Virtual Care At OCHIN 2019

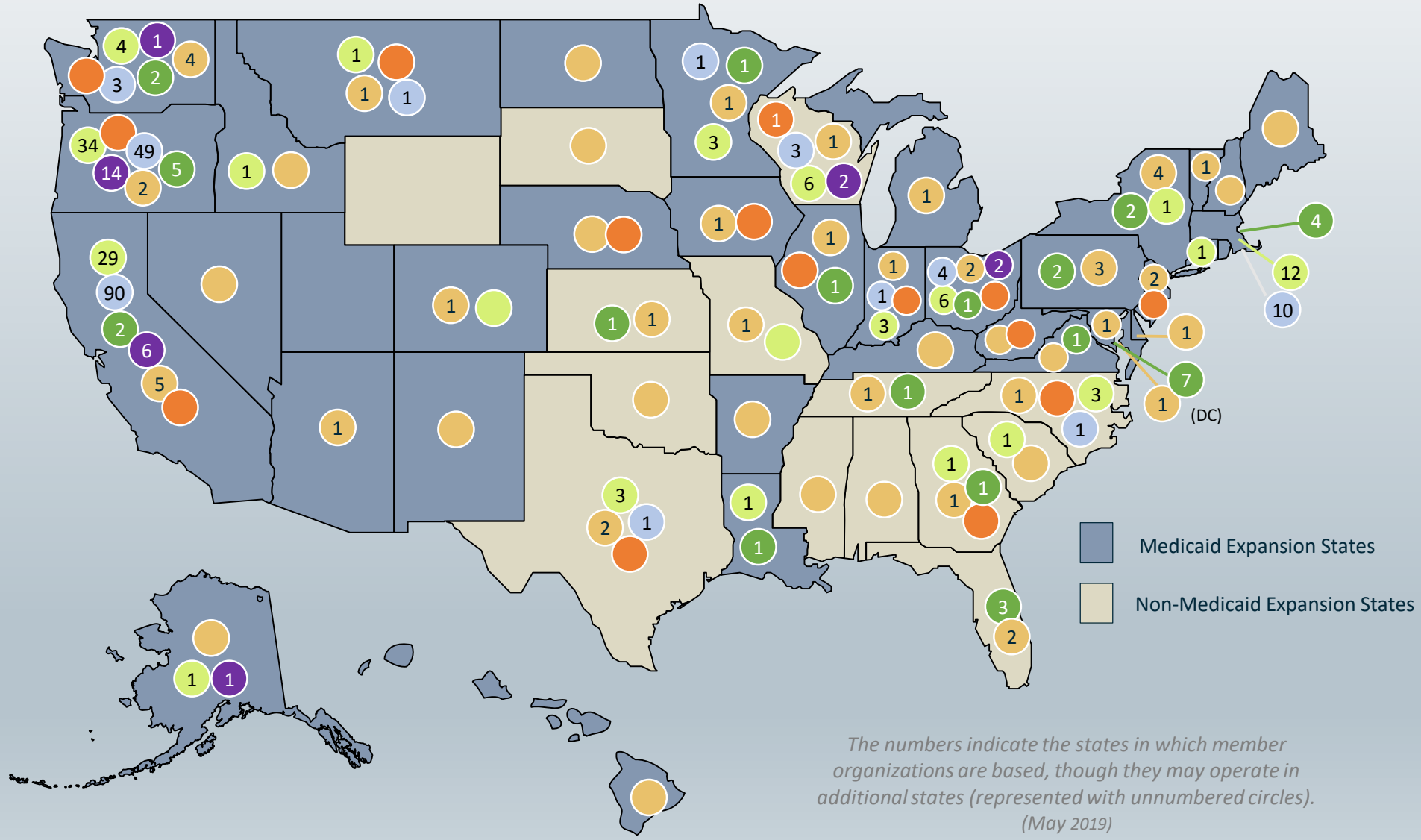
WE ARE OCHIN

Who is OCHIN?

OCHIN Supports Over 500 Organizations Nationwide and Growing

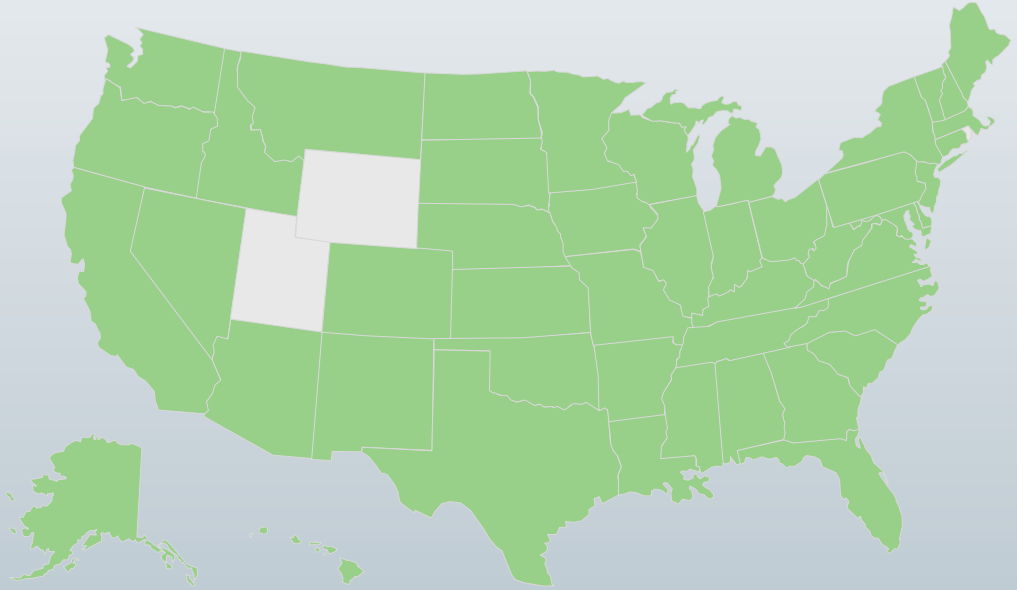
OCHIN Offerings

- **OCHIN Billing**
  26 Organizations
- **OCHIN Broadband**
  164 Organizations
- **OCHIN Epic**
  111 Organizations
- **OCHIN NextGen**
  44 Organizations
- **OCHIN Research**
  35 Partners; 40 Clinics
- **OCHIN Services**
  400+ Organizations



The numbers indicate the states in which member organizations are based, though they may operate in additional states (represented with unnumbered circles).
(May 2019)

Our National Impact



500+ Organizations in 47 states

10,000 Providers

5.1M Patients served

33M+ Records exchanged past 12 months

As of April 2019

The Population We Serve

5.1M Active Patients

70% Female | **10%** Children

46% At or Below Federal Poverty Level

Diversity

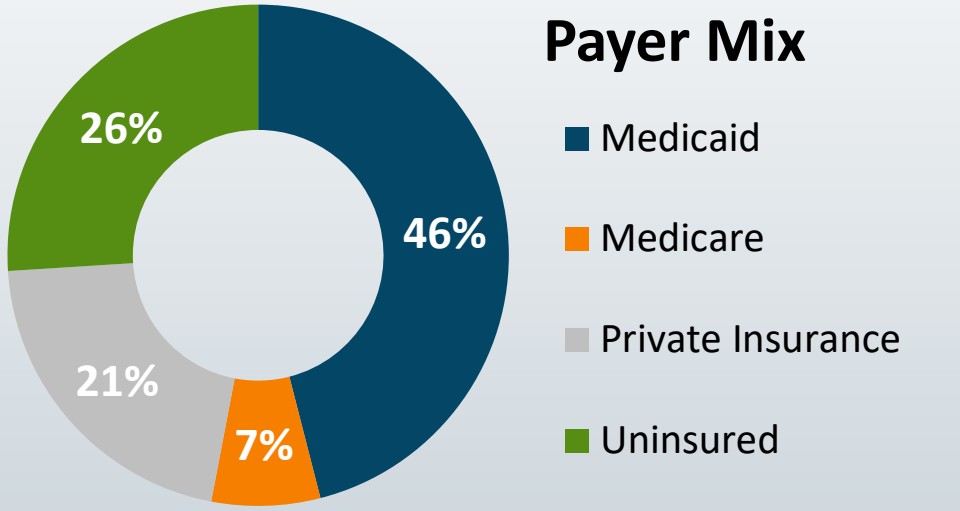
42% Racially Diverse | **27%** Hispanic

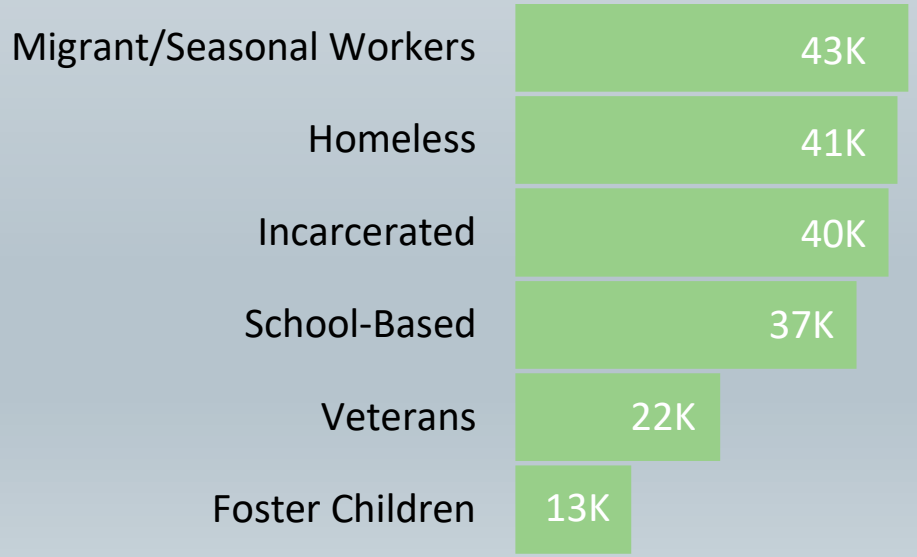
29% Best Served in a Language Other than English

Chronic Conditions

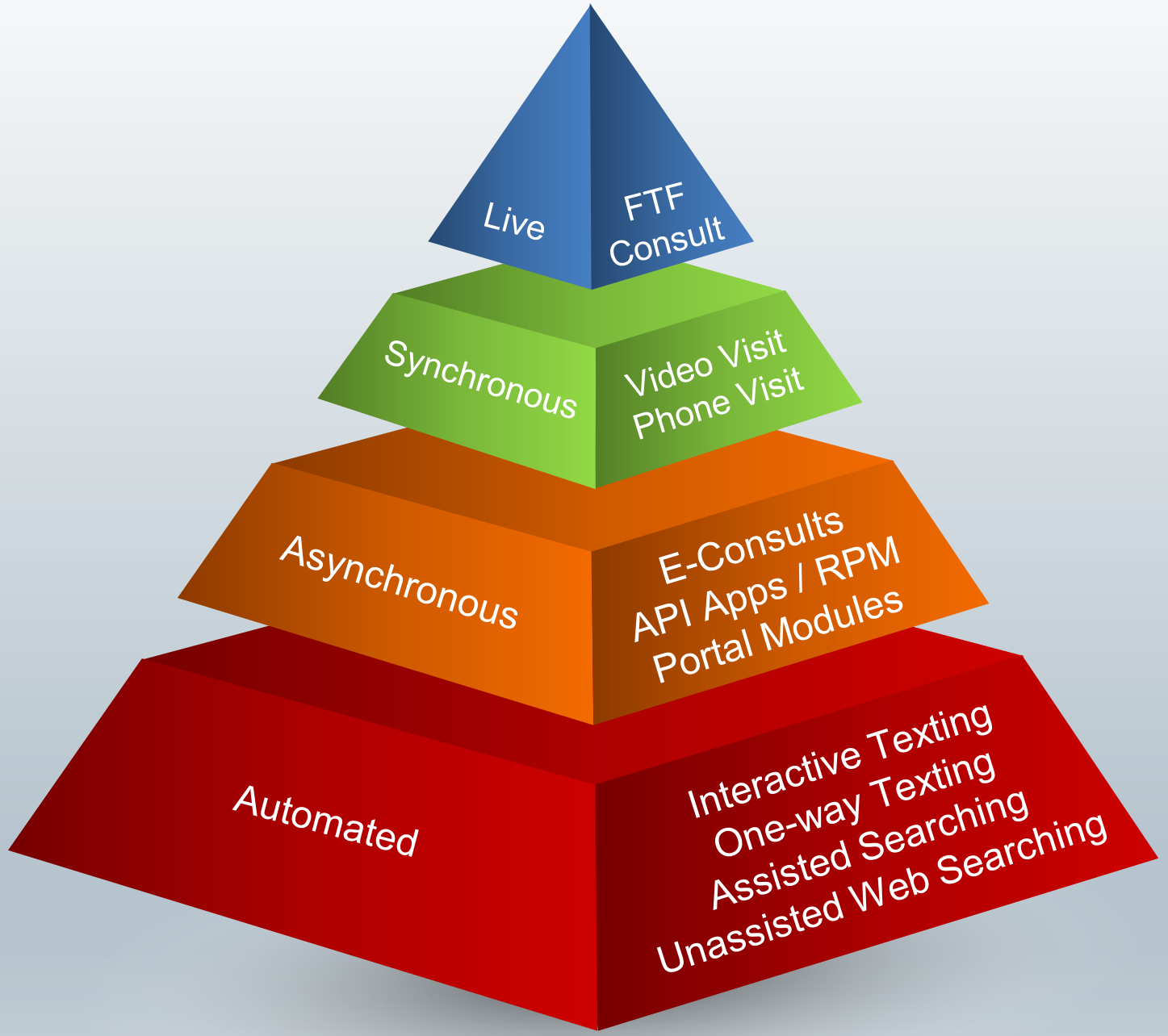
70% Have at Least One Chronic Condition (3.5M)

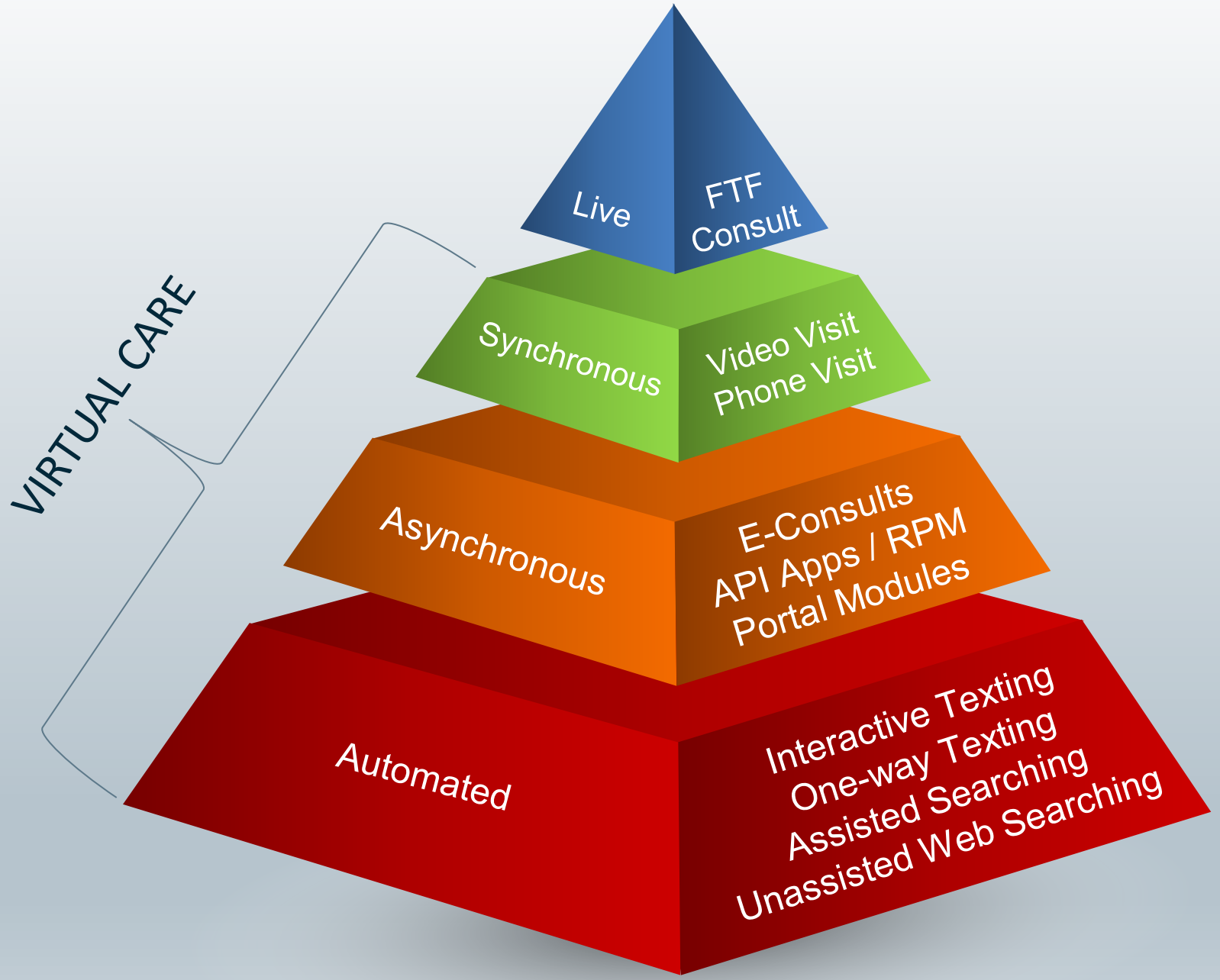
52% Have Two or More (2.6M)





What is Virtual Care?


Live
FTF Consult
Synchronous
Video Visit
Phone Visit
Asynchronous
E-Consults
API Apps / RPM
Portal Modules
Automated
Interactive Texting
One-way Texting
Assisted Searching
Unassisted Web Searching


VIRTUAL CARE
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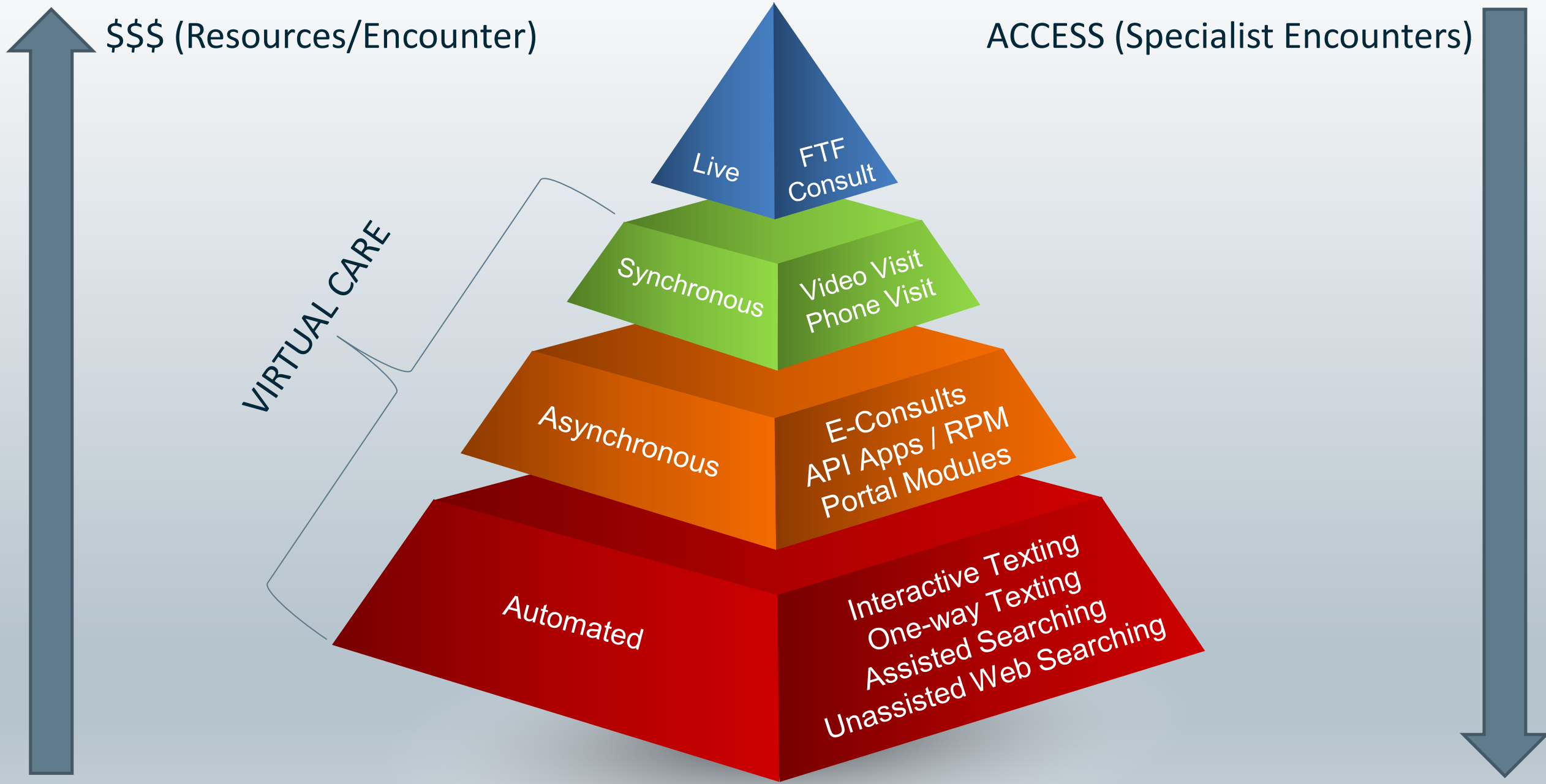
$$$ (Resources/Encounter)
ACCESS (Specialist Encounters)
VIRTUAL CARE
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AUTOMATED CARE

- SMS Appointment Reminders
- Portal modules (targeted education)
- Planned Parenthood HIPAA-compliant texting
- Smart symptom algorithms
- The Ideal: Implants and Wearables (Closing the Loop)

Original Paper

Improved Diabetes Care Management Through a Text-Message Intervention for Low-Income Patients: Mixed-Methods Pilot Study

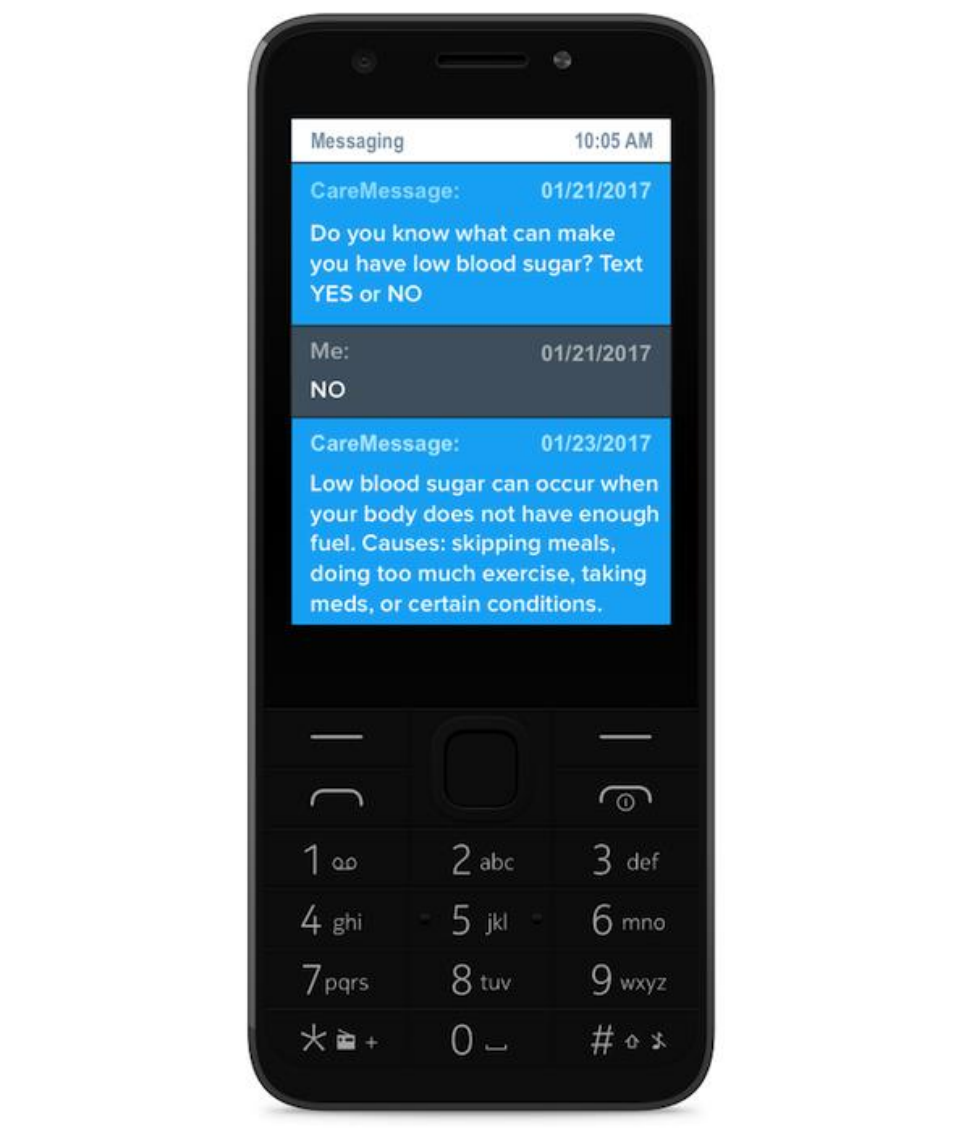
Jessica L Watterson[1], MPH, PhD; Hector P Rodriguez[1], MPH, PhD; Stephen M Shortell[1], MBA, MPH, PhD; Adrian Aguilera[2,3], MA, PhD

[1]Center for Healthcare Organizational and Innovation Research, School of Public Health, University of California, Berkeley, Berkeley, CA, United States

[2]School of Social Welfare, University of California, Berkeley, Berkeley, CA, United States

[3]Department of Psychiatry, University of California, San Francisco, San Francisco, CA, United States

JMIR Diabetes 2018;3(4):e15. URL: https://diabetes.jmir.org/2018/4/e15



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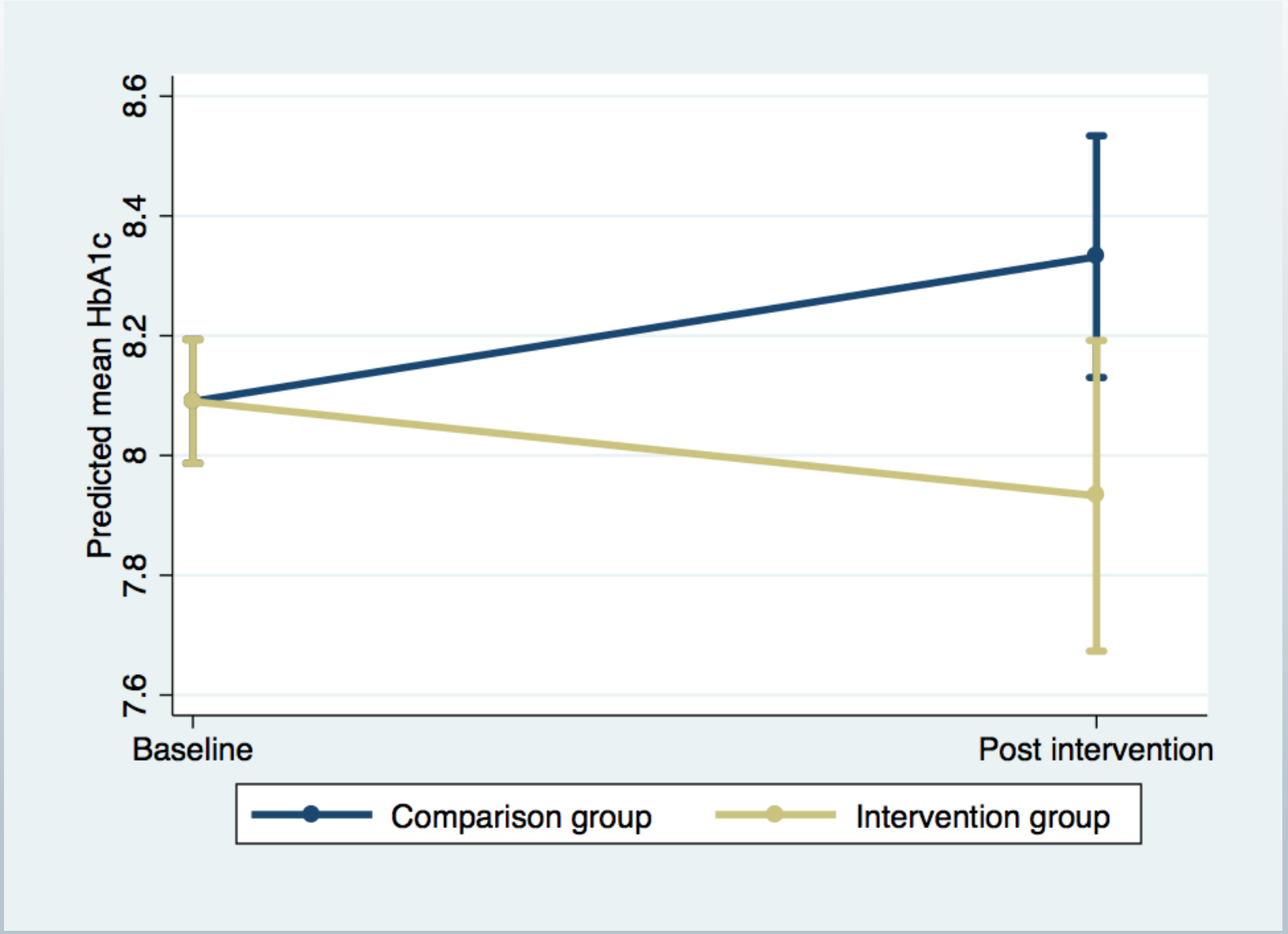


JMIR Diabetes 2018;3(4):e15. URL: https://diabetes.jmir.org/2018/4/e15

ASYNCHRONOUS CARE

- Patient portal (MyChart) features
  - My Preventative Care
  - Care Companion
  - Symptom Checker
- Electronic Referrals (eConsults)
  - Partnership Health
  - Care Oregon

eConsult Partnership:

Open Door Community Health Center & Partnership Health Plan

WE ARE OCHIN

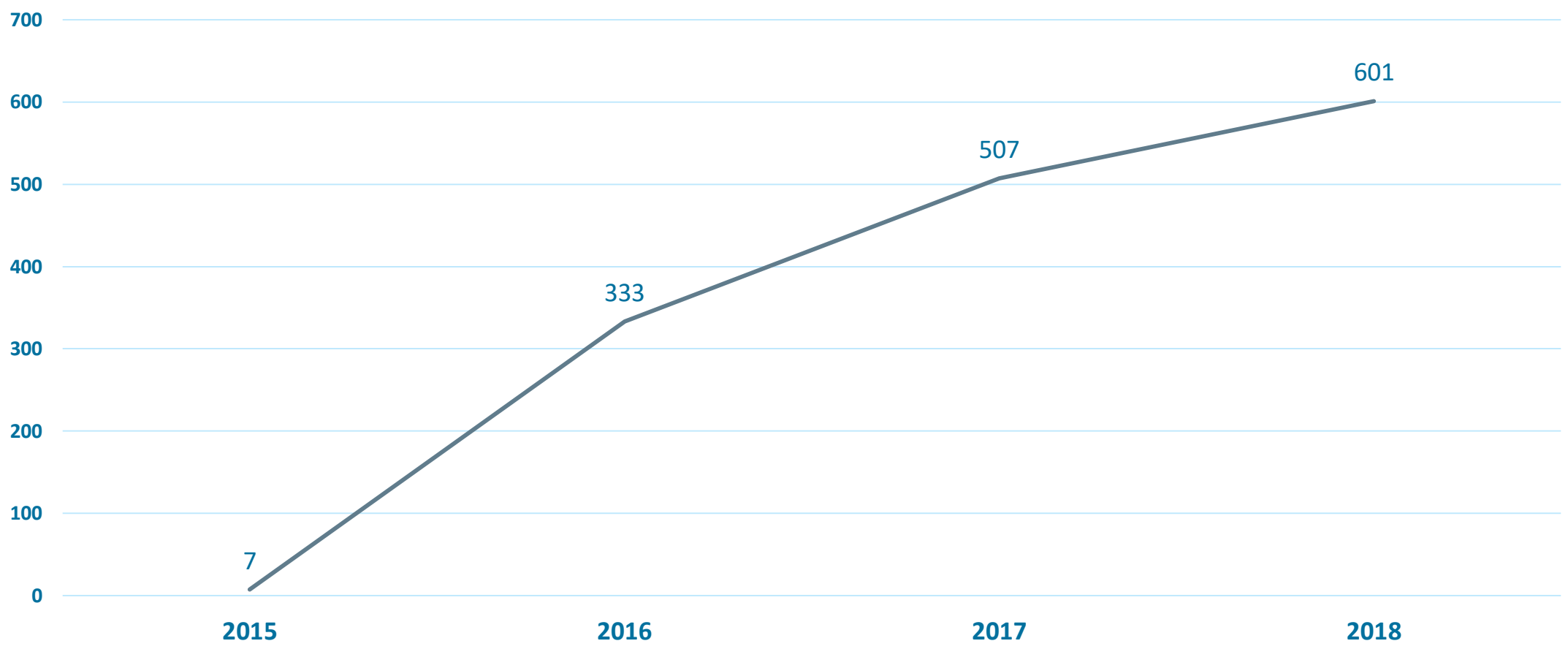
Any referral that meets the following criteria WILL be sent to eConsult:

- eConsult availability
- Telemed2U Specialist
- The patient is on MediCal (PHC)
- Standard operating procedure: send eConsult

Open Door CHC eConsult Data

	Total e-Consults	Patients Needs Addressed	Average Days Patients needs addressed	referred for face-to-face visit	average days referred for face-to-face visit
Dermatology	270	59%	7	30%	1
Neurology	75	63%	7	12%	3
Endocrinology	73	44%	8	47%	2
Rheumatology	94	31%	7	54%	2
Urology	28	68%	8	11%	1
Infectious Disease	7	57%	6	43%	1
Gastroenterology	52	6%	11	87%	1
Pain Management	2	100%	11	0%	NA

Total eConsults completed year-over-year at Open Door facilities



eConsult Partnership:

Care Oregon
Local Community Health Centers

WE ARE OCHIN

Reported outcomes

1,095

eConsults submitted

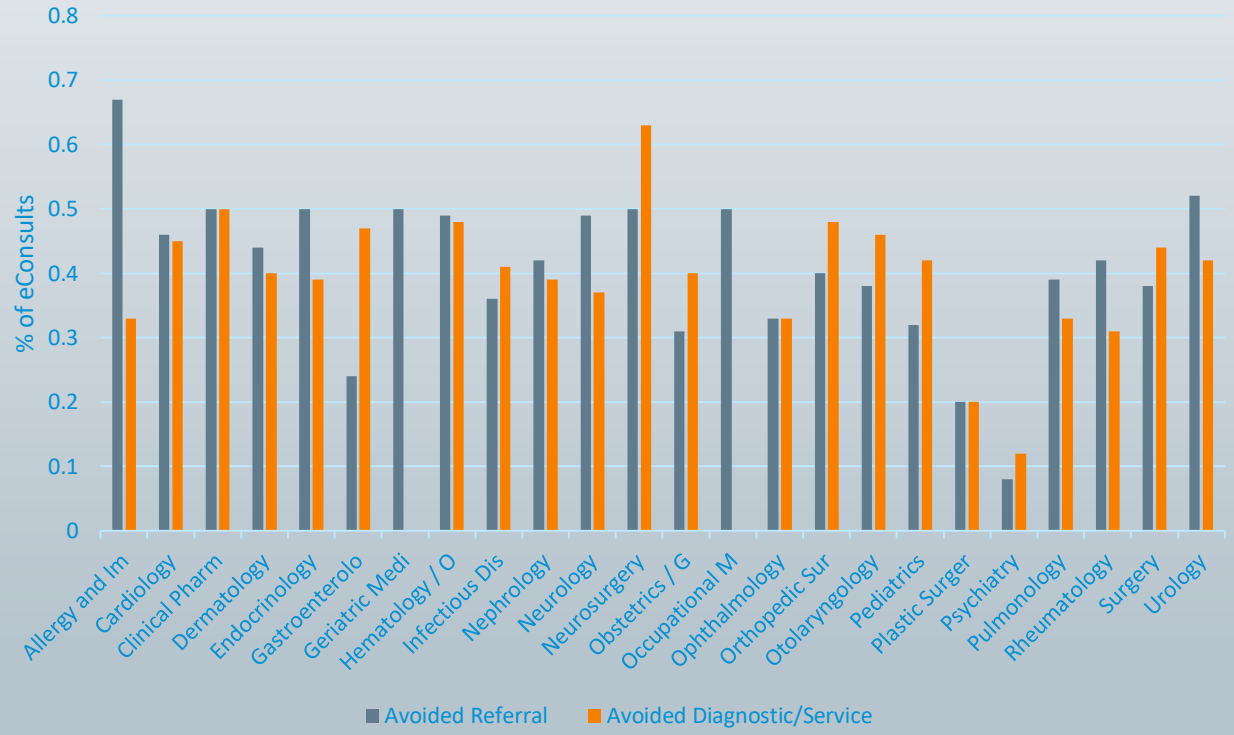
79%

Outcomes reported

58%

Avoided Service Rate

- 85.9% Improved Care Plan
- 71.0 % Educational
- 40.7% Avoided Referral
- 41.7% Avoided Diagnostic
- 2.5% No Effect



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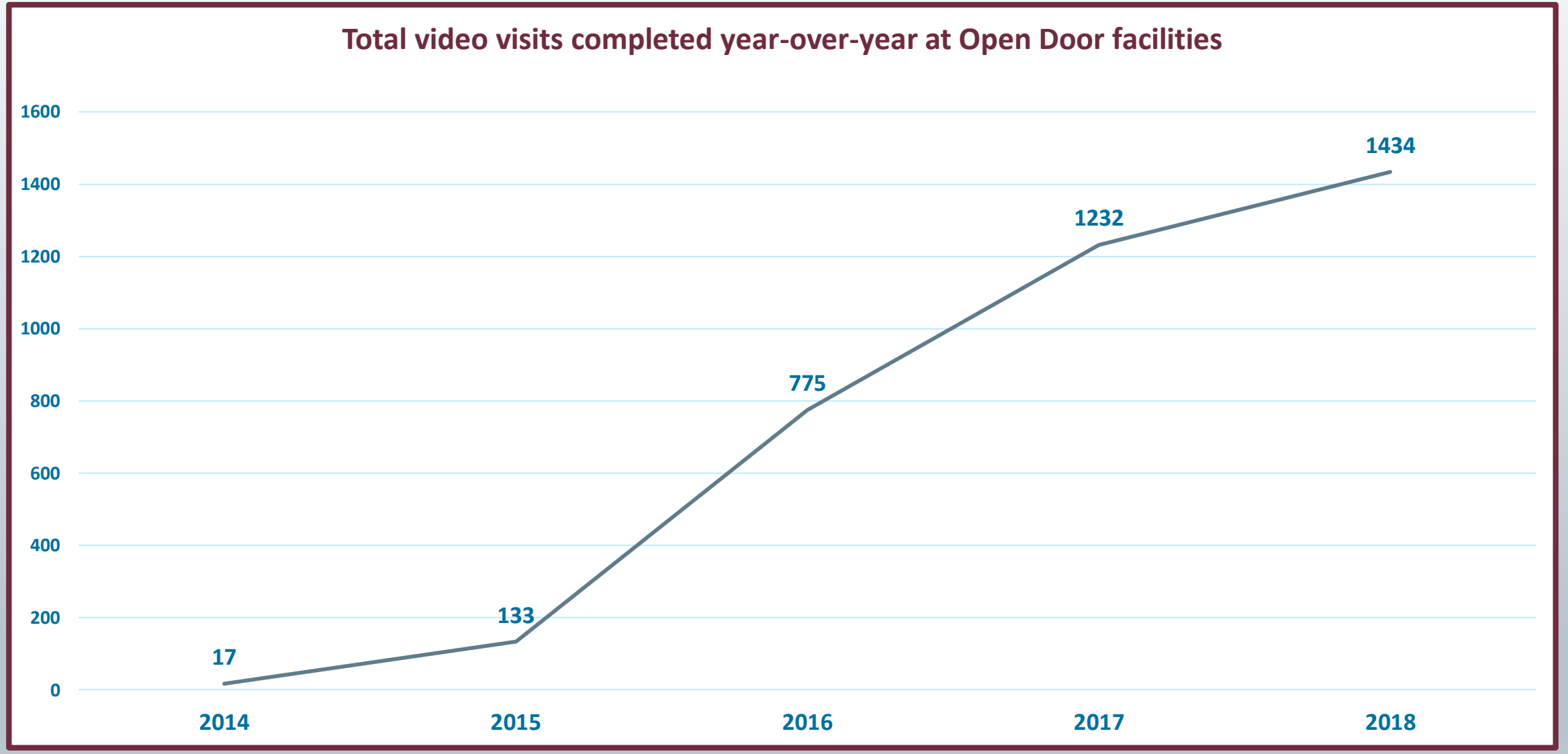
SYNCHRONOUS CARE

- Language Interpretation
- Phone Consults
- Video Visits
  - Open Door, Telemedicine
  - Winding Waters CHC, MyChart Video Visits

Total video visits completed year-over-year at Open Door facilities



WHAT WE'VE LEARNED SO FAR

- Expanding Virtual Care is hard.
- OCHIN is committed to offering this to the Safety Net anyway.
- OCHIN is committed to sharing its findings and helping others achieve success in Virtual Care.

AMA Journal of Ethics®
November 2017, Volume 19, Number 11: 1116-1124

STATE OF THE ART AND SCIENCE

Why Aren't Our Digital Solutions Working for Everyone?

Brian Van Winkle, MBA, Neil Carpenter, MBA, and Mauro Moscucci, MD, MBA

Abstract

The article explores a digital injustice that is occurring across the country: that digital solutions intended to increase health care access and quality often neglect those that need them most. It further shows that when it comes to digital innovation, health care professionals and technology companies rarely have any incentives to focus on underserved populations. Nevertheless, we argue that the technologies that are leaving these communities behind are the same ones that can best support them. The key is in leveraging these technologies with: (a) design features that accommodate various levels of technological proficiency (e-literacy), (b) tech-enabled community health workers and navigators who can function as liaisons between patients and clinicians, and (c) analytics and customer relationship management tools that enable health care professionals and support networks to provide the right interventions to the right patients. Finally, we argue that community health care workers will need to be incentivized to play a larger role in building and adopting innovations targeting the underserved.

Thank You!

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Medical Director of Virtual Care
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