Transitioning to Primary Care Telehealth Rapidly and Successfully:

Excellence at Alliance Health

Overview

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This PPT is part of the Michigan Multipayer Initiatives toolkit series to support primary care practice advancement in effective, efficient team-based care. For additional information and resources, please visit www.cpcplus Michigan.org.

Speakers

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Alliance Health

o 7 primary and multi-specialty practice sites located in Metropolitan Detroit

o All practices share a common EPIC platform but our telehealth component lacked desired functionality

o Practice structure consists of physicians, mid-levels, MAs, scribes, non-clinical staff, and care teams

The Catalyst: COVID-19 Emergence

o March 6, 2020: CMS expands telehealth flexibility in light of COVID-19 demands on providers; Michigan commercial payers (BCBSM and Priority) soon follow suit.

o March 10, 2020: First coronavirus case identified in Michigan; Governor simultaneously declares a state of emergency response and school closures beginning March 12th

o March 16: Bars and restaurants in Michigan are shut down; Large events are banned

o March 24: Governor issues stay at home order

o March 27: Metro Detroit deemed COVID-19 "Hot Spot" by US Surgeon General

The Alliance Response

- March 10, 2020: First coronavirus case identified in Michigan; Governor simultaneously declares a state of emergency response and school closures beginning March 12th

  → Alliance Health Physician Leaders meet and decide to transition to completely virtual visits given the pandemic.

- March 16: Bars and restaurants in Michigan are shut down; Large events are banned

  → Plan for transition completed; existing in-person appointments rescheduled.

- March 24: Governor issues stay at home order

  - Daily meetings begin to refine and implement virtual transition plan.

- March 27: Metro Detroit deemed COVID-19 "Hot Spot" by US Surgeon General

Covering All Fronts with Team and Patient Safety in Mind: The Rotating Schedule Approach

o   To address communications, faxes, etc. that could not readily be redirected, assigned small rotating teams of a physician, front desk team members, etc. who would come to the office.

o   No rotating group was expected to cover more than one in-person week per month to prevent spread of COVID or undue burnout-out, stress.

o   Social distancing and other provisions put in place as guideline for rotating team in-office work

Week One: Ready the Way for Staff Remote Servicing

o   Considered best platform for remote transition; Selected Doxy.me, some Epic functionality, and FaceTime combination.

o   To make the transition to virtual visits effective, staff had to be provided with resources and support to succeed. Rapid technology assessment was conducted to determine modifications needed for staff to work from home.

o   Team members were notified of the remote servicing plan, reinforcing the request for their cooperation and ideas. Staff were advised that the goal was to avoid furloughs and that mutual cooperation was key.

o   Office phone line vendor was engaged to enable staff to answer office line from their homes. Office phones were taken home and all necessary equipment was ordered and delivered to staff homes. Computers were taken home by staff needing equipment due to multiple family members working (or schooling) at home.

o   Leadership team met daily with representation from array of team members to assess additional planning needs and communications to wider staff team.

o   Distributed messaging to patient panel via MyChart, website, and Facebook to provide awareness of changes and ways to ensure continual access to care.

Week Two: Work Flow Optimization

o Reviewed workflows and protocols to assess changes for remote servicing to allow for video, telephone, and online (eVisits).

o A Virtual Alliance library was started to save all workflows. A list of all needed workflows was created including a list of needed training videos.

o A billing guideline summary was created, providing instruction on how to bill for new telehealth codes.

o Set weekly goals for remote servicing with target of achieving 100% of pre-pandemic (December 2019) in-office levels.
   o 50% by Week 3 target (exceeded target at 60% actual level)
   o 85% by Week 5
   o 100% by Week 7

o 8am daily calls with PCPs and key team staff held; cadence decreased to three calls per week and is now weekly.

Telehealth

Telehealth

At Alliance Health Professionals we have been advocates of telehealth services for several years. Our doctors all offer a full range of these services for your convenience. Choose one of our doctors and call the office to be put on their telehealth schedule.

Your Telehealth Options

Video	Telephone	Online
Many of your traditional physician visits can be achieved from the comfort of your home. Our video visit service can put you and your doctor together.	Feel free to call the office any time. We are here and at your service. We can help you with appointments, questions, and medical advice.	Through our MyChart account you can accomplish many healthcare items. Request refills, send a question, perform an on-line e-visit with your doctor.

Week Three: Refine Processes and Ensure Full Staff Deployment

○ Provided additional resources to staff called "Virtual Alliance". Documented processes and recorded trainings to provide guidance on key processes including virtual rooming, creating telehealth encounters, and conducting video visits on different domains.

○ Refreshed motivational interviewing training for staff and arranged for increased staff/care management linkages/relationships.

○ Added outbound calls to high and rising risk patients and those living alone for weekly call check-ins from non-clinical staff to mitigate concerns re: social isolation.

○ Added screening of patients with SDoH gaps, as well as behavioral health & disease management needed, for outreach where possible to check on status.

Ongoing Weeks: New Learnings and Continual Feedback Loop Assessment

- Instituted "virtual video team huddles"
  - PCPs lead the discussion and discuss Transition of Care (TOC) patients, Annual Wellness visit (AWV) patients and gaps in care identified where possible.
  - Daily or twice a week dependent on team preference.

- Continued motivational interviewing techniques and touchbase with non-clinical staff on patient contact

- Developing process to provide technology to patients who do not have access

Learnings Along the Way

o PCP's favor video and phone visits to online (Evisits) via Epic Inbox exchanges.

o Increased volume is possible based on:
  o Provider's comfort level
  o Decreased time per visit due to increases in efficiency via video visits

o Some patients struggle with accessing technology for video visits, etc.
  o Engaged family or patient advisor support where possible
  o Relied on phone only visits where necessary

o Increase in patient satisfaction after switching to video visits, compared to face-to-face
  o May be due to being able to talk with and visit with provider

o Having a solid process for Medical Assistant (MA) "virtual rooming" of patients is very important.

o MAs and scribes (where PCPs prefer them) are online during video visits for support to PCPs and patients.

o Assessing potential for remote patient monitoring for key conditions (e.g., CHF, COPD, Diabetes, etc.)

o Assessing optimization of ColoGuard, etc. to close colonoscopy screening gaps in care.

Closing Thoughts

o Planning for transition back to in-person servicing (when prudent) but with some continued remote or virtual servicing options

   o Which kinds of patients prefer remote or virtual servicing?

   o What conditions or comorbidities are best suited to remote or virtual servicing?

   o How does virtual/remote servicing best complement in-person visits?

o Listen along the way to patient, family and staff/team feedback

   o Where are there challenges and what can be improved?

   o Where should teams be congratulated for their achievements (including individual "shout-outs" to acknowledge the hard work of all)

o A very small amount of staff have been furloughed (lab and imaging). Alliance intends to transition to the "new normal" stronger, more capable, and even better prepared to support patients and population health.

We hope that you have enjoyed this presentation and found it useful. This PPT is part of the Michigan Multipayer Initiatives toolkit series to support primary care practice advancement in effective, efficient team-based care.

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