CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

ADVANCING INTEGRATED HEALTHCARE

Remote Clinical Care

Care Transformation Collaborative of R.I.

CLINICAL STRATEGY COMMITTEE MEETING
OCTOBER 16, 2020

Discussion Questions

In addition to general input and feedback, we request your input on the following questions….

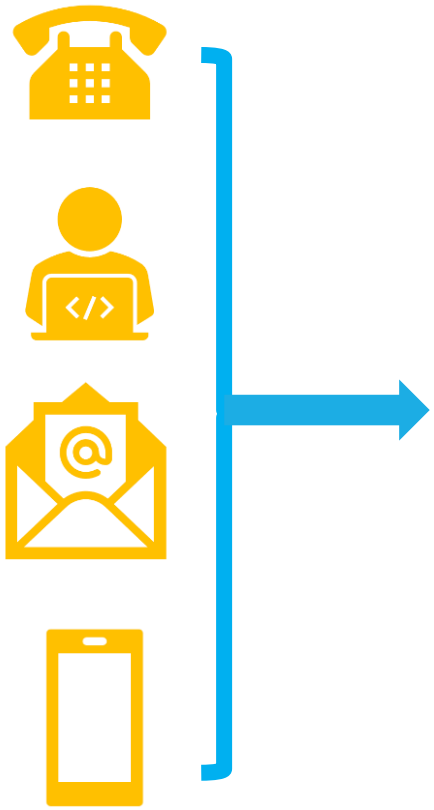
1) Rather than developing a separate implementation guide for RI practices, this document proposes to offer an overview of implementation steps (slide 5) and connections to examples of no-cost, high quality, implementation guides (slide 6). Do you agree this will meet the needs of practices and systems of care?

2) Slides 8, 11 and 14 offer information on examples of “high value applications of remote clinical care.” Based on your knowledge and experience, do you agree with the examples and information provided? Are there additions, deletions or additional context you would suggest?

3) Slides 9,12,15 offer recommendations for implementation. Based on your knowledge and experience, do you agree with the examples and information provided? Are there additions, deletions or additional context you would suggest?

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

REMOTE CLINICAL CARE
Goals



CONNECT
- More convenient, faster access for patients. Removes barriers such as
- transportation, time off work and childcare.

ENGAGE
- More opportunities for expanded care team members to connect with patients
- and address needs earlier. Less burden on PCPs.

INFORM
- Care team, patients and caregivers have more information on patient needs
- and progress.

IMPROVE
- Better adherence to prevention and care plan goals, including arrival at office
- appointments.

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

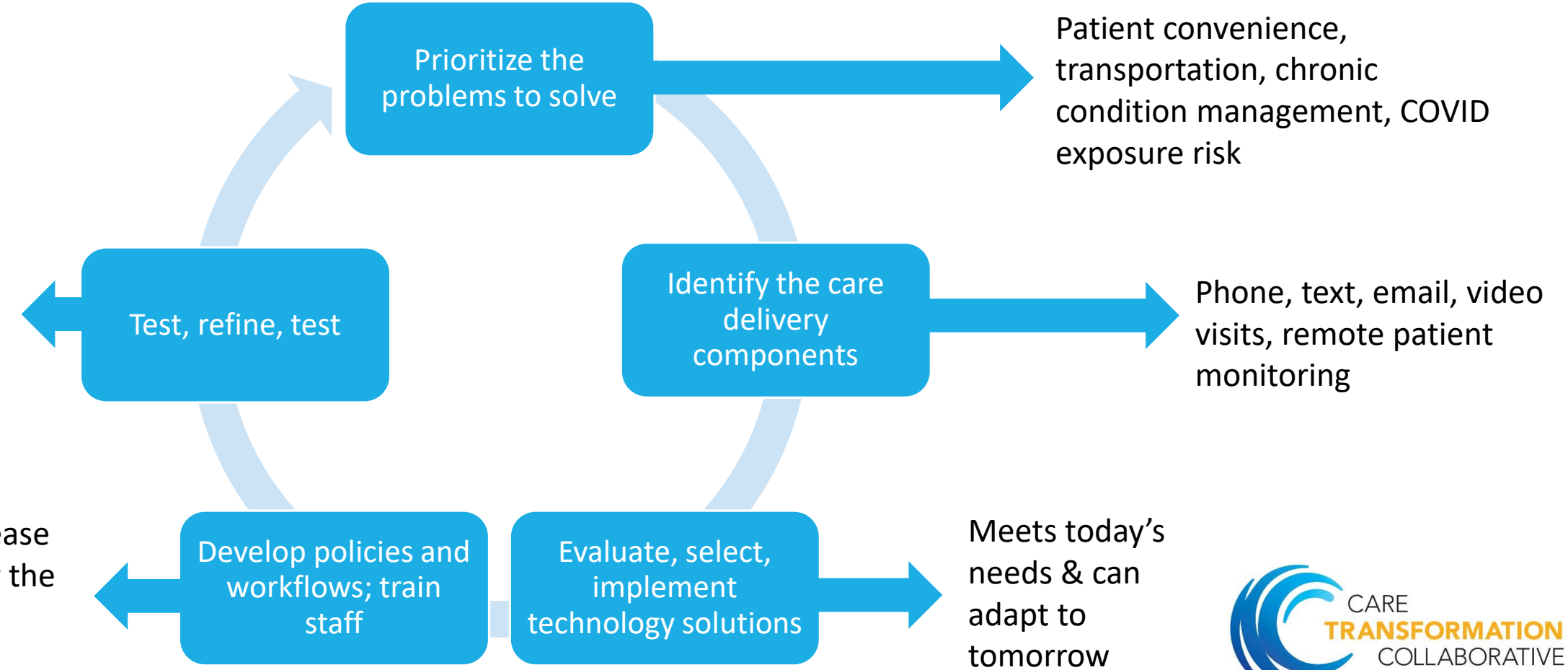
REMOTE CLINICAL CARE
Related Work in Rhode Island

HIT Roadmap: The Rhode Island Statewide Health Information Technology (HIT) Strategic Roadmap and Implementation Plan lays out the vision for statewide HIT efforts over the next three years. It builds upon a long history of HIT innovation and progress, and will promote alignment among existing efforts, while guiding future investments in HIT.

Primary Care Telehealth Practice Needs Assessment/Patient Engagement Surveys: 47 practices have been recruited to participate with funding from UnitedHealthcare. Information from the Practice Needs Assessment/patient surveys will be used to help inform state policy, and the development of the 6-month webinar series and 12-month Telehealth Learning Collaborative.

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

REMOTE CLINICAL CARE
Developing a Strategy



Patient convenience, transportation, chronic condition management, COVID exposure risk

Phone, text, email, video visits, remote patient monitoring

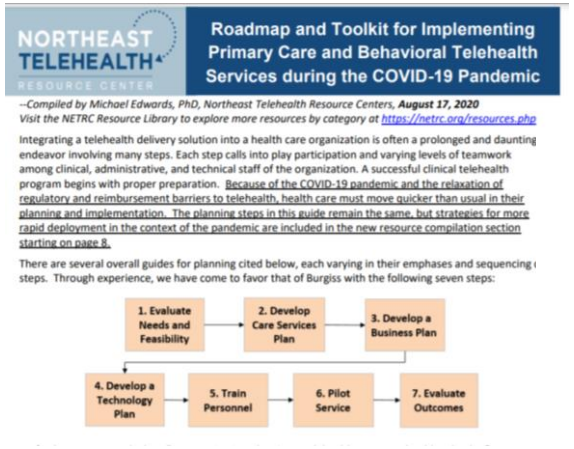
Meets today's needs & can adapt to tomorrow

How can we increase joy of practice for the team and patient experience?

Structured approach to evaluation and continuous improvement

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

REMOTE CLINICAL CARE
Examples of Implementation Guides



CARE TRANSFORMATION COLLABORATIVE
RHODE ISLAND

REMOTE CLINICAL CARE
Phone, Text, Email

DEFINITION

Asynchronous communications through phone calls, text messages and emails are used in non-urgent situations between patients and an established care team to address patient needs outside of the office settings. These services can be available to all patients but may be most beneficial to patients managing chronic conditions and best if managed by a point person on the care team, such as a patient navigator.

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

REMOTE CLINICAL CARE
Phone, Text, Email

HIGH VALUE APPLICATIONS

Check in on patients with chronic conditions: Patients reported that asynchronous communication complements care received at visits, empowers patients to manage chronic conditions, clarifies the plan of care, and provides a health archive via secure messaging (Eschler et. al, 2015).

Reminders to receive recommended preventive care: Studies demonstrate two single-method telecommunications reminders, text messaging and telephone calls improve receipt of immunizations (Jacobson Vann et. al, 2018).

Notifications regarding appointments and behavior change: A literature review of 93 investigated medical compliance reminders and 56 investigated appointment reminders found that nearly all the SMS reminder studies helped improve patient medical compliance and appointment attendance. Researchers reported numerous benefits, including ease of use, relative inexpensiveness, and rapid and automated delivery (Schwebel, Larimer, 2018).

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

REMOTE CLINICAL CARE
Phone, Text, Email

BEST PRACTICES IN IMPLEMENTATION

- ✓ Determine the clinical and administrative use cases where phone, text and email will be deployed
- ✓ Secure web-based platform (patient portal) where sensitive patient information can be exchanged between the patient and his or her care team.
- ✓ Secure integrated or complementary platform to support secure email and text communications
- ✓ Design office workflows to ensure timely responses to patient questions
- ✓ Train primary care team on workflows, handoffs and escalation processes to decrease after-hours workload for primary care clinician
- ✓ Update and maintain patient contact and language preferences; ensure communications are in the patient's preferred language
- ✓ Develop protocols to ensure all interactions between patient and care team members through phone, text, email and telemedicine are documented

REMOTE CLINICAL CARE
Video Visits

DEFINITION

Visits between clinicians and patients through virtual real-time communications such as video conference. These interactions may involve remote patient monitoring and other digital technologies (such as smart phones) to support provision of care. eConsults, phone, text and email communications, and remote patient monitoring are addressed elsewhere.

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

REMOTE CLINICAL CARE
Video Visits

HIGH VALUE APPLICATIONS

Highly Effective for Certain Patient Needs

- Check in on patients with stable chronic conditions
- Mental health and behavioral health counseling
- Medication reconciliation
- Worried well visits related to COVID-19
- Connecting with care team members such as health coaches, nutritionists and behavioral health clinicians

Less Effective for Other Patient Needs

- Well child visits
- Evaluation of injuries or accidents
- Treating patients with non-stable chronic conditions
- Evaluation of acute pain

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

REMOTE CLINICAL CARE
Video Visits

BEST PRACTICES IN IMPLEMENTATION

- ✓ Determine the clinical use cases where video visits will be deployed and by which team members; design scheduling workflows to reflect these decisions
- ✓ Secure web-based platform (patient portal) where sensitive patient information can be exchanged between the patient and his or her care team
- ✓ Secure integrated or complementary platform to support secure video communications
- ✓ Update and maintain patient access to high-speed internet and technology and preferences regarding video visits
- ✓ Develop protocols to ensure all interactions between patient and care team members video visits are documented

CARE TRANSFORMATION COLLABORATIVE
RHODE ISLAND

REMOTE CLINICAL CARE
Remote Patient Monitoring

DEFINITION

Digital devices and technology collect patient health and medical information from one location, such as at a person's home, and transmit it to a healthcare provider in another location for assessment and recommendations. Transmission of health data to the care team may be automatic or may require the patient to actively enter information.

Collected data may include heart rate, weight, blood pressure, oxygen saturation, blood glucose levels, peak expiratory flow, and symptom severity.

Most common devices include for data collection and transmission include:

- Wearables (glucometers, blood pressure monitors, heart rate monitors)
- Biosensors (spirometers, oximeter)
- Smart phone and personal assistant devices
- Computer system that allows patient to enter data

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

REMOTE CLINICAL CARE
Remote Patient Monitoring

HIGH VALUE APPLICATIONS

While there is strong enthusiasm for the opportunity for remote patient monitoring to improve patient outcomes, the evidence in limited.

Some of the most promising studies suggest remote patient monitoring may improving outcomes for patients with select conditions, including obstructive pulmonary disease, Parkinson's disease, hypertension, and low back pain (Noah, Keller, Mosadeghi, et al, 2018).

The most successful efforts focus on pairing the data coming from the device with validated health behavior models, care pathways, and tailored coaching. Further, certain populations, may be more likely to benefit. For example, one study found adults over age 55 were more likely to lower their blood pressure with the help remote patient monitoring than younger adults (Noah, Keller, Mosadeghi, et al, 2018).

CARE TRANSFORMATION COLLABORATIVE
RHODE ISLAND

REMOTE CLINICAL CARE
Remote Patient Monitoring

RECOMMENDATIONS FOR IMPLEMENTATION

- ✓ Secure remote monitoring devices with mechanism to transmit data into EHR and clinical workflow; ensure ability to alert care team when data values exceed thresholds
- ✓ Use evidence to develop protocols to determine which conditions and which patients with those conditions will receive remote patient monitoring
- ✓ Establish systems and staff workflows for transmission and monitoring of health data; train care team members on these systems and workflows
- ✓ Ensure patients or their caregivers have the necessary tools and instruction
- ✓ Ensure nurse care managers or other qualified team members monitor the data and consult with a primary care clinician about treatment plan
- ✓ Determine legal liability for response protocols

CARE TRANSFORMATION COLLABORATIVE
RHODE ISLAND

REMOTE CLINICAL CARE
Remote Patient Monitoring

Comments and feedback welcome! Please send to:

Pano Yeracaris, Chief Clinical Strategist, CTC-RI
pyeracaris@ctc-ri.org
Mary Jo Condon, Senior Consultant, Freedman Healthcare
mcondon@freedmanhealthcare.com

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND