Quality and Productivity Commission

34th Annual Productivity and Quality Awards Program

"Leading with Excellence"

2021 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12-point font):

NAME OF PROJECT: RAPID TELEHEALTH VIDEO LAUNCH DURING COVID-19

DATE OF IMPLEMENTATION/ADOPTION: **MARCH 23, 2020**

(Must have been **fully** implemented **for a minimum of** at least one year - on or before July 1, 2020)

☐ **CHECK HERE IF THIS PROJECT IS BEING SUBMITTED FOR THE *COVID-19 IMPACT AWARD* ONLY**. (Projects must be implemented on or before December 31, 2020. **Note**: Projects implemented less than one year ago will not be eligible for any other PQA awards. In addition, once a project is submitted, you cannot submit the same project for awards consideration in subsequent years).

PROJECT STATUS: X Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

When the COVID-19 pandemic first struck Los Angeles County, patients of the Department of Health Services (DHS) had limited access to video visit services. To respond to the immediate need for both public health safety measures while continuing outpatient clinical services, DHS quickly acquired video visit technologies, including Mahmee for perinatal video visits and Zoom for Healthcare for general outpatient video visits. Appropriate video-ready equipment was also needed despite national shortages. Clinical practices, workflows, and patient scheduling had to be rapidly designed and adopted. Implementation started in March of 2020, and by July, video visit services were being offered at all four DHS hospitals and across the Ambulatory Care Network for patients receiving perinatal care, primary care, dermatology, neurology, therapy, psychiatry, Medication-Assisted Therapy, and multiple other specialties. By December 2020, video visit volume averaged about 2,000 encounters monthly, which continues at this level. This video visit project augmented DHS's care delivery capabilities and prepared the foundation for a next-generation virtual healthcare model that is integrated with ORCHID, DHS's electronic health record system.

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED **ANNUAL** COST AVOIDANCE	(2) ACTUAL/ESTIMATED **ANNUAL** COST SAVINGS	(3) ACTUAL/ESTIMATED **ANNUAL** REVENUE	(1) + (2) + (3) = TOTAL **ANNUAL** ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$	$	$	$	☒

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Health Services, 313 N. Figueroa St., Los Angeles, CA 90012			**TELEPHONE NUMBER**
PROGRAM MANAGER'S NAME Dr. Gordon Sun	**EMAIL** gsun@dhs.lacounty.gov		**TELEPHONE NUMBER** 562-385-6252
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Connie Salgado-Sanchez C. Salgado-Sanchez		**DATE** 6/23/21	**TELEPHONE NUMBER** (213) 288-8483 **EMAIL** COSanchez@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Dr. Christina Ghaly		**DATE** 6/24/21	**TELEPHONE NUMBER** (2130 288-8101

****ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTABLE****

We Support Plain Language

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project **to the County**. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success **and specify assessment time frame**. Use Arial 12 point font.

CHALLENGE

The COVID-19 pandemic has limited patients' ability to get healthcare in person. DHS first pivoted to phone visits, which were widely adopted due to simplicity of use and limited need for advanced technology. However, many medical conditions cannot be adequately managed using phone visits alone; visualization can be necessary, and even when not clinically essential, visualization enabled via video visits can foster improved provider-patient trust and patient adherence. Moreover, there was a significant need to maintain physical distancing between staff and patients to avoid disease transmission. At the onset of the pandemic, DHS patients had very limited access to video visits and there was no immediately available technology solution to support the care modality. The need for a simple video platform used by both patients and clinicians became urgent. In addition, DHS needed to obtain and install large inventories of video-enabling equipment to 4 hospitals and across the Ambulatory Care Network, all while facing nationwide technology equipment shortages and backlogs. Clinical practices, workflows, and scheduling processes for this brand-new modality of care all had to be rapidly designed and implemented. This reimagining of the system of care occurred while the DHS workforce was facing COVID-19 on the front lines. The efforts of DHS resulted in the **Outpatient Video Visit Deployment** project.

SOLUTION

DHS clinical informaticists, information technology staff, and executive leadership mobilized quickly to acquire and deploy a suitable video visit solution for clinicians to see and hear their patients virtually, in real time, to address healthcare needs that could not be resolved by phone and in situations where in-person care was unsafe or impractical. After an expedited review of available video visit solutions, DHS selected Mahmee and Zoom for Healthcare, as HIPAA-compliant, secure platforms, for perinatal and general outpatient video visits, respectively. A multi-hospital, interdisciplinary team led by DHS Director of Telehealth Dr. Gordon Sun, Chief Health Information Officer Pamela Griffith, and Chief Information Officer Kevin Lynch accomplished the following:

1. Identified high-priority clinical services to serve as the vanguard of the new video visit deployment with the support of the DHS Clinical Better Normal Committee and collaborated with clinical leaders to develop Expected Practices around the use of video visits within specialties;
2. Designed and tested multiple workflows for operational activities during the pre-video visit, visit, and post-visit phase of care with clinical leadership;

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3. Created written and visual guides to using video visit services, associated apps (e.g. DHS Messaging App to send secure video links to patients), and hardware, video visit etiquette, patient educational materials, and other relevant policies and procedures and posted these on the newly created DHS Telehealth SharePoint website;
4. Trained staff at 4 DHS hospitals and the Ambulatory Care Network on the process for using video visits;
5. Created video appointment types, note templates, and billing codes in ORCHID so that visits could be scheduled, documented, and coded appropriately;
6. Inventoried, acquired, and allocated video visit hardware across DHS;
7. Developed a dashboard on SAS Visual Analytics to track video visit volume.

The implementation started in late March 2020 using an "agile" iterative approach, given the operational complexity and multiple clinical specialties involved. For instance, existing primary care, specialty care, nursing, and therapy clinic staffing models and pre-visit workflows all differed substantially. Each participating clinic had unique physical infrastructure challenges to overcome. Behavioral health and Medication-Assisted Therapy staff additionally had to meet evolving regulatory standards.

By July 2020, video visits were being conducted in all 4 DHS hospitals and multiple outpatient clinics in the Ambulatory Care Network in perinatal care, primary care, dermatology, psychiatry, psychology, neurology, podiatry, therapy, and ophthalmology. By December 2020, DHS averaged about 2,000 video visits per month. Noteworthy examples of facility and specialty rapid adoption include LAC+USC's telehealth accelerator (TA) program, accounting for nearly two-thirds of video visit volume across DHS. The TA leveraged enthusiasts, university partners, and focused cross-functional teams to accelerate the implementation and to provide bidirectional feedback to DHS centralized team for rapid redesign and deployment. LAC+USC psychiatrists now routinely handle at least half of their outpatient appointments by video. The Therapy Workgroup accounts for almost 30% of DHS video visits in all facilities, and during the height of the winter COVID-19 surge, 60% of all therapy outpatient visits were conducted by video.

A Virtual Healthcare Project is planned to implement multiple telehealth modalities, including video visits integrated within ORCHID and the MyWellness Patient Portal. Lessons learned from the Outpatient Video Visit Deployment are foundational to the success of that on-going and far more expansive capability. The Outpatient Video Visit Deployment represents an enormous collaborative effort among enterprise informaticists, information technology staff, clinical, hospital, and enterprise leadership, and front-line clinicians and patients to deploy a viable technological capability under the strain of the COVID-19 pandemic, with minimal prior experience, while facing nationwide equipment shortages, and in a compressed timeframe.

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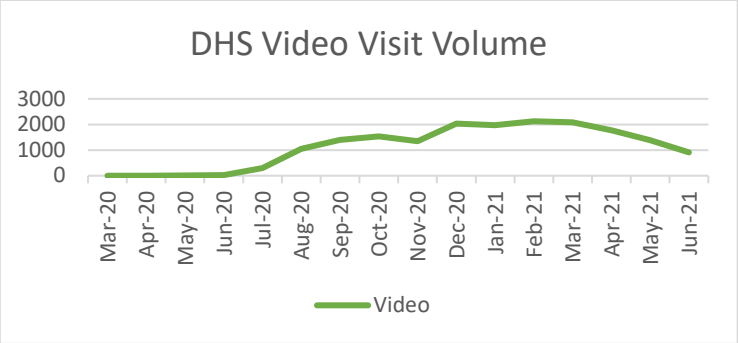
BENEFITS

The Outpatient Video Visit Deployment project represents a new clinical modality for DHS. Prior to the deployment, DHS had no significant experience with video visits. As of June 23, 2021, nearly 18,000 video visits had been performed. Video visits now comprise about 1% of all outpatient clinic visits in DHS. This is expected to grow with the future ORCHID-integrated video visit capability. ORCHID is the single electronic health record system used to deliver and document patient healthcare services across DHS. The ORCHID-integrated capability will allow providers and workforce members to plan and deliver remote clinical visits more efficiently and effectively going forward.



The Outpatient Video Visit Deployment involved several highly prioritized specialties during its initial phases in 2020 and opened to all specialties in 2021, facilitating direct visualization of patients and improving care delivery. One of the most critical findings of the deployment was that no-show rates for telehealth services, including video, were approximately half that of in-person visits. It is evident that patients being able to see their providers during the pandemic helped maintain important connections while reducing risk of both patient and staff exposure to COVID-19, and that video visits can increase overall patient touchpoint volume. For many patients, video visits have provided access to healthcare that would otherwise have not been available. Notably, another key finding was that despite improvements in access, many other patients faced significant technological barriers to video visit use. Detailed data collection from the Whole Person Care program showed that a significant proportion of patients lacked a smartphone, data, or other tools needed to participate in a video visit. This information will be used to further guide the Virtual Healthcare Project deployment.

The project also had important secondary benefits. Because the technologies were secure and could be accessed on either DHS workstations or personal devices, County employees performing video visits did not necessarily need to be on site to deliver care. This opened up remote work options, which was important for social distancing during the pandemic. In addition, the project was a core component of a successful $100,000 grant application to the California Health Care Foundation/Center for Care Innovations for the Connected Care Accelerator program to modernize DHS's telehealth capabilities, of which the Director of Telehealth was a key team member.

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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12-point font.

This project addresses Strategic Points III.2 (Leverage Technology to Increase Visibility of and Access to Services) and III.3 (Prioritize and Implement Technology Initiatives That Enhance Service Delivery and Increase Efficiency) of the 2016-2021 County of Los Angeles Strategic Plan. For III.2, developing a "Digital Government" is a key objective of Los Angeles County. In healthcare, this entails implementation of technology-enabled clinical care to improve access to services and enhance service delivery, while ensuring patient data is securely stored and transmitted. DHS also developed a data dashboard using the SAS platform to analyze video visit volume and no-show rates, which in turn reveals areas of high performance and areas where video visits have been less widely used after introduction of the service.

The adoption of video visits was a transformative step for DHS in terms of care delivery. Prior to the pandemic, the DHS patient experience was nearly exclusively in-person, with limited use of phone visits and no real-time video visits in a single specialty. Video visits now have a significant impact on the delivery of several important specialties in our health system. The growth of video visits within DHS addresses a major priority of the Los Angeles County Board of Supervisors, which is to expand access to healthcare through telehealth (http://file.lacounty.gov/SDSInter/bos/supdocs/148429.pdf).

For III.3, video visits represent a reimbursable form of clinical services. As video visits are more widely used, they will become a growing source of revenue for the County. The remote, digital nature of video visits also means that workforce members and patients have greater options for where healthcare can be conducted. Video visits with DHS patients can now be delivered from other secure, appropriate venues within California, including the workforce members' homes or other on-site spaces. This enables social distancing and reduces clinic congestion, keeping everyone safe and healthy. Patients being seen via video no longer must wait in crowded waiting rooms, but instead can receive care in the safety and privacy of their own locations.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12-point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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$	**$**	**$**	**$**	☒

ANNUAL= 12 MONTHS ONLY

The goal of the Outpatient Video Visit Deployment project was to assure continuing access to outpatient healthcare services for the underserved of Los Angeles County. Because of this, the project focus was not to avoid or save costs, or even to increase revenue. That said, certain rules issued by the Centers for Medicare & Medicaid Services at the onset of the COVID-19 to compensate video visit delivered care at parity with in-person visits is expected to recover at least the cost of delivering healthcare services remotely.

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FOR COLLABORATING DEPARTMENTS ONLY

(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE **EMAIL:**_____	**DEPARTMENT HEAD'S NAME AND SIGNATURE** **EMAIL:**_____
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE **EMAIL:**_____	**DEPARTMENT HEAD'S NAME AND SIGNATURE** **EMAIL:**_____
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE **EMAIL:**_____	**DEPARTMENT HEAD'S NAME AND SIGNATURE** **EMAIL:**_____
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
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DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS	
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DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE **EMAIL:**_____	**DEPARTMENT HEAD'S NAME AND SIGNATURE** **EMAIL:**_____