Affirming Telehealth Practices for LGBTQIA+ Communities

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Fenway Health
AGENDA

• Impact of Telehealth at Fenway
• Approach to Program Planning
• Examples of Programming
• Equity & Access
• Resources
PIVOT TO TELEHEALTH DURING COVID

March 2020 to November 2020

- 26,093 Unduplicated Patients (80% of total patients)
- 27% Medicaid, Medicare, Other Public, Uninsured
- 1 in 5 were 50 years and older
- Lower No Show rates

- 99,808 Telehealth Visits (69% of total visits)
  - Behavioral Health: 78% of visits used Telehealth
  - Medical: 64% of visits used Telehealth
  - Optometry: 11% of visits used Telehealth
  - Dentistry: 6% of visits used Telehealth
TELEHEALTH UTILIZATION BY STATE
Telehealth vs. Office Visit Volume
March 2020-December 2021
Pivot To Telehealth During COVID

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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In-person
Phone
Video
TELEHEALTH UTILIZATION IN MA

Trans/Gender Diverse Patients
## Table 3. Attendance Rates Among Telehealth Visits Scheduled with Transgender and Gender Diverse (TGD) Patients from March through August 2020

<table>
<thead>
<tr>
<th>Attendance Status</th>
<th>Medical telehealth visits</th>
<th>Behavioral telehealth visits</th>
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<tr>
<td></td>
<td>Medical telehealth visits</td>
<td>Behavioral telehealth visits</td>
</tr>
<tr>
<td>Attended</td>
<td>n</td>
<td>% of scheduled TGD patient medical telehealth visits</td>
</tr>
<tr>
<td>Attended</td>
<td>5736</td>
<td>83.9%</td>
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<tr>
<td>No Show</td>
<td>374</td>
<td>5.5%</td>
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<tr>
<td>Canceled by Patient</td>
<td>729</td>
<td>10.7%</td>
</tr>
<tr>
<td>All Scheduled Visits</td>
<td>6839</td>
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</tbody>
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Chris Grasso, Juwan Campbell, Emily Yunkun, David Todisco, Julie Thompson, Alex Gonzalez, Amika Brewster, and Alex S. Keuroghlian. Gender-Affirming Care Without Walls: Utilization of Telehealth Services by Transgender and Gender Diverse People at a Federally Qualified Health Center, Transgender Health. Ahead of print [http://doi.org/10.1089/trgh.2020.0155](http://doi.org/10.1089/trgh.2020.0155)
No-Show Rates Comparing Office vs Telehealth Utilization for BIPOC Patients

Office No-Show Rates by BIPOC

Telehealth No-Show Rates by BIPOC
“As long as I can remember, I hoped I would be able to speak with my doctor over the phone or virtually. This has been a god-send for me and makes it much easier to prioritize my health.”

“The care and advice has not changed due to it being a Zoom appt”

“I really like this as an option! It's not ideal for every visit obviously, but I'd like to keep being able to schedule tele visits for things like adjusting medication dosage.”

“For routine care, especially psych visits that last no longer that 20 minutes, I think these telemed visits are the way to go. It's convenient and does not cut into large chunks of time during the day just trying to come in for a brief visit (getting to the clinic and then going back to work or home takes 5x as long as the actual visit itself) - not exactly practical. I hope this option remains available for good.”
APPROACH TO PROGRAM PLANNING
PRIMARY DRIVERS

Building a patient-centered & equitable telehealth program

➢ Strategy & Leadership
➢ Clinical Integration
➢ Providers, Staff & Patients
➢ Technology & Tools
➢ Reimbursement & Policy
EQUITY FRAMEWORK

What:
Equity and community input are embedded in and drive health center strategy decision-making for telehealth care delivery.

How:
• Practice collective reviews of telehealth policies to prevent “gatekeeping”
• Create opportunities for community to share decision making about telehealth
• Establish diverse working groups to review policies

https://playbook.fqhctelehealth.org/introduction/#equity-framework

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EQUITY FRAMEWORK

What:
Patient choice and needs drive decisions regarding the mechanism(s) of their telehealth care; virtual supports to address needs are embedded in clinical systems and do not need to be requested

How:
• Understand what the access points are for telehealth and allow for patients to utilize any access points
• Integrate fields in clinical systems to document patient choices/preferences and needs for telehealth care; regularly confirm/update this information
EQUITY FRAMEWORK

What:
Providers have cultural awareness/competency/humility in providing care to their patients and adapt telehealth care delivery to align with patient needs.

How:
• Intentionally engage people in the community in telehealth decision-making
• Deploy telehealth navigators to access patient digital access and provide support
• Measure who is and who is not accessing telehealth services and why
EQUITY FRAMEWORK

What:
Technology is structured to enable flexibility/be responsive to patient choice, provide needed support(s), and ease/facilitate engagement in telehealth

How:
• Intentionally create and actively engage in partnerships with community organizations that promote technology and those that enable access
• Partner with vendors who are committed to and experienced in working with diverse populations (e.g., language needs, tech literacy)
EQUITY FRAMEWORK

What:
Policies directly identify equity as a priority and these priorities, as well as related date, drive telehealth policy decisions; telehealth advocacy efforts are informed by equity priorities/data and community input.

How:
• Collect accurate data that is representative of the patient populations being served to identify who is and is not able to access telehealth
• Monitor closely the developments in industry, policy, and reimbursement that will or may impact equity and/or telehealth goals
HOW CAN TECHNOLOGY HAVE AN IMPACT?

1. Equity/Access
2. Patient satisfaction
3. Improved health outcomes
4. Quality of Care and Services
5. Fiscal Performance
STRATEGIES FOR SUCCESS

Robust Provider & Staff Resources

Video First Approach
  • Launched video platform immediately
  • Set expectations from the start

Multidisciplinary Teams for Planning and Quality Assurance
TELEHEALTH SUPPORT FOR STAFF AND PATIENTS

Provide immediate support for patients and staff

Safety net for providers working remotely

Positive interaction for patients navigating new workflows

Provided live support

High volume initially but has tapered off

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TELEHEALTH SUPPORT FOR STAFF AND PATIENTS

Helpful Resources
• Dedicated email address
• Provider materials/SOP’s
  • Branded virtual backgrounds
• Patient instructions (English and Spanish) on our website
• Test URL link sent to patients prior to visit
EXAMPLES OF PROGRAMMING
PREPARING FOR THE VISIT

Patient receives an **automated** text with visit link

FAQs
- How to Prepare for your Telehealth Visit
- How to connect to your Telehealth visit
- How the visit works
- How to prepare your device/computer for a Telehealth visit?
- How to prepare your environment for a Telehealth visit?

**Frequently Asked Questions**
- What is Telehealth?
- Why use Telehealth for a video visit with my healthcare provider?
- Are Telehealth visits secure?
- Who can be scheduled for a Telehealth visit?
AUTOMATE PATIENT REPORTED OUTCOMES
Hello from Fenway! You took a survey during a recent visit, this link https://fenwayhealth.org/helpful-resources/ has some resources that may be helpful.
EHR FORM

TELEHEALTH MEETING - ONLY FILL IN IF YOU NEED SAME DAY LANGUAGE LINE ACCESS

Telehealth Meeting Invite URL: [Input Field]
Language Line Authentication Code: [Input Field]
Choose provider: [Dropdown]
Pacific Language Interpreters

TELEHEALTH CONSENT

1. Was the patient's identity confirmed using 2 patient identifiers? □ Yes □ No
   Phone Only □ Audio and Visual

2. Was the visit provided through? □ Not a Fenway location/offsite (e.g. Patient's home)
   □ Fenway location (1340/FSE/Barum)

3. Originating site (exact physical location of patient): □ Not a Fenway location/offsite (e.g. Provider's home)
   □ Fenway location (1340/FSE/Barum)

4. Distant site (location of provider): □ Not a Fenway location/offsite (e.g. Provider's home)
   □ Fenway location (1340/FSE/Barum)
Virtual Walk-In using Zoom

for participants of Fenway Behavioral Health Services

including those awaiting therapy

Monday-Friday
noon-4:00 pm

Zoom 795.004.7430
or “bhwalkin”
REMOTE PATIENT MONITORING (RPM)

Ease of use fundamental in vendor choice. Low barrier adoption is key.

- no cost to patients
- easy technology (cellular vs. Bluetooth)
- clinical efficacy
- interoperability

We are expanding into glucose monitoring for patients living with HIV & Diabetes
Early Learning Success Story

Patient not previously diagnosed with HTN

- Enrolled in the RPM program
- Multiple, early out of range readings
- Outreach by RN for review & assessment
- Medication prescribed based on BP values
- Immediate BP decrease & readings within manageable range
- Continued adherence to RPM & care plan
- Prevented decline in health condition
- ER visit avoided
# Patient Sample

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient DOB</th>
<th>MRN/ACT#</th>
<th>Patient Email</th>
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**Timeframe:**
11/10/2021 - 12/10/2021

**Filter:**
Days

**Exported Date:**
Dec 10, 2021

![Blood Pressure Graph]

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EXAMPLES OF ONGOING INITIATIVES

➢ Care Team Integration – patient centered approach
➢ Health Equity Dashboard – continuous monitoring
➢ Examining data to identify care gaps/opportunities – put findings from Dashboard into action
EQUITY IN TELEHEALTH PROGRAMMING

Initiatives include:

• Development of equity dashboard specifically to monitor utilization of telehealth services
• Sourcing of resources for patients to participate in telehealth
  • Affordable Connectivity Program
  • Disseminating donated devices
• Health Equity Framework Advisory
• Supporting the 'No Wrong Door' approach
  • Kiosks at Fenway locations
EQUITY & ACCESS
AFFIRMING TELEHEALTH
Research consistently shows that LGBTQIA+ people face many barriers to accessing care. A 2022 national survey conducted by Center for American Progress found that 20% of LGBTQI+ Americans, and nearly one third of transgender people, reported postponing or avoiding medical treatment due to discrimination.

CARE CHALLENGES FOR LGBTQIA+

• Invisible to their care providers
• Experience delays in access to care
• Factors including:
  • financial constraints
  • transportation difficulties
  • public accommodations discrimination
  • more prevalent depression or anxiety often create an increased burden for patients preventing them from attending appointments
TELEHEALTH BENEFIT FOR LGBTQIA+

- Increasing access to clinicians trained in LGBTQIA+ care
- Ensures that patients receive affirming care regardless of geographic location
- Creating a Welcoming and Inclusive Health Care Environment
- Improve health outcomes and reduce disparities
ACCESS IMPACT

Telehealth has the potential to enable changes required to respond to evolving health care needs

• Digital platforms can address patient needs more quickly

• Survey revealed that 75% of patients felt that physicians who integrate mobile technology within their practice provide a faster and more convenient healthcare experience

• Foster patient engagement that not only retains patients, but attracts new patients
TECHNOLOGY DEVELOPMENT AT FQHC’S

• FQHCs have historically been on the forefront of health care provision but not included in software development
• Delivery models offer ideal environments to develop and pilot new innovative technologies under real-world conditions.
• Better representation
• Close the Digital Divide
Access: “Low digital literacy and lack of access to technology were the biggest barriers for patients to access telehealth services” “14.9% of Massachusetts residents age 65 and older live in households that do not have a computer”

“AUDIO-only telehealth remains a viable mode of care delivery for patients facing barriers”
100% parity for behavioral health telehealth services under federal and Mass Law (Chapter 260) Applies to all payors: MassHealth, Medicare, and Commercial Plans.

Both audio-visual and *audio-only

*furnishing audio-only may have risk-adjustment implications for Medicare
Technology equity is a social justice issue.

As telehealth technology becomes more prominent in health care, disparities in technology access and literacy among clients will widen existing health disparities. Therefore, technology access and literacy are social determinants of health to be included in treatment plans. In addition, prioritizing this issue will not only improve health but also social supports and conditions. Comfort and ability to participate in technology is fundamental to maintaining connections, obtaining and maintaining a job, and accessing basic needs.

https://store.samhsa.gov/sites/default/files/pep21-06-02-001.pdf
CULTURAL TRANSFORMATION

Patients positioned at the center of design
The pandemic has reinforced the importance of an individual approach to treatment for engaging some of the hardest to reach populations in care. The approach of meeting clients “where they are,” both physically and in their health journey, is critical to engagement.
ENSURING EQUITY

Leverage communication channels already in use

Build linkages to community-based organizations

Inclusive design

Integrate social services

Remove financial barriers

Digital literacy training

Built-in translation services
CONSIDERATIONS BEFORE DIVING IN

**Internal Audit**
- Assess current and emerging risks to your health center’s sustainability
- How might telehealth help?

**Vision and Mission**
- Review your organization’s vision, mission, and strategic plan
- Does telehealth have the potential to support?

**Identify Weaknesses**
- What problem(s) most needs to be solved? How would you prioritize them?
- How can telehealth help solve them?
IMPLEMENT A NEEDS ASSESSMENT

▪ Patient Needs Assessment
  ▪ Review Data, Patient Surveys

▪ Integrate All Members of the Care Team
  ▪ End-user involvement in planning process

▪ Consider Including Patients in Design
  ▪ Community Advisory Boards (CABs)

▪ Telehealth Workplans
  ▪ Implementation plan for initiatives
DIGITAL TOOLS EQUITY ASSESSMENT

1) Technology Needs
2) Language & Communication
3) Personal & Data Privacy
4) User Focused

HITEQ CENTER
TECHNOLOGY SUPPORT

Questions to consider prior to the telehealth visit

- Can the patient log on?
- Does the patient know who to contact in case of issues?
- Can their device, browser, and other software support the visit?
- Does your vendor offer a test program or site?
- Is the internet connection stable?

These assessments are a good fit for the Telehealth Navigator role
INCREASE ACCESS FOR PATIENTS

• Connect patients with devices
• Consider pilot programs with a subset of providers and patients for PDSA
• Choose a platform that allows patients to test their connection prior to their visits
• Involve care teams; MAs call patients' day prior to ensure comfort level with technology
• Encourage clients to try telehealth, and reminding clients that they can discontinue telehealth at any time and have their visit on-site
KEY TAKEAWAYS

• Telehealth is poised to be the “Great equalizer” in health care
• Payment parity
• Engage FQHC’s in technology innovation and development
• Engaging patients outside of their visits and physical location
• Telehealth increases access to clinicians trained in caring for LGBTQIA+ people regardless of geographic location
• Synergy between policy, technology and science
• Permanently removing state licensure requirements and payment parity for telehealth could ensure access to LGBTQIA+ responsive care across state lines.
• Health equity can be buoyed by digital tools that are innovative, affordable, consumer focused, and culturally inclusive
• Technology is positioned to offer personalized care
Affordable Connectivity Program (ACP)

The ACP is administered by Universal Service Administrative Co. (USAC) with oversight from the Federal Communications Commission (FCC).

The goal of the ACP program is to assist families who have low income or receive certain government benefits to pay for internet service, and get connected devices such as a laptop, desktop computer, or tablet.

https://affordableconnectivity.gov/
HELPFUL RESOURCES FOR PATIENTS

Lifeline Program

Lifeline program is an FCC program committed to making phone and internet service more affordable for low-income households by providing a monthly discount up to $9.25. Also, associated with a free phone or tablet that comes with connected services.

Qualifications

Income that is at or below 135%

Participate in a Government program Supplemental Nutrition Assistance Program (SNAP), Medicaid, Supplemental Security Income (SSI), Federal Public Housing Assistance (FPHA), Veterans Pension and Survivors Benefit

Automatically qualify for ACP, if receiving a Lifeline benefit. Contact a participating provider to enroll in the ACP

How to apply?

https://www.lifelinesupport.org/
SAMPLE WORKFLOWS
WORKFLOW FOR VIRTUAL BH WALK-IN

1. Patient dials into the "bhwalkin" Zoom Room

2. Patient Services Coordinator (PSC) admits pt. into virtual check-in room

3. Eligibility is confirmed

4. PSC admits the patient into the virtual therapy visit room

5. PSC notifies an available BH Clinician there is a patient in the virtual therapy visit room seeking support

6. BH Clinician calls into registration room

7. PSC admits BH Clinician into registration room and shares basic information about the patient

8. PSC then situates the BH Clinician into the therapy room where the patient has been waiting

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Integrated Visit Workflow
Thank You!

Questions?
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