

Investing in Our Service Capacity

Remote vendor integration strategy

**Community Health Best Practices Annual Meeting
March 2023**

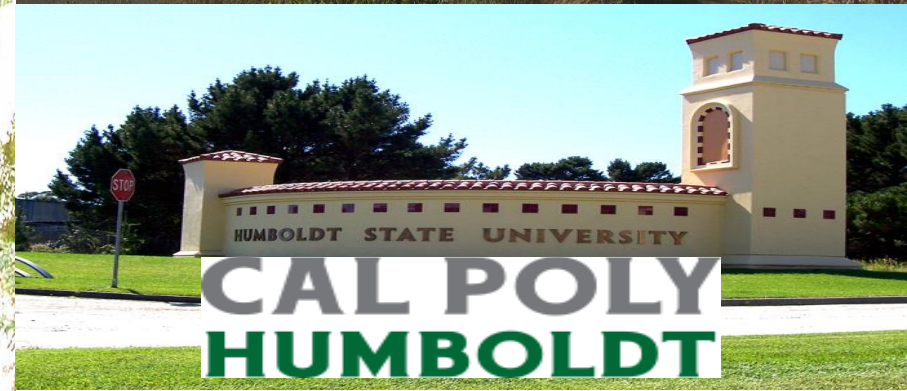
**By Tory Starr, MSN,PHN,RN
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Open Door Community Health Clinics**



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YEARS



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Cultural Evolution and Development



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Telehealth Visiting Health Center opens 2005



“Learning Better Together”

Why are we doing this?

Reason 1

- **Increasing Meaning and Joy in our Work.**

Reason 2

- **Increasing Access to Care.**

Reason 3

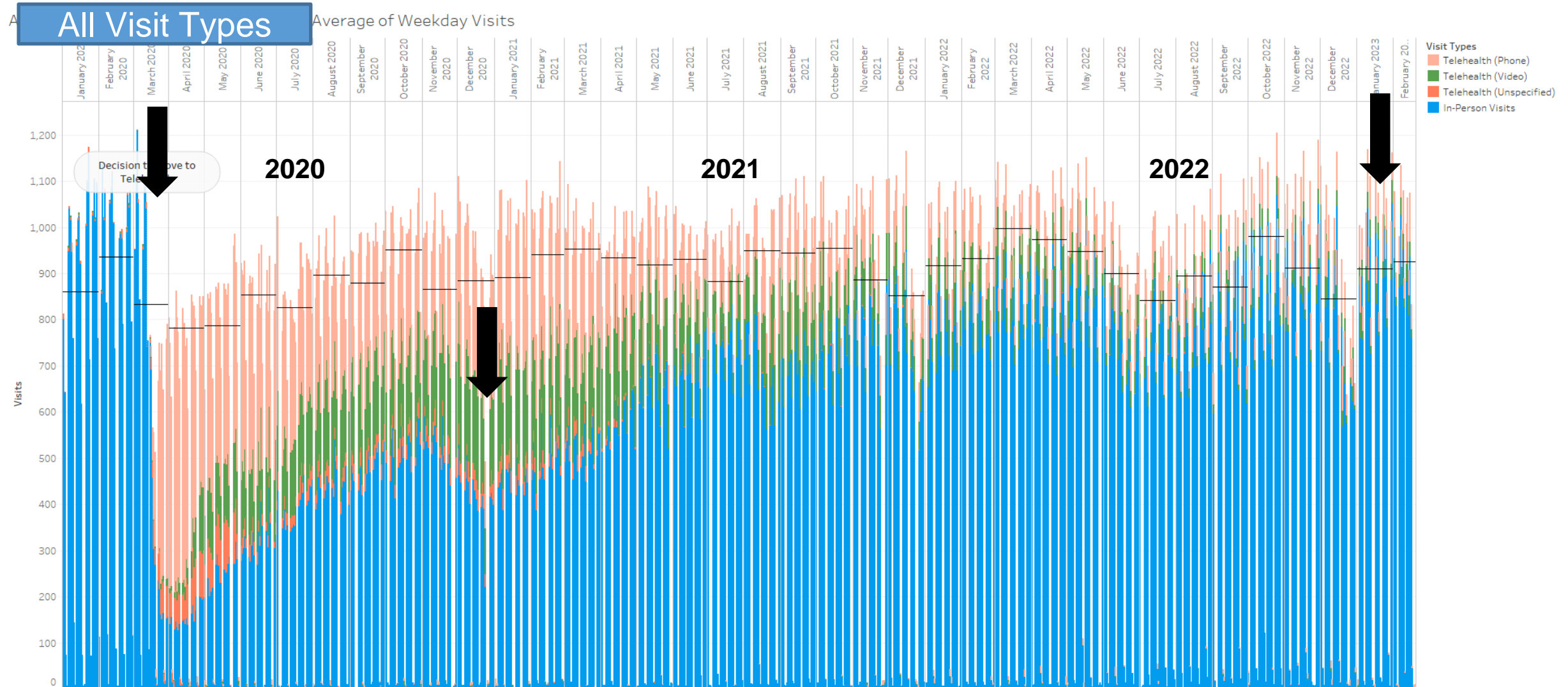
- **Improving Quality.**

Timeline: COVID

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Timeline: COVID



**Included encounters have an end of day appointment status of arrived or completed or are posted in billing. Un-appointed encounters are excluded until posted in billing, so there is a lag.

** Reference lines display the average weekday visit counts for the respective month.

**Telehealth includes encounters that have either a Telehealth appointment type, encounter type or program code attached.

**Telehealth Video & Phone are distinguished using the appointment type and/or the encounter reason codes. Telehealth encounters without these reason codes are included as Telehealth Unspecified.

The Rural Perspective

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“Learning Better Together”

Principles

1

- **Focus** on where the work is being done.

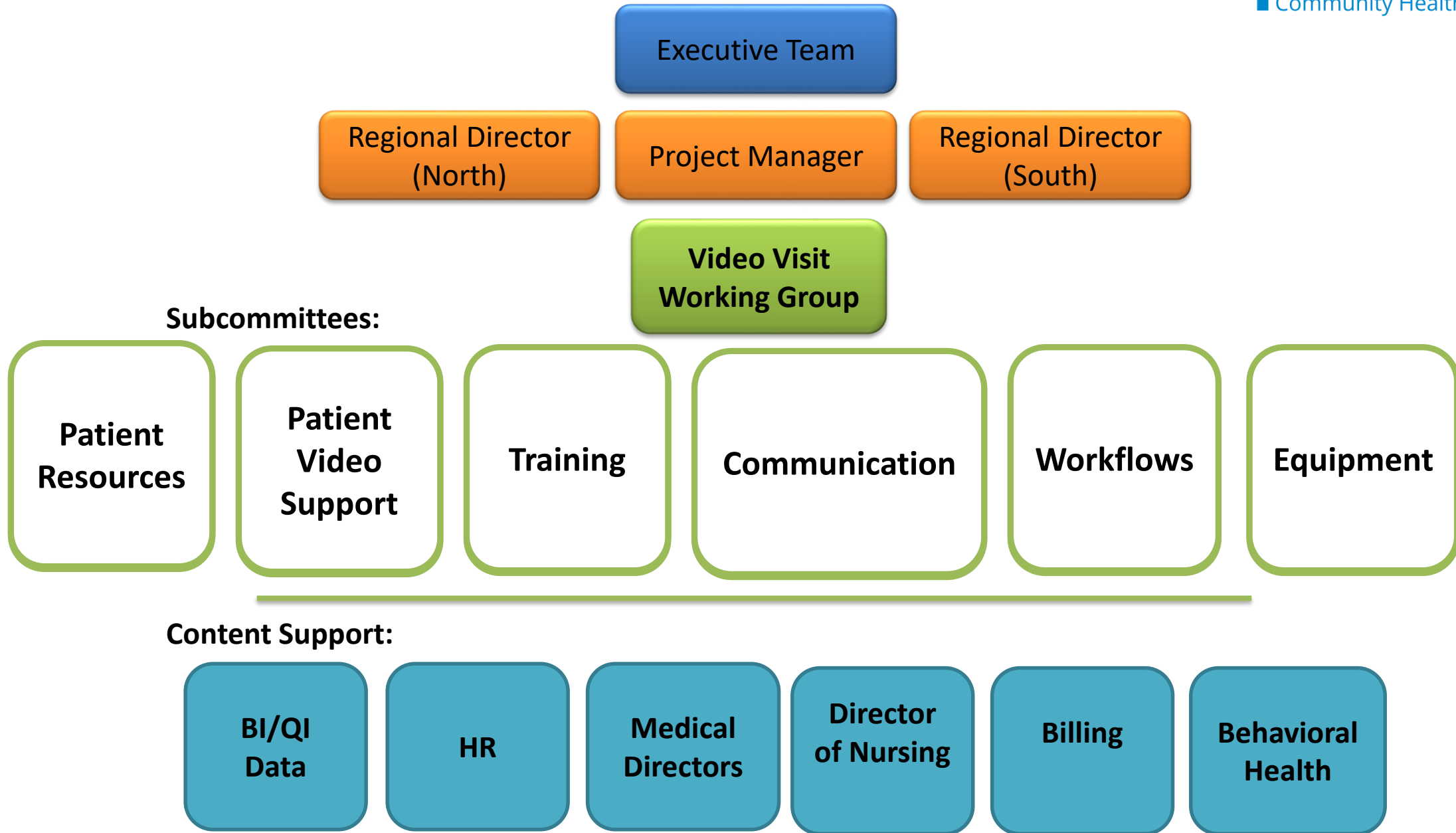
2

- **Engage & empower** the people doing the work.

3

- **Leaders primary role** is to remove barriers for the teams.

Video Care – Structure



Developing Video Care Competency

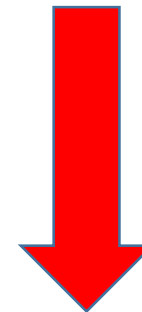


1. Culture Transition
2. Technology
3. Training
4. Process

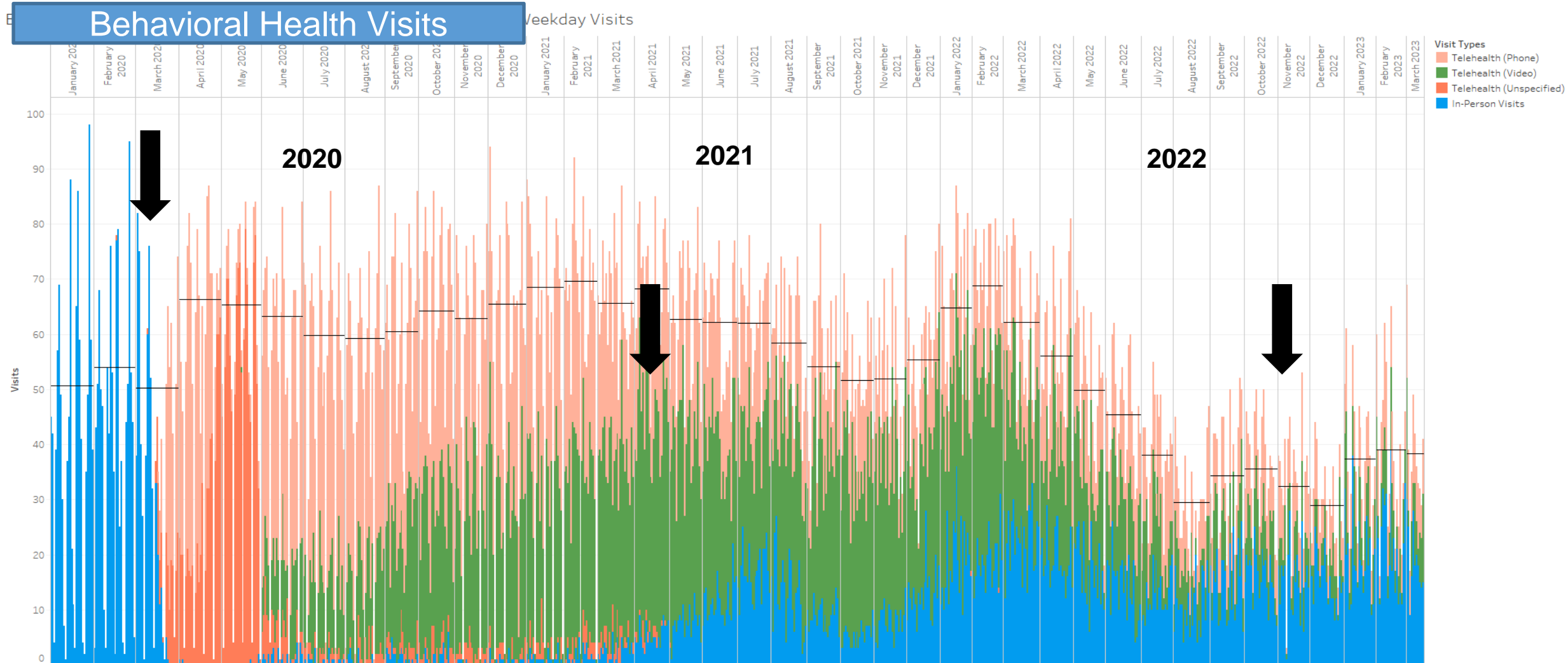
The Behavioral Health Benefit



Missed Visit



Timeline: COVID



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Workforce Shortage



Expanding Our Reach

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What we learned



- Contracting is easy
- Vendor integration
- Cultural fit
- Trust building is critical
- Their employees are yours
- California is different
- Patient adjustment to new modality
- Special needs population: pediatrics
- Provider experience drives adoption

What's next?



Thank You!