marketing

**Focus on Specific Clinical Issues**
- -Access to Care
- -Program Expansion

**Success Metrics**
- -Consistent Criteria
- -Comparable Data

# Workflows, Strategic Planning, and More!

PRIOR TO CONSULT

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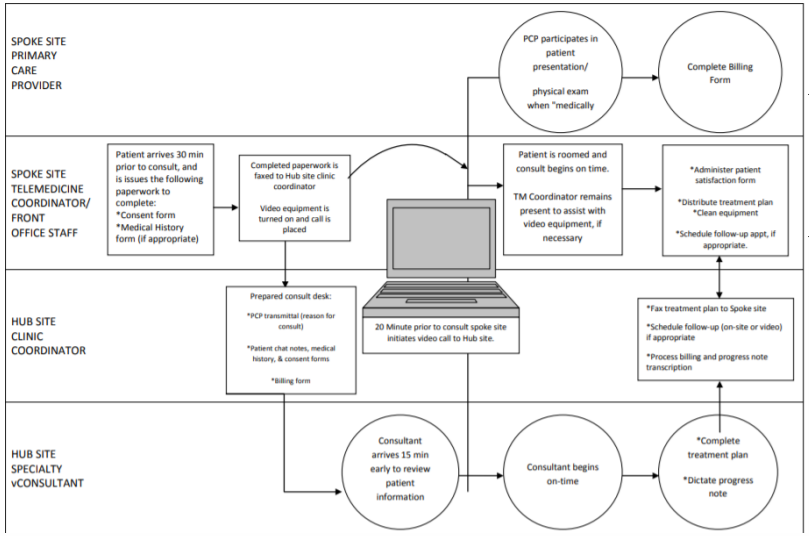
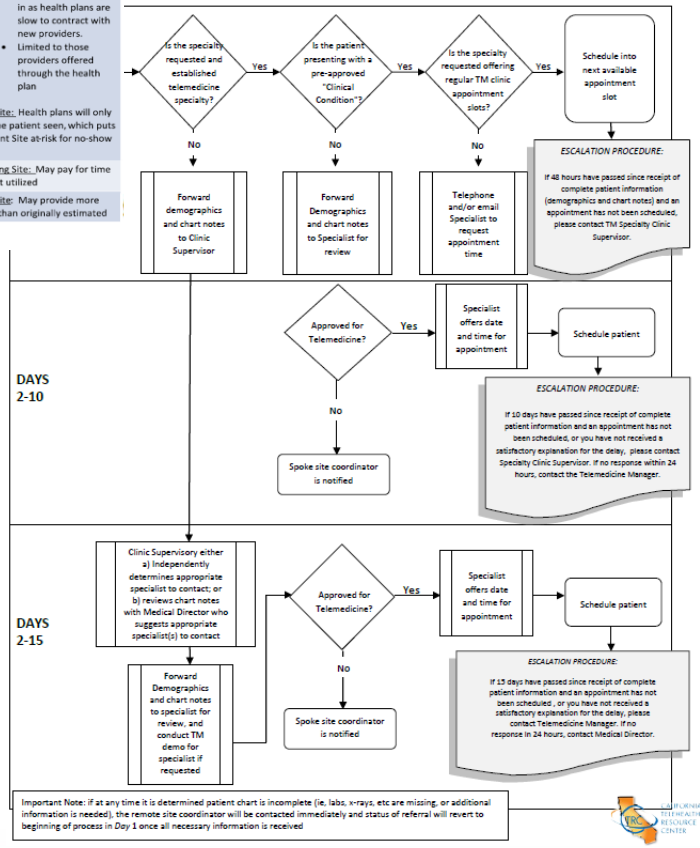



Advantages and disadvantages of the most common contracting models

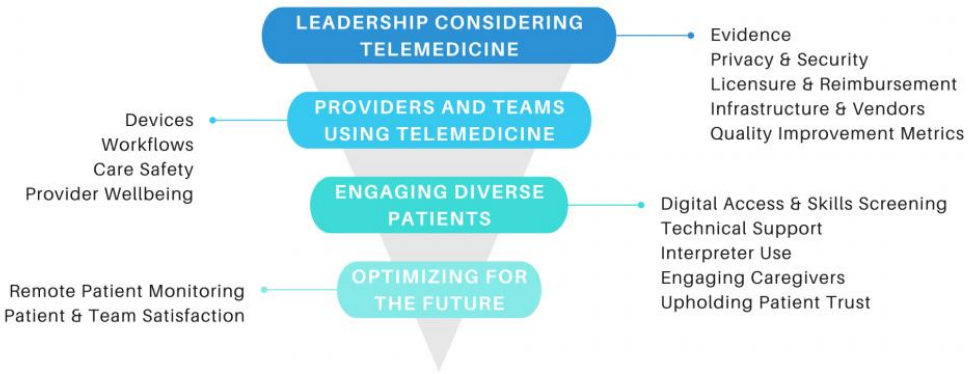
| Model | Advantage | Disadvantage |
|---|---|---|
| **Originating site purchases blocks of time from distant site** | Originating Site: Guaranteed access to specialist<br>Distant Site: Guaranteed payment for time reserved | Originating Site: Risk assumed for no-show patients |
| **Originating site pays per patient seen** | Originating Site: No pressure to fill blocks of time | Originating Site: Possible excessive wait time for appointment<br>Distant Site: Difficult to forecast volume to plan for coverage. AND Assume risk for no-show patients |
| **Originating site pays the delta between distant site's cost and collections** | Originating Site: Only pays a portion of the specialty visit cost | Distant Site: Assumes the administrative cost & burden of billing patient insurance & balance billing originating site |
| **Health Plan contracts directly with specialty service provider** | Originating Site: Most sustainable model as the originating site no longer has to pay for specialty care<br>Distant Site: Contracting with a health plan allows the specialty group to expand access to multiple sites, thereby increasing service volume | Originating Site:<br>• Initial start-up delays in as health plans are slow to contract with new providers.<br>• Limited to those providers offered through the health plan<br>Distant Site: Health plans will only pay by the patient seen, which puts the Distant Site at-risk for no-show patients. |
| **On-demand, 24/7 coverage** (hospital ED, ICU & In-patient) | Originating Site: Guaranteed access and coverage when needed<br>Distant Site: Guaranteed payment for time reserved | Originating Site: May pay for time that's not utilized<br>Distant Site: May provide more services than originally estimated |

Source: California Telehealth Resource Center; National TRC Webinar Series

TY CLINIC APPOINTMENT SCHEDULING FLOW CHART




TELEMEDICINE FOR HEALTH EQUITY



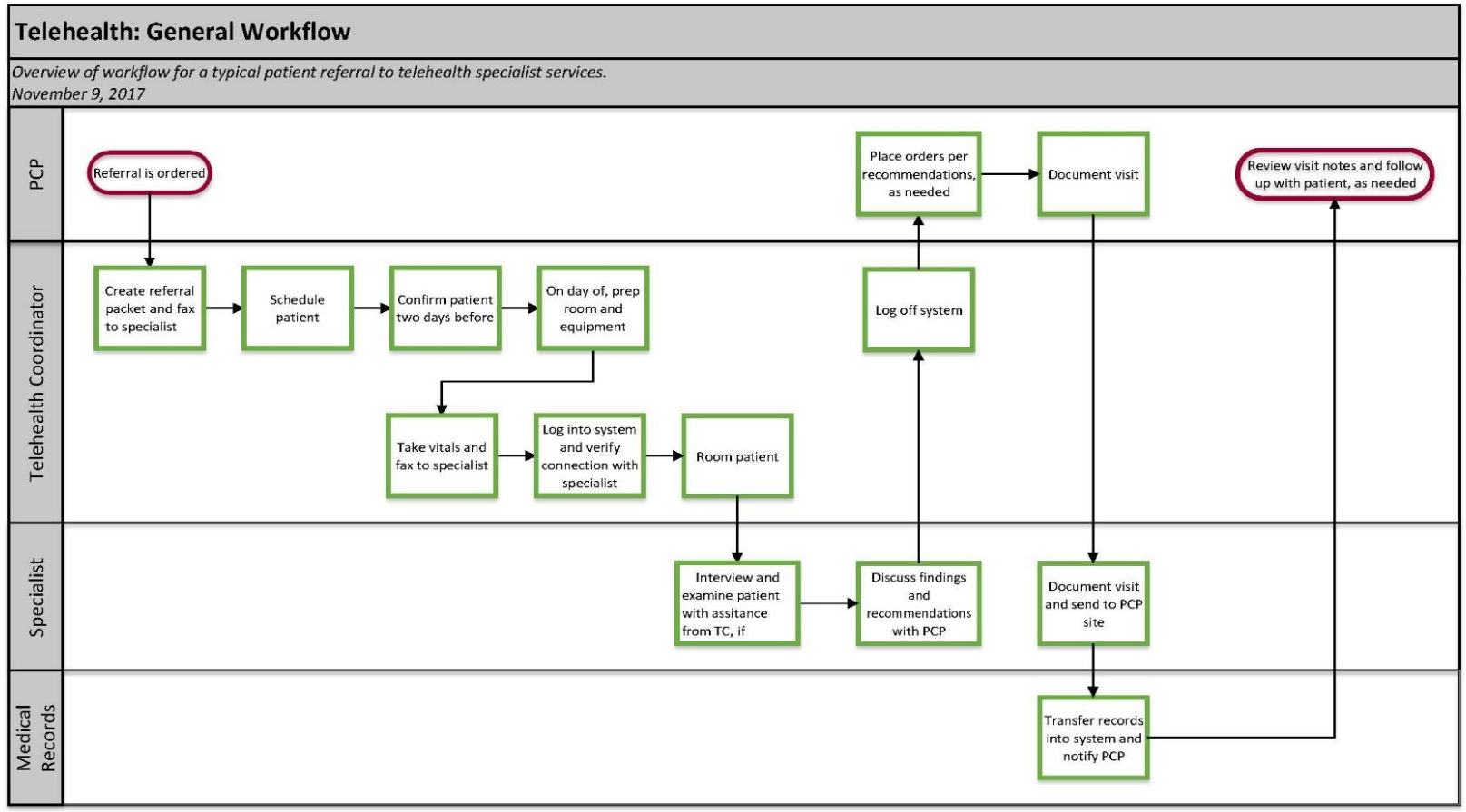
# Why Strategic Design Matters in Telehealth- Part 2

**Provider**

**Medical Assistant**

**Specialist OR NCM/BH/ Pharmacist, Etc.**

**Medical Records**



# Care Manager Contacts and Coordinates

| MON | TUE | WED | THU | FRI |
|---|---|---|---|---|
| **Review with PCP** | See & Call Patients | See & Call Patients | See & Call Patients | **Review with Psych MD** |
| **Review with PCP** | See & Call Patients | See & Call Patients | See & Call Patients | **Review with Psych MD** |
| **Review with PCP** | See & Call Patients | See & Call Patients | See & Call Patients | **Review with Psych MD** |
| **Review with PCP** | See & Call Patients | See & Call Patients | See & Call Patients | **Review with Psych MD** |

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# The Ideal Medical Practice Model: Improving Efficiency, Quality and the Doctor-Patient Relationship

PDF PRINT COMMENTS SHARE

When you redesign a practice around these principles, you can step off the productivity treadmill and focus on excellent patient care.

L. Gordon Moore, MD, and John H. Wasson, MD

*Fam Pract Manag.* 2007 Sep;14(8):20-24.

http://www.aafp.org/fpm/2007/0900/p20.pdf

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| *IDEAL MEDICAL PRACTICES* | *TYPICAL PRACTICES* |
|---|---|
| Care is driven by the patient's needs, goals and values. | Care is driven by the practice's priorities. |
| Access is 24–7. | Access is 9–5. |
| **The care team uses technology to its fullest (e.g., electronic health records, e-mail, Internet scheduling).** | The care team avoids new technology. |
| Patients can see their own physician whenever they choose. | Patients must see whoever is available. |
| The majority of the office visit is spent with the physician. | The majority of the office visit is spent waiting. |
| **Overhead is low.** | Overhead is high. |
| Patients are seen the same day they call the office. | Patients typically wait for an appointment. |
| Physicians are able to see fewer patients per day. | Physicians must generate high numbers of visits per day to cover overhead. |
| Practices measure themselves regularly. | Practices have little or no performance data. |
| Practices are proactive in their care of patients with chronic illnesses. | Practices are reactive in their care of patients with chronic illnesses. |
| Physicians are satisfied and feel in control. | Physicians feel harried and overbooked. |

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BARRINGTON TIMES

51st Year, No. 7 | BARRINGTON, R.I. / WEDNESDAY, FEBRUARY 13, 2008 | www.eastbayri.com | $1.00

# A different kind of medicine

*Barrington Family Medicine practice is small on overhead and big on personal care*

BY JOAN D. WARREN
jwarren@eastbaynewspapers.com

Barrington now has an alternative when it comes to health care options with the recent opening of Barrington Family Medicine on Bay Spring Avenue.

The practice takes a new approach to practicing medicine known as a micro practice, which offers a more personalized doctor-patient relationship than most other practices in the United States today. There are a handful of micro practices in Rhode Island, but Barrington Family Medicine is the first of its kind in the East Bay.

Barrington Family Medicine is operated solely by physicians Lisa Denny and Andrea Arena, both Barrington residents. They provide primary care for all ages — from newborns to the elderly.

Affiliated with Health Access RI, the office is staffed entirely by the two doctors, there are no receptionists, nurses, or billing administrators, therefore overhead is low.

"Without any other staff, we minimize barriers between physician and patient. The idea is to reevaluate the whole process, streamline it and lower overhead," Dr. Arena said.

The physicians depend on computer technology in the form of Clinical Works, a program that manages everything from patient profiles, billing, scheduling and ordering prescriptions. Keeping files electronically cuts down on paperwork and virtually eliminates paper files. The doctors say it also eliminates errors as well, especially when ordering prescriptions.

"At times, a pharmacist might not properly read a prescription written by a physician. This program eliminates that issue," Dr. Denny said.

When a new patient comes in, their picture is taken and put in an electric file. This way, when a patient calls or e-mails the office, the doctor's can pull up their file and put a face to a name. Patients are also encouraged to make appointments on-line and can have a "virtual care" appointment, eliminating the need to come to the office.

Both Dr. Arena and Dr. Denny are mothers of small children and know how difficult it can be to

CHRISTINE HOCHKEPPEL

Dr. Lisa Denny checks out a reccuring rash on 5-year-old Slade Crane during a house call on Wednesday, Feb. 5. Dr. Denny is one of two doctors at Barrington Family Medicine, a new practice that offers people with no health insurance comprehensive primary care for a nominal fee.

## Barrington micro practice is one of seven involved in Health Access RI

Health Access RI is a network of doctors offering people with no health insurance a way to have comprehensive primary care for a minimal fee: $25 -$30 per month. Beyond the monthly fee is an office visit fee, usually $5 or $10. Many practices also offer discounts for multiple family members and also for automatic monthly credit card payments. Here's some more information about the program:

■ Doctors: There are seven practices with a total of 21 family-medicine doctors, including Barrington Family Medical on Bay Spring Avenue.

■ What you get: 24-hour tele- yearly physicals

■ Cost: Varies by practice but usually consists of a one-time enrollment fee of $15 to $80, monthly fee of $25 or $30, and office visit fees of $5 or $10.

counted lab work, image scans (MRI) and physical therapy with our participating Health Access RI service affiliates, East Side Lab, XRA Medical Imaging and Rhode Island Rehabilitation.

## School board cuts four programs, four positions

*All-day kindergarten, Hampden Meadows "pull-out" enrichment among cuts*

BY TOM KILLIN DALGLISH
tdalglish@eastbaynewspapers.com

Last Thursday night, the Barrington School Committee unanimously approved staff and pro gram cuts t the Avoid 2008-2009 bu get, total $250,920. That cuts commensu school st resident Dr. Robert G Mede will result in the eliminati four full-time equivalent ( teaching positions scatt among the middle schools, Ha pden Meadows, Primrose H Nayatt and Sowams. Four pr gram areas will be affected by t cuts.

ON PAGE 12: Barrington reports zero retirements, standardized tests.

One is the all-day kindergarten program (known as "all-day K") in the three elementary schools —

See CUTS Page 10

### Closer look at the cuts

■ All-day kindergarten: The program is run out of all three elementary schools — Nayatt, Primrose Hill, and Sowams. The cut will impact approximately 48 students. Savings are estimated at $102,607.

■ "Pull-out" enrichment: Located at Hampden Meadows School, it is operated during the regular school day (not as part of the after-school enrichment program). Cut will impact approximately 40 students. Savings are estimated at $82,971.

■ Math specialist: Located at the middle school, the half-time position will be eliminated. The specialist provides instructional attention to approximately 18 students (s per grade, two from each cluste who are deemed to be having t greatest difficulties with math.

■ Music teacher: The full-time position being eliminated is at t middle school. Cut will impact approximately 65 students. Sa from this cut combined with th elimination of the math special are estimated at $111,247.

Obituaries/Page 29-30
Mirsa M. Bozarth
Nathan C. 'Nate' Broomhea
Frank S. Eaton

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"I receive exactly the care I want and need exactly when and how I want and need it"

"Nothing about my care needs improvement – it is perfect."

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# Rhode Island's New Law Requires Health Plans Cover Telemedicine Services

19 July 2016 | Health Care Law Today | Blog

Authors: Thomas B. Ferrante, Nathaniel M. Lacktman

Rhode Island marks the 31st state to enact a telemedicine commercial reimbursement statute. The Telemedicine Coverage Act (HB 7160B) was signed into law by Rhode Island Governor Gina Raimondo on June 28, 2016, representing a forward step for telehealth providers in a state that historically has held one of the lowest-rankings in the nation for telehealth coverage policy. The new law requires commercial health insurers in the Ocean State to cover treatment provided via telemedicine to the same extent the services are covered via in-person care. The law takes effect January 1, 2018 and applies to all policies delivered, issued, or reissued in the State after that date.

The law states as follows:

> "Each health insurer that issues individual or group accident and sickness insurance policies for health care services and/or provides a health care plan for health care services shall provide coverage for the cost of such covered health care services provided through telemedicine services. R.I. Gen. Laws §27-81-4(a).

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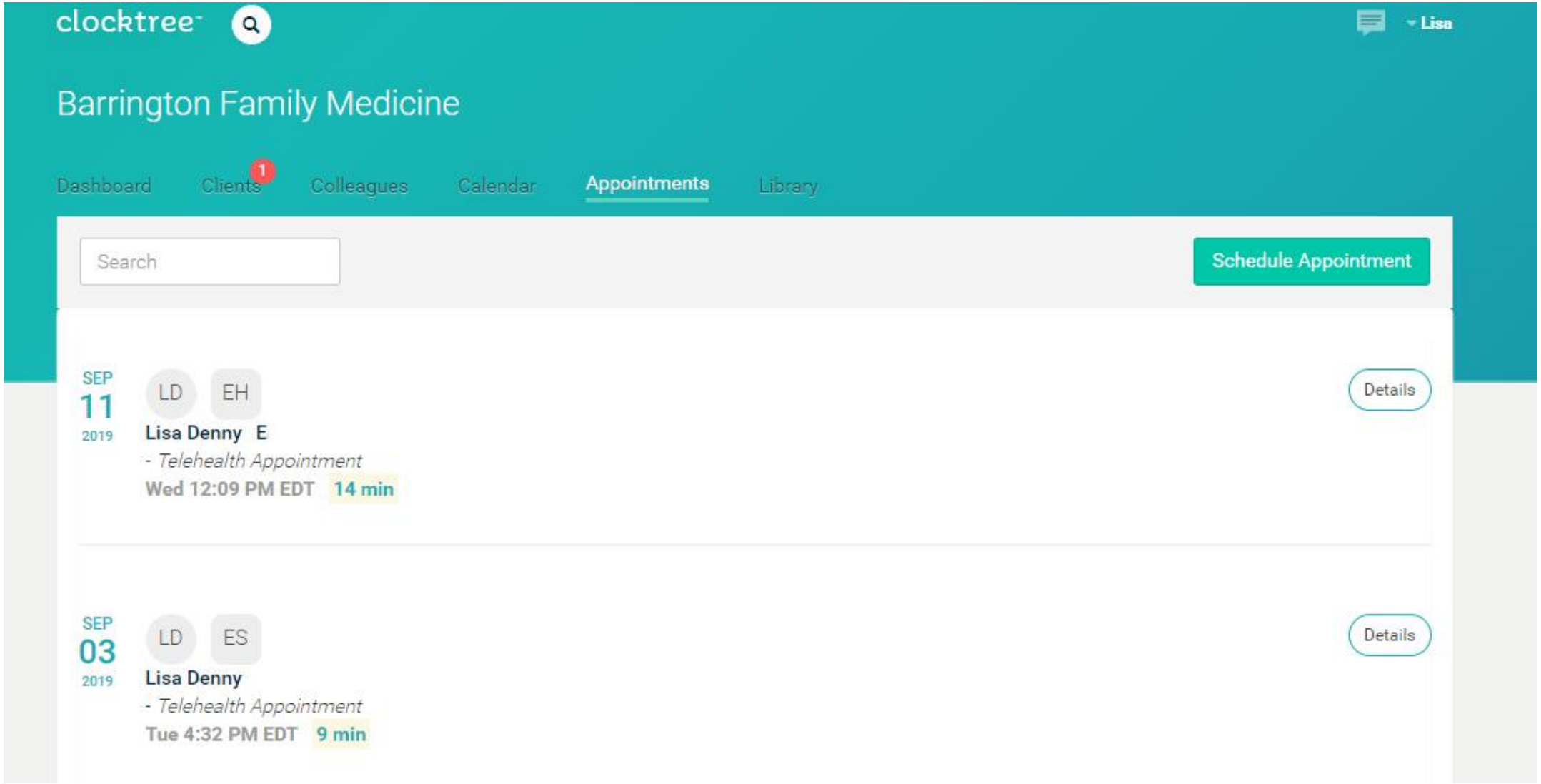

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# Meeting History

| Date | Start Time | End Time | Duration |
|---|---|---|---|
| Thu Mar 26 2020 | 12:19:44 PM | 12:37:12 PM | 00:17:28 |
| Thu Mar 26 2020 | 12:01:31 PM | 12:18:38 PM | 00:17:06 |
| Thu Mar 26 2020 | 10:33:14 AM | 10:44:26 AM | 00:11:12 |
| Wed Mar 25 2020 | 2:50:20 PM | 3:08:31 PM | 00:18:11 |
| Wed Mar 25 2020 | 1:16:35 PM | 1:29:30 PM | 00:12:54 |
| Wed Mar 25 2020 | 11:56:43 AM | 12:07:51 PM | 00:11:07 |
| Wed Mar 25 2020 | 11:17:07 AM | 11:22:19 AM | 00:05:12 |
| Wed Mar 25 2020 | 10:00:47 AM | 10:05:15 AM | 00:04:28 |

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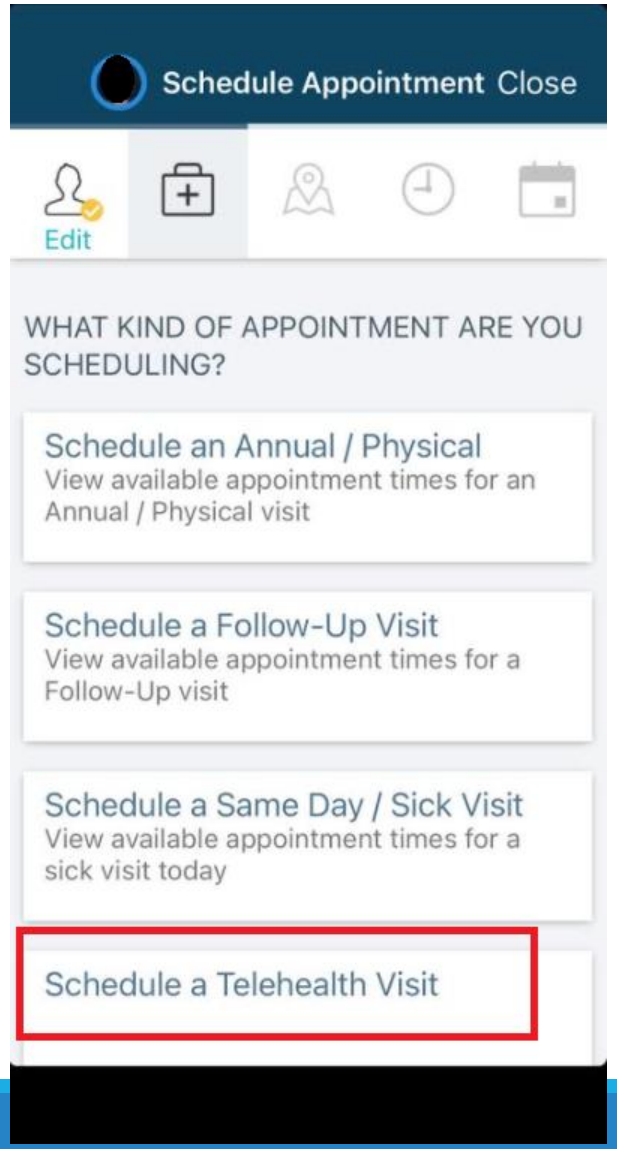


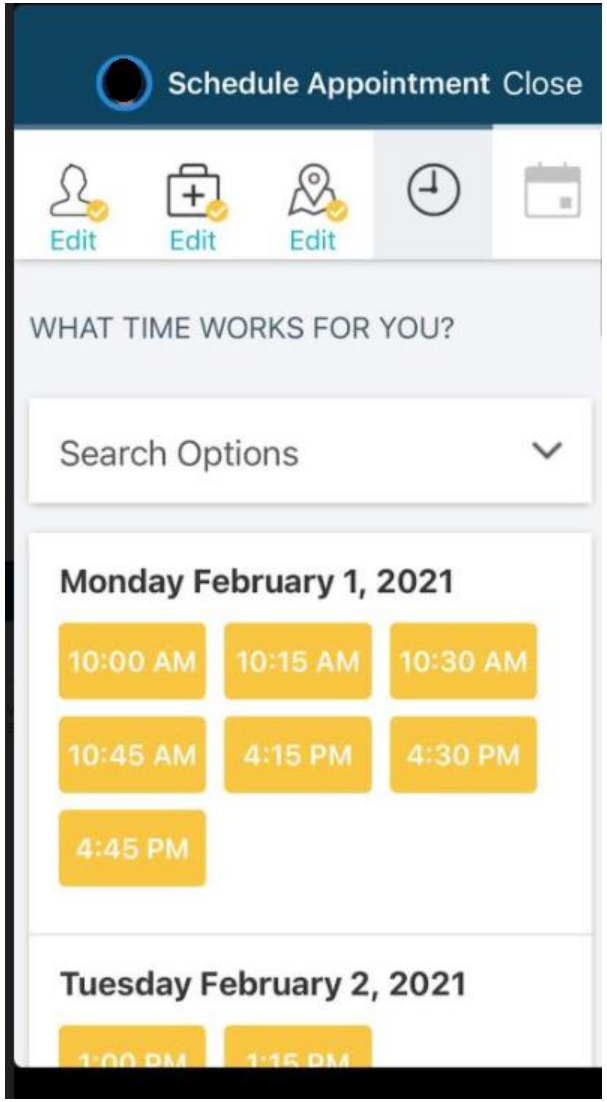


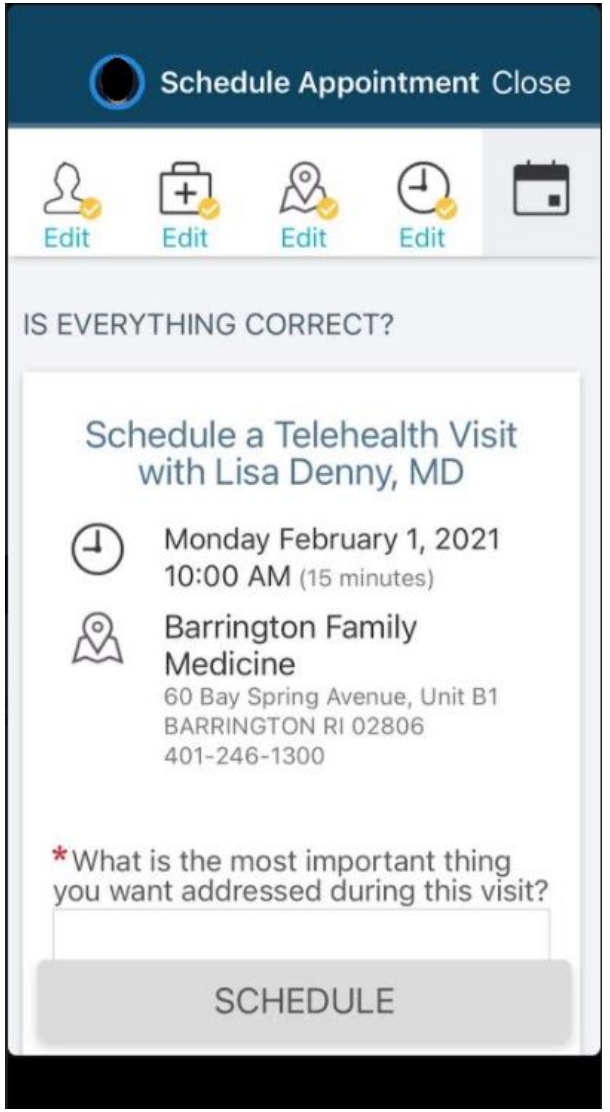


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**You** ➡ 3 days ag

Yes, if that still works.

➡ 3 days ag

has an upcoming healthcare appointment on 2/12/21 at 1:45 PM.
***Outgoing contact (Email)***

➡ Patient Appointment Schedule Request Pool 3 days ag

Glad to, but it didn't show any times available for in person....do you want me to just show up at that time?

**You** ➡ 3 days ag

Could you make this an in-person appointment? Hard to evaluate abdominal pain by video.

➡ Patient Appointment Schedule Request Pool 3 days ag

Appointment For:
Visit Type: MYCHART TELEHEALTH (118144)

2/12/2021 1:45 PM 15 mins. Doctor L Denny, MD RIPCPC BARRINGTON FAMILY MEDICINE

Patient Comments:
Sharp pain in lower right abdomen appeared 2 days ago. GI issues last six months. No family history of appendicitis, would like opinion.

*This MyChart message has not been read.*

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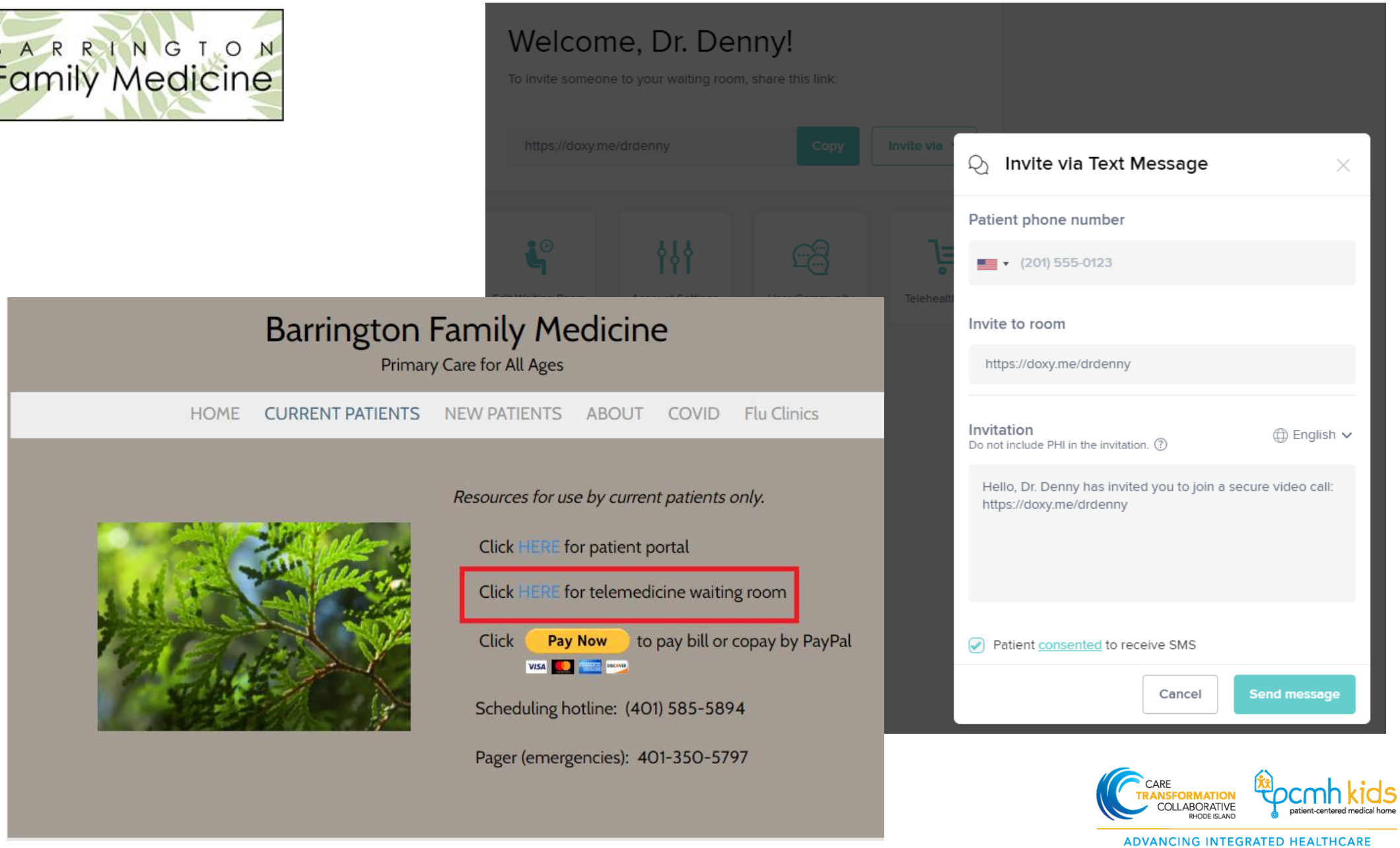


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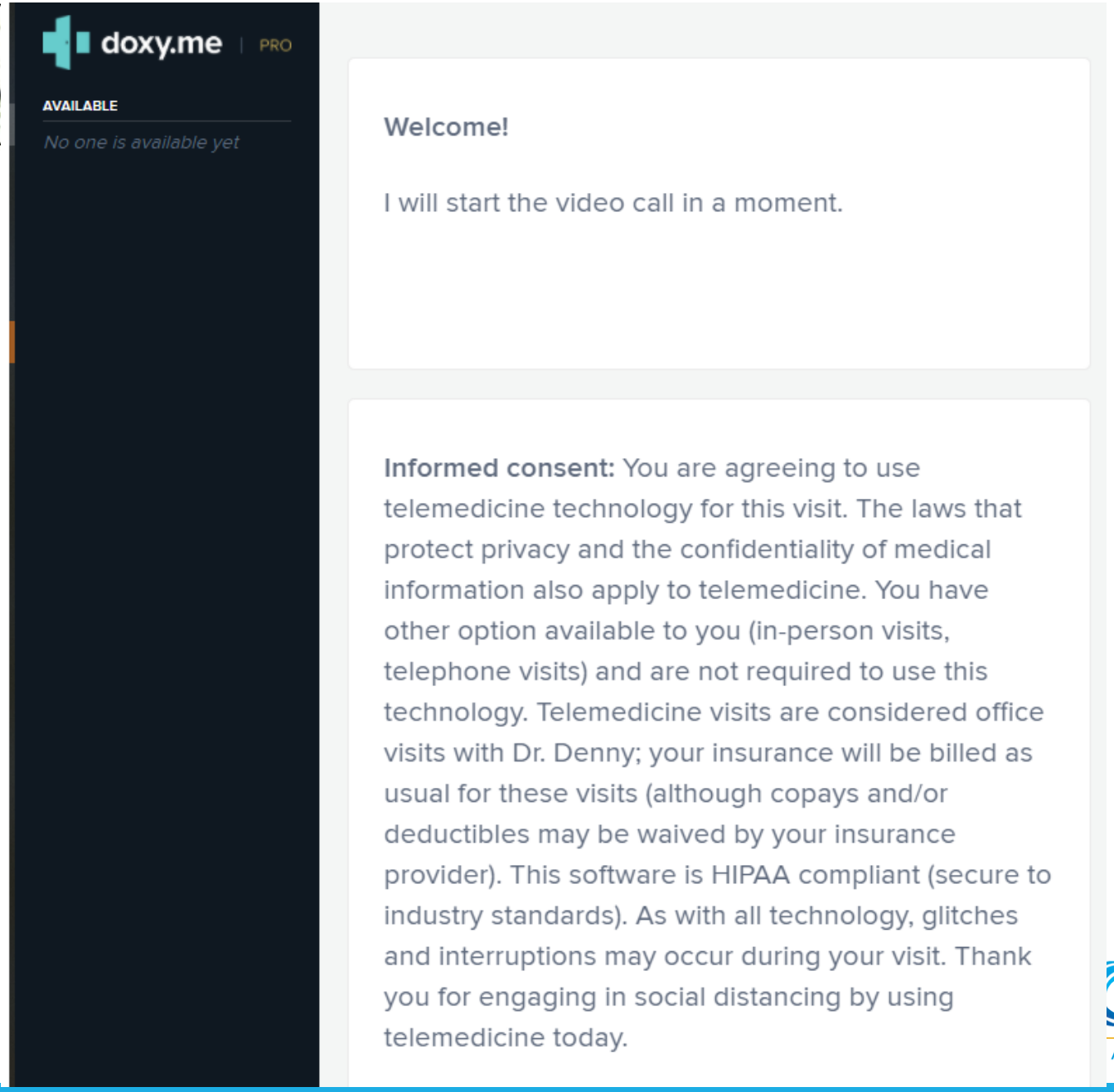


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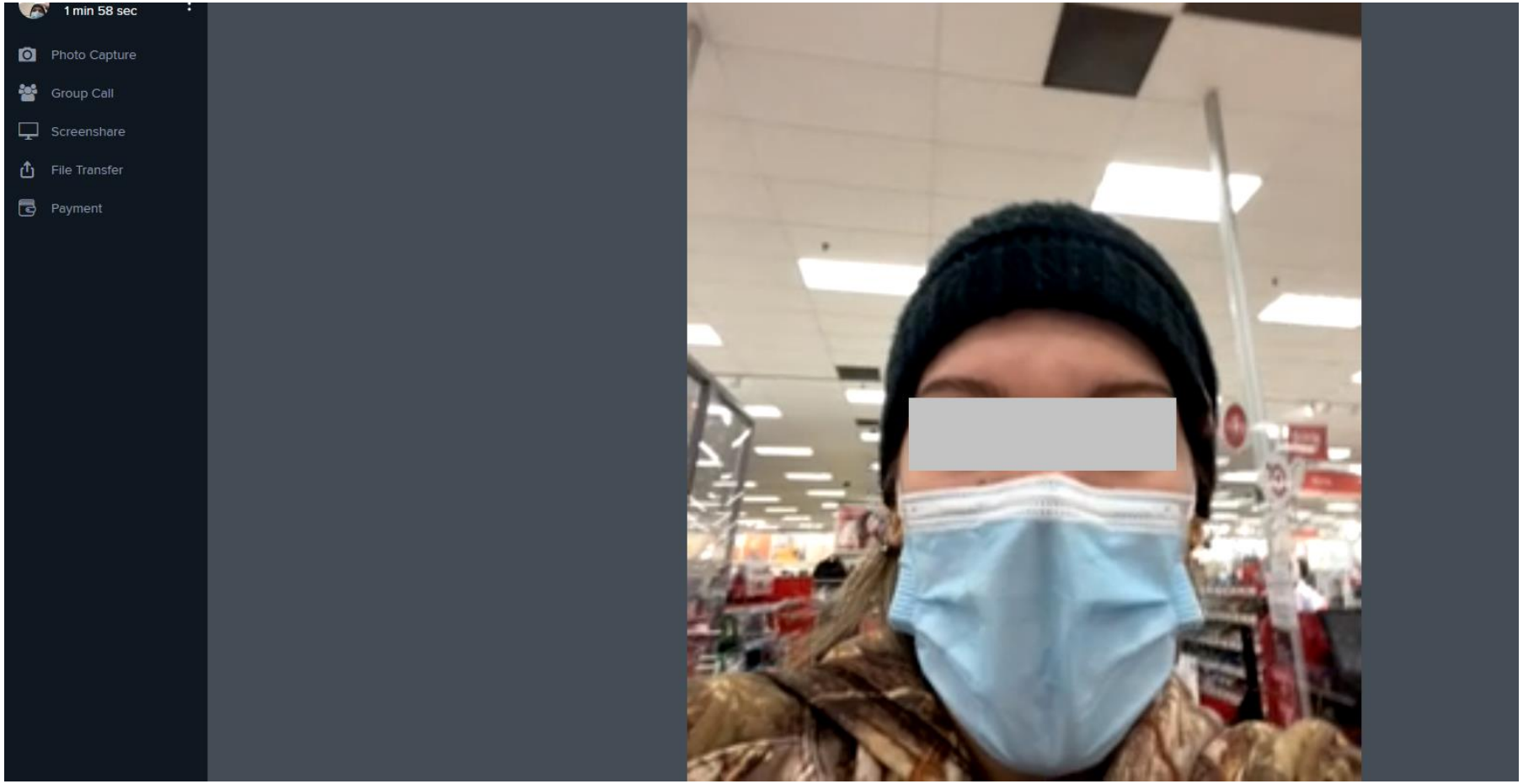


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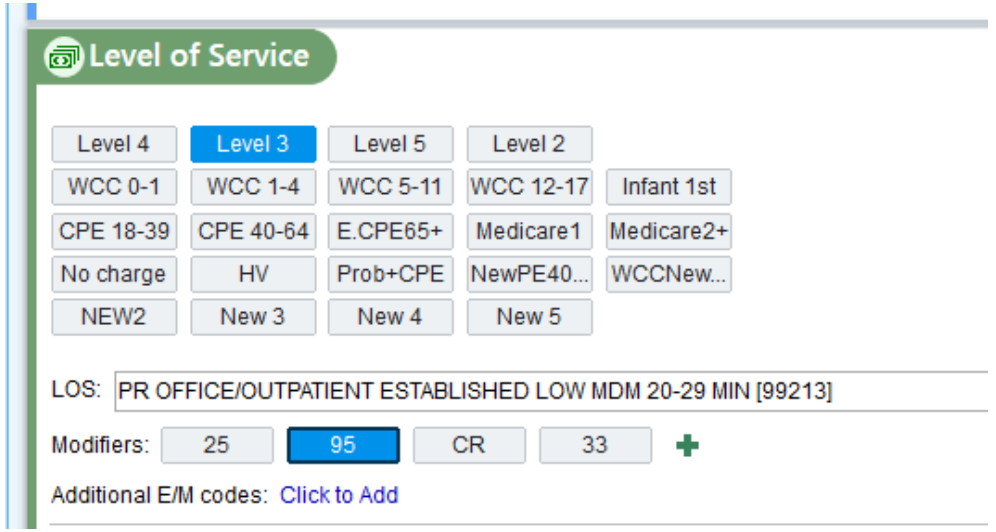
**EXAM**

**Physical Exam**
Constitutional:
Appearance: Normal appearance. She is well-developed.
Comments: **Comfortable appearing female, speaking via video from home**
HENT:
Head: Normocephalic and atraumatic.
Pulmonary:
Effort: Pulmonary effort is normal.
Neurological:
Mental Status: She is alert.
Psychiatric:
Mood and Affect: Mood normal.
Thought Content: Thought content normal.




**Assessment and Plan**
Diagnoses and all orders for this visit:

**Essential hypertension, benign**

**ADHD (attention deficit hyperactivity disorder), inattentive type**

I attest the following documentation reflects the time that I personally spent caring for this patient on the same calendar day (2/11/2021) as this encounter.
Lisa Denny, MD

*Pre-visit review of medical records:* ***
*Face-to-face time with patient via HIPAA-compliant software with synchronous video and audio components :* ***
*Post-visit documentation, coordination of care and/or completion of plan discussed at visit including* ***:
*Total time:* ***

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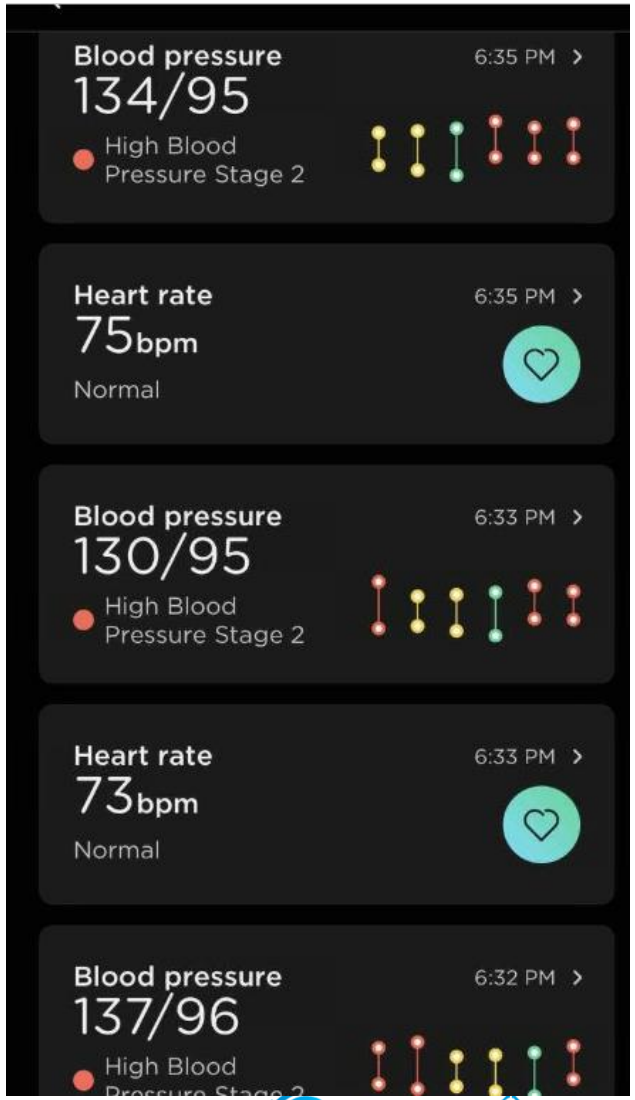
D22

| | A | B |
|---|---|---|
| 1 | | |
| 2 | | 7:00 AM |
| 3 | Anxious | 2 |
| 4 | Feeling confused | 0 |
| 5 | Restless | 1 |
| 6 | Miserable | 0 |
| 7 | Problems wtih memory | 0 |
| 8 | Tremor (shakes) | 0 |
| 9 | Nausea | 0 |
| 10 | Heart pounding | 1 |
| 11 | Sleep disturbance | 0 |
| 12 | Sweating | 1 |
| 13 | *Total* | 5 |
| 14 | 0=None | |
| 15 | 1=Mild | |
| 16 | 2=Moderate | |
| 17 | 3=Severe | |
| 18 | | |

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# A Few Quick Questions

- What was biggest challenge? How overcome? Biggest success?
- Advice for practices
- Patient Engagement/ Tech-Literacy
- Use of portals—how to encourage patient adoption especially as a small practice, what were the benefits that you saw from using the portal, what is the approach with different populations?
- How has COVID-19 Changed your long term goals?

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ANCHOR
MEDICAL ASSOCIATES

**3** Physical Locations
**4** primary clinical departments
Pediatrics and Internal Medicine
- **34** Providers
- **4** NCMs
- **1** Clinical Pharmacist
- **3** Integrated Behavioral Health Specialists
- Approximately **32,000** Patients

**EMR**: Athena Health

**Telehealth Platform:**
Doxy.Me
Athena Health

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MEDICAL ASSOCIATES

- What is Telehealth?
  - Who is appropriate
  - When to use Phone / Video
- How to provide it?
  - Platform Considerations
    - Integration
    - User-Friendly
    - Features
    - Configuration / Customization
    - Support

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- Workflows
  - Admin, Reception, Provider Roles
  - Training staff / patients
  - Pre-visit / Communication
  - Consent
  - Check-in / Checkout
  - Billing
- Where do we go next?
  - From pandemic to a forever approach

ADVANCING INTEGRATED HEALTHCARE

# A Few Quick Questions

- What was biggest challenge? How overcome? Biggest success?
- Advice for practices
- Patient Engagement/ Tech-Literacy
- Considerations for Pediatric encounters vs. Adult
- Integrated Behavioral Health Model Considerations?
- Major lessons learned from their patient needs assessment? Insights from Providers?

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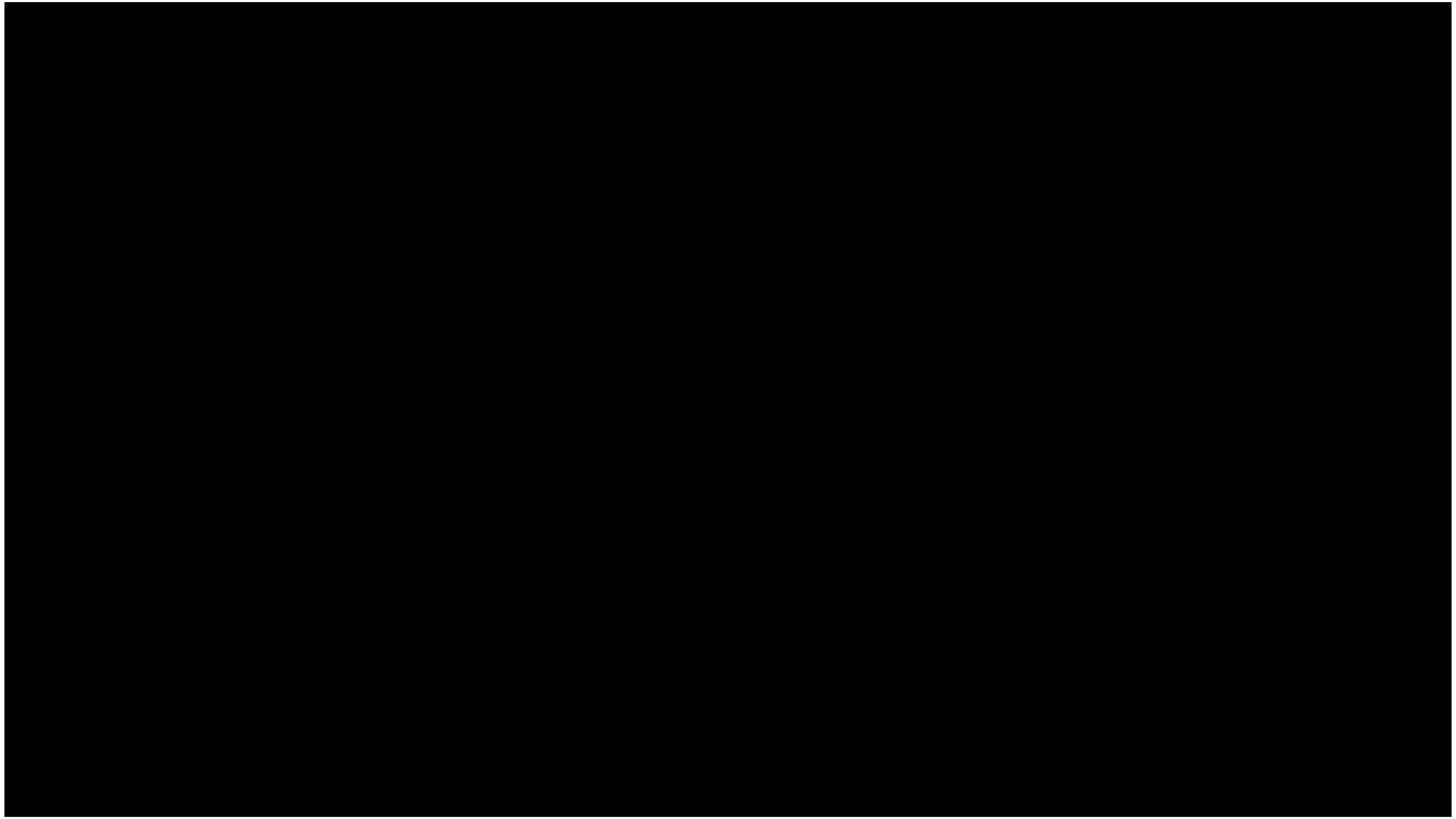

**Check out these other videos!**

- Telehealth Best Practices for Providers (Pacific Basin TRC)
- What to Expect from a Telehealth Visit (Pacific Basin TRC

# Questions?

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# Resources & Opportunities

**Northeast Telehealth Resource Center:** https://netrc.org/ - 800-379-2021
(federally funded to provide technical assistance to develop, implement, and expand telehealth services in New England, NY and NJ) ; The NETRC is proud to be a part of the National Consortium of Telehealth Resource Centers www.telehealthresourcecenter.org .

- Telehealth Coordinator eTraining, developed w/California TRC
- Northeast Telehealth Resource Center COVID-19 Toolkit

**Center for Connected Health Policy**

www.cchpca.org

**Telehealth Technology Assessment Center**

www.telehealthtechnology.org

- **National Telehealth Resource Center website**
  - Telehealth and COVID-19 Toolkit
  - NCTRC Telehealth and COVID-19
- **CMS General Provider Telehealth & Telemedicine Toolkit**
- **MATRC Telehealth Resources for COVID-19**
- **NRTRC Quick Start Guide to Telehealth**
- **AMA: A Physician's Guide to COVID-19**

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# Upcoming Webinar and CTC-RI Materials

***CTC-RI Telehealth Project Materials***- The Recording of this session, and materials for all other sessions as a part of this project can be found here: https://www.ctc-ri.org/telehealth-project-overview

***Next webinar:*** **"Strategies for Community Health Workers (CHW) & Patient Navigators to help clients overcome technology barriers and get the most out of a telehealth visit"**

**March 19, 2021; 9:00 - 10:30 am**

Register here: https://us02web.zoom.us/webinar/register/WN_JAHT-TxlS6GysnBkSipm0Q

*Questions: Sarah Summers, CTC-RI Program Coordinator, ssummers@ctc-ri.org*

# Thank you…

…UnitedHealthcare for generous funding!

…to our expert Panel!

Thank you for your participation!