SUSTAINING INTEGRATIVE CARE IN THE MIDST OF COVID-19

KIMBERLY MCCARGO, BSN, MPH
DIRECTOR OF QUALITY AND POPULATION HEALTH SERVICES
COMPLETE CARE HEALTH NETWORK
Disclosures

“This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3,845,677 with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”
TODAY’S AGENDA

• Who we are
• Our integration journey
• Operation timeline
• Integration: pre vs post COVID-19
• Lessons learned
QUICK GLIMPSE:
Complete Care Health Network (CCHN)

- Founded in 1973
- 19 Locations
- Service Area: Cape May, Cumberland & Gloucester County
- 62,351 patients seen in 2019 for 281,940 visits
- Designated as a Community and Migrant Health Center
CCHN SERVICE AREA

- 3 Gloucester County locations (this service area is shared with CamCare)
- 14 Cumberland County locations, includes 4 school-based health centers
- 2 Cape May County locations
OUR INTEGRATION IMPROVEMENT JOURNEY

November 2018: Began Integration Quality Improvement Journey

Built the Improvement Team and created the Aim Statement

Analysis:
- Process/journey maps
- Performance measurement
- Readiness Assessment
- Driver Diagram

Address Challenges, measure change, and pivoted when need.

Making the change sustainable through constant learning and improvement

COVID-19
OPERATIONS TIMELINE

2015
Telemedicine introduced
HIV medical case management

March 9, 2020
New Jersey Administration declares a state of emergency and a public health emergency in the state

March 27, 2020
New Jersey Administration suspends all elective surgeries and dental procedures in the state

Mid-April 2020
Transition from task-based care to triage and in-reach

April 1, 2020
Consolidated sites
Telehealth as telephone call visits
Staff deployed and furloughed

July 2020
Telemedicine implemented to all medical visits

August 30, 2021
Staff returned from deployment and layoffs
Sites starting opening with restrictions.
CONVERSION OF GOALS

Pre-COVID-19

• Equitable & accessible care via in-person visits
• Measurable units of care
• Clients’ services done in office

COVID-19

• Equitable & accessible care via telemedicine/telehealth
• Understand Telemedicine Vs Telehealth
• Met the patient where they were
• Engagement
TELEMEDICINE VS TELEHEALTH

Medicare 1395 m (m)(1) and CMS Telehealth 2015 Fact Sheet

- Two-way, real-time interactive communication between the patient and distant site physician or practitioner but not communication via telephone, email or fax

NJ:

- New Jersey’s 2017 law (P.L. 2017, c.117) defines “telehealth” as the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services, as allowed by New Jersey law

- This law defines “telemedicine” as the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider, as allowed by New Jersey law, except that “telemedicine” does not include the use of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.
INTEGRATIVE CARE (PROVIDER)

Pre-COVID-19
- In-person visits
- Patients needed access to transportation
- Providers were only available at limited times

COVID-19
- Telephone or telehealth visits
- Patients didn’t need to access transportation to see a provider
- Providers were available for patient care and team huddles virtually
INTEGRATIVE CARE (SUPPORT STAFF)

Pre-COVID-19:
• Care coordination
• Linkages
• Psychosocial assessments
• Social determinants of health (SDOH) assessments
• Screening, brief intervention and referral to treatment (SBIRT)
• Transportation requests

During COVID-19 and beyond:
Making care equitable by population
• In-reach: engages populations with existing access to services
• Triage
• Supportive counseling
• Tablets and burner phones
INTEGRATIVE CARE (PATIENT)

Pre-COVID-19:
• In office appointments
• Walk-ins
• On site labs
• Multi-provider visits

During COVID-19 and beyond:
• No in office appointment available
• Walk-ins by screening only
• No labs open
• Visits moved to telephonic or telemedicine
• Learning how to use tablets/burner phones
WE LEARNED QUICKLY...
TELEMEDICINE IS NOT FOR EVERYONE
BARRIERS TO TELEMEDICINE

Access
• Clients lacking hardware
• Clients lacking WiFi

Skill
• Clients lacking competency
• Staff lacking competency

Environment
• Clients lack privacy
• Communities with poor connectivity

Clinical
Clients who require in-person visits

Preference
Clients who prefer in-person visits

Trauma
• Clients who experience cyber bullying
• Clients who experience virtual sexual trauma
TOOLS FOR SUCCESSFUL TELEMEDICINE

• Team based model which included biweekly touch points
• Assess, assess, and then reassess
  • Access
  • Skill
  • Patient preference
  • Clinical
  • Trauma
  • Other factors
• Evaluate if telemedicine visits are improving patient outcomes
LESSONS LEARNED

• Ability to be fluid in challenging times;
• There is strength in unity and team-based approaches;
• Timing is everything;
• Collaboration within the department develops true cohesiveness in delivering services.
QUESTIONS