FINAL MONTHLY PROGRESS REPORT – Optimizing Virtual Care (OVC)

Grant Recipient Information (Please Complete)

Grant Recipient Organization Name

Introduction

This document is a suggested biannual progress report template for Optimizing Virtual
report information related to overall program implementation and the following OVC pr
A. Increase Access to Care and Information
B. Improve Clinical Quality and Health Outcomes,
C. Enhance Patient Care Coordination
D. Promote Health Equity

Some questions included this document may not be relevant for all grant program's ac
Additional Data tab.

The Grant Recipient biannual progress report includes the following sections:

I. Information and Instructions

Read Me - Guidance for completing the Grant Recipient biannual progress re

Definitions - Definitions for variables

Share Additional Information - Grant recipients may use this tab to submit an

IV: Quarterly Updates

This document provides a suggested biannual progress report template to support OVC grant recipient health centers reporting data biannually to assess the OVC program. Please find key definitions, 12-item Measures Set Summary, 13 table templates, and additional guidance included in this workbook, as outlined below:

Reporting Period: Quarterly
Submission Deadline: Bi-annually, one month after reporting period ends

Quarterly Access Tables (1-6) - Increasing Access to Care and Information
Table 1: Patient Visits by Service Category
Table 2: Patient Utilization of All Virtual Care Modalities by Service Category
Table 3: Patient Utilization of All Virtual Care Modalities by Race and Ethnicity
Table 4: Patient Utilization of All Virtual Care Modalities by Special and Other Populati
Table 5: Patient Utilization of All Virtual Care Modalities by Medical Insurance Type
Table 6: Patient Utilization of All Virtual Care Modalities by Age

Quarterly Quality Tables (7-11) - Improving Qualty of Care and Outcomes
Table 7: Percent of Patients with Health Screenings and Outcomes by Virtual Care Ty
Table 8: Percent of Patients with Health Screenings and Outcomes by Patient's Race
Table 9: Percent of Patients with Health Screenings and Outcomes by Patient's Prima
Table 10: Patient Overall Rating of Most Recent Visit and Report of Virtual Video Visit
Table 11: Patients Who Reported Receiving Instructions for Synchronous Video Virtua

Quarterly Care Coordination Tables (12-16) - Enhancing Care Coordination
Table 12: Virtual Care Claims Submitted Versus Reimbursed by Virtual Care Types
Table 13: Virtual Care Claims Submitted Versus Reimbursed by Patience Primary Me
Table 14: Medial Appointment Wait Time by Service Category
Table 15: Medial Appointment Wait Time by Visit Type
Table 16: Virtual Care Strategic Assessment Composit Score

Virtual Care Strategic Deployment Self-Assessment Model Instrument

OVC Grant Number	BCHMIS ID	Reporting Month

l Care (OVC) grant recipients to report project activities. We encourage you to use the Grant Recipient MPR to oject objectives:

ctivities. Grant recipients may choose to share additional information above and beyond the data requested in the

port

y additional information, comments, or data findings not requested in other areas of the template

Q1: 3/1/2022 to 5/31/2022, and	Q3: 9/1/2022 to 11/30/2022	Q5: 3/1/2023 to 5/31/2023, and
Q2: 6/1/2022 to 8/31/2022	Q4: 12/1/2022 to 2/28/2023	Q6: 6/1/2023 to 8/31/2023
Q1and Q2 due on: 10/5/2022	Q3 and Q4 due on: 4/5/2023	Q5 and Q6 due on: 10/5/2023

ions

pe
and Ethnicity
ry Medical Insurance
Training, by Visit Type
l Care Visit

dical Insurance Type

program will provide HRSA with information
ot conduct or sponsor, and a person is not
MB control number. The OMB control
This information collection is required for
urden for this collection of information is
ns, searching existing data sources, and
burden estimate or any other aspect of this
orts Clearance Officer, 5600 Fishers Lane,

Q7: 9/1/2023 to 11/30/2023
Q8: 12/1/2023 to 2/28/2024
Q7 and Q9 due on: 4/5/2024

Key Term
Appointment Wait Time
Ethnicity
Face-to-Face (In-Person) Health Visit
Limited English Proficient (LEP)
Medical Insurance
Patient
Race
Service Category
Special Populations
Telehealth
Telemedicine
UDS Service Categories
Virtual Care Type: Asynchronous Store and Forward
Virtual Care Type: Mobile Health (mHealth)
Virtual Care Type: Other Asynchronous Technologies
Virtual Care Type: Remote Monitoring
Virtual Care Type: Synchronous Audio-Only
Virtual Care Type: Synchronous Video
Virtual Care Types

Virtual visit
Visit

Definition
This is the time (in hours or days) patients must wait before they can see a health care provider for an appointment.
Self-reported patient ethnicity (Hispanic or Latina/o or Not Hispanic/Latina/o)
Documented, in-person, face-to-face contact between a patient and a provider who exercises objective judgment in the provision of services to the patient. To be included as a visit, services rendered must be documented in the patient's record
Describes individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.
Patient's primary medical insurance (Medicare, Medicaid/Childrens Health Insurance Program (CHIP)/other public insurance, private insurace)
Patient: A person who has at least one countable visit in one or more categories of services
Self-reported patient race (Asian, Native Hawaiian, Black, African American, White, More than one race)
Includes medical care, dental, mental health, substance use disorder, vision, other professional, enabling
Migratory and seasonal agricultural workers, homeless populations, residents of public housing, patients from school-based health centers, veterans, populations with limited English proficiency,
The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.
Telemedicine is a subset of telehealth services referring to remote clinical services.
Medical, dental, mental health, substance use disorder, vision, other professional, and enabling services.
Asynchronous Store and forward: Electronic transmission of medical information for remote evaluation, such as x-rays, sonograms, other digital images, documents, and pre-recorded audio and/or videos that are not real-time interactions.
Patient technologies, like smartphone and tablet apps, that enable patients to capture personal health data independent of an interaction with a clinician.
Email, fax, internet/online questionnaires, prescribing, or other transmissions.
Patient technologies, like smartphone and tablet apps, that enable patients to capture personal health data independent of an interaction with a clinician.
Use of a telephone or audio-only technology to conduct a "live" or real-time interactive visit between a patient and provider.
Use of a two-way video technology or other HIPAA compliant video connection to conduct a "live" or real-time interactive visit between a patient and provider

1. Synchronous Live Audio Only
2. Synchronous Live Video
3. Asynchronous Store and Forward
4. Remote monitoring
5. Mobile health(mHealth)
6. Other Asynchronous technologies

Virtual (telemedicine/telehealth) contact between a patient and a licensed or credentialed provider who exercises his/her independent, professional judgment in the provision of services to the patient.

Virtual visits must be provided using
interactive, synchronous audio and/or
video telecommunication systems that
permit real-time communication
between the provider and a patient
• Virtual visits should use telemedicine- specific CPT or HCPCS codes with:
• GT – Via interactive audio and video
telecommunications systems
• .95 – Synchronous telemedicine service
rendered via a real-time interactive audio
and video telecommunications system

A documented contact between a patient and a licensed or
credentialed provider who exercises his/her independent, professional
judgment in the provision of services to the patient. Virtual visits are allowable for each of the service categories. This is the only change to the definition of a visit. All other criteria remain
the same)

[Grant recipients may use this tab to submit any additional information, comments, or data findi

ıgs not requested in other areas of the template]

Priority	Domain/ Objective	Measure Name	Measure Description	Measure Type
All Health Centers	Access to Care and Information	Patient Utilization of Face-to-Face (In-person) Visits	Percentage (number) of patients with a face-to-face (in-person) visit for each service category (medical, dental, mental health, substance use disorder, vision, other professional, enabling)	Structural
	Access to Care and Information	Patient Utilization of Virtual Visits	Percentage (number) of patients with a virtual visit for each service category (medical, dental, mental health, substance use disorder, vision, other professional, enabling)	Structural
	Access to Care and Information	Patient Utilization of Virtual Visits	Percentage (number) of patients with both a face-to-face (in-person) and a virtual visit, for each service category (medical, dental, mental health, substance use disorder, vision, other professional, enabling)	Structural
	Access to Care and Information	Patient Utilization of all Virtual Care Modalities or Types	Percentage (Number) of patients who had a virtual care encounter during the measurement period for six virtual care types: a. Synchronous/Live audio-only b. Synchronous/live video, c. Asynchronous Store and forward, d. Remote monitoring,e. Mobile health(mHealth) f. Other Asynchronous technologies	Structural
	Patient Care Coordination	Service Reimbursement	Percentage of virtual care claims submitted vs. reimbursed	Structural

Priority	Domain/ Objective	Measure Name	Measure Description	Measure Type
	Patient Care Coordination	Mean Appointment Wait Time	Mean time (in days) measured from the day of engagement with a scheduler (scheduling an appointment) to the day on which the appointment is scheduled (appointment date)	Process
	Patient Care Coordination	Virtual Care Strategic Assess	Health centers self-assessed virtual care strategic maturity level based on leadership and governance, technology platforms, virtual care operations, and health equity categories	Structural
	Quality of Care and Outcomes	Preventive Care and Screening: Breast Cancer Screening	Percentage of women 51–73 years of age who had a mammogram to screen for breast cancer. Process	Process
	Quality of Care and Outcomes	Preventive Care and Screening: Cervical Cancer Screening	Percentage of women 23–64 years of age who were screened for cervical cancer.	Process
	Quality of Care and Outcomes	Preventive Care and Screening: Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Process
	Quality of Care and Outcomes	Preventive Care and Screening: Colorectal Cancer Screening	Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer.	Process

Priority	Domain/ Objective	Measure Name	Measure Description	Measure Type
d Screening/Health Outcome Measures to Report	Quality of Care and Outcomes	Preventive Care and Screening: HIV Screening	Percentage of patients 15 through 65 years of age who were tested for HIV when within age range.	Process
	Quality of Care and Outcomes	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and, if screening was positive, had a follow-up plan documented on the date of the visit.	Process
	Quality of Care and Outcomes	Preventive Care and Screening: Diabetes Eye Exam	Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy in any part of the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy in any part of the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period	Process
	Quality of Care and Outcomes	Health Outcome: Hemoglobin A1c (HbA1c) Poor Control(<9.0)	Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period	Outcome: Intermediate

Priority	Domain/ Objective	Measure Name	Measure Description	Measure Type
Choose At Least 3 of 9 Preventive Care an	Quality of Care and Outcomes	Health Outcome: Controlling High Blood Pressure	Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	Outcome: PRO-PM
	Quality of Care and Outcomes	Health Outcome: Depression Remission at Twelve Months	Percentage of patients 18–85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period.	Outcome
OPTIONAL: For Health centers implementing the CAHPS Clinical and Group Visit Adult 4.0 (beta) Survey	Quality of Care and Outcomes: Patient Experience of Care	Patient Overall Rating of Most Recent face-to-face (in-person) or synchronous virtual care (phone or video) visit	Mean overall rating of the most recent visit for all adults patients responding to item 21 of the CAPHS Clinical and Group Survey and Instructions Adult 4.0 (beta) (On a scale of 0 to 10, with 0 being the worst and 10 being the best)	Patient Experience of Care
	Quality of Care and Outcomes: Patient Experience of Care	Patient Virtual Video Visit Training	Percentage of patients who reported receiving instructions to use video prior to a synchronous, video virtual care visit	Patient Experience of Care

Table 1: Patient Visits by Service Category
Service Category
a. Medical
b. Dental
c. Mental Health
d. Substance Use Disorder
e. Vision
f. Other professional
g. Enabling
h. Total Patients

Table 1 Comments:

Table 2: Patient Utilization of All Virtual Care Modalities b
Service Category
a. Medical
b. Dental
c. Mental Health
d. Substance Use Disorder
e. Vision
f. Other professional
g. Enabling
h. Total Patients

Table 2 Comments:

Table 3: Patient Utilization of All Virtual Care Modalities b
Race and Ethnicity
Hispanic or Latino/a
a. Asian
b. Native Hawaiian
c. Other Pacific Islander
d. Black/African American
e. American Indian/Alaskan Native
f. White

g. More than one race
h. Unreported/Refused to report race
Not Hispanic or Latino/a
a. Asian
b. Native Hawaiian
c. Other Pacific Islander
d. Black/African American
e. American Indian/Alaskan Native
f. White
g. More than one race
h. Unreported/Refused to report race
Total Patients

Table 3 Comments:

Table 4: Patient Utilization of All Virtual Care Modalities b
Special and Other Population
a. Migratory and seasonal agricultural workers
b. Homeless population
c. Residents of public housing
d. English Language proficiency
e. Patients from school-based health centers
f. Veterans
g. Limited English Proficient populations
h. Total Patients

Table 4 Comments:

Table 5: Patient Utilization of All Virtual Care Modalities b
Insurance type
a. None/Uninsured
b. Medicaid/CHIP/Other Public
c. Medicare
d. Private
e. Total Patients

Table 5 Comments:

Table 6: Patient Utilization of All Virtual Care Modalities b
Insurance type
a. Ages 3 through 17 years
b. Ages 18 through 24 years
d. Ages 25 through 39 years
e. Ages 40 through 54 years
f. Ages 55 through 64 years
g. Ages older than 65 years
h. Total Patients

Table 6 Comments

Total number of patients with a countable visit during the measurement period	Patients with face-to-face (in-person) visits	Patients with Synchronous Live Audio only virtual visits

y Service Category		
Total number of patients with a countable visit during the measurement period or in the 36 months prior to the measurement period.	4a. Synchronous/Live Audio Only Virtual	4b. Synchronous/Live Video Virtual Visits

y Race and Ethnicity		
Total number of patients with a countable visit during the measurement period or in the 36 months prior to the measurement period	4a. Synchronous/Live Audio Only Virtual	4b. Synchronous/Live Video Virtual Visits

y Special and Other Populations		
Total number of patients with a countable visit during the measurement period or in the 36 months prior to the measurement period	**Synchronous/Live Audio Only Virtual**	**Synchronous/Live Video Virtual Visits**

y Medical Insurance Type		
Total number of patients with a countable visit during the measurement period or in the 36 months prior to the measurement period	**Synchronous/Live Audio Only Virtual**	**Synchronous/Live Video Virtual Visits**

y Age		
Total number of patients with a countable visit during the measurement period or in the 36 months prior to the measurement period	**Synchronous/Live Audio Only Virtual**	**Synchronous/Live Video Virtual Visits**

Patients with Synchronous Live Video virtual visits	Patients with both face-to-face and virtual care visits

4c. Asynchronous Store and Forward	4d. Remote Monitoring	4e. Mobile Health (mHealth)	4f. Other Asynchronous Technologies

4c. Asynchronous Store and Forward	4d. Remote Monitoring	4e. Mobile Health (mHealth)	4f. Other Asynchronous Technologies

Asynchronous Store and Forward	**Remote Monitoring**	**Mobile Health (mHealth)**	**Other Asynchronous Technologies**

Asynchronous Store and Forward	**Remote Monitoring**	**Mobile Health (mHealth)**	**Other Asynchronous Technologies**

Asynchronous Store and Forward	**Remote Monitoring**	**Mobile Health (mHealth)**	**Other Asynchronous Technologies**

Table 7: Percent of patients with Health Screenings and Outcomes by Virtual Care Type		
Medical Insurance	None of these or Technology not offered	Breast Care Screening
a. Synchronous/Live Audio Only Virtual		
b. Synchronous/Live Video Virtual Visits		
c. Asynchronous Store and Forward		
d. Remote Monitoring		**N/A**
e. Mobile Health (mHealth)		
f. Other Asynchronous Technologies		
Total (Any Virtual Care)		

Table 7 Comments:	

Table 8: Percent of Patients with Health Screenings and Outcomes by Patient's Race and Eth		
By Race and Ethnicity	None of these	Breast Care Screening
Hispanic or Latino/Latina		
a. Asian		
b. Native Hawaiian		
c. Other Pacific Islander		
d. Black/African American		
e. American Indian/Alaskan Native		
f. White		
g. More than one race		
i. Total patients		
Not Hispanic or Latino/Latina		
a. Asian		
b. Native Hawaiian		
c. Other Pacific Islander		
d. Black/African American		
e. American Indian/Alaskan Native		
f. White		
g. More than one race		
i. Total patients		

Table 8 Comments:	

Table 9: Percent of Patients with Health Screenings and Outcomes by Patient's Primary Medi		
Medical Insurance	None of these	Breast Care Screening
a. None/Uninsured		
b. Medicaid/CHIP/Other Public		
c. Medicare		
d. Private		
e. Total Patients		

Table 9 Comments:	

Table 10: Patient Overall Rating of Most Recent Visit and Report of Virtual Video Visit Trainin		
(OPTIONAL to Report: For Health centers that implement the CAHPS Clinical and Group Visit		
Service Category	**All Patients who responded to item 21 of the CAPHS Clinical and Group Survey and Instructions Adult 4.0 (beta)**	**Patients with face-to-face (in-person) visits**
a. Mean patient rating of most recent visit (Range 0 to 10)		

Table 10 Comments:	

Table 11: Patients Who Reported Receiving Instructions for Synchronous Video Virtual Care Visit (OPTIONAL to Report: For Health centers that implement the CAHPS Clinical and Group Visit Adult 4.0 (beta) Survey)	
a. Patient reported last visit was synchronous, video virtual care visit	
b. Patient reported receiving instructions before last synchronous, video virtual care visit	

Table 11 Comments:	

For Other Surveys
Survey Name:
Institution:
Survey Question
Question Response Options

(insert table?)

(Select at Least 4 of 9 Sc

Cervical Care Screening	Childhood Immunization Status	Colorectal Cancer Screening	Depression Screening and Follow-Up Plan
N/A		**N/A**	**N/A**

nicity

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Cervical Care Screening	Childhood Immunization Status	Colorectal Cancer Screening	Depression Screening and Follow-Up Plan

cal Insurance

(Select at L

Cervical Care Screening	Childhood Immunization Status	Colorectal Cancer Screening	Depression Screening and Follow-Up Plan

g, by Visit Type

Adult 4.0 (beta) Survey)

Patients with Synchronous Live Audio only virtual visits	**Patients with Synchronous Live Video virtual visits**

Note: If your health cen collected similar virtua comparable survey, yo "comments" section be to patient satisfaction i

Note: If your health center did not adminster the CAHP survey, but collected similar virtual car survey, you may describe the alternative survey in the "comments" section below the table satisfaction in the "Additional Data" sheet.

reenng and Outcome Measures to Report)

Diabetes Eye Exam	HIV Screening	Diabetes Control (Hemoglobin A1C)	High Blood Pressure Control	Depression Remission, 12 months
N/A	**N/A**			**N/A**

reenng and Outcome Measures to Report)

Diabetes Eye Exam	HIV Screening	Diabetes Control (Hemoglobin A1C)	High Blood Pressure Control	Depression Remission, 12 months

east 4 of 9 Screenng and Outcome Measures to Report)

Diabetes Eye Exam	HIV Screening	Diabetes Control (Hemoglobin A1C)	High Blood Pressure Control	Depression Remission, 12 months

ıter did not adminster the CAHP survey, but
l care patient satisfaction data using a
u may describe the alternative survey in the
elow the table and submit your findings related
n the "Additional Data" sheet.

e patient satisfaction data using a comparable
and submit your findings related to patient

Other (Write In)	Other (Write In)	Other (Write In)
N/A	**N/A**	**N/A**

Other (Write In)	Other (Write In)	Other (Write In)

Other (Write In)	Other (Write In)	Other (Write In)

Table 12: Virtual Care Claims Submitted Versus Reimbursed by Virtual Care Types	
	Number of virtual care claims submitted during the measurement period
a. Face-to-face (In-person) Visits	
b. Synchronous Live Audio Only	
c. Synchronous Live Video	
d. Asynchronous Store and Forward	
e. Remote Monitoring	
f. Mobile Health (mHealth)	
g. Other Asynchronous technology: (Write In) _____	

Comments	

Table 13: Virtual Care Claims Submitted Versus Reimbursed by Patience Primary Medical Insurance T	
	Number of virtual care claims submitted during the measurement period
a. None/Uninsured	
b. Medicaid/CHIP/Other Public	
c. Medicare	
d. Private	
e. Total Patients	

Comments	

Table 14: Median Appointment Wait Time by Service Category	
Service Category	Median appointment wait time (in days)
a. Medical	
b. Dental	
c. Mental Health	
d. Substance Use Disorder	
e. Vision	
f. Other professional	
g. Enabling	
h. Total Patients	

Table 15: Median Appointment Wait Time by Visit Type	
Visit Type	Median appointment wait time (in days)
a. Face-to-face (In-person) Visits	
b. Synchronous Live Audio Only	

c. Synchronous Live Video	

Comments	

Table 16: Virtual Care Strategic Assessment Composite Score (See instructions on the VCSD Self As	
Dimension	
a. Leadership Platforms	**a.1. Leadership**
	a.2. Governance
b. Virtual Platforms	**b.1. Core Telecommunications Platform**
	b.2. Virtual Care Devices
	b.3. Technology Support
	b.4. Cybersecurity Support
c. Virtual Care Operations	**c.1. Operational and Clinical Standards**
	c.2. Provider/Staff Engagement
	c.3. Patient and Family Engagement
d. Health Equity	**d.1. Awareness**
	d.2. Action

Comments	

Total Claims Reimbursed

Type
Total Claims Reimbursed

sessment Model Tool tab)	
Self-Assessment Score (Range 1 to 9)	**What topics would you like to learn more about or get additional support on? (Write in)**

Virtual Care Strategic Deployment Self-Assessment Model Instrument

Citation: Meyers, JF. (2021) Virtual Care Strategic and Tactical Deployment Maturity Self-Assess

The Virtual Care Strategic and Tactical Deployment Maturity Self-Assessment Model presented i

Instructions:

1. Read the descriptions for each maturity level (columns) for each of the 11 categories (rows) fo your maturity level self-score in column G.

Example: Start by reading the "Leadership" category in the Dimension "Leadership and Governa question. Each of the next three columns will describe ever-increasing degrees of maturity and t response best matches your current situation, choose a score between 4 and 6 that best represe "Fill in Number".

2. If you feel any category row should receive immediate attention, please put a short description

Dimension	Category
Leadership and Governance	Leadership
	Governance

Technology Platforms	**Core Telecommunications Platform**
	Virtual Care Devices
	Technology Support
	Cybersecurity Support

Virtual Care Operations	**Operational and Clinical Standards**
	Provider/Staff Engagement
	Patient and Family Engagement

Health Equity	**Awareness**
	Action

sment Model. Oakland, CA: The California Health Care Safety Net Institute

in this document was authored by Jim Meyers, DrPH under funding from the Californ

und in the 4 operational dimensions. Using the self-scoring key - in yellow - put

nce". The description column will help you to understand the maturity assessment
hey each have a range of scores you can choose. If you feel the "foundational"
nts your self-assessment. Put that score into the column G in place of the words

of the attention needed in the last column (H).

Capability Levels:
Self-Score:
Description
To what degree have organizational leaders committed to immediate and long-term adoption of virtual care operations?
To what degree has the organization committed to a permanent organization-wide virtual care governance/strategic oversight structure?

How successful has the organization been in establishing a core telecommunications platform to support virtual care needs for data exchange (speed, bandwidth, interoperability), processing capability and data storage capacity?
How successfully has the organization met the hardware and software support needs of providers, staff and patients for the desired synchronous and asynchronous virtual care operations?
How successfully has the organization met the technical support needs of providers, staff and patients for the desired synchronous and asynchronous virtual care operations?
To what degree has the organization built cybersecurity infrastructure protections, user protocols, and training necessary to counter existing and emerging cybersecurity threats?

To what degree has virtual care functioned with the same or better care and operational quality standards as in-person care?
How proficient are providers and staff in using virtual care tools in terms of access (hardware, software, connectivity, setting, language), training, usability, and coordination across teams?
How proficient/engaged are patients, families, and caregivers in virtual care in terms of access (hardware, software, connectivity, setting, language), digital health literacy, and use?

How successful has the organization been in creating awareness of varying levels of access to and uptake of virtual care in their patient population and the impact of virtual care on inequities in access, care, experience, and outcomes?
To what degree are virtual care processes intentionally designed to create equitable access to care and reduce health disparities in the population served?

ıia Health Care Safety Net Institute.

Foundational ***(Enterprise-wide Strategic Response)***
Score: 4 to 6
Indicators
• Leaders support a more permanent virtual care deployment plan that integrates telehealth into standard care operations. • Board and enterprise leaders allocate sufficient resources and staff to meet the demands of the new virtual care environment.
• A virtual care governance structure is established organization-wide. • Virtual care structure, process and outcome metrics are defined, tracked, and acted upon. • Virtual care governing bodies include all levels of staff (e.g., senior leaders, front-line workers) from across departments (e.g., quality improvement, IT, ambulatory care).

• Bandwidth and connection speeds improve as capacity is built or contracted. • Interoperability continues to be a large barrier between legacy systems, new contractor-based systems, and HIE platforms. • Resources are allocated for legacy system upgrade planning and initial deployment to meet the needs of virtual care operations. • Cybersecurity risks decrease as a more permanent platform solution set is put in place.
• The organization plans for and begins purchasing common hardware and software solutions across the enterprise in support of their virtual care operational needs. • Hardware and software consistency leads to greater acceptance of virtual care operations. • Virtual care hardware and software quality and options are standardized for the home-based workforce.
• Technology support functions are reorganized to more permanently meet the needs of the new virtual care environment; • Leaders and technical support staff specifically trained in virtual care technologies are hired. • Resources are researched, purchased, and allocated that specifically support home-based staff needs (e.g.; dual screens, special cameras, etc.). • Technical support staff may join pre-telehealth visit workflows to help staff and patients prepare for proper virtual care connection. • Just-in-time short-term contract support is used where appropriate to remain nimble as the virtual care operational environment unfolds.
• Cybersecurity harm reduction efforts cover broad infrastructure threats and are not typically targeted to unique virtual care risks; focus mainly on extending protection for HIPAA compliance into the various virtual care settings; rely on in-house expertise; and rely on external data exchanges and brokers of data to provide their own cybersecurity protections. • Awareness of HIPAA, privacy, and cyber-security threats specific to virtual care operations relies on in-house expertise; risk reduction measures are often reactive, are slow to be put in place and are only moderately successful at increasing protection from unique virtual care cybersecurity risks.

• Virtual care quality standards aim for equal or better care quality compared to in-person care. • Virtual care workflows link to all necessary integrated team-based care team and admin processes (e.g. registration, intake, remote patient monitoring, vital signs collection, etc.). • Quality improvement oversight and structure, process, and outcome measures integrate virtual care operations; • Protocols are formalized to appropriately triage patients to in-person or virtual care options and to take into account patient preference. • Telecommuting protocols for staff and providers are standardized to create consistent well-being, connectivity quality, and care quality. • The patient portal becomes a viable and user-friendly pathway for patient-facing pre-visit and post-visit administration functions including eligibility screening, pre-visit surveys, check-in, linking to virtual care visit, post-visit follow-up, and completion of all billing processes. • Permanent, safe and appropriate diagnostic, care and counseling options leverage virtual care advantages in select specialty areas (e.g. specialty care, physical therapy, behavioral health, etc). • Care teams prioritize moving communication, counseling, and remote monitoring of chronic conditions to virtual care when and where it can produce better patient outcomes.
• Virtual care operations provide a seamless patient visit flow that is perceived by both provider/staff and patients as equal or better than previous in-person only processes (e.g., advanced team-based workflows provide more "in-person"-like handoffs and communications between interpreters, front desk, care team members, navigators and eligibility/billing functions). • Providers and staff are engaged in quality improvement assessment and improvement cycles for continuous improvement of their virtual care operations and the integration of those operations into both hybrid and in-person care settings.
• Patients are aware of the options for accessing virtual care and are getting more comfortable with care delivered through virtual care processes. • Patients are regularly screened for digital access and virtual care interface skills. • Regular feedback processes (including virtual feedback) measure patient satisfaction with virtual care. • Advanced team-based workflows provide more "in-person"-like handoffs and communications between medical assistants, nurses, and physicians. • Basic vital signs collection processes are coordinated where reliable through manual patient self-assessment. • Policies and procedures are put in place to help caregivers and family members link into virtual care processes as easily as the patient can.

• Virtual care governance and organizational resource allocation processes prioritize the collection of information on health equity in virtual care operations. • The organization proactively screens patients on access to and skills (e.g., digital health literacy) necessary to use virtual care. • Virtual care access, use, and health equity outcomes measures are collected and categorized by vulnerable population, broken down by demographics, and that information is disseminated across the organization (e.g., via dashboard or regular reporting).
• The organization prioritizes and allocates resources to existing projects that have the potential to decrease health inequities caused by virtual care processes. • Evidence-based processes are in place to reduce health inequities in the use of virtual care such as: virtual interpreter services; non-English device instructions and prompts; programs to connect to caregivers/family who help bridge communication divides; and, prioritization of organizational actions that increase patient trust and more equitable use of virtual care.

Self-Score
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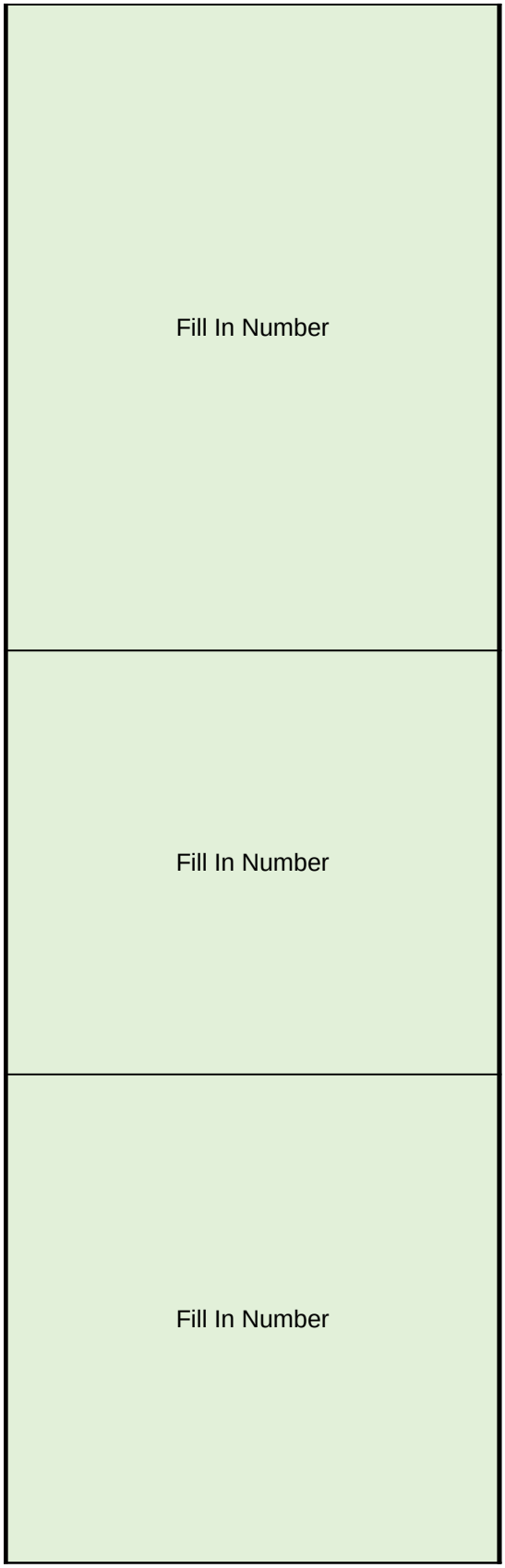
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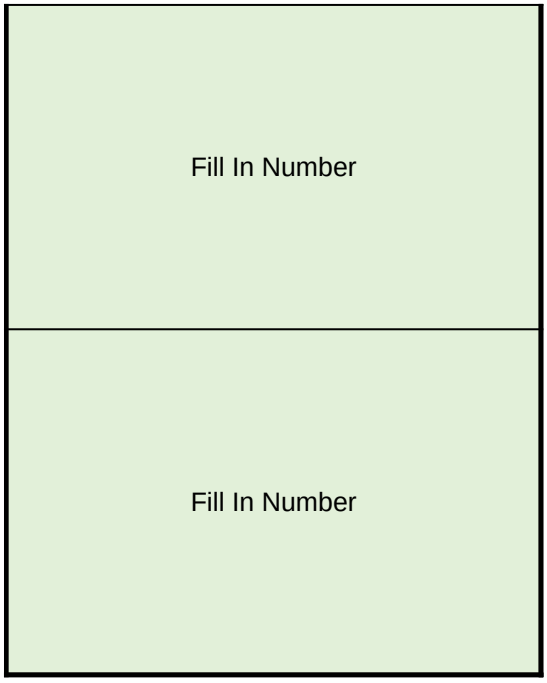
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What topics would you like to learn more about or get additional support on?