Using Technology to Improve Access to Health Care

June 5, 2019

NCHPH

National Center for Health in Public Housing
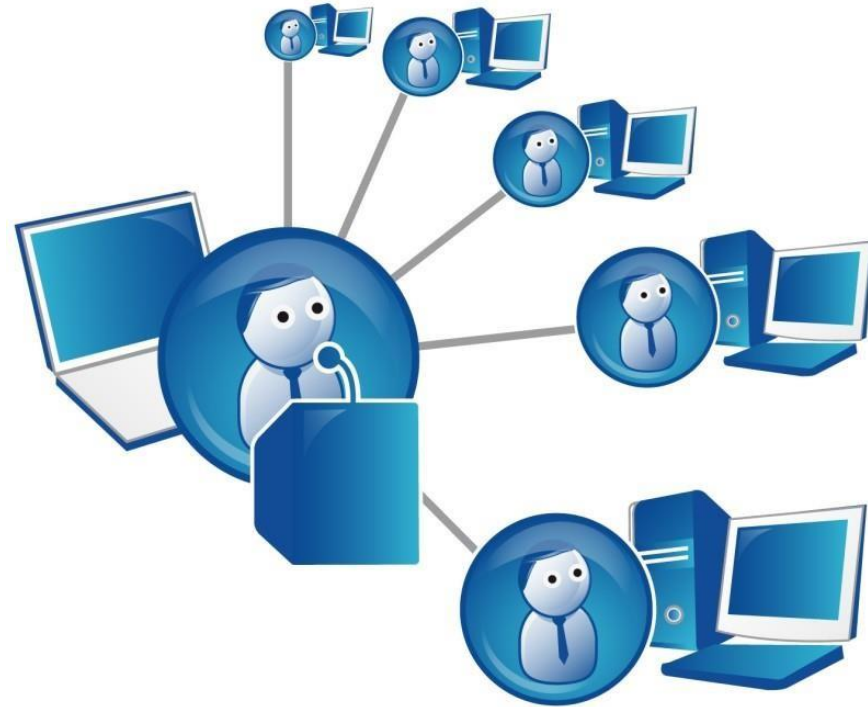a project of North American Management

MUTE

CHAT

RAISE HAND

Q&A

Agenda

Introduction and Background

Vicki Johnson

Gaurav Tyagi

Discussion

National Center for Health in Public Housing

Training and Technical Assistance

Research and Evaluation

Outreach and Collaboration

Increase access, quality of health care, and improve health outcomes

NCHPA
National Center for Health in Public Housing

Bridging the Digital Divide:

Using Technology to Improve Access to Health Care for Public Housing Residents

April 2019

National Center for Health in Public Housing

A brief guide on a range of available health technologies, their applications, and examples and lessons learned from Health Centers that have used them.

Focuses on how digital communication platforms, including mobile technologies and telehealth programs, can be to used to elevate access to care, increase patient education, and improve patient adherence.
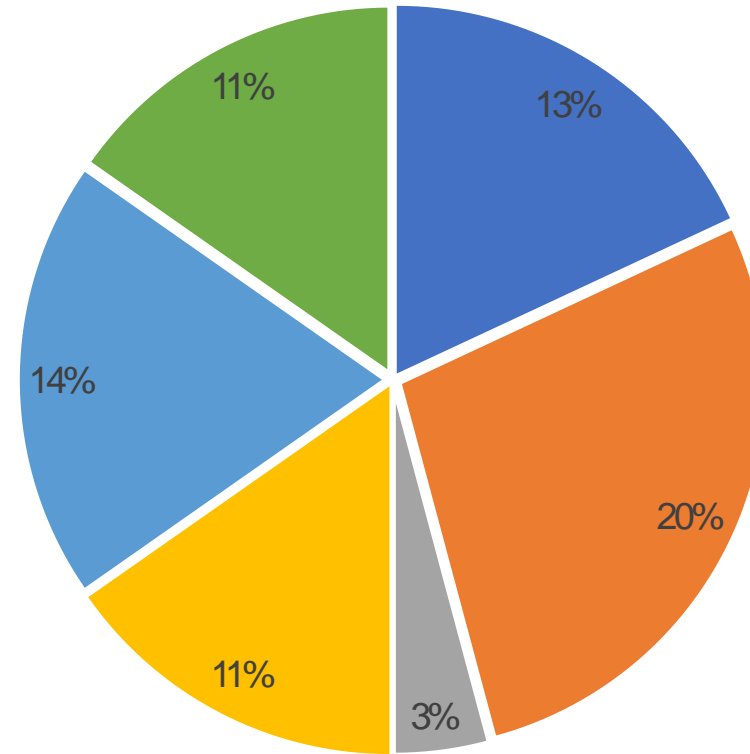
Are you using telehealth?

Yes-44%
No-56%

Sample: 347 Health Centers

Telehealth Services at Health Centers near Public Housing

- ■ Manage patients with chronic conditions
- ■ Provide mental health services
- ■ Provide oral health services
- ■ Provide primary care services
- ■ Provide specialty care services
- ■ Other

Source: UDS 2017

If not using telehealth, why?

PROCESS-35%

- Currently under review
- In the planning or implementation stage
- Will do so in the future

RESOURCES-22%

- Lack capacity and/or training
- Cost is unreimbursed
- Low availability and/or high cost of consulting providers

NEED-27%

- Prefer in-person face-to-face contact
- Robust referral system in place for specialty care
- No need; not a priority

TECHNOLOGY-17%

- Limited broadband/internet access
- Patients do not have the technology to access
- No infrastructure

EHR System at Health Centers IOAT Public Housing

Source: UDS 2017

99% have an EHR system

99.7% send prescriptions to the pharmacy electronically

99% use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interations, reminders for preventive screening tests, or other similar functions

81% exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians

94% engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies

96% use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested

83% of all Health Centers in or immediately accessible to public housing use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services

Types of Enabling Services Coordinated through HIT
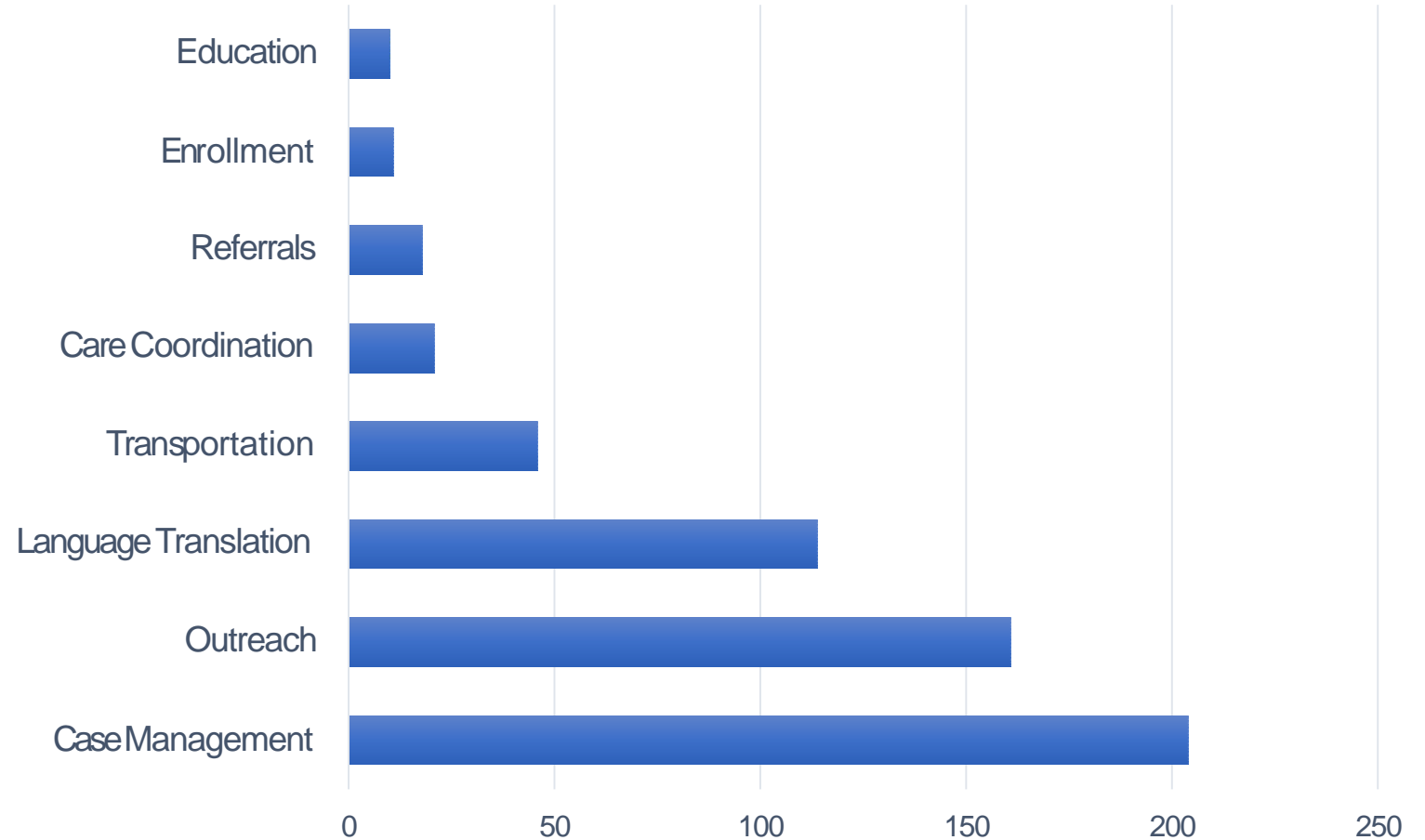
Source: UDS 2017

Perceived Advantages

Convenient Access

Improve Patient Satisfaction

Efficient

Safe, High Quality Care

Perceived Disadvantages

Patient and Provider Resistance to Change

Lack of Payment for Electronic Communication

Increased Volume of provider work

Community Healthcare Center
Reaching Out To Everyone

Q&A

- If you would like to ask the presenter a question please submit it through the questions box on your control panel

- If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the "raise hand" icon on your control panel and your line will be unmuted.

Bridging the Digital Divide:

Using Technology to Improve Access to Health Care for Public Housing Residents

April 2019

National Center for Health in Public Housing

Visit Our Website:
www.nchph.org

Learning Collaboratives

Webinars

Monographs

Provider and Resident-Centered Factsheets

Training Manuals

Newsletters

Annual symposiums

One-on-One

15

Join Our Mailing List and Receive

HRSA Updates

Medicare Updates

Funding Opportunities

Resources and Services

Webinars

16

Social Media

- **Follow us on Twitter**
  https://twitter.com/NCHPHorg

- **Follow & Like us on Facebook**
  https://www.facebook.com/NCHPH.org/

- **Subscribe to our YouTube channel**

  http://www.youtube.com/namgthealth

17

Contact Us

Robert Burns Director of Health bobburns@namgt.com	Jose Leon, MD Chief Medical Officer jose.leon@namgt.com
Saqi Maleque Cho, DrPH, MSPH Director of Research, Policy, and Health Promotion saqi.cho@namgt.com	Fide Pineda Sandoval Health Research Assistant fide@namgt.com
Please contact our team for Training and Technical Support 703-812-8822	

www.nchph.org

TRI-CITY HealthCenter
Our Community. Your Health.

MISSION
Tri-City Health Center (TCHC) is committed to delivering excellent health services in a caring, nurturing, and respectful atmosphere and improve the quality of life for individuals and families in our community.

History

Serving Tri-City (Fremont, Newark and Union City) since 1970
Started HIV services and teen clinic in 1992 Became FQHC in 2003
Started Public Housing clinic in 2012
Started School linked services in 2015

Locations & Services

6 locations serving Tri-City
3 Mobile vans serving Schools, Seniors and Homeless
New 9000 SqFt location added to serve patients with SUDs
Medical, Dental, Vision, BH, Chiropractic, Acupuncture, Podiatry and Dermatology Services

Access

Last year:
26,025 Patients served
169,313 Patient visits
8,016 children and adolescents 18,019 Adults
93% of patients below 200% of poverty level
55% of patients identified as ethnic or racial minority

Community Impact

438 jobs created
$30M direct spending
$10M Tax revenues
22% lower costs for Health Center Medicaid patients
$36M savings to Medicaid

6/4/2019

19

Text Messages

For: Patient Appointment reminders, Patient Recalls and Patient wellness **Benefits:** Best way to engage and educate patients to lead healthier lives **Challenges:** Limited available languages, Patients receiving to many messages **Tips to overcome:** Plan to place adequate gap in messages to same patients

Check-in kiosk

For: Appointment check-in onsite and online
Benefits: Speed up the patient registration process by as much as 90%
Challenges: Staff buy-in
Tips to overcome: Involve stakeholders earlier (vendor selection process)

Patient Portal

For: Fast, reliable, and easy-to-use method to communicate with medical provider **Benefits:** Timely access to chart including lab results and requesting medication renewals **Challenges:** Enrollment process
Tips to overcome: Resolving log-in issues with patients over the phone

40% Response Rate

75% Patients responded YES to Recall messages
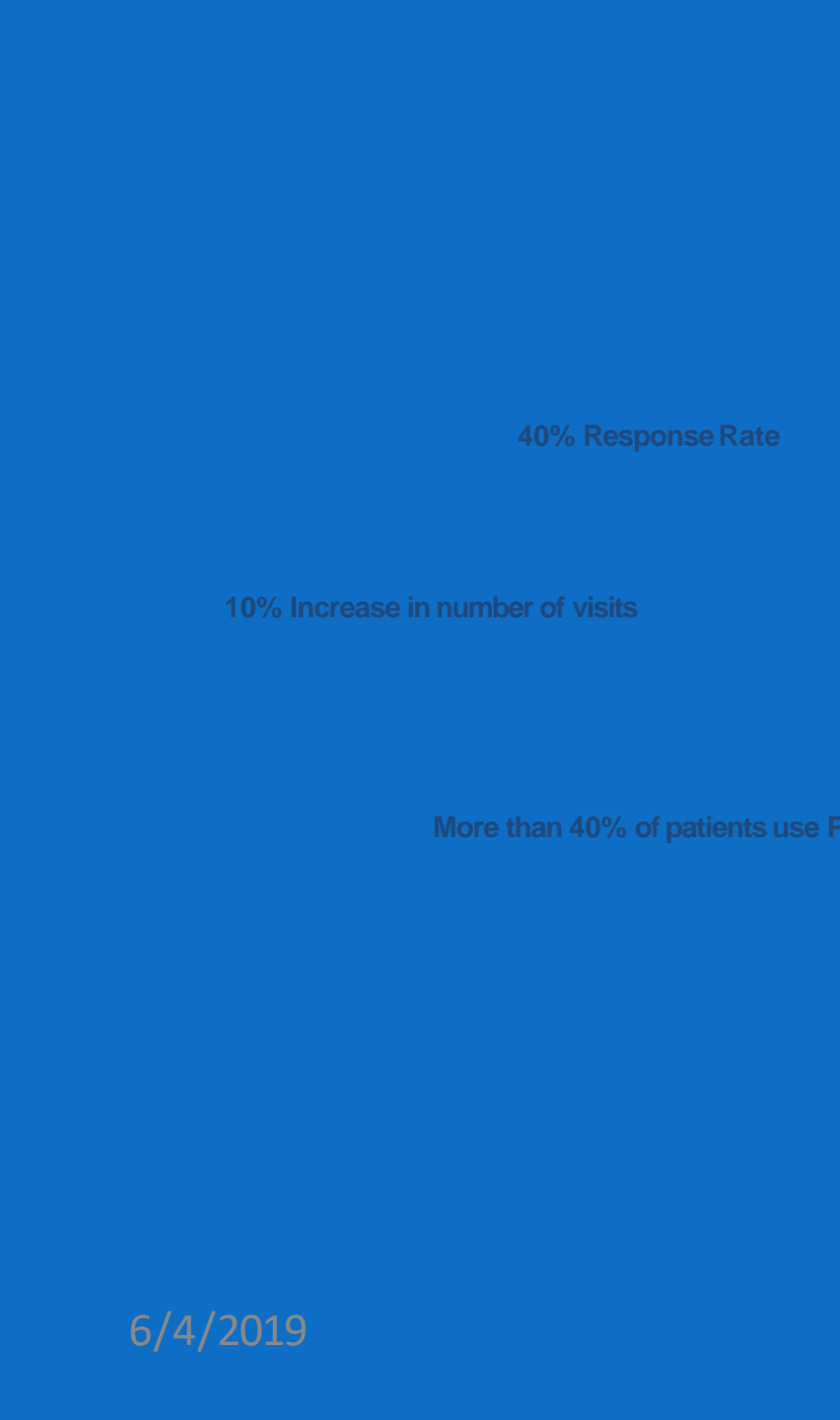
10% Increase in number of visits

More than 80% of our providers used Patient Portal to communicate with their patients

More than 40% of patients use Patient Portal

Better Data collection

Services' Integration Designated ofice space for providers for Dental, BH and Vision specialty
Each site equiped with tele-health equipment to integrate with specialty services

EPIC On-Demad Care Virtual Visits through MyChart Online health questionnaire Convenience of care with increased access

TeleMedicine Implemented Store and forward for Dermatology Specialty Ready to roll out Tele-Psych

Remote Monitoring Identify patients with high need for control of chronic problems Monitor patients daily Help adapt with canges and comply with treatment

Telemedicine in a Federally Qualified Health Center

North Central Texas Community Health Care Center, Inc.

Contents

Benefits and drawbacks

Our experience with telemedicine

Licensure

Billing Considerations

Disambiguation

Telemedicine is an effective tool to expand patient care access, which is one of the fundamental goals

Commonly referred to as an E-Visit, telemedicine is the exchange of medical information from one location to another using electronic communication, which improves patient health status.

Telemedicine has multiple applications and can be used for different services, which includes wireless tools, email, two-way video, smartphones, and other methods of telecommunications technology.

Benefits and drawbacks

Benefits:

- Improved access to primary care, especially in remote areas
- Improved access to specialist consultations, especially in areas where there is a shortage of providers
- Improves cost effectiveness of the delivery of care.
- Studies have shown that quality of care is improved as well.

Drawbacks

- Regulatory limitations that vary from state to state
- Connectivity Issues
- Care can be perceived as less personal
- Reimbursement can be complex

Our Experience with Telemedicine

- Our FQHC service area includes 15 counties in North Texas. We have six sites, and two of them are 2.5 hours away in Collin County, Tx.

- We are a teaching facility, with PA Students, Advance Nurse Practitioner Students, and Behavioral Health Interns. In 2020, we will be having medical students of osteopathy who will begin a three year rotation with us.
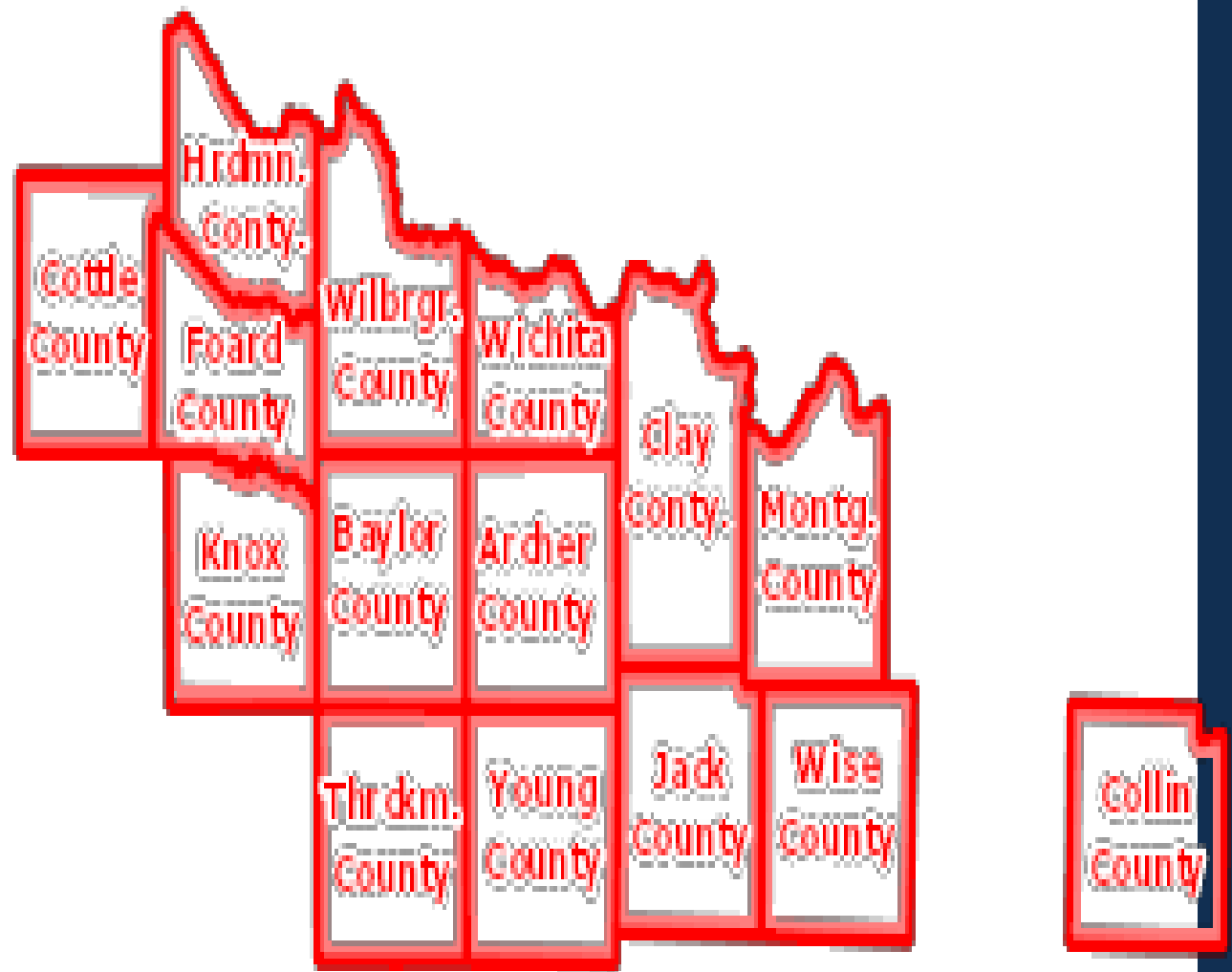
Our Experience with Telemedicine

The use of telemedicine has been a very effective way for preceptors to observe the students who are assessing patients.

Our Nurse Family Partnership program provides telehealth services to first tim moms who are at high risk for poor outcomes.
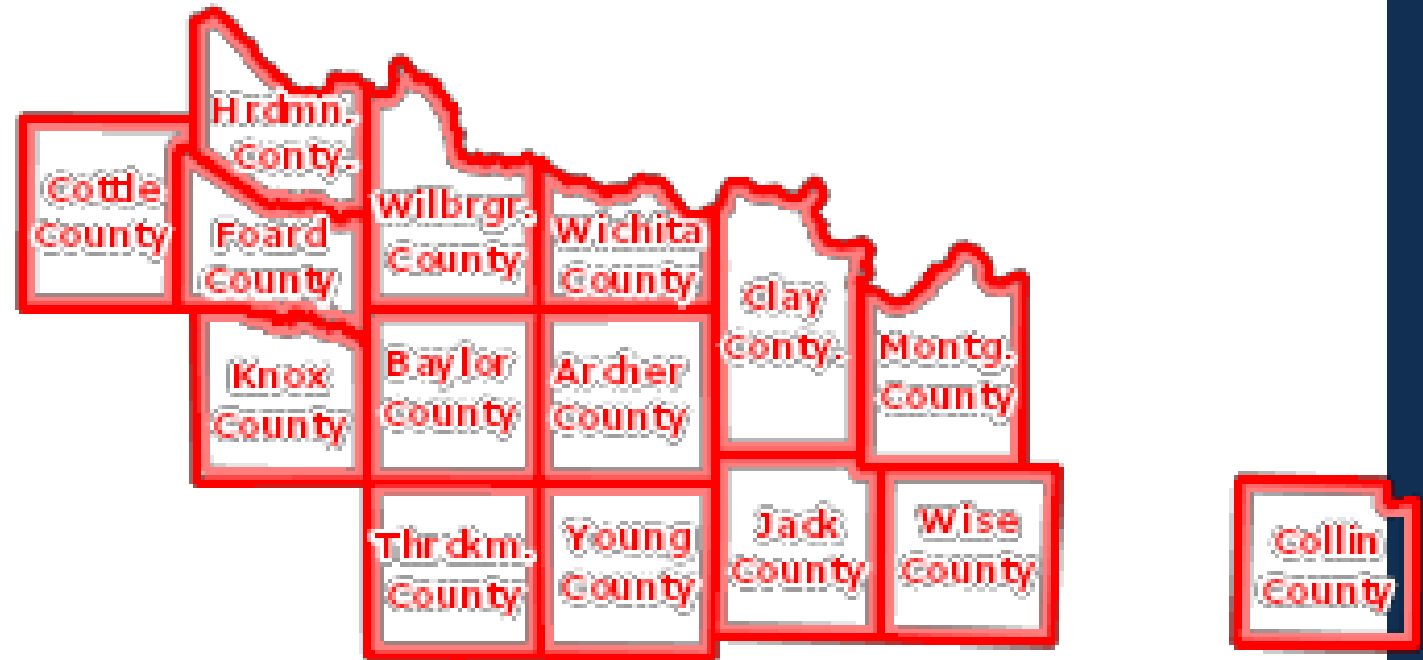
Please think about your state regulations that apply to telemedicine. In Texas for example, a licensed independent practitioner can provide telemedicine within the state, but requires an out of state telemedicine license before he or she can provide those services across state lines.

Billing Considerations

- FQHCs are authorized to serve as an originating site for telehealth services if the FQHC is located in a qualifying area. An originating site is the location of an eligible Medicare patient at the time the service being furnished via a telecommunications system occurs. FQHCs that serve as an originating site for telehealth services are paid an originating site facility fee.

- FQHCs are not authorized to serve as a distant site for telehealth consultations. A distant site is the location of the practitioner at the time the telehealth service is furnished. The cost of a visit may not be billed or included on the cost report.

Texas Medicaid has two distinctly different definitions for "telemedicine" and "telehealth," where telehealth refers to other health services that do not require clinical assessment, diagnosis and treatment. The program covers live video for office consultations, outpatient visits and psychiatric services, as well as home telemonitoring services for some chronic conditions.

Texas Medicaid defines the purpose of telemedicine and telehealth services as those that "require the use of advanced telecommunications technology, other than

Billing Considerations

telephone or facsimile technology…" and includes two-way video, audio or data transmission, store-and-forward care, and "other technology that facilitates access to health care services or medical specialty expertise." In some cases, remote patient monitoring solutions are also covered.

You should review your state guidelines for Medicaid to see what services are covered before you take on Telemedicine.

You should review your state guidelines for Medicaid to see what services are covered before you take on Telemedicine.

QUESTIONS/COMMENTS