APG COVID-19 Case Studies in Excellence

Stories from the Frontline
Welcome

- 300+ physician organizations
- 195K physicians
- 45M patients
- Risk-based, coordinated care
- “Taking Responsibility for America’s Health”
- www.apg.org
New West Physicians

Ken Cohen, MD, FACP
Chief Medical Officer

Luke Trepanier
Director of Project Management
Central Ohio Primary Care Physicians

J. William Wulf, M.D.
Chief Executive Officer

Larry Blosser, M.D.
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MSO of Puerto Rico

Dr. Raúl F. Montalvo-Orsini
President

Gonzalo Salinas-Mulder
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Dr. Waldemar Ríos-Alvarez
Corporate Chief Medical Officer
The Vancouver Clinic

Mark Mantei
Chief Executive Officer

Marcia Sparling, MD
Chief Medical Informatics Officer
Clinic Consolidation Playbook

Your guide to making the right decisions for your staff, patients and community
Messaging to patients: all calls are triaged

3 ways we are able to care for you

• All potential COVID-19 patients referred to the FURI (Febrile URI) clinics where testing is done and all providers in full PPE

• Patients are offered option of telephonic or tele-video visits

• Clinic Consolidation Model - Existing clinics converted to “sterile” clinics for essential services only
Why We Are Doing Clinic Consolidation?

Clinic consolidation is crucial to our ability to respond to the current health crisis.

- Reduce daily staff to the minimal necessary with rotating teams to minimize risk of COVID-19 exposure
- With fewer clinics, we can support stricter infection control procedures
- Allows for extended hours to keep patients out of the ER.
- Fewer clinics and staff also enable us to optimize the use of Personal Protective Equipment (PPE).
### Determine Essential Services

**FP and IMED**
- Abdominal pain or bloody stool
- Chest pain
- Kidney stone or bloody urine
- Urinary tract infection
- Unilateral leg swelling
- Swollen red painful joint(s)
- Severe headache
- Trauma – lacerations or fractures

**ASC**
- Fractures
- Post Op
- Tendon repairs
- Abscesses
- Kidney stones
- Urgent skin cancer
- Removals / repairs
- Urgent EGDS / colonoscopies

**General Surgery**
- Urgent cancer consults
- Abscesses
- Acute abdomen
- Incarcerated hernia
- Acute surgical needs

**Urology**
- Stones
- Masses
- Gross hematuria
- Urinary retention
- Markedly elevated PSA

**Pediatrics**
- Neonate (< 1 month) with concerns
- Abdominal pain +/- vomiting +/- dehydration
- Frenotomy
- Urinary infection +/- fever
- Trauma / broken bones
- Lacerations needing stitching

**OB / Gyn**
- Routine prenatal care
- Miscarriage
- Cancer / pre-cancer
- Postmenopausal bleeding

**ENT**
- Sudden hearing loss
- Facial fracture
- Tonsil abscess
- Ear pain not associated with URI
- Foreign body ear or nose
- Prolonged / uncontrolled epistaxis (bloody nose)
- Urgent mouth or throat lesion
- Facial laceration

**Other**
- Ulcer care
- Fractures
- Tendon repairs
- Dislocations
- High-risk skin malignancy excision
- GI bleeding
- Dysphagia (difficult swallowing)
- Non-functional abdominal pain
Classify, Identify and Consolidate Clinics

Our goal is to strategically cover the greater metropolitan area in your region, by geographically, by patient and call volume, while limiting the number of open offices. To do that, consider taking the following steps.

**STEP 1:**
Analyze patient and call volume by region/city so you can ensure the areas with the highest patient volume have access to clinics

*TIP:*
Scaling down is easier than rapidly scaling up to meet unforeseen demand.

- Pull patient volume from previous week and assess
- Estimate the number of additional patient visits per provider you expect (20 per provider, for example)
- Determine the number of clinics needed to cover that volume
Collect Provider/Staff Availability

To begin your staffing strategy, you’ll need to understand the availability and restrictions of providers and staff. Here are some guidelines that can help this go smoothly.

- Let providers and staff know that it may not be possible to maintain their normal schedules and days off.
- Facilitate high-risk staff to work remotely, with IT assistance.
- Work with practice managers at each site to provide staff availability.
- Determine appropriate provider cohorting based on specialty, training and risk level.
Manage PPE Availability at Clinics

- Providing masks and access to PPE for appropriate providers
- Providing masks for all patients/visitors with any URI symptoms
- Providing PPE among your deployed staff based on your community spread

**CHECKLIST FOR PPE MANAGEMENT**

- Know your supply and demand for your open clinics
- Reallocate from closed to open clinics
- Keep 2-4 weeks of supplies on hand
- Keep supplies secured and locked
- Track inventory by site
Establish Staff Roles and Responsibilities

Clinical consolidation requires that we work and serve patients differently so it’s important to provide clear guidance on how each role and its responsibilities are changing. Key information to include:

- **Procedure to Start the Day**
- **Onsite Responsibilities**
- **Offsite Responsibilities**
- **Equipment**
- **Procedure to End the Day**
F/URI Clinic – Greeter Example

What do I do at the beginning of each day?
- Check yourself for symptoms, or fever call ahead and inform your manager if symptomatic
- Do not go into clinic without pre-approval form management based on critical staffing need
- Get your temperature taken by the site Practice Manager (PM) on arrival and be prepared to attest to being symptom free
- Pickup Personal Protective Equipment (PPE) from designated PPE storage area
- Put on PPE inside of the designated PPE storage area before reporting to the Greeting Station
- Write your first name and role on your gown in marker

What do I wear?
- Personal Protective Equipment (PPE)
  - Surgical mask
  - Goggles OR face shield (for those who wear glasses)
  - Gloves
  - Shoe covers
  - Gown

When do I take my gear off?
- Bathroom
  - Keep all PPE on, except take off gloves by the entry/exit clinic door
  - Upon re-entering clinic, put on clean pair of gloves
- Lunch
  - Hand sanitize hands with gloves on
  - Remove mask and face shield/goggles and put them in a bag on the table next to the front right of the clinic entrance
  - Remove gloves
  - Sanitize hands again
  - Upon re-entering clinic, put on gown, clean pair of gloves, and mask/face shield
- End of day (after clinic is clean)
  - Hand sanitize hands with gloves on
  - Remove mask and face shield/goggles and put them in a bag on the table next to the front right of the clinic entrance
  - Remove gloves
  - Sanitize hands again
  - Toss gown, gloves and shoe covers in the bio bin
Create rotational teams

**ROTATIONAL TEAMS MAY INCLUDE:**

**X2 FRONT OFFICE STAFF MEMBERS**
One answers calls but diverts potentially lengthy calls to the front office staff working remotely
Both focus on tasking rather than triaging patients

**X2 MEDICAL ASSISTANTS**
One acts as a greeter at the front door, screening patients and taking patient temperatures
One or both should be cross-trained on scheduling

**X2 PROVIDERS**
One physician
One APC
Consider provider cohorting based on skills, specialty and risk level

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OPTUM

AMERICA'S PHYSICIAN GROUPS
Taking Responsibility for America's Health
Proactive outreach to the frail and elderly

Determine Role of Home Care

Keep Patients in Their Homes, Particularly High Risk Patients
- This will reduce the burden and spread of COVID disease

Identify Messaging, Triage and Remote Monitoring Tools

Scale Automated Patient Symptom checker and COVID Self-Management Across all CDOs
- Solution: 24/7 Automated Patient Symptom Checker such as Buoy
- Link on CDO website allows patients to anonymously input symptoms and direct to appropriate level of care
- Centralized 24/7 nurse triage call center, supported nationally or by CDO resources

Scale Nurse Monitoring and “Connected in Home
- Solution: Digital Care Management Tool with Virtual Nurse Triage such as Vivify
- Patient are enrolled in the monitoring program by their PCP and download an app or via website to self-report COVID symptoms daily
- Centralized 24/7 nurse triage call center escalates cases as needed, supported nationally or by CDO resources

Change the Care Ratio
- Develop and implement centralized nurse monitoring center
- Support staff to MD clinic versus telemedicine environments. Example: traditional clinic ratio would be 4:1 and in telemedicine it may to down to 1:1
Communicate Internally

For all communications, consider that change is difficult, so people need to know the rationale behind the change. Keep the focus on safety for our workforce and better access for patients. Emphasize the need to do this thoughtfully and ahead of the curve.

For internal communications, we suggest a regular cadence of all-provider calls for general COVID-19 communication and using these forums to stagger three key messages as you begin your planning.

#1
In light of the current situation, we may need to consolidate our clinics to reduce infection risk for our providers, staff and patients.

#2
We need to consolidate our clinics and are beginning to plan for it.

#3
We have completed the modeling and will begin to roll this out in X days.

USE THESE ALL-PROVIDER CALLS TO ANSWER QUESTIONS. BE SURE TO SEND OUT DETAILED NOTES AFTER THE CALL.
Communicate Externally

Patients and community members need to be informed about which clinics will be open and which will close so they can get the care they need. The best way to ensure the message gets through is to use all available channels.

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
</table>
| **SEND AN EMAIL**
 to patients, informing them of why this is happening and which clinics remain open. Include information about the services that are available and those that are on hold. Also include information to help them appropriately schedule or reschedule appointments.

**EXAMPLE:**
In our effort to reduce infection risk for our staff and patients, we are reducing the number of open clinics and the services we are providing. The clinics that remain open are.... The in-person services we will continue to provide are.... To schedule a telemedicine visit please... For other questions, please contact.... |
| **PUT UP SIGNAGE AT THE CLOSED PRACTICES**
 to direct patients to the nearest open clinic.

**EXAMPLE:**
In our effort to reduce infection risk to our staff and patients, we have closed this clinic. Please visit... etc.
| **PUT UP SIGNAGE AT CONSOLIDATED PRACTICES**

**EXAMPLE:**
Welcome Cherry Creek patients, Ascent will now serve as your primary care office... etc. |
| **#4** | **#5** |
| **LEVERAGE CALL CENTERS**
 for patient communications |
| **USE YOUR WEBSITE AND ANY OTHER DIGITAL MEDIA**
 to keep patients informed |
THANK YOU
for all your efforts in responding to the current health crisis.

We hope this playbook is helpful in guiding you through the clinic consolidation process. Please note that it is meant as a general framework for you to draw from as you do what’s right for your people, patients and community.
Central Ohio Primary Care Physicians

J. William Wulf, M.D.
Chief Executive Officer

Larry Blosser, M.D.
Corporate Medical Director

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Medical Director CPC+
Central Ohio Primary Care
Transition to Telehealth
Ohio Governor/Ohio Department of Health - “Flatten the Curve”

March 16
Ohio Schools Close
Stay at Home Order
Restrictions on Mass Gatherings.
All Non-Essential Workers Work from Home
ODH Ambulatory Guidance

Treat mild to moderate flu-like at home
Avoid seeing high risk patients in office age>60, comorbid
Delay Wellness and Routine follow-ups

COPC - COVID Task Force
Office schedule less than 40% of usual
how do we care for patients
how do we maintain practices/Support staff
pilot urgent care televisits - 1 provider
Telehealth Highest Priority

March 17-21; 320 Providers
Repurposed IT helpdesk and training staff
Software installation on every computer
Some computers failed / replaced
Training with test visit
Provider Support / questions

Patient Support - “Web enabling”
Some patients not able to participate
PLATFORM: eCW Healow

ISSUES

Connectivity / freezes and drops (frustration)
  Bandwidth - Provider office/home; patient
  Alternatives allowed during emergency
    Updox, Doximity, doxy.me, Zoom, FaceTime
    Security
    Compliance

Patient Access - Web enabled requirement; navigating complex software
  No devices (phone / tablet / computer)
  Capability - frail/at-risk, computer illiterate
SOLUTIONS

Connectivity / Bandwidth
Service Provider

Alternative Platforms - ? better connectivity or lower bandwidth
Updox - First fully assessed
Doximity
doxy.me
(temporary use FaceTime, Skype for Business, not Zoom)
SOLUTIONS

Patient Access
   Repurposed Care Coordinators – 2200 High Risk - outreach to assess needs, web-enabling
   Patient IT Support Line
   Office Staff - call scheduled patients convert to televisit, web enable
   Devices - DUC “Drive Up Care”
Televisits - Back to 65% prior capacity (so far)

ADULTS

Medicare Wellness
Periodic Rechecks - HTN, DM
Behavioral Health; collaboration with CCBT
Dermatology
Respiratory therapy - COPD and Asthma, PT and Diabetes Education
PEDiatrics

Medication Checks
Dermatology/Rashes
Screening for in-person exam
  musculoskeletal
  abdominal pain
  respiratory symptoms
Behavioral Health/ Screening for ACE
MSO of Puerto Rico

Dr. Raúl F. Montalvo-Orsini
President

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Chief Operating Officer

Dr. Waldemar Ríos-Alvarez
Corporate Chief Medical Officer
COVID-19 Response

Dr. Raúl F. Montalvo-Orsini
President

Gonzalo Salinas-Mulder
Chief Operations Officer

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Corporate Chief Medical Officer
MSO of Puerto Rico, LLC

- Full-service MSO
- Quality-driven, cost-effective care model
- Clinical and administrative management focusing on government-sponsored programs (MA and Medicaid)
- Manages 10,000 providers
- Extensive education and physician support structure
- Unique multi-dimensional approach for provider, member and caregiver engagement
- Access to largest MA plan in Puerto Rico with 260,000 members
The government ordered a **lockdown** on March 15, two days after the first case was reported:

- Prohibiting cruises to disembark and closing off marinas
- Prohibiting all types of gatherings, outside or inside residences
- Limited outings, just for the essentials (groceries, pharmacies, banks, gas stations or medical emergencies) between 5:00 AM & 7:00 PM
- Driving restriction based on the last digit of the vehicle license plate on specific days
- Curfew from 7:00 PM to 5:00 AM
- Violations of the Executive Order entails imprisonment or fines up to $5,000.00

### One Solution To Many Challenges

<table>
<thead>
<tr>
<th><em>Limited Testing Capabilities</em></th>
<th>Adults</th>
<th>Available</th>
<th>Ped.</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low number of ventilators</td>
<td>1,023</td>
<td>778</td>
<td>184</td>
<td>152</td>
</tr>
<tr>
<td>ICU Beds</td>
<td>665</td>
<td>321</td>
<td>97</td>
<td>28</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>Available</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolation Rooms</td>
<td>328</td>
<td>175</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Isolation Rooms*

- **AMERICA'S PHYSICIAN GROUPS**
  - Taking Responsibility for America's Health
<table>
<thead>
<tr>
<th>Category</th>
<th>As of 4/12</th>
<th>As of 4/16</th>
<th>Puerto Rico Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detentions:</td>
<td>632</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints:</td>
<td>1,517</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicles detentions:</td>
<td>264</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positives cases:</td>
<td>1,043</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Deaths:</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatality Rate:</td>
<td>5.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pending Cases:</td>
<td>1,465</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Testing:</td>
<td>9,829*</td>
<td></td>
<td>*6 cases on evaluation</td>
</tr>
<tr>
<td>Negatives</td>
<td>7,315</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Provider and Office Staff Support

#### Communications
- **Weekly Provider Newsletter**
- **IPAs Weekly Call**
  - Performance Interventions
  - Identify needs
  - Confirm PCP availability

#### Payments
- MA CAP & Quality - $43.6M
- Vital CAP - $6.8M
- Vital Quality - $3M
- Specialists MA & Vital - $9M
- Dentists - $925,000
- Vendors - $16.6M

#### Additional Support
- **Secured 73,000 COVID-19 Rapid Tests**
  - 19 testing centers around the Island
- Contracted over 300 **community drugstores** for home deliveries
  - >32,000 prescriptions delivered in the first 10 days

#### Provider Office Staff Support
- **Office Advantage Food delivery** services offered with a discount, $25 coupon
  - 100 deliveries as of 4/13
- Communication of general information & educational content
- Q4 2019 **advance payment**
Example of Materials for Providers
<table>
<thead>
<tr>
<th><strong>CHALLENGES</strong></th>
<th><strong>CURRENT SITUATION</strong></th>
<th><strong>ACTION PLAN</strong></th>
</tr>
</thead>
</table>
| **Hospital & Outpatient Services**  
Low on ICU beds & ventilators  
Financial distress  
Lack of PPE  
SW & SE hospitals recovering from Dec. & Jan. earthquakes  
Lack of technology Infrastructure  
Tele-audio, limited tele-video given geography | **Hospital & Outpatient Services**  
Elective procedures cancelled  
38% occupancy rate  
PA & Referral Requirements lifted and waived  
Approx. 80% decrease in outpatient services  
Rx edits and PA flexibilizations  
• Driving stockpiling by patients  
• Increase usage of non-formulary and branded drugs  
No major issues on dialysis | **Hospital remote monitoring**  
• 83% contracted hospitals sharing data  
**Hospital advance payments** to maintain access to care  
• Hospitalists - $2.8 M  
• Hospitals - $33 M  
**PPE donations** to providers, hospitals and Dept. of Health  
**Telehealth**  
Re-routing call center patients  
• Telehealth interventions  
Telehealth - Wound  
• Self-care initiatives  
• Tele-dentistry |
### Work at Home

#### Decision between Work at Home vs Business Continuity Plan:
MSO moves all employees to Work at Home
96% (896) employees are moved to work from home in less than four days

#### Week 1: Adjustment Week
- Ensure 100% connectivity
- Understand challenges
- Employee, reporting list by department
- Frequent communication
- Employees to adjust

#### Week 2: Re-tasking, Re-allocating, Productivity
- **Inventory of Tasks by Employees**
  - Re-tasking to special projects
  - Re-allocating to departments
  - Assign to InnovaU
- **Pool of Special Projects**
  - Establish productivity framework

#### Week 3: Establish Employee Programs
- **MMM A Tu Mesa**
- **Constant Communication**
  - Employee calls
  - Weekly newsletter
- **Mental Health Support Line**
- **Wellness Programs**

#### “New Normal”
- Understand the New Normal
  - More employees want to work from home
  - Travel restrictions
  - Need a more flexible work force
  - Investment in technology
Employee Programs
Member Outreach Programs

- General COVID-19 Information
- COVID-19 test costs covered
- MMM Telemedicine
- MMM A Tu Mesa
  - Discounted food & groceries delivery program for members
  - >1,000 orders completed
- Receta A Tu Puerta
  - >28,000 prescriptions delivered at home
- OTC A Tu Puerta
- Outbound member calls
The Vancouver Clinic

Mark Mantei
Chief Executive Officer

Marcia Sparling, MD
Chief Medical Informatics Officer
Video Visit
Zero to 60 in Two Weeks
Response to Coronavirus
Vancouver Clinic

• Multispecialty independent group in Vancouver WA

• Approximately 400 providers, including APCs

• Independent for 86 years

• Digitally progressive
Background

• Epic based, regular discussions about video visits, no compelling case to focus on this to prior to COVID-19

• Patient portal (MyChart) 60-70% of our active patients
  • Access for minors <13 through parents
  • Adolescents 13-18 with their own accounts
  • Adults of all ages active users

• Critical that we continue care to non-COVID patients
Basic design

Epic integration with MyChart

Vendor Zoom

Using provider *iPad or iPhone* with mobile app of Epic, alongside the usual provider desktop for chart access and documentation.
Key Dates

School closure: March 13
First video visit in Urgent Care: March 21
Stay home order: March 23
Non-essential service closure: March 25
First video visit in Clinic: March 27
Challenges

• **Technical** (Zoom configuration, support, very limited testing, Zoom support limited due to current demand)

• **Patient** (only 70% of patients with portal, lack of confidence/familiarity/security worries, recent release of provider phone visits)

• **Staff** (unsure how to explain this to patients, how to build schedules, how to support encounters)

• **Providers** (new process, new technical workflow, not on site, BYOD, a little buggy initially)

• **Trainers** (very limited testing, no prior experience, no time to build documents)
Next steps

Video visit daily team meeting by conference

Issues tracker with requests flowing in variably

Stabilizing workflow with department level standard work

Unclear how we will handle transition out of ‘social distancing’
Total number Video visits through 4/12/2020

1,237 performed through Sunday 4/12

467 booked for 4/13

Big achievement and still much less than normal volumes
Reaching Patients

• Easy direct booking through MyChart
• Blast email to patients (You are eligible for a new feature!)
• Scripting for staff
  • Dr Sparling has asked that I schedule a video visit to review your test results. She’s able to see you at 2 pm on Tuesday, will that work? Rather than: Dr Sparling, would like to review your test results with you. Would it be ok if we were to schedule a video visit?
• Facebook encouragement from CEO
Learnings

• Never waste a good crisis

• Providers much more motivated to experiment

• Patients motivated to try

• Entire team able to focus on one critical issue can get a lot done quickly

• This has catapulted us further into digital work
Future state

• We knew digital work could be transformational and this will permanently change the role of virtual care in routine medical care.

• WA state had legislated payment parity effective 1/1/21. This accelerated it!

• Looking for advice from telemedicine veterans on ideal patient flow and best practices.
Q&A

- Type your questions in the chat box
- The webinar recording and slide deck: [www.apg.org](http://www.apg.org)
- Please complete post-webinar survey
APG Highlights

• **Join** APG!

• APG Members in Action: Contact [David Allen](mailto:David.Allen@apg.org), Director of Communications

• For additional resources: [APG's COVID-19 web page](https://www.apg.org/covid-19)
Contact Information

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anguyen@apg.org