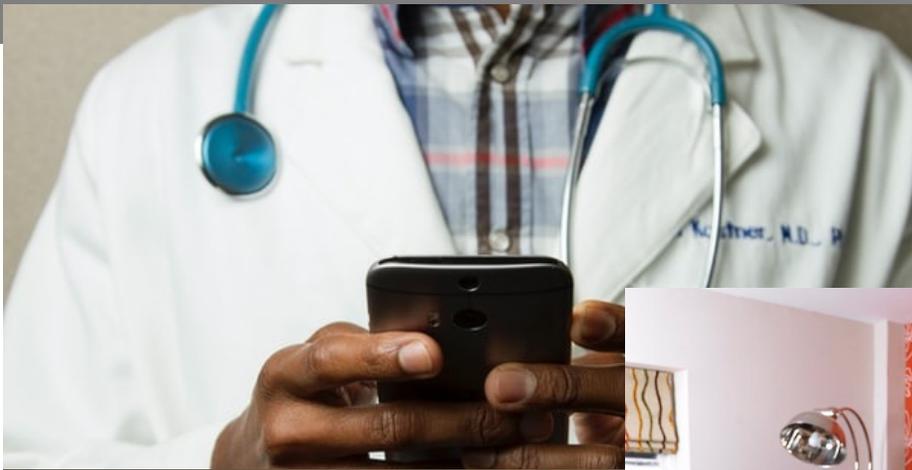


National FQHC Telehealth TTA Partners Roundtable ONE: Lessons Learned

January 22, 2021



RT 1 Break Out Groups – Approximately 45 minutes

- What happened on the TTA journey?
- What went well?
- What could have gone better?
- Who is there to appreciate
- What lessons will you carry forward?

What did we set out to do?

Provide support to health centers in implementing and leveraging telehealth to remove barriers to care

Purpose: Support health centers in using telehealth to remove barriers to care (distance, PTO, child care, etc.)

1

What went well?

What telehealth TTA projects/efforts were particularly successful?

- Working with others to provide TTA for telehealth efforts. Training, policies, workflows.
- Members/telehealth providers sharing experiences with others.
 - Experienced members share with/train other members.
 - Sharing practices learned from the various members.
- Being able to ramp up to the increased needs due to previous planning.
- Additional disciplines increased interest in telehealth services – beyond primary care.
 - Outreach and enrollment
- Ability to translate materials into multiple languages to support member regional needs.
- Advance planning with members to prepare transition into telehealth.

What could have gone better, and what do you hope will be better in the future?

What challenges did you face implementing & providing telehealth TTA?

- Understanding how to serve the various levels of needs of the health centers.
 - Different needs for different members – needs, training, funding
- Explaining differences in national, state and organizational policies/requirements.

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care



Who is there to appreciate?

Nationally, at a state level, in your region, locally, at health centers or in your organization who made things better/easier?

- Health centers willing to share experiences, needs, practices.
- HRSA and US Gov for funding opportunities.
- Organizations pulling together for the greater good of the mission.
- Emergency Preparedness/Management team for being able to transition to support telehealth and to communicate with the members.
 - EMAC – PCA Emergency Management Advisory Coalition (www.pcaemac.org)
- Cross collaboration partnerships.
- Community partners wanting to provide assistance and to meet needs.

What lessons will you carry forward?

What takeaways are important to apply/acknowledge in current and future telehealth TTA efforts?

- Build multifunctional teams
- Knowing where to reach out for information
- How to sustain partnerships, information sharing
- Understanding that significant differences exist
 - State to state
 - By payer
 - "Where" each health center is

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care



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2

What went well?

What telehealth TTA projects/efforts were particularly successful?

- CHCs moved very quickly to establish programs (sometimes too rushed)
- Funders provided reimbursement quickly
- Vendor provided tools/platforms at reduced cost
- Vendors adapted products; rapid uptake that has now leveled off a bit (gone down?)
- Rapid adoption – variety of platforms available
- TH helped avoid burnout, but left MAs without work to do at clinic

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care

What could have gone better, and what do you hope will be better in the future ?

What was most challenging about implementing/providing telehealth TTA?

- Reimbursement is/was variable; some early successes tapered off once reimbursement was not forthcoming
- Needs: sustained/sustainable payment parity/certainty (within FFS framework)
- Inequities remain, despite utility of TH; hope to be able to reach hard-to-reach folks much better
- Risk-based reimbursement may be a workable (more workable?) option
- All will see value of HIPAA-compliant platform and adopt compliant platforms
- Huge areas with 0 broadband (not even cell service); or pts without any access to tech (takes more than devices to use it adequately)
- Team-based care suffered if workflows weren't in place
- TH platform configuration/optimization needs work



Who is there to appreciate?

Nationally, at a state level, in your region, locally, at health centers or in your organization who made things better/easier?

- State offices (policies, reimbursement)
- Vendors (responded rapidly, offered discounts, provided various account flexibilities)
- Lots of collaboration among programs
- SWLHC – operated during COVID and post-hurricane (when "half of the building was gone")
- OAT (funding and flexibility for TRCs)
- TexLA / All TRCs
- OCHIN staff – tireless support (training, etc.)
- Everyone worked hard, under difficult circumstances, with tremendous sense of collaboration/community

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care

What lessons will you carry forward?

What takeaways are important to apply/acknowledge in current and future telehealth TTA efforts?

- With lots of information comes the need for more curation and organization of educational materials
- Need to better educate state government and regulators regarding the needs and strengths/value of health centers
 - Commercial competitors get better press (and preferences) than us
- Training resources need to include "learning objectives" to help learners know how to invest learning time; also categories, target audiences, key words

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3

What went well?

What telehealth TTA projects/efforts were particularly successful?

- Pre: Implementation workgroups
- **Pre, post: partnerships with organizations in the state, telehealth alliance, all collectively work together, not in independent silos.**
- Pre: on-site visits with senior leadership, directors, COO, CEO, high level staff to look at equipment, P&Ps, patient flow and process (show and tell with members to see sites that are successful)
- During: advocacy for continuation of COVID codes (ie telephone visits)
- **During: workflow mapping assistance and engineering for COVID implementation and operations**
- During: synthesize, validate and summarize overload of information flowing in from various entities. Webinars that covered relevant information. Used consultant to coordinate and deliver webinar content

What could have gone better, and what do you hope will be better in the future ?

What was most challenging about implementing/providing telehealth TTA?

- During: worked with federal agencies to coordinate policy with billing efforts and messaging. Work with health plans to coordinate with Medi-Caid to coordinate the development of policy.
- During: Assign appropriate organizations to take the lead in accumulating, validating and reporting information (to avoid multiple communications).
 - PCA – policy, advocacy, reimbursement
 - HCCN – FCC grants, EMR changes coding updates, documentation, scheduling, etc;
 - NTP and TRCs – provides TA to PCA, HCCN, etc. and organize training and communication on a federal level
- **Being more efficient with distributing Telehealth 101 education and other training such as policy updates and state-specific regulations**
- Collaborate with other TTA organizations to provide training to a wider audience (not duplicate efforts)
- Make training materials shorter, to the point, digestible for busy health centers to access
- **Mass distribute contact information for TTA providers, for Just in Time questions and answers. ie, who do we contact for information**
- Use non-traditional stakeholders, such as broadband providers
- Find and use peer to peer subject matter experts to assist with adoption

Who is there to appreciate?

Nationally, at a state level, in your region, locally, at health centers or in your organization who made things better/easier?

- HCCN and PCA, TRCs, State Medicaid office, Senate staffers
- HRSA in providing funding
- Communications personnel at organizations, to help create and facilitate webinars
- PCAs to synthesize information
- Caravan Health
- Front line workers for the ability to adapt and adjust

What lessons will you carry forward?

What takeaways are important to apply/acknowledge in current and future telehealth TTA efforts?

- Telehealth to the patient location is here to stay. While it's not the answer for everything, a blended approach will improve health for all.
- Telehealth can be used for triage and follow up care, care management, diabetes, education, etc.

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care



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4

What went well?

What telehealth TTA projects/efforts were particularly successful?

- We went to Zoom as our patients were familiar with it. They were willing to build in things we needed.
- Early planning was critical
- Peer collaboration with technical side of our house/sharing of info/vendor matrix
- We set up peer groups for telehealth specifically with those working on building telehealth programs.
- Trainings available out there. TRC's a big help!
- Brought all FQHC's in the State together to build/learn.

What could have gone better, and what do you hope will be better in the future ?

What was most challenging about implementing/providing telehealth TTA?

- Reimbursement – hope it will get better
- Would have been better if we had all gotten on board earlier
- Coding is a huge challenge
- Patient consent is an issue still, how do we get it, when should we get it, what do we need to document?
- What is the long-term vision of telehealth? How does it impact our work now and in the future?
- Telehealth is challenging with our underserved populations.
- Broadband access is a HUGE problem!!
- Training of staff to make sure the team has the appropriate skill sets.

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care



Who is there to appreciate?

Nationally, at a state level, in your region, locally, at health centers or in your organization who made things better/easier?

- A biller in our org that took on the role of learning all about telehealth billing and the changing rules.
- Our State and Governor made a proclamation that all telephonic and telehealth visits were paid at parity. How now do we lobby to continue those benefits going forward.
- Our State Medicaid Office/Governor instrumental. Our CEO found \$\$ for telehealth.
- Our Staff! KUDOS!!
- Telehealth Resource Centers – big help!
- Our PCA's were able to be a big help in advocating for reimbursement.

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care

What lessons will you carry forward?

What takeaways are important to apply/acknowledge in current and future telehealth TTA efforts?

Importance of unified coding

What is the true cost of a telehealth visit?

Expand focus to include commercial and private payers – much fragmentation amongst payers.

Pandemic has brought our partners together with us to work and problem solve. Brought a lot of players to the table. Hope this continues.

Telehealth is a great tool, but we don't want to leave out those communities who have had low access and then focus heavily on telehealth that will further impact those communities negatively.

Need a strong foundation for telehealth in healthcare organizations so it can be sustainable.



Purpose: Support health centers in using telehealth to remove barriers to care (distance, PTO, child care, etc.)

5

What went well?

What telehealth TTA projects/efforts were particularly successful?

- Able to transition typically in-person TA to virtual; were inundated with TAs in March/April - transitioning to more outreach efforts (webinars, etc.) enabled us to reach many more people efficiently and get more programs up and running quickly
- Silver lining to COVID – stakeholder readiness to implement TH changed overnight; we had all of the tools stakeholders needed already in place
- Leveraged resources from TRCs and pioneers like Finger Lakes to save vital time and effort
- Able to repurpose staff who otherwise may have been laid off to do patient outreach etc. for TH visits
- Past misperceptions/concerns quickly dispelled
- Upstream efforts like integration of TH training for health professions students

What could have gone better, and what do you hope will be better in the future ?

What was most challenging about implementing/providing telehealth TTA?

- Still a perception that TH is second-hand care – a lot of FQHCs, this was the only way they could keep their doors open early on in COVID, but still perception that not as good as in-person or more difficult.
- Cross-state licensure still unclear or very limited even during COVID
- Pre-COVID it was really hard getting the ball rolling with stakeholders to start TH due to various challenges.
- Competing priorities among Health Centers slowed things down
- Insurmountable challenge of broadband;
- Providing TH in languages other than English or for people with disabilities; and providing TA for those who are serving those populations

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care



Who is there to appreciate?

Nationally, at a state level, in your region, locally, at health centers or in your organization who made things better/easier?

- Federal and State government for rapid changes in policy to allow for broad utilization of TH
- All the health systems, health centers and providers
- Regional TRCs were a huge help (thanks gpTRAC!)
- Non-providers who got creative and helped figure out how to deliver TH from a patient perspective
- Utah TH Network (local TRC) for guidance and platform for TH delivery
- Health Center leadership for willingness to take risk and adopt new technology
- HCCN colleagues and HIT Leadership

What lessons will you carry forward?

What takeaways are important to apply/acknowledge in current and future telehealth TTA efforts?

- Leverage collective knowledge to avoid duplication and increase reach and impact
- Work smarter not harder – outreach vs. One-to-one helps reach many people quickly
- Still lots of work to be done!
- Realizing the many opportunities that come with TH – need to keep it on the front burner among stakeholders – ways to optimize TH moving forward
- Need to say same thing in multiple way, many, many times – continuous reinforcement in continuous and creative ways
- Need to capture success stories and challenges to be used as catalyst to show value
- Have to have perfect fit between technology and people (human factors)
- Important to approach with cultural sensitivity

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6

What went well?

What telehealth TTA projects/efforts were particularly **successful**?

Medicaid in Louisiana coding and reimbursing telehealth (pre-COVID-19)

- Medicaid dept – you're not coding telehealth visits as virtual/telehealth care; additionally, Medicaid is only counting these visits, not reimbursing them. Investing in telehealth as a FQHC was a big commitment.
- Applied for USDA funding to support these efforts
- Groups of FQHCs sharing their challenges/experiences
- Due to infrastructural limitations, FQHCs needed additional technology/support
- Medicaid in LA one of first to reimburse and providing support to FQHCs

Texas

- Early extended emergency services for telehealth
- Recently passed to reimburse telehealth
- Connectivity barriers/issues in rural areas
- Partnership in TX – needs assessment what barriers centers experiencing; using funding to help address some of these needs
- Funders are involved in project, to help address some bigger barriers

Arizona

- Piece-meal funding for virtual services
- Payment parity for COVID-19 reimbursement and efforts to make this reimbursement permanent
- Broadband continues to be an issue – started a mapping program in community
- Organization allowing others to use their broadband (sharing)

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What could have gone better, and what do you hope will be better in the future ?

What was **most challenging** about implementing/providing telehealth TTA?

- We should aspire to a national telehealth plan (including infrastructure and processes) to help address state-level differences (ie patients/communities migrating state-to-state)
- Systematic-level telehealth efforts
 - Staff-level of openness to navigating telehealth process
 - Big challenge: telehealth process is new to staff AND patients
 - Orientation to telehealth (education piece) fell on staff --> rethinking this education/orientation process for patients

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Who is there to appreciate?

Nationally, at a state level, in your region, locally, at health centers or in your organization who made things better/easier?

- Leadership in health centers (especially flex. To do video consults)
- Local and National TRC resources; Resource Center – local resources and conversations
- Northern AZ Telehealth Alliance – bringining groups who provide telehealth a space to discuss challenges/projects
- Overallly generosity/willingness to share; national support org-to-org
- State and local government (ie state-level programs attending our calls/sessions/etc.); setting up now when maybe they had not before
- FQHCs overall
- NACHC telehealth office hours – health centers are innovative!
 - Highlight orgs who are doing the work very well; best practices; focus on special populations
 - School-based Health Alliance efforts

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What lessons will you carry forward?

What takeaways are important to apply/acknowledge in current and future telehealth TTA efforts?

- Acknowledging diversity and how to navigate that within our orgs
- Not to underestimate the community/patients/clients; they were able to adapt easily (patient experience)
- FQHCs are incredibly nible/resourceful/resilient
- NTTAPs/alike orgs also incredibly resourceful
- Telehealth shouldn't just be a "small bullet" on your to-do list; it should be a larger commitment/project in your organization (priority)
 - What does teleremote work look like?
 - Infrastructure and protocols necessary

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7

What went well?

What telehealth TTA projects/efforts were particularly successful?

*Early on people wanted "everything they could get their hands on". Then switched to policy assistance as everything changed quickly.

Transition to home care (distant site)

NACHC resource packet in Clearinghouse, which was largely crowdsourced and had workflows, etc., as concrete examples.

Reaching a lot of patient populations, health care types.

Sessions with tools, real world examples – going through tools, providing structure, real data, road map, etc.

Telehealth backpack, on the street

Case studies; patient guide from consumer advisory committee

What could have gone better, and what do you hope will be better in the future?

What was most challenging about implementing/providing telehealth TTA?

- need to increase TTA on improving digital health literacy to help promote the use of telehealth services among our population as well as screening for broadband access. We have found that the health centers we have been in contact with haven't yet gotten to that point yet. As they are dealing with other issues related to telehealth
- Not necc looking at this as a long term investment
- Looking at ROI, trying to determine future of telehealth
- People are in such different places (figurative & literal places), in implementation, location and resources; patients are also in different places
- Trying to understand what that got rolled out quickly is of value moving forward – lots of models but also pandemic data is messy, integrating virtual & in person is messy. Team based care is getting a little lost
- Getting information by the shovel-ful; HCs needed triaging

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Who is there to appreciate?

Nationally, at a state level, in your region, locally, at health centers or in your organization who made things better/easier?

- The TRCs!!
- The NTTAPs, PCAs, HCCNs
- Those health centers that shared their experiences and advising us—we are only as strong as the sharing
- Amazing the extent to which people were willing to share and give—no proprietary, generous of their time
- Partners who could field TA requests outside of the area of expertise

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care

What lessons will you carry forward?

What takeaways are important to apply/acknowledge in current and future telehealth TTA efforts?

- Need for people to curate information, know what is good, what is actionable, manage the flow of information available (esp when it changes!)
- Real time feedback
- Transitioning from generalized TA to problem-specific, individual support for practices.
- Collaborative activities have had much success—bringing health centers together to share; bringing partners together to share, working together to develop things, etc.
- Presentation/ narrative matters-- opportunity vs. Forced to use this. Requires finesse, and change management at a whole new level.
- Cannot be everything to everyone—know the area of expertise and when to refer to partners. Awareness key here too.



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8

What went well?

What telehealth TTA projects/efforts were particularly successful?

- In Oklahoma, everyone adapted quickly within the 6 week shutdown, and could still attend patients and keep safe - Some continued to do this with high risk patients and keep them at home. This was experience in many States. PCA was not directly operationally involved.
- Addressed broadband gaps by using Wifi in health center parking lots – gave ipads to patients there and made connection for them.
- HIPAA relaxations, ability to use whatever they have
- Adding "including telehealth" to current consent forms
- Private insurances ended copay
- Waivers for licensure
- "Telehealth Tuesdays" Monthly call for update, sharing education - good place for sharing experience and information, dissemination of TA and plannign – began before COVID and continuing today
- Originating sites requirement relaxation was big facilitation
- "telephone only"

What could have gone better, and what do you hope will be better in the future ?

What was most challenging about implementing/providing telehealth TTA?

- Barriers: education for the patients, reimbursement "nightmare", Broadband, Take notes here

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care



Who is there to appreciate?

Nationally, at a state level, in your region, locally, at health centers or in your organization who made things better/easier?

- Collaboration doing training and technical assistance spring and summer – combination of organizations... J HRSA Center of Excellence for Behavioral Health Technical Assistance. COPs for telehealth (Jillian Mancini was part of this)
- Nebraska - billing guide also BKD
- Mary Zlazny
- National Consortium of Telehealth Resource Centers
- NACHC

What lessons will you carry forward?

What takeaways are important to apply/acknowledge in current and future telehealth TTA efforts?

- Provider buy in is important
- Reimbursement really important
- Addressing Broadband
- Patient issues
- Separate audio and video
- Portals/technology that are easy to use by patients

(Pre – COVID, During, or Post initial rollout?) Consider your journey to provide support to health centers in implementing and leveraging telehealth to remove barriers to care

