

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



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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
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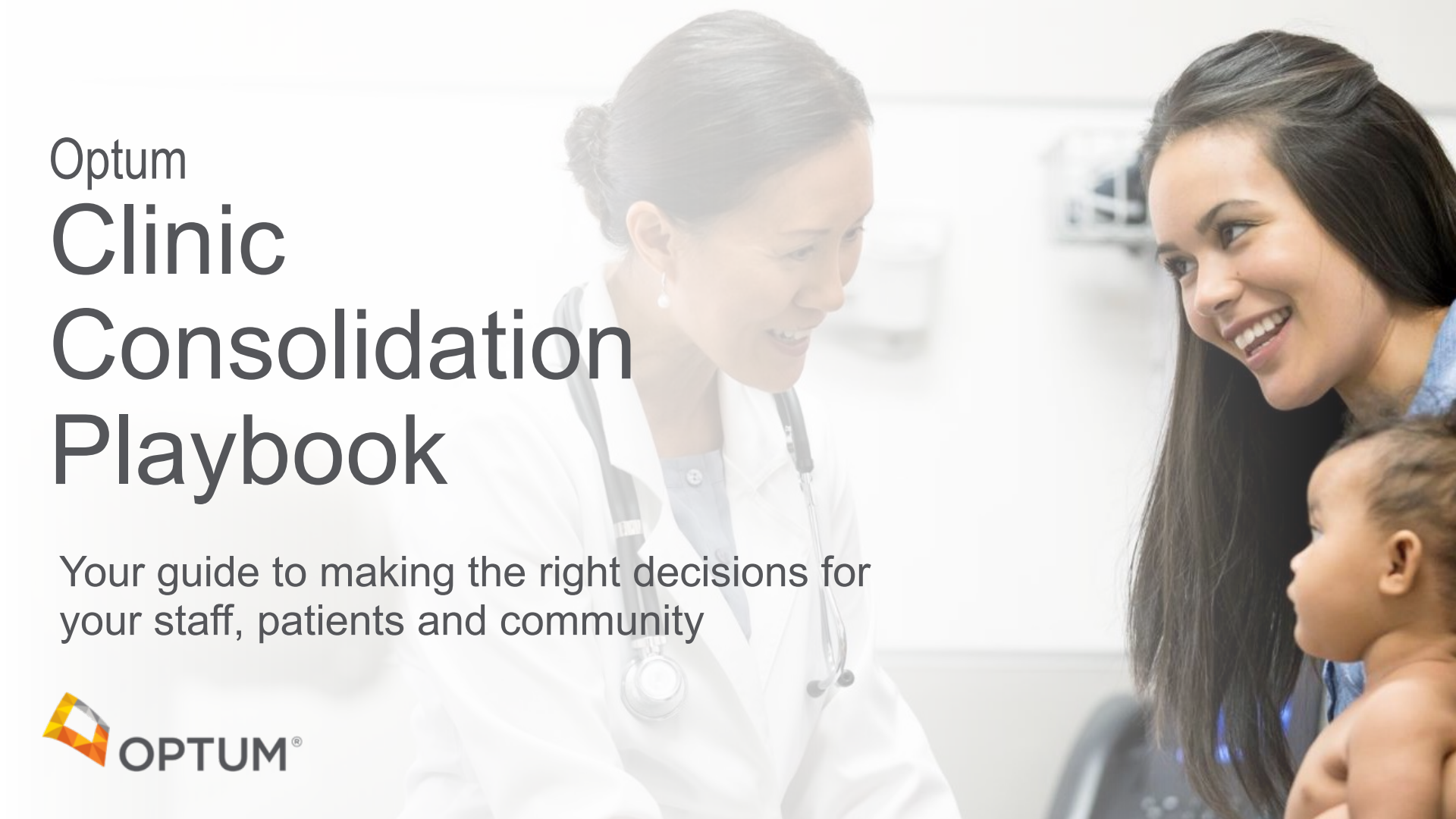
The Vancouver Clinic



Mark Mantei
Chief Executive Officer



Marcia Sparling, MD
Chief Medical Informatics Officer



Optum 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 from 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

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 go 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.

#1

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....

#2

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."

#3

PUT UP SIGNAGE AT CONSOLIDATED PRACTICES

EXAMPLE:

Welcome Cherry Creek patients, Ascent will now serve as your primary care office...etc.

#4

LEVERAGE CALL CENTERS
for patient communications

#5

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.



AMERICA'S
PHYSICIAN
GROUPS 
Taking Responsibility
for America's Health

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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

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COVID-19 Response

Dr. Raúl F. Montalvo-Orsini

President

Gonzalo Salinas-Mulder

Chief Operations Officer

Dr. Waldemar Ríos-Alvarez

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



One Solution To Many Challenges

*Limited Testing Capabilities

	Adults	Available	Ped.	Available
*Low number of ventilators	1,023	778	184	152
*ICU Beds	665	321	97	28
	TOTAL			Available
*Isolation Rooms	328			175

- 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

Puerto Rico Under Lockdown

Detentions:

632

As of 4/12

Positives cases:

1,043

As of 4/16- Puerto Rico Health Department

Total Testing:

9,829*

*6 cases on evaluation

Negatives

7,315

Complaints:

1,517

Vehicles
detentions:

264

Total Deaths:

56

Fatality Rate:

5.4%

Pending
Cases:

1,465

Provider and Office Staff Support

Communications

Weekly Provider
Newsletter

IPAs **Weekly Call**

Provider **Outbound Calls**

- 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

MSO Fact Sheet COVID-19

Network

- Plataforma diaria de accesibilidad de oficinas médicas para servicios y horarios, incluyendo servicios prepagados o telemedicina (página y/o video).
- Uso de plataforma Inova-Hi-Chat para mantener comunicación con la Red.
- La plataforma incluye información de membresía activa, contacto de ejecutivos de MSO y contactos de los Proveedores participantes registrados en la plataforma, para consultar o referir casos.
- Si no se ha registrado, acceda a nuestra plataforma de Inova-Hi y haga la aplicación en su teléfono móvil.
- Los itinerarios de pago de reclamaciones y de agendado continuará como de costumbre. Rotativamente se evaluarán los encuentros reportados y su especificidad.
- Si aún recibe el pago por cheque, le solicitamos a registrarse en nuestro sistema de depósito directo.

Farmacía

Para Medicare Advantage:

- Liberación de edictos de "Refill too soon"
- Supersedeo de requisito de límite de cantidad (QL) y tiempos de despacho para los medicamentos indicados para Atma y CORD
- Todos los otros edictos de PAUL, QL, ST para medicamentos que no sean suplementos permanecen intactos.
- Se monitorizará diariamente las comunicaciones de CMS para realizar los cambios pertinentes según la agencia regulatoria determine.

Para Plan Vital:

- Se suspenden los requisitos de autorización previa para despacho de medicamentos, tiempos duplicados, terapia racionalizada, límites en cantidad a ser despatchado y requisitos de especialidad médica para realizar tanto en medicamento de salud física como salud mental.

Pre-Autorizaciones y Referidos

- Para Medicare Advantage: No se está liberando el requisito de Referido ni de Preautorización para los servicios no relacionados a COVID-19
- Se monitorizará diariamente las comunicaciones de CMS para realizar los cambios pertinentes según la agencia regulatoria determine.
- Para Plan Vital: Según la Carta Normativa 20-00-148 se ordena la suspensión de requisitos de Referidos y de Preautorización para acceso a servicios médicos, laboratorios, radiología y servicios hospitalarios que así lo requieren.
- Los servicios de transporte continuará coordinándose como de costumbre con medidas rigurosas de sanitación.

COVID-19 Testing

- Se cubrirán en ambas líneas de negocio la prueba de COVID-19, los pagos comenzarán 4/1/2020 para fechas de servicio retroactivas 2/1/2020 según disposición de CMS
- La prueba debe ser ordenada por un médico licenciado
- No requiere pre-autorización
- No requiere co-pago
- ICD-10
- U01.1
- CPT
- U0001 for CDC certified test \$16.00
- U0002 for Private and Hospital Lab \$51.00

Servicios de Telemedicina/Video

- Se cubrirán los servicios de telemedicina con la flexibilidad según dispone el Gobierno Federal durante el periodo de emergencia.
- Cualquier beneficiario puede ser elegible a recibir atención de un proveedor por un mecanismo de dos vías de audio/video, incluyendo teléfono inteligente.
- El paciente debe iniciar el servicio y dar consentimiento de ser tratado virtualmente, y el consentimiento debe documentarse en el record médico antes de iniciar el servicio.
- Para cualquier encuentro debe enviarse la combinación de CPT y Modificador:
- CPT - 99202
- Servicio debe basarse en tecnología de comunicación, a elección virtual, mediado por un médico u otro profesional de la salud calificado que puede informar los servicios de evaluación y gestión, prestados a un paciente establecido que no se originen de un servicio de emergencia brindado dentro de los 7 días anteriores al que conducen a un sitio de servicio o procedimiento dentro de las próximas 24 horas o antes.
- Mod - CR
- Codiificación/Disclaimer Related
- Remuneración de tarifa
- Contratos Fee for Service: PA \$2790, Vital \$1550
- Densidad tipo de contratos Código controlado como encuentro
- Recomendamos facturar en términos de 30 días para agitar más rápido su pago
- Requisitos de documentación
- Qué principal e historial médico, incluir cualquier información de la necesidad de la prueba o diagnóstico electrónico con el afiliado por separado se habilita por teléfono con el paciente ya que indica que el mismo estuvo de viaje y la información de los y Refers.
- Cualquier otra información subjetiva u objetiva.
- Decisión médica, el diagnóstico, signo y/o alteración en relación (no código) y plan de tratamiento. El código de ICD-10-CM que debe reportar es aquel que sea justificado por esta documentación.

- Vita Care será un centro de apoyo para telemedicina en caso de que un paciente llame a Cal Center (1-800-333-5678) y no consiga a su médico por alguna razón de medicamentos.

Recomendaciones generales:

- Evitar acceso a sus pacientes a través de telemedicina, especialmente si están estables y la visita es para rutina.
- Evitar acceso a sus pacientes a través de telemedicina, especialmente si están estables y la visita es para rutina.
- Pacientes con sospecha de COVID-19 (sus síntomas respiratorios, fiebre y/o signos epidemiológicos) deben ser aislados de la sala de espera común.



- Utilizar una puerta para entrar a la oficina de ser posible.
- Rotar la mascarilla al paciente.
- Evaluación con las precauciones de higiene personal y protección de la exposición.
- Recomendar la visita a una sala de emergencia como última opción.
- Comunicarse con la línea del Departamento de Salud según protocolo.

- Responder todo procedimiento o cirugía no esencial hasta que pase el periodo de emergencia.
- Asignar que los pacientes tengan suficiente suministro de medicamentos.
- Utilizar Inova Chat (Gmail) para comunicarse entre la Red y MSO.
- Hospitalistas deben considerar dividir sus días para no exponer su práctica privada a infecciones dentro del hospital.
- Recomendar a sus pacientes el uso de ATC a la Puerta para evitar salir a las oficinas.



Servicios al Proveedor:

787-993-2317
(línea directa)
1-866-676-6060
(línea de cargos)
Lunes a viernes
7:00 a.m. a 7:00 p.m.

Sobre el coronavirus 2019 (COVID-19)

Diego Rasso-Piñero, MD

Principal Oficial Médico,
MMM Healthcare, LLC



Ministerio del Centro de Control de Enfermedades (CDC) considera que la nueva amenaza que representa el COVID-19 es muy grave para la salud pública, en la actualidad ya se han detectado casos importados de viajeros en los Estados Unidos. La propagación de persona a persona se ha visto entre contactos cercanos de viajeros que ingresaron de Wuhan, Para finales de febrero, en los Estados Unidos había 53 casos totales confirmados positivos, de los cuales solo dos casos fueron por contacto cercano a los contagiados. El CDC ha invitado a prepararse en la comunidad con medidas específicas.

Los coronavirus (CoV) son virus de ARN de cadena positiva grande que se dividen en 4 géneros: alfa, beta, delta y gamma, de los cuales los CoV alfa y beta infectan a humanos. Los CoV humanos se identificaron por primera vez a mediados de la década de 1960. En la actualidad, son 7 CoV los que infectan a humanos, incluyendo el nuevo COVID-19.

Del 15% al 30% de las infecciones del tracto respiratorio superior en adultos provienen de HCoV (HCoV 229E, NL63, OC43 y HKU1) y otros son endémicos en todo el mundo. Los coronavirus son zoonóticos diversos, con una gran variación observada en mortalidad, siendo estos los reservorios de muchos de estos virus. Como hospitalistas internistas entre los marcos peridontales, facilitando eventos de recombinación y mutación con expansión de la diversidad genética.

Los CoV que infectan a los animales evolucionan y pueden enfermar a las personas, convirtiéndose en un nuevo coronavirus humano, como ocurrió con SARS-CoV y MERS-CoV, con el más reciente, COVID-19. Si bien continuamos recopilando información para caracterizar el espectro de enfermedades clínicas asociadas con COVID-19, no se ha desarrollado vacuna o tratamiento específico para la infección COVID-19. Al momento, el cuidado es de apoyo.

En caso de evaluar a pacientes con fiebre y enfermedad respiratoria aguda, debemos obtener un historial de viaje detallado. Individuos que cumplen con los siguientes criterios deben ser evaluados como pacientes bajo investigación (PUI) en asociación con el linde de COVID-19. De tener alguno un PUI para COVID-19, se debe notificar de inmediato al Departamento de Salud de Puerto Rico.

Características clínicas y riesgo epidemiológico	
Habrá o antecedentes de enfermedad de la salud que ha tenido contacto cercano con un paciente de 2019-CoV/ confirmado por laboratorio dentro de los 14 días posteriores al inicio de los síntomas	Y Cualquier persona -incluidos los trabajadores de la salud- que ha tenido contacto cercano con un paciente de 2019-CoV/ confirmado por laboratorio dentro de los 14 días posteriores al inicio de los síntomas
Habrá o antecedentes de enfermedad de la salud que ha tenido contacto cercano con un paciente de 2019-CoV/ confirmado por laboratorio dentro de los 14 días posteriores al inicio de los síntomas	Y Una historia de viaje desde la provincia de Hubei, China, dentro de los 14 días posteriores al inicio de los síntomas
Habrá o antecedentes de enfermedad de la salud que ha tenido contacto cercano con un paciente de 2019-CoV/ confirmado por laboratorio dentro de los 14 días posteriores al inicio de los síntomas	Y Una historia de viaje desde China continental dentro de los 14 días posteriores al inicio de los síntomas

El CDC ha creado una guía para la identificación y el manejo de estos casos. Como toda emergencia de salud pública, es importante que, como profesionales de la salud, nos mantengamos informados para orientar y manejar adecuadamente a la población. [M](#)

Referencias

- Coronavirus Disease 2019 (COVID-19) Situation Summary. National Center for Immunization and Respiratory Diseases (NCIRD). Division of Viral Diseases. Updated February 16, 2020. www.cdc.gov/coronavirus/2019-nCoV/situation-reports/index.html
- Evaluating and Reporting Persons Under Investigation (PUI). National Center for Immunization and Respiratory Diseases (NCIRD). Division of Viral Diseases. Updated February 18, 2020. www.cdc.gov/coronavirus/2019-nCoV/situation-reports/index.html
- Coronavirus Disease 2019 (COVID-19) Situation Report - 3. World Health Organization.
- www.hhs.gov/coronavirus/2019-nCoV/situation-reports/index.html

CORONAVIRUS COVID-19 UPDATE

2 CLICK EN EL VIDEO
o obtener la información
o el MSO se está preparando
emergencia del COVID-19.



MMM A LA DELANTERA DEL CORONAVIRUS

- En caso de evaluar pacientes con fiebre y enfermedad respiratoria aguda, debe obtener un historial de viaje y contactos detallados.
- De tener un sospechoso para COVID-19, debe notificar de inmediato al Departamento de Salud de Puerto Rico.
- Sepa que MMM cubrirá todos los estudios que usted ordene para detectar o descartar (COVID-19) y las necesidades médicas relacionadas al virus.

RECUERDE A SUS PACIENTES LAS DIFERENTES FORMAS DE PREVENCIÓN:



Lavarse las manos frecuentemente con agua y jabón, 20 segundos.



Usar desinfectante (hand sanitizer)



Evitar el contacto directo con personas enfermas



Evitar tocarse los ojos, nariz y boca



Cubrirse al toser o estornudar con un pañuelo desechable o con el codo.



Desinfectar objetos y superficies



Usar mascarilla si está enfermo para evitar propagación del virus



De sospechar una infección respiratoria, comuníquese inmediatamente con su médico para conocer los pasos a seguir



Hospitals, Outpatient and Telehealth Services

CHALLENGES

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**

CURRENT SITUATION

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

ACTION PLAN

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 InnovalU

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

¡CONTINUAMOS DANDO LA MILLA EXTRA!



"Nuestros afiliados deben sentirse seguros, porque hay un equipo trabajando para ellos y por ellos sin importar las circunstancias."
Érika Mitchell Gandia
(Membership Engagement Director)

COPING WITH A DISASTER OR TRAUMATIC EVENT



After a disaster, it is important to take care of your emotional health. Pay attention to how you and your family members are feeling and acting.

Taking care of your emotional health will help you think clearly and react to urgent needs to protect yourself and your loved ones.

FOLLOW THESE TIPS TO HELP YOU AND YOUR FAMILY RECOVER OR FIND SUPPORT.

Steps to Care for Yourself

• TAKE CARE OF YOUR BODY
Try to eat healthy, exercise regularly, get plenty of sleep, and avoid alcohol and other drugs.

• STAY INFORMED
Watch for news updates from reliable official sources.

• CORRECT
Share your feelings with a trusted family member, friend, or professional and try to get support options.

• AVOID
Avoid excessive exposure to media coverage of the disaster.

• TAKE BREAKS
Make time to unwind. Try to return to activities that bring joy.

• ASK FOR HELP
Talk to a clergy member, counselor, or doctor and call the SAMHSA Helpline at 1-800-662-6399 or text 666434.

How to Help Your Children

WORKING FROM HOME: THE COMPLETE GUIDE TO REMOTE WORK

With today's advances in technology and proper resources, the means to work remotely from home is easier than ever.

WITH THIS GUIDE YOU'LL LEARN

10 TIPS

FOR EMPLOYEES TO WORK FROM HOME EFFICIENTLY

1. THE RIGHT EQUIPMENT
There are many investments in technology that will make remote working the smoothest as it's worth regularly reviewing what is out there for you.

2. SET YOURSELF WORKING HOURS
Set some rigid working hours when you start working off and focus on the work that needs your attention.

3. COMMUNICATE LIKE NEVER BEFORE
It is beneficial if you can reach out via email or text communication with frequent face-to-face and voice interactions depending on what type of discussion you are having.

4. TRACK YOUR PROGRESS
It helps procrastination problems such as internet browsing, as you are aware that the screenshots are sent directly to your employer for review.

5. HOLD YOURSELF ACCOUNTABLE
Communicate any problems you encounter proactively with your manager. Check to make sure you can seek extra resources if needed.

6. DESIGNATE A SPACE FOR WORK
As much as you might need to settle up and work directly from the comfort of your own bed, in the long term it's best going to be in your productivity.

7. GET SOME STRUCTURE IN PLACE
It is crucial that you establish a routine out which tasks need to be done promptly and how many hours you are going to spend on each job.

8. USE FLEXIBILITY WISELY
You know better than anyone when you do your best thinking and working to take advantage of it.

9. AVOID DISTRACTIONS
There are many other household errands that need doing, but you are best to put those off until after your structured working hours as if you were not at home.

10. TAKE BREAKS
At home you don't have the cues for lunch breaks or time away from your desk and it's easy to get lost in your work. Challenge, so you need to schedule that time.



Newsletter



Marzo 23, 2020

Innova Care Keep You Informed

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On the radar

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OUR LEADERS

ORLANDO

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MONTALVO

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HR

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¡Comidas saludables entregadas a tu casa!

¡iMMM paga la entrega!

- Ordena al 1-833-647-9592 (7:00 AM - 6:00 PM)
- Métodos de pago: Tarjeta de crédito con logo Visa o MC y ATM Móvil
- Entrega en o antes de 3 días
- Costo \$45.75 por 6 comidas (\$7.60 aprox. por plato)

FRESH On-the-go



PENSANDO EN TI EMPLEADO DE MMM

AHORAS MÁS OPCIONES CON EL BENEFICIO DE



A TU MESA



ESCOGE ENTRE:

PASTA DE ALIMENTOS \$40
• NUEVOS• PAN• VEGETALES
• TAS• PESCADO Y MÁS

CANASTA FAMILIAR \$50
CAFÉ• PAN• LECHE• NUEVOS• AVENA
POLLO• JABÓN• DETERGENTE Y MÁS

TÚ PAGAS LA COMPRA Y MMM EL COSTO DE ENTREGA.

QUÉDATE EN CASA, SEGURO Y TRANQUILO.

ORDENA HOY
1-833-647-9592

FRESH On-the-go



Member Outreach Programs

TE LLEVAMOS LA COMIDA A TU MESA

MMM A TU MESA

RECIBES PARA COCINAR SIN COSTO

20% DE DESCUENTO EN FARMACIA

Almuerzo en casa

Entregamos tus artículos OTC en tu casa.

AFILIADO DE MMM, OBTÉN MÁS SERVICIOS SIN SALIR DE CASA COVID-19

RECETA A TU PUERTA

Cubrimos el costo de entrega de tus recetas a tu casa.

A TU MESA

Tú compras la comida, nosotros cubrimos el costo de entrega a tu casa.

¡CON MMM, ESTÁS CUBIERTO! COVID-19

Si tienes tos, fiebre o problemas respiratorios entre otros, COMÚNICATE CON TU MÉDICO.

Te CUBRIMOS TODOS LOS ESTUDIOS ordenados por tu médico para detectar o descartar el Coronavirus (COVID-19).

En el caso de necesitarlo, MMM estará cubriendo tus NECESIDADES MÉDICAS relacionadas al COVID-19.

RECOMENDACIONES DE PREVENCIÓN

Lavarse las manos frecuentemente, con agua y jabón, por 20 segundos

Cubrirse al toser o estornudar con un pañuelo desechable o con el codo

Usar desinfectante (hand sanitizer)

Usar mascarillas si está enfermo para evitar propagación del virus

CAMINAMOS JUNTOS

MMM caminamos juntos

1-866-333-6470

1-866-333-6469

1-833-647-9692

LUNES A VIERNES: 7 A.M. A 4 P.M.

Quédete en casa, tranquilo.

¡CON MMM, ¡ESTÁS CUBIERTO!

MMM caminamos juntos

- 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



VANCOUVER CLINIC

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 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

50

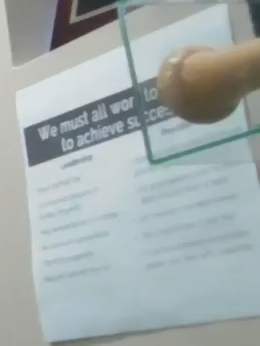
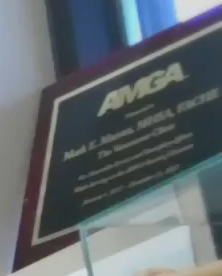
467 booked for 4/13

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
- Please complete post-webinar survey

APG Highlights

- [Join](#) APG!
- APG Members in Action: Contact [David Allen](#), Director of Communications
- For additional resources: [APG's COVID-19 web page](#)

Contact Information

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Chief Medical Officer

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