

UCLA Connected Health Sautter Award Submission

Project: Emergency Expansion of Digital Health Tools for Covid Response

Key Team Members:

- Deidre Keeves, Director of Connected Health, UCLA Health IT
- Lindsay Brooker (submitter), Telehealth Implementation Manager, UCLA Health IT
- Erin Thomas, Telehealth Implementation Manager, UCLA Health IT
- Heather Hitson, Telehealth Implementation Manager, UCLA Health IT

Executive Summary

1. **What is the project?** UCLA Health IT's response to enormous demand for innovative and safe continuity of care during the Covid-19 pandemic by launching video visits and Care Companion remote monitoring.
2. **What results were achieved?** The quantity of video visits rose from 500 per month (February 2020) to 2,500 per day in 2021. Patients were able to stay at home safely while maintaining continuity of care with their primary care check-ins, surgical follow-ups, and other appointments that transitioned to video visits. Patients were supported managing their COVID symptoms from home use a the COVID Care Companion module which provided daily checkins and education. Patients in the hospital were also able to connect with their families when visitation was limited and regularly connect with their doctors when Personal Protective Equipment (PPE) was in short supply.

Narrative

1. **Problem:** When the Covid-19 pandemic took the medical community by surprise in early 2020, the UCLA Health system needed a way to maintain continuity of care while keeping patients safe at home. What was once routine like primary care check-ins, surgical follow-ups and other appointments with in-person health providers suddenly became a potentially high-risk health endeavor.
2. **Solution:** The solution was to leverage telehealth solutions to quickly pivot to medical visits in the virtual setting for as many patients as possible as well as help patients and families stay connected to their doctors in order to maintain their care.
3. **How you did it – the magic:** The small telehealth team of four women included: Director, Deidre Keeves, and managers Lindsay Brooker, Erin Thomas and Heather Hitson who had been working alongside leadership to grow the Telehealth presence at UCLA Health which had been a relatively slow process up to Covid-19 due to specific policy and reimbursement barriers that made adoption a slow process. With the declaration of a public health emergency, many of these barriers essentially disappeared overnight.
4. **Impact:** The tools and workflow that had been developed prior to the pandemic gave the team a strong head start in onboarding thousands of providers and staff in a matter of

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two weeks. UCLA Health, which had done less than 500 visits in the entire month of February 2020 was now completing over 2,500 visits per day. Over the next several months, additional optimizations would be driven by the Telehealth program including the ability to self-schedule a video visit with a provider, Bedside family visits for patients in isolation during periods of visitor restriction, and a remote monitoring program for patients managing their COVID recovery from home. As the pandemic begins to wind down, it appears that Telehealth is here to stay.

Innovation – The impact on society, individual patients, and UCLA Health in general is perhaps best illustrated by a UCLA Health Patient Telehealth Story:

Patient Phoebe is a 65-year-old grandmother with heart failure. She was very nervous about catching COVID-19 knowing that with her medical history, she may have some bad outcomes. However, she was also concerned about delaying her appointment with her cardiologist. Fortunately, her doctor's office called and told her she would keep her appointment, but they were being switched to a video visit through her MyUCLAHealth account on her phone. She was able to meet with her cardiologist about some side effects related her new medication and together they were able to make a plan moving forward.

Unfortunately, despite her best efforts at staying quarantined, she discovered that she had been exposed by a COVID-19 positive neighbor. She isolated herself but began feeling poorly. She opened her MyChart account and noticed that her doctor invited her to submit a COVID eVisit. She took the quick survey about her symptoms and her primary care doctor reached out a few hours later letting her know that she had placed an order for Phoebe to get a COVID test. She drove to get her test and, within a few hours, received a notification from her MyChart account that she had a positive result. Her primary care doctor called her and asked if he could enroll her in the MyChart Care Companion module for COVID to help track her symptoms. Each day, she opened her app with a "to do" list that asked her to answer a few survey questions. Since she had a Pulse Oximeter at home, she was also able to submit her daily oxygen saturation as well. After a few days, she kept feeling worse but continued complete her to do list in Care Companion. When her oxygen levels fell below 90, her doctor called her and told her it was time to go to the hospital.

Phoebe was admitted to the hospital and quarantined in a special wing of the hospital where she could be heavily monitored yet her risk of spreading COVID-19 to other patients was low. Unfortunately, this also meant that she could not have any visitors. Fortunately, UCLA Health provided her a MyChart Bedside tablet that gave her access to tools such as her care team and what to expect each day. Her clinical team would round in the room with her but, on occasion, she would have follow-up questions that the doctors would need to discuss before returning to her bedside. In order to ration personal protective equipment (PPE), the clinical team was able to call Phoebe's Bedside iPad and complete an inpatient video visit with her. This also gave her the benefit of being able to see the provider's face unmasked if they were in a private space. Also, during her hospital stay, Phoebe's nurse helped set up a Zoom call on the Bedside

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iPad for her to be able to talk to her family and friends as well as to let her family hear the care plan during rounds.

After several days in the hospital, Phoebe began to feel better. She was sent home with a new Care Companion to do list on her MyChart account and a follow up video visit appointment scheduled with her primary care doctor. The innovation in this story is that a previously underutilized technical tool suddenly became a life-saving necessity and the demand and for video visits went from 488 per month in February 2020 to an average of 3,700+ visits per day during the early days of the pandemic. Not only was this an operational feat to meet the demand of such an increase, but it also changed the landscape forever as demand for video visits has not diminished with the lowering of COVID-19 numbers. In fact, the video visit expansion is clearly here to stay.

Collaboration:

Prior to this moment, the small telehealth team of four included: Director, Deidre Keeves, and Managers, Lindsay Brooker, Erin Thomas, and Heather Hitson who had been working alongside leadership to grow the Telehealth presence at UCLA Health. Despite a growing interest over the years, specific policy and reimbursement barriers made adoption a slow process. With the declaration of the Public Health Emergency, many of these barriers essentially disappeared overnight.

The demand for Telehealth services and onboarding was suddenly at an all-time high. Along with the rest of the team, Director Deidre Keeves, worked alongside operational leadership to obtain quick decisions about the shift to remote care. Manager Lindsay Brooker spent hours with colleagues in the UCLA Health Compliance and Billing offices combing through the constantly changing guidance from Medicare and the state of California to draft and update guidance to providers and leadership on how to document and bill for these new remote services. Manager Erin Thomas worked closely with the technical teams to build new workflows for documentation and billing and obtaining approvals for new access to video visits for other staff within the system. Manager Heather Hitson developed a workflow for training support that allowed a quick influx of Health IT trainers to provide additional 1-on-1 testing and support to the hundreds of new providers and staff.

Other Health IT women also played vital roles in this process. Alvira Vickery, Informatics Principal Trainer worked tirelessly over the next several weeks with the telehealth team to optimize the existing eLearnings and tip sheets to allow as much self-service training and adoption as possible. Nurses Abby Coleman and Elham Sumner as well as Informatics Implementation Manager, Sharon Evans, helped manage the hundreds of requests pouring into the Telehealth team's work queue. MyChart Analyst, Qursheed Sabar, also provided much needed technical support for updating provider access and optimizing workflows for the now heavily used system.

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Additionally, the UCLA Telehealth Team organized and hosted a UC Telehealth Series which brought together experts from all 5 Health System campuses to share lessons learned and best practices from a range of telehealth topics. From October – December 2020, the 8 weekly webinars covered topics ranging from the telehealth billing and policy landscape, inpatient and emergency department video visits, and various uses of remote patient monitoring to help better manage patients at home. The collaboration among the different campuses not only allowed each campus to learn from one another's successes and challenges but has helped spur along potential cross-site collaboration efforts around data collection and research efforts.