

# Telehealth Experience at a Federally Qualified Health Center in Los Angeles

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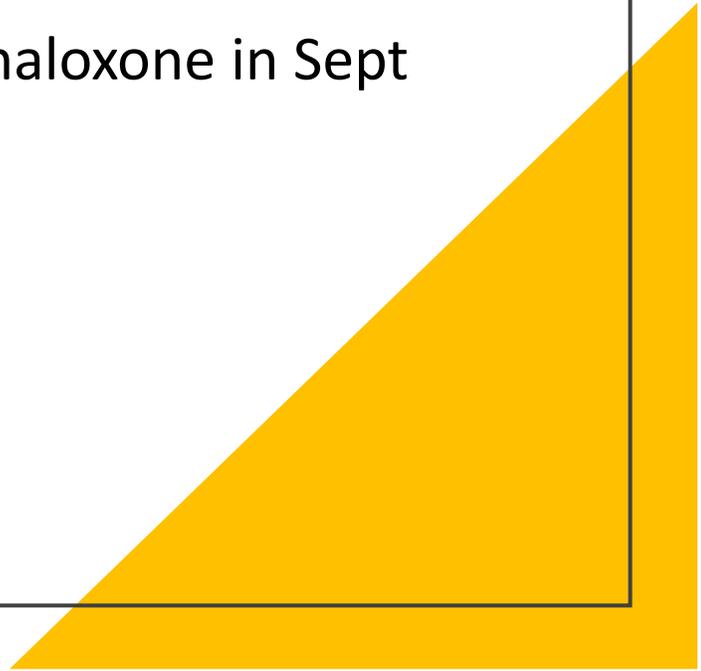
# Pre-Covid-19 Pandemic

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- Providing some services via telehealth
    - DM care team
    - Limited visits for Hep C
    - Health ed
  - Barriers
    - Lack of reimbursement
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# March 2020

- Telephone visits
- Video visits (approx May 2020)
- Started video groups on Zoom for MAT/buprenorphine-naloxone in Sept
- Patients experiencing homelessness
  - Some in-person outside
  - Telephonic appointments





# Successes of Telehealth

- For patients (underserved, PEH, people with substance dependence)
    - Ease of access
    - Gas money
    - Avoiding public transit
  - For clinicians
    - Flexibility = more access
    - Efficiency = more access
    - Improved geographic reach
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# Communication

- Equivalent to in-person for most visits.
  - Exception- difficult diagnoses such as giving a cancer diagnosis or MSK or neurologic conditions
- Patient perspective
  - Most patients appear to appreciate a combo of in-person and telehealth
  - Helpful for elderly patients and those with mobility issues
  - Productivity/freedom during the "wait time"



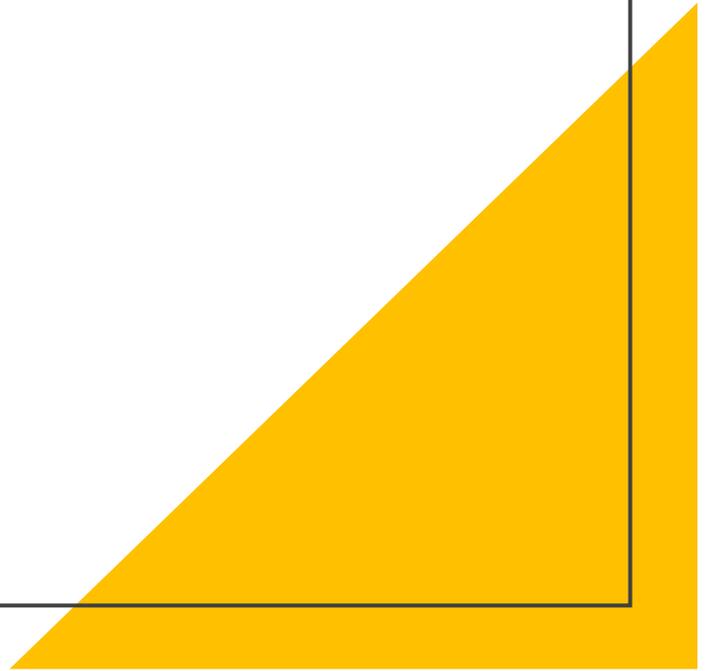
# Challenges

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- Patients not wanting to come in
  - Video visits- more challenges than successes
    - What do they add?
  - Evaluation of derm conditions
  - Fewer lab draws
  - "The physical exam is important when it's important" - Yogi Berra?
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# Clinic adaptations

- Home BP monitors
- Lab draws without clinic visits
- Medication delivery: Project Room Key





# MAT before March 2020: Summit Program

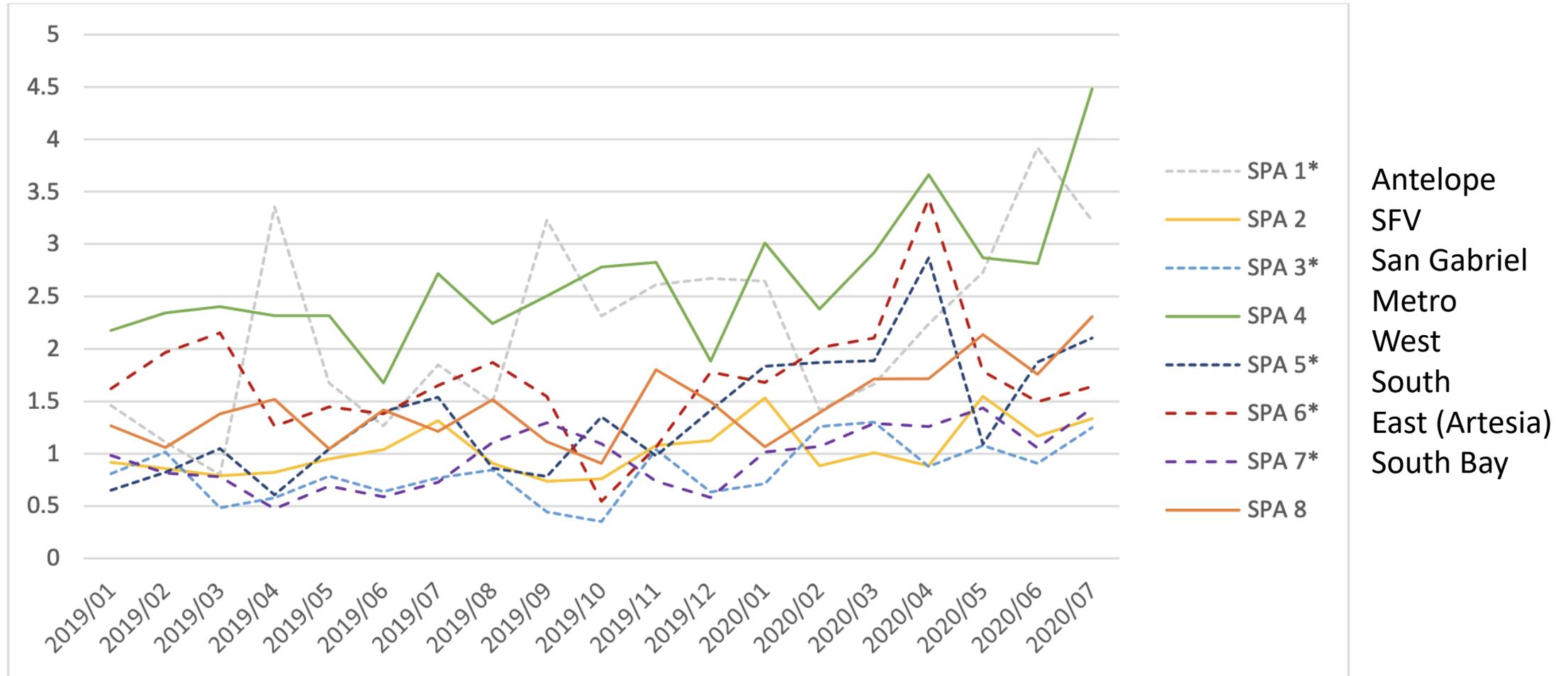
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- Frequency of appointments: weekly to monthly
  - In-person group visits (60% show rate): 12 people scheduled, 8 show up
    - Social support
    - Community
    - Peer to peer teaching
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# MAT After March 2020

- Video Group visits: demand (access, interest) has been lower
    - 8 scheduled, 4 show up
  - Telephone visits and telephone counseling
  - Telephone case management
  - Visit frequency with clinicians roughly the same
  - Fewer urine toxicology screens, difficult to monitor adherence
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- A large yellow triangle is positioned in the bottom right corner of the slide, pointing towards the top right.

**Figure 18. Age-Adjusted Accidental Drug Overdose Death Rate (per 100K population) by SPA, Jan 2019 - July 2020**



**Note:** \*The majority of monthly death counts used to calculate age-adjusted rates were 20 or less and statistically unstable. Rate should be interpreted with caution.

# People experiencing homelessness

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- Limited video access
- Obama phones

Primary Care No Show Rates – PEH (excludes group and outreach)						
		All	In Person	Telehealth	Video	Phone
2020	Jul	19%	31%	6%	50%	5%
	Aug	20%	35%	6%	25%	5%
	Sep	21%	34%	4%	14%	4%
	Oct	22%	32%	6%	16%	5%
	Nov	26%	40%	5%	17%	4%
	Dec	23%	38%	6%	19%	5%
2021	Jan	21%	37%	5%	9%	5%
	Feb	22%	37%	6%	19%	5%
	Mar	22%	33%	5%	31%	4%
	Apr	25%	36%	4%	40%	3%
	May	27%	38%	4%	25%	3%
	Jun	33%	42%	7%	63%	3%

# Lessons Learned

- Phone visits are superior to video visits
  - Simplicity
  - Psychology
  - Access for all (PEH)
- It's harder to establish community in group video visits but it is possible
- Much chronic disease management can be done over the phone
- Telephone visits increase access
  - "Wait Doc, let me pull over"