

SUSTAINING INTEGRATIVE CARE IN THE MIDST OF COVID-19

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COMPLETE CARE HEALTH NETWORK

Disclosures

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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

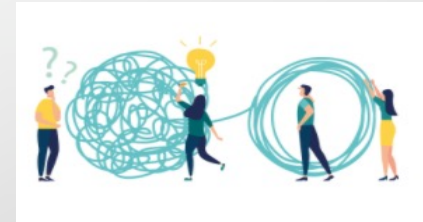


Analysis:

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



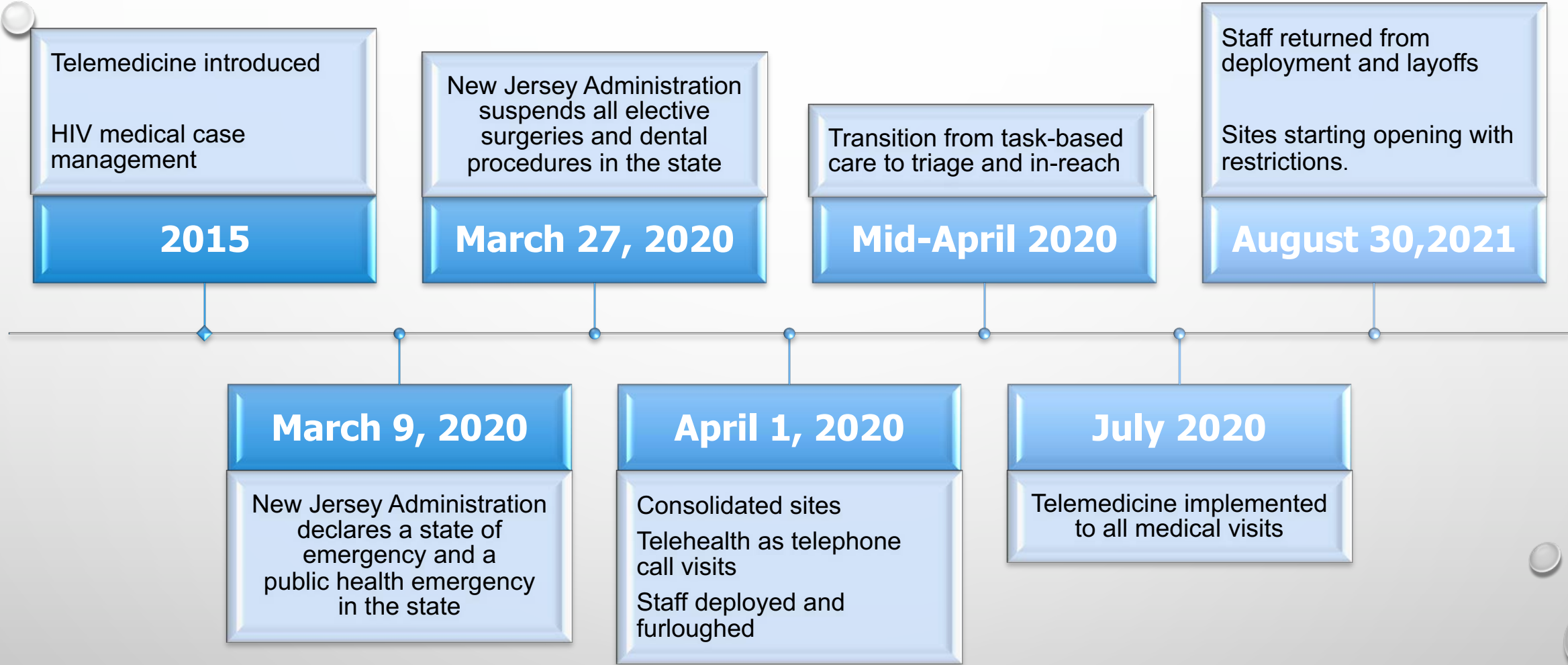
Address Challenges,
measure change, and
pivoted when need.



Making the change
sustainable through
constant learning and
improvement



OPERATIONS TIMELINE



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

The image features a light gray gradient background with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered in the middle of the frame.

WE LEARNED QUICKLY...

TELEMEDICINE IS NOT FOR EVERYONE



BARRIERS TO TELEMEDICINE

Trauma

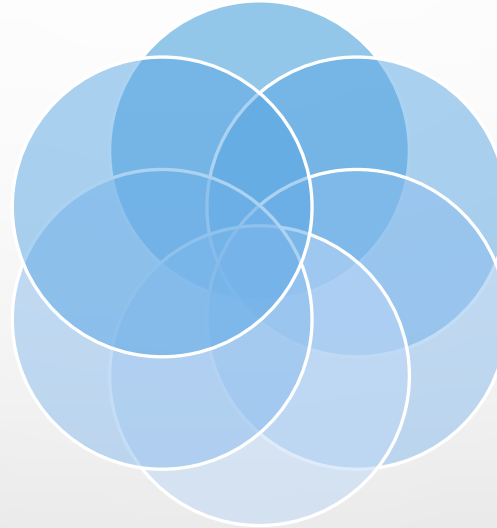
- Clients who experience cyber bullying
- Clients who experience virtual sexual trauma

Preference

Clients who prefer in-person visits

Access

- Clients lacking hardware
- Clients lacking WiFi



Clinical

Clients who require in-person visits

Skill

- Clients lacking competency
- Staff lacking competency

Environment


- Clients lack privacy
- Communities with poor connectivity

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.
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QUESTIONS

