NATIONAL ASSOCIATION OF Community Health Centers®

March Learning Forum

03.10.20

THE NACHC MISSION

America's Voice for Community Health Care

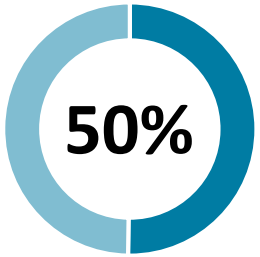
The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

NATIONAL ASSOCIATION OF Community Health Centers®

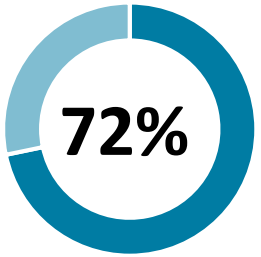
Elevate Dashboard

223 Health Centers

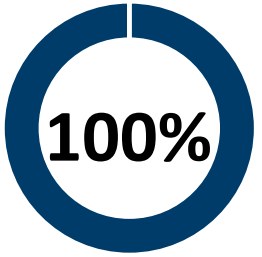
42 PCAs/HCCNs



CHCs 3+ Assessments



% CHCs 1+ Assessments



PCAs/HCCNs 1+ Assessments

	Learning Forum									
	Monthly Core Calls (average)		Leadership		Care Management (2/12)		Care Management (2/26)		Risk Stratification	
	CHC	**PCA/ HCCN**	**CHC**	**PCA/ HCCN**	**CHC**	**PCA/ HCCN**	**CHC**	**PCA/ HCCN**	**CHC**	**PCA/ HCCN**
# participants	289	64	230	39	209	47	203	43	185	67
% engaged (>1 staff on call)	73%	81%	63%	60%	56%	60%	61%	62%	52%	52%

Baseline Assessment

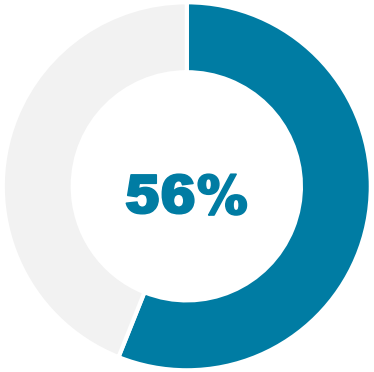
As of March 10th, 2020

Highest Scores

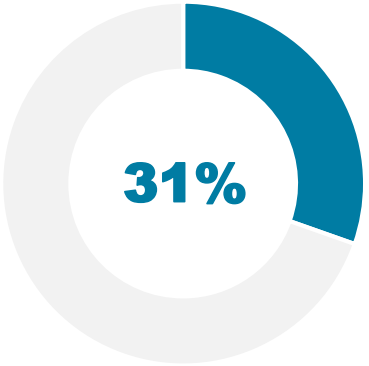
- PCMH – 3.45
- Partnership – 3.33
- Evidence-Based Care – 3.16

Lowest Scores

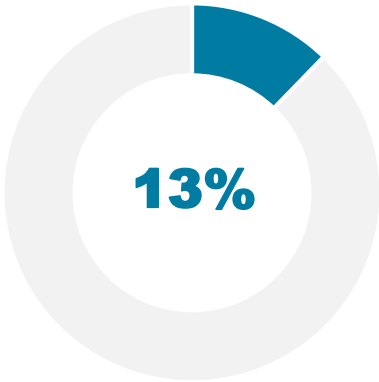
- Cost – 2.55
- Payment – 2.63
- HIT – 2.67



Diabetes
125

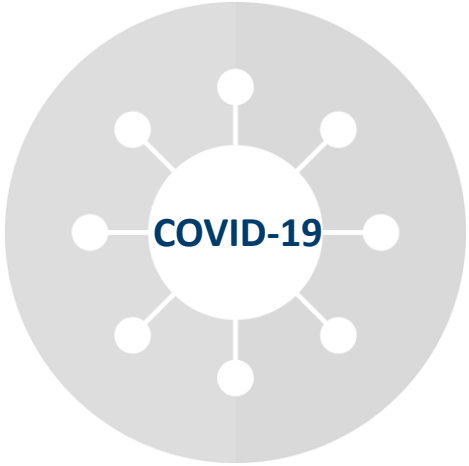


Cancer Screening
70



Hypertension
30

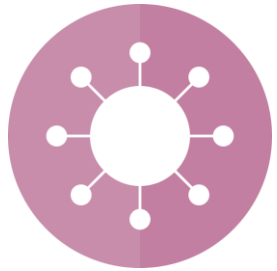
COVID-19
CDC Recommendations for Healthcare Settings:



- Minimize Chance for Exposures
- Adherence to Standard, Contact, and Airborne Precautions, Including the Use of Eye Protection
- Manage Visitor Access and Movement Within the Facility
- Implement Engineering Controls
- Monitor and Manage Ill and Exposed Healthcare Personnel
- Train and Educate Healthcare Personnel
- Implement Environmental Infection Control
- Establish Reporting within Healthcare Facilities and to Public Health Authorities

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

Systems Approach…Cancer Screening, Diabetes, HTN, COVID-19…or Other



1 Leadership Support

2 Risk Stratification

3 Models of Care

4 Optimized Care Teams

LEADERSHIP

Institute Structure and Clarity with Psychological Safety (VTF Action Guide, Step 2)

Psychological safety *is needed when there is a high level of uncertainty and interdependency– as exists in the daily work of health care*

- ☑ Coined by Harvard Business School professor Amy Edmondson.
- ☑ Individuals feel their opinions or **innovative ideas are appreciated** and welcome.
- ☑ Individuals perceive that the team is **safe for risk taking** (rather than a place where they feel incompetent, ignorant, negative or disruptive).
- ☑ Culture of trust

POPULATION HEALTH MANAGEMENT

PATIENT SEGMENTATION

Sort by Condition (VTF Action Guide, Step 2)

- **Before Arrival**
  - Ask if patient having respiratory symptoms (cough, runny nose, fever).
  - Ask if patient has travelled to any CDC identified high risk travel areas
  - Ask if patient has been exposed to someone who may be infected with the virus (past 14 days).

If yes to any of the above, instruct on procedure for arrival (separate registration or entrance? Wear mask, scar or handkerchief to shield coughing until arrival; mask provided upon arrival); referral to emergency care, if needed.

PATIENT SEGMENTATION

- **Upon Arrival/During Visit**
  - At points of entry and in facility provide 60-90% alcohol-based hand sanitizer, tissues, no touch receptacles for disposal and face masks. Post signs/instruction to keep any sneeze/coughs covered, hand hygiene, proper disposal of tissues.
  - Implement triage procedures at check-in/registration for all patients: ask about respiratory symptoms and travel to areas experiencing transmission or contact with possible COVID-19 patients.
  - Rapid triage and isolation of patients with respiratory symptoms.
  - Create separate waiting area for patients with respiratory infection at least 6 feet from rest of the patient population. If appropriate and medically stable, consider option for patients to wait in personal vehicle our outside the facility to be contacted via mobile phone when it is their turn.
  - Notify health center and public health authorities of possible COVID-19 infection.

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

POPULATION HEALTH MANAGEMENT

STAFF SEGMENTATION

Risk Level	Examples	Monitoring Approach	Strategy	Plan if fever or respiratory symptoms* develop
Low	Brief interactions or prolonged close contact with infected patients wearing a mask while staff also wearing mask/respirator. Certain procedures (e.g., generating respiratory secretions) elevate risk level.	Self+	Take temperature 2x/day.	Notify pre-determined contact
Medium	Prolonged close contact with infected patients wearing mask while staff nose/mouth exposed	Active+	Communication/check-in by state/local public health authority or delegate for presence of fever or respiratory symptoms	Self-isolate. Plan for medical evaluation. Exclude from work for 14 days after last exposure.
High	Prolonged close contact with patients not wearing a mask while staff nose/mouth exposed. Present in room for procedures that generate respiratory secretions.	Active+	Communication/check-in by state/local public health authority or delegate for presence of fever or respiratory symptoms	Self-isolate. Plan for medical evaluation. Exclude from work for 14 days after last exposure.

The above is a summary of key CDC risk-assessment recommendations. Providers should refer to CDC's website for full and additional details: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#table1

*respiratory symptoms include cough, shortness of breath, sore throat

+Self-monitoring with delegated supervision – health care provider self-monitors with oversight by their health care organization in coordination with the health department.

"Close contact" for healthcare exposures: (a) being within 6 ft of a person with COVID-19 for a prolonged period of time; or (b) unprotected direct contact with infectious secretions/excretions.

Models of Care

- CDC - Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Under Investigation for COVID-19 in Healthcare Settings
- CDC - Evaluating and Reporting Persons Under Investigation for COVID-19 infection
- CDC - Interim Clinical Guidance for Management of Patients with Confirmed COVID-19
- CDC - Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation for COVID-19
- CDC - List of Acceptable Commercial Primers & Probes
- CDC Tests for COVID-19
- COVID-19 Persons Under Investigation and Case Report Form

Models of Care: Patient Flow

- Where possible, designate separate areas of the facility for PUIs*.
- Isolate PUIs in single patient rooms with the door closed (see CDC's Summary of Changes to Guidance for updated details on negative pressure rooms).
- Determine if patient needs to be transferred to a hospital or can be released to home (after proper consultation with public authorities and consideration of medical condition and the suitability of the residential setting for home care.

*Patients under investigation for COVID-19

Models of Care: Staffing

- Designate dedicated personnel to the care of persons suspected/know to be infected with COVID-19.
- All staff providing care to PUIs should use personal protective equipment (PPE), including respiratory protection.
- Keep a log of all personnel who care for/enter care rooms of PUIs.
- Maintain staff use of PPE after patient vacates until room has had time for sufficient air clearance of airborne contaminants.
- Use appropriate hand sanitizer before/after patient contact, contact with potentially infectious material, putting on/off PPE, including gloves. Hand washing with soap and water for at least 20 seconds is recommended.

*PUI = Patients under investigation for COVID-19

Models of Care: Equipment & PPE

- Use dedicated or disposal equipment (e.g., blood pressure cuffs). If using dedicated equipment, properly disinfect between patients.
- Appropriately disinfect patient care rooms between patient use.
- Provide staff with appropriate PPE (gloves, gowns, respiratory protection & eye protection) and instruction on putting on/removing PPE to prevent contamination (see also the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard.
- Consider engineering controls: partitions to guide patients through triage areas, curtains between patients in shared areas, and appropriate air-handling systems.

CARE TEAMS

A reinvention of the care team model – with more responsibility given to supportive members of the care team – has proven to optimize the experience and outcomes of primary care for patients, providers and staff.

http://www.nachc.org/wp-content/uploads/2019/11/NACHC-VTF-Care-Teams-AG_November-2019.pdf

Key Messages

In order to do well in these new payment models and avoid operational disruption, we must change how we conduct business to **include greater focus on the team's care for the patient** and not just the provider's care".

--Faith Polkey, Beaufort Jasper Hampton Comprehensive Health Services, Inc.

"We need to **better leverage our teams** to get the results that value based care will be setting as goals".

--Laurence Yung, East Jordan Family Health Center

CARE TEAMS

'SHARE THE CARE' Model of Care Delivery

- Redefine 'team' (clinicians and non-clinicians providing care to a panel of patients)
- Reallocate tasks and responsibilities
- From lone provider-with-helpers model to **reallocation of responsibility** to a team
- Design care teams where all members contribute meaningfully and to full capacity

Ghorob, A. Bodenheimer, T. (2012). Sharing the Care to Improve Access to Primary Care. New England Journal of Medicine. 366, 1955-1957.

Distribute Tasks and Document Workflow

Action items: Assign appropriate staff positions to each task of defined services. Adapt the "*Team-Based Planning Worksheet*" developed by the Safety Net Medical Home. Maximize the capacity and licensure of team members to expand responsibilities beyond the primary provider. Consider applying care team tools available through the American Medical Association's STEPSforward initiative.

After having agreed to the core set of clinical and care standards and services your health center will deliver, and having assigned the tasks to accomplish this work to staff throughout your organization, create workflow maps that standardize work processes. Consider the Agency for Healthcare Research and Quality workflow mapping tips.

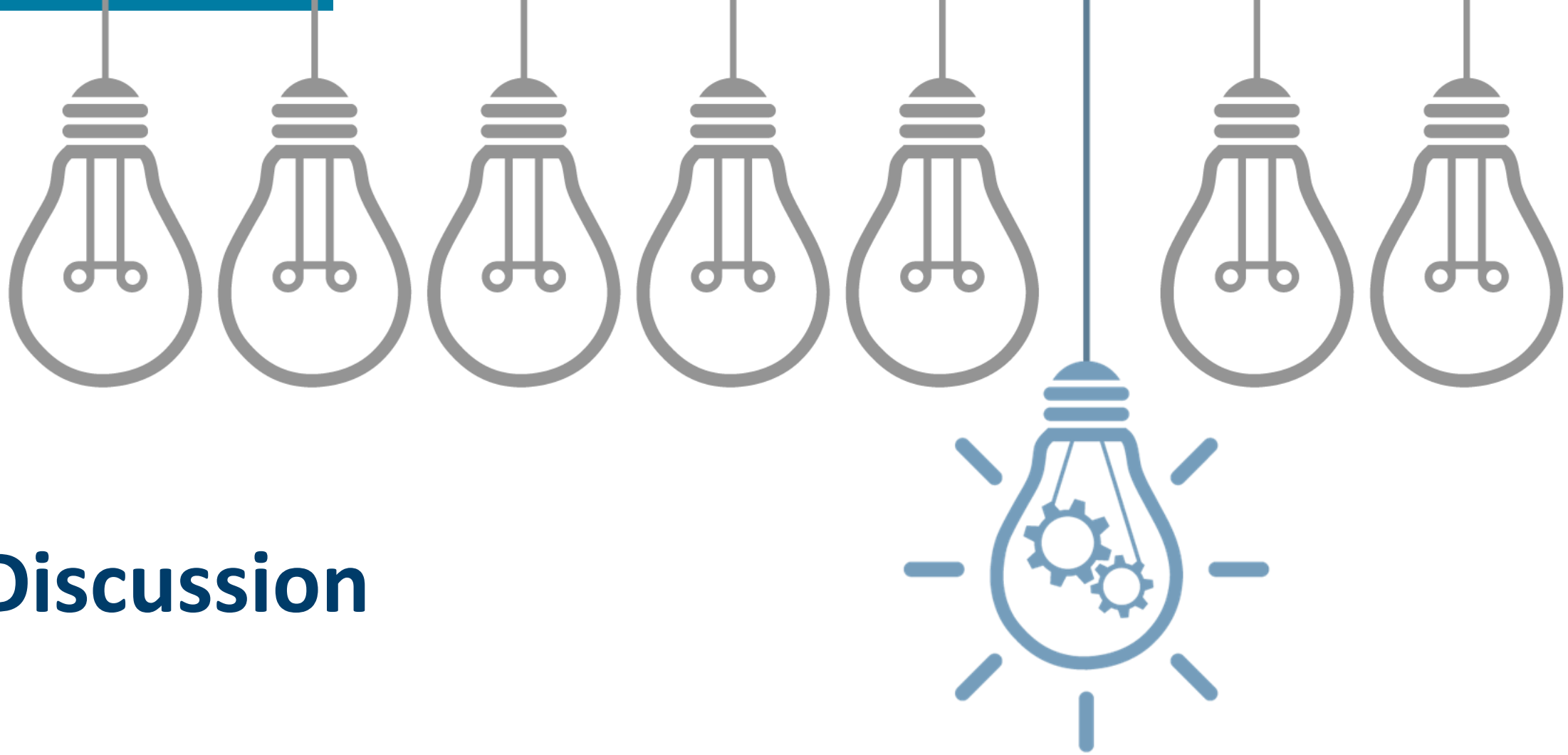
RESPONSIBILITY / TASK	ROLE - Current	ROLE - Future	WHEN IN VISIT CYCLE	Notes
Check-in patient				
Verify and update insurance information				
Verify and update demographic information (address, phone, etc)				
Verify and update PCP selection	RN	LPN		
Print summary lists (meds, dx, allergy); give to patient to review	MA	LPN		
Verify and update missing preventive / chronic care services	Provider	Front Office		
Track and follow up on lab & imaging results	LPN	LPN		
Notify patient of normal results	Front Office	Front Office		
Notify patient of abnormal results	Pharmacist	RN		
Track and follow up on completion of referral visits, tests & procedures				
Receive/review reports or other communications from facilities notifying practice of service provided to patients				
Obtain notes from facilities – inpatient or rehab, emergency department, urgent care centers				
Review appointment history and follow up as needed				
Perform and document lab tests performed in-office				
Collect and/or process specimens to send to external laboratory				
Conduct clinic services (ECG, pulse oximetry, hearing & vision testing)				

Accomplish individual tasks
Emphasize team responsibility

Team-Based Planning Worksheet

Supporting the Care Team – Building Psychological Safety

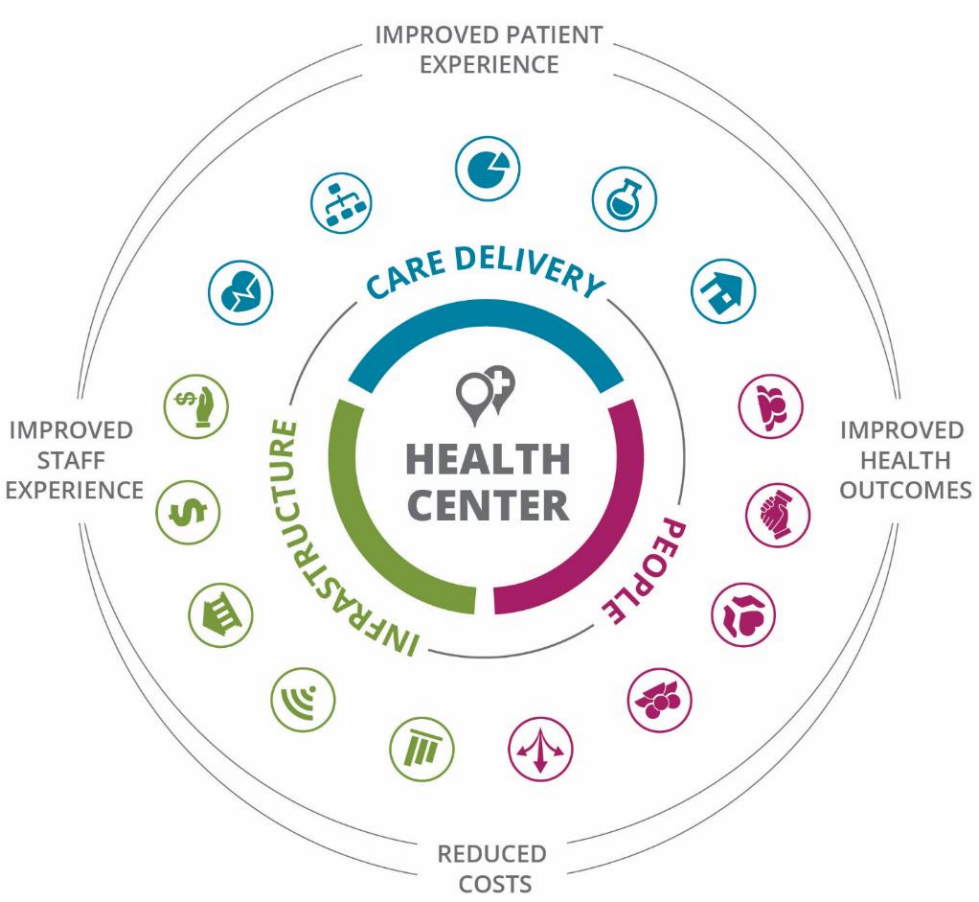
Formalization	Job descriptions	Provide job and task specific education and training
	Training	• Direct staff to CDC handwashing instructional materials and training • Provide CDC guidance and education for hand hygiene in healthcare settings • Train appropriate medical personnel in respiratory device use (also requires medical clearance and fit testing). OSHA respiratory protection training videos
	Protocols & Procedures	CDC's Infection Control in Healthcare Personnel: Infrastructure and Routine Practices Recommendations
Accountability	Measure & Report Performance	Develop a dashboard and mechanism to track (e.g., screening numbers, infections, health care worker exposure, etc.)
Care Team Huddles		Daily huddles, escalation huddles



Discussion

Action Step:

Consider how application of the Value Transformation Framework, and a systems approach to transformation, can support your COVID-19 response



Value Transformation Framework

IHI WINNERS

In each elective series, a participant was randomly chosen to receive an additional IHI Open School Scholarship. Here are the winners:

Leadership Series

- **February:** Mary Middleton, Cassopolis Family Clinic Network
- **March:** Tarika James, Long Island FQHC

Care Management Series

- **2/12:** Kerrie Barney, Cherry Health
- **2/26:** Kate Milone, EECH

Risk Stratification Series

- **ECW:** John Milligan, UFHC
- **NextGen:** Nadine Owen, Waimanalo Health Center
- **Athena/Epic/Other:** Allison Kos, Progressive Community Health Centers

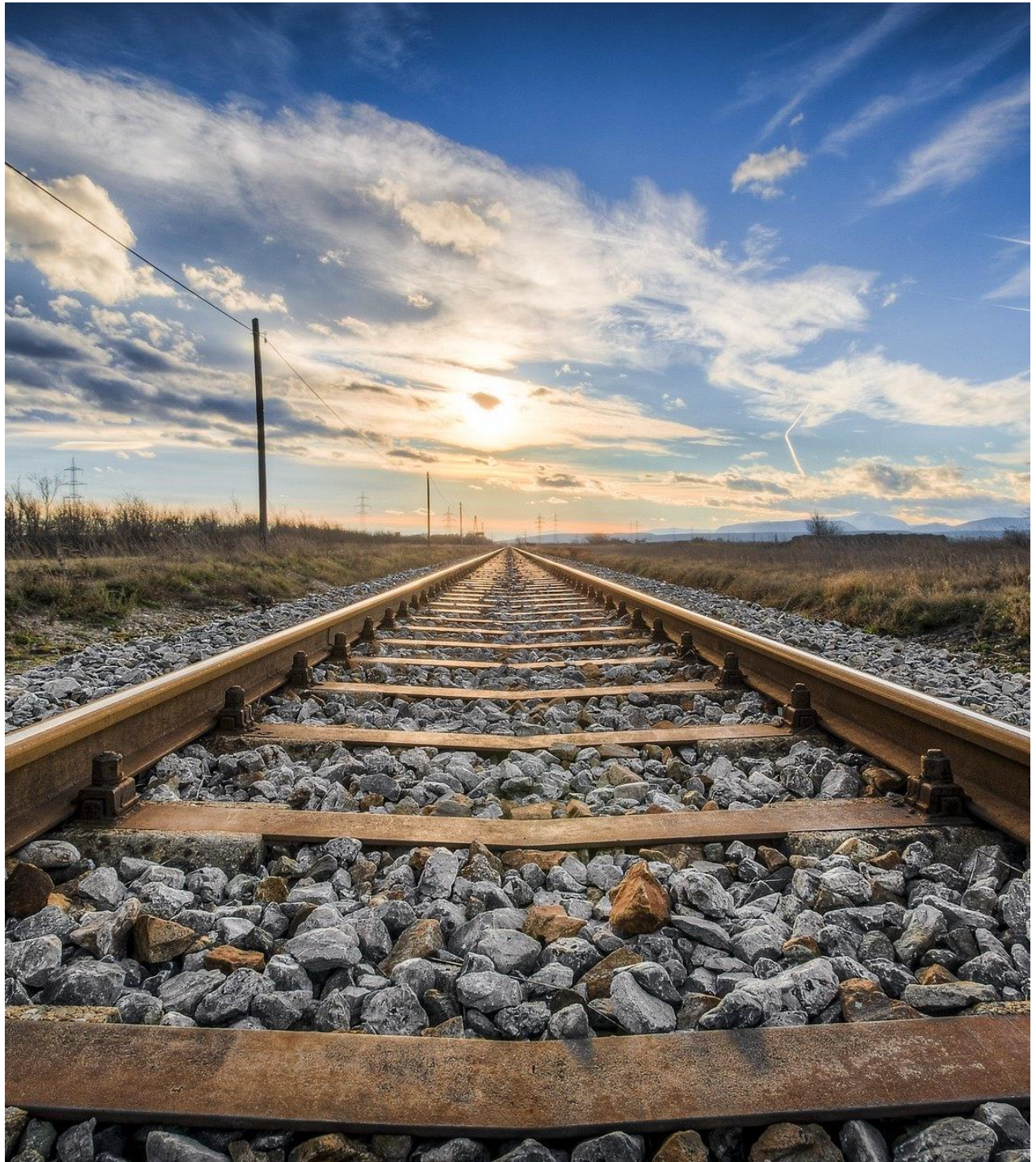
YOUR JOURNEY… YOUR WAY

Stay connected through core monthly forums

Choose which change areas to engage in

Select transformation action steps to take

- You control the pace
- You choose your course
- You steer the train



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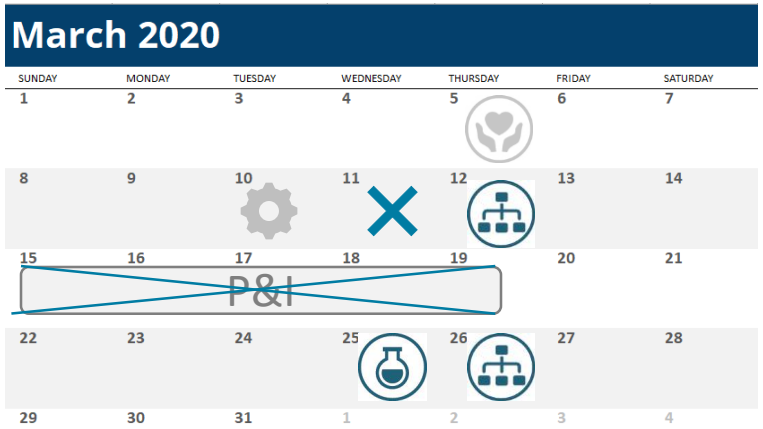
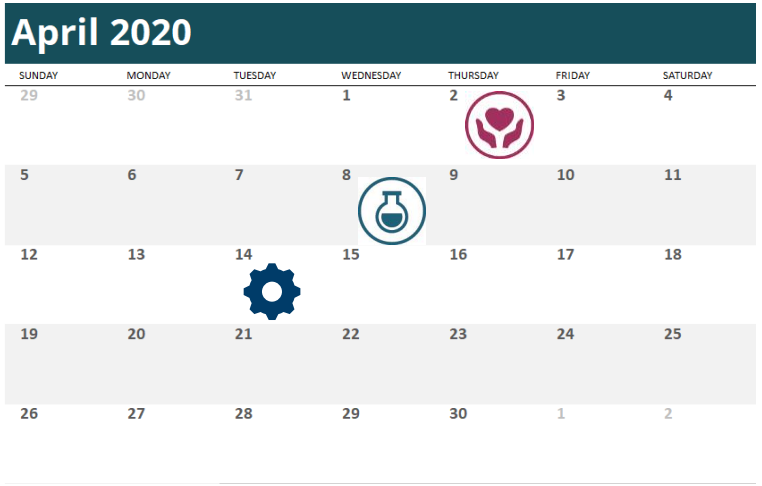
Calendar





March Forum
03/10 at 1:00 PM EST

Risk Stratification
(eCW; NextGen; GE Centricity/Epic/Athena)
03/12
03/26

Evidence-Based Care
(Cancer; Diabetes, Hypertension)
03/25

April Forum
04/14 at 1:00 PM EST

Leadership
04/02 (30 mins)

Evidence-Based Care
(Cancer; Diabetes, Hypertension)
04/08

May Forum
05/12 at 1:00 PM EST

Leadership
05/07 (30 mins)

FEEDBACK

Don't forget! Let us know what you thought about today's session.

FOR MORE INFORMATION CONTACT:

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301.310.2250

Next Monthly Forum Call:

April 14th, 2020
1 -2 pm ET

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Together, our voices elevate all.

The Quality Center Team
Cheryl Modica, Luke Ertle & Camila Silva
qualitycenter@nachc.org