Housekeeping

▶ All sessions will be recorded and recordings and slides will be available after the conference

▶ **If you're having trouble connecting to audio, please click "join audio" in the lower left hand corner and select either computer or phone audio.**

▶ **If you need technology help**
  ▶ **Use the Zoom links on the event home page**
  ▶ **Call (510) 832-1160 ext. 308**
  ▶ **Post in the "Ask Organizers Anything" community board.**

▶ You will be on mute. Please use the chat & Q&A features. CPEHN staff will be monitoring the chat and Q&A.

▶ At the end of the session, click "rate session" under the video screen to complete an evaluation!

#VoicesForChange2021

California Pan-Ethnic
HEALTH NETWORK

Thank you to our sponsors for their generous support!

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DELTA DENTAL®

Silver Leaders

AmeriHealth Caritas
Care is the heart of our work

KAISER PERMANENTE®

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California Community Foundation
L.A. Care
Health Net
NextGen Policy

Copper Leaders

Lucile Packard Foundation for Children's Health

California Institute for Behavioral Health Solutions

Equity & Justice Supporter

Justice in Aging

Community Partner

The Children's Partnership
Latino Coalition for a Healthy California
Southeast Asia Resource Action Center
Vision y Compromiso

Telehealth's Rapid Proliferation

- **March 2020:** First statewide Stay-Home order issued
  - Many health care services suddenly transitioned to telehealth to minimize in-person contact
  - **Sudden increase in overall volume of telehealth visits:** 0.5% of all visits to nearly 55% of all visits in May

- **September 2020:** CPEHN surveys diverse consumer groups about telehealth experiences
  - Assess levels of satisfaction
  - Compare and contrast experience to in-person visits
  - Identify barriers and issues

- **December 2020:** Publish report on health equity and telehealth, "Equity in the Age of Telehealth: Considerations for California Policymakers"

Diverse Consumers Report High Satisfaction With Telehealth Visits

Majority of respondents were at least "somewhat satisfied" with their telehealth visit.

Group	Percentage
Black	89%
Asian	88%
Latinx	87%
Multi-Racial	86%
American Indian or Alaska Native	83%
Native Hawaiian or Pacific Islander	78%
White	75%

Percentage of respondents who were at least "Somewhat Satisfied"

California Pan-Ethnic
HEALTH NETWORK

Diverse Consumers Also Preferred Telehealth Over In-Person Visits

Majority of respondents prefer telehealth over an in-person visit.

Race/Ethnicity	Percentage
Black	72%
Asian	69%
Latinx	67%
Multi-Racial	64%
American Indian or Alaska Native	58%
Native Hawaiian or Pacific Islander	57%
White	53%
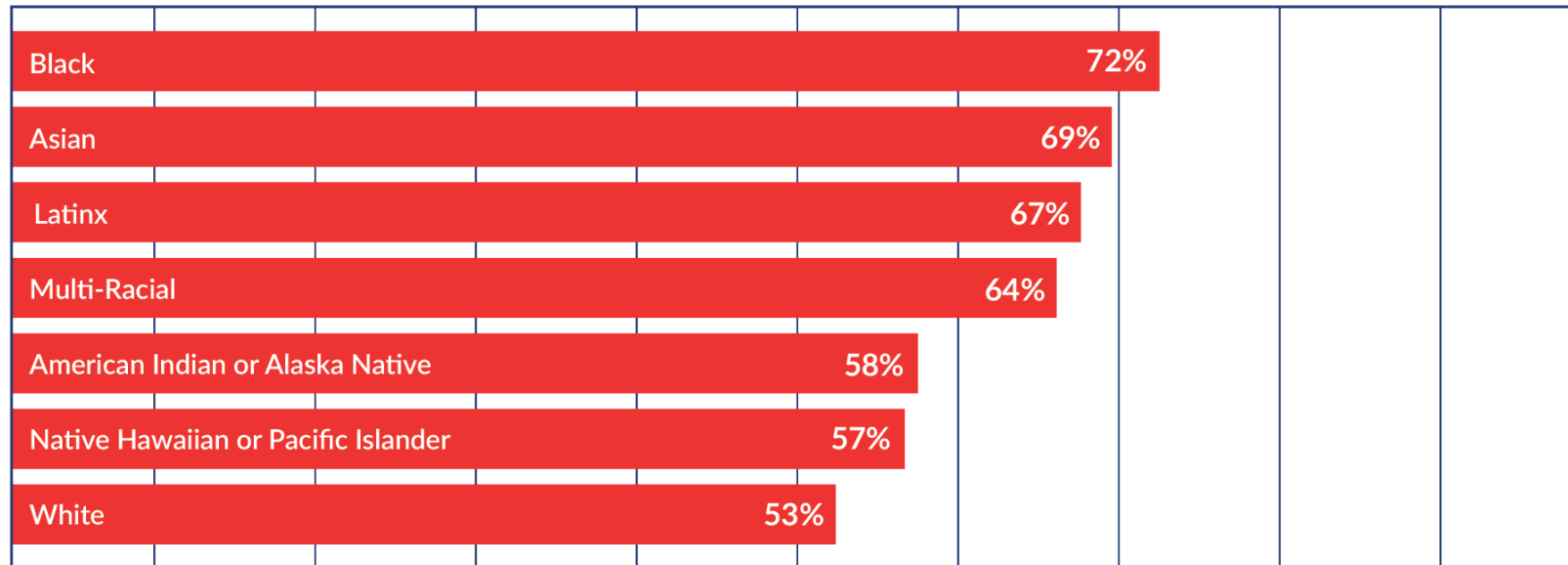
Percentage of respondents who prefer telehealth over an in-person visit

California Pan-Ethnic
HEALTH NETWORK

However, Telehealth Has Not Closed Language Access Gaps
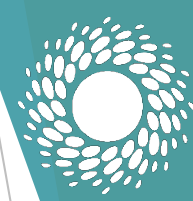
Most limited English proficient respondents could not access an in-language telehealth provider.

Telehealth visit not in-language

Telehealth visit in-language

60%

40%
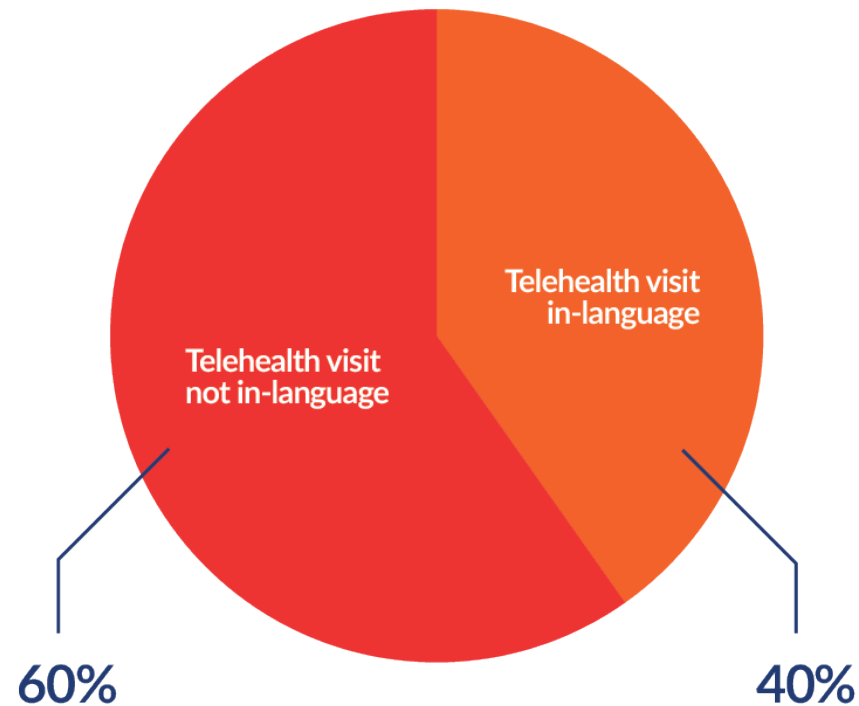
Consumers Are Not Getting Clear Information on How to Prepare for Telehealth Visits

California Pan-Ethnic
HEALTH NETWORK

Many consumers did not receive instruction on how to prepare for or access their telehealth appointment.

2%
Did not answer

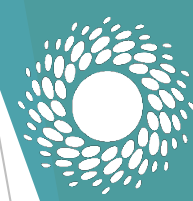Did not receive instruction

Received instruction

40%

58%
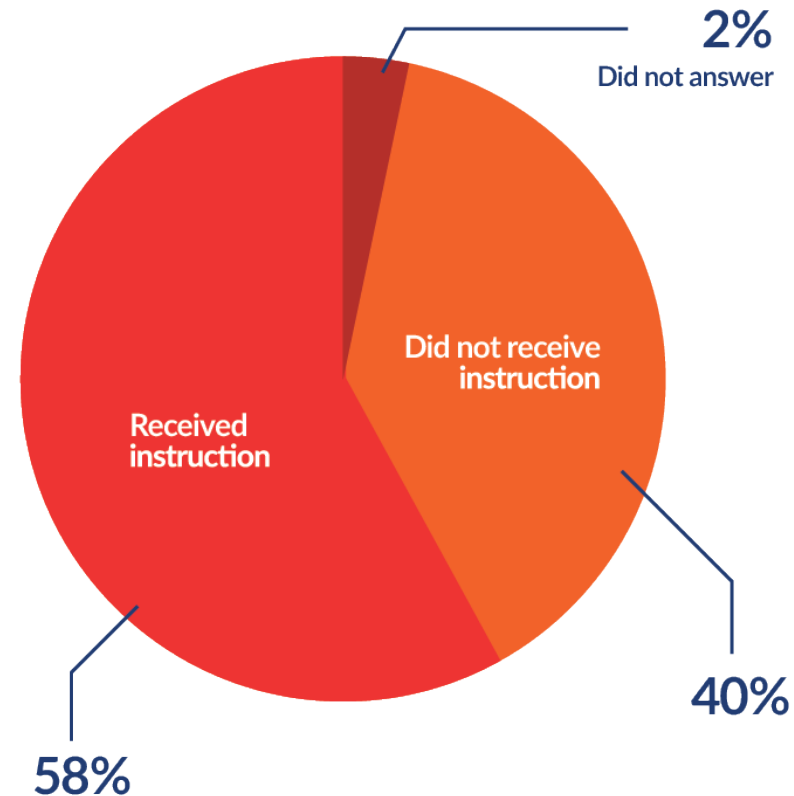
Other Barriers to Care Exist for Diverse Consumers

▶ **Privacy:** Over 30% of Asian, American Indian/Alaskan Native and Native Hawaiian/Pacific Islander respondents did not have a private place to be during their telehealth appointment.

▶ **Technology:** 62% of Latinx respondents did not have a strong enough internet connection for telehealth, and 57% did not have enough cell phone minutes.

Policy Recommendations

1. Study and evaluate diverse consumer experiences and needs

2. Ensure adequate investment in consumer education, care coordination and appropriate patient tools and supports

3. Ensure access to culturally and linguistically appropriate care

4. Support expanded and universal access to technology

5. Ensure adequate consumer protections

California Pan-Ethnic
HEALTH NETWORK

We spark, seed, and spread innovations that strengthen the health and well-being of historically underinvested communities.

Connected Care Accelerator

The goal of this program is to provide a testing ground & support for organizations to rapidly design, test and share solutions to effectively care for patients using virtual care strategies.

Identify the biggest challenges & opportunities to strengthen population health management, build virtual care teams, and address how to engage patients with digital barriers.
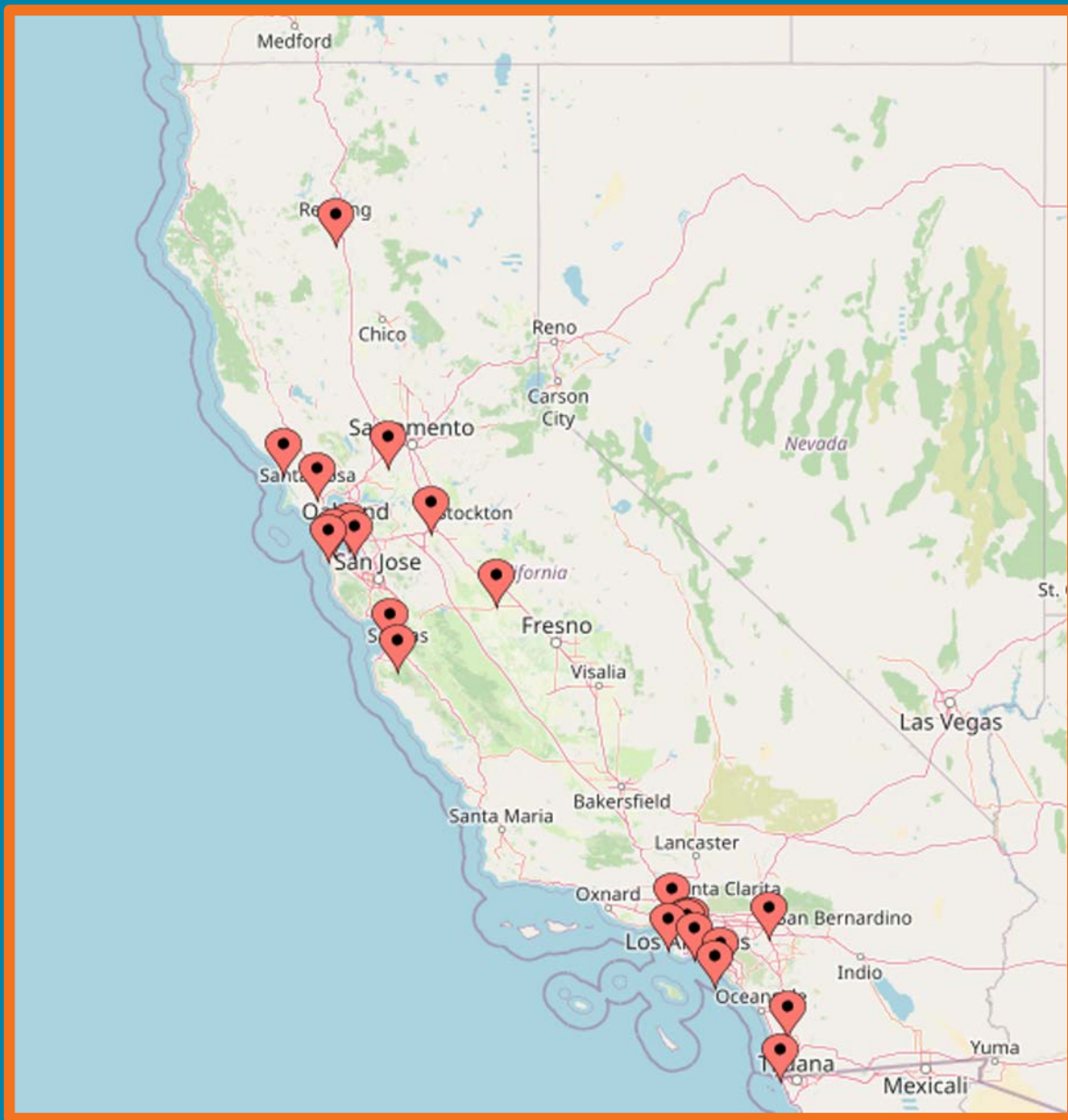
Identify and test virtual care delivery changes to better understand the infrastructure, data, staff, and skills necessary to support these changes.

Uncover, document and share best practices to effectively manage patient populations.

Participating Orgs

1. Alameda Health System
2. CommuniCare Health Centers
3. Community Medical Centers
4. County of Monterey
5. Eisner Health
6. Golden Valley Health Centers
7. Los Angeles County Department of Health Services
8. Neighborhood Healthcare
9. North East Medical Services
10. Northeast Valley Health Corporation
11. Petaluma Health Center
12. Roots Community Health Center
13. SAC Health System
14. Salud Para La Gente
15. San Francisco Health Network
16. San Ysidro Health
17. Serve the People
18. Share Our Selves Corporation
19. Shasta Community Health Center
20. University Muslim Medical Association Inc (UMMA Clinic)
21. Venice Family Clinic
22. West County Health Centers
23. White Memorial Community Health Center

Encounters over time, segmented by modality

All visits over time, September 2019 - August 2020
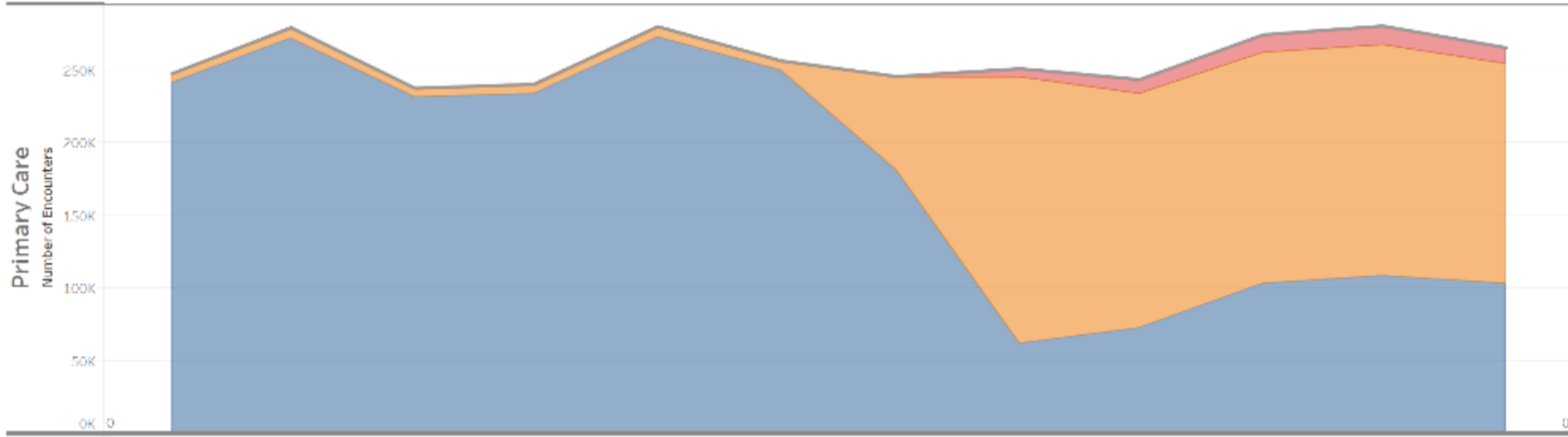
- Health centers rapidly transitioned from in-person visits to virtual care, consisting mostly of phone visits
- During Mar-Aug 2020, 94% of telehealth visits were phone visits and 6% were video visits; Higher percentage of video visits for Behavioral health vs primary care
- No clear variation in utilization of telehealth by race, ethnicity, age or language access; greater use of video for those where English is preferred language
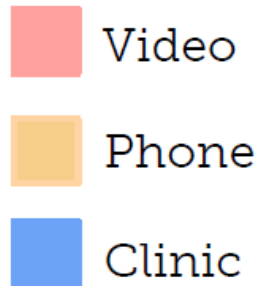
Video
Phone
Clinic

Biggest Challenges we are addressing in shift to virtual

Leadership support for video visits. New way of working into the future

Provider and Staff Buy-in and capabilities re: video visits (including tech optimization)

Developing new workflows, care team roles and supporting structures & technology

Supporting patients in using technology including digital literacy, language barriers & access to wi-fi and connected devices

Sustaining virtual care reimbursement (especially phone, which is not looking likely in CA)
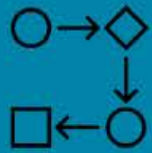
CCI
CENTER FOR CARE
INNOVATIONS

Examples of best practices for virtual

Workflows & Scripts: Adding digital equity screen during check-in; Adapting screening tools to be completed before the visit; Developing scripts for MA, RN's and all team members to reinforce importance / value of video visits

Preparing the Patient: Creating instructional videos; Conducting group zoom classes for RPM & education; Patient onboarding prior to visit to help with tech concerns and new type of visit

New Roles: Tech advocates and volunteers used to prep patients and support technology needs; Using zoom rooms for different care team members to engage with patients

Optimizing use of technology: Leverage patient portals to increase patient engagement for visits; Leverage text messaging for outreach and remote monitoring devices to connect with patients with chronic conditions

TOOLS & RESOURCES
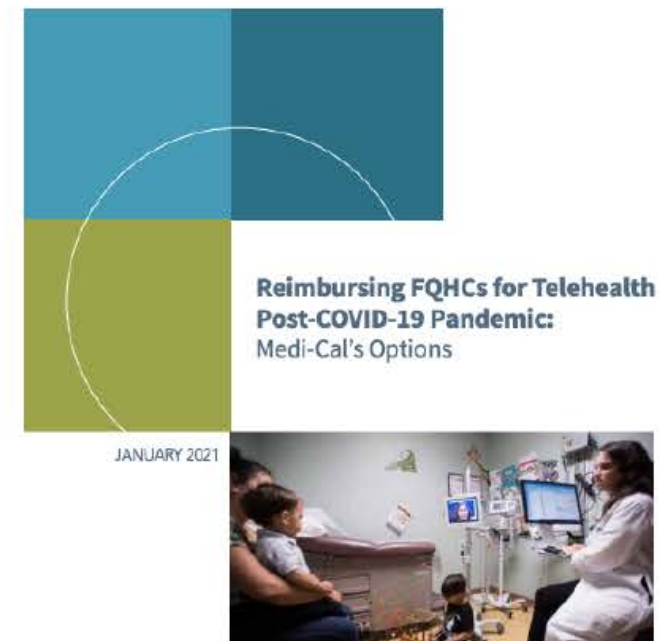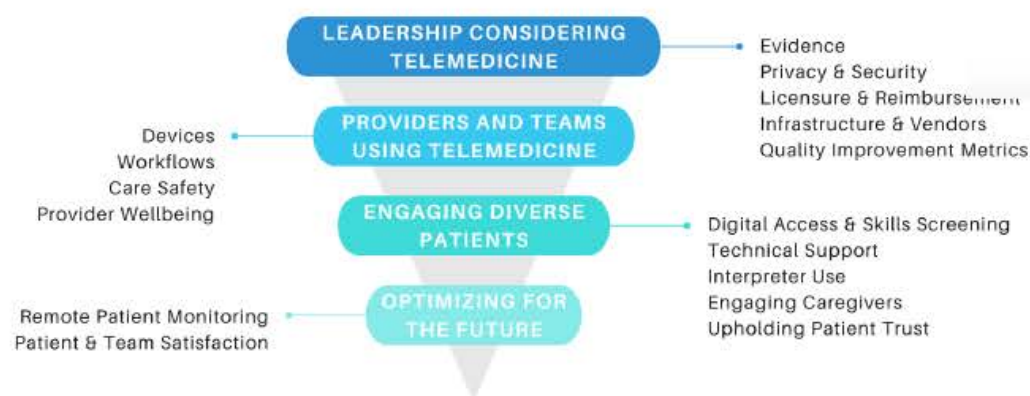
Considerations for virtual care into the future

Still need better approaches to address challenges in supporting patients with using technology; especially those with interpreter needs, digital literacy and hard to reach populations

Virtual care provides new access points for care and needs to be sustained beyond pandemic. Recent DHCS policy recommendations won't support phone.

Continue to share promising practices & building evidence so we don't reinvent the wheel. Create connections with learning initiatives & documenting successes.

SNAHC
Sacramento Native American Health Center

Telehealth Implementation

Britta Guerrero, CEO

Benefits

- Removal of Barriers: childcare, transportation, anxiety, etc.
- Reduction in wait times
- Specialty access
- Linking medical and non-medical appointments
- Patient safety during COVID-19: elders and patients with complex and chronic conditions
- Decrease burden on Emergency Rooms

Telehealth Impacts

No-Show Impact Pre-Post COVID-19 Telehealth (% of total appointments)

	JANUARY '20	MARCH '20	MAY '20
BH	30	30	24
Medical	24	25	19

No-Show Impact Pre-Post COVID-19 Telehealth (% of total appointments)

	NOVEMBER '20	DECEMBER '20	JANUARY '21
BH	25	25	26
Medical	22	24	20
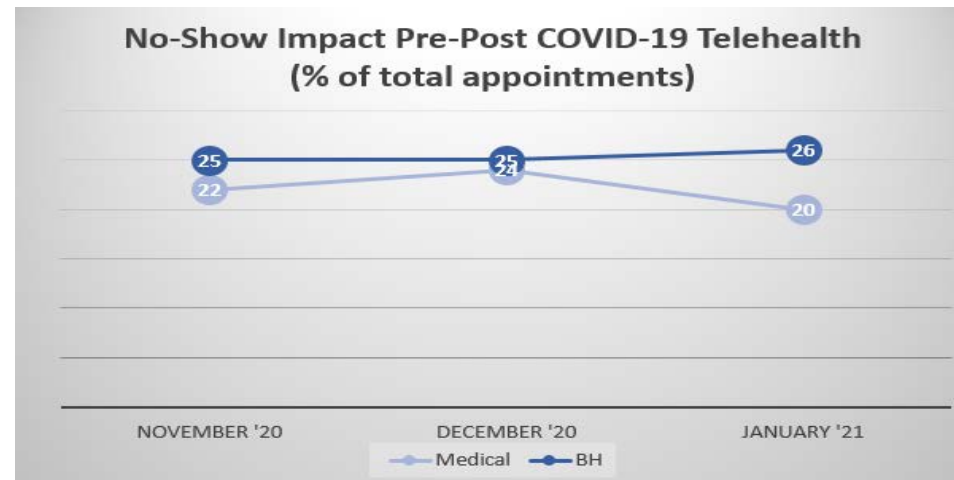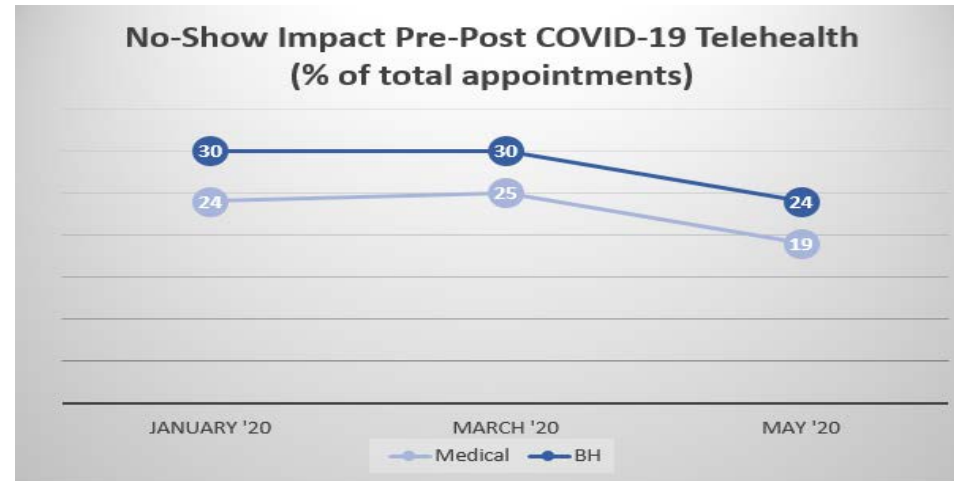
This accounts only for no-show rates without reflecting impacts of Same-Day Appointments

SNAHC
Sacramento Native American Health Center

Opportunities

- Telecommunications Infrastructure (Health Centers and Patients)
- Quality Considerations (Benchmarks/Outcomes monitoring)
- Temporary Approval - State of Emergency
- Patient Confidentiality Concerns
- Malpractice and Liability Policy Inclusion
- Healthcare Workforce Shortages

Recommendations for Expansion

- Ensuring service parity and payment parity for telemedicine care as compared to in-person care, to help expand covered services for patients, and incentivize clinicians to provide this model of care

- Ensuring patients can access telemedicine services from their homes (home as "originating site") to further enable social distancing practices

- Allowing use of audio-only phone for telemedicine visits to help ensure access for patients who do not have live-video technology

- Investing in telecommunications infrastructure for less-resourced sites of care, and ensuring internet access to patients in rural areas. This may involve providing direct funding for health systems and smaller practices to implement telemedicine

- Maintain the creativity and flexibility of COVID-Time systems changes

Thank You!

California's 21 Public Health Care Systems

CA's Public Health Care Systems

Serve 2.85M+ patients

38% of all hospital care to remaining uninsured in the state

36% of all hospital care to Medi-Cal beneficiaries in the communities they serve

- Alameda Health System
- Contra Costa Regional Medical Center
- Kern Medical
- LA County Department of Public Health Services
  - Harbor/UCLA Medical Center
  - LAC+USC Medical Center
  - Olive View/UCLA Medical Center
  - Ranchos Los Amigos National Rehabilitation
- Natividad Medical Center
- Riverside University Health System
- Arrowhead Regional Medical Center

- San Francisco Department of Public Health
  - Zuckerberg San Francisco General Hospital and Trauma Center
  - Laguna Honda Hospital and Rehabilitation Center
- San Joaquin General Hospital
- San Mateo Medical Center
- County of Santa Clara Health System
- Ventura County Health Care Center
- UC Health
  - UC Davis Health
  - UCI Health
  - UC San Diego Health
  - UCSF Health
  - UCLA Health

Transition to Telehealth – Spring 2020
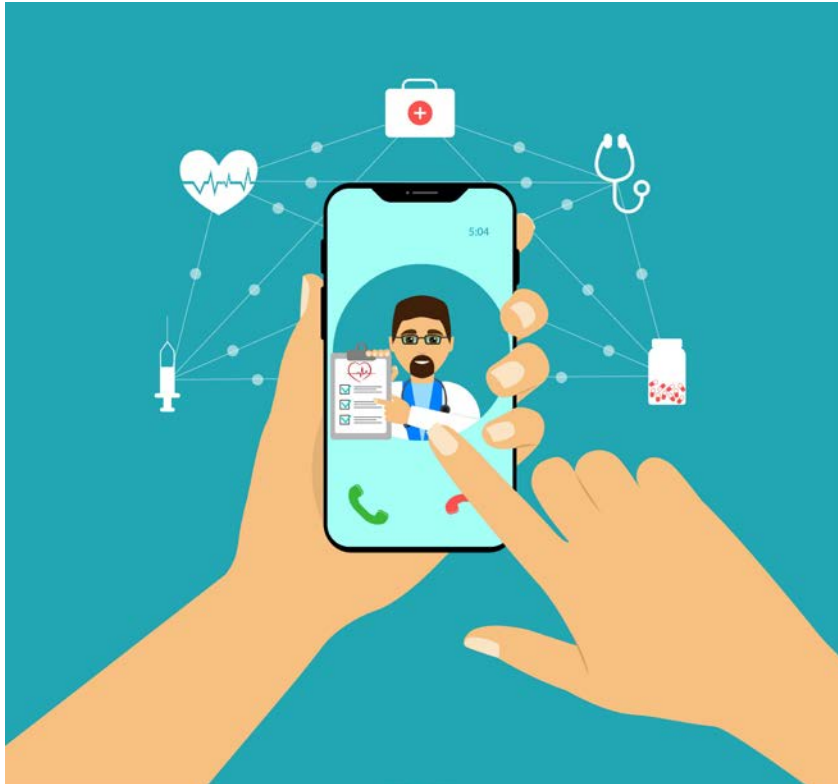
- **Rapid switch to telehealth, limited in-person visits**

  - Prior to telehealth, few systems were using telehealth consistently as part of their care to patients

  - Initial ramp up was very focused on just getting something going – identifying ways to quickly get up and running
    - For example: different clinics or departments created their own telehealth workflows and processes. Now moving toward a system-wide standard with an overarching strategy

  - Heavy focus on phone, allowed for a quick transition since many systems didn't have the video technology

Create a More Standardized Structure

- **Optimizing workflows**
  - Supporting warm handoffs with the care team, includes pre-work prior to appointments, follow up after patient appointments, coordination with specialists, nutritionist, behavioral health and others
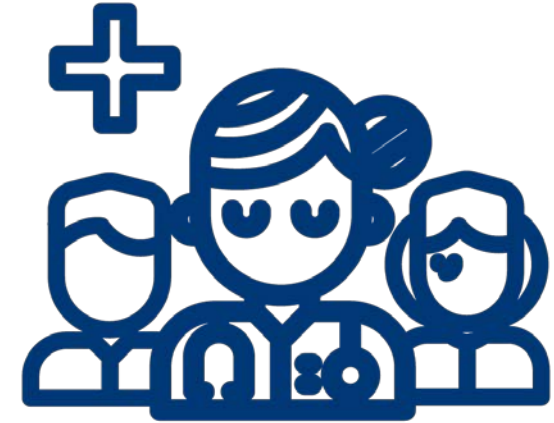
- **Identifying support needs for patients:**
  - 24/7 support lines to help patients get on to video platforms and prepare for upcoming appointments
  - Redeploying staff as "tech advocates" to call patients, help them sign up for the patient portal and how to use the video platform

- **Designing and implementing video platforms**
  - Majority of telehealth visits are over the phone
  - Our systems are in various stages of this process, some won't be fully up and running for a little while

Benefits of Telehealth

- **Improving access to care**
  - Telehealth has been critical in helping our providers stay in contact with their patients
    - Types of visits that have been most effective "talking visits"
  - Reduction in "no-show" rates
  - Some providers report seeing patients that they could never get to go into the clinic
- **More efficient for patients**
  - Easier to connect with a provider or care team at home or during a patient's lunch break
- **Improvements in Quality**
  - One system reported better blood sugar control for their patients in the diabetes management program (compared to pre-pandemic) once their touch points shifted to over the phone
    - A lot more to learn here

Dr. Rakhi Singh, San Mateo Medical Center, conducts virtual visit

CALIFORNIA ASSOCIATION of
PUBLIC HOSPITALS
AND HEALTH SYSTEMS

Challenges

- **Limitations with Video**
  - Many patients prefer phone over video for a variety of reasons:
    - Limited data plans
    - Internet access challenges
    - Lack of comfort accessing the patient portal/video platform
  - Public health care systems have increased support to patients, but phone will continue to be an important modality going forward
- **Strengthening Interpreter Services**
  - Systems have robust interpreter programs but working to seamlessly integrate interpretation with video visits
- **Time limited-** what telehealth services will be available after the public health emergency ends?

CALIFORNIA ASSOCIATION of
PUBLIC HOSPITALS
AND HEALTH SYSTEMS

Patient Story: Below-the-Knee Amputation Averted

- 85-year-old patient scheduled for an in-person visit in early April to assess toe infection
- Appointment was converted to telehealth due to the pandemic, video and phone available
  - Provider encouraged video to be able to see the infection
- Staff support: pre-calls to confirm the appointment and assistance with accessing video technology
- Video visit: Concern the patient's toe was developing gangrene
  - Shared pictures from the video visit with the podiatrist, which led to an in-person visit the next day.

Patient treated by Dr. Stanley Patterson, family medicine practitioner, Ventura County Health Care Agency

- Unfortunately, the patient's toe was amputated, but the quick response prevented him from losing his foot

What does telehealth look like beyond 2021?

- **Ensure telehealth is available**
  - Telehealth has become a core part of what we do, critical access point for patients that must be maintained

- **Standardize and streamline telehealth in a post-pandemic environment**
  - What is the right mix of telehealth and in-person visits?
  - Strengthen workflows and coordination

- **Identify additional support needs for patients as video platforms expand**
  - Advice lines, tech support, etc.

- **Collect data, identify gaps and reduce disparities**
  - How does telehealth impact quality and patient health outcomes?
  - What more can we learn about patient preferences in accessing care?
  - How can we telehealth be used to reduce disparities?

INTERNATIONAL ORIGIN

COMMUNITY

FAMILIES
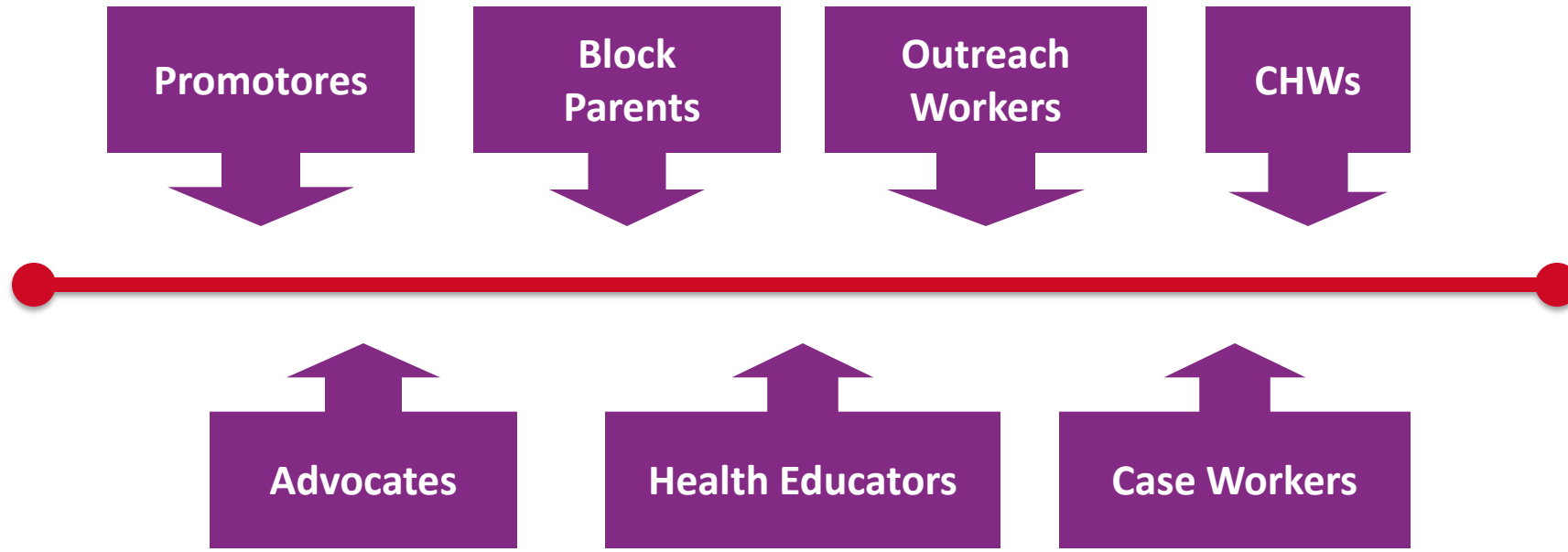
PROMOTORES

"Many of us are leaders in our community. We are compassionate and have this desire to serve. We don't just work at an office from 9 to 6. No, we live in the community. And we have to be able to go and talk to people who are in need late at night or during the day—whenever they need it. This is the work and we give it with our hearts."

THE COMMUNITY TRANSFORMATIONAL MODEL

If the promotor model is allowed to function according to the theory of change, promotores will:

BUILD EGALITARIAN RELATIONSHIPS → **SHARE INFORMATION** → **MOTIVATE COMMUNITY PARTICIPATION** → **Increase individual and family health**

"Many of us are leaders in our community. We are compassionate and have this desire to serve. We don't just work at an office from 9 to 6. We live in the community and we have to be able to go and talk to people who are in need late at night or during the day—whenever they need it. This is the work and we give it with our hearts."

HEALTH EQUITY & SOCIAL DETERMINANTS OF HEALTH

Health equity is achieved when "every person has the opportunity to 'attain his or her full health potential' and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances."

There are many factors that affect the ability to achieve health equity, including the circumstances in which people are born, grow, live, work, and age, as well as the systems in place to deal with illness, which are known as social determinants of health.

These, in turn, influence safety and adequacy of housing, air and water quality, crime rates, behavioral health, and access to preventive health care.

Census

COVID

Vaccination

Promotores can influence social determinants of health including:

✓ Income

✓ Education

✓ Employment status

✓ Transporation

✓ Housing

✓ Health care

✓ Exposure to pollution

OUR CHALLENGE. OUR OPPORTUNITY

Census
- Canvassing door-to-door
- Deeper into community
- Virtual classes
- Facebook Live educational sessions
- Phone calls / texting campaign

COVID
- ... all those listed above and
- Coordinated testing navigation
- Community caregiving for those sick

Vaccination
- ... all those listed above and
- Work with promotores-employment
- Build awareness
- Education
- Deepen reach with community partners
- Serve as emissaries
- Work with local counties, clinics, hospitals, plans:
  - Accessibility
  - Safety
 - Support promotores expertise

- Partnered with California Community Foundation and Department of Public Health.

- Hired and trained a team of 23 Promotores.

- Training topics on COVID 19 safety protocols; handwashing, social distancing and appropriate use of Personal Protective Equipment.

- Main target areas: San Fernando Valley and Southeast Los Angeles.

LOS ANGELES COUNTY SERVICE PLANNING AREAS

1. Antelope Valley
2. San Fernando Valley
3. San Gabriel Valley
4. Metro
5. West
6. South
7. East
8. South Bay
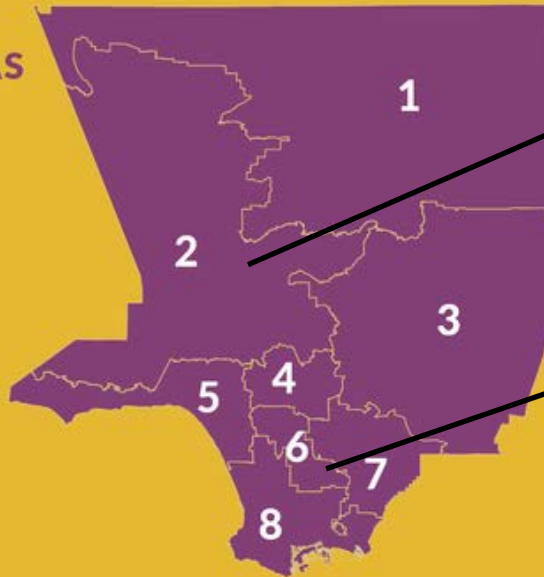
San Fernando Valley
- North Hills
- Pacoima
- Panorama City
- Van Nuys
- Sun Valley

Southeast Los Angeles
- South Gate
- Cudahy
- Bell
- Bell Gardens
- Downey

METHODS OF OUTREACH

❑ **Promotores conducted 4740 Outreach Activities during 7 weeks (November and December 2020) through:**
  - **In Person Individual Outreach**
  - **In Person Venue Outreach**
  - **Virtual Group Meeting**
  - **Virtual Individual Outreach**

METHODS OF OUTREACH

❑ **Promotores reached 16,596 individuals through:**
- **Interaction with small businesses**
- **Food distribution (food baskets or in line)**
- **Info Tables in front of establishments**
- **Door to door**
- **Phone calling and texting**
- **Social Media: Facebook Lives**
- **Virtual Presentations**

ADOPTED METHODS OF COMMUNITY EDUCATION

Vision y Compromiso reaches thousands of individuals through different platforms:

Phone calls and Texts:
- Calls and texts are made one by one.
- Promotores provide support with COVID testing site appointments and contact tracing follow up.

Social Media:
- Facebook Lives, Webinars and radio interviews to provide up-to-date information around COVID precautions, testing and contact tracing.

Virtual Presentations:
- Holistic approach to address other COVID onset issues; mental health and social connections.

Ongoing support to Promotores:
- Training on technical and virtual platforms, such as Facebook Live and Zoom.
- Constant research and collaborations with other social services to create a network of resources.
- Capacity building on facilitation skills, phone banking techniques, data collection.
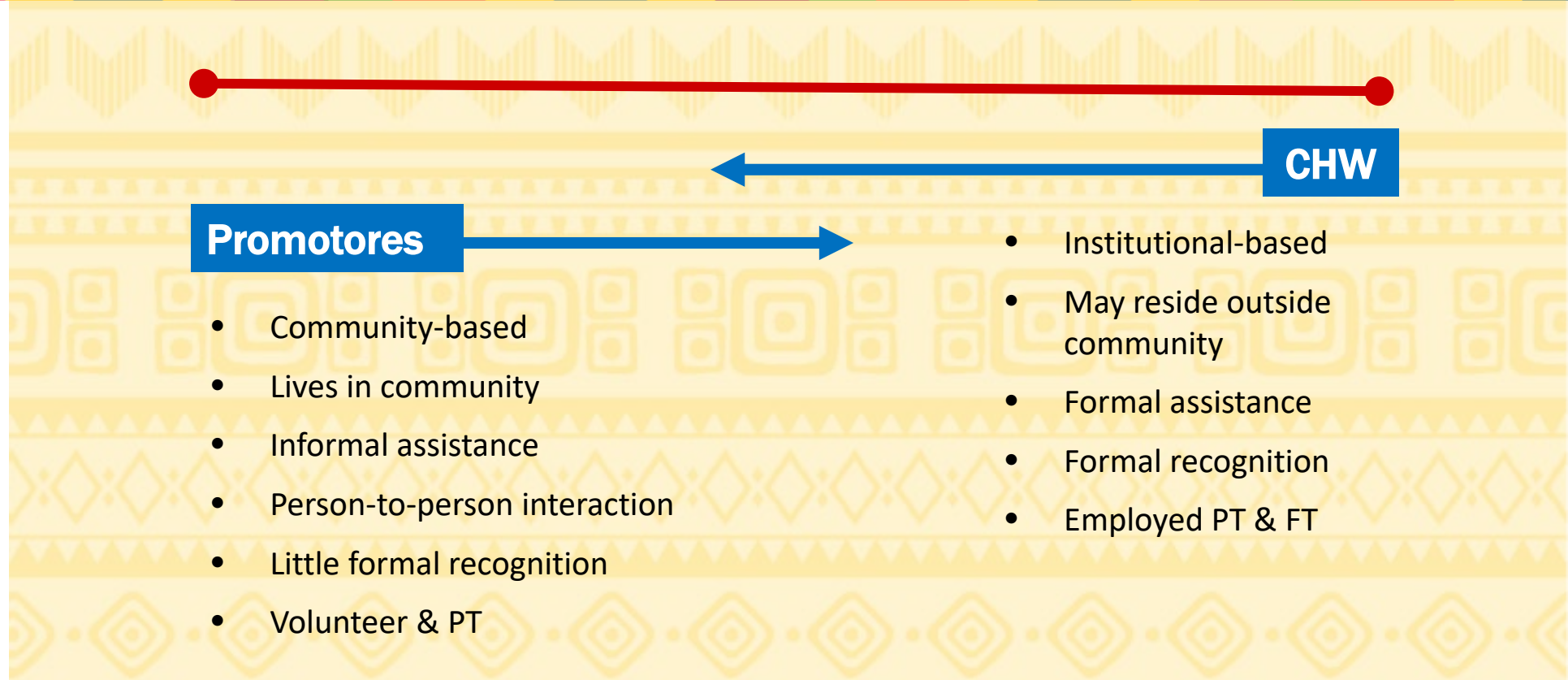
OUR CHALLENGE. OUR OPPORTUNITY

"It is not just the promotora who must fit the organization, but the organization must fit the cultural values of the community-based model too. Organizations who truly understand promotores use popular education methodology appropriate for the community transformational model. Core competencies are also linked to the model. System readiness means you already have in place values and principles to support the model and you understand what the model needs to be successful."

—San Diego County

PROMOTOR/CHW PRACTICE

CHW

Promotores

- Community-based
- Lives in community
- Informal assistance
- Person-to-person interaction
- Little formal recognition
- Volunteer & PT

- Institutional-based
- May reside outside community
- Formal assistance
- Formal recognition
- Employed PT & FT

"We are promotoras, community leaders, community health workers, community health advocates, community health outreach workers, family health workers, navigators, and many more. But the principles and values we use in this model are the same. Mostly, we all focus on the needs of the community. It is the funding that creates professional separation and drives the title."

KEY ROLES OF PROMOTORES IN COMMUNITY HEALTH

EDUCATION

NAVIGATION & ADHERENCE

PROMOTION

PROVISION (OF ESSENTIAL DRUGS)

PREVENTION & CONTROL

TREATMENT

HOW DO WE GET THERE?

SUPPORT the integration of the promotor model across sectors

CONTINUE to support community training and base building

INTEGRATE the promotor model at the local, county, and state levels

SUPPORT the capacity of community based organizations with historical success in supporting promotores

DEVELOP innovative mechanisms to fund to community based programs

BUILD community capacity to engage with local, county and state agencies

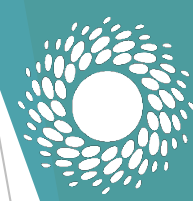# *Working Towards a Healthy and Dignified Life*

Maria Lemus
Executive Director
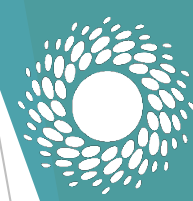510-303-3444
maria@visionycompromiso.org

www.visionycompromiso.org
www.facebook.com/visionycompromiso.com

Q&A

Closing

- **Next Session: Finance Office Hours**
  - Join us and ask your questions about finance including internal controls, budgets, and scenario planning, online accounting and more!

- **Check out the Virtual Exhibit Hall to connect with our sponsors**

- **Please click "Rate Session" to complete a quick evaluation of this session!**

- **Come back tomorrow for Day 2 of the CPEHN Voices for Change Conference!**