



GILLIAN CONNOLLY
APRN, FNP-C

Gillian Connolly, one of Esperanza's advanced practice registered nurses, sits at a makeshift desk in one corner of her bedroom in her small West Town apartment. She's staring at her laptop screen, where her patient Gerardo appears, holding a lamp up to his face. She says to him in Spanish, "Open your mouth wide for me." He does, and things look good. "Now if you could point your phone's camera sort of up your nose, that would be great."

Perhaps most people imagine "telehealth" as something vaguely futuristic, with sleek high-tech devices tracking a patient's vital signs while a white-clad medical profession-

al in some impregnable facility monitors everything with an antiseptic gaze. For Esperanza, it's a decidedly personalized affair.

Now Connolly asks Gerardo to lie on the couch, then instructs him where to palpate his abdomen. "Any pain at all?" she asks. Gerardo says no. "Great. Now, I'd like you to touch down by your ankles, feel if there is any swelling." Nope – a good sign for Gerardo's hypertension. Every now and then a two-year-old hovers just outside Connolly's closed bedroom door, letting it be known she wants in, until Connolly's husband swoops in and whisks the child off to another room.

Connolly is at her laptop for most of the day, seeing her typical daily panel of 20-plus patients. She started doing telehealth session about a week and a half ago. "I'm instructing my patients to perform a lot of the examinations I would do in person," she explains. "But I'm also watching them carefully. Are they breathing normally? Are they coughing a lot? Are they talking the way they normally talk?"

Although telehealth began only recently at Esperanza, it already appears to have the potential to be a game changer. "I'll tell you, my patients love it," Connolly gushes. "Several of my patients with chronic illnesses who hadn't followed up in six months or a year, this works for them, and they follow through. And other patients, when I'm telling them to poke themselves or feel their ankles, they just think it's hilarious."

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The sudden explosion of COVID-19 in Chicago necessitated cancelling thousands of in-clinic appointments at Esperanza, as well as at community health centers across the city. Telehealth became an essential tool for preserving access to health care for hundreds of thousands of low-income, underinsured patients who rely on community health centers to keep them healthy. And few health centers had more than a glancing familiarity with delivering care remotely. It had long been nigh impossible to get telehealth sessions reimbursed by insurance providers, most importantly Medicaid.

When Esperanza first rolled out its new telehealth system on March 18, the behavioral health team were the first to test drive it. "Why us first?" muses Jessica Boland, Esperanza's Director of Behavioral Health. "We just thought, counselors don't really have to do physical exams, take vital signs, draw blood, manipulate an arm or a leg. It's primarily conversation. So it's already a good fit. And, you know, when the Chief Medical Officer comes to you and says, *can you get this going fast*, well, decision made."

Boland chuckles, distractedly twirling the ends of her long brown hair. "So yeah, I

basically had to learn telemedicine in two days. And then I had to teach everyone else.” The chuckle becomes a belly laugh.

For those two days, she teamed up with Jeff McInnes, Esperanza’s Director of Billing and Patient Access, who not only has the lion’s share of tech knowledge at the organization but knows Medicaid rules the way you and I might know the lyrics to our favorite songs. That knowledge would be key, as Medicaid regulations had long made telehealth all but useless to Esperanza and its patients.

“Essentially, for Medicaid to pay for a remote counseling session, the patient had to come in to our clinic and have a session with someone who was somewhere else,” Boland explains. “Well, our counselors are *here*. So it could only work if the patient is sitting with me and talking to a specialist we don’t have on staff. But we don’t see a huge demand for that. And in any case, patients shouldn’t be coming into our clinic now when everyone’s sheltering in place.”

Fortunately, Illinois decided to ease those restrictions in light of the epidemic, clearing the way for Boland and McInnes to roll up their sleeves and start researching technology platforms that would finally allow patients to participate in telehealth sessions from home. They were in territory well beyond their job descriptions, just like many others at Esperanza tasked with devising and implementing new ways to deliver care in a sustained emergency. But in 48 hours, they were ready.

“We got all the staff set up,” Boland says. “It worked right from the start. Patients could talk to counselors from their living rooms. And counselors could do this

DAY 19

MARCH 27, 2020

Total # of SARS-COV-2, NAA
Ordered to Date

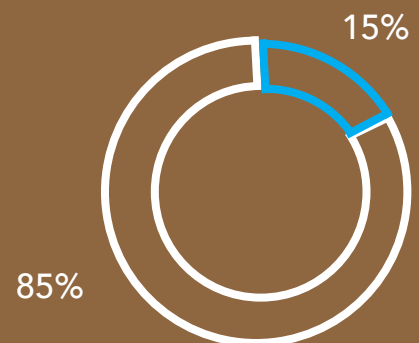
105

Tested Negative to Date

■ **89**

of Confirmed Cases to Date

■ **16**



remotely, so they could also shelter in place. Just like that, no disruption in care. Or at least, a tremendous improvement. My staff told me it was really draining the first week, until they got the hang of it."

For every remote session, patients can choose between using a video platform or just speaking on the phone. "The younger patients, teens, 20s, they tend to go for video," Boland says. "I suppose they're used to Facetime and things like that. Most older adults opt for the phone." She suddenly adopts a stern, scientific gaze. *"I have two anecdotal hypotheses to explain this."* Her trademark chuckle resurfaces. "One, they may not be as technologically savvy as younger people. And two, a lot of older adults get quite dressed up when they come in for an appointment. So maybe they choose not to use video because they're not in a place where they can put on their best face."

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A few days after the behavioral health staff inaugurated Esperanza's telehealth system, the primary care providers, including Connolly, stepped into the fray as well. The learning curve was steep, and often in unexpected ways. "I'm fluent in Spanish, but there are some tech words that aren't in my vocabulary," Connolly says with a wry smile. "One of my patients was telling me his email address, and it included a word I'd never heard before. Turns out it's 'underscore' in Spanish. I didn't know it, and I have to say I still don't know it."

While providing healthcare remotely is especially critical now, doing so has its challenges. "Most of our patients are pretty low income, and a lot don't have great internet connections," Connolly explains. "Some don't have internet at all, or a smart phone. You get the 75-year-old man who doesn't really know how to operate his cell phone. You get the 10-year-old helping his grandmother get her internet set up. And sometimes, if the connection is poor, the video function won't work. So we have to do the whole session by phone. Not ideal, but we can do it."

In addition to her regular patients, Connolly reserves several slots every day for people calling Esperanza's COVID-19 triage line. "People call, about 100 a day, with concerns about coronavirus, sometimes with symptoms," Connolly explains. "Whether they're an established patient or not doesn't matter, one of our nurses talks to them. Some are directed to testing. Some, very few, are directed to a hospital emergency room. But some really need a more thorough medical visit sooner rather than later. So that person's contact info is forwarded to me. Then I do a full telehealth session with them."

For some, the convenience of these virtual healthcare visits is a literal lifesaver. "One of my patients, she needed help with a skin infection. On its own, not a

huge deal. But she has a three-month-old and a husband with pancreatic cancer who's currently undergoing chemotherapy. So it's pretty important she stay home as much as possible, to make sure she doesn't bring the virus back to her baby and husband."

Connolly takes a moment to reflect on the situation she, like so many in medical professionals, has suddenly found herself in. "It's a very...interesting time to be in healthcare. I am six months pregnant, so I got pulled from the front lines sooner than most. I want to be able to be doing more, but I recognize I shouldn't be the one physically on-site. But allowing me to take care of my patients in a way we can both shelter in place, to protect my patients and myself and my community, that's been rewarding.

"And from talking to so many people, it's clear to me we're providing a service for this whole chunk of the city that isn't getting information, isn't being offered testing. A lot of primary providers aren't going out of their way to reach out to people. We are."



FRONT LINES

COMMUNITY HEALTH AT THE FOREFRONT OF THE
COVID-19 PANDEMIC

www.esperanzachicago.org