

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: MEDICAL THERAPY PROGRAM (MTP) TELEHEALTH

DATE OF IMPLEMENTATION/ADOPTION: JUNE 1, 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: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes 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.

1 California Children's Services (CCS) Medical Therapy Program (MTP) provides occupational
 2 therapy, physical therapy and other therapy-related medical services to children (ages 0 - 21)
 3 with chronically disabling medical conditions. Before COVID, all services were provided in-
 4 person at 23 Medical Therapy Units (MTUs) located on public school campuses throughout the
 5 County. COVID-related school—and therefore MTU—closures meant children couldn't receive
 6 therapy to learn how to feed themselves, get dressed, bathe, propel their wheelchairs, walk, or
 7 communicate using speech- generating devices. Children outgrew their orthotics, crutches,
 8 wheelchairs, or special bath equipment... and were stuck without their medical equipment.
 9 Those who underwent surgery could not receive post-operative therapy to regain motion and
 10 strength. CCS MTP staff implemented ground-breaking use of telehealth technology in the
 11 pediatric rehabilitation setting and offered critically needed therapy services to children and
 12 youth with special needs in MTP. Using video-conference equipment, we provided life-
 13 changing, long-distance clinical health care and patient education. Medically fragile children at
 14 high-risk for COVID complications received quality services from the safety of their own homes
 15 and was able to continue generating necessary revenues that support the program year-long.

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
\$ 8,287,000	\$	\$	\$ 8,287,000	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Public Health: CCS Medical Therapy Program (MTP), CMS, 9320 Telstar Avenue, El Monte, CA 91731		TELEPHONE NUMBER 626-569-6480
PROGRAM MANAGER'S NAME Nora Liu DPT EMAIL nliu@ph.lacounty.gov		TELEPHONE NUMBER 626-569-6011
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Catherine Mak, MBA	 DATE 6-25-21	TELEPHONE NUMBER EMAIL cmak@ph.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Barbara Ferrer, PhD, MPH, MEd	 DATE 06/25/21	TELEPHONE NUMBER 213-288-8117

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

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Challenges and Solutions:

COVID-19 quickly changed the landscape of telehealth, especially with rehabilitation services. On March 17, 2020 the Office for Civil Rights (OCR) at the US Department of Health and Human Services (DHHS) opened doors allowing health care providers to use non-public facing audio or video remote communication technology to provide telehealth to patients during the COVID-19 emergency when it released *Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency*. The *Notification of Enforcement Discretion* document.

Prior to the pandemic, Medical Therapy Program (MTP) Physical and Occupational Therapists (PT/OT) in California Children’s Services (CCS) at DPH’s Children’s Medical Services (CMS) were prohibited from providing telehealth services due to statutory and regulatory restrictions and other requirements from funding sources.

- Before COVID-19, Medicare/Medicaid did not reimburse OTs or PTs for remote telehealth, rendering MTP telehealth services non-reimbursable.
- On March 19, 2020, Governor Newsom issued a stay-at-home Executive Order to slow the spread of COVID-19 and protect Californians’ health and well-being.
- On April 23, 2020, Governor Newsom suspended the relevant Health and Safety Codes and Regulations to allow MTPs to offer PT/OT in non-school settings.
- On April 29, 2020, DHCS issued guidance to permit implementation of MTP telehealth interventions and restricted in-person services during the pandemic.

With the new allowances during the pandemic and the resulting flexibility to offer telehealth services, MTP began implementing discretionary use of remote telehealth care, using only HIPAA-compliant platform(s), to provide medically necessary therapy interventions—including OT, PT and Medical Therapy Conferences (MTCs)—to the most medically complex and fragile children and youth in CCS care. During the COVID-19 public health emergency, MTP focused on mitigating health risk while providing essential services to patients with critical and urgent needs.

- CMS and MTP altered work schedules and re-purposed private offices and conference rooms, consistent with COVID worksite safety requirements, at CMS headquarters (Telstar) to accommodate OT/PT staff and physicians who were providing telehealth services.
 - Due to HIPAA and other privacy concerns, telehealth services could only be provided from the MTUs or CMS headquarters (Telstar).
 - Most MTUs remained closed for the duration of the pandemic along with their school campuses until Spring 2021.
 - More than 150 MTU staff were displaced when the 23 MTUs closed mid-March 2020; there was a space/capacity issue at Telstar.
 - MTU staff expressed concern for their safety and health when they could not provide telehealth from home.

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- Contractor and volunteer physicians had difficulty accessing MS Teams from their practices or using non-County email. In addition, they had to submit HR clearance packages to obtain necessary County IT access.
- The County’s IT infrastructure was insufficient to support program-wide telehealth care and had to be resolved incrementally at the hardware, software, connectivity and end-user levels:
 - Initially there was insufficient inventory of laptops to support a 150+ person work force providing telehealth. CMS and PHIS expedited their collaboration to secure adequate hardware resources.
 - While the County’s selected virtual platform (Microsoft Teams) has strong collaboration, file-sharing, webinar and teleconferencing capabilities, it is not designed for telehealth/telemedicine. MTP and CMS MIS worked with staff, provided additional training, and developed numerous creative solutions and work-arounds to better enable its use for that purpose.
 - Staff and telehealth appointment scheduling rotations had to be implemented to ease the burden on the Telstar IT bandwidth, which, when unaddressed, was slowing and disabling connections with patients and families.
- CMS and MTP had to integrate new and varying strategies to help both workforce members and patients/families adapt to the new form of service delivery:
 - Therapists had to readjust the way they provide services in ways that rely more heavily on verbal cues and communication (e.g., more exacting, precise verbal instructions), rather than using “hands-on” intervention so often employed in physical and occupational therapy.
 - Both therapists and patients had to learn to mentally translate instructions previously delivered for three-dimensional intervention to the new two-dimensional telehealth format and environment. Staff and clients struggled with the adjustments to varying degrees, and experience taught staff that the telehealth appointments take, on the average, longer—requiring subsequent scheduling adjustments.
 - Patients/families often had to upgrade their technical skills, hardware and software for telehealth access. Staff had to learn to teach patients how to navigate the new virtual environments in addition to their other services. For those patients with limited connectivity, access and/or comfort in a telehealth environment, staff and patients had to adapt to interventions on the phone without relying on visual aids and techniques.

Benefits:

- MTP patients are medically fragile with complex physical, intellectual, developmental and emotional impairments and disabilities intersecting in multiple systems, and are, as result, extremely susceptible to COVID and other infections. Telehealth allowed services to continue while minimizing COVID risk for patients and staff, and eased families’ fears of COVID transmission.

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- Any delay and impediment to patients' PT/OT services may cause inalterable, long-term harm for these medically fragile children and youth. Implementation of MTP's telehealth practices enabled the program to continue providing critically urgent and essential services when those interventions would have been otherwise unavailable. In total, services were resumed for 53% of the MTP patients during this period (others declined telehealth, or it was determined that their services could wait until after the pandemic).
- MTP deployed a completely new form of therapeutic intervention that ensured continuity of services, and MTP staff became knowledgeable and accustomed to its use and the integrate role it can play as a supplementary form of care and service post-pandemic.
- MTP leadership researched and familiarized themselves with regulations governing telehealth practice and modality, is now advising State counterparts on the development of statewide MTP telehealth practices, and developed policies, procedures and guidelines for enactment in the local CCS and MTP environments.
- The MTP workforce piloted new telehealth billing practices, upgraded IT infrastructure to accommodate telehealth interventions, developed and rolled-out specific staff and therapy telehealth trainings, quality assurance and continuous quality improvement measures, and has implemented an ongoing qualitative outcomes study for the window of telehealth services starting in June 2020.
- LA County CCS was able to remain compliant with CCS State program requirements and uphold its interagency agreement obligations with local school districts, education agencies and Special Education Local Plan Areas (SELPA's) in spite of the pandemic, mitigating legal liability risk for non-compliance.
- Remote telehealth interventions reduced program costs significantly: 1) the PPE “burn-rate” was significantly less than it would have been for in-person care; 2) close to 200 MTP workforce members who were displaced during the pandemic (due to school closures) were redeployed in telehealth and telehealth support.
- CMS MTP was paid \$8,287,000 from the State for its telehealth services (direct patient care) for the nine months from 7/2020 – 3/2021 (the subsequent quarter is not yet available). Those revenues resulted in a concurrent cost avoidance (for the same amount) for the County—by reducing the funds (from other sources or for other purposes) that the County would have had to use to cover the cost of the displaced MTP workforce.

HHS.gov. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>. Published March 30, 2020. Accessed May 19, 2020.

2. Gavin Newsom. Executive Order N-55-20. Gov.ca.gov. <https://www.gov.ca.gov/wp-content/uploads/2020/04/EO-N-55-20-text.pdf>. Published April 22, 2020. Accessed April 26, 2020.

3. State of California Health and Human Services Agency, Department of Health Care Services (DHCS), Integrated Systems of Care Division. CCS MTP Guidance Relative to Coronavirus (COVID-19) Public Health Emergency. DHCS.ca.gov. <https://www.dhcs.ca.gov/Documents/COVID-19/County-CCS-MTP-COVID-Guidance.pdf>. Published April 23, 2020. Updated April 29, 2020. Accessed May 19, 2020.

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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.

The introduction of MTP telehealth services fits squarely at the intersection of multiple County strategic goals, most prominently in the realm of “Realizing Tomorrow’s Government Today,” in strategy III.2 (“Embrace Digital Government for the Benefit of our Internal Customers and Communities”), objective III.2.3, “Prioritize and Implement Technology Initiatives That Enhance Service Delivery and Increase Efficiency”. As the objective describes, MTP has led the State embracing therapeutic telehealth for the medically fragile, complex children and youth it serves by integrating technological innovation to enhance the MTP care framework for MTP—when that care would not have been otherwise available. MTP had to address myriad technical, information technology and customer needs involving IT infrastructure, software, hardware, connectivity challenges to prepare the workforce for the new telehealth service delivery modality. The MTP telehealth initiative is a perfect example of how human systems must be engaged to enable efficient use of technological solutions: for example, staff had to figure how to translate three-dimension, “hands-on” service delivery into a two-dimensional format; had to upgrade and, in some cases alter, their communication practices; and had to develop alternative strategies when the end-users (patients and their families) were ill-equipped to accommodate new telehealth care. Additionally—while not reflected as a specific objective (the Strategic Plan was created in 2016 and did not anticipate the pandemic in its development)—supplementing traditional in-person, “hands-on” PT/OT services with telehealth access conforms to the intent of the plan’s first strategy, “Making Investments That Transform Lives”, and its strategic goal I.2 by “Enhanc(ing) Our Delivery of Comprehensive Interventions”. Without MTP’s therapeutic services designed to address the patients’ physical, developmental and intellectual impairments and disabilities, the family is inadequately prepared to address other comprehensive child/youth and family needs. MTP services have often been the portal to comprehensive care, which telehealth enhanced during the pandemic.

The MTP Telehealth innovation also underscores the Strategic Plan’s values of integrity, compassion and customer orientation. MTP had to find a way to continue providing services to its clients because: it was the right thing to do (integrity), patients and families in MTP’s care needed services, especially during a time when they were suffering, vulnerable and entire families were in jeopardy (compassion), and in a way that did not threaten their physical and emotional health and well-being (customer orientation). Telehealth was that solution.

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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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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	DEPARTMENT HEAD’S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE	DEPARTMENT HEAD’S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE	DEPARTMENT HEAD’S NAME AND SIGNATURE
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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	
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