E. Mission Possible Webinar Recordings and Presentations

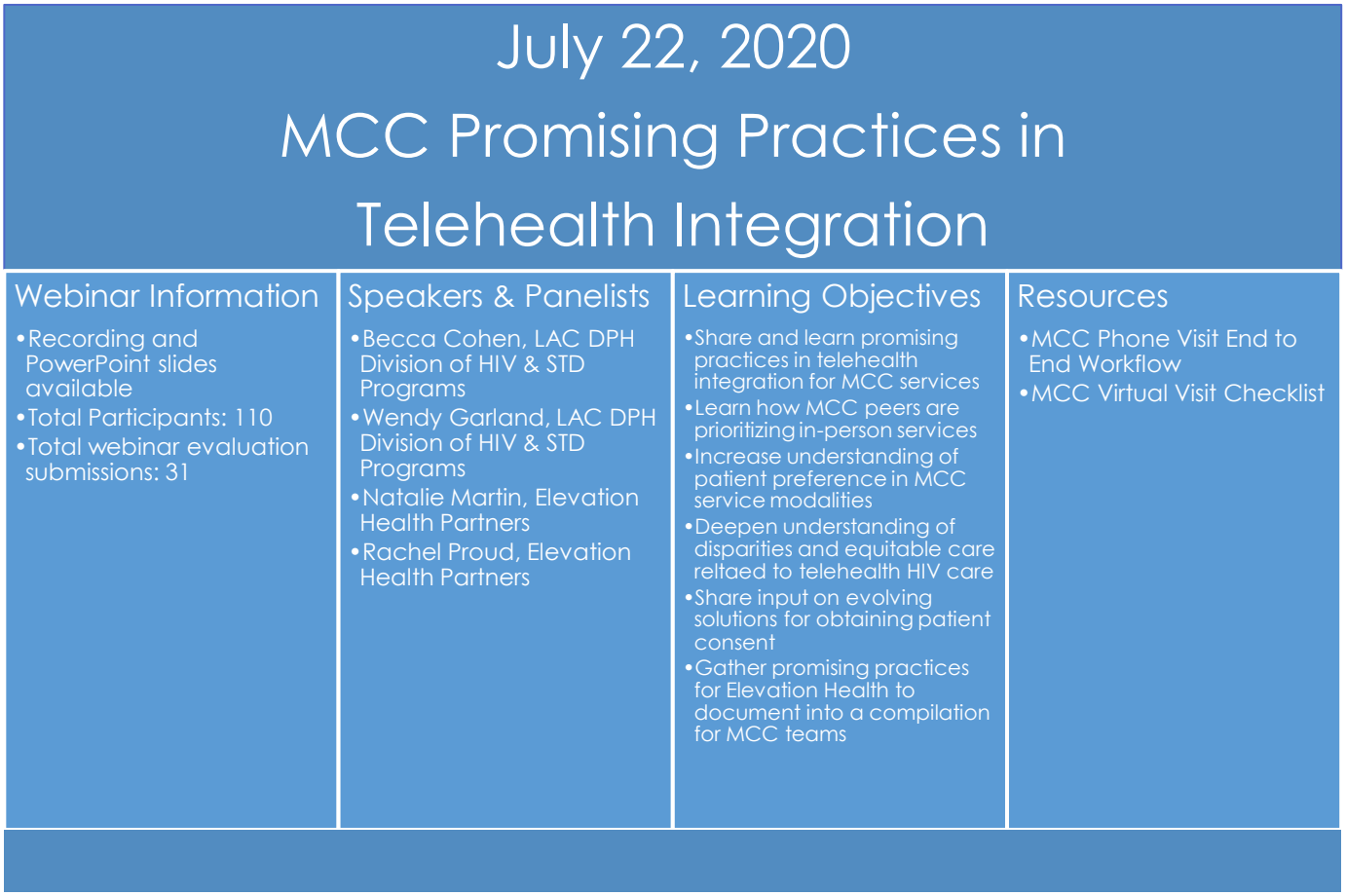
Given the occurrence of the COVID-19 pandemic, the Mission Possible Learning Collaborative was repurposed with a focus on improving capacity for providing virtual care to patients with HIV and maintaining MCC services in a remote setting utilizing telehealth visits. All 27 MCC teams successfully participated in our virtual learning collaborative by attending six webinar trainings focused on providing telehealth best practices, how to conduct remote phone visits, empathic techniques for telephone visits, strategies for prioritizing MCC patient services while honoring patient preferences for in-person vs. telephone visits and addressing racial and ethnic HIV disparities and the Black experience in healthcare.

March Webinar: Utilizing Telehealth Modalities to Support MCC Work During COVID-19

This webinar presentation was provided in place of our original in person kick-off event for Mission Possible to allow MCC teams and other agency staff to learn and discuss newly repurposed guidance for telehealth visits and strategies to pivot patient care being provided in a remote setting. This presentation featured guest speakers from LA LGBT Center and Men's Health Foundation who were able to share their current telehealth protocols and DHSP provided timely program guidance for telehealth phone and video visits.

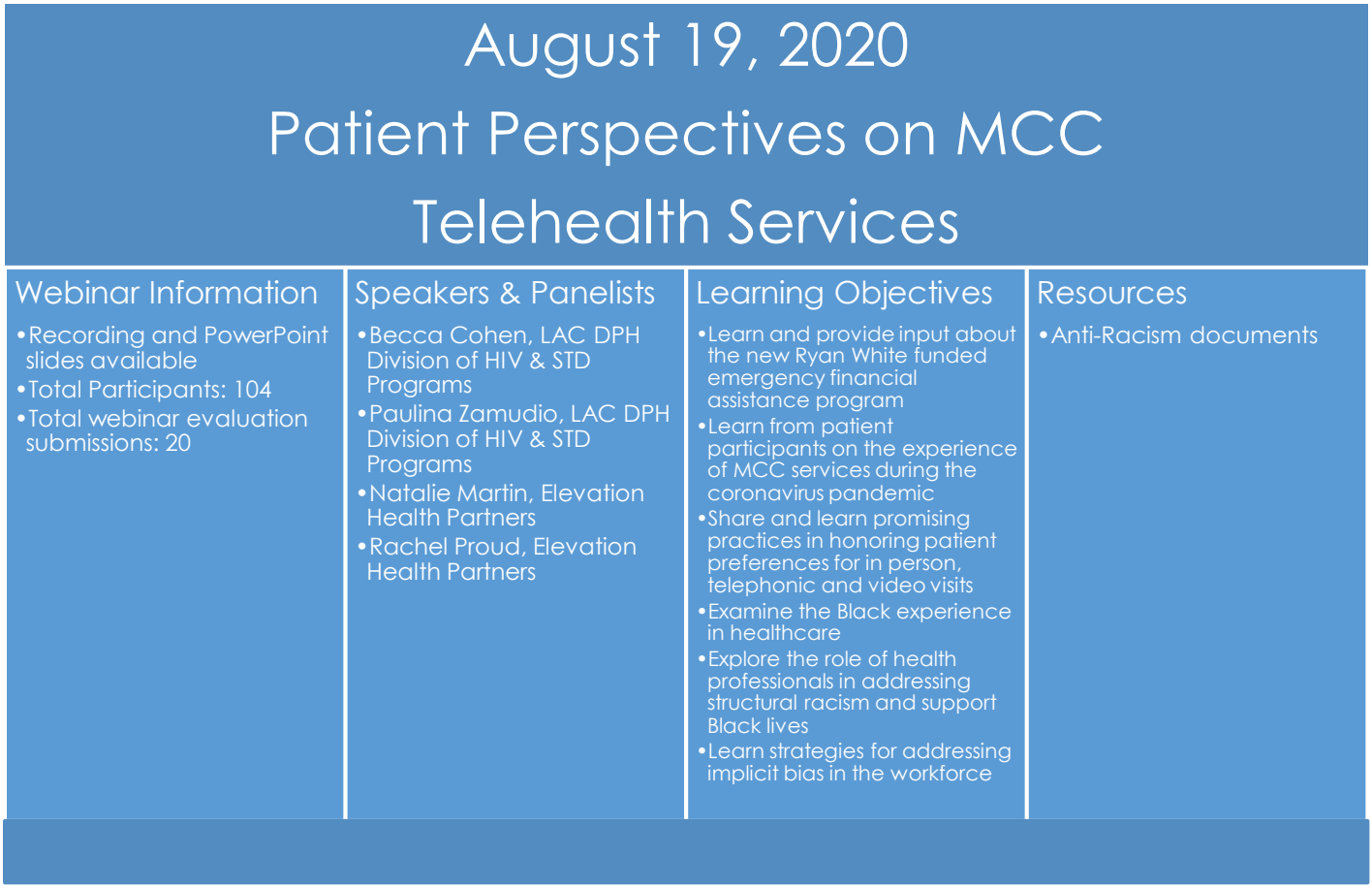
July Webinar: MCC Promising Practices in Telehealth Integration

This webinar was the first session of five in the repurposed webinar series for MCC teams that was informed by the evaluation survey disseminated after the March 27th webinar. The material shared with attendees focused on sharing telehealth visit best practices that evolved since the beginning of the pandemic and discussing in detail when to prioritize in person vs. telehealth visits for MCC patients. DHSP also shared updated COVID-19 provider assessment survey data summarizing how agencies have prioritized in person MCC services and telehealth modalities that have been implemented.



August Webinar: Patient Perspectives on MCC Telehealth Services

This webinar featured a new DHSP program Emergency Financial Assistance (EFA) for MCC teams to share with patients, along with presenting patient perspectives on their experience receiving MCC services through telehealth visits and in person visits when required and delving into a larger discussion on the Black experience in healthcare at this time.

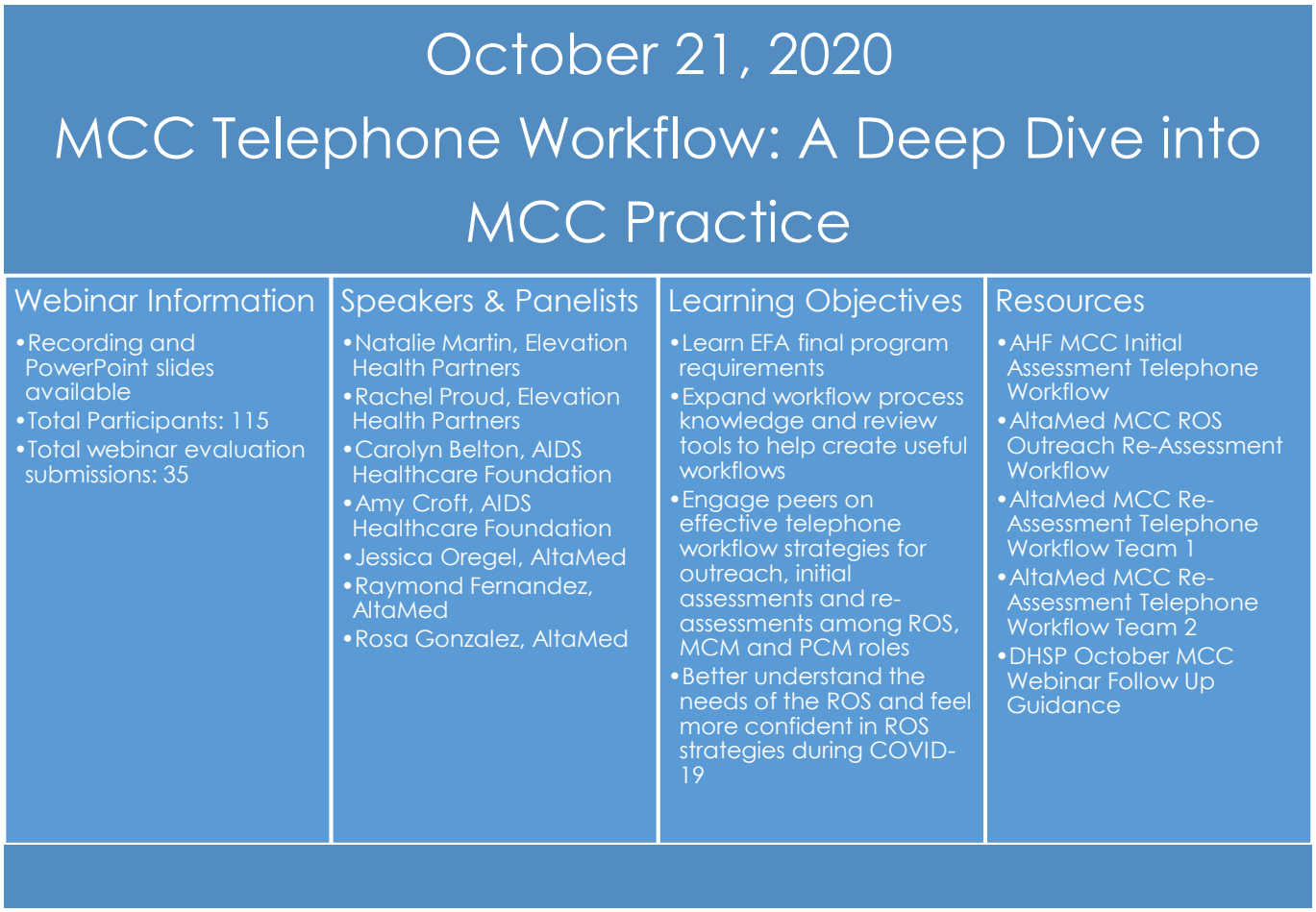


September Webinar: Improving Telephone Engagement with Empathic Communication

In this webinar, we shared multiple resources with MCC teams on how to practice and engage in empathic listening while conducting telephone visits with patients through an established guest panel of HIV specialists representing three separate MCC agencies, training on empathic skill building strategies and maximizing telephone engagement, empathic listening videos and breakout sessions for individual MCC roles to further discuss the techniques presented in this session.

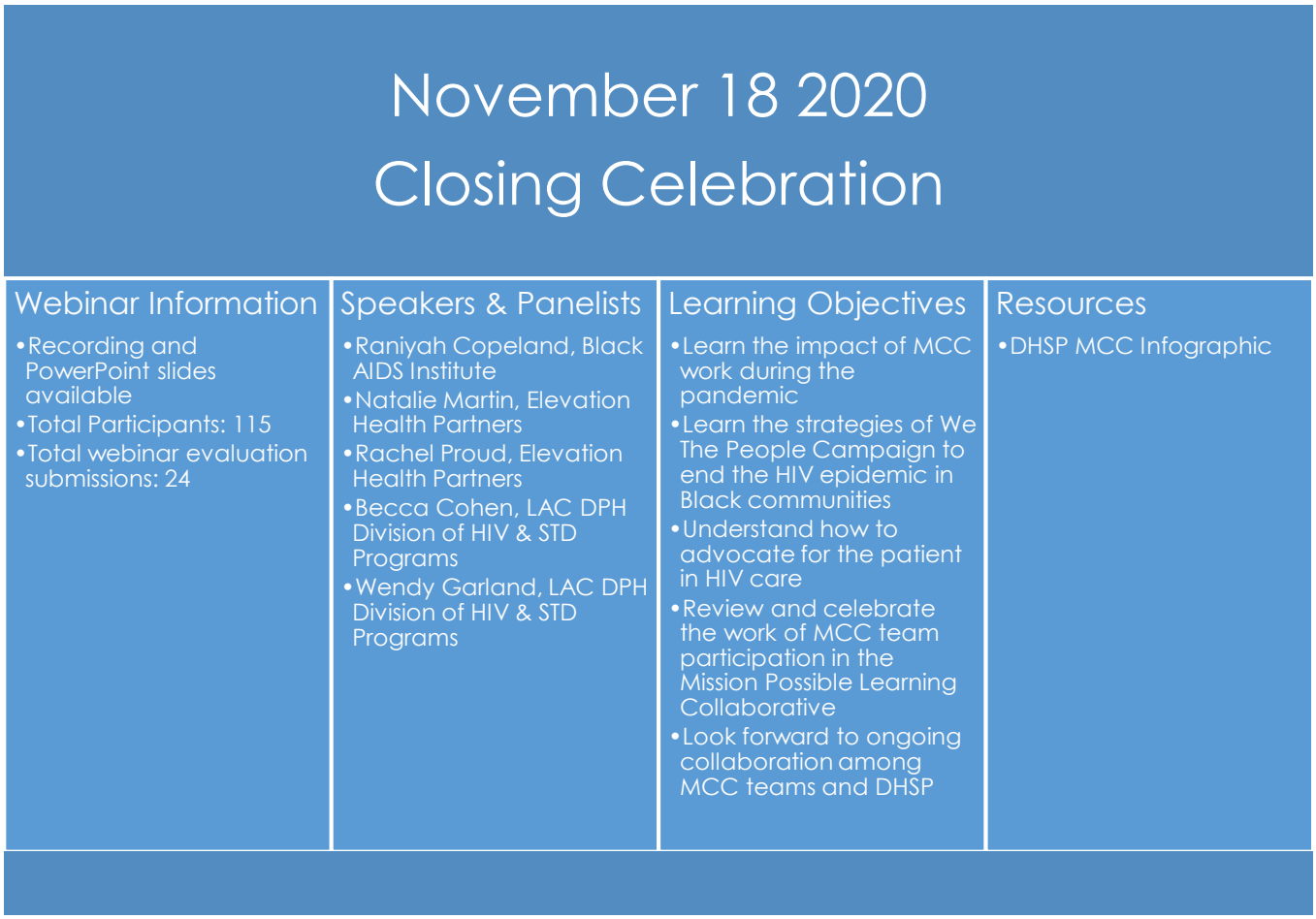
October Webinar: MCC Telephone Workflow: A Deep Dive into MCC Practice

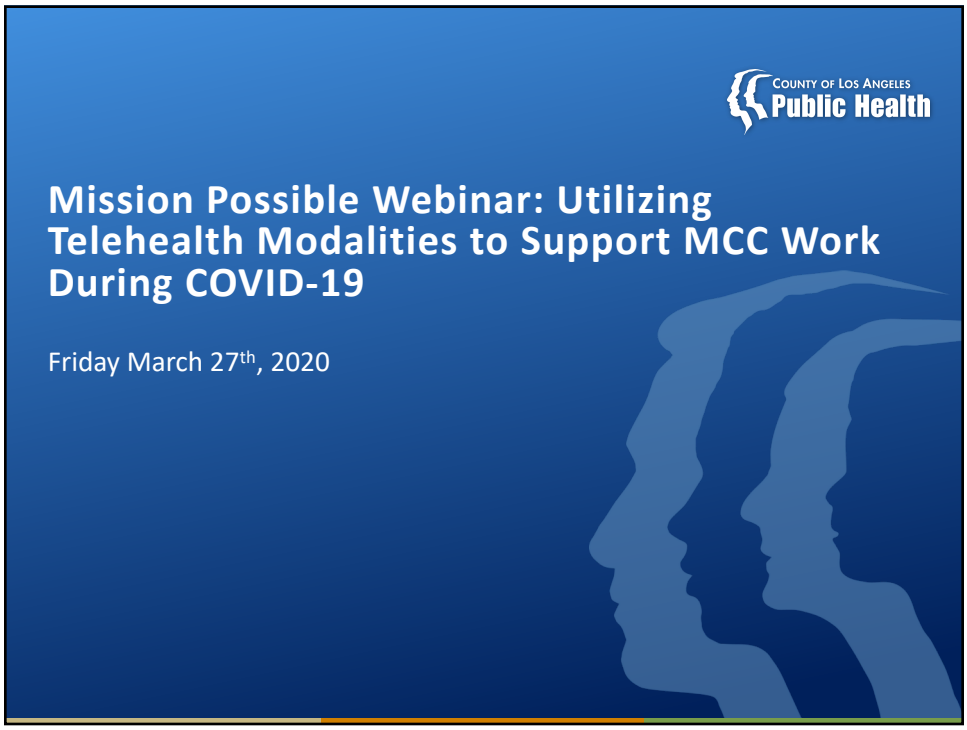
This month's webinar focused on presenting different telephone visit workflows developed directly with MCC team members, including a workflow for an initial assessment, re-assessment and specific ROS outreach based on strategies and established best practices from the AltaMed and AIDS Healthcare Foundation MCC teams.



November Webinar: Closing Celebration

This webinar marks the fifth and final webinar of the Mission Possible series that began in July, highlighting the successes the MCC teams achieved after adjusting their services during the pandemic, sharing future collaboration work for MCC teams and DHSP, and featuring guest speaker Raniyah Copeland from the Black AIDS Institute (BAI).




County of Los Angeles
Public Health
Mission Possible Webinar: Utilizing Telehealth Modalities to Support MCC Work During COVID-19
Friday March 27th, 2020

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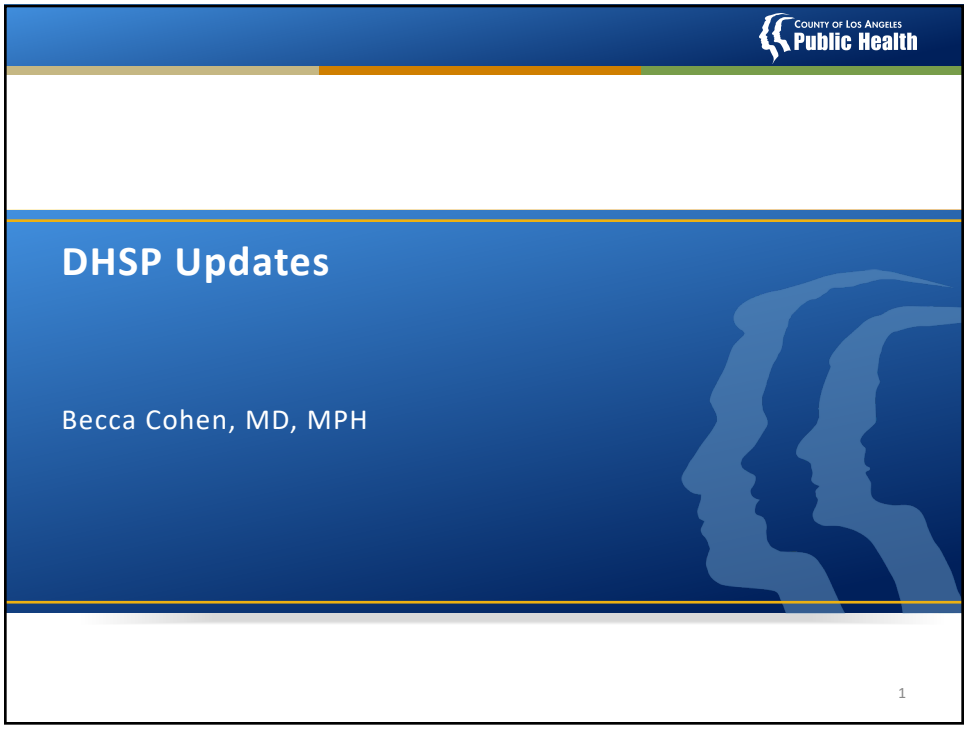
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Public Health
DHSP Updates
Becca Cohen, MD, MPH
1

1

COVID-19 Resources

- DPH Website: http://publichealth.lacounty.gov/media/coronavirus/
  - Daily statistics, up-to-date information
  - Guidelines for people who have been exposed, people with symptoms, self-care, coping with stress
- HIV-focused COVID-19 resources:
  - COVID-19 Resources for People with HIV from HIV.gov
  - DHHS Interim Guidance for COVID-19 and Persons with HIV
  - HRSA HAB Coronavirus 2019 (COVID-19) FAQ Webpage

2

2

Programmatic Updates - ADAP

- ADAP
  - Network Pharmacies providing mail order or delivery
    - https://cdph.magellanrx.com/provider/document
  - Temporary removal of the restriction for a maximum 30-day supply for uninsured clients;
  - Temporary removal of refill restrictions; and
  - Eligibility extensions for clients whose eligibility would expire between March - June of 2020

3

3

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Programmatic Updates - DHSP

- Similarly to ADAP, for any person in Los Angeles County receiving Ryan White services, eligibility has been extended until June 30, 2020
- DHSP Recommendations for Service Delivery Modifications During COVID-19 Pandemic 3/19/2020
  - Medical Care Coordination (MCC) recommended to use video-conference and telephone service delivery methods

4

4

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CaseWatch: MCC Telehealth Update

New "Contact Types" for previously in-person, face-to-face activities:

- Telehealth - Video
  - For MCC activities being performed using virtual face-to-face (aka video) technology.
- Telehealth - Phone
  - For MCC activities being performed using an audio-only communication tool such as a telephone call.

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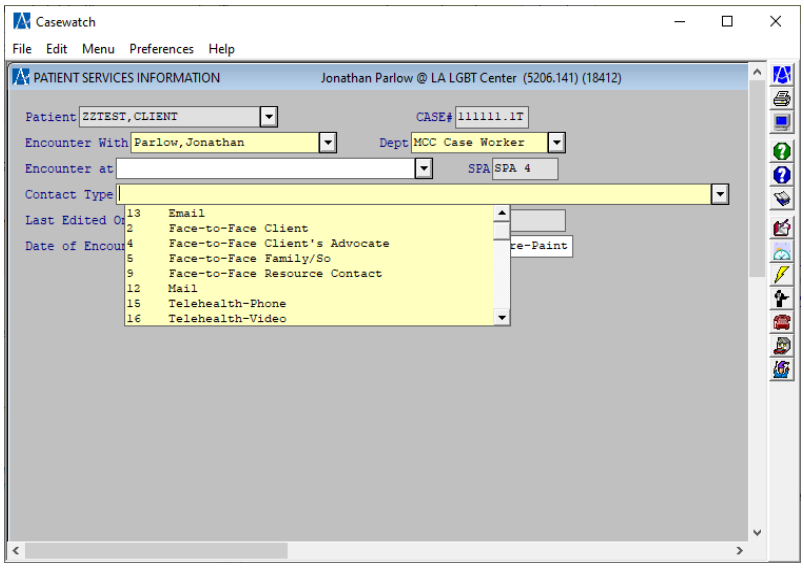
CaseWatch: MCC Telehealth Update



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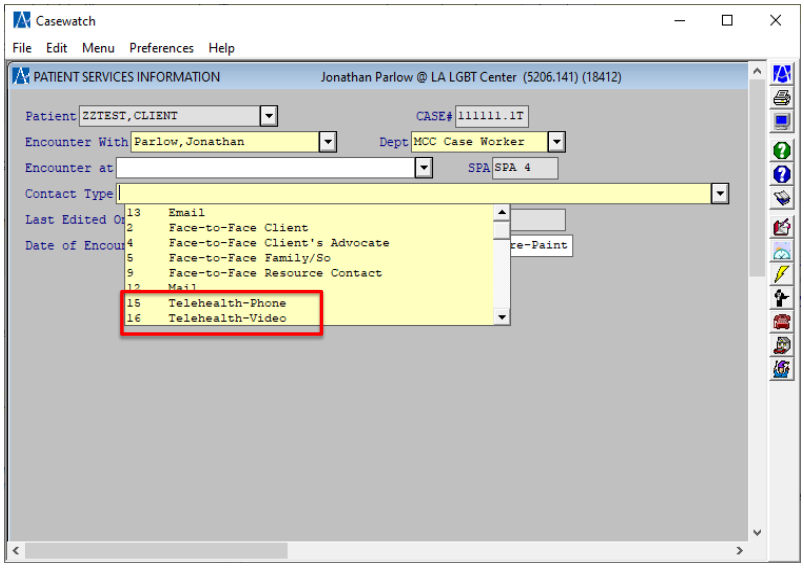
CaseWatch: MCC Telehealth Update



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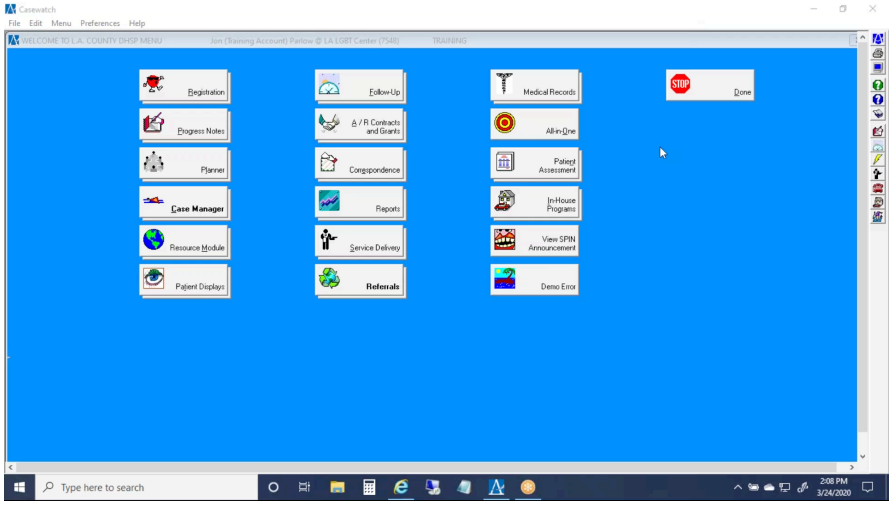
CaseWatch: MCC Telehealth Update



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8

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CaseWatch: MCC Telehealth Update

- For assistance with remote access issues, please contact DHSP IT Support at:
  - (213) 351-8399
  - DHSPITSupport@ph.lacounty.gov
- For assistance with HIV CaseWatch issues, please contact ACMS Support at:
  - (323) 460-7700, extension 11
  - support@acmsinc.com

9

9

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For assistance with program-related questions, please continue to contact your DHSP Program Manager with questions.

Lisa Velasco
(213) 351-1123
LiVelasco@ph.lacounty.gov

Brittany Schmidt
(213) 639-4397
Bschmidt@ph.lacounty.gov

Liza Salvatti
(213) 351-1171
Lsalvatti@ph.lacounty.gov

Please also feel free to contact me with any questions or concerns.

Becca Cohen
(646) 425-0045
rcohen@ph.lacounty.gov

10

10

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MCC Agency Guest Speaker

Rob Lester, MPP
Director of Care Services
Men's Health Foundation
rob.lester@menshealth.foundation

MEN'S HEALTH FOUNDATION
REIMAGINING HEALTHCARE

11

11

MCC Telehealth Protocol- Procedures for Each Service Type

- Program divided by service type:
  - Screening
  - Enrollment
  - Assessment (new)
  - Assessment (existing)
  - Brief Behavioral Interventions
  - Brief Nursing Interventions
  - Patient Follow Ups

12

12

MCC Telehealth Protocol- Factors for Each Service Type

- **Visit type** – what types of interactions are appropriate, i.e. telephone, video, or in person (in person appointments only after consultation with provider
- **Requirements** – Assess privacy, discuss procedure, obtain permission
- **Safety** – Is safety a concern (e.g. domestic violence, suicidal ideation)? Consider behavioral contract, location information
- **Documentation** – will the interaction require consent forms or documentation?
- **Reminders** – remind clients about appointments and about need for confidentiality and privacy

13

13

MCC Telehealth Protocol- Preliminary Considerations

- Privacy
  - Is the client in a safe space where they can have an open and honest discussion about the topic
  - What is considered safe will vary depending on the topic (e.g. an assessment vs. referral to food assistance
- Procedure
  - Explain to the client what service is being offered at that time and what topics will be covered
- Permission
  - The client must consent to receiving the service in the manner offered (e.g. nursing intervention by video call or resource linkage by phone)

14

14

MCC Telehealth Protocol- Template for Meeting Invitation

Hi [PATIENT NAME]! Please click on "Join Microsoft Teams Meeting" at [TIME].

Prior to meeting, please download Teams app on your mobile device. No account is needed, and you may sign in as a Guest. You may also click on link through an internet browser (i.e. Chrome) on a desktop/laptop computer. Please note that this will not work on Safari browser.

Please make sure to be in a safe and secure place by yourself at the time of the appointment to honor and protect your Private Health Information.

Thank you! -Ernie

Supported browsers:

- Internet Explorer 11
- Microsoft Edge
- The latest version of Chrome
- The latest version of Firefox

Join Microsoft Teams Meeting

Learn more about Teams | Meeting options

15

15

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MCC Agency Guest Speaker

Louis Guitron, MSN, FNP, PHN, ACRN
Director of Case Management Services
Los Angeles LGBT Center
lguitron@lalgbtcenter.org

LOS ANGELES LGBT CENTER®

16

16

Medical Care Coordination

- Los Angeles LGBT Center's (Center) MCC team members are integrated into the patient's medical home and deliver patient-centered activities that focus on:
  - Addressing health status
  - Engagement and Retention in Care
  - Adherence to HIV medications, and
  - HIV risk reduction

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17

Medical Care Coordination

- Given that Los Angeles County, the State of California and the federal government have declared states of emergency as a result of Coronavirus 2019 (COVID-19), the Center is responding to this rapidly evolving situation affecting the way we provide care.
- One of our primary goals at this time of crisis is to maintain continuity of care for our HIV+ patients.
- Our MCC care team members play an integral part in our efforts to address the needs of all our HIV+ patients.

18

Medical Care Coordination: Preparation

Key Terms

- **Telehealth** – this is a means of providing patient care without an in-person contact (this can be through telephone or video visit)
- **Telephone Visit** - providing patient care as a non-face-to-face visit using two-way audio communication using a telephone
- **Video Visits**-providing patient care as a face-to-face visit using two way audio and video
- **Telecommuting-** working from home with the ability to connect to the Center network
- **Virtual Private Network (VPN) -** connecting to the Center network using an outside network
- **Remote Desktop Services (RDS) -** connecting to a Center network computer remotely on a personal PC

19

Medical Care Coordination: Preparation

1. **Portal Messaging to patients regarding COVID 19 and changes in care delivery**
2. **Telehealth and Telephonic set up for Medical Providers, Behavioral Health Clinicians, Medical Care Coordination / Case Management**
3. **Converting Face to Face appointments to Telehealth**
   a. **Triage and asses for any needs**
   b. **Reschedule**
4. **Telecommuting preparation for staff**
   a. **Assessing for remote capabilities**
   b. **Laptop or PC**
   c. **Operating System**
   d. **Phone**
   e. **Jabber Zoom**
5. **Telecommuting training for all staff**
   a. **Protocols**
   b. **Best practices**
6. **Staff scheduling remote and clinic**

20

Medical Care Coordination: Needs of our Patients

- Increased number of calls for triage
- Increased calls for antiretroviral (ARV) medication refills
  - 3 month supply
- Increased calls with questions regarding COVID 19
- Increased number of Electronic Health Record (EHR) portal messages from patient
- Housing / Rental Assistance
- Food Insecurity: Groceries, toiletries and cleaning supplies
- Financial Assistance
- Care Coordination; Linkage to Care, Retention in Care, Transition in Care
- Crisis Intervention

21

Medical Care Coordination: Response to COVID-19

Our activities include:

- in observance of the social distancing recommendations and when appropriate to an individual patient, MCC assessments and reassessments will be done using telehealth two-way communication technology, either phone or video
- MCC team members will help triage for medical and psychosocial concerns for our HIV positive patients as it relates to COVID-19
- MCC nurses to follow up with HIV+ patients who are under self-quarantine intervention
- MCC team members to assist our medical providers (MDs, APRNs) with coordination of our telehealth appointments
- MCC teams outreach higher risk patients for COVID 19 complications

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22

Medical Care Coordination: COVID-19 Next steps

In development:

- COVID 19 vulnerable population patient report
- Transition of care from hospital to home related to COVID 19 disease
- Update community resources
- Staff training
- Updating EHR to accommodate the changes
- Reassessing strategy to making changes as needed

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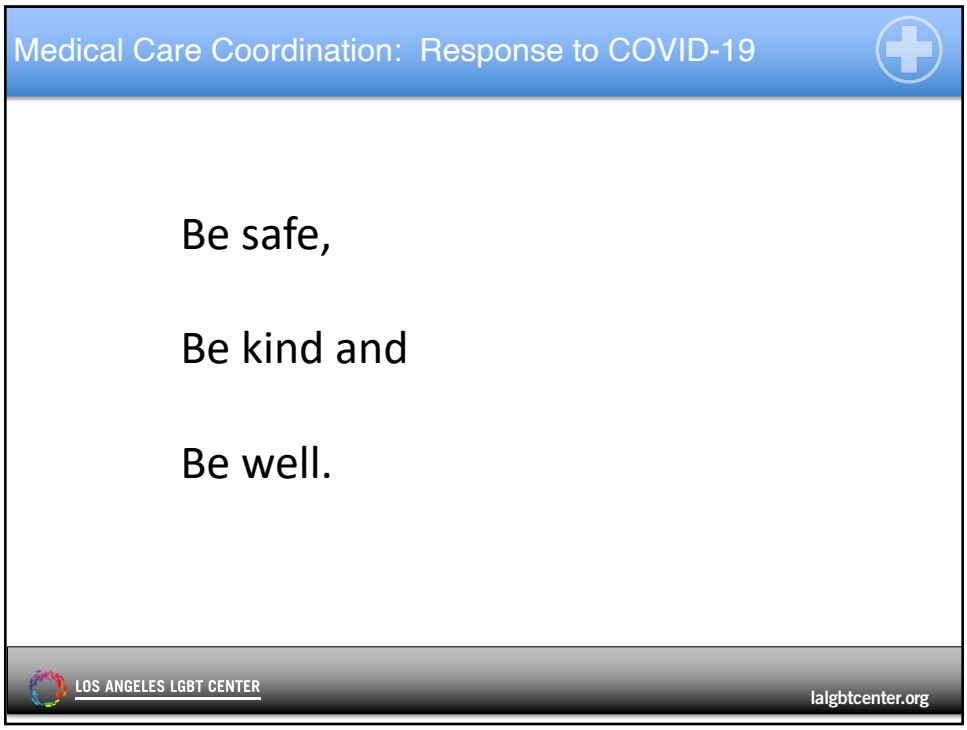
23


Medical Care Coordination: Response to COVID-19
Be safe,
Be kind and
Be well.
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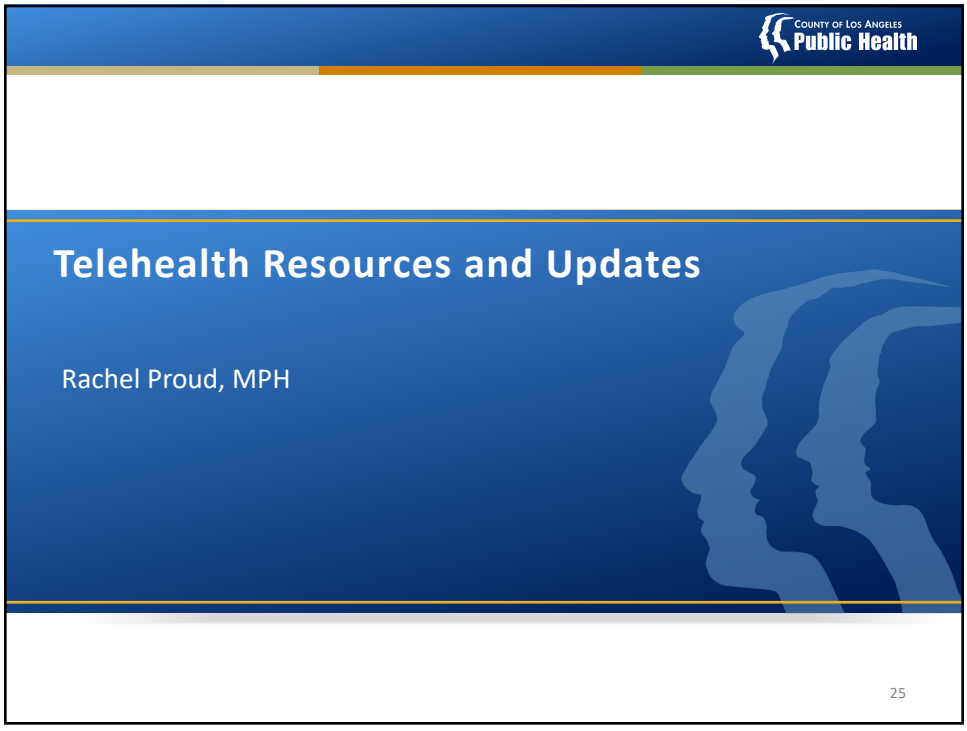
lalgbtcenter.org

24


County of Los Angeles Public Health
Telehealth Resources and Updates
Rachel Proud, MPH
25

25

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Free Telehealth Vendor Resources

Vendor	Details
1. Vidyo https://info.vidyo.com/vidyo-license.html	• Vidyo is doing its part to support organizations around the world adapt to the Covid-19 coronavirus outbreak. • For a limited time, receive at no cost a temporary license to our cloud-based Vidyo solution. • Our highly scalable and resilient, enterprise-grade video communication platform will enable even the largest organizations, including healthcare providers, the flexibility to connect remotely to nearly anywhere over even low-bandwidth networks.
2. RingMD https://www.ring.md/	• Due to the recent COVID-19 pandemic, RingMD is offering a white-labeled version of its telemedicine platform at cost to doctors, healthcare groups and other organizations negatively affected by the outbreak. Please contact join@ring.md to learn more now.
3. TriMed Technologies	• http://www.trimedtech.com/Telemed.aspx
4. Bluestream	• https://www.bluestreamhealth.com/covid-19-general-guidance/

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26

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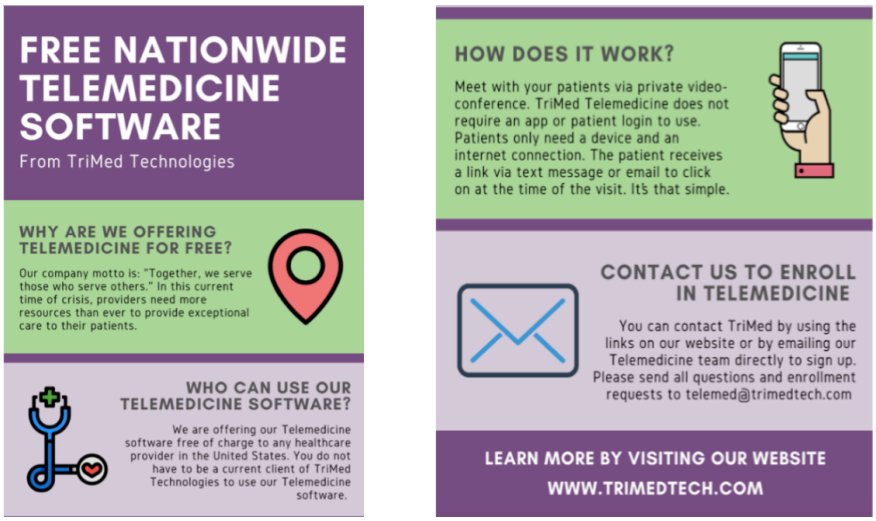
TriMed Software Telehealth Services



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27

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Free Telehealth Vendor Resources

Free eConsults	Details

1. www.ConferMed.Com	• Web-based portal
	• Free to all Safety Net Primary Care Practices
	  • FQHC, FQHC-look alike, Migrant Clinicians, Healthcare for the Homeless, Free Clinics
	• No Protected Health Information (PHI)
	• Consults Addressed by:
	  • Infectious Disease Specialists
	  • Public Health Nurses
	  • Submit consults here, one per clinic until more funding is secured https://www.confermed.com/coronavirus/

28

28

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DHCS Guidance on COVID-19 and Telehealth

- Telehealth FAQs: https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx
- 3/17/20 COVID-19 Medi-Cal Services and Telehealth Notice: http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30375.asp
  - *Medi-Cal providers may utilize existing telehealth policies as an alternative modality for delivering Medi-Cal covered health care services when medically appropriate, as a means to limit patients' exposure to others who may be infected with COVID-19, and to increase provider capacity*
- AB 1494: Assembly Bill 1494 allows FQHCs to bill for visits conducted via telephone in lieu of face-to-face office visits during a state of emergency
  - https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1494

29

29

DHCS Guidance on COVID-19 and Telehealth

- 3/19/20 COVID-19 Guidance for Telehealth & Virtual/Telephonic Communications: http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_02.asp
- 3/23/2020 UPDATE:
  - CMS approved multiple rule changes sought under an 1135 waiver request that will enable DHCS to provide more efficient care to Medi-Cal members during this COVID-19 emergency
  - More flexibility in allowing out of state doctors and medical providers to treat CA patients, both in person and through telehealth
  - CMS approval letter: https://www.dhcs.ca.gov/Documents/COVID-19/CA-1135-Flexibilities-Approval-Letter-Rev-032320.pdf

30

30

1135 Waiver Updates

The information below is specific to FQHCs, RHCs and Tribal 638 clinics that had additional restrictions related to their ability to provide telehealth or virtual/telephonic services.

Traditional Telehealth (Synchronous / Asynchronous) for FQHCs, RHCs and Tribal 638 Clinics

For Medi-Cal covered benefits and services provided via traditional telehealth (synchronous, two-way interactive, audio-visual communication, or asynchronous store and forward), DHCS has proposed to waive through its Section 1135 Waiver request existing restrictions/requirements in Medi-Cal's current telehealth policy due to various federal laws/Medicaid State Plan language, relative to "new" and "established" patients, "face-to-face"/in-person, and "four walls" requirements. Waiving these limitations will allow FQHCs, RHCs, and Tribal 638 Clinics greater flexibility under DHCS' existing telehealth policy, which is described above.

31

31

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Additional Medicare Telehealth Guidance

- https://www.cmadocs.org/Portals/CMA/files/public/Medicare%20Telehealth%20Waiver%20Guidance%20-%20Key%20Takeaways.pdf?ver=2020-03-17-120136-510

32

32

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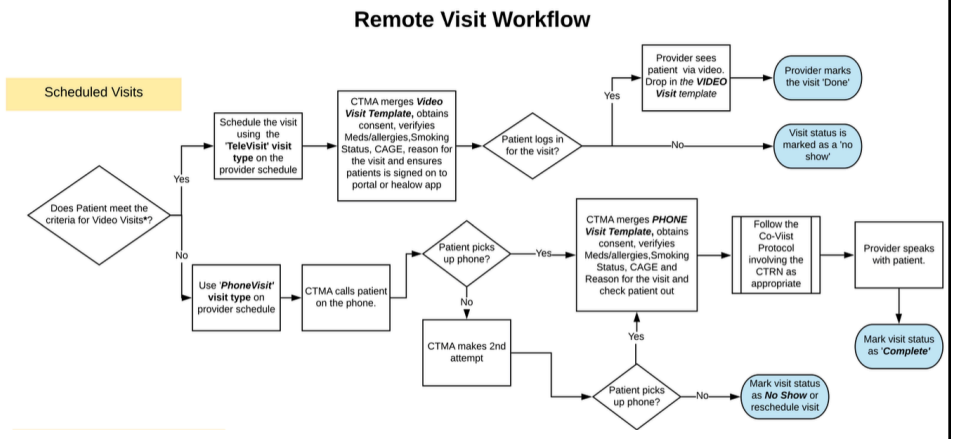
Example Workflow: eClinicalWorks (eCW) Users



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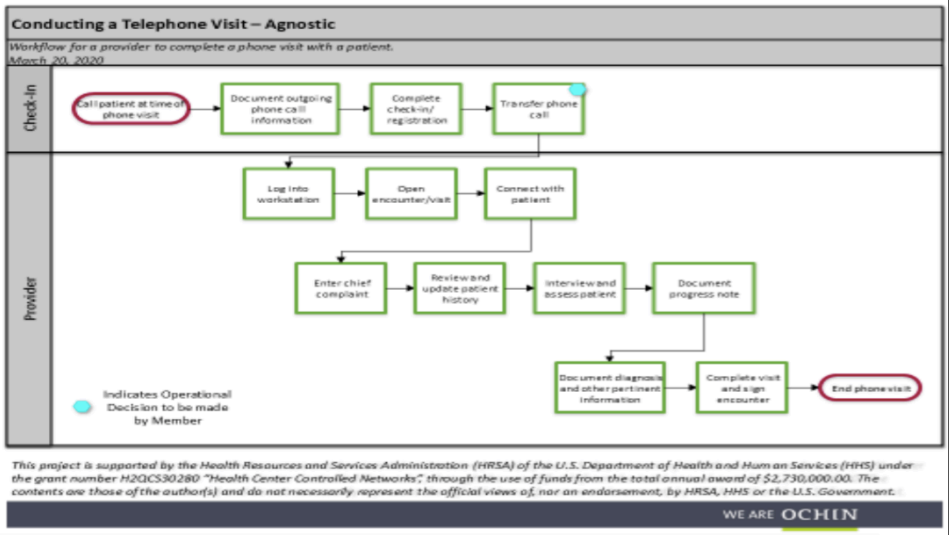
Example Workflow: Epic OCHIN Users



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number H2QCS30280 "Health Center Controlled Networks," through the use of funds from the total annual award of $2,730,000.00. 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.

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34

34

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Options for Telephone Visits

- Leave half or part of every day unstructured so phone visits can be added during this time of the day
- Schedule planned care telephone visits intermittently throughout the day
- Have specific providers assigned to do only telephone visits
  - i.e., providers working from home
- Return calls and keep phone appointments timely

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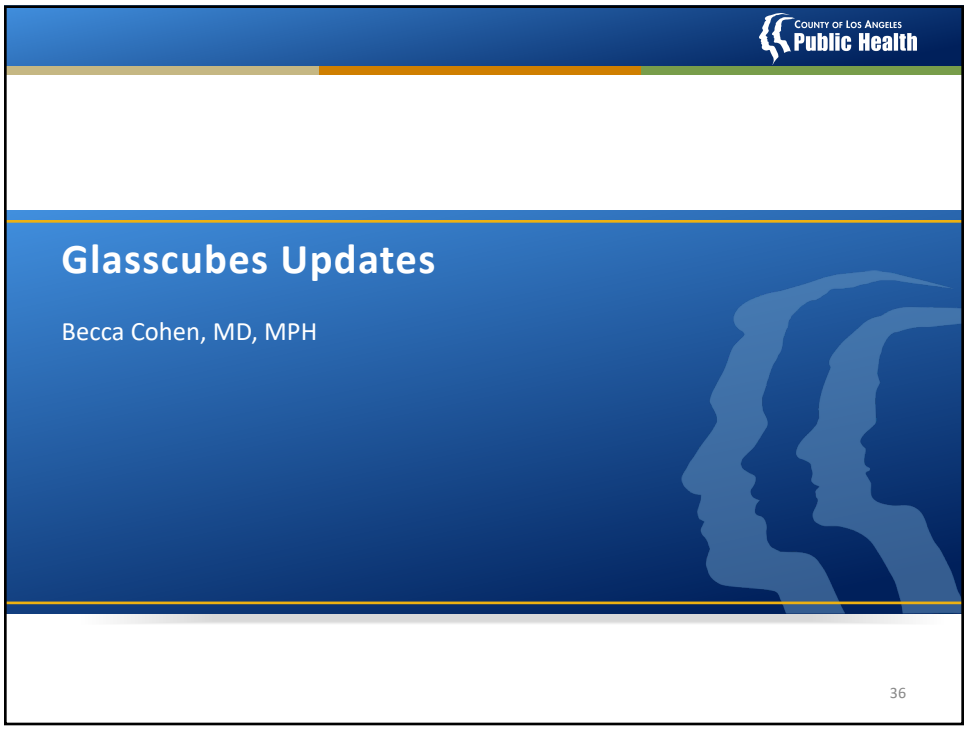
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Glasscubes Updates
Becca Cohen, MD, MPH
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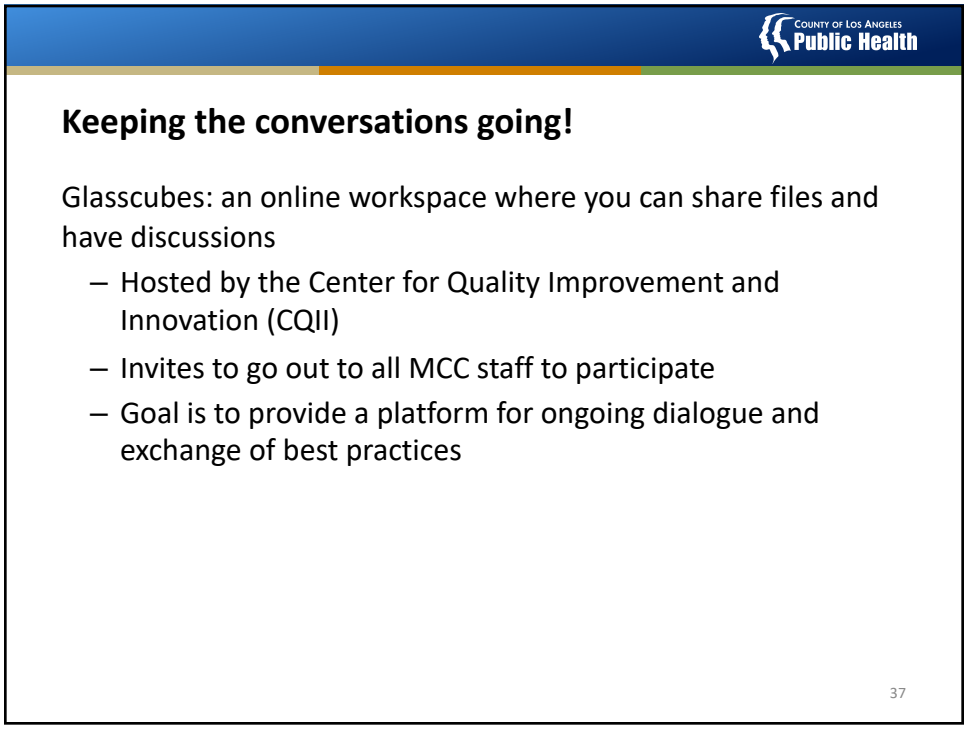
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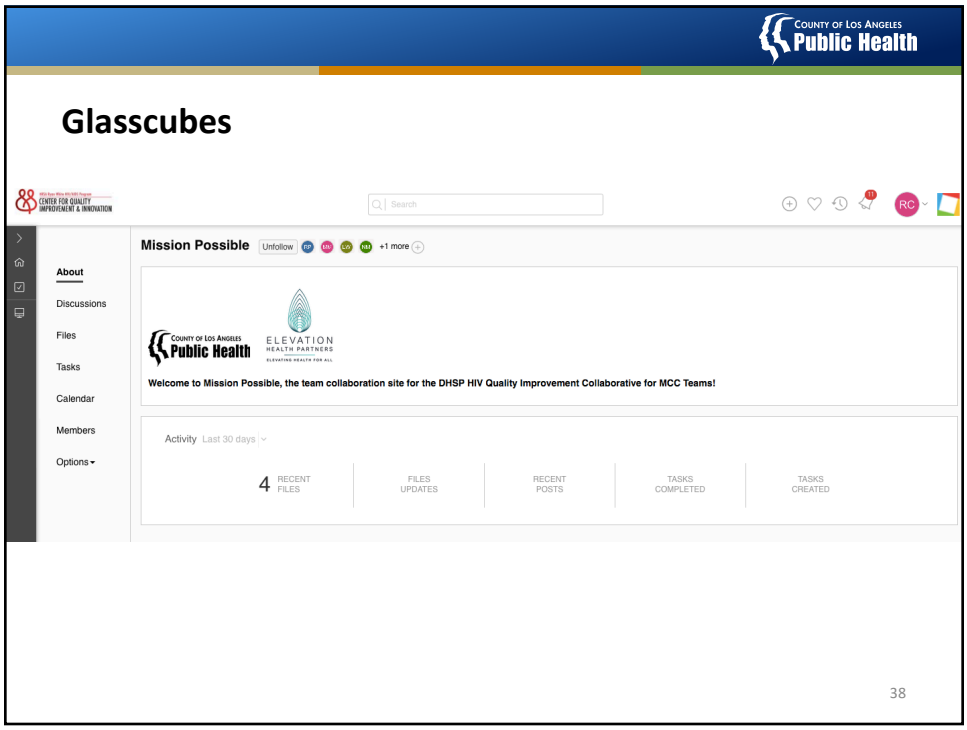
Keeping the conversations going!
Glasscubes: an online workspace where you can share files and have discussions
– Hosted by the Center for Quality Improvement and Innovation (CQII)
– Invites to go out to all MCC staff to participate
– Goal is to provide a platform for ongoing dialogue and exchange of best practices
37

37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Glasscubes
Search
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Mission Possible
Unfollow
+1 more
About
Discussions
Files
Tasks
Calendar
Members
Options
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ELEVATION HEALTH PARTNERS
Welcome to Mission Possible, the team collaboration site for the DHSP HIV Quality Improvement Collaborative for MCC Teams!
Activity
Last 30 days
4
RECENT FILES
FILES UPDATES
RECENT POSTS
TASKS COMPLETED
TASKS CREATED
38

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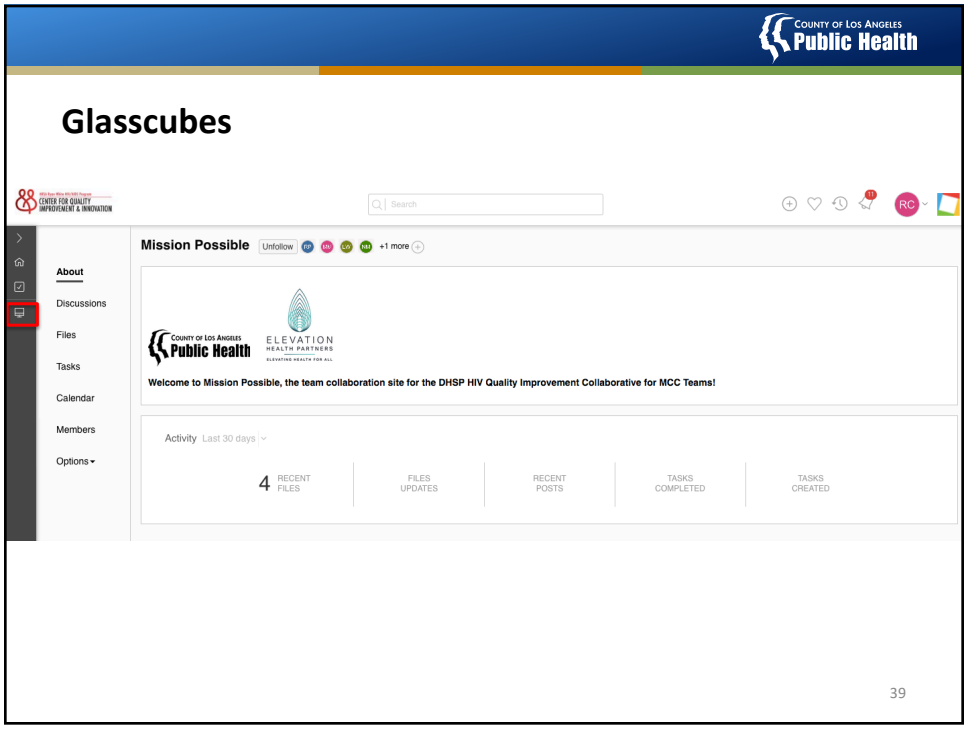
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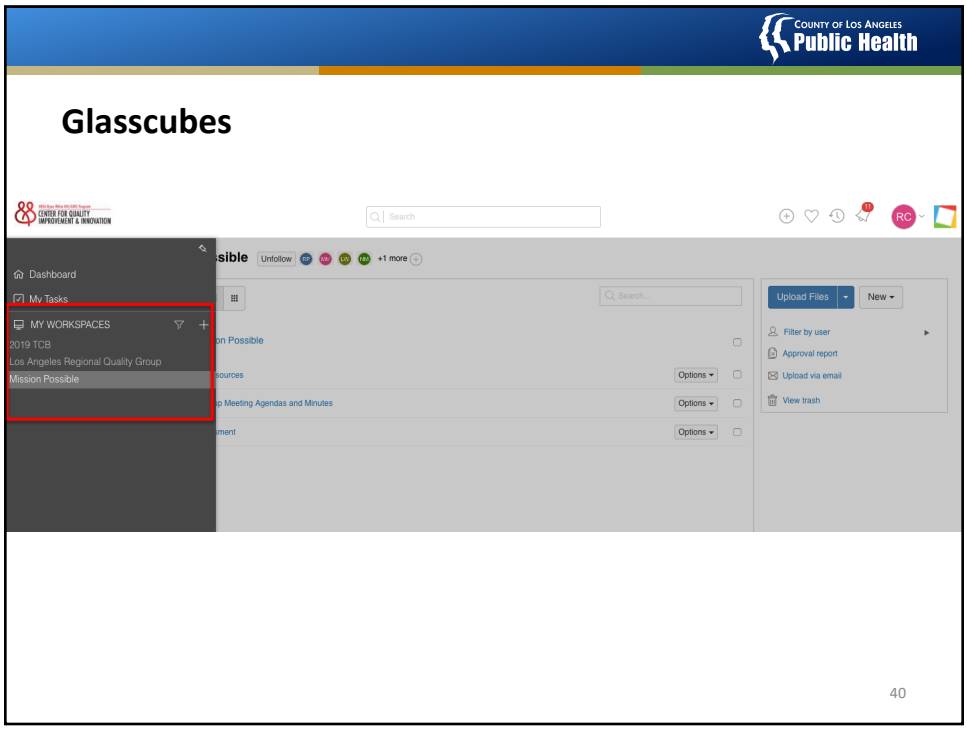
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Glasscubes
Dashboard
My Tasks
MY WORKSPACES
2019 TCB
Los Angeles Regional Quality Group
Mission Possible
Upload Files
New
Filter by user
Approval report
Upload via email
View trash
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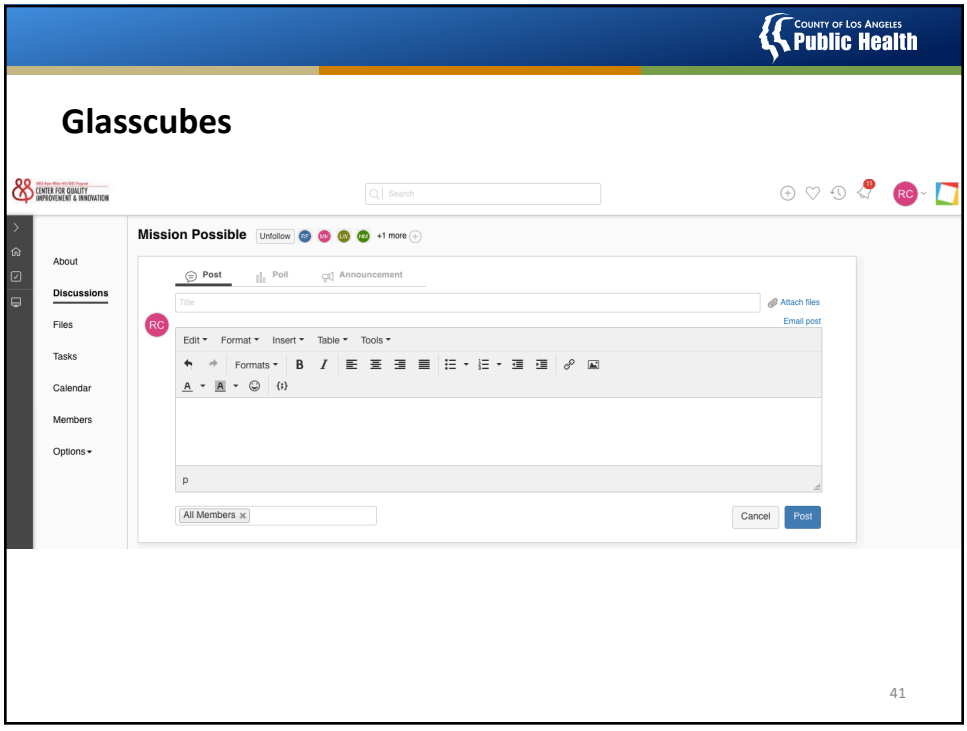
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Attach files
Email post
Edit
Format
Insert
Table
Tools
Formats
All Members
Cancel
Post
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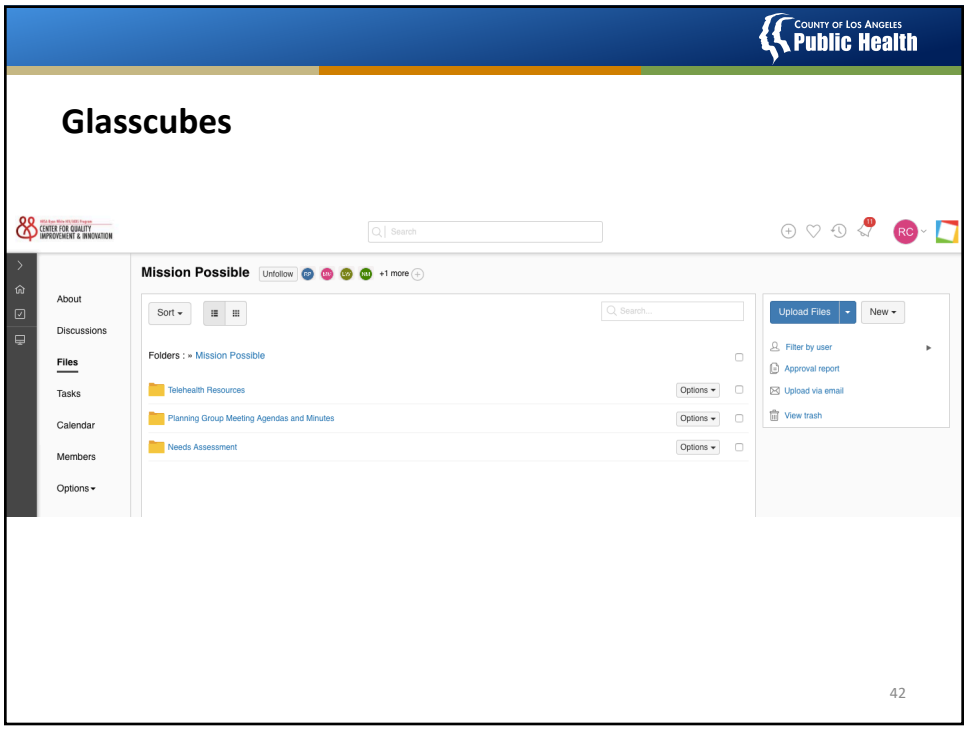
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Telehealth Resources
Planning Group Meeting Agendas and Minutes
Needs Assessment
Upload Files
New
Filter by user
Approval report
Upload via email
View trash
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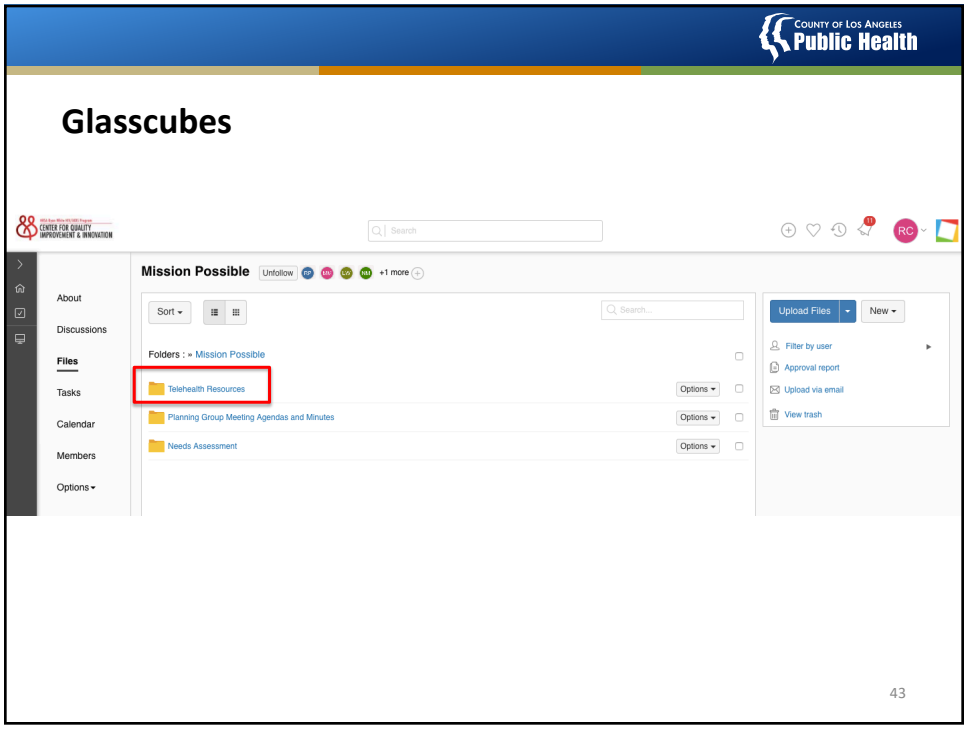
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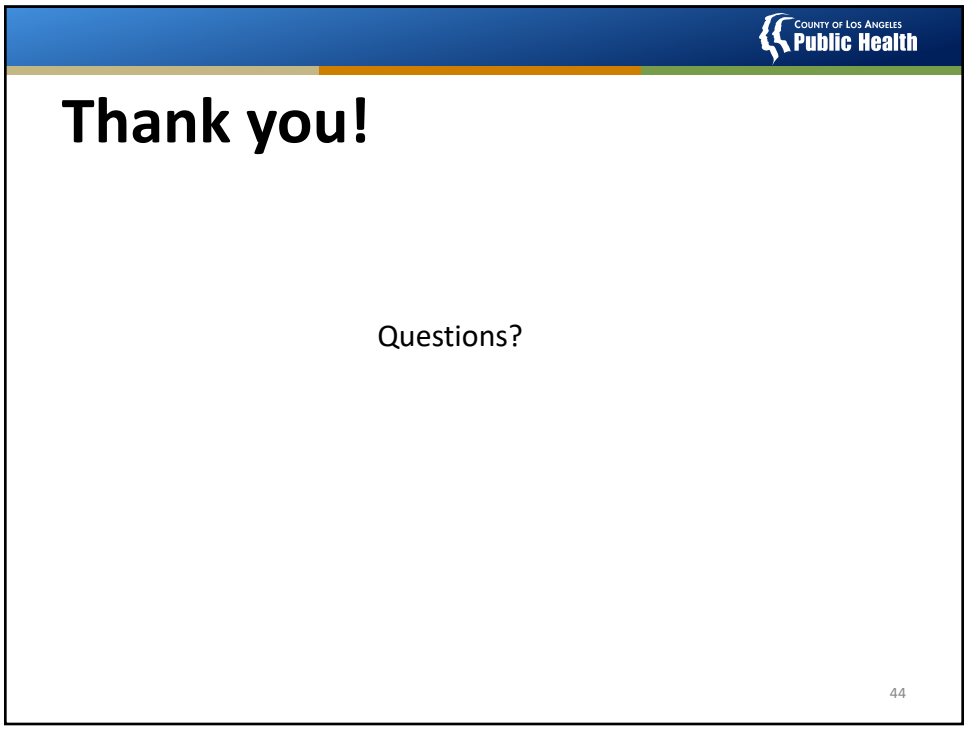


44

ELEVATION
HEALTH PARTNERS
ELEVATING HEALTH FOR ALL

Mission Possible HIV Quality Improvement Learning Collaborative for MCC Team

MCC Promising Practices in Telehealth Integration

Presented by: LAC DHSP and Elevation Health Partners
July 22, 2020 12:00 – 1:30 pm

1

Welcome

Becca Cohen, MD, MPH
Associate Medical Director
and HIV Clinical Specialist
LAC Department of Public Health Division
HIV and STD Programs (DHSP)
RCohen@ph.lacounty.gov

About Becca

Becca oversees efforts to improve viral suppression and retention in care among people living with HIV in LA County and works closely with DHSP's Program Support and Quality Improvement Unit to lead quality improvement efforts within the Ryan White Program. She sees patients for HIV treatment, PrEP, and transgender care at LA County's Correctional Health Services. She is committed to providing high-quality HIV care and prevention services for LA county residents of all genders and ensuring that health care providers and staff are trained so that gender inclusive and affirming care is provided in all health care settings.

2

Welcome

Wendy Garland, MPH
Chief of Research and Innovation
LAC Department of Public Health Division
HIV and STD Programs (DHSP)
WGarland@ph.lacounty.gov

About Wendy

Wendy is a Chief Epidemiologist and leads the Research and Evaluation Unit at DHSP. She oversees HIV and STD research, demonstration projects and evaluation of prevention and treatment services to reduce disparities in HIV and STD incidence and health outcomes and promote health equity among residents of LA County. She has nearly 20 years of experience in the field of HIV prevention, care and treatment and led the development of the Medical Care Coordination program.

3

Welcome

Natalie Martin, MBA, SHRM-SCP, TCI-CF
President and CEO
Elevation Health Partners
natalie@elevationhealthpartners.com

About Natalie

With over thirty years of experience, Natalie has spent the last 15 years assisting California's counties, communities, and health systems in clinical system redesign, practice transformation, and data sharing to deliver patient-centered, accountable, community care. Leading the team at Elevation Health Partners, Natalie works in close partnership with funding organizations, federal, state, and county government entities, and community organizations to identify needs and improve patient experience and health outcomes. Natalie works hand on in the field working shoulder-to-shoulder with healthcare and social services teams.

4

Welcome

Rachel Proud, MPH
Senior Managing Consultant
Elevation Health Partners
rachel@elevationhealthpartners.com

About Rachel

Rachel's expertise is in Practice Transformation, Patient Centered Medical Home (PCMH), Social Determinants of Health (SDoH), Coding for Quality, HEDIS/P4P, and she is currently building her knowledge and understanding of the health and social needs of PLWHA. Rachel serves on the Elevation Health leadership team to assist the firm with achieving client goals and objectives and is also the Legislative and Health Policy Subject Matter Expert for the firm.

5

Objectives

By the end of this webinar participants will:

- Share and learn promising practices in telehealth integration for MCC services
- Learn how MCC peers are prioritizing in-person services
- Increase understanding of patient preference in MCC service modalities
- Deepen understanding of disparities and equitable care related to telehealth HIV care
- Share input on evolving solutions for obtaining patient consent
- Gather promising practices for Elevation Health to document into a compilation for MCC teams

6

Reflection: What Matters

California Department of PublicHealth

COVID-19 Race and Ethnicity Data
July 19, 2020
All Cases and Deaths associated with COVID-19 by Race and Ethnicity

Race/Ethnicity	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA population
Latino	140,066	55.7	3,373	44.8	38.9
White	44,276	17.6	2,308	30.7	36.6
Asian	14,368	5.7	997	13.2	15.4
African American	10,866	4.3	654	8.7	6.0
Multi-Race	1,887	0.7	41	0.5	2.2
American Indian or Alaska Native	566	0.2	25	0.3	0.5
Native Hawaiian and other Pacific Islander	1,512	0.6	41	0.5	0.3
Other	38,119	15.1	91	1.2	0.0
Total with data	251,660	100.0	7,530	100.0	100.0

Cases: 391,538 total; 139,878 (36%) missing race/ethnicity
Deaths: 7,651 total; 121 (2%) missing race/ethnicity
***457 cases with missing age**
****Census data does not include 'other race' category**

7

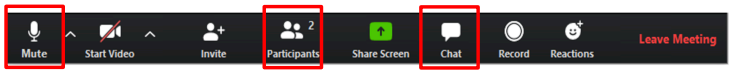
Racism and Public Health Resources

- American Public Health Association – Racism and Health publications includes a webinar on Racism: The Ultimate Underlying Health Condition
- National Association for County and City Health Officials – Racially Driven Violence Against Black Americans Is a Public Health Issue
- The second installment of a Virtual Dialogue Series on societal inequities is coming up July 30th, 10-12 with a focus on Race & Health
  - Muntu Davis, M.D., M.P.H., Public Health Officer, Department of Public Health
  - Erika Flores Uribe, M.D., M.P.H, Director of Language Access and Inclusion
  - Curley Bonds, M.D., Chief Deputy, Clinical Operations, Department of Mental Health
  - Matthew Trujillo, Ph.D. Manager of Strategic Initiatives/The Advancement Project California
  - Georges C. Benjamin, M.D., Executive Director, American Public Health Association

8

Today's Webinar is Interactive!

- We will use the chat feature to facilitate input during the webinar and follow up on GlassCubes
- We will use the raise hand feature to unmute your line so that you can share your insights with peers and ask questions. NOTE: you will need to agree to being unmuted so if you raise your hand, keep an eye out for the button pop up and select "unmute"
- Polls will pop up on our screen and results will be shared on the screen as well

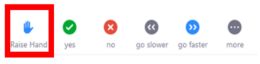


1 2 3 4 5 6 7 8 9

1. This button will allow you to mute and unmute your mic. When the mic is muted a red line will be drawn diagonally through it. My mic is currently NOT muted above. The ^ symbol to the right of Mute will allow you to control your audio settings within a meeting. You can set your audio to the device you're using or sync it to your system audio.
2. The video button will start and stop your camera. If you do not want your camera to display, this button should look the same as above.
3. If you have permissions to invite, you will be able to invite other users to your meeting here.
4. View the participants in the meeting if you have permission.
5. Share your desktop or an individual application.
6. The chat button will allow you to open the in-meeting chat. You can send messages to one participant or the entire class. Please speak with your course staff to find out more about how Q&A will be handled in your individual section.
7. If you have permission to record the meeting you can do so here.
8. Click here to leave or end the video meeting

How do I raise my hand?

Raising you hand can be done by clicking "Participants" (button #4 above) in the in-meeting control bar and clicking the "Raise Hand" icon highlighted below:



After you have clicked the raise hand button, the hand icon will appear next to your name in the participants listing. Please wait patiently for your teacher to notice and call on you. Be ready to unmute yourself (button #1) and speak slowly and clearly.

9

Opportunity*

COVID-19, Telemedicine, and Patient Empowerment in HIV Care and Research

- Studies – based on in person visits - have found that high quality communication from providers (e.g., active listening, clear explanation) and a strong patient-provider relationship leads to improved patient engagement in HIV care and better ART adherence
- Stigma, mistrust, and mistreatment in medical care among PLWHA remain current issues
- Increase in telehealth solutions provides an opportunity to reinvent how providers and patients define connection, identify best practices, and provide training to providers at all levels
- These insights must be informed by the perspectives of PLWHA with complex histories and from historically marginalized groups
- Telehealth may offer new opportunities for hard to reach patients, those with transportation barriers, and those that express a preference for telehealth options
- An approach focused on patients' values and preferences provides an opportunity to empower PLWHA

*Mgbako O, Miller EH, Santoro AF, et al. COVID-19, Telemedicine, and Patient Empowerment in HIV Care and Research. AIDS Behav. 2020;24(7):1990-1993. doi:10.1007/s10461-020-02926-x

10

Telephone Utilization Proven in Additional Settings

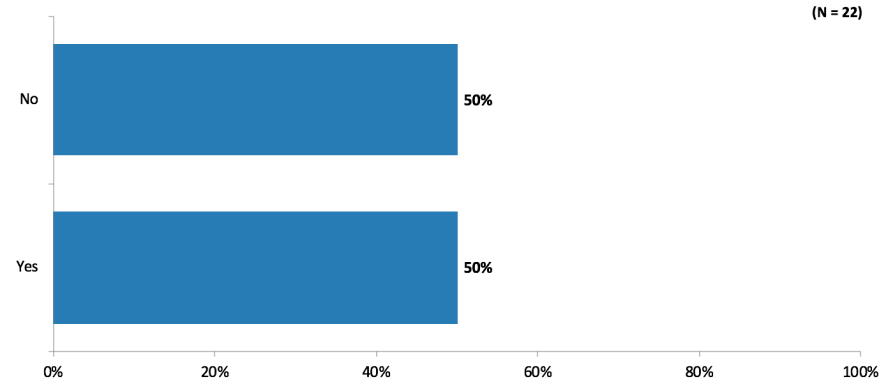
- Social Work Maxim
  - Meet patients where they are
  - Literally true with telephonic engagement (at home)
- Telemental Health
- Collaborative Care Model

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4744872/
https://www.chcs.org/media/HH_IRC_Collaborative_Care_Model__052113_2.pdf

11

Prioritizing In Person MCC Services

Are you prioritizing clients for in-person MCC services?

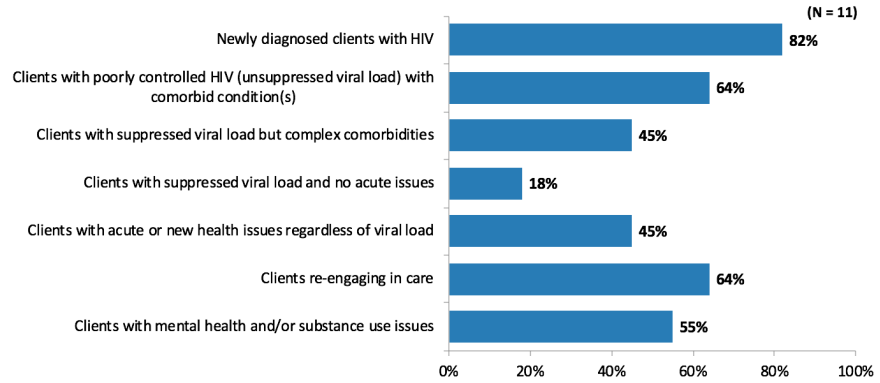


Source: MCC - COVID Provider Assessment 5-13-20

12

Prioritizing In Person MCC Services

Which MCC clients are being prioritized? (Check all that apply.)

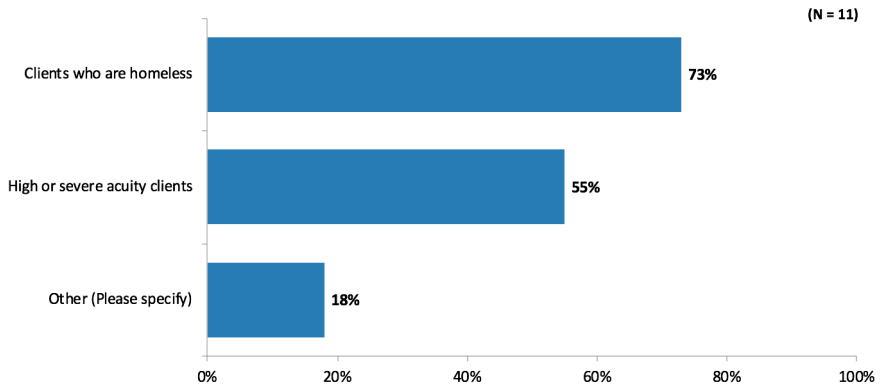


Source: MCC - COVID Provider Assessment 5-13-20

13

Prioritizing In Person MCC Services

Which MCC clients are being prioritized? (Check all that apply.) (Continued)



Source: MCC - COVID Provider Assessment 5-13-20

14

Additional Consideration for Prioritizing In Person MCC Services

In Person	Telephone
• Initial visits/ assessment • Rapport needs to be established; not comfortable meeting over the phone (very guarded) • Newly diagnosed • *New to clinic* • *Identified through inpatient care (frequents the ER/hospital)* • Comorbidities/ complexity • When physical exam is important • *Low health literacy* • *Low technology literacy* • *Limited access or without internet, adequate phone or computer-based technology* • Homeless with limited to no access to a phone or computer • Paperwork/documentation assistance required in person • Need for lab testing, medical…	• Transportation barriers • Convenience (engaged in care) and willingness to speak on the phone • Not engaged in care • Rapport established (provider referral, warm hand off…) • Missed/cancelled appointment • Declined on-site appointment • *Childcare barriers* • Inconsistent attendance/scheduling conflicts • *High no show rate* • *High cancellation rate* • Physical injury/limited mobility/chronic pain • Reducing the risk of COVID-19 exposure to the patient

15

Hidden Barrier: Staff, Leadership, Clinician resistance

Issue	Solution
It's unfamiliar and uncomfortable	Training
A belief that it's not effective	Education
Difficult to build rapport with a new, unestablished patient who would prefer a face-to-face visit	Training

16

Discussion: Patient Perspectives

Use the "raise your hand" feature in Zoom and we will unmute you to join the discussion

Do you capture patient preference as a factor in prioritizing in-person MCC services?

17

TELEPHONE VISITS

18

Telephone Encounters Evidence

- Phone visits are shown to:
  - Increase access
  - Transcend barriers
  - Improve treatment outcomes
  - Provide early follow-up
  - Allow frequent contact
  - Improve routine symptom monitoring
  - Provide adherence support
  - Promote engagement
  - Support persistent outreach and flexibility
  - Provide treatment

https://aims.uw.edu/nyscc/training/sites/default/files/UsingthetelephoneinCollaborativeCare_1-31-19.pdf

19

Patient Perspective

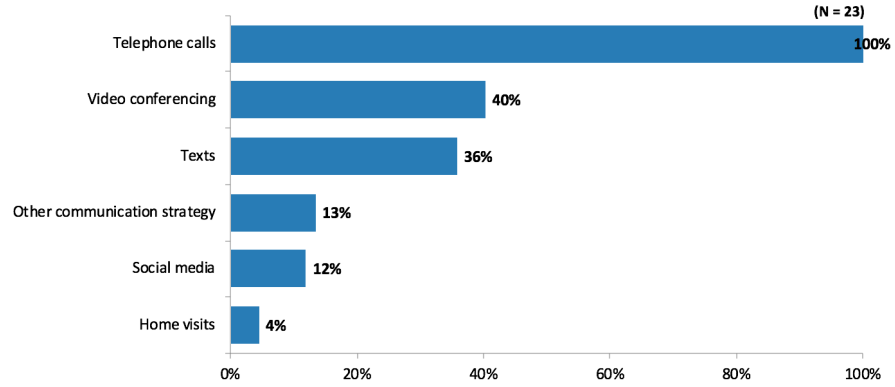
- Advantages
  - When honoring patient preference
  - Convenience
  - No transportation barriers
  - Decreased travel time/expenses
  - Avoiding stigmatizing clinic experiences
  - Minimization of COVID-19 infectious risk through close social contact
- Difficulties
  - Technology fear/ frustration
  - Connectivity disruptions
  - Environmental challenges (privacy, disruptions, noise)
  - Rapport/ trust
  - Emotional connection
  - Confidentiality
  - Increases disparities
- Unique to care team
  - Rapport/ trust skills
  - Achieving team care

"Go into Settings, Privacy, Activity Controls, Web Activity, Manage Activity, and deselect Giant Snake."

20

Agency Telephone Use - Communication

Please rank your three main current communication strategies in order of frequency:



Source: MCC - COVID Provider Assessment 5-13-20

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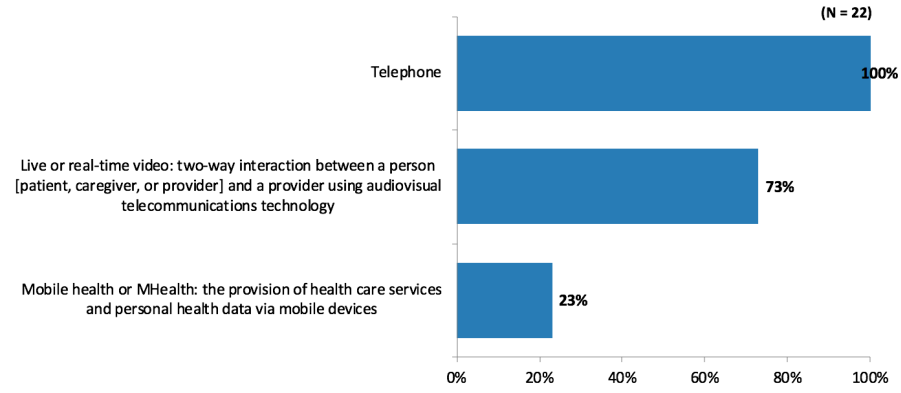
21

Agency Telehealth Modalities

Which telehealth modalities does your agency currently use? (Check all that apply):



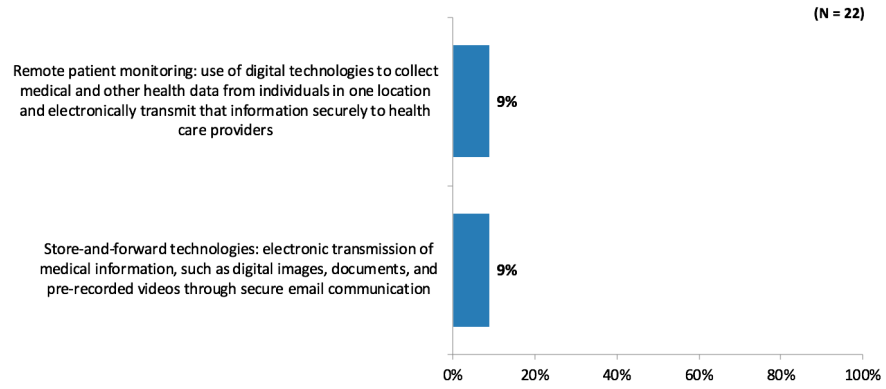
Source: MCC - COVID Provider Assessment 5-13-20

Prepared by Elevation Health Partners *Slide 22* *Wednesday, July 22, 2020*

22

Agency Telehealth Modalities

Which telehealth modalities does your agency currently use? (Check all that apply): (Continued)



Source: MCC - COVID Provider Assessment 5-13-20

23

MCC Telephone Visits

- What is a telephone visit?
  - Documented as a telephone visit in CaseWatch
  - May result in a completed assessment, reassessment, brief intervention, care planning or linked referral
  - Takes the place of a face-to-face visit
  - Medically necessary and clinically appropriate for telephone communication (provider discretion)
  - Meets all procedural and technical components of an in-person visit (vs. follow up call)

24

Telephone Visit Scheduling Tips

As we go through this slide, please use the "chat" feature in Zoom to offer tips and solutions for organizing your day/ scheduling visits and we'll share these now

- Leave half or part of every day unstructured – or split the day half and half for telephone and in-person visits
- Alter days of the week of morning/ afternoon shifts to address patient needs
- Example: Schedule a series of morning phone visits, break for lunch and catch up charting from the morning and then 2 hours of calls in the afternoon with the end of the day as catch up for unexpected visits/calls
- Educate the patient at the time of scheduling about the telephone visit steps and any preparation they need to be aware of, such as being in a quiet space or how to log into the platform a few minutes beforehand

25

Telephone Visit Execution Tips

- Doing continuous calls plus CaseWatch and EHR documenting is difficult with a high number of telephone visits/hour
- Patients may sit in silence when staff are documenting the visit rather than listening/responding and too much silence on the phone can erode trust. Tips:
  - Tell the patient when you are documenting
  - If care team meetings are possible, assign a team member to take notes
- If you have background noise, acknowledge this noise and assure patients that call is still private and confidential
- Prepare staff and patients with a checklist (see attached examples)
- Train staff on successful telephone encounters
  - Scripts
  - Workflow
  - Engagement

26

Normalize Telephone Visits

- Discuss phone use with patient at initial contact
  - Emphasize frequent contact in beginning of treatment, as a key component of treatment outcomes
  - Address preference for scheduled sessions vs. as needed sessions
  - Patient preference, no clinician preference
- Explain purpose of phone appointments – as a treatment option, not just a back-up!
  - See how medications are working
  - Assess and monitor symptoms
  - Work on treatment goals
  - Check in between in-person visits

https://aims.uw.edu/nyscc/training/sites/default/files/UsingthetelephoneinCollaborativeCare_1-31-19.pdf

27

Telephone Visits: Measuring Success

- How will your agency measure success? How will we demonstrate the effectiveness of telephone and virtual modalities? Is there a business case for sustaining this approach in a post pandemic environment?
  - Total number of assessments/ interventions
  - Impact on MCC metrics
  - No show/ rescheduling rates
  - By patient preference
  - Patient satisfaction/engagement
  - Clinician and staff engagement

28

Empathy and Rapport on the Phone

- Rapport is developed by fostering a caring connection through the desire to understand and support
- A great deal of extra information is conveyed over the phone (vocal inflection, patterns of speech/thought, cadence)
- Research has shown that people can tell if you're smiling by the tone of your voice. Warmly express that you're happy to have the chance to talk with the patient today

29

Sample Call Outline

- All calls have a beginning – the opening, a middle, and an end – the closing
- Patient ASK is an important tool in phone conversation

30

Call 'Beginning' Tips

Opening

- Take a breath before you call the patient. For patients you know, reflect upon something you admire about them before initiating the call
- SMILE as you begin. Warmly express that you're happy to have the chance to talk with the patient today
- ASK patient if this is still a convenient time to talk
- Engage patient in agenda setting –ASK – Prioritize and negotiate what you'll address
- Communicate how much time you are planning for the call

Middle → Closing

31

Call 'Middle' Tips

Opening → **Middle**

- Acknowledge the pandemic: ask how the patient is coping with the COVID-19 pandemic
- Review care plan (Agenda Setting) from previous contact (check medication adherence and response, assess or provide brief, goal-oriented talk/ treatment intervention…)
- If performing risk assessment, review scores, share what you have learned and what it means for the patient
- Follow the same clinical guidelines you would with an in-person visit

→ Closing

32

Communication Tips

- **Elicit reactions to recommendations overtly.** Because you cannot see the patient's nonverbal reactions, regularly ask, "What do you think about that?"
- **Increase the frequency of empathic statements and use a warm tone of voice.** For example, you could say, "This sounds really tough. You sound sad." Patients are missing out on your nonverbal and facial expressions of care, so you need to convey these sentiments with your voice.
- **Mirror tone and language of patient.** Mirroring or repeating the language used by the patient. With upset patient, mirror a few tones lower.
- **Shorten your educational spiels**. Break up your explanations into short chunks. Repeat them if necessary. Elicit reactions and questions regularly.
- **Remember that the summary and teach-back are vital.** Be sure to assess the patient's understanding and buy-in of your co-created plan and elicit questions.

33

Call 'Closing' Tips

Opening → Middle →

Closing

- ASK to schedule follow-up appointment, for agreement on next steps
- Share importance of next steps
- Set expectations for timing and nature of next contact
- ASK to confirm contact information, best day/ time to call…
- Share procedure for re-scheduling
- ASK and document patient preference for next appointment. "Based on what we discussed today, it is best if this next appointment is in-person at our x location. Do you have any concerns about an in-person visit at the x location?" [Address concerns] "Have I addressed your concerns about coming into the x location? Ok great. I'll check in with you three days before the appointment to make sure you are still comfortable and if anything has changed, we'll make a new plan together"

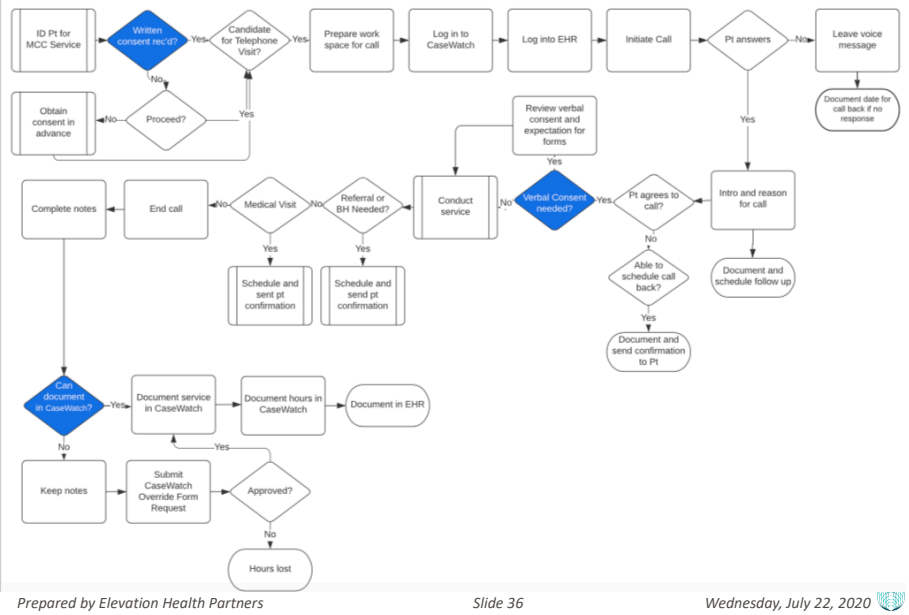
34

Video Tips

- Tips from telephone visits apply, plus…
  - Set up the camera at eye-level to ensure proper contact and test it in advance
  - Adjust the lighting to make sure you are clear in the camera and there isn't too much background light in the video
    - Face into the light. Minimize or avoid windows behind you. Keep the light bright and defuse. Use lamps and overhead light to make it as even as possible
    - Keep backgrounds simple
    - Note head space as you would for a photograph
  - Keep device stationary with no moving devices (e.g., ceiling fans) behind you that could cause video distortions
  - Dress appropriately as if you're in person at the office (wear ID badge, scrubs, physician coat)

35

Telephone Visit Workflow Example



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Telephone Workflow Observations

- Most telephone visits happen on the spot with the first call to the patient (rarely a call to schedule a future appointment with a scheduled time)
- Decision process in place for meeting in-person at outset, policies and documentation still under development
  - Lab visits and need for medical care are prioritized use cases
- How much prep goes into the visit before the call – for staff or patient?
- Use of paper and post-it notes during call with most documentation (CaseWatch, EHR) after the call is over
- Modifications in service due to COVID-19
- Phone and technology may require additional steps, not documented
- MCC Consent
  - Prioritizing collection before the assessment, intervention, etc.
  - Cases of verbal consent– CaseWatch hours complexities
  - Collected with photo of ID via email with designated team member to check emails
  - Mailed with pre-paid return envelope
  - On demand consent promising to streamline workflow

37

Top Technology Needs of MCC Teams

- The following are the most critical tools for performing remote care/ telephone visits
  - CaseWatch access
  - EHR access
  - Telephone number cloaking tool (Konnect)
  - Voicemail access
  - Encrypted email (Virtru)
  - Calendar tool
  - Text messaging/ office chat
  - Excel for tracking effort
- Supply of "Obama" phones (for patients) were an initial concern
- Strong anecdotal case for telephonic visits: patients have greater access to phones than video
- Advantages of video visits in MCC care not established, work in progress?

38

Consent Updates

- Verbal consent is still permitted per HIPAA
- DHSP has extended eligibility requirements through August 30, 2020
- It remains important for team to do their best in collecting signed forms

Poll: On demand and electronic consent could help to streamline MCC workflow considerably. What innovations have worked for your agency?

1. **Fillable PDF**
2. **DocuSign or similar**
3. **Enhanced Verbal consent (as with credit cards and banking)**
4. **Texting solutions**
5. **Encrypted email**
6. **Other**
7. **None suited to population**

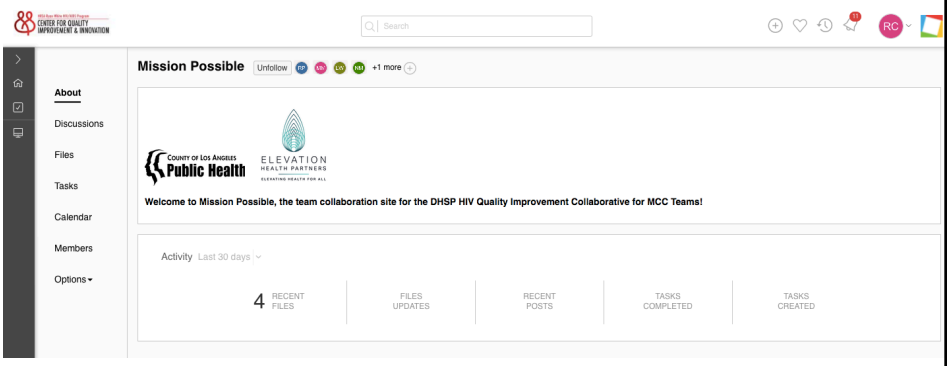
39

GlassCubes Reminder

- GlassCubes: an online workspace where you can share files and have discussions
  - Hosted by the Center for Quality Improvement and Innovation (CQII)
  - MCC teams have all been sent invitations to join the workspace
  - If you have not received an email, check your spam or junk folder
  - If you're comfortable, you can post your email in the chat and Rachel will send you an invitation email
  - Goal is to provide a platform for ongoing dialogue and exchange of best practices

40

GlassCubes



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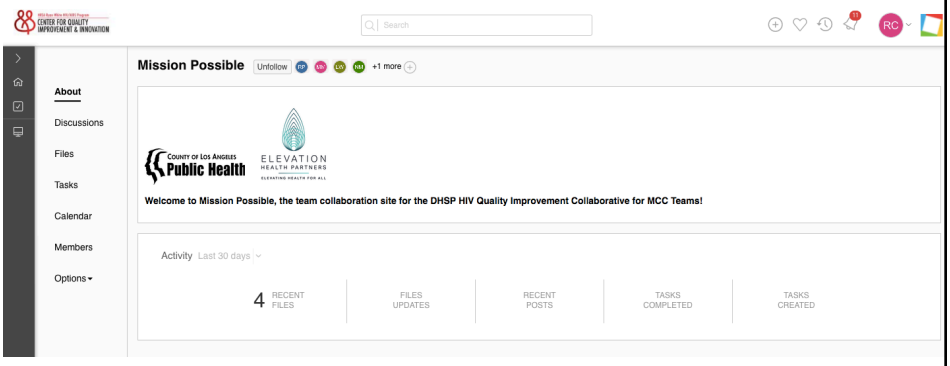
GlassCubes



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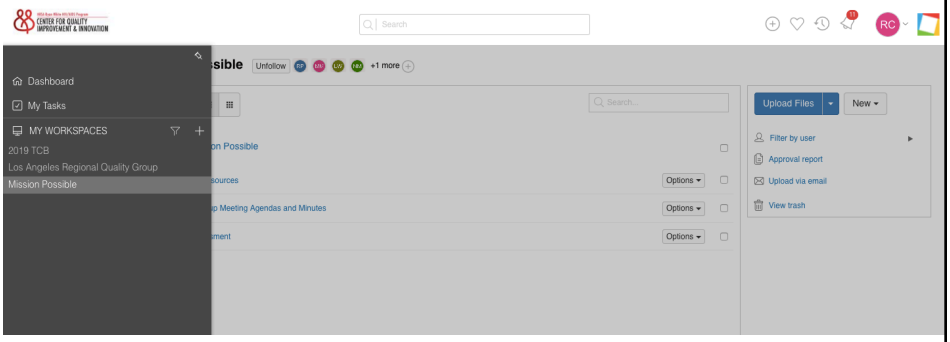
42

GlassCubes



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43

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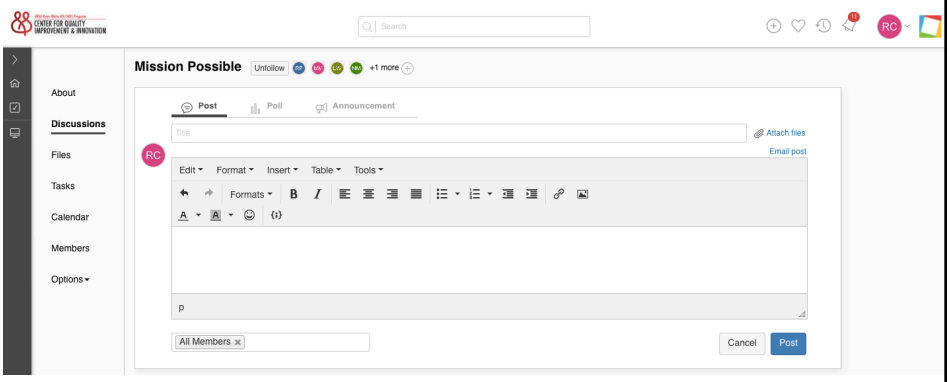

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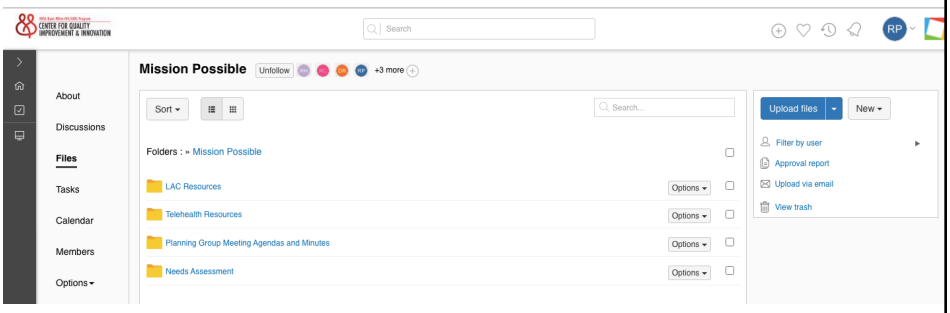
44

GlassCubes



45

Inspiration from the Field

AIDS and Behavior
https://doi.org/10.1007/s10461-020-02926-x

NOTES FROM THE FIELD

COVID-19, Telemedicine, and Patient Empowerment in HIV Care and Research

Ofole Mgbako[1,2] · Emily H. Miller[1] · Anthony F. Santoro[2] · Robert H. Remien[2] · Noga Shalev[1] · Susan Olender[1] · Peter Gordon[1] · Magda E. Sobieszczyk[1]

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Beyond the tragic loss of life, the COVID-19 pandemic has disrupted HIV care delivery throughout the U.S. To meet the needs of people living with HIV/AIDS (PLWHA) along the care continuum, health systems have expanded the use of telemedicine (e.g., video, telephone visits) to maintain HIV treatment adherence and care engagement. Despite some promising early results [1, 2], providers must consider the implications of telemedicine on the patient-provider relationship and the establishment of trust in ongoing care, particularly for the most vulnerable. An approach focused on patients' values and preferences provides an opportunity to empower PLWHA in this new paradigm of HIV care. As HIV primary care physicians and researchers working in New York City, we have grappled with the benefits and challenges of telemedicine as we seek continuity in our work during the COVID-19 pandemic.

The move toward telemedicine in HIV care has increased over the past decade [2, 3]. A recent study of 371 PLWHA found 57% of respondents were more likely to use telemedicine for their HIV care compared to in-person [4]. This sample was predominantly US-born, with a higher education level and perceived HIV-related stigma [4]. Broad acceptance of telemedicine may be true only in specific subgroups of PLHWA. Due to the notable health disparities in both the COVID-19 and HIV-1 pandemics, we believe it is important to work towards equitable models of HIV care [5]. In this paper, we present a patient case from our HIV clinic and explore the potential tradeoffs between patient-centered care and telemedicine.

View from the Clinic

A young African American woman with uncontrolled HIV and multiple comorbidities presented for a follow-up video visit appointment. The patient was unemployed and fearful of leaving her apartment due to risk of COVID-19 given her compromised immune status. During the visit, the patient seemed stressed by multiple difficulties that arose with the video visit interface, including many connectivity disruptions; as a result, her appointment was converted to a telephone visit. During the call she reported possible side effects from her complicated antiretroviral treatment (ART) regimen. She also required specialty care for her other medical conditions. Her provider scheduled an in-person visit in one month.

From the provider perspective, the patient had a complex HIV history and low health literacy, factors often associated with poor HIV-related outcomes. Balancing the need for routine bloodwork and supportive in-person services with the patient's reluctance to leave her apartment was challenging. The patient also seemed overwhelmed by the technology such that the telemedicine visit negatively influenced the provider's ability to build rapport.

A Patient-Centered Approach for PLWHA: Communication, Trust and the Human Touch

Despite COVID-19, clinicians must have a deep understanding of the most important aspects of the patient-provider relationship vital for positive outcomes along the HIV care continuum. Studies have found that high quality communication from providers (e.g. active listening, clear explanation)

✉ Ofole Mgbako
om2292@cumc.columbia.edu

[1] Division of Infectious Disease, Department of Internal Medicine, Columbia University Irving Medical Center, New York, NY, USA

[2] HIV Center for Clinical and Behavioral Studies, NY State Psychiatric Institute and Columbia University, New York, NY, USA

Published online: 21 May 2020

Springer

COVID-19, Telemedicine, and Patient Empowerment in HIV Care And Research

"This moment provides a unique opportunity to build a telemedicine model in HIV care that empowers patients. HIV providers should continually appraise their telemedicine programs through patient feedback, focus on increasing access among the most at-risk PLWHA, and consider provider education training on optimal communication to enhance trust and connection…PLWHA with higher medical complexity and who are socially vulnerable – as in our patient case – will continue to be the ones lost to care and excluded from research if the telemedicine system is not designed with them in mind."

Link:
https://www.researchgate.net/publication/341560882_COVID-19_Telemedicine_and_Patient_Empowerment_in_HIV_Care_and_Research

**Mgbako O, Miller EH, Santoro AF, et al. COVID-19, Telemedicine, and Patient Empowerment in HIV Care and Research. AIDS Behav. 2020;24(7):1990-1993. doi:10.1007/s10461-020-02926-x*

46

Register today for our next webinar!

- Topic: Patient Perspectives on MCC Telehealth Services
- When: Wednesday August 19th, 2020 12-1:30pm
- Register here: https://elevationhealthpartners.zoom.us/meeting/register/tJAlcOmhrDIuG90gIUTwD6d2yaMoZeBN-qdg
- We are looking for examples of patient perspectives to share during this session:
  - Patient stories
  - Patient participation in the webinar
  - Testimonials
- Please take a moment to indicate in the chat feature if you have a patient story to share
- Please contact us if you'd like to contribute by emailing Rachel Proud at rachel@elevationhealthpartners.com

47

Evaluation

- Immediately after this webinar you will receive an email with a Qualtrics survey link to complete an evaluation of this webinar from Rachel Proud.

Please provide your feedback so that we can ensure future Mission Possible webinars are best suited to your needs!

48

Questions and Discussion

49

Thank you!

- Becca Cohen, MD, MPH
  Associate Medical Director and HIV Clinical Specialist
  rcohen@ph.lacounty.gov
- Wendy Garland, MPH
  Chief Epidemiologist and Chief of Research and Innovation
  WGarland@ph.lacounty.gov
- Natalie Martin, MBA, SHRM-SCP, TCI-CF
  President and CEO
  natalie@elevationhealthpartners.com
- Rachel Proud, MPH
  Senior Managing Consultant
  rachel@elevationhealthpartners.com

50

ELEVATION
HEALTH PARTNERS
ELEVATING HEALTH FOR ALL

Mission Possible HIV Quality Improvement Learning Collaborative for MCC Team

Patient Perspectives on MCC Telehealth Services

Presented by: LAC DHSP and Elevation Health Partners
August 19, 2020 12:00 – 1:30 pm

1

Welcome

Becca Cohen, MD, MPH
Associate Medical Director
and HIV Clinical Specialist
LAC Department of Public Health Division
HIV and STD Programs (DHSP)
RCohen@ph.lacounty.gov

About Becca (she, her)

Becca oversees efforts to improve viral suppression and retention in care among people living with HIV in LA County and works closely with DHSP's Program Support and Quality Improvement Unit to lead quality improvement efforts within the Ryan White Program. She is committed to providing high-quality HIV care and prevention services for LA county residents of all genders and ensuring that health care providers and staff are trained so that gender inclusive and affirming care is provided in all health care settings.

2

Welcome

Paulina Zamudio, MPA
Chief, Contracted Community Services
LAC Department of Public Health Division
HIV and STD Programs (DHSP)
pzamudio@ph.lacounty.gov

About Paulina (she, her)

Paulina has worked in the field of HIV/AIDS for over 27 years. She began her career at one of the largest Latino AIDS organization in Los Angeles providing health education and care services for men and women living with HIV/AIDS.

She is responsible for leading teams of staff that manage contracts with various community-based organizations. Throughout the years, her work has been deeply influenced by the many ordinary people, living extraordinary lives she has met.

3

Welcome

Natalie Martin, MBA, SHRM-SCP, TCI-CF
President and CEO
Elevation Health Partners
natalie@elevationhealthpartners.com

About Natalie (she, her)

With over thirty years of experience, Natalie has spent the last 15 years assisting California's counties, communities, and health systems in clinical system redesign, practice transformation, and data sharing to deliver patient-centered, accountable, community care. Leading the team at Elevation Health Partners, Natalie works in close partnership with funding organizations, federal, state, and county government entities, and community organizations to identify needs and improve patient experience and health outcomes. Natalie works hand on in the field working shoulder-to-shoulder with healthcare and social services teams.

4

Welcome

Rachel Proud, MPH
Senior Managing Consultant
Elevation Health Partners
rachel@elevationhealthpartners.com

About Rachel (she, her)

Rachel's expertise is in Practice Transformation, Patient Centered Medical Home (PCMH), Social Determinants of Health (SDoH), Coding for Quality, HEDIS/P4P, and she is currently building her knowledge and understanding of the health and social needs of PLWHA. Rachel serves on the Elevation Health leadership team to assist the firm with achieving client goals and objectives and is also the Legislative and Health Policy Subject Matter Expert for the firm.

5

Objectives

By the end of this webinar participants will:

- Learn and provide input about the new Ryan White funded emergency financial assistance program
- Learn from patient participants on the experience of MCC services during the coronavirus pandemic
- Share and learn promising practices in honoring patient preferences for in person, telephonic, and video visits
- Examine the Black experience in health care
- Explore the role of health professionals in addressing structural racism and supporting Black lives
- Learn strategies for addressing implicit bias in the workforce

6

EMERGENCY FINANCIAL ASSISTANCE

7

Emergency Financial Assistance (EFA)

- What is EFA
- HIV Commission Standards
- Increased need due to COVID
- Role of MCC Teams
- Timeline and Future Steps

Use the chat feature to share your thoughts on the EFA program

Raise your hand if you like to share comments verbally and we will unmute you

8

EFA Overview

- Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a Ryan White client with an urgent need for essential items or services due to hardship
- The purpose of EFA is to ensure clients can pay for critical services that play a role in whether a client is able to stay engaged in medical care and/or adhere to treatment
- EFA must occur as a direct payment to an agency (i.e. organization, landlord, vendor) or through a voucher program. Direct cash payments to clients are not permitted

9

EFA Overview (cont.)

- Emergency Financial Assistance services will have a maximum cap of $5,000 per person per twelve (12) months. Clients may apply until the maximum amount has been reached
- Two agencies will manage these funds
  - Alliance for Health
  - Housing for Health
- Contracted agencies must follow DHSP and HRSA guidelines on special use of EFA in times of public health emergencies

10

EFA Qualifying Emergency

An emergency is defined as:

- Unexpected event that hinders ability to meet housing, utility, food, or medication need; and/or
- Unexpected loss of income; and/or
- Experiencing a crisis that hinders ability to meet housing, utility, food, or medication need; and/or
- Public health crisis such as the COVID-19 pandemic that severely disrupts national systems of care, employment, and safety nets

11

EFA Eligible Clients

Eligible clients for these services must:

- Be 18 years of age or older;
- Have an HIV or AIDS diagnosis from a primary care physician;
- Be a resident of Los Angeles County; and
- Have an income at or below 300% Federal Poverty Level

12

EFA Role of MCC Teams

- Identify clients who may benefit from the program
- Enroll clients into the program via electronic portal
- Receive training and technical support

Poll #1 – Are you in agreement that MCC teams should enroll (rather than just refer) patients to the EFA program?
(Yes/No/Not Sure Yet)

Poll #2 – Do you know of clients in the case load that could benefit from the EFA program?
(Yes, I can think of clients immediately/ No, I don't see a need for this/ Not sure (not saying no, but can't think of anyone specifically right now)

Use the chat feature to share your thoughts about the role of the MCC team as relates to this program and any training needs and support you anticipate

Raise your hand if you like to share comments verbally and we will unmute you

13

EFA Role of MCC Teams

- Stay tuned for:
  - Final program details
  - Training and support opportunities for MCC teams
  - Information to access the program electronic portal

Thank you for your feedback!!

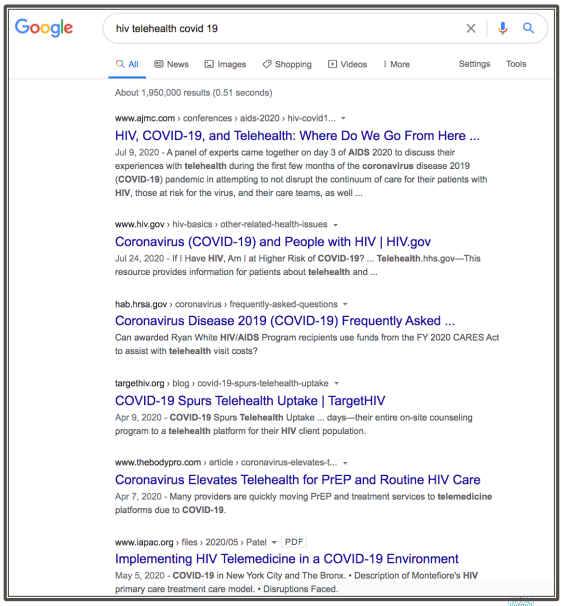
14

TELEHEALTH AND HIV CARE

15

PLWHA Attitudes Toward Telehealth

An August 8, 2020 google search of "HIV Telehealth COVID 19" produced 1,950,000 results



16

PLWHA Attitudes Toward Telehealth

> Exploring the Attitude of Patients with HIV About Using Telehealth for HIV Care

Dima Dandachi, Bich N. Dang, Brandon Lucari, Michelle Teti, and Thomas P. Giordano
Published Online:21 Apr 2020
https://doi.org/10.1089/apc.2019.0261

- Mid 2018 Survey
- Outpatient HIV center in Texas
- 371 completed surveys
- Median age of 51
- 36% female and 63% African American

- 57% of respondents were more likely to use telehealth for their HIV care if available, as compared with one-on-one in-person care
- 37% would use telehealth frequently or always as an alternative to clinic visits
- Reported benefits: ability to fit better in their schedule, decreasing travel time, and privacy
- Reporting concerns: the ability to effective communication, examination, the safety of personal information

17

AIDS 2020 23RD INTERNATIONAL AIDS CONFERENCE VIRTUAL 6 - 10 JULY 2020

Panel Discussion

Disruptive Innovations to Help End the HIV Epidemic, and the Rise of Telehealth

— *Moderated by Jeffrey S. Crowley, MPH*

Christian B. Ramers, MD, MPH, AAHIVS
- Director of Graduate Medical Education, San Diego State University School of Public Health
- Assistant Medical Director for Research and Special Populations, Family Health Centers of San Diego

David Ernesto Munar
- President and CEO, Howard Brown Health (HBH)

Laura Waters, MD, FRCP
- HIV/ Hepatitis Lead, NHS Mortimer Market Centre

Michael Murphree, LCSW
- Chief Executive Officer, Medical Advocacy & Outreach (MAO)

18

AIDS 2020 Panel Telehealth Takeaways

Murphree	Munar	Ramers	Waters
• I think we all are in agreement here…that the more options you have that are realistic, the better that retention in the medical care will be	• Developed COVID-19 protocols for rapid access to labs • I am concerned that we need to slow down and do some evaluation and really understand who we're reaching or not reaching • The new workflows should not be disruptive to our patient • Making sure that we bring together teams that are comprehensive	• It is important to continually innovate with telehealth • Engaging with care through telehealth has been a real boon to allow us to reach out to patients • The convenience factor removes [transportation, social distancing] barriers • I love the idea of letting the patients lead the way and tell you what they want in terms of their risk aversion	• The power of a hand squeeze and the power of a hug at the right time are really important, and determining when people want and need, that is crucial • Comparable experience under similar circumstances is not entirely possible at the moment • We've certainly seen some real engagement, but whether that's been driven by access to telehealth, versus the general anxiety and fear that people experience around COVID-19,.. it's really hard to say

19

Telehealth Takeaways… So far

- Telehealth has been in the HIV space, but COVID-19 has elevated its profile
- Literature to date suggest a potential preference among patients to utilize telehealth
- It's a great time to innovate and innovative telehealth services are here to stay
- It's important to implement telehealth options
- It is important to include patient preferences in telehealth decisions
- There is a need to prioritize patient and provider education

20

Rapid Study

PATIENT PERSPECTIVES

21

MCC Rapid Patient Study

Patient Demographics to be completed by MCC staff:

Age:
Race:
Gender Identity:
Newly Diagnosed: in the last 6 months ☐ or last 12 months ☐
Eligibility for MCC program:
Assessment Acuity available ☐

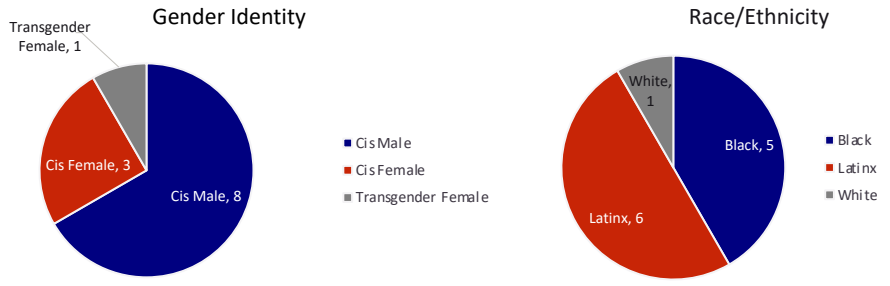
Questions to ask the patient:

1. How has COVID-19 affected your access to HIV-related care?
2. Were you satisfied with the telephone visit?
3. Did you have any challenges with the visit (finding a private place to speak, call quality…)
4. What is your preferred method of receiving services (in person, telephone, video, a combination- if so which one)?
5. Does your preference change for any reason? [Discuss]
6. How can your MCC care team better assist you during COVID-19?

- Over the last few weeks, we gathered patient perspectives and feedback on the patient experience in receiving MCC services during COVID-19
- 12 interviews from 5 agencies

22

Patient Response Demographics (n=12)

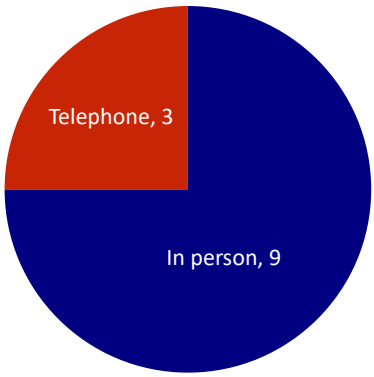


Small interview sample size is not representative

- 7 patients were over 50 and 5 were under 50
  - Youngest age was 25, oldest age was 65
  - Average age was 40
- No trends in age, gender identity, or race for preferred modality, modality satisfaction, or telephonic challenges
- All but two patients mentioned that they had access issues
- Information on acuity level was not available for all

23

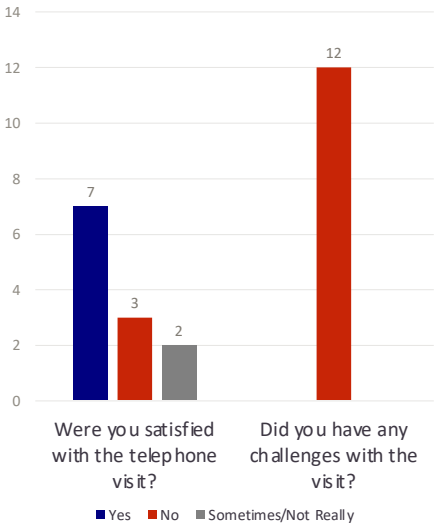
In Person or Telephone Preference?



- 3 patients prefer telephone but want to be seen in person when appropriate
- The remaining 9 simply prefer in person

24

Telephone Modality Satisfaction

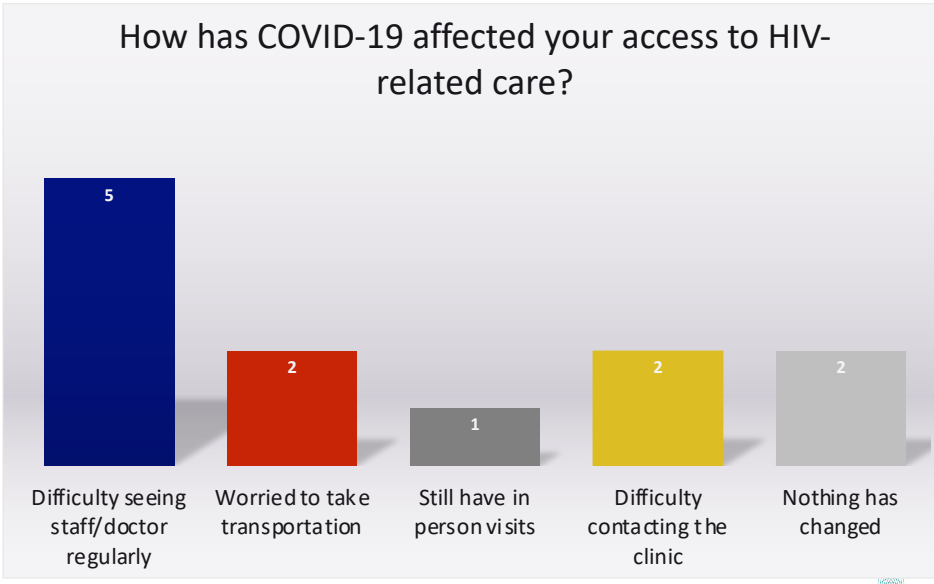


- Of 5 not not fully satisfied with the telephone visit:
  - 4 prefer in person for all appointments
  - 2 expressed concern over missing the call (3 total but one was satisfied with the call)
  - One prefers telephone visit type but is among those who express concern for missing the call
- None expressed challenges otherwise in using the phone

Prepared by Elevation Health Partners *Slide 25* *Wednesday, August 19, 2020*

25

MCC Rapid Patient Survey Responses



Prepared by Elevation Health Partners *Slide 26* *Wednesday, August 19, 2020*

26

How has COVID-19 affected your access to HIV-related care?

Major change is getting called for appointments now, no face to face. Same frequency. Now don't have to go to the clinic.	Nothing has really changed.	Being more cautious and aware of my current situation. Difficulty of getting where I need to go- transportation.
It has affected me in many ways. One of them is not being able to see my medical provider in person.	Hard to see provider for medication refills. Worried of taking transportation.	Hard to get a hold of the clinic.
It seemed like it made it harder to talk to my doctor or come and see my doctor, or even talk to someone at the clinic, most of the time I get a message. And I can't come into the clinic. I have to call and wait. It doesn't affect my treatment; I just feel like I'm not connected.	Difficulty of seeing doctor immediately for health concerns. Public transportation is hard.	The day before yesterday I missed Dr. [ ]'s call for sleeping. I was rescheduled until who knows when. Everything's normal and well.
Although I'm limited to one on one contact, I'm still being treated with care.	Not at all.	I don't like it. I miss coming in. I miss y'all.

27

How can your MCC care team better assist you during COVID-19?

I would like a call every other day. I would like to talk to you or your team	Answer phone calls	Continue to follow up (2)
Just help when I need it	WhatsApp	Call me to come in

Now, the best way they can assist me is being the bridge between me and my provider. This helps me a lot especially when I have a question regarding medication, or any other issue and my medical provider is not available at that time

28

How can your MCC care team better assist you during COVID-19?

They're doing just fine.

No requests, doing an excellent job.

29

Prioritizing MCC Services Modalities

In Person	Telephone
• Initial visits/assessment	• **Transportation barriers**
• **Rapport needs to be established; not comfortable meeting over the phone (very guarded)**	• **Convenience (engaged in care) and willingness to speak on the phone**
• **Engaged in care and prefers in person visits**	• **Engaged in care and prefers telephone visits**
• **No COVID-19 symptoms (or ensure safety protocols if patient does)**	• Not engaged in care
• **Newly diagnosed**	• Rapport established (provider referral, warm hand off…)
• New to clinic	• Condition controlled/stable
• Identified through inpatient care (frequents the ER/hospital)	• High health literacy and technology literacy
• **Comorbidities/complexity**	• Patient trained on how to use telehealth platform
• **When physical exam is important**	• Missed/cancelled appointment
• **Missed phone visits**	• Declined on-site appointment
• Low health literacy	• Childcare barriers
• Low technology literacy	• Inconsistent attendance/scheduling conflicts
• Limited access or without internet, adequate phone or computer-based technology	• High no show rate
• Homeless with limited to no access to a phone or computer	• High cancellation rate
• Paperwork/documentation assistance required in person	• Physical injury/limited mobility/chronic pain
• Need for lab testing or other medical needs	• **Reducing the risk of COVID-19 exposure to the patient**

30

Prioritizing In Person MCC Services

Patient Preference
- Stated preference
- Engaged in care and prefers in person visits
- Rapport needs to be established
- Not comfortable meeting over the phone (very guarded)
- Paperwork or documentation assistance required

Clinical Priorities
- Initial visits or assessment
- Newly diagnosed
- Comorbidities/ complexity
- When physical exam is important
- Need for lab testing or other medical needs
- No COVID-19 symptoms (or ensure safety protocols if patient does)

New Patient
- Identified through inpatient care (frequents the ER or hospital)

Patient Engagement
- Missed phone visits

Literacy and Technology Barriers:
- Low health literacy
- Low technology literacy
- Limited access or without internet, adequate phone or computer-based technology
- Homeless with limited access to a phone or computer

31

Prioritizing Telephone Visits for MCC Services

Patient Preference
- Preferred Preference
- Engaged in care
- Declined on-site appointment

Clinical Priorities
- Condition controlled or stable
- Physical injury or limited mobility with chronic pain
- Reducing the risk of COVID-19 exposure to the patient

Operations
- Rapport established (provider referral, warm hand off…)
- Missed or cancelled appointment
- High no show rate
- High cancellation rate

Solutions to Barriers
- Not engaged in care – are calls the answer? Will calls bring the patient in?
- High health literacy and telephone access
- Childcare barriers
- Inconsistent attendance or scheduling conflicts

32

MCC Discussion

- Consider capturing patient preferences related to telehealth in the EHR and reporting visits delivered according to patient preference
- How can we learn more/ inform policies for empowering MCC clients through telehealth?
  - Capturing patient preference and studying trends in MCC metrics accordingly?
  - Designing and completing small tests of change/ PDSAs?
  - Seeing data when there are inconsistencies – some patients were not considered stable and had clinical need for in person – and had telephonic visit
  - Other ideas?
- What is the new normal?

Use the chat feature to share your thoughts about the role of the MCC team as relates to this program and any training needs and support you anticipate

Raise your hand if you like to share comments verbally and we will unmute you

33

Patient Perspectives

BLACK EXPERIENCE IN HEALTHCARE

34

Understanding Structural Racism

- 2018 National Healthcare Quality and Disparities Report- Black Americans, American Indians and Alaska Natives (AI/ANs), and Native Hawaiians/Pacific Islanders (NHPIs) received worse care than Whites for about 40% of quality measures
- Black patients are less likely to receive the care they need, including adequate analgesia, cancer screening, and organ transplants
- Disparities in access to health care are made worse by social structures and policies

Source: https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2018qdr-final-es.pdf

https://journalofethics.ama-assn.org/article/blacklivesmatter-physicians-must-stand-racial-justice/2015-10

35

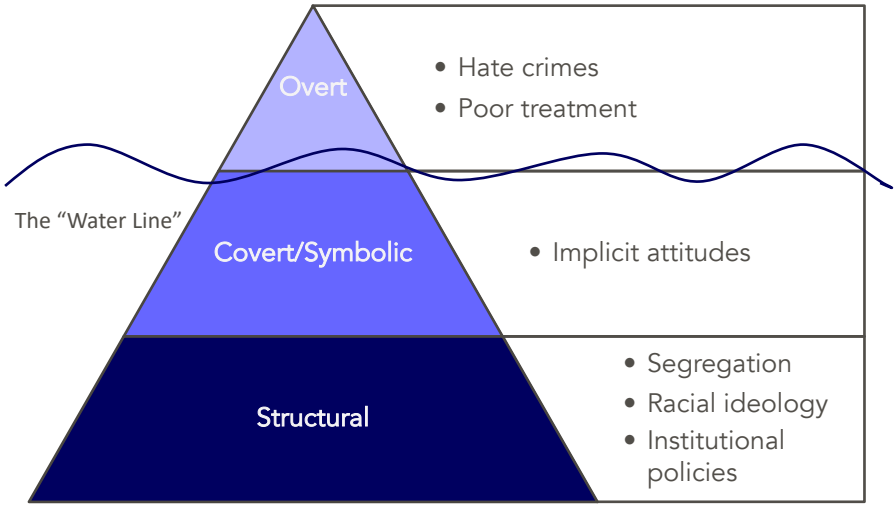
Understanding Structural Racism

- **Racism is a social determinant of health** – SDoH has a far greater impact on health outcomes than any individual's attitudes, behaviors, and genetic determinants
- Harmful effects of structural inequities are augmented by the subjective experience of racism: for example, studies show that awareness of one's race is correlated with increased diastolic blood pressure among Black patients[1]

[1] https://journalofethics.ama-assn.org/article/race-discrimination-and-cardiovascular-disease/2014-06

36

The Discrimination Iceberg[1]

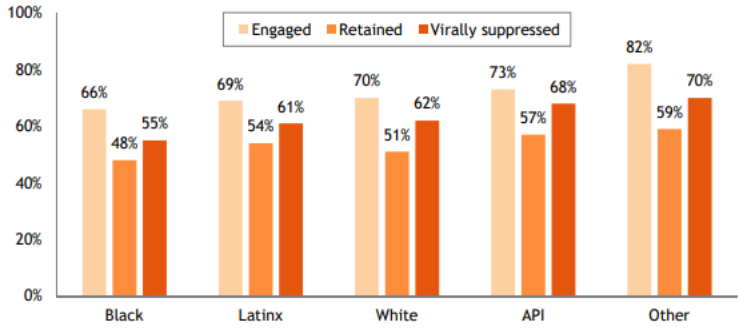


[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4933297/#R14

37

Racial and Ethnic HIV Disparities

Figure 32: Engagement, retention, and viral suppression by race/ethnicity[1] among persons aged ≥ 13 years diagnosed through 2018 and living in LAC at year-end 2019[2]



38

Incarceration and HIV Disparities

- Black Americans are incarcerated at disproportionate rates due to racial differences in application of drug laws and inequities in the criminal justice system
- Between 22% and 28% of Black men living with HIV in the U.S. passed through a correctional institution on at least one occasion in 2006
- In some prison systems, Black Americans constitute the highest proportion of prisoners living with HIV; they also seroconvert at rates higher than any other incarcerated groups
- In LAC, Black PLWHA made up 50% of those receiving RWHAP transitional case management services in the jails

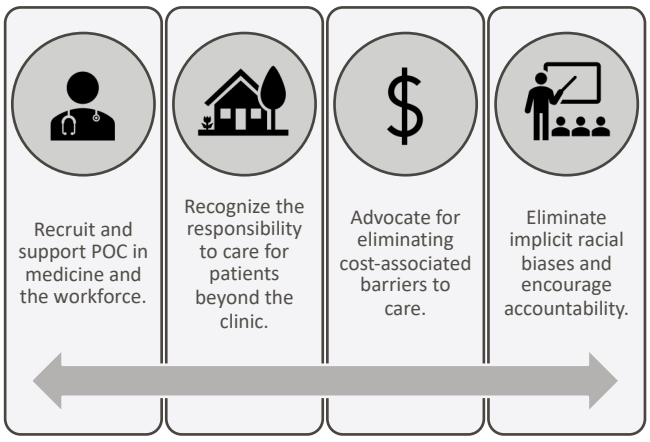
Source: Mass Incarceration in the U.S. Based on the documentary *13th*. https://allianceinaction.org/2017/02/14/

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5111428/

39

The Role of Healthcare Professionals

- White Coats for Black Lives (WCB4L) is a national workgroup and student-run movement to "dismantle racism in medicine and promote the health, well-being and self-determination of people of color."



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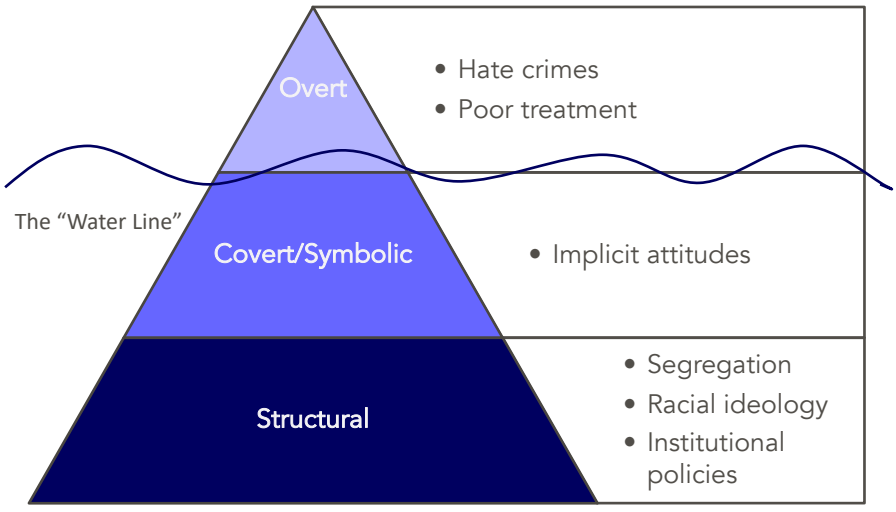
Poll #3

- Have you received an implicit bias training in the past year?
  (Yes, No, Not Sure)

41

The Discrimination Iceberg[1]



[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4933297/#R14

42

Unconscious/ Implicit Bias

Unconscious or implicit bias refers to beliefs or attitudes that are activated automatically and without an individual's awareness.

These hidden biases are different from beliefs and attitudes that individuals are aware they hold but choose to conceal for the purposes of complying with social or legal norms.

43

Implicit Bias

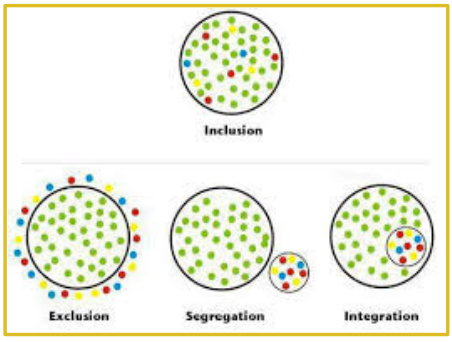
44

Addressing Implicit Attitudes

- Cognitive dissonance is the uncomfortable emotional state experienced when individuals are made aware of an inconsistency in their beliefs, attitudes, or behaviors
- Research indicates that when egalitarian values are central to an individual's self-concept, highlighting an inconsistency between the individual's anti-prejudice values and their biased responses is effective at evoking dissonance
- Dissonance motivates the individual to make conscious adjustments to their attitudes (reduction in prejudice) and behaviors (less discrimination) such that they better align with their explicit values of tolerance and equality

45

Solutions



- Understand Implicit Bias
- Educate
- Change Institutional Policy
- Practice & Model

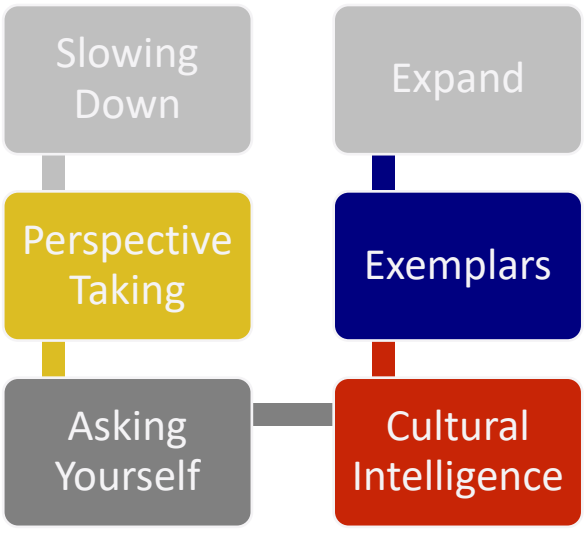
46

Ah-Ha Activities for Your Agency

- The following are evidence-based activities you can use at your agency to increase awareness and will be posted on GlassCubes in the next few days:
  - Tag
  - Father-Son
  - Circle of Trust
  - Imagine
- Caution: As a stand-alone initiative, awareness programs are rarely effective tools for reducing bias, but they do help us in the journey through education and self awareness so that we can practice and model effectively

47

Dismantling Social Categorizations and Overriding Bias



Source: SPACE2

48

Anti-Racism Trainings and Resources

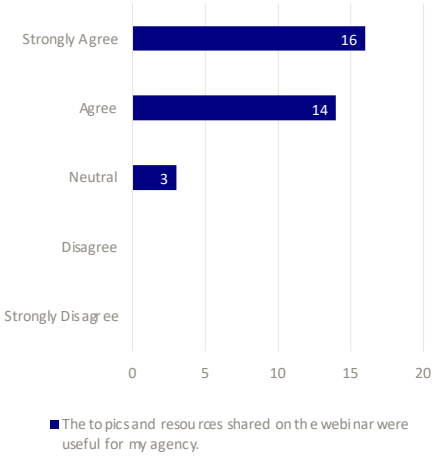
- Undoing Racism-The People's Institute for Survival and Beyond (PISAB) http://www.pisab.org/
- Race Forward https://www.raceforward.org/trainings
- Crossroads Anti-Racism Organizing and Training http://crossroadsantiracism.org/training/workshops/
- Complete List of Racial Equity Tools https://www.racialequitytools.org/act/strategies/training-and-popular-education
- Anti-Racism Resources for Health Care Professionals https://providernews.seattlechildrens.org/anti-racism-resources-for-healthcare-professionals/

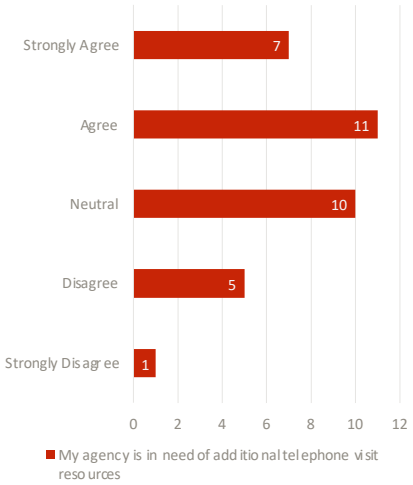
49

ADMIN AND FOLLOW UP

50

July 22nd Webinar Evaluation Summary

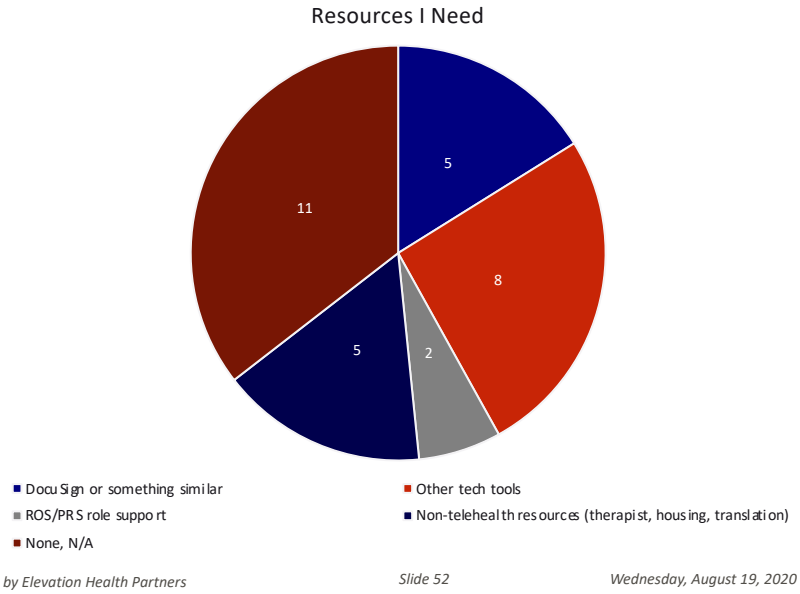




Prepared by Elevation Health Partners *Slide 51* *Wednesday, August 19, 2020*

51

July 22nd Webinar Evaluation Summary



Prepared by Elevation Health Partners *Slide 52* *Wednesday, August 19, 2020*

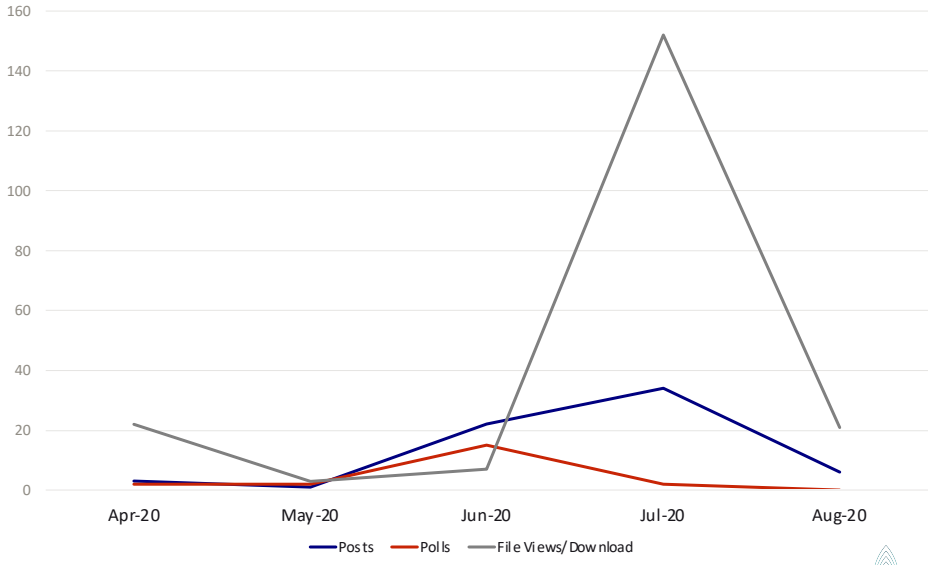
52

GlassCubes Reminder

- GlassCubes: an online workspace where you can share files and have discussions
  - Hosted by the Center for Quality Improvement and Innovation (CQII)
  - MCC teams have all been sent invitations to join the workspace
  - If you have not received an email, check your spam or junk folder
  - If you're comfortable, you can post your email in the chat and Rachel will send you an invitation email
  - Goal is to provide a platform for ongoing dialogue and exchange of best practices

53

GlassCubes Engagement



54

Register today for our next webinar!

- When: Wednesday September 16th, 2020 12-1:30pm
- Register here: https://elevationhealthpartners.zoom.us/meeting/register/tJYrf-mprz4uG9FQV10gYprUgnxsg7qPTBt

- Poll #4 – As we plan for our next webinar, please provide input on the topics of greatest input to you:
  - Telehealth Strategies
  - Supporting Patient Preference
  - Empathy and Motivational Skill Building Training
  - Bias Cultural Humility Training
  - Quality Improvement
  - Other MCC Strategies- add in the chat feature

55

Evaluation

- Immediately after this webinar you will receive an email with a Qualtrics survey link to complete an evaluation of this webinar from Rachel Proud

Please provide your feedback so that we can ensure future Mission Possible webinars are best suited to your needs!

56

Thank you!

- Becca Cohen, MD, MPH
  Associate Medical Director and HIV Clinical Specialist
  rcohen@ph.lacounty.gov
- Paulina Zamudio, MPA
  Chief, Contracted Community Services
  pzamudio@ph.lacounty.gov
- Natalie Martin, MBA, SHRM-SCP, TCI-CF
  President and CEO
  natalie@elevationhealthpartners.com
- Rachel Proud, MPH
  Senior Managing Consultant
  rachel@elevationhealthpartners.com

ELEVATION HEALTH PARTNERS

ELEVATING HEALTH FOR ALL

Mission Possible HIV Quality Improvement Learning Collaborative for MCC Teams

Improving Telephone Engagement with Empathic Communication

Presented by: LAC DHSP and Elevation Health Partners

September 16, 2020 12:00 – 1:30 pm

1

Your Speakers and Moderators

Becca Cohen, MD, MPH
She/her/hers
Associate Medical Director and HIV Clinical Specialist
LAC Department of Public Health Division HIV and STD Programs (DHSP)

Wendy Garland, MPH
She/her/hers
Chief of Research and Innovation *LAC Department of Public Health Division HIV and STD Programs (DHSP)*

Natalie Martin, MBA, SHRM-SCP, TCI-CF
She/her/hers
President and CEO
Elevation Health Partners

Rachel Proud, MPH
She/her/hers
Senior Managing Consultant
Elevation Health Partners

Deena Pourshaban, MPH PCMH CCE
She/her/hers
Chief Operating Officer
Elevation Health Partners

Prepared by Elevation Health Partners

2

Objectives

By the end of this training participants will:

- Understand what empathy in healthcare is and the benefits of listening with empathy
- Become familiar with techniques used for listening to underlying feelings, needs and values
- Study listening, language and tone skills to strengthen connection in telephone interactions with patients
- Feel more comfortable or confident in engaging patients and patients over the phone

3

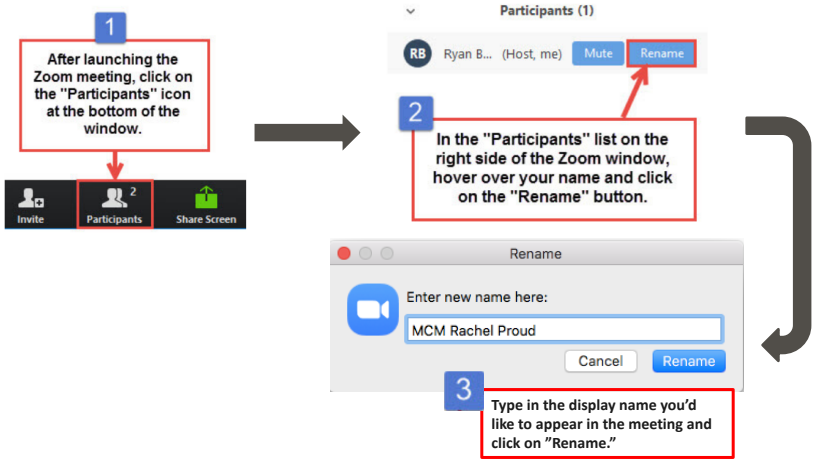
Agenda

Topic	Start Time	Allocation
Introductions	12:00 pm	5 mins
What is Empathy?	12:05 pm	10 mins
Panel Discussion	12:15 pm	30 mins
Introduction to Empathic Skill Building	12:45 pm	5 mins
Tips for High Quality Connected Phone Conversations	12:50 pm	10 mins
Break Out Sessions by Role Reflective Listening Skill Building	1:00 pm	20 mins
Re-Group and Close Out	1:20 pm	10 mins
Total Time	1:30 pm	90 mins

4

Participant Request

We will be conducting break out sessions at 1:00 pm. Please follow the below instructions to temporarily add your role to your name so that we may place you in the appropriate Breakout room for your MCC role. Append your name with these abbreviations: MCM, PCM, ROS, CW, SUP (Supervisor, all others).



5

Empathic in Person-Directed Care

- Research on empathy and its effects on patient experience and treatment outcomes originated in the field of psychology during the 1950s with the work of Carl Rogers
- "Unconditional Positive Regard" – if we don't feel care from someone, we do not share freely, take their suggestions, or trust the information they give us
- American Psychological Association Task Force on Evidence Based Therapy Relationships designated empathy as an evidence-based element of the therapeutic relationship
- A team of investigators at Rutgers School of Nursing in Newark, New Jersey, conducted a systematic review of 41 studies encompassing 1597 adults with HIV that were published in the US between 1997 and 2017. They discovered that a "confirming relationship" is paramount, with respondents wanting respect, compassion, and to be seen as a whole person
- See Appendix for a summary of resources and research articles demonstrating positive outcomes associated with empathy in therapeutic and clinical care settings

6

So What is Empathy Exactly?

"Empathy is the only human superpower-it can shrink distance, cut through social and power hierarchies, transcend differences, and provoke political and social change."

– Elizabeth Thomas

"Empathy is a hand thick with scars offering you a bandage."

– Richelle E. Goodrich

"Empathy is connection; it's a ladder out of the shame hole."

– Brené Brown

"Opinion is really the lowest form of human knowledge. It requires no accountability, no understanding. The highest form of knowledge… is empathy, for it requires us to suspend our egos and live in another's world. It requires profound purpose larger than the self kind of understanding."

– Bill Bullard

7

What is Empathy?

- Understanding or feeling what another person is experiencing from the other person's frame of reference/ point of view
- The ability to put yourself in another's shoes
- Allows a person to feel understood, validated and respected
- Important in the building of relationships

8

What is Empathy?

9

Empathy is a Choice

Four Qualities of Empathy

- Perspective taking
- Staying out of judgement- Judgement of another person's situation discounts the experience and is an attempt to protect ourselves from the pain of the situation
- Recognizing emotion in other people and communicating it
- Feeling with People

In order to connect with you, I need to connect with something in myself that knows that feeling

10

Connection

Rarely can a response make something better, what makes something better is *connection*

Connection

—

The energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.

Brené Brown

11

Empathy Panel Discussion

Revery Barnes, MD
HIV Physician Specialist and Positive Care Lead
DHS Hubert Humphrey Comprehensive Health Center

Derrick Butler, MD, MPH
Chief Medical Officer (CMO) and HIV Specialist
To Help Everyone (T.H.E.)

Harold Glenn San Agustin, MD, AAHIVS
Physician Specialist
John Wesley Community Health Institute (JWCH)

12

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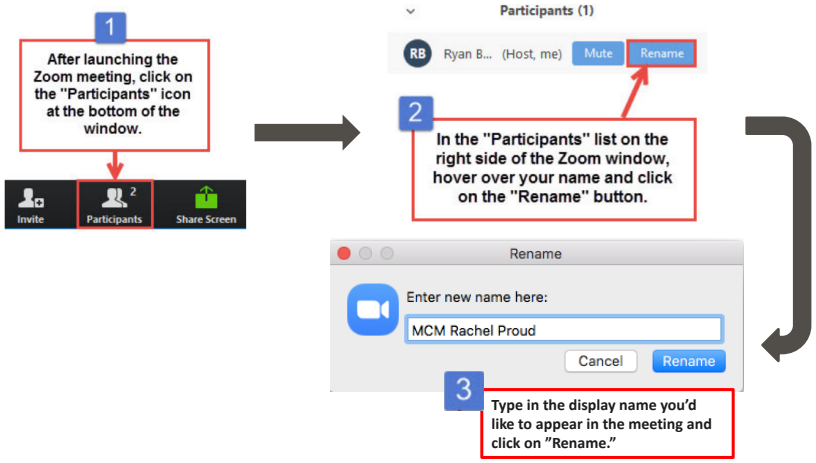


13

EMPATHIC SKILL BUILDING

14

Empathic Skill Building

- Behavioral guidance on patient-centered and strengths-based communication for front-line professionals, as well as for system and process design considerations
- Conversational approach that promotes collaboration, emotional support, affirmation and patient engagement
- Strives to evoke patient priorities relating to support needs for integration into subsequent care planning and delivery processes
- Conveys respect, promotes self-efficacy, and empowers patients by asking about their strengths, interests, and assets
- Patient feels understood and respected as you gather information about their life experiences, and for you to find out what their priorities are
- A way to learn about patient lives, understand their circumstances, their priorities and their ideas for improving their health and well-being

15

What does success look like with Empathic Inquiry ?

- Patients are able to voice concerns
- Patients are able to feel supported and heard
- You are able to obtain information by creating a trusting relationship
- Patient may be more open to accepting of support services and willing to take action/ Patients will prioritize support services and follow through on referrals

Patient Support Questionnaire

Patient Initials: _____ Date: _____

Health starts in our homes, schools, and jobs. When we know more about you, we can provide better care to support your health and wellness.

1. **Please mark the areas you would like more information or assistance with.**
We cannot guarantee help in all areas, but will do our best to respond to your priorities.

- ☐ Housing
- ☐ Transportation
- ☐ Employment
- ☐ Material Needs (clothes, glasses, diapers, furniture,etc)
- ☐ Education
- ☐ Childcare
- ☐ Social Support
- ☐ Legal Assistance
- ☐ Health Insurance
- ☐ Dental Health
- ☐ Food
- ☐ Utilities

2. If you would NOT like to be contacted by a member of your health care team about this form check here ☐

3. If you would like to be contacted, please share the best way to connect you (your phone number, email, or address).

_____

16

Recognizing the Call to Empathy

- The following phrases when used immediately after difficult information is shared are red flags that what is about to follow is unlikely to be an empathetic response:
  - *"At least…"*
  - *"Well at least…"*
  - *"I'm sorry…"*
  - *"I understand…"*
- *Personal*
  - *"But I am just being honest"* – chances are you have just been unkind
  - *"No offence... but…"* – chances are you have just offended

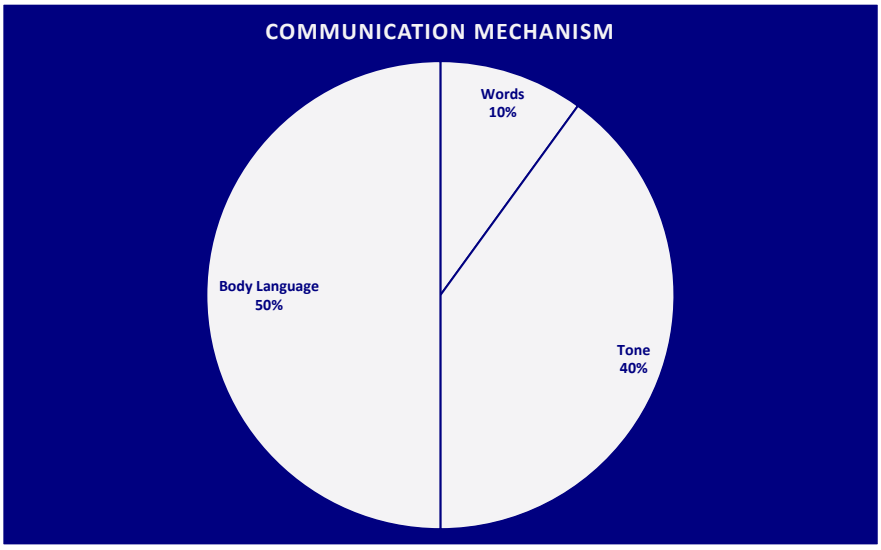
17

Empathy in Action

MAXIMIZING TELEPHONE ENGAGEMENT

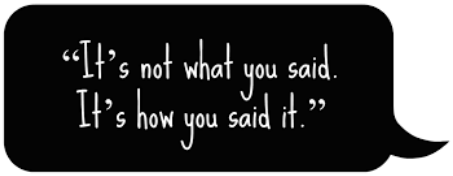
18

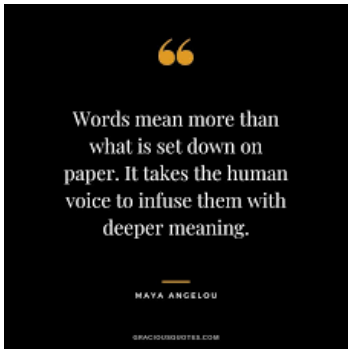
How Communications are Received



19

Matters of Language and Voice





The words and tone we use have a great impact:

- Mirror the language and tone of the patient
- Keep words relatable
- Let your tone be caring, encouraging, and authentic
  - Volume
  - Tone
  - Pace
  - Energy

20

How can we mitigate the loss of 50% of our communication, in order to continue to be effective over the telephone?

21

Tips for High Quality, Connected Phone Conversations (1 of 4)

Set the Foundation	We are unable to listen and communicate skillfully when we are doing something else.
Check In	Many MCC calls are not pre-scheduled, show that you are about the patient's comfort. "I know you probably were not expected this call right now. I'll need about 30 minutes of your time. Can you talk now? [patient agrees] Great. Are you in a good location where you can talk privately/ openly?"
Normalize	Letting others know they are not alone, not being singled out. "Most of my patients have used these services at one point or another and have found them to be very helpful."
Practice Reflective Listening	Reflecting through summarizing, exact words, and double-sided reflections.
Practice Open Ended Questions	Considered the gold standard of communication by the Institute of Medicine. When questions are truly open, we don't know what we will hear next or where things might go in the conversation, and that is okay! In asking open- ended questions, we are demonstrating to others that we value their story and their perspective– not imparting our own judgment or opinions on their experience.

22

Tips for High Quality, Connected Phone Conversations (2 of 4)

Narrate Your Pauses	In person, others can see us look down thoughtfully, nod… on the phone, it is just silence, which might be misinterpreted. Comments like "I'm just thinking about what you just shared…' or 'I want to sit with that, for just a minute. It sounds so important, what you just said" help convey we are still with the other person, as gives the other a visual picture of us in thought.
Narrate Your Smile	Studies show that we can tell when someone is smiling over the phone, make it clear by narrating. "I'm happy to be talking to you today" and "I have a big smile on my face right now, hearing you say that."
Share Power	Asking patients about their priorities for these needs demonstrates respect for their status as the "expert" on their own health and honors personal autonomy. "What is most important to you right now" or "What are your thoughts about getting started with…" Match offered services to the area of greatest importance to the patient. This approach strengthens patient engagement and the likelihood of a successful referral connection. Universally, health professionals should ask patients for their perspectives and priorities relating to social and support needs.

23

Tips for High Quality, Connected Phone Conversations (3 of 4)

Balance Your Approach	Connect with patients around the areas of their life they find meaningful, enriching and supportive, as well as the areas of challenge. Ask about strengths, interests and assets. "What makes you happy right now?" "Tell me about some of the things you are enjoy doing." These positive attributes are just as essential as drivers of health as the deficits and risk factors the health care system commonly emphasizes.
Affirm Patient Strengths/ Demonstrate Positive Regard	Others are more vulnerable when they can't see us. They can't immediately 'see' how we are responding to them, or how much we care. Particularly with people we don't have a long history with us, affirming strengths is a powerhouse when it comes to conveying of empathy and non-judgment. "I'm so impressed you were willing to give this phone thing a try" or "I can hear how much effort you are making to balance all of these priorities' frequently can assure others we have positive regard for them.

24

Tips for High Quality, Connected Phone Conversations (4 of 4)

Address Discomfort	When the patient trails off, moves around, responds to open ended questions with one-word answers, long silences… We likely were unable to see the earlier cues and clues about how they are responding to the conversation. By the time we actually 'hear' this, it is time to say something. For example: "I wonder how you are feeling right now in this moment?"
Understand the Experience	"How did this call work for you today?..."

25

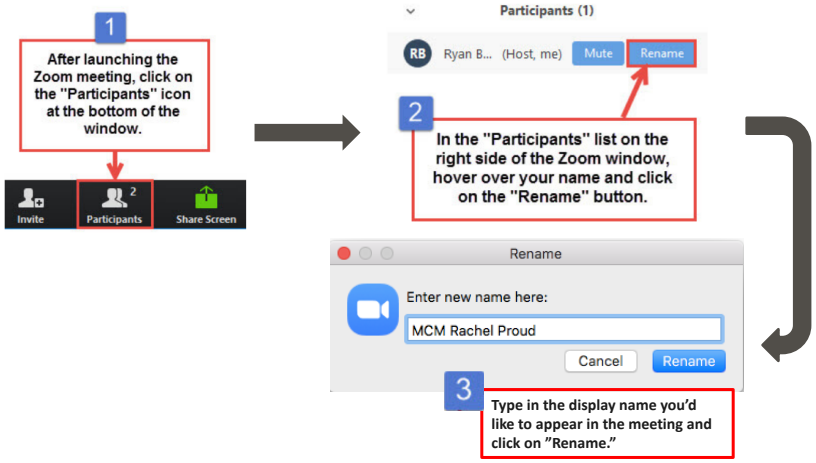
Empathy in Action

BREAK OUT SESSIONS

26

Participant Request

We will be conducting break out sessions at 1:00 pm. Please follow the below instructions to temporarily add your role to your name so that we may place you in the appropriate Breakout room for your MCC role. Append your name with these abbreviations: MCM, PCM, ROS, CW, SUP (Supervisor, all others).



27

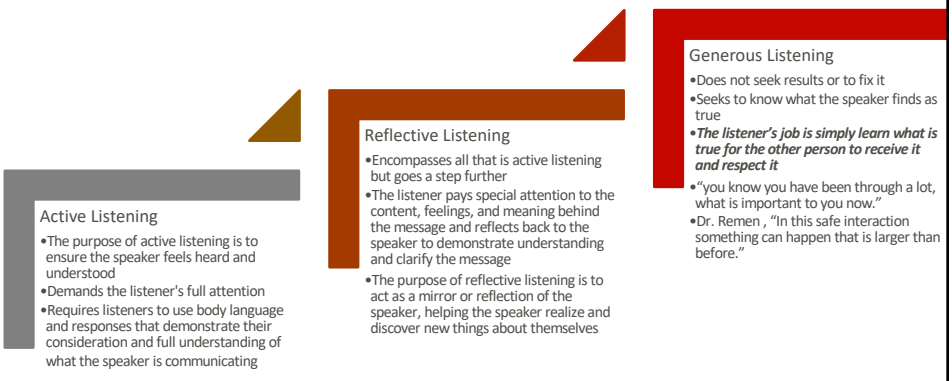
Breakout Room Instructions

- Together we will watch a video
- Following the video, all participants will go to the Breakout Room associated with their role:
  - Medical Care Manager (MCM)
  - Patient Care Manager (PCM)
  - Retention Outreach Specialist (ROS)
  - Case Workers (CW)
  - Supervisors and all other participants (SUP)
- Within the Breakout Session, you will have a dedicated Moderator. The Moderator will guide the group in conversation:
  - Encourage communication among the group
  - Encourage the other members to step in if a volunteer gets stuck
  - Ask for multiple perspectives
- A designee from your Breakout Session will be asked to share insights when we return to the main call
- If you have questions about how this will work, please use the chat feature

28

Listening Skills

- Listening (active, reflective, generous) is a practice.



29

Reflective Listening

30

Reflective Listening Recap

What it is	What it is not
▪ Repeating back what is said with a spirit of warmth and empathy ▪ A statement to double check what you have understood, verify that you got it right ▪ Leads to further elaboration ▪ Let's them know you are listening ▪ Replaces evaluative judgments ("that's great!" or "how horrible!") ▪ Signals we are "with" the person	▪ Adding new information ▪ Asking questions ▪ Giving directions ▪ Giving advice ▪ Telling how you identify ▪ Fixing ▪ Changing the person ▪ Making them happy ▪ Telling them what to do ▪ Making a referral

31

Regroup and Close Out

- Breakout room designees will share out what resonated the most for the breakout group
- Please see Appendix for two additional videos and discussion guides to further illustrate listening skills:
  - "It's Not About the Nail!"
  - Interview with Dr. Naomi Remen on Generous Listening

> *Perhaps the most important thing we bring to another person is the silence in us, not the sort of silence that is filled with unspoken criticism or hard withdrawal. The sort of silence that is a place of refuge, of rest, of acceptance of someone as they are. We are all hungry for this other silence. It is hard to find. In its presence we can remember something beyond the moment, a strength on which to build a life. Silence is a place of great power and healing."*
>
> *— Rachel Naomi Remen*

32

Summary

- Empathic Inquiry offers behavioral guidance on patient-centered and strengths-based communication for front-line professionals
- Conversational approach that promotes collaboration, emotional support, affirmation and patient engagement
- Strives to evoke patient priorities relating to support needs for integration into subsequent care planning and delivery processes
- Conveys respect, promotes self-efficacy, and empowers patients by asking about their strengths, interests, and assets
- When we seek first to understand the patient's truth, we create safe psychological space, demonstrate respect for their status as the "expert" on their own health, and honor personal autonomy and in "in this safe interaction something can happen that is larger than before"

33

Thank you!

- Becca Cohen, MD, MPH
  Associate Medical Director and HIV Clinical Specialist
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  President and CEO
  natalie@elevationhealthpartners.com
- Rachel Proud, MPH
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- Deena Pourshaban, MPH PCMH CCE
  Chief Operating Officer
  deena@elevationhealthpartners.com

34

APPENDIX

35

Resources and References

- Moudatsou M, Stavropoulou A, Philalithis A, Koukouli S. The Role of Empathy in Health and Social Care Professionals. *Healthcare (Basel)*. 2020;8(1):26. Published 2020 Jan 30. doi:10.3390/healthcare8010026
- Norberg, Andrea1,2; Nelson, John1,2; Holly, Cheryl1,3; Jewell, Sarah T.4; Lieggi, Michelle5; Salmond, Susan1,3 Experiences of HIV-infected adults and healthcare providers with healthcare delivery practices that influence engagement in US primary healthcare settings: a qualitative systematic review, JBI Database of Systematic Reviews and Implementation Reports: June 2019 - Volume 17 - Issue 6 - p 1154-1228doi: 10.11124/JBISRIR-2017-003756
- The Remen Institute for the Study of Health & Illness (RISHI): http://www.rishiprograms.org/educational-programs/
- Medicine's Search for Meaning by David Bornstein, https://opinionator.blogs.nytimes.com/2013/09/18/medicines-search-for-meaning/
- Derksen F, Bensing J, Lagro-Janssen A. Effectiveness of empathy in general practice: a systematic review. Br J Gen Pract. 2013;63(606):e76–e84. doi:10.3399/bjgp13X660814

36

Repeating Back

Exact Word Reflection

- "You want to make sure the doctor knows the medication isn't working. You also want to ask about your lab results and to find out the status of the referral for your foot."
- The patient feels confident they've been heard and reassured that their issues will be addressed. The patient likely will not feel the need to repeat these things.

Summary Reflection

- Spouse speaking to partner who has disclosed multiple events at work that were distressing today: "Wow, that sounds like a really tough day"
- Summary reflections attempt to capture the general nature of what was shared, instead of reflecting back the specific list of items that were shared.

Double-Sided Reflection

- A double-sided reflection is a great way of expressing ambivalence to your client. It's a short summary of both sides of the ambivalence. It's basically "You feel two ways about this.
- On one hand you feel ___ and on the other hand you feel ___".
- "You think it is going to be a real challenge to change the way you cook and eat, and you also know how important it is to keep your blood sugar level regulated."

37

Open-Ended Phrases for Reflecting Back

- Using open-ended phrases can increase patients' perceptions of provider empathy:
  - "It sounds like you are..."
  - "Let me see if I've gotten this right ..."
  - "What I hear you saying is ..."
  - "If I understand you correctly, you ..."
  - "You feel ..."
  - "I want to make sure I understand what you've said ..."
  - "I imagine that must be ..."
  - "I can understand that must make you feel ..."
  - "I realize how important this is to you…"
  - *"You just wish there were other options…"*
  - *"You are devastated that this happened to you."*

38

Open-ended Questions

- Considered the gold standard of communication by the Institute of Medicine
- Are the foundation of effective assessment and are related to diagnostic accuracy, in both the behavioral health and the medical field
- A core techniques of skilled interpersonal interactions, and a building block for empathic connection
- Show curiosity, convey an interest in what others think or feel, and can make a patient (or our kids, partner, friends….) feel less guarded since they are less likely to perceive the conversation to be bound by a rigid agenda
- An invitation for others to share what's on their mind, allowing us to see things from their point of view and catch a glimpse of their beliefs, values, and strengths
- Research demonstrates a higher ratio of open-ended questions is related to diagnostic accuracy

39

Open-Ended Question Starters

- *"Tell me more about…"*
- *"How did you decide…"*
- *"What are your thoughts about…"*
- *"How do you feel when…"*

40

Active Listening

41

It's Not About the Nail

Discussion Guide: 15 minutes, rejoin no later than 12:55 pm

- How many of you can easily relate this video to your work with patients?
- Who wants to describe what was depicted in the video?
  - Woman doesn't seem ready to discuss the obvious solution
  - Wants to be heard
  - Emphasizes that we must first seek to understand before we can solve
  - Man just wanted to fix and had no desire to connect or listen
  - Even though the man wasn't particularly good at making the connection it still worked
- Describe an experience with a patient [staff member] where you felt like the man in this video. Perhaps you felt the solution was obvious, maybe even easy and you were frustrated or confused as to why the patient would not discuss or act upon the obvious solution.
- Can you see how simply connecting and seeking to understand is important. And if we are on the phone, isn't this more important?

42

Generous Listening

43

Generous Listening

Discussion Guide: Take 10 minutes and rejoin at 1:15 pm

- Think of the last few telephone interactions with patients this week or last. Imagine asking one of these patients the question "You know you have been through a lot, what is important now?"
  - Tell us about one of your patients (no PI) and imagine for us what the answer would be to this question. How can you work with the answer given – what do you do next? [Ask group to help out if volunteer pauses]
- Dr. Remen suggests that when listening we don't need to be assessing what is wrong and how to fix it***, rather to simply learn what is true for the other person to receive it and respect it***.
  - Do you think it is challenging to initiate an assessment or outreach call without trying to assess what is wrong?
  - Can you see how this listening skill can improve patient-directed care?
  - How do you think generous listening can positively impact your work?
  - How does time and performance pressure impact generous listening?
- Dr. Remen shares, "In this safe interaction something can happen that is larger than before." As applied to your own work, what do you imagine this could be?

44

Generous Listening

SUPERVISOR Discussion Guide: Take 10 minutes and rejoin at 1:15 pm

- Dr. Remen suggests that when listening we don't need to be assessing what is wrong and how to fix it*, rather to simply learn what is true for the other person to receive it and respect it*.
  - How do you think generous listening can positively impact your work?
  - How does time and performance pressure impact generous listening?
- Dr. Remen shares, "In this safe interaction something can happen that is larger than before." As applied to your own work, what do you imagine this could be?

45

Closed and Narrow Questions

- Closed questions only allow for "yes" and "no", and narrow questions restrict the possible answers to one word or subject

46

Reframing

- Here are some examples of closed and narrow questions that tend to lead to one- word or otherwise restricted answers:
  - ✗ "Did you have a good day?"
  - ✗ "Do you get along with your mom?"
  - ✗ "Are you taking your medication?"
  - ✗ "How often are you taking your medications?"
  - ✗ "When did you meet her?"
- Now, consider these closed questions:
  - ✗ "What classes are you taking in school?"
  - ✗ "Do you think you're ready now, or do you want to wait?"
  - ✗ "Is your medication working?"
- We can observe how much more empathetic the same questions sound when framed as open questions:
  - ✓ "Tell me more about your classes."
  - ✓ "How do you feel about going now?"
  - ✓ "What are your thoughts about how the medications are working?"

47

Empathic Responses Example: Food Insecurity Screening

What the Staff Communicates to the Patient	What the Patient Hears	Improved, Empathetic Communication	What the Patient Now Hears
"You are Food Insecure"	What does that mean? It sounds bad, like I did something wrong	"I'm seeing so many people that are having a hard time affording food"	▪ A lot of people are struggling too ▪ I am not alone
"Looks like you need food resources"	I failed. It's just me.	"Most of my patients have used these services at one point or another and have found them to be very helpful"	▪ I am not alone ▪ This does not define me ▪ It is not bad/ weak to get help
"I'll have your doctor talk to you about that, I am not sure"	This is just me. They don't care about my needs They are just getting rid of me	"Thank you for sharing that information with me, I'd like to share this information with Dr. X who has helped a lot of our patients with this. Is that ok with you?"	▪ I am not alone ▪ They really care about me ▪ I am going to get the help I need
"We have to do this screening" *"I have to ask you a few questions"*	This is something they need to do for their job They don't really care about me This screening is not good, it doesn't matter, these questions are unimportant	"We ask all of our patients about food access because it's such an important part of managing your health."	▪ These questions are important and related to my health

48

ELEVATION HEALTH PARTNERS

ELEVATING HEALTH FOR ALL

Mission Possible HIV Quality Improvement Learning Collaborative for MCC Teams

MCC Telephone Workflow: A Deep Dive into MCC Practice

Presented by: LAC DHSP and Elevation Health Partners

October 21, 2020 12:00 – 1:30 pm

1

With thanks to your MCC peer workflow contributors:

AltaMed

AHF AIDS HEALTHCARE FOUNDATION

Prepared by Elevation Health Partners

2

Today's Presenters

Your Facilitators

- **Rachel Proud, MPH, She/her/hers,** Senior Managing Consultant, Elevation Health Partners
- **Natalie Martin, MBA, SHRM-SCP, TCI-CF, She/her/hers,** President and CEO, Elevation Health Partners
- **Carolyn Belton,** PCM, AIDS Healthcare Foundation
- **Nicole Sanchez,** PCM, AIDS Healthcare Foundation
- **Amy Croft,** Supervisor, AIDS Healthcare Foundation

With Support From

- AltaMed MCC Team 1
  - **Jessica Oregel**, MCM
  - **Raymond Fernandez**, PCM
  - **Rosa Gonzalez**, ROS
- AltaMed MCC Team 2
  - **Erica Herrera**, MCM
  - **Antonio Velez**, PCM
  - **Jennifer Lopez**, ROS

Prepared by Elevation Health Partners *Slide 3*

3

Agenda

Topic	Start Time	Allocation
Welcome	12:00 pm	8 mins
Webinar Objectives	12:08 pm	2 mins
DHSP Follow Up • EFA Program Update • Fillable PDF Forms	12:10 pm	5 mins
Workflow Introduction	12:15 pm	5 mins
Deep Dive into Outreach Telephone Workflow, AltaMed ROS	12:20 pm	25 mins
Deep Dive into Re-Assessment Telephone Workflow, AltaMed PCM and MCM	12:45 pm	20 mins
Deep Dive into Initial Assessment Telephone Workflow, AHF PCM and MCM	1:05 pm	20 mins
Re-Group and Close Out	1:25 pm	5 mins
Total Time	1:30 pm	90 mins

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4

Objectives

By the end of this training participants will:

- Learn EFA final program requirements
- Expand workflow process knowledge and review tools to help create useful workflows
- Engage with peers on effective telephone workflow strategies for outreach, initial assessments, and re-assessments among Retention Outreach Specialist, Medical Care Manager, and Patient Care Manager roles
- Better understand the needs of ROS and feel more confident in ROS strategies during COVID-19

5

EFA Program Update

- MCC Assignments
- Trainings
  - Enrollment process
  - Role of MCC providers
- Eligibility extension update
- Q&A

6

Example Fillable PDF Forms

- AltaMed has shared multiple fillable PDF forms that their MCC teams use due to COVID-19:
  - Benefits Screener (separate intake package and 6 months SVF samples)
  - Ryan White Program Eligibility (30-day attestation form)
  - Self-Employment Affidavit
  - Support Verification Affidavit

7

WORKFLOW INTRODUCTION

8

What is Workflow?

- A sequence of cognitive and physical tasks listed chronologically that occur both within and between organizations that are required to accomplish specific work objectives*
  - One person, between people, across organization
  - Sequentially or simultaneously
- Personal examples
  - Changing a diaper
  - Finding your car keys
  - Making coffee
- Clinical practice workflow
  - A direct or indirect patient care function
  - Ordering a medication
  - Scheduling a patient visit
  - Restocking the printer

**Agency for Healthcare Research and Quality (AHRQ)*

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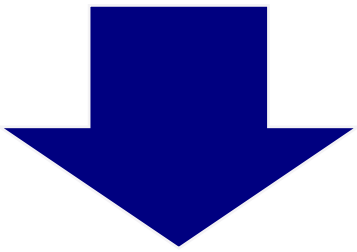
9



Advantages:

- Demonstrates whether the flow of events makes sense and is smoot
- Highlights back-and-forth, numerous handoffs b/w individuals
- Highlights areas where decisions must be made
- Shows which parts of a process are redundant or out of place
- Identifies who completes each task
- Shows what gets done
- Shows areas that can be improved
- Allows staff to clearly visualize their roles
- Easy to learn and create

Disadvantages:

- Does not show value
- Requires in-depth knowledge of the process

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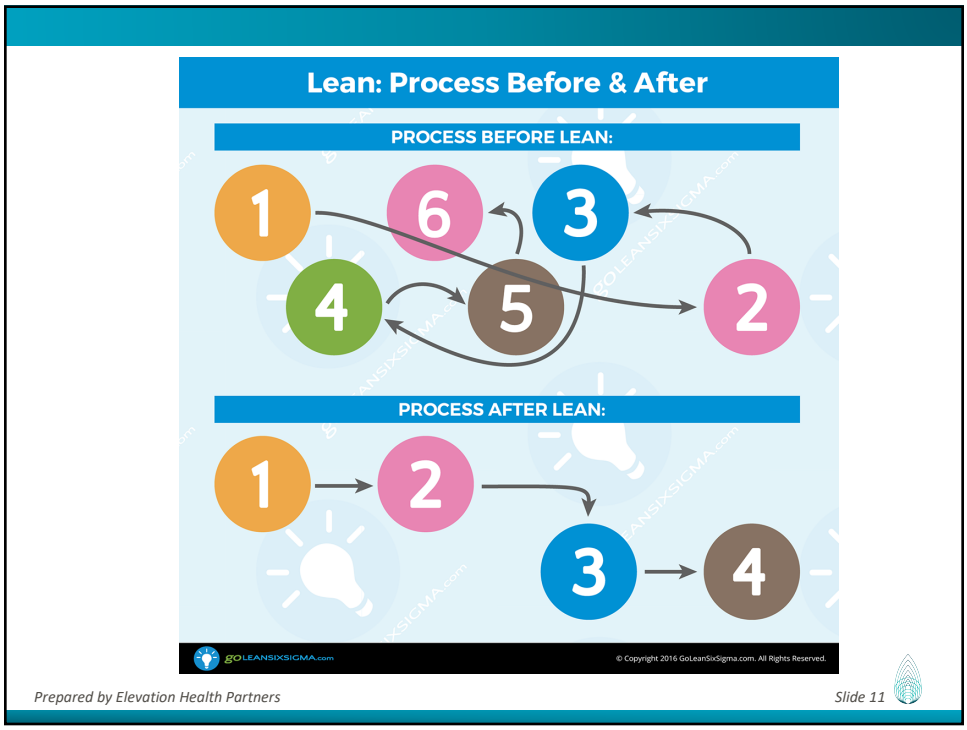
10


Lean: Process Before & After
PROCESS BEFORE LEAN:
1
6
3
4
5
2
PROCESS AFTER LEAN:
1
2
3
4
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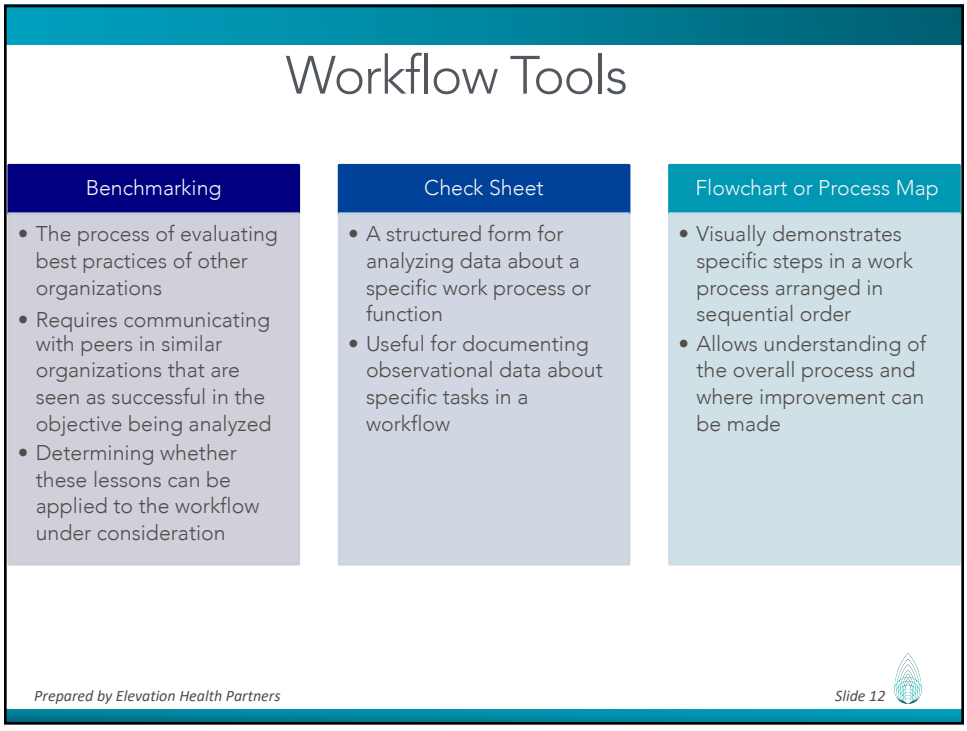
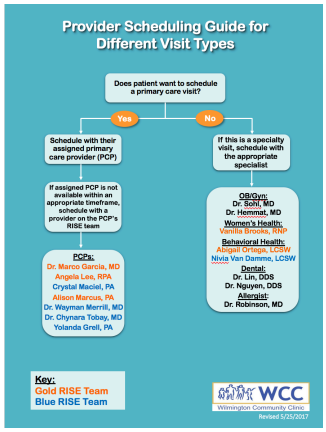
Slide 11

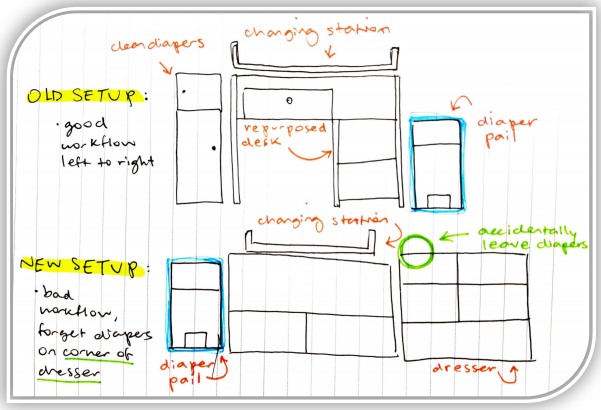
11


Workflow Tools
Benchmarking
• The process of evaluating best practices of other organizations
• Requires communicating with peers in similar organizations that are seen as successful in the objective being analyzed
• Determining whether these lessons can be applied to the workflow under consideration
Check Sheet
• A structured form for analyzing data about a specific work process or function
• Useful for documenting observational data about specific tasks in a workflow
Flowchart or Process Map
• Visually demonstrates specific steps in a work process arranged in sequential order
• Allows understanding of the overall process and where improvement can be made
Prepared by Elevation Health Partners
Slide 12

12

Visuals Are Useful





- Consider your purpose
- Work with what you know

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13

Visuals Are Useful

Time Observation Sheet

Name:

Process: Observer: Date: Page: 1

Observation Documentation						Value		Waste Analysis (DOWNTIME)							
Step #	Step Start Time	Time Elapsed	Work Element	Remarks	Person Responsible	Value	Necessary	Defects	Over Production	Waiting	Not Utilizing Talent	Transport	Inventory	Motion	Extra Processing
1	5:45 AM	55	lay in bed	trying to open eyes, listens to radio											
2	6:40 AM	1	put on robe and socks												
3	6:41 AM	0.5	walk to kitchen	very short distance											
4	6:41 AM	0.5	fill mocha pot with water												
5	6:42 AM	1	fill filter with coffee, screw moka pot together, and turn on stove												
6	6:43 AM	3	waiting to brew	plays with cat											
7	6:46 AM	1	warms milk and sugar on stove												
8	6:47 AM	0.5	pours coffee and milk into mug												
9	6:47 AM	0.5	spills coffee, wipes up coffee	dribbled down side of moka pot											
10	6:48 AM	2	waiting for coffee to cool down	tongue burnt											
11	7:00 AM	1	sips and enjoys coffee												
Total Time Elapsed h:mm		66	Total Value Added Time		Total Waste Time			Waste Analysis							
Total Time Elapsed mm															

- Consider your purpose
- Work with what you know

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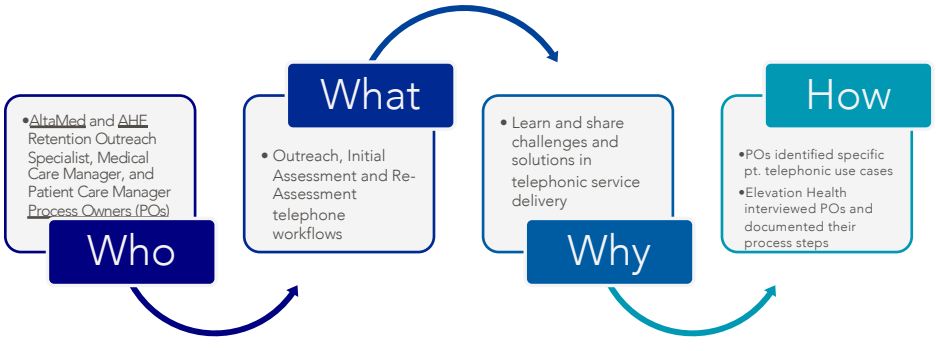
14

Deep dive into MCC telephone visit workflows

15

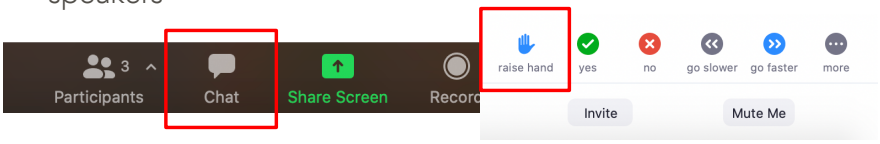
MCC Workflow Study



16

Workflow Review Approach

- We will discuss each workflow for a few minutes
- Use chat feature to share comments or questions for AltaMed and AHF to address
- Use raise hand feature to be taken off mute
- Natalie will moderate and bring items to the attention of your speakers



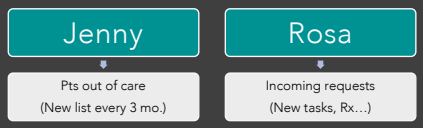
Chat: Send messages to the host, panelists, and other attendees

Raise Hand: Alert Elevation Health that you would like to come off mute

17

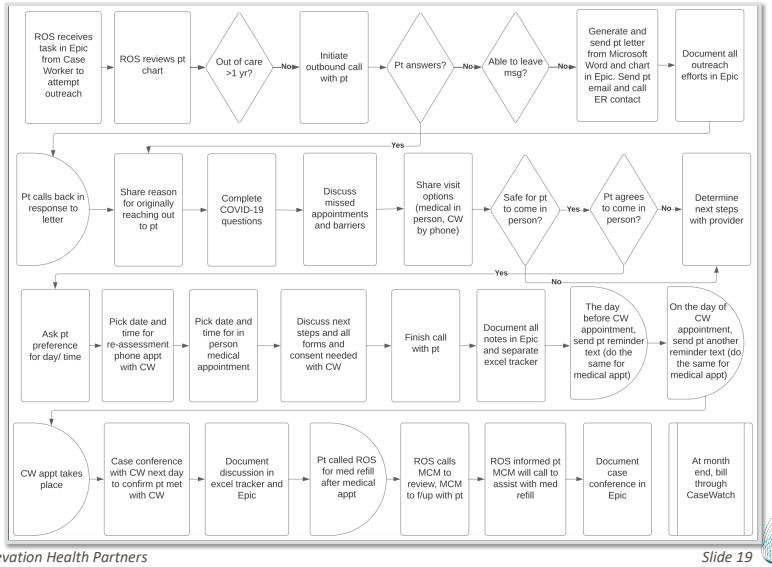
AltaMed ROS Case Scenario Re-Assessment Outreach

- 26-year-old, Hispanic male
- Patient was referred/escalated to ROS by the Case Worker after patient missed both their reassessment appointment with the Case Worker and medical appointment with the provider
- Out of care for more than six months
- Nonworking telephone number
- Patient responded to a letter sent to him by the ROS after ROS unable to reach patient by phone



18

AltaMed ROS Outreach Re-Assessment Workflow



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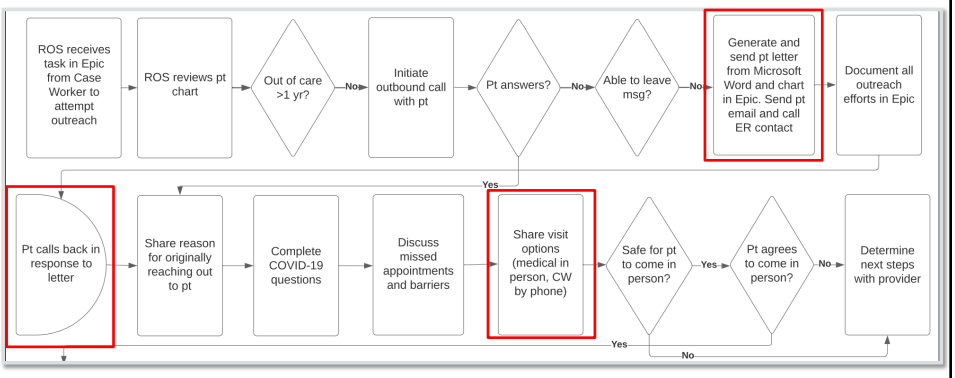
19

AltaMed ROS Outreach Re-Assessment Workflow Page 1



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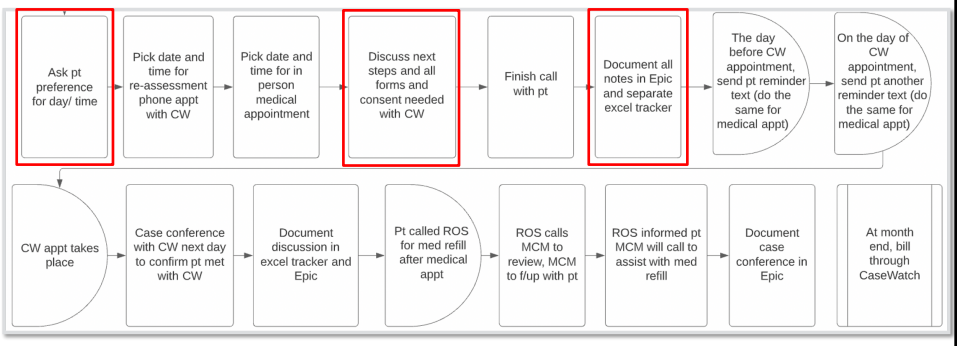
20

AltaMed ROS Outreach Re-Assessment Workflow Page 2



21

ROS Outreach Peer Poll

- How many times does ROS staff outreach to a patient before sending the referral to LRP?
  - —Less than 3
  - —Just 3
  - —More than 3
- For ROS audience members, are you using text messaging to reach patients?
  - —Yes
  - —No
  - —No-I don't have a work smart phone

22

AltaMed ROS Workflow Discussion

- Shows importance of relationship for re-engagement patient
- Workflow may be as unique as each patient
- Not a linear process - many process delays
- Need for offline tools – Excel spreadsheet
- Multiple strategies when phone info is outdated
- Documentation in EHR before CaseWatch

EPIC Documentation:

- What ROS reviewed in the chart
- # of hours to be billed
- what happened when trying to re-engage the patient
- All MCM case conferences

Tracker Update:

- Date of re-engagement and type of communication attempt(s) made

23

Spotlight: ROS Role

Please share with your fellow ROS peers by answering the following in Chat:

- How are other ROS managing emails, letters and calls to patients?
- What other tools are you using as an ROS that you recommend?
  - Lexus Nexus
  - Pinger
  - Others

24

AltaMed Team 1 Case Scenario Re-Assessment

- 37-year-old, Hispanic male
- In and out of homelessness, travels back and forth between Arizona and California (Los Angeles)
- Engaged with MCC team; has high needs and is re-assessed every three months

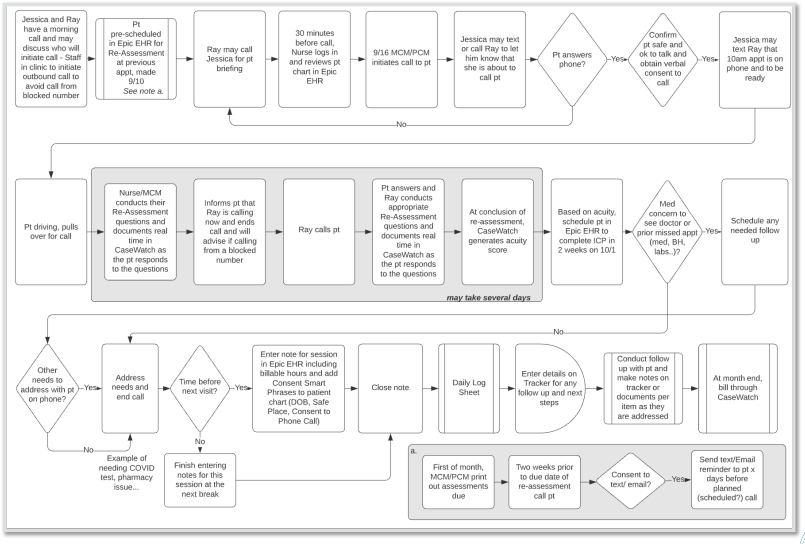
Jessica → MCM, medical portion of re-assessment

Ray → PCM, psycho-social portion of re-assessment

Slide 25

25

AltaMed Team 1 Re-Assessment Workflow



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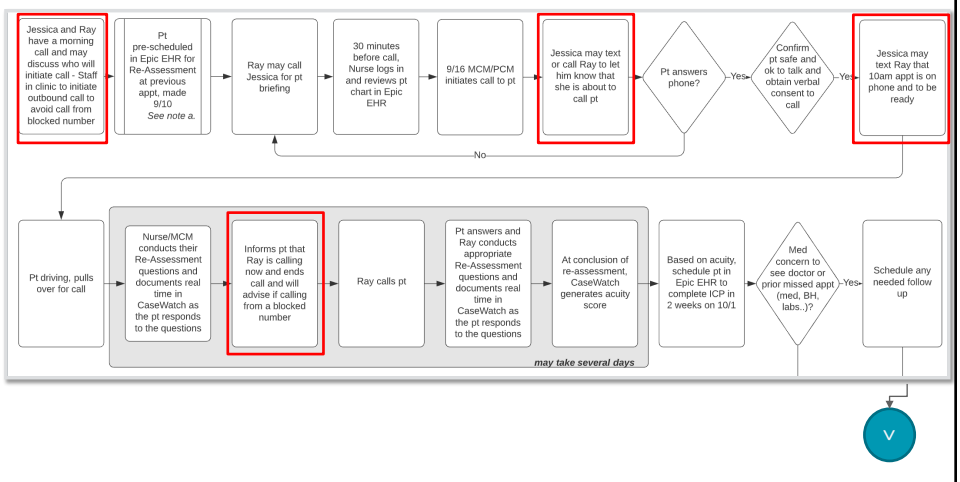
26

AltaMed MCC Team 1 Re-Assessment Workflow Page 1



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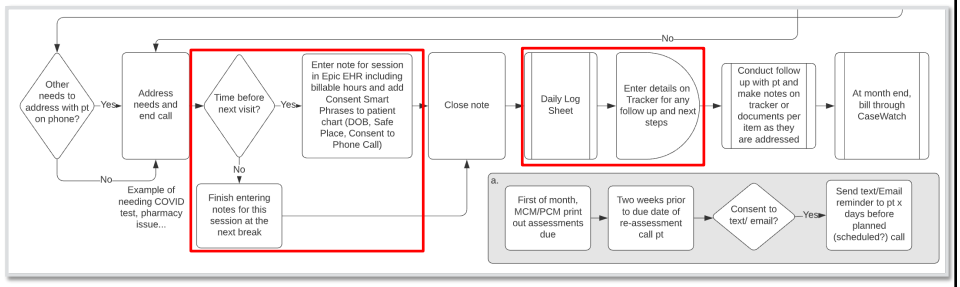
27

AltaMed MCC Team 1 Re-Assessment Workflow Page 2



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Slide 28

28

Re-Assessment Peer Polls

- Is it standard practice at your agency for the MCM and PCM to be on the phone together with each doing medical and psychosocial portions respectively?
  - —Yes
  - —Preferred but not necessary
  - —No
- Do you use a physical/ printed log, tracker, patient lists to track your work progress and to dos?
  - —Yes, consistently
  - —Yes, inconsistently
  - —No

Use chat to share these and other physical tracking tools!

29

AltaMed Team 1 Discussion

- Workflow influenced by:
  - Physical location of staff
    - Initiate together when in office
    - Tight coordination when handing patient off among staff (in different locations)
      - Teams using text while on the phone to coordinate with co-workers
- Preference for staff in clinic to initiate the outbound call so that the call does not come from blocked number
- Importance of confirming patient is in safe location with ability to stop what they are doing and focus on call (Patient pulled over while driving - could have been grocery shopping, changing diaper…)
- Staff are scheduling appointments while patient is on the phone
- Pt may not answer phone and there will be multiple rounds before the patient is reached
- Need for offline documentation/physical logs, trackers, and patient lists
- What else? Enter your observations in Chat

30

AltaMed Team 2 Case Scenario Re-Assessment

- 45-year-old, Hispanic male
- Came to AltaMed MCC team after a hospital visit with meningitis, homeless, estranged from wife. History of mental depression and alcohol use
- Out of care for about a year

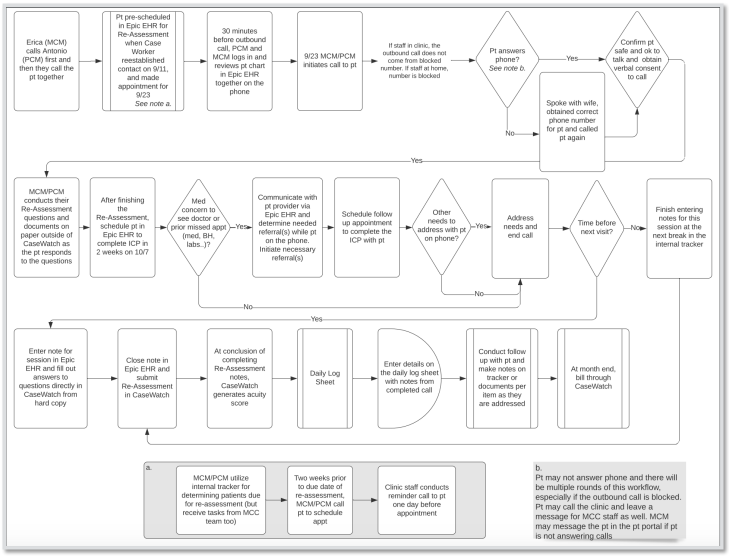
Erica → MCM, medical portion of re-assessment

Antonio → PCM, psycho-social portion of re-assessment

Slide 31

31

AltaMed Team 2 Re-Assessment Workflow



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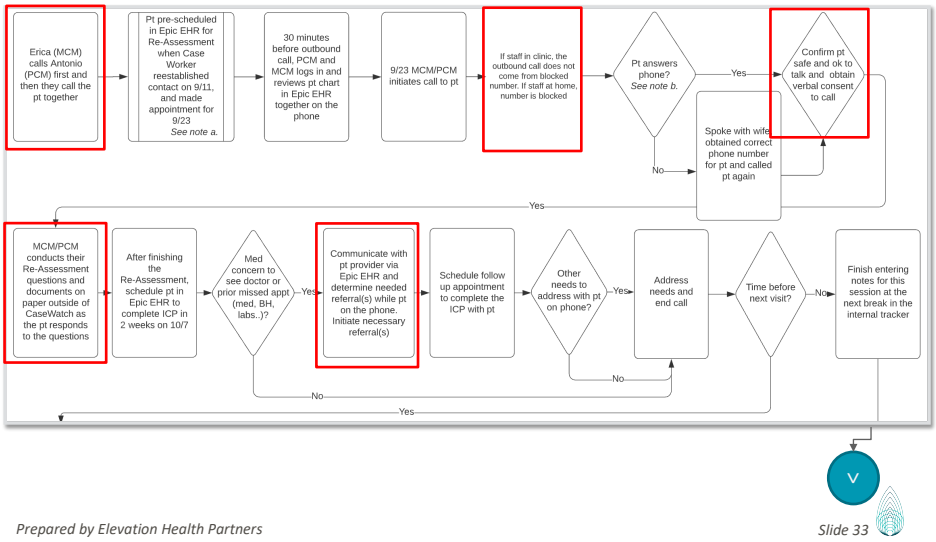
32

AltaMed MCC Team 2 Re-Assessment Workflow Page 1



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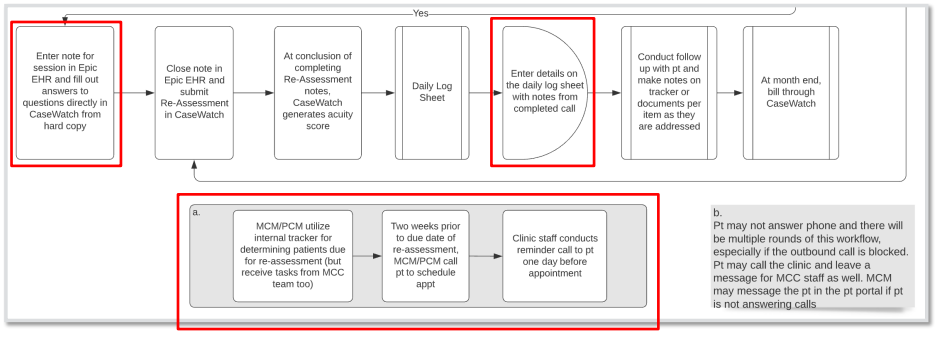
AltaMed MCC Team 2 Re-Assessment Workflow Page 2



34

Multiple Teams Poll

- If your agency has multiple MCC teams, how similar are your workflows between teams?
  - —Identical
  - —Mostly the same
  - —Some similarity
  - —No similarity
  - —Not applicable

35

AltaMed Team 2 Discussion

- AltaMed recognized the opportunity to enroll patient in the clinic's patient portal and utilize it as an additional communication channel
- Documented verbal consent as critical tool in current workflow
  - Some patients can send signed documents
    - AltaMed has a dedicated phone where patients can send photo attachments
    - Written consent is prioritized when in person visits
- It is common for multiple MCC teams at one agency to have different telephone workflows
- Please share any additional insights and comments in Chat

36

AIDS Healthcare Foundation Case Scenario Initial Assessment

- 28-year-old, African American male
- Patient referred by the provider to the MCC team
- Provider reports patient with substance abuse

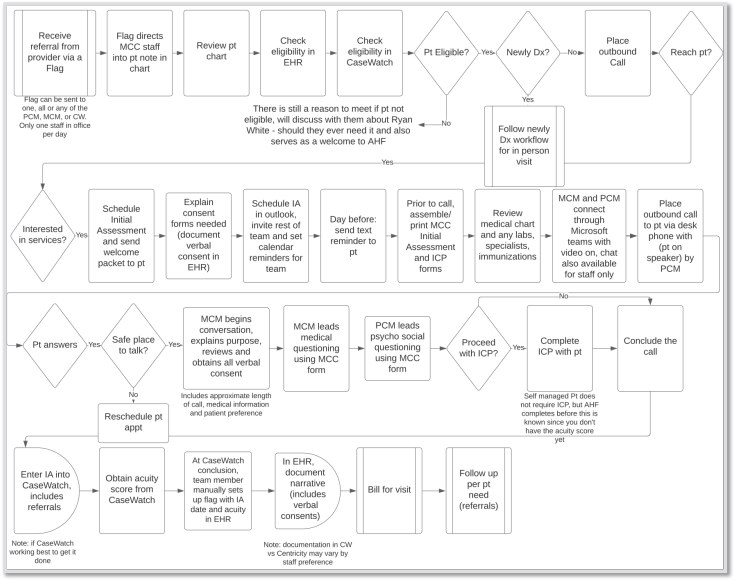
Joel → MCM, medical portion of re-assessment

Carolyn → PCM, psycho-social portion of re-assessment

Slide 37

37

AHF Initial Assessment Workflow



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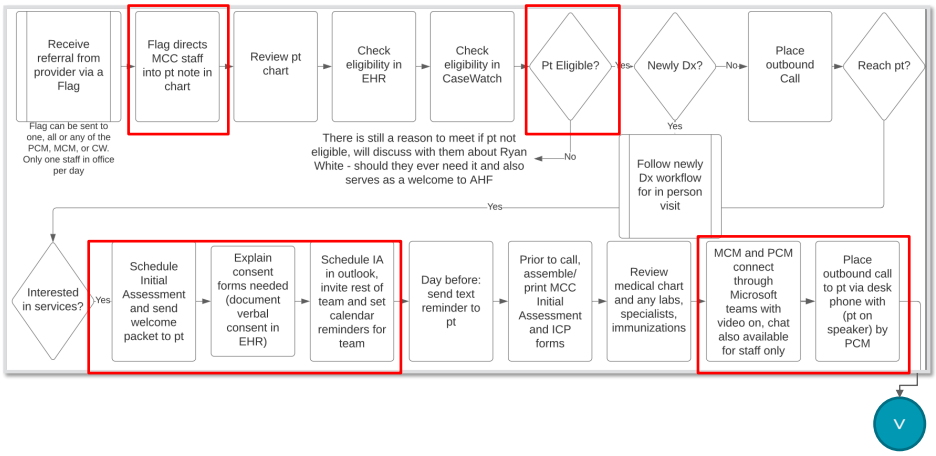
Slide 38

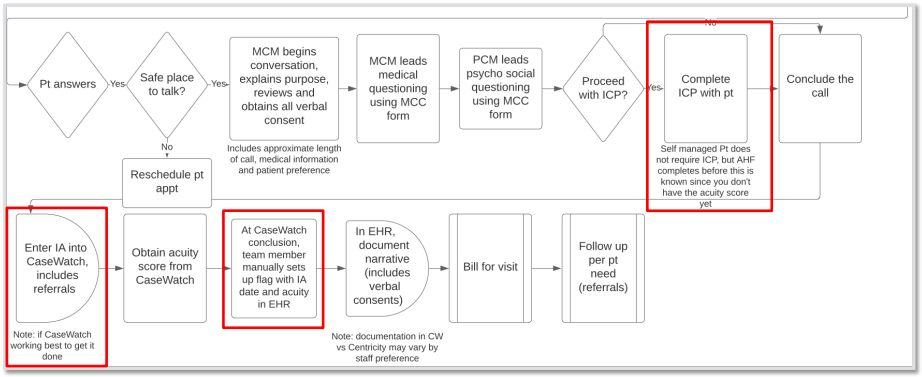
38

AHF MCC Initial Assessment Workflow Page 1



39

AHF MCC Initial Assessment Workflow Page 2



40

Initial Assessment Peer Poll

- How often are you able to complete the ICP immediately following within same phone call of the Initial Assessment?
  - —Most of the time
  - —Not very often
  - —Never
- When do you complete the ICP with the patient?
  - —Before the assessment is entered in CaseWatch
  - —After the assessment is entered in CaseWatch

41

AHF Initial Assessment Discussion

- MCC Teams play an important role in introducing resources for patients not eligible for MCC
- AHF completes the ICP for a patient new to MCC services before assessment is entered in CaseWatch
  - Will this require updating the ICP after the acuity score is obtained from CaseWatch?
- Best case scenario: complete ICP right after the Initial Assessment
- Acuity drives contact frequency
- Multiple tools and creativity needed to accomplish team-based care
  - Microsoft Teams
  - Speaker phone, closed door, noise maker
  - Cell phones for calls and texts
- Preference for MCM and PCM to be on the phone together hearing the full assessment
- Please share additional insights, comments and questions in Chat

42

Wrap Up

- Thank you again to our MCC peer contributions from AHF and AltaMed!
- All workflows will be sent out as handouts
- Please complete the webinar evaluation that will be sent out immediately following the conclusion of this call
- Our final "Closing Celebration" session of the Mission Possible MCC Webinar Series is scheduled for Wednesday November 18th. Black AIDS Institute (BAI) will be presenting. More details to come!

43

Thank you!

- Natalie Martin, MBA, SHRM-SCP, TCI-CF
  President and CEO
  natalie@elevationhealthpartners.com
- Rachel Proud, MPH
  Senior Managing Consultant
  rachel@elevationhealthpartners.com

44

ELEVATION HEALTH PARTNERS

ELEVATING HEALTH FOR ALL

Mission Possible HIV Quality Improvement Learning Collaborative for MCC Teams

Closing Celebration

Presented by: LAC DHSP and Elevation Health Partners

November 18, 2020 12:00 – 2:00 pm

1

Today's Presenters

- **Natalie Martin, MBA, SHRM-SCP, TCI-CF, She/her/hers,** President and CEO, Elevation Health Partners
- **Rachel Proud, MPH, She/her/hers,** Senior Managing Consultant, Elevation Health Partners
- **Becca Cohen, MD, MPH, She/her/hers,** Associate Medical Director and HIV Clinical Specialist, LAC Department of Public Health Division HIV and STD Programs (DHSP)
- **Wendy Garland, MPH, She/her/hers,** Chief Epidemiologist, Research and Evaluation, LAC Department of Public Health Division HIV and STD Programs (DHSP)

Featured Speaker

- **Raniyah Copeland, MPH, She/her/hers,** President and Chief Executive Officer, Black AIDS Institute (BAI)

Prepared by Elevation Health Partners *Slide 2*

2

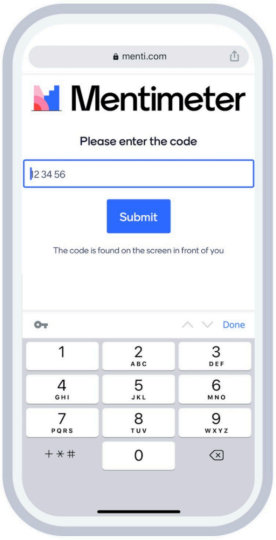
Agenda

Topic	Allocation
Welcome & Objectives	15 mins
MCC Achievement Recognition	5 mins
BAI Presentation	50 mins
Mission Possible Review	10 mins
Celebration / Recognition	10 mins
Participant Poll	10 mins
A Look Forward	10 mins
Resources & Closing	10 mins
Total Time	**2 hours**

3

Word Cloud Activity Instructions

- We will be using **Mentimeter** to create a Word Cloud
- In order to participate, please follow these steps:
  - Using your phone or computer, go to **menti.com**
  - Enter the following voting code to enable access to the questions: **29 05 52 0**



Prepared by Elevation Health Partners *Slide 4*

4

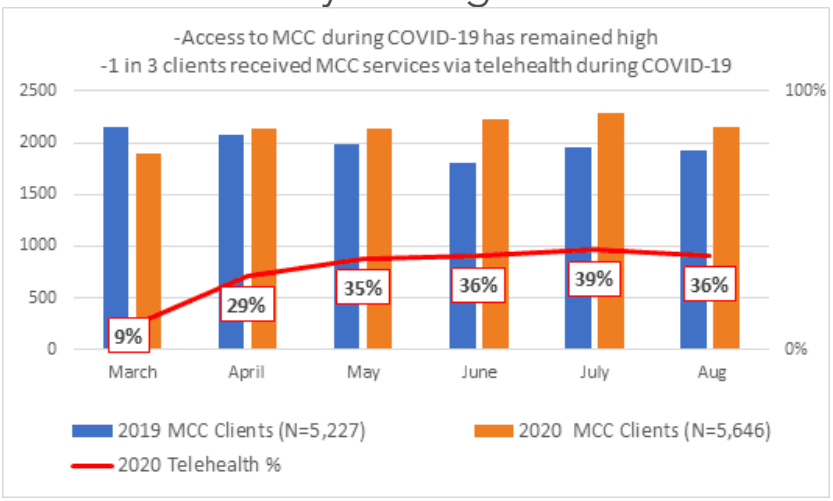
Learning Objectives

By the end of this webinar participants will:

- Learn the impact of MCC work during the pandemic
- Learn the strategies of the We The People campaign to end the HIV epidemic in Black communities
- Understand how to advocate for the patient in HIV care
- Review and celebrate the work of MCC team participation in the Mission Possible Learning Collaborative
- Look forward to ongoing collaboration among MCC teams and DHSP

5

MCC Teams Provide Critical Service Continuity During COVID-19



6

RANIYAH COPELAND, MPH
PRESIDENT AND CHIEF EXECUTIVE OFFICER | CEO'S OFFICE

Featured Speaker Raniyah Copeland

Named one of The Root's 100 Most Influential African Americans in 2019, Raniyah Copeland is an opinion leader and seasoned advocate leading the charge to end HIV in Black communities.

She has worked her way up through the ranks at Black AIDS Institute (BAI), serving as the institution's Training and Capacity Building Coordinator, Manager, and Director of Programs, before taking charge as President and CEO in 2019.

Before joining BAI in 2008, Copeland worked at Planned Parenthood in Pasadena as a Health Educator, promoting healthy sexual choices and conducting HIV and STI testing and counseling.

Deeply committed to the Black community, she served as the Executive Director of the Black Recruitment and Retention Center managing the joint effort between students and the University of California, Berkeley to increase and retain Black students in the UC System. Copeland is also the co-founder of the Afrikan Black Coalition, a statewide organization for Black students in California.

Raniyah attended the University of California, Berkeley, where she studied Public Health and African American Studies. She has also earned a master's in urban public health from Charles Drew University of Medicine and Science in Los Angeles. She lives in South LA with her two young children and husband.

7

Featured Presentation Raniyah Copeland

8

Word Cloud Activity Instructions

- We will be using **Mentimeter** to create a Word Cloud
- In order to participate, please follow these steps:
  - Using your phone or computer, go to **menti.com**
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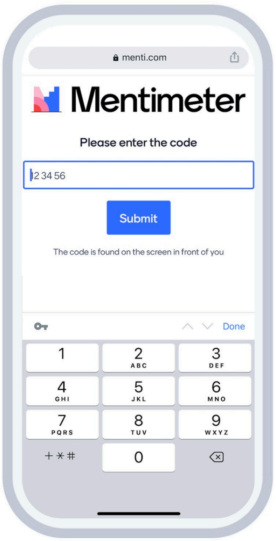

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9

How can you empower your clients to be change agents to end HIV in their communities?

Mentimeter

Prepared by Elevation Health Partners *Slide 10*

10

What are strategies you can immediately implement that address the lived realities, needs and preferences of your intersectional clients?

Mentimeter

32

11

COUNTY OF LOS ANGELES Public Health

ELEVATION HEALTH PARTNERS
ELEVATING HEALTH FOR ALL

Mission Possible Review

12

Abel Alvarez, DHSP
Anait Arsenyan, DHSP
Bridget Cole, Institute for High Quality Care
Claudia Murray, Harbor-UCLA
Cheryl Barrit, LA Commission on HIV
Jennifer Gjurashaj, AHF
Lauren White, APLA
Lisa Klein, DHSP
Louis Guitron, LA LGBT Center
Marisa Cohen, DHSP
Nicolaus Garcia, LA LGBT Center
Nick Rocca, NEVHC
Pamela Ogata, DHSP
Revery Barnes, Hubert Humphrey Main St Clinic
Sandra Garcia, Hubert Humphrey Main St Clinic
Sonali Kulkarni, DHSP

13

MCC Needs Assessment

22 Agencies **86** Respondents

Program Management Best Practices
Supervisor Training & Support
SDoH Priorities
Quality Improvement Skill Training

14

DHSP Responds to COVID-19

Approves telephone use, verbal consent, supports CaseWatch remote access, and repurposes Mission Possible learning collaborative to support telehealth.

- Webinar training to support telehealth implementation
- Resources to assist remote care
- Launch of GlassCubes peer best practice exchange
- Mechanism to give input to DHSP on program needs

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15

Telehealth Support Webinar Series

5 Telehealth Support Webinars

1. March | MCC Telehealth Strategies
2. July | MCC Telehealth Integration
3. August | MCC Patient Perspectives
4. September | Empathic Telephone Engagement
5. October | MCC Telephone Workflow

Over **140** participants from **27** agencies

22 Agencies on GlassCube

132 GlassCubes Members

100% MCC Roles Represented

Prepared by Elevation Health Partners *Slide 16*

16

Participant Feedback

MCC team feedback was critical to tailor webinar topics, trainings, methods and format to participant needs.

Question / Webinar	3/27 COVID-19 & TELEHEALTH	7/22 TELEPHONE STRATEGIES	8/19 BIAS & PATIENT PERSPECTIVES	9/16 EMPATHY PANEL	10/21 TELEPHONE WORKFLOWS
The topics and resources shared on the webinar were useful for my agency.	Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
My agency is in need of additional telehealth resources.	Strongly Agree	Agree	x	x	x
The Patient Perspectives interview findings were useful for my agency.	x	x	Agree	x	x
The Black Experience in Healthcare information was useful to my agency.	x	x	Strongly Agree	x	x
The Implicit Bias training was useful to my agency.	x	x	Agree	x	x
My agency is in need of additional support for addressing patient perspectives and needs.	x	x	Agree	x	x
The panel discussion was useful for my agency.	x	x	x	Strongly Agree	x
The empathic skill building techniques were useful for my agency.	x	x	x	Strongly Agree	x
The telephone empathy techniques were useful for my agency.	x	x	x	Strongly Agree	x
The reflective listening breakout session was useful for my agency.	x	x	x	Strongly Agree	x
My agency is in need of additional support for addressing empathic skill building.	x	x	x	Strongly Agree	x
The workflow examples from AltaMed were useful for my agency.	x	x	x	x	Strongly Agree
The workflow example from AIDS Healthcare Foundation was useful for my agency.	x	x	x	x	Strongly Agree
The ROS focused discussion was useful for my agency.	x	x	x	x	Strongly Agree
My agency is in need of additional support for developing workflows.	x	x	x	x	Strongly Agree

Prepared by Elevation Health Partners *Slide 17*

17

MCC Poll

- How likely are you to continue to engage with your peers regularly on GlassCubes?
  - Not sure
  - Not at all
  - Sometimes when I need help
  - Regularly

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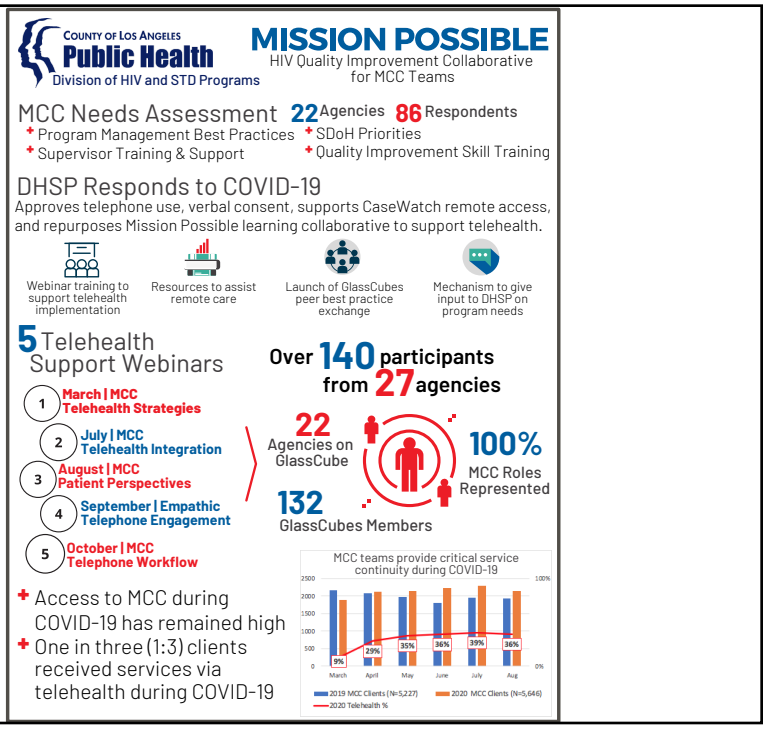
18


County of Los Angeles
Public Health
Division of HIV and STD Programs
MISSION POSSIBLE
HIV Quality Improvement Collaborative for MCC Teams
MCC Needs Assessment
22 Agencies
86 Respondents
Program Management Best Practices
Supervisor Training & Support
SDoH Priorities
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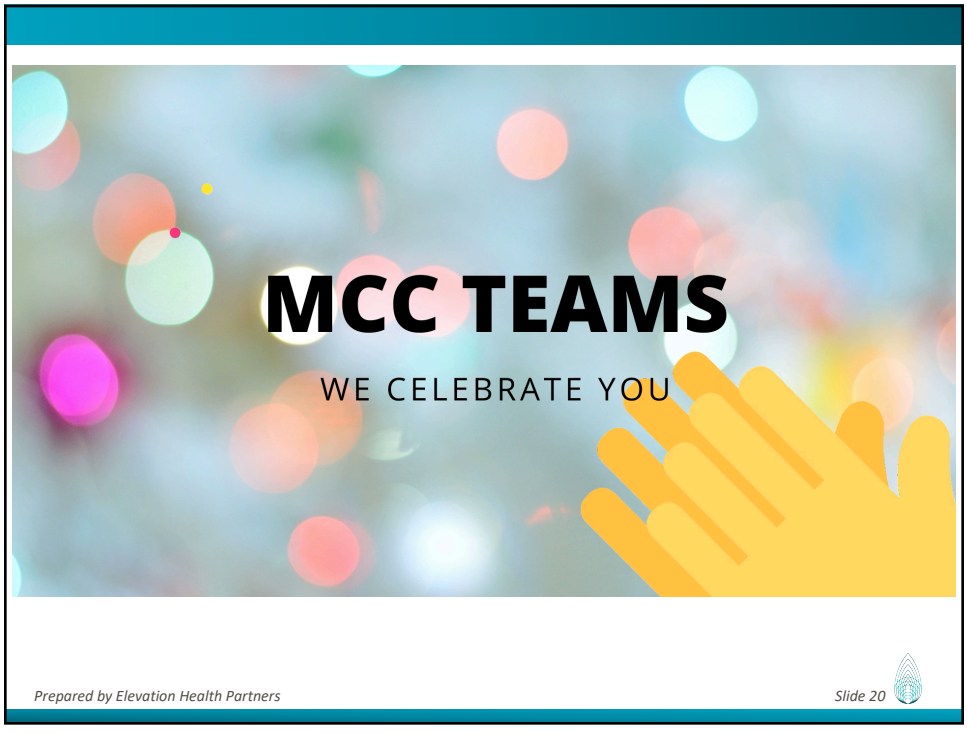
5 October | MCC Telephone Workflow
Over 140 participants from 27 agencies
22 Agencies on GlassCube
132 GlassCubes Members
100% MCC Roles Represented
Access to MCC during COVID-19 has remained high
One in three (1:3) clients received services via telehealth during COVID-19
MCC teams provide critical service continuity during COVID-19
9%
29%
35%
36%
39%
36%
March
April
May
June
July
Aug
2019 MCC Clients (N=5,227)
2020 MCC Clients (N=5,646)
2020 Telehealth %

19


MCC TEAMS
WE CELEBRATE YOU
Prepared by Elevation Health Partners
Slide 20

20

Congratulations and Thank You!

21

Participant Polls

- Please rate how effective the The Mission Possible Learning Collaborative (March – November 2020) was in building telehealth within your agency:
  - Not at all effective
  - Slightly effective
  - Moderately effective
  - Highly effective
  - Extremely effective

- How satisfied are you with the Mission Possible Learning Collaborative?
  - Very unsatisfied
  - Unsatisfied
  - Neutral
  - Satisfied
  - Very satisfied

22

COUNTY OF LOS ANGELES
Public Health

A LOOK FORWARD

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23

COUNTY OF LOS ANGELES
Public Health

DHSP News

- Resumed MCC basics trainings scheduled for July, September and November 2021 for new MCC staff that have never attended
- New MCC Monthly Meetings to start in 2021
  - 1 hr., virtual lunchtime meetings
  - A mix of "By Role" and All Staff sessions
  - Goal is to identify MCC leaders, such as with redevelopment of an MCC Task Force or advisory group, and DHSP staff play supporting role
    - By Role sessions
      - Twice a year per role
      - Facilitated discussions and resource sharing
    - All Staff sessions
      - Opportunity for programmatic updates and trainings
      - Training topics to potentially include:
        - Housing Landscape and Resources
        - SUD Treatment Landscape and Resources
        - Mental Health Treatment Landscape and Resources

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24

County of Los Angeles Public Health DHSP News

- Seeking all interested MCC Teams for a new QI Collaborative opportunity!

create equity collaborative

25

County of Los Angeles Public Health

create+equity Collaborative: Big Picture

- This national Ryan White Program-supported QI initiative promotes the application of evidence-informed interventions and emerging practices to measurably increase viral suppression rates for people with HIV experiencing social determinants of health related to:
  - Housing
  - Mental Health
  - Substance Use
  - Age Across the Lifespan
- The 18-month Collaborative (starting Jan 2021) combines the IHI Breakthrough Series model with the Project ECHO at the University of New Mexico

2018: end+disparities ECHO Collaborative

26

create+equity Collaborative: Big Picture

- Each Community Partner is asked to focus their improvement efforts on one population of focus: housing, substance use, mental health, or age across the lifespan
- Community Partner join virtual special interest groups based on their population of focus twice a month (Affinity Group)
- Learning Sessions with all Community Partners are held every five months, starting Feb 2021 and ending May 2022
- Online reporting of population-specific measures (every 2 months) and QI intervention updates (every 3 months)
- A faculty of experts and QI coaches are available for assistance
- Key resources and tools are shared to maximize local use, i.e., driver diagrams, listing of evidence informed- interventions

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27

Collaborative Expectations for Community Partners

- Attend Affinity Sessions twice a month (60min) with other Community Partners focusing on same subpopulation
- Present at least one Case Presentation during these Affinity Sessions using the provided template and a Report Back
- Conduct local improvement efforts to mitigate the impact of social determinants of health
- Participate in the Collaborative-wide Learning Sessions
- Routinely submit performance data (every other month) and QI intervention updates (quarterly)
- Create a Storyboard to capture your improvement efforts

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28

COUNTY OF LOS ANGELES
Public Health

What is meant by "Community Partner"?

- Per CQII, Part A programs, like DHSP, can partner with subrecipient programs, like an MCC team, to apply and participate as a Community Partner
- In this proposed model:
  - All participating MCC Teams would focus on the same population of focus
  - DHSP would provide program support and run the required viral load suppression data every other month for the participating teams
  - The MCC Teams would choose and implement their own QI intervention and be responsible for their quarterly updates
  - Together, DHSP and the participating MCC teams would join the affinity group meetings and learning sessions, create the Case Presentation and Storyboard

29

COUNTY OF LOS ANGELES
Public Health

Is your MCC interested in participating?

- Please contact me by EOD Monday November 23 with any questions or to let me know if you want to participate in partnership with DHSP
  - Rcohen@ph.lacounty.gov or (323) 914-3055
- Try to attend the last installment of the Kick-off webinar November 19th (tomorrow) at 11am PST.
  - https://targethiv.org/cqii/create-equity-collaborative

create equity collaborative

30

DHSP Recommendations and Reminders

- Please continue to review the MCC Guidelines, CaseWatch Guidance, MCC Flow Chart, and the Frequency of Tasks, all available on the DHSP website: http://publichealth.lacounty.gov/dhsp/MCC.htm
- Continue to share community resources across the MCC network
  - GlassCubes will remain available as a resource sharing platform
- Participate in relevant training opportunities to enhance skills and resources pertaining to your MCC role
- How to access DHSP support:
  - Contact your DHSP Program Manager for any programmatic questions
  - Work with your Supervisors to request DHSP TA sessions

Prepared by Elevation Health Partners *Slide 31*

31

Thank you!

- Special thanks to the Black AIDS Institute!
- Please complete the webinar evaluation that will be sent out immediately following the conclusion of this call
- A formal project evaluation survey is forthcoming in the next several weeks. Please take the time to complete this survey so that we may continue to tailor training and learning opportunities to best meet the needs of MCC teams.

Prepared by Elevation Health Partners *Slide 32*

32