

CHCANYS NYS-HCCN presents

Patient Engagement: Empowering Patients, Inspiring Better Outcomes

Day 2

July 23, 2020 – 1:00 pm



Zoom Guidelines

- You have been muted upon entry. Please respect our presenters and stay on mute if you are not speaking.
- Please share your questions in the chat. CHCANYS staff will raise your questions to our speakers and follow up as needed if there are unanswered questions.
- The webinar is being recorded.



Agenda

- Health Center Panel: Implementing Workflows and Technology for Patient Engagement
- Digital Technology Showcase
 - SolutionReach
 - Pcare
 - Luma Health
 - Azara Healthcare
- Engaging Patients in Transformation of Health Centers



Health Center Panel: Implementing Workflows and Technology for Patient Engagement

Meet the Health Center Panel



Anthony Fortenberry, RN
Chief Nursing Officer

Lara Comstock, RN
Managing Director of
Nursing



Helen Dao, BA, MHA
VP of Risk
Management &
Quality Assurance



Janet Thirlby, MS
Executive Director



Meet the Health Center Panel



Kristin McDonough

**Supervisor of Health
Education and Outreach**



Kristopher King

Senior Peer Educator



Joel Colon

**Community
Engagement
Coordinator**



Dr. Kate Shmulsky

**Pharm.D, Director
Population Health
Programs and Quality**



**Jessica Casey, RN,
MSN**

**Care Management
Program Leader**



Virtual Care Teams




























Callen-Lorde Community Health Center

Lara Comstock, Managing Director of Nursing

Anthony Fortenberry, Chief Nursing Officer



CONNECTING WITH OUR PATIENTS

SERVICE	IN-PERSON	TELEHEALTH	TELEPHONIC	OUTREACH
MEDICINE				
PSYCHIATRY				
BEHAVIORAL HEALTH				
DENTAL				
CARE COORDINATION				
NURSING				
REFERRALS				
SCHEDULING				
MEDICAL RECORDS				
PHARMACY				

MEDICAL VISITS

Patient Access Metrics:

- 60% Telephonic
- 20% Telehealth
- 20% In-Person

Strategies to increase telehealth visits:

- Create workgroup
- Survey patients
- Survey medical providers

BUILDING THE VIRTUAL CARE TEAM

Medical Assistant Care Coordination:

- New patient appointment report
- Appointment Confirmation
- Data collection
- Referrals/Warm Hand-Off
 - Triage/Urgent Care
 - Case Management
 - Pharmacy/Medication Support
 - Laboratory Services
- IT Support
- Follow-up with Medical Provider, as necessary

MONITORING IMPACT

CURRENT METRICS:

- % appointments with virtual care team involvement
- % Telehealth vs Telephonic Visits
- Patient Satisfaction Survey

FUTURE INTERVENTIONS:

- Survey of patient WiFi access
- Routine virtual care team feedback
- Routine virtual care team meetings

THANK YOU

Lara Comstock, Managing Director of Nursing
Anthony Fortenberry, Chief Nursing Officer

Callen-Lorde Community Health Center



Engaging Patients During & Post COVID-19

CHCANYS

Presentation by Helen Dao
VP of Quality & Risk Management

July 23, 2020



About UCHC

Union provides services to over 38,000 unique patients who make nearly 200,000 patient care visits annually. We offer comprehensive healthcare services which include; adult and pediatrics, rapid care, physical and occupational therapy, behavioral health, dental services and specialty services.

260 East 188th Street
Bronx, NY 10458

2021 Grand Concourse
Bronx, NY 10453

2101 Quarry Road
Bronx, NY 10457

2016 Bronxdale Avenue
Suite 301
Bronx, NY 10462

470 East Fordham Road
Bronx, NY 10458

4487 Third Avenue
Bronx, NY 10457



UCHC Gone Mobile!

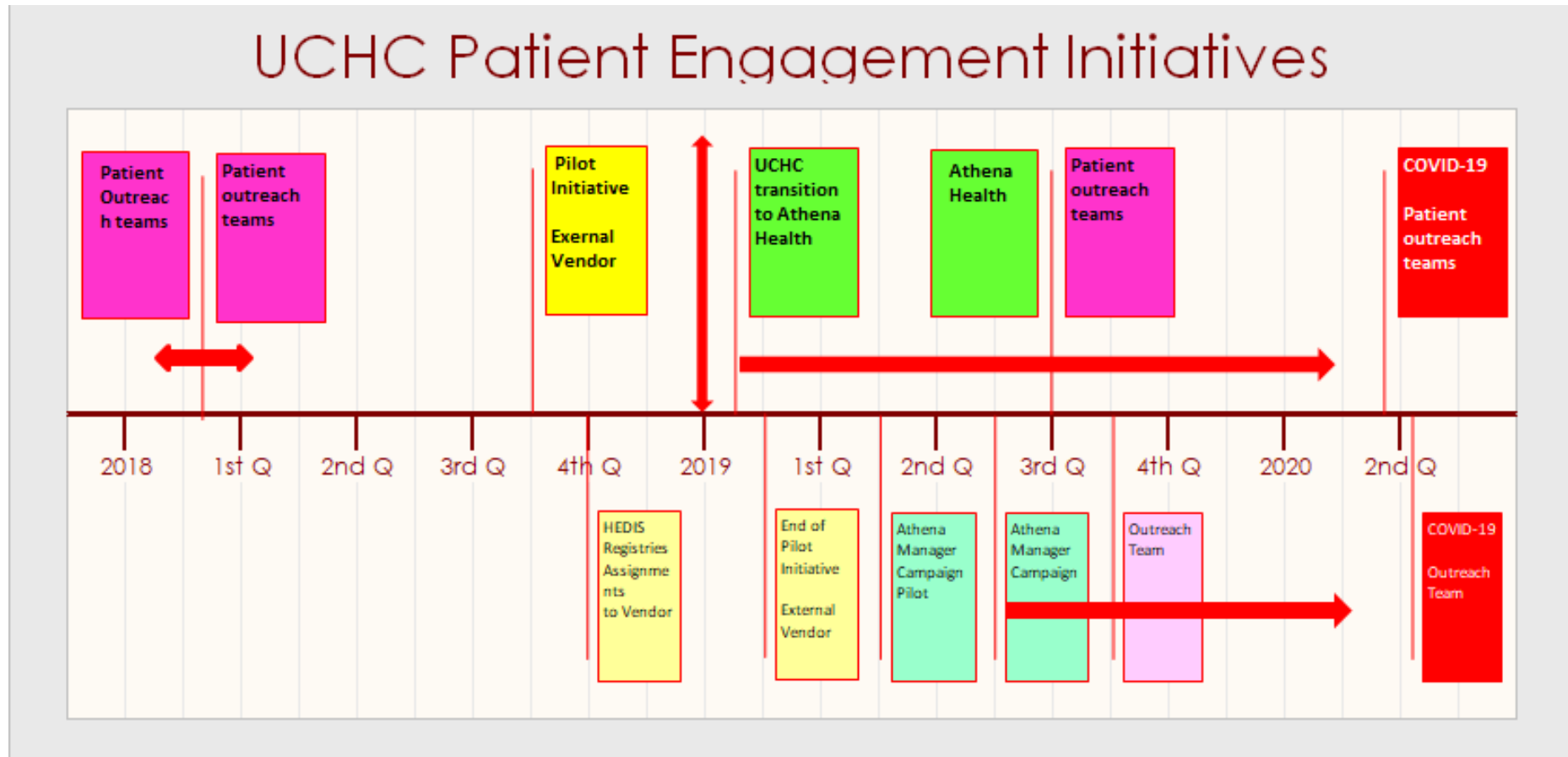


UCHC has gone mobile!

Always at the forefront of innovation, in February 2019, Union Community Health Center officially launched a mobile health program with the roll out of a 35' state-of-the-art, mobile health center, which serves as the nexus of the Center's growing mobile health care fleet. The program is an unprecedented mobile medical delivery infrastructure that serves to improve the health of Bronx residents through neighborhood-targeted direct services and health education.

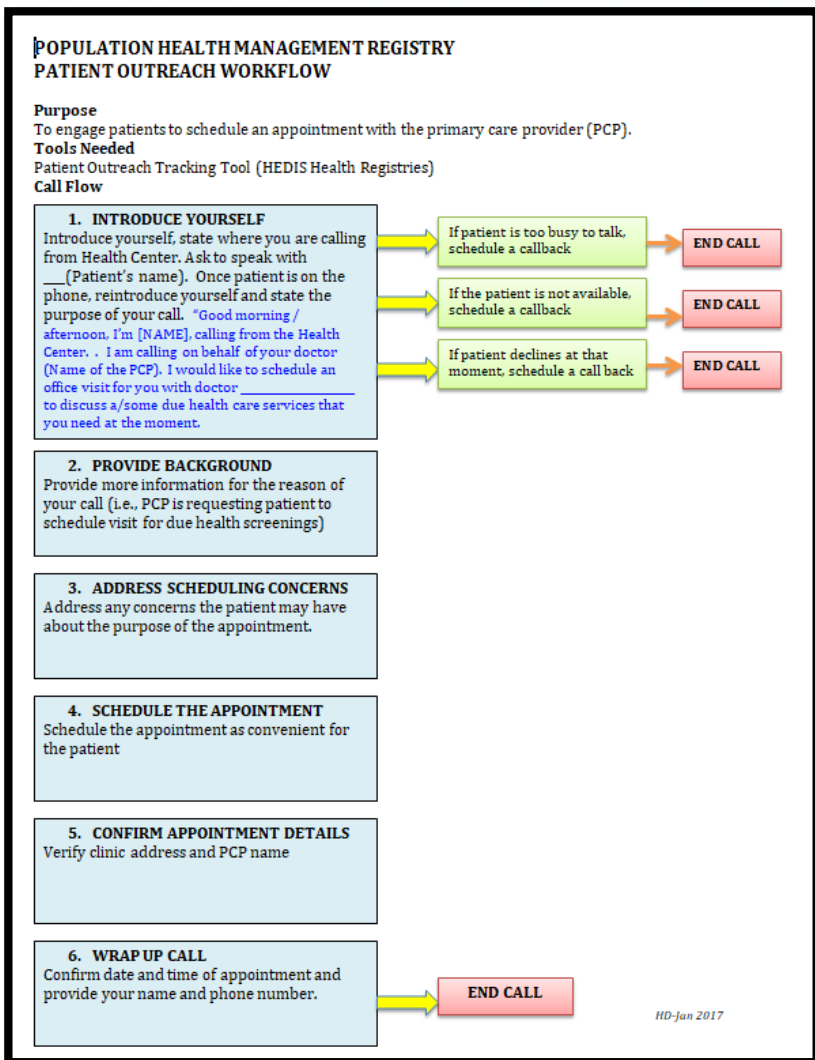
Patient Engagement

UHC overtime patient engagement strategies:



Patient Engagement Protocols

Prior COVID-19



During COVID-19

COVID19 Outreach Script

Good morning/afternoon may I speak with ___ (patient name or name of patient guardian) _____

Hello this is ___ (caller) _____ from Union Community Health Center.

Dr. ___ (provider) _____ asked that I give you a call to see how you are/ how ___ is doing. We want to make sure you are well during the COVID-19 health crisis affecting our community.

Would it be possible to set-up a telephonic visit for you to speak with (patient name) doctor Dr. _____ to make sure you and your family are safe during this crisis.

What day and time would be good for you? _____

Is this a good number to have Dr ___ (provider) _____ call you on (repeat time and day).

(Explain that the doctor will call you around this time but since the doctor is also calling other patients)

Have a wonderful day.

Thank you and stay safe.

Patient Engagement During COVID-19

UCHC is fully committed to engaging patients for in-person visits and telehealth visits.

Some population health management strategies during and post COVID-19 are:

- Daily Dental outreach - Dental staff are calling patients to follow-up on their dental work and to see if they need to see a dentist or their PCP.
- Pediatric registries are managed based on age group well-visit.
- OB/GYN Well Women registries.
- Non-Utilizer registries.

What has been the focus?

- To outreach the most vulnerable patients.
- Pediatrics registries - Asthmatics then patients with behavioral problems (ADHD, depression, anxiety, etc.).
- OB/GYN - mostly 60+ patients.
- Non-utilizers registries.

Going Forward (Now)

- Pediatric registries - focusing on patients who needs vaccines and well child visits.
- OB/GYN registries - focusing on well visit, prenatal care, follow-ups etc.
- Reaching out to non-utilizers.
- Chronic care management registries (i.e., diabetics, HTN, etc.).

Phone Script for Outreach Staff

COVID19 Outreach Script

Good morning/afternoon may I speak with __ (patient name or name of patient guardian)_____

Hello this is __ (caller)_____ from Union Community Health Center.

Dr. __ (provider)_____ asked that I give you a call to see how you are/ how ____ is doing. We want to make sure you are well during the COVID-19 health crisis affecting our community.

Would it be possible to set-up a telephonic visit for you to speak with (patient name) doctor Dr. _____ to make sure you and your family are safe during this crisis.

What day and time would be good for you? _____

Is this a good number to have Dr __ (provider)_____ call you on (repeat time and day).

(Explain that the doctor will call you around this time but since the doctor is also calling other patients)

Have a wonderful day.

Resources



COMMUNITY RESOURCES

DURING COVID-19

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- Demonstrate competency in performing appropriate infection control practices and procedures.

Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/face mask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Face Mask



www.cdc.gov/coronavirus



CORONAVIRUS GUIDELINES FOR VULNERABLE PATIENTS

RECOMMENDATIONS:

1. Stay home:
 - a. Avoid public areas: Do not go to work, school, etc.
 - b. Avoid public transportation: Avoid using mass transit, ride-sharing, or taxis.
2. Separate yourself from other people:
 - a. Stay away from others: As much as possible (~6 ft.), you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.
3. Avoid sharing personal household items:
 - a. You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home and wash thoroughly after use with soap and water.
4. Clean and disinfect:
 - a. Practice routine cleaning of high touch surfaces. High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
5. Self-quarantine: The CDC recommends that all persons suspected of contact with COVID-19 begin self-quarantine until 14-days after the last potential exposure.
 - a. Check your temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath).
 - b. After 14 day period if you do not have fever or respiratory symptoms, you may leave your home and/or report to work.

Fever = ≥ 100.4 F or 38.0 C

6. Treatment and Medical Care - Here are steps that you can take to help you get better:

- a. Rest
- b. Drink plenty of fluids
- c. Take over the counter acetaminophen (Tylenol) or as needed for fever or pain.

7. Seek Medical Care:

- a. If you are not getting better within 7 days or your symptoms worsen: Contact UCHC at 718.220.2020 to speak with a provider
- b. If you are experiencing the following symptoms seek immediate medical attention or call 911



Difficulty Breathing



Can't keep fluids down



Dehydration



Confusion



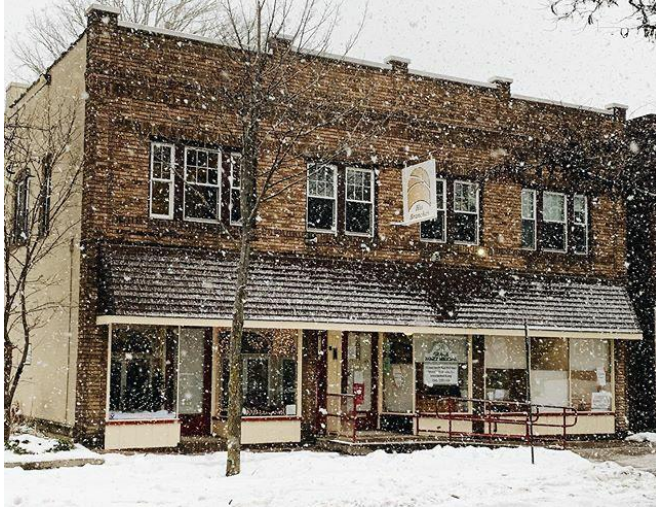
Other serious symptoms



Thank you!



Janet Thirlby, M.S.
Executive Director



19th Ward (1978)



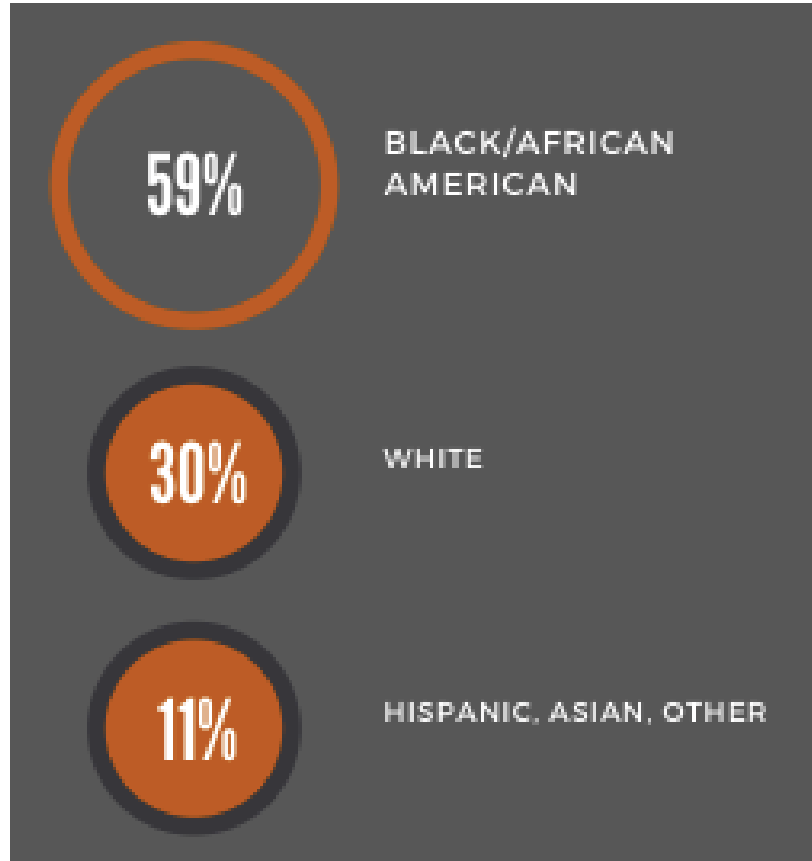
Beechwood (2008)

Rochester New York Comprehensive Primary Care

- Two Locations:
 - 19th Ward (1978)
 - Beechwood (2008)
- Article 28 D&TC (2011)
- PCMH since (2012)
- FQHC Look-Alike (April 2018)

PATIENT DEMOGRAPHICS

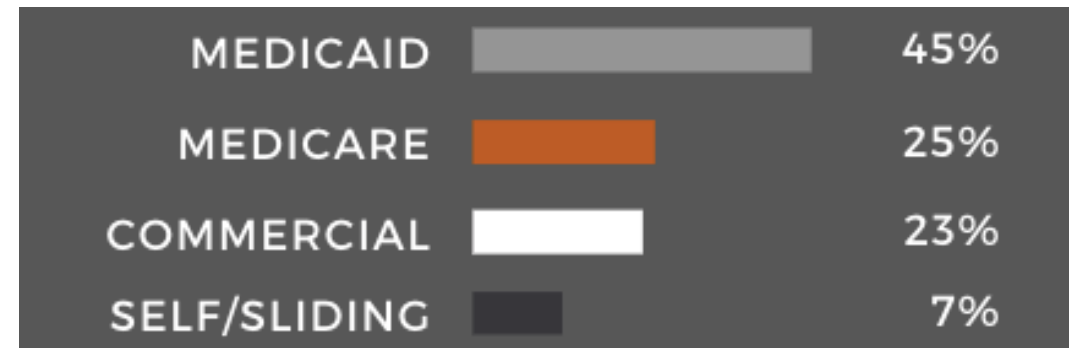
Patient Panel: 2793 People



At Risk Patients



Payor Source



Neighborhood-Centric Approach to Care





Current Clinical Staff

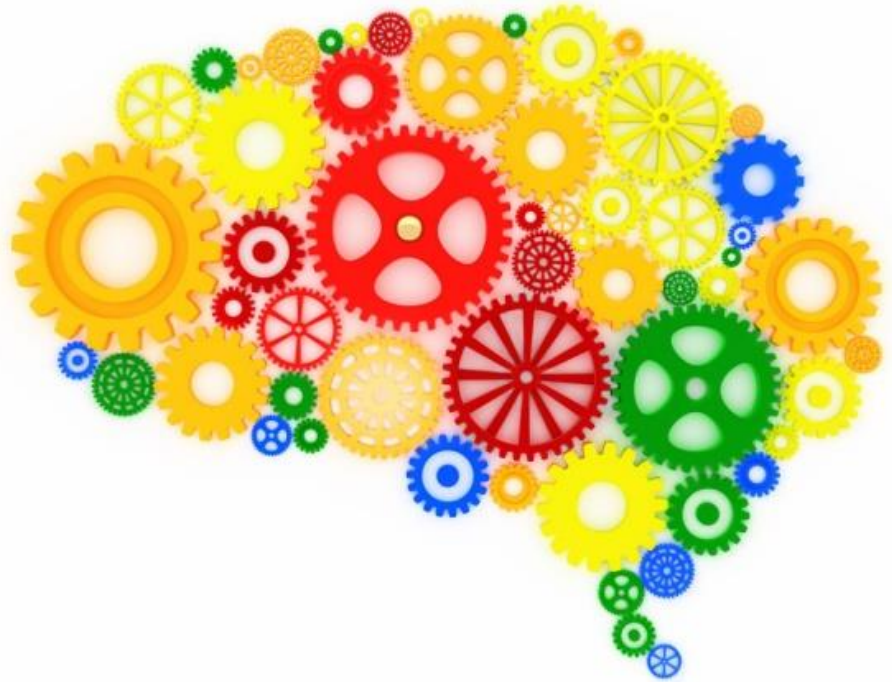
- 4 Providers:
 - MDs - 2
 - PAs - 2
- 5 Nurses:
 - RNs - 4
 - MAs - 1
- 1 Case Manager
- 1 Care Manager (AHP)



Hypertension Program

GOAL: To help patients manage their hypertension primarily from home.

- Establish a baseline and orient the patient to telehealth and blood pressure monitoring equipment
- Schedule regular check-ins
- Education with a hypertension nurse
- Patient resources and incentives
- Titration of medication



Hypertension Program

Work Flow, Evaluation and Results



The Door's mission is to empower young people to reach their potential by providing comprehensive youth development services in a diverse and caring environment.

Programs and Services

- Adolescent Health Center
- Counseling and Wellness
- Education
- Career Development
- Legal Services
- Drop-in Services
- Supportive Housing
- Recreation and Creative Arts
- Free Nightly Meals
- Train Pass

Adolescent Health Center

- Primary care services
- Sexual and reproductive care
- PrEP and PEP
- Condoms
- Contraception
- Eye care
- Dental services
- Dermatology
- Counseling
- Medications provided
- On-site laboratory
- Insurance assistance
- Free and confidential text line (text "thedor" to 66746)



Virtual Health Center Services

- General health
- Birth control
- Physicals
- HIV testing
- PrEP
- Dental
- Eye care
- Counseling

Health Center

- Call 212-453-0222 (our team is answering calls from 10am – 6pm)
- Email Nashira Gonzalez, ngonzalez@door.org

Counseling

- Call 212-941-9090, ext. 3452
- Email Valdete Mirzo, vmirzo@door.org



How to access The Door's programs and services during the COVID-19 crisis

Membership

For membership information (or to become a member), email membership@door.org

Social Media

Follow us on social media for updates and info:

Instagram: @door_nyc

Twitter: @door_nyc

Facebook: @TheDoorNYC

YouTube: @DoorNYC

Key Contacts

Text The Door! 646.392.8563 is The Door's agency-wide text line. Open Monday through Friday from 10am - 8pm.

Health Center Text Hotline. Text "THEDOOR" to 66746 to ask health questions.

Health Center Appointments. 212-453-0222 is the AHC front desk. Leave a message to schedule a telehealth visit.

Legal Services. 516.847.4801 is the Legal Services Center's call line, available Monday through Friday from 2pm - 5pm.

Housing Services. Young people in need of housing support should email Jazzy Smith at jasmith@door.org

Zoom Groups

Your friends at The Door miss you! Join our virtual community groups on Zoom every weekday starting at 11:30 am.

Meeting ID: 550-855-9017 Password 555121



Cómo acceder programas y servicios en La Puerta durante esta crisis de Covid-19

Membresia

Para información sobre membresía, o para volverse miembro, comuníquese con nuestro correo electrónico membership@door.org

Redes Sociales

Siganos en nuestras redes sociales para información y progresos en la agencia:

Instagram: @door_nyc

Twitter: @door_nyc

Facebook: @TheDoorNYC

YouTube: @DoorNYC

Contactos Clave:

Textos a La Puerta! 646.392.8563 Esta es la línea de texto para toda la agencia de La Puerta. Estamos abierto de Lunes a Viernes de 10 am a 8pm

Textos para el Centro de Salud. Envíe mensaje de texto a "THEDOOR" para preguntas acerca de salud.

Citas para el Centro de Salud. Lame a la recepción 212-453-0222 y deje un mensaje para programar una cita de telesalud.

Servicios Legales. 516.847.4801 Están disponibles de Lunes a Viernes de 2 pm a 5 pm.

Servicios de Vivienda. Jóvenes necesitando ayuda de vivienda deben enviar un mensaje electrónico a Jazzy Smith jasmith@door.org

Grupos Zoom

Tus amigos de La Puerta te extrañamos. Únete a nuestros grupos comunicativos virtuales en Zoom cada día de la semana a partir de las 11:30 am. **Meeting ID: 550-855-9017 Password 555121**

🔒 doorpeered ▾



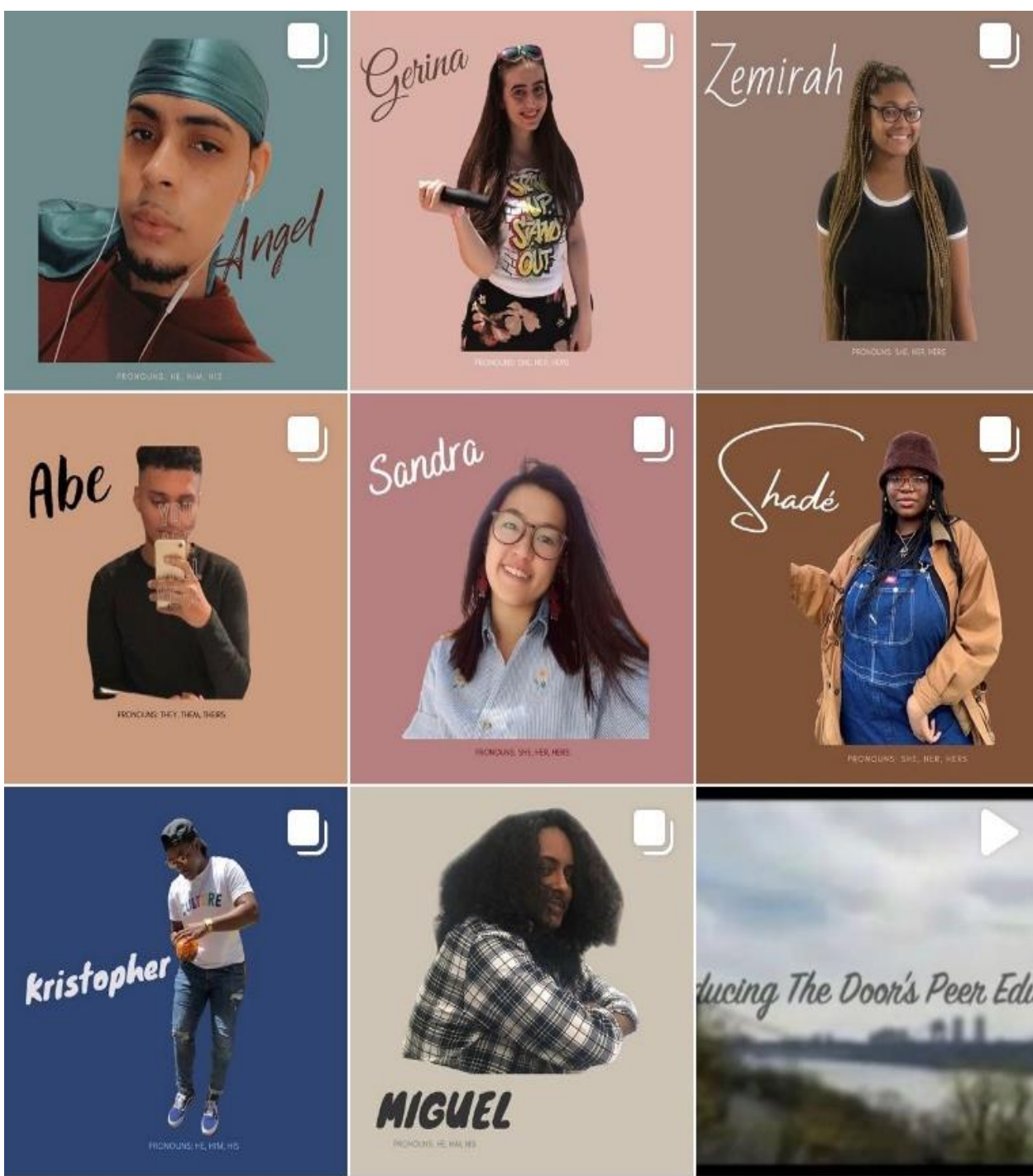
The Door's Peer Educators

We are the Youth Empowerment Advocates for Health
@door_nyc bringing you health education realness 📖🔑



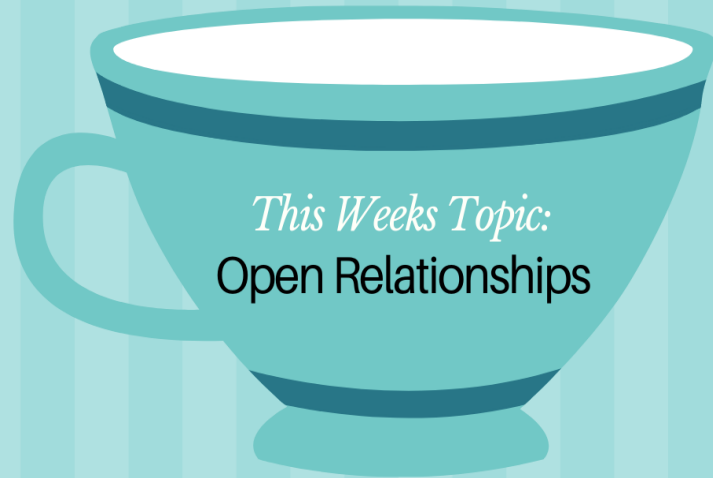
Click the link below for services ⬇️

door.org/



Y.E.A.H. INVITES YOU TO

Tea Time With The Peers



This Weeks Topic:
Open Relationships

HOSTED BY ANGEL
MONDAYS AT 4PM ON IGTV

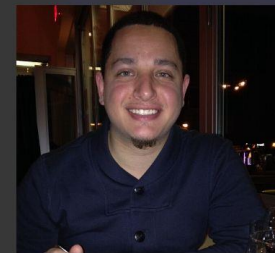
WHAT'S REALLY GOOD?

COMING TO YOU VIRTUALLY! COME HANG WITH YOUR FAVORITE EDUCATORS TO TALK ABOUT SEX, RELATIONSHIPS, AND POP CULTURE!

WEDNESDAYS AT 2PM

To join go to zoom.com/join and enter meeting ID: 550-855-9017 password: 555121

Joel



Shade



Follow @door_nyc on instagram

CALLING ALL LGBTQIA+
AND QUESTIONING FOLKS

The Door's Peer Educators presents:

SKITTEZ VIRTUAL

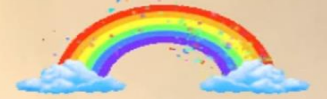
LEARN AND CHAT ABOUT SEX, RELATIONSHIPS,
POP CULTURE, AND IDENTITY

YOU CAN JOIN US 24/7 AT:
FLIPGRID.COM/SKITTEZ

OR FACE TO FACE EVERY THURSDAY 4-5PM:
VIDEO CALL LINK WILL PROVIDED

PLEASE EMAIL SKUMWONG@DOOR.ORG TO JOIN

JVB



**THE
DOOR**



Join us tonight at 6pm!

Zoom Meeting: 515 746 4174
Email/text Ivan for password :
imonforte@door.org
(929) 277-8941

Practice safe sex during COVID-19

Continue watching to see Sandra's Condom Demo



#thedoormapadistance

Y.E.A.H. PRESENTS...



**PEER EDUCATORS
REACTING TO SEX TWEETS**



*NEW VIDEOS ON IGTV
FRIDAYS AT 4PM!*



 Follow @DoorPeerEd on Instagram



hey did you know?



doorpeered



[View Insights](#)

[Promote](#)



34 views

doorpeered Meet the Peer Educators!

You've seen us in the center and now you can see us on your feed, follow us for health ed related content 🍆



Thank You!

Joel Colon

Community Engagement Coordinator
(he, him, his)

Kristopher King

Senior Peer Educator
(he, him, his)

Kristin McDonough

Supervisor of Community Health Education and Outreach
(she, her, hers)

Questions, contact: kristin@door.org

The Door's Peer Educators have our own IG!
Follow us today!  DoorPeerEd





**HUDSON
HEADWATERS**

HEALTH NETWORK

Post-Hospital Discharge Workflow

Jessica Casey RN MSN- Care Management Program
Leader

Kate Shmulsky, Pharm.D- Director Population Health
Programs and Quality



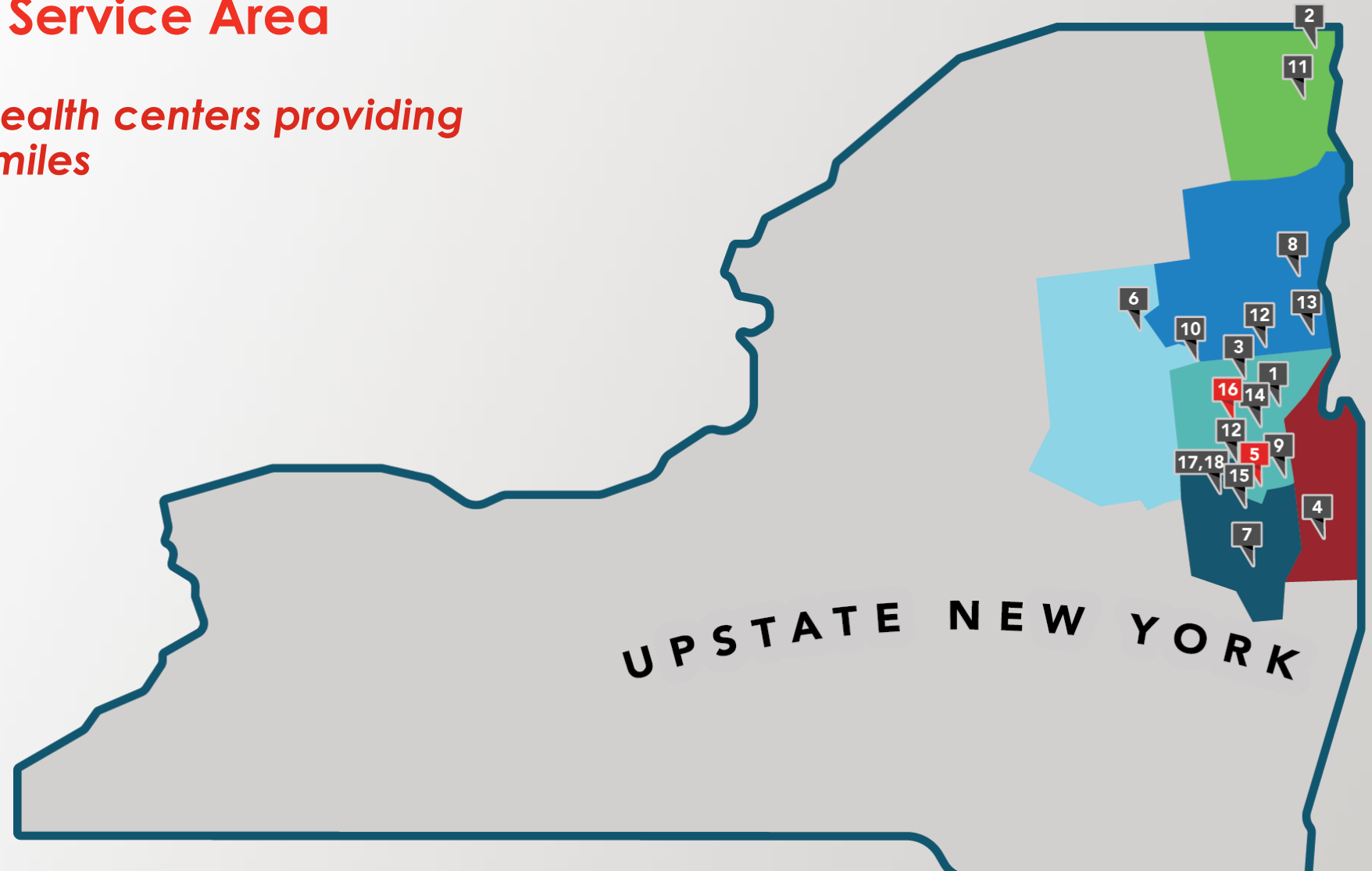
Here for life. Together we are building healthier communities.

www.hhnn.org

Hudson Headwater's Service Area

System of 19 community health centers providing care across 5,600 square miles and six counties:

- Warren
- Clinton
- Essex
- Hamilton
- Saratoga
- Washington



Here for life. Together we are building healthier communities.

Post-Hospital Workflow

Hospital Discharge Data

- Discharge data is received from two local hospitals daily
- Information includes: patient demographics, admission and discharge dates, reason for admission, discharge disposition
- Access database is used to match electronic health record information such as: primary care location, primary care provider, and payer information
- Care Management Support Staff pull this information daily (2 FTEs)
- The LACE Index Scoring Tool is completed on all individuals discharged to home
- The LACE score is then sent to the health center teams and the transitional care managers to engage individuals in post-hospital follow-up care and Hudson Headwater's 30-Day Transitions Care Program



Post-Hospital Workflow

LACE Index Scoring Tool

The LACE Index Scoring Tool identifies patients that are at risk for readmission or death within thirty days of a hospital discharge. Scores range from 1-19.

Risk for Negative Outcome	LACE Index Score
HIGH	>10
MEDIUM	5-9
LOW	0-4



Post-Hospital Workflow

LACE Index Scoring Tool for Risk Assessment of Death and Readmission

L- Length of Stay	Scored based on the length of the hospitalization
A- Acuity of Admission	Scored a 3 if admitted to the hospital via the emergency care department
C- Co-morbidities	Scored based on co-morbidities and severity of the condition. Example: Diabetes w/o complications is scored a 1, while diabetes with end-stage organ disease is scored a 2.
E- Emergency Department Visits	Scored 1 for each emergency care visit (not including the admitting emergency care visit) in the last six month (up to 4 visits max)



Post Hospital Workflow

Patient Engagement- Health Center Workflow

HIGH	<ul style="list-style-type: none">○ In-office visit is scheduled within <u>3 days</u> of discharge date○ Primary Care Provider is also notified via a message within the individual's electronic medical record
MEDIUM	<ul style="list-style-type: none">○ In-office visit is scheduled within 3-7 days post discharge date○ Primary Care Provider is also notified via a message within the individual's electronic medical record
LOW	<ul style="list-style-type: none">○ Telehealth encounter is scheduled 7+ days post discharge with provider if no upcoming visit is already scheduled○ Primary Care Provider is also notified via a message within the individual's electronic medical record



Post Hospital Workflow

Patient Engagement- Transitions Care Program Workflow

- Transitional Care Managers- 2 full-time LPNs

- Prioritize hospital discharges based on:
 - LACE Score (High and Medium Scores)
 - Patients that have not previously been enrolled in Transitions
 - 30 Day readmissions not previously followed by Transitions
 - Situational Needs, Ex: elderly patient living alone with no support system

- Modified Eric Coleman Model
 - Home visit within 24-48 hours of discharge (or Telehealth encounter)
 - 2-3 additional follow-up phone calls
 - Focus on medication reconciliation, “red flags” indicators, follow-up care needs



Q&A

A moderator will now bring questions forward from the chat

Digital Technology Showcase Vendors



SOLUTIONREACH

lumahealth™



azara
healthcare



Ask the Digital Technology Showcase Vendors



SOLUTIONREACH

James Cook

VP of Sales



Bob Abrahamson

**Vice President of
Marketing**



Ramesh Munnangi

**Director of Strategic
Partnerships &
Business
Development**



Phil Parker
**Vice President of
Client Analytics**

Janette Keddy, BSN, RN
**Director of Client
Success**



Take a Quick Break

Please return in 10 minutes



Engaging Patients in Transformation of Health Centers

Katherine Brieger, RD, CCE

**Executive Director of Planetree
Institute and Chief of Workforce
Development, Hudson River
HealthCare**



Please share your feedback using the survey link in the chat, the QR code below, or the link in the follow up email!



