

Telehealth and Home Visitation Services: Improving Health Care Access for Special Populations

Session 1: Home Visitation - November, 7, 2023

The image shows a YouTube video player interface. On the left is a circular logo with a red cross and the text 'AT THE CORE OF CARE'. The video title is 'At the Core of Care: Healing the Community: How Health C...'. Below the title is a description: 'In this episode, we have a conversation with two community health professionals about the role...'. The video duration is '00:00:00'. At the bottom, there are buttons for 'SHARE', 'SUBSCRIBE', and 'DESCRIPTION', along with a volume icon.



The logo for the Health Center Resource Clearinghouse. It features a stylized geometric icon on the left composed of blue and red shapes. To the right of the icon, the text 'HEALTH CENTER RESOURCE CLEARINGHOUSE' is displayed in a bold, blue, sans-serif font.



Housekeeping

1

Captions

To adjust or remove captions, click the "Live Transcript" button at the bottom of your Zoom window and select "Hide Subtitle" or "Show Subtitle."

CC

Live Transcript

2

Questions

Please add your questions for the speaker and comments for the group into the Chat box.

Chat

3

Technical Issues

Please raise your hand to let us know or message us in the chat.



Raise Hand

4

Recording

This session will be recorded and available to view on Vimeo



Recording



Disclosures

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Success Completion Requirements: Nurses completing the entire activity and the evaluation tool may be awarded a maximum of **1.0 contact hours** of nursing continuing professional development (NCPD). **To obtain nursing continuing professional development contact hours, you must participate in the entire activity, participate in audience polling and/or Q&A sessions, and complete the evaluation.**

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The National Nurse-Led Care Consortium (NNCC) is a nonprofit public health organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

We do this through

- training and technical assistance**
- public health programing**
- consultation**
- direct care**

<https://nurseledcare.phmc.org/>

NNCC NTTAP Team



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National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



National Center for Health in Public Housing

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Assistance



Bob Burns
Program Director



Introduction/Welcome

- 5 minutes

Didactic

- 20 minutes

Program Showcase

- 25 minutes

Questions & Wrap-Up

- 10 Minutes



Today's Agenda

Meet our speakers:



Dr. Kevin Lombardi, MD, MPH

**Manager of Health Research, Policy & Promotion
The National Center For Health in Public Housing
(NCHPH)**



Ingrid Andersson, RN, BSN

**Mary's Center for Maternal & Child Care
Washington, DC
Director of Care Coordination**





Dr. Kevin Lombardi, MD, MPH

**Manager of Health Research, Policy & Promotion
The National Center For Health in Public Housing
(NCHPH)**



Health Centers Close to Public Housing

- 1,373 Federally Qualified Health Centers (FQHC) = **30 million patients**
- 458 FQHCs In or Immediately Accessible to Public Housing = **5.7 million patients**
- 108 Public Housing Primary Care (PHPC) = **911,683 patients**

Source: [2021 Health Center Data](#)



Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

Public Housing Demographics



1.5 Million
Residents



2 Persons
Per Household



38% Disabled



52% White



91% Low
Income



43% African-
American



26% Latinx



19% Elderly

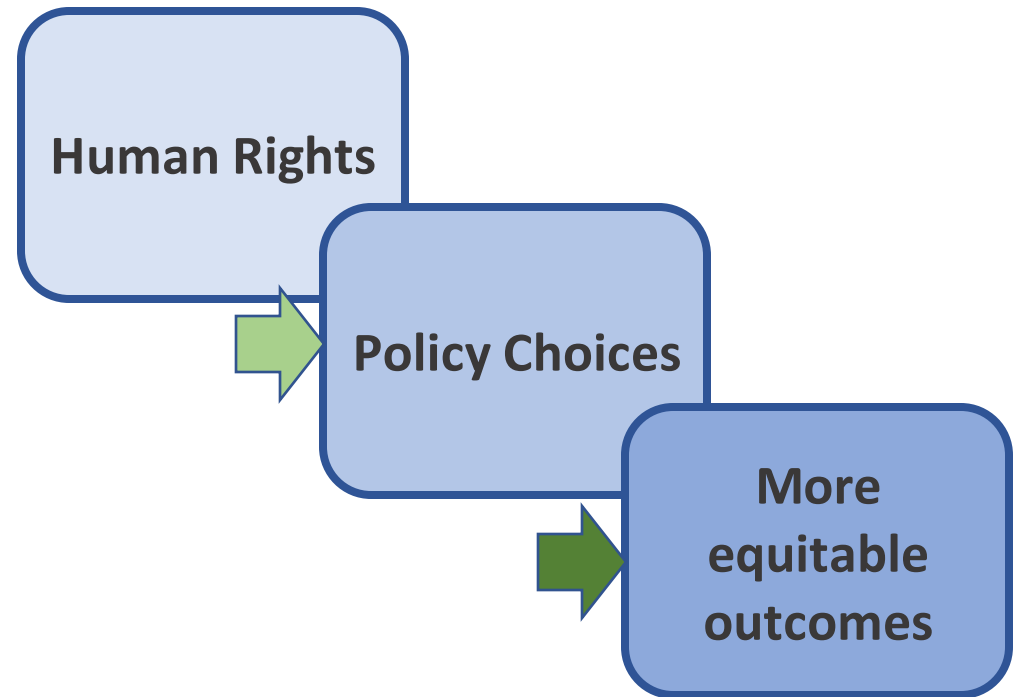
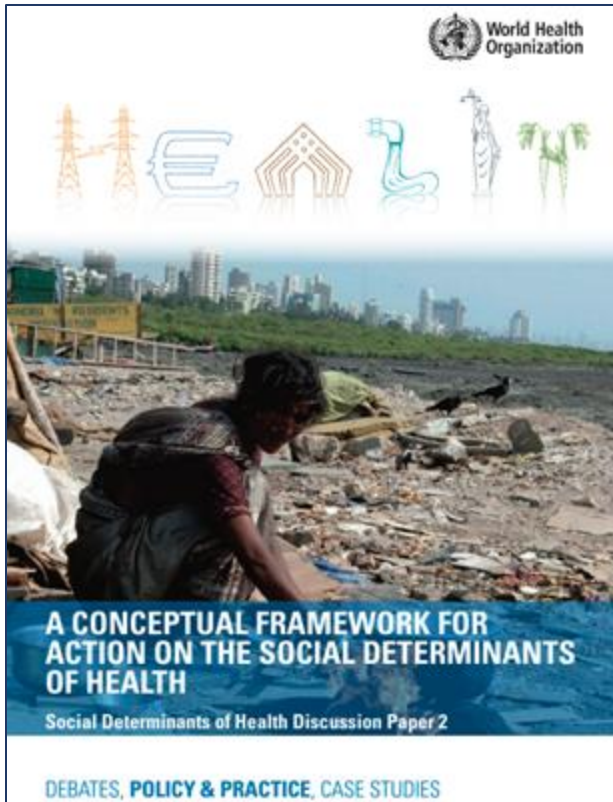


36% Children



32% Female Headed
Households with
Children

WHO Conceptual Framework



Link to Resource: [WHO Conceptual Framework](#)

The SDOH: Conceptual Overview

Social Determinants of Health



Social Determinants of Health
Copyright-free

 Healthy People 2030


National Center for Health in Public Housing

 NATIONAL
NURSE-LED CARE
CONSORTIUM
a PHMC affiliate

Link to resource: [Healthy People 2030](#)

Telehealth Services and the SDOH



Health Centers can support patients by creating telehealth centers at central or satellite locations

Telehealth can allow health centers to support individuals that may be disinclined from seeking in-person care

Partnerships with local and community groups can be utilized to distribute marketing regarding new or existing telehealth services.



Telehealth can be utilized to distribute standardized or personalized public health education

The availability of telehealth services can help patients navigate transportation barriers and lower the cost of care.

Home visitation and telehealth services at FQHCs and PHPC Grantees

n (weighted) = 27,224,243	All other FQHCs (%)	95% CI	PHPC's (%)	95% CI	<i>p</i>
Patients who receive home visit in past 12 months	2.6	1.9-3.5	6.50	3.0-13.7	0.01
Patients who ever received home safety consult	9.3	0.83-10.1	13.8	6.7-26.2	0.72
Patients receive Telehealth appointment in past 12 months	38.3	31.5-45.6	38.3	28.5-49.2	0.9
Patients who receive more than 5 telehealth appointments in past 12 months	7.4	4.8-11.2	14.7	7.6-26.5	0.05

Telehealth technology use at FQHC and PHPC locations: UDS results (2021)

	All FQHC's	PHPC's
Provide telehealth services	99.0%	99.0%
Home telehealth services only	78.1%	82.7%
Home telehealth and outside specialists	19.9%	16.4%
Outside specialists only	0.9%	1.0%


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Health Centers that provide PCP and Specialist Telehealth services



FQHCs
19.9%



PHPCs
16.4%



Partnerships with residency and fellowship training programs can grant access to specialists and trainees

Pursuing relationships with state and local Colleges and Universities can grant access to specialists and health professional trainees

Use of home telehealth services at FQHC and PHPC locations: UDS results (2021)

	All FQHC's	PHPC's
Mental health	93.2%	95.2%
Substance use disorder	66.4%	71.2%
Chronic conditions	63.6%	58.7%
Nutrition and dietary counseling	20.4%	21.2%
Primary care	97.4%	98.1%
Provider-to-provider counseling	15.9%	13.5%
Dermatology	6.9%	6.7%
Oral health	27.1%	33.7%
Disaster management	4.3%	3.9%

What the data tells us:

FQHCs



66.4%

PHPCs



71.2%

PHCPs are more likely to utilize telehealth to provide telehealth services for Substance Use Disorder than other FQHCs

Program interventions:



Many patients may prefer the privacy that telehealth provides them



Telehealth access points:
Have been shown to increase appointment attendance in residents of P.H.



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Impact of the mental health crisis on telehealth service delivery

The pandemic and ensuing mental health crisis greatly expanded the need for telehealth behavioral health and addiction care services

The share of adults reporting the onset of symptoms of GAD or MDD rose to 39.3% during the pandemic.

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Lifting of restrictions led to 75% of behavioral health visits being via telehealth, this has increased to 87% post-pandemic



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Service restraints in other areas of health center management puts added strain on behavioral health

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Chronic Impacts of COVID-19 Infection on Mental Health

The persistent and long-term effects of COVID-19 infection has been shown to precipitate new or exacerbate existing behavioral health issues.

One in 13 adults in the U.S. (7.5%) have had long Covid symptoms.



Brain fog: Cognitive dysfunction, memory issues, lack of mental clarity

32%

Anxiety: New onset or exacerbation of existing symptoms. Often insidious onset and difficult to diagnose.

23%

Depression: New onset and exacerbation of existing symptoms. Worsening of symptoms can be

12%

Link to resource: [NIH](#)

Link to resource: [Heitzman et al](#)

FQHC Patient use of home visitation and telehealth services, 2022

n (weighted) = 27,224,243	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	p	Public Housing (%)	95% CI	p
Home visit in past 12 months	2.5	1.8-3.4	5.9	3.4-9.9	0.01	8.8	4.4-16.6	0.002
Home safety consult	9.9	7.0-13.8	13.6	9.2-19.7	0.35	13.3	7.6-22.4	0.66
Telehealth appointment in past 12 months	37.7	30.7-45.2	45.2	35.5-55.4	0.18	42.5	31.1-54.7	0.52
More than 5 telehealth appointments in past 12 months	7.4	4.7-11.3	11.3	7.2-17.2	0.1	12.8	6.6-23.2	0.12
More than 8 telehealth appointments in past 12 months	4.6	2.8-7.4	5.5	2.7-11.0	0.64	5.5	1.8-15.5	0.78

* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs



FQHC Patient use of home visitation and telehealth services, 2022

Population (weighted) =	All other PH programs	95% CI	All HUD-assisted PH (%)	95% CI	p	Public Housing (%)	95% CI	p
Home visit in past 12 months	3.4	1.8-3.4	5.9	3.4-9.9	0.01	8.8	4.4-16.6	.002
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95% Confidence Interval
(95% range of real possibility)

P – value
(statistical significance)

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Home safety consult	All patients (reference group)		All HUD-assisted (comparison group 1)		0.03	Public housing only (comparison group 2)		1.56
Telehealth appointment in past 12 months								1.52
More than 5 telehealth appointments in past 12 months	7.4	4.7-11.3	11.3	7.2-17.2	0.1	12.8	6.6-23.2	0.12
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Question HEA2_TELE

“During the past 12 months, how many times have you received care services through audio or video communications, also known as telehealth”

Percent of patients reporting at least one telehealth appointment(s) in the last 12 months:



All FQHC*
patients

37.7%

CI: 1.8-3.4



HUD-
Assisted

45.2%

CI: 3.4-9.9



Public
Housing

42.5%

CI: 4.4-16.6

Link to Resource: [2022 Health Center Patient Survey](#)

Question HEA2_TELE

“During the past 12 months, how many times have you received care services through audio or video communications, also known as telehealth”

Percent of patients reporting more than 5 telehealth appointments in the last 12 months:



All FQHC*
patients

7.4%

CI: 1.8-3.4



HUD-
Assisted

11.3%

CI: 3.4-9.9



Public
Housing

12.8%

CI: 4.4-16.6

Link to Resource: [2022 Health Center Patient Survey](#)

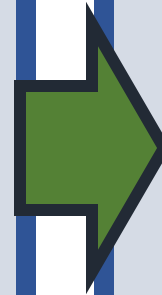
Marketing Telehealth and Home Visitation Services



**Emphasize
Convenience**



**Reduce
Stigma**



**Increase
Access to
Care**

THANK YOU!



Facilitated Telemedicine: A Strategy to Increase Healthcare Access and Equity

Ingrid Andersson, RN, BSN
Director of Care Coordination
Mary's Center

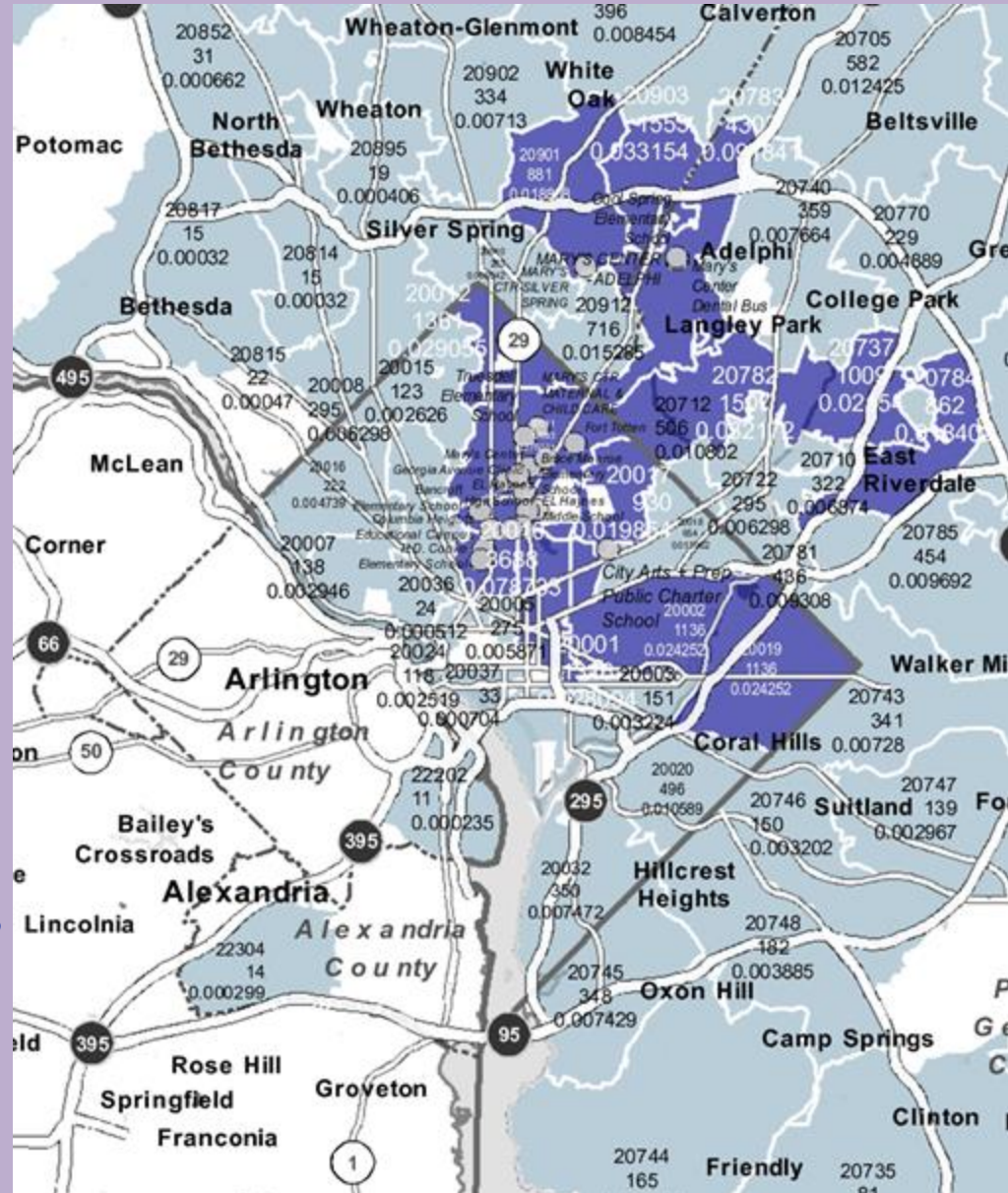


Objectives:

- Explain the facilitated telemedicine model of care.
- Describe how facilitated telemedicine can be used as a strategy to increase healthcare access and equity by addressing barriers to care for various populations, including older adults and people with disabilities.
- Identify challenges and opportunities related to the implementation and maintenance of a facilitated telemedicine program.



- Established in 1988
- Over 65,000 participants from 50+ countries
- 5 full-service community health centers
- 26 School-based mental health programs
- 2 Senior Wellness Centers
- Public Charter School co-located at 3 health centers





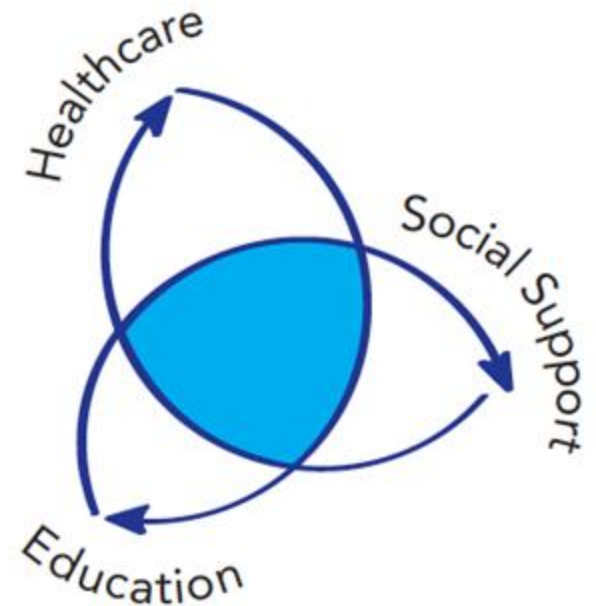
Our Mission

Mary's Center embraces all communities and provides high-quality healthcare, education, and social services to build better futures.

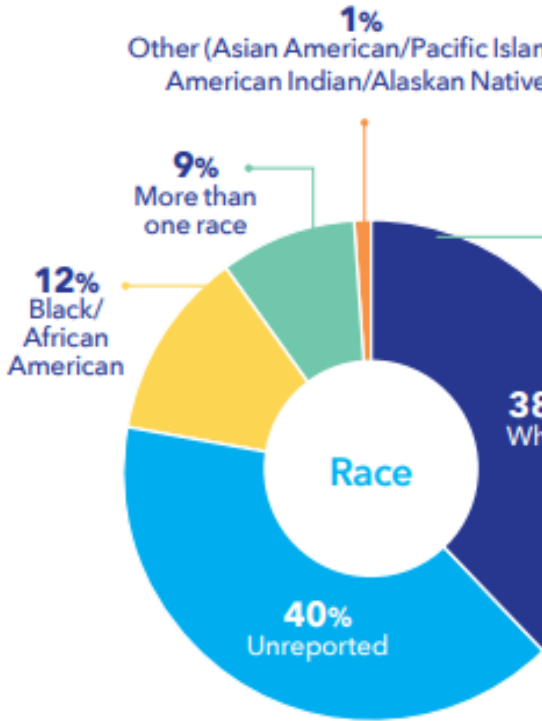
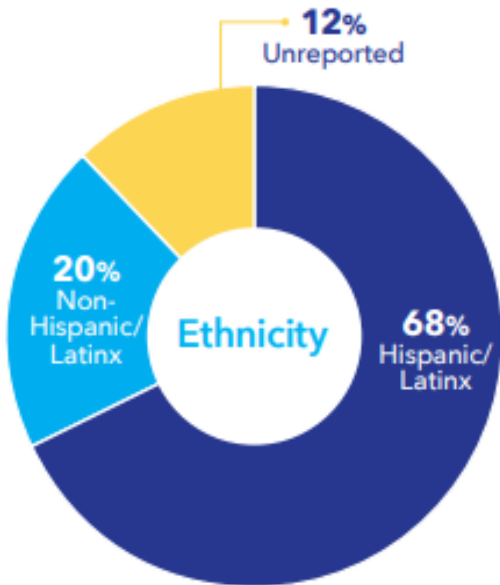
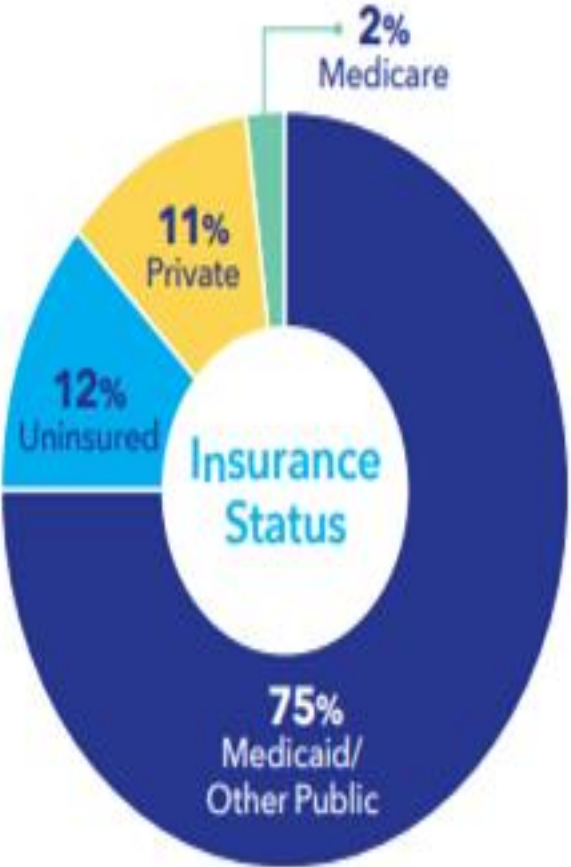


Our Social Change Model:

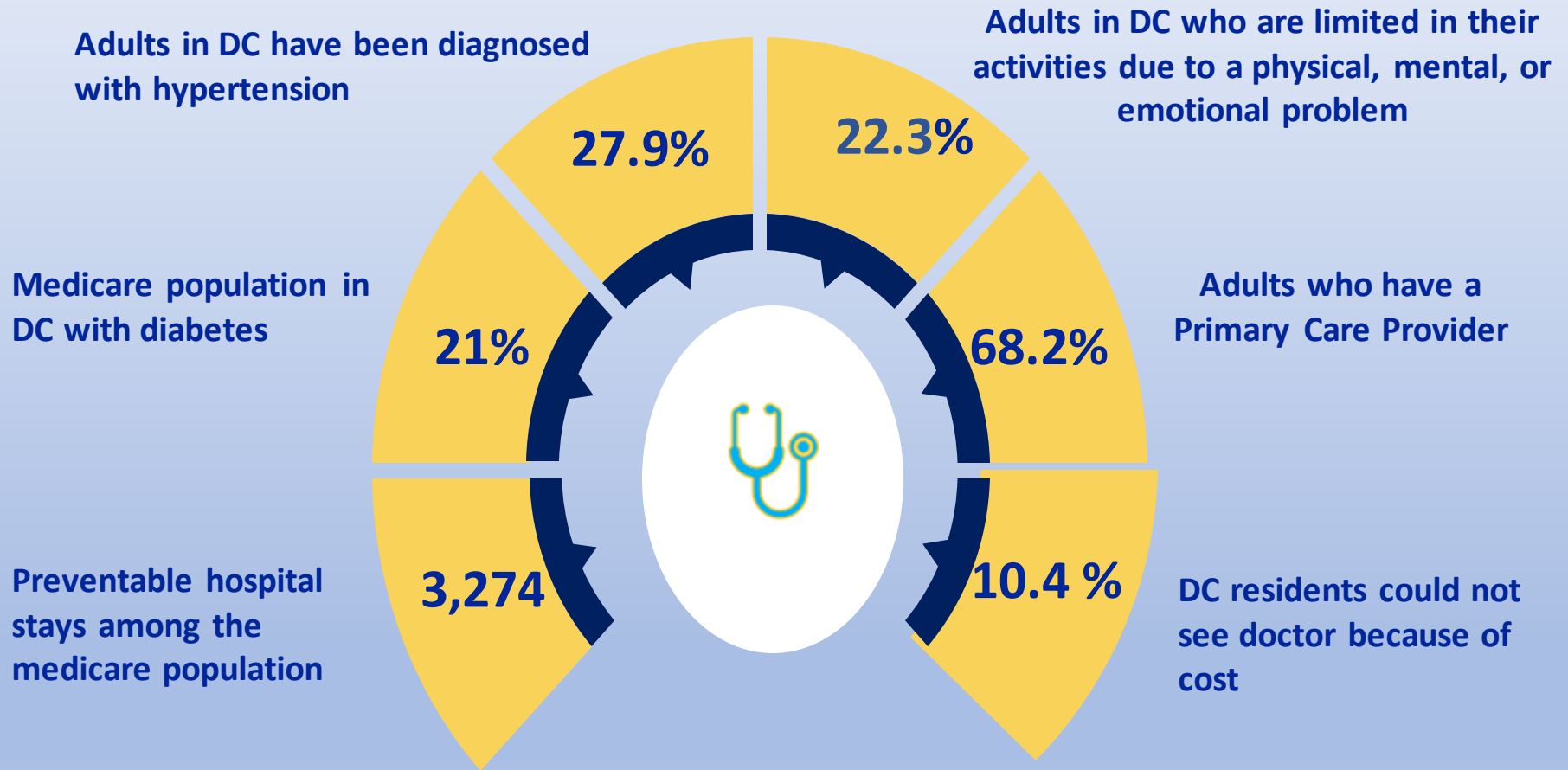
- Striving to address all aspects of wellbeing that can impact quality of life and advancement
 - Comprehensive health care
 - Dual-generation education
 - Social services



Who we serve:



DC Health Statistics



Telehealth and Strategies to Increase Healthcare Access and Equity



**AT MARY'S CENTER
WE UNDERSTAND
AND EMBRACE
TELEHEALTH AS A
TOOL TO PROMOTE
ACCESS AND
HEALTH EQUITY.**



TELEMEDICINE

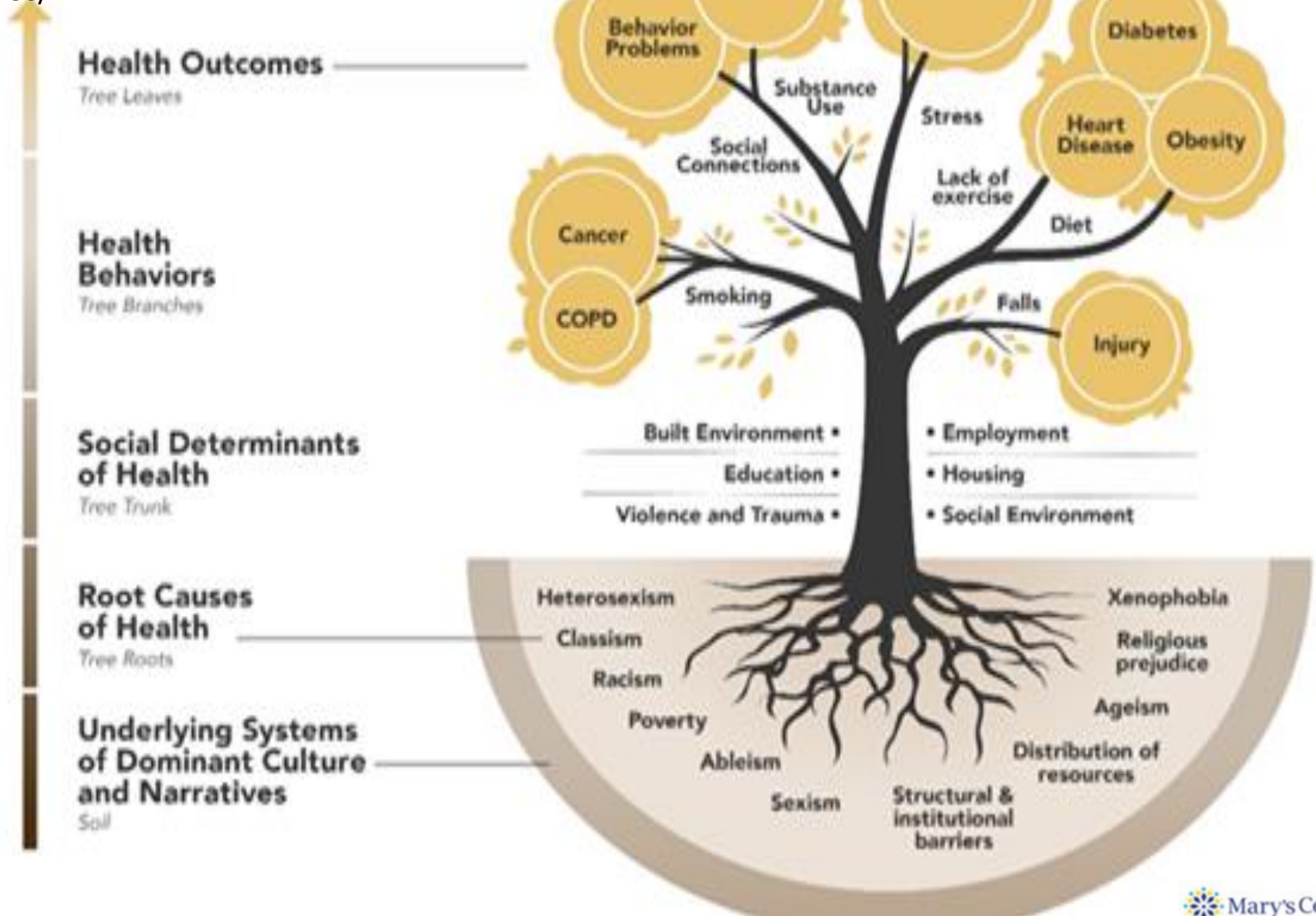


TELETHERAPY



**TELESOCIAL
SERVICES**

Health Resources in Action: Health
EquiTree
<https://hria.org/2023/04/03/health-equitree/>





Transportation

Many low-income patients lack a car or convenient access to public transportation

Mobility Issues

Chronic disease patients particularly affected by physical mobility issues

Limited Child Care Support

Appointment logistics complicated for patients with childcare responsibilities

Disconnection with Providers

Insufficient opportunities to build relationship and engagement with primary care providers



BARRIERS TO CARE

Medical Services at Mary's Center:



In-Clinic



Virtual



Facilitated

Patient travels to clinic

- Full clinical exam
- Point-of-care tests/labs
- Vaccines/Treatment

- **Doxy.Me**  two-way and group video conferencing
- **Zoom for Healthcare**  Behavioral health groups
- **Televoice Synchronous calls**

Telemedicine MA travels to participant home

- Point-of-care tests/labs
- Vaccines
- Peripheral diagnostic equipment
- Internet hotspot and laptop
- Video connection via teams

TELEHEALTH AT MARY'S CENTER: A BRIEF HISTORY

- **2015:** Tele-behavioral Health begins at Mary's Center to expand services to participants who are "hard to reach"
- **2016:** Discussions began with DC's largest MCO, AmeriHealth Caritas District of Columbia. When designing the original telemedical model, we focused on barriers to accessing the clinic for appointments (transportation, immobility, workforce issues, and childcare). To increase this access and yet promote adherence to current and developing standards, improve outcomes, and reduce costs, Mary's Center needed to bring the care to our patients and meet them where they are; in their homes.
- **2017:** Facilitated Telemedicine program begins as a pilot program for adults with chronic conditions
- **2019:** Mary's Center added Facilitated Telemedicine for pediatric participants in July and for pregnant participants in October
- **2020-2022:** Mary's Center greatly expanded virtual telemedicine services to patients during the COVID-19 Pandemic
- **Today:** We are looking at what is the right balance between virtual telemedical vs. facilitated vs. in-patient visits to provide the best, most efficient care AND we are conducting an evaluation of our facilitated telemedicine program.

FACILITATED TELEMEDICINE OFFERINGS:

- Labs
- Vaccines & injectables
- Non-stress testing
- Emotional/behavioral assessments
- Geriatric assessments
- Fall prevention screenings
- Minor wound care
- Medical device teachings
- Medication reconciliation
- Care coordination
- Contraception services
- Ear lavage
- Vision screens
- Hearing screens
- STI treatment



FACILITATED TELEMEDICINE SERVICES

ADULT



- › Chronic condition management
- › Sick and ER follow up
- › Infectious disease testing
- › Physicals/Establishment of care visits
- › Care Coordination

PEDIATRICS



- › Chronic condition management
- › Sick and ER follow up
- › Annual well visit exams after age 4
- › Care Coordination

OBGYN



- › Prenatal
- › Postpartum
- › Antenatal testing
- › GYN Care

MAT



- › Partnership with Federal City Recovery Services

Geriatric



- › extended visits with geriatrician
- › Geriatric and caregiver screenings
- › Fall prevention
- › Care coordination

Facilitated telemedicine:



Home Environment



Assessment Tools



Care Coordination



What does success look like?

INCREASED ACCESS TO PRIMARY CARE SERVICES

- Facilitated telemedicine visits allow participants to access preventive services from the convenience of their homes, eliminating barriers to person care

IMPROVED POPULATION HEALTH MANAGEMENT

- Participant data can be accurately measured from the comfort of one's home, allowing us to better monitor and manage their conditions.

PATIENT SATISFACTION

- Facilitated telemedicine participants report feeling better able to manage their conditions, and appreciate the personal attention, advocacy and care coordination from the facilitated telemedicine medical assistants.

ANTICIPATED LONG TERM OUTCOMES



IMPROVE

- Adherence to well exams, chronic care follow-up, treatment plans and immunizations
- Health outcomes



REDUCE

- Inequities in primary healthcare
- Hospital and emergency room over-utilization
- Hospital all-cause readmission rates
- Morbidities and mortalities





CHALLENGES/CONSIDERATIONS



Financial considerations



Program standards



Participant hesitancy

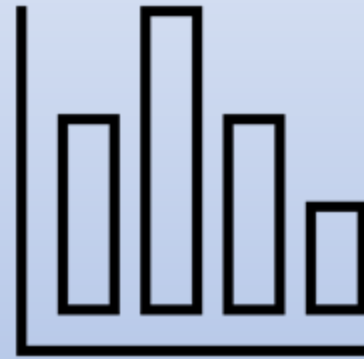


Staffing

Financial Considerations



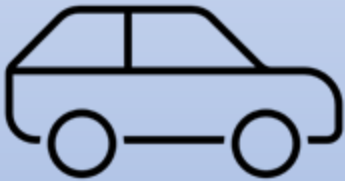
Program Standards



Participant Concerns



Staff Concerns





OPPORTUNITIES

- Kiosks & Pop-up Sites
- Remote Patient Monitoring
- Expanding access to Facilitated Telemedicine to all Mary's Center participants through sustainable billing practices.



Mary's Center

Thank you.

DISCUSSION


QUESTIONS


COMMENTS

Resources



Evaluation Survey





Home Visitation Services and Telehealth: Improving Access for Special & Priority Populations

Hosted by the National Nurse-led Care Consortium and the National Center for Health in Public Housing.

Learner Name *

Organization Type *

On a scale of 1 to 5, how satisfied are you with today's training? *

On a scale of 1 to 5, how confident are you that you will be able to apply information from this Training & Technical Assistance activity at your health center/organization? *

On a scale of 1 to 5, based on your level of knowledge prior to the activity, how would you rate changes to your knowledge as a result of today's training? *

Skills and strategies gained *

Additional Feedback



Access T/TA Resources



**HEALTH CENTER RESOURCE
CLEARINGHOUSE**



Upcoming Trainings

Future Trainings

- El Rol de los Promotores de Salud en la Detección Equitativa del Cáncer de Mama - June 15, 2023 2:00 PM EST

Explore the intersections of social determinants of health, breast cancer screening interventions, and the use of Community Health Workers in care settings. Our subject matter experts will present best practices to support care team members in increasing access to cancer services and patient and caretaker engagement, with a special emphasis on health centers serving residents of public housing. The webinar will be conducted in Spanish with English live transcript.



Thank You!

If you have any further questions or concerns please reach out to Fatima Smith fasmith@phmc.org or Fide Pineda at Fide@namgt.com

