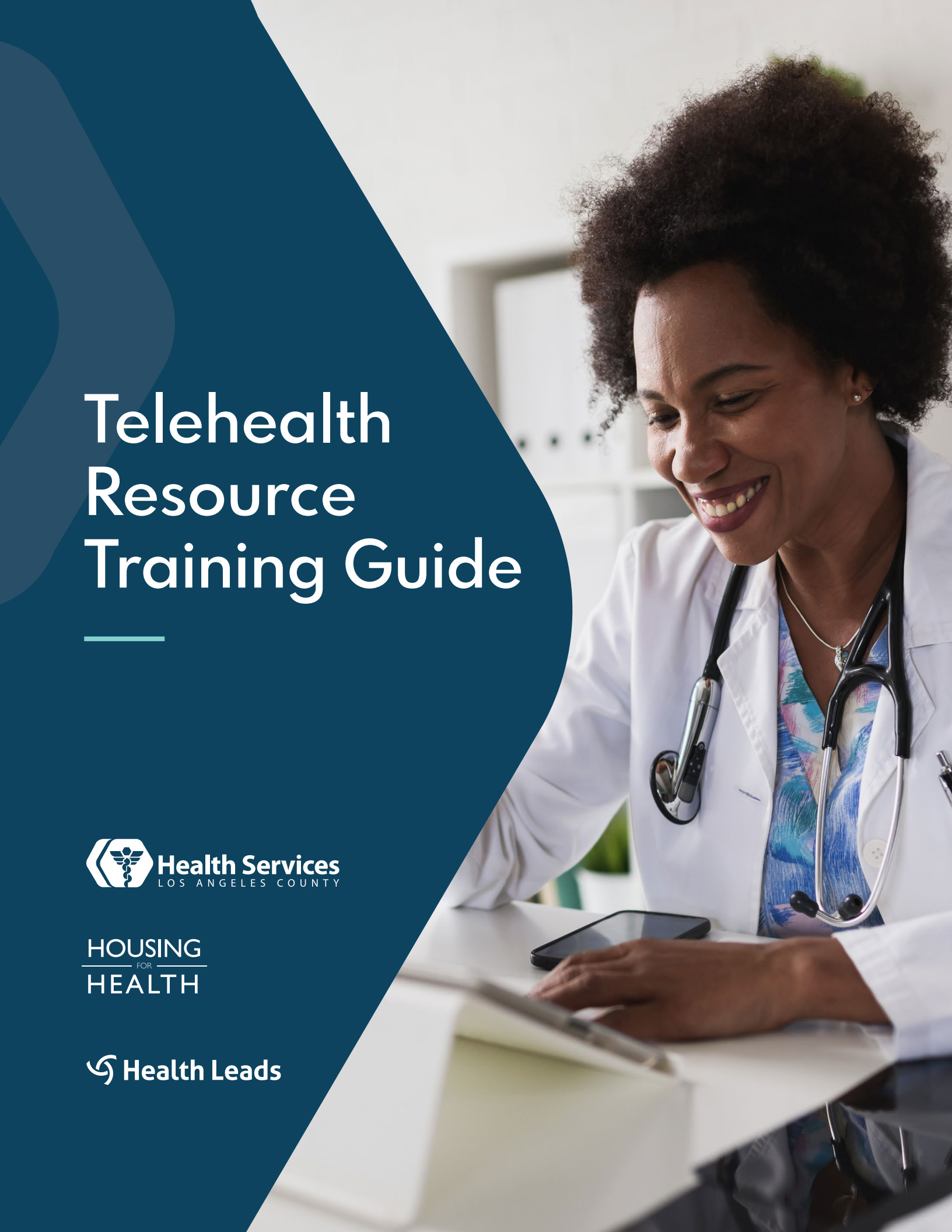
Telehealth Resource Training Guide



Health Services
LOS ANGELES COUNTY

HOUSING FOR HEALTH

Health Leads

Overview

At the onset of the COVID-19 pandemic, the Los Angeles County Department of Health Services Housing for Health and Health Leads partnered to develop and deliver a training aimed at making telehealth more equitable and available to their client population. This resource shares key learnings from this journey, including important considerations for developing a workforce training that reflects both the needs of front-line providers and the communities they serve.

Background

At the height of the COVID-19 pandemic, the inequities of our systems — healthcare, social service, education — were obvious. As these blatant disparities were illuminated, providers across the country were concerned about access for clients as medical care and social service delivery methods changed. Telehealth increasingly emerged as a solution for some individuals and families, but not for all. The World Health Organization defines telehealth as "the delivery of health care services, where patients and providers are separated by distance." A report from Fair Health found that telehealth usage in October 2020 increased by more than 3,000% compared to October 2019. In response to COVID, many of the previous concerns related to HIPAA were navigated to create easier access. Unfortunately, due to limited access to broadband in both rural and urban areas, lack of devices and comfort with technology, concerns about security, and disabilities like cognitive delays, this resource has not been readily available to many in the most marginalized communities. In the 2020 study, *Patient Characteristics Associated with Telemedicine Access for Primary and Specialty Ambulatory Care During the Covid-19 Pandemic*, Eberly and other researchers found that those who are older or do not speak English were less likely to use either video or audio-only visits. They also found that Black, Latinx and poorer patients used video visits at lower rates.

Caregivers across the country have played a huge role in addressing the barriers preventing individuals and families from accessing telehealth resources. Both family and direct service caregivers have played a key role in the uptake of telehealth services by helping those they care for access devices like laptops, tablets, and smart phones and navigate technology to connect with their medical providers remotely. Many have also played supportive roles by joining these telehealth visits and helping patients advocate for themselves.

In Spring 2020, Health Leads was contacted by Dr. Emily Thomas, Deputy Medical Director of LA County DHS' Housing for Health Department and a former Health Leads Advocate, to explore ways to enhance equitable access and usability of telehealth services among their client population. Their ultimate goal was to equip Intensive Case Management Services (ICMS) providers and facility operators to effectively leverage their case management skills in a virtual environment and support clients through each phase of a telehealth visit – pre, during, and post visit. Housing for Health was created in 2013 to meet the clinical and supportive needs of patients experiencing homelessness who have been high utilizers of Health Services due to complex medical and behavioral conditions. These individuals are supported by ICMS before and after they are placed in permanent or supportive housing.

The Housing for Health team was already trained in cultural humility, trauma informed care, and motivational interviewing – all important skills for building trusting relationships. These are skills that Health Leads often presents in our training, but with this team our focus was to reinforce these concepts and provide guidance on how to apply them virtually. While approaching the design of our solution, we also focused on high employee turnover – a concern raised by Housing for Health which they reported was exasperated by the COVID-19 pandemic. The team wanted to ensure that employee appreciation and self-care were emphasized in the training.

For a comprehensive introduction to training development check out our Workforce Training Guide

Key Considerations and Effective Practices in Training Development

1 Gather and consider input from key stakeholders prior to building out training.

To begin crafting a solution, we met with key stakeholders including the directors of the programs being prioritized, an intensive case manager, and a facility operator to better understand the experiences of staff and clients and to hear what they would find most helpful in training. We found a wide range of experiences among staff, including some who were accompanying clients to remote visits, others who were meeting client's in-person while social distancing, and others who were completely remote. Because of these varied experiences, we administered a survey to more broadly understand their experiences and what they would like to see in a training. The survey revealed that 32% of respondents were already involved in the clients' telehealth visits and 68% were not. Respondents also identified a set of training needs which included:

- **How to build and maintain rapport** with clients virtually
- **Overview of telehealth**, including available services
- **How to access tablets** to use for visits
- **How to assess clients** when you can't see their body language etc.
- **How to maintain safety and confidentiality** in a virtual setting.

The feedback reflected an appetite for training and support related to telehealth usage and virtual accompaniment. We designed a three-hour foundational training session provided to ICMS providers and a two-hour train-the-trainer session. All sessions were recorded to make them widely available and useful to providers unable to attend, future hires etc.

2 Reinforce the "why" for your program.

The training opened with the Deputy Director of the department explaining why supporting clients with telehealth visits is important to the organization and the intensive case managers. She explained that supporting clients with telehealth visits would help minimize COVID exposure for medically vulnerable clients while maintaining their continuum of care. She also used this time to address any concerns the team had, this included covering the various platforms that could be used and concerns around maintaining clients' privacy. The directors of ICMS provider teams were also present and available to answer any questions about what this transition meant for their roles.

3 Ensure participants understand their local communities.

A key strength of direct service caregivers, like the intensive case managers and facility operators, is that they are from the communities they work with and have lived solidarity with their clients. They have a deep understanding of the vulnerabilities experienced by people who have formerly experienced homelessness and this helps to build trusted relationships with their clients. So instead of teaching attendees about the communities they know so well, we created opportunities for them to teach each other by sharing experiences from working with their communities and proven approaches for effectively connecting with clients and other key stakeholders like providers and clinic staff.

4 Recognize the host of strengths that individuals and families have.

As mentioned above, many of the ICMS providers are from the same communities as their clients and recognize the strengths of their clients. The Housing for Health team applies an asset-based approach to their work, seizing opportunities to uplift the strengths of their clients and support them in meeting their vision of health. These trainings focused on supporting ICMS providers in applying the skills they already had and applying them to a virtual environment. There was also an acknowledgment of how this work can be triggering for staff and the importance of providing tools and space for self-care. This was noted as a priority for ICMS.

5 Follow-up training and check-ins are important.

We understood that ICMS providers would garner learnings and suggestions from the team on how to enhance the practice of supporting clients with telehealth visits. We recommended that the Housing for Health directors and managers follow up with their team members at a regular cadence to check-in and offer support on both the process of supporting clients with telehealth and their well-being and exercising self-care. This was viewed as an opportunity to reinforce self-care practices. As part of the training design, we shared self-care tools for staff.

How effective were the trainings?

A survey was administered post training for attendees to provide feedback on the effectiveness of the trainings. The responses are outlined below.

Question	Average Response *scale of 100
As a result of this training, I understand the critical role of telehealth for meeting clients' needs during the COVID pandemic and post pandemic.	**89**
As a result of this training, I have gained knowledge about telehealth services in my community (i.e. where the client resides, nearby outpatient clinics, day care centers, ICMS, etc.)	**79**
As a result of this training, I have learned new skills to prepare clients for telehealth visits.	**86**
As a result of this training, I have learned new skills to debrief clients after telehealth visits.	**88**
As a result of this training, I feel confident in my ability to connect clients to telehealth services.	**87**
As a result of this training, I feel better prepared to communicate with clients/residents in a virtual setting.	**88**
As a result of this training, many of my questions regarding telehealth have been answered.	**80**
As a result of this training, many of my concerns regarding telehealth have been answered.	**84**

In reviewing the results, the team had a better understanding of how telehealth can meet clients' needs both during and post pandemic. Most learned new skills and felt better equipped to support clients. The lowest score was in ICMS providers having more knowledge about telehealth services in the community, this is likely because they were already well-versed on available services as they are experts of the resource landscape.

This training demonstrated the need to revisit previous trainings on an on-going basis. Attendees expressed appreciation for the in-depth review of the accompaniment model, a model many had already been trained on, but revisiting the information and walking through it with Dr. Emily was deemed especially helpful. There were also details about how to use internal systems to document case information that were helpful to revisit with the team. This reinforces our recommendation of having follow-up check-ins after training to ensure that team members are effectively engaging in the new practices. Finally training participants appreciated the emphasis on self-care and shared while this work is rewarding it can be emotionally taxing.

While this process illuminated the need for training, the crisis of the pandemic made it difficult to prioritize training given competing priorities and limited staff capacity. A key takeaway is to ensure that future training needs are planned for, anticipated, and supported during non-crisis times , so that staff are better equipped when approaches shift abruptly. As the pandemic evolves and restrictions ebb and flow, recognizing that frontline case managers are navigating the balance of in-person and virtual access to healthcare means providing ongoing support to strengthen skills, address challenges, and appreciate the commitment and strengths of the team while giving the space to share concerns and administer self-care.

Training Resources

Foundational Training Slides

Train-the-Trainer Slides

Facilitation Guide