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Department of Pediatrics Faculty Meeting

May 27, 2020

LPCH Ambulatory Operations Activation Update

Cameron D'Alpe, Carolyn Ford-Hemann, Lee Kwiatkowski, Tzielan Lee, Dan Murphy

Telehealth

Natalie Pageler

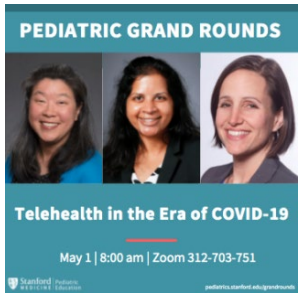
Stanford Children's Health | Lucile Packard Children's Hospital Stanford

Pediatric Grand Rounds

Response to COVID-19 in Taiwan: Big Data Analytics, New Technology, and Proactive Testing

Optimizing Education in the Time of COVID-19

COVID-19 Updates



Telehealth in the Era of COVID-19

Confronting COVID-19 in Low-Resource Communities: Local, Migrant, and Global Settings

Perinatal Care in the Context of COVID-19

Ethical Duties and Resources in a Pandemic

Overview of the Epidemiology of COVID-19: Lessons Learned (June 5th)

Nominate a Colleague

by June 12

for the Virtual

Department of Pediatrics Faculty & Staff Awards Day

June 26, 2020

Awards for Faculty

Stanford Pediatrics DRIVE Award
Early Career Clinical Excellence Award
Laura Bachrach Mentor Award
Basic Science Research Award
Medical Education Scholarship Award
Resident Golden Apple Award
Advocacy Award
Mid-Career Clinical Excellence Award
Postdoc Mentor Award
Clinical Science Research Award
Fuji Apple Award
Resident Feedback Award

Awards for Staff

Donna Schurr Spirit Award
Innovation Award
Rising Star Award
Collaboration Award

Learn more and nominate:
https://med.stanford.edu/pediatrics/staff---faculty-awards.html

Julia Marlow,
1st year fellow

Felice Su

Lauren Destino

QI Award at the Stanford QI Symposium
Breathing Easier on Acute Care

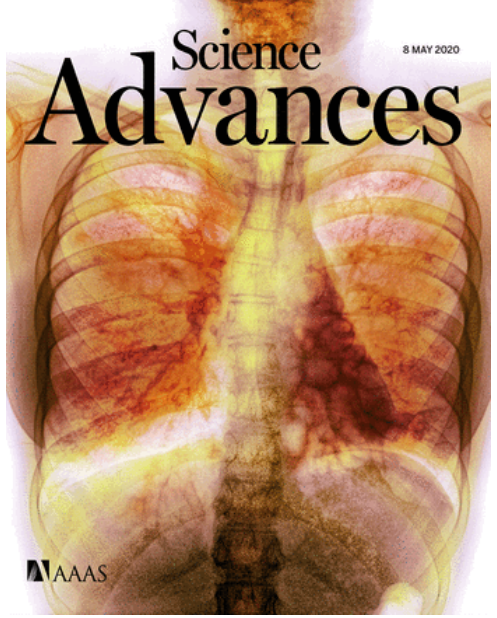
David Lewis

CELL
Elsevier

Cell. 2020 Apr 29
doi: 10.1016/j.cell.2020.04.020 [Epub ahead of print]

PMCID: PMC7189862
PMID: 32353252

Development of CRISPR as an Antiviral Strategy to Combat SARS-CoV-2 and Influenza



Rosa Bacchetta

Alice Bertaina

Maria Grazia Roncarolo

Matt Porteus

Science Advances:
CRISPR-based gene editing enables *FOXP3* gene repair in IPEX patient cells

Avenues for Communication

- Clinical Department Chair Meetings with the Dean and CEOs
- LPCH Physician-in Chief Call
- FPO Clinical Chiefs Call
- Stanford Medicine Town Halls
- LPCH Finance Town Hall
- Clinical Operations Resource Team (CORT) Calls and Reports
  - PPE Committee
  - Testing Committees
  - Occupational Health Reports
- Procedure Operations Ramp-Up Team (PORT)
- Taskforce on Utilization of Clinical Resources (TUCR)
- Ambulatory Transformation Team (ATT)
- Respond, Recover and Re-Open Team (R3)
- Department of Pediatrics Grand Rounds
- Division Chiefs and Division Managers Meetings
- Division Meetings
- Research Committees and Meetings
  - Continuity Committee
  - Research Town Halls, zoom meetings and website
- Education: GME Meetings

Department Faculty Meeting Cadence and Topics

- Finance stabilization and mitigation
- Plans and strategies to re-open clinics and resume elective procedures
  - Procedural Operations Ramp-up Team (PORT)
  - Ambulatory Transformation Team (ATT)
- Telehealth
- LPCH Operations
- Plans to reactivate clinical and basic science research
- Scientific developments and lessons learned
- New clinical research and trials underway
- Wellness
- Advocacy, Policy and Community Engagement
- Education
- Academic Affairs and HR
- Real and potential Impact of COVID on patient safety and quality of care
- Respond, Recover and Re-open Team (R3)

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Ambulatory Transformation Team: Workstreams

Primary Care and Medical Subspecialties

Procedural Subspecialties

Cancer

Diagnostic Services

Operational Readiness and Regulatory Guidance Adherence
Patient Experience
Digital Channel
Access and Health Equity
Insurance and Reimbursement
Real Estate and Capital
Measurement and Analytics
Communications and Marketing
Advancing the Education and Research Missions

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LPCH Ambulatory Operations Activation Update

Cameron D'Alpe, Chief Administrative Officer, Physician Practices
Carolyn Ford-Hemann, VP of Ambulatory Care
Dr. Dan Murphy, Ambulatory Medical Director
Dr. Tzielan Lee, Associate Ambulatory Medical Director

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Ambulatory Transformation Team (ATT) Members

ATT consists of stakeholders from across the Stanford Medicine System to ensure that recommendations take a wide array of perspectives into account.

Co-Leads	Bob Harrington, Mary Leonard, and Catherine Krna
Members	Quinn McKenna, Rick Majzun, Tom Montine, Natalie Pageler, Christopher Sharp, Cameron D'Alpe, Sri Seshadri, Eric Yablonka, Jeff Goldberg, Sang-ick Chang, David Larson, Eben Rosenthal, Megan Mahoney, Linda Hoff, Maja Artandi, Heather Wakelee, Bryan Bohman, Alpa Vyas, Alison Kerr, Christina Kong, Justin Ko, Lisa Chamberlain, David Maahs, Helen Wilmot, Lisa Schilling, Jill Sullivan, Priya Singh, Sean Hennessey

Task Force Charge

The Ambulatory Transformation Team [ATT] is charged with developing plans for how we prepare for a different future and reimagine our clinical ambulatory footprint in a post-COVID-19 world. The team's proposal should consider the elements outlined below:

Develop standards for home virtual visits	Make recommendations or suggestions for opportunities to improve telehealth tools to enhance visits and provider workflow
Propose volume target for virtual visits	
Identify resources needed for new models of care	Ensure patient experience and impact on satisfaction, care coordination, including access to ancillary services
Analyze changes and modifications to the existing ambulatory footprint and subsequent creation of on-site capacity	Analyze referral network and assess ramp-up capabilities
Assess resulting downstream procedural capacity	Leverage and partner with advocacy groups to inform county, state, and national directives

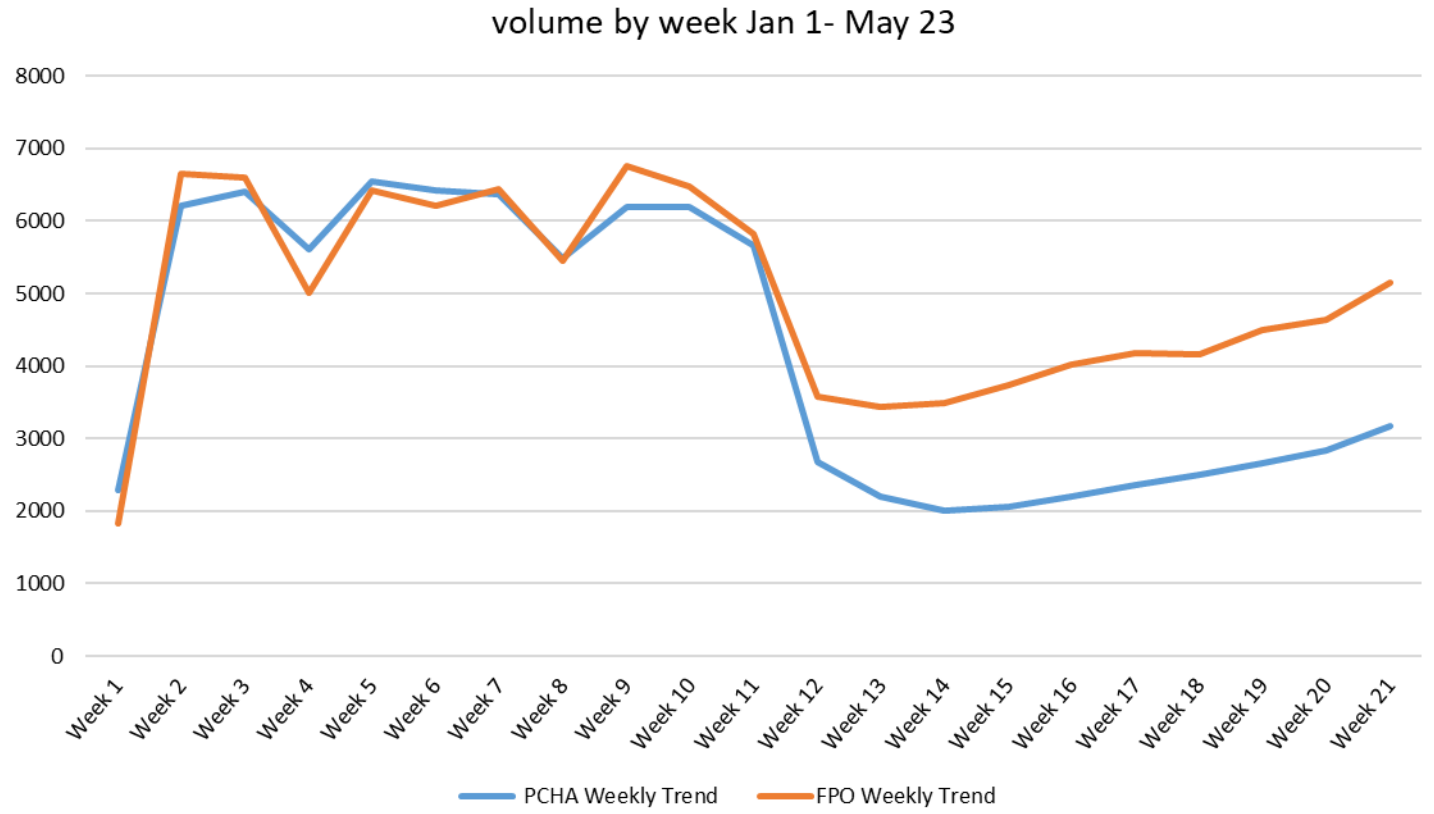
Workstreams

Primary Care and Medical Specialties (Lead Convener: Bohman)	Specialty Care/ Procedural Specialties (Lead Convener: D'Alpe)	Cancer (Lead Convener: Falconer)	Diagnostic Services (Lead Convener: Larson)
Primary Care Endocrine Pulmonology Pediatrics Psychiatry	Cardiovascular, Dermatology, Gastroenterology, Gynecology, Neurosciences, Ophthalmology, Orthopaedics, Otolaryngology, Surgical Specialties, Transplant, and Urology		Radiology Lab Pharmacy

Operational Readiness and Regulatory Guideline Adherence (Lead Convener: Wilmot)
Patient Experience (Lead Convener: Vyas)
Digital Channel (Lead Convener: Sharp)
Access (Lead Convener: Chamberlain)
Insurance and Reimbursement (Lead Convener: Hoff)
Real Estate and Capital (Lead Convener: McKenna)
Education and Research Mission Advancement (Lead Convener: Leonard)
Health Equity (Lead Convener: Chamberlain)
Measurement and Analytics (Lead Convener: Larson)
Communications (Lead Convener: Singh)

Overall Volumes by week

Time Frame : Week 1 = Jan 1 2020 - May 16th



Group	% of Sep-Feb as normal, for last full week
Primary Care	46%- fyi sept – feb is a high flu impact
Specialty (FPO+PCHA)	86%
Digital	FPO 50%, PCHA 33%, Sep-Feb =1%

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- Week1:1/1/2020-1/4/2020 (4 days)

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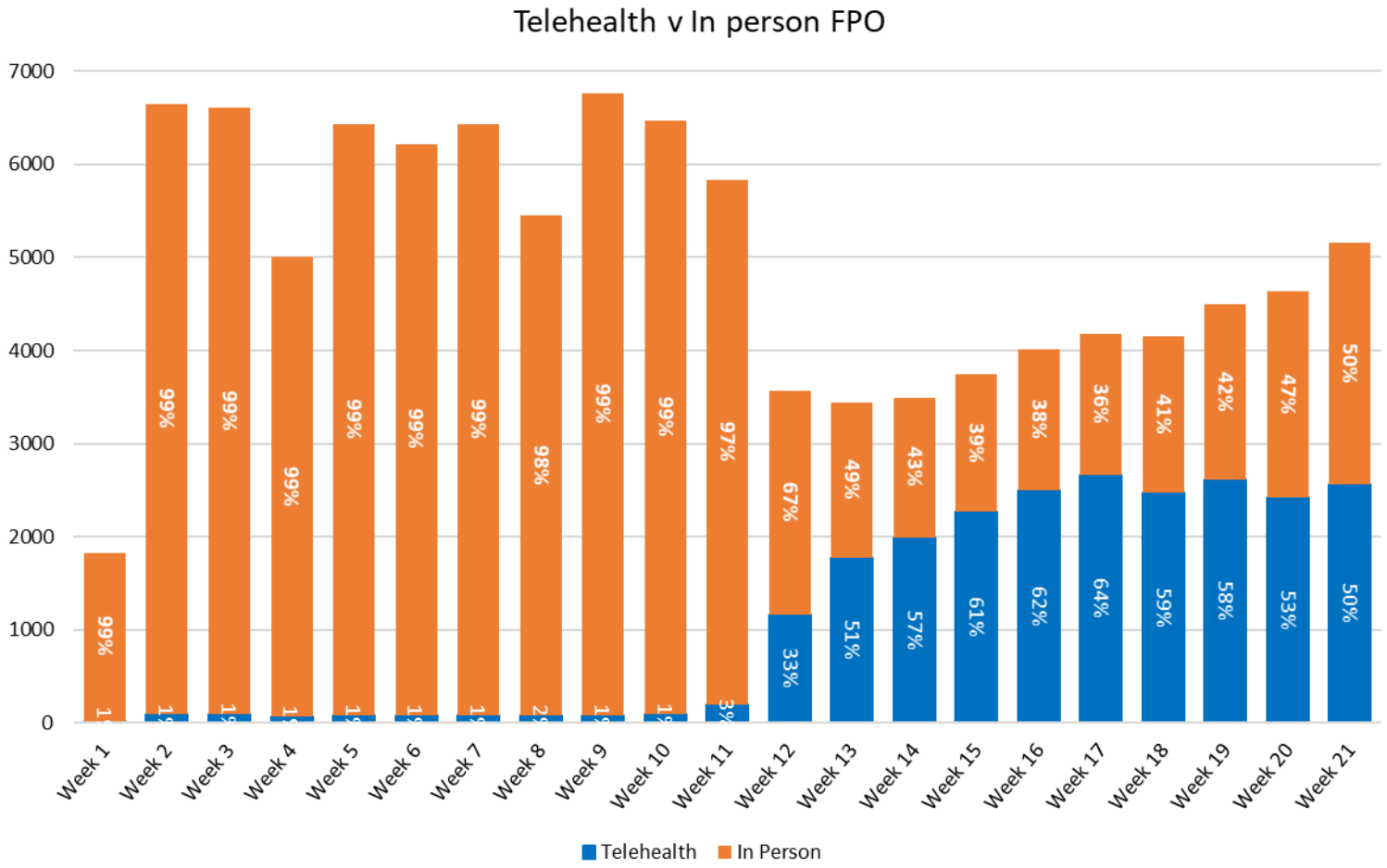
Telehealth v In person FPO

Time Frame : 2020.01.01-2020.05.16



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- Week1:1/1/2020-1/4/2020 (4 days)

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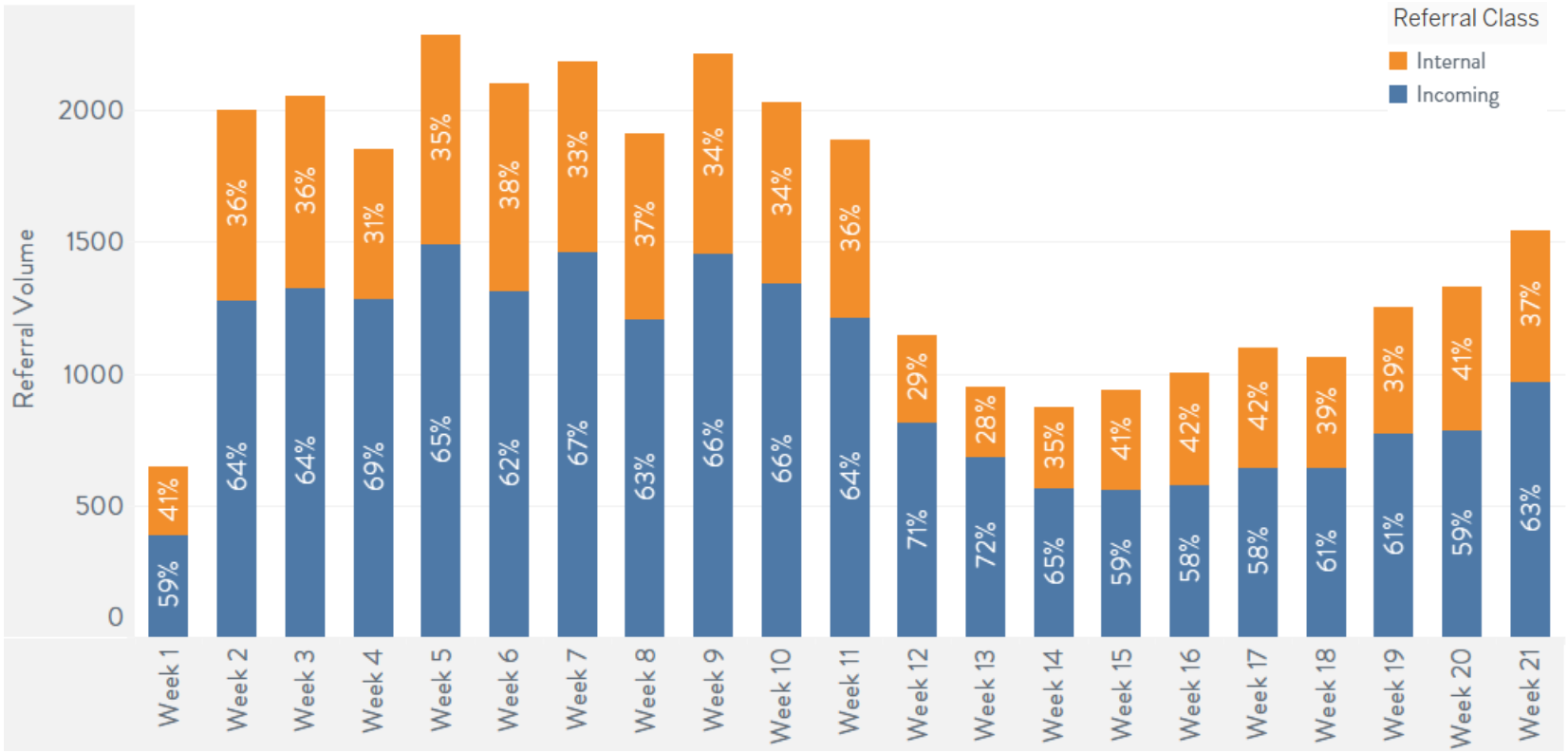
Overall Referral Volume Summary

Time Frame : 2020.01.01-2020.05.23



Stanford Children's Health | Lucile Packard Children's Hospital Stanford

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Activation Guiding Principles

- Universal Masking Protocol as our primary means of maintaining protection
- Social Distancing guidelines provided by CDPH and SCC Dept. of Public Health
- Maintaining Gains/ Benefits of Telehealth
- Temporary Workforce Adjustment through July 10th (6 weeks):
  - 20-40% temporary workforce adjustment: Exceptions where needed to meet increase in operations & volumes support need for increased staffing
  - Continued use of telehealth to augment offset for in-person
- Specialty-specific analytics dashboard tool for planning

Activation: Work for Chiefs & Practice Managers

We are working to increase our in person volumes while meeting our safety parameters. We need your continued support with the following:

- Prioritization of patients who require in person (we are still trying to maximize telehealth such that we can adhere to social distancing and facility activation guidelines)
- Continue to review schedules 3 weeks in advance to identify patients who can be seen by telehealth
- Flexibility on compressing clinics, expanding clinics, geography of clinics as we continue to work through TWA and seeing more patients in person
- Escalate to Carolyn, Dan, Tzielan if you want consultation or need additional support reactivating more of your volume to be in person and are facing limitations in doing so from a space or staff perspective

What's ahead…..

- Standardized telehealth support
- Facility Readiness Checklists due 5/29
- Leveraging queueing theory to predict daily clinic volumes
- All physician site meetings by multi-specialty site so folks know how they can continue to hear about the work
- Partnership between practice manager/ chief to review in-person volumes by site

Innovation and Transformation

- Pre-check in workflow
- eCheck In Workflow
- Geolocation check in (exploratory)
- Enhancing the telehealth platform (in progress)
- Site huddle to include communication to physicians on site about today's support model
- Ramp up testing sites:
  - Galvez
  - Emeryville
  - Sunnyvale (tentative: 6/8)
  - Teen Van (upcoming)

Questions

Digital Channel Workstream

Ambulatory Transformation Team

05.27.2020

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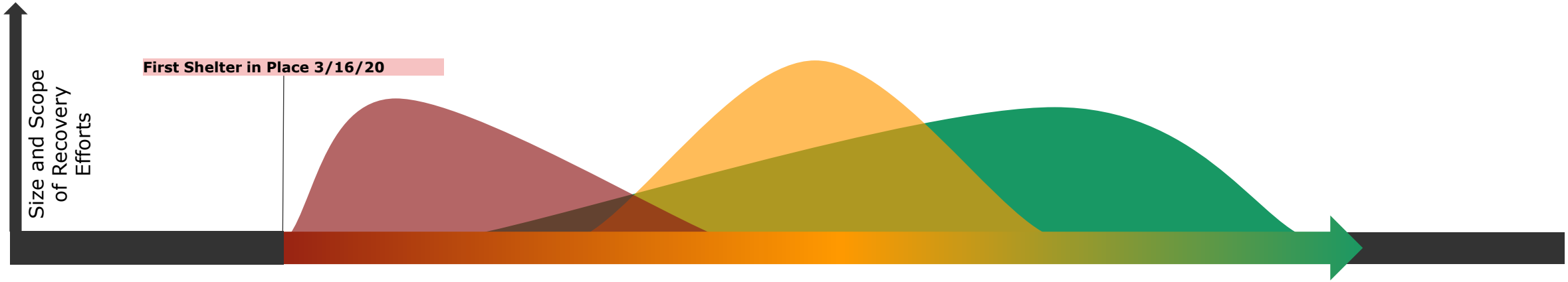
Digital Channel Workstream

Stanford Health Care	Stanford Children's Health
Dr. Topher Sharp – Medicine	Dr. Natalie Pageler – Pediatrics/CC
Dr. Justin Ko – Dermatology	Dr. David Maahs – Endocrinology
Dr. Alan Yeung – CV Med	Dr. Nasim Sabery Khavari – GI
Sri Seshadri – Operations	Robert Wenz – Operations
Chris O'Dell – Digital Health	Les Lifter – Marketing
Eric Yablonka – TDS	Lee Kwiatkowski – Digital Health
Gary Fritz – TDS	Liz Uhlhorn – Patient Experience
Aditya Bhasin – TDS	Ed Kopetsky – IS
Anurang Revri – TDS	Anshul Pande – IS

Digital Channel COVID-19 Response Plan



Pre-COVID Digital Health Investment

Identify and prioritize digital health solutions that makes sense to deploy at Stanford and scale targeted offerings

Phase 1: Urgent Response

Days to Weeks

Address immediate challenges through rapid scaling of deployed digital health solutions

Phase 2: Stabilization

Weeks to Months

Optimize the provider & patient digital experience and set new digital targets

Phase 3: Recovery

Months to Years

Plan to return to business at scale and hardwire virtual care into our future

Reimagination "New Normal"

Reinvent Stanford's digital health value proposition

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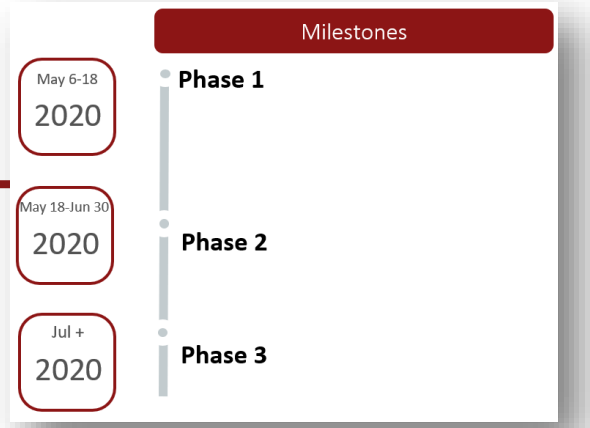
Digital Channel Workstream Scope



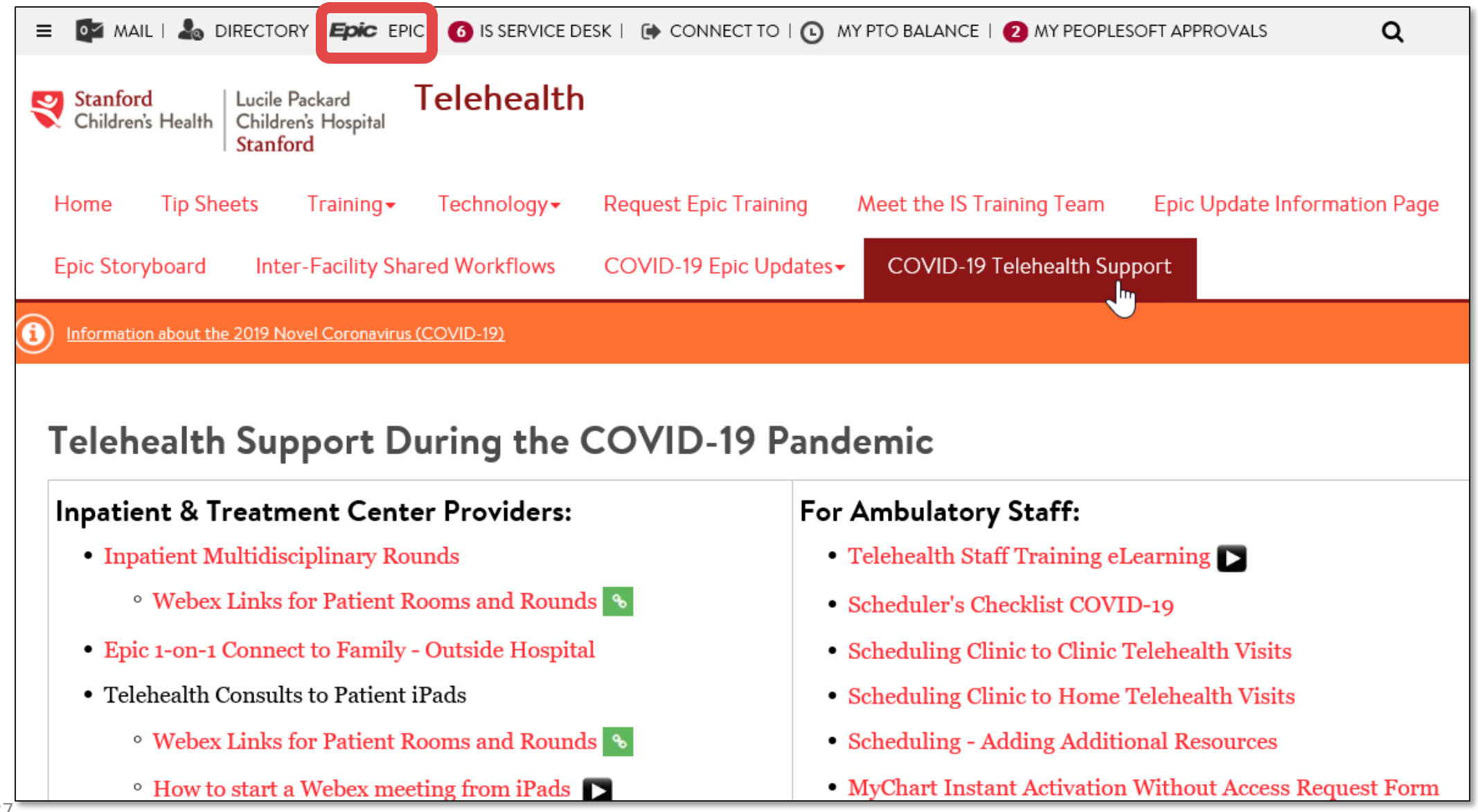
- Phase 1: “Continue”
  - Use virtual visits as safe access point for established and new patients
  - Offer & market virtual visits to prospective patients

- Phase 2: “Stabilize”
  - Stabilize virtual visits: standards, education, support, functionality, workflows, reporting, clinical quality, billing & compliance
  - Open digital access points to backfill in-person capacity (e.g. online scheduling)
  - Clarify near-term virtual visit and other digital care targets

- Phase 3: “Strategize and Transform”
  - Define and execute strategic clinical, business, operational and advocacy digital health opportunities across multiple digital health care domains

Focus Areas to "Stabilize"	Examples
Standards / Training / Informational Resources	• Telehealth onboarding, Tele-Presence 5 • Virtual physical examination training
Medical Education	• Standardized trainee workflows • Core competencies for telehealth
Access	• Provider schedule template updates, extended hours • Patient self-scheduling
Clinic Workflows	• Pre/Post visits questionnaires • Consent and Check-In workflows
Technical Functionality	• Multi-party (provider and guest side) • Patient engagement (screen share, waiting room, education)
Support	• Field services, Help Desk and platform stability • Staff support model, Patient support model
Patient Journey / Experience	• Patient portal, Patient education videos / content • Patient "out-of-pocket" transparency
Provider and Team Experience	• MD/team satisfaction evaluation • MD work-from-home
Clinical Quality Metrics	• Antibiotic prescribing rates • Preventive health
Reporting & Analytics	• Real-time/self service productivity reporting • Relevant access, throughput, and financial metrics
Billing & compliance	• Internal review and feedback process • Interstate licensures guidelines adherence

Standards / Training / Resources



Frequently Asked Questions for Providers – Telehealth Virtual Visits during COVID-19

- What is a Telehealth virtual visit?
- How do I explain that the patient/family has the option to convert an in-person visit to a virtual visit?
- Which video platforms do I use to conduct the virtual visit?
- Where can I conduct a virtual visit?
- What is the process to be able to conduct virtual visits at home?
- Will Stanford Children's Health provide me with a laptop or desktop for virtual visits at home?
- What if I have a new patient or a patient that doesn't have MyChart?
- How do I bill for virtual visits?
- Who do I contact for support with the virtual visits?
- How are patients being supported when selecting virtual visits?
- What if I need to do a multi-party visit (i.e. two parents living separately or Attendee + Fellow)?
- What if my patient does not speak English?
- What are the telehealth workflows for Inpatient providers?
- Can I provide telehealth services for a patient who lives in another state?
- Can I bill for telephone visits?

Video Platform Functionality

- Multi-party w/ ability to “pin” patient video to the screen
- Support for low-bandwidth / slow internet connections
- Screen share
- Ability to see video and document in Epic on single screen
- Patient self test
- “Waiting room” with ability to put patient in and out
- “Waiting room” video content
- Post visit survey for patient / provider
- Chat
- File sharing
- Send email or text link to start visit (without revealing provider email / phone #)
- **What are we missing?**

How can we make digital health more effective, efficient and a better experience?

What are the barriers to providing optimal care via digital health?

What are the Right Goals for Virtual Care?

- **Option #1**: Maintain a % of March/April baseline video visit volumes per service.
- **Option #2**: Target a % of all ambulatory care to be delivered virtual.
- **Option #3**: Where possible, define and target the ideal state for comprehensive, proactive, supportive care (ex. Diabetes digital health model)

Cures Act Final Rule – Announced March 9, 2020

- Increase Innovation and Competition
  - Give patients and health care providers secure access to health information
- Reduce Burden and Advance Interoperability
  - United States Core Data for Interoperability
  - Application Programming Interface (API) requirements
  - Electronic Health Information (EHI) export capabilities
- Promote Patient Access
  - Patients can electronically access all EHI at no cost

https://www.healthit.gov/curesrule/

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Closing Thoughts - Karen DeSalvo MD, MPH

- Chief Health Officer, Google
- Former Assistant Secretary for Health
- Former National Coordinator for Health IT
- When asked what she hopes are durable outcomes from healthcare shifts from COVID19 pandemic - "I hope we do a better job of meeting people where they are."
- “Life is a journey and precious. ... Work with people who share your values ... and be grateful for the work we get to do in improving the world and putting people first.”

Questions / Comments?