



## 2020 NRTRC TAO VIRTUAL CONFERENCE



# Northwest Regional Telehealth Resource Center and the Telehealth Alliance of Oregon **Welcome You**

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# VIRTUAL SESSION INSTRUCTIONS

- Audio and video are muted for all participants
- Use the Q&A feature to ask questions An icon consisting of two overlapping speech bubbles, one orange and one blue, representing a question and answer feature.
- Moderator will read questions to the speaker
- Presentation slides are posted at <https://nrtrc.org/sessions>. Recordings will be posted after the conference.



Access To Care Via Telehealth: An Accountable Care Organization Examines  
Application of Telehealth Services in a High Poverty, Transient Population



- Moderator: Rose Locklear
- Presenter:
  - Michelle Hager, Managing Partner, Blue Cirrus Consulting

# Telehealth Strategy:

Bridging the Access to Care Gap  
through Partnership and Collaboration

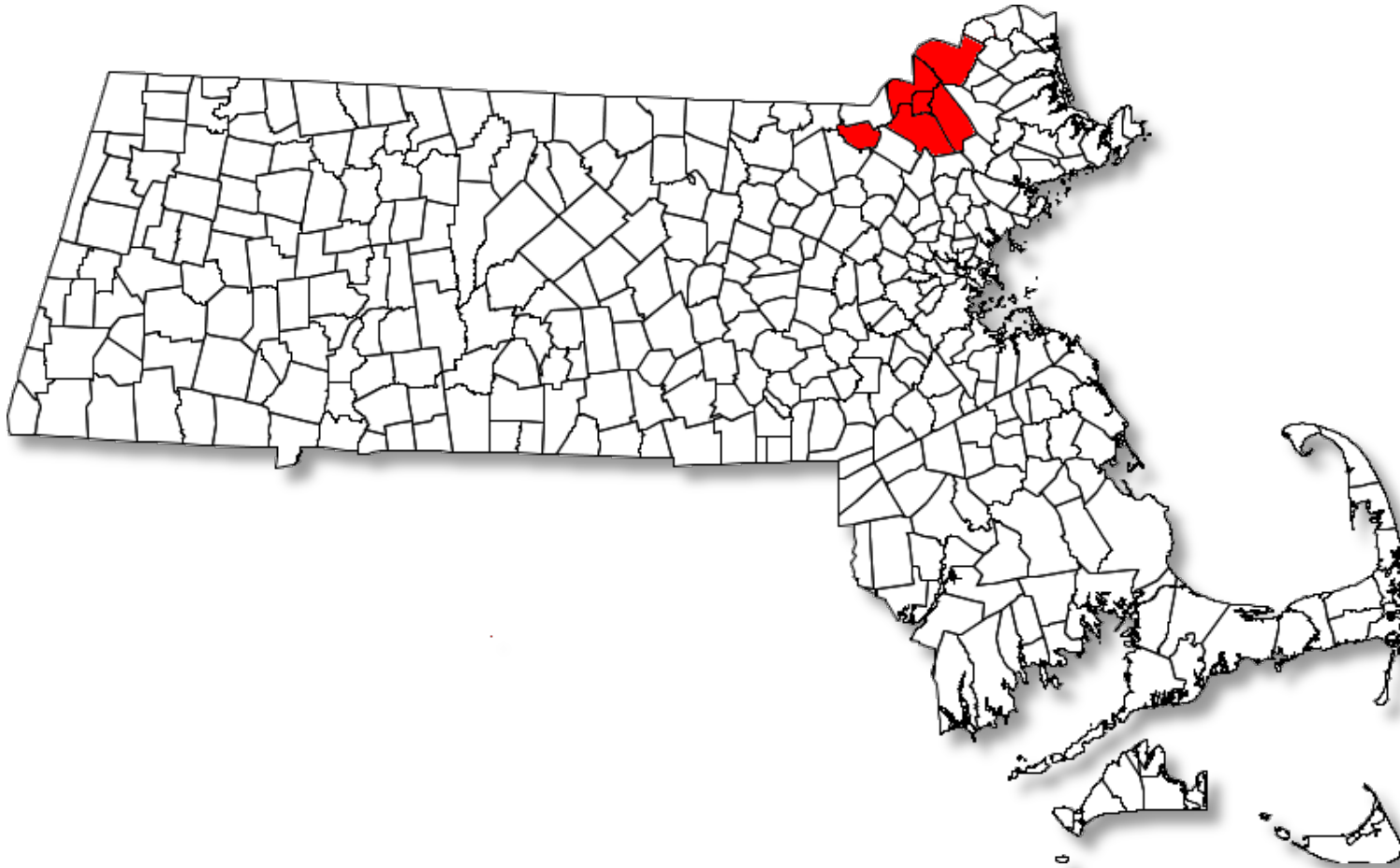


NRTRC Virtual Conference April 2020





# My Care Family Main Service Area



## Communities in Massachusetts

- Lawrence
- Methuen
- Haverhill
- Lowell
- Andover
- North Andover



# My Care Family<sup>SM</sup>

MI FAMILIA DE CUIDADORES



Lawrence  
General  
Hospital

So good. So caring. So close.

## Primary Care Partners



GLFHC Main Site



GLFHC North Site



GLFHC Lawrence High School



GLFHC West Site



Methuen Site



GLFHC Greater Lawrence Technical School



GLFHC South Site



GLFHC Community based Center

## Hospital Partner



Lawrence General Hospital



Lawrence Family Medicine Residency

# About My Care Family

## ▶ ACO Partners

- Greater Lawrence Family Health Center
- Lawrence General Hospital
- Neighborhood Health Plan > Allways Health Partners

## ▶ Care Team

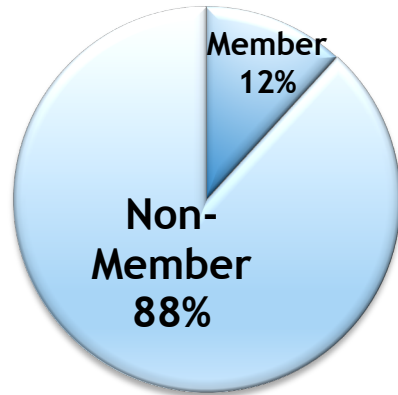
- 130 Primary Care Physicians/ 16 practices
- Nurse Care Manager(s)
- Clinical Pharmacist
- Social Worker(s)
- Social Care Manager(s)
- Community Health Worker(s)
- Population Health Manager

## ▶ Patient Population:

- 33,880 +/- Medicaid patients

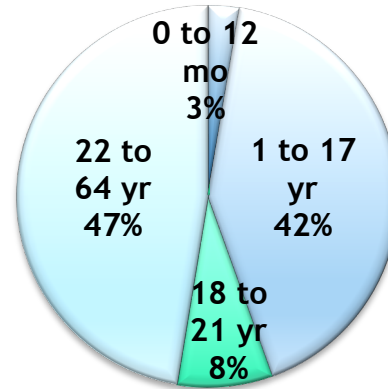
# MVACO Member Data

ACO Membership in  
Service Area

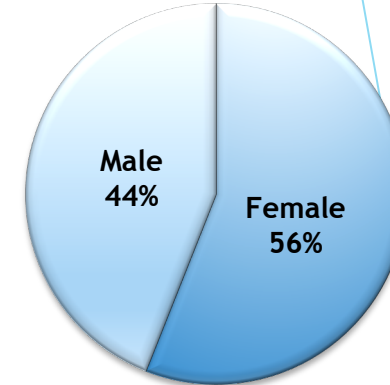


Service Area Pop = 276,263

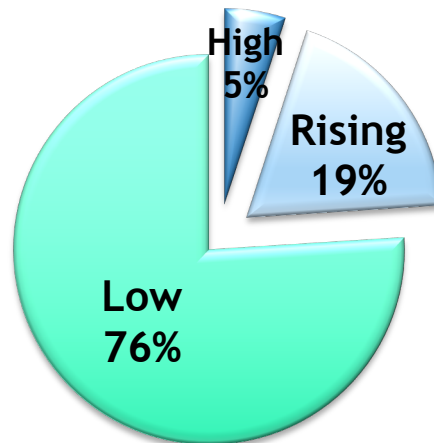
Membership Age



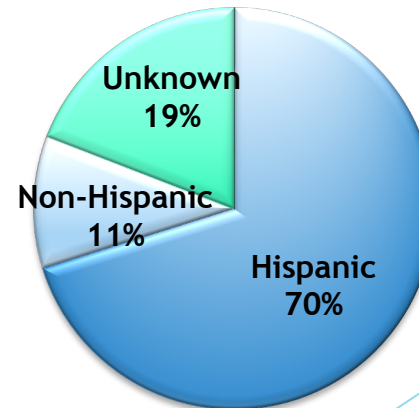
Gender



Risk Stratum



Race







**BREAKING  
NEWS**

Multiple suspected gas explosions reported  
in Lawrence, Andover and North Andover

6:59 69°  
**CBS 4**  
**WBZ**  
CBSBoston.com







# Patient Population

- ▶ Transportation - Lack of easy access to transportation options
- ▶ Language - 70% Hispanic (multiple dialects, primarily Dominican Republic)
- ▶ Culture - Traditionally seek primary care at hospital/ED
- ▶ Homelessness - Transient population/ displaced by explosions
- ▶ Illegal Housing - High cost of housing/shared domiciles
- ▶ Fearful of Immigration enforcement Aversion to video due to status
- ▶ Communication - Lack of access: cell phone, mail, computer, etc

# Current Telehealth Programs

Program		Meeting My Care Family's Needs	Interaction
Current	Telepharmacy	<b>Medication therapy management</b> to improve downstream cost and utilization, continuity of care and quality, and patient engagement and self-efficacy	Provider-to-Patient
Current	MAVEN Project	<b>Advisory consults, educational sessions and mentoring</b> in Dermatology, Rheumatology, Endocrinology, Urology, Allergy and Gastroenterology	Provider-to-Provider Provider-to-Patient

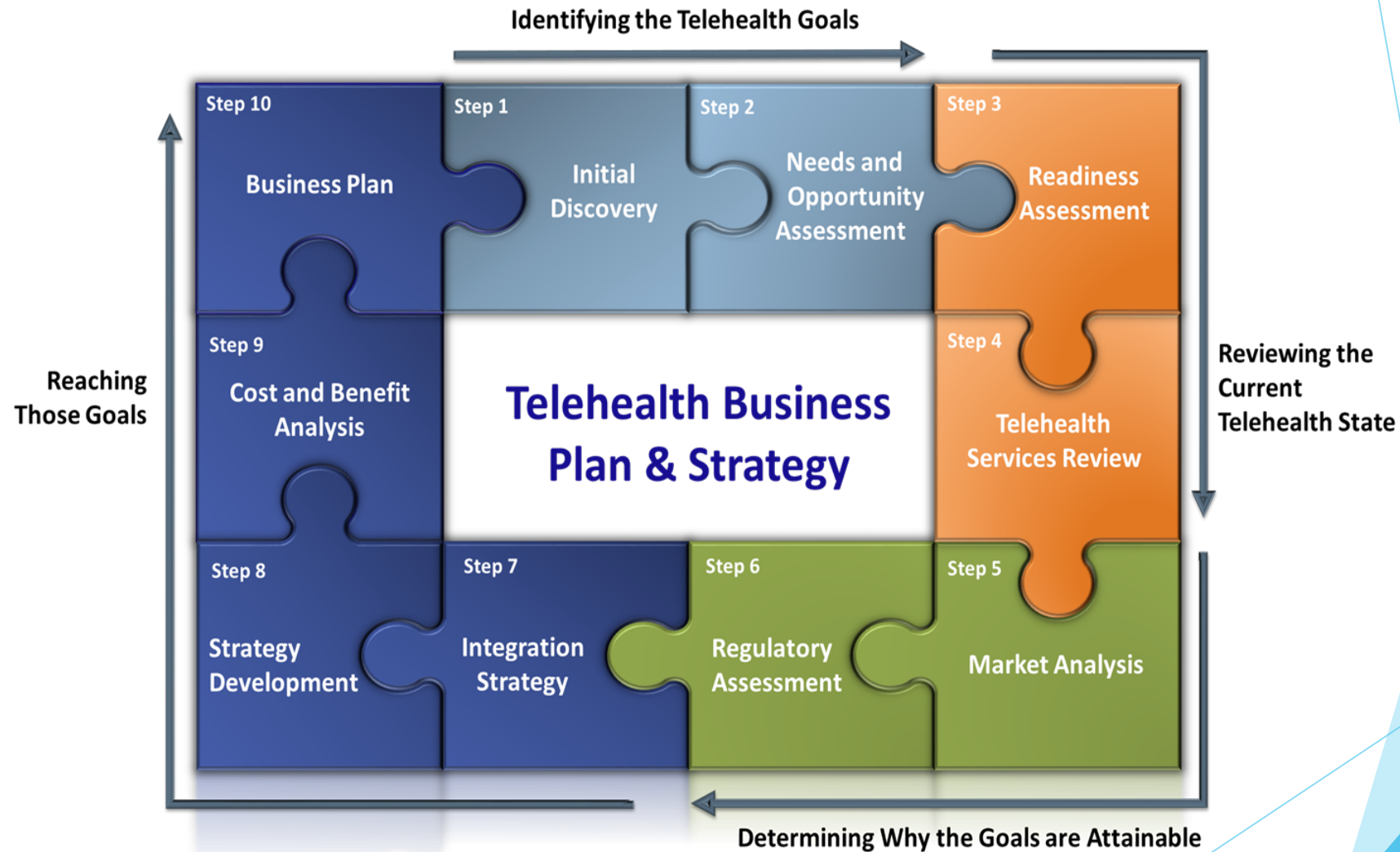
# My Care Family ACO Goals

- ▶ Goal 1 Reduce total cost of care
- ▶ Goal 2 Integrate providers and their services across the continuum of care for MVHP members
- ▶ Goal 3 Integrate information systems across the continuum of care in the MVHP
- ▶ Goal 4 Increase patients' active involvement in their care, including goal-setting for their personal health and by expanding use of qualified interpreter services among MVHP providers
- ▶ Goal 5 Develop a new system to manage the measurement, reporting and tracking of quality measures across the continuum of care in order to set focused quality improvement targets based on gaps compared

# The MyCareFamily/Telehealth Consulting Team

- ▶ My Care Family
  - ▶ Andrea Sullivan - Chief Executive Officer
  - ▶ Patrick Grotton - Chief Information Officer
  - ▶ LaShaun Shaw - Director of Operations
- ▶ Telehealth Consulting Team
  - ▶ Managing Partner
  - ▶ Operations Director
  - ▶ Sr. Telehealth Consultant/Team Lead
  - ▶ Sr. Telehealth Clinical Consultant/Quality Assurance
  - ▶ Sr. Management Technical Consultant
  - ▶ Business Analyst

# Project Overview



# Clinical Priorities

## My Care Family Stakeholder Feedback

28%	<ul style="list-style-type: none"><li>Physician to specialist access</li></ul>	Provider-to-Provider Provider-to-Patient
15%	<ul style="list-style-type: none"><li>Chronic disease management</li></ul>	Provider-to-Provider Provider-to-Patient
13%	<ul style="list-style-type: none"><li>Access to primary care providers</li></ul>	Provider-to-Patient
13%	<ul style="list-style-type: none"><li>Access to Care</li></ul>	Patient-to-Provider
13%	<ul style="list-style-type: none"><li>Coordination of Care / Transitions of Care</li></ul>	Provider-to-Provider
8%	<ul style="list-style-type: none"><li>Triage / follow-up (home, homeless shelter, other)</li></ul>	Provider-to-Patient
8%	<ul style="list-style-type: none"><li>Decrease no show</li></ul>	Patient-to-Provider
5%	<ul style="list-style-type: none"><li>Community Outreach</li></ul>	Provider-to-Patient



Closer look -  
next slide

# Clinical Priorities

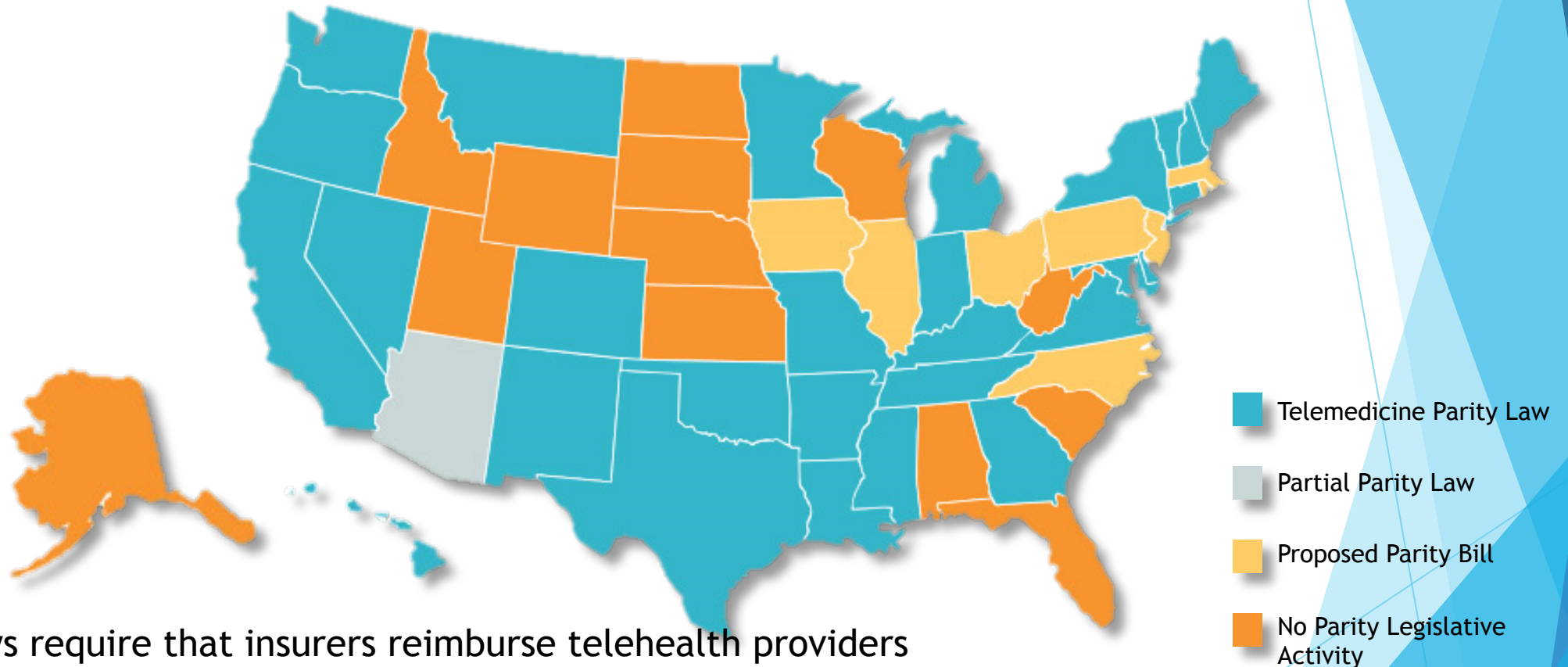
Access to Specialists When Needed - Detail		
29%	• Behavioral Health	
16%	• Dermatology	
15%	• Endocrinology	
9%	• Neurology	• Pediatrics
7%	• Rheumatology	
4%	• Cardiology • Emergency Department	• Hematology
2%	• Infectious Disease	• Nephrology



# What We Heard from MCF - Challenges

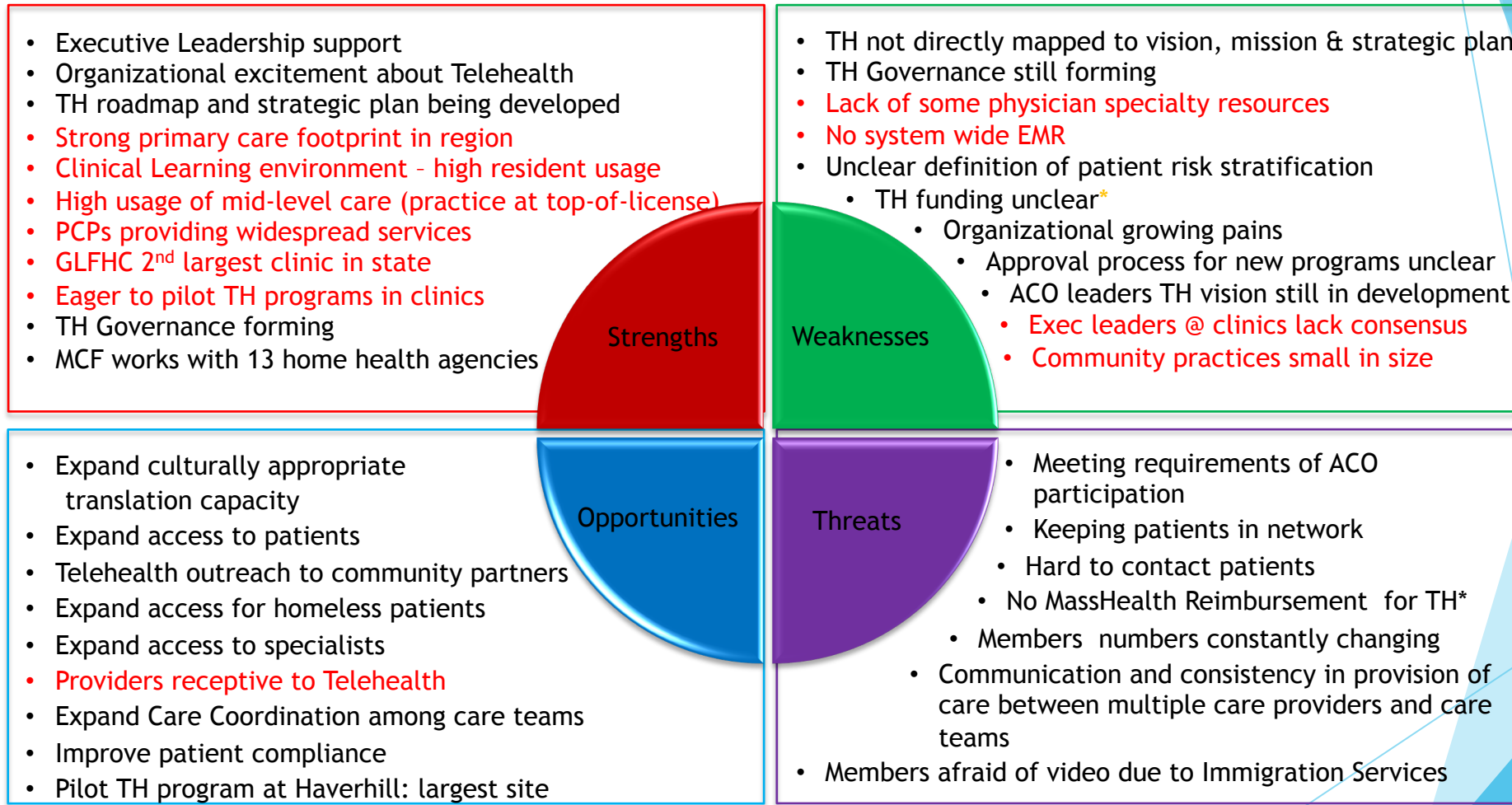


# Legislating Telehealth

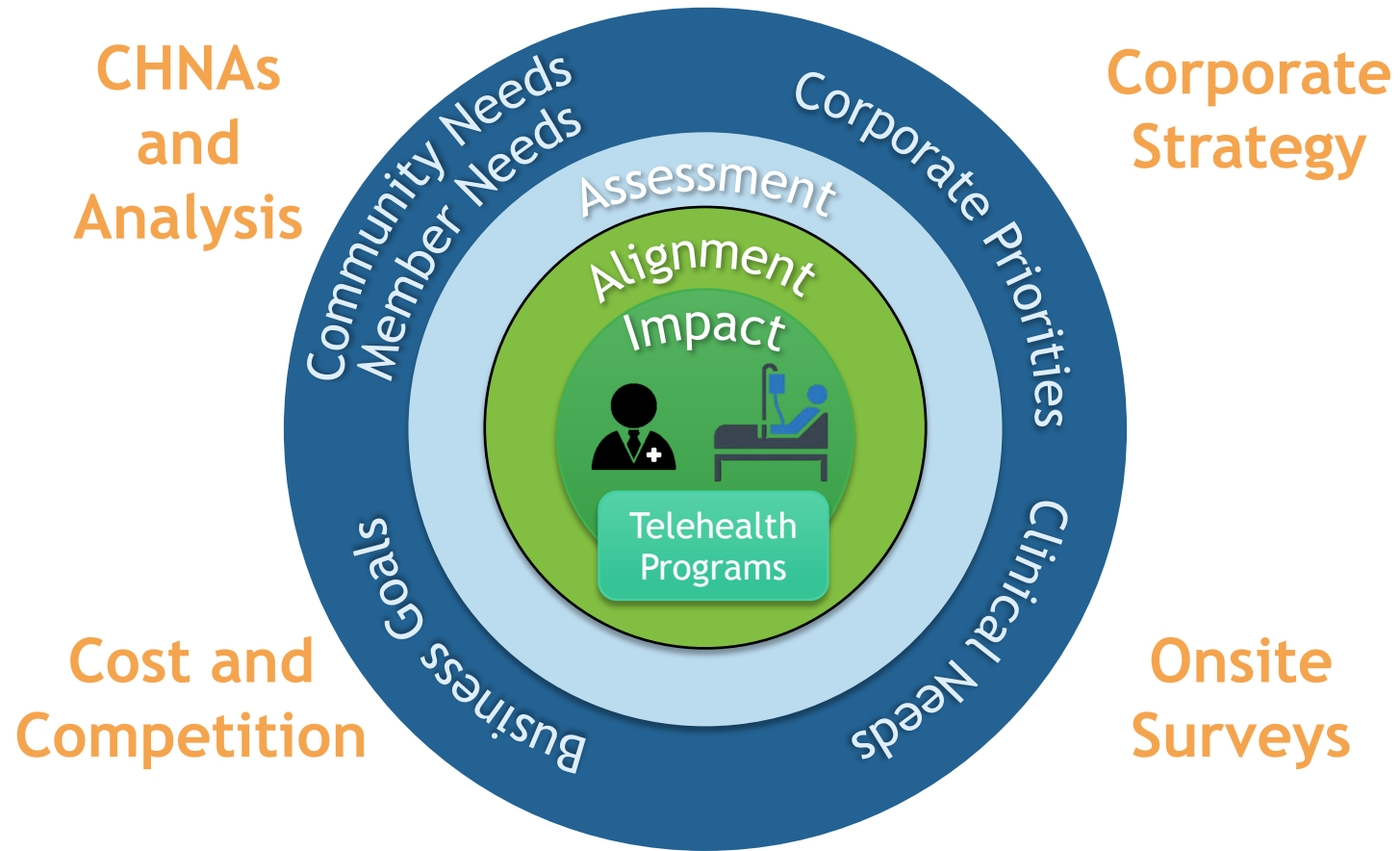


Parity Laws require that insurers reimburse telehealth providers exactly as they would for an in-person visit. As it stands, 29 states and the District of Columbia have parity Laws.

# SWOT Analysis: Organization



# Decision Model Blueprint







# New Telehealth Programs

New program recommendations are based on data obtained during My Care Family's Needs Assessment, stakeholder interviews, research and industry experience.

Program	Meeting MCF's Needs	Top Health Priority CHNA
<div>Medical</div> Telebehavioral Health*	<ul style="list-style-type: none"> <li>• Behavioral Health ranked 1<sup>st</sup> as specialist need</li> <li>• Access to Care ranked 4<sup>th</sup> as clinical priority</li> <li>• Decrease no show ranked 7<sup>th</sup> as clinical priority</li> <li>• Community Outreach ranked 8<sup>th</sup> as clinical priority</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Health Care</li> <li>• Access to Behavioral &amp; Mental Health Services</li> <li>• Access For Uninsured/Underinsured</li> <li>• Access to Specialists</li> <li>• Affordability of health care</li> <li>• Transportation</li> <li>• Depression</li> <li>• Pediatric Mental Health</li> <li>• Alcohol Use</li> <li>• Drug Use</li> </ul>
<div>Medical</div> Teledermatology	<ul style="list-style-type: none"> <li>• Dermatology ranked 2<sup>nd</sup> as specialist need</li> <li>• Physician to specialist access ranked 1<sup>st</sup> as clinical priority</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Health Care</li> <li>• Access to Specialists</li> <li>• Affordability of health care</li> <li>• Senior Health &amp; Fitness</li> <li>• Access to</li> <li>• Transportation</li> </ul>
<div>Medical</div> Virtual Visits - Primary Care	<ul style="list-style-type: none"> <li>• Access to primary care providers ranked 3<sup>rd</sup> as clinical priority</li> <li>• Access to care ranked as 4<sup>th</sup> as clinical priority</li> <li>• Decrease no show ranked 7<sup>th</sup> as clinical priority</li> <li>• Community Outreach ranked 8<sup>th</sup> as clinical priority</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Health Care</li> <li>• Access to Primary Care Provider</li> <li>• Access For Uninsured/Underinsured</li> <li>• Affordability of health care</li> <li>• Transportation</li> <li>• Senior Health &amp; Fitness</li> </ul>

\* selected for proforma cost benefit analysis

# New Telehealth Programs

Program	Meeting MCF's Needs	Top Health Priority CHNA
 <b>Medical</b> Urgent Care Kiosk	<ul style="list-style-type: none"> <li>• <b>Access to Primary Care Providers</b> was ranked 3<sup>rd</sup> as clinical priority</li> <li>• <b>Access to Care</b> was ranked 4<sup>th</sup> as clinical priority</li> <li>• <b>Outreach</b> ranked as 8<sup>th</sup> clinical priority</li> <li>• <b>Triage/follow up (home, homeless shelter, other)</b> as 6<sup>th</sup> clinical priority</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Access to Health Care</b></li> <li>• <b>Access to Primary Care Provider</b></li> <li>• <b>Access For Uninsured/Underinsured</b></li> <li>• <b>Affordability of health care</b></li> <li>• <b>Transportation</b></li> <li>• <b>Senior Health &amp; Fitness</b></li> </ul>
 <b>Non-Medical</b> Interpreter (in-house)	<ul style="list-style-type: none"> <li>• <b>70%</b> of members are Hispanic</li> <li>• <b>Reduce Total Cost of Care</b> - ACO Goal</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Language</b></li> </ul>
 <b>Non-Medical</b> Care Coordination	<ul style="list-style-type: none"> <li>• <b>Coordination of Care/Transition of Care</b> ranked 5<sup>th</sup> as clinical priority</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Asthma</b></li> <li>• <b>Cancer</b></li> <li>• <b>Cardiovascular/Heart Disease</b></li> <li>• <b>Diabetes</b></li> <li>• <b>High Cholesterol</b></li> <li>• <b>Hypertension</b></li> <li>• <b>Obesity</b></li> </ul>
 <b>Non-Medical</b> Remote Patient Monitoring	<ul style="list-style-type: none"> <li>• <b>Chronic Disease Management</b> ranked 2<sup>nd</sup> as clinical priority</li> <li>• <b>5%</b> of members are High Risk stratum; <b>19%</b> of members are Rising Risk stratum</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Affordability of healthcare</b></li> <li>• <b>Asthma</b></li> <li>• <b>Cardiovascular/heart disease</b></li> <li>• <b>Diabetes</b></li> <li>• <b>High Cholesterol</b></li> <li>• <b>Hypertension</b></li> <li>• <b>Obesity</b></li> </ul>

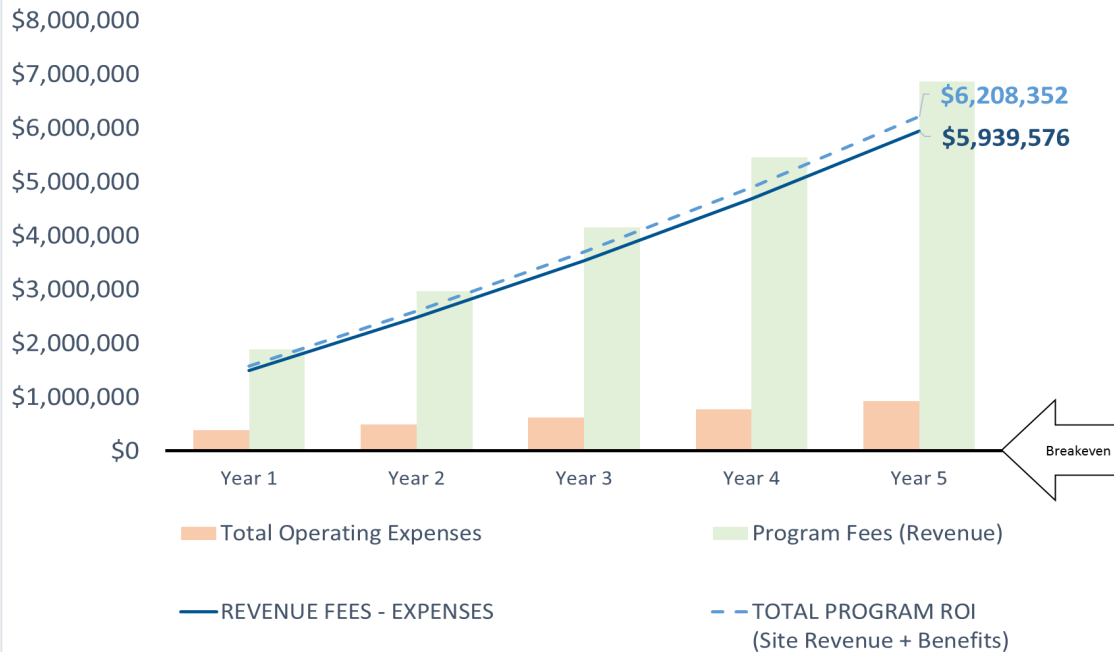
# Telebehavioral Health Proforma

## Estimated Total 5 Year ROI

Total ROI:  
**\$1.57M+**  
Year 1

Reaching  
**\$6.21M+**  
Year 5

### Telebehavioral Health Return on Investment: Based on Program Budget and Revenue Estimate



- All results based on best available estimates of program costs and service fees.
- Additional benefits based on published studies. However, final program enrollment and growth estimates still needed.
- This template is only a guide for ROI assessment. Actual program data to be determined by My Care Family.



# Recommendations

- ✓ Form the Telehealth Steering Committee
- ✓ Create a Telehealth Governance structure inclusive of clinical leadership
- ✓ Develop centralized internal translation service
- ✓ Develop Tele-behavioral Health Service
- ✓ Integrate Telehealth into Community-based Service team collaboration and support
- ✓ Make Telehealth services mobile:
  - ▶ Homeless shelters
  - ▶ Drop in centers/ Churches
  - ▶ Mobile Clinic - parks & gathering places
  - ▶ Food Banks/Food Kitchens

# My Care Family Telehealth Update

## ▶ Telehealth Project

- ▶ Strengthen the usage of MAVEN Project @ pilot sights
- ▶ Expand MAVEN Project to additional GLFHC sites (4)
- ▶ Exploratory conversations w/ senior management and potential vendors for Realtime Telederm consults for patients (MAVEN project is a doctor-to-doctor consultation project)

## ▶ Home-Based Telehealth with Clinical Pharmacist phase 2

### Asthma Intervention PIP

- ▶ Current focus pediatric population
- ▶ Expand focus to include adult population effect July 1<sup>st</sup>.
- ▶ Prescription Delivery
- ▶ Expand to 3<sup>rd</sup> GLFHC site
- ▶ Contract additional driver to increase manage prescription deliveries

## ▶ Other Telehealth potential projects include:

- ▶ Preliminary discussions on Tele-behavioral Health in conjunction with the ACO behavior health provider

# My Care Family Telehealth Update

- ▶ COVID-19
  - ▶ GLFHC clinics servicing the area had intended to provide services in person for those more acute clinic cases
  - ▶ One of the clinic providers tested positive and the entire clinical team was quarantined for 14 days overnight
    - ▶ Vulnerable population
    - ▶ Telehealth for all overnight
      - ▶ Quick start telehealth technologies with Zoom
    - ▶ Clinicians have recovered and continued service via telehealth
- ▶ Describing themselves “shooting from the hip” right now

# Thank you



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