Mid-Atlantic Telehealth Resource Center - Regional Success Story

Unity Health Care

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Andrew Robie, MD
Chief Medical Information Officer
and Family Medicine Physician

Angela Diop, ND, CHCIO
Vice President for Information Systems

Unity Health Care is a Federally Qualified Health Center based in Washington, D.C. They offer a full range of healthcare services to over 100,000 patients in the District and have been operating there for over 35 years. During the COVID-19 pandemic, Unity offered numerous telehealth options to patients in order to keep them safe which included both audio and video visits. The city of Washington, D.C. also helped set up hotels for those experiencing homelessness to isolate and quarantine when necessary, and Unity Health Care was contracted to provide care to those patients. Finally, testing tents were set up outside major care centers to not only perform COVID tests but also to screen patients for appointments inside with a provider for those without the proper technology or internet access.

What supports were useful in the implementation of telehealth at your clinic?

Dr. Andrew Robie:
"I think we recognized early on that a lot of our patients had limited access to technology and also limited tech literacy. We intentionally chose a really simple platform for video visits. And I think that served us well. You didn't want anything that required an app download or an account or anything like that. We chose a platform that allowed us to just text a link to patients and have them click the link and be joined into the call. So I think that's a strategy that surfaced really well."

Dr. Angela Diop:
"I think the collaboration we have with our CMIO is really critical. I've been doing this for 10 years now, and I always seek to have that strong relationship with the medical leadership who's most engaged with our EMR. I think one great thing is he's able to be a conduit to the providers in terms of communications interpretation, where he can tell us early on what are the sore points so we don't get to the place where people are so frustrated. I think that's really key."

What barriers did your teams run into and how were they resolved?

Dr. Andrew Robie:
"I think we've had some challenges to figure out how to use interpreter services for patients on video visits. I think a lot of our patients who need a language other than English, who are using telephone visits, can get the interpreter of ours on the telephone and we do have a lot of providers who speak Spanish and other languages. So a lot of those can be disconnected from the provider. A lot

of them are Spanish-speaking patients and various other languages. So those folks often only use telephone visits."

Dr. Angela Diop:
"I talked about being involved in this for a decade at the community health center level, and we spent years and years making sure we were connected and making sure we could exchange information with our other health organizations. But now, that next phase is how are we connecting to the patients? And I think COVID is hastening that now. We really need to be connected. So I see that as a challenge."

Any additional success stories or best practices you'd like to share?

Dr. Angela Diop:
"Historically, our no-show rate is around 35 to 36 percent. And the televisit no-show rates are anywhere from 10 to 15 percent. We took a look at the conditions that we're seeing. Obviously we actually targeted people with chronic disease in order to keep them in care and also keep them out of dangerous situations, waiting with people with COVID. Patients perceive the quality of care and rate it. The patient's perceptions of in-person and televisits were comparable. We have data that shows that patients had a higher perception of the quality of care for video visits."

Dr. Andrew Robie:
"I think we initially envisioned sort of having a list of conditions that are acceptable for telehealth, and I think what we found is that almost everything to some extent, with the exception of things that really absolutely require, you know, physical exam like a rash or a new heart condition or something like that, work pretty well via telemedicine, even for video. I think for any sort of an initial evaluation, telemedicine can be suitable, even for a lot of preventive visits. We've shifted to doing a lot of child care for the first part of telemedicine and a lot of it is collecting information and counseling. And you can do good preventive counseling through telemedicine and then the actual physical exam part of a physical is, frankly, as handwaving. And there's not much evidence for that really being valuable for people."

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