**Executive Summary**

The purpose of the COVID Triage and Navigation Program (CT+) is to increase State capacity to provide support to NC residents and practices as they navigate the COVID pandemic.

**Deliverable**

* Stand up a member-facing inbound call center to offer navigation and triage to all NC residents, regardless of insurance coverage.
  + Hours of Operation: 7am – 11pm; 7 days per week
  + Initial Staffing: 10 employees on Days (7a-3p) and 10 employees on Evenings (3p-11p)
  + Staffing needs reassessed after initial week to flex to support call volume
  + Planned Go-Live: Week of April 6th
* CCNC will help to offload practice population health activities through care coordination and care management services for priority populations.
  + For Medicaid beneficiaries, special emphasis will be given for COVID support through:
    - ED follow-up for flu-like illness
    - chronic disease management
    - children with special healthcare needs
    - Patients at risk for COVID: >65 yo, chronic conditions, immunocompromised
    - Pregnant women
  + For non-Medicaid patients, CT+ will provide clinical triage, education on COVID and care coordination services as needed

**Assumptions**

* Initially marketed through CCNC enrolled practices, LME-MCOs, BH providers (launch 1), Medicaid/non-Medicaid members (launch 2)
  + Service offering described via one-pager
  + Recommend a message on outbound message at the practice to reduce initial practice calls
* Complex Care Management efforts will continue in conjunction with the CT+ effort
* Call Center Staffing will flex after initial assessment of call volume and impact
* Reporting provided twice monthly to all stakeholders
* Training will be based on existing DPH guidance and protocols

**Timeline**

The proposed timeline identifies key milestones and target completion dates. Formal due dates and task/milestone tracking will be completed with the CT+ Implementation project plan.

|  |  |
| --- | --- |
| Key Milestones | Timeline |
| Kick-off formal effort | March 26, 2020 |
| Planning and Development   * Call Center Set up * Training Development * System Updates for Documentation * Staff and Coverage Planning * Transition of caseload/warm hand offs, as appropriate | March 25th – April 2nd |
| Email Communication to Practices: | April 2nd |
| Staff Training | April 2nd and April 3rd |
| Go-Live Call Center | April 6th |
| Reporting Begins | April 21st |

**Stakeholders and Project Team**

The following individuals are points of contact, stakeholders and subject matter experts for setting up the CT+ program.

**DHB Resources and Stakeholders**

* Executive Sponsors: Shannon Dowler & Kelly Crosbie
* CT+ Lead: Trish Farnham
* Provider Support: Jaimica Wilkins
* Reporting: Sam Thompson

**CCNC Resources and Stakeholders**

* Tom Wroth: Executive Sponsor
* Denise Levis-Hewson: Business Owner
* Jennifer Wehe-Davis: Regional VP, 1-3
* Tammie McLean: Regional VP, 4-6
* Lori Coates: SME for Care Management
* Anna Boone: Analytics and Reporting
* John Alexander: Account Management
* Patrick Garrett: Systems and IT Support
* Christina Page: Project Management

**Key Planning Discussion Items**

**Staffing Deliverables:**

* Inbound Call Center:
  + Identify 28 staff trained and ready to cover up to 10 employees/shift 7am-11pm
  + Monitor call volume, question type and content to continue to provide adequate coverage
  + Call volume may ramp as word spreads and we’ll flex and contract staff as necessary
* Care Coordination Outreach:
  + Identified 30 nonclinical staff members to complete outreach for care coordination
  + Referral process in place for clinical triage/screening
  + Staff in place now to support this work – pivoting to emphasis on COVID risk

**Approach and Workflow: Inbound Call Center**

* Education on COVID and do a screening for symptoms
  + Leverage DHHS Patient Education Guidance
    - Help patient understand what to do for mild symptoms, when to reach out to provider for telehealth visit and when to visit the ER
    - Circle back with provider for notification
* Link individuals to community resources, as needed
* Document interaction in VirtualHealth for weekly reporting

**Marketing Deliverables:**

* One-Pager and Email communication to launch 800 number sent as of April 2nd
* DHB: Other avenues to leverage for public facing PR campaigns after initial launch?

**Reporting Deliverables:**

* Deliver weekly reporting – call volume, support provided,
* DHB/CCNC: Work together to identify reporting cadence and needs

**Training Material:**

* Developing training materials – aligning to existing guidance from DPH and CDC
* Documentation guidance in place to ensure proper reporting through VH and CareImpact
* Directing individuals to established community resources (211, etc.)

**Telephone Set-Up:**

* Established 800 number that we can set up as needed for an unlimited number of users
* Easily flex up and down and control how phones are routed based on availability
* Unanswered calls will roll to voice mail for a return phone call