

DIABETES IN SPECIAL & VULNERABLE POPULATION: A NATIONAL LEARNING SERIES

Diabetes Continuum of Care: Increase Patient Technology and Digital Health Literacy

> Tuesday, October 27, 2020 8 am HT / 11 am PT / 1 pm CT / 2 pm ET

> > Welcome! We will begin in a few minutes

MODERATORS & ORGANIZERS



NLS



Albert Ayson, Jr., MPH Associate Director, Training & Technical Assistance of AAPCHO

Joe Lee, MSHA Training & Technical Assistance Director of AAPCHO

APCHO

Association of Asian Pacific Community Health Organizations

Kristine Alarcon, MPH Communications & Engagement Specialist of AAPCHO





Jillian Hopewell, MPA, MA Director of Education & Communications of MCN



ABOUT THE SERIES

Diabetes affects more than 34 million people in the United States. Multi-tiered efforts to prevent, treat and manage diabetes are critical in reducing the burden of diabetes, particularly for special and vulnerable populations, which have unique characteristics that affect culturally and linguistically competent health care access and utilization. According to 2018 Uniform Data System (UDS), diabetes poses a unique challenge for the HRSA Health Center Program because 1 of 7 patients has diabetes and nearly 1 in 3 of those has uncontrolled diabetes.

To elevate the national conversation around diabetes, **14 National Training and Technical Assistance Partner (NTTAP) organizations** formed the Special and Vulnerable Populations Diabetes Task Force to engage health centers, Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs) to increase knowledge of effective strategies that address diabetes among people experiencing homelessness, residents of public housing, migratory and seasonal agricultural workers, school-aged children, older adults, Asian Americans, Native Hawaiians and Pacific Islanders, LGBTQIA+ people, and other health center patients.

This Fall's national learning series is **sponsored by HRSA** and will take a deeper dive into issues related to patient health literacy, community engagement, and team-based care.

For information about the Diabetes National Learning Series, visit **chcdiabetes.org** today.

Special and Vulnerable Populations Task Force Members:



For more information on our NTTAP Partners, visit chcdiabetes.org

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WEBINAR TOPICS

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REGISTER TODAY AT CHCDIABETES.ORG



- Please complete the post-webinar survey at the end to indicate whether you would like to receive CME/CNE units or a certificate of attendance.
- Please indicate whether you'd prefer an electronic or hard copy of your certificate and provide your contact information
- For questions, please contact Martha at <u>malvarado@migrantclinician.org</u>.

LEARNING OBJECTIVES

- 1. Understand telehealth and the different forms of service delivery
- 2. Identify barriers to technology and digital literacy for diabetes-related interventions
- 3. Provide strategies and tools to address barriers in implementing diabetes-related interventions

NTTAP Faculty



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Esly Reyes, MPH *Program Director*





Gladys Carrillo, LCSW Manager of Health Center Engagement Services





Dr. Jose Leon Chief Medical Officer





NLS

Jillian Maccini, MBA, PMP, PCMH CCE Project Director HEALTH INFORMATION TECHNOLOGY, EVALUATION, AND QUALITY CENTER

Today's Speakers



Leo Gaeta Vice President of Programs





Isis Carrillo Diabetes Prevention Program Coordinator

October is Health Literacy Month!



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Purpose of Health Literacy Month: https://healthliteracymonth.org/what-ishlmonth/purpose-of-hl-month/

Ways to Celebrate Health Literacy Month: <u>https://health.gov/newsarchive/announcements/2018/</u> <u>10/octob er-is-health-literacy-month/index.htm</u>



Defining Health Literacy

The Patient Protection and Affordable Care Act of 2010 defines health literacy as the degree to which an individual has the capacity to:

- Obtain
- Communicate
- Process
- and Understand

basic health information and services to make appropriate health decisions.

Visit the CDC's Health Literacy website: https://www.cdc.gov/healthliteracy/index.html



Defining Digital Health Literacy

According to the **World Health Organization (WHO)**, Digital Health Literacy is the ability to:

- Seek
- Find
- Understand
- and Appraise

health information from electronic sources and apply the knowledge gained to addressing or solving a health problem.

https://www.who.int/global-coordination-mechanism/working-groups/digital_hl.pdf

HEALTH INFORMATION TECHNOLOGY, **EVALUATION, AND QUALITY CENTER**

Assessing Digital Literacy for Diabetes Prevention

Oct. 27, 2020

Intro to HITEQ

The HITEQ Center is a HRSA-funded National Training and Technical Assistance Partner (NTTAPs) that collaborates with HRSA partners including Health Center Controlled Networks, Primary Care Associations and other NTTAPs to engage health centers in the optimization of health IT to address key health center needs through:

- A **national website** with health center-focused resources, toolkits, training, and a calendar or related events.
- Learning collaboratives, remote trainings, and on-demand technical assistance on key content areas.





email us at hiteqinfo@jsi.com!

HITEQ Topic Areas

Access to comprehensive care using health IT and telehealth Privacy and security Advancing interoperability Electronic patient engagement Readiness for value based care Using health IT and telehealth to improve Clinical quality and Health equity Using health IT or telehealth to address emerging issues: behavioral health, HIV

prevention, and emergency preparedness

What is Telehealth?



Live Video is two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology. This type of service is also referred to as "real-time" and may serve as a substitute for an in-person encounter.

RPM uses digital technologies to collect health data from individuals and electronically transmit that information securely to providers in a different location for assessment and recommendations, allowing the provider to continue to track healthcare. RPM can collect things such as vital signs, weight, blood pressure, blood sugar, blood oxygen levels, heart rate, etc.

Mobile health or mHealth, a relatively new and rapidly evolving aspect of technology-enabled health care, is the provision of health care services and personal health data via mobile devices. mHealth often includes use of a dedicated apps downloaded onto devices. Apps can range from targeted text messages or tracking that promote healthy living.

Transmission of recorded health history (e.g., pre-recorded videos, digital images) through a secure electronic communications system to another practitioner, usually a specialist, who uses the information to render a service outside of a real-time or live interaction.

Services not specifically defined as telehealth, because they don't have an in-person equivalent, but are functionally similar— including virtual check-ins, remote evaluation of prerecorded patient information, transitional care management/ chronic care management, E-visit/ digital evaluation.

Source: Center for Connected Health Policy's About Telehealth; Visit www.cchpca.org for more.

What is required for any telehealth?





Access to Internet

Patients need access to the internet through broadband internet or cellular data. This may be in the home or through other available means (such as public wi-fi).

Access to Device

Patients need access to a device capable of audio/ visual exchange or other information exchange. This may be smartphone, tablet, or computer likely with a webcam.

Skill to Use These

Patients need have knowledge of how to use the device and data access that they have available to them. This includes how to connect to a network, open a message, enter or open a URL, and so on.

Willingness

Patients need to be willing to give telehealth a go, and navigate the challenges that are likely to arise and take the steps that will be needed to have success.

Access to Data



Access to Device



Intervention: Consider making devices available in the health center in a special location where a patient can access a computer or iPad without being face-to-face with provider. May also consider facilitating device donation program, where community can donate devices which can then be wiped and provided to patients.

Skill and/ or Capacity to Use These

How good are you at using your device to navigate online?



(either to see provider face-toface or to use device on-site where assistance is available), or have an outreach worker visit (safely) to get them set up.

Willingness (for Audio/ Visual)

How do you feel about trying telehealth with audio and video?

Good! Let's do it.

OK, but I'm concerned about how I look on camera or how to manage the technology.

Not good, I don't think telehealth is as good as in-person or I don't think I can manage the tech.

Not at all interested or willing.

Intervention: Have quick scripts ready to address hesitancy.

- "I look forward to seeing you, and if you sit somewhere well let and set your device near eye-level, it will look a lot like you do in the office. Also, I can show you how to change the settings so you don't see yourself [in Zoom]."
- "I'll text you the link so you can just click it, be sure to click 'allow' if your device asks any question while opening the link. This just allows the telehealth program to use your camera and microphone."
- "Technology is finicky, so if we have any issues trust that you probably haven't done anything wrong. It's just technology! We'll both just rejoin."
- "Do you FaceTime or video chat with friends/ family? This is similar."

Intervention: Begin with in office or phone, but make a plan to work together to move to telehealth in case there is an outbreak in the area or another reason the patient cannot come in but needs more than a phone call. This may include practicing using audio/ video telehealth while in the office or beginning with currently-allowable tech that the patient may be familiar with (FaceTime, Facebook Messenger Video, etc.).

Tips for Patient-facing Instructions

- Identify or create resources that assist patients (including those with limited English proficiency or low literacy with use of telehealth). Here are some examples for common health center EHRs and/ or telehealth platforms:
- Doximity, a telehealth platform, offers <u>patient-facing instructions in several languages</u>.
- eClinicalWorks offers <u>videos</u> for patients on how to use Healow Telehealth in Spanish.
- Examples from health centers: LA LGBT Center, a health center in Los Angeles, has <u>written and</u> <u>video instructions</u> in Spanish as well as English on how to download Allscripts FollowMyHealth patient portal to access video visits. El Rio Health, a health center in Tucson, offers a <u>Patient</u> <u>Quick Start Guide</u> in Spanish and <u>flyer</u> for using Otto, their telehealth platform with NextGen.
- See <u>instructional videos on how to download Zoom</u> in more than ten languages.

Share clear, concise instructions

- For technology-hesitant patients: Instructions can be printed and mailed or handed to patients. Be sure to include a phone number for assistance.
- For general patients: Make the instructions available on your website, and then include the link to instructions in texts or email reminders to patients. Automate this process by including this in the automatic reminders that go out for telehealth visits!



Tips for troubleshooting technology

- Technology has all sorts of things that can trip us up, having some specific references in your back pocket can help address issues when they arise.
- "It says my camera and/ or microphone are blocked."
 - Solution: Are you using Chrome? If so, you'll need to allow cam/ mic access by clicking the blocked camera icon in the address bar, and going to Allow. Here are more <u>instructions</u> for Chrome, and <u>instructions</u> in Spanish, English, and Chinese for both iPhone and Android.
- "I don't have Zoom."
 - Solution: Here are instructional videos on how to download Zoom in more than ten languages, the link can be texted or emailed to the patient.
- "The video quality is bad or keeps freezing."
 - **Solution:** Sometimes switching your connection helps. If you're connected through a smartphone, then, on your phone, go to settings. If having trouble on cellular, turn on Wifi and try another call. If vice versa, turn off Wifi and try again on cellular. If reliant on wifi, then move closer to the router. If all else fails, we can connect via phone and video separately (such as using Zoom call-in feature, then turning video on, or calling directly and then connecting video separately).

Questions? Feedback?



Email: <u>hiteqinfo@jsi.com</u> Phone: 1-844-305-7440

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USING TECHNOLOGY TO INCREASE PATIENT ACCESS FOR DIABETES PREVENTION

THE COLUMBIA BASIN HEALTH ASSOCIATION (CBHA) EXPERIENCE

Leo Gaeta, Vice President of Programs

Isis Carrillo, Diabetes Prevention Program Coordinator

October 27, 2020





OUR MISSION

To provide equal access to quality health care to all persons regardless of age, sex, color, ethnicity, national origin or ability to pay.

<u>CBHA Locations</u>







<u>CBHA Patients</u>







CBHA Services







CBHA's Diabetes Prevention Program



This program is a lifestyle change program developed to promote a healthy lifestyle. This is not a fad diet or an exercise class. And it's not a quick fix. It's a year-long program focused on long-term changes and lasting results. A year might sound like a long commitment, but learning new habits, gaining new skills, and building confidence takes time. As you begin to eat better and become more active, you'll notice changes in how you feel, and maybe even in how you look.



Get back on track if you stray from your plan because everyone slips now and then

DIABETES PREVENTION PROGRAM NOVEMBER 13 Time: 5 pm - 6 pm



• Pre COVID-19 • In-person group sessions

• 5 groups at all three CBHA locations

• Post COVID-19

- Virtual Sessions 0
- 4 groups at two CBHA locations 0

Transition to Virtual Services

Assess patient access to technology

- □ Phone only 62% (voice and text)
- □ Phone data plan 23% (allows internet use)
- □ Internet services at home 11%
- Other -4%

<u>Tech resources used</u>

- Phone calls only -38%
- Texting -24%
- WhatsApp -16%
- Computer -11%
- □ FaceTime 8%

Barriers

Don't have internet
Poor cell signal - not reliable
Don't know how to use
Can't afford
Prefer in-person visits



<u>Using Virtual Services to Deliver Diabetes</u> <u>Prevention</u>

- Groups that were meeting in-person pre COVID
 - 100% phone calls
- Groups started after onset of COVID
 - 76% video conferencing
 - 24% phone calls
- Tech resources used
 - Doxy.me
 - Google Voice
 - Tablet
 - Hotspots





Promoting Participant Engagement

- Build in time for interactive activities
- Share ideas/activities/ recipes
- Incentives
- Be patient/flexible
- One-on-one follow up as needed
- Provide tech support (tablets & hotspots)

	Aqui hay una receta que alamejor pueden tratar: <u>https://www.kiwilimon.com/recet</u> a/guarniciones/ratatouille-facil	
	Aug 31, 9:40 PM	
	Gracias Semira deliciosa la reseta	
- · · ·	Aug 31, 9:42 PM	

Questions



Contact Information

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Discussion

Please feel free to use the raise hand button to be unmuted or use the chat box.

How has **technology** helped you/your health center overcome challenges faced during this **pandemic**? What are the main technology/health literacy disparities that you see in your population?

What diabetes prevention/management services do you offer through **virtual visits?**

Who in your Health Center is involved in **Telehealth/Telemedicine**?

What are your questions and comments?



NLS

Esly Reyes, MPH *Program Director*





Gladys Carrillo, LCSW Manager of Health Center Engagement Services





Dr. Jose Leon Chief Medical Officer



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SAVE THE DATE FOR WEBINAR #3

Diabetes Continuum of Care: Raising the Pillars for Community Engagement

NTTAP Faculty:



TUESDAY, NOVEMBER 10, 2020 8 am HT / 11 am PT / 1 pm CT / 2 pm ET

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THANK YOU!

For information about the Diabetes National Learning Series, visit **chcdiabetes.org** today.

Feel free to contact our NTTAP collaborating partners and speakers from today's webinar:

> Esly Reyes, MPH - <u>ereyes@mhpsalud.org</u> Gladys Carrillo, LCSW – <u>carrillo@ncfh.org</u> Jose Leon, MD - <u>jose.leon@namgt.com</u>

At the end of this webinar, please complete the evaluation form. Your feedback is greatly appreciated