



STATE OF TENNESSEE

PCMH AND THL WEBINAR

Engagement During COVID19: Strategies for Virtual Service Delivery

5/29/2020

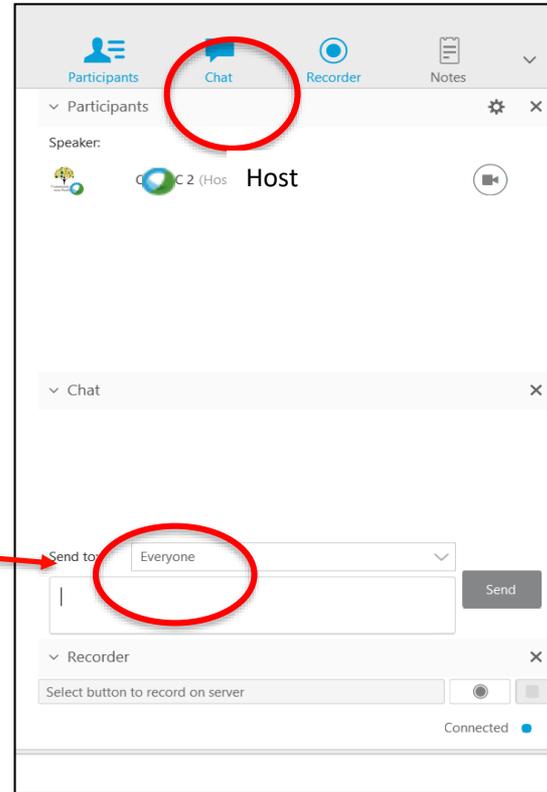
Agenda

- Introduction
- Camelot Care Centers Strategy
- Dar Salud Community Center, Inc Strategy
- Q & A
- Addendum
- Conclusion

Interactive Webinar

Communicating during the webinar:

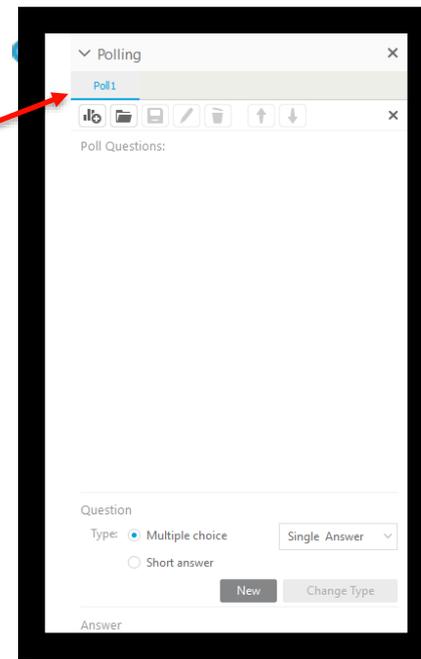
- For questions or comments during the presentation, please click on the **chat box** function
- Select "Everyone" and enter your question or comment
- This will also be used during all Q&A portions of the presentation



Interactive Poll

Poll Activity during the webinar:

- There will be One Polling Question during the presentation, please click on the **Poll box** function
- Select "Your Response" and enter within the allotted time
- The Poll Facilitator will share results of the Poll



Host



INTRODUCING OUR SPEAKERS



Abby Jones, LCSW is the State Director of Tennessee Health Link for Camelot Care Centers, LLC. Abby has worked in the mental health and social service field for the last 10+ years and has served much of her time in the child welfare sector. Abby started her career with Camelot in 2010 as the Assistant Director of Foster Care in the Northeast region and then moved to Middle Tennessee in the middle of 2014 to oversee the Midsouth Camelot region as the Director of Foster Care. Abby has also held positions as the Director of Prevention Services as well as State Permanency Coordinator within Camelot. Abby started her journey in the THL realm in February 2020, so yes she's a newbie. Although she is not a stranger to THL, she is learning new things every day. Tips and tricks are always welcome. Abby is married to her wonderful husband Bryan and has 2 fur-babies, Lulu and Stinker.



Pedro Velasquez migrated to Memphis, TN with his family from Venezuela in 1997. In 2001, his parents decided to stay in Memphis and give back to the community that embraced them by opening up a Primary Care clinic. Pedro went to college at Florida International University and Graduated in 2013 with a Bachelors Degree in International Business. In 2013, he founded DarSalud Management with the mission of implementing unique practice transformation programs to positively impact clinical and financial outcomes within the practices they manage.

Engagement During COVID-19

Strategies for Virtual Service Delivery



CAMELOT
SERVING OUR COMMUNITY SINCE 1972

Abby Jones, LCSW
State Director of Tennessee Health Link
Camelot Care Centers, Inc.,
Office: 615-270-2303

Camelot: A Subsidiary of Pathways

- ▶ Camelot is a community-based, statewide, foster care and behavioral health service agency. Camelot has been serving communities since 1972.
- ▶ Services Provided:
 - Tennessee Health Link
 - Intensive In-Home Counseling
 - Outpatient Therapy
 - Medication Management
 - Family Preservation Services
 - Therapeutic Foster Care
- ▶ www.thecamelotdifference.com



Engagement During the COVID-19 Pandemic

- ▶ State and Regional Leadership Meetings
- ▶ COVID-19 Pre-Visit Screening Questionnaire
- ▶ Member engagement telephonically and via videoconferencing through approved applications.
 - WebEx, FaceTime, Google Duo, WhatsApp, Doxy.Me
 - The preferred application is WebEx due to this being a secure HIPAA compliant line, however we conduct the video conferencing however it is most convenient to the client. Videoconferencing is utilized for the required face to face contact with the client.
- ▶ Camelot Director of Nursing -- Consultation and Training



Engagement During the COVID-19 Pandemic Cont.

- ▶ High Risk Clients
 - Targeted first based on high risk criteria outlined by CDC.
 - Utilization of CCT, Attribution List, ADT and Inpatient Feeds, and Camelot EMR.
 - Increased collaboration and engagement with hospitals.
- ▶ Availability and Client Contact
 - Increased participation due to depression, anxiety, isolation, financial stressors due to layoffs and unemployment, and home-stress due to quarantine.
 - Barriers: No face to face contact and unreliable phone and internet for clients
 - Ensuring basics needs are met for clients



Educating Clients on Telehealth and COVID-19

- ▶ Telehealth
 - Consent for Using Teleconferencing Tools: Risk and Benefits
 - “How to Utilize WebEx” Tutorials and Guides
 - “Best Practices in Telehealth”
- ▶ COVID-19
 - COVID-19 Informational Guide
 - Utilizing COVID-19 Testing Centers



Processes to Handle Member Volume and Scheduling

- ▶ Collaboration statewide throughout each Camelot program area (THL, Behavioral Health, Foster Care)
- ▶ Client Engagement Specialists are contacting a minimum of 100 clients a day from attribution list.
- ▶ Dr. Connect Scheduling Platform
- ▶ Utilization of encrypted email
- ▶ THL Care Coordinators – Assisting with scheduling Behavioral Health appointments



Training Resources

- ▶ TennCare and MCO Trainings, Updates, and Memos
 - *Care Coordination Tool Training*
 - *Best Practices for Delivering Telehealth, TennCare/MCO COVID-19 Q&A Session*
 - *EPSDT/Well Child Visits during COVID-19 Guide*

- ▶ Resource Guides:
 - Techniques to Manage Stress and anxiety; COVID-19 specific links; Center for Disease Control and Prevention; Domestic Violence and Child Abuse help hotlines and weblinks; Crisis and Suicide Prevention hotlines/numbers/weblinks; Addiction Resources (prevention); Grief Support Resources; and names of locations of COVID-19 testing centers

- ▶ Over 30 Internal Trainings Available to Camelot Team Members.
 - COVID-19 Specific Trainings:
 - *COVID-19 through Relias*
 - *Identifying and Managing Depression Recognizing and Managing Self-destructive Behavior*
 - *Coping with the Anxiety of a Wide-Spread Contagion*
 - *Financial Stress*
 - *Suicide Prevention*
 - *Overcoming Loneliness and Avoiding Isolation*
 - *Strategies for Staying Connected*
 - *Constructive Communications with Isolated Family Members in a Time of Pandemic*



Success Stories

- ▶ West Region – A family receiving THL services was involved in a random drive by shooting at the beginning of April. The family moved out of that home and in with extended family. Within 2 weeks, the THL Care Coordinator was able to locate new housing in a new neighborhood for this family. They moved in with no issues.
- ▶ Inpatient facilities have been more open to collaboration during this time. We have been able to obtain discharge dates and have been able to set up follow up care appointments more easily.
- ▶ Northeast Region – There was a couple over 65 years old that were living separately for over a year due to being evicted – the Care Coordinator was able to get them housing together during COVID-19. Another client was failing his classes and needing to recover three credits. The Care Coordinator worked with the school to allow online access to past credits. The client was able to recover credits doing the online schooling and now has graduated on time. The client is joining the military this summer.
 - ▶ Statewide we have been able to deliver food boxes and help ensure that basics needs are being met (ensuring bills are paid, assisting in locating jobs, securing housing).
 - ▶ Care Coordinators have helped to coordinate internet usage to ensure children can complete school work.



Polling Question

How does your Organization currently use Telehealth?

- Audio only
- Audio & Video
- Not Using Telehealth
- Unknown

Strategies for Virtual Service Delivery

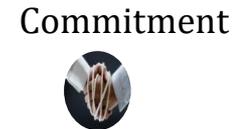
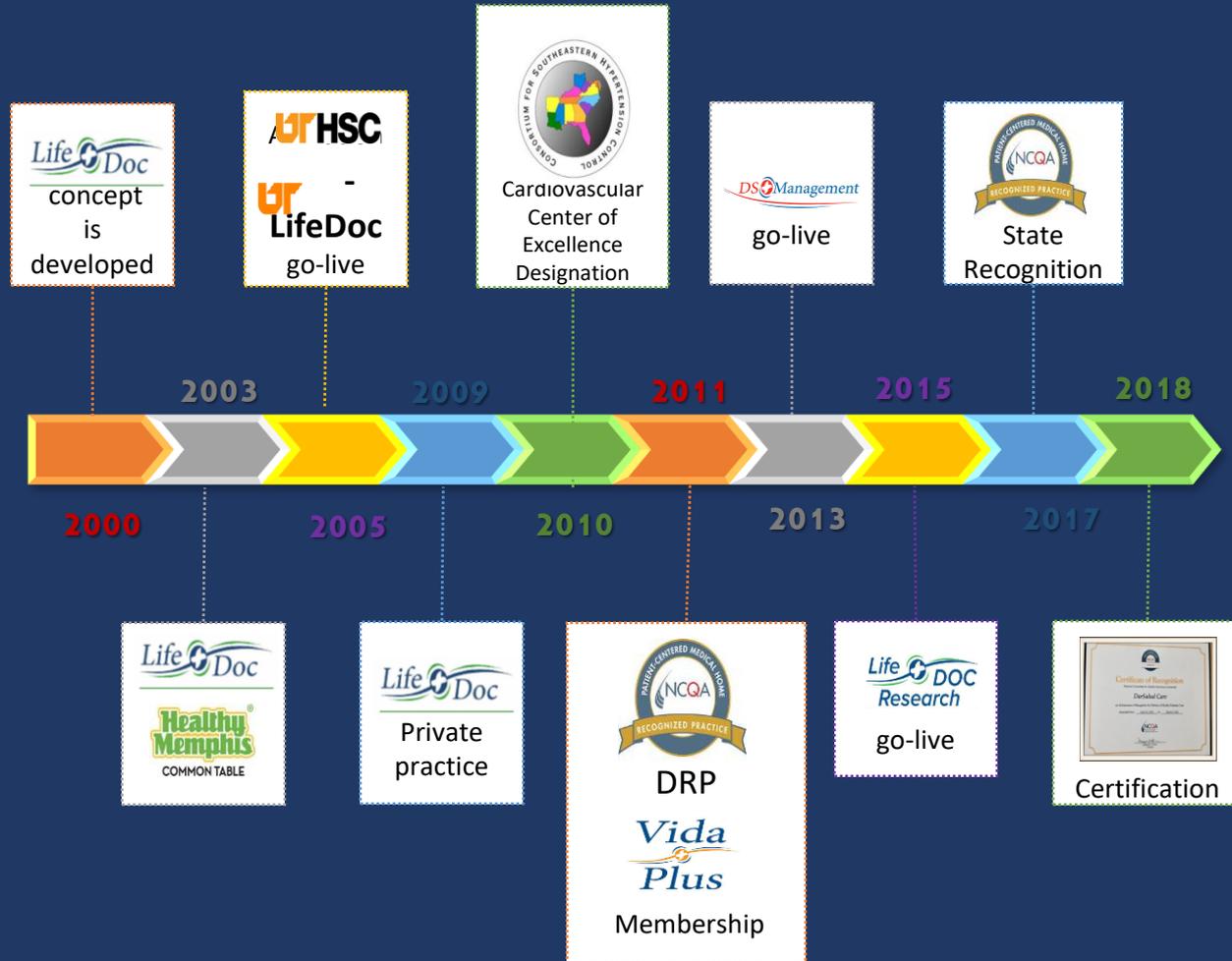


Engagement during
COVID-19

Pedro Velasquez, Operations Director
pavelasquez@darsalud.us
901-683-0024 ext 701107

Who We Are...

- A 15-year old Data-Driven Healthcare Organization.
- Multi-specialty: Primary Care, Endocrinology, Cardiology, Pharmacy, Optometry, Behavioral Health, Diet and Exercise, Ultrasound, ER Diversion.
- Focused on coordinated and integrating patient care in order to produce great outcomes and savings.
- Dedicated to creating outcome-oriented healthcare models that can be replicated and scaled.

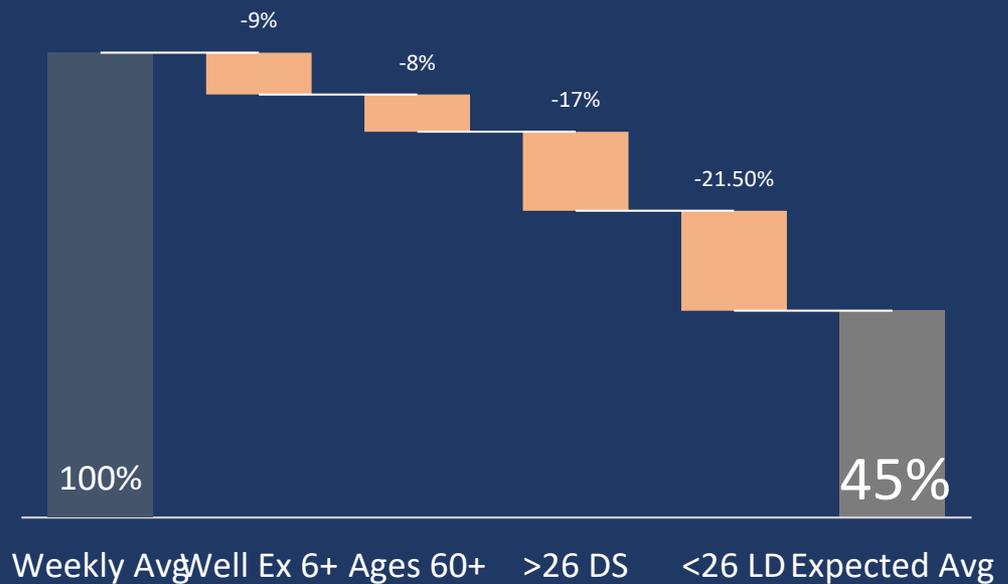


COVID-19: Impact on Patient Volume

Avg Patients/Week

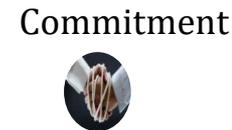
- Measures taken to protect our patients and staff.

- Redistributed patients to specific locations based on age.
- Cancelled all well exams 6+.
- Cancelled all non-emergency appts for patients 60+ and other high-risk patients.



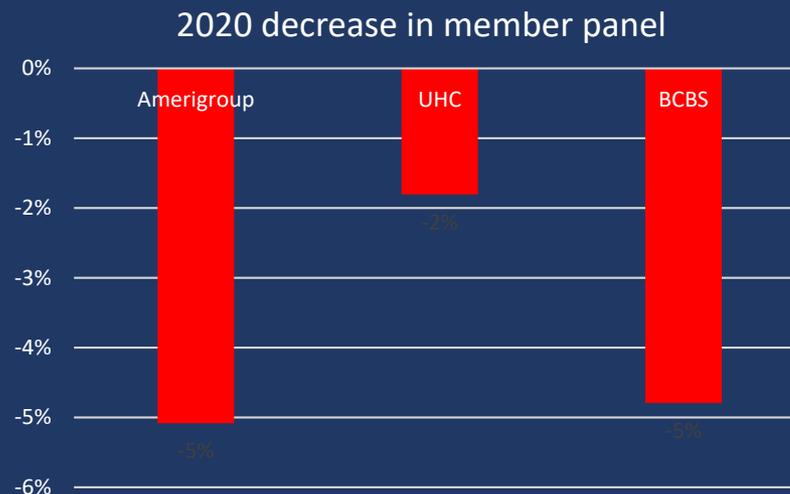
Estimated impact on Patient Volume ->

-55%



Impact on Member Panel

- Almost half of our patients are referred by other PCPs to co-manage, and we do not re-assign them to our practice.
- However for our primary care providers the member panel has mainly decreased the last 3 months.



Delivering Care during COVID-19: Telemedicine

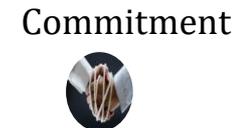
Restrictions lifted

02 modifier to be used from home instead of clinic.

Allowing use of any video platform.

Accepting Phone Visits.

Flexibility in documentation standards for History and Examination.



Telemedicine: Impact on Patient Volume

Total decrease of In-Office visits

-34%



Overall decrease in patient volume thanks to Telemedicine

-11%

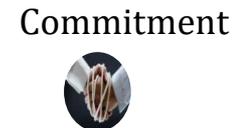


Telemedicine helped offset losses due to decreased In-Office visits caused by the Pandemic

Telemedicine: Impact on Compliance

Type of Visit	Average N/S Rate before COVID-19	Telemedicine N/S Rate	Improvement
Primary Care	21%	16%	22%
Diabetes	25%	10%	58%
Education	24%	15%	37%

This both improves compliance and outcomes as well as reduces avoidable ER utilization



Member engagement through COVID-19

1. Bulk Text/Voice messages
 - Health Maintenance
 - COVID-19 Updates
2. Social Media Campaigns



[Instagram: @lifedoc Memphis](#)



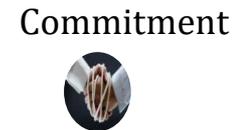
[Facebook: Lifedoc](#)

3. Engaged Teams
 - Care Coordination Center- Aggressive outreach and educational campaigns
 - Medical Assistants - repurposed and retrained
 - Providers - Emphasize care coordination and Video/Phone Visits



Creating Patient Buy-in

1. Safety Measures are in place to protect them and their loved ones
2. Safety measures like ours are mandatory for clinics everywhere
3. We implemented Telemedicine to offer a safer option for initiating care
4. Any needed labs, procedures, etc. would be scheduled in-person
5. Emphasize the convenience of Telemedicine
6. Members who are unable to do video visit or have a bad connection can be changed to phone visits



Training and engaging Staff

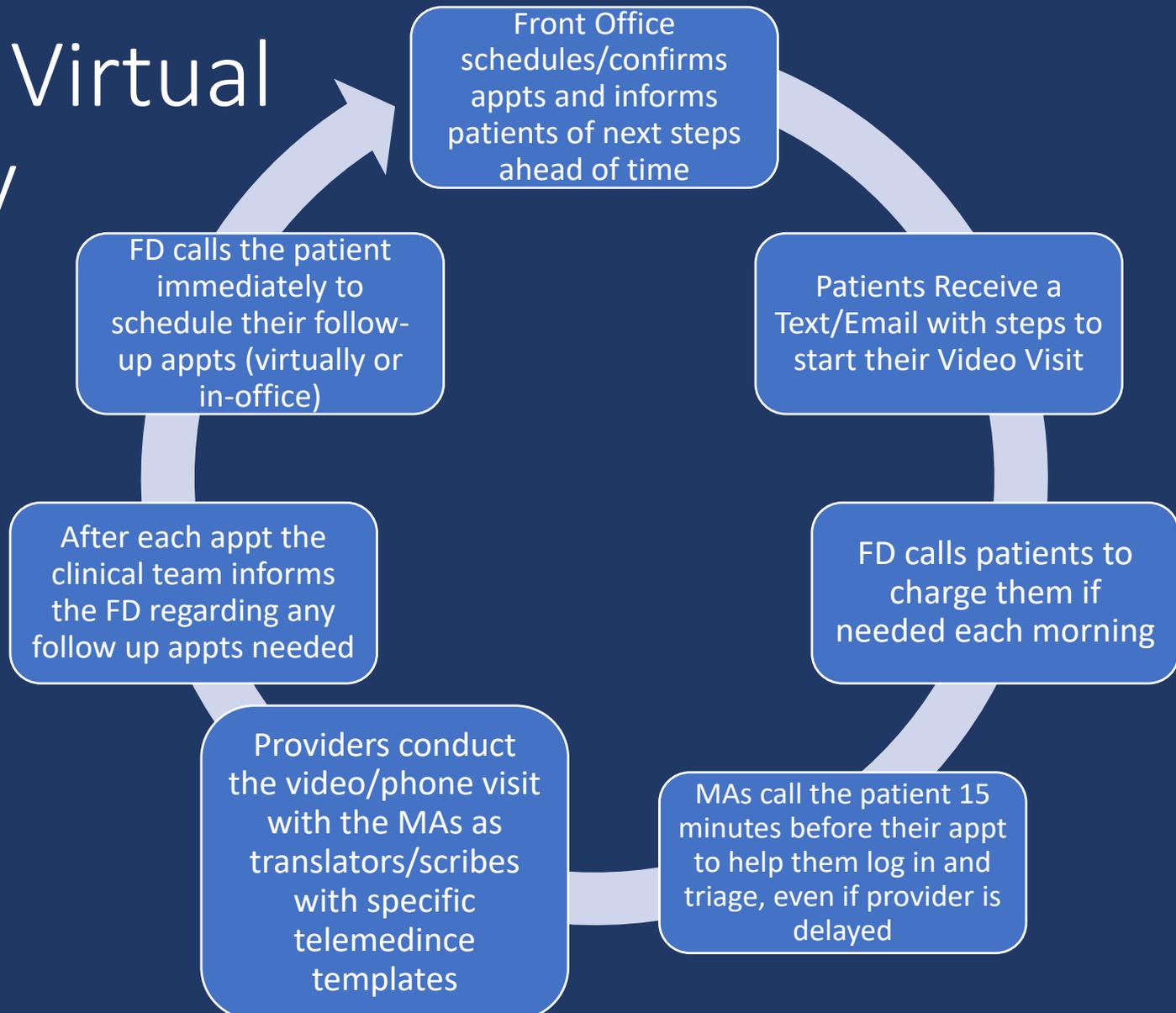
eClinicalWorks has the capability to schedule and conduct these video visits directly through the EMR system.

- We had already enabled this since 2018 to pilot Telemedicine.
- Temporary exceptions allow for Facebook, Skype, Facetime, and many other video chat tools to be used by practices that do not have a formal platform in place.

We trained and launched our telemedicine platform within a week of approval from the state

- Leadership Buy-In: Dr. Claudia Neira, Pedro Gonzalez, Andres Velasquez and Operations
- Started holding company wide in-services periodically regarding the urgency and importance of a successful launch was key.
- We developed a workflow and telemedicine protocol and trained each member of the organization on their responsibilities

Patient Virtual Journey



Best Practices for COVID-19 response

- Keep the team informed of the situation and how people and business are being impacted by COVID-19
 - Their collaboration is key towards both Patient Care and Job Security.
- Assign a COVID-19 Response Team to stay updated and suggest periodic updates to safety policies.
 - Ex 1: All patients and family must wear masks .
 - Ex 2: Patients must come alone or with only 1 other person if they are a dependent.
- Implement outreach campaigns to keep patients and their families informed and engaged.
- Implement and emphasize telemedicine appts as an option to deliver care.
- Coordination required to juggle in-person vs. Telemedicine appts.
 - Staff should Inform patients time-ranges instead of specific appt times.
 - Keep Patients informed as delays occur.
- Repurpose roles/responsibilities in response to COVID-19.
 - Ex: Designate specific clinical personnel to start televisit appts for Providers.
- Think creatively on how to both adapt as well as reduce overcomplicating the necessary changes.



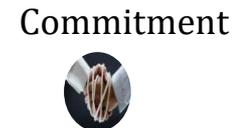
Engaging high-risk members during COVID-19

Train staff to identify high risk members based on age and/or comorbidities.

Once we identify those members, we do everything we can to get them seen as a video/phone visit

If a patient is not willing to be seen through a video/phone visit we either cancel/reschedule them if its is routine/preventive or bring them in-office if it is for considered urgent.

We need to continue to deliver the best care possible in order to keep them from going to the ER or another facility where they may be at a higher risk of exposure



Not just numbers...

G.J

Is a 70-year old blind patient with Diabetes who is very engaged with his care. However, he depends entirely on his elderly wife for all his medical and transportation needs.

A.B

Has adrenal insufficiency and a very high hospital utilization. She depends on her daughter who cannot always take off work. We were able to adjust medication, avoid ER visits, and follow-up more consistently.

J.N

Has severe Mental Health Issues, diabetes, and thyroid cancer. He depends on his wife to bring him, but she consistently is unable to. With telemedicine, we have more consistent follow-up and less no show with him.

R.G

Has Uncontrolled hypertension and hypothyroidism who cannot take off work often. We have been able to monitor him with his own BP cuff and make any medication or treatment adjustments remotely.

P.T

Is a child whose Mother has two jobs. Her step-father and various babysitters take care of her. After various in office N/S, we were able to do a televisit Well Exam and intervene with the child who had been having thoughts of self-harm/suicide.



Integrity



Passion



Excellence



Commitment



Efficiency



Areas of improvement for Telemedicine

Even though volume has only decreased - **11%** our clinic's productivity has decreased **-22%**

Telemedicine Is currently not enough to replace all the reduced patient volume caused by the pandemic.

It is increasingly difficult to get telemedicine patients to re-assign us as their PCP.

- Due to the temporary ban on PCP lock-in, this does not affect payment for the service rendered. However, our capitation and shared savings for 2020 will be greatly impacted.

Reimbursement is **-38%** lower for telemedicine vs. in-office visits.

- Due to provider under billing.
- Additional Services conducted during office visit not performed.

In regular conditions, Telemedicine's real purpose will be to supplement in-office care, not replace it!



Integrity



Passion



Excellence



Commitment



Efficiency



In Conclusion

- Certain facets of telemedicine have been available for medical services for some time..
 - RPM/ CCM/ TCM/ MTM
- However, Medical provider office visits were only available from Clinic to Clinic
 - not from patient homes
 - not over the phone
- The Pandemic's silver lining... it has given us the opportunity to see the effectiveness of virtual medicine for common chronic conditions

Areas to consider

- Telemedicine works!
- Potential ways to help:
 - Educate providers to prevent underbilling.
 - Examples of progress notes that support new & established Level 3, Level 4, and Level 5 E/M visits.
 - How to appropriately document MDM during the pandemic.
 - Provide patients with remote monitoring tools for vitals, labs, etc.
 - Assist providers in engaging members to get the care they need.
 - Provide a link that practices can send members for them to sign PCP change forms remotely.



Q & A



ADDENDUM



COVID19 RESPONSE :

AMERIGROUP

AmeriGroup: COVID Support & Resources

- **PRACTICE ENGAGEMENT:** Amerigroup has moved to a virtual meeting platform (Skype/WebEx) and has maintained all COVID-19 updates from Amerigroup and TennCare on our provider website (<https://providers.amerigroup.com>). Providers also receive these updates via email and fax blasts.
 - PCMH and THL coaches continue to support practices virtually through NCQA recognition, annual reporting and coaching sessions. Coaches provide best practices, care management alternatives, encourage community partnerships and foster collaboration amongst providers.
- **MEMBER ENGAGEMENT:** Our Quality Management Dept. and Provider Relations Clinical Team are fostering engagement through various platforms such as: monthly gap in care reports, outreach call campaigns, member text campaigns, telehealth support and member education.
- **AMERIGROUP RESOURCES AND SUPPORT PROVIDED:** Amerigroup has provided PPE to practices in need in all three regions, provided funding to TPCA to aid distressed clinics and continues to develop avenues for financial assistance for practices in need.



COVID19 RESPONSE :

BLUECARE TENNESSEE

BLUECARE: COVID Support & Resources

- **BCBSTupdates.com** – Our members and network providers can look here to find resources and in-depth information about our COVID-19 response, including:
 - FAQs for providers and members that answer questions about COVID-19 testing and treatment coverage and telehealth. The BlueCare Tennessee Provider FAQs refer providers to the Division of TennCare’s TennCare Information About Coronavirus web page to review memos, updates and guidelines.
 - Resources about managing mental health and anxiety or fear related to the virus
 - Links to BlueCross news articles and videos spanning topics from coverage updates to social distancing and tips our members can use to prepare for a telehealth visit
- **Availity® Provider Portal** – Providers can also find information related to our coronavirus response and coverage updates when they log in to our secure Availity provider portal.
- **Member Text Message Outreach** -- We’ve sent text messages to BlueCare Tennessee members about telehealth, the importance of wearing a face covering, and factors that can increase a person’s risk of developing serious illness from COVID-19.
- **Community Support** – The BlueCross BlueShield of Tennessee Foundation provided a total of \$3.25 million in grants to food banks across the state in late March to ensure they can continue serving families in need.



COVID19 RESPONSE :

UNITEDHEALTHCARE

UHC: COVID19 Support & Resources

- Began understanding the Impact of COVID19 on your practice "***How Can we Help***" March 2020
 - Understanding YOUR Needs
 - Engagement Impact
 - Telehealth Capacity and Use
- TennCare Billing, Coding, Coverage Procedure Guidance to MCO
- UHC Community Plan COVID19 Guidance for Care Providers
- National Webinars, Lunch & Learns, Weekly and other Daily Points of Connection across the enterprise with Provider Engagement Teams
- UHC Post COVID19 Questionnaire

Resources/Announcements:

- <https://www.uhccommunityplan.com/tn/medicaid/community-plan>
- Virtual 2020 Spring Tennessee Provider Expo Jun 9th and 10th



Additional Resources

- **TennCare and MCO Resources:**

- Amerigroup: <https://providers.amerigroup.com/pages/tn-2012.aspx>
- BlueCross BlueShield of Tennessee: <https://bcbstupdates.com/>
- UnitedHealthcare: <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html>
- TennCare Information about Coronavirus: <https://www.tn.gov/tenncare/information-statistics/tenncare-information-about-coronavirus.html>
- TennCare Telehealth Guidance: <https://www.tn.gov/content/dam/tn/tenncare/documents/TennCareMCOCOVID19TelehealthDxTestingUpdate.pdf>

- **Provider Resources:**

- Tennessee Department of Health COVID-19 Updates: <https://www.tn.gov/health/cedep/ncov.html>
- American Psychiatric Association: <https://www.psychiatry.org/psychiatrists/covid-19-coronavirus/practice-guidance-for-covid-19>
- CDC Information for Healthcare Professionals: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- Centers for Medicare & Medicaid Services: <https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>



**THANK YOU
FOR ATTENDING**