Leadership Perspectives on Telemedicine Implementation in the Los Angeles Safety Net during the COVID-19 Pandemic

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BACKGROUND

- Safety net health systems disproportionately serve uninsured, Medicaid, racial/ethnic minority, low-income, and Limited English Proficient patients
- Safety net patients with chronic conditions are at increased risk for adverse outcomes and face barriers to healthcare access
- Safety net patients also experience a “digital divide” that may prevent them from using telemedicine services and exacerbate disparities
- The start of the COVID-19 pandemic led clinics to dramatically scale back on in-person visits and abruptly transition to telemedicine services
- Therefore, it is important to understand telemedicine implementation from the perspectives of safety net health systems, as telemedicine services expand in the safety net

OBJECTIVES

- The Los Angeles County Department of Health Services (LAC DHS) is the second-largest safety net health system in the United States
- Our aim was to examine attitudes and perspectives of LAC DHS leadership and frontline healthcare workers regarding telemedicine implementation in the safety net (with a focus on video visits)
- Another goal was to develop an initial conceptual framework for “ability to complete telemedicine encounters” which include relevant facilitators and barriers at each step (process map)

METHODS

- Semi-structured interviews were conducted by UCLA research team via Zoom in the fall of 2020
- 20 participants included physicians, nurses, clinic medical directors, nursing directors, and LAC DHS administrative leadership: each of the 5 major LAC DHS hospital centers and clinics from the Ambulatory Care Network (ACN) were represented
- Interviews were digitally recorded and transcribed
- 10 out of 20 interviews were read for initial descriptive summary on major narratives using deductive and inductive approaches
- A process map was developed to describe the core steps, facilitators, and barriers of a telemedicine patient encounter at LAC DHS

RESULTS

- Multilevel Narrative Themes with accompanying Exemplar Participant Quotations

**PATIENT**

- Patient preparedness for digital access and utilization

**CLINIC AND PROVIDER**

- Workflows to screen for and address patients’ telemedicine readiness
- Staff empowerment to use technology and implement telemedicine
- Identifying appropriate clinical scenarios for telemedicine
- Integrating telemedicine into clinic spaces and schedules

**HEALTH SYSTEM**

- Standardized and adaptable workflows developed by leadership
- Qualities of ideal champions to support rollout of pilots
- Telemedicine technology infrastructure
- Communication of goals and motivations for implementation

**PROCESS MAP FOR A LAC DHS TELEREDICINE ENCOUNTER (VIDEO)**

<table>
<thead>
<tr>
<th>FACILITATORS</th>
<th>PRIOR TO VIDEO VISIT DAY</th>
<th>ON VIDEO VISIT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient Selection</td>
<td>Ancillary staff checks patient in phone</td>
</tr>
<tr>
<td></td>
<td>Video visit scheduled</td>
<td>Video visit with provider</td>
</tr>
<tr>
<td></td>
<td>Patient preparation for video visit</td>
<td>Staff follows up with patient via phone</td>
</tr>
</tbody>
</table>

**BARRIERS**

- Some patients hesitant or unable to use a digital form of visit
- Providers resistant to perform video visits, due to lack of prior experience with workflows and goals
- Patients not confident enough with video platform technology to benefit
- Technical difficulties made worse for clinic and provider

**POLICY RECOMMENDATIONS**

- Establish robust workflows tailored to each clinical setting that define roles for each team member
- Assemble a multidisciplinary team in order to incorporate various perspectives into workflows and improve their feasibility
- Recruit champions in each clinical setting to disseminate information to peers/other clinics and provide ongoing support
- Prioritize high-touch efforts to enroll patients in the patient portal and provide education on how it can be used in conjunction with telemedicine visits

**CONCLUSIONS**

- Telemedicine implementation in the safety net setting will require a team-based approach
- Patient, clinic, and health system level themes must be considered when disseminating telemedicine services across safety net settings
- Facilitators/barriers of a telemedicine encounter are unique to clinics’ capacity and resources
- Future research should focus on patient experiences with telemedicine access/quality

**MULTILEVEL NARRATIVE THEMES WITH ACCOMPANYING EXEMPLAR PARTICIPANT QUOTATIONS**

- “The other thing for success is being very clear, what is the goal? What are we trying to achieve? And who’s going to benefit the most? Are we just looking at numbers or are we really looking at what is our goal to reach this patient and see improvement in their relationship with us and trusting us?”
- “There are some unique little things for each clinic that just need to be looked out for. But it’s not like a deterrent to use a video visit. It’s just to keep in mind.”
- “Luckily, we were able to get these WOWs (workstation on wheels), which are very beneficial because it has a better screen, it has better video quality, and its sole purpose is just for video visits itself.”

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