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Title

Multistakeholder collaborative to create a telehealth support program to address patient and staff needs at safety-net clinic

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: The shift to telehealth risks worsening existing health disparities and inequitable access for historically vulnerable populations. Organizational capacity, access to devices and internet, and digital literacy remain barriers.

Objectives: Create and deliver a telehealth support program.

Study Design and Analysis: Community-engaged needs assessment, design sprint, and early implementation.

Setting: Roots, a non-profit, focuses on uplifting those impacted by systemic inequities, racism, and poverty through advocacy, robust community centered integration of medical and behavioral care, social services, and health navigation.

Population Studied: Roots staff and patients in East Oakland, CA.

Intervention/Instrument: Informal interviews were conducted with Roots staff to identify the challenges and needs of the patient telehealth experience and capture stakeholder feedback. Concurrently, 9 student volunteers from UC Berkeley and Stanford University conducted a design sprint to build a prototype telehealth support program addressing the identified needs. The prototype was presented to inaugural Telehealth Patient Advisory Council of 10 community members for programmatic feedback and iterative improvements pre-launch.

Outcome Measures: Consensus identification and early implementation of key elements of telehealth support program.

Results: The collaboration developed a 3-component support program: 1) patient-facing screening tool to identify digital access challenges and level of digital literacy; 2) list of low-cost, reliable internet; and

3) protocols for 1:1 in-person and phone-based technology-centered visits to prepare patients with limited digital literacy for telehealth visits. Of 67 screened patients, 80% had access to a video-capable device, 72% had reliable internet access, and 67% were comfortable using video calling platforms. A partnership was established with Stanford Office of Community Engagement and Bridging Tech for allocation and distribution of refurbished devices to meet patient needs.

Conclusions: This multi-stakeholder, community-engaged needs assessment and design sprint resulted in the creation of a robust telehealth support program providing needs screening, digital literacy training and, devices for internet access, thus successfully addressing the needs and challenges of patients. Our experience can inform others' efforts to provide an equitable and high-quality virtual care experience for historically underserved communities.