



CALIFORNIA QUALITY COLLABORATIVE
Breakthroughs for Better Health Care

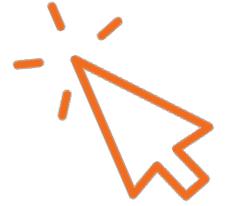
California Quality Collaborative

Caring for Patients Virtually:
Lessons from a Successful
Virtual Primary Care Practice

Thursday, April 30, 11:00am PST



Tech Tips – Zoom Meetings

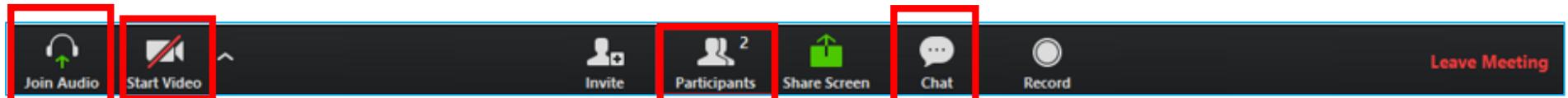


Attendees are automatically MUTED upon entry

Refrain from using the hold button

Please use the chat box if you have questions or would like to participate

Direct messages to Jose if you have any technical issues



Click to join audio

Click to show your video or turn it off

Click to see who else has joined

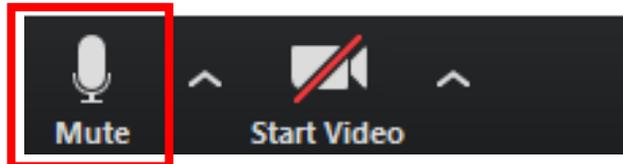
Ask questions and insert comments

Tech Tips – Mute/Unmute

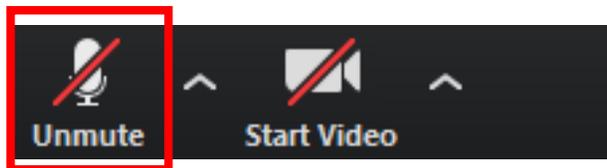
Joined through Computer Audio



Click the microphone icon to unmute yourself



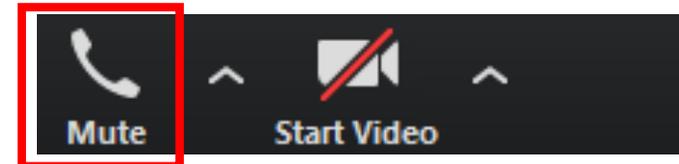
Click the microphone icon to mute yourself



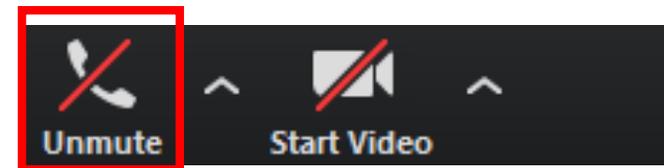
Joined through Phone Audio



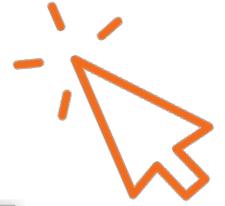
Press *6 to unmute yourself or click the phone icon



Press *6 to mute yourself or click the phone icon



Tech Tips – Zoom Polls



Attendance

1. From where are you joining us today?

Northern California

Southern California

Outside of California

Submit

Select your answer

Attendance

1. From where are you joining us today?

Northern California

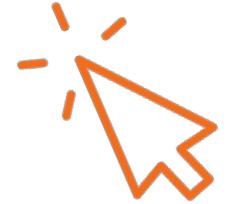
Southern California

Outside of California

Submit

Click the blue Submit button to complete the poll

Poll: Who's in the (virtual) room?



- **From where are you dialing?**
 - Northern Rural California
 - Bay Area
 - Central Valley
 - Central Coast
 - Greater Los Angeles
 - Inland Empire
 - San Diego / Imperial County
- **What type of organization are you part of?**
 - Provider
 - Health Plan
 - IPA
 - Non-profit
 - Government Agency
 - Other [Chat in]

CQC Resource Page

- Includes provide resources on telehealth implementation, billing and documentation
- Updated weekly



Access CQC's COVID-19 Resource page
calquality.org/resources/covid-19-resources

About CQC



California Quality Collaborative (CQC) is a healthcare improvement organization dedicated to advancing the quality and efficiency of the health care delivery system in California.

- Generates scalable and measurable improvement in the care delivery system important to patients, purchasers, providers, and health plans.
- Governed by a multi-stakeholder committee and is administered by the Pacific Business Group on Health.

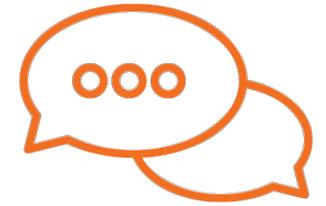
Today's Objectives



In this webinar, participants will have:

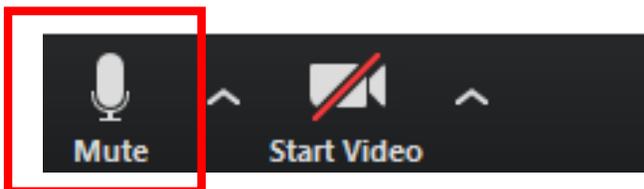
- Obtained an overview of Tera's virtual practice, which delivers primary care 95% virtually, especially components applicable to all physician practices
- Heard lessons learned and best practices for virtual care and how they can be applied to organizations starting or optimizing telehealth
- Learned how to support high-risk patients receiving chronic care management through telehealth
- Answered questions about specific conditions and clinical use cases for delivering effective, patient-centered virtual care

Sharing and Learning: Anchor Question

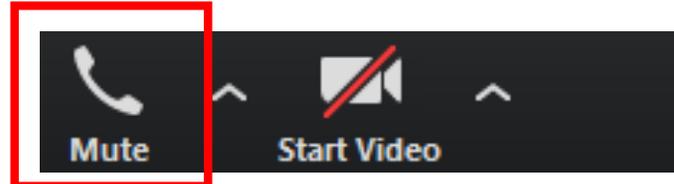


- What is your biggest fear when implementing telehealth?

Click



Press *6 or click



Today's Guests Speakers



Yumi Taylor, MD
Physician Founder of Tera,
Sutter Health



Linette Fung
Co-Founder of Tera,
Sutter Health
Director, Design & Innovation



Robert Scrase
Practice Manager of Tera,
Sutter Health

Tera Background

- Virtual First, Full Service Primary Care launched 2018
 - 95% care virtual-Secure messaging, telephone, video, in-person
 - Chronic conditions with health coaching
 - Panel management using frontline developed data reports
 - Virtual mental health integration
- Value Based
- True North: Quadruple Aim
- Care team delivery
- 2019 Quality Award: Highest score across 14 quality measures in Sutter
- Patients located around Northern California
- Technology

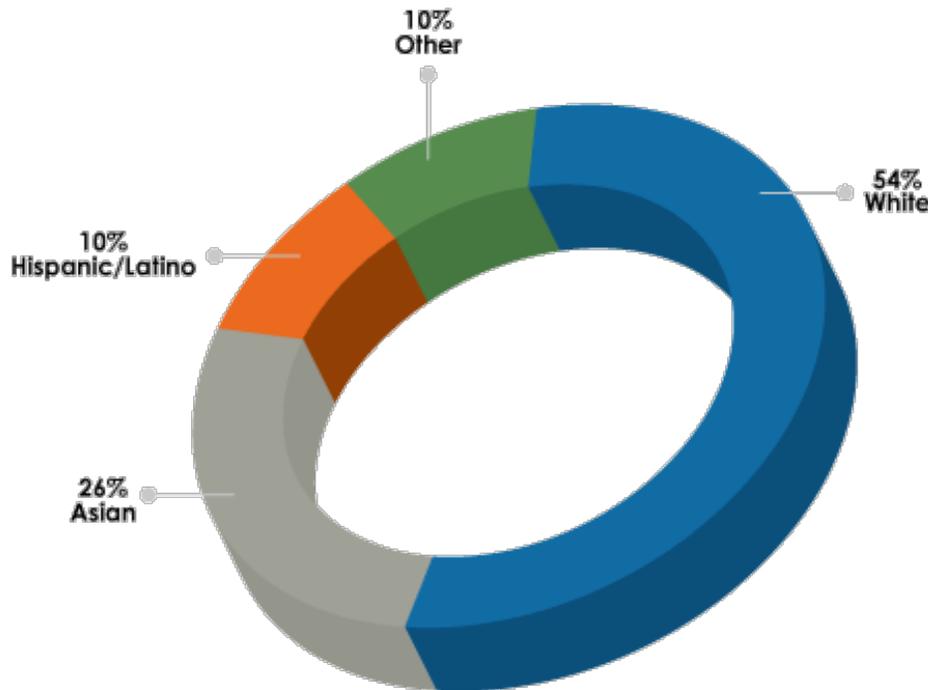
With Whom Have We Learned: Demographics

- **Myth:**
Tera population is a young, tech savvy Silicon Valley Engineer or Apple, Facebook, Google employee
- **Fact:**
Tera population is a city worker, school district, service industry employee OR senior



With Whom Have We Learned: Demographics

Average Age: 49 (18-98)



* In the "Other" are Black or African American and patients preferred not to answer

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- 25% self-report somewhat hard, hard or prefer not to answer

What is the highest level of education that you have completed?

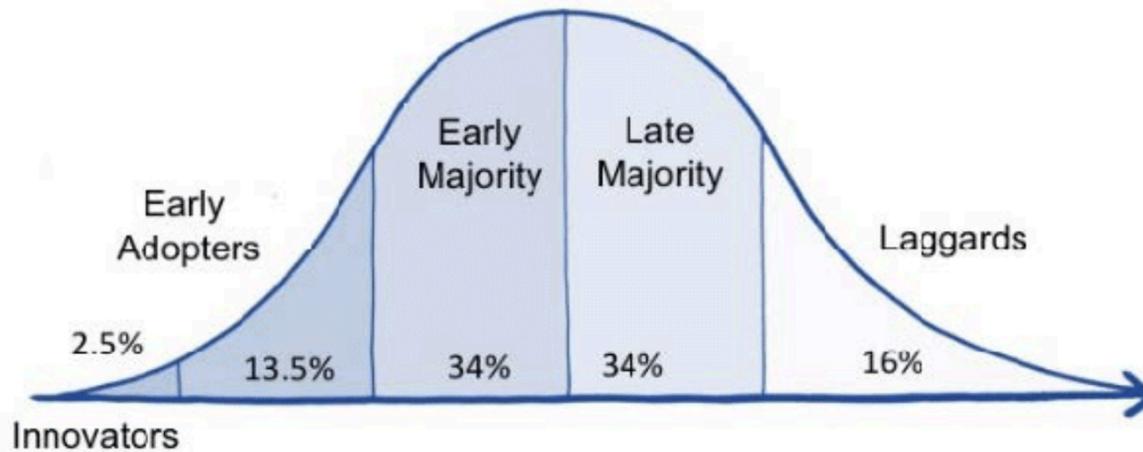
- 40% self-report some college or below in education

In your opinion, how is your overall health?

- 16% self-report fair/poor

Patient Acceptance

Video Visit Satisfaction: Average of 4.9/5 stars



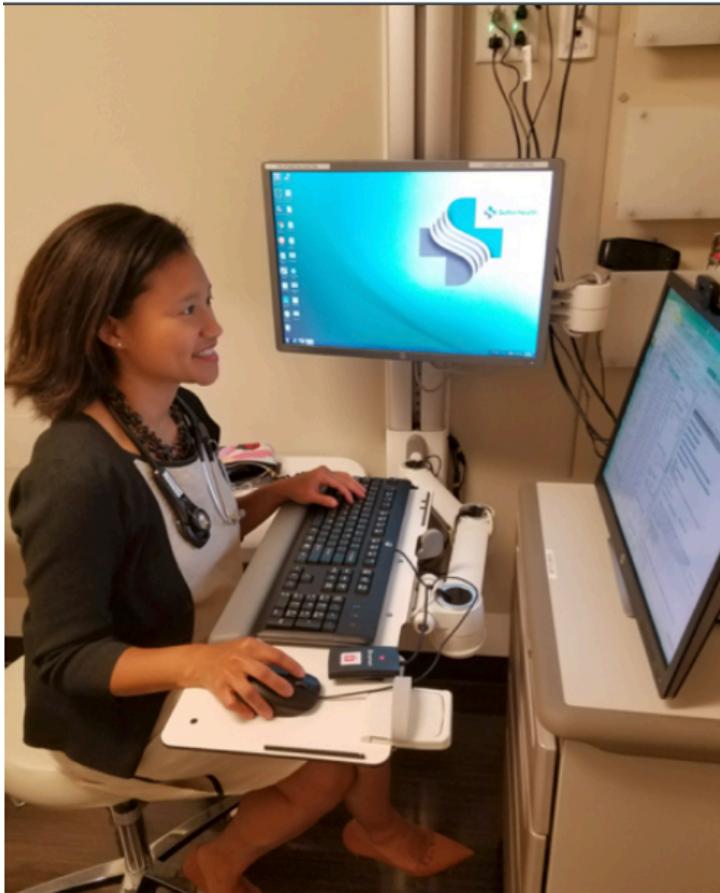
Rogers adoption/innovation curve. Adapted from Rogers, E. (2003). The Diffusion of Innovations. Fifth Edition. The Free Press, New York.

I cannot say enough good things about this team. Admittedly I was skeptical in the beginning, I wasn't crazy about doing a video chat but I quickly got over that and I really think this is the way to be a great provider

55 year old Tera patient

Set Up

Our Start: Circa 2018

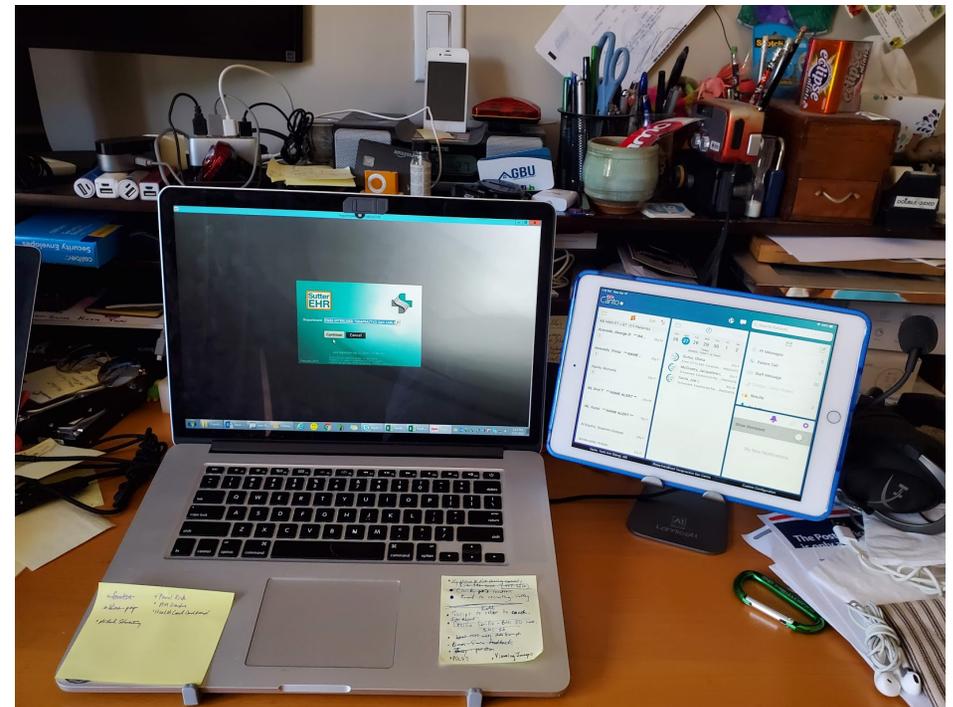


Evolution of Set Up

Circa 2020



Pajama bottoms
No Commute
In-person days are
novelty/treat



Lessons from Building Tera

- **Lesson 1:**
A lot of care & high risk care is amenable to virtual management



Lessons from Building Tera

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A lot of care & high risk care is amenable to virtual management

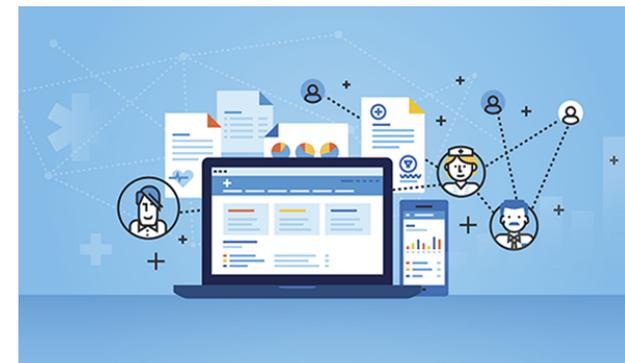


- **Lesson 2:**
Patients adopt technology when they understand the value (access)



Lessons from Building Tera

- Lesson 1:**
A lot of care & high risk care is amenable to virtual management
- Lesson 2:**
Patients adopt technology when they understand the value (access)
- Lesson 3:**
98% of care is around a good history (video unnecessary)



Video Realities (Best Practices)

- Complete the visit even when video doesn't work
- Confirm location and safety/privacy
- Clear communication with patient when to seek in-person care

High Risk/Rising Risk Populations: With Whom Have We Learned

- Uncontrolled chronic disease: DM, HTN, CHF, CAD, asthma
- New diagnosis of ischemic heart disease and heart failure
- New diagnosis of cancer
- Patients age 70-100 year olds & their caregivers
- Low health literacy, limited financial resources and English as a second language
- Frequent ED utilizers
- Chronic pain, chronic narcotics with substance abuse
- Mental health with suicidal ideation, personality disorders, substance co-morbidities
- Homebound emotionally or physically
- Homelessness and unstable housing
- ESRD on HD
- COPD on O2
- Autoimmune, immunosuppressed

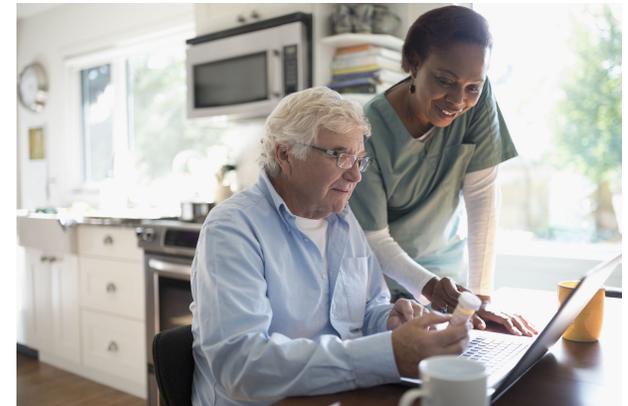
Lessons from Building Tera

- **Lesson 1:**
It takes a (virtual) team



Lessons from Building Tera

- **Lesson 1:**
It takes a (virtual) team
- **Lesson 2:**
Engage caregivers (virtually)



Lessons from Building Tera

- **Lesson 1:**
Alt takes a (virtual) team
- **Lesson 2:**
Engage caregivers (virtually)
- **Lesson 3:**
Be creative & flexible in utilizing virtual tools



Audience Questions

Audience Questions

- **Q: How do you reach patients without reliable internet access?**
A: 98%, including 1 homeless patient could get access with value proposition. Limiter was ethos (to purposefully isolate from all technology). 100% have telephone access
- **Q: Where do your patients take visits?**
A: work, car, home, store; mobile
- **Q: How does Tera take patient vitals?**
A: BMI, BP can be documented as self-reported
- **Q: What is the Tera approach to chronic maintenance for DM/HTN?**
A: Labs, coaching, care gap closure
- **Q: How do you risk stratify patients?**
A: Triage prior to scheduling to have provider practice at top of licensure

Audience Questions

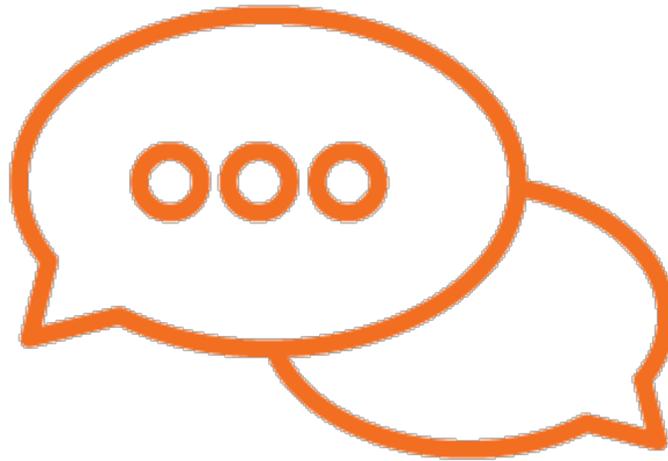
- **Q: How to capture Annual Wellness visit?**
A: CMS recognizes G code
- **Q: How do you conduct an orthopedic/MSK exam?**
A: Observe functional to triage observation vs in-person
- **Q: How do you do effective outreach to Seniors/Elderly?**
A: Caregiver, value proposition
- **Q: How do you incorporate pharmacists?**
A: Role for coaching in chronic disease?
- **Q: How does Tera provide Urgent Care?**
A: Most of visits

Provider Testimonial

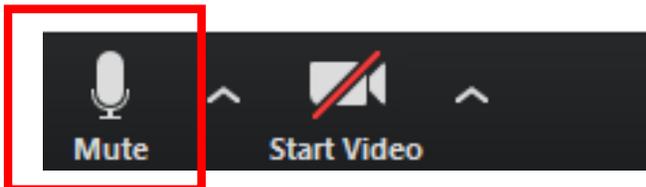
I L❤️O❤️V❤️E working from home.
Think I want to quit X and just be a
telehealth doc! It's like doing home
visits from home 😊

50+ year old PCP in traditional practice adopting
telehealth in COVID text message 4/16/2020

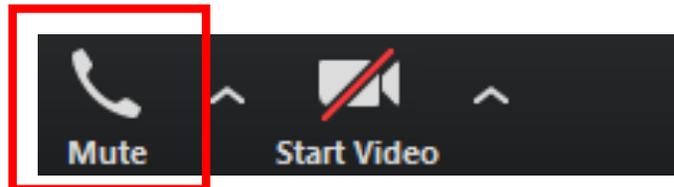
Q&A



Click



Press *6 or click



PCC Survey

COVID-19 PRIMARY CARE SURVEY

WEEK 6: April 17 - 20 2020

PRACTICES REPORTING



89% of clinicians report large decreases in patient volume

57% say that less than half of their visits in the last week were reimbursable



42% note the need to layoff or furlough practice members as a stress on their practice

LOST EMPLOYMENT

One fifth of respondents report a "shockingly high increase" in the past week among patients who have lost employment, and 36% report a "meaningful increase" among that same group.



ELDERLY SUPPORT

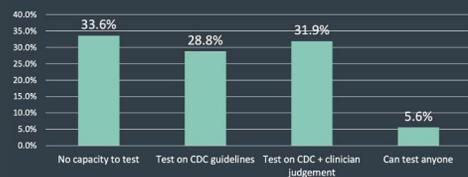
A third of respondents report either a "shockingly high increase" (10%) or a "meaningful increase" (24%) in COVID-related health burden among elderly patients without home support.

PHONE VISITS REMAIN COMMON



Video telehealth is increasing, but is still far from ubiquitous. A majority of respondents are using video for less than 20% of their visits (43%) or not at all (14%). Instead, forty-four percent of respondents are using telephone for the majority of their visits.

CAPACITY FOR COVID-19 TESTING



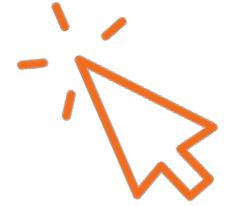
THE LARRY A GREEN CENTER

theppcc.org/covid

PRIMARY CARE COLLABORATIVE

- [PCC survey link](#)
- Primary Care Collaborative is tracking national impact on how practices are responding to COVID-19 by surveying primary care clinicians
- Please participate to help PCC better understand response and capacity of primary care practices
- Surveys open every Friday and close on the following Monday

Poll: Webinar feedback



- **The content of this webinar was helpful**
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree

Thank you!

Stay Connected to CQC

- Visit our **COVID-19 Resources** at calquality.org/resources/covid-19-resources
- If you have questions, want to register for our newsletter, or would like more information, email us at cqcinfo@calquality.org
- Tera's staff contact information:
 - **Yumi Taylor, MD** - diangiyt@sutterhealth.org
 - **Linette Fung** - funagl3@sutterhealth.org
 - **Robert Scrase** - scraser@sutterhealth.org





Appendix/Reference

Video Capabilities – Important to have

- Audio problems?
 - Chat function
- Skin lesion?
 - High quality video image for skin exams
- Care team or caregivers/family?
 - Group video
- Video app complexity?
 - Bypass app/download for a patient to join video

Example of High Risk Virtual Management

- 76 year old African American gentlemen with DM on insulin, CKD, HTN pw syncope, new diagnosis of metastatic duodenal cancer with low health literacy
 - Virtual Caregiver visits
 - Vitals virtually via patient portal
 - Written instructions via patient portal
 - Frequent touchpoints via telephone visits with caregiver
 - Care coordination with specialist, palliative care virtually
 - Access to specialists virtually
 - Care team weekly discussion for labs needed, medication reconciliation, clinician visit