

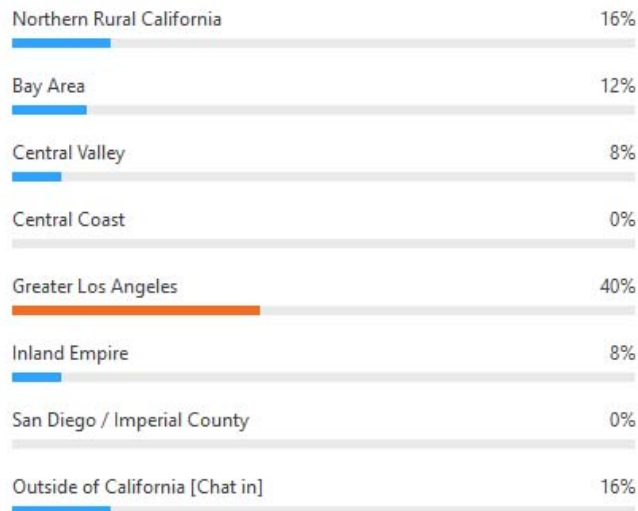
# Webinar Background

- Webinar title:  
**Patient Engagement and Virtual Care**
- Date & time: Friday, May 29, 12:00pm PST
- Target Audience:
  - IPA leaders and staff
  - Health Plans and other Partners were encouraged to join, listen and share
- Participants:
  - 66 unique attendees

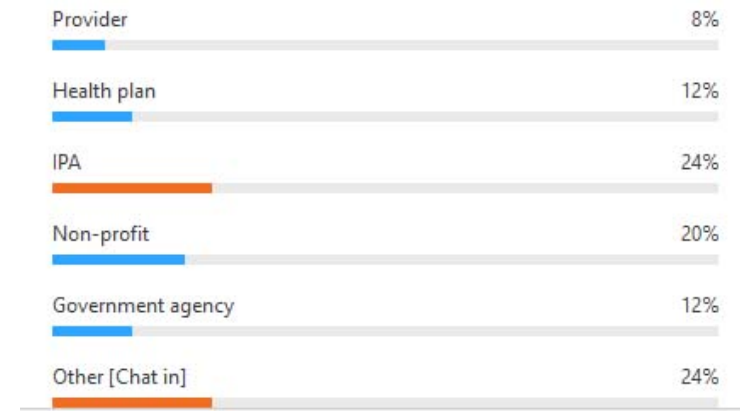
# Poll: Who's in the (virtual) room?



- From where are you dialing?

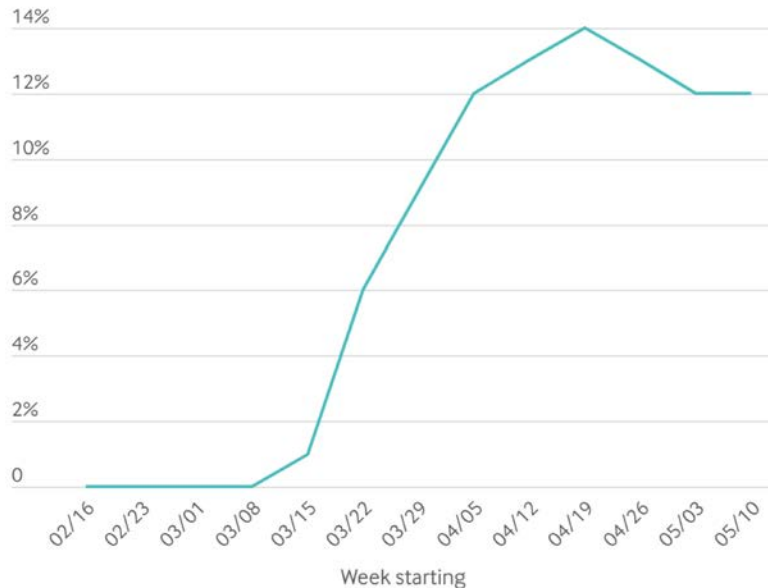


- What type of organization are you part of?



# Patient-centered virtual care

Number of telehealth visits in a given week as a percent of baseline total visits



Source: [Commonwealth Fund](#). 5/19/20

88%

percent of new telehealth users said they would use it again

Source: [PWC](#), April 2020



# Sharing and Learning: Patient Experience of Virtual Care



## Chat-in:

- Please share 2 pieces of feedback you've heard from patients regarding their experience of telehealth/virtual care over the past 2 months

## Positive:

- Very convenient: provided easy access without worrying about transportation and ease of not having to get childcare or pay for parking
- From my 80-year-old father: "We are going to continue doing video visits after this pandemic"
- Safe at home
- A pregnant colleague has been thrilled with her virtual prenatal care - saved so much time going back and forth to the doctor's office

## Not-Positive:

- Missing that in-person one on one interaction
- Technology is hard to use, lots of glitches in rapidly rolling out telehealth platforms and trying to troubleshoot with the vendors
- Multiple platforms providers are using for telehealth appointments. Inconsistency can be confusing for patients
- Privacy

# Today's Guest Speakers



**Dr. Courtney Lyles**

Associate Professor,  
Center for Vulnerable  
Populations, UCSF



**Libby Hoy**

Founder &  
CEO, PFCCpartners



**Dr. Fiona Wilson**

Supervising Clinician Specialist,  
Workers Compensation  
Division, Department of  
Human Resources,  
City & County of San Francisco

# Engaging diverse patients in digital health: Implications for telemedicine during COVID-19

Courtney Lyles, PhD  
Associate Professor, Medicine and Epi/Biostats  
UCSF

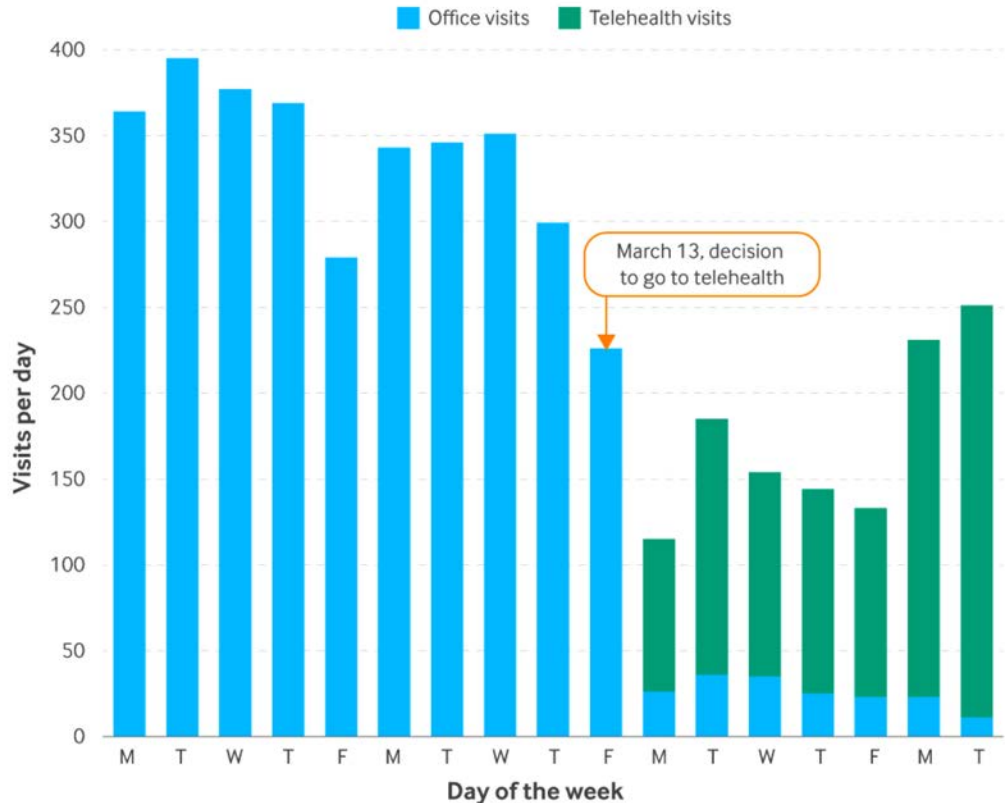
# Overview

- Rapid changes in care delivery during COVID-19
- Data on device ownership, high speed internet access, digital literacy
- Lessons learned from patient portal work
- Strategies moving forward

# COVID-19: How outpatient care has changed

- Patient-clinician interactions
  - Appointments: type, frequency, and access

Number of Visits per Day in Transition to Telehealth at One Primary Care Practice



Source: The authors

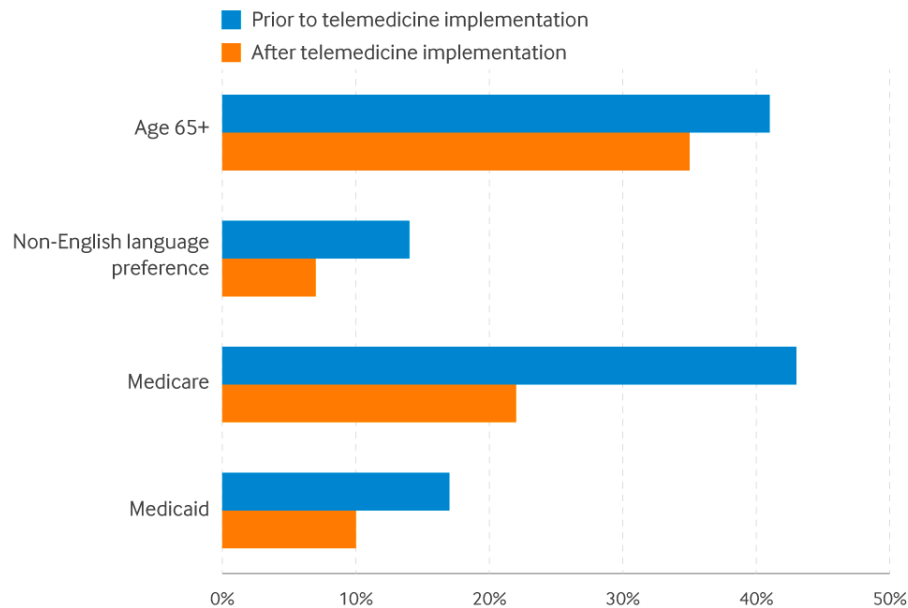
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Mehrotra et al, 2020



## Patient Visits by Age, Language, and Insurance Before and After Telemedicine Scale-Up

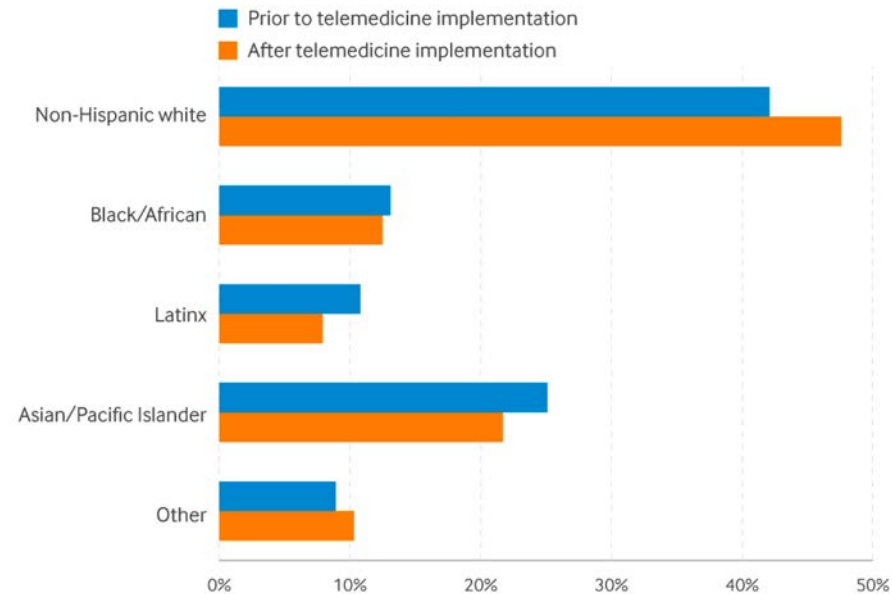
This chart shows the proportion of patient visits seen by age, language preference, and insurance type prior to (2/17–2/28/2020) and after (3/23–4/3/2020) scaled-up telemedicine implementation to address the Covid-19 pandemic at the UCSF General Internal Medicine Primary Care Practice (P=0.002 for age ≥65 and P<0.001 for other comparisons). A significantly smaller proportion of visits after scaled-up telemedicine implementation were with vulnerable patients.



Source: The authors  
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

## Patient Visits by Race/Ethnicity Before and After Telemedicine Scale-Up

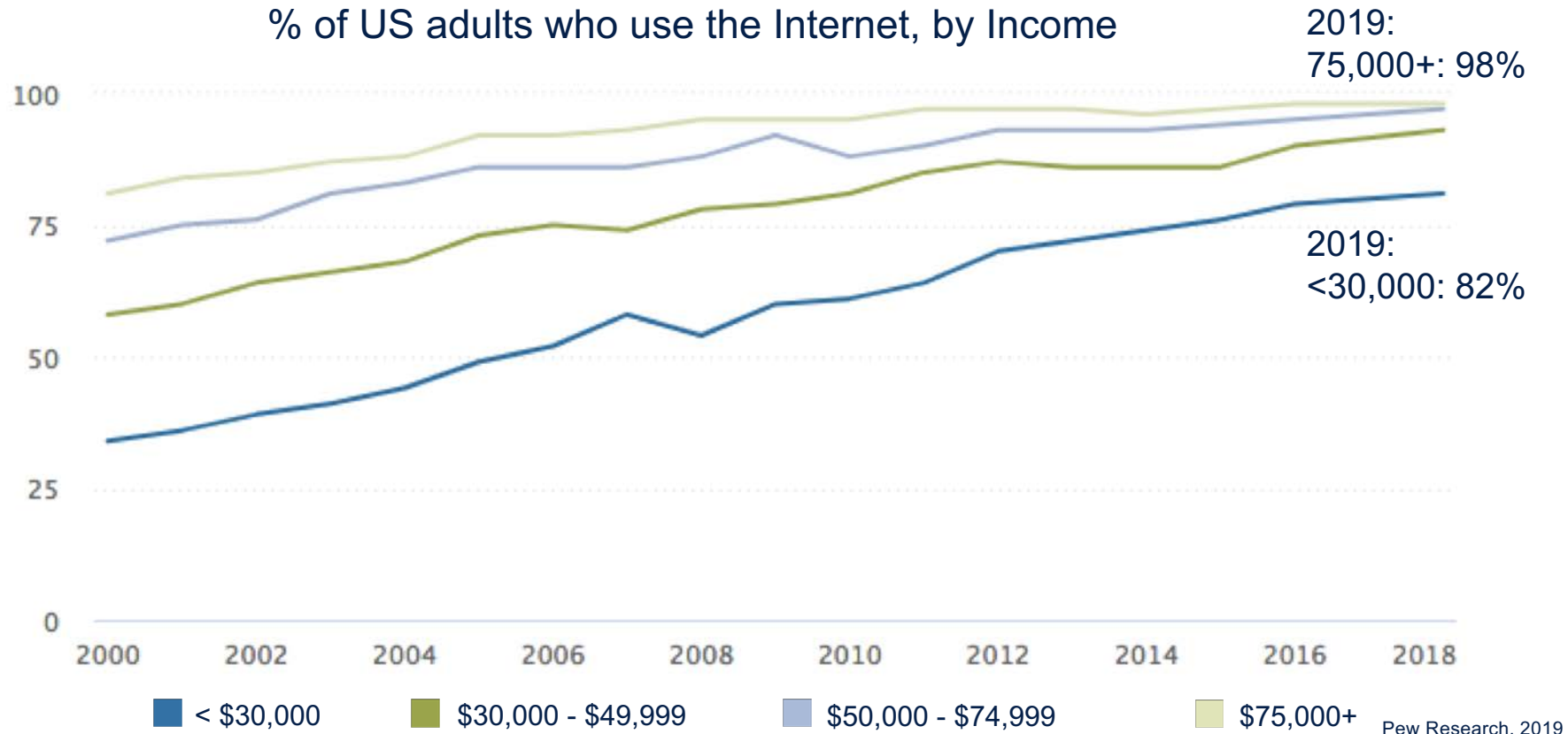
This chart shows the proportion of patient visits seen by patient race/ethnicity prior to (2/17–2/28/2020) and after (3/23–4/3/2020) scaled-up telemedicine implementation to address the Covid-19 pandemic at the UCSF General Internal Medicine Primary Care Practice (P=0.006 using chi-squared test). A smaller proportion of visits with vulnerable populations occurred after implementation.



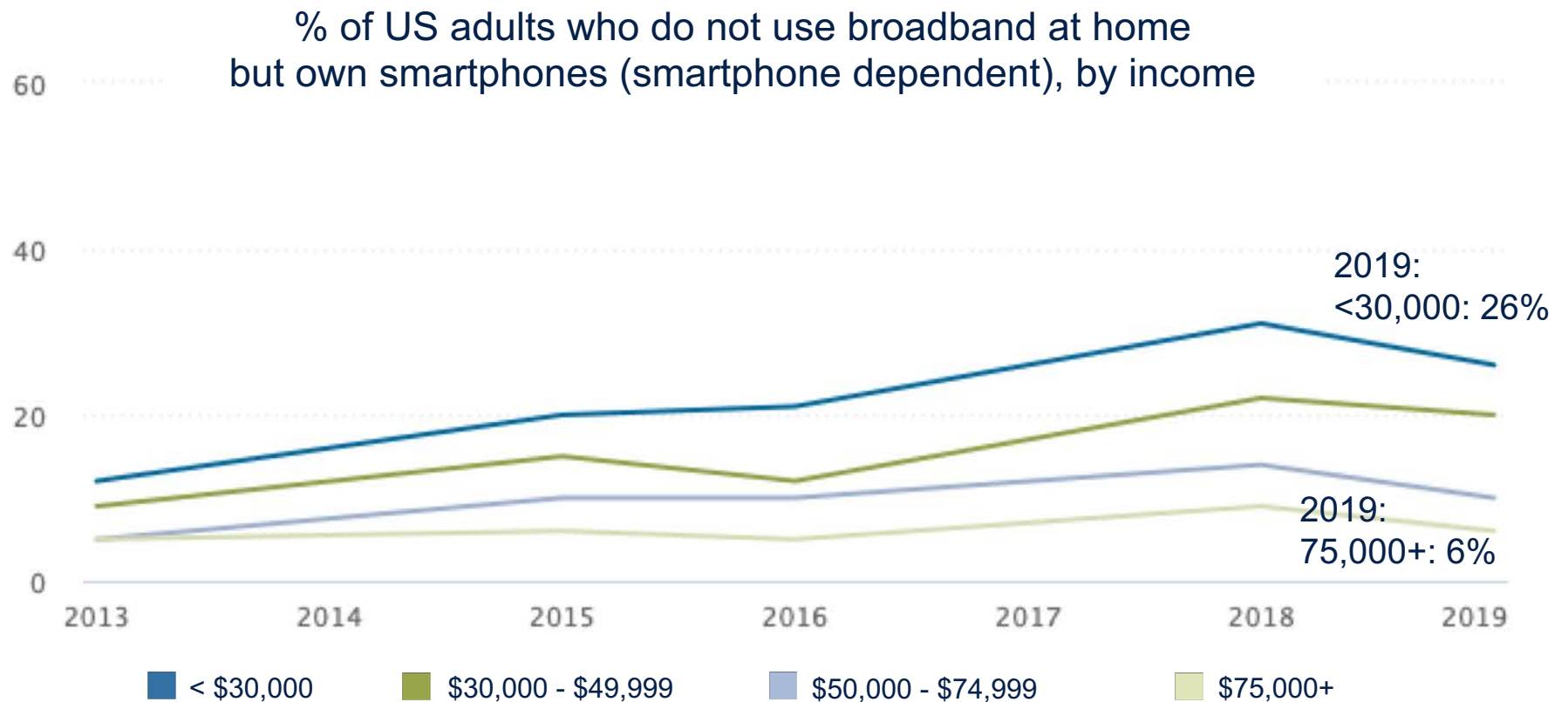
Source: The authors  
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

# The Digital Divide: A Call for Broadband, Devices, & Digital Skills

# Digital Divide 1.0 - persists by age, income, education, community



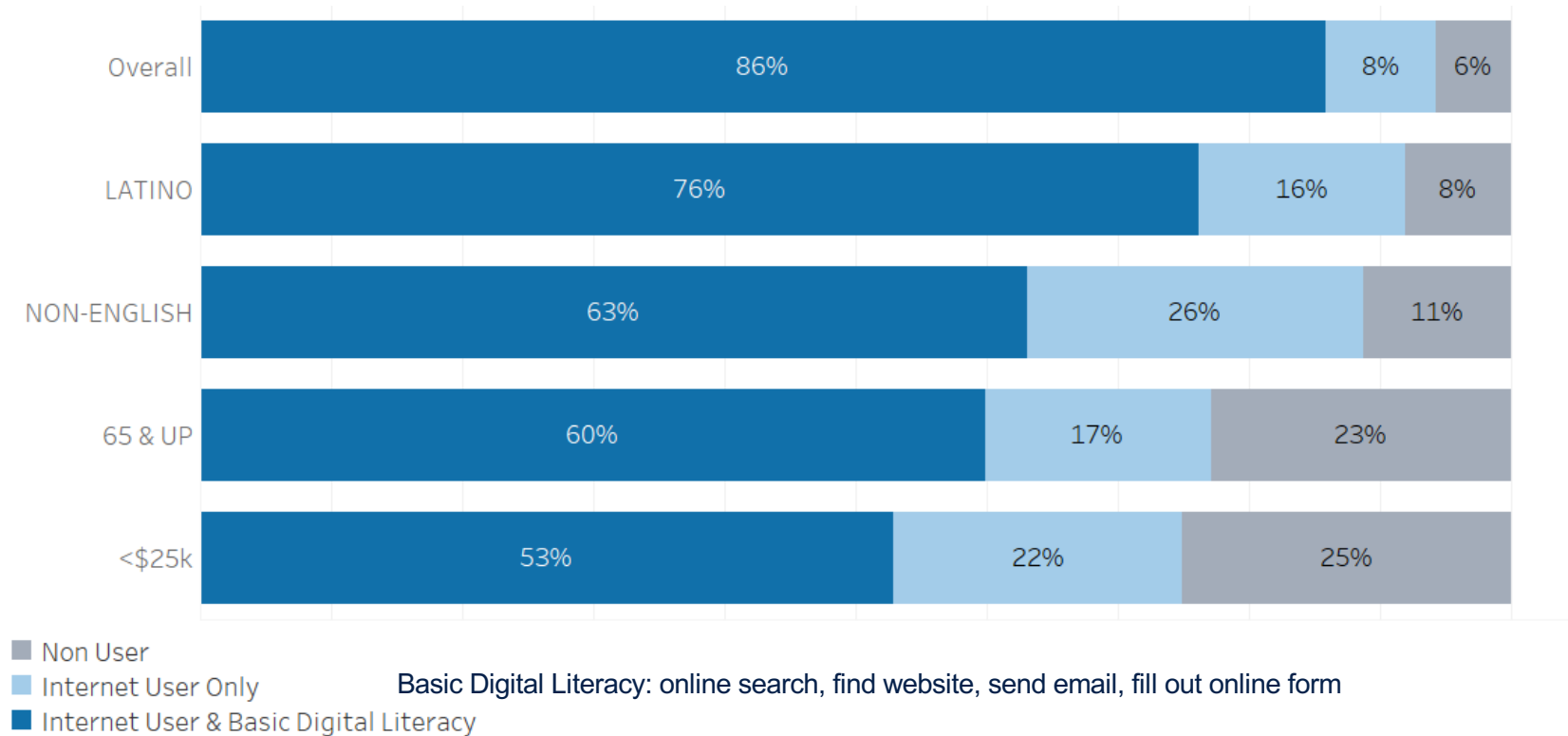
# Digital Divide 2.0 – smartphone dependence



Pew Research, 2019

# Digital Divide in San Francisco

## Internet Usage & Basic Digital Literacy in San Francisco



SF Office of Digital Equity, 2017-2018

# Lessons about Patient Engagement prior to COVID-19

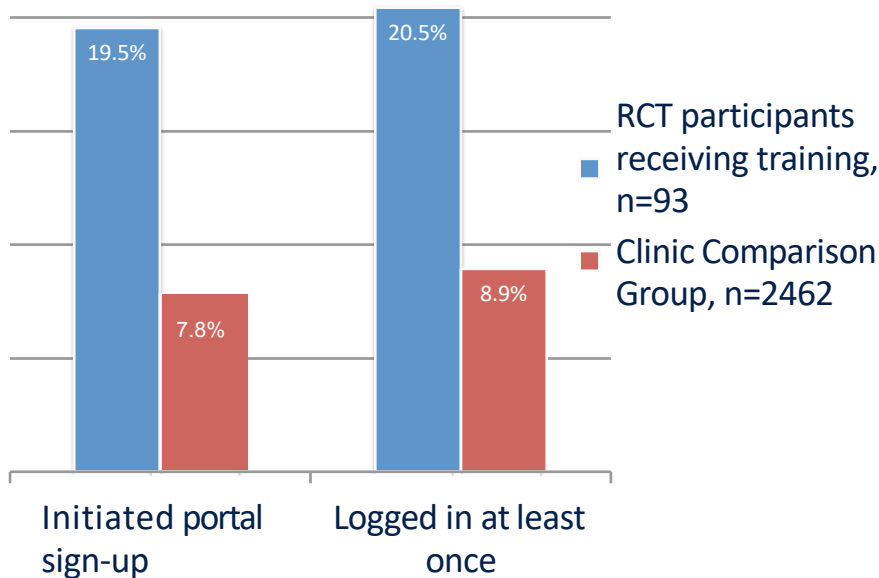
# Transition to Telemedicine: Learning from previous experience with patient portal access

- *High* interest in digital healthcare services for all patients (>70%)
- Barriers in uptake by race/ethnicity, literacy, language, and income
  - Preferences for in-person vs. digital
  - Lack of perceived need
  - Lack of digital access/ technical support availability
  - Communication barriers for those with limited health literacy or English proficiency

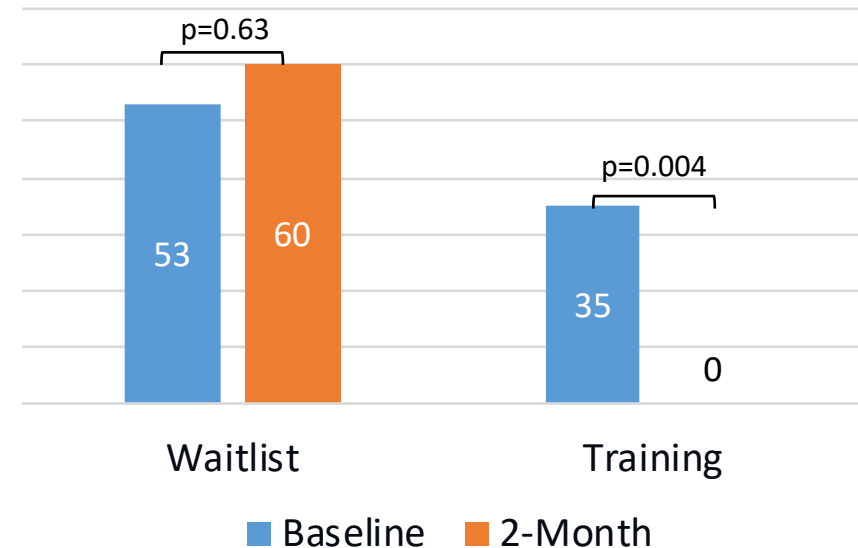
Schickedanz et al JGIM 2013; Lyles et al JMIR 2016; Lyles et al. PloS Med 2015

# Training as a necessary component

## Portal Use After Training Intervention



## % Not using Internet/ Email at Baseline and 2-Months



You know, before I just was afraid of touching, uh, iPad or something...even – even my computer. Now I – I feel a little bit more confident.



# Strategies to consider

- Patient level:
  - Messaging about extending/maintaining in-person relationships
  - Eliciting specific barriers and perceptions
- Provider/System level:
  - Screening for devices, high speed internet, digital literacy
  - Providing ongoing technical support
  - Team-based care
- Community/Policy level:
  - Connecting healthcare system to existing infrastructure for digital inclusion (public libraries, local government agencies, community-based organizations)
  - Cross-sector support for things like broadband as a utility or fundamental service

# Resources

- CVP Telehealth Resources (w/ sample workflow): <https://cvp.ucsf.edu/telehealth>
- National Digital Inclusion Alliance: <https://www.digitalinclusion.org/covid19/>
- Center for Care Innovations: <https://www.careinnovations.org/covid-19-resources/>

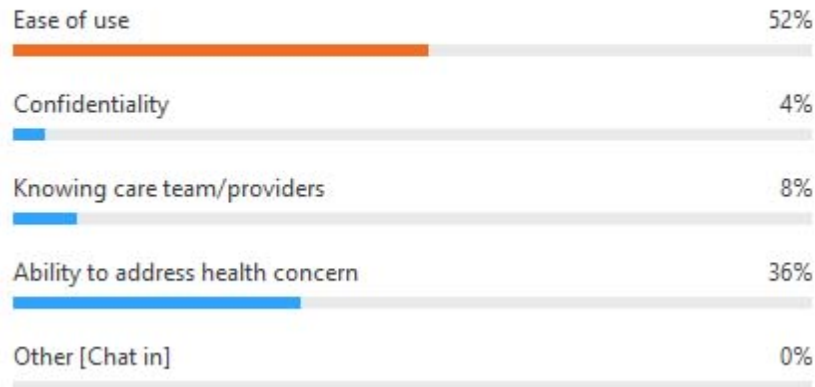
Thank you!

Courtney.Lyles@ucsf.edu

# Poll: Patient priorities for virtual care



- What do you think, or have you heard, is most important to patients when using virtual care?





# CQC Webinar

How can providers best support patients to use telehealth/virtual care effectively?

Libby Hoy  
*Founder/CEO*  
*PFCCpartners*

**May 29th, 2020**

# PFCCpartners

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**PFCCpartners** recognizes that the quality of health care outcomes is improved when the expertise of the health care provider is partnered with the experience of the patient and family. From the bedside to boardroom, patient and family centered care is about partnering to design policies, programs, and individual care plans for the best possible outcomes.





## Community

## Skills Exchange



## Engagement

Facilitate a community of highly engaged Patient and Family Advisors that grows each of its members competencies in partnering to co-design effective healthcare systems, processes and policies across the country.

# Definitions

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Noun

- Person Family Centered Care

Verb

- Patient Family Engagement

Outcome

- Patient Safety
- Patient Experience
- High Quality Care





# The Messy New Normal







# Virtual Visit Guide

**Try a Virtual Visit!**

*Feeling sick?*

- You can see a doctor without going to a clinic with **virtual visits**.
- Virtual visits** are a secure, hassle-free way to be seen by your doctor.
- You can have a **virtual visit** in the comfort of your own home through a phone or computer.
- Your doctor wants you to stay safe and use **virtual visits** for an appointment.

**What can I use for a virtual visit?**

 Computer or laptop
  A webcam
  Smart phone
  Telephone

**Virtual Visits can be used for:**

- Allergias, astmas and sinus issues
- Arthritis pain
- Mental health
- Colds, bronchitis, flu, and COVID-19
- "Pink eye" and rashes
- Sore throats
- Bladder infections
- Sprains and strains
- Vomiting

**Virtual Visit Appointment Checklist**

**One day before:**

- Track how you are feeling
- Write down your questions and what you want to get out of the appointment
- Clarify how to connect with your provider for the visit
- Test computer, laptop, or webcam

**Morning of:**

- Take your temperature (if needed)
- Find a quiet place to join your appointment
- Dress like you are going to an appointment

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**¡Pruebe una Visita Virtual!**

*¿Se siente enfermo?*

- Con las **visitas virtuales** usted puede ver a un médico sin tener que ir a una clínica.
- Las visitas virtuales** son una forma segura y fácil de que su médico le pueda ver.
- Usted puede tener una **visita virtual** en la comodidad de su hogar a través de un teléfono o computadora.
- Su médico quiere que usted se mantenga seguro y use **visitas virtuales** para sus citas.

**¿Qué puedo usar para una visita virtual?**

 Computadora o una laptop
  Una webcam
  Un teléfono inteligente
  Un teléfono de mesa

**Las visitas virtuales se pueden utilizar para atender:**

- Allergias, asma y problemas nasales
- Dolor de artritis
- Salud mental
- Resfriados, bronquitis, gripe y el COVID-19
- "Conjuntivitis" y sarpullidos
- Irritación de garganta
- Infección de la vejiga
- Esguinces y torceduras
- Vómitos

**Lista de preparación para la visita virtual**

**El día anterior:**

- Anote como se siente
- Anote sus preguntas y lo que desea obtener de la cita
- Tenga claro cómo deberá conectarse con su proveedor
- Pruebe que su computadora, laptop, o su webcam funcione

**La mañana de su cita:**

- Tómese la temperatura (si es necesario)
- Encuentra un lugar tranquilo para conectarse a su cita
- Vístase como si estuviera yendo a una cita

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# Sharing and Learning: Patient Experience of Virtual Care



## Chat-in:

- How can providers and staff best support patients to promote telehealth/virtual care most effectively?

## Responses:

- Communication is a key element
- Encourage contributions from patient and family perspective... the best support is by asking and listening to their experiences
- Have a hotline to respond any technological issues
- Sharing the benefits of virtual care and examples of how it has worked well may support patients use

# Dr. Fiona Wilson



# Background

- Care During a Pandemic
  - Limited access
  - High need for contact, limited options available
- Teladoc Process
  - Patient initiated visits: phone or video, scheduled time or on-demand
  - Problem focused EHR
  - Has patient prior call notes
  - SureScripts pharmacy data
  - Patient may have uploaded images, notes

# General Observations: Process

- Patient initiated
- Reasons for visit, may misrepresent the problem: esp mental health
- Trust the patient
- Can ask open ended questions, can veer to other less obvious topics: fear, mood
- Work with what you have: a single visit

# General Observations: Provider Issues

- Trust the unknown (!) patient
- Take a really good history!
- Much can be diagnosed, and managed with a good history
- Some things can't be done: ie examine the eardrum, or manage abdominal pain
- Few patients or issues need to go UC or ER

# General Observations: Provider Process

- Not time limited
- Explore social history: esp around personal safety, employment
- Ask about other concerns: COVID 19, isolation, anxiety, depression
- Need to give clear, and specific written guidance: next steps in after visit summary



# Success!!

- Patient Satisfaction and appreciation
- Caring based interaction > relationship based interaction
- Telehealth will not shrink post COVID

# You have been doing this already!

- Providing phone care, after clinic calls, patient follow up not face to face
- Can do now with structure, and compensation, and patient expectation
- Patient and provider demand will only grow

# Webinar Q&A



## Question:

- Some say virtual modality is extension/enhancement of the in-person relationship with care team. CQC heard in April from a 'virtual first' (95% virtual care) primary care practice that develops longitudinal relationships with patients of different demographics that has really good outcomes & patient experience. What is the evidence on how best to establish relationships between patients and care teams?

## Responses:

- Assuming that your question refers to people that you are engaging for the first time and that you have not seen in the clinic before, level setting the conversation right out front. Do all those pieces ahead of time and offer run-through if possible. Once in the visit, open the space to a new way to work and a new time. Introducing them to your surrounding, level setting that it is a safe environment and invite them to share with you what is the most important thing to them. Ask if they have any concerns. Use teach back to make sure both persons are in the same page and same place in terms of their relationship.
- As a provider, make sure to repeat back, and if I am not hearing, make sure to find out what is important to patients. Also, normalizing telehealth as part of the menu of care delivery that will need to happen in their care.

# Webinar Q&A



## Question:

- What would be your advice to IPAs and Small Practices making their virtual care more patient-centered?

## Responses:

- **Always ask patients their preferences.** Ask what technology do they have access to, and what makes them comfortable. Make sure your visit builds on your relationship, addresses what device they are using and asks how can you can be of help during this process.
- **Look to your patients and families** as resources to designing your telehealth programs. Outside even the visit, consider implementing patient open ended surveys, focus groups, telephone calls or advisory programs. Tap into the people with the least experience to help you improve it.
- **Make workflows as simple as you can.** Technology can be part of the barrier, but at the same time almost everyone has a phone. Start with the tools that you and patients have. You don't need a smart phone to do these visits.

# PCPCC Survey



- 80% of practices across CA continue to report that their operations have been severely impacted by the COVID crisis.
- While CA practices are reporting that they've seen an uptick in both staffing and patient volume to remain open, however, cashflow continues to be a contributing factor severely impacting their operations.

- Primary Care Collaborative is tracking national impact on how practices are responding to COVID-19 by surveying primary care clinicians
- [PCPCC survey link](#)
- Please participate to help PCC better understand response and capacity of primary care practices on a national scale
- Surveys open every Friday and close on the following Monday

# Thank you!

## Stay Connected to CQC

- Visit our **COVID-19 Resources** at [calquality.org/resources/covid-19-resources](https://calquality.org/resources/covid-19-resources)
- If you have questions, want to register for our newsletter, or would like more information, email us at [cqcinfo@calquality.org](mailto:cqcinfo@calquality.org)

