TELEHEALTH: IMPROVING ACCESS TO GOOD CARE FOR ALL

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WHAT DID WE DO?

- Clinic- "Bring good care to the people wherever they are"
  - Primary Care for all ages,
  - Behavioral/Psychiatric Care,
  - Pain Management,
  - WORK COMP
- Community- "Shine the LIGHT in every corner in every community"
  - IN HOME CARE VACCINATION & TESTING,
  - MOBILE TESTING VACCINATION & TREATMENT SUPPORT,
  - STREET OUTREACH and SHELTER CARE/SUPPORT
  - BUSINESS SUPPORT/Occupational Health

“We just did what we knew was right”

PRIVATE PRACTIVE FAMILY MEDICINE CLINIC that is PHYSICIAN LED and grounded in COMMUNITY, COMPASSION, INTEGRITY and treating everyone like family

FOCUS on Street Medicine, Native Hawaiian and Pacific Islanders, high risk populations.

Premier Medical Group USA

WHAT DID WE DO? "SAFETY NET" FOCUS

- **MULTI-LAYERED APPROACH addressing RISK/VULNERABILITY** in different communities, cultures
  - IMPROVING THE HEALTH OF THE MOST VULNERABLE IMPROVES THE HEALTH OF THE WHOLE COMMUNITY
- FOOD BASKET ,HOPE SERVICES, CARE HI etc- OUTREACH WORKERS and CRISIS WORKER SUPPORT, community paramedicine
- UH HILO and other public, private schools/sports support
- GENERAL COMMUNITY, FEDERAL, STATE, COUNTY & BUSINESS SUPPORT

- ITS KEY WE KEPT SEEING PATIENTS: Primary Care, Palekana, Street Medicine, MOBILE, Work Comp, and **INCORPORATED Telehealth in ALL ASPECTS**

DEFINING VULNERABLE

- HOMELESS
- "RURAL"
- "KUPUNA"
- UNINSURED

- HIGH RISK for disease Spread or poor outcome

- **Its so much more complicated.**
- Low ACCESS areas **MOST PARTS OF THE STATE**
- OVERLAPPING "SPHERES" of RISK and VULNERABILITY
  - HEALTH- AGE, **STRUCTURAL BIAS**
  - JOB/EDUCATION
  - LIFESTYLE/DAILY ACTIVITIES
- ALICE HOUSEHOLDS

ACCOUNTABILITY- Not promoting SUB-PAR CARE to vulnerable, not cutting corners

DEFINING VULNERABLE

- CRISIS worsening gaps in care
  - Delayed or disrupted care
  - Chronic AND Acute disease management suffering
  - Workforce disruptions
- Worsening homelessness, Mental Health issues, violent crime, concerns
- Essential workers, Average Households affected
- RURAL burden

ACCOUNTABILITY- Not promoting SUB-PAR CARE to vulnerable, not cutting corners

ACCESS TO CARE: the Barriers are REAL

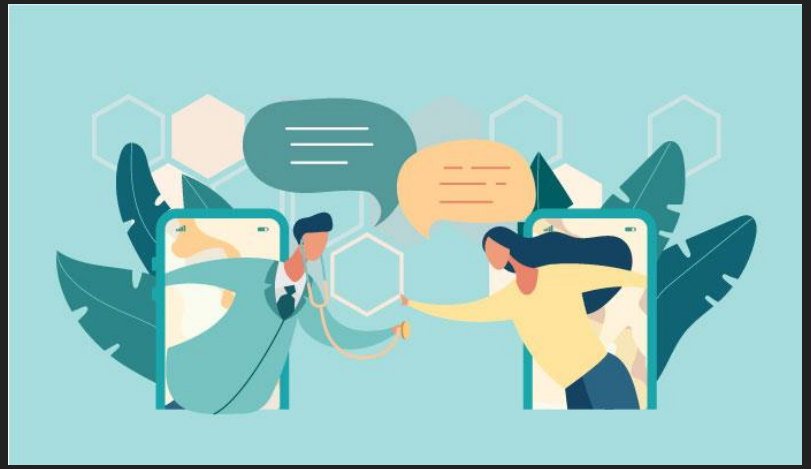
- ACCESS to CARE ACROSS THE CONTINUUM: **PERCEPTION vs REALITY**
  - The MYTH of WELL INSURED = ACCESS TO CARE
- **CULTURAL, SYSTEMIC DISPARITIES**
  - Native Hawaiian, Pacific Islander carry disproportionate share of burden of disease
  - SYSTEMIC RACISM and BIAS- there are differences in our care between ethnic and racial groups
- GEOGRAPHIC BARRIERS- our state is UNIQUE
- Socioeconomic barriers- child care, multiple jobs, insurance and medical costs- "SDOH tells a lot of the story"
- Disparities in distribution of resources, lack of continuity of care: NOT one size fits all

ACCESS to TELEHEALTH: the Barriers are REAL

- EXISTING DISPARITIES IN:
  - BROADBAND and TECH Resources
  - **TECH LITERACY and HEALTH LITERACY**
  - **INSURANCE**
- LIMITING FACTORS:
  - AVAILABLE PROVIDERS (do they accept insurance?)
  - AVAILABLE APPOINTMENTS
  - ACCESS POINTS- WiFi, laptop or phone, care hub, mobile clinic
- GAPS BETWEEN SUPPORT RESOURCES available and awareness

CHALLENGES TO PROVIDERS

- MANAGING A SIMPLE Concept in a COMPLEX MULTI-FACETED Situation
- MULTIPLE ROLES AS A PROVIDER-
  - EXPERT
  - CONNECTOR
  - ADVOCATE – Maintaining quality and safety
  - KEY PART of the Patient Experience
- GAPS in AWARENESS of resources- CONSTANT STRAIN across care continuum



- NEED TO BE INVOLVED in KEY Discussions esp: Implementation, Decision Making, Testing

There is a social responsibility to take care of vulnerable people.

-Noam Chomsky

TELEHEALTH: TOOL TO IMPROVE CARE

- EXTEND CLINICAL CARE reach into community
- ENHANCE CARE experience by incorporating external elements previously unavailable
- Leverage technology to amplify/extend limited resource- PROVIDER
- ACCESS to specialists/providers remotely- avoid travel costs, other disruptions

- Mindful of safety, quality, equity, intrinsic barriers to care
- VULNERABLE & MARGINALIZED- Crisis care, importance of accountability

LESSONS LEARNED: the VISIT

- **IMPORTANT TO ALWAYS ASK: IS TELEHEALTH APPROPRIATE**
  - **MORE THAN OFTEN: YES**
  - Who is determining this?
  - TRIAGE, scheduling NEEDS provider input for best outcome
  - ACCOUNTABILITY- ensure we are not simply replacing care

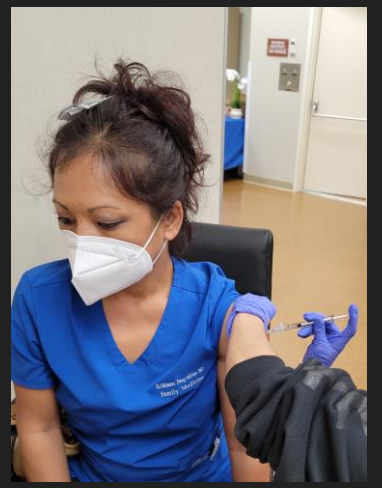
- Can any portion of the visit be improved by connecting to a remote resource?

- **COMMON ELEMENTS: Patient, mode/device for connection, Provider, CARE provided**

LESSONS LEARNED: the VISIT

- **Some common elements, but visits are unique by purpose, setting, specialty**
- PRE-VISIT PLANNING:
  - SETTING- Inpatient vs Outpatient vs Remote
  - First Visit or Follow up/Established?
  - REQUIRED FORMS or components?
- DURING VISIT-
  - Who needs to be present and where?
- EVALUATING/IMPROVING POST-VISIT :
  - Timeliness- efficiency, content
  - Connectivity- good signal/video/audio
  - Portion of visit improved with telehealth?

FLEXIBILITY in delivery of CARE is KEY



LESSONS LEARNED: the PATIENT

- Meaningful care CONNECTS TO LARGER CARE NEEDS/DELIVERY SYSTEM
- Patients appreciate the ability to access care
  - Convenience
  - Cost (travel, missed work, etc)
- Increases "touch" or access points for care
- Challenges in perception
  - When it is not appropriate
  - What is required- for care vs for visit
- Challenges in awareness
  - Is telehealth an option if I don't have a phone?
  - Can a PART of the visit be supported TELE so in person is more efficient

LESSONS LEARNED: the PATIENT

- POTENTIAL SOLUTIONS: connecting the patient to their local and extended community
  - Understanding the "WHOLE PATIENT"
- TEAM UP with OTHERS reaching into community
  - SCHOOL BASED EFFORTS
  - WORK-BASED EFFORTS
  - FOOD BASKET/Food security projects
  - CHURCH OUTREACH, other specific service organizations

- ENHANCE EXISTING EFFORTS help other organizations make impactful decisions with their investments

LESSONS LEARNED: The TECHNOLOGY

- Resource hubs NEED TO SUPPORT multiple platforms, multiple experiences
  - Support common elements but cannot be exclusive to particular systems
  - Support needed to stay up to date- TECH, POLICY, SUPPORT/funding
- PROVIDER engagement should be central
  - Without providers to access, telemedicine doesn't reach its full potential
  - Provider buy in helps patient experience
- TECH LITERACY is still not 100% on both sides of the camera

- **STRUCTURAL BIAS and RACISM**: IMPROVING THE HEALTH of the MOST vulnerable and marginalized IMPROVES the health of the WHOLE COMMUNITY **but the system sometimes IS the barrier.**

FUTURE DISCUSSIONS:

- **Clinical Taskforce: CLINICAL AND COMMUNITY** EXPERTISE IS REALLY IMPORTANT FROM PLANNING TO EDUCATION TO EXECUTION!
  - Provider Champions across care continuum and across specialties
- **Technology and Community Resource HUBS- Connecting experts across sectors**
  - Future directions- funding, focus, future growth
  - Understanding existing infrastructure and efforts to improve
- Medical-Social-Legal Discussions: Understanding the people we are serving and Ensuring no one is left behind

There is no such thing as TOO MUCH OVERLAP as we rebuild the safety net for HEALTHCARE

MAHALO!

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