

The following questions were submitted during the LIVE Office Hour Session held on February 8, 2022. This Q&A document is purely for informational purposes. CTRC does not provide legal advice or coding services. CTRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services mentioned below. Questions directed to Borrego Health were answered by Ellie Lopez, Director of Integrated Health Services at Borrego Health. For more questions, she can be contacted at: ihamideh@borregohealth.org

Q: Are all the providers at Borrego Health doing Telehealth visits?

A: Yes, I think now our dental providers are not doing as much. But our pediatricians, family doctors, and most everyone else are using telehealth.

Q: At Borrego Health, Do the patients have the option of requesting telehealth or is it always the provider's call?

A: Oh, yes of course! The patient can request one. In the beginning, we always ask if the patient would prefer an in-person or a telehealth visit. If the provider is letting us know that the condition, they are seeking is not fit for a telehealth appointment, then we let the patient know that an in-person visit is needed.

Q: Are Borrego Health providers working from the clinic or are they working from home?

A; Right now, only our LCSWs and psychologists are the only providers working from home. For some time, our psychiatrists also were, but we called them back in as they are now operating from a hybrid model. Physicians and everybody else are back in the clinic.

Q: At Borrego Health, is your schedule set up so that your providers are 50% telemedicine and 50% in-person, or do they go back and forth? How is scheduling set up?

A: Right now, our templates are flexible across the board. We might explore templates where we build in appointment slots that are specific to telehealth. We have kept it this way because we wanted the flexibility for patients to be able to have their visits wherever in the day. So far it's worked, but we might explore the new templates next quarter, starting with primary care.

Q: At Borrego, what's your approach for audio-only? Have you left them in your telephone calls bucket, or have you moved them into a telemedicine visits type where you are identifying audio-only vs audio-visual?

A: Great question! So, our appointment reason codes have been separated so that we can differentiate between telephone and then telehealth video. From a reporting standpoint,

we bucket all of those under telehealth and then we can say how many of those were video vs how many of those were phone. We have also incorporated some documentation into our provider templates to help us distinguish, but the reason types in scheduling have been the best for us reporting-wise.

Q: At Borrego Health, what do you look for in a telehealth vendor?

A: So being completely honest, my IT team and my vendors have called me a pain in the butt. Sometimes you need someone who can be a pain in the butt in the operations role. I look for someone who can deal with that. Whoever it is, they need to be understanding and flexible to your needs. Be sure that they can work with you and that they can make customizations. A lot of vendors offer “out of the box” ideas which can be great, but you want to be sure that your organization has a say! I think flexible vendors who can work with us and all our advocacy for our different patient populations are the best ones. Make sure they aren’t just those one-trick ponies, they need to do something that helps your life be easier at the end of the day.

Q: At Borrego Health, which patients tend to be the “frequent fliers”?

A: For behavioral health, patients do like the option of telehealth. Outside of behavioral health, I think across the board has grown. Our pediatrics experienced a lot more visits than they thought we were going to have. Things that I can think of that our providers have talked about were: rashes, spider bites, eye swelling, or anything that you can see with the camera. Also, a huge amount for follow-up care, so they might have had a procedure where the doctor needs to check on that and see how they are doing, telehealth is a great option. Outside of behavioral health, follow-up care is probably our number one.

Q: At Borrego Health, how do you navigate having an interpreter online for telehealth?

A: Great question, this has been an issue since day one. For a lot of our patients, we have an interpreter on-site with the provider. The harder visits are when the provider is working from home, or situations where it needs to be a three-way call. It does get a little more difficult when you’re trying to do a call and video, or when the visits are longer like for psychology. It seems to go more seamlessly when the interpreter can be on-site with the provider.

Q: At Borrego Health, do you guys provide any devices to send home with patients?

A: We do! A part of our Care Management Program is to track blood pressure. Some patients are receiving help to get blood pressure monitors. We also have another program



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for patients dealing with uncontrolled hypertension, so we have some blood pressure devices, where they are set up and connected to a portal. The patient gets a lot of education about how everything works and is set up to use the portal. There are notifications in place so that if the readings are abnormally high, the patient is notified immediately to re-check or go in for care.

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