

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.

Supported Vendors:

athenaOne

**athenaFlow/athenaPractice
(formerly Centricity)**

eClinicalWorks

Greenway Intergy

NextGen Healthcare

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.

NACHCs EHR User Groups

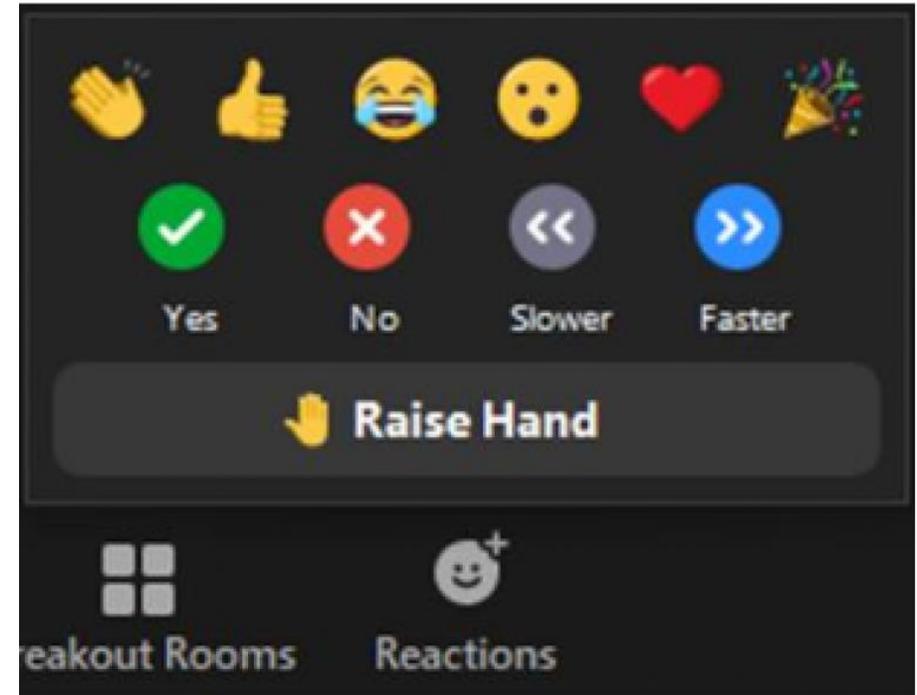
Benefits of joining an EHR User Group:

- 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

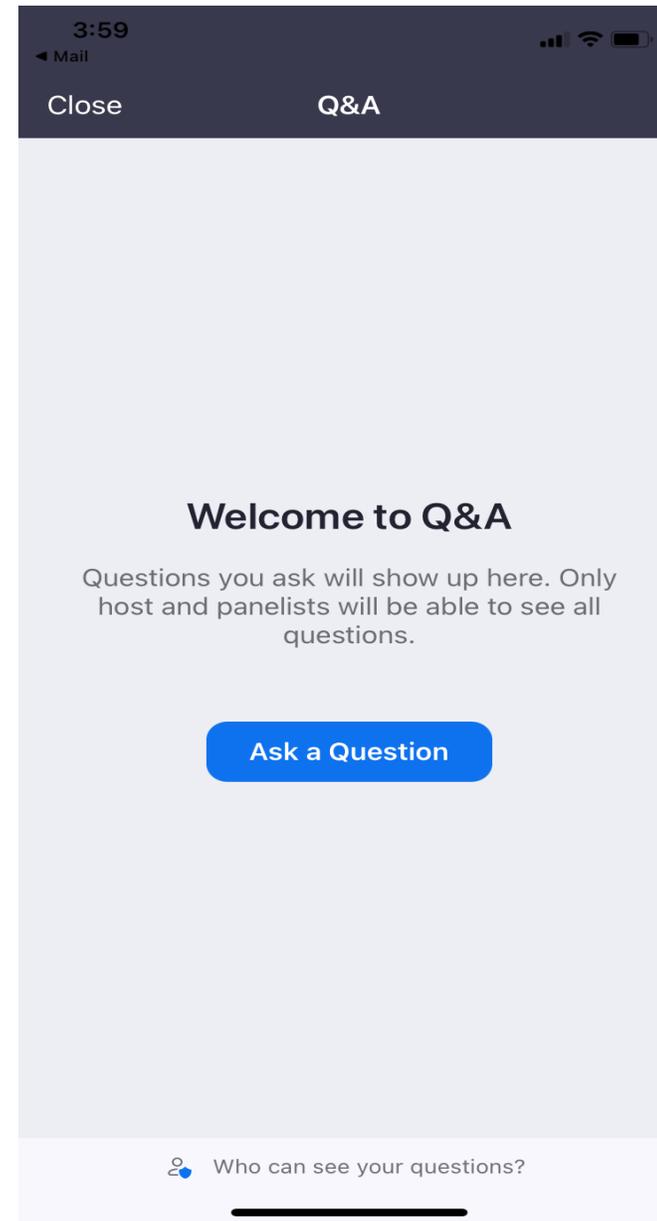
The Raised Hand Feature

- 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.

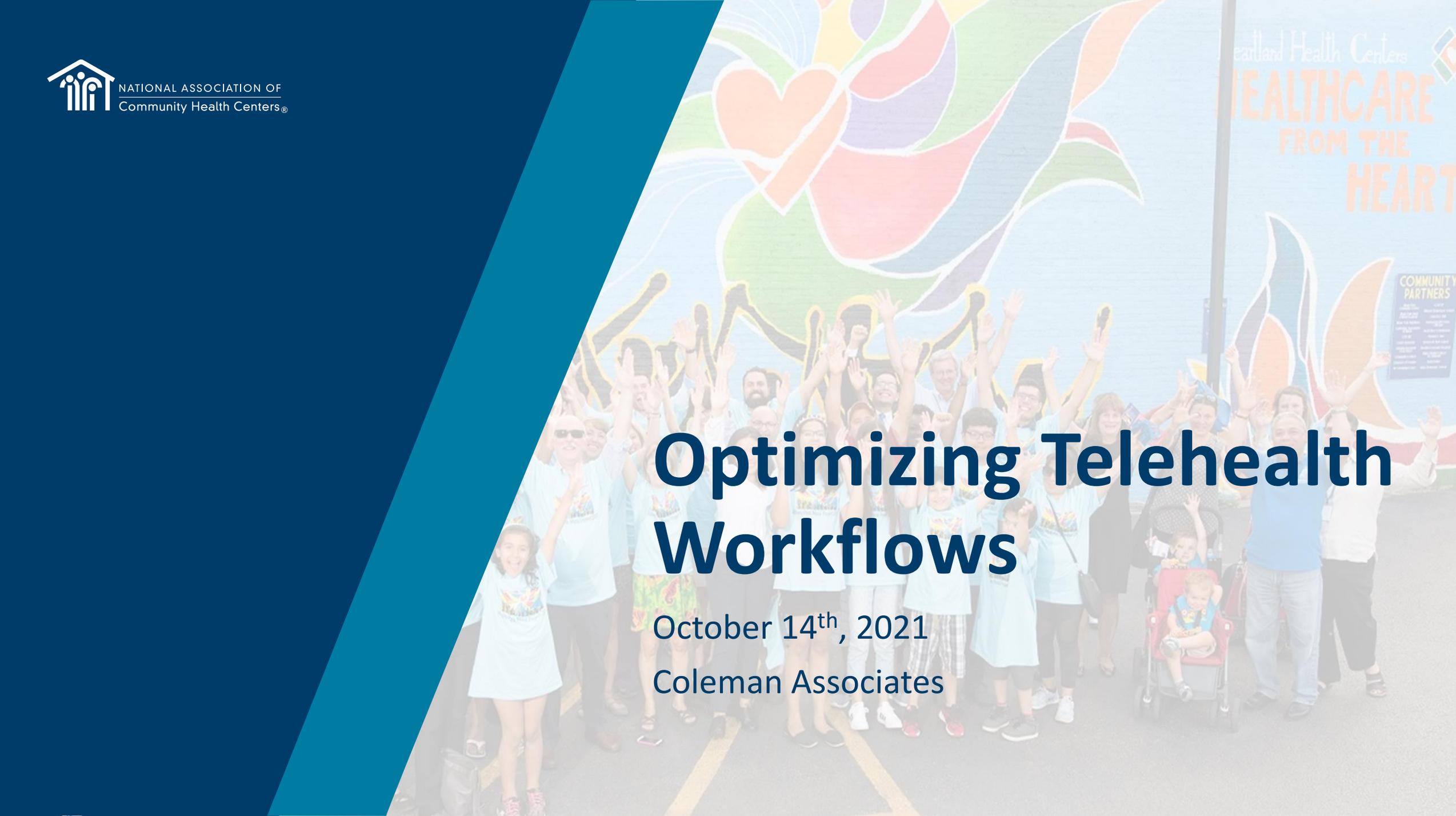


Today's Session: Optimizing Telehealth Workflows

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

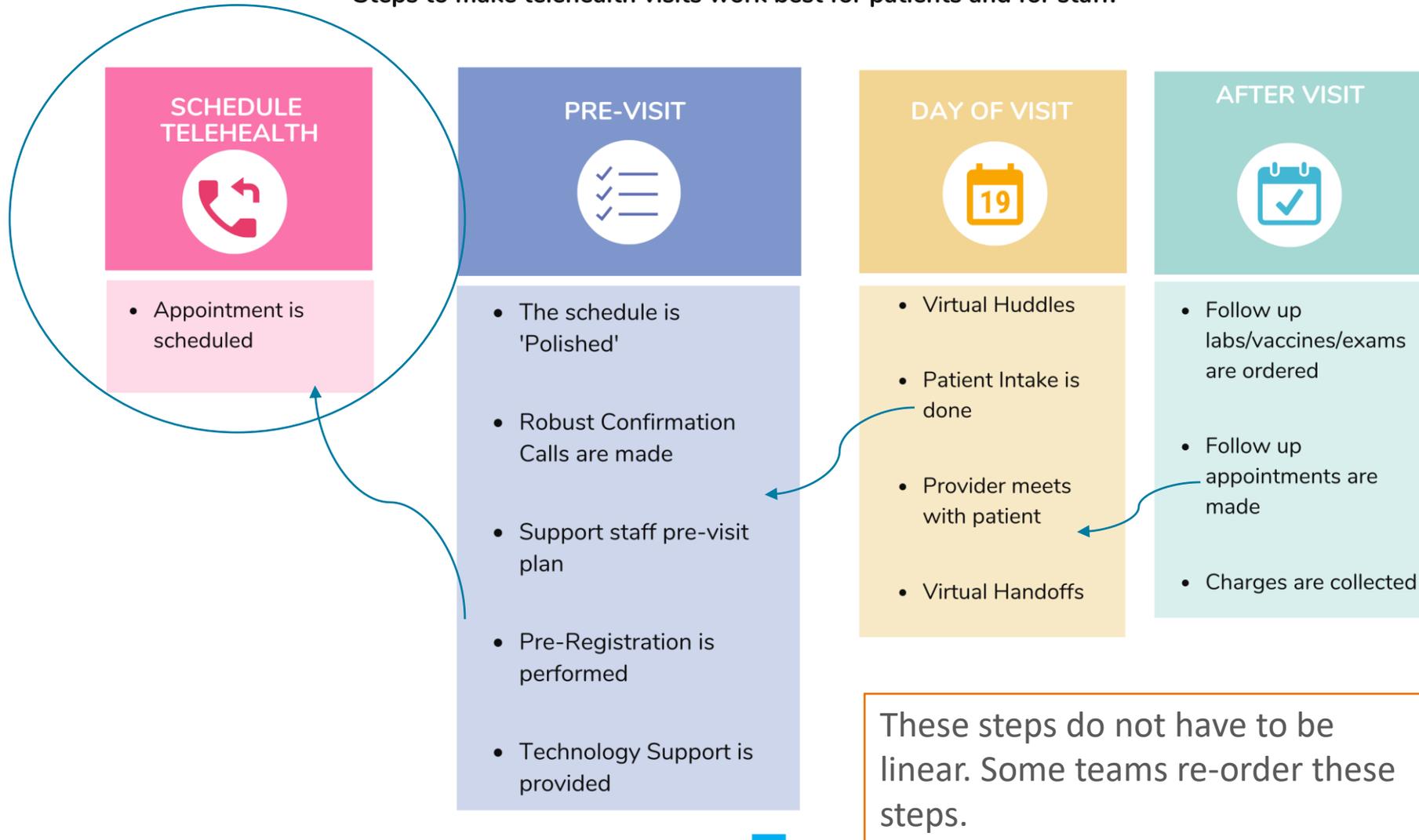
Q&A

Scheduling Telehealth Visits

How do you prevent issues from the beginning?

TELEHEALTH WORKFLOW

Steps to make telehealth visits work best for patients and for staff!



Telehealth Scheduling

	Better with Telehealth	Better In-Person
Patients	<ul style="list-style-type: none"> • Patients at risk of infection- This can be during a pandemic for average patients or for immunocompromised patients during normal times • Patients who have difficulty with transportation or live prohibitively far away. • Patients who are contagious and don't need a physical exam- follow internal policies for treating possible COVID-19 patients 	<ul style="list-style-type: none"> • Patients who are in good health and need a physical exam • Patients who are in a potentially dangerous situation at home • Patients who can't take their vitals at home • Patients without a working phone, smart device, or internet access • Patients (or caregivers) who are unable to consent to remote treatment
Visits	<ul style="list-style-type: none"> • Cold and Flu symptoms- Follow internal policies for caring for possible COVID-19 cases • Nausea and Vomiting • Skin Conditions • Uncomplicated UTIs • Uncomplicated Yeast Infections • Birth Control • Behavioral Health Visits • Psychiatry Visits • Stable Chronic Care Visits - Hybrid • Hospital/ED Follow Up Visits - Hybrid <p>Note: Some of these visits require the organization to develop internal policies and protocols to guide presumptive treatment based on symptoms without confirmatory testing.</p>	<ul style="list-style-type: none"> • Lab and Vaccine Visits- - though these can be completed in a drive-thru visit to supplement a telehealth visit - Hybrid • Prenatal visits that require fetal heart tones, ultrasound, or labs • Newborn visits • Wound Care visits • Palliative and Hospice Visits- ideally these are home visits if allowed by regulations and internal policy • Hospital Discharge or Surgical Follow-Ups- though these can be supplemented with telehealth • Procedures • Controlled-substance refills

We highly recommend as an organization you audit telehealth visits and start brown bag learning to have providers share what works great internally and what is better for in-person scheduling. Keep looking at this!

Sample Health Center Schedules

Do you engineer a certain % telehealth or do you just let patients decide???

25% Telehealth		50% Telehealth	
8:00 am	Huddle	8:00 am	Huddle
8:15 am	In-Person Visit	8:15 am	In-Person Visit
8:30 am	Telehealth	8:30 am	Telehealth
8:45 am	In-Person Visit	8:45 am	In-Person Visit
9:00 am	In-Person Visit	9:00 am	Telehealth
9:15 am	In-Person Visit	9:15 am	In-Person Visit
9:30 am	Telehealth	9:30 am	Telehealth
9:45 am	In-Person Visit	9:45 am	In-Person Visit
10:00 am	In-Person Visit	10:00 am	Telehealth
10:15 am	In-Person Visit	10:15 am	In-Person Visit
10:30 am	In-Person Visit	10:30 am	In-Person Visit
10:45 am	In-Person Visit	10:45 am	In-Person Visit
11:00 am	In-Person Visit	11:00 am	Telehealth
11:15 am	In-Person Visit	11:15 am	In-Person Visit
11:30 am	Telehealth	11:30 am	Telehealth
11:45 am	Telehealth	11:45 am	Telehealth

Dedicated Telehealth Sessions

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

All Telehealth - Tues

8:00 am	Huddle
8:15 am	Telehealth
8:30 am	Telehealth
8:45 am	Telehealth
9:00 am	Telehealth
9:15 am	Telehealth
9:30 am	Telehealth
9:45 am	Telehealth
10:00 am	PCT Block
10:15 am	Telehealth
10:30 am	Telehealth
10:45 am	Telehealth
11:00 am	PCT Block
11:15 am	Telehealth
11:30 am	Telehealth
11:45 am	Telehealth

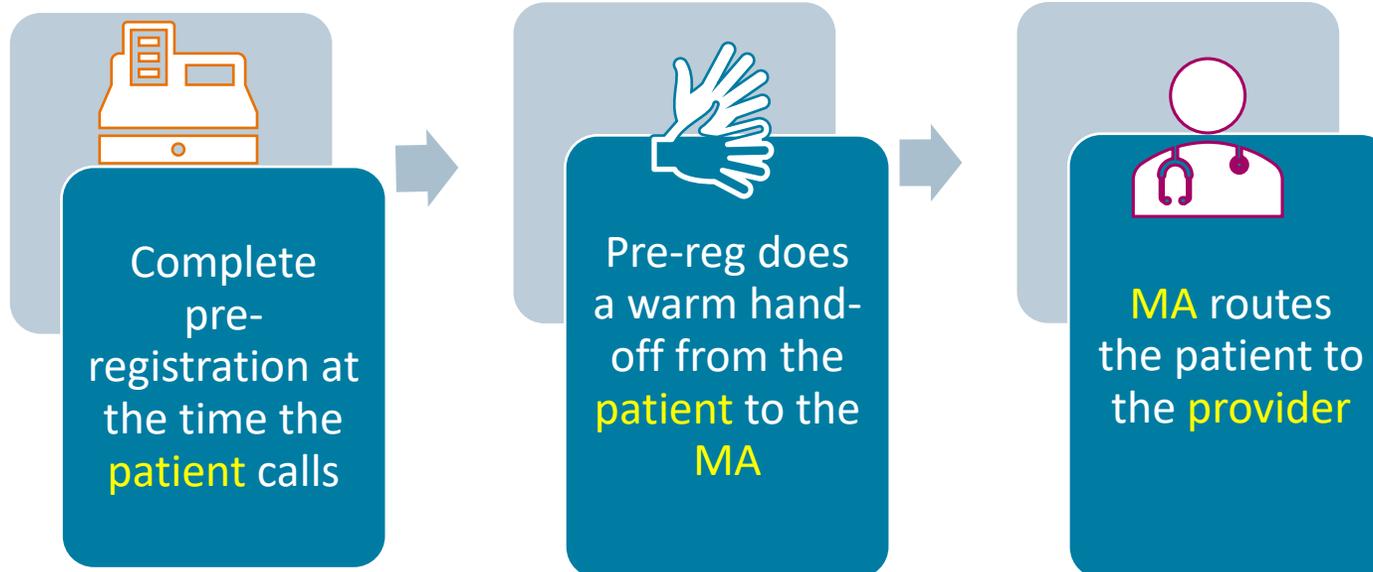
All In-Person - Weds

8:00 am	Huddle
8:15 am	In-Person Visit
8:30 am	In-Person Visit
8:45 am	In-Person Visit
9:00 am	In-Person Visit
9:15 am	In-Person Visit
9:30 am	In-Person Visit
9:45 am	In-Person Visit
10:00 am	PCT Block
10:15 am	In-Person Visit
10:30 am	In-Person Visit
10:45 am	In-Person Visit
11:00 am	PCT Block
11:15 am	In-Person Visit
11:30 am	In-Person Visit
11:45 am	In-Person Visit

Tele-Jockeying

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

This works great for dental too when there are openings!



When in Doubt, a Primo Tactic: Polishing

A Scrubbing
2.0!

Polish the patient schedule by asking of every single appointment:

want

W

Does this patient/parent *want* to be seen in person or can they be seen via telehealth?

need

N

Does this patient/parent *need* to come in? If so, can it be done via telehealth?

keep

K

Will this patient/parent *keep* this appointment?

Next Level Scheduling

What we're learning:

1

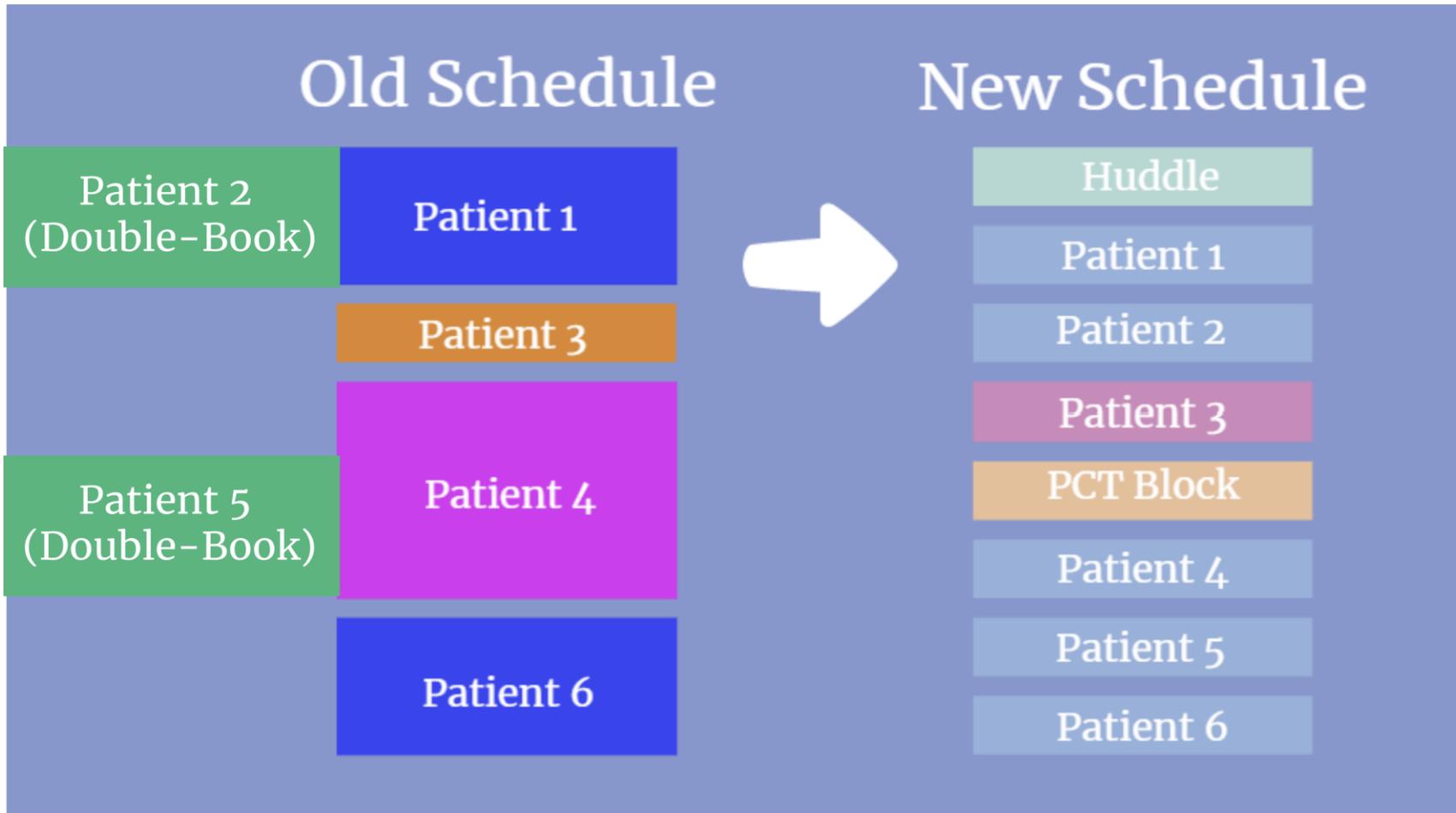
Telehealth Visits may require different scheduling practices.

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

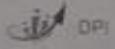
NVAT	Non-Value Added Time	
VAT	Value Added Time	
PPT	Patient/Provider Time	
Hand Off	# of Times	

Appointment Time: 3:20
 Arrival Time: 2:37 pm
 Provider: Cole
 Payer Type: _____

Date: 10/7/21
 Visit Type: Telehealth
 Patient's Gender & Age: Female
 37yrs

Step	Time	Run Clock	Description of Step	Wait in Min.
1	2:37 pm	1	POD Reception calls pt to check in. Pt's registration was all up to date, pt checked in and informed that the MA would call between 3pm-3:30. they hang up.	31
2	3:08 pm	31	MA calls pt to get pt's chart/appt ready for the provider.	
3	3:11 pm	34	MA finishes getting pt ready for provider. Provider 3 lets her know that provider is a little behind and that she would be calling her when ready and they hang up.	45
4				
5	3:56 pm	79	Provider calls pt to start appt.	

Step	Time	Run Clock	Description of Step	Wait in Min.
6	4:01 pm	84	Provider completes appt - hangs up with pt	
7				
8				
9				
10				



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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)

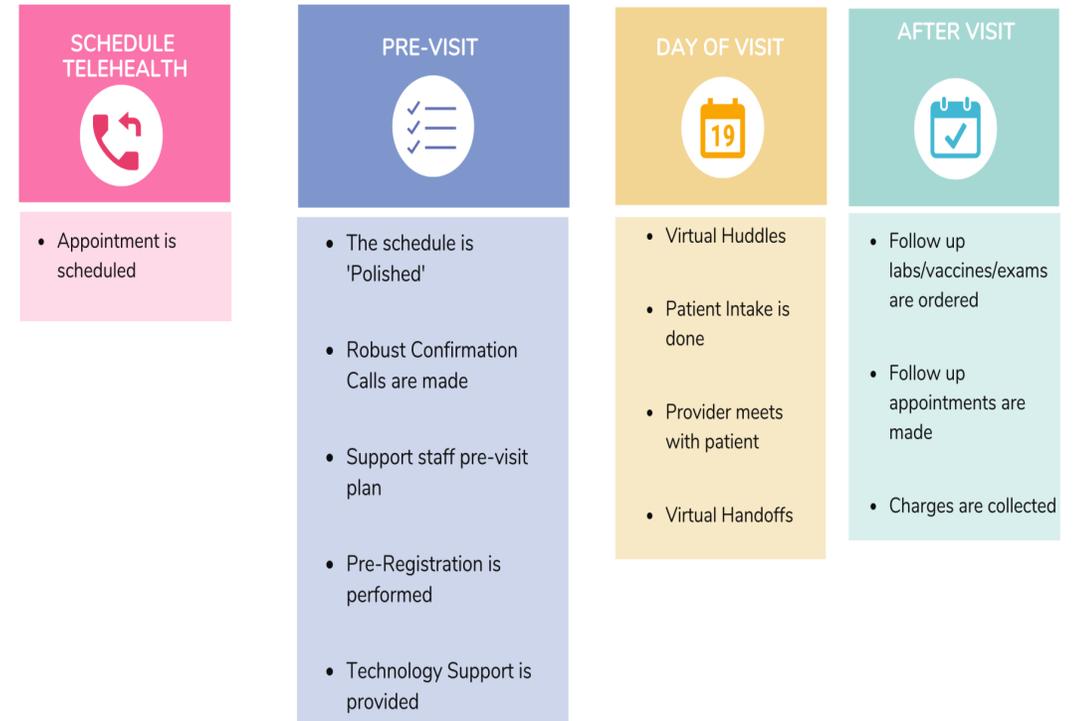
Keeping the patient on the line with minimal waiting (not hanging up, calling back, reconnecting, multiple links)

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

TELEHEALTH WORKFLOW

Steps to make telehealth visits work best for patients and for staff!



Strategies to Increase Video Visits & Patient Satisfaction

Moving to Video vs. Phone is Important!

Community Health Center, Inc.'s

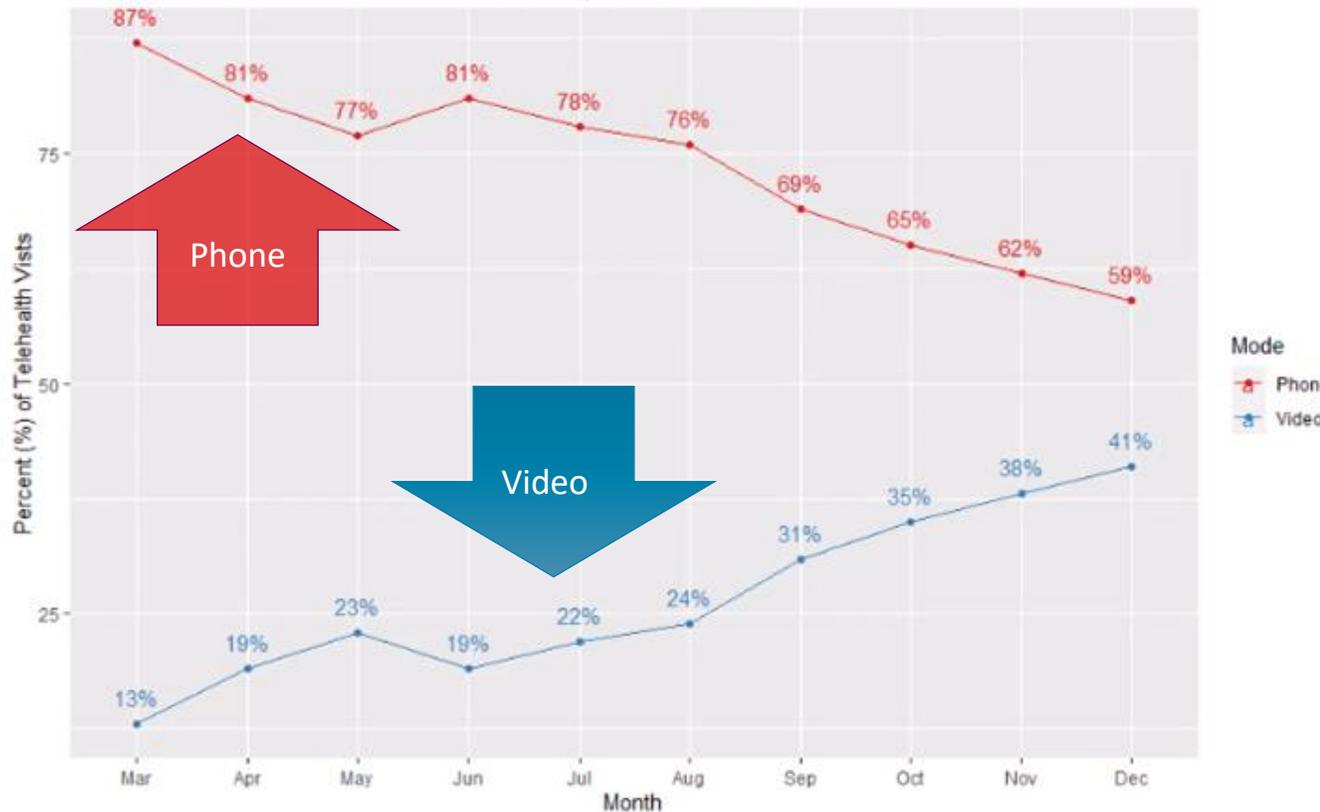


A Program of the Weitzman Institute



Telehealth Visits Over Time

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



Total Monthly Telehealth Visits

From 3/18/2020 - 12/17/2020

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

it: www.chc1.com/nca | Contact: nca@chc1.com



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!

Can the patient log on?

Does the patient know who to contact in case of issues?

Can their device, browser, and other software support the visit?
Does your vendor offer a test program or site?

Is the internet connection or signal stable?

Ensures that participants can
be heard and seen clearly.

Verifies that the device, software,
and internet are all the same as
what the patient will use on the
day of the visit.

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?

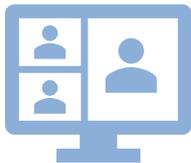
Telehealth “Competent”



- *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!

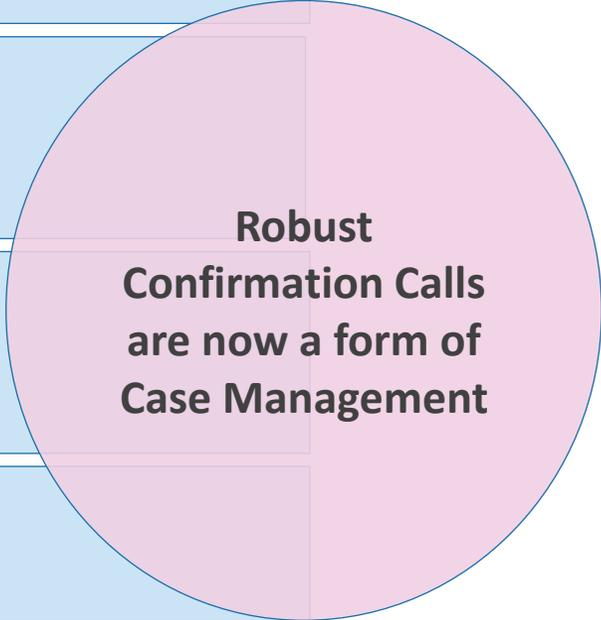
- When calling patients in advance of their visit, ask the following questions:

“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?

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- Text us at #888-403-3764 for questions

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at the conclusion of the webinar**

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practice from your organization?**

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