Nevada Health Centers Telehealth – Network Adequacy Advisory Council

Corie Nieto, Director of Telehealth Services

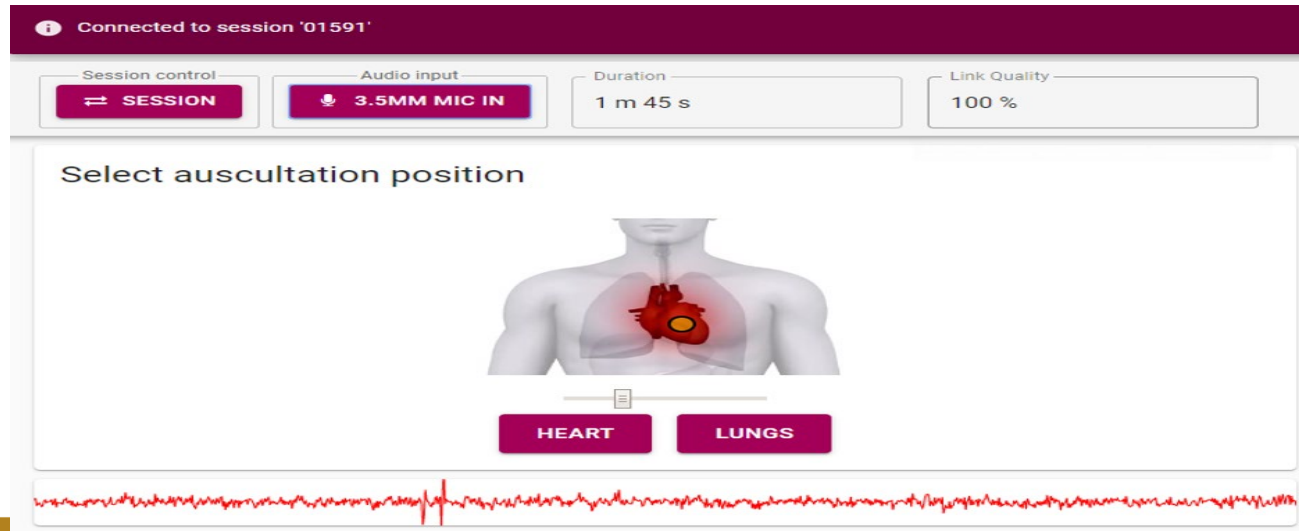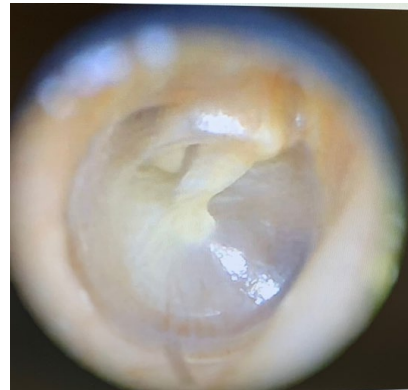cnieto@nvhealthcenters.org

775-888-6670

Telehealth Programs at NVHC

- Rural Coverage Primary Care - 2019
- Specialty Care NVHC & Other Partners – 2019
  - Pediatrics
  - Behavioral Health
  - Dietitian / Certified Diabetes Education
  - Clinical Pharmacy
- Open Access / Walk-In - 2019
- School Based Telehealth - 2019
- *Virtual Visits / Direct to Consumer - 2020*

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Cart Based Telehealth
Rural Coverage/Specialty Care/Open Access

Connected to session '01591'

Session control	Audio input	Duration	Link Quality
⇄ SESSION	🎤 3.5MM MIC IN	1 m 45 s	100 %

Select auscultation position

HEART   LUNGS

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BRINGING QUALITY HEALTHCARE TO NEVADA'S COMMUNITIES   NVHEALTHCENTERS.ORG
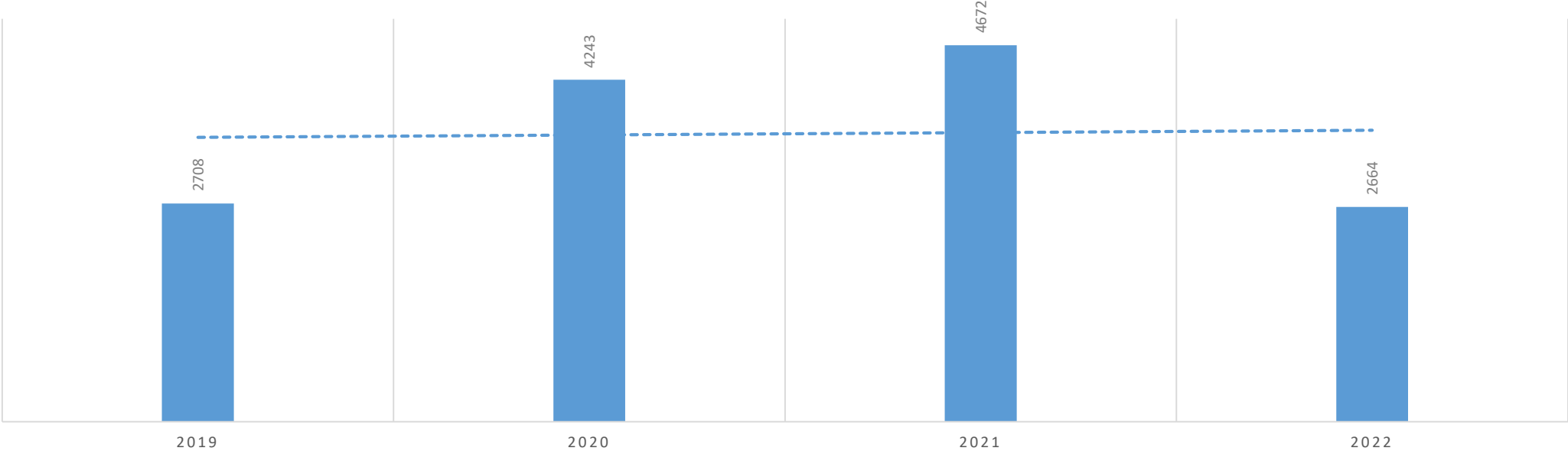
School Based Telehealth

- Increase access to care.
- Decrease absenteeism based on illness.
- Chronic disease management.
- Providing health care services to students, who, in many cases, would not receive healthcare in a timely manner, if at all.

Encounter Volumes – Telehealth Cart Based
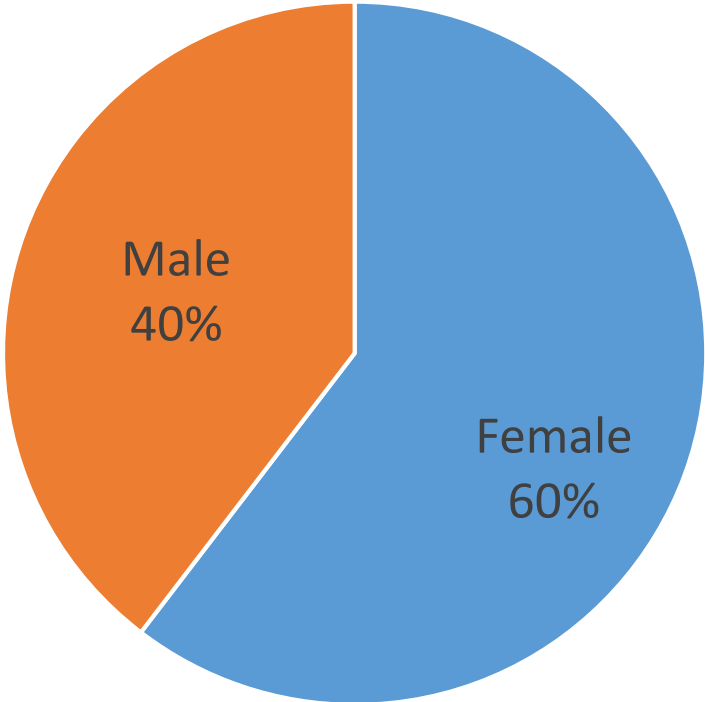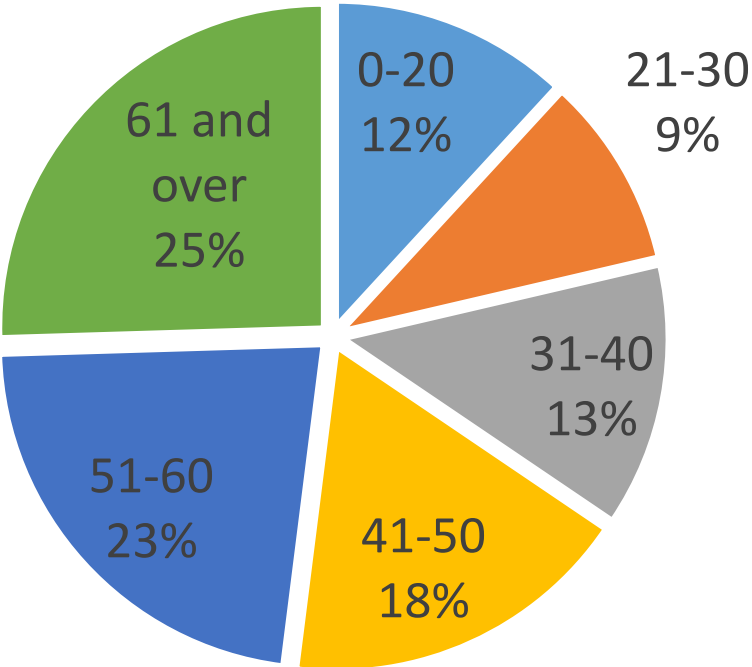

CART BASED TELEHEALTH VOLUMES

2019	2020	2021	2022
2708	4243	4672	2664

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Encounter Volumes – Telehealth Cart Based

Encounter Volumes – Telehealth Cart Based

67% 41 or over
60% female
76% Urban (including Elko)
24% rural

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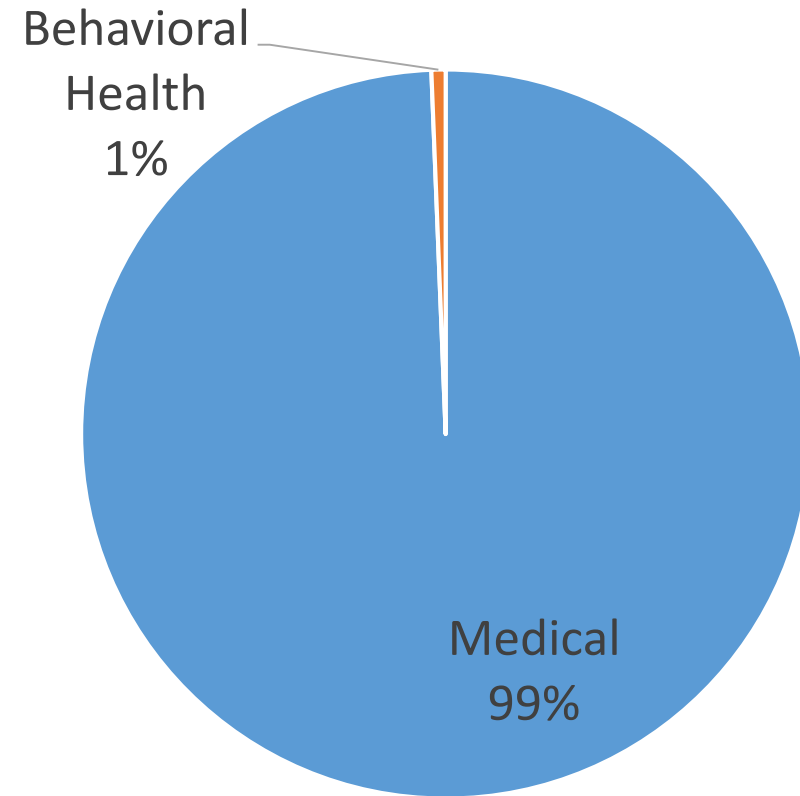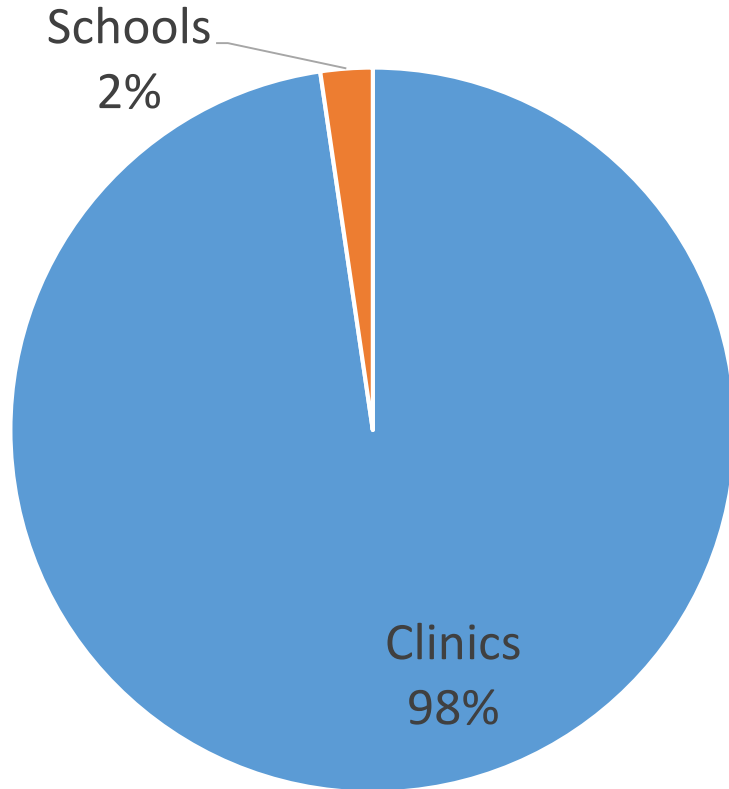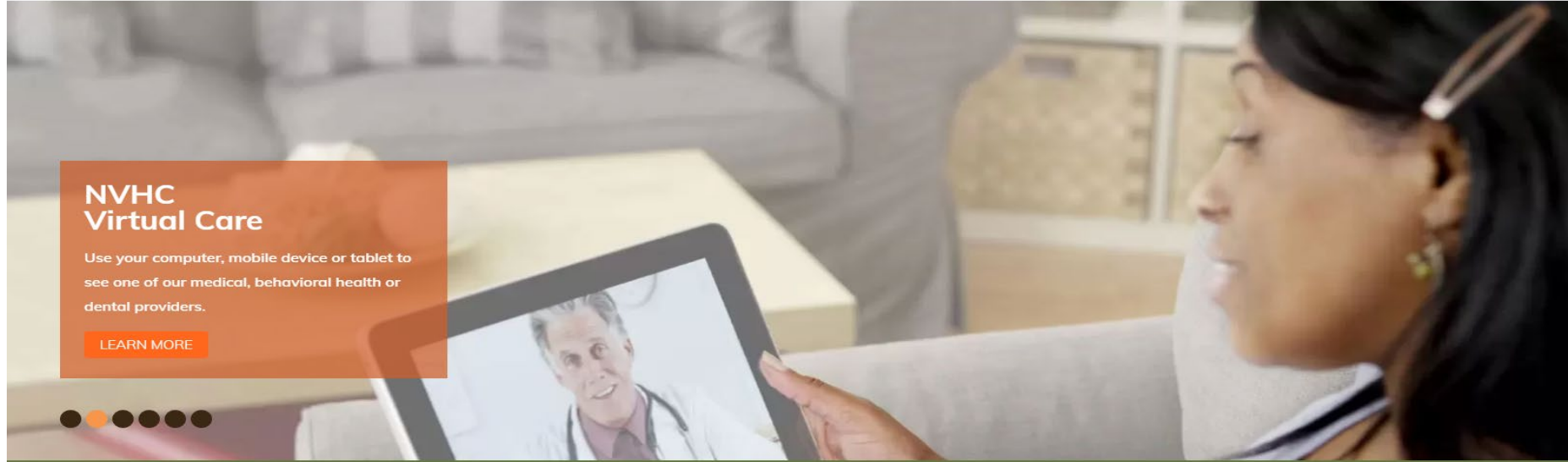# Encounter Volumes – Telehealth Cart Based

Schools 2%

Clinics 98%

Behavioral Health 1%

Medical 99%

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Direct to Consumer

NVHC Virtual Care

Use your computer, mobile device or tablet to see one of our medical, behavioral health or dental providers.

LEARN MORE

- Began in March 2020

- Every provider, MA and Front office Agent in the organization was trained

- Behavioral Health was 100% virtual through the worst of the pandemic

- Virtual care offered by
  - Call Center Agents;
  - Referral and CST teams
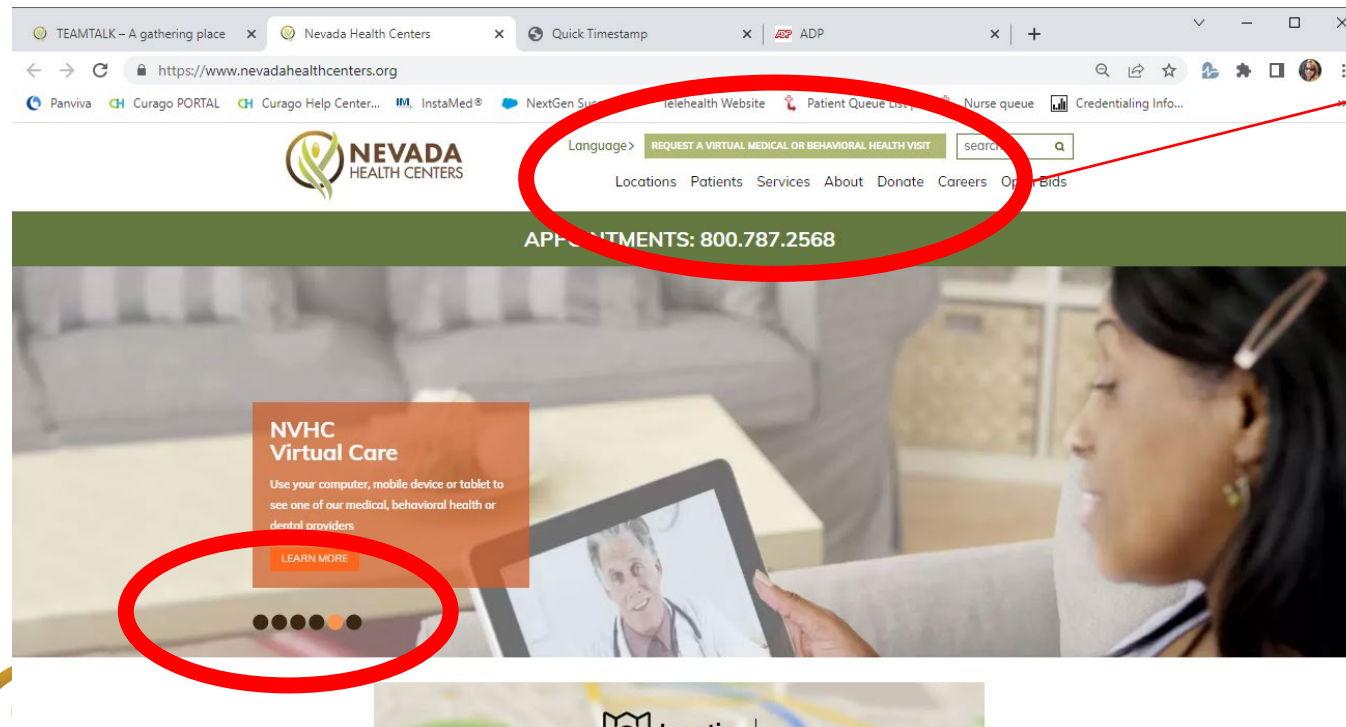 - Telehealth Team members;
  - Schools
  - Website

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Culture / Adoption

Marketing Plan

- Requesting an appointment through our website

REQUEST A VIRTUAL MEDICAL OR BEHAVIORAL HEALTH VISIT

Video example of a Virtual Care Visit: https://www.youtube.com/watch?v=b8wlRBXujlU&t=45s

Encounter Volumes
Medical vs Behavioral Health

Direct to Consumer Virtual Care
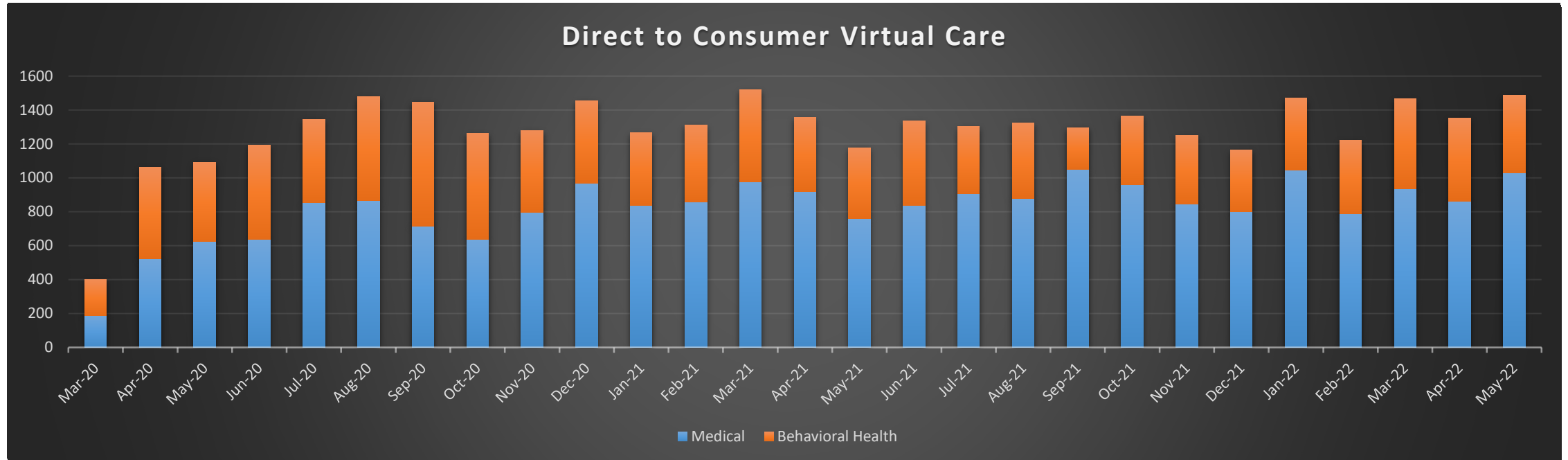
- Virtual Care still accounts for 14% to 16% of all encounters
- Behavioral Health makes up 37% of all virtual encounters

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Encounter Volumes – Direct to Consumer

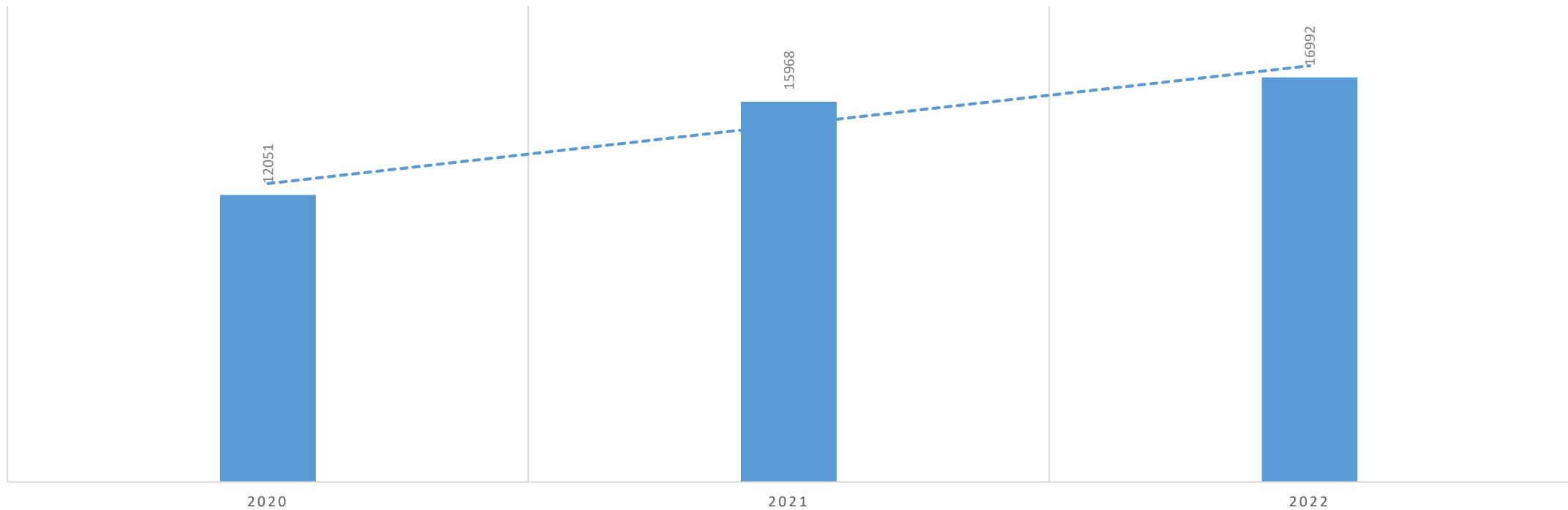## VIRTUAL DIRECT TO CONSUMER VOLUMES

- 2020: 12051
- 2021: 15968
- 2022: 16992

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Encounter Volumes – Direct to Consumer
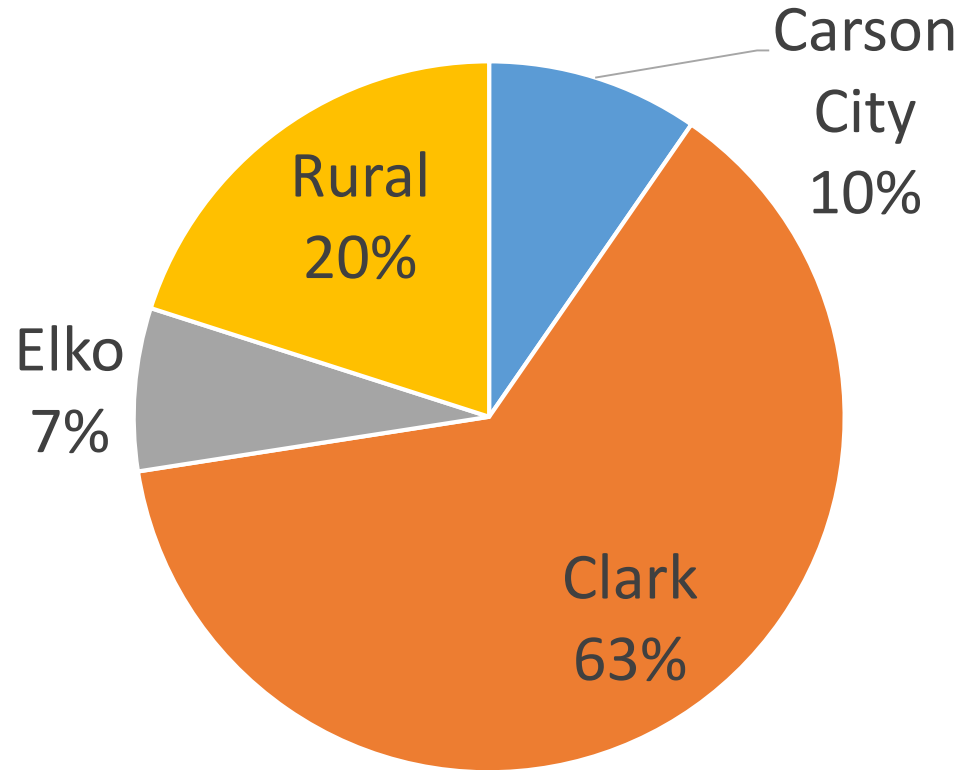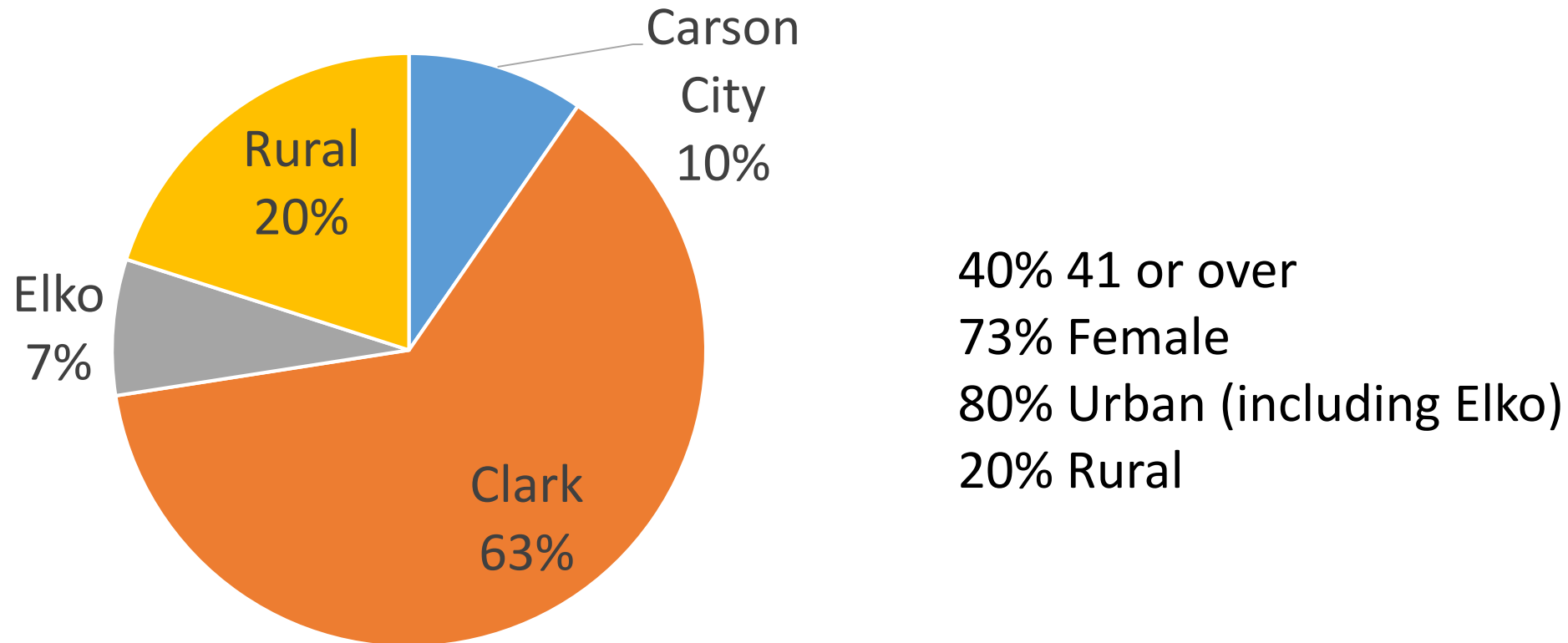
Age distribution pie chart:
- 0-20: 22%
- 21-30: 18%
- 31-40: 20%
- 41-50: 16%
- 51-60: 14%
- 61 and over: 10%

Gender distribution pie chart:
- Male, 27%
- Female, 73%

Encounter Volumes – Direct to Consumer

Carson City 10%

Rural 20%

Elko 7%

Clark 63%

Behavioral Health 37%

Medical 63%

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Encounter Volumes – Direct to Consumer

40% 41 or over
73% Female
80% Urban (including Elko)
20% Rural

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Encounter Volumes – Direct to Consumer

Medicare and Advantage 14%
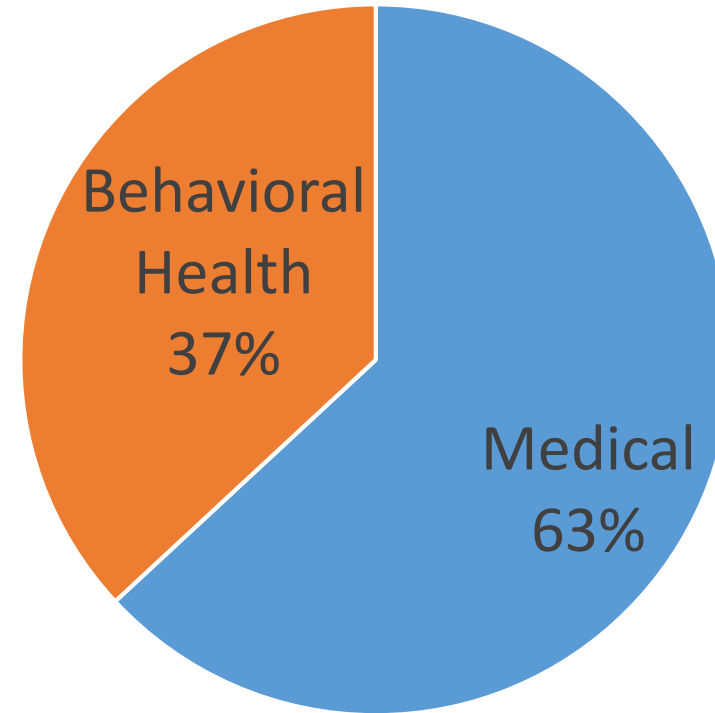
Commercial 29%

Medicaid 49%

Self-Pay/Sliding Fee 8%
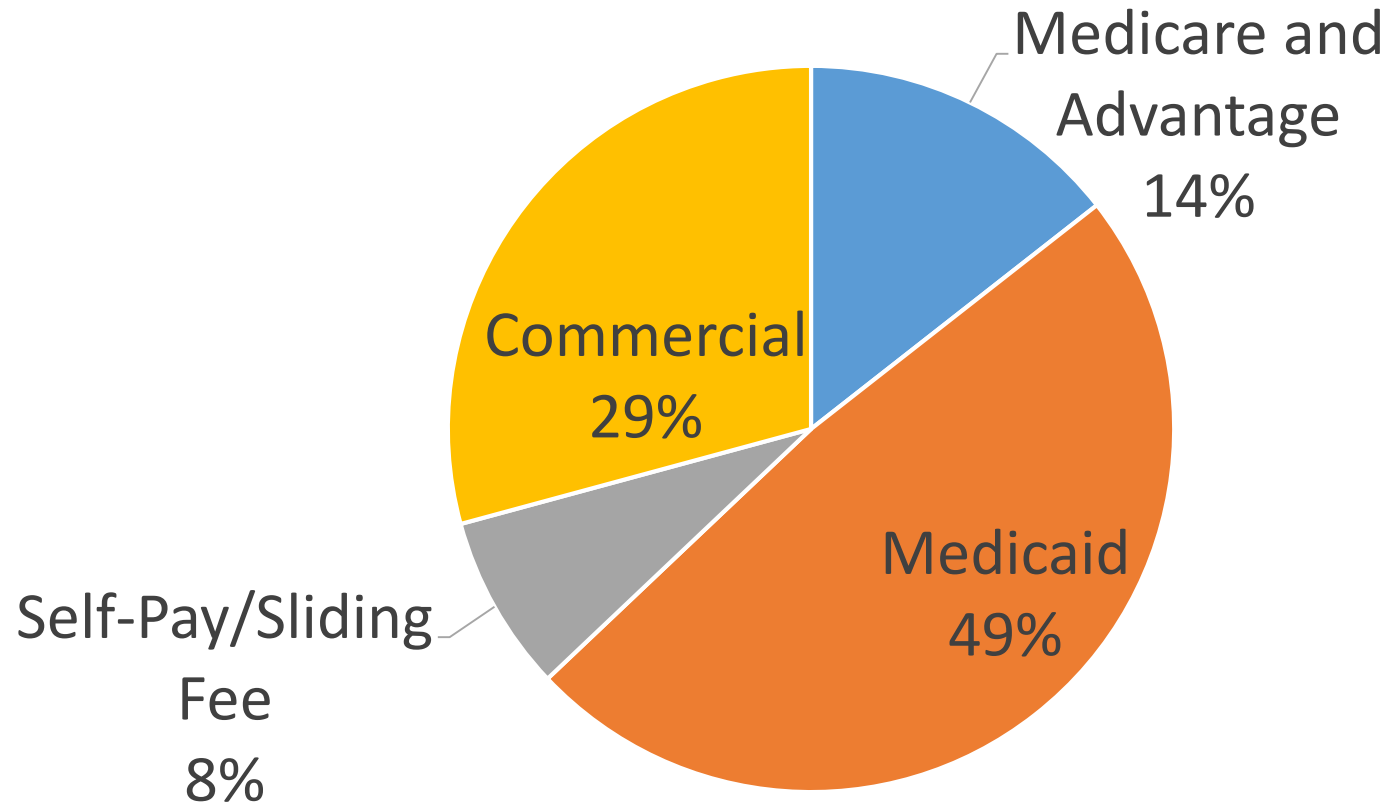
NEVADA HEALTH CENTERS

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Operational Workflow Considerations

- Training/Training/Training
  - Provider, MA, and Front Office Support
  - Learning Modules

- EMR Integration
  - Automatic scheduling in EMR & links sent to patients

- Patient Check-In / technology support
  - Online registration
  - Easy to connect technology – Still confusing!

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Culture / Adoption

Marketing Plan

- Social Media Campaign – 1320 clicked on the link to request an appointment, ad "served up" 351,280 times, with 105,344 people who saw it.

Reach is the total number of people who see your content. Impressions are the number of times your content is displayed, no matter if it was clicked or not.

Campaign name	Total Link Clicks	Unique link clicks	Reach	Impressions	Ad start date	Ad end date
DTC Virtual Care	1320	1231	105344	341280	4/19/2022	5/6/2022

Culture / Adoption

Social Medial Campaign

Age and gender distribution

| | All ▾ | Results ▾ |

Men
43% (572)
Cost per result: $1.11

Women
56% (744)
Cost per result: $1.15
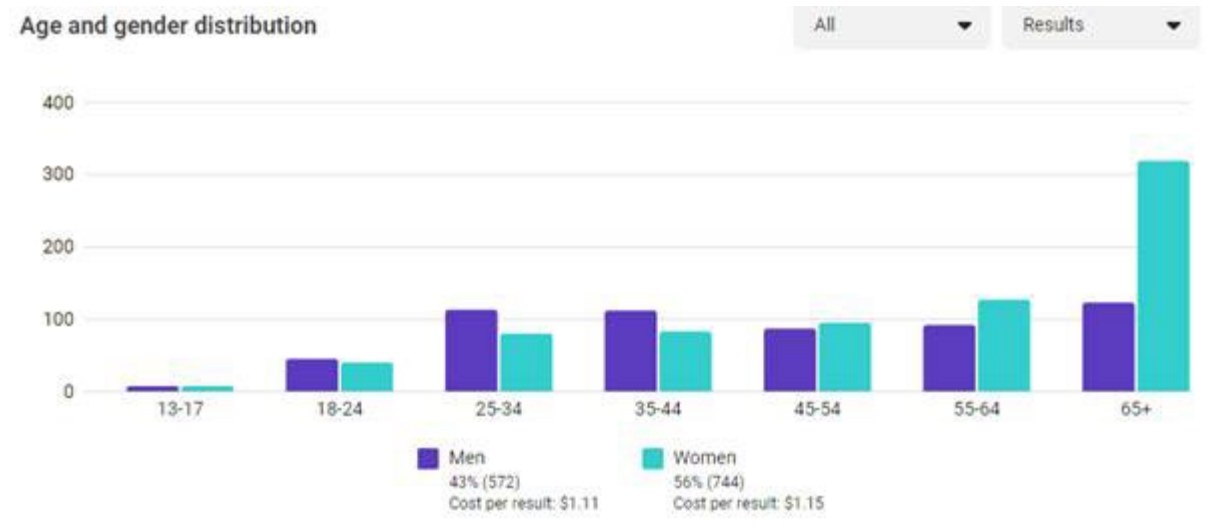
Month	Online Queue (Medical and Behavioral Health)
April, 2022	52
May	62

Out of 1320 clicks, only 114 scheduled

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Provider Surveys

- Culture/Adoption
  - Patient and provider surveys – Acting on the results
    - Providers prefer cart-based telehealth because of the biometrics.
    - Centralized team versus each provider having check-in team
    - Only certain conditions should be seen virtually

Provider Surveys

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Current Non-qualifying DTC visits

A	B	C	D	E
Abdominal pain as a primary complaint (this exclusion includes nausea and vomiting)	Breast complaint (females over 9)	Chest Pain	Dizziness (Over age 70)	Ear bleeding
	Broken bones	Controlled substances (narcotics)	DMV Paperwork	Eye injury
Abscess (boil)	Birth Control OK Except – IUD for telehealth and IUD & Depo for virtual		Disability Paperwork	Elbow (complaints over 1 week)
Allergic Reaction			Diabetic Foot Exam	
Ankle (complaints over 1 week)				ER Follow-ups are OKAY, only if we have records

F	G	H	I	J
Foreign Body	Genital complaints	Head Injury		
FMLA paperwork		Heart palpitations		
		Hemorrhoids		
		Hernia		

K	L	M	N	O
Knee (complaints over 1 week)	Lacerations	Motor Vehicle Accident (new injuries excluded) ER follow-up okay	Numbness	
	Loss of feeling/sensation			

P	Q	R	S	T
Paperwork New Patients		Rectal complaints	Seizure	Trauma with Blood (severe trauma with no ER or in-person initial visits)
Paralysis			Slurred Speech	
Passing out			Suicidal/Homicidal ideation	Testicular complaints
			Sports Physical	

Provider Surveys

- Culture/Adoption
  - Patient and provider surveys – Acting on the results
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    - Only certain conditions should be seen virtually

Q2

If you rated a three (3) or less, how can we improve this service for you?

Answered: 8   Skipped: 24

Rooming patient on time. There's been a couple (seldom) times it seems like my schedule was missed and my patients were checked in 15-20 min late... Not because of technology, but I think just missed.

5/31/2022 11:15 AM

was having lots of locking out my mic and video

5/31/2022 6:51 AM

Continue to work to address issues related to use of mobile devices or poor bandwidth as our patients have little control over adjusting their circumstances. Improving helpful tools such as 5m warning notice, blurred backgrounds and an icon to show when either party is muted.

5/27/2022 12:31 PM

I don't have any private office space to conduct virtual visits. I am in a crowded and noisy shared office with high potential for HIPPAA violations

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What Are Patients Saying?

- Dr. X is amazing. She always shows genuine concern and offers her best care.
- Great employees.
- We don't have the best internet service out here, but everything went very well considering.
- Professional
- Pleasant
- The visit could not have gone better. Everyone is so nice and helpful.
- The young lady that assisted me was delightful.
- Dr. X was super.
- Excellent job, we had a problem but you were able to get it done

Comment Sentiment Distribution ⓘ

7.4%

3.7%

88.9%

Comment Rating
- ■ Positive
- ■ Negative
- ■ Mixed
- ■ Neutral
- ■ Open
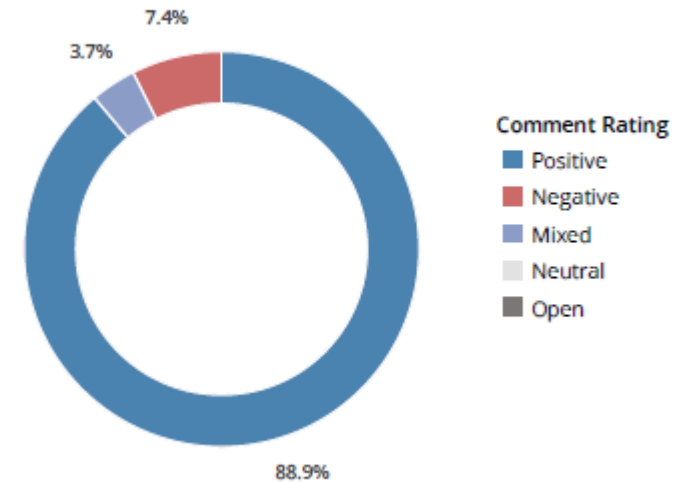
Overall: 88.9% positive

Leveraging Telehealth to address Quality Measures

Remote Patient Monitoring versus Home Patient Monitoring
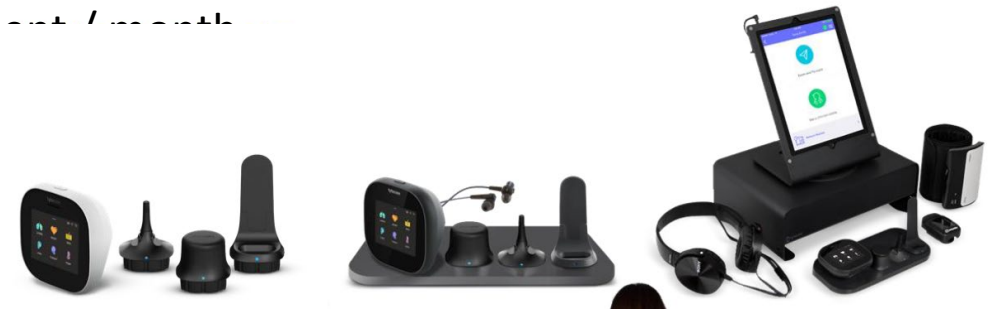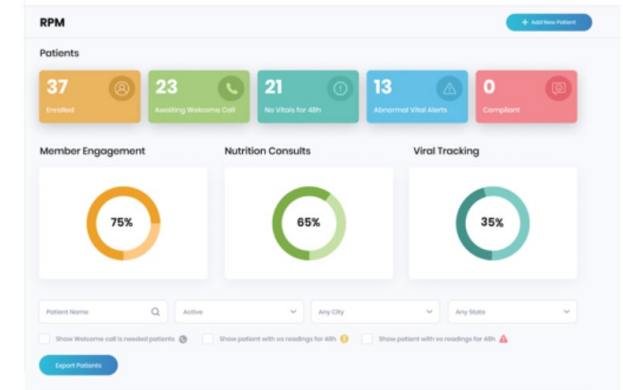
Choose the right technology

- Comparison of Two Vendors – Remote Patient Monitoring
  - Kit
    - $600.00 versus $225
    - Inventory and Logistics – How do they ship?
    - Requires Software versus Works independently
    - $35.00 / patient / month versus $25.00 / patient / month

  - Staffing
    - None Available versus Care Coordinator at $35.00 / patient / month

Virtual Home Patient Monitoring

- Nevada Health Center's solution to Remote Patient Monitoring
  - Leverage our telehealth program (Direct to Consumer) to reach patients at home who are lost to follow up.

  - Offer virtual care visits to monitor hypertension and diabetes;

  - HOME patient monitoring via virtual visits.

RE VIDEOS

IDENTIFY THE NEED

- Business Intelligence Reports -

  - TARGET: Any patient who has not been seen in the last six months and last BP of 140/90 or higher (1182)
    - **NOTE: Original reports included ONLY patients who had used virtual care in the past. The actual # is much higher

  - TARGET: Any patient whose A1c is over 9 and who has not been seen in the last six months. (2409)

Choose the right technology

- BP Cuff – No integration needed
- Scale – No integration needed
- Thermometer – No integration needed
- Pulse Oximeter – No integration needed
- Glucometer – No integration needed
- Home A1c Kit versus Lab order

Form a Team

- Centralized telehealth team
    - (In collaboration with clinical providers, quality team and nurse navigators)
- Virtual Care Providers

Telehealth Team

- Telehealth Team calls the patient –
  - Intensive scripting so patient understands what condition is being addressed and what a virtual appointment is
- Must sign enrollment agreement
- Once returned, send kit
  - BP monitor, thermometer, pulse oximeter, scale, and educational material
  - Home A1c Kit, glucometer, lancets, and test strips, pulse oximeter, thermometer, scale, and educational material.
  - List of appointments (5 or 6) with return to PCP after virtual appointments completed.
  - TECHNOLOGY APPOINTMENT IS THE FIRST APPOITNMENT WITH THE TELEHEALTH TEAM

Technology Appointment

- Review Virtual Visit Software

- Review online registration and check in software

- Confirm device they are using is same one they will use when they connect with the provider.

- Confirm good audio, good video, and good internet connectivity.

- If unable to connect, contact Telehealth IT Systems Analyst

- Once connected, review BP device – proper measurements (Refer to tips guide) – Have them take BP for you – while you watch.

- Review thermometer and proper use – Have them take temperature for you – while you watch.

- Review Pulse oximeter and proper use – have them use the device while you watch

- Review scale – Have them weigh themselves – while you watch.

- Review "important information section of troubleshooting guide"
  - Online registration 30 minutes before appointment
  - Separate link to connect to provider 20 minutes before appointment
  - Have medication bottles, flashlight, and ID ready, as well as their BP Cuff, Scale, and Thermometer
  - Ask other individuals in the home to refrain from using the internet during the visit
  - If using cellular, do not be in a moving vehicle and make sure good cellular signal
    - Put phone on "Do Not Disturb" prior to connecting

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Results - Hypertension

- To date only HTN patients have been called
  - 482 calls have been made
  - 73 patients interested, sent agreement
  - 42 returned agreement

- WITHIN NORMAL LIMITS: **84%**
- Failed to attend appointments: 14%
- Still outside of normal limits: 2%

Pie chart:
- Improved, 36, 84%
- Lost to follow up, 6, 14%
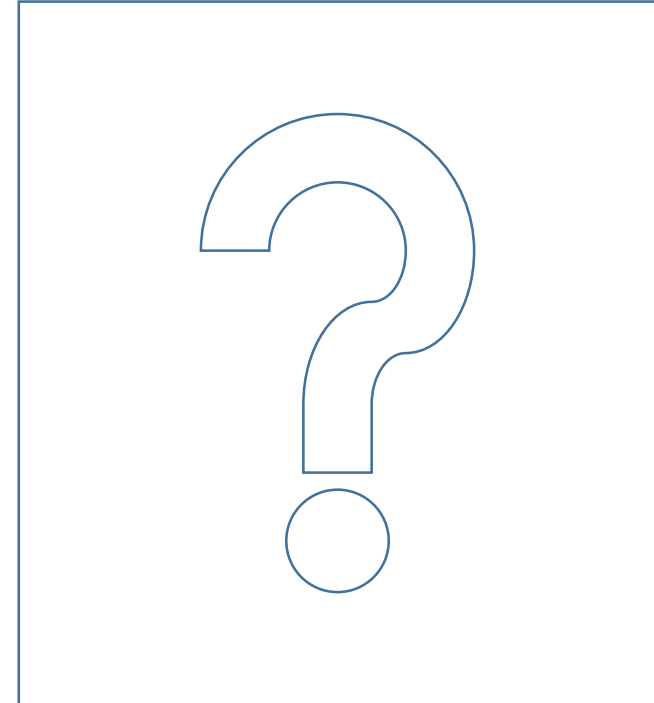- Not improved, 1, 2%
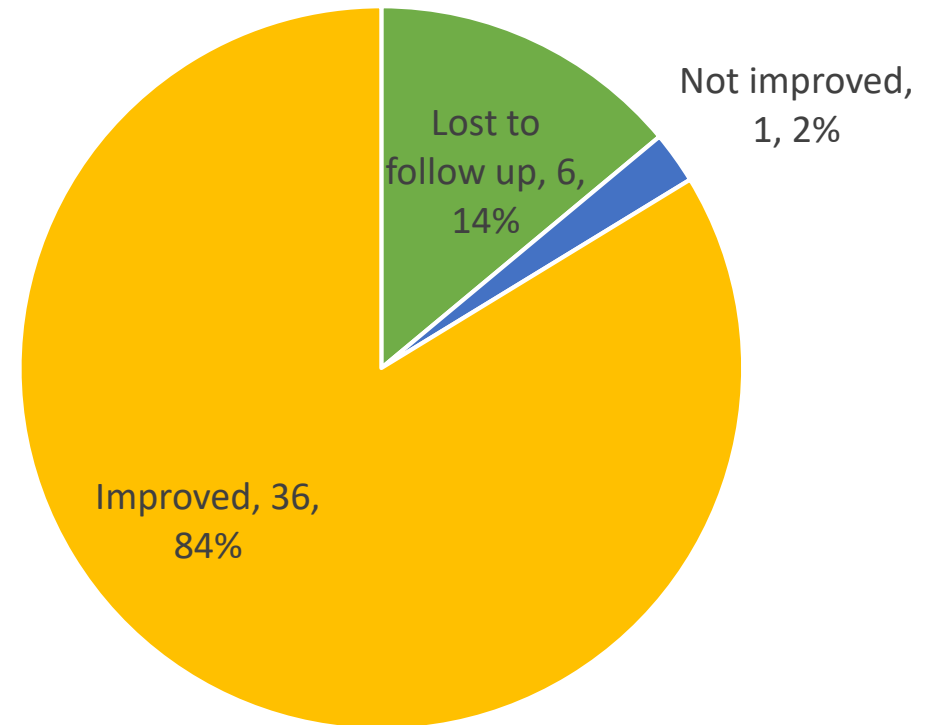
Results - Diabetes

- To date only HTN patients have been called
  - 300 calls have been made
  - 34 patients interested, sent agreement
  - 2 returned agreement

- WITHIN NORMAL LIMITS: **Unable to determine**

Lessons Learned / Solutions

Optimizing Virtual Care

- Cost of Kits
  - $165.00/Diabetes
  - $ 125.00/Patient Hypertension
- Staffing to make calls
  - 9% of calls made result in signed enrollment agreement - hypertension
  - 1% of calls made result in signed enrollment agreement - diabetes
- Value of technology appointment and centralized check in
  - Following through on workflow (i/e obtaining BP, Home A1c measurements)
- Integration with EMR / Reporting
  - Care Management Model

Questions?

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