



Unity Health Care How to Perform a Telehealth Risk Assessment

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Background

Unity Health Care, Inc.

Federally
Qualified Health
Center

District of
Columbia
1985-2022



Services- Primary, specialty,
dental and behavioral health.
Care to people experiencing
homelessness, HIV, returning
citizens, Title X

25 Sites – Community Health
Centers, Homeless Shelter and
homeless outreach, School-
based health centers, services
in DC Jail

*Promoting healthier communities through compassion and
comprehensive health and human services,
regardless of ability to pay.*

Highlights



- » Walking medical outreach
- » Teaching Health Center with a Family Medicine Residency and a Community Medical School campus
- » Health services in DC Jail facilities
- » Specialties including behavioral health, dental, infectious diseases, OB/GYN, podiatry

73%
of patients are African American/Black

18%
of patients are Hispanic

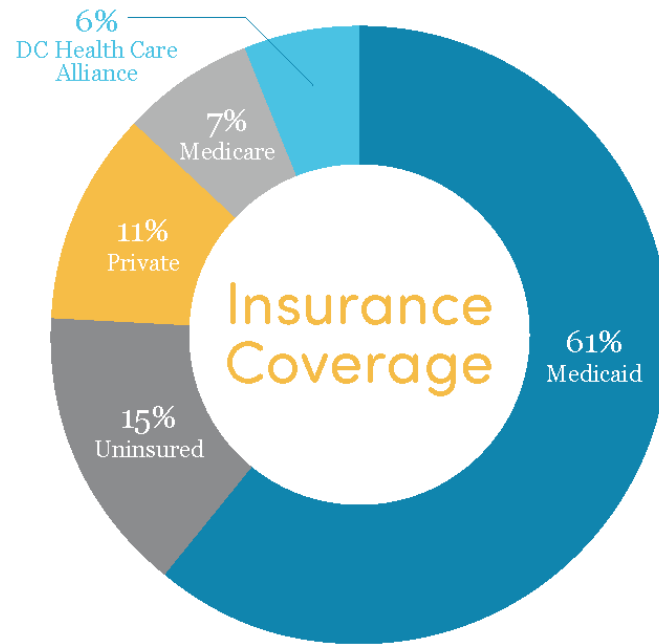
60%
of patients have incomes below 100% of the federal poverty level

Patients & Visits

LOCATION	PATIENTS	VISITS
Community	83,560	302,631
Homeless	10,429	51,489
Dept. of Corrections	4,874	94,250
Totals	98,863	448,370



**1,002 of Unity's community and homeless patients were also seen in the DC Jail.*



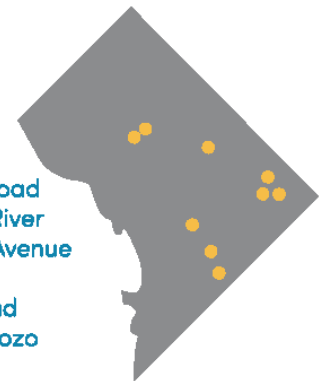
Locations

9
Community health centers:

12
Medical sites at homeless shelters

2
School-based health centers

- Anacostia
- Brentwood
- Columbia Road
- East of the River
- Minnesota Avenue
- Parkside
- Stanton Road
- Upper Cardozo
- Southwest



Glossary

- **Telehealth:** The use of electronic information and telecommunication technologies to support and promote long distance clinical care, patient and professional health related information, public health, and health administration
- **Telemedicine:** The remote diagnosis and treatment of patients by means of telecommunications technology – Clinical Services
- **Originating Site:** Where the patient receiving a telehealth service is located. This location can be either with the patient's physician or other qualified healthcare professional or by the patient self-initiating the encounter with the provider.

Telehealth at Unity Prior to COVID19

- Some experience with Telehealth from previous grants
- DC's telehealth regulations did not recognize a patient's home as an originating site
- Audio and video visits not reimbursed at the same rate as in-person visits
- Many patients with lack of access to devices and connectivity and limited tech literacy

Emergency Rule

- The Medicaid Authority in D.C., in recognition of the need for enhanced access to care while maintaining social distancing, implemented an emergency rule.
- Emergency rule recognized the patient's home or location as a reimbursable telehealth (video and audio) originating site.
- The D.C. Medicaid parity law allowed for audio and video telehealth visits to be reimbursed at the same rate as in-person visits.

Wednesday, March 11, 2020
Today, Mayor Muriel Bowser declared both a state of emergency and a public health emergency, effective immediately.



Unity's Rapid Telehealth Response to the Pandemic



- Nearly zero telehealth visits to over 800 visits/day within a space of 30 days.
- At the peak, Unity saw nearly 1,000 patients a day virtually.
- Value for population health management and for patients who suffer from chronic disease.

Poll #1 – Have you implemented telehealth services at your health center?

1. Yes, we have fully implemented telehealth services.
2. Yes, we have partially implemented telehealth services.
3. No, we have not significantly implemented telehealth services.

Poll #2 – Have you performed a Telehealth risk assessment?

1. Yes, we have performed a telehealth risk assessment.
2. Yes, we have partially performed a telehealth risk assessment.
3. No, we have not performed a telehealth risk assessment.

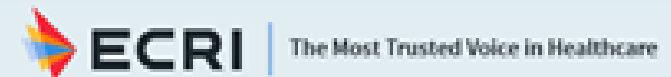
Telehealth Risk Assessment

Rationale and Purpose

- As the expansion of telehealth continues, robust clinical, operational, and technical telehealth processes are necessary in order to increase patient safety and limit risk.
- Unity Health adapted the ECRI (Emergency Care Research Institute) risk assessment guidance to develop a tool to prevent, identify, and manage clinical risks associated with developing, implementing, and maintaining a telehealth program.

Methodology

- Unity Health adopted the methodology and framework of the ECRI (Emergency Care Research Institute) telehealth risk assessment tool issued in the summer of 2020.
- Source: ECRI Clinical Risk Management Program. Practice Alert! Managing Clinical Risks Associated with Telehealth Programs. Published May 22, 2020. Available at no cost to HRSA-funded health centers and free clinics. For access, contact clinical_rm_program@ecri.org.



Methodology

- The comprehensive approach of this guidance allows for the complete assessment of **seven dimensions** to prevent, identify, and manage clinical risks associated with developing, implementing, and maintaining a telehealth program.
- Each dimension includes telehealth strategies. Each strategy was assessed under three categories:
 - 1) *Completed*
 - 2) *In progress, and*
 - 3) *In Need*
- **Action items** were proposed to address the completion of the strategies at Unity and to inform the telehealth policy and procedure.

Dimensions of Telehealth Assessment



Telehealth Program Development



Privacy , Security, and Confidentiality



Patient Education and Informed Consent



Credentialing and Privileging



Equipment and Technology

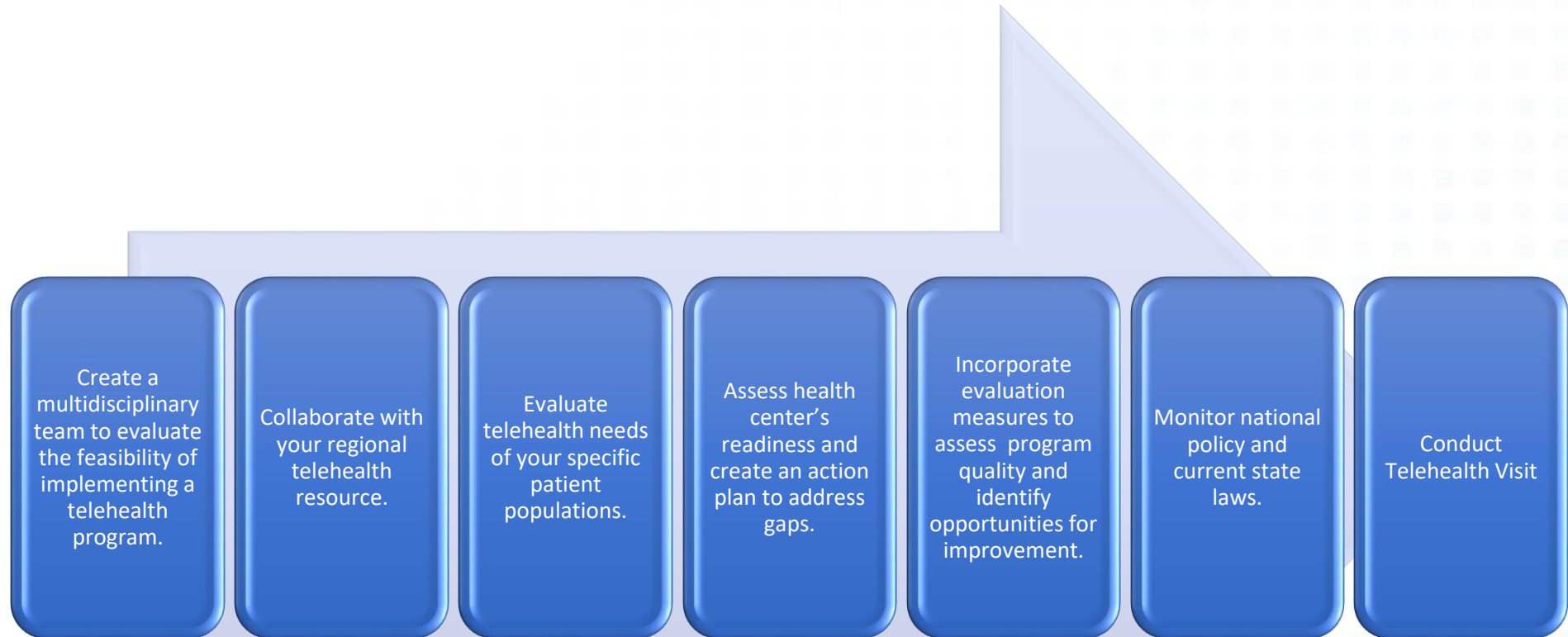


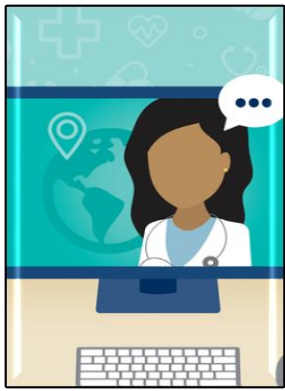
Provider and Staff Education



The Conduct of Telehealth Visit

7 Dimensions of Telehealth Program Development





The Multidisciplinary Telehealth Risk Assessment Team

Dimension	Team Member
Telehealth Program Development	Clinical Operations
Privacy, Security & Confidentiality	Compliance/Privacy Officer/IT Security Officer
Patient Education & Informed Consent	Operations
Credentialing & Privileging	Human Resources
Equipment and Technology	IT Security
Provider & Staff Education	Operations
The Conduct of the Telehealth Visit	Clinical Operations & Patient Experience





Privacy Security and Patient Confidentiality

- Verify with software vendors that telehealth technology is Health Insurance Portability and Accountability Act (HIPAA) compliant.
- Ensure only authorized users have access to ePHI.
- Monitor secure communication systems to prevent accidental or malicious breaches.
- Hold telehealth appointments in private, to avoid being overheard.



Patient Education and Informed Consent

- Educate patients about telehealth. Include risks and benefits, alternatives if available, and the limitations of the equipment and technology.
- Walk patients through a virtual visit, and consider doing a trial run while at the health center.
- Provide patients with a written telehealth preparation checklist.
- Review state requirements for informed consent.
- Obtain patient informed consent.

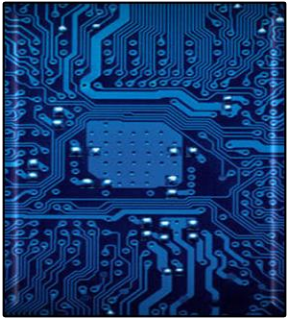


Credentialing and Privileging

- Verify that remote practitioners are qualified to practice telehealth medicine in the jurisdiction where they are requesting privileges.
- Track state laws that may affect the practice of telehealth and consult with local legal counsel to ensure legal telehealth requirements are met.

Reference: Center for Connected Health Policy: [All telehealth policies - CCHP \(cchpca.org\)](http://cchpca.org)

- Incorporate selected clinical telehealth performance measures into your health center's privileging processes.
- Monitor for adverse outcomes and discrepancies in diagnosis, treatment, and follow-up between telehealth and face-to-face visits.



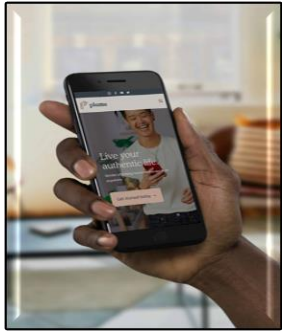
Equipment and Technology

- Determine health center equipment needs in and conduct a technology assessment prior to purchasing any new equipment.
- Verify that hardware and software is compatible with your electronic health record (EHR).
- Conduct routine equipment testing and maintenance to address potential problems before they affect patient care. Including ongoing quality checks of audio, video, and data transmission.
- Perform equipment calibration before every telehealth visit and document results.
- Ensure that future technology costs, including equipment and software, are in your telehealth business plan.



Provider and Staff Education

- Train providers and staff on telehealth topics, including the goal of the telehealth program, key roles and responsibilities, policies and procedures, and quality metrics.
- Identify "super users" who can assist other users with telehealth processes and help communicate processes change.
- Develop instructions for staff on what to do in the event of equipment malfunction.
- Train staff regularly on ways an organization may be hacked by cybercriminals, and on how to prevent security breaches.



Conducting Telehealth Visits

- Recognize that telehealth requires meeting the same standard of care as face-to-face encounters. During the visit, if it is determined that telehealth is not appropriate for the patient's individual situation and medical needs, the provider should arrange for alternative evaluation and treatment.
- Ensure that a lawful patient-provider relationship exists or can be properly established during the telehealth visit according to state laws.
- Use a preparation telehealth etiquette checklist to ensure that professional standards are upheld during the visit.
- Follow federal and state laws regarding online prescribing.
- Document any provider-patient interactions using telehealth services in the EHR.

The Risk Assessment Tool

Example Telehealth Risk Assessment

1. Telehealth Program Development				
Strategy	Unity Health Status	Description	Proposed Actions	
1	Completed	A telehealth group was created before the COVID emergency to develop this initiative at Unity. The activities developed by this group positioned Unity very well to rapidly deploy Telehealth during the first weeks of the pandemic. A Teams group space has been created for communications and posting of initial guidance.	Create a multidisciplinary team for Telehealth Continuous Program Development	
2	Completed	Unity has been working with Chimes, DCPCA, and DHCF.	Continue working with regional telehealth hubs and organizations	
3	In Progress	Populations: People with Disabilities, Individuals with substance use disorders and/or mental health conditions, people who are incarcerated, older adults and Medicare population, children, people with limited English proficiency, people living in areas	Continue to explore/improve use of translation services particularly in video visits Streamline provision of well-	

Results

Unity Health Self Assessment

- Happy surprise! 11 Strategies were completed
- 16 Strategies were already in progress
- Some strategies will remain in progress as the dynamics of emergency declarations required constant monitoring. For example: Federal and state policies regarding prescribing, licensure
- 3 Strategies that were in need of development
- 2 Strategies were not needed at Unity such as equipment calibration

Evaluation of Telehealth Services Results and Benefits

Poll #3 – How much of your services do you envision will continue via telehealth?

1. 75% or higher of our services will continue via telehealth.
2. About 50% our services will continue via telehealth.
3. About 25% our services will continue via telehealth.
4. None or very little of our services will continue via telehealth.

Poll #4. What kind of services do you envision will continue to expand via telehealth?

1. Primary care
2. Mental and behavioral health
3. Dental health
4. Specialties
5. Other

- Pick all that apply

Telemedicine Benefits

Unity realized benefits and opportunities over the past two years with our experience with telemedicine that include:

- Reduce exposure to disease
- Cost effective
- Convenient
- Reduce travel time/time off work
- Engage family and care team members
- Scheduling flexibility
- Reduced wait times
- Reduced no show rates

Patient Experiences and Benefits

Patients who connected with their providers via video were generally pleased with their experiences and noted several benefits of connecting via video.

- Were able to connect with relative ease
- A few had help and felt more comfortable each time
- Appreciated staying home, limiting COVID exposure
- Valued saving time by eliminating clinic/ER wait times
- A few patients had audio issues and were turned off by using video

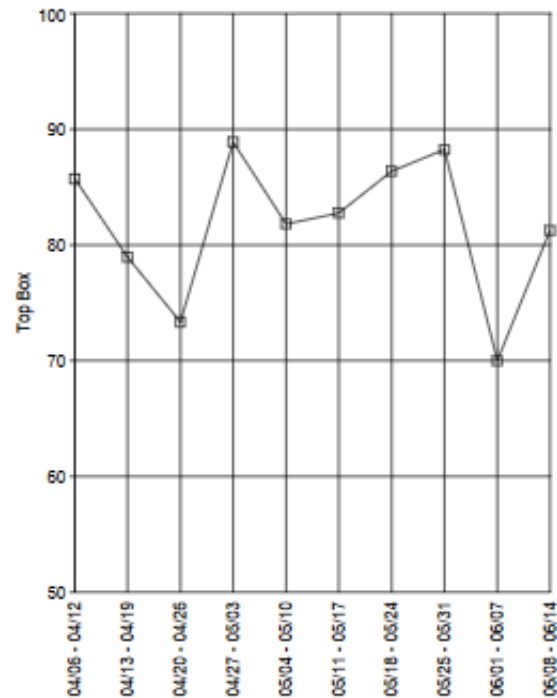


Shorter Wait Times

[In-Person] Saw Care Team Within 15 Minutes of Appt. Time?

Percentage "Yes" Scores
Week-to-Week Comparison

Q: For this visit, were you able to see a member of the care team within 15 minutes of your scheduled appointment time?

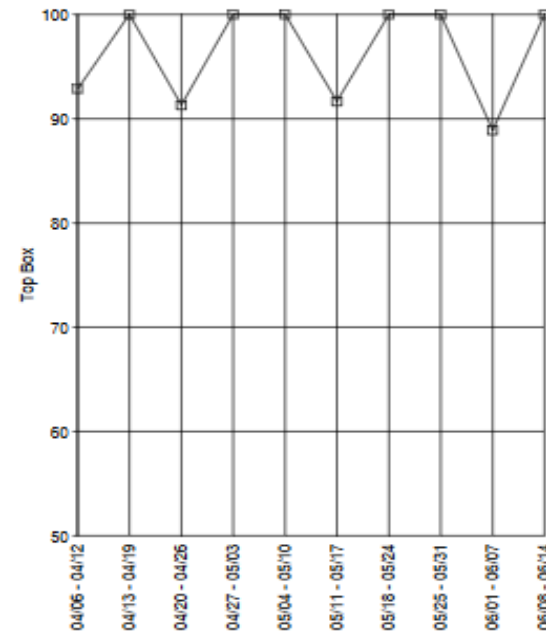


[In-Person] Saw Care Team Within 15 Minutes of Appt Time?

[Telehealth Video] Connected w/ Care Team Within 15 Minutes of Appt. Time?

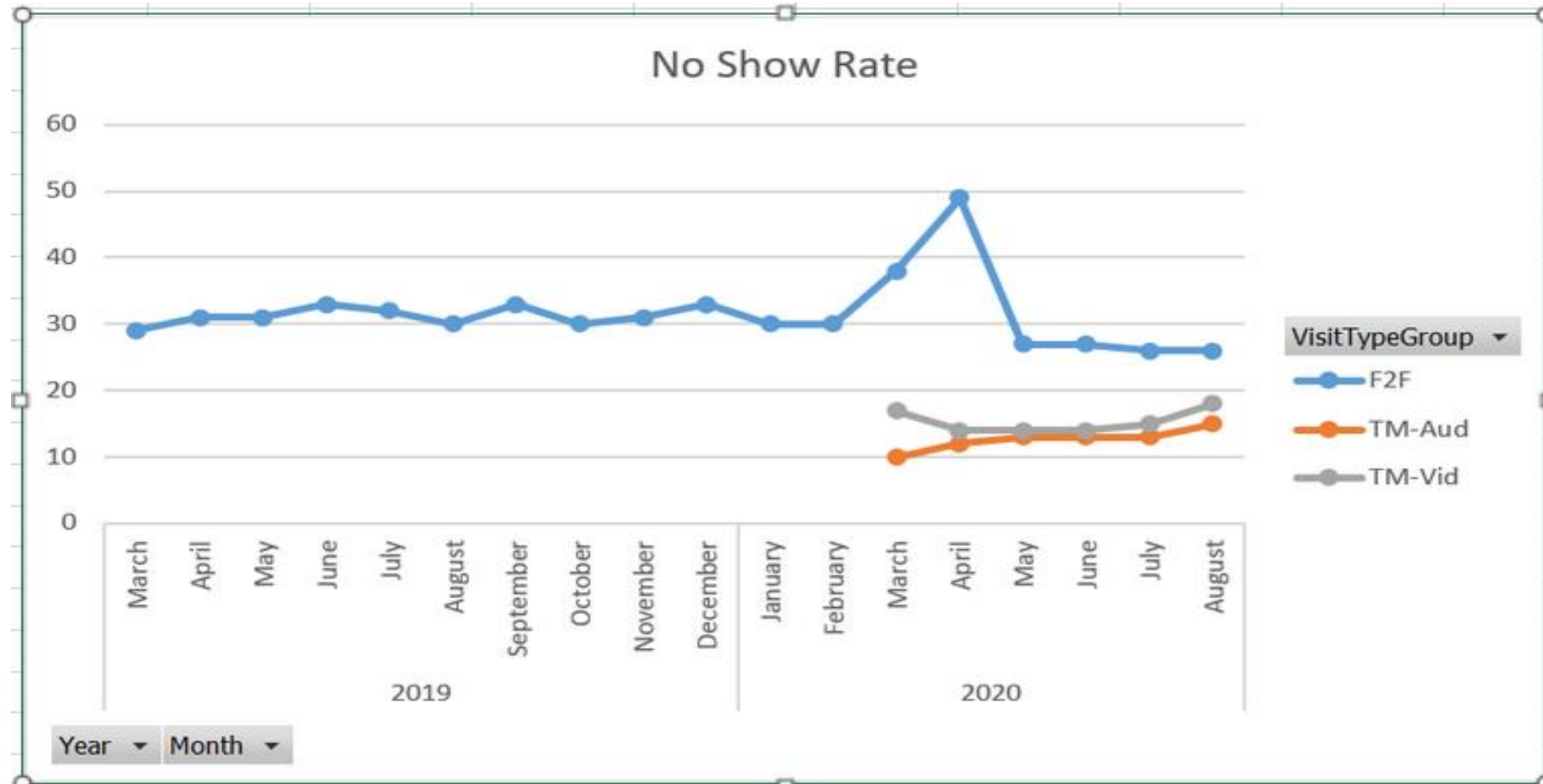
Percentage "Yes" Scores
Week-to-Week Comparison

Q: For this telehealth video encounter, were you able to connect with a member of the care team within 15 minutes of your scheduled appointment time?



[Telehealth Video] Connected w/ Care Team Within 15 Minutes of Appt Time?

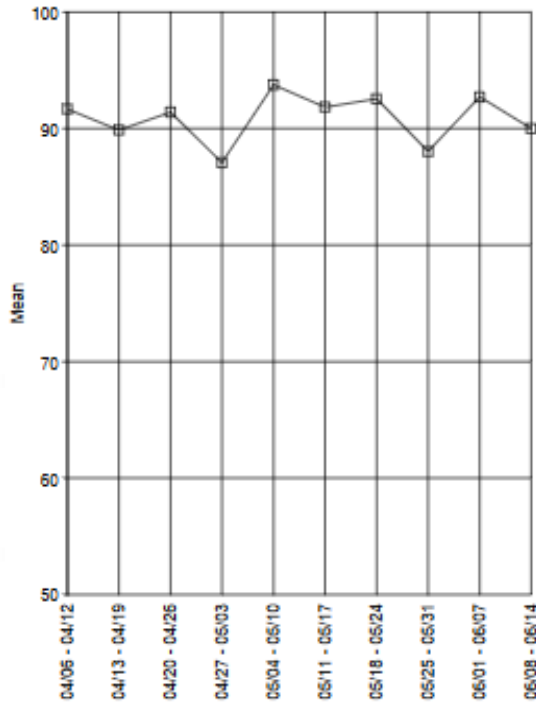
Significant Reduction in No Show Rates



Patients Perception of Quality of Care

**[In-Person] Overall Quality of Care
By Provider**
Mean Scores
Week-to-Week Comparison

Q: How would you rate the overall quality of the care
you/your child received from the provider?



[In-Person] Overall Quality of Care By Provider

**[Telehealth Video] Overall Quality of Care
By Provider**
Mean Scores
Week-to-Week Comparison

Q: How would you rate the overall quality of the care
you/your child received from the provider?



[Telehealth Video] Overall Quality of Care By Provider

Recommendations and Lessons Learned

Lessons Learned

- Perfect is the enemy of Good. Begin somewhere to assess your telehealth risk.
- Look and use your regional resources
- Collaborate with all your internal stakeholders. It is not a technical issue only.
- Adoption by providers is key
- Telehealth is a dynamic process that is in the growing phase. Plan to assess your risks regularly



LESSONS LEARNED

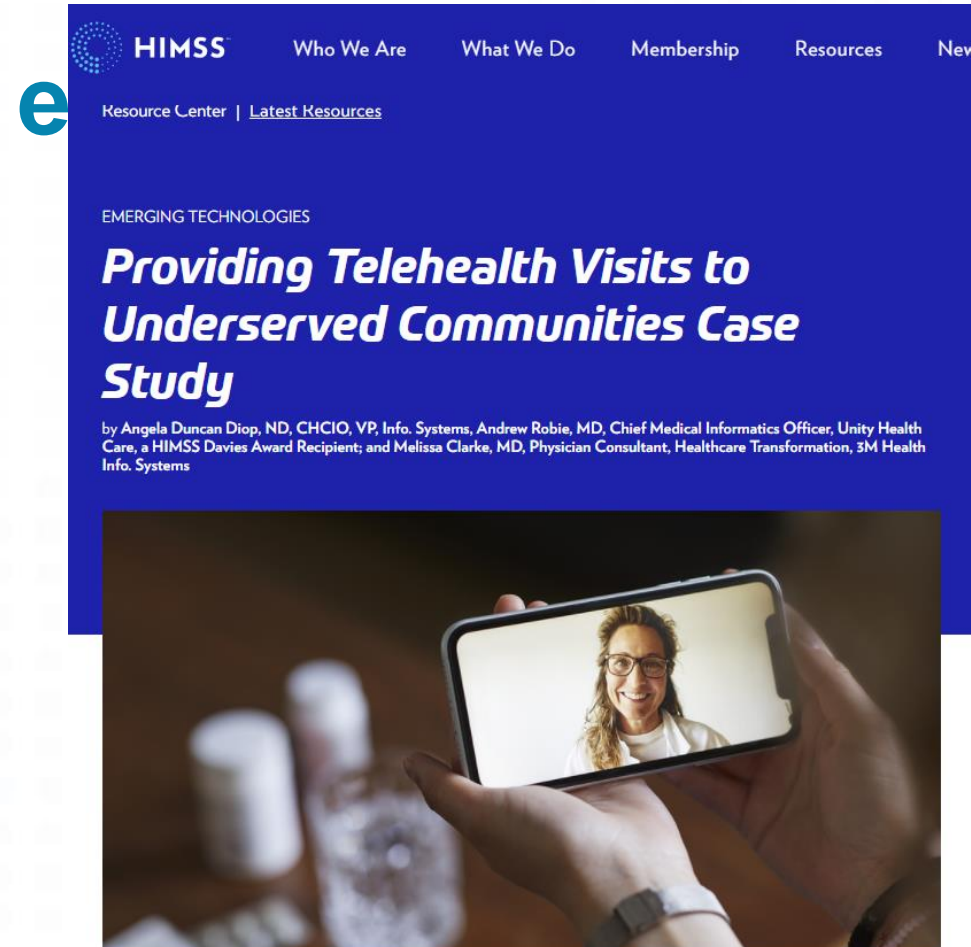
Recommendations for Unity Health Care

- Refine workflows and care model to further enhance the telemedicine experience for patients.
 - Create a multi-disciplinary work group to review findings from assessments and lessons learned and formalize processes
- Explore and pilot adding applications to TVs or patient portal to demonstrate and promote the use of the new digital options for patients including, telemedicine visits, patient portal, contactless check-in.
- Evaluate if we should continue using our current technology platform.
- Refresh Telehealth Risk Assessment and update action plan annually.
- Expand recidivism services to include training and implementation of telemedicine visits.

References

Providing Telehealth Visits to Underserved Communities Case Study

- <https://www.himss.org/resources/providing-telehealth-visits-underserved-communities-case-study>
- ECRI Clinical Risk Management Program. Practice Alert! Managing Clinical Risks Associated with Telehealth Programs. Published May 22, 2020. Available at no cost to HRSA-funded health centers and free clinics. For access, contact clinical_rm_program@ecri.org



Thank You!



Questions

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