



ADVANCING INTEGRATED HEALTHCARE

Rhode Island Telehealth Project Report

Care Transformation Collaborative of RI / PCMH Kids

Susan Dettling, BS, PCMH CCE
Project Manager/Practice Facilitator

Susanne Campbell, RN, MS, PCMH CCE
Senior Program Director

Sarah Summers, BA
Program Coordinator

December 2022

Report Contents

Executive Summary.....	Page 3
Phase 1: Telehealth Needs Assessment:.....	Page 4
Phase 2: Webinar Series.....	Page 5
Phase 3: Learning Collaborative.....	Page 6
Lessons Learned and Recommendations.....	Page 7
Appendix A: Core Telehealth Committee Members.....	Page 8
Appendix B: List of Practices participating in Telehealth Needs Assessment.....	Page 9
Appendix C: List of Practices participating in Telehealth Learning Collaborative.....	Page 10

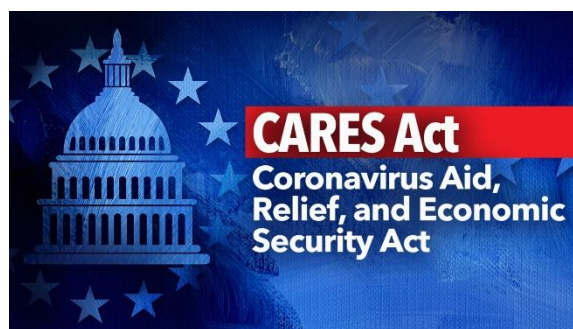
UHC Telehealth Project: Three Phases

1 – Telehealth Needs Assessment (July 2020 – October 2020)

2 – 6-Month Webinar Series (November 2020 – June 2021)

3 – 12-Month Learning Collaborative (two cohorts) (December 2020 – April 2022)

Thank you to the Rhode Island Telehealth Project Funders:



A special thanks to the Northeast Telehealth Resource Center for their support with this project:



Executive Summary: Rhode Island Telehealth Project

The Care Transformation Collaborative of RI (CTC-RI/PCMH Kids), with funding through UnitedHealthcare and Cares Act Funding (\$460 K combined), launched a three-phase telehealth project in the summer of 2020.

Results:

- 1) Provided primary care teams with best practice sharing opportunities regarding how to support effective, safe and efficient telehealth services by looking at practice/staff/patient experiences, clinical outcomes, access to care and utilization
- 2) Helped inform OHIC and Medicaid to better align existing emergency telemedicine policies, ensuring they are as effective as possible in maintaining care during the public health emergency

A Planning Committee (including Northeast Telehealth Resource Center) helped develop the Primary Care Telehealth Practice Assessment and Patient Needs Survey and subsequent six-month educational webinar series using the results of this Survey. This committee was also instrumental in guiding the design and progress of the 12-month telehealth learning collaborative. (See Appendix A for committee members).

Telehealth Project: Three Phases

Phase 1 - Practice Assessment/Patient Engagement Surveys (July 1 – Oct. 31, 2020)

[Primary Care Telehealth Practice Needs Assessment and Patient Survey Report – May 2021](#)

Built on funds granted by UnitedHealthcare, this project funded 47 primary care practice teams (\$94,000) to complete a Telehealth Primary Care and Patient Needs Assessment, which helped evaluate practice and patient needs for technical support.

Phase 2 – Telehealth Webinar Series (November 2020 – June 2021)

Phase 3 – 12-Month Learning Collaborative: "Using Technology to Improve Care for Patients with Chronic Conditions" (Dec. 2020 – April 2022)

- Cohort 1 (Feb. 2021 – Jan. 2022); Cohort 2 (May 2021 – April 2022)
- Training/infrastructure payments of \$30,000 were awarded to 21 primary care practices to support service delivery through telemedicine modalities.

Presentations and Dissemination

The CTC-RI Telehealth Project findings have been widely shared with local and national communities:

Brown-Lifespan – The Center for Digital Health - February 2, 2021 [“A Call to Action: Implementing Telehealth in Community-Based Primary Care as a Response to COVID-19”](#)

NCQA 2021 Quality Innovation Series - August 2021

Northeast Telehealth Center:

- Regional Conference – September 2021
- [NETRC Field-Report-CTC-RI](#)

[CTC-RI Board of Directors - April 2022](#)

Lifespan Physician Group – Dyad Presentation - May 2022

Rhode Island Teledentistry - Mini-Residency: Telehealth in RI Panel - August 2022

Please refer the following pages for results of this project.

Phase 1: Primary Care Telehealth Needs Assessment

In March 2020 CTC-RI/PCMH Kids, at the request of UnitedHealthcare, developed a proposal to address the essential and immediate need to adopt telehealth with the onset of COVID-19. Phase 1 of the CTC-RI/PCMH Kids’ RI Telehealth Project, a needs assessment of practices and patients, was launched in August of 2020 with a goal of surveying RI practices and patients about their experiences with telehealth. The needs assessment was created and implemented with the guidance of the Core Telehealth Committee.

Patient Survey: 900 adult and pediatric patients

- Surveyed both patients who had and had not completed a telehealth visit
- Gathered input on experiences with telehealth, as well as attitudes and barriers toward telehealth

Practice Assessment: 47 adult and pediatric practices (see Appendix B for list of practices)

- Surveys were completed with a team approach; there were 81 questions about topics including workflow, technology, and reimbursement.
- 47 practices completed the survey: 35 adult practices and 12 pediatric
- All practice sites utilized telehealth; most started telehealth March 2020

Key Findings:

- 91% of practices started telehealth during COVID-19
- 82% of practice reported that telehealth improved their work experience
- Technology/internet access and skills are key barriers, along with reimbursement (full list of top barriers can be found below)
- Satisfaction with telehealth was high overall among both patients and practice teams
- Appropriate care: patients reported that if a telehealth appointment had not been available, they may have gone to an Emergency Room, or not be seen by any clinician

Top Telehealth Barriers:

Reported By Practices	Reported by Patients
Reimbursement	Lack of comfort with technology use
Technology Issues	Lack of access to internet, phone service
Receiving Payment post-visit	Lack of access to a computer or tablet
Start-up Costs	
Training Staff	

Full results of the assessment are found in the [Primary Care Practice Needs Assessment and Patient Survey Report](#).

Phase 2: Telehealth Webinar Series

Based on the results from Phase 1: the Telehealth Patient and Practice Needs Assessment and with support from the Northeast Telehealth Resource Center, CTC-RI's Core Telehealth Planning Committee implemented a webinar series, delivering virtual trainings around the following topics:

1. Coding & Billing (November 2020)
2. Telehealth Technology Options (January 2021)
3. Telehealth Workflow and Etiquette (February 2021)
4. Strategies for Community Health Worker & Patient Navigators (March 2021)
5. Remote Patient Monitoring: Options & Strategies (April 2021)
6. Pediatric Virtual Care 2.0 – Options & Strategies (May 2021)
7. Virtual Care & Patient Self-Monitoring Tools for Adult Primary Care (June 2021)

Presenters

The webinar series engaged 14 local organizations and practices as panelists and presenters:

- Age-Friendly Rhode Island
- AMC Health
- Anchor Medical Associates
- Anytime Pediatrics
- Barrington Family Medicine
- Blue Cross Blue Shield of RI
- Brown Medicine
- East Bay Community Action
- Health Recovery Solutions
- Northeast Telehealth Resource Center
- Providence Community Health Center
- RI Primary Care Physicians Corp.
- UnitedHealthcare
- Vivify Health

Evaluation and Impact

- The webinar series reached a total of 398 attendees from practices across Rhode Island
- In post-surveys, 89% of attendees said that the webinars were relevant in a Rhode Island environment
- 83% of attendees said that they could use information from the webinars within the next 6 months.

All webinar recordings available at <https://www.ctc-ri.org/telehealth-project-overview/telehealth-webinar-series>

Phase 3: Advancing Team-Based Care through Telehealth Learning Collaborative

In Phase 3 of the Telehealth project, CTC-RI, again with the support of the Telehealth Core Committee and the Northeast Telehealth Resource Center, launched a 12-month learning collaborative to support Rhode Island practices in improving their processes around offering telehealth during COVID-19 and beyond.

Learning Collaborative

- 21 practice sites received funding: 9 adult, 3 family, 9 pediatric. A full list of participating practices is available in Appendix C.
- Cohort 1 ran from February '21 through January '22; Cohort 2 ran from May '21 through April '22
- Collaborative components included practice payments, interdisciplinary practice facilitators, structured project plan and peer learning collaborative meetings.

Goal: The goal of the learning collaborative was to help primary care practices expand use of technology, and...

- Help patients better manage chronic conditions
- Continue to provide access to care during COVID-19

Representative Practice Areas of Focus

Practices worked with their practice facilitator to create a plan in which they identified one or more chronic conditions and one or more telehealth technologies of focus:

Technologies of Focus	Chronic Conditions of Focus
Telehealth appointments	Asthma
Remote Patient Monitoring for Blood Pressure, Chronic heart failure and hypertension	ADHD
Behavioral Health Apps	Anxiety & School Failure
	Cardiology; Congestive Heart Failure
	Diabetes
	Hypertension
	Pediatric Weight Management

Snapshot of Selected Practice Results

- Telehealth led to 50%+ decrease in admissions in heart failure patients
- Development of streamlined telehealth processes, integrated reports, standardized NCM templates, expanded touchpoints with care team
- Remote Patient Monitoring (RPM) led to major decrease in ED utilization
- RPM for diabetes showed improved HgA1C & increased adherence to screenings
- Improvement in pediatric ADHD medication management & decreased no-show rates
- Patients adjusted to new process, reported positive experience
- Survey results showed some adolescents benefited using a BH app
- 2700 patient lives were impacted
- ED visits were avoided for 1300 Coastal patients enrolled in RPM for COPD, diabetes, heart failure and hypertension

[*For more practice results, see 4/22/22 CTC-RI Board of Directors Presentation*](#)

Care Team Attitudes toward Telehealth

Care team members from the 21 participating practices were polled on their attitudes at the beginning and the end of the 12-month period. Below are the responses from Cohort 1, both pre- and post-collaborative, to the question: *“What is one word that you would use to describe your telehealth efforts so far?”*

Cohort 1, May 2021



Cohort 1, January 2022



Lessons Learned and Recommendations*:

This innovative project highlighted opportunities needed to improve telehealth making it more accessible to patients, improving technology, education and training. Results showed that primary care sees the value of telehealth, it offers flexibility for patients and staff, and it is permanently in place for optimal patient care post COVID. In 2021, Office of the Health Insurance Commissioner (OHIC) successfully supported the enactment of amendments to the Telemedicine Coverage Act. These legislative changes enable a wide scope of providers to continue to use telehealth with less administrative burden (see more detail here: <https://ohic.ri.gov/node/371>).

Additional recommendations for sustainability would be to expand reimbursement for remote patient monitoring (RPM) across commercial and Medicaid plans. (Health plans have made an investment in their Medicare Advantage population using national vendors to deliver RPM -outside of Primary Care). It is recommended that these national RPM vendors improve coordination with primary care for optimal patient care.

Data and discussions from this project continue to help inform policy makers and providers alike regarding the evolving needs related to telehealth and technology. CTC-RI offers a sincere thank you to the funders, planning committee and practices who have made the Rhode Island Telehealth Project a success.

**Recommendations are based upon independent research and are independent of our funders and speakers who participated in this telehealth project.*

Appendix A: Telehealth Project Core Planning Committee and Webinar Planning Committee

Telehealth Core Planning Committee

Reid Plimpton, Northeast Telehealth Resource Center
Andrew Solomon, Northeast Telehealth Resource Center
Gerard Dubois, Northeast Telehealth Resource Center
Stephanie De Abreu, UnitedHealthcare
Susanne Campbell, CTC-RI
Susan Dettling, CTC-RI
Pano Yeracaris, CTC-RI
Sarah Summers, CTC-RI
Liz Cantor, CTC-RI
Nelly Burdette, CTC-RI
Margaret Gradie, RIDOH
Megan Fallon, RIDOH
Kelley Sanzen, Brown Medicine
Catherine Taylor, URI/Age Friendly RI
Phil Clark, URI
Roberta Goldman, Brown University
Lauren Capizzo, Healthcentric Advisors
Der Kue, RI Health Center Association
Beth Lange, Coastal Medical
Jeannine Casselman, MLPB
Dan McGuire, Providence Community Health Center
Marea Tumber, OHIC

Guests:

Joshua Ray Tanzer - A special thanks to Ray and the University of RI (URI), Social Science Research Center, for providing detailed expertise and analysis of the project data.

Webinar Planning Committee

Reid Plimpton, Northeast Telehealth Resource Center
Andrew Solomon, Northeast Telehealth Resource Center
Gerard Dubois, Northeast Telehealth Resource Center
Stephanie De Abreu, UnitedHealthcare
Susanne Campbell, CTC-RI
Susan Dettling, CTC-RI
Pano Yeracaris, CTC-RI
Sarah Summers, CTC-RI
Liz Cantor, CTC-RI
Karen D'Antonio, Healthcentric Advisors
Der Kue, RI Health Center Association

Appendix B: List of Practices Participating in the Needs Assessment /Links to Survey Tools

Practice Name	Number of practice sites
Adolescent Healthcare Center	
Anchor Medical	4 practice sites
Angelo DiCenso, MD	
Brown Medicine Internal Medicine	
Brown Medicine East Providence Primary Care	
Brown Medicine Geriatrics	
CCAP Family Health Services	4 practice sites
CharterCare Medical Associates	3 practice sites
Chad P. Nevola, MD, Inc.	
Childrens Medical Group	
Clinica Esperanza / Hope Clinic	
CNEMG Family Care Center	
David M. Steigman, MD	
Drs Concannon & Vitale LLC	
East Bay Community Action Program	3 practice sites
East Greenwich Pediatrics	
Emily Ackerman	
Encompass Pediatrics	
Fairlawn Primary Care	
Hasbro Primary Care	
Kingstown Pediatrics	
Lifespan Physician Group Primary Care	3 practice sites
Partners in Pediatrics	
Providence Community Health Center	2 sites
PRIMA	
Primary Care South County	
Richard Ohnmacht, MD, LTD	
RIH Center for Primary Care	
RIH Center for Primary Care	
Smithfield Pediatrics	
Southcoast Physicians Group, Inc – Linden Tree Family Health Center	
University Family Medicine	
Wayland Medical Associates	
Women and Infants Primary Care	
Women's Medicine Collaborative	

Practice Needs Assessment:

<https://www.ctc-ri.org/file/practice-needs-assessmentpdf>

Patient Surveys for patient who HAD and DID NOT HAVE a telehealth visit: <https://www.ctc-ri.org/file/patient-needs-assessmentpdf>

Appendix C: List of Practices Participating in Telehealth Learning Collaborative

Adult Practices

Practice	Practice Type	Start Date	Chronic condition(s) of focus
Anchor Lincoln Adult	Adult	May	Heart Failure
Anchor Providence	Adult	May	Heart Failure
Anchor Warwick	Adult	May	Heart Failure
CharterCare Blackstone	Adult	Feb	Diabetes
Coastal Adult Primary Care	Adult	Feb	Diabetes, congestive heart failure, COPD, hypertension
Coastal Cardiology	Adult	Feb	
Coastal Pulmonary	Adult	Feb	
Medical Associates of RI-- Bristol	Adult	Feb	Hypertension
Medical Associates of RI-- East Providence	Adult	Feb	Hypertension

Family Practices

Practice	Practice Type	Start Date	Chronic condition(s) of focus
A to Z Primary Care	Family	Feb	Congestive Heart Failure
Barrington Family Medicine	Family	Feb	Diabetes, hypertension, obesity, asthma
Encompass Family Medicine	Family	Feb	Asthma, diabetes, hypertension

Pediatric Practices

Practice	Practice Type	Start Date	Chronic condition(s) of focus
Anchor Lincoln Pediatrics	Pediatric	May	Anxiety
Barrington Pediatrics	Pediatric	Feb	Patients with COVID and another comorbid mental health diagnosis (ADHD, anxiety, depression) or higher risk SDOH
Hasbro Children's Hospital Pediatric Primary Care	Pediatric	Feb	Asthma
Hasbro Medicine Pediatrics Primary Care	Pediatric	Feb	Asthma
Kingstown Pediatrics	Pediatric	Feb	ADHD, Depression, Anxiety
PRIMA Inc	Pediatric	Feb	ADHD, depression, anxiety, asthma, obesity, hypertension
Richard Ohnmacht, MD	Pediatric	Feb	ADHD, Depression, Anxiety
Santiago Medical-- North Providence and Pawtucket	Pediatric	May	Diabetes, blood pressure, liver enzymes, obesity