



IHS COVID-19 TeleECHO Session

Adapting Ambulatory Care to COVID – Using tele-health in care delivery.

5/21/2020

Overview

- Opening remarks
- Telehealth in the field in response to Covid-19 – experience from four service units
- Resources
- Questions and dialogue
- Closing remarks

Disclosures

- No financial relationships with commercial entities producing healthcare related products and/or services

Objectives

- Understand the experience of four IHS service units as they adopted telehealth services during the Covid-19 pandemic
- Learn strategies from peers that you can consider for your own practice
- Describe resources and next steps that the National IHS team is taking to support telehealth during this crisis and beyond



Opening Remarks

Colville Service Unit

- Driven by what our patients need
- Challenges with provider adoption and comfort with technology but we need to do it. “We need to learn our way into this.”
- If patients prefer telehealth, we’ll expand it
- Near future – explore telepsychiatry and visits with those in correctional facilities

Claremore Service Unit

- Offering patients telehealth – scheduled for the same duration as an in-person visit.
- Current wait times for appointment < 24 hours
- Potential for telehealth as a better visit for some conditions
 - Follow up on new or augmented medications,
 - Check-in on patients who are less acute
- Near future: “We just try to be better every day.”

Phoenix Indian Medical Center

- Telehealth services offered prior to COVID-19
 - Synchronous
 - Behavioral Health, Rheumatology, Cardiology, Neurology, Nutrition
 - Asynchronous, store and forward
 - JVN, Dermatology
- In response to COVID-19, rapidly scaling to Primary Care, Pediatrics, and multiple specialties and expanding established Telehealth services
 - physical therapy, podiatry, audiology, general surgery, wound clinic, pre-op anesthesia, oncology, diabetes education
- Attempting to mirror existing workflows and integrate procedures that will continue after the PHE
- Scheduling patients as a Telehealth visit is department specific
 - Triage systems, chart reviews, acute needs
- Tracking visits, note templates, and billing/coding
 - Procedure PDSA
 - Department Feedback
 - Revenue

Whiteriver Service Unit

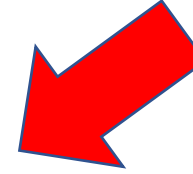
- Built rapidly and from scratch with help from GPA
 - Facebook Messenger for inpatients with Covid-19
 - Attempting to use Cisco web based app for primary care
 - Permitting use of Facebook Messenger due to some connectivity issues with Cisco
 - Telephone for those without access to video capable devices
- For Primary Care visits - patients needed to understand how it works
 - MSAs and providers received web based training from GPA
 - Clinicians screen their schedule 24 hours ahead for appropriateness
 - MSAs set up visit and send patients email with instructional You Tube video
- Telehealth as a percentage of visit varies - but up to 80%
- Clinical pharmacy program also varies, but average 68% telehealth
- Will need an easier-to-use platform to move into the future

Resources


- Telehealth & mHealth Listserv
- Quality Portal – repository of tools and resources open to registered users
 - Patient experience survey modified to indicate telehealth care
- IHS Telebehavioral Health Center of Excellence Toolkit
https://www.ihs.gov/sites/telebehavioral/themes/responsive2017/display_objects/documents/TBHCEtoolkit2019.pdf
- Great Plains Area SharePoint Site
<https://collaborate.ihs.gov/sites/gpa/oit/video/layouts/15/start.aspx#/joinmeetihsgov%20Jov%20Aids/Forms/AllItems.aspx> (available for those – within IHS)
- HRSA Telehealth Quick start guide
<https://cdn1.digitellinc.com/uploads/nachc/articles/9d0b228f0f644e3cea607155232e2640.pdf>
- AMA Playbook
<https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>

Let's learn from each other

- <https://www.ihs.gov/listserv/topics/>



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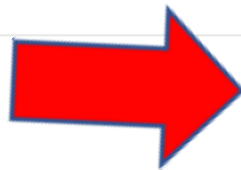
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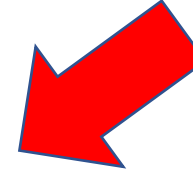
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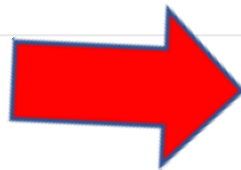
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Questions and Dialogue



Closing
Remarks