



Managing in the Time of COVID-19 and Beyond Webinar Series

Session 2: Adapting Procedures and Workflows for COVID Resilience

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LAND ACKNOWLEDGEMENT



This presentation was created on, and is being given from unceded territories of the Arapaho, Cheyenne, Núu-agha-tʉvʉ-pʉ (Ute), and Očhéthi Šakówiŋ, people in Denver, Colorado.

We humbly offer gratitude and respect to the elders, past and present citizens of these tribes, and to all indigenous peoples that are historically and contemporarily tied to the lands that make up Colorado.

(Check out this resource to see whose land you're occupying: <https://native-land.ca/.>)

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We are
Recording

Ask Questions

Have Fun

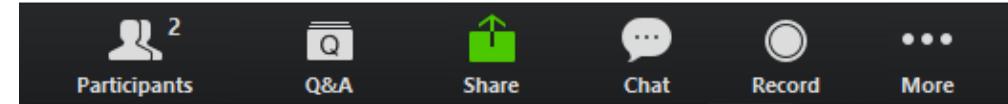
QUESTIONS & TECH HELP



Questions?

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- Email mblake@clinicians.org

Select “All panelists and attendees” before sending your chat to the group



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YOUR SPEAKER



ALEXIA ESLAN

(she/her)

Director, U.S. Health Services,
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Adapting Procedures and Workflows for COVID Resilience

Plan for our time together

- ❖ Review major changes to practice procedures and workflows given the impact of COVID-19
- ❖ Review examples together
- ❖ Considerations for updating procedures

Hope for takeaways

- ❖ Key considerations to analytically review existing and create new procedures to incorporate lessons learned and meaningful change
- ❖ Ensure to include your teams when making changes to workflows
- ❖ Learn about existing tools and examples that can help you make changes



Research

Between August and October 2020, JSI evaluated how **11 health centers** that operated in a team based care model adjusted to the impacts of COVID-19 on their operations.

- ✓ Data and Skills
- ✓ Relationships and Reputation
- ✓ People
- ✓ Financial and Non-Financial Resources



Summary of Findings – Data and Skills

- ❖ Re-shifting model of care to adjust for telehealth and safety workflows
- ❖ Team members working at the top of their license/skills and being flexible about responsibilities
- ❖ Virtual forums for team communication and support
- ❖ Testing has become a new line of business
- ❖ Enhanced protocols for screening, PPE, sanitizing, clinic workflows
- ❖ Rapid adoption and deployment of telehealth for primary care and behavioral health
- ❖ Re-opening dental in an integrated way and utilizing teledentistry

How to maintain the TEAM is important



Summary of Findings – Data and Skills (continued)

- ❖ Scheduling clinical and admin staff remote and in-person
- ❖ Staggering schedules for sick vs. well visits for in-person or separating spaces within the clinic, utilizing outdoor spaces for testing and triage
- ❖ Online enrollment forms, check-in and screenings
- ❖ Enhanced patient outreach and education especially those with chronic conditions
- ❖ Challenges with empanelment
- ❖ Focus on QI has shifted to look at safety related measures

Scheduling, staffing and space considerations are critical

Summary of Findings – Relationships and Reputation

- ❖ Concerns around the amplification of health disparities – BIPOC, uninsured
- ❖ Increasing need for SDOH services
- ❖ Best practice sharing, learning capture, with a local and national focus – expertise from the field and real-time peer exchange
- ❖ Leadership support



Deeper Dive

- ❖ Telehealth
- ❖ Vaccination
- ❖ Social Determinants of Health
- ❖ Ongoing Emergency Preparedness



Telehealth

“The term “telehealth” includes telemedicine services but encompasses a broader scope of remote health care services. Telehealth is the use of electronic information and telecommunications technologies to support patient care through remote clinical and non-clinical audio and video services, patient and professional health-related training and education, mobile health applications, asynchronous communication via patient portals and text messaging, and home-monitoring/self-care digital communication technologies.”

— Telehealth Playbook

“A growing mode of care delivery that can increase access to care for patients. Telehealth delivers timely health care and health education remotely using technology. It can help patients manage chronic conditions and increase patient engagement and collaboration without traveling to the office.” - NCQA

Telehealth – some patient facing procedures to consider

- ❖ Phone triage of urgent/sick visits guidelines
- ❖ List of appropriate appointments for virtual visits by department
- ❖ Script for staff to define and explain to patients how to prepare for virtual visits
- ❖ Scheduling rules in EHR
- ❖ Process for ordering labs or imaging in advance of telehealth visit
- ❖ The provision of behavioral health services via telehealth
- ❖ Process for integrating interpreter services into virtual visits
- ❖ Updating your patient guide and assessing patient experience with telehealth



Examples



Appointment Types & Duration Guide

All in-clinic appointments with positive screen must be triaged by an Provider/RN before scheduling

PCP = Primary Care Provider TC = Team Coverage SC = Support Clinic ASC = Alternate Support Clinic BHC = Behavioral Health Consultant

GUIDELINES	
> If concern is on the IMMEDIATE CONTACT LIST , locate a CM to speak to C-O.	
> For all unlisted appointment types or concerns, contact support team (supervisor, CMS, other admin support, etc.)	

IMMEDIATE CONTACT LIST	
• Monday-Friday: Contact CM	
• PE & Saturday Clinic: Contact Provider	

*** If approved to scheduled per CM/Provider, note in the comments "Triaged by CM"*

WELLNESS	Appointment Description	Sched. w/	Duration	Phone	VTC	In-clinic
	Annual Exam/PAP/CBE	PCP or TC	30			x
	Flu shot	SC or ASC	30			x
	Hospital discharge for newborns**	PCP or TC	45			x
	Immunization updates (0-5 years old)	SC or ASC	30			x
	Immunization updates (6+ years old)	SC or ASC	30			x
	Medical/ Work Clearance	PCP or TC	15	x	x	x
	Physicals (Commissioned Corp)	PCP or TC	45			x
	Physicals (DOT) - waiver until June 30th					
	1 st appointment DOT labs**	SC	30			x
	2 nd appointment DOT physical**	PCP or TC	45			x
	Physicals (Detox)	PCP or TC	30			x
	PT/INR (Anticoagulation Check)	SC or ASC	30			x
	TB PPD placement	SC or ASC	30			x
	TB PPD reading (48-72 hours after placement)	SC or ASC	30			x
	Visit to Dietician	Dietician	30	x	x	x
	Visit to Integrated Pharmacist	Pharmacist	30	x	x	x

Examples

Scheduling a Patient for an In-Person vs. Telehealth Appointment, Fenway Health

Scheduling a Patient for an In-Person vs. Telehealth Appointment

Patient Services / Nursing Staff:

- You can book appointments for all of the reasons listed below without the need for medical provider approval.
- Please note that **Hotlist items are in red** and, in keeping with Fenway policy, these should all be triaged by a nurse in a time-sensitive manner.
- If a patient concern does not easily fit one of the categories below, OR if a patient refuses to follow the guidance provided below, do not hesitate to ask a nurse to triage this patient in order to determine the best type of appointment.

Providers: if there are patients with visit needs that fall outside of these guidelines, please just work with your team Patient Services/Nursing Staff to get the patient scheduled for the appropriate visit type

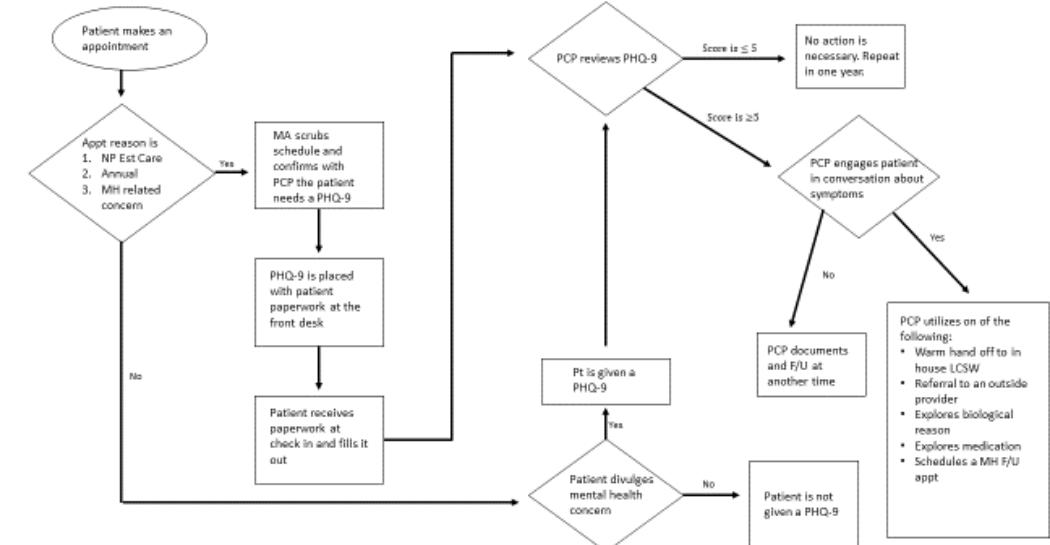
OK to book In-Person visit without Telehealth	Telehealth First ALWAYS
<ul style="list-style-type: none">• Well child under 5• CPE over 60• CPE for any patient requiring an in-person service (eye exam, breast exam, pap/pelvic, mammogram, vaccination, IM medication administration)• Chronic disease management visit + high priority<ul style="list-style-type: none">◦ Patient is enhanced care; patient is not stable; patient is >60 years old; or patient has not had an in-person visit in the last 12 months◦ Chronic disease = HIV, DM, HTN, Asthma/COPD, HIV, Any Enhanced Care, CAD/CHF, Chronic Pain• When any nurse or provider requests an in-person visit• Procedures (pap/colpo/HRA, Testopel, LARC, injections/aspirations, I&Ds, biopsies, etc)• Prenatal visits• Acute concerns:<ul style="list-style-type: none">◦ Ear pain◦ UTI with back pain◦ Vaginal bleeding or pain◦ Rectal bleeding or pain◦ Acute abdominal pain◦ Acute pelvic pain◦ Breast concerns (pain, lump, etc.)◦ Acute joint swelling or pain◦ Injury or wound	<ul style="list-style-type: none">• Well child 5-17• CPE 16-59 and no need for in-person service (eye exam, breast exam, pap/pelvic, mammogram, vaccination, IM medication administration)• Chronic disease management visits + low priority<ul style="list-style-type: none">◦ Patient is not enhanced care; patient is stable; patient is <60 years old)◦ Chronic disease = HIV, DM, HTN, Asthma/COPD, HIV, CAD/CHF, Chronic Pain• PrEP and nPEP visits• STD Screening visits• Oral Contraception visits• Chronic pain follow-up visits• Trans Health visits not requiring an in-person service (injection, testopel)• MAT visits not requiring an in-person service (Sublocade)• Behavioral health follow-up• Acute concerns:<ul style="list-style-type: none">◦ Cold symptoms (no fever)◦ Shortness of breath (triage to nurse)◦ Sore throat (triage to nurse)◦ Fever in kid <5 (triage to nurse)◦ Chest pain (triage to nurse)◦ Flu-like symptoms + fever (triage to nurse)◦ Allergies◦ Rash (urge patient to send photos prior to visit via secure email)◦ Fatigue◦ Heartburn, vomiting, diarrhea◦ UTI without back pain◦ Acute behavioral health concerns◦ Substance use concerns◦ STI symptoms/exposure

Additional examples available at
<https://playbook.fqhctelehealth.org/clinical-integration/#scheduling-guidelines-workflows>

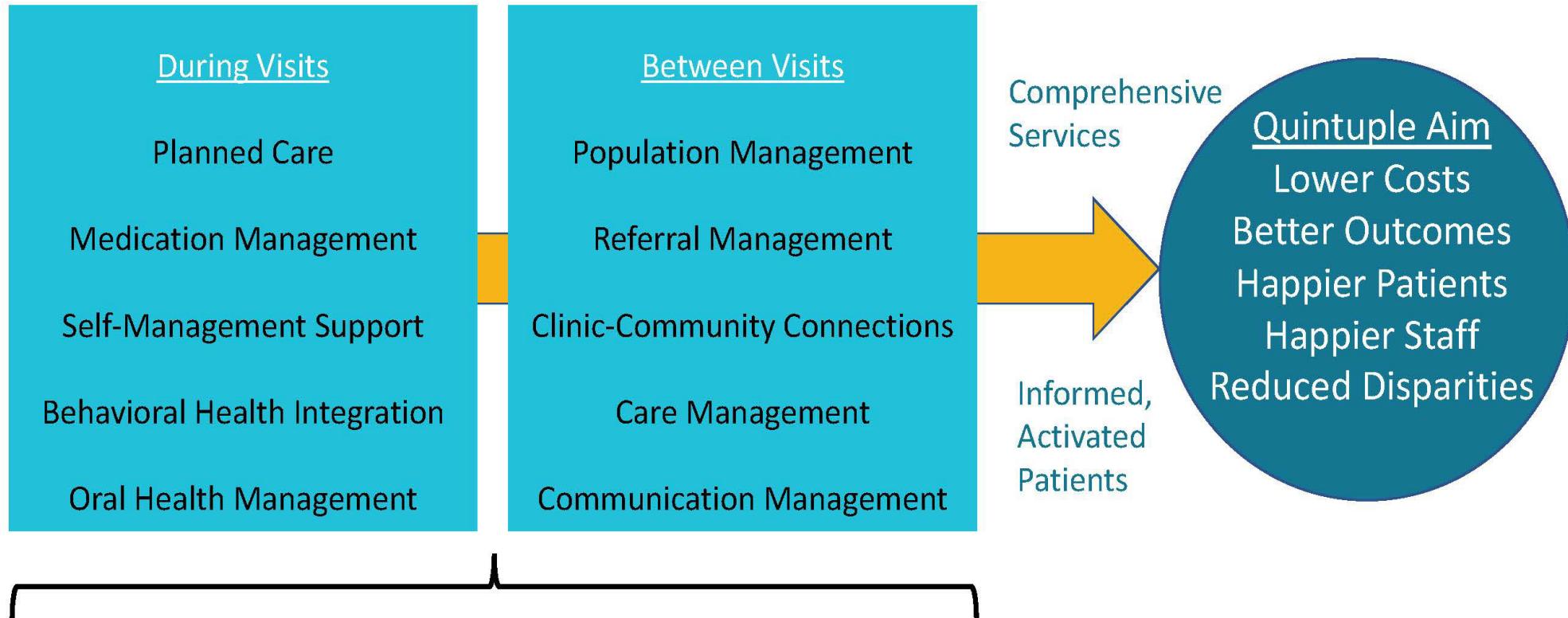


Telehealth – internal team workflows to consider

- ❖ Empanelment
- ❖ Quality improvement
- ❖ Involving other team members in a visit
- ❖ Huddling with your care team
- ❖ Pre-visit planning
- ❖ Population Management



Team Based Care Model



- Engaged Leadership • QI Strategy • Empanelment
 - Team-Based Care (roles and responsibilities)

Adapted from: Wagner EH, LeRoy L, Schaefer J, Bailit M, Coleman K, Zhan C, Meyers D. How do innovative primary care practices achieve the quadruple aim? J Ambul Care Manage. 2018;41(4):288-97. MacColl Center for Health Care Innovation. <https://maccollcenter.org>

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Testing and Vaccine Considerations

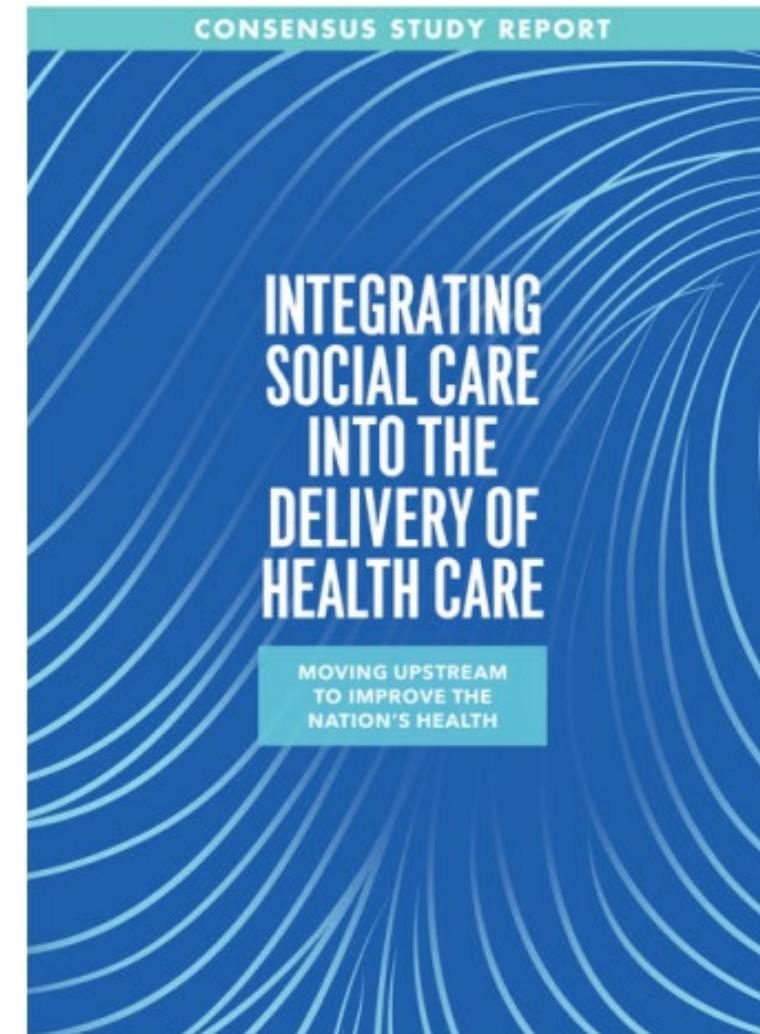
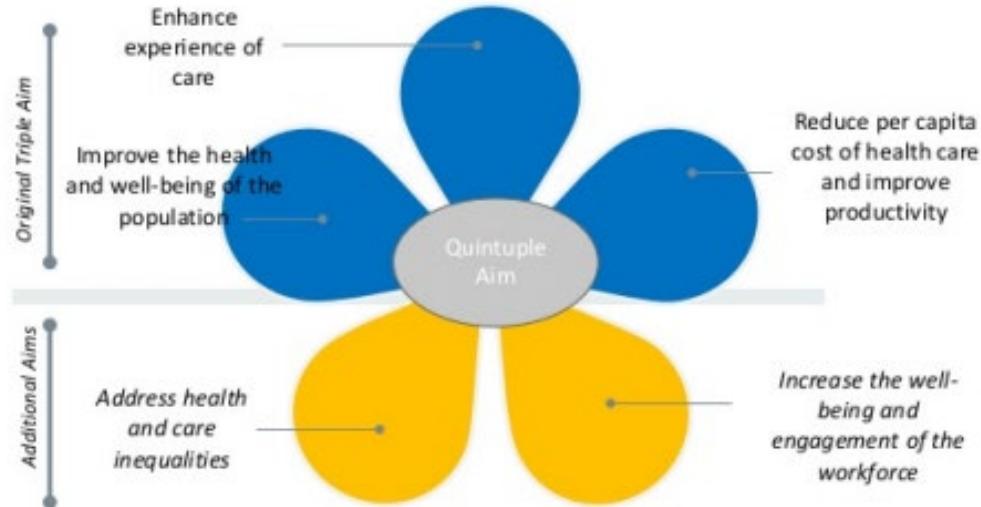
- ❖ Testing workflows (provide internally or refer out) – for staff and patients
- ❖ COVID-19 Vaccination
 - Incorporate to other immunization workflows
 - Who is providing the vaccine (incl. partners)
- ❖ Vaccine protocols for staff – is it required or not?
 - Whether an employer may require or mandate COVID-19 vaccination is a matter of state or other applicable law
 - Other incentives



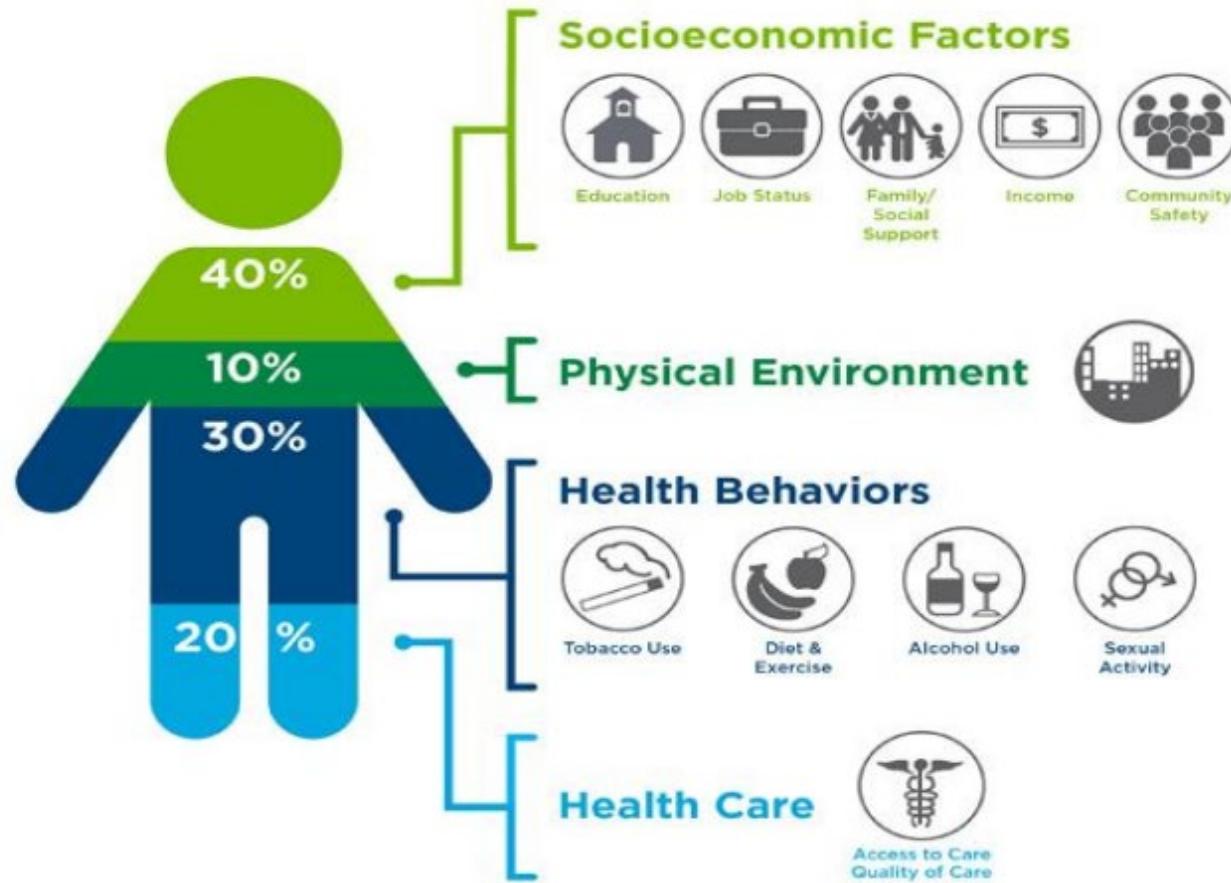
Social Determinants of Health

The National Academies of
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The Triple Quintuple Aim of Healthcare



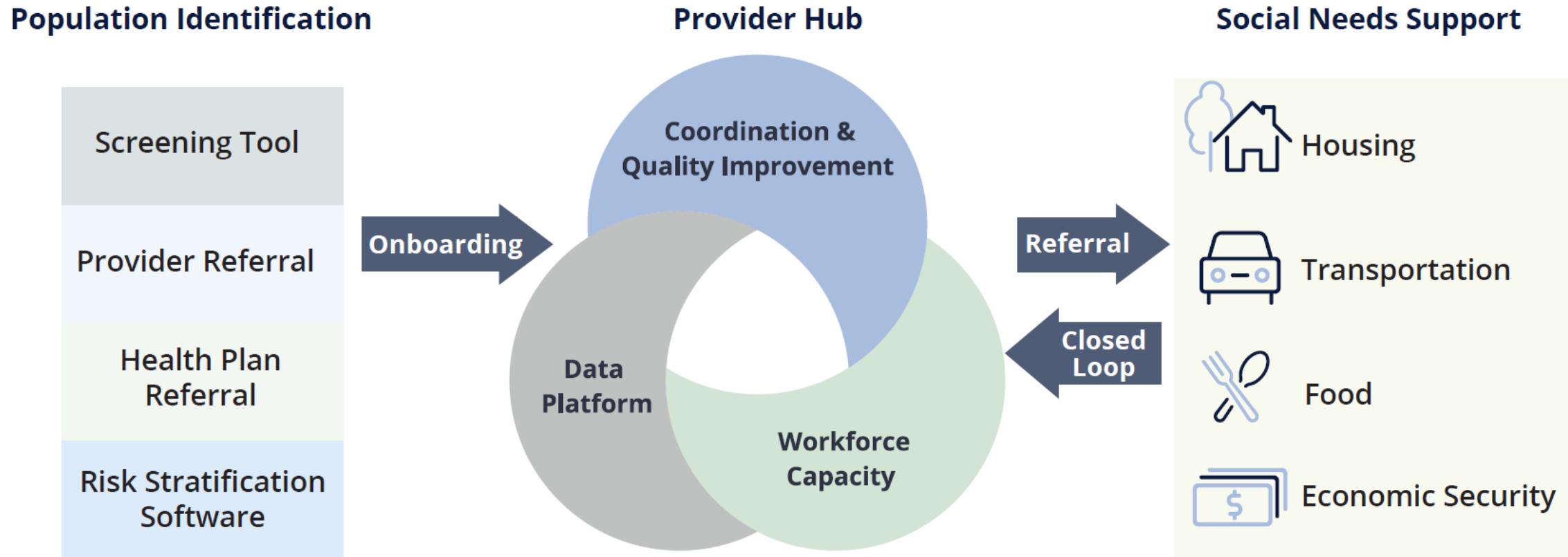
Social factors shape health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



Social Needs Care Coordination Model



Addressing Patient Social Needs

Components	Level D	Level C	Level B	Level A
Assessing patients' social needs and linking them to supportive community-based resources...	is not done at the practice.	is limited to providing patients a list of identified community resources in an accessible format when requested by patient or care team members.	is accomplished through screening of social needs (e.g., PRAPARE) for patients during their well visits. A designated staff person or resource is responsible for connecting patients with community resources.	is accomplished through systematic screening of all patients; active coordination between the health system, community service agencies, and patients; and is accomplished by a designated staff person.

1 2 3

4 5 6

7 8 9

10 11 12



Additional Considerations

Ongoing Emergency Preparedness

“We are living in a Climate Emergency. As of January 2021, 1,859 jurisdictions in 33 countries have issued climate emergency declarations covering more than 820 million people.” (Scientific America)



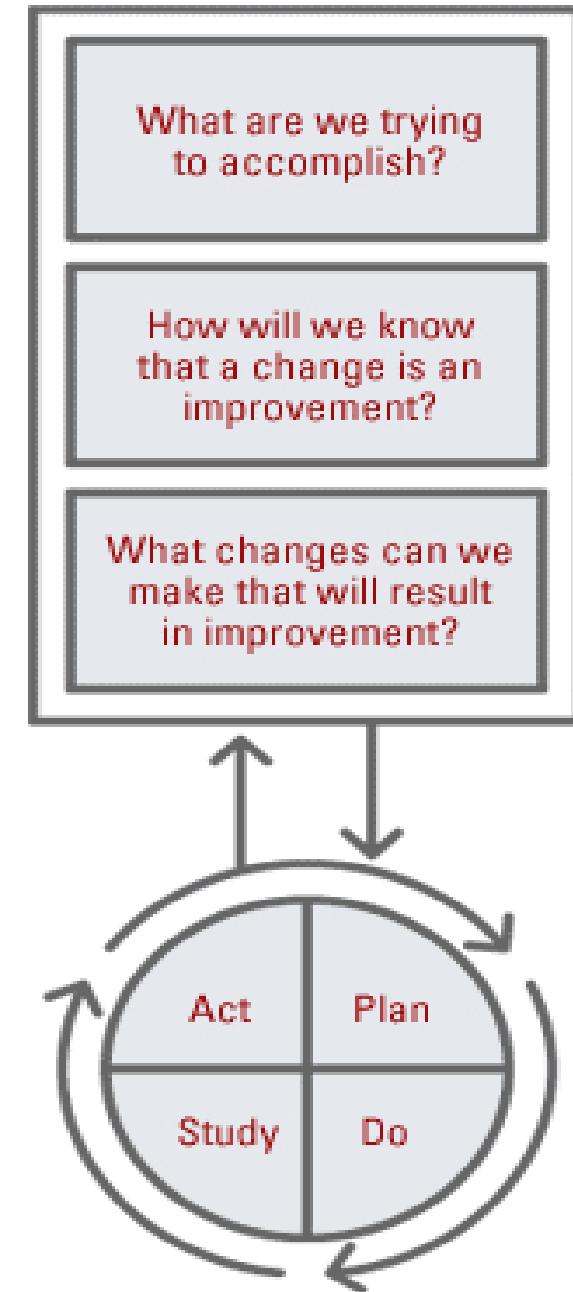
Emergency Preparedness

Components	Level D	Level C	Level B	Level A
Emergency preparedness (EP) planning...	does not take place at our practice.	is part of our internal operations plan and is reviewed when needed. Leadership is involved in the development process and the plan may be shared with staff.	is part of our regular policy update process. Leadership is involved in the development process, and the plan is shared with staff.	is part of our annual policy update process. The plan is shared with all staff via trainings. The practice coordinates with a local public health agency and health care coalition (LPHA/HCC) and participates in community EP exercises.

Looking at adaptation and resiliency going forward will be critical!



The Model of Improvement (IHI)

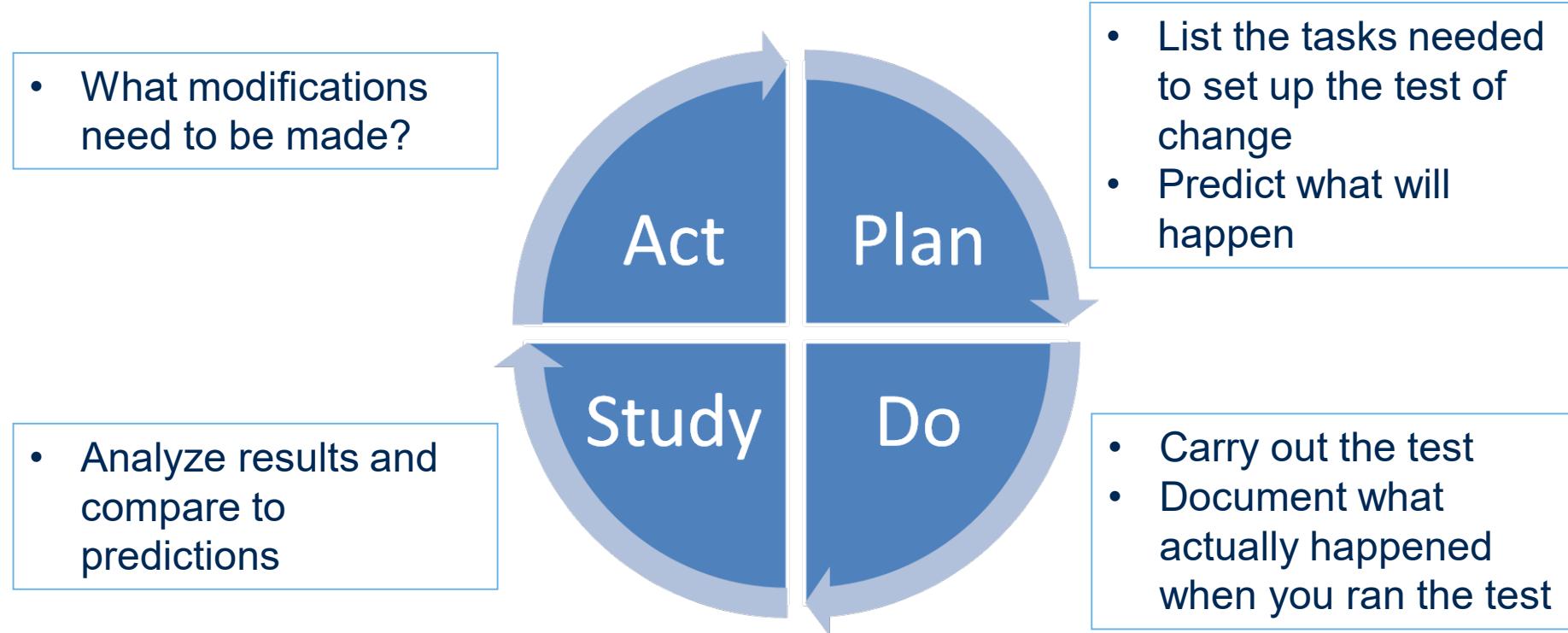


Three Questions

- ❖ **Setting Aims:** What are we trying to accomplish?
- ❖ **Establishing Measures:** How will we know that a change is an improvement?
- ❖ **Selecting Changes:** What changes can we make that will result in improvement?



PDSA Cycles



Some Helpful Resources

- ❖ Telehealth Playbook: <https://playbook.fqhctelehealth.org/>
- ❖ Pathways Community HUBs: <https://pchi-hub.com/>
- ❖ JSI relevant webpages
 - <https://www.jsi.com/expertise/telehealth/>
 - www.healthcaretransformation.jsi.com
- ❖ HITEQcenter.org
- ❖ Primary Care Guide: www.improvingprimarycare.org



QUESTIONS



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- **Wednesday, June 30, 12:00-12:45PM ET:** Diversity, Equity, And Inclusion: Managing for a New Culture

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