FENWAY HEALTH




# Low-Threshold Telehealth for Underserved Populations

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Fenway Health

# AGENDA

- Telehealth at Fenway during the pandemic
- Approach to program planning
- Examples of programming
- The why & how of equity & access
- Resources

# FENWAY HEALTH

- Independent 501(c)(3) Federally Qualified Health Center
- Located in Boston, MA Founded 1971

**Mission:** Fenway Health advocates for and delivers innovative, equitable, accessible health care, supportive services, and transformative research and education. We center LGBTQIA+ people, BIPOC individuals, and other underserved communities to enable our local, national, and global neighbors to flourish.

- Specializing in HIV care
- >35,000 unduplicated patients annually
- Patients travel from over 1,000 zip codes



## Clinical Care

**Integrated primary care model, including**:

- Medical, Behavioral Health, Optometry, Dentistry

**The Fenway Institute**

- Research, Education, Policy

**Public Health Programs**

- Drug User Health, Housing, STI, HIV

# TELEHEALTH AT FENWAY

We have conducted

**437,181**

Telehealth visits from March 2020 through March 2023

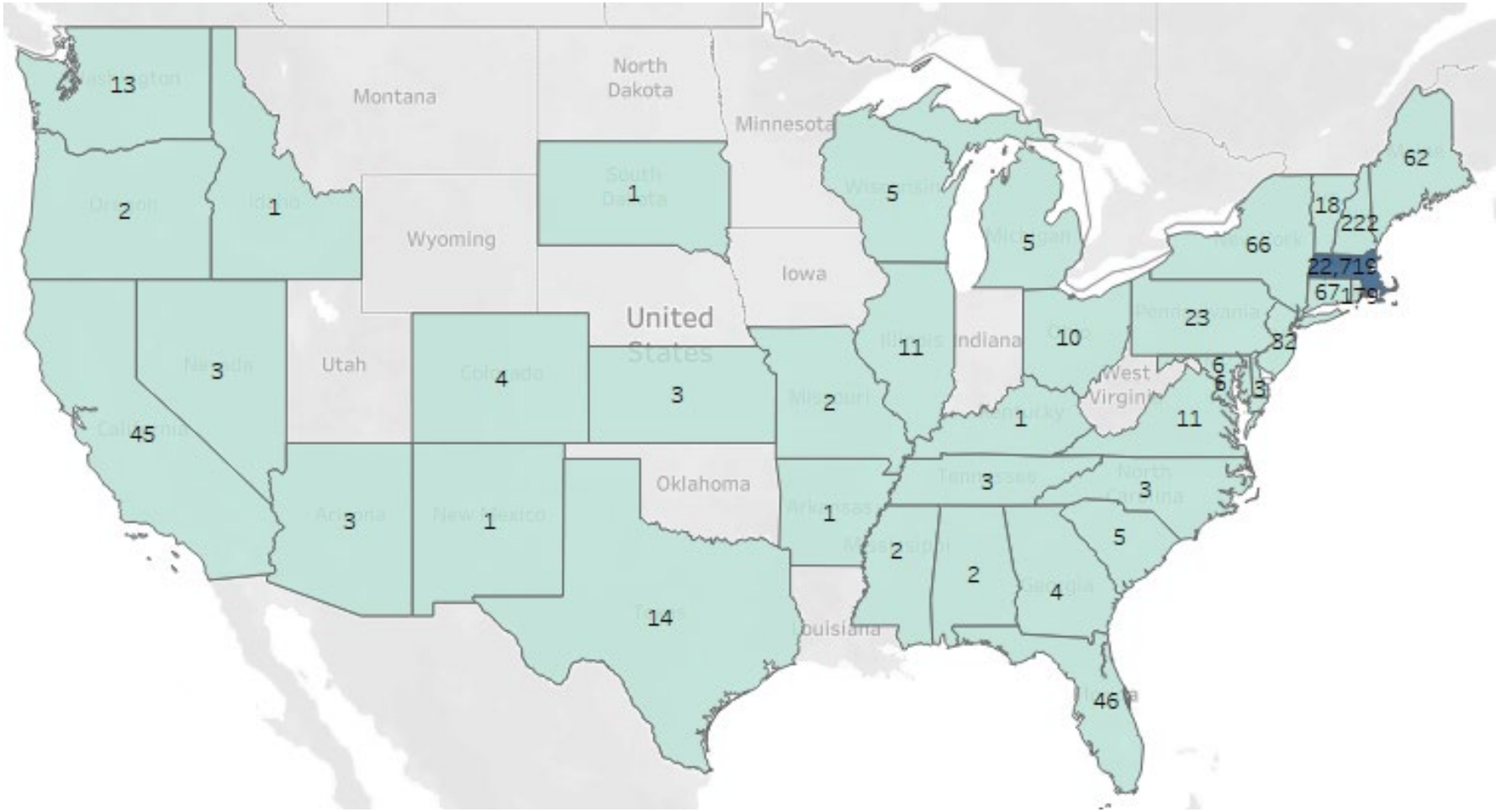
# PIVOT TO TELEHEALTH DURING COVID

## March 2020 to November 2020

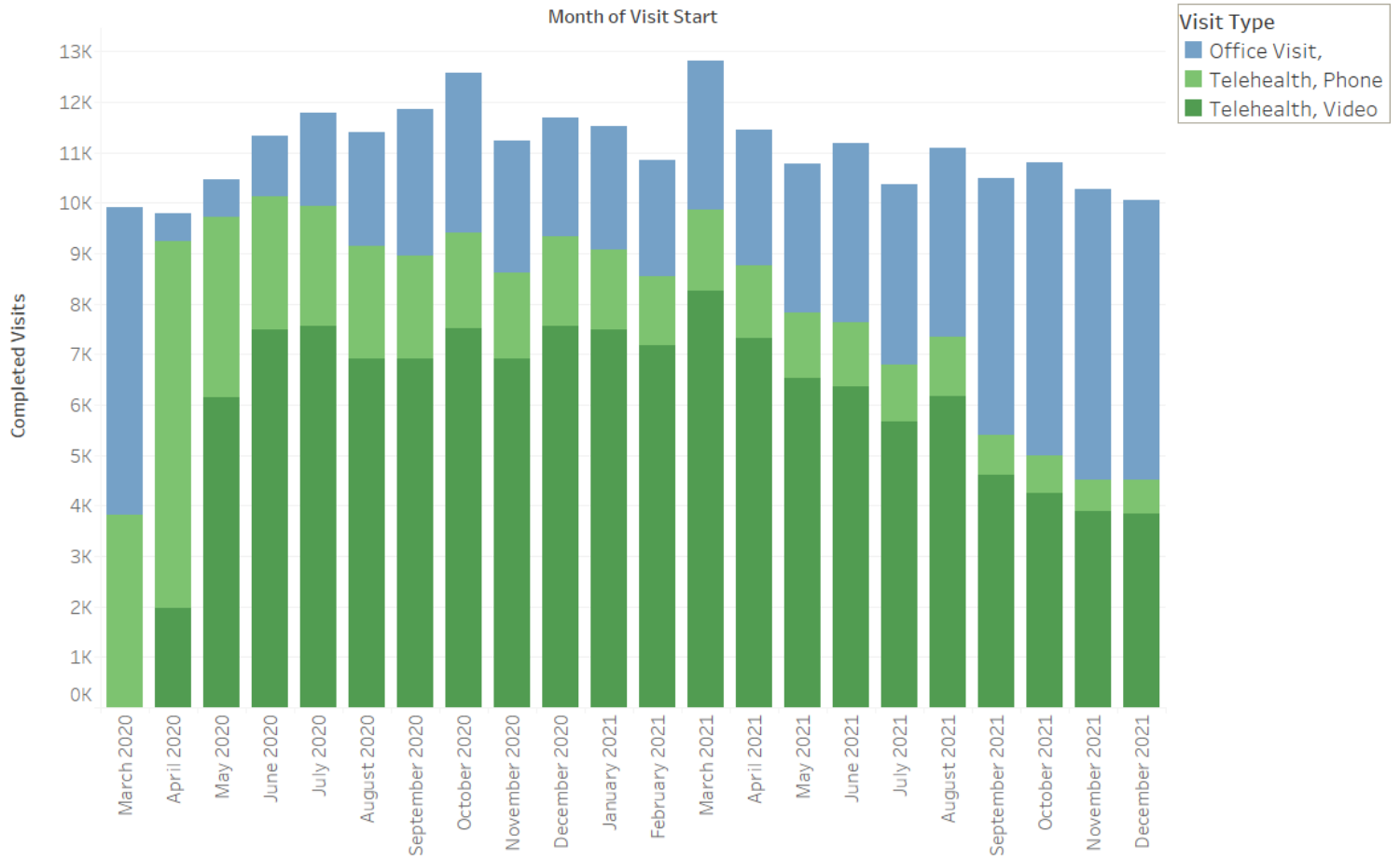
- **26,093 Unduplicated Patients (80% of total patients)**
- **27% Medicaid, Medicare, Other Public, Uninsured**
- **1 in 5 were 50 years and older**
- **Lower No Show rates**

- **99,808 Telehealth Visits (69% of total visits)**
  - Behavioral Health: 78% of visits used Telehealth
  - Medical: 64% of visits used Telehealth
  - Optometry: 11% of visits used Telehealth
  - Dentistry: 6% of visits used Telehealth

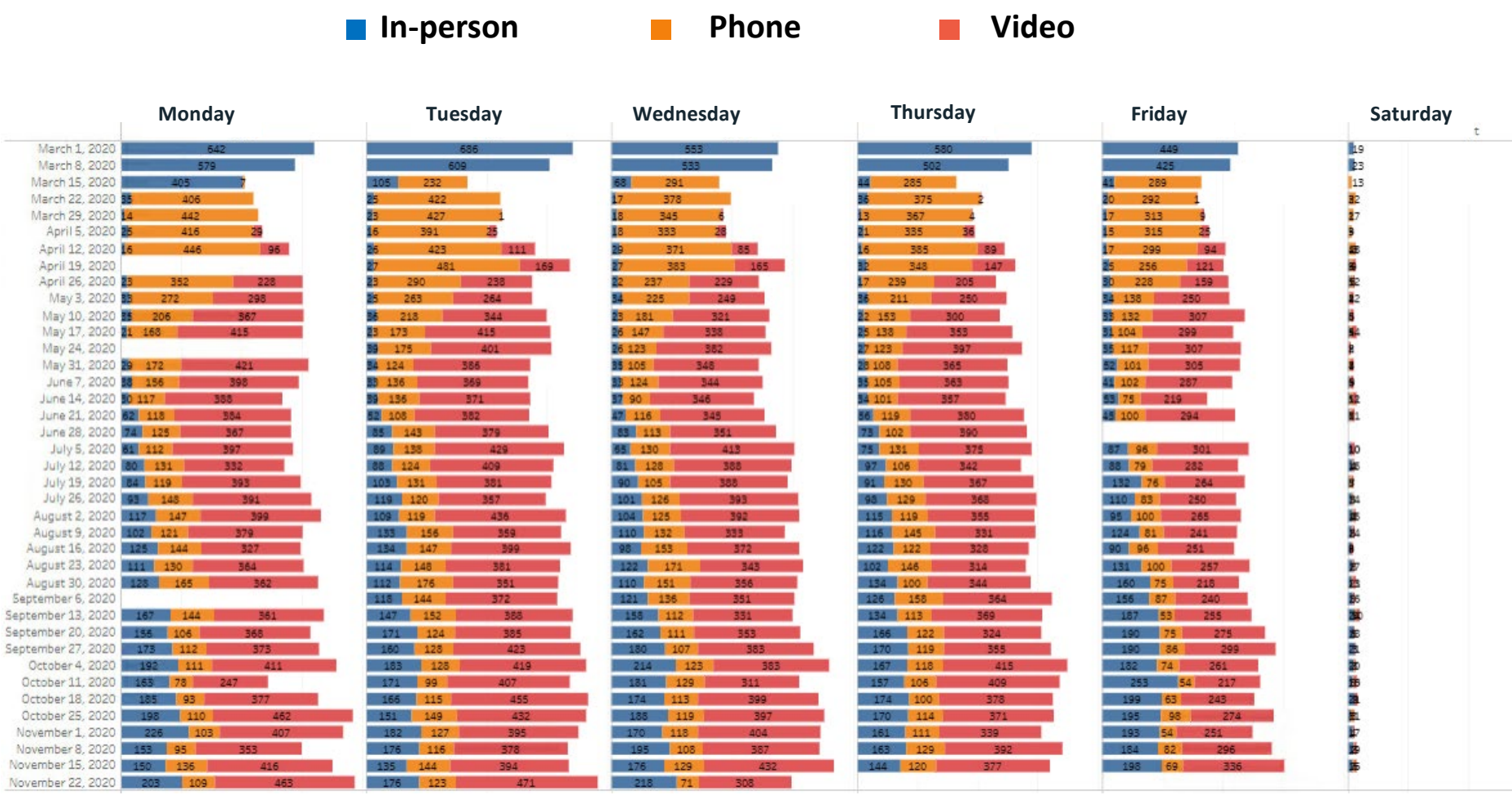
# TELEHEALTH UTILIZATION BY STATE



# Telehealth vs. Office Visit Volume
# March 2020- December 2021

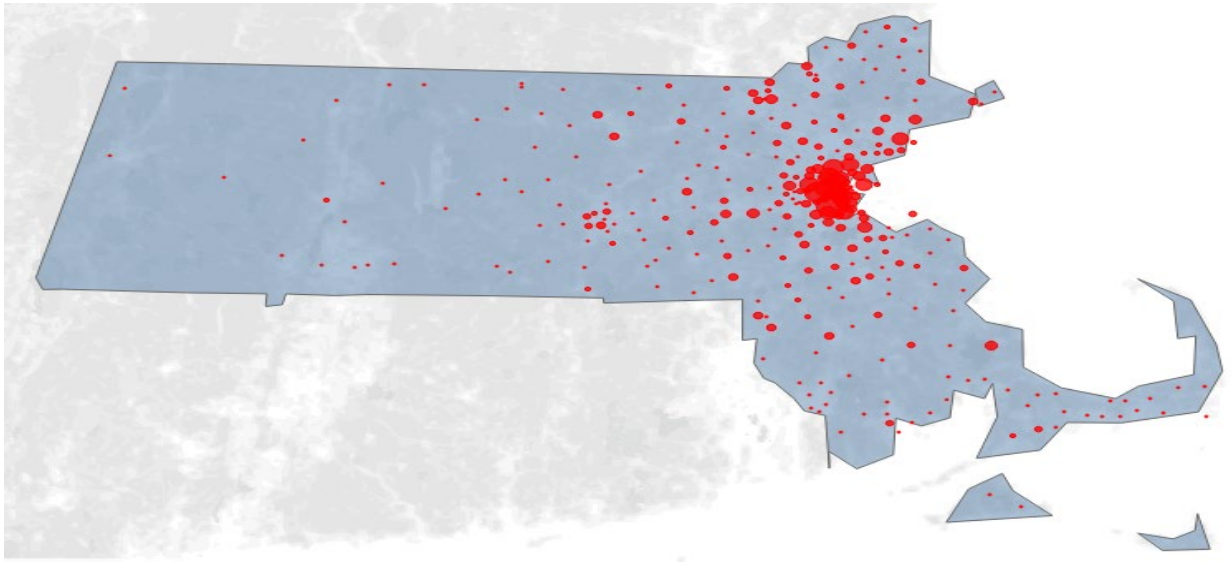


# Pivot To Telehealth During COVID



# TELEHEALTH UTILIZATION IN MA

Trans/Gender Diverse Patients

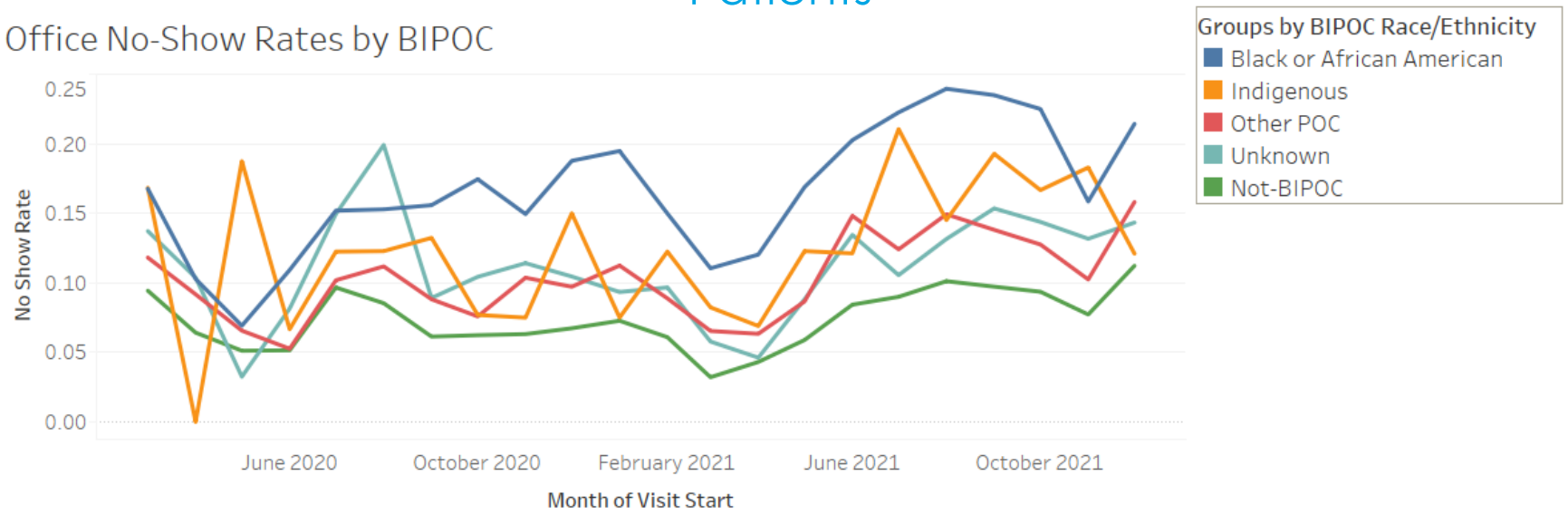


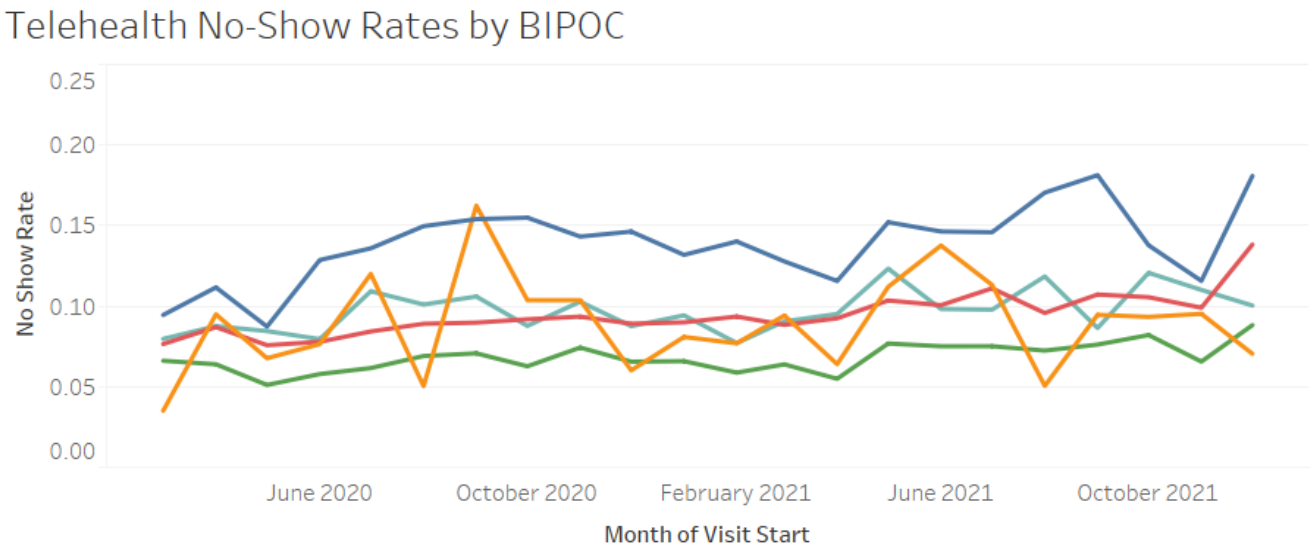
# TELEHEALTH APPOINTMENT ADHERENCE

**Table 3. Attendance Rates Among Telehealth Visits Scheduled with Transgender and Gender Diverse (TGD) Patients from March through August 2020**

| | Medical telehealth visits | | Behavioral telehealth visits | |
|---|---|---|---|---|
| **Attendance Status** | n | % of scheduled TGD patient medical telehealth visits | n | % of scheduled TGD patient behavioral telehealth visits |
| **Attended** | 5736 | 83.9% | 5644 | 86.4% |
| **No Show** | 374 | 5.5% | 538 | 8.2% |
| **Canceled by Patient** | 729 | 10.7% | 349 | 5.3% |
| **All Scheduled Visits** | 6839 | | 6531 | |

# No-Show Rates Comparing Office vs Telehealth Utilization for BIPOC Patients



# PATIENT QUOTES

*"As long as I can remember, I hoped I would be able to speak with my doctor over the phone or virtually. This has been a god-send for me and makes it much easier to prioritize my health"*

*"The care and advice has not changed due to it being a Zoom appt"*

*"I really like this as an option! It's not ideal for every visit obviously, but I'd like to keep being able to schedule tele visits for things like adjusting medication dosage."*

*"For routine care, especially psych visits that last no longer that 20 minutes, I think these telemed visits are the way to go. It's convenient and does not cut into large chunks of time during the day just trying to come in for a brief visit (getting to the clinic and then going back to work or home takes 5x as long as the actual visit itself) - not exactly practical. I hope this option remains available for good."*

# OUR APPROACH TO PROGRAM PLANNING

# STRATEGIES FOR SUCCESS

Robust Provider & Staff Resources

Video First Approach

- Launched video platform immediately
- Set expectations from the start

Multidisciplinary Teams for Planning and Quality Assurance



# STRATEGIES FOR SUCCESS



**Engaged Multiple Departments & Ensured Resources**

Dental & Optometry Triaging



**Technical Support & Guidance**

Responsive & readily available



**Messaging to Patients**

*We are still here for you*

# TELEHEALTH SUPPORT FOR STAFF AND PATIENTS

- Provide immediate support for patients and staff
- Safety net for providers working remotely
- Positive interaction for patients navigating new workflows
- Provided live support
- High volume initially but has tapered off

# TELEHEALTH SUPPORT FOR STAFF AND PATIENTS

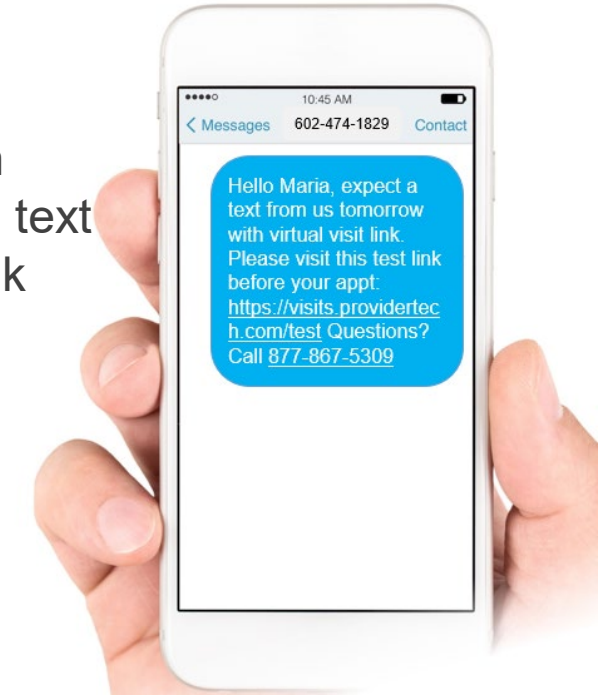
**Helpful Resources**

- Dedicated email address
- Provider materials/SOP's
  - Branded virtual backgrounds
- Patient instructions (English and Spanish) on our website
- Test URL link sent to patients prior to visit

# EXAMPLES OF PROGRAMMING

# PREPARING FOR THE VISIT

Patient receives an **automated** text with visit link

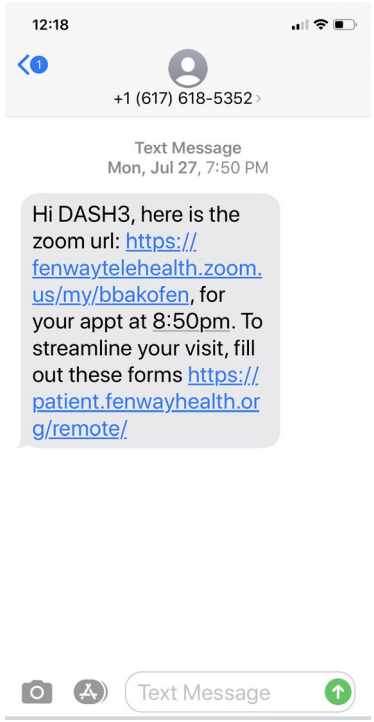


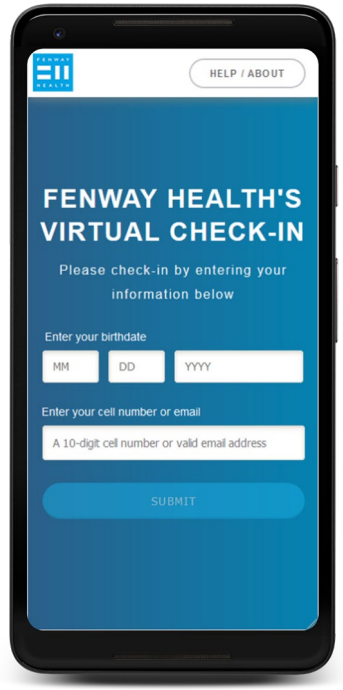

- FAQs
- How to Prepare for your Telehealth Visit
- How to connect to your Telehealth visit
- How the visit works
- How to prepare your device/computer for a Telehealth visit?
- How to prepare your environment for a Telehealth visit?

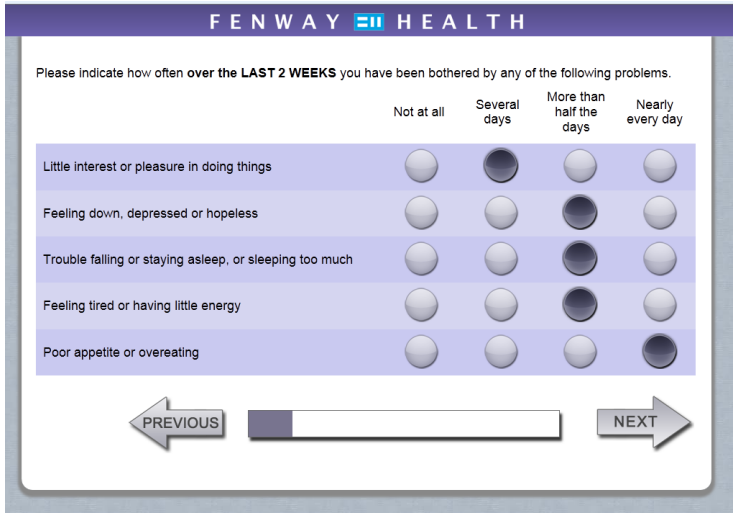
**Frequently Asked Questions**

- What is Telehealth?
- Why use Telehealth for a video visit with my healthcare provider?
- Are Telehealth visits secure?
- Who can be scheduled for a Telehealth visit?

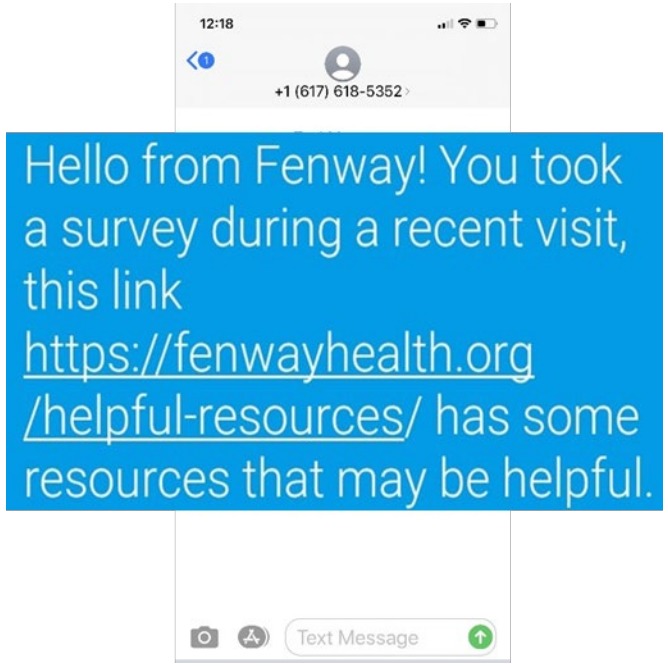
# AUTOMATE PATIENT REPORTED OUTCOMES

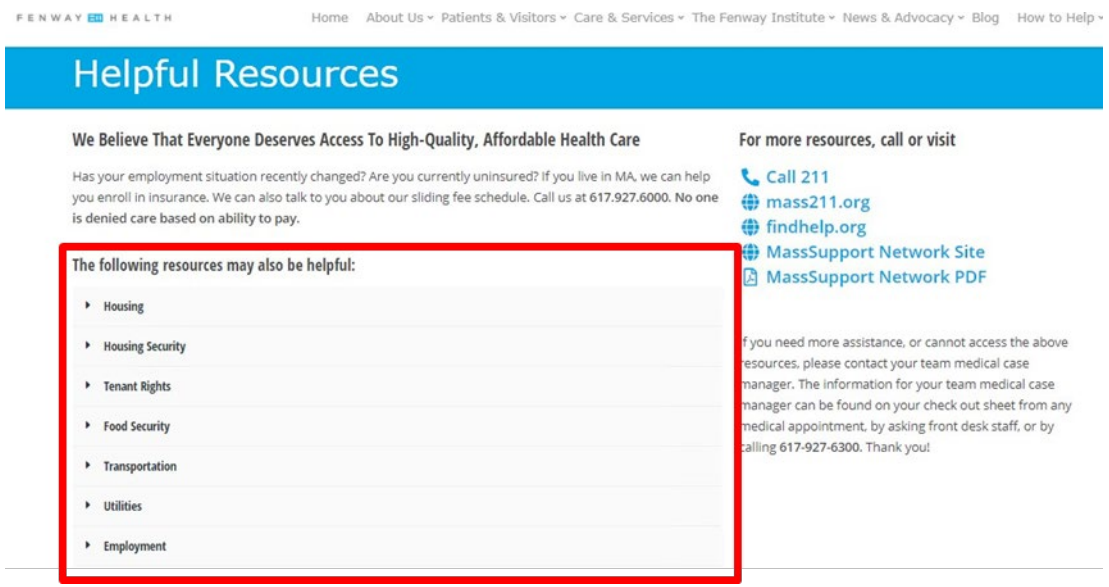


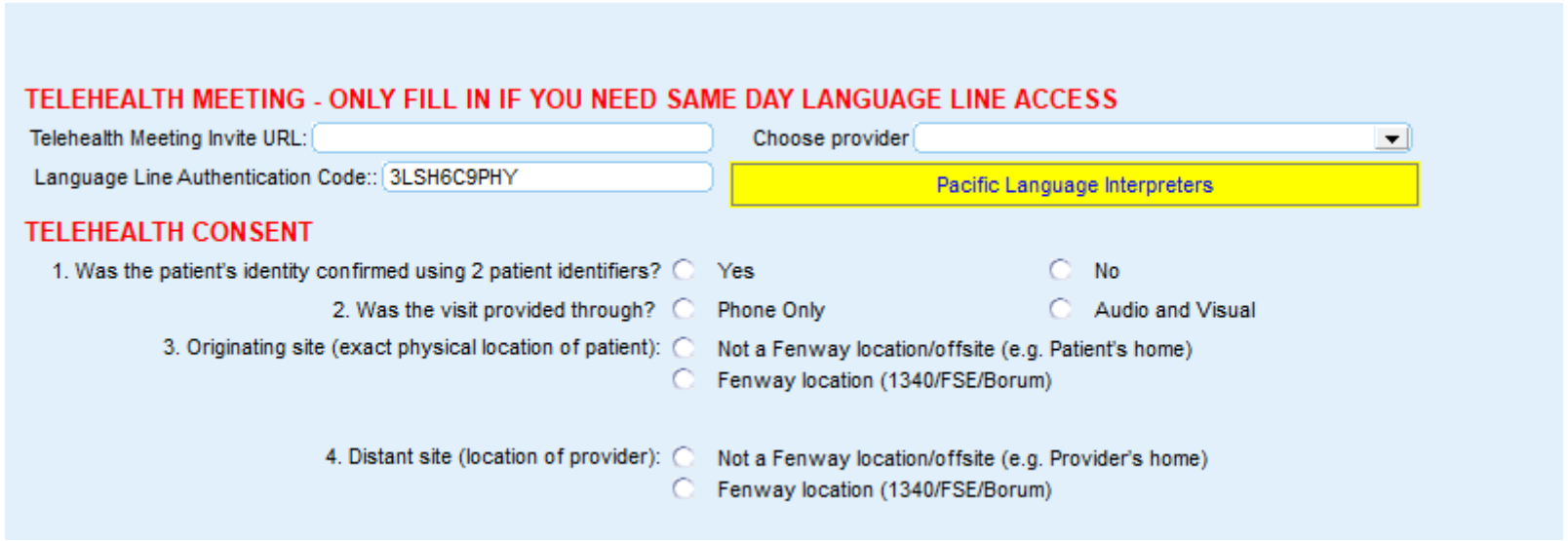



# AUTOMATE PATIENT RESOURCES

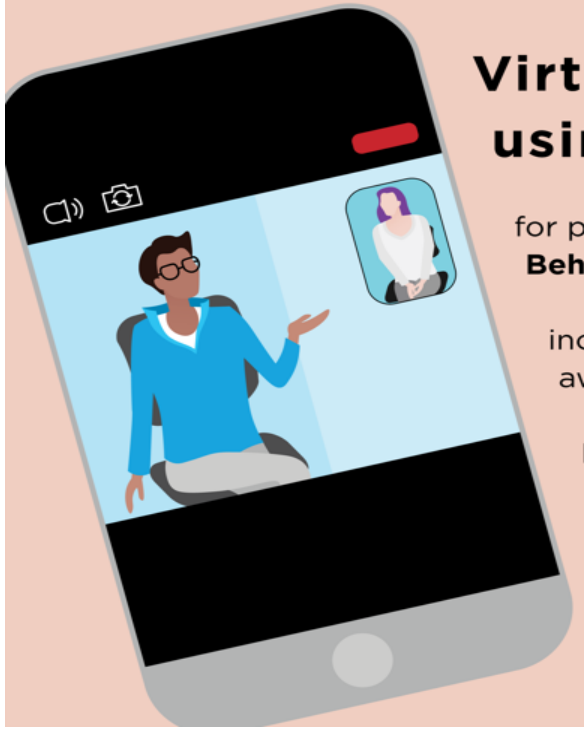


# EHR FORM


TELEHEALTH MEETING - ONLY FILL IN IF YOU NEED SAME DAY LANGUAGE LINE ACCESS
Telehealth Meeting Invite URL:
Choose provider
Language Line Authentication Code:: 3LSH6C9PHY
Pacific Language Interpreters
TELEHEALTH CONSENT
1. Was the patient's identity confirmed using 2 patient identifiers? Yes No
2. Was the visit provided through? Phone Only Audio and Visual
3. Originating site (exact physical location of patient): Not a Fenway location/offsite (e.g. Patient's home)
Fenway location (1340/FSE/Borum)
4. Distant site (location of provider): Not a Fenway location/offsite (e.g. Provider's home)
Fenway location (1340/FSE/Borum)

FENWAY HEALTH



# Virtual Walk-In using Zoom

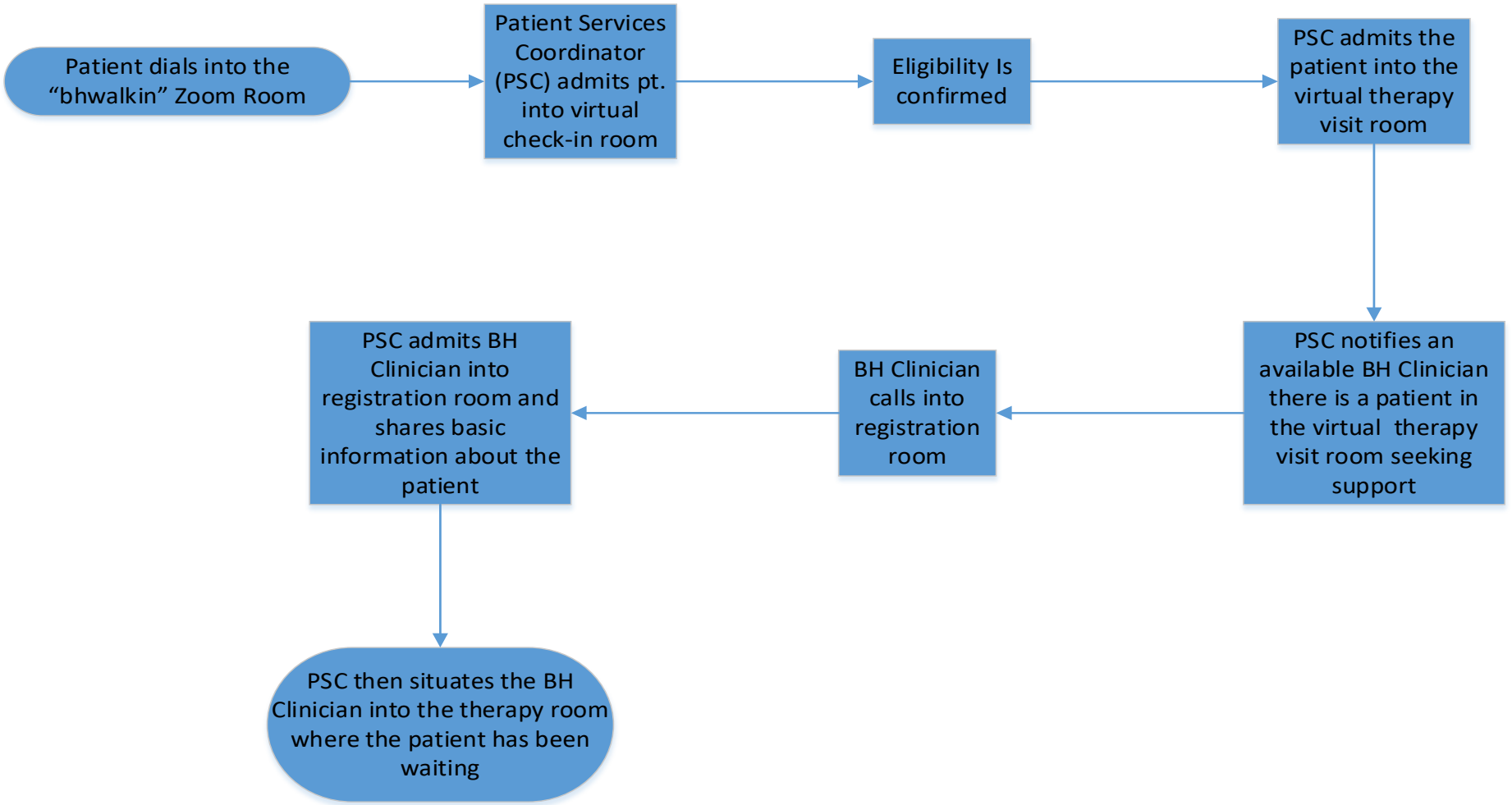
for participants of Fenway **Behavioral Health Serivces**

including those awaiting therapy

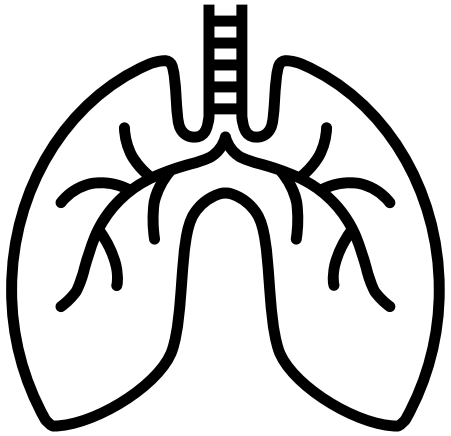
Monday-Friday
noon-4:00 pm

Zoom 795.004.7430
or “bhwalkin”

# WORKFLOW FOR VIRTUAL BH WALK-IN



# REMOTE PATIENT MONITORING (RPM)



**Ease of use fundamental in vendor choice.**
**Low barrier adoption is key.**

-no cost to patients

-easy technology (cellular vs. Bluetooth)

-clinical efficacy

-interoperability



**Fenway started with Blood Pressure Monitoring**



# Early Learning Success Story

Patient not previously diagnosed with HTN

- Enrolled in the RPM program
- Multiple, early out of range readings
- Outreach by RN for review & assessment
- Medication prescribed based on BP values
- Immediate BP decrease & readings within manageable range
- Continued adherence to RPM & care plan
- Prevented decline in health condition
- ER visit avoided

# PATIENT SAMPLE

| Patient Name | Patient DOB | MRN/ACT# | Patient Email |
|---|---|---|---|
| | | | |

| Timeframe | Filter | Exported Date |
|---|---|---|
| **11/10/2021 - 12/10/2021** | **Days** | **Dec 10, 2021** |




| Day | Nov 10 | Nov 11 | Nov 12 | Nov 13 | Nov 14 | Nov 15 | Nov 16 | Nov 17 | Nov 18 | Nov 19 | Nov 20 | Nov 21 | Nov 22 | Nov 23 | Nov 24 | Nov 25 | Nov 26 | Nov 27 | Nov 28 | Nov 29 | Nov 30 | Dec 1 | Dec 2 | Dec 3 | Dec 4 | Dec 5 | Dec 6 | Dec 7 | Dec 8 | Dec 9 | Dec 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Systolic Avg | | 124mmHg | | 121mmHg | | | | 116mmHg | 113mmHg | 122mmHg | | 128mmHg | | 113.5mmHg | 115mmHg | 113mmHg | 112.5mmHg | | | 113mmHg | 129mmHg | 118mmHg | 116mmHg | 113mmHg | | | | 115mmHg | | 110mmHg | |
| Systolic Range | | 124mmHg | | 121mmHg | | | | 116mmHg | 113mmHg | 119-124mmHg | | 124-132mmHg | | 113-114mmHg | 115mmHg | 113mmHg | 117-118mmHg | | | 113mmHg | 112-138mmHg | 118mmHg | 116mmHg | 113mmHg | | | | 115mmHg | | 110mmHg | |
| Diastolic Avg | | 79mmHg | | 77mmHg | | | | 79mmHg | 77mmHg | 77.33mmHg | | 82.33mmHg | | 71.5mmHg | 76mmHg | 75mmHg | 78.5mmHg | | | 73mmHg | 85.4mmHg | 78mmHg | 70mmHg | 73mmHg | | | | 74mmHg | | 68mmHg | |
| Diastolic Range | | 79mmHg | | 77mmHg | | | | 79mmHg | 77mmHg | 75-79mmHg | | 80-85mmHg | | 70-73mmHg | 76mmHg | 75mmHg | 78-79mmHg | | | 73mmHg | 73-93mmHg | 78mmHg | 70mmHg | 73mmHg | | | | 74mmHg | | 68mmHg | |

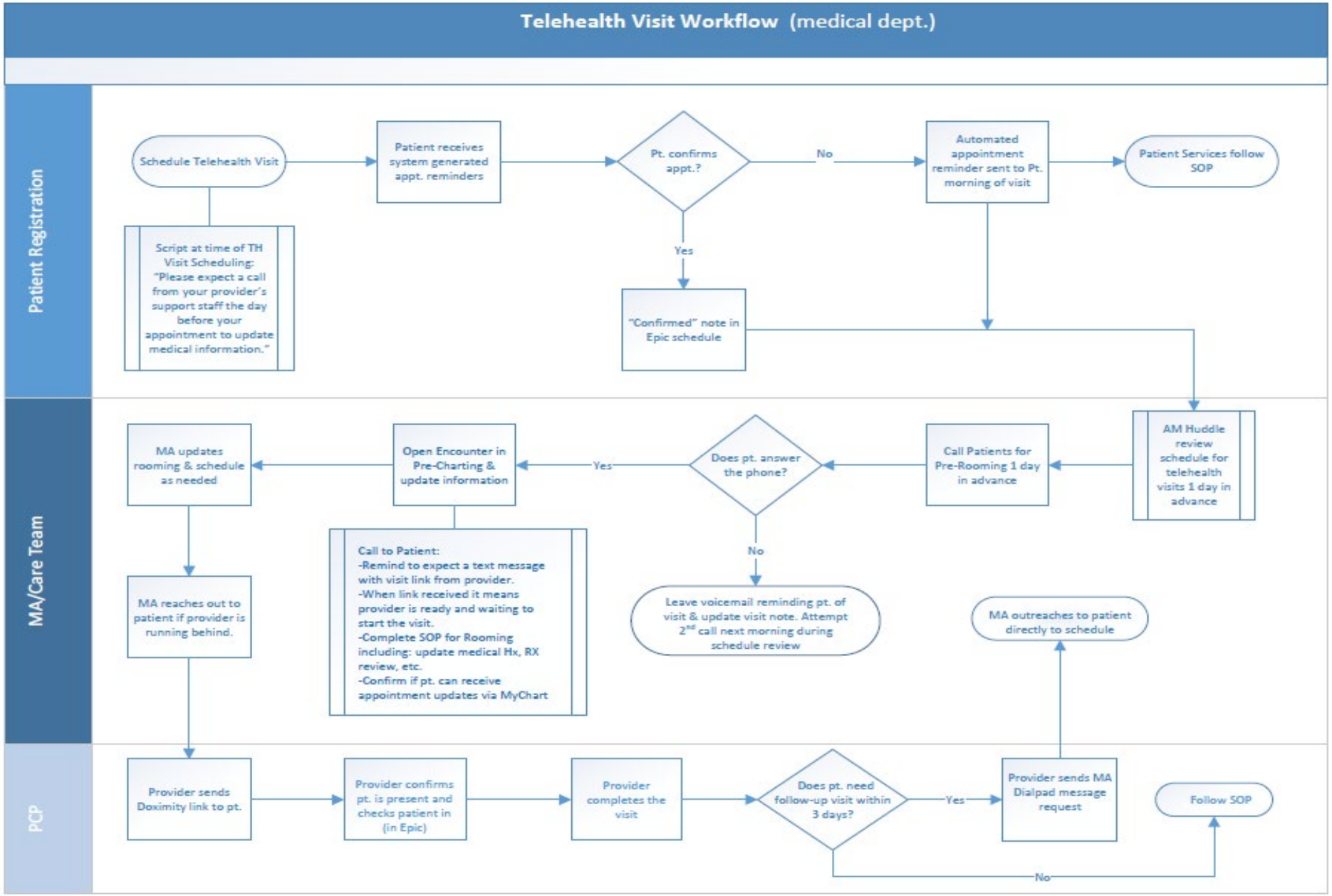
# RPM SUSTAINABILITY

- ✓ Collect financial data on all patients (30 days prior to RM, the first 30 days during RPM) hospitalizations, ED visits, Bed Days.
- ✓ RPM/CCM billing to generate revenue to sustain the RPM program
- ✓ Maintain an average of 75+ active patients to ensure the program is effective and a strategic part of care delivery by guaranteeing continuity and stakeholder support.

# EXAMPLES OF ONGOING INITIATIVES

- Care Team Integration
- Health Equity Framework
- Examining data to identify care gaps/opportunities
- Remote Patient Monitoring – hypertension & diabetes

Integrated Visit Workflow



# EQUITY IN TELEHEALTH PROGRAMMING

**Initiatives include:**

- Development of equity dashboard specifically to monitor utilization of telehealth services
- Sourcing of resources for patients to participate in telehealth
  - Affordable Connectivity Program
  - Disseminating donated devices
- Health Equity Framework Advisory
- Supporting the 'No Wrong Door' approach
  - Kiosks at Fenway locations

# WHY AND HOW –
# LOW THRESHOLD TELEHEALTH

# TECHNOLOGY DEVELOPMENT AT FQHC'S

- FQHCs have historically been on the forefront of health care provision but not included in software development
- Delivery models offer ideal environments to develop and pilot new innovative technologies under real-world conditions.
- Better representation
- Close the Digital Divide

# TECHNOLOGY CHALLENGES

- Expensive; innovation happening at the larger hospitals
- FQHC's are the safety nets – need $ to support innovation and care
- Need money to support patients – technology and staff (telehealth navigator)

# TELEHEALTH BENEFIT FOR LGBTQIA+

Research consistently shows that LGBTQIA+ people face many barriers to accessing care. A 2022 national survey conducted by Center for American Progress found that 20% of LGBTQI+ Americans, and nearly one third of transgender people, reported postponing or avoiding medical treatment due to discrimination.

https://www.americanprogress.org/article/discrimination-and-barriers-to-well-being-the-state-of-the-lgbtqi-community-in-2022/

# TELEHEALTH BENEFIT FOR LGBTQIA+

- Increasing access to clinicians trained in gender- affirming care
- Ensures that TGD patients access to care regardless of geographic location
- Creating a Welcoming and Inclusive Health Care Environment
- Impact health outcomes and disparities

# MA HEALTH POLICY COMMISSION REPORT

**Access:** *"Low digital literacy and lack of access to technology were the biggest barriers for patients to access telehealth services" "14.9% of Massachusetts residents age65 and older live in households that do not have a computer"*



*"Audio-only telehealth remains a viable mode of care delivery for patients facing barriers"*

# MA HEALTH POLICY COMMISSION REPORT

100% parity for behavioral health telehealth services under federal and Mass Law (Chapter 260)Applies to all payors: MassHealth, Medicare, and Commercial Plans.

Both audio-visual and *audio-only

**furnishing audio-only may have risk-adjustment implications for Medicare*



# TECHNOLOGY EQUITY

**Technology equity is a social justice issue**.

As telehealth technology becomes more prominent in health care, disparities in technology access and literacy among clients will widen existing health disparities. Therefore, technology access and literacy are social determinants of health to be included in treatment plans. In addition, prioritizing this issue will not only improve health but also social supports and conditions. Comfort and ability to participate in technology is fundamental to maintaining connections, obtaining and maintaining a job, and accessing basic needs.

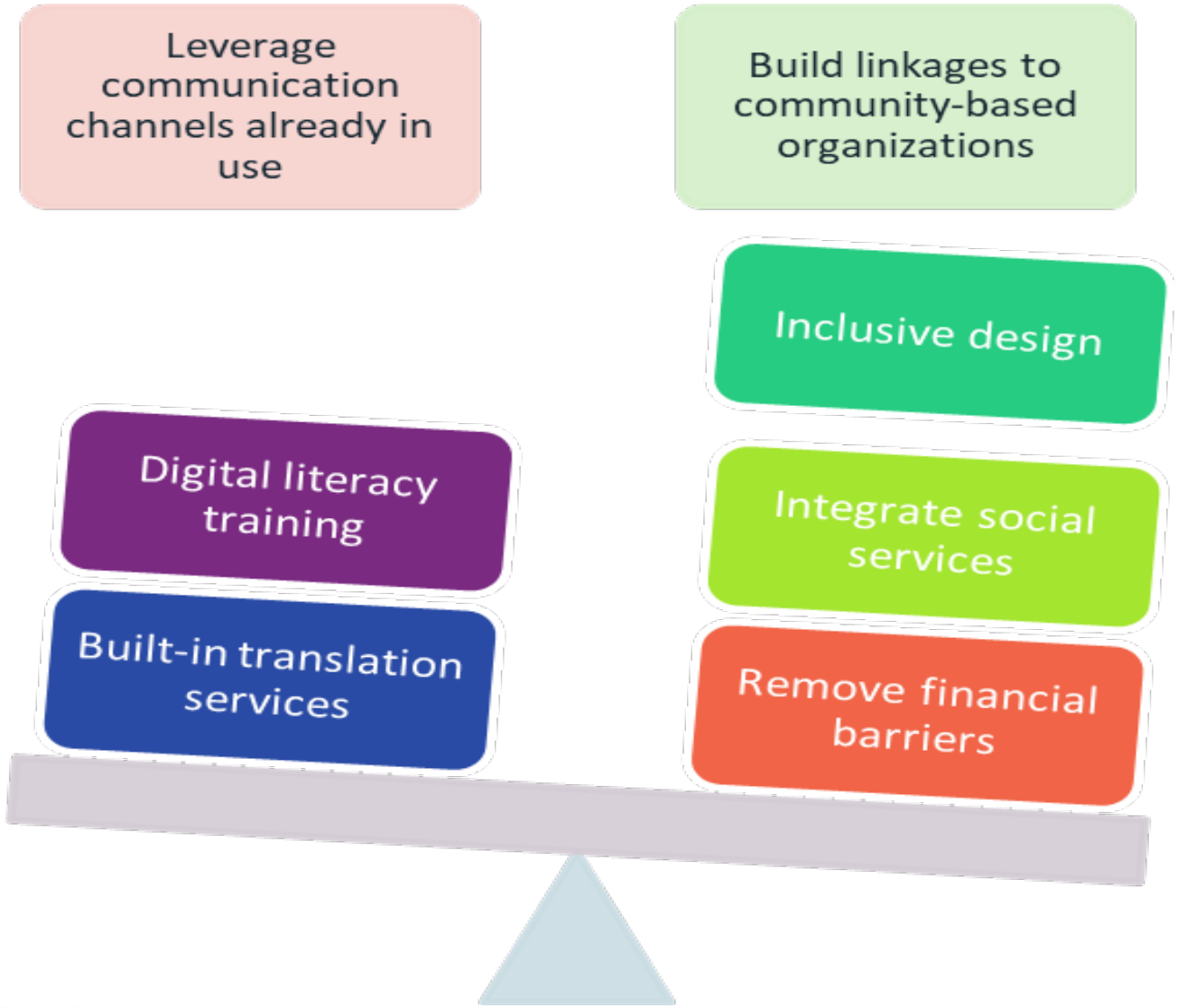
https://store.samhsa.gov/sites/default/files/pep21-06-02-001.pdf

# MEET PATIENTS WHERE THEY ARE

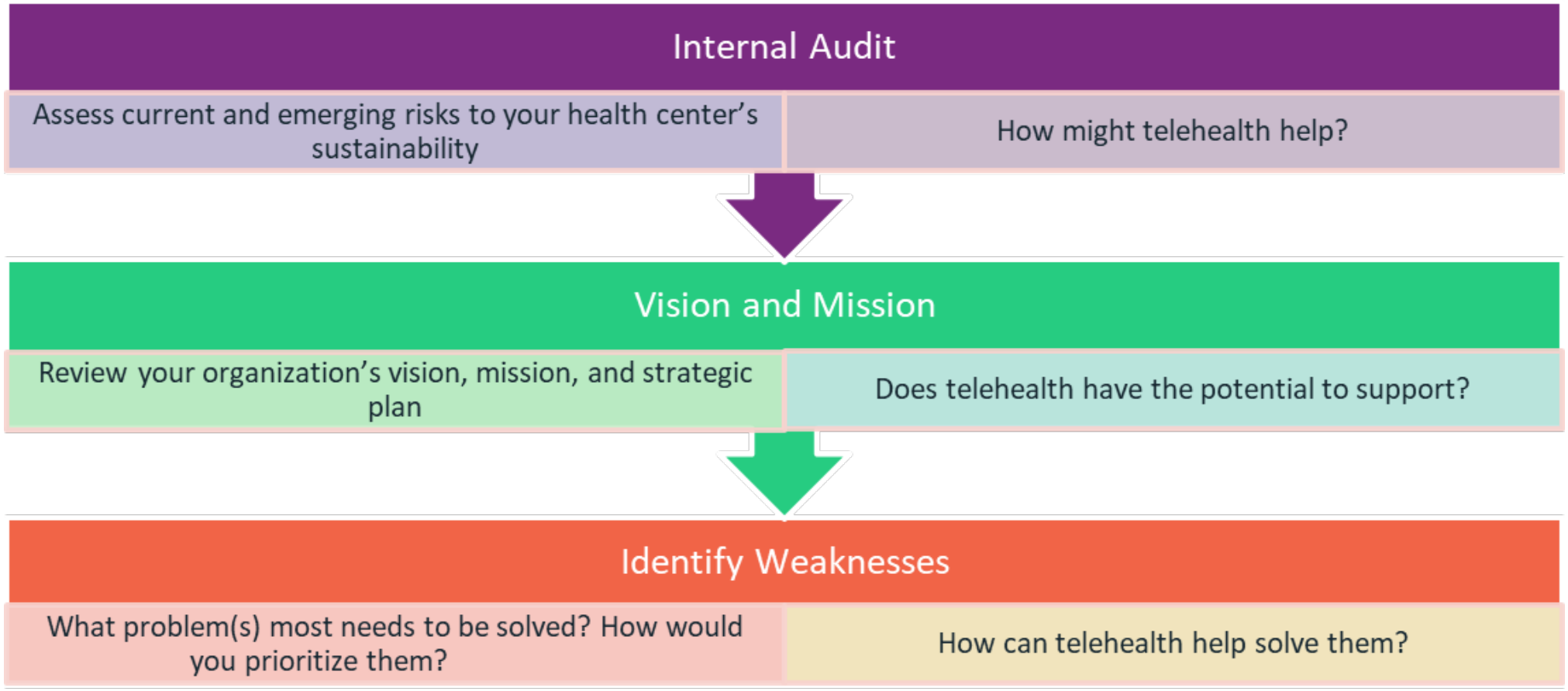
The pandemic has reinforced the importance of an individual approach to treatment for engaging some of the hardest to reach populations in care. The approach of meeting clients “where they are,” both physically and in their health journey, is critical to engagement.


CULTURAL
TRANSFORMATION
Patients positioned at the center of design

# ENSURING EQUITY



# CONSIDERATIONS BEFORE DIVING IN



# IMPLEMENT A NEEDS ASSESSMENT

- Patient Needs Assessment
  - Review Data, Patient Surveys
- Integrate All Members of the Care Team
  - End-user involvement in planning process
- Consider Including Patients in Design
  - Community Advisory Boards (CABs)
- Telehealth Workplans
  - Implementation plan for initiatives

# BARRIERS TO VIDEO VISITS

- Staff discomfort with the technology
- Patient discomfort with the technology
- Lack of training on the equipment
- Inefficient workflows
- Broadband connectivity
- Concern about reimbursement (current or future)

# DIGITAL TOOLS EQUITY ASSESSMENT

1) Technology Needs
2) Language & Communication
3) Personal & Data Privacy
4) User Focused

HITEQ CENTER
https://hiteqcenter.org/Resources/HITEQ-Resources/telehealth-and-digital-tools-equity-assessment

# SCHEDULING VISITS

Telehealth Visits may require different scheduling practices. Schedules may need simple templates i.e., all 20-minute visits.

Simplified schedules improve patient access and are more closely aligned with average telehealth cycle times

Consider scheduling blocks



# TECHNOLOGY SUPPORT

**Questions to consider prior to the telehealth visit**

- 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 stable?

These assessments are a good fit for the Telehealth Navigator role

# INCREASE ACCESS FOR PATIENTS

- Connect patients with devices
- Consider pilot programs with a subset of providers and patients for PDSA
- Choose a platform that allows patients to test their connection prior to their visits
- Involve care teams; MAs call patients' day prior to ensure comfort level with technology
- Encourage clients to try telehealth, and reminding clients that they can discontinue telehealth at any time and have their visit on-site

# HELPFUL RESOURCES FOR PATIENTS

**Affordable Connectivity Program(ACP)**



The ACP is administered by Universal Service Administrative Co. (USAC) with oversite from the Federal Communications Commission(FCC).

The goal of the ACP program is to assist families who have low income or receives certain government benefits to pay for internet service, and get connected devices such as a laptop, desktop computer, or tablet.

https://affordableconnectivity.gov/



# HELPFUL RESOURCES FOR PATIENTS

**Lifeline Program**

Lifeline program is an FCC program committed to making phone and internet service more affordable for low-income households by providing a monthly discount up to $9.25. Also, associated with a free phone or tablet that comes with connected services.

**Qualifications**

Income that is at or below 135%

Participate in a Government program Supplemental Nutrition Assistance Program (SNAP), Medicaid, Supplemental Security Income (SSI), Federal Public Housing Assistance (FPHA), Veterans Pension and Survivors Benefit

Automatically qualify for ACP, if receiving a Lifeline benefit. Contact a participating provider to enroll in the ACP

**How to apply?**

https://www.lifelinesupport.org/

Thank You!

Questions?