



COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State

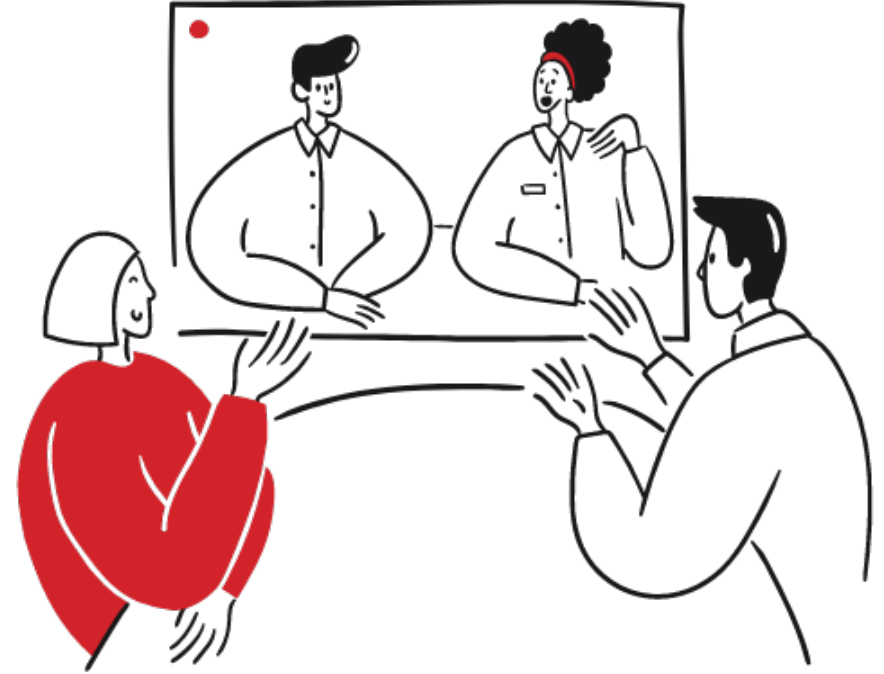
CHCANYS NYS-HCCN presents

The Heart of Healthcare: Harnessing Technology and Innovation to Improve Patient Experience

Day 2 – June 7, 2023

Zoom Guidelines

- You have been muted upon entry. Please respect our presenters and stay on mute if you are not speaking.
- Please share your questions in the chat. CHCANYS staff will raise your questions to our speakers and follow up as needed if there are unanswered questions.
- The workshop is being recorded and slides will be shared after the session.



New York State HCCN Objectives



Project Period 2022-2025

1 **Clinical Quality**

2 **Patient-Centered Care**

3 **Provider and Staff Wellbeing**

2022-2025 Project Period

- ✓ Patient Engagement
- ✓ Patient Privacy & Cybersecurity
- ✓ Social Risk Factor Intervention
- ✓ Disaggregated Patient-level Data (UDS+)
- ✓ Interoperable Data Exchange & Integration
- ✓ Data Utilization
- ✓ Leveraging Digital Health Tools
- ✓ Health IT Usability & Adoption
- ✓ Health Equity and REaL Data Collection*
- ✓ Improving Digital Health Tools- Closed Loop Referrals*

* - Applicant Choice Objective
Bold- Objective Carried over into 2022-2025



Agenda

1. Alison Connelly-Flores (Urban Health Plan) on Reducing No-Shows
2. Farooq Ajmal (Ryan Health) on Telehealth Expansion
3. Jason Kuder (Oak Orchard) on Telehealth for Rural Clinics
4. Health Center OpenNotes Spotlight: The Door





Urban Health Plan No Show Improvement Initiative

Alison Connelly-Flores

Chief Medical Information Officer, Urban Health Plan



Urban Health Plan

No Show Improvement Initiative

UHP At A Glance

- Urban Health Plan was founded in 1974
 - 12 sites: 9 in South Bronx; 1 Corona Queens; 1 Central Harlem
 - 1 NYS Licensed Article 31 Behavioral Health Clinic
 - 12 School-based Health Centers
 - Employs ~1,000 associates and 225 providers
- Primary care, 18 subspecialties, ancillary services, and diagnostics
- ~86,000 patients, 400,000 visits in 2022



Urban Health Plan Stats

- **794,322** visits SCHEDULED in 2022
- **457,722** shows in 2022 (**57.6%** show rate)
- **336,600** no shows in 2022 (**42.4%** no show)

1. Is this a pattern or an exception for 2022?
2. Are our numbers above or below national avg.?
3. Who are the chronic absentees ?
4. What intervention strategy to use?

1

Pattern OR Exception

Visits with **Low**

No Show probability

0% to 60%

No Show probability

85,785 patients

Visits with **Moderate**

No Show probability

61% to 80%

No Show probability

28,108 patients

Visits with **High**

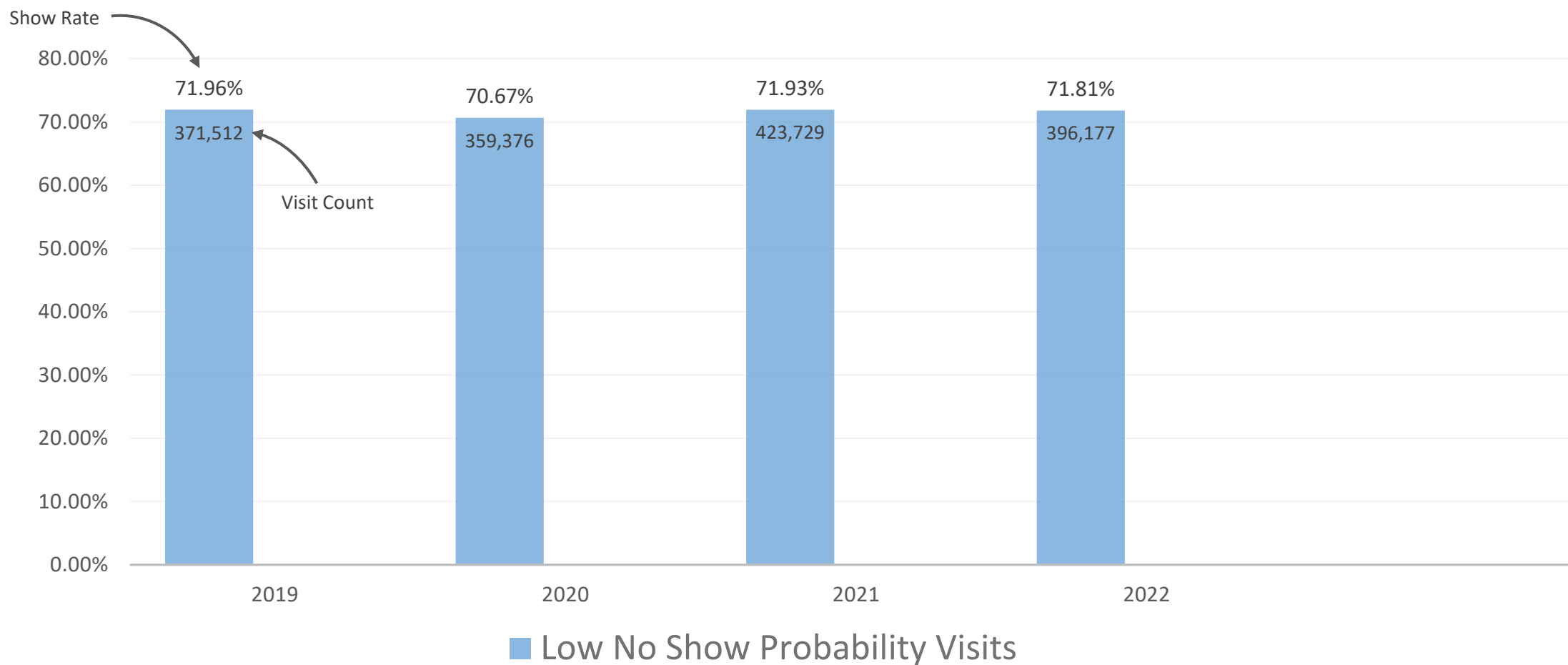
No Show probability

81% to 100%

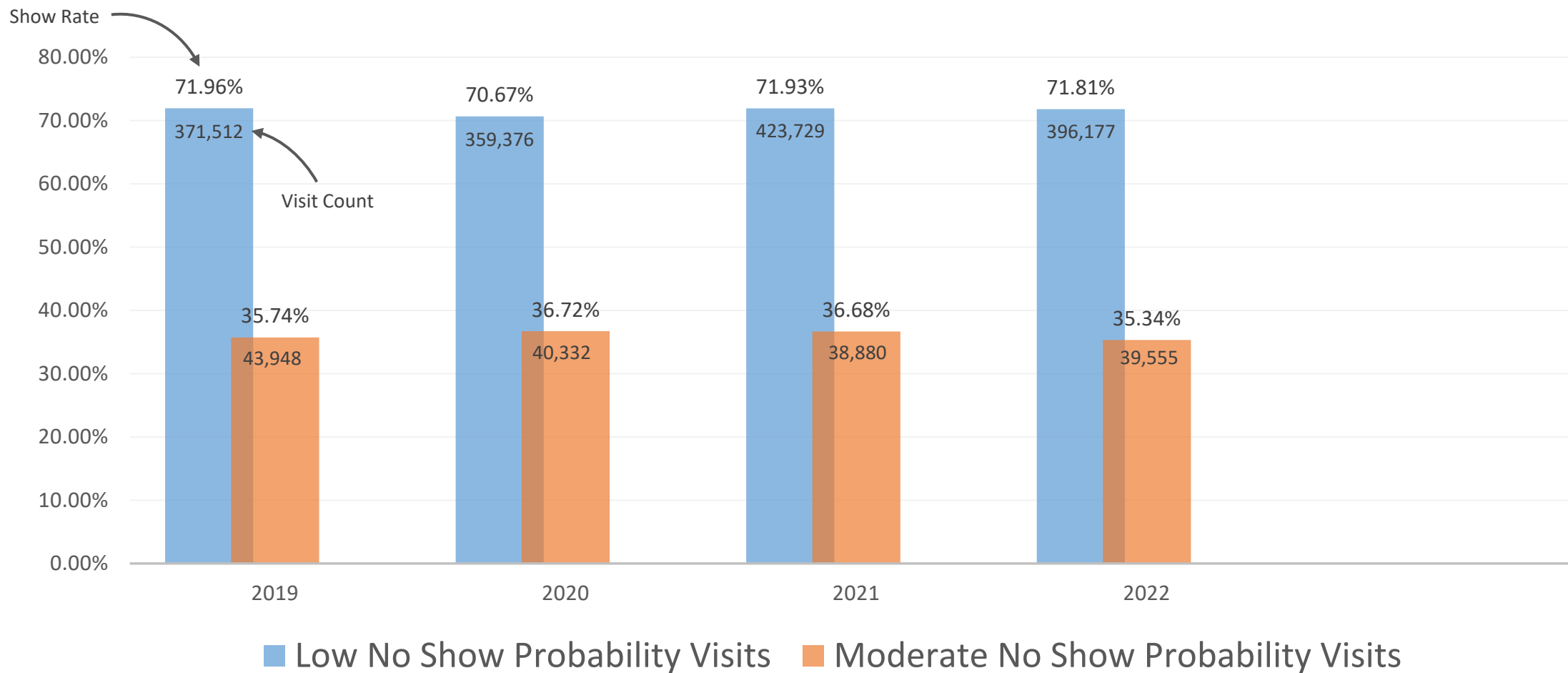
No Show probability

34,028 patients

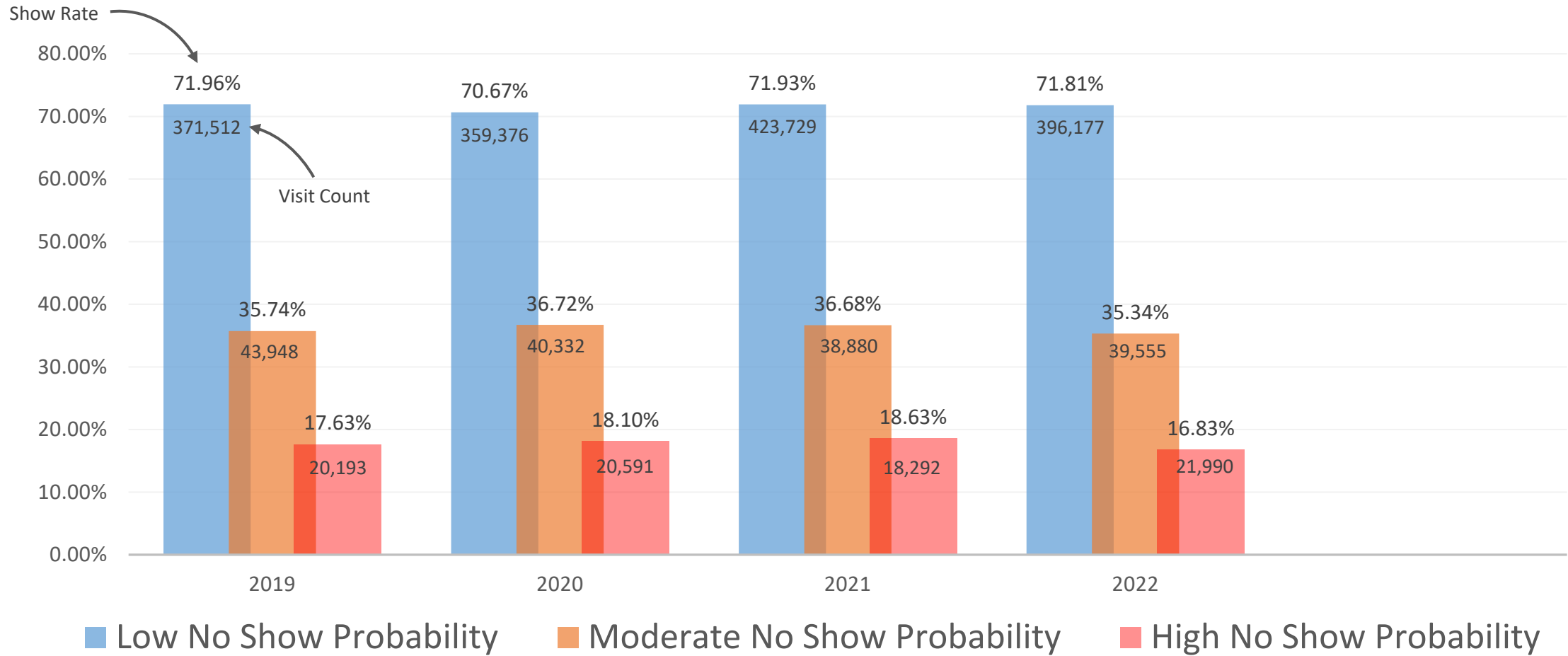
Show Rate Analysis – Pre-Intervention



Show Rate Analysis



Show Rate Analysis



2

National Average

eClinicalWorks National Average

- Show rate 71%
- No Show 6.8%
- Reschedule 7.7%
- Cancellations 10.5%

Urban Health Plan

- Show rate 57.6%
- No Show 22.60%
- Reschedule 10.34%
- Cancellations 9.43%

3

Needle in the haystack

Healow No Show Prediction Algorithm

- No Show Prediction algorithm implemented January 2023
- Shared **18,061** High No Show probability through March (**14%** of total visits)
- Shared **908** Medium No Show probability through March (**0.7%** of total visits)

4

Intervention Strategy

Intervention Strategy



Personal phone call reminders – FOCUSED

Distribute high risk no show report to designated associates

Specific script used

Specific staff used to eliminate variability of message and consistency of calls

Document outcome of call on spreadsheet (confirm, r/s, message left, cancelled)



Convert in-person no show visits to virtual visits



Additional text messages

Specific groups (telehealth only, not seen in 15 mos, uncontrolled dm)

Intervention Strategy



Increased Access

- **Virtual Care Center** open 89 hours a week (Mon-Fri 7a-10p, Sat 8-6, Sun 9-1)
- **Template revision** to take providers no show rate into account (ongoing)
- **Same day slots** - Added 6 additional to every provider (to be scheduled within a 2 weeks of appt date)



Engagement

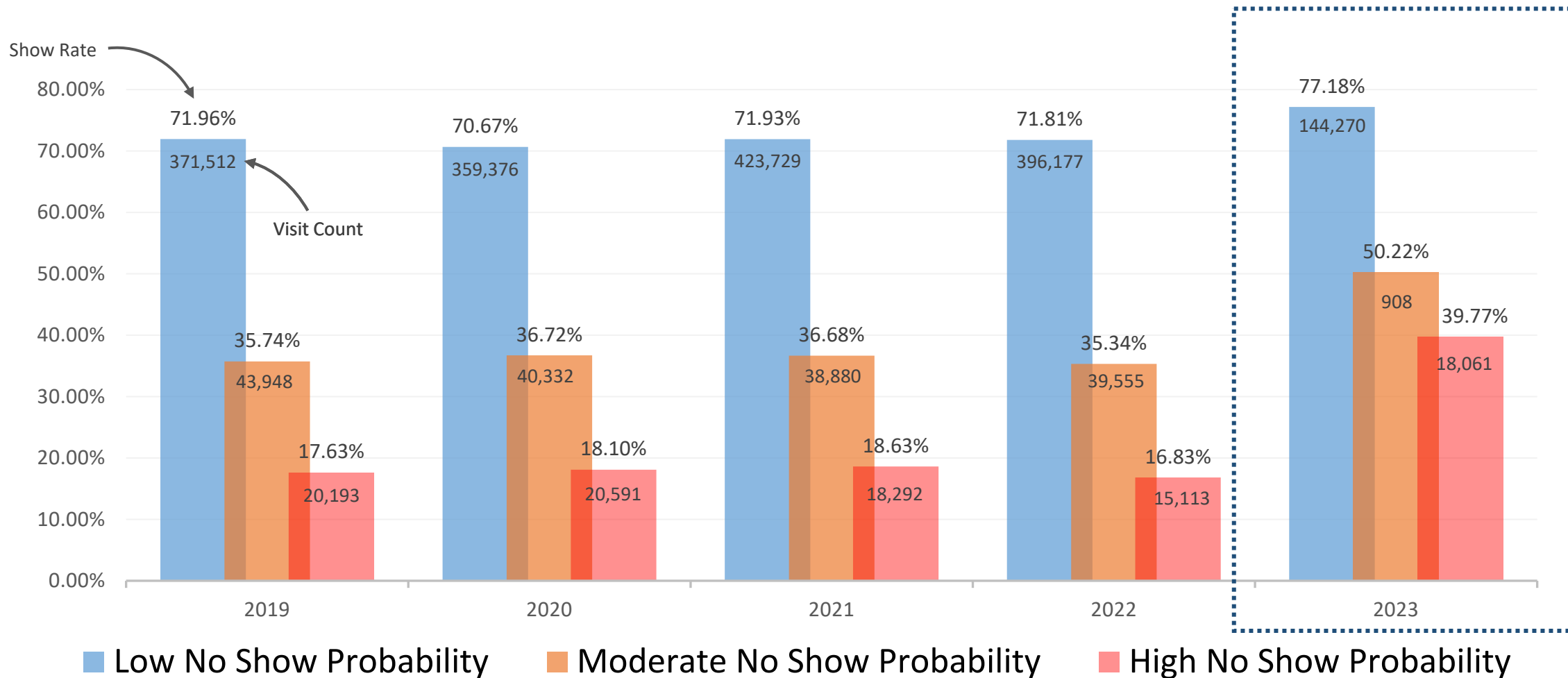
- Daily reminders calls by department (in addition to **eClinicalWorks Messenger**)
- **Healow Open Access** turned on for several sites

5

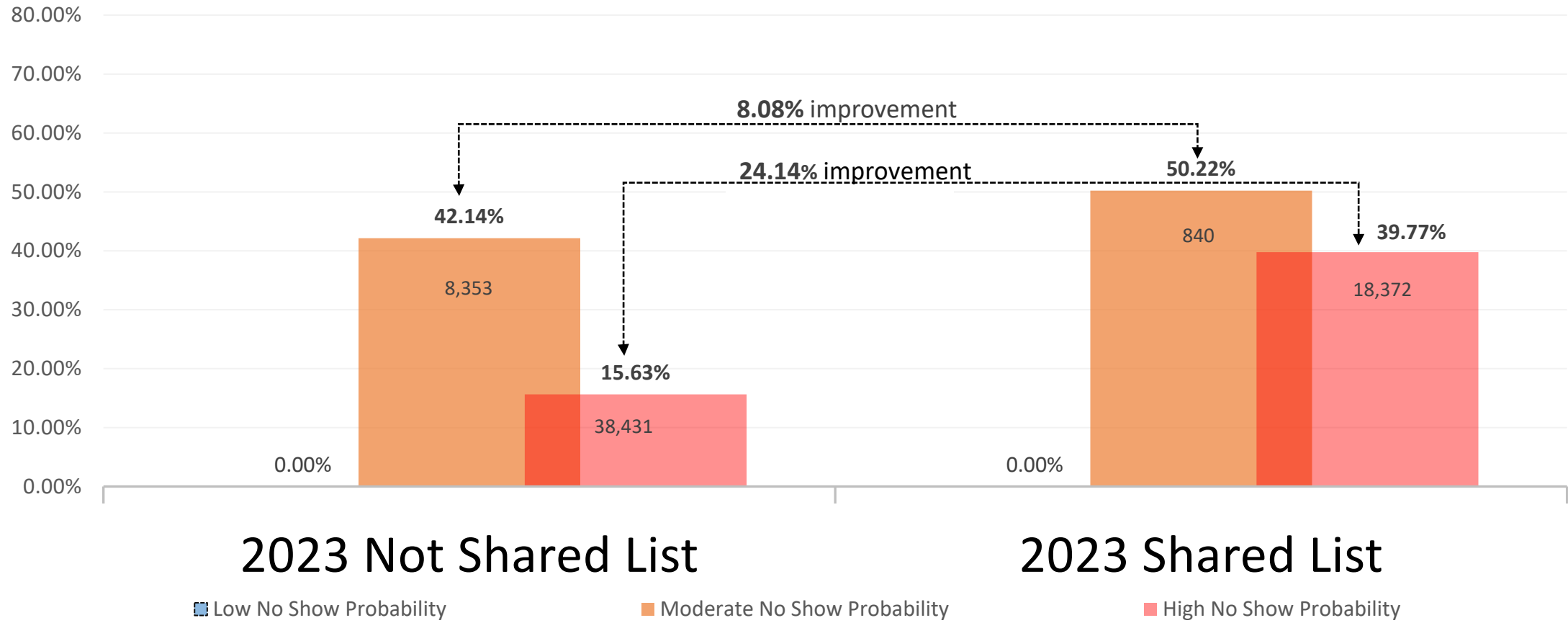
Outcome



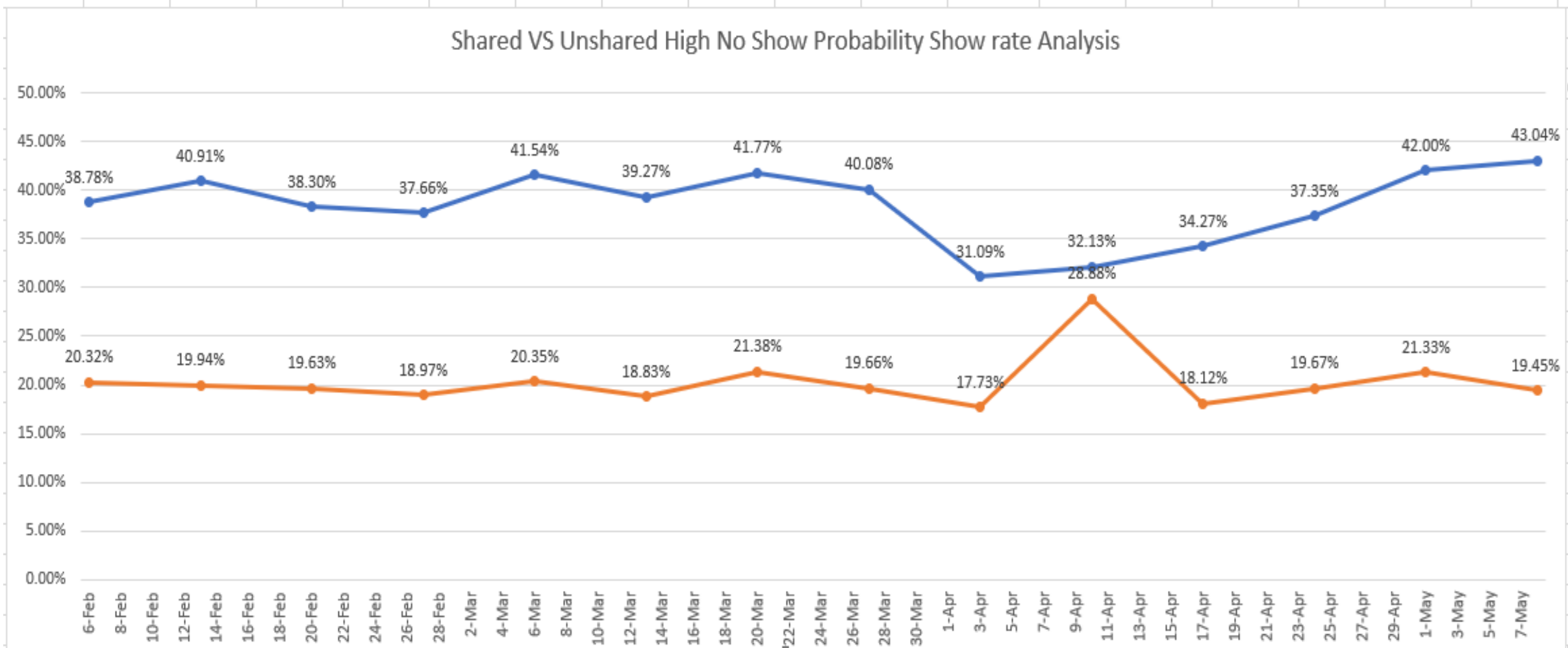
Outcome – Show Rate



Outcome – Show Rate Jan-March



Shared VS Unshared High No Show Probability Show rate Analysis



Benefits

- ~42,000 visits in March. Highest in Urban Health history
- 154% increase in show rate for high no show patients
- 19.17% increase in show rate for moderate no show patients
- Actual impact due to no show algorithm: 4,432 more visits

Next Steps

- Integration into eClinicalWorks
- Develop and formalize positions to ensure process continuity
- Involve case management to assist this population
- Identify and address barriers to care for population
- Deep Data Dive into high-risk no-show population:
 - Evaluate outcome measures
 - Identify commonalities / barriers to care (eg: transportation)
 - Multifaceted approach for engagement
- Enhancement Request – dynamically adjust provider templates

Q&A





Technology Governance and Telehealth

Farooq Ajmal

Chief Information Officer, Ryan Health





Technology Governance and Telehealth

Change

It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change - Charles Darwin

The Healthcare Industry was already going through a paradigm shift in care delivery prior to 2020. This remodeling in care delivery was driven by emerging payment models and technology. The COVID-19 pandemic accelerated this change.

Change Management and Governance

- Healthcare is constantly changing as a result of technological advancements, population changes, disease patterns as well as political reforms and policies.
- Meanwhile healthcare organizations are bound by their organizational culture, technology investment, resources and ability to manage change.
- In order to be successful in this rapidly changing healthcare industry, a Healthcare organization must have an effective organizational change management methodology to ensure they stay ahead of the curve.
- At the heart of an organizational change management is a suitable governance framework to ensure that the suggested changes are uniformly adopted across the organization without resentment.

Ryan Health Information Technology Framework

At Ryan Health, in order to effectively manage Technology changes and to achieve organizational goals and objectives, we utilize the following:

- **Technology Governance Framework:** The organization developed an institutional framework for the approval and selection of projects, resource commitment, project prioritization and accountability of information systems and its users.
- **Continuing Education Framework:** Continuous education of management, trustees, and staff regarding technology changes in order to support Ryan business goals. Develop ongoing staff training programs to use information management tools, analyze data, and support process improvement efforts.
- **Technology Architecture Expansion:** Develop a robust, redundant, highly available, and highly reliable technology infrastructure and integrate all clinical and business systems in order to provide access to information systems and supporting tools.
- **Performance Improvement Initiatives:** Develop systems that support enterprise processes to facilitate patient care, financial viability, education, and research. These projects are grouped into three distinct categories: Financial and Operational Management, Clinical and Quality Management, Managed Care and Value based payment Support.

IT Governance-Clinical Informatics Committee

- At Ryan health all Information technology requests, including technical support, request for service (RFS), and projects are managed through our ticketing system. This ensures each request is tracked, monitored, and completed according to the service level agreements between IT and its customers.
- Clinical Informatics Committee (CIC) is the governance committee that oversees the approval, prioritization, implementation, standardization, adoption and monitoring of all RFS and projects.
- The CIC comprises of Clinical, IT, legal, HR, Medical records, Behavioral health, care management, Quality, finance and population health department representatives along with several other departments. The committee is co-chaired by CIO and CMO.

Ryan Health Telehealth Journey

- Like many other FQHCs, Ryan Health was not providing any telehealth services prior to the 2020 pandemic due to reimbursement restrictions. There were very limited telehealth audio services being provided in our behavioral health service.
- In March of 2020 with onset of COVID-19 pandemic, all healthcare organizations including Ryan health had to change our care delivery within weeks based on the guidance from CDC. Based on CDC guidance, healthcare organizations were to limit in-person visits to reduce disease spread. Meanwhile the demand for healthcare services skyrocketed. Our patients were eager to see their providers to know if they were affected and how to prevent exposure.

Ryan Health Telehealth Solution

- Since Ryan Health already had the governance structure in place to handle technology changes to drive successful organization change, we utilized our CIC committee to evaluate, approve and oversee the implementation of the Telehealth solution.
- We selected the integrated telehealth solution (Healow) from our EMR, eClinicalworks (eCW), and Doximity to be our standard telehealth solutions. Although providers continued to use other consumer solutions such as Facetime, Whatsapp and Skype for a limited time after the implementation of the above-mentioned solutions due to the limitations of those platforms in the early days. For example, neither of the two solutions allowed more than 2-3 participants on a telehealth visit, while our group therapies in Behavioral health required 10+ participants.

Ryan Health Telehealth outcomes

- By the end of April and beginning of May 2020, Ryan health was conducting over 80% of our visits through Telehealth while maintaining our pre pandemic visit volumes, excluding services that were shutdown such as dental services.
- We developed robust dashboards for executive and clinic leadership to monitor the visit volumes, outcomes, productivity and visit delivery method (in-person vs Telehealth). We also provided breakdown of Telehealth platforms used to provide these services.
- Three years later Ryan Health is still successfully using our Telehealth platforms to deliver care across all services. Although the in-person volume has bounced back above 85%, Telehealth is still a significant method of care delivery.

Ryan Health Telehealth outcomes

- We attribute the success of this paradigm shift to our staff, and the management who are the lynchpin of our organizational change engine. Without strategic alignments across all departments in an organization, such rapid changes are impossible.
- Change is inevitable and the ability of an organization to manage changes required to stay ahead of the industry curve is the key to success. Ryan is fortunate that we have the team and processes such as the CIC to implement those changes successfully and rapidly.

Ryan Health Telehealth outcomes

It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change - Charles Darwin

QUESTIONS????

Q&A





Oak Orchard Health Telehealth & Telemedicine

Jason Kuder

Chief Information Officer, Oak Orchard Health





OAK ORCHARD
HEALTH

CHCANYS Virtual FQHC Patient Experience Workshop



A Little about Me

- **Jason Kuder**
- **Chief Information Officer**
- **Oak Orchard Health (8 years)**
- **25+ years IT experience**
- **Education: BS Computer Science**
- **Certifications: CISSP, MCSE, Comptia**
- **Will never turn down a BBQ**





A little bit about Oak Orchard



11

Locations
including **2**
mobile units



287
Employees



36.46 FTEs
Nurses



37.08 FTEs
Providers



30,767
Total Patients



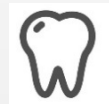
4,399
Patients >65



5,657
Telehealth
Visits



69,142
Number of
Medical
Encounters



16,680
Dental
Encounters



7,088
Behavioral
Health
Encounters



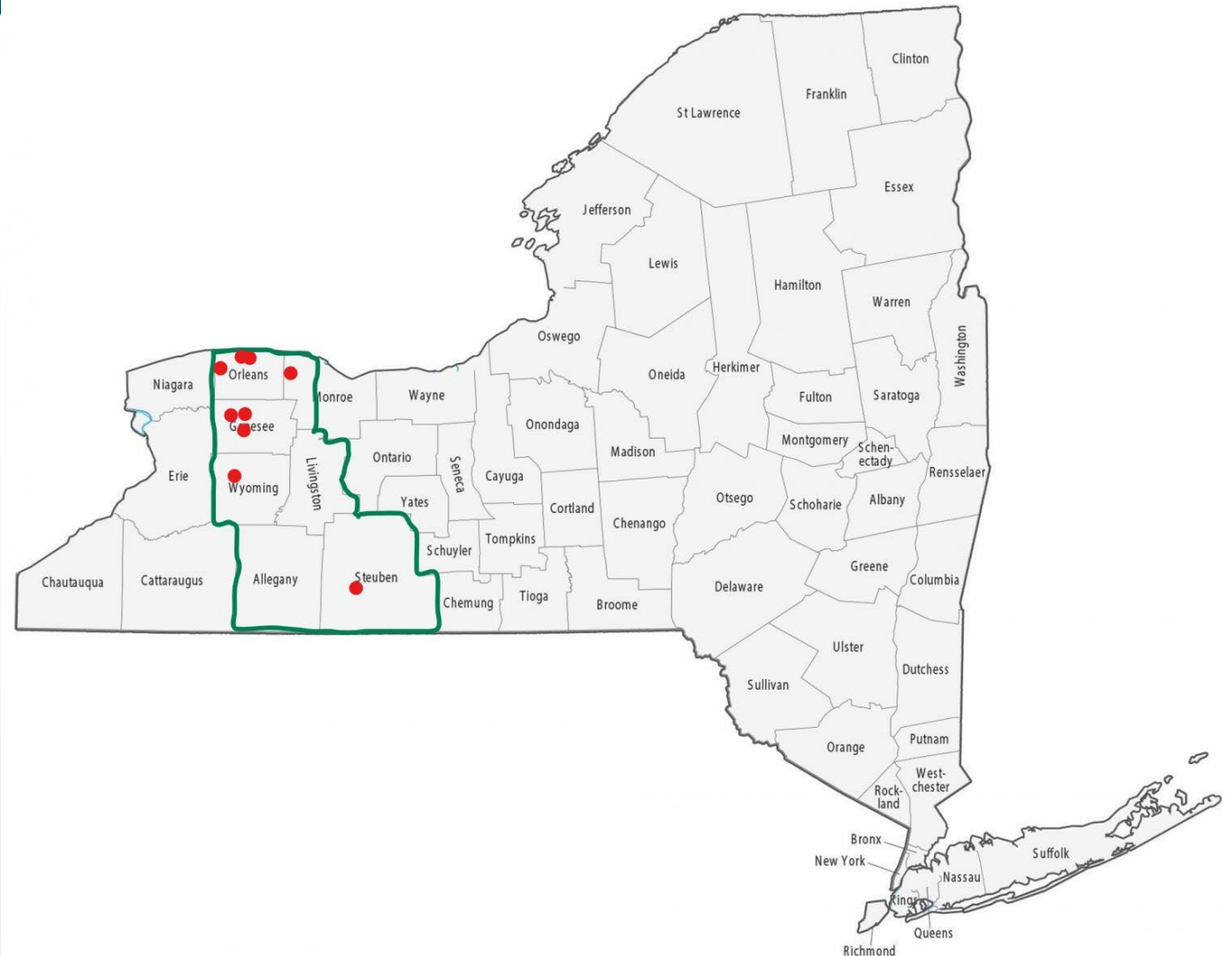
1,623
Vision Encounters

* Based on 2022 UDS data



Where we serve

- **7 Counties**
 - Allegany #7
 - Wyoming #12
 - Steuben #19
 - Orleans #21
 - Genesee #24
 - Livingston #31





Up through 2019

- **We were in the very early stages of telemedicine**
 - Researching hardware and software vendors
 - What use cases would we use this technology?
 - Will it interface with the EMR?
 - How does the health center bill for these services?
- There was an immediate need for a televisit for our Dietician
 - She would be in Albion and patient would be in Hornell
 - Provider had the technology, but how do we handle the remote end?



If you build it they will

Mobile

Audio

Video

Electronic

Remote

Intelligent

Cart





Be like Nike.. Just Do It!

- **Provider had the equipment and the remote office had the equipment**
- **Needed to decide the video conferencing software.**
 - Went with Microsoft Skype for Business
 - Remote PTZ capability
- **Trained Nurse for remote end**
 - Setup/Teardown
 - Make call
 - Make adjustments if needed

5/17/2019 had our first office to office televisit call



New Televisit Needs

- **Once we did this one visit we realized that we could now offer specialized services where we have one staff member at a particular office but they could see patients from any office.**
- **Started to duplicate for Diabetes Coordinator, and Behavioral Health**
- **We were starting to think of more use case scenarios (In home visits)**

But then.....



COVID

- **March/April 2020**

- The world shuts down
 - Work from home initiative starts
 - We needed to adjust so that we could keep seeing patients
 - We utilized the televisit platform that was part of the EMR (eCW - Healow)
 - Now providers can be anywhere and still see patients.
-
- We went from 55 televisits in 2019 to 17,975 in 2020



Back to Office Initiative (The New Norm)

- **We started to come back to the office in 2021 though still kept telehealth visits as an option**
- **Provides flexibility for both the provider and patient.**
- **Behavioral Health even though back in the office those patients still seemed to favor telehealth visits.**



New Challenges New Opportunities

- **Staff shortage in our more rural areas**
- **Started to utilize televisits for Dental (intraoral cameras)**
 - In our Hornell office we do consults with UofR
 - Allows patient to stay local and not have to travel to Rochester
 - Dental exam after cleanings for our MDU patients
 - Able to provide complete dental visit on initial visit



What we learned

- **Not all ideas need to have 100% impact rate. If you can solve one use case that will positively impact your health center be Nike and Just Do it (better patient satisfaction, lower no show rate)**
- **Understand what feature sets your EMR has**
- **Find your technology champions**

Q&A





The Door OpenNotes Scale Up

Rosalind Smith
**Behavioral Health
Operations Manager**



Tamara McDonald
**Manager of Health
Center Operations**





OPEN NOTES

Scale Up

Adolescent Health Center & Counseling

Tamara McDonald - Manager of Health Center Operations

Rosalind Smith - Behavioral Health Operations Manager

About The Door



- The Door's mission is to empower young people to reach their potential by providing comprehensive youth development services in a diverse and caring environment.
- Since 1972, The Door's Adolescent Health Center has served Youth Ages 12-24 who are underserved, Runaway and Homeless, and a part of LGBTQ community in the New York City area.

Adolescent Health Center Services

Open for In-Person and
Telehealth Services

Monday - Friday: 10am - 6pm

At The Door's Adolescent Health Center, youth can access:

- ❑ Primary Care
- ❑ Sexual Reproductive Health Services
- ❑ Health Education
- ❑ Mental Health Counseling
- ❑ PrEP and PEP
- ❑ All Birth Control Methods
- ❑ Eye care Services
- ❑ Dental Services
- ❑ Prescriptions
- ❑ Lab Services
- ❑ Telehealth

2013 - EHR System eClinicalWorks


Current Practice

- ▶ Open Access – Aug. 2017
- ▶ 72% of our providers are engaging with patients using Open Access
- ▶ 49% of patients currently use Open Access to review records



Open Access Records:

- ✓ Send /Receive Messages with their Provider
- ✓ Visit Summaries:
 - Medications
 - Orders (Labs, Diagnostic Imaging, Procedures, etc.)
 - Referrals
 - Assessments
 - Allergies
 - Vitals
 - Immunization /Therapeutic Injections



The advertisement features a laptop and a smartphone. The laptop screen displays the healow Open Access web interface, which includes a search bar, a list of provider profiles with photos and names, and a map showing the geographic distribution of these providers. The smartphone screen shows a mobile version of the interface, featuring a circular navigation menu with icons for various functions and a profile card for a specific provider. A QR code icon is visible in the top right corner of the laptop screen.

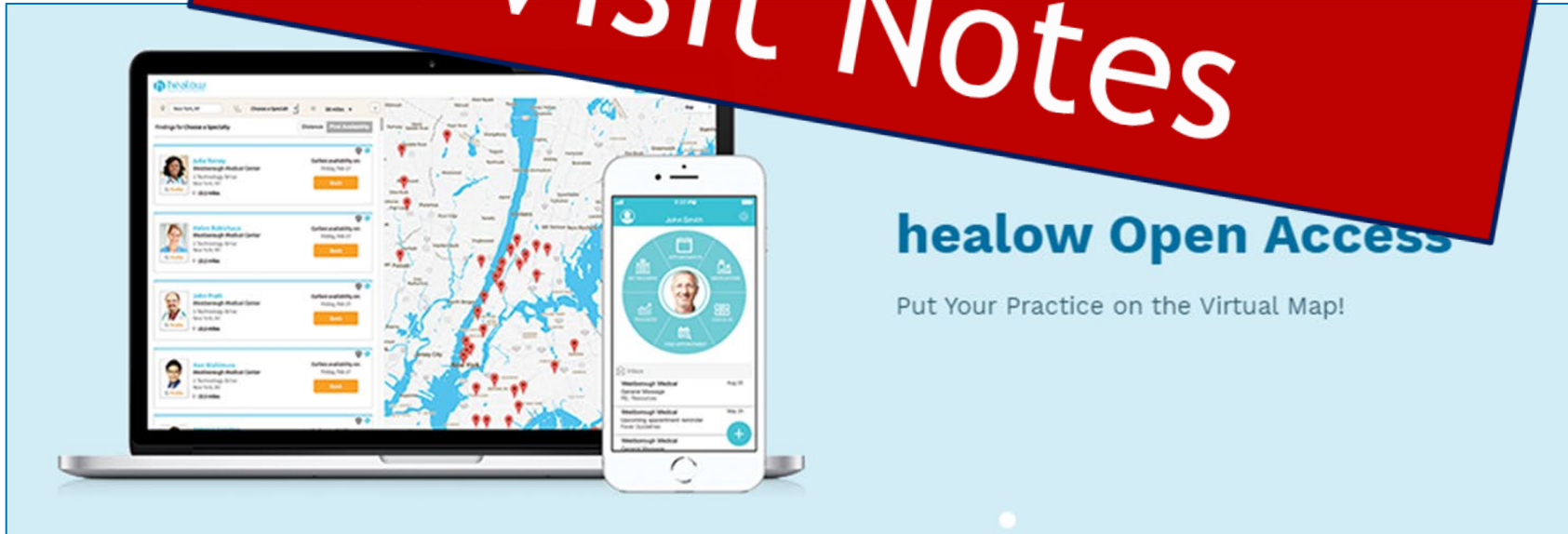
healow Open Access

Put Your Practice on the Virtual Map!

Open Access Records:

- ✓ Send /Receive Messages with their Provider
- ✓ Visit Summary
 - Medical History
 - Orders
 - Referrals
 - Assessments
 - Allergies
 - Visit Notes
 - Imaging

NEXT STEPS:
Visit Notes



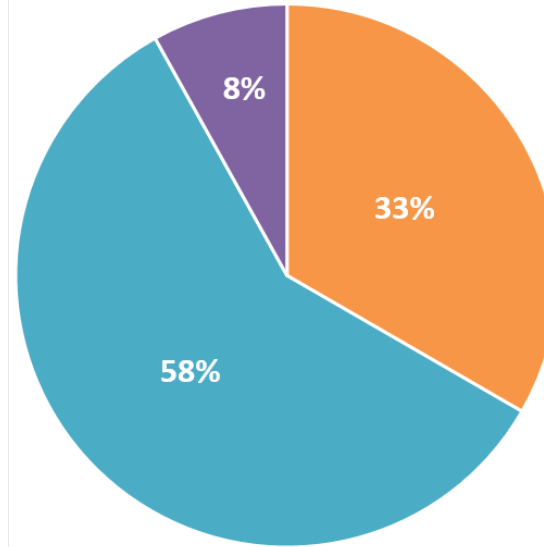
healow Open Access

Put Your Practice on the Virtual Map!

Staff Evaluation

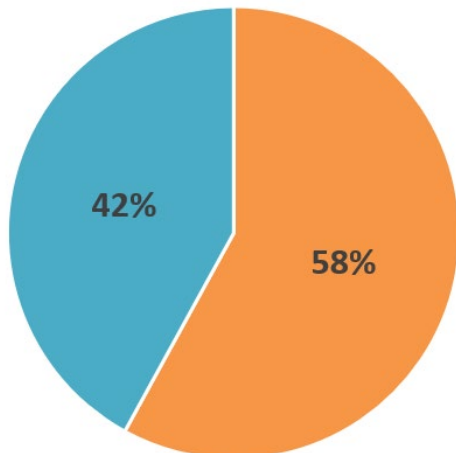
“I agree that sharing notes with patients is a good idea”

- Yes ('I agree')
- Not Sure
- No ('I disagree')



“I know which parts of my patient’s medical records are currently visible to them via Healow”

- Somewhat
- No
- Yes



Staff Evaluation



“When I think of expanding access to medical notes, I am *nervous* that patient’s might...”

- Have the option to read their medical records before we discuss results in-clinic.
- Misinterpret how something is written/specific wording; confusion about clinical language.
- Feel that their privacy/feelings are not respected.
- Feel required to share confidential information with caregivers, family members, and peers.
- Build a stronger relationship with their healthcare providers.
- Ability to share information with family and caregivers.

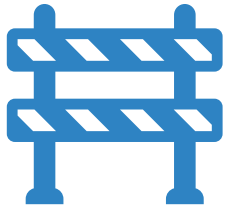
Staff Evaluation

“When I think of expanding access to medical notes, I am *excited* for patients to gain...”

- ✓ Improved care coordination
- ✓ Feeling more in-control of their care
- ✓ Ability to share information with family and caregivers
- ✓ Better manage their health care
- ✓ Build a stronger relationship with their healthcare provider



Scale-Up Plan



Addressing Barriers

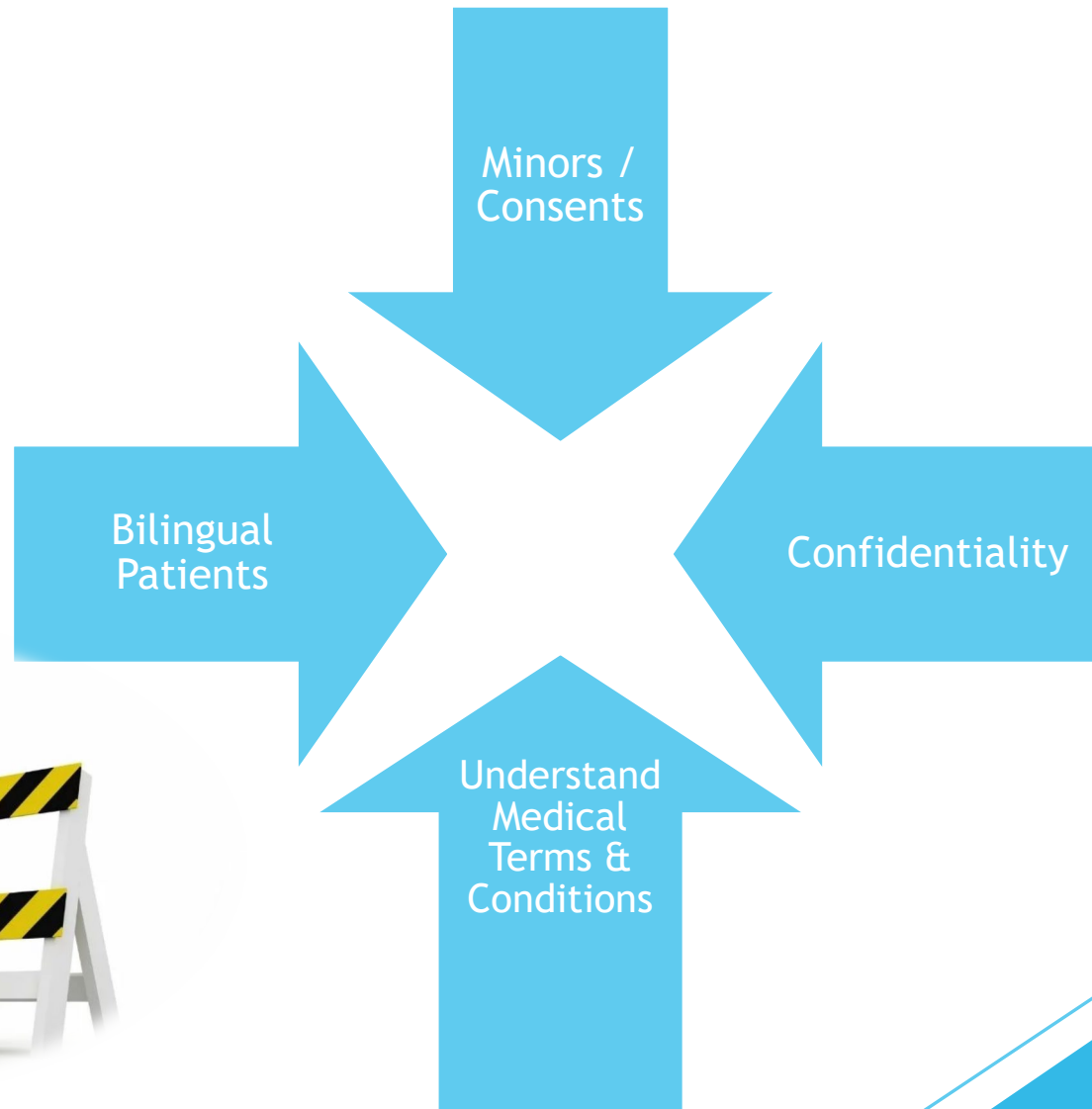


Staff Training



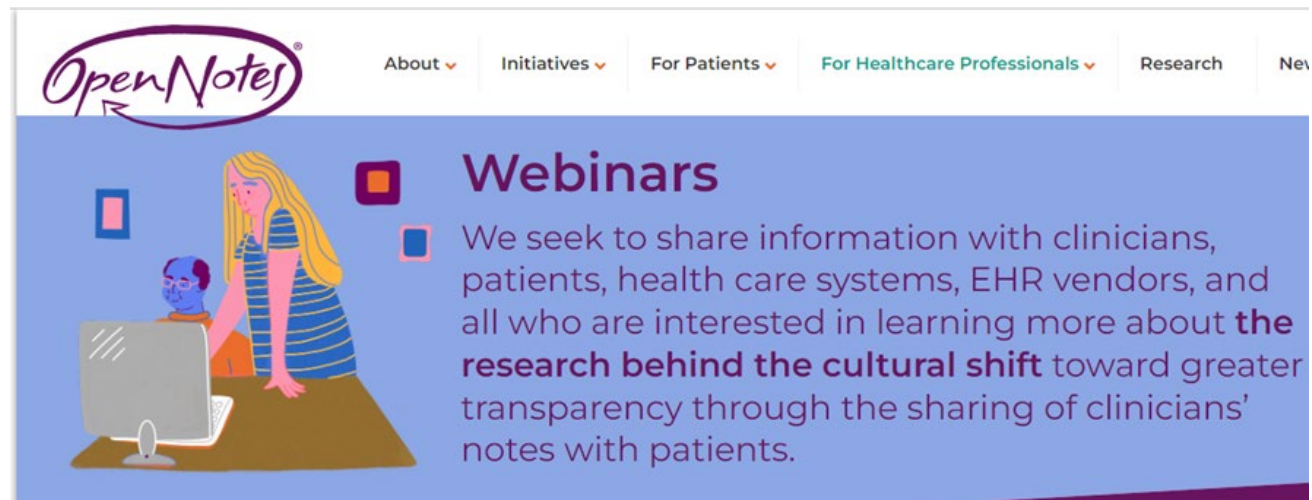
Patient Outreach

Scale-Up Plan: Addressing Barriers



Scale-Up Plan: Staff Training


- ▶ MedTrainer
- ▶ OpenNotes
 - ▶ Learning Collaborative



OpenNotes [About](#) [Initiatives](#) [For Patients](#) [For Healthcare Professionals](#) [Research](#) [New](#)

Webinars

We seek to share information with clinicians, patients, health care systems, EHR vendors, and all who are interested in learning more about **the research behind the cultural shift** toward greater transparency through the sharing of clinicians' notes with patients.

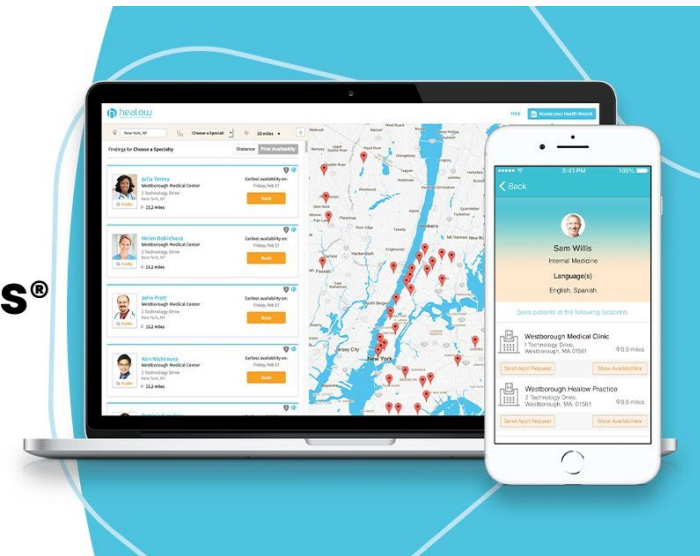
 An illustration of a woman with long blonde hair and a man with a blue face looking at a computer monitor. The woman is standing and pointing at the screen, while the man is sitting at a desk with the monitor.

Scale-Up Plan: Patient Outreach

- ✓ Engagement
- ✓ Education



healow
Open Access[®]



Ongoing Steps



Expand Access to Notes



Staff Education and Training



Patient Engagement and Education



Collect Feedback: Staff, Providers, Patients



Policy and Procedure Plans

Questions?



Tamara McDonald – Manager of Health Center Operations

▶ Tmcdonald@door.org



Rosalind Smith – Behavioral Health Operations Manager

▶ Rosmith@door.org

Q&A

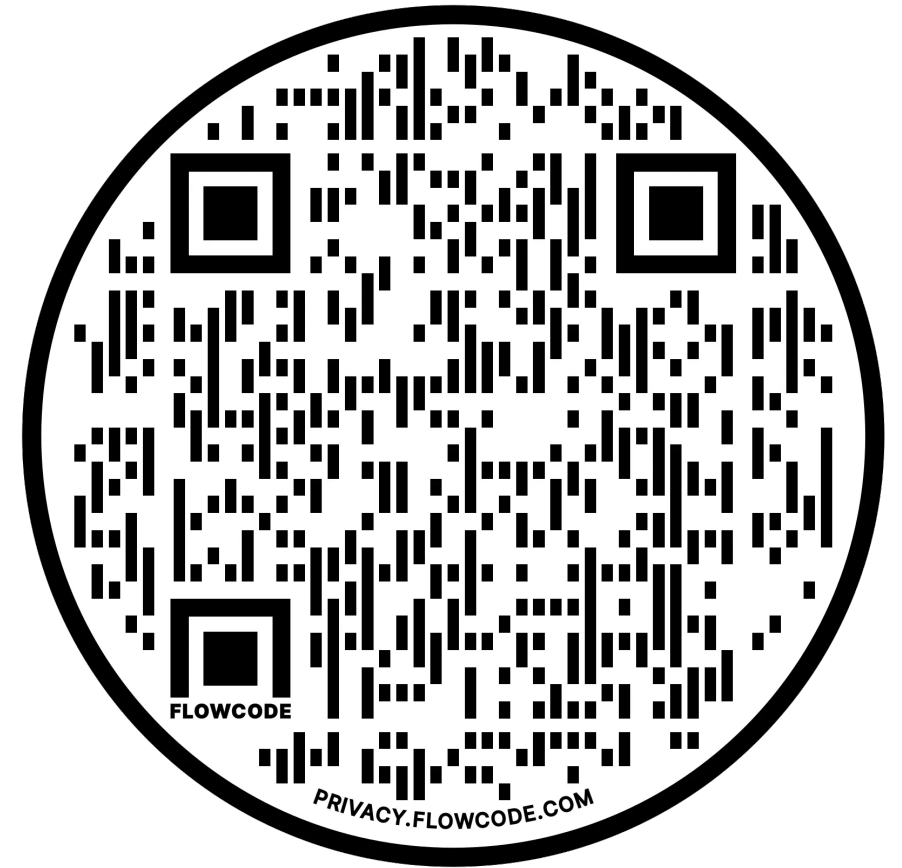


Workshop Evaluation Survey

Please share your feedback on this session. This should take less than 3 minutes to complete.

Survey Link:

https://forms.office.com/Pages/ResponsePage.aspx?id=YSZI7iDhjEqs_ICzVbYzoqmlH89zfFNPhDWTC9uAhXZUM0RGRjk0RkkzNk9ETUhPQ1dSWEY0QUdFRy4u



Thank you!

