



Thursday, November 17, 2022; 11:00am PT

Achieving High Quality Virtual Care

Lessons from the CalHIVE Network



California Quality
Collaborative

California Quality Collaborative

Advancing the quality and efficiency of the outpatient health care delivery system by creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder program**. Core funding from health plans sharing a delivery system.

Identifies and spreads best practices across outpatient delivery system in California

Trains 2,000 individuals from 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

Health Plan Sponsors



Today's Agenda



Review CalHIVE's technical assistance and outcomes



Hear from CalHIVE participants on their improvement journey



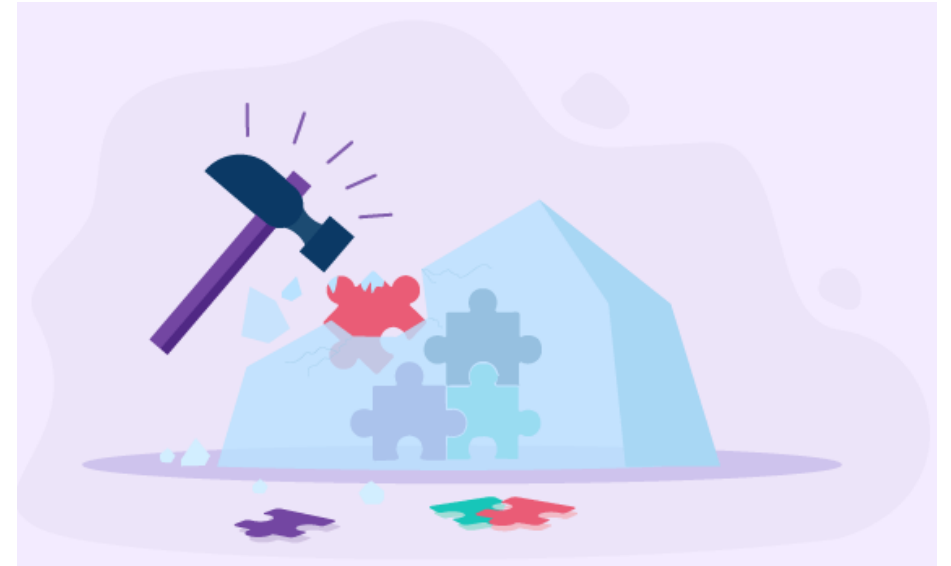
Discuss lessons that support high-quality virtual care

Reflections on Your Telehealth Experience

Please take a moment to think about your personal experience receiving care via a telehealth appointment

What aspects of your telehealth appointment made it a positive experience?

Come off mute or put your thoughts in the chat ..



Today's Speakers



Peter Robertson
Senior Director,
Practice Transformation
California Quality
Collaborative



Jose Ordonez
Data Analyst
California Quality
Collaborative



Teresa Hodgkins, PharmD
VP Quality Initiatives
Desert Oasis Healthcare



**Brian Hodgkins,
PharmD**
EVP Clinical Operations
Desert Oasis Healthcare



Nyra Khetarpal
Internist
Choice Medical Group



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CalHIVE Network

Telehealth & Virtual Care Improvement Collaborative

About the CalHIVE Network



A 2-year (Oct. 2020 to Sep. 2022) improvement collaborative supporting provider organizations in the Central Valley and Inland Empire that aimed to:

- Maximize telehealth operations to support chronic disease management
- Adopt a measurement plan for telehealth quality and monitoring
- Improve clinical outcomes and reduce variation within participating organizations (asthma and diabetes)



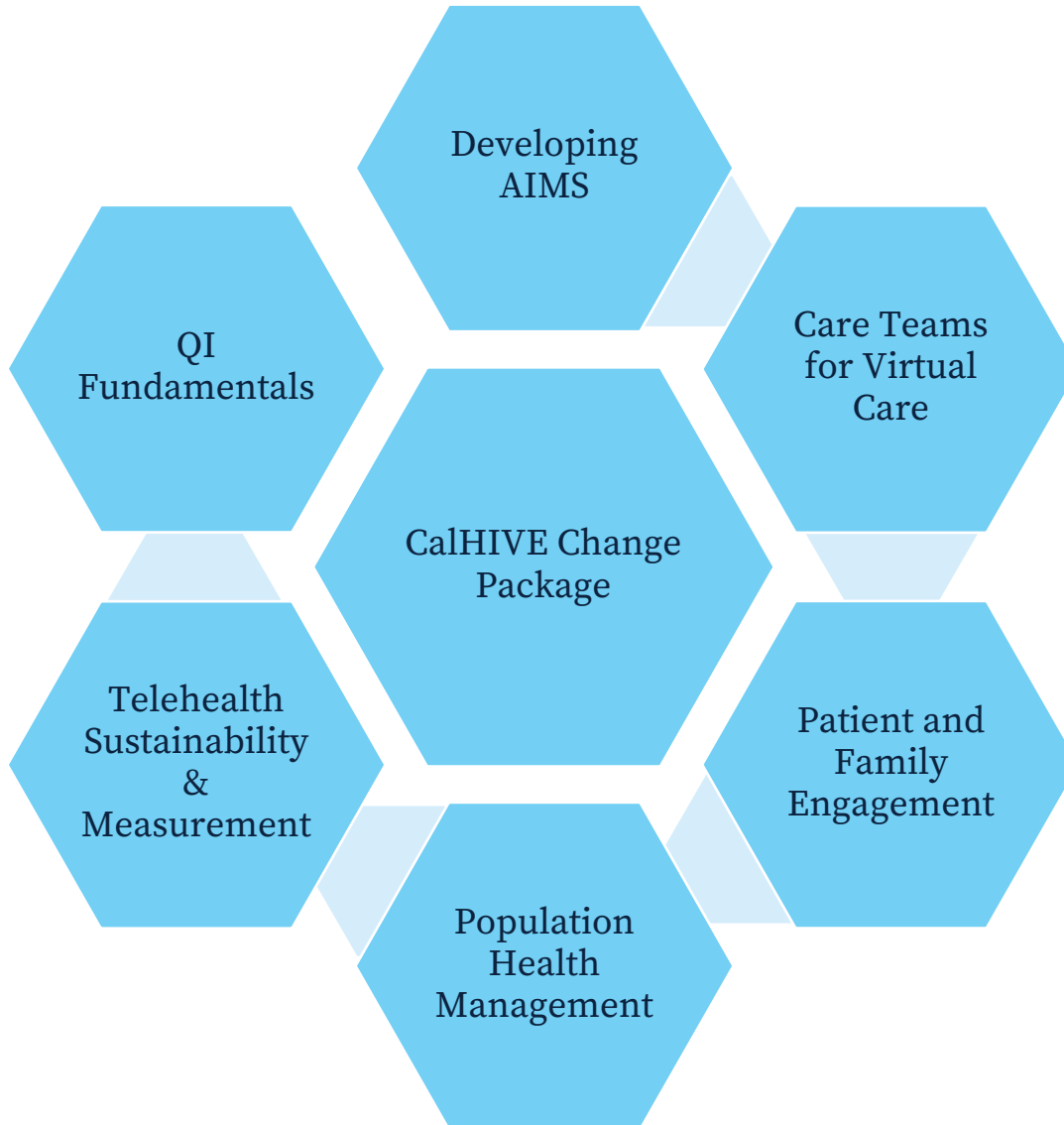
CalHIVE Provider Organizations

Participants:

- Collectively represent 1,300 primary care providers
- Care for over 700,000 Californians across all major payers - Commercial, Medicare Advantage and Managed Medi-Cal
- Represent a diverse mix of delivery organizations:
 - 4 - Independent Practice Associations
 - 2 - Federally Qualified Health Centers
 - 1 - Management Services Organization



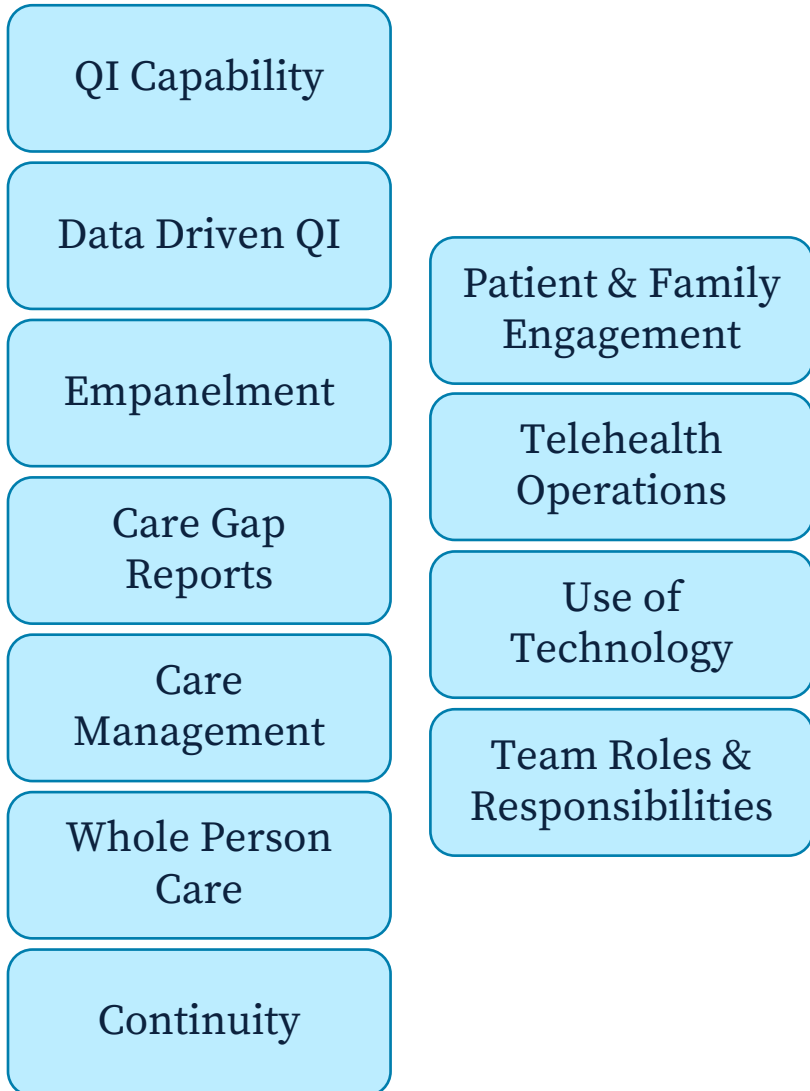
CalHIVE's Technical Assistance



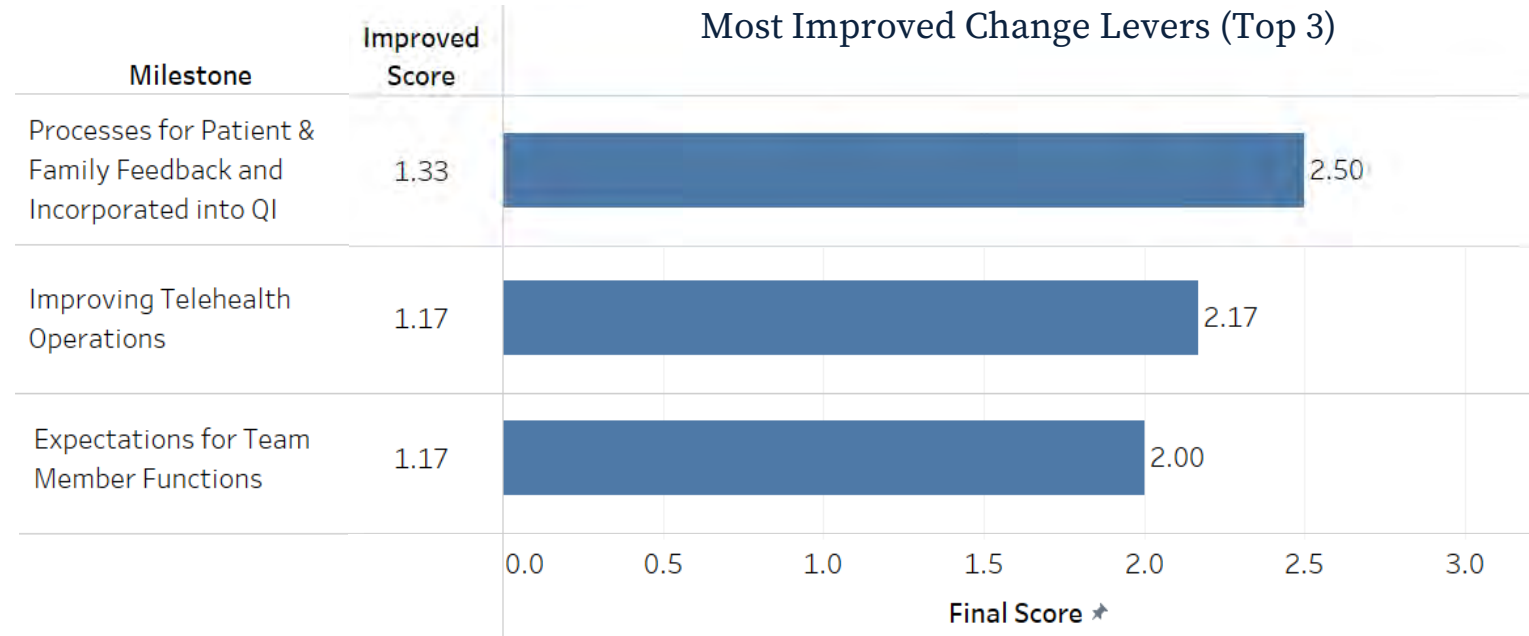
Change package components implemented over 3 to 6 month 'Learning Sprints' via a suite of technical assistance that included:

- 1:1 individualized improvement advising (coaching)
- Virtual & in-person learning events supported by subject matter experts
- Facilitated peer sharing
- Site visits
- Data driven insights supporting quality improvements

Change Package Implementation



Implementation of change package levers assessed at three points (Onboarding, Midpoint, Exiting)



Chronic Disease Management During COVID

CalHIVE Measure Set

Diabetes HbA1c Testing

Blood Pressure Control

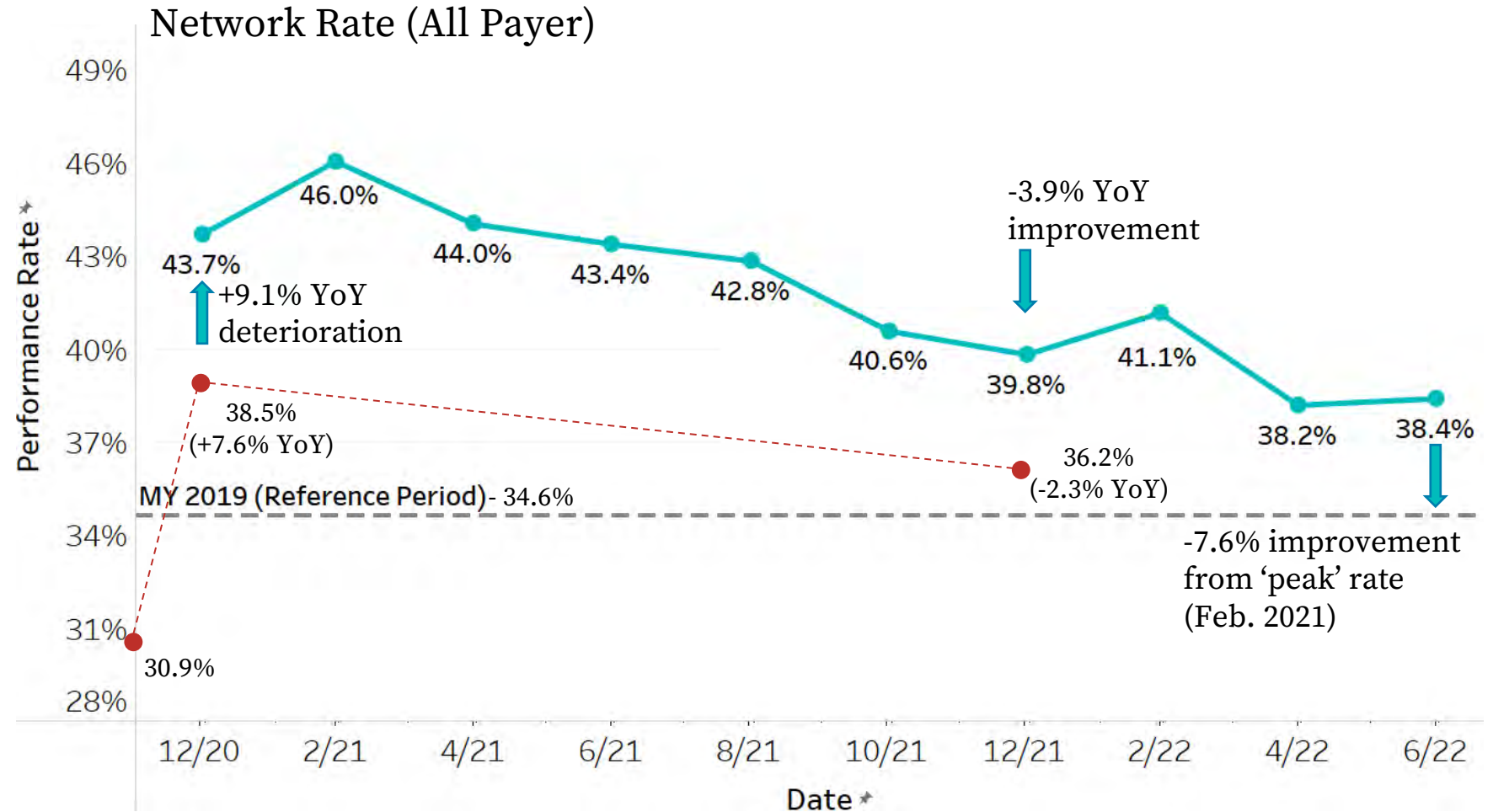
HbA1c Poor Control >9%*

HbA1c Good Control <8%

Asthma Medication Ratio

ED Utilization*

Depression Screening



●--- IHA AMP Commercial HMO (Mean)

* Inverse measure (lower rates are better)

Telehealth's Future: Lessons for Achieving High-Quality Virtual Care



Patient care is now frequently provided both virtually and in-person... now is the time to think about long-term future of virtual care.

“Telehealth is here to stay, so organizations need to commit to an ongoing investment to support it.”

1	2	3	4	5
Telehealth services require ongoing investments in people and technology and their use should support long-term priorities.	Telehealth can be an effective tool for chronic disease management when supported by seamless data exchange and integrated alongside other modalities of care.	Principles supporting high quality primary care also apply within a virtual setting but need to be redesigned to support telehealth.	Patient and care team feedback should be regularly collected and analyzed to inform a patient-centered and provider-informed approach to virtual care.	Telehealth services have the potential to address known health disparities, but data should be examined to understand the impact of virtual services on patient utilization, access, experience, and outcomes.

[Download Publication](#)

Lesson 1: Invest in people and technology

The long-term success of an organization's telehealth services requires strategic investments in both people and technology.

- How are we documenting, spreading and reinforcing telehealth best practices across our organization?
- How do your telehealth and virtual services align with and reinforce your organization's priorities?

DESERT  OASIS
HEALTHCARE



Desert Oasis integrated virtual care tools across multiple modalities of care. For example, their mobile health unit provides access to:

- Virtual appointments
- Remote patient monitoring

Lesson 2: Data exchange and integration

Technology should support a seamless experience for care teams and patients.

- How does your telehealth platform integrate with other technology solutions?
- What mechanisms are in place to ensure virtual visit data is being shared with the patient's primary care provider?



Lesson 3: Redesign workflows to support telehealth

Organizations need to reimagine their team-based approach to support virtual care.

- What distinct roles are required to support a virtual appointment? E.g., what does ‘rooming’ look like for a virtual visit?
- Who will support technology issues when they arise?
- How does an office support a schedule with a mix of in-person and virtual appointments?



In-office workflows were updated to support virtual appointments:

- Huddles were utilized to monitor and address common challenges
- A scheduling triage tool was developed to direct patients to an appropriate appointment type

Lesson 4: Collect and integrate patient & care team feedback

Organizations should regularly collect feedback from both patients and care teams on their experiences with telehealth.

- Can existing feedback channels be used to capture feedback on telehealth?
- What telehealth specific questions should be incorporated into your feedback systems? e.g., technology ease-of-use

Optum

NAMM California



NAMM Primecare utilized their annual provider survey to understand telehealth trends. Questions explored:

- Telehealth platforms utilized across their network
- Virtual appointment availability and usage

Lesson 5: Understand how telehealth impacts health disparities

Telehealth services have the potential to address health disparities, but data should be examined to understand impact on patient utilization, access, experience and health outcomes.

- Do members of the community have access to technology for virtual care?
- Are patients' language needs being met during virtual appointments?



Golden Valley Health Centers identified that non-English speaking patients were under utilizing telehealth services. In response virtual appointment workflows were updated to:

- Improve access to translation services
- Enhancing training for frontline staff



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Telehealth Improvement Stories



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Desert Oasis Healthcare

Teresa Hodgkins & Brian Hodgkins

Desert Oasis Healthcare

- Full risk model, Senior and Commercial
- Network of employed medical group and IPAs
100 Primary Providers 250 Specialists

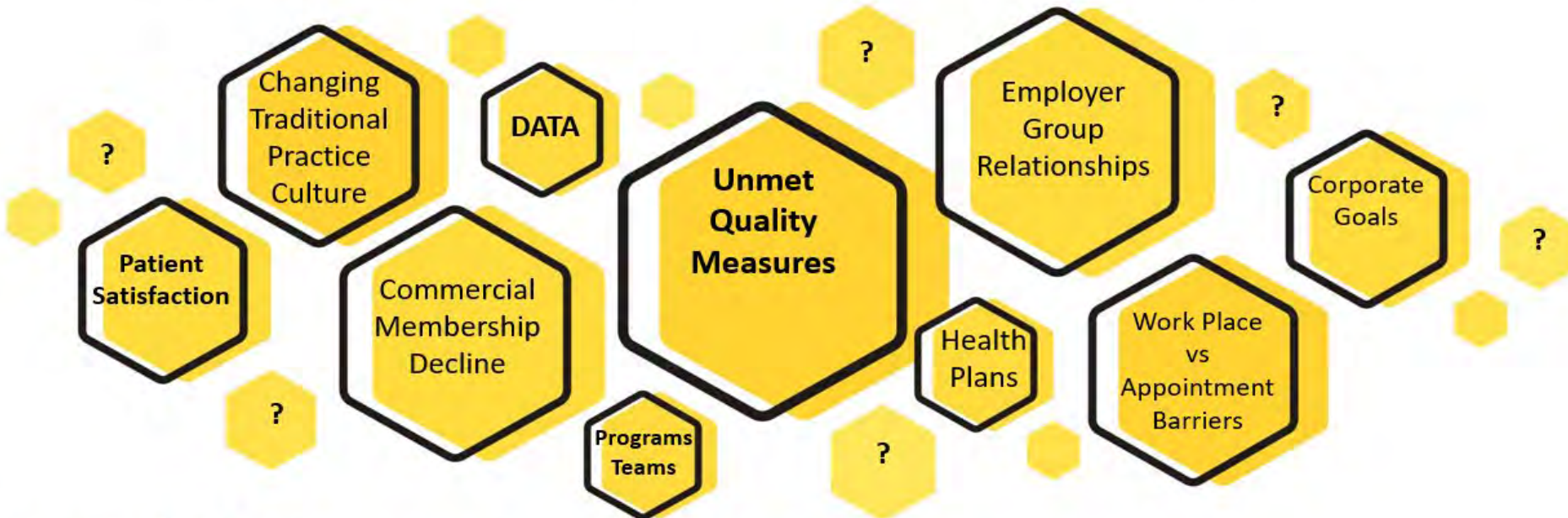


- Comprehensive, integrated healthcare services include primary, specialty, diagnostic, clinical case management, clinical disease management, medication management, behavioral health and social services
- Service area: Greater Coachella Valley Communities

The Challenge: Engaging Patients into Healthcare



Finding our **DOHC "Bee"PS**: *How Did We Get to Where We Wanted to Go*



Challenge: What Patients or Their Data Tell Us

Sample Patient: How to find a woman that hasn't seen a doctor in over 10 years?



I have insurance but don't know who my doctor is
What is Desert Oasis Healthcare, that's not my doctor



I don't know the last time I have seen a doctor

I have to work, I don't have time to take off

I go to the emergency room when I'm sick

I prefer going to Mexicali for medicine because it is cheaper



I'm afraid to find out what I might have

I'm taking my kids to the doctor next week and will use the last of my time off

DOHC Choice – A Vehicle to Reduce Barriers



Establishing Ongoing Wellness Communications

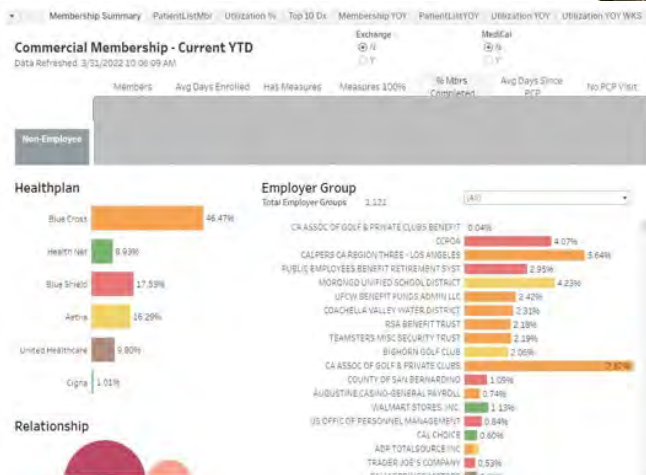


Bringing Providers to Patients



Nimble Interdisciplinary Team to Meet & Plan for Emerging Needs

Developing & Enhancing Relationship with Employer Groups



Acquire & Equip Mobile for Flexibility

Data, Data, Data

- **Uncover resources not previously shared**
- **Commercial Membership Dashboard**
- **Patient Clinical Registries**
- **Transparency**
- **Continual Feedback Loops**



**Centralized Shared Calendar
LEAN Organization Principles
(5S – Sort, Straighten, Shine, Standardize, Sustain)**

Employee	Need	200-250	Notes	Role
Jenny	1/7/21	1		Site event facilitator
Registration	1/7/21	2	Alina, Valeria	Check in/ Insurance
Appt	1/7/21	1		See Scheduling Pts
Pharm-D	1/7/21	1		See Scheduling Pts
ADJ	1/7/21	1		
Pharm/Chlren	1/7/21	1	Valencia M	Vaccine Admin
Student	1/7/21	2		Vaccine/S Screenings
AMA	1/7/21	1	Carolina, Adam	Vaccine/S Screenings
Reception			Blanca Hernandez	

DOHC Choice – Implement Mobile Unit Services



Menu of Services

- ✓ Primary Care Visit (in-person or virtual)
- ✓ Annual Senior Wellness Visit
- ✓ Vaccines (flu, COVID-19, others)
- ✓ Quality Measures
 - ✓ Retinal Eye Screening
 - ✓ ABI and EKG
 - ✓ A1Cs
 - ✓ Vitals
 - ✓ Pulmonary Function Test
 - ✓ Review for colorectal and mammography
- ✓ Health Education – nutrition, fall risk
- ✓ Marketing: Turning 65, benefit consult, service navigation, recruitment



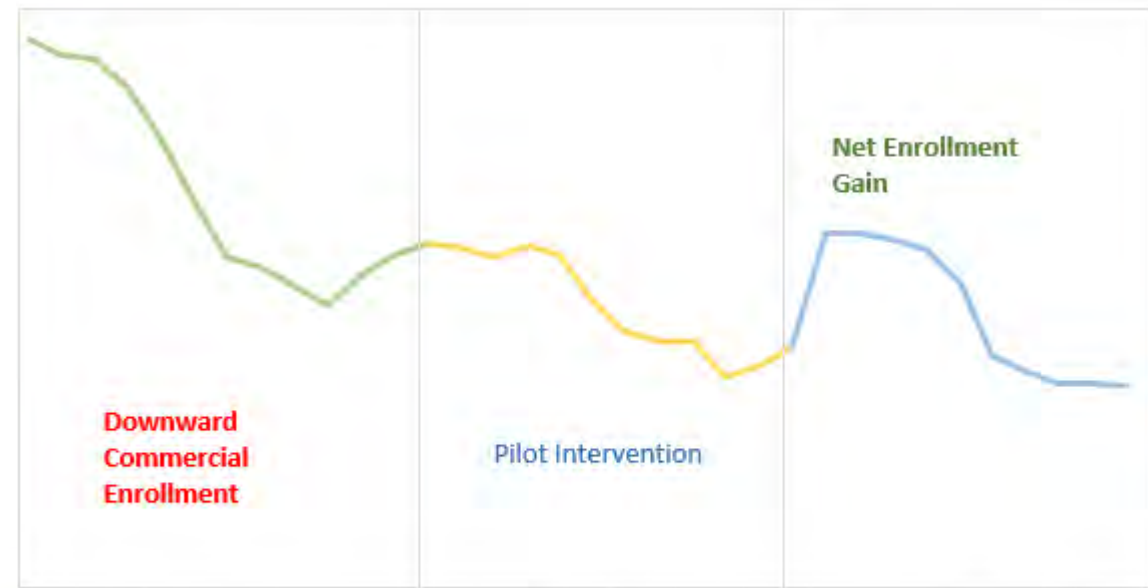
Each event is customized to the target audience and is based on understanding the data: last PCP visits, quality measures due, risk categories, barriers

DOHC Outcomes

148 Events Provided in 2022 (through September)

75 Employer Groups, 46 School District Events
 24 Senior Centers/Senior Living and community events

- COVID Vaccines: 7,553
- Flu Vaccines: 779
- T-DAP Vaccines: 322
- Health Screenings and Quality Measures Completed 1,167
- PCP Service Hours: 468
- Behavior Health Outreach (depression screening)
- Marketing Outreach (new commercial patients)
- Fall Prevention and Nutrition education/presentations



2020

2021

2022



*Hopeful
Vision*



Frustrated



don't worry
bee happy
STAY CALM



Effective Swarm (Team)

How we evolved over time

DOHC Outcomes: A Patient's Story – Success!

Fantasy Springs Casino Event:

Women's Health Week

*The event went well, I was very happy to deliver these services. **2 women had not had screenings for > 10 years so this was sorely needed.** Working in the mobile is manageable and the women did not seem to mind, they were just grateful to be able to get their screening done.*

Michelle Weaver FNP

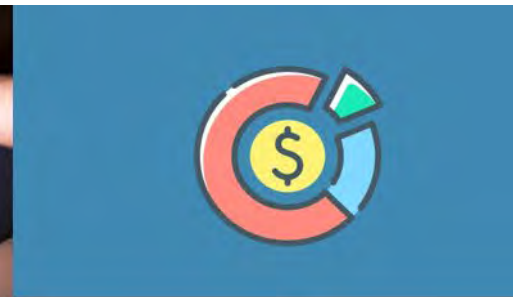
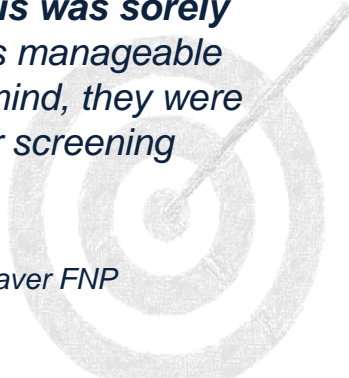
"Thank you and your staff for always taking good care of our employees." "We appreciate everyone coming along side of us in full support. We were successful because of the support we were given."

Majority of employees do not go to doctor, many go to Mexicali



"Thank you, thank you, thank you for coming out and providing these services to our Team Members. We appreciate every one of you and look forward to the next event in the spring of 2022!"

"Please thank Librado and the entire team...We had such good comments from all the staff here! Dr. Capo was a huge hit as well!"



1,300+ Employer Groups

OUR DOHC PATIENTS

DOHC Senior Management

DOHC PHARxM

DOHC Clinical and Registration

DOHC Mobile Unit Team

DOHC Employer Group Liaison

DOHC Business Informatics

DOHC NextGen

DOHC Marketing

DOHC Materials Management

DOHC MIS

DOHC Project Planning & Implementation

Heritage Provider Network (corporate)

Cal Hive Team: *Peter Robertson and Jose Ordonez*

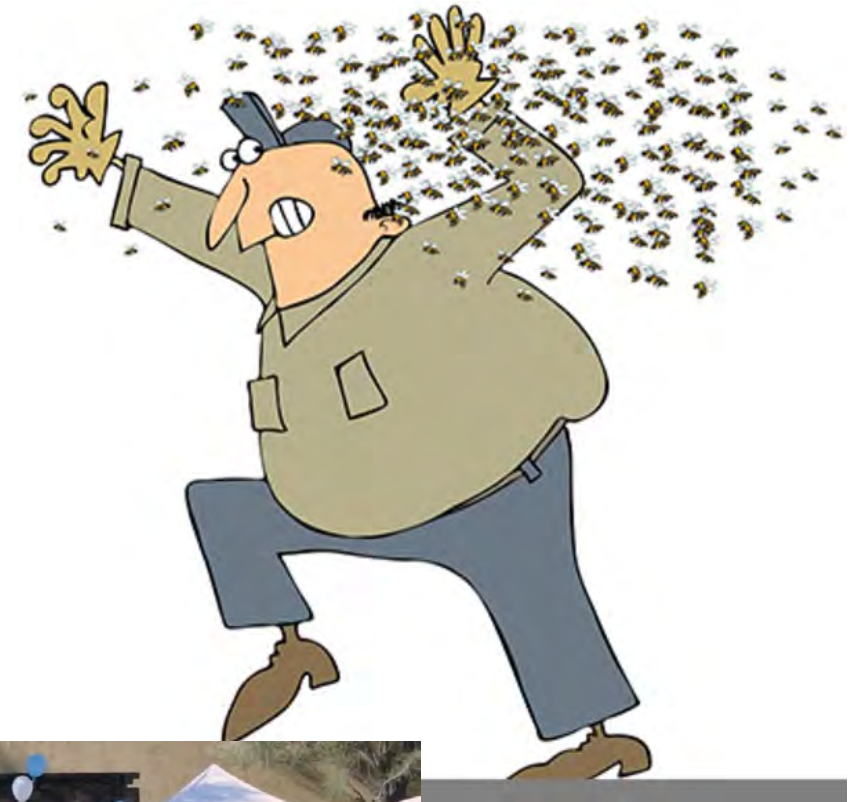
Riverside County Public Health

4 School Districts

Community and Senior Centers

Health Plans

Insurance Brokers



Thanks to the Full Team

- *If you are out there – and not being served – we are working to find a way*



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Choice Medical Group

Dr. Nyra Khetarpal

How our telehealth journey began

“Building Blocks”



Talented Care
Teams

Focus on
Chronic Care

Engaged QI
Team

“Missing Pieces”



Infrastructure
for rapid
growth

Short Staffing

Provider
Burnout

The value of Improvement Advising

- Created an environment for constructive feedback
- Dedicated space for collaboration among departments



Key changes adopted



Workflows

Telehealth
Platform

Staff Training

Cross Functional
Teams

Remote Patient Monitoring

- RPM program incorporates change levers that include:
 - Patient engagement
 - Team-based care
 - Risk stratification
 - Effective workflows
- Within Medicare Advantage population outcomes include:
 - Decreased ER utilization
 - Associated cost savings



Opportunities

- Expand use of telehealth
- Data collection and analysis
- Empowering staff to drive QI

Question & Answer



Learn More at Upcoming CQC Webinar

CalHIVE: Behavioral Health Integration Improvement Collaborative – Informational Webinar

- **Wednesday, Nov. 30th, 11:00 a.m. – 12:00 p.m.**
- [Registration Link](#)

In this webinar, you will:

- Hear an overview of the CalHIVE Behavioral Health Integration Improvement Collaborative.
- Share questions about the collaborative during a Q&A session
- Review how you can apply for the Improvement Collaborative



[CalHIVE BHI Prospectus](#)
[Download](#)

Stay Connected to CQC

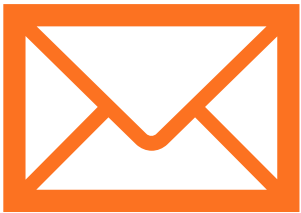


Telehealth Recommendations Publication:

[Telehealth's Future: Lessons for Achieving High-Quality Virtual Care](#)

Additional Resources

- [California Quality Collaborative](#)
- [Resilient Primary Care Webinar Series](#)



Sign up for our [newsletter](#)

For questions, **email us** cqcinfo@pbgh.org