Crossing The Chasm of Innovation:

One FQHC's Journey on Operationalizing its Telehealth Strategy

Objectives

- Recognize how telehealth has been leveraged by one organization as a tool for service delivery and expansion

- Describe how dedicated telehealth resources can support operational efforts

- Understand how remote positions can help with recruitment efforts

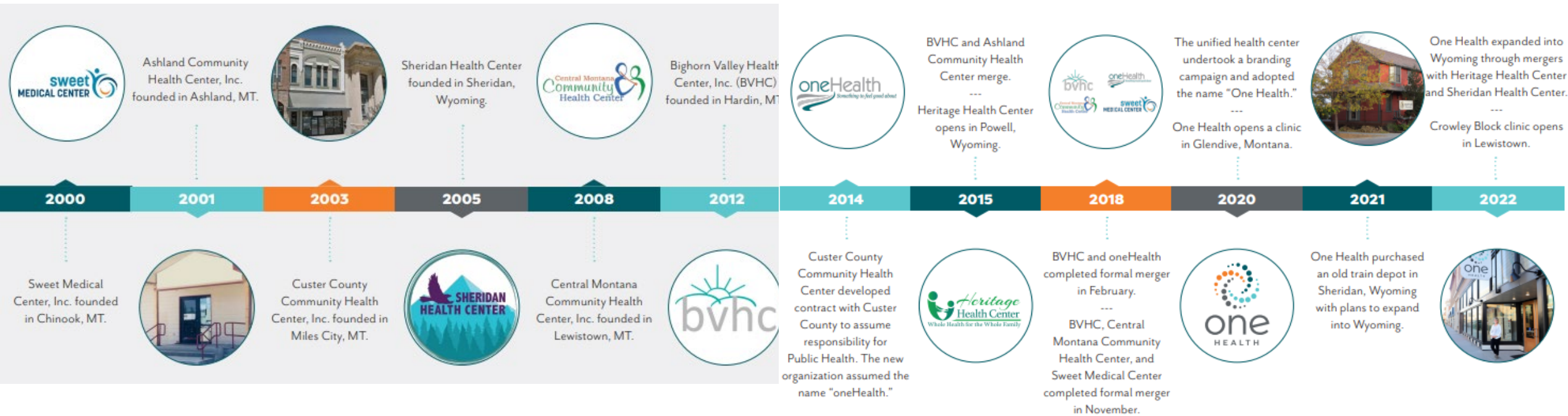- Identify resources for ongoing telehealth support

Patient Demographics and Services

Service Type	Encounter Volume (2023)
Primary Care	34,471
Behavioral health	8,320
Psychiatry	2,569
Dental	20,49
Total	**47,409**

Other services include Pharmacy, Public Health and wrap-around patient resources and services

- 12 clinical locations
  - 4 school-based locations
  - 4 drop-in centers
- Two Local Health Departments

- Montana and Wyoming
- Rural and frontier communities
- Native American populations
- Low SES families

Organizational Timeline

2000 — Sweet Medical Center, Inc. founded in Chinook, MT.

2001 — Ashland Community Health Center, Inc. founded in Ashland, MT.

2003 — Custer County Community Health Center, Inc. founded in Miles City, MT.

2005 — Sheridan Health Center founded in Sheridan, Wyoming.

2008 — Central Montana Community Health Center, Inc. founded in Lewistown, MT.

2012 — Bighorn Valley Health Center, Inc. (BVHC) founded in Hardin, MT.

2014 — Custer County Community Health Center developed contract with Custer County to assume responsibility for Public Health. The new organization assumed the name "oneHealth."

2015 — BVHC and Ashland Community Health Center merge. --- Heritage Health Center opens in Powell, Wyoming.

2018 — BVHC and oneHealth completed formal merger in February. --- BVHC, Central Montana Community Health Center, and Sweet Medical Center completed formal merger in November.

2020 — The unified health center undertook a branding campaign and adopted the name "One Health." --- One Health opens a clinic in Glendive, Montana.

2021 — One Health purchased an old train depot in Sheridan, Wyoming with plans to expand into Wyoming.

2022 — One Health expanded into Wyoming through mergers with Heritage Health Center and Sheridan Health Center. --- Crowley Block clinic opens in Lewistown.

Telehealth Timeline

- First use case- 2016 for psychology
- Entered partnership with our current telehealth vendor in 2019
- COVID pivot- 2020
- Telehealth Program Manager Hired in 2021
- Post-PHE work focused on optimizations

One Health's Telehealth Portfolio

- Service Lines
  - Behavioral Health
  - Primary Care
  - Psychiatry
  - School Based
- Modalities
  - Clinic to Clinic
 - Direct to Patient
  - Remote Patient Monitoring

The Diffusion of Innovation

- First described in his 1962 book, Everett Rogers argues that diffusion is the process by which an innovation (idea, behavior, or product) is communicated over time among the participants in a social system.

- This process happens over time, and is subject to myriad factors

- There are five categories of adopters according to this theory

Stages of Innovation Adoption Curve

- Innovators
- Early Adopters
- Early Majority
- Late Majority
- Laggards

2.5% Innovators

Early Adopters 13.5%

Early Majority 34%

Late Majority 34%

Laggards 16%
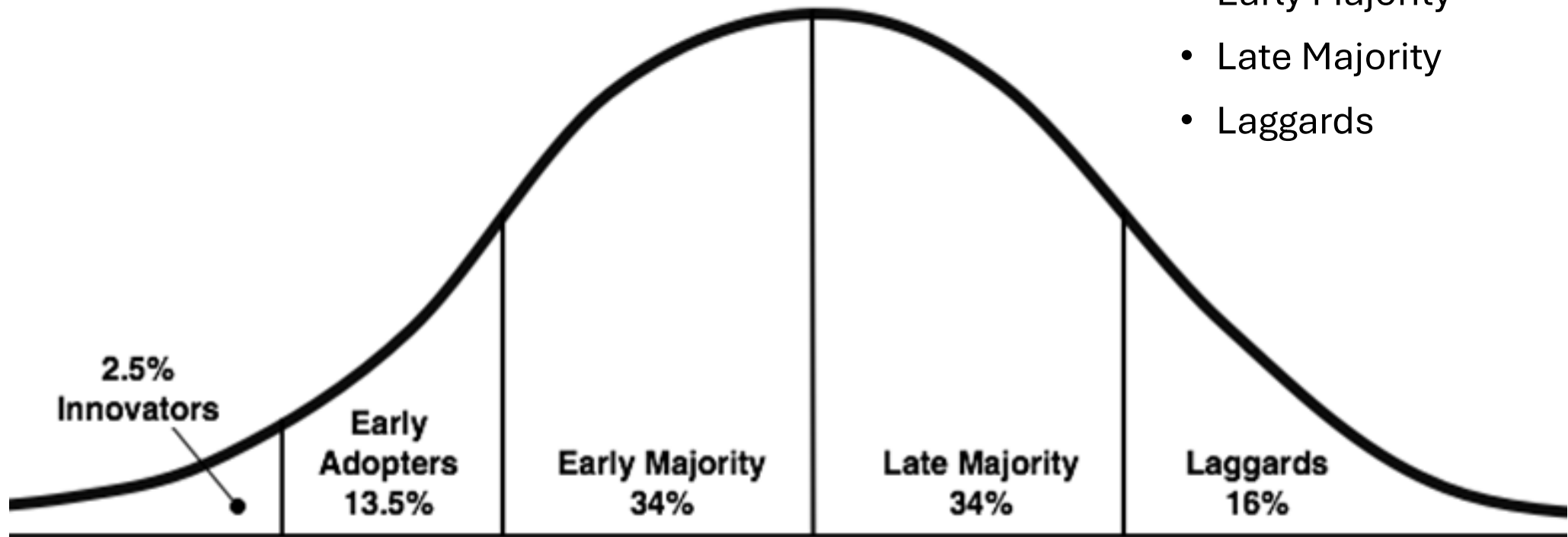
Source: Everett Rogers *Diffusion of Innovations* model

Gartner's Hype Cycle
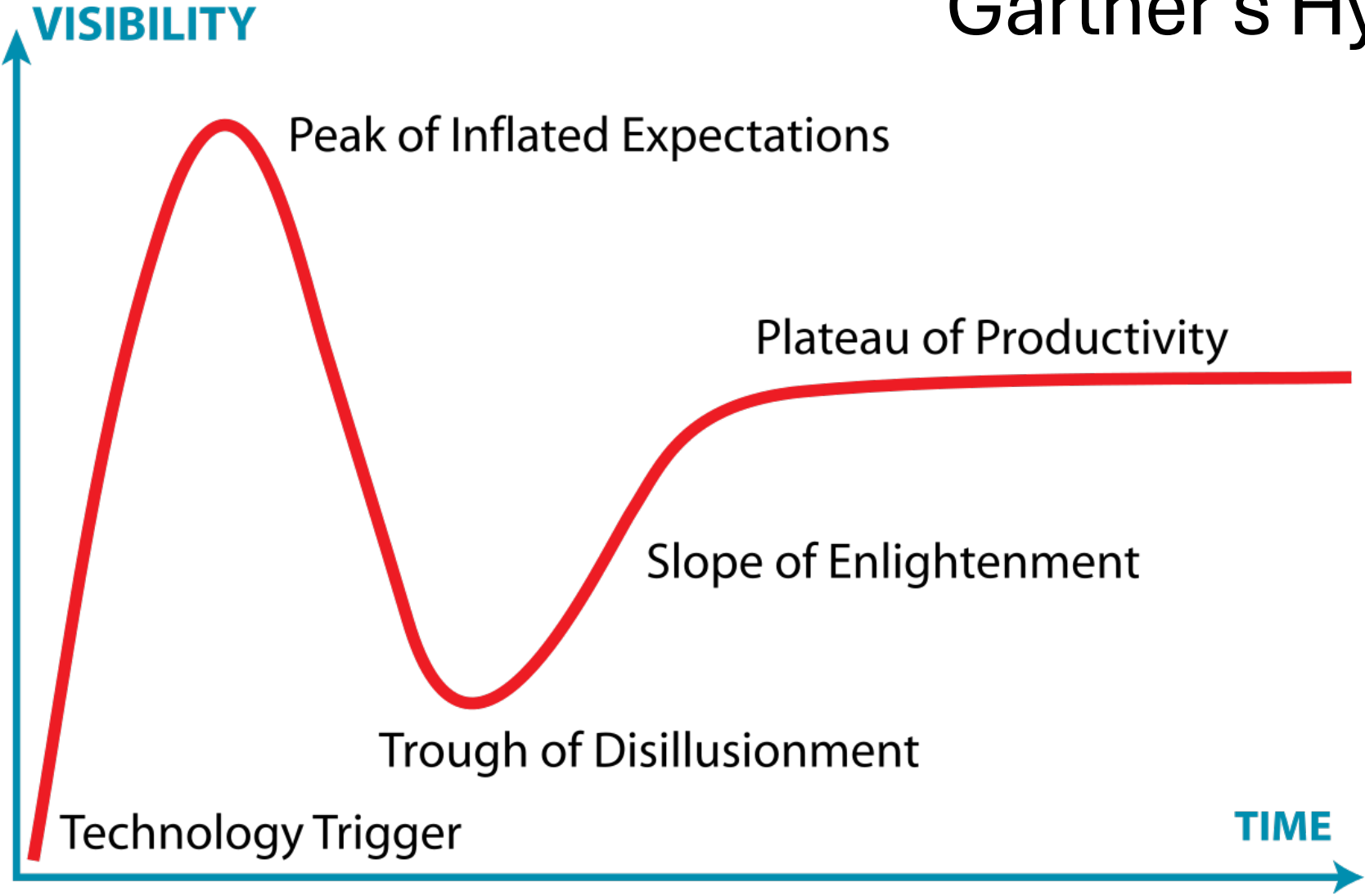
Hype Cycle and Adoption Curve Plotted Together
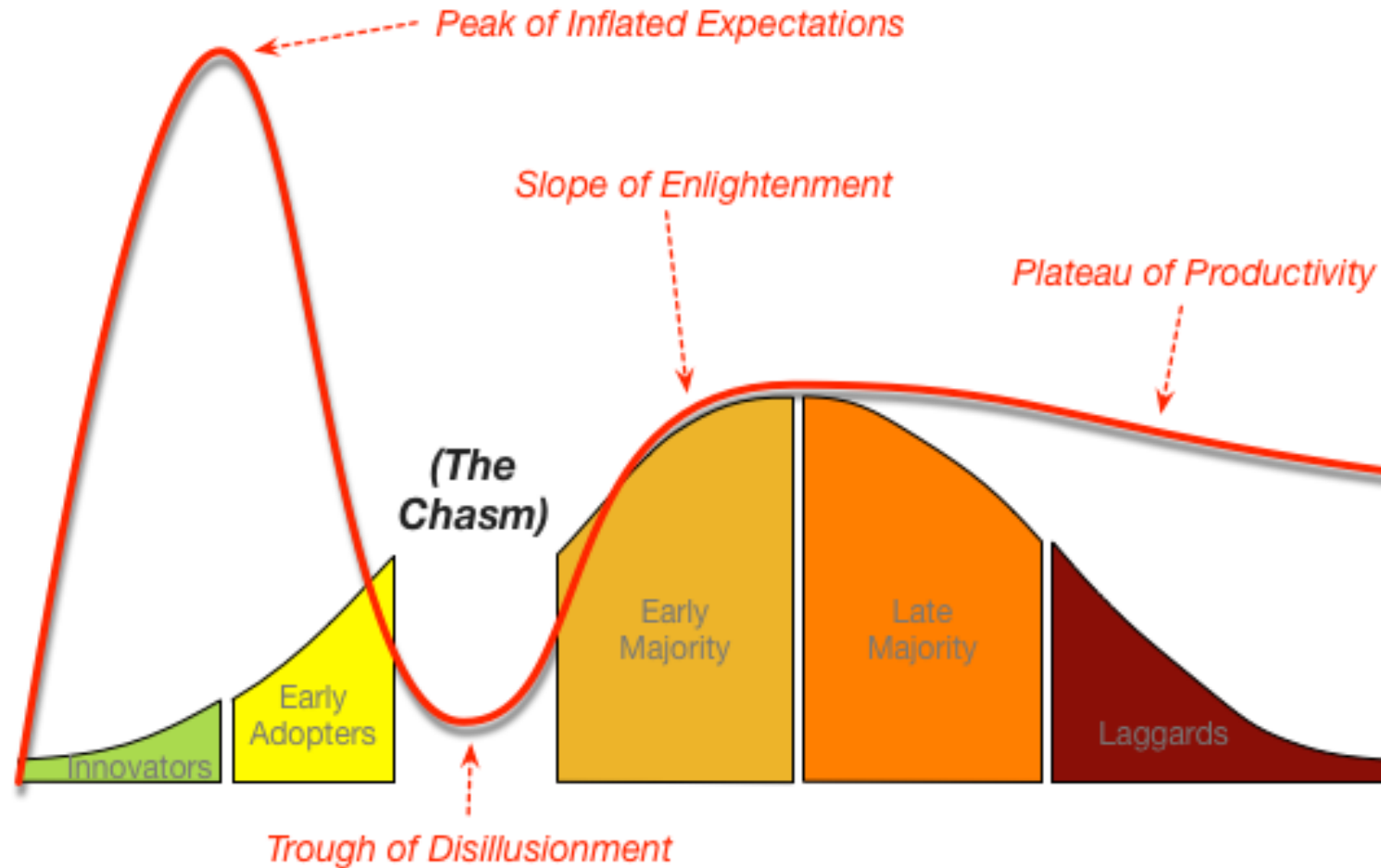
# Where are we in our Telehealth Diffusion at One Health?
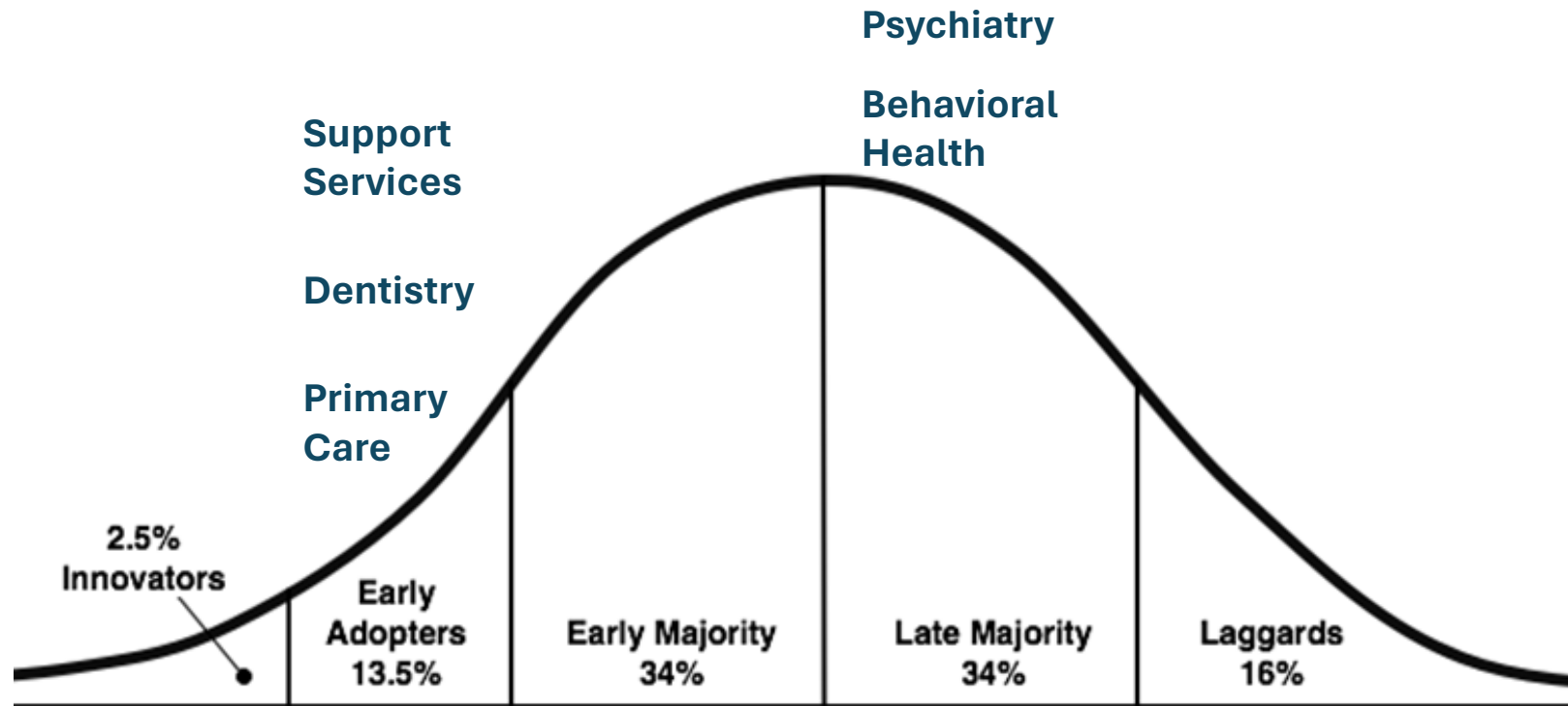
Source: Everett Rogers *Diffusion of Innovations* model

Factors Influencing Adoption

1. Relative Advantage - The degree to which an innovation is seen as better than the idea, program, or product it replaces.

2. Compatibility - How consistent the innovation is with the values, experiences, and needs of the potential adopters.

3. Complexity - How difficult the innovation is to understand and/or use.

4. Trialability - The extent to which the innovation can be tested or experimented with before a commitment to adopt is made.

5. Observability - The extent to which the innovation provides tangible results

Some nuts and bolts

Moving from Strategy to Operationalization
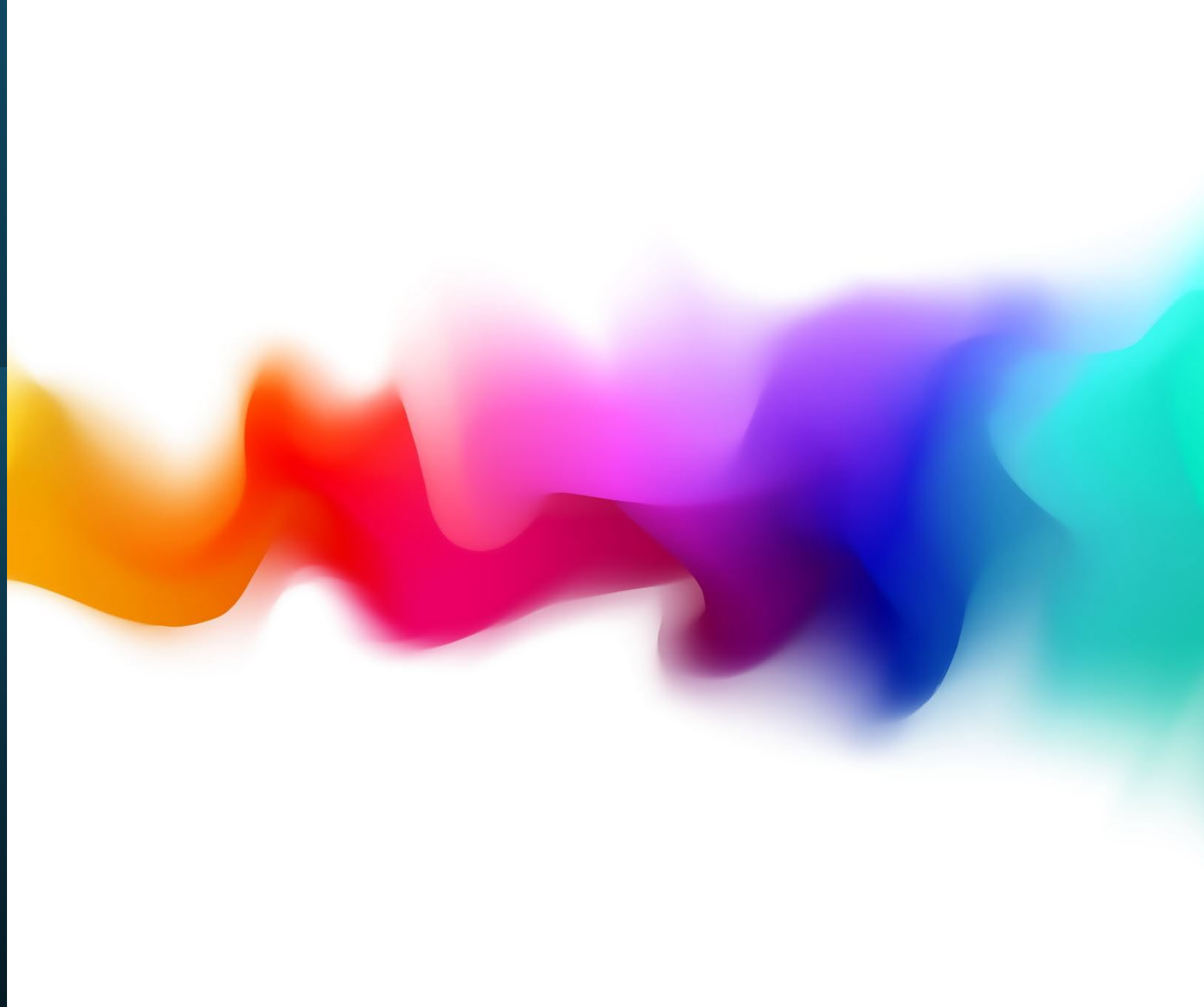
How has One Health Leveraged Telehealth?

1.0 FTE

Duties include

- New employee orientation and onboarding
- Ongoing training, support, and technical assistance
- Vendor relations
- Project Management
- Quality/Process Improvement

How is Telehealth Operationalized?

- Decrease barriers
  - Increase ease and access for ALL users, but primarily end users (providers and patients)
- Telehealth Leadership Committee
- Regular interface with
  - EHR specialists
  - Intake
  - Clinical Operations
  - Medical Providers
  - Behavioral Health

Start small and with low-hanging fruit

- Identify innovators and early adopters- these are your champions!

- Sprinkle and spread telehealth initiatives around

- The technology is the easy(ish) part
  - Show and tell

- Grant-driven initiatives
  - Grant deliverables can help drive things forward- since there is also an external party that we are accountable to.
  - This is also a good way to get hardware and software paid for (not as many grants pay for salaries)

Recruitment Efforts

- We have not fully embraced remote work for providers, but it can be a good option- especially for more cognitive-focused practitioners (behavioral health and psychiatry)

- Recommendation: have remote work policies in place

How Are We Dealing With Disparities?

In spite of huge infusions during the COVID PHE, many people in our service areas are without reliable high-speed internet service

Exploring Telehealth Access Points

Audio-only for behavioral health

Clinic to Clinic

What Telehealth Is and Is Not

Is:
- A tool
- Requires ongoing support
- An exercise in standardization

Is not:
- A service
- Mandatory in our organization

Future Opportunities

Pharmacy

Dental

Virtual supervision

Public health home visitation

Next Steps

- Nationally, telehealth utilization has leveled off, and continues to decline slightly from its height in 2020

- We still have patients who are using telehealth for the first time

- Undergoing a merger this year

Know Your Resources!

- Telehealth Resource Centers
  - Center for Connected Health Policy
- Regional and State-based telehealth alliances
- Associations (licensure-based, affinity-based, organization-based)
- Telehealth.hhs.gov
- Please share yours!

Thank you

Sarah Compton

Telehealth Program Manager

Sarah.Compton@onechc.org

Citations

- Lee, E.C., Grigorescu, V., Enogieru, I., Smith, S.R., Samson, L.W., Conmy, A., De Lew, N. Updated National Survey Trends in Telehealth Utilization and Modality: 20212022 (Issue Brief No. HP-2023-09). Office of the Assistant Secretary for Planning and Evaluation, U. S. Department of Health and Human Services. April 2023.

- Rogers, E. M. (2003). *Diffusion of innovations* (5th ed.). Free Press.

- Moore, G. A. (2006). *Crossing the chasm : marketing and selling disruptive products to mainstream customers* (Rev. ed., 1st Collins Business Essentials ed.). Collins Business Essentials.