Enhancing Telehealth: Focusing on Quality Improvement, Part II
August 7th, 2024: 12:00-1:30PM EST

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WELCOME & INTRODUCTIONS

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Disclaimer

- **The contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS, OASH, and OPA**

Public Health Solutions (PHS)

PHS Mission: To support underserved New Yorkers and their families in achieving optimal health and building pathways to reach their potential

We work directly in communities throughout the five boroughs to provide crucial services to vulnerable families that help them achieve optimal health and build pathways to reach their potential.

Neighborhood WIC
Our Neighborhood WIC Centers provide education and counseling around nutrition and physical activity, breastfeeding support, and checks to purchase nutritious foods for pregnant and nursing women and children up to age five years old. We help over 35,000 eligible pregnant and nursing women and children each year.

Health Insurance Enrollment
Our Health Insurance navigators help community members sign-up and re-enroll for health insurance. We also provide facilitated enrollment for individuals who are age 65 and older, or certified blind, or living with disabilities to enroll in Medicaid and the Medicare Savings Program. We enroll more than 20,000 individuals annually.

NYC Smoke-Free
NYC Smoke-Free works to protect the health of New Yorkers through tobacco control policy, advocacy, and education. Over 15,000 apartment units are smoke-free because of our engagement work.

Maternal and Child Health
Our Maternal and Child Health teams provide a variety of support, resources, and services for pregnant women and parents of newborns. Mothers helped by our home-visiting programs are more likely to finish school and find a job; less likely to have preterm or deliver a low-birth-weight baby; and their children do better in school and are more than twice as likely to participate in a gifted learning program.

SNAP Assistance
Our SNAP counselors assist clients to enroll in SNAP (food stamps), which helps eligible community members to purchase the food they need from most grocery stores and other approved food outlets.

Sexual and Reproductive Health Centers
Our Sexual and Reproductive Health Centers provide affordable, comprehensive, and confidential reproductive healthcare services to more than 4,000 women, men, and adolescents each year.
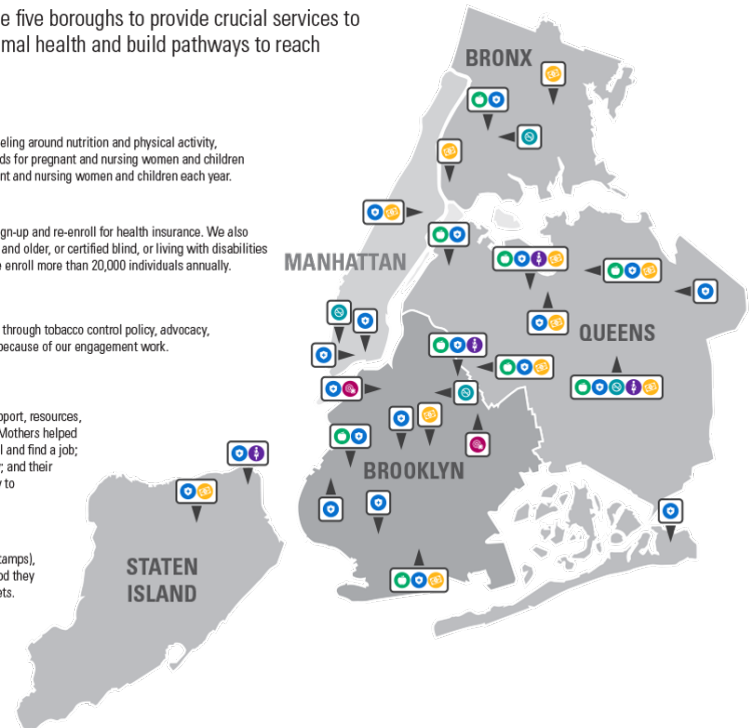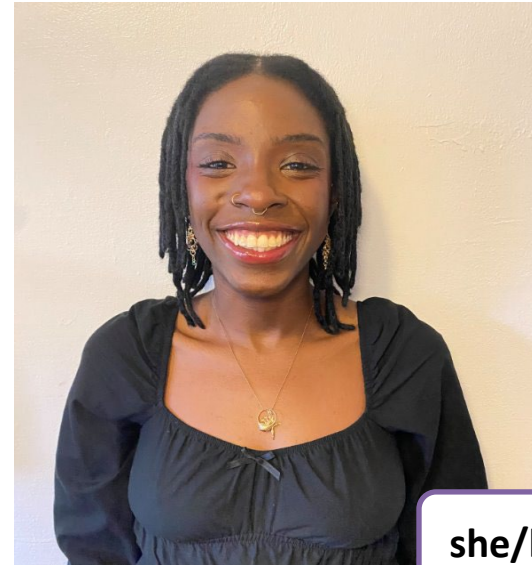
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PHS Team

she/her

Leah Hargarten
Quality Improvement and
Evaluation Manager

she/her

Omolayo Ajala
Training Coordinator

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Icebreaker

Drop in the chat...
- Name
- Pronouns
- Site
- Role
- Your favorite ice cream flavor

Recap from Part 1….

OVERVIEW OF PHS' TELEHEALTH QILC

GAINING BUY-IN FROM LEADERSHIP FOR TELEHEALTH

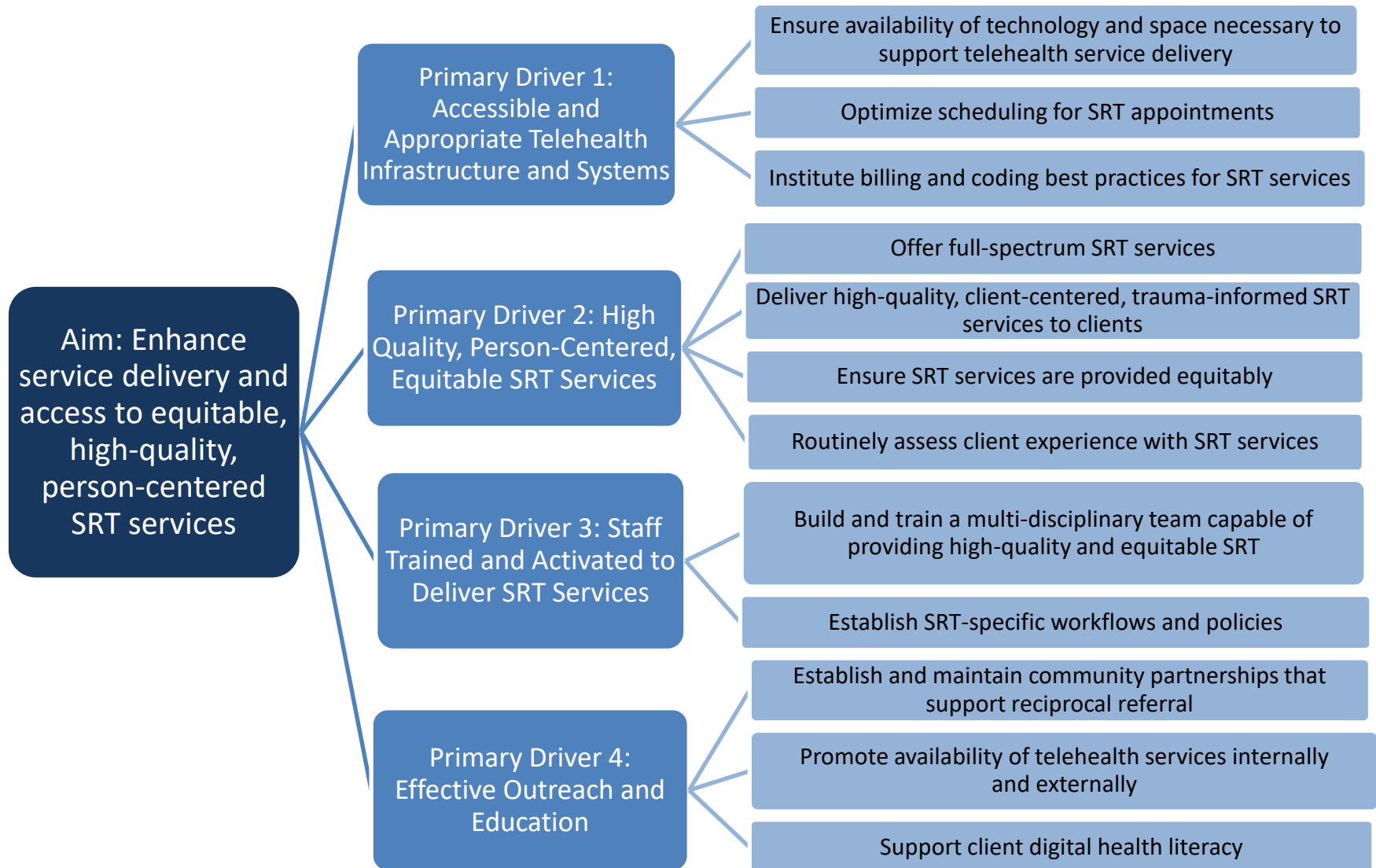SELF-ASSESSMENT

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QILC Overview

Aim: Enhance service delivery and access to equitable, high-quality, person-centered sexual and reproductive telehealth (SRT) services for clients receiving care within PHS' Title X Program sub-recipient sites

- **9-month QILC**

- **3 participating sites**

- **QI and Evaluation tools: Driver Diagram, Self Assessment (baseline and endline)*, Aim Statement, Improvement Plan, Change Package*, Quality Measures**

- **4 specialized trainings**
  - Building Connections Digitally: Bedside to Webside Manner
  - Telehealth Policies and Procedures
  - Social Media Branding
  - Digital Health Literacy

- **3 virtual learning sessions**

- **3 virtual technical assistance calls**

- **Monthly reports on collaborative quality measures**

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Driver Diagram

Aim: Enhance service delivery and access to equitable, high-quality, person-centered SRT services

Primary Driver 1: Accessible and Appropriate Telehealth Infrastructure and Systems
- Ensure availability of technology and space necessary to support telehealth service delivery
- Optimize scheduling for SRT appointments
- Institute billing and coding best practices for SRT services

Primary Driver 2: High Quality, Person-Centered, Equitable SRT Services
- Offer full-spectrum SRT services
- Deliver high-quality, client-centered, trauma-informed SRT services to clients
- Ensure SRT services are provided equitably
- Routinely assess client experience with SRT services

Primary Driver 3: Staff Trained and Activated to Deliver SRT Services
- Build and train a multi-disciplinary team capable of providing high-quality and equitable SRT
- Establish SRT-specific workflows and policies

Primary Driver 4: Effective Outreach and Education
- Establish and maintain community partnerships that support reciprocal referral
- Promote availability of telehealth services internally and externally
- Support client digital health literacy

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Learning Objectives

By the end of this workshop, participants will be able to:

- Identify telehealth best practices that are scalable to your family planning agency

- Develop a plan to conduct a Plan, Do, Study, Act cycle to test out best practices within your family planning agency
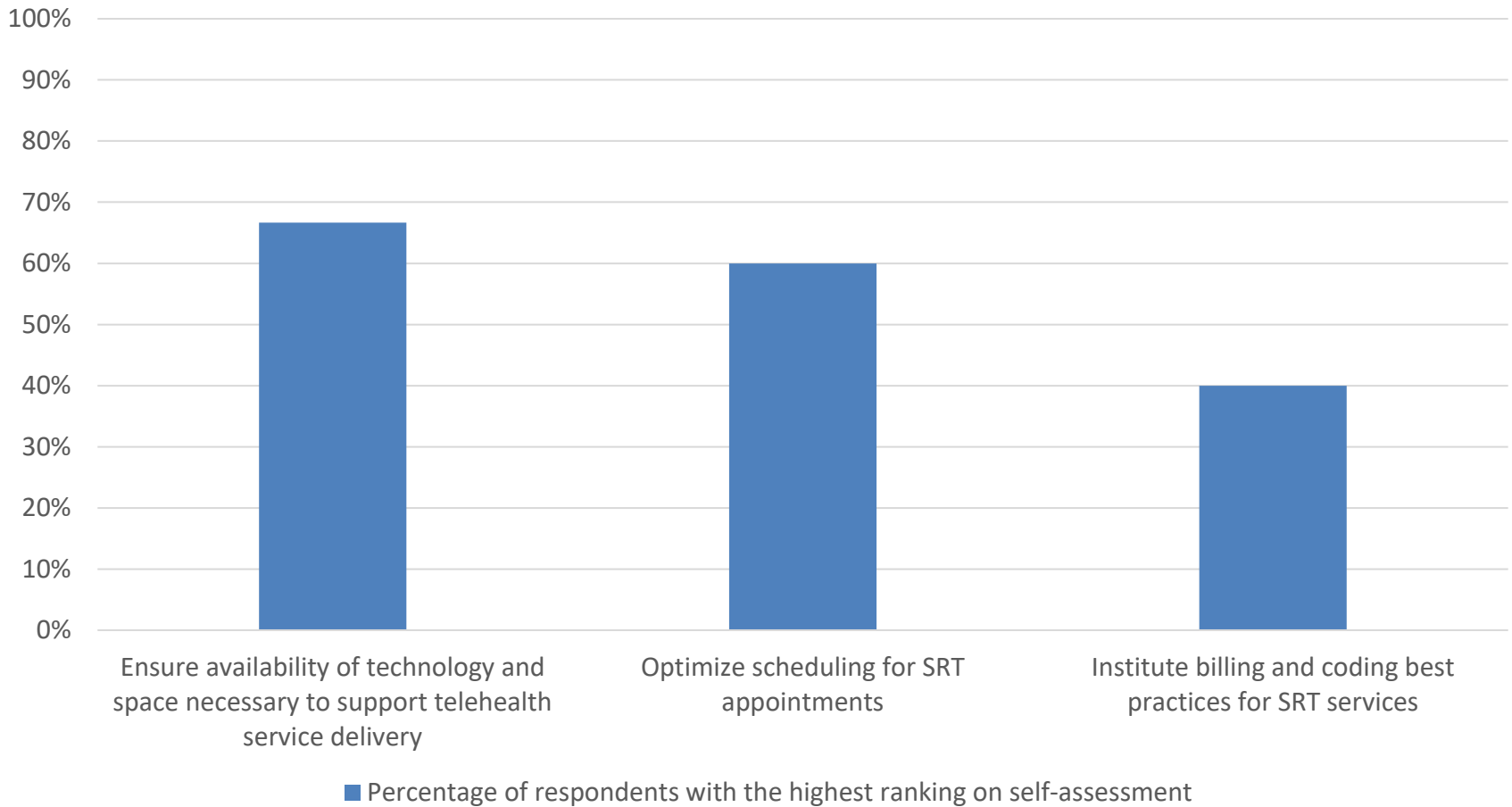

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Agenda

Welcome & Introductions
Recap of Self-Assessment Results
Review of Change Package
BREAK
PDSA Cycle Planning
Wrap Up

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REVIEW OF SELF-ASSESSMENT RESULTS

Driver 1: Accessible and Appropriate Telehealth Infrastructure and Systems

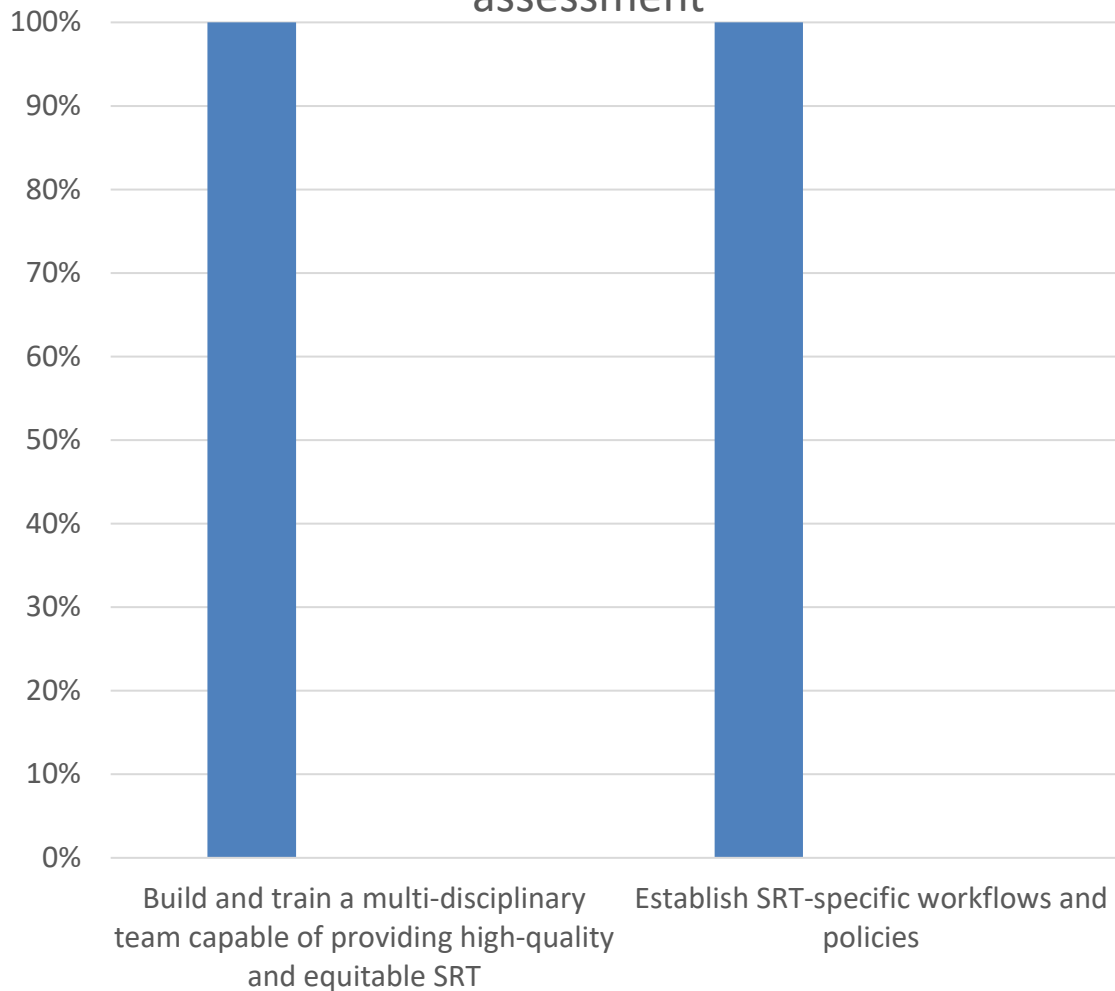Percentage of respondents with the highest ranking on self-assessment

Driver 2: High Quality, Person-Centered, Equitable SRT Services

Percentage of respondents with the highest ranking on self-assessment

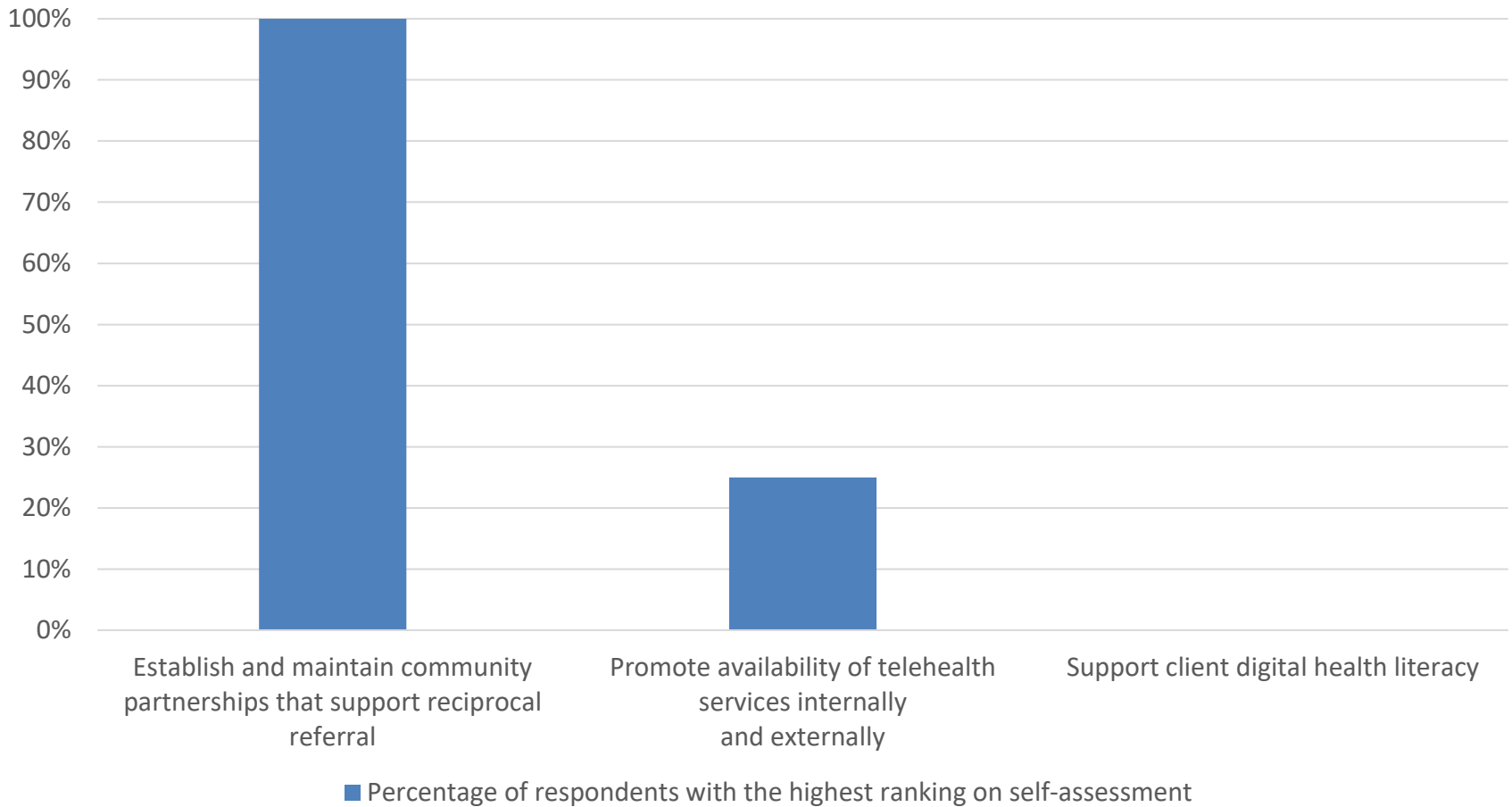Legend: ■ Percentage of respondents with the highest ranking on self-assessment
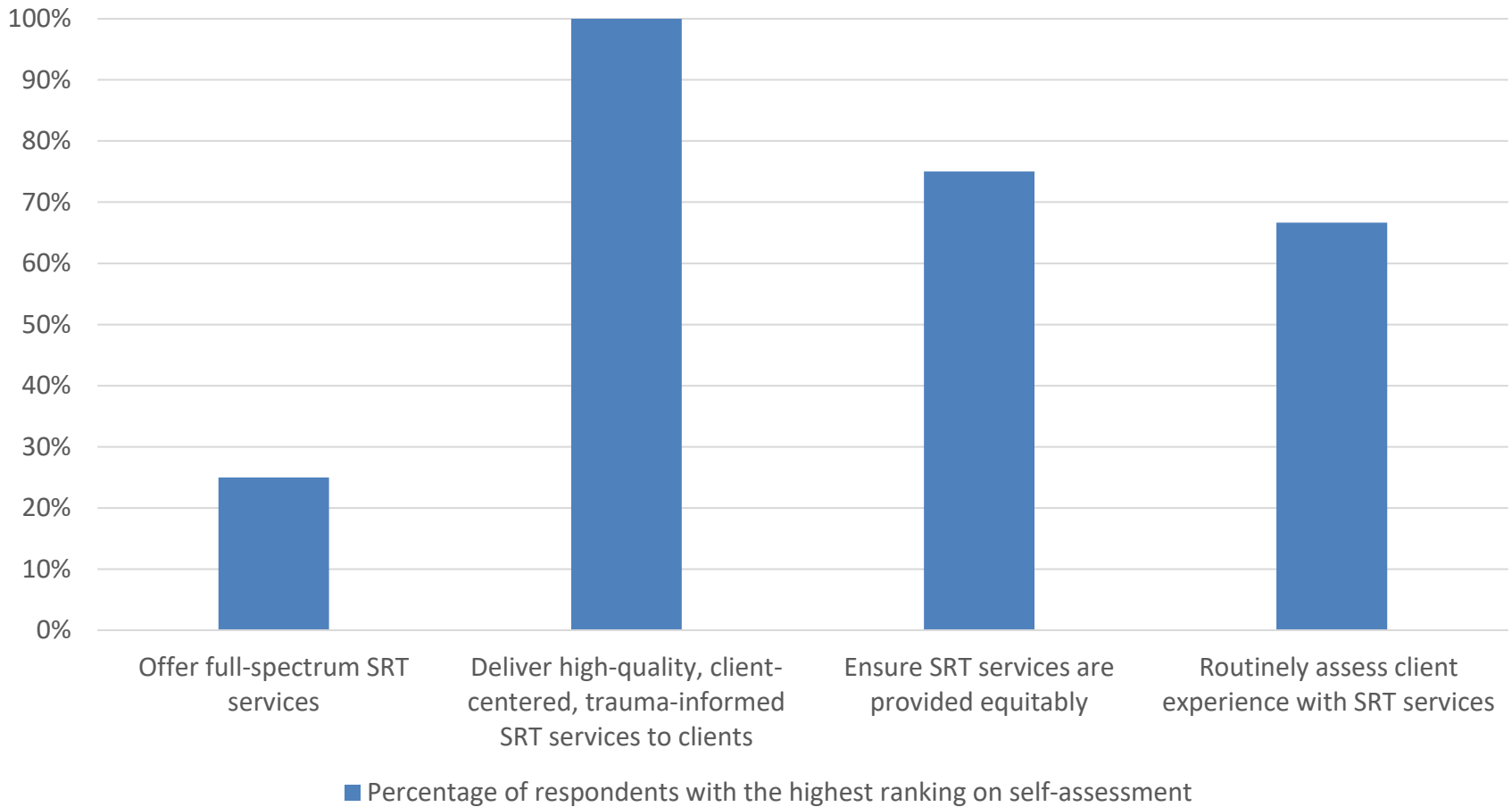
Driver 3: Staff Trained and Activated to Deliver SRT Services

Percentage of respondents with the highest ranking on self-assessment

Driver 4: Effective Outreach and Education

Percentage of respondents with the highest ranking on self-assessment

TELEHEALTH CHANGE PACKAGE

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Ensure availability of technology and space necessary to support telehealth service delivery

o Ensure necessary SRT technology is available to all providers to use at clinic locations and off-site such in-home, as appropriate (I.e., laptops, tablets, internet bandwidth, web cams, cell phones, apps, etc.)

o Ensure all providers are officially provided with work devices, and require all providers not to use their personal devices to do SRT visits

o Ensure providers have confidential office spaces for when telehealth services are delivered on-site

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Optimize scheduling for SRT appointments

- Assess existing telehealth scheduling policies, procedures and capacity to ensure access to SRT in a timely, equitable manner

- Select approaches for telehealth scheduling (e.g., telehealth appointment blocks, telehealth days, online scheduling) that best aligns with clinic/provider capacity, and client needs and preferences

- Introduce decision-making protocols/tools that staff can use to ensure appropriate visit type (telehealth vs in person) from the outset

- Create a script for staff responsible for scheduling telehealth visits to support consistent messaging around SRT visits specifically

- Include open slots in schedule that allow for timely in-person follow-up post SRT visit to address client needs requiring on-site care and/or to respond to client preferences

- Ensure that duration of SRT appointment slots is adequate for care team members to provide thoughtful and thorough SRH care

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Institute billing and coding best practices for SRT services

- Regularly monitor updates to SRH insurance reimbursement, and adjust policies and workflows to reflect changes

- Conduct quarterly chart reviews of a sample of SRT visits to identify services were billed appropriately, and if SRT visits contained relevant visit documentation

- Train fiscal staff and clinical staff on accurately billing SRT visits

- Explore and use diverse payment methods when possible, such as FPBP, ADAP, private insurance

- Offer and/or facilitate virtual enrollment for health insurance to ensure payment for SRT services

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Offer the full spectrum SRT services

- Ensure that clients are offered the option to receive all eligible SRH services via telehealth

- Inventory and offer self-administered services, such as testing and screening (at-home STI testing kits, self-administered Depo Provera, at-home or pharmacy blood pressure screening, etc.), as is clinically appropriate

- Ensure supplies and tools for self-administered SRH services are stocked on-site

- Run EHR/data reports to identify gaps in SRH care (annual exams, overdue depos, missed STI treatment) and provide proactive outreach accordingly

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Ensure SRT services are offered and provided equitably

- Conduct a health care equity assessment for your department or organization, and develop an action plan to address health care inequity in SRH services

- Monitor SRT usage to identify populations that may not be accessing SRT to the greatest extent possible, simultaneously gauging interest in opportunities for SRT services

- Focus outreach efforts on centered communities facing health inequities and systematic SDOH, providing SRT to those most in need of SRH services

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Routinely assess client experience with SRT services

- Provide anonymous opportunities for clients to share SRT feedback
- Conduct informal conversations, focus groups, town halls, and/or individual client interviews that are specific to the quality, accessibility, and client-centeredness of SRT services, gauging interest in or satisfaction with SRT
- Use client feedback to inform changes in existing telehealth processes
- Invite first-time users of SRT to share and discuss their concerns about SRT services, technology and processes during their virtual appointment

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Promote availability of telehealth services internally and externally

- Improve print/digital materials to promote SRH and SRT services

- Incorporate promotion of SRT services into social media strategy

- Consider buying low-cost or free ads on diverse media platforms (TikTok, Facebook, Instagram, websites, dating apps) to publicize SRT services

- Use marketing or advertising images that are representative of the population trying to reach, and work with clients and the community to make this possible

- Identify and collect data on metrics to evaluate efficacy of SRT/SRH outreach efforts (e.g., ad clicks, views, likes, etc.)

Support client digital health literacy

- Assess gaps in digital health literacy in the population(s) served. For example, consult your agency's community advisory board (CAB), conduct a focus group with a representative group of clients, conduct a client survey, and/or identify and analyze local or population-specific data.

- Design digital health literacy education strategy and content with CAB members

- Develop a "How To" guide for accessing telehealth services that includes information on your agency's telehealth systems, technology and practices and make it easily accessible to clients (e.g., post prominently on your website; send to all clients prior to their virtual visit)

- Evaluate the impact of digital health literacy activities, and adapt as needed

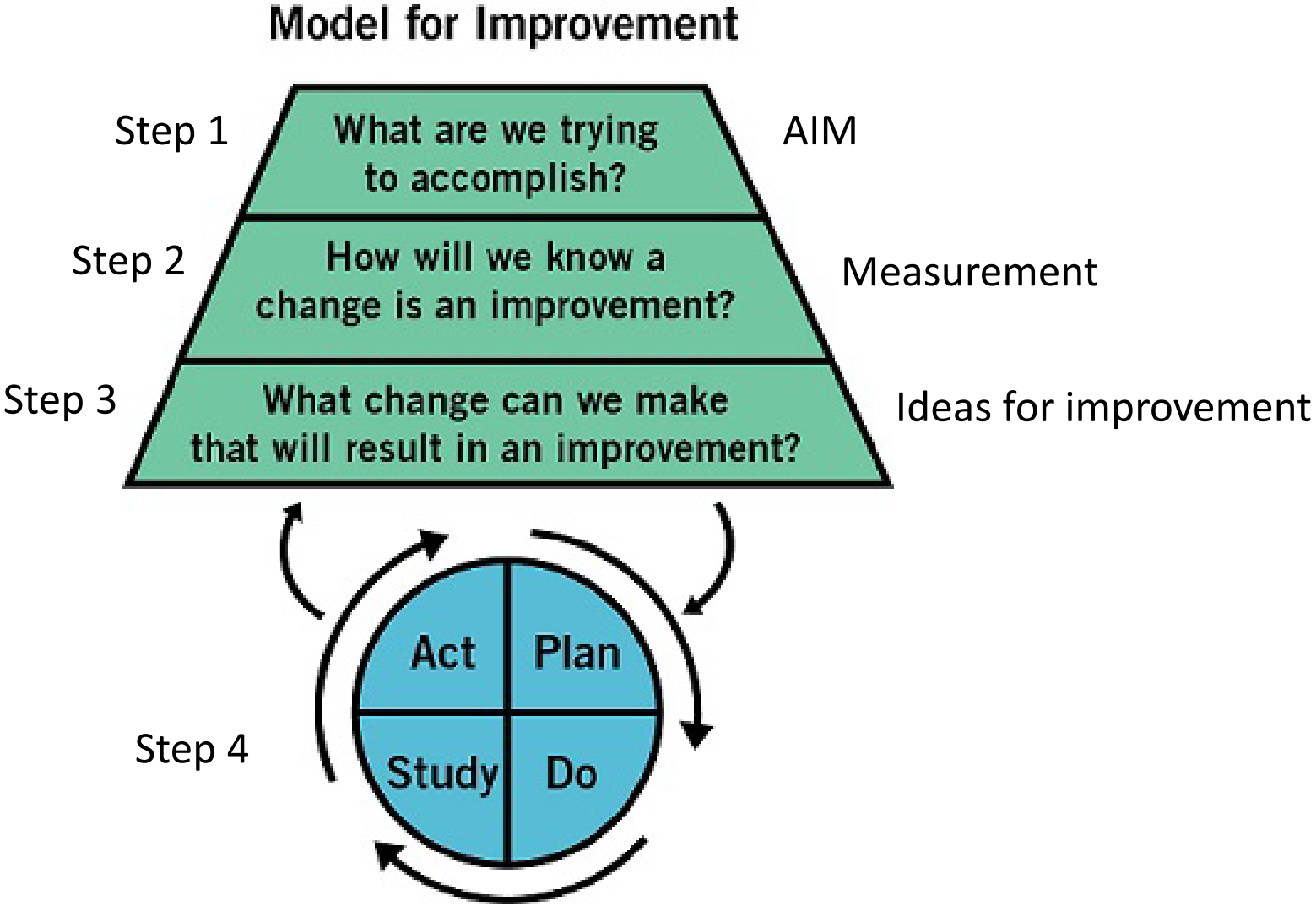- Conduct education sessions around using telehealth platforms for all SRH clients

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BREAK

PLAN, DO, STUDY, ACT (PDSA) CYCLES

Three Questions and a Cycle

Model for Improvement

Step 1 — What are we trying to accomplish? — AIM

Step 2 — How will we know a change is an improvement? — Measurement

Step 3 — What change can we make that will result in an improvement? — Ideas for improvement

Step 4 — Plan, Do, Study, Act

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PDSA Cycle

- **Plan**
  - Questions & predictions
  - Who/what/where/when?
- **Do**
  - Observe the test
  - Document results
- **Study**
  - Draw run charts
  - Analyze the data
- **Act**
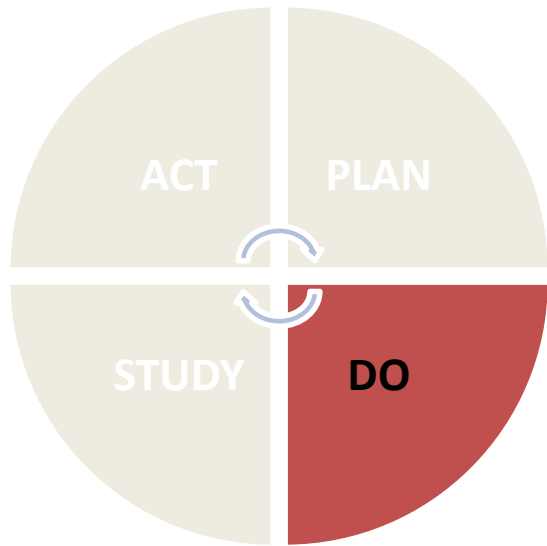 - Refine the change and plan for the next cycle

PLAN: What's happening now?

Plan
- Objective
- Questions & Prediction
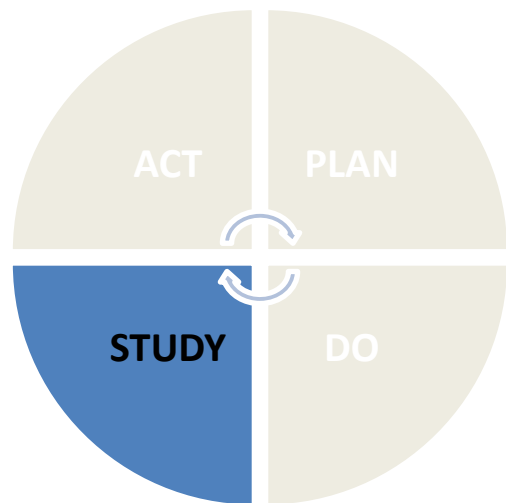- Plan – who, what, when, where
- Plan for data collection

DO: Let's try it!

Do
- Carry out the plan
- Document observations
- Begin analysis

STUDY: Did it work?

Study: Reflect on the test

- Did the change result in improvement?
- Did we learn anything new?
- Were there negative consequences?
- Were our hypotheses confirmed?

# ACT: Decide what to do

Act: Decide if you will:
- Adopt
- Abandon
- Adapt

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To Be Considered a PDSA Cycle

- A test or observation is **PLAN**ned

- Learning questions are part of the plan

- Predictions are made

- The plan is attempted (**DO** the plan)

- Time is set aside to analyze the data and **STUDY** the results

- **ACTION** is based on what was learned

- **PDSA ≠ Meeting**
- **PDSA ≠ Observation of a Practice**
- **PDSA ≠ Trying Something Without:**
  - Question
  - Prediction
  - Plan
  - Plan for Data Collection

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Linking PDSA Test Cycles

- Don't wait to begin!
- Small, Repeated Tests
- Learn from one cycle and apply those findings to the next cycle

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LET'S TRY IT!

PLAN
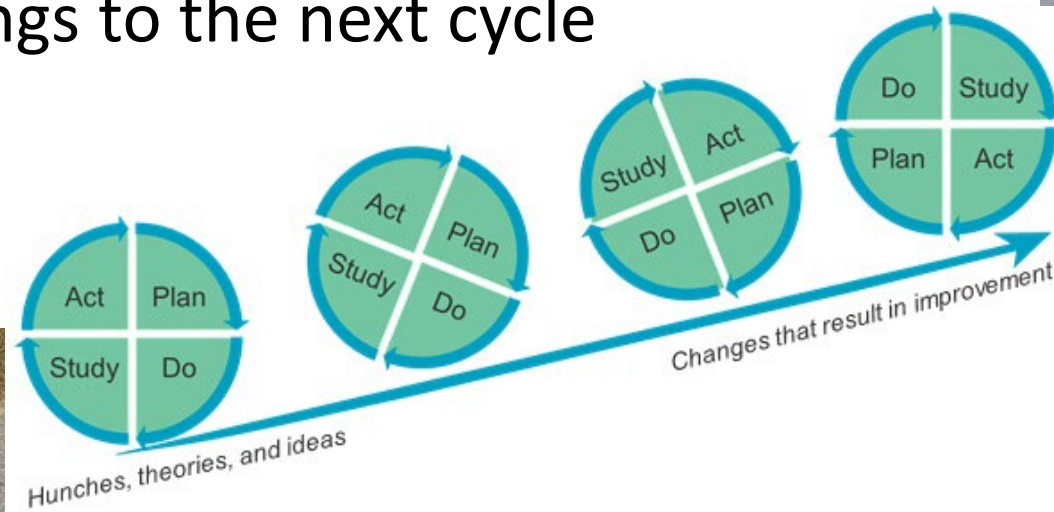
▪ **What are we trying to accomplish?**

We are trying to increase our numbers of patient satisfaction surveys

▪ **How will we know that a change is an improvement? (measures)**

By monitoring the number of completed surveys on a weekly basis

▪ **What change can we make that will result in an improvement? (ideas, hunches, theories)**

We think that involving front desk staff in a campaign to distribute patient satisfaction surveys will be effective. The front desk staff have a good rapport with patients.

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PLAN (Continued)

▪ **Which hunch/theory would you like to test?**

We are going to test a process of giving out satisfaction surveys when the patient is checking out. The front desk staff will explain the purpose of the survey, distribute them and then collect the completed surveys. We hope to get at least 25 completed surveys per week during this campaign.

▪ **What do you expect to happen?**

We expect that the campaign will lead to an increase in surveys completed on a weekly basis

▪ **Who will it involve?**

Front desk staff, front desk supervisor

▪ **How long will the change take to implement (this can be a very short amount of time!)**

1 week

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DO

▪ **What happened when you tested out your hunch/theory?**

We noticed that patients often had other things to attend to at this time, like making an appointment or paying for services and did not feel they could take on another task at this time. The checkout area can get busy and backed up at times. The front desk staff often remembered to ask the patient if they would like to fill out a survey.

▪ **What were some unexpected observations?**

Patients were rushing out after their appointments.

▪ **Any data to share?**

We received only 10 completed patient satisfaction surveys, which is much lower than our goal.

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STUDY

- **What are some reflections on what happened during your test and what was learned?**

We only had 10 surveys returned at the end of the week. This process did not work well.

- **What are some successes of the test?**

Patients responded positively to the front desk staff when they explained the purpose of the survey.

- **What are some failures of the test?**

Too busy of a time to expect patients to fill it out.

ACT

■ **What is your plan moving forward?**

Patients did not want to stay to fill out the survey once their visit was over. We need to give patients a way to fill out the survey when they have time. We will encourage them to fill it out when they get home and offer a stamped envelope to mail the survey back to us.

■ **Will you (choose 1)…?**

- o Adopt- If your test was successful, consider expanding the changes to additional sites or staff members
- o Adapt- If your test was moderately successful, but did not produce the desired results, refine the changes based on what was learned from the test, and do another round of PDSA
- o Abandon-If the results were not what you wanted and you feel you have tried every change possible, abandon this test and consider a new approach

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YOUR TURN!

Do you have any Questions?

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Thank you!

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