**NACHC’s best/promising practices challenges – Denver Health**

At Denver Health, an integrated health care system serving the underserved in Denver, Colorado since 1860, our network of 9 FQHCs takes care of approximately 150,000 patients annually. In March 2020, along with practices throughout the US, we rolled out telehealth services to our patients in response to the emerging Coronavirus pandemic. Our rollout was hasty but to date has been well-received by both patients and providers. We are now adapting our workflows to move telemedicine from an “acceptable substitution in a global pandemic” to a meaningful integration into standard care in an FQHC setting. This project is innovative because it looks beyond our rapidly-implemented telehealth workflows to a future state that addresses the persistent challenges within primary care, particularly in a safety net organization. There is still uncertainty in long-term funding of telemedicine and there is a potential risk that we will create a model that is not as financially sustainable as exclusively in-person care, but this risk is mitigated by the significant benefits of a successful implementation. As such, we have begun to rigorously evaluate this integrated model of care as it relates to the Quadruple Aim. We are utilizing this framework to test and sustain this innovative model within the priorities of: improvement in patient access and experience; high quality care to reduce known disparities; cost efficiencies; and reduction in provider burnout.

Evaluation to date of this model has been rigorous and enlightening:

1. Enhanced patient Experience: Patient experience surveys collected since March show our highest-ever provider ratings and patient satisfaction scores! Long-term telehealth integration has the potential to increase access as care is no longer limited by the availability of exam rooms, and so telehealth allows greater access including beyond regular business hours. Furthermore, due to the challenges of our patient population, telehealth eliminates the difficulties of navigating public transportation especially for non-English speakers, arranging child care, and taking excessive time off work for hourly employees.
2. Population Health: Denver Health, like all FQHCs, has a history of quality improvement and practice transformation. Telehealth offers further innovation opportunities. The efficiency of telehealth can free up care team time to focus on population health and outreach to address health disparities.
3. Cost efficiencies: Improved schedule templates will increase patient convenience and reduce no-show rates. Short term we aim to be cost neutral, although improved patient access may over time increase revenue, as well as reduce costs and operational overhead by staff working at home. Improved access in primary care may also reduce costs to the system due to Emergency Department overutilization.
4. Care Team Well-being: Provider burnout is recognized as a crisis in healthcare in the US. Addressing burnout in the FQHC setting is paramount to ensuring an engaged workforce to continue to address health inequities. Previous studies have shown that family medicine providers suffer higher than average rates of burnout, nationally and at Denver Health. A survey sent to all FQHC providers in June show marked provider’s positive experience with telehealth. Ninety-six percent of providers said they hoped telemedicine would continue in the future. Despite the significant national challenges the pandemic has created, 61% of family medicine providers said telemedicine has improved their burnout and 81% said it has improved their work-life balance. Further integration and sustainability of telemedicine into work roles has the potential to be nothing short of revolutionary in its ability to reduce burnout and improve staff satisfaction and engagement.