

RAPID RESPONSE TELEHEALTH: FINAL REPORT

February 2022

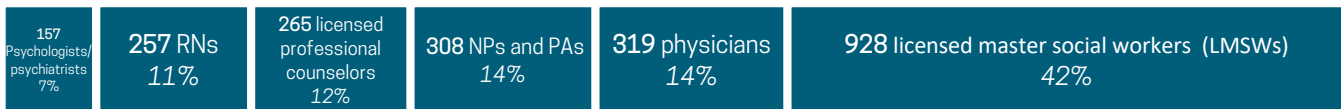


At the onset of the COVID-19 pandemic in March 2020, the Michigan Health Endowment Fund, Blue Cross Blue Shield of Michigan, Blue Cross Blue Shield of Michigan Foundation, Ethel & James Flinn Foundation, and Metro Health Foundation granted \$2,950,153 to 61 nonprofit healthcare clinics to jumpstart transitions to telehealth.

The clinics, located throughout the state in both rural and urban settings, connected upwards of 200,000 individuals to physical and behavioral health telehealth services throughout the 18-month grant period. In many cases, clinics reported not only sustained telehealth capacity for staff, but an increase in new patients and reduced no-show rates.

The long-term impact of this funding is immeasurable: 97% of clinics will continue to offer telehealth services indefinitely.

2,234 providers trained in telehealth

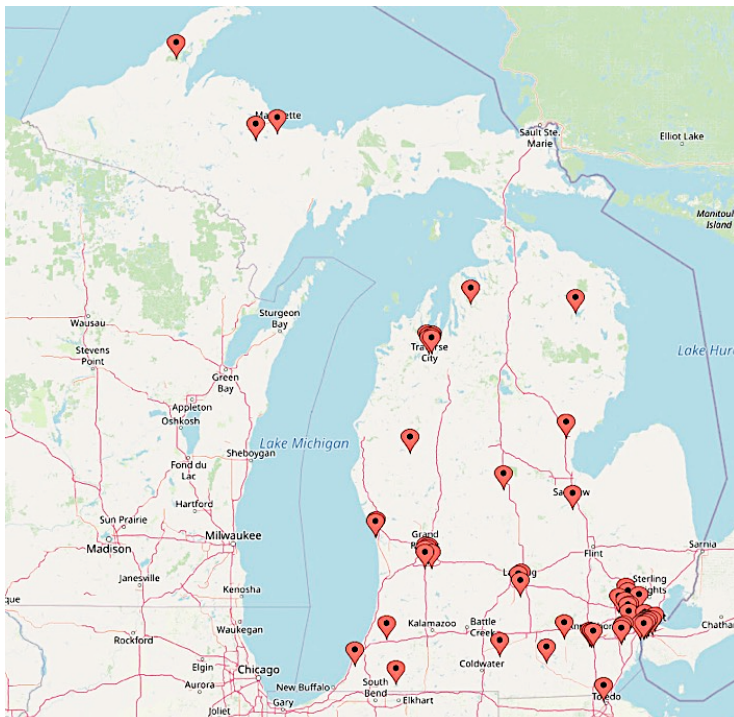


197,531 individuals served *



*An individual may be counted in both categories

61 provider locations



KEY TAKEAWAYS

FIND THE TOOLS AND VENDORS THAT WORK BEST FOR YOU.

Selecting the correct software and hardware is essential to the successful launch of telehealth. Lack of available hardware (laptops, cameras, etc.) was a temporary but lengthy hurdle for our grantees, with some technology backordered three months. Many clinics also noted that not all technology vendors are created equal; clinics tried several vendors before selecting a service that best meets the needs of their patients and staff. Grant partners had several tips for selecting a telehealth platform/vendor:

- **Understand the needs and capabilities of your patients first.** Clinics that primarily serve older adults may choose to select a more straightforward, basic platform. Planning for language translation services was also key to meet the needs of patients.
- **HIPAA and regulatory compliance are critical.** Federal and state offices temporarily loosened HIPAA and other regulatory requirements such as allowing for audio-only services. For long-term success, a vendor needs to be compliant with HIPAA and other regulatory conditions.
- **Prioritize electronic medical record (EMR) compatibility.** Plan for software that works directly with the EMR.
- **Customizable waiting rooms are best.** Clinics reported that software that allowed patients to sign in early and wait for a provider were most effective. Medical assistants and other staff are also able connect with a patient for basic questions or signatures prior to the visit.
- **Choose a platform with integrated administrative functions.** Administrative tasks like screen sharing and electronic signatures should be integrated into the workflow of the visit and not require workarounds.

Our partners also emphasized that you must consider additional technology needs alongside platform selection. Laptops and PCs to be used for telehealth must have enough memory to work quickly and have good camera and audio capabilities, and it is important to find a quiet space to use them.

EVERYONE BENEFITS FROM UNIVERSAL BUY-IN.

The success of an organization's telehealth initiative has a great deal to do with the involvement of staff from all areas of the practice—not just providers. Grantees emphasized that all staff, regardless of their role, should be thoroughly trained in the new technology and updated office workflows. What may have previously been a multi-year process was packed into a few short weeks and demanded an all-hands-on-deck approach. A few tips from our partners:

- **Work first with participants and staff that embrace and generally understand the technology.** Their positive outcomes will help persuade more reticent staff.
- **Staff buy-in increases when provided with in-depth training.** When staff train in the system and understand all potential benefits, they are more likely to be invested in the success of the system and encourage its use.
- **Build in a continuous feedback loop and regular progress check-ins.** If the organization knows how it's going, and it can be prepared and flexible to make changes as needed.
- **Provide staff with upgraded technology.** Technology like headsets, broadband boosters, and external cameras allow staff to work remotely and limit frustrations from outdated hardware.

CONCLUSION

Overall, clients embraced telehealth as an effective form of treatment delivery. The adoption of the technology varied by age, location (rural versus urban), and purpose of the visit. Clinics that primarily focus on children reported broad acceptance and enthusiasm for an option that removed the need for transportation to a clinic, childcare for other family members, and time away from work. For older adults facing social isolation, software programs created not only a new way to connect to others, but also a connection to care through virtual appointments and remote monitoring devices.

Despite telehealth's many benefits, virtual care can come with additional challenges for some populations. Rural locations with limited internet access experienced the greatest barriers in telehealth adoption. In the most remote parts of Michigan, even the latest smartphone or tablet cannot find a phone or internet connection where it doesn't exist. The short-term change in reimbursement policy to expand access to audio-only healthcare appointments helped clinics in these locations connect with patients. It is unclear if this will remain a long-term solution. Several clinics overcame these barriers through wireless hot spots placed in parking lots for patients to use and subsidizing low-income clients for internet costs and devices.

The unique circumstances of the pandemic created a pressing need for rapid implementation of telehealth services. This collaborative funding initiative helped fan that spark into flame. From choosing the right tools to building all-staff buy-in, the participating clinics' accelerated implementation experiences offer helpful lessons for healthcare providers interested in creating and expanding telehealth services in Michigan. And with over 2,000 providers trained and nearly 200,000 Michigan residents served, the impacts of this funding collaborative will continue to ripple across the state for decades.



IMPACT STORIES – IN THEIR OWN WORDS

“Our behavioral health department increased overall productivity while offering telehealth and received frequent client feedback suggesting telehealth made it easy to stay engaged with treatment and focus on goals. Telehealth also eliminated barriers to treatment including transportation and childcare.”

“Each therapist found unique ways to personalize their therapy sessions, especially with children who may not want to sit at a screen for an extended period to “talk.” One therapist sent art materials to her clients to use during their sessions, another utilized workbooks and activities to engage teens.”

“We met the needs of our patients in the most safe and responsible manner. It is notable that due to our efforts and successful implementation of telehealth, our childhood vaccination rates did not decline with the nation-wide trend. This was a key accomplishment of which we are very excited and proud.”

“Prior to offering telehealth, a client in a wheelchair traveled to her weekly appointment with a therapist using public transportation, requiring three hours of round-trip travel time for each one-hour appointment. Including transportation time, each counseling appointment required a four-hour time investment. Through tremendous dedication and perseverance, she persisted in attending her appointments. Thanks to this grant, one-hour appointments have now been transformed into only one-hour time commitments; and for that, this client and others like her have expressed their immense gratitude.”

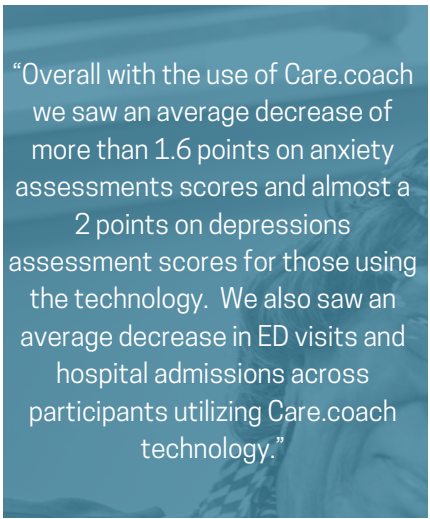
“Our team has embraced the use of technology to monitor patient's symptoms and as a quick method of communication. The ease of the tool creates better communication with the patient and their support system to ask questions and report changes in symptoms. The providers are then able to be proactive in their approach to manage symptoms rather than reactive to out of control symptoms. This is especially true in managing chronic urinary tract infections and hypertension. We have been successful in reducing ER visits in these areas with several patients.”

“In our Center for Autism, we noticed that attendance and participation in parent training increased when using telehealth. It also allowed staff to have a more authentic look into parent-child interactions. It has helped improve the quality and overall impact of parent training, especially when supplemented with in-person services. We want to continue this service, especially for last-minute observations when the learner is having a tough day. It is a beneficial tool to reduce learner reactivity to our presence to see how the learner is typically responding without us present.”

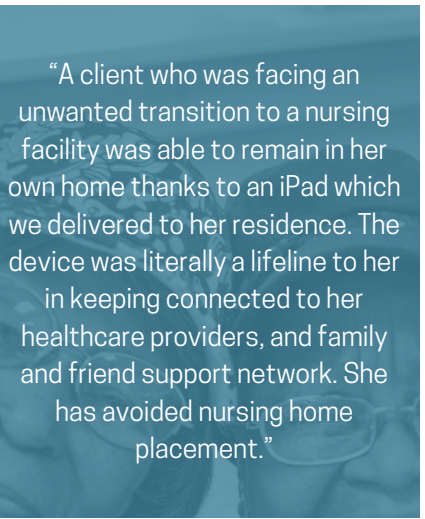
“We are proud to report that thanks to increased accessibility of health services through telehealth opportunities, no show rates reduced from about 33 percent to about 21 percent.”

“Setting up an onsite telehealth option, either inside the clinic or offering a curbside option where patients are given a device to be used in their automobile, was met with success.”

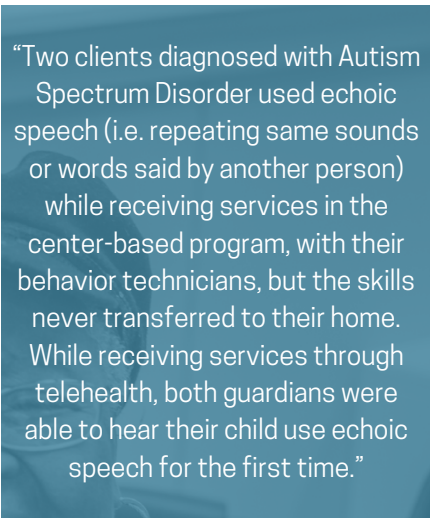
“This grant completely transformed how we operate. Without converting to a Microsoft 365 platform and the ability to do inter-agency conferences, remote phone systems to work with clients and telehealth - we would have had to discontinue services.”



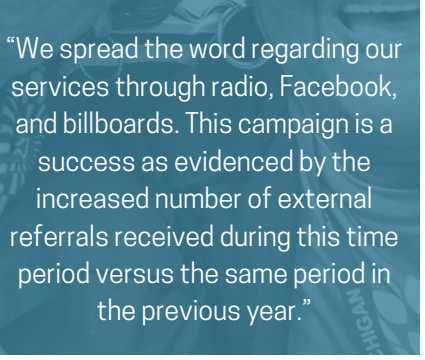
“Overall with the use of Care.coach we saw an average decrease of more than 1.6 points on anxiety assessments scores and almost a 2 points on depression assessment scores for those using the technology. We also saw an average decrease in ED visits and hospital admissions across participants utilizing Care.coach technology.”



“A client who was facing an unwanted transition to a nursing facility was able to remain in her own home thanks to an iPad which we delivered to her residence. The device was literally a lifeline to her in keeping connected to her healthcare providers, and family and friend support network. She has avoided nursing home placement.”



“Two clients diagnosed with Autism Spectrum Disorder used echoic speech (i.e. repeating same sounds or words said by another person) while receiving services in the center-based program, with their behavior technicians, but the skills never transferred to their home. While receiving services through telehealth, both guardians were able to hear their child use echoic speech for the first time.”



“We spread the word regarding our services through radio, Facebook, and billboards. This campaign is a success as evidenced by the increased number of external referrals received during this time period versus the same period in the previous year.”