



# Virtual Care At OCHIN 2019

WE ARE **OCHIN**

---

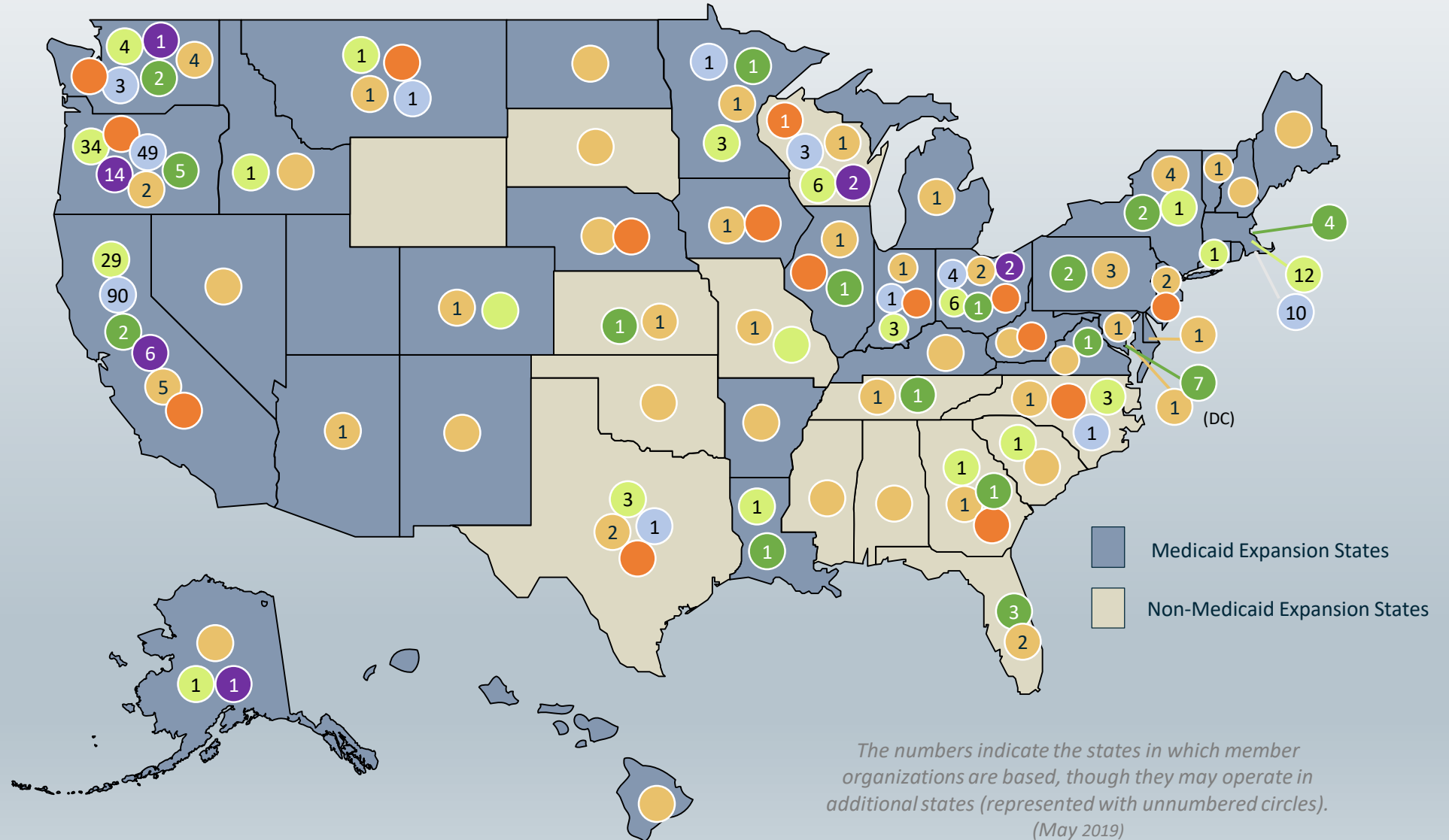


Who is OCHIN?

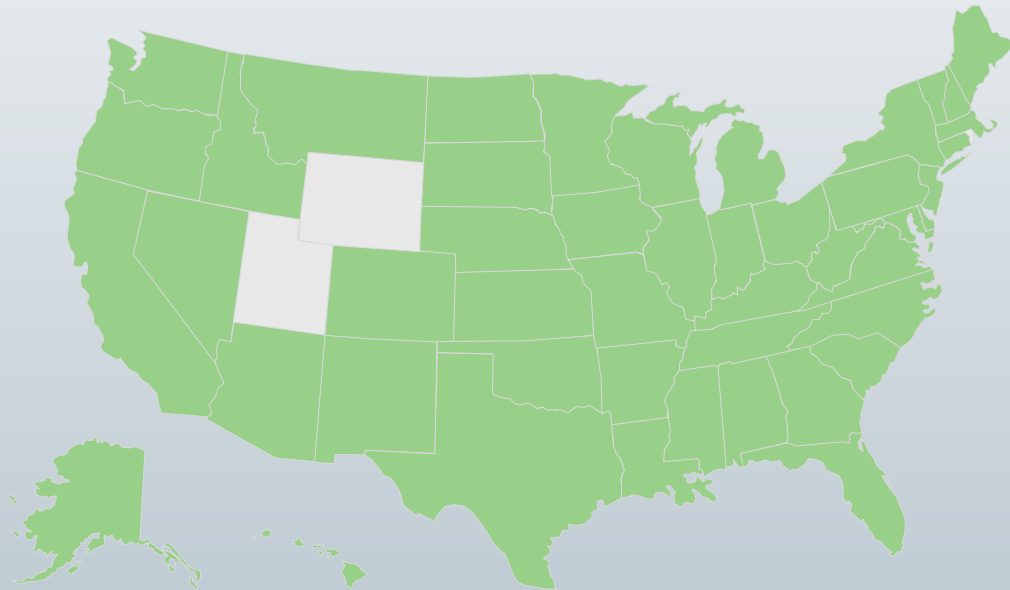
# OCHIN Supports Over 500 Organizations Nationwide and Growing

## 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



# 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*

WE ARE **OCHIN**

# The Population We Serve

**5.1M** Active Patients

**70%** Female | **10%** Children

**46%** At or Below Federal Poverty Level

## Diversity

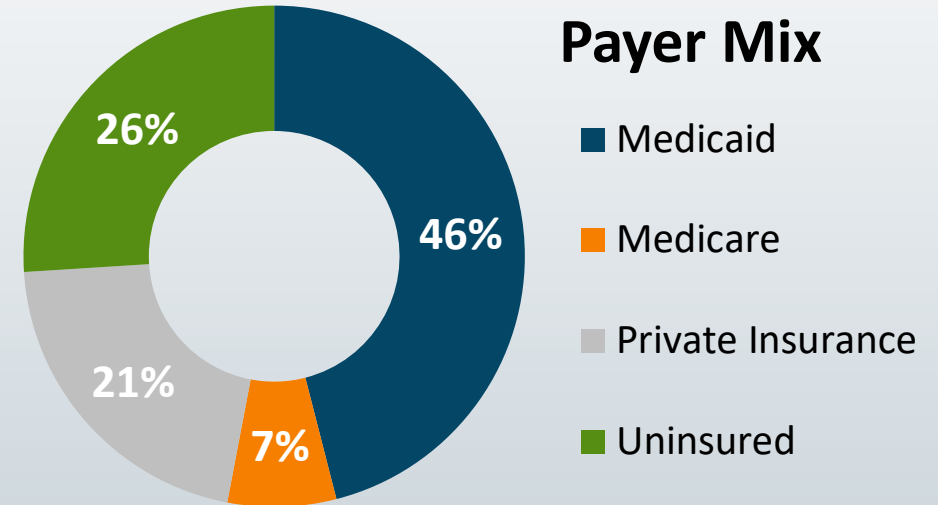
**42%** Racially Diverse | **27%** Hispanic

**29%** Best Served in a Language Other than English

## Chronic Conditions

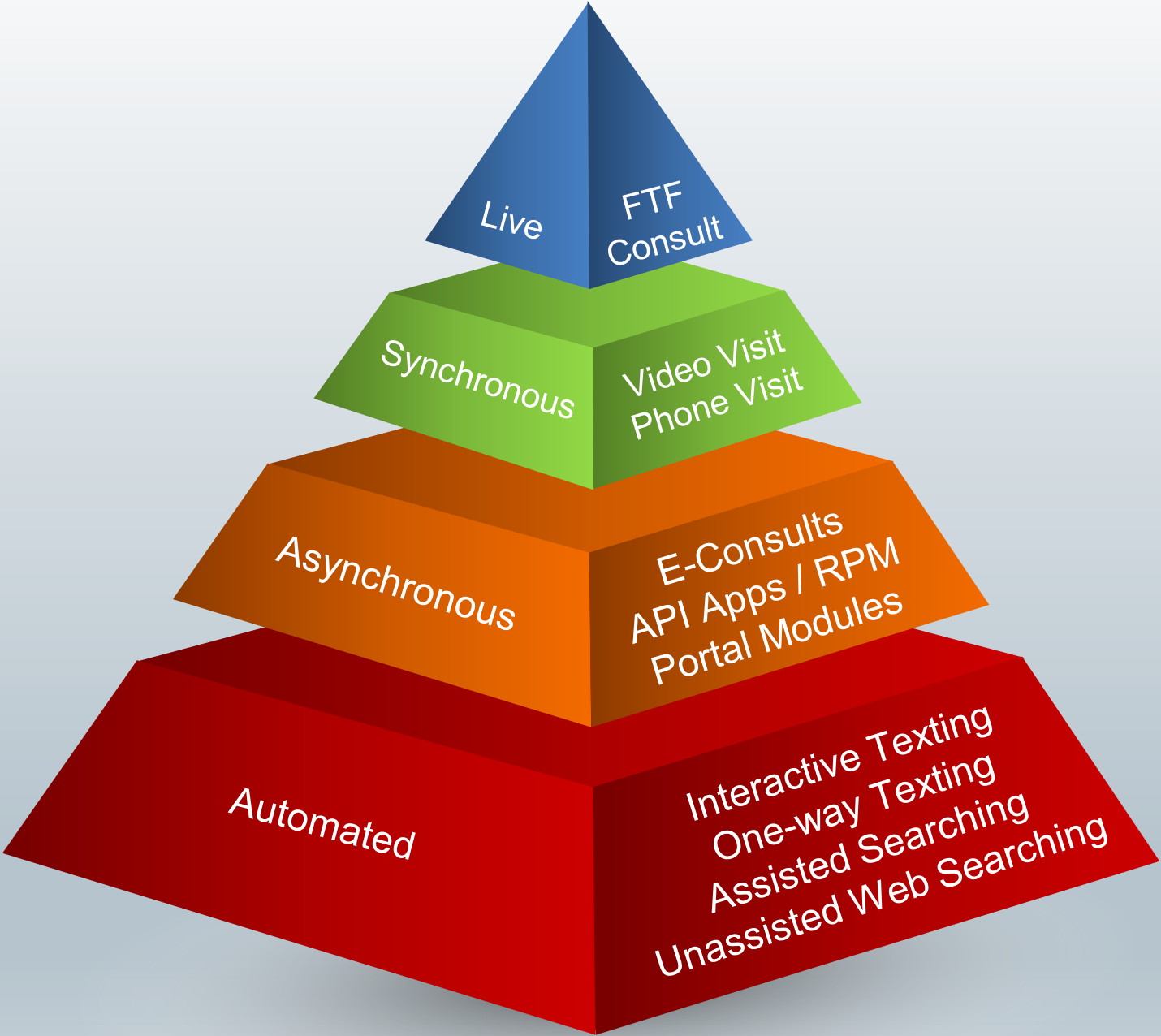
**70%** Have at Least One Chronic Condition (3.5M)

**52%** Have Two or More (2.6M)

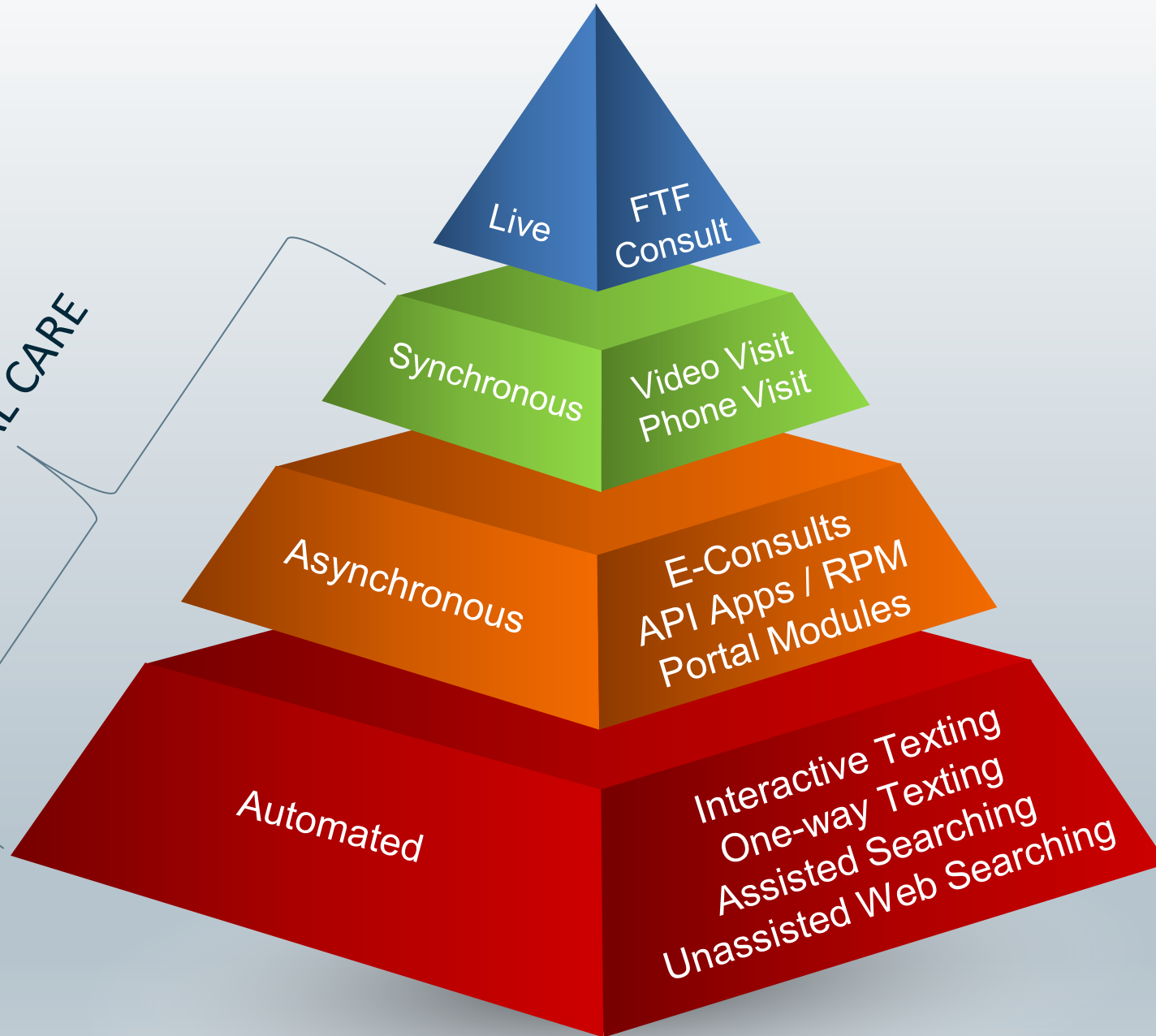




# What is Virtual Care?



VIRTUAL CARE

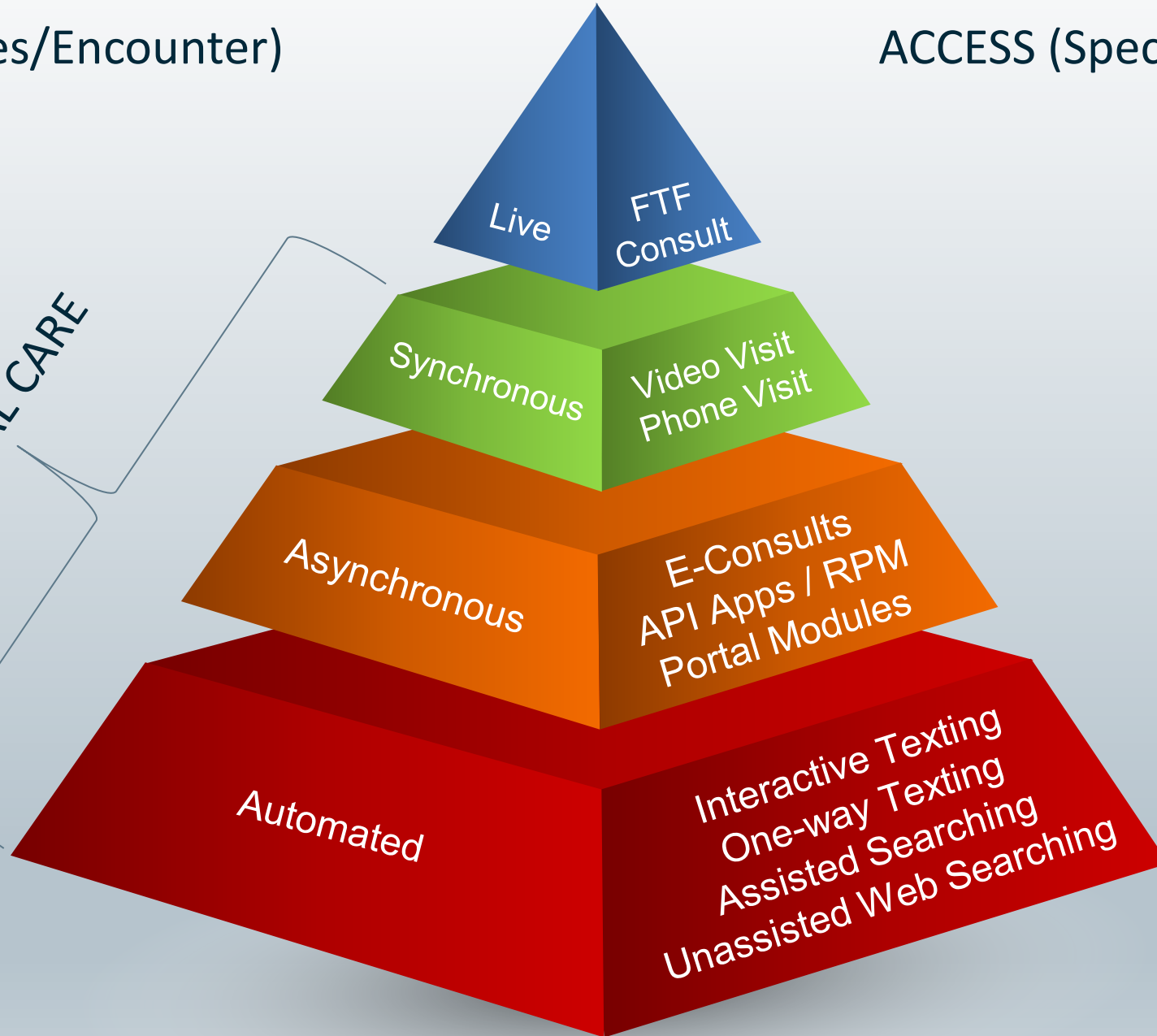




\$\$\$ (Resources/Encounter)

ACCESS (Specialist Encounters)

VIRTUAL CARE



# 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<sup>1</sup>, MPH, PhD; Hector P Rodriguez<sup>1</sup>, MPH, PhD; Stephen M Shortell<sup>1</sup>, MBA, MPH, PhD; Adrian Aguilera<sup>2,3</sup>, MA, PhD

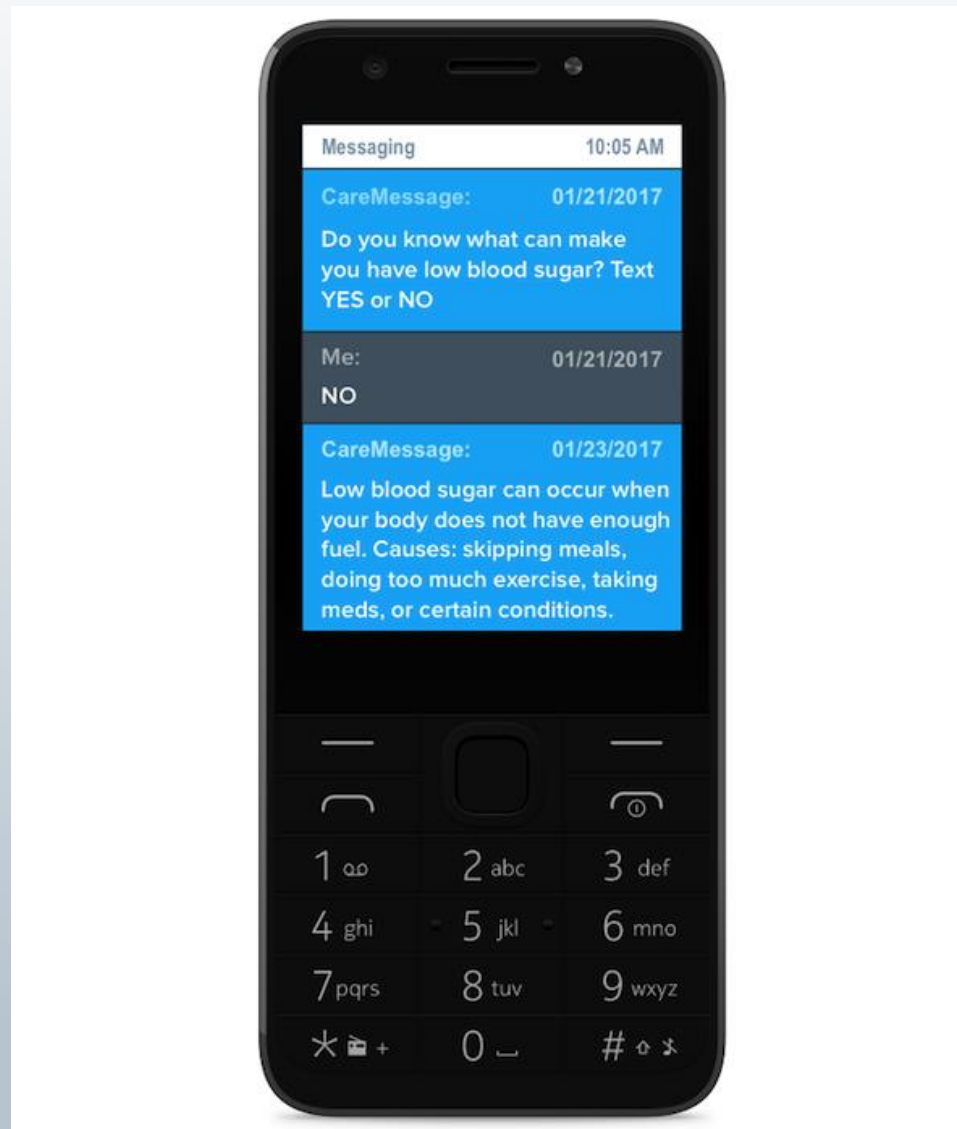
---

<sup>1</sup>Center for Healthcare Organizational and Innovation Research, School of Public Health, University of California, Berkeley, Berkeley, CA, United States

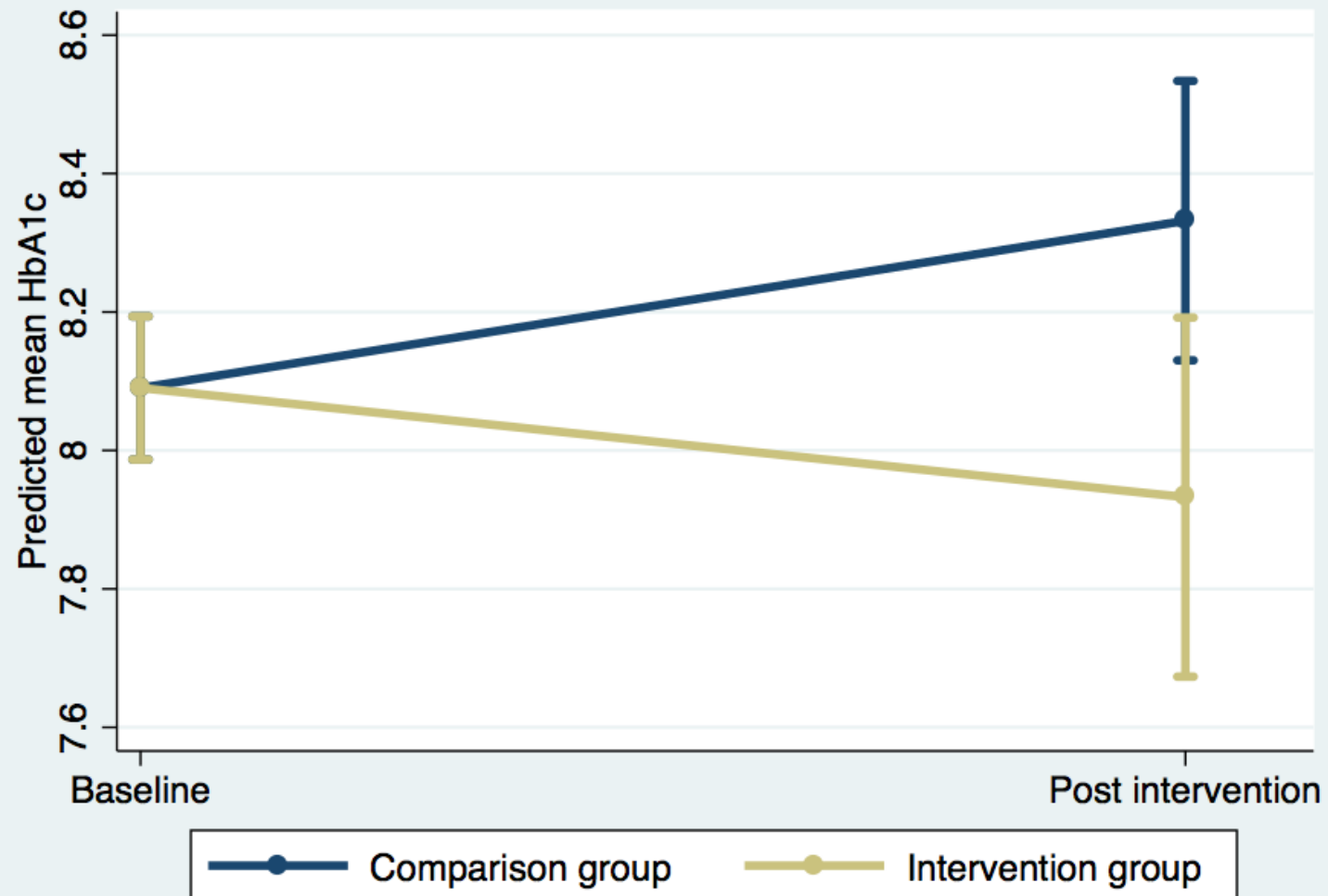
<sup>2</sup>School of Social Welfare, University of California, Berkeley, Berkeley, CA, United States

<sup>3</sup>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>



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



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

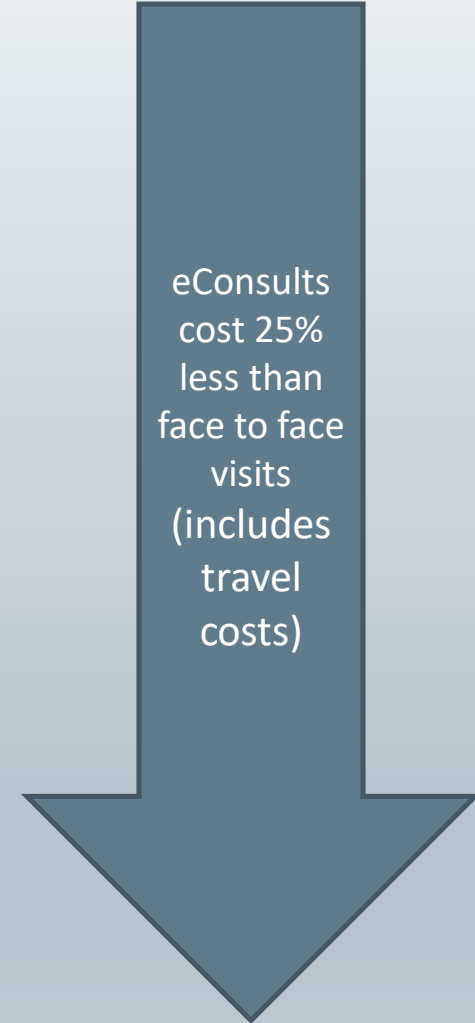
The patient is on  
MediCal (PHC)

Standard operating  
procedure: send  
eConsult



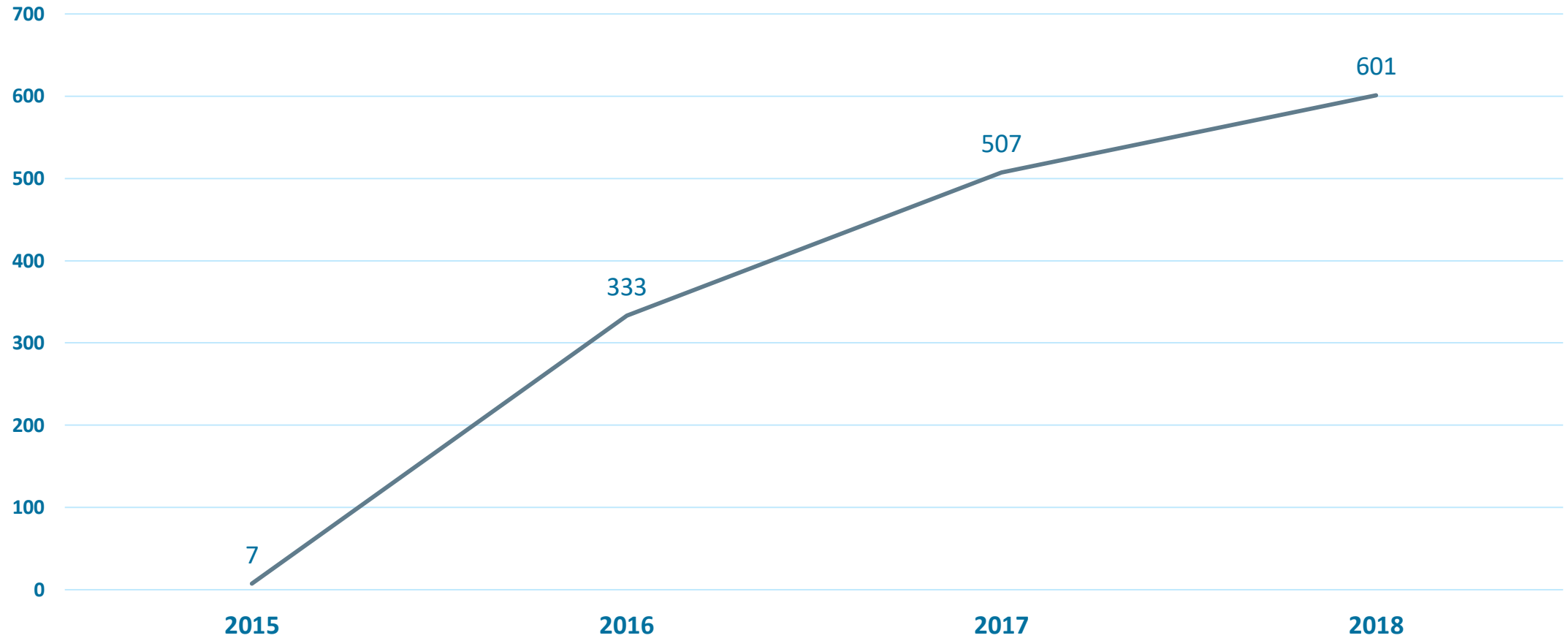
# Open Door CHC eConsult Data

	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
<b>Dermatology</b>	270	59%	7	30%	1
<b>Neurology</b>	75	63%	7	12%	3
<b>Endocrinology</b>	73	44%	8	47%	2
<b>Rheumatology</b>	94	31%	7	54%	2
<b>Urology</b>	28	68%	8	11%	1
<b>Infectious Disease</b>	7	57%	6	43%	1
<b>Gastroenterology</b>	52	6%	11	87%	1
<b>Pain Management</b>	2	100%	11	0%	NA



eConsults cost 25% less than face to face visits (includes travel costs)

## 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

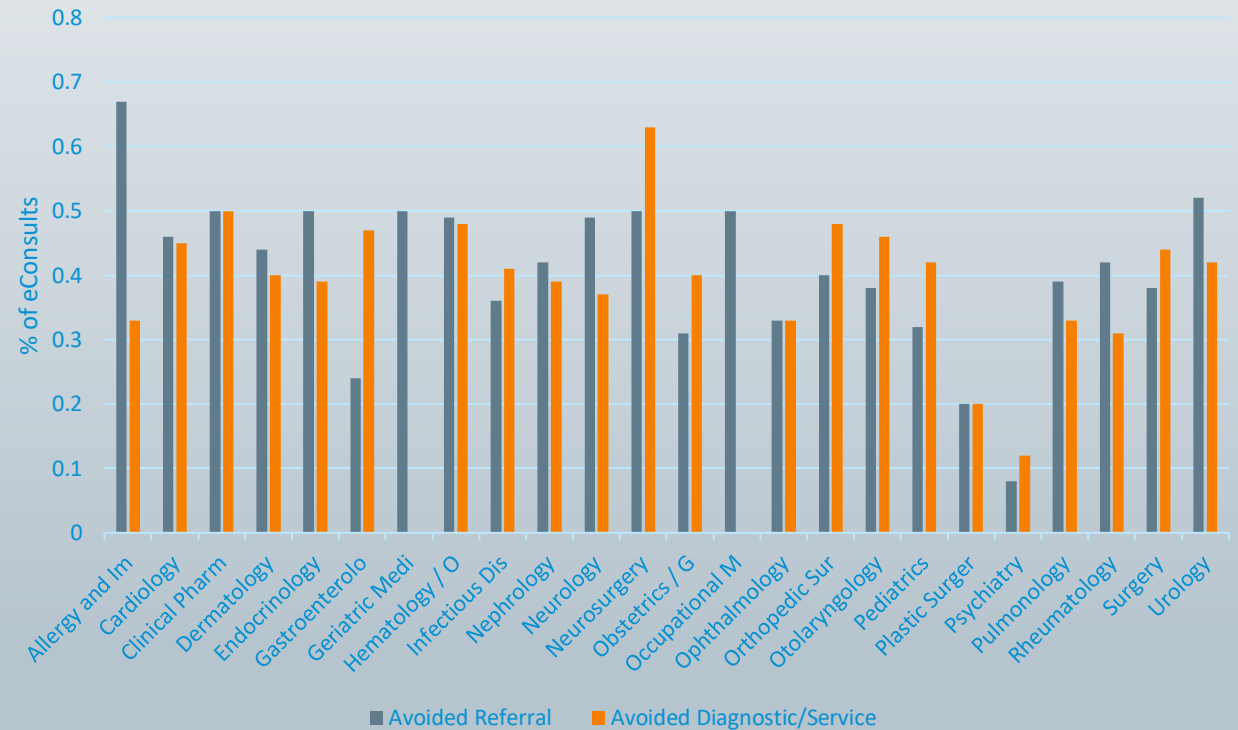
79%

Outcomes reported

58%

Avoided Service Rate

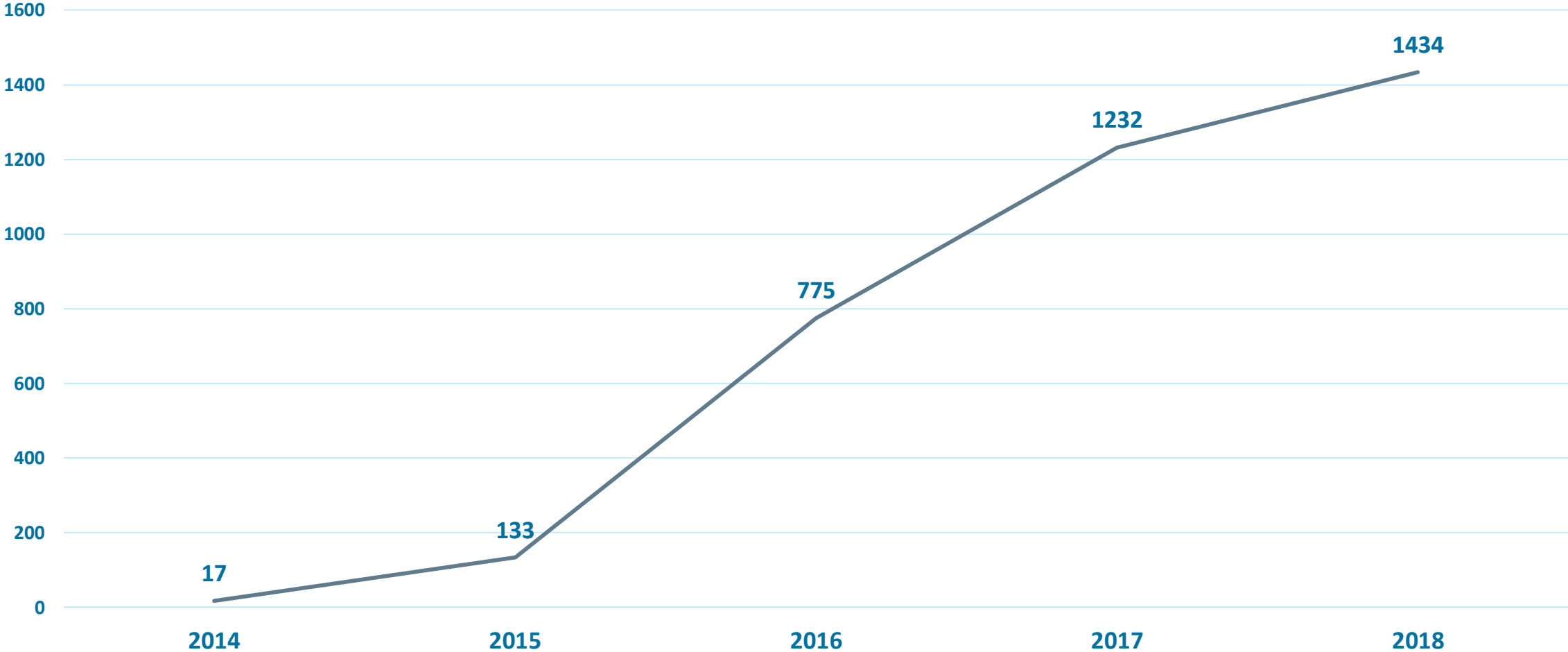
- 85.9% Improved Care Plan
- 71.0 % Educational
- 40.7% Avoided Referral
- 41.7% Avoided Diagnostic
- 2.5% No Effect



# 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!

---

*Dave Boston, MD*

*Sr. Clinical Informaticist*

*Medical Director of Virtual Care*

[bostond@ochin.org](mailto:bostond@ochin.org)