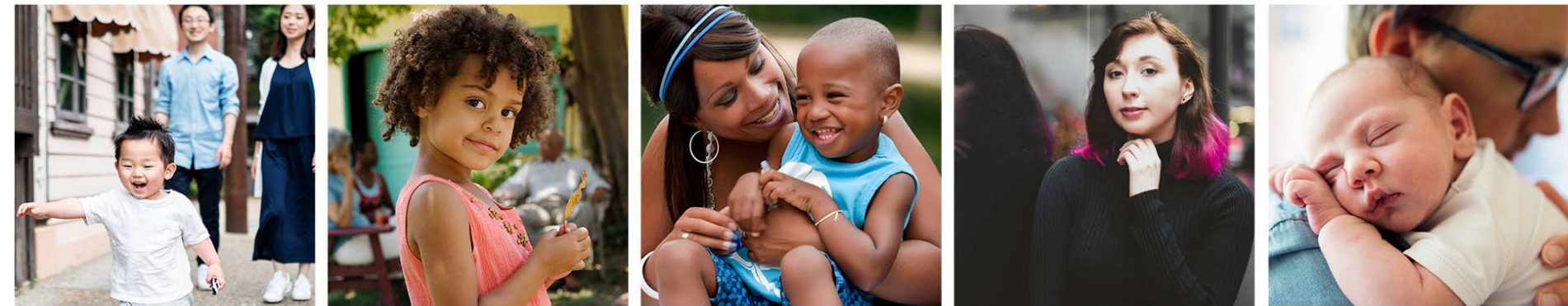




Enhancing Telehealth: Focusing on Quality Improvement

July 18th, 2024: 12:00-1:30PM EST



WELCOME & INTRODUCTIONS

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)

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.



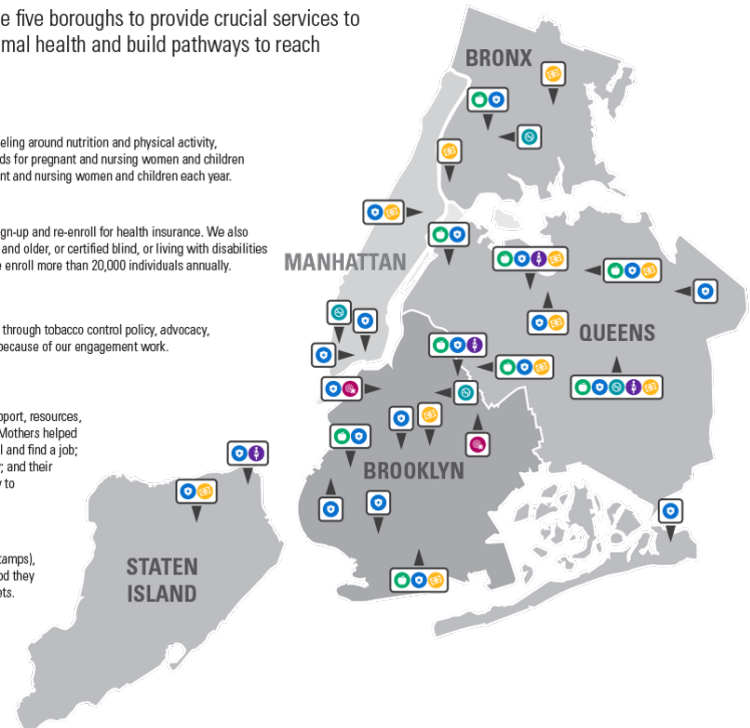
SNAP Assistance

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.



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



she/her

Leah Hargarten
Quality Improvement
and Evaluation Manager

Icebreaker

Drop in the chat...

- Name
- Pronouns
- Role
- Your favorite outdoor summer activity



Before We Start...

Having Difficult
Conversations

Start and end
on time

360 Education

Assume Best
Intentions

Stories Stay,
Lessons Leave

Communicate
your needs

Notice
Defensive
Reactions

Pass the Mic

Challenge Us,
Respectfully

This is the
beginning of the
conversation!

Learning Objectives

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

- Describe PHS' telehealth Quality Improvement Learning Collaborative (QILC)
- Identify at least one strategy to gain buy-in from leadership to improve or expand telehealth services for family planning
- Identify 2-3 telehealth priority areas using a self-assessment tool

Part 2 of the workshop will have its own objectives (they will be related!)



Agenda

Welcome & Introductions
Overview of PHS' Telehealth QILC
Gaining buy-in from leadership for telehealth
BREAK
Overview of and completion of Self-Assessment tool
Wrap Up

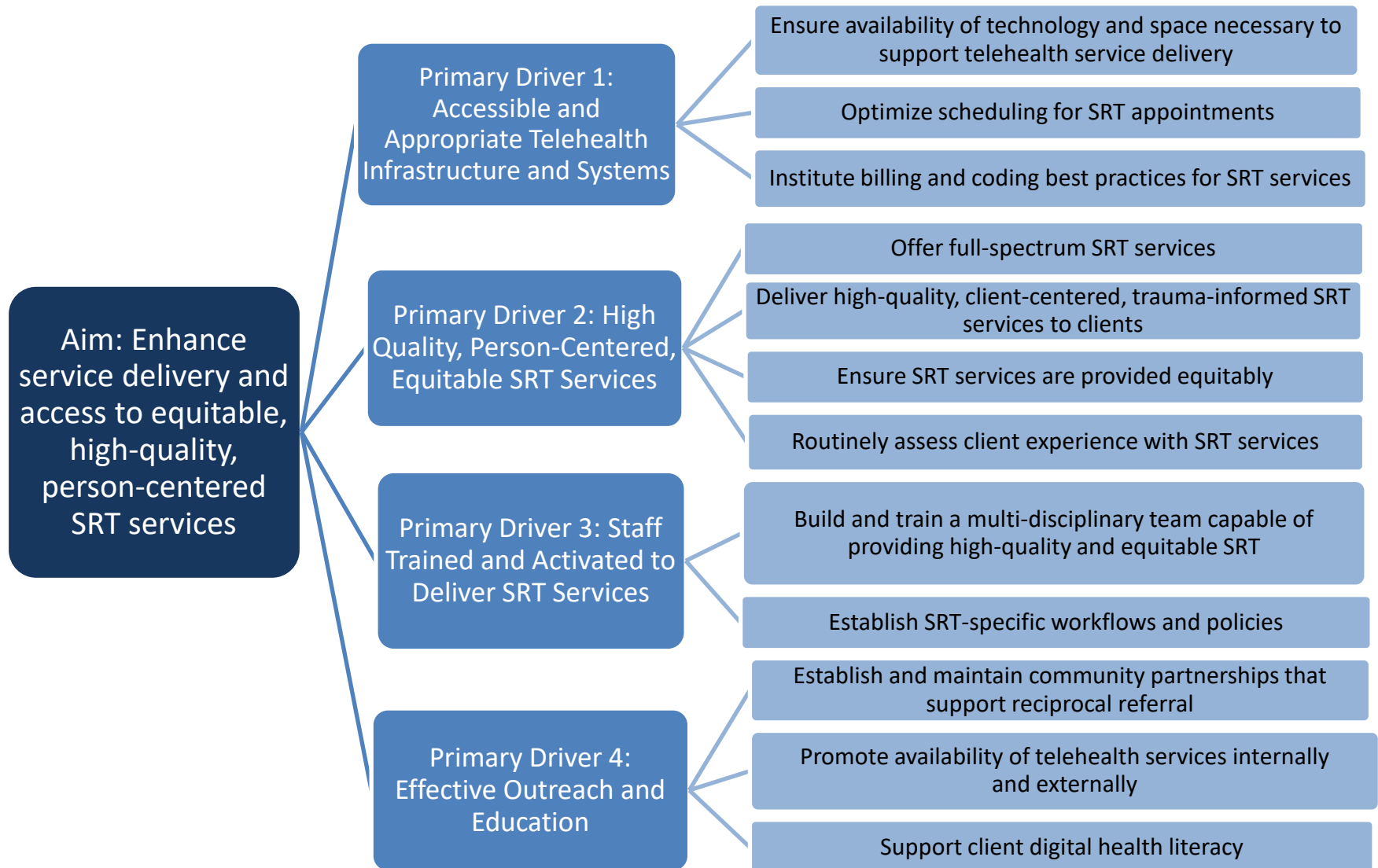
PHS' TITLE X TELEHEALTH QUALITY IMPROVEMENT LEARNING COLLABORATIVE

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 tools: Self Assessment (baseline and endline)*, Aim Statement, Improvement Plan, Change Package***
- **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**

Driver Diagram



Improvement Plans

Primary Driver 2: High Quality, Client-Centered, Equitable SRT Services

Secondary Driver	Current Status	Goal	Action Item(s)	Time Frame (e.g. date by which this will be completed)	Person(s) Responsible
2.1 Offer the full spectrum SRT services	Currently, we offer a wide range of SRT services, but this is not clearly defined and there is room to expand. We do not provide any home test kits and we have been mailing contraception to patients at home, but that workflow needs attention.	Develop clear understanding of what the full spectrum of SRT services includes and what SRT services should be part of the SRH Center service delivery model.	<ol style="list-style-type: none"> 1) Review information on full spectrum SRT care with provider team at March provider meeting 2) Develop consensus on what we wish to offer at the SRH Centers 3) Review existing SRT services to ensure that are being completed efficiently and have optimal workflows, including medical and contraceptive method supply 4) Implement workplan to add new SRT services (if desired) to the SRH service delivery model, including medical and contraceptive methods supply 	End of March	

Primary Driver 3: Staff Trained and Activated to Deliver SRT services

Secondary Driver	Current Status	Goal	Action Item(s)	Time Frame (e.g. date by which this will be completed)	Person(s) Responsible
3.1 Build and train a multi-disciplinary care team capable of providing high-quality and equitable SRT	Telehealth services policies are part of all staff onboarding training. Onboarding new nurse practitioner to provide additional SRT visits	To have a full-functioning SRT team trained in providing comprehensive telehealth care, guaranteeing that all patients receive high-quality services	<ul style="list-style-type: none"> • Training new NP in telehealth systems, company policies & procedures, and eCW • Provide continuing education opportunities to existing staff to improve patient experience • Hold de-brief late December after PHS training • Incorporate changes to SRT in Jan 	Ongoing	<ul style="list-style-type: none"> • Medical Director • Director of Health Programs

Monthly Quality Measures

Title X Sexual and Reproductive Telehealth (SRT) Quality Improvement Learning Collaborative (QILC) Quality Measures				
October 2022-April 2023 (reported monthly-first report due November 2022)				
Measure	Description	Numerator	Denominator	Reporting Mechanism
SRT Visits	% of total SRH visits that occur over telehealth	Total # of SRT visits in reporting month	Total # of SRH visits in reporting month	Monthly reporting spreadsheet
Video SRT Visits	% of total SRT visits that are video visits	Total # of video SRT visits in reporting month	Total # of SRT visits in reporting month	Monthly reporting spreadsheet
SRH visit completion rate: in-person vs telehealth	% of completed SRH visits, telehealth and in-person	Total # of SRT visits in reporting month	Total # of scheduled SRT visits (both completed and not completed) in reporting month	Monthly reporting spreadsheet
		Total # of in-person SRH visits	Total # of scheduled in-person SRH visits (both completed and not completed) in reporting month	
Assessment of patient experience for SRT visits	% of SRT visits where client received a patient experience survey	Total # of SRT visits where client received a post-visit patient experience survey in reporting month	Total # of SRT visits in reporting month	Monthly reporting spreadsheet
In-person vs telehealth SRH visit distribution	Breakdown of SRH visits* in reporting month by visit type and telehealth vs in person <small>*As detailed in excel sheet</small>			Monthly reporting spreadsheet

Monthly QM Tracking Sheet- Measures 1-4

No.	Measure Names & Values	Oct-22	Nov-22	Dec-22	Jan-23
1	SRT Visits				
	Numerator: Total number of SRT visits in the reporting month	181	136	169	157
	Denominator: Total number of SRH visits in the reporting month	427	365	417	446
	Percentage of total SRH* visits that occur over telehealth	42.39%	37.26%	40.53%	35.20%
2	Video SRT Visits				
	Numerator: Total number of video SRT visits in reporting month	135	122	157	139
	Denominator: Total number of SRT visits in the reporting month	181	136	169	157
	Percentage of total SRT visits that are video visits	74.59%	89.71%	92.90%	88.54%
3	SRH Visit Completion Rate: In-Person and Telehealth				
	Numerator: Total number of SRT visits in the reporting month	181	136	169	157
	Denominator: Total number of scheduled SRT visits (both completed and not completed) in reporting month	276	233	276	294
	Percentage of completed SRT visits	65.58%	58.37%	61.23%	53.40%
	Numerator: Total number of in-person SRH visits	246	229	248	289
	Denominator: Total number of scheduled in-person SRH visits (both completed and not completed) in reporting month	469	436	486	570
	Percentage of completed in-person SRH visits	52.45%	52.52%	51.03%	50.70%
4	Assessment of Patient Experience for SRT Visits				
	Numerator: Total number of SRT visits where client returned a post-visit patient experience survey in reporting month	14	10	15	10
	Denominator: Total number of SRT visits in reporting month	181	136	169	157
	Percentage of SRT visits where client returned a patient experience survey	7.73%	7.35%	8.88%	6.37%

Measure 5

Service provided	In-person and telehealth SRH visit type distribution					
	Dec-22		Jan-23		Feb-23	
	In-person	Telehealth	In-person	Telehealth	In-person	Telehealth
Contraceptive Management (prescribing/procedure) <i>Count</i>	111	35	107	23	110	19
Contraceptive management %	46.06%	68.63%	37.81%	85.19%	42.15%	76.00%
Contraceptive Counseling <i>Count</i>	230	49	247	27	233	25
Contraceptive counseling %	95.44%	96.08%	87.28%	100.00%	89.27%	100.00%
STI testing/treatment <i>Count</i>	177	0	197	0	199	0
STI testing/treatment %	73.44%	0.00%	69.61%	0.00%	76.25%	0.00%
STI counseling <i>Count</i>	231	42	257	25	241	23
STI counseling %	95.85%	82.35%	90.81%	92.59%	92.34%	92.00%
Infertility counseling <i>Count</i>	3	0	0	0	1	0
Infertility counseling %	1.24%	0.00%	0.00%	0.00%	0.38%	0.00%
Pre-conception counseling <i>Count</i>	187	36	209	9	191	14
Pre-conception counseling %	77.59%	70.59%	73.85%	33.33%	73.18%	56.00%
HIV testing/treatment <i>Count</i>	130	0	139	0	137	0
HIV testing/treatment %	53.94%	0.00%	49.12%	0.00%	52.49%	0.00%
HIV counseling (general or PrEP/PEP) <i>Count</i>	195	0	213	7	206	2
HIV counseling %	80.91%	0.00%	75.27%	25.93%	78.93%	8.00%
PrEP/PEP Management (prescription, follow-up) <i>Count</i>	7	1	7	0	6	0
PrEP/PEP Management %	2.90%	1.96%	2.47%	0.00%	2.30%	0.00%
Gender affirming care <i>Count</i>	0	0	0	0	0	0
Gender affirming care %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Penile health condition (erectile dysfunction) counseling/treatment <i>Count</i>	0	0	0	0	0	0
Penile health condition %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total number of SRH visits in reporting month	241	51	283	27	261	25

5

GAINING BUY-IN FROM LEADERSHIP FOR TELEHEALTH

Areas of focus for today....

Operational
Efficiency

Patient
Experience

Access

Billing

Hear from
you!

Operational Efficiency: General Considerations

- **Ensure that there are written policies spelling out what is and what is not a telehealth visit (even if it seems obvious)**
 - Debrief as a team when visits are incorrectly scheduled as in-person vs. telehealth
- **Clear guidance for front desk staff for scheduling, so telehealth offerings are consistent**
 - Job aid and script
- **If you see a patient first over telehealth, their first visit in clinic is not a new visit**
- **Patients want to be seen sooner, so they will accept telehealth visits if that's available sooner than in person**
- **Utilize multiple members of the care team during telehealth**

Telehealth Visit Types

▪ **Clinic to Clinic:**

- Testing
- Lab work
- Visits that don't require a physical exam

▪ **Direct-to-Patient:**

- Counseling
- Consenting
- Follow-up/results
- Prescription checks and refills
- Gender-affirming care (first visit in-person, follow-up via telehealth)

Telehealth Visit Types

Reason for Visit	Modality	Considerations
Uncomplicated lower urinary tract infection (UTI) symptoms	Virtual (A/V)*	<ul style="list-style-type: none"> Treat empirically. In cases of questionable diagnosis, complicated UTI, or empiric treatment failure, the client can be told how to take a urine sample to the lab for testing. If the client reports signs and symptoms of pyelonephritis, schedule in-person visit.
Vaginal discharge	Virtual (A/V)*	<ul style="list-style-type: none"> If the client has recurrence of a vulvovaginal condition previously diagnosed, such as genital herpes, bacterial vaginosis, or vaginal candidiasis, prescribe treatment. If the client has malodorous vaginal discharge suggestive of bacterial vaginosis or trichomoniasis, treat with metronidazole 500 mg orally twice a day for 7 days. If the client has vulvovaginal itching (or burning), white discharge, no odor, treat vaginal candidiasis with one dose of fluconazole 150 mg PO or antifungal cream.
Pregnancy testing and diagnosis	Virtual (A/V)*	<ul style="list-style-type: none"> The client can drop off a urine sample at the clinic (e.g., curbside) for a pregnancy test. Home pregnancy test results are acceptable during the PHE. Provide result. If negative, explore interest in contraception. If positive, refer to prenatal care. An advanced practice clinician may also provide non-directive options counseling (or other clinical staff, if waiver has been obtained).
Refills: COCs, POPs, ring, patch, self-administered DMPA-SQ	Virtual (Audio-only)	<ul style="list-style-type: none"> Mail supplies to the client, arrange for curbside pick-up, or transmit refill order to pharmacy.
Emergency contraception (EC)	Virtual (Audio-only)	<ul style="list-style-type: none"> Paragard is the most effective EC; discuss pros and cons of in-person visit for placement during the PHE. Ulipristal acetate (UPA; Ella®) is the next best option, but with lower effectiveness in females with BMI > 30 kg/m². <ul style="list-style-type: none"> Breastfeeding is a contraindication. Don't start oral contraceptives within 5 days of taking UPA. Levonorgestrel (Plan B® and generics) less effective for BMI>26 (and less effective overall as well). Given the time-sensitivity of this service, curbside pick-up or prescribing to a pharmacy for same-day pick-up is optimal. Provide education about over-the-counter EC options.

Telehealth Visit Types

<p>Initiation of a new method of contraception</p>	<p>Virtual (A/V)*</p>	<ul style="list-style-type: none"> • Provide virtual client-centered contraceptive counseling. • If the client desires combined oral contraceptive (COC), progestin-only pill (POP), patch, or ring, use CDC MEC to screen for contraindications. Provide prescription for 12-month supply if possible. Record blood pressure (BP) (use home monitor, BP machine at local pharmacy, recorded BP in system’s electronic medical record in any clinical setting, BP machine in clinic parking lot, etc.) If BP reading is unavailable, provide a 3–6 month prescription per clinician discretion, or discuss methods without contraindications for hypertension or cardiovascular disease. • If the client desires a fertility awareness-based method, discuss methods and possible helpful apps (Natural Cycles is FDA-approved for pregnancy prevention. Other options: Ovia, Flo Period & Ovulation tracker, Fertility Friend, Period Tracker, and Dot Fertility Tracker). • If the client desires condoms or other barrier method, discuss proper use and consider offering mail delivery or curbside pick-up. • Offer condoms as dual protection and emergency contraception (EC) • See above responses if the client is interested in DMPA, IUD, or implant.
<p>Requests STD testing and/or has non-urgent symptoms suggestive of STD</p>	<p>Virtual (A/V)*</p>	<ul style="list-style-type: none"> • If the client has new, known, or suspected exposure (new partner, exposure to partner with STD, partner who may have had sex with other partners) or concerning symptoms, consider ordering appropriate lab tests: self-collected vaginal swab (urine if not available), blood tests, etc. The client can go directly to the lab for testing or use curbside pick-up of specimen collection materials. • Postpone routine screening until after the PHE. • See Interim CDC Guidance for STD and HIV Priorities.

Tracking Telehealth vs In-Person Services

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<i>Contraceptive management %</i>	46.06%	68.63%	37.81%	85.19%	42.15%	76.00%
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Gender affirming care <i>Count</i>	0	0	0	0	0	0
<i>Gender affirming care %</i>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
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Patient Feedback

- Incorporate questions around telehealth visit types into patient experience surveys
- Collect informal feedback during scheduling
- Integrate discussion of patient feedback into routine meetings
 - Bring feedback to leadership's attention!



Improved Access

‘In this study of a large safety-net health system, we find that the **telehealth** visit type was associated with **reduced risk of no-show among a low-income population**, after accounting for patient level characteristics and adjusting for sociodemographic factors.’¹

On average, telehealth patients save **100 minutes** per visit²

Telehealth reduces need for patients to secure **childcare**

¹ Sumarsono, A., Case, M., Kassa, S. *et al.* Telehealth as a Tool to Improve Access and Reduce No-Show Rates in a Large Safety-Net Population in the USA. *J Urban Health* **100**, 398–407 (2023).
<https://doi.org/10.1007/s11524-023-00721-2>

² [Telemedicine saves patients time, money | University of California](#)

Billing/coding

- Telehealth visits are Title X Family Planning qualifying visit types and can be reported on FPAR
 - Billing should stay consistent
- Work with billing team to ensure visits are getting maximum reimbursement
- Encourage video visits when appropriate



HOW HAVE YOU GOTTEN BUY-IN?

BREAK

5:00



OVERVIEW OF AND COMPLETION OF SELF-ASSESSMENT

Telehealth Self-Assessment

Driver 1: Accessible and Appropriate Telehealth Infrastructure and Systems

Components	Level D (Limited)	Level C (Basic)	Level B (Good)	Level A (Excellent)
<p>1.1 Available telehealth technology necessary to provide SRT</p> <p>Select Score ____</p>	<p>There is no technology available (laptops, tablets, internet bandwidth, web cams, cell phones, apps, etc.) for remote or on-site SRT; there is no available private space to conduct SRT on-site</p>	<p>There is sometimes telehealth equipped space available to provide SRT on-site; some required technology is available (phones vs desktops with web cams vs laptops); there is rarely private space available to provide SRT on-site</p>	<p>A range of different forms available of telehealth technology is generally available for on-site and remote SRT visits; there are few private spaces available to provide SRT on-site</p>	<p>All necessary forms of telehealth technology are always available for on-site and remote SRT visits; there are ample private workspaces to provide SRT on-site</p>
	0 1 2	3 4 5	6 7 8	9 10 11
<p>1.2 Optimized scheduling to accommodate SRT appointments</p>	<p>There are no existing SRT scheduling policies or workflows</p>	<p>There are some telehealth scheduling policies and workflows but they are not consistently created or performed. They do not specifically include a clinical decision-making protocol or script for scheduling, nor address visit duration and availability best-practices; There are no scheduling</p>	<p>There are many telehealth scheduling policies and workflows that are created and performed. They include some if not all the following: clinical decision-making protocol and script for scheduling, visit duration and availability best-practices; There are few policies and workflows specific to SRT care provision</p>	<p>Telehealth scheduling policies and workflows are created and performed consistently They include all the following: clinical decision-making protocol and script for scheduling, visit duration and availability best-practices; There are many policies and workflows all specific to SRT which are performed regularly</p>

Instructions for Slido Poll

- Scan the QR code
- Respond to each statement with an option from the following scale:
 - Describes us well
 - Almost there
 - Just getting started
 - Doesn't describe us



Downloading your self-assessment results

To download their poll responses in Slido, participants can follow these steps:

1. **Access the Event:** Participants need to log in to the Slido event where they participated in the polls. This can typically be done through a link provided by the event organizer.
2. **Navigate to Responses:** Once logged in, participants should go to the section where the poll results are displayed. This section often includes all the polls they participated in during the event.
3. **Download the Responses:** There should be an option to download the responses. Participants can usually export their data in various formats such as Excel, PDF, or Google Sheets. This feature is accessible via a download button or an export option within the interface.

If participants face any issues, they can refer to the [Slido Help Center](#) or contact the event organizer for specific instructions related to their event.

For more detailed guidance, you can visit the [Slido Help Center \(Slido\)](#).

Your Homework

- **Review results from the self-assessment with other team members**
- **Come up with 1-2 subdrivers of priority**
 - Pick subdrivers where you responded ‘just getting started’ or ‘doesn’t describe us’
- **In part II of the workshop, we will review best practices for the specific areas of improvement and draft a plan to test out PDSA cycles**



Do you have
any
Questions?



Thank you!



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