

INNOVATION AND TECHNOLOGY TRACK

From Paper to Virtual: An FQHC Telehealth Blueprint



Introduction by:
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SEPTEMBER 2
10:30AM-11:15AM

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From Paper to Virtual

An FQHC Telehealth Blueprint for Patient Benefits Counseling



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The Foundation

Telehealth success starts with workflow redesign, then add technology to scale it.

Definitions: Acronyms and Services

What is a PBC?

A Patient Benefits Counselor helps patients navigate financial assistance and benefits-related processes, including applications, documentation, consent forms, and available support programs.

What is an FQHC?

A Federally Qualified Health Center is a community-based safety-net healthcare organization that provides comprehensive primary and preventive care to medically underserved populations regardless of ability to pay.

Other Service Applications

PBCs help with Good Grid by SC Thrive:

- **Food Assistance**
- **Healthcare**
- **Financial**
- **Senior**
- **Other Assistance Programs**

Learning Objectives

1

Discover

- Define the Problem
- Map the Process
- Evaluate the Tools and Systems

2

Plan

- Design a Scalable Solution
- Streamline Processes
- Establish Reportable Metrics

3

Implement

- Train the Staff
- Monthly PDSA cycles
- Adjust and Expand

**A telehealth visit is only one moment in the workflow.
The blueprint is the full pathway before, during, and after the visit.**

Why: PBC Services are Access-Critical

To support patients who are often navigating complex financial assistance pathways.

Transportation

Patients without reliable transportation miss important PBC steps.

Rural Geography

Rural service areas face additional time and connectivity barriers.

Same-day Pressure

In-person bottlenecks created rework for staff.

Medication Access

Patient Needs

Inconsistent reminders and documentation.

Elderly Patient Support

The opportunity was not only to offer video visits. It was to reduce avoidable friction in the patient access pathway.

Pain Points: A Paper-heavy Workflow

- Need for a Better Telehealth Platform

MS Teams was not a good fit

- Too many Paper Forms and Duplication Efforts
- Need to Automate Reporting
- Incorrect Appointment Reminder
- Develop a Telehealth 'What to Expect' Script



Core risk: Trying to deliver a virtual service through a workflow designed for in-person appointments.

Turning Point: Solve Operations First

Blueprint Pattern

- Standardize Scheduling and Patient Communication
- Use Doxy.me for Waiting Room and Invitations
- Digitize Documents
- Define Ownership of the Workflow



The implementation question changed from “Which tool?”
to
“Which workflow can we reliably repeat?”

The Blueprint: Four Operating Components

1. Virtual Access Point

- Flexibility to Onboard New Patients
- Maintain Patients' Financial Benefits
- Reduce Barriers to Care

2. Scheduling Backbone

- Standardize Advanced Scheduling
- Align with Medical Visits
- Engage No-Shows and Cancellations

3. Digital Documentation

- Standardize with Fill and Sign
- Consent, Sliding Fee Scale, Annual Paperwork
- Secure Texts to Share

4. Patient Communication

- Corrected Appointment Reminders
- Pre-visit Email Campaign
- Personal 'What to Expect' Calls

Hands-on Training for Hands-on Workflows

The team practiced the service flow.

1 Platform Navigation

- Build Confidence in Doxy.me
- Learn Doxy Tools
- Identify Tips and Tricks

3 Template Use

- Standardize SMS and Emails
- Pre-Visit Instructions Script and Email
- Digital Consent Forms

2 Mock Visits

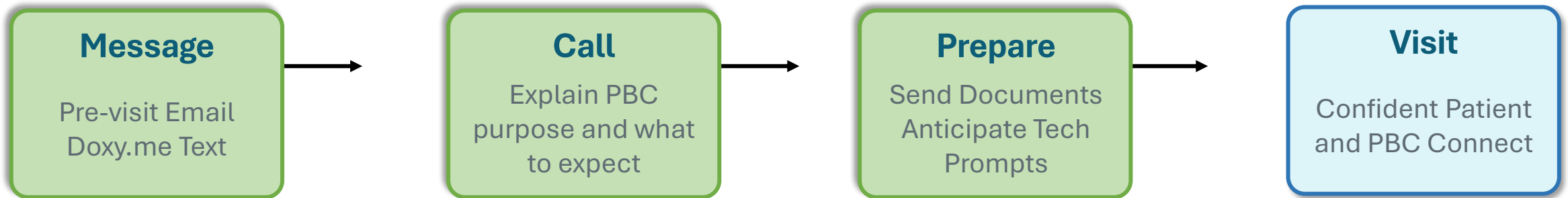
- Role Play Patient Visits
- Test Unique Devices and Scenarios

4 Pilot Focus

- Virtual New Patient and Lapsed Slide Fee Patients
- Time flexibilities around Medical Visits

Communication

Patients need Context, Timing, and Confidence.



- Use Patient-Friendly Language.
- Send Reminders Through eClinicalWorks.
- Build Pre-Visit Outreach into the Schedule.
- Anticipate Technology Coaching and Time.

Sustainability Ownership

Successful Projects are Sustainable when Ownership is Established Early.

PBC Operations

- Own Workflow
- Readiness, Visit Completion
- Operational Feedback

IT / Telehealth

- Configure, Train and Support
 - Tools
 - System Setup

EMR / Data Analytics

- Support Schedule Design
- Visit Status Accuracy
- Dashboards and Reportable Activity

Front-line Personnel

- Help Patients Understand the Technology
 - Timing
 - Purpose

Rule of Thumb: If no one owns the handoff, the handoff will become the work.

From Concept to Operational Service

Dec 2025

Jan 2026

Feb 2026

Mar-Apr 2026

May-Jun 2026

Aug 2026

Discovery

- PBC Telehealth Project Plan
- Scope and Schedule
- Team Members

Kickoff

- Team Roles
- SCTA Connection
- Set Success Metrics

Training

- Doxy.me Testing
- SMS / Email Templates
- Pilot Planning
- Mock Visits

Pilot + Expansion

- Risks Clarified
- April Volume Accelerated
- Access Benefits Emerged

Operations

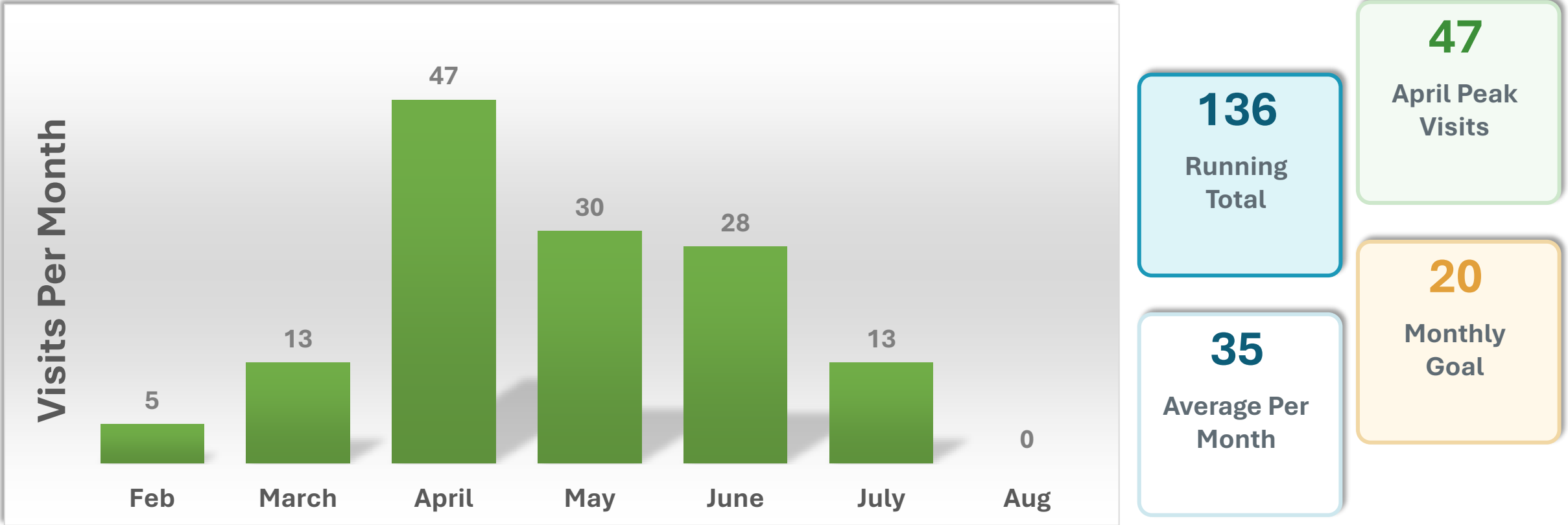
- Program Stabilized
- Monitoring Phase
- Standardization and Adoption

Closeout

- Met Success Metrics
- Sustainability Achieved
- Process Expansion

Pilot Results

PBC Telehealth Visits 2026



Lessons Learned: FQHC Playbook

1 Identify the Pathway

Map the Workflow Before
Committing to a Technology

2 Make it Reportable

Start with Measurable
Outcomes

3 The Patient Message

The Patient needs the **What,**
Why, and How of Telehealth

4 Train Through Practice

Practice Each Step Until it is
Right

5 Assign Ownership Early

Project Outcomes Need
Support to Last.

6 Visit Volume as a Signal

Growth Through Staffing and
Standardization

Close: Access Scales when Workflow Scales

HopeHealth moved the PBC appointment from a Paper-Heavy, In-Person Service to a model with Measurable Telehealth Adoption.

Access

- Reduce Transportation
 - And
- Missed-Appointment Barriers.

Standardization

- Flexible Scheduling
- Templates
- Repeatable workflows

Adoption

- Exceeded the 20-per-month goal
- Reached 136 Patients

Discussion prompts

- Where would this workflow break first in your organization?
- Which handoff would need the clearest owner before launch?
- What would you measure in the first 30 days?

Questions?