



Affirming Telehealth Practices for LGBTQIA+ Communities

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AGENDA

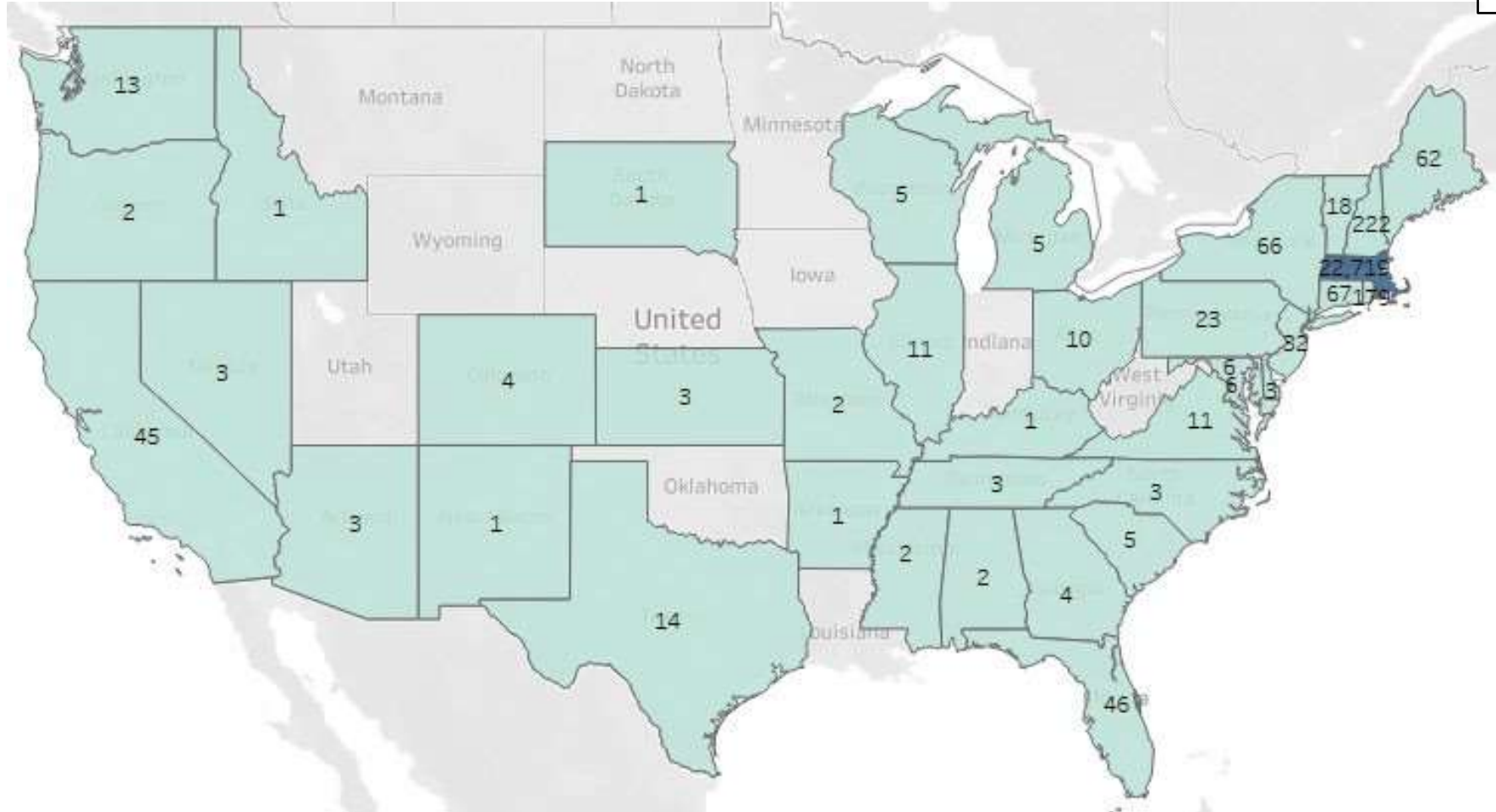
- Impact of Telehealth at Fenway
- Approach to Program Planning
- Examples of Programming
- Equity & Access
- Resources

PIVOT TO TELEHEALTH DURING COVID

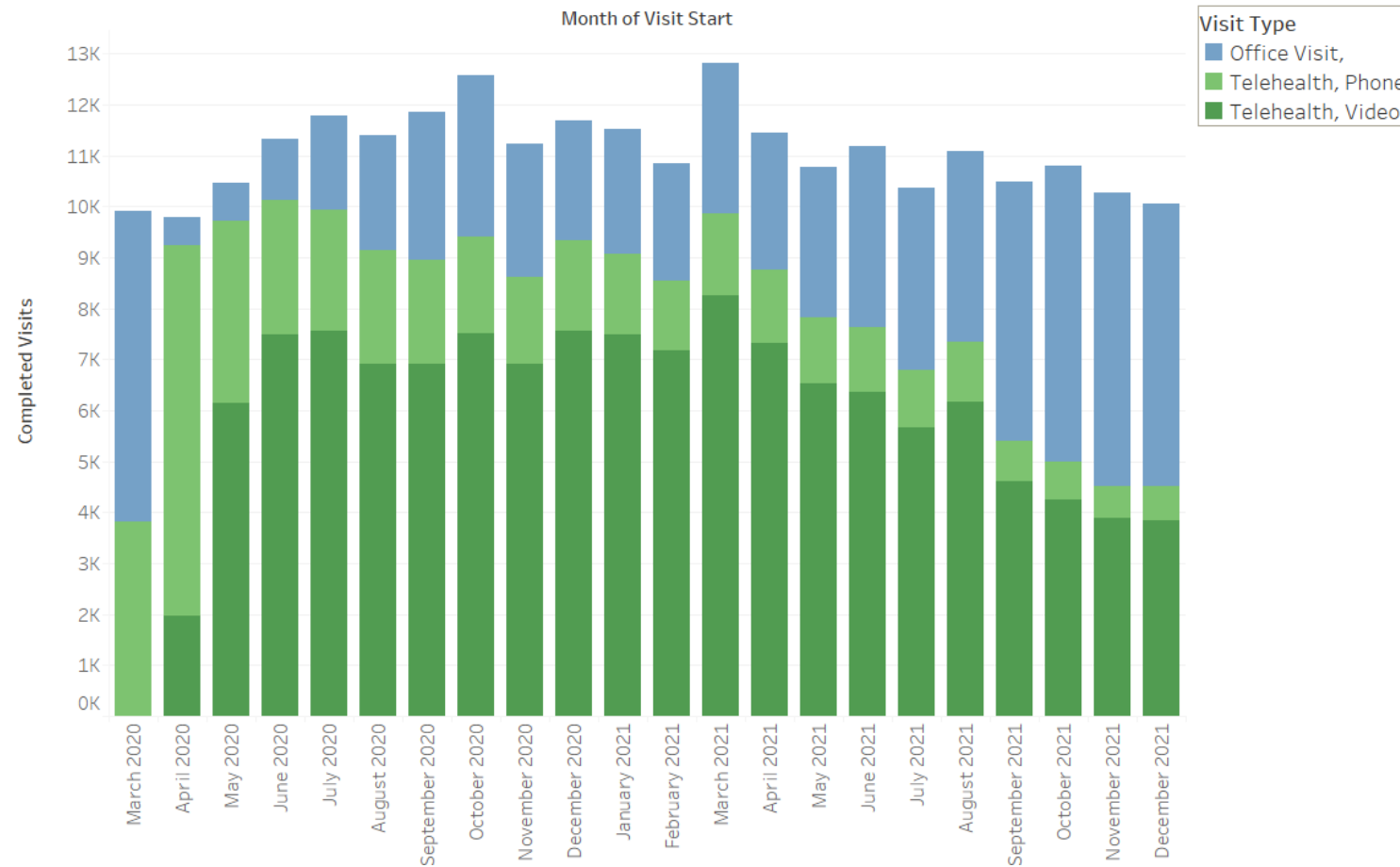
March 2020 to November 2020

- **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

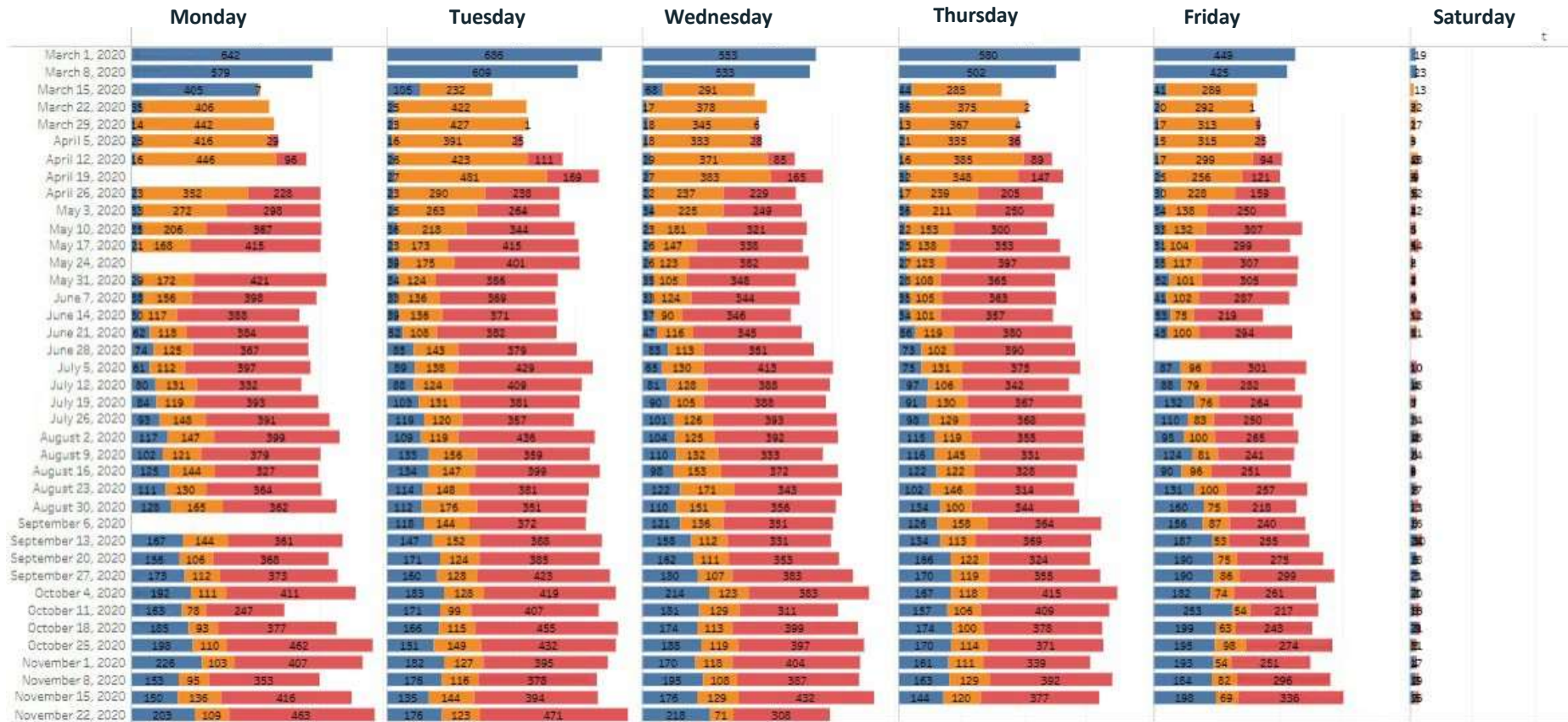


Telehealth vs. Office Visit Volume March 2020- December 2021



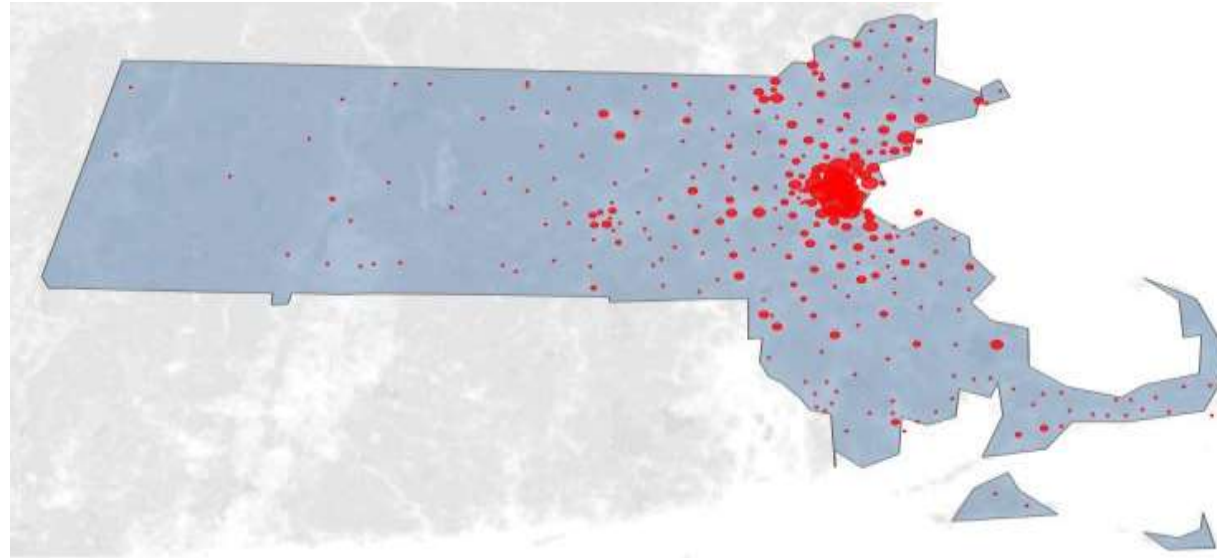
Pivot To Telehealth During COVID

■ In-person ■ Phone ■ Video



TELEHEALTH UTILIZATION IN MA

■ Trans/Gender Diverse Patients



TELEHEALTH APPOINTMENT ADHERENCE

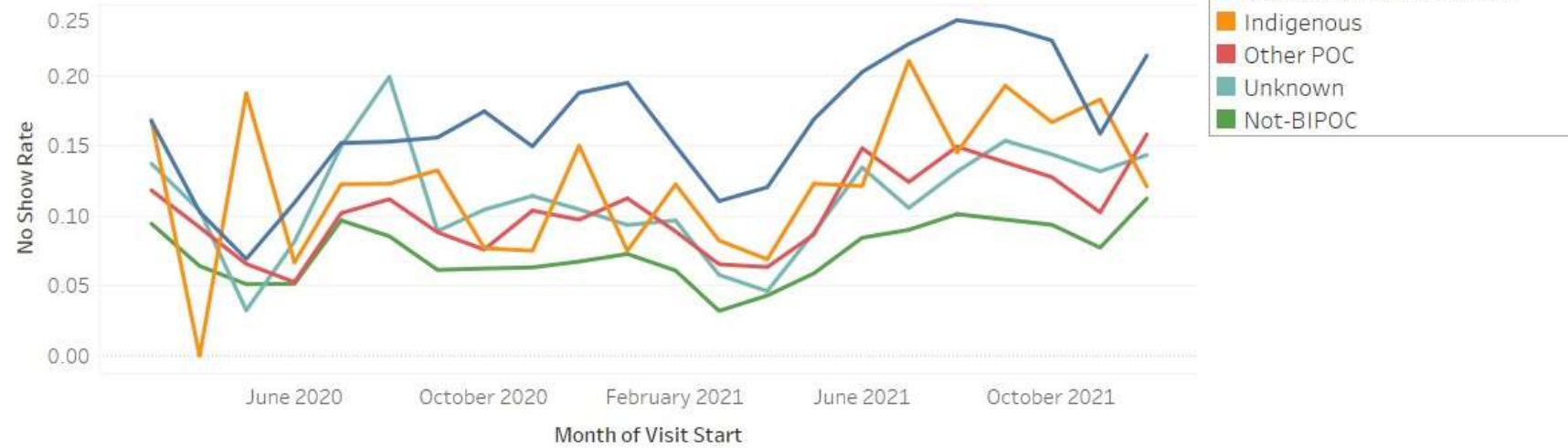
Table 3. Attendance Rates Among Telehealth Visits Scheduled with Transgender and Gender Diverse (TGD) Patients from March through August 2020

| | Medical telehealth visits | | Behavioral telehealth visits | |
|-----------------------------|---------------------------|--|------------------------------|---|
| Attendance Status | n | % of scheduled TGD patient medical telehealth visits | n | % of scheduled TGD patient behavioral telehealth visits |
| Attended | 5736 | 83.9% | 5644 | 86.4% |
| No Show | 374 | 5.5% | 538 | 8.2% |
| Canceled by Patient | 729 | 10.7% | 349 | 5.3% |
| All Scheduled Visits | 6839 | | 6531 | |

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>

No-Show Rates Comparing Office vs Telehealth Utilization for BIPOC Patients

Office No-Show Rates by BIPOC



Telehealth No-Show Rates by BIPOC



PATIENT QUOTES

“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 than 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>

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 data, 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

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

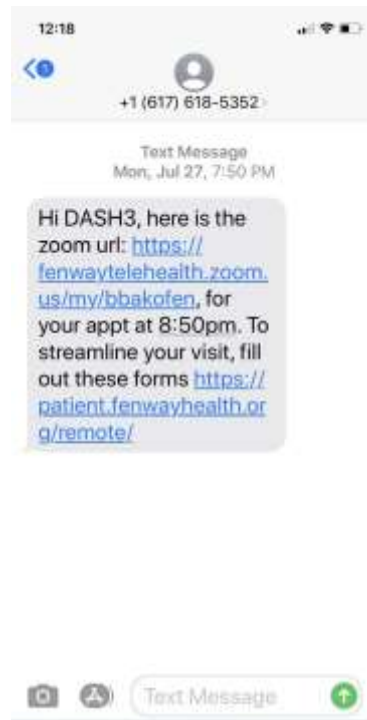


- > FAQs
- > How to Prepare for your Telehealth Visit
- > How to connect to your Telehealth visit
- > How the visit works
- > How to prepare your device/computer for a Telehealth visit?
- > How to prepare your environment for a Telehealth visit?

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



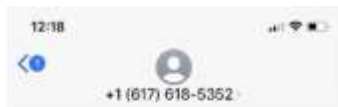
FENWAY HEALTH

Please indicate how often over the **LAST 2 WEEKS** you have been bothered by any of the following problems.

| | Not at all | Several days | More than half the days | Nearly every day |
|---|-----------------------|----------------------------------|----------------------------------|----------------------------------|
| Little interest or pleasure in doing things | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling down, depressed or hopeless | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Trouble falling or staying asleep, or sleeping too much | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Feeling tired or having little energy | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Poor appetite or overeating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

PREVIOUS [Progress Bar] NEXT

AUTOMATE PATIENT RESOURCES



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.



A screenshot of the Fenway Health website's 'Helpful Resources' page. The page has a blue header with the title 'Helpful Resources'. Below the header, there is a section titled 'We Believe That Everyone Deserves Access To High-Quality, Affordable Health Care' with a paragraph of text. To the right, there is a section titled 'For more resources, call or visit' with links to 'Call 211', 'mass211.org', 'findhelp.org', 'MassSupport Network Site', and 'MassSupport Network PDF'. Below these sections, there is a red-bordered box containing a list of resources: Housing, Housing Security, Tenant Rights, Food Security, Transportation, Utilities, and Employment. At the bottom right, there is a paragraph of text: 'If you need more assistance, or cannot access the above resources, please contact your team medical case manager. The information for your team medical case manager can be found on your check out sheet from any medical appointment, by asking front desk staff, or by calling 617-627-6300. Thank you.'

EHR FORM

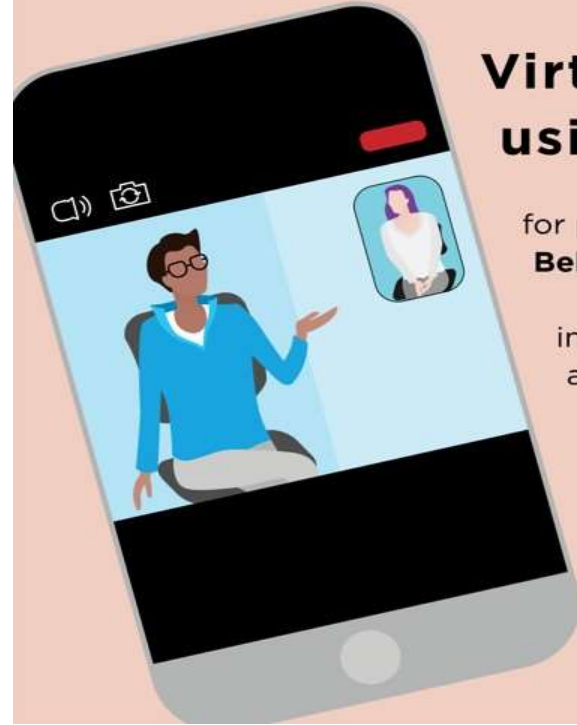
TELEHEALTH MEETING - ONLY FILL IN IF YOU NEED SAME DAY LANGUAGE LINE ACCESS

Telehealth Meeting Invite URL: Choose provider

Language Line Authentication Code:

TELEHEALTH CONSENT

1. Was the patient's identity confirmed using 2 patient identifiers? Yes No
2. Was the visit provided through? Phone Only Audio and Visual
3. Originating site (exact physical location of patient): Not a Fenway location/offsite (e.g. Patient's home)
 Fenway location (1340/FSE/Borum)
4. Distant site (location of provider): Not a Fenway location/offsite (e.g. Provider's home)
 Fenway location (1340/FSE/Borum)



Virtual Walk-In using Zoom

for participants of Fenway
Behavioral Health Services

including those
awaiting therapy

Monday-Friday
noon-4:00 pm

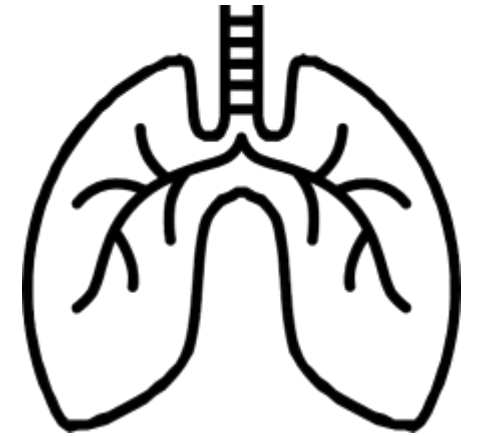
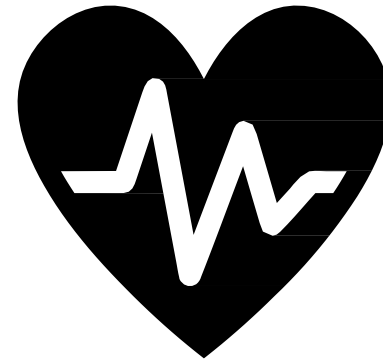
Zoom 795.004.7430
or "bhwalkin"

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

Patient Name

Patient DOB

MRN/ACT#

Patient Email

Timeframe

11/10/2021 - 12/10/2021

Filter

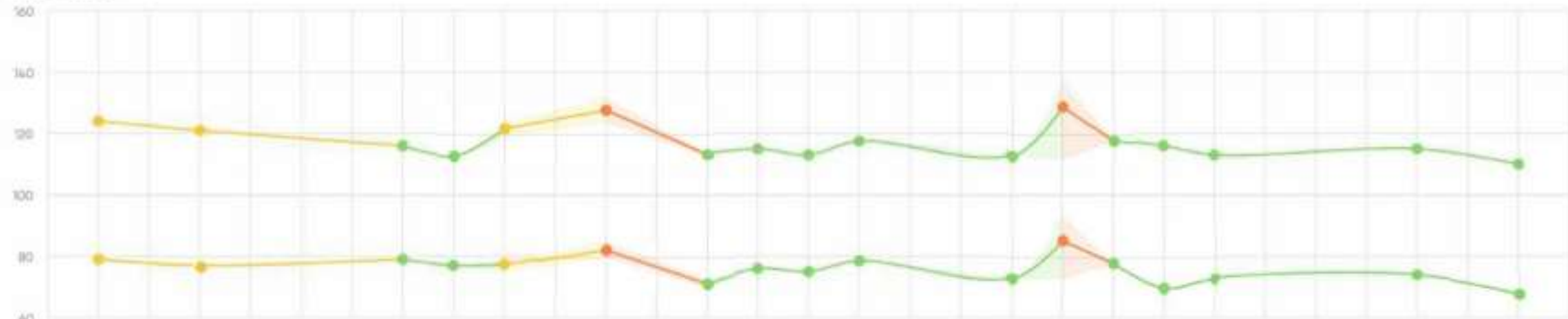
Days

Exported Date



Dec 10, 2021

Blood Pressure



| Day | Nov 10 | Nov 11 | Nov 12 | Nov 13 | Nov 14 | Nov 15 | Nov 16 | Nov 17 | Nov 18 | Nov 19 | Nov 20 | Nov 21 | Nov 22 | Nov 23 | Nov 24 | Nov 25 | Nov 26 | Nov 27 | Nov 28 | Nov 29 | Nov 30 | Dec 1 | Dec 2 | Dec 3 | Dec 4 | Dec 5 | Dec 6 | Dec 7 | Dec 8 | Dec 9 | Dec 10 |
|-----------------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Systolic Avg | 105 | 102 | 101 | 100 | 99 | 98 | 97 | 96 | 95 | 98 | 102 | 105 | 98 | 96 | 95 | 96 | 98 | 96 | 94 | 93 | 110 | 98 | 96 | 95 | 95 | 95 | 95 | 95 | 93 | 90 | |
| Systolic Range | 100-110 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | 95-105 | |
| Diastolic Avg | 80 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 80 | 82 | 75 | 78 | 78 | 78 | 80 | 78 | 75 | 75 | 85 | 78 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 70 | |
| Diastolic Range | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | 75-85 | |

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



TELEHEALTH BENEFIT FOR LGBTQIA+

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.

<https://www.americanprogress.org/article/discrimination-and-barriers-to-well-being-the-state-of-the-lgbtqi-community-in-2022/>

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

MA HEALTH POLICY COMMISSION REPORT

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”

MA HEALTH POLICY COMMISSION REPORT

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

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>



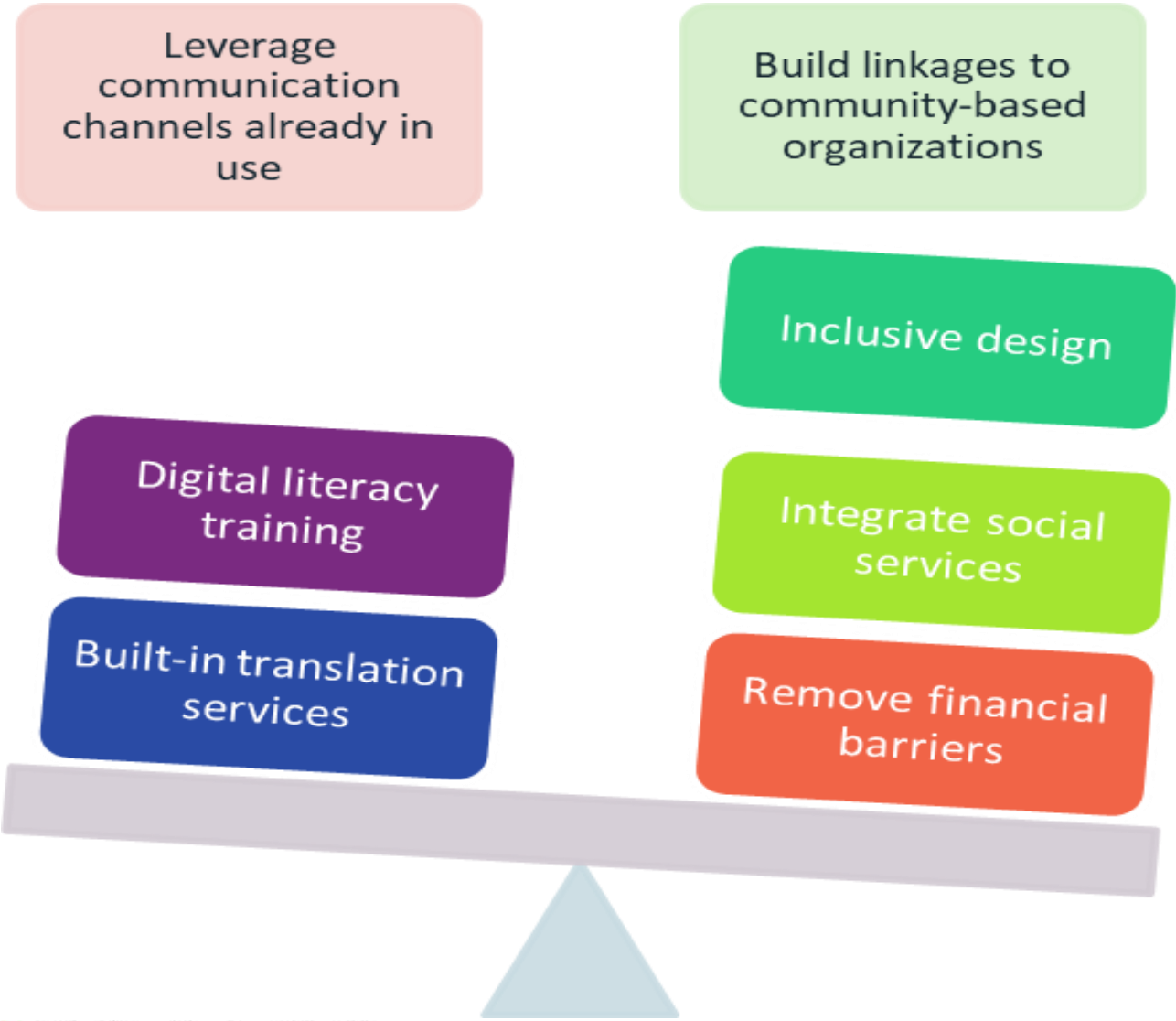
CULTURAL TRANSFORMATION

Patients positioned at the center of design

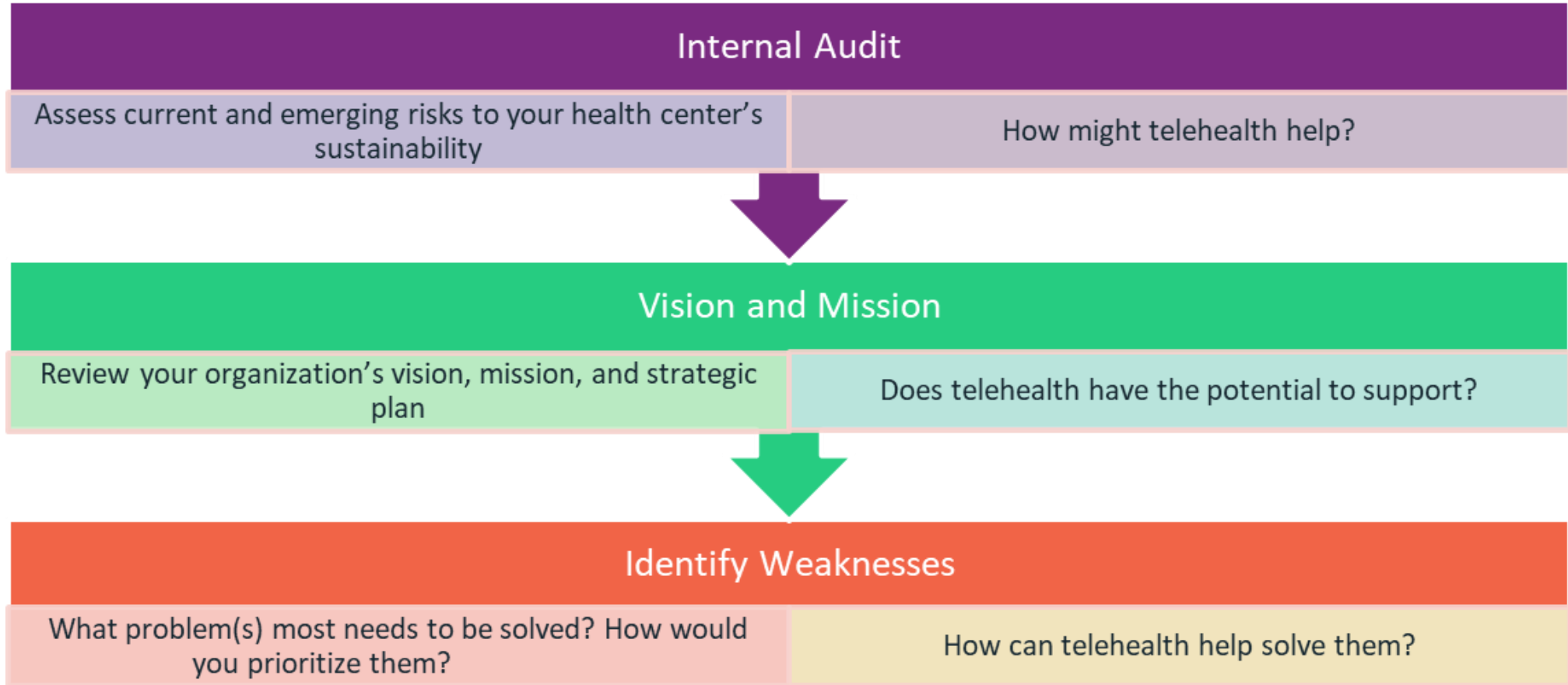
MEET PATIENTS WHERE THEY ARE

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



CONSIDERATIONS BEFORE DIVING IN



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

<https://hiteqcenter.org/Resources/HITEQ-Resources/telehealth-and-digital-tools-equity-assessment>

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

HELPFUL RESOURCES FOR PATIENTS

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 receives 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

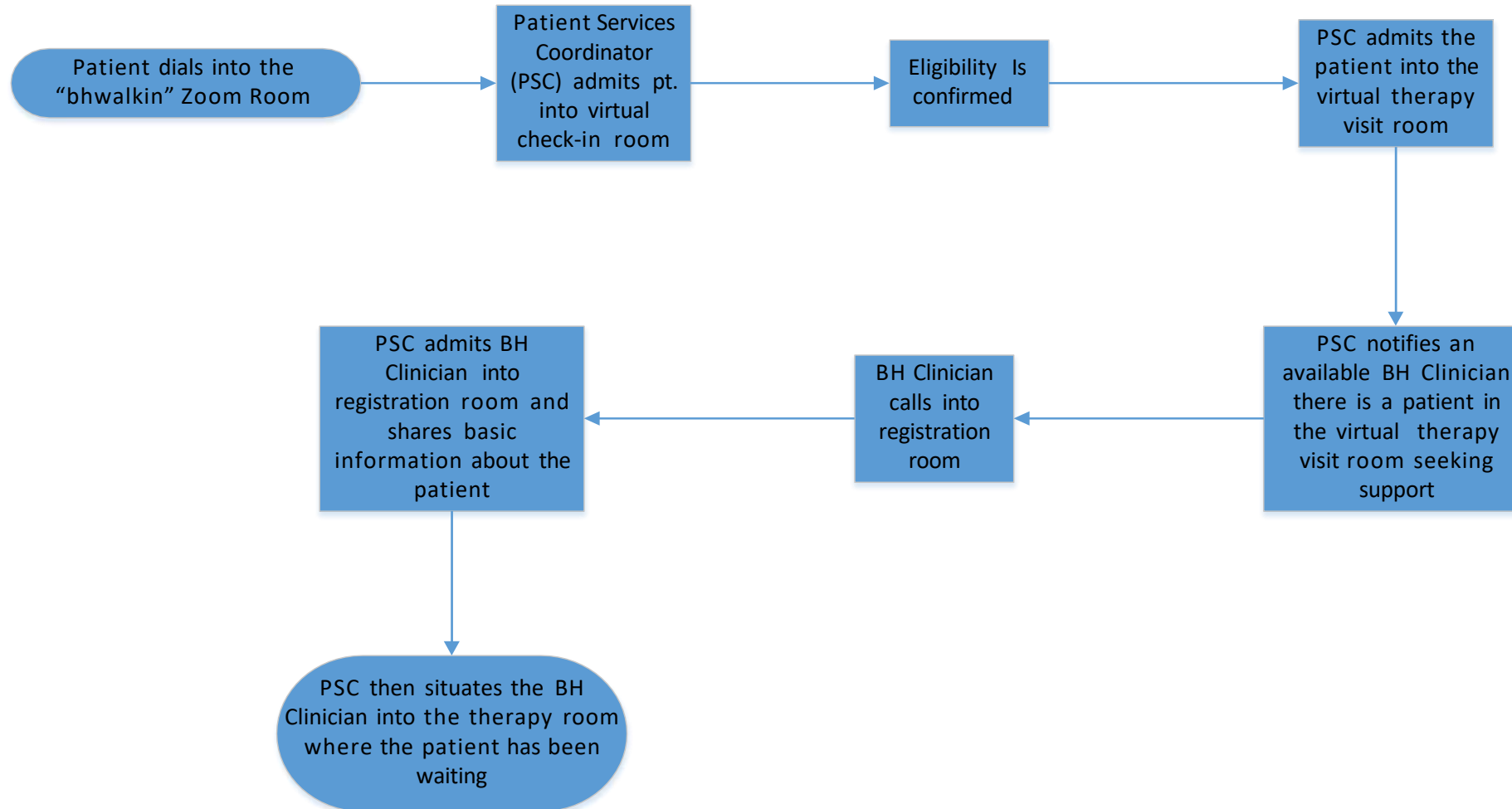
Automatically qualify for ACP, if receiving a Lifeline benefit. Contact a participating provider to enroll in the ACP

How to apply?

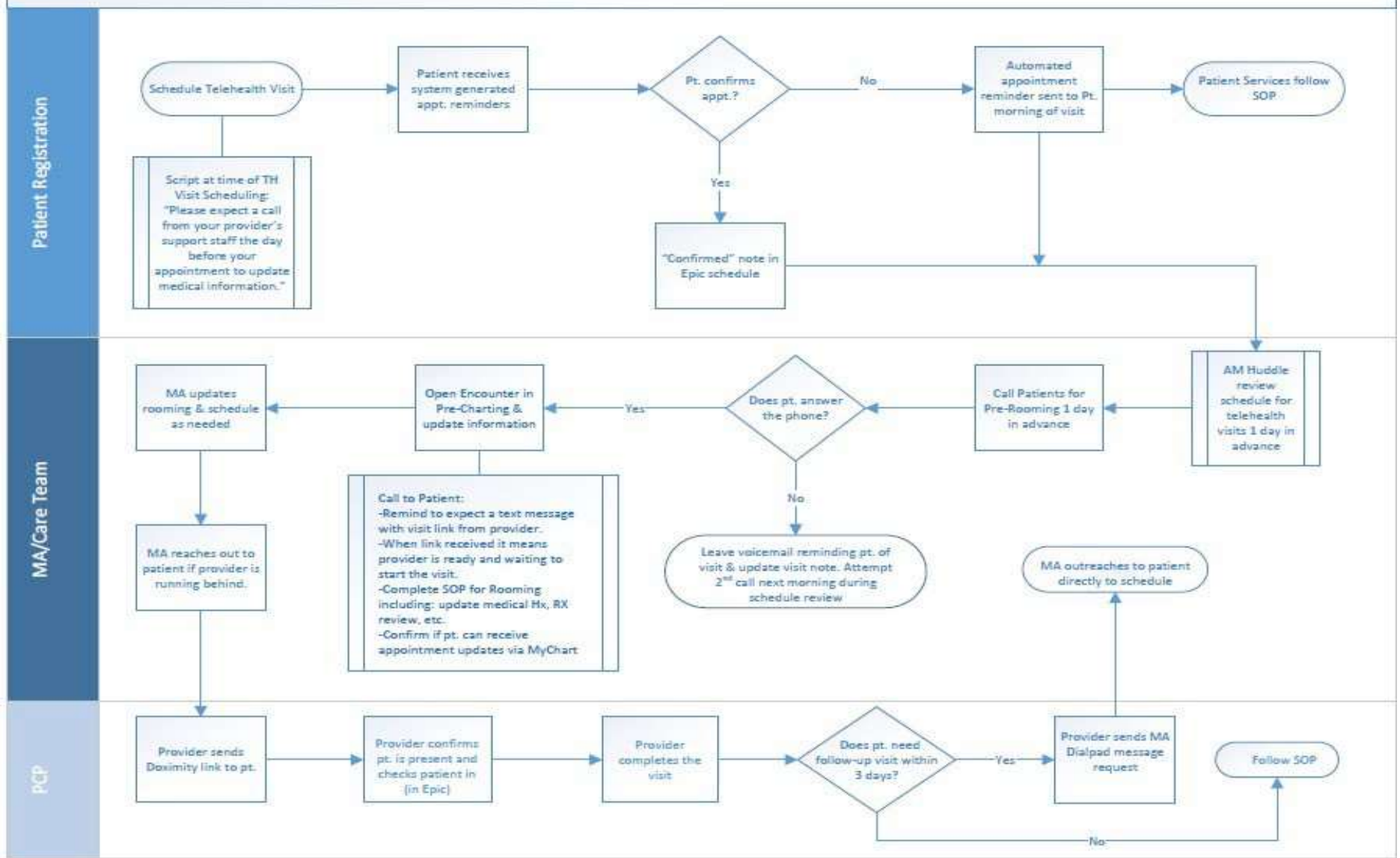
<https://www.lifelinesupport.org/>

SAMPLE WORKFLOWS

WORKFLOW FOR VIRTUAL BH WALK-IN



Telehealth Visit Workflow (medical dept.)



Integrated
Visit
Workflow

Thank You!

Questions?

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ephillips@fenwayhealth.org