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ADVANCING INTEGRATED HEALTHCARE

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# **“Using Technology to Improve Care for Patients with Chronic Conditions”**

Quarterly Learning Meeting:

August 18, 2021

7:30 – 9:00 am

## **Welcome!**

While we wait to get started, please copy the following “Poll Everywhere” link into your internet browser so you have it ready. We’ll use it later in the meeting.

**[www.pollev.com/reidplimpton415](http://www.pollev.com/reidplimpton415)**

# Agenda

10 min	Welcome & where are we today?	Susanne Campbell
25 min	Presentation from Tu Salud 24– Strategies for engaging Spanish / Portuguese patients • Followed by Q&A	Andreina Sanabria
50 min	Practice Sharing	Sue Dettling /Group
5 min	Next Meeting/Questions	Sue Dettling

***Funded by UnitedHealthcare ,State of RI Cares Act Funding and RI DOH***



*Meeting will be recorded; Please keep your microphone on mute*

# Where are we today?

<b>Cohort 1– In Implementation Phase</b> <i>(Implementation Phase: June-Jan '22)</i>	<b>Cohort 2– Still in Start Up Phase</b> <i>(Implementation phase will be: Sept-April '22)</i>
1. Prepare to implement by developing and testing training materials and workflows	1. Define practice site (if multi-site practice) and practice telehealth needs
2. Implementation of plan and evaluation	2. Identify patients with chronic care need and create data plan
3. New tests of change for PDSA: identify high-risk patients and community partnerships	3. Identify technology option and estimate cost of program

# Quick Poll

*What is one word to describe your feelings about your telehealth learning collaborative project?*

Two ways to submit an answer:

**Go to [pollev.com/reidplimpton415](https://pollev.com/reidplimpton415)**

OR

**Text from your phone:** Send the text “**reidplimpton415**” to the phone number **22333**, then follow the directions.

You don't have to enter your name; just leave the name field blank if you wish

If you can't access Poll Everywhere, put your answer in the chat and it will be entered for you

## Responses from our May Meeting



## Responses from Today's Meeting

[to be added after the activity]



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# Closing the Health Equity Gap in the Hispanic Population

## Care Transformation Collaborative of R.I.

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ANDREINA SANABRIA  
AUGUST 18<sup>TH</sup>, 2021



Andreina Sanabria (M.H.A.)  
Founder



Ruben Azocar M.D., MHCM, FCCM, FASA  
Vice President for Perioperative Services at  
Beth Israel Deaconess Medical Center



Julita Mir  
Chief Medical Officer  
Advisor



Vernon Blessing (MS Finance)  
C.F.O.  
Financial executive with 20+ years of international  
experience in senior-level assignments with  
multinational banks and financial services  
corporations.



Roberto Rigobon  
Professor at MIT, Sloan School of  
Management



Linda Rosetti  
Author, Harvard MBA, former CEO of Ventura  
capital backed tech start-up, member Golden  
Seeds, LLC, and former Board of Directors,  
Harvard Vanguard Medical Associates



Enrique Camacho  
CEO - eSource Capital Group.  
Largest Cloud Solution Provider  
in Latin America



Fernando Rodriguez  
C.T.O.  
Senior Technology & Operations Executive  
with more  
than 30 years of success across the  
technology, telecom, venture capital, and  
higher education industries



How vulnerable are we,  
as patients, while  
interacting with the  
healthcare system?



# My personal journey as an Hispanic patient

## **Venezuelan family (2002)**

Andreina (27 years old)

Ana (3 years old)

Francisco (2 years old)



# Everyday real life examples

Hispanic Health is often shaped by language and cultural barriers<sup>1</sup>



3X likely will be diagnosed with HIV<sup>1</sup>



One in two will develop diabetes<sup>2</sup>



One in four Latinos have no health insurance<sup>2</sup>

<sup>1</sup> HHS Minority Health

<sup>2</sup> Centers for Disease Control and Prevention, 2015

# The best medical care is given by culturally and linguistically congruent providers



# Values that drive cultural competency

FAMILY

RELIGION

RESPECT

HERITAGE/TRADITION

OPTIMISM



# Patient's Journey with Tu Salud 24



**VIRTUAL TEAM OF SPANISH SPEAKING,  
CULTURALLY COMPETENT Healthcare professionals**

1. Reduce unnecessary healthcare costs
2. Increase quality scores
3. Improve outcomes
4. Increase patient engagement and satisfaction



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**“If you talk to a man in a language he understands,  
that goes to his head.**

**If you talk to him in his language,  
that goes to his heart”**

**Nelson Mandela**

# Q & A



**THANK YOU!**

**asanabria@tusalud24.net**



# Practice sharing: Successes & Challenges

6 Practice Sites sharing on these topics:

**1. Telehealth workflow**

- Encompass (Cohort 1)
- Kingstown Pediatrics (Cohort 2)

**2. Patient engagement**

- A to Z (Cohort 1)
- Anchor Medical (Cohort 2)

**3. Vendor/technology selection/EHR integration/Apps**

- Santiago (Cohort 2)
- Anchor Pediatrics (Cohort 2)

# Practice sharing: Successes & Challenges

## Format:

- Practice representative will have ~ 6 minutes to introduce themselves and share
- After each practice presents on a topic there will be ~ 5 minutes for group discussion
- Clock will be displayed to keep us on time

# Patient engagement/ Telehealth workflow

## Encompass Family Medicine

### Focus of Project:

Increase access to telehealth appointments for diabetic patients managed by the clinic

### Challenges:

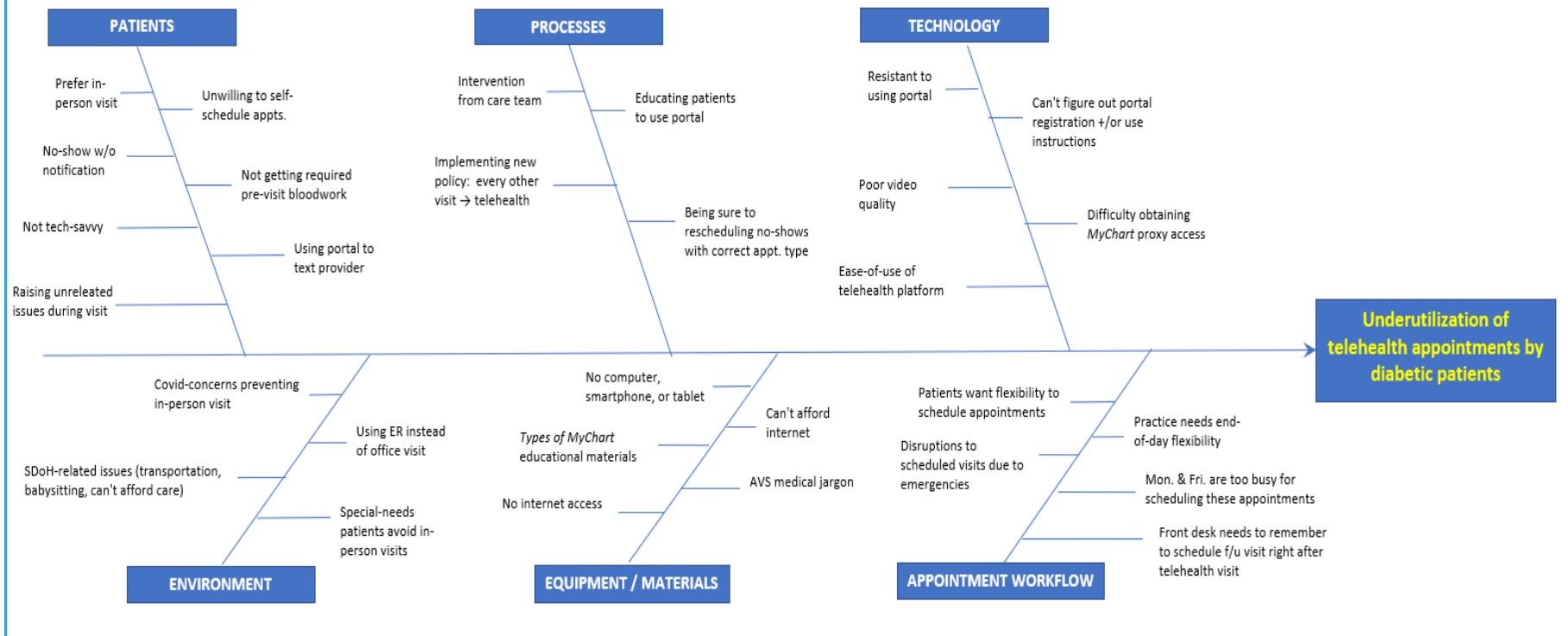
- Patients
- Processes
- Appointment workflow

### Successes:

- Processes
- Appointment workflow



## "Challenges to Expanding Diabetic Patients' Access to Telehealth Visits"



Asha Srinath  
Practice Manager

Encompass Family Medicine  
Ph: 401-728-9208

# Telehealth Workflow

## Kingstown Pediatrics

### Focus of Project: Telehealth Workflow

#### Challenges:

- Moving all telehealth appointments so that they were in our allotted time range vs. throughout the day. Example: all telehealth are scheduled from 3-5pm only

#### Successes:

- Providers were able to run on time and connect with most if not all scheduled med checks.



# Telehealth workflow

## Group Discussion

# Engaging patients

## ***A-Z Primary Care***

**Focus of Project:** Reducing ED admissions for CHF using at-home monitoring of weight, BP, pulse ox

### **Challenges:**

- **Engaging patients who are tech-savvy** – may be frustrated with calling in. One patient is now texting.
- **Engaging patients who are not tech-savvy** – using caregivers, friends
- **Patients are less interested in the process as it continues**

### **Benefits:**

- **Keeping people out of the hospital**
- **Providing additional social/emotional support**
- **Able to respond quickly** – ex: one patient gained 12 pounds in two days
- **Have adjusted meds** on 3 patients and helped them **avoid hospitalization**
- **Can pick up subtle changes** – ie – if patient is more short of breath
- **Patients know how to get ahold of practice**

00:00



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# Access Satisfaction and Engagement

## Anchor Medical Associates

### Focus of Project: Improving Access, Satisfaction and Engagement

#### Challenges:

- Hybrid Telehealth and RPM Platforms
- Confusing Messaging
- Engaging non-technical users / converting calls to video
- Non-standardized workflow

#### Successes:

- Patient Access and Satisfaction Survey
- Collaboration / Vendor Responsiveness
- Implementing pre-checkin vendor – customized messaging
- Evaluate and Refine MA/Provider Workflow
- Telephone to video platform



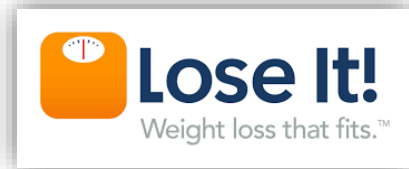
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# Patient Engagement

## Group Discussion

# App Use – Lose It!



## Santiago Medical Group

**Focus of Project:** Reducing the Risks of Obesity Complications in Obese Children and Adolescents

### Challenges:

- **Smart phone app:** some patients may not use/have access to smart phone
- **Targeting obese population age 10 and up:** some 10-year-olds may not have a phone so need to access parent's phone
- **Skepticism from patients:** concern from patients that logging in activity is tedious and/or adds to anxiety
- **Forgetfulness:** patients asked to log in 3+ days of week or forget to download app

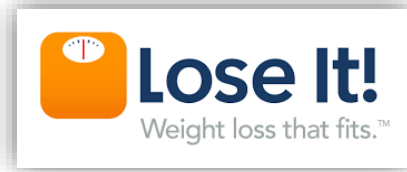
### Successes:

- **Ease of use:** selecting an app that is relevant to pediatric population
- **Keeps patients accountable:** patients can see just how much their daily intake is
- **Can log in weight:** patients like to see their achievements
- **App allows user to add friends:** provides additional layer of support from provider
- **Great tips:** diets, exercise, healthy recipes



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# App Use – Lose It!



## Santiago Medical Group

**Focus of Project:** Reducing the Risks of Obesity Complications in Obese Children and Adolescents

### Project Progression:

- 40 patients identified with steatosis with/without dyslipidemia
  - 25 in contact with
    - 2 did not want to participate
    - 23 willing participants and made initial appointment
      - 12 have seen GI
      - 9 actively participating
        - 3 using Lose It!

### Future Goals:

- **More secretary involvement:** help contact patients to participate in program and to keep appointments
- **Do more telemedicine visits:** encourage patient involvement and give support
- **Increase Lose It! usage:** have patients download app in office
- **Obtain kits:** United Healthcare has agreed to send scales for patients to use at home



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# App Selection/Comparison

## ***Anchor Pediatrics***

**Focus of Project: Use of apps to support pediatric patients with behavioral health**

### **Successes:**

- Patients already utilizing technology
- Our IBH project will allow us the opportunity to be deliberate and structured in our approach.
- We can move from traditional paper handouts to more interactive experiences with technology that our patients can relate to.
- Our patients will have an opportunity to meet with an IBH Clinician, their Pediatrician and care team along with the adjunct benefit of functional, easy-to-use, engaging technology.

### **Challenges:**

- In researching the app selection process, we realize that standards are higher in Medical settings.
- We recognized the need for accurate and reliable information free of preference, bias, or endorsement

One Mind PsyberGuide has provided information to evaluate different apps  
(<https://onemindpsyberguide.org/>)



## Reference Slide: App 1: Sanvello

### Successes/Strengths:

- Science based and is rooted in empirically supported treatment
- Assists with helping individuals build resiliency by using Cognitive Behavioral Therapy (CBT)
- Daily Questions, Guided Journeys, Hope Boards and Coping Tools to manage test-taking, challenging situations or just getting up in the morning
- High credibility and user experience
- Acceptable rating for transparency- your data remains private unless you give permission to share
- Use as a stand-alone/self-care option, Medical/Professional account with signed consent, or a subscription.

### Challenges:

- Subscriptions can be costly- In RI, NHP Commercial plans are covered. All other NHP/Medicaid/BCBS options are also not covered yet.
- The free version does not offer all the "bells and whistles" and they no longer offer the free platform for Clinicians/Providers during Covid.
- At this time, studies have only been published with details related to adults with mild to moderate rates of anxiety and depression.
- Technology compatibility or usage (there may be times that teens may have to borrow a phone/ipad/laptop, etc.)
- Professional review is not completed at this time

## Reference Slide: App 2: Calm

### Successes/Strengths:

- Credibility rating is 4.67 out of 5.00; User experience rating 4.40 out of 5.00
- Professionally reviewed
- Introductory 7-day program plus some additional content at no cost
- Robust curriculum including stories to help with sleep, daily meditations, and customizable audio and visual cues
- Suitable for families and children with “Calm Kids” content
- Calm can be used in clinical settings as an adjunct to psychotherapy and it is appropriate as a stand-alone, self-help tool for the general population
- Some of the meditations offer focused support for anxiety, concentration, sleep and self-esteem
- There is also an “Emergency Calm” meditation that provides relief for feelings of being overwhelmed or stressed
- Calm Schools Initiative- In light of current events, Calm has chosen to create free resources and content that live outside of the Calm app for educators, parents, and anyone working with children. This also allows students and their families to access this content from their homes.

### Challenges:

- Subscription-based platform to access content beyond introductory sessions
- Requires user engagement and commitment to achieve results
- Calm does not offer psychoeducation on the scientific evidence for mindfulness training.

# Vendor/technology selection/ EHR integration/Apps

## Group Discussion

00:00

# Staff Engagement

## Group Discussion



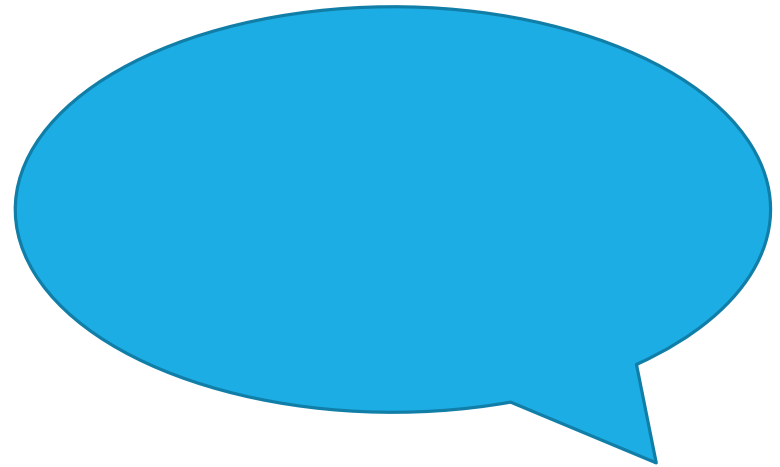
# Community Partnerships

*How assist patients/ parents/ caregivers who need assistance using telehealth technology?*

- **URI Cyber Seniors:** <https://web.uri.edu/human-development/outreach-and-research/cyber-seniors>
- **Emergency BroadBand benefit:** <https://www.fcc.gov/broadbandbenefit>
  - **Consumer info in English and Spanish:** <https://www.fcc.gov/emergency-broadband-benefit-outreach-toolkit>
- **RI Parent Information Network (RIPIN):** <https://ripin.org/services/services>
- **UniteUs Platform:** <https://rhodeisland.uniteus.com>
- **OSCIL Cares Technology Assistance Program** for Rhode Islanders living with a disability: [OSCIL Cares Technology program.pdf \(ctc-ri.org\)](#)
- **CTC-RI Learning Collaborative Resource Guide:** [https://www.ctc-ri.org/sites/default/files/uploads/Resource%20Guide\\_Technology%20Learning%20Collaborative%20v1%202-18.pdf](https://www.ctc-ri.org/sites/default/files/uploads/Resource%20Guide_Technology%20Learning%20Collaborative%20v1%202-18.pdf)

# Additional Discussion

- Evaluation/Patient Satisfaction
- Community Partnerships
- Vulnerable Populations



# Interpreter Services Offered by Health Plans

## UnitedHealthcare

Members call member services to set up either language line or an in person interpreter at 800-587-5187. Providers can set up an interpreter by calling provider services at 877-842-3210 or use the provider interpreter request form:

<https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/ri/forms/RI-Provider-Interpreter-Request-Form.pdf>

## Tufts

Members or providers can request an interpreter for in-person or Telehealth by calling member services. They will collect the following information and pass along to a team who will assign an interpreter:

- Provider/facility name and address
- Requestor's phone number
- Appointment date, time and duration
- Appointment type
- Language
- Preferred gender of interpreter
- Interpreter's arrival instructions: where to check in, who to meet, etc.



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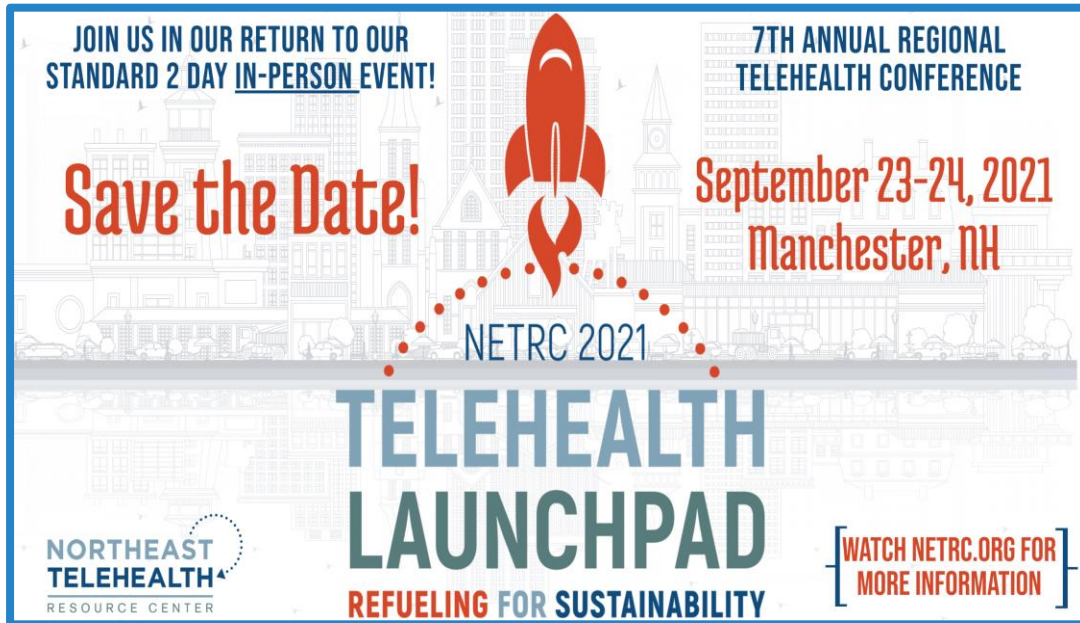
# *Additional Discussion and Questions?*

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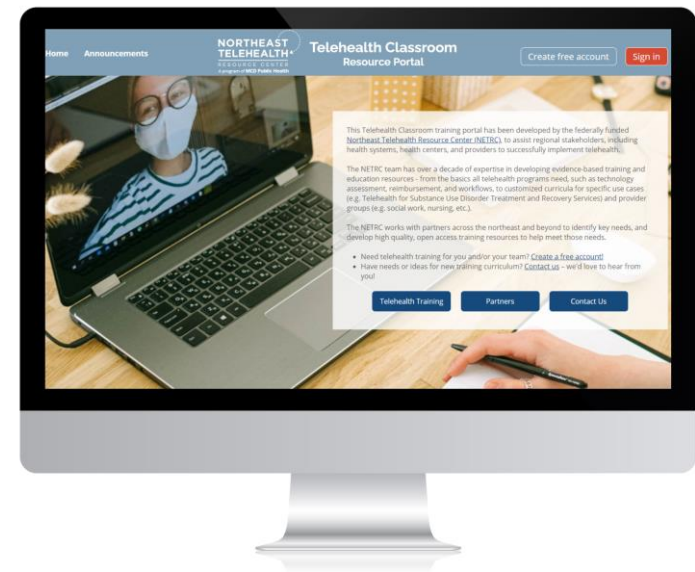
Next quarterly meeting: November 17, 2021

Additional Questions: [CTCTELEHEALTH@CTC-RI.ORG](mailto:CTCTELEHEALTH@CTC-RI.ORG)

# Telehealth Classroom



[www.NETRC.org](http://www.NETRC.org)



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