

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 <u>process map</u> 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

"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?"

"You will have a successful video visit based on your **patient selection**.

Right? Because there's so many things involved. The patient has to be a little tech-savvy..."

"And even with the whole concept of video visits, which is new, I see [the staff] embracing it more...once they feel comfortable using it and when they do those reminder calls, their confidence gives the patient confidence to want to use it and not be afraid of it"

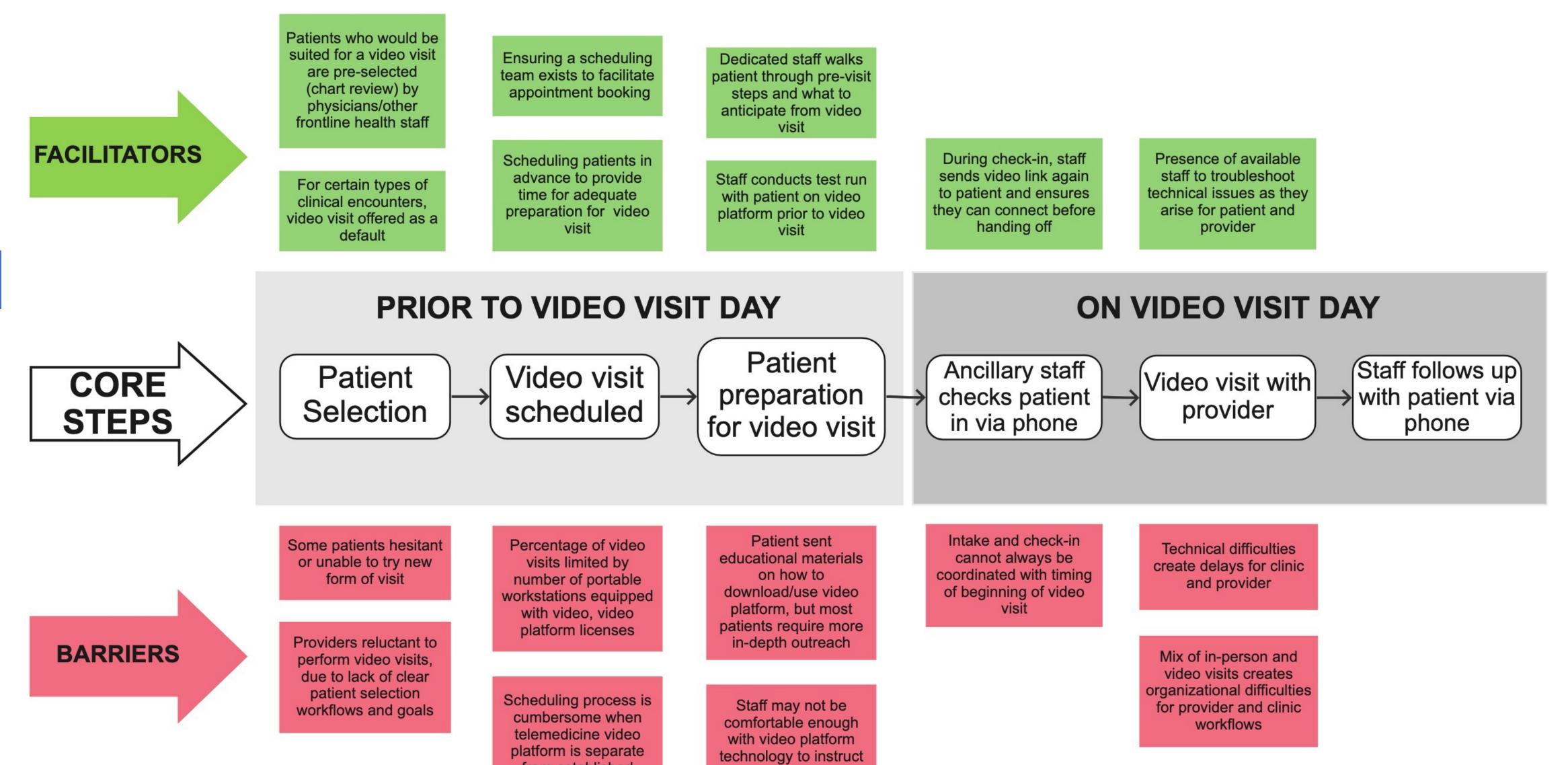
"We are still having a **combination of face-to-face, phone visits and the video visits**...so it's the juggling act of finding that happy medium of how to assign out and how to get all of that taken care of."

"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."

"I think it really does get back to having the champions in each area have a good understanding of the clinical issues for that practice and the workflows and being able to give the at-elbow support to work through the challenges and to encourage people through that."

"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."

Process Map for a LAC DHS Telemedicine Encounter (Video)



orkload for staff price

to appointment

patient portal/EHR

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

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