Tackling Oregon’s Inpatient Mental Health Crisis

June 10, 2020

We will get started shortly. Your lines are muted upon entry. This event will be recorded.
Welcome!

• Today’s event is being recorded
• All participants are muted on entry
• Panelists unmute yourself to speak
• Ask questions using the Q&A Box
About Oregon Health Forum

- Advancing health policy solutions through meaningful community dialogue
- Affiliate organization of The Lund Report
- Nonprofit supported by ticket sales, donors, sponsorships
Thank you to our annual sponsors!

CareOregon®

Kaiser Permanente®
Thank you to Platinum event sponsor
Today’s Speakers

Moderator: Lori Laubach, CHC, Practice Partner, Moss Adams LLP

Panel

• Abby Sears, CEO, OCHIN
• Dr. Stella Dantas, Associate Medical Director, Ambulatory & Convenient Care, Kaiser Permanente
• Max Janasik, CEO, One Community Health of Hood River
• Pam Marsh (D), Oregon State Representative, District 5, Southern Jackson County
• Andrea Prusak (D), Oregon State Representative, District 37, West Linn/Tualatin
Lori Laubach, Practice Partner, Moss Adams LLP
Abby Sears, CEO, OCHIN
Who We Serve

Nationwide Network

20,000 providers in 47 states

5M active patients

Active Patients

56% Female | 27% Children
58% At or below Federal Poverty Level
57,000 Homeless in past 3 years

Diversity

40% Racially Diverse | 36% Hispanic
32% Best served in a language other than English
Diversity & Disparity in Oregon

In Oregon

477,000 patients in the state

1.4 million annual visits

74% Hispanic COVID patients

COVID-19 Racial & Ethnic Disparities

In Oregon, the Majority of Patients Currently Positive for COVID-19 Have Identified as White and/or Hispanic

Percentage of OCHIN Patients in OR who Currently Have COVID-19, by Race and Ethnicity (n=441)


Note: This chart shows patients who are currently active on OCHIN’s COVID-19 Positive Patient Registry in Healthy Planet.

Source: OCHIN Epic Profile – 2020 Q1 and COVID-19 Risk and Positives by Race Tableau Dashboard, retrieved 6/1/2020 12:45 PM PT
Powerful Momentum for Telehealth

1 to 15 members
In the 30 days of the pandemic, OCHIN accelerated more than half of Oregon members providing primary care onto virtual visits

40,000 virtual encounters
by May, Oregon members had increased from average of 1,000 virtual encounters/month

75% of Oregon members
providing full primary care have implemented integrated Virtual Visits
Transforming Care Delivery through Access to Telemedicine

1. Make it easier to meet patients where they are physically

2. Support telehealth reimbursement for providers, including specialty care

3. Reinforce broadband investments to reduce urban/rural divide
Building a New Health Care System

- Advance health equity for BIPOC and underserved communities
- Optimize workforce and care delivery models to meet growing demand
- Sustain digital transformation and incentivize innovation
Max Janasik, CEO, One Community Health of Hood River
About One Community Health

- We’re a nonprofit Federally Qualified Health Center serving ~15,000 patients in the Columbia Gorge (Hood River, Wasco, Skamania and Klickitat)
- Our Mission is to advance health and social justice for all members of our community
- We started as a migrant health center in 1986
- We employ ~180 staff and offer integrated care that includes medical, dental, behavioral, and preventative health services
- We have a special focus on at risk and vulnerable populations

Opened in 1986

1991: New Location

2004: Expand to The Dalles

2015: Opens First SBHC in Our Region

2020: Future of OCH

1988: Began First Health Promotion Program

1995: Dental Department Added

2013: La Clinica becomes OCH & Expands

2016: Integrated Behavioral Health
Timeline

- **February 28th** – First positive COVID-19 case in Oregon (0% Virtual Visits)
  - March 3rd – OCHIN activates virtual visit technology for OCH
  - March 5th – OCH project head and lead physician live demo virtual visits to providers
  - March 6th – OCH announces upcoming Virtual Visits to all staff
  - March 12th – OCH team creates cross-functional launch checklist, company-wide training and guides published on Intranet
  - March 13th – Virtual Visits micro-site created and published on OCH public web site
  - March 14th – Email sent to all patients announcing Virtual Visits are now available (out-of-pocket costs waived for 30 days)
  - March 16th – OCH issues press release announcing shift to Virtual Visits and shares with media
  - March 17th – OCH and OCHIN send bulk MyChart activation to all patients sent using WELL text platform to accelerate adoption
  - March 18th – All COVID related calls shifted from nurse triage to Virtual Visits with providers
  - March 19th – Governor issues executive order prohibiting in-person elective and non-urgent procedures to preserve PPE
  - March 24th – Patient wide communication announcing that vast majority of visits would be moved to virtual visits
- **March 26th** – **70% Virtual Visits**
Shifting All Possible Visits to Virtual

- Enables continuity of care that would otherwise be deferred due to government orders, patient and staff safety considerations
- Virtual visits (Green Bar) peaked at 70% of all visits in April, continued to be nearly 60% of visits in May despite more in-clinic services being offered
Use Case – COVID Screenings “Tele-to-Tent”

- Enables rapid virtual screening of patients for symptoms and severity while preserving personal protective equipment (PPE)
- Allows provider to order COVID testing and any additional physical checks (e.g., listening to lungs) - “Tele-to-Tent”
- Facilitates follow up care with patients recovering at home
- Allows providers not able to see potential COVID-19 in-person to actively support patients
Use Case - Comprehensive Geriatric Home Visit

- 76-year-old recovering from stroke
- Son able to video her performing activities of daily living, provider able to assess progress
- Provider able to assess safety setup of home
- Video simplified medication review, organization of her medications and streamlined refills
- Patient felt less isolated and supported knowing she could see her doctor, family reassured
Use Case – Behavioral Health

- Patients struggling with social isolation, kids at home while juggling working from home, COVID-related anxiety, difficulty sleeping
- Warm hand-offs from primary care to behavioral health consultant (BHC) using instant messaging (e.g., Epic chat)
- Video creates connection with patient, BHC able to read body language, increased empathy
- Use of technology carries over for patient to connect with others (e.g., Zooming with friends) to reduce social isolation
Use Case – Dental

- Virtual dental care has enabled triage for patients experiencing dental pain
- Video enables assessment of any swelling, confirms appropriateness of antibiotic prescriptions
- Dentists can evaluate if self-care is sufficient or emergency care is necessary, and offer additional education
# Ongoing Benefits of Virtual Visits

## Key Benefits

- Eliminates transportation barriers/costs
- Provides physician a window into home environment
- Patient time/money savings and convenience
- Opportunity for new group engagement models/programs
- Reduces no shows/waste
- Allows medically vulnerable providers to continue to practice
- Reduces risk of health care-associated infections (HCAIs)
- Conserves PPE and other consumable resources
Dr. Stella Dantas, Associate Medical Director, Ambulatory & Convenient Care, Kaiser Permanente
GETTING CARE

ONLINE
- E-visits
- Secure email
- Video visits
- Online resources

BY PHONE
- 24/7 medical advice
- Phone visits
Breaking Down Barriers To Care

3 in 5 employees feel uncomfortable leaving work for preventive care appointments.¹

9 in 10 would cancel an appointment due to workplace pressures.²

Telehealth improves access and removes barriers to care.
Make it easier to meet patients where they are physically
Support telehealth reimbursement for providers, including specialty care
Reinforce broadband investments to reduce urban/rural divide
Rising Use of Telehealth

VIRTUAL APPTS
Current: 88.1%
Target: 27%

The amount of virtual care appointments we are providing for our members continues to increase. The final results in April have recorded another record percentage.

E-VISITS
Current: 4,693
Target: 1,845

As shown in our preliminary data, April has leveled off as the public has received more information on social distancing and the pandemic. Current number includes completed E-Visits.
Patient Care Experience

“Although I was apprehensive about the method at first, the video visit worked very well and I was extremely surprised at how well it went.”

“Loved having a video appointment. No driving and no sitting waiting in the waiting room. It was very easy to schedule this visit and very easy to start it. I really hope that this will be continued in the future.”

“I was pleasantly surprised by the doctor’s ability to help solve my health issue over the phone vs in person.”

“I was concerned the personal human touch would be lost, but was pleasantly surprised to find that was not the case, and in fact I had the overall feeling of being well connected to the doctor.”
Pam Marsh (D), Oregon State Representative, District 5, Southern Jackson County
Broadband: Social Determinants of Health

- Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

- It took a pandemic to help us understand that access to broadband is also one of these critical factors.
Closing the digital divide

- Institutional capacity to identify gaps and help communities design solutions
- Predictable and ongoing funding to build out infrastructure and assure affordability
- Education to build skills and accelerate usage
Access to technology is fundamental to health, education, business, communication, and political organization. We need to make sure that the race to ‘faster & better’ does not exacerbate the rural-urban divide, grow our income gaps, or accelerate inequity.
Rachel Prusak (D), Oregon State Representative, District 37, West Linn/Tualatin
RACHEL PRUSAK - THE HEALTHCARE PROVIDER
RACHEL PRUSAK - THE STATE REPRESENTATIVE

PRE COVID-19 TALKS AROUND TELEHEALTH:
- PAYMENT PARITY BECAME COVERAGE PARITY

POST COVID-19 TALKS AROUND TELEHEALTH:
- PAYMENT PARITY
- PAYMENT PARITY
Question and Answer:
Please enter your question into the Q&A Box

Speakers will stay later than 11 a.m. to address more questions.
Thank you to our annual sponsors

CareOregon®

Kaiser Permanente®
Thank you to Platinum event sponsor
Additional Q&A Opportunity
Thank You!