CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

Creating The New Normal for Primary Care

Thursday, August 27, 2020, 12-1PM

Recording Link

Presenter: Jagruti Shukla, MD jshukla@dhs.lacounty.gov
Primary Care Director, Los Angeles Department of Health Services

Housekeeping & Logistics

Please use the Q&A to ask questions.

Webinar will be recorded and saved on SNI Link: [Primary Care Webinar Series]

Please complete our pop-up survey.

Creating the New Normal for Primary Care: In-Person Visits During the Pandemic

New SNI Webinar Series

Registration info & recordings to be posted **here**

❖ **Aug 27 (12-1) Prioritizing Patients & Supporting Attendance**

Dr. Shukla at LA County to discuss:

- LA County's approach to the upheaval caused by the COVID-19 pandemic: Surge, Recovery, and Transformation to a better normal.
- 3-stage framework for deciding which patients need in-person visits.
- 6 factors for prioritizing that list. Outreach to facilitate in-person visits

❖ **Date TBD. Schedules & Physical Spacing**

Dr. Khan and Dr. Bacho at RUHS to discuss:

- Changes made in primary care to maximize safety for staff and patients, including changes to provider schedules and work locations (clinic, home), communication within the care team, and communication with patients.
- Protocols for safer in-person visits, i.e. "remote registration" and drive-through child health screenings.

Technical Considerations for Telehealth

In case you missed this SNI webinar series..

Recordings posted **here**

- **Video Visits: Choosing the Right Platform.**

  Considerations for selecting the video platform that works best for your health system. Designed for PHS that have not yet selected a platform or those using a platform temporarily during COVID-19 and looking for longer term solutions.

- **Video Visits: Integration to Support Telehealth.**

  Opportunities and barriers to integrate video software with the EHR, patient portal, and other systems.

- **Remote Patient Monitoring – Technical Considerations.**

  Guidance for selecting & integrating remote patient monitoring devices.

Clinical Better Normal in Primary Care

Jagruti Shukla, MD, MPH
Director of Primary Care
Los Angeles County Health Services

Health Services
LOS ANGELES COUNTY

August 27, 2020

Los Angeles County Health Services

Health Services
LOS ANGELES COUNTY

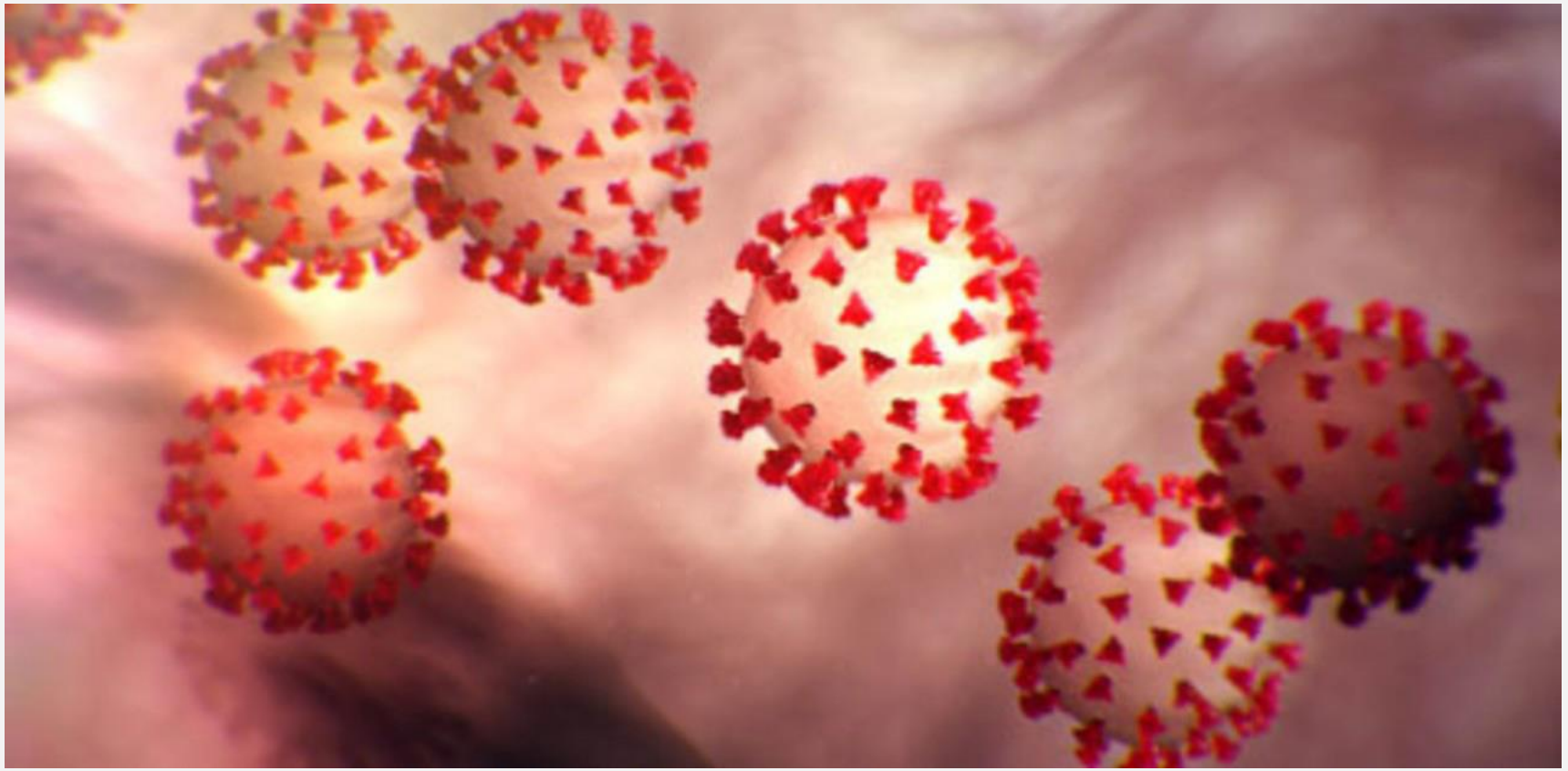
Los Angeles County Health Services

- Second largest Municipal Health System in the nation
- Four hospitals and 24 Health Centers
- Over 22,000 staff employed
- Over 500,000 unique patients cared for annually
- Operating budget over 5 billion

Los Angeles County Health Services
Primary Care

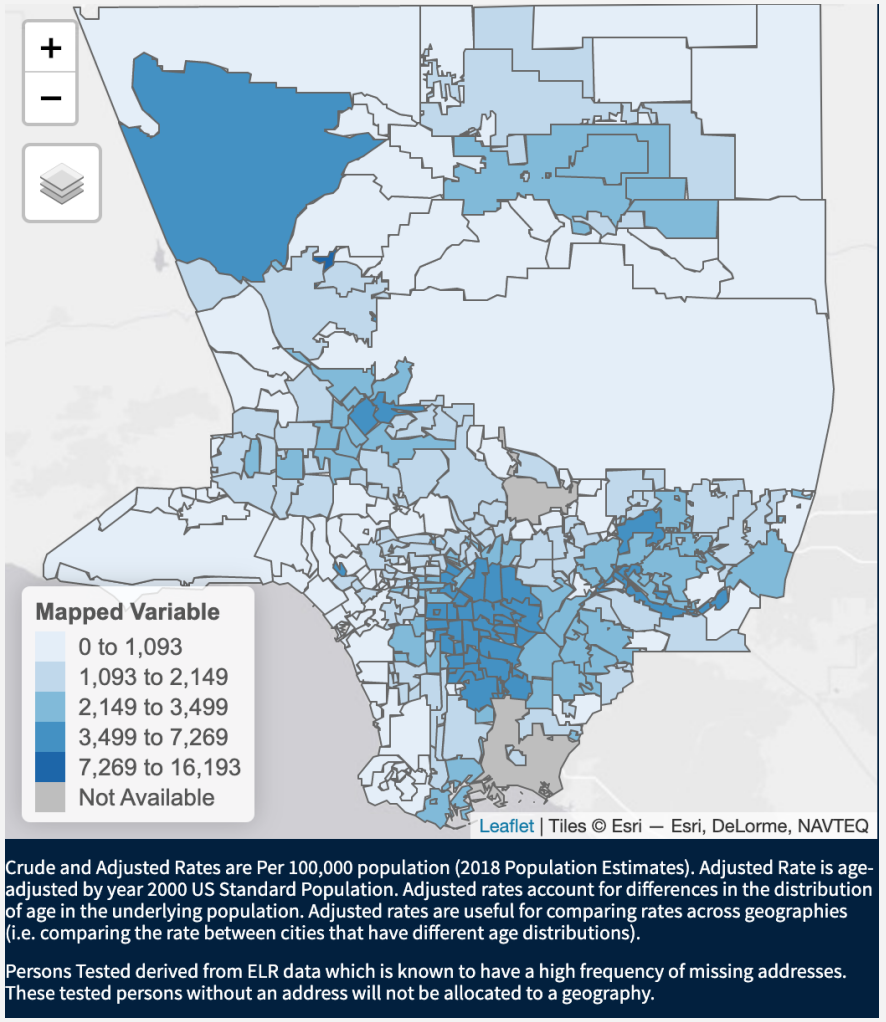
- 8 Health Care Groups and Hospital-based Clinics
- Total 75 unique Primary Care Clinics
  - Includes Adult, Family Medicine, Pediatrics, Women's, Geriatrics, Preemie, Positive Care, , Med+Peds, "Advanced Practice"
- Over 850 primary care providers
- Over 440,000 unique empaneled patients
- Over 3 million visits annually

In March 2020…



COVID-19
LA County Cases
(LAC DPH 8.26.20)

- 233,777 cases reported
- 5,605 deaths reported
- 2,207,784 total people tested
- Age-Adjusted Rates:



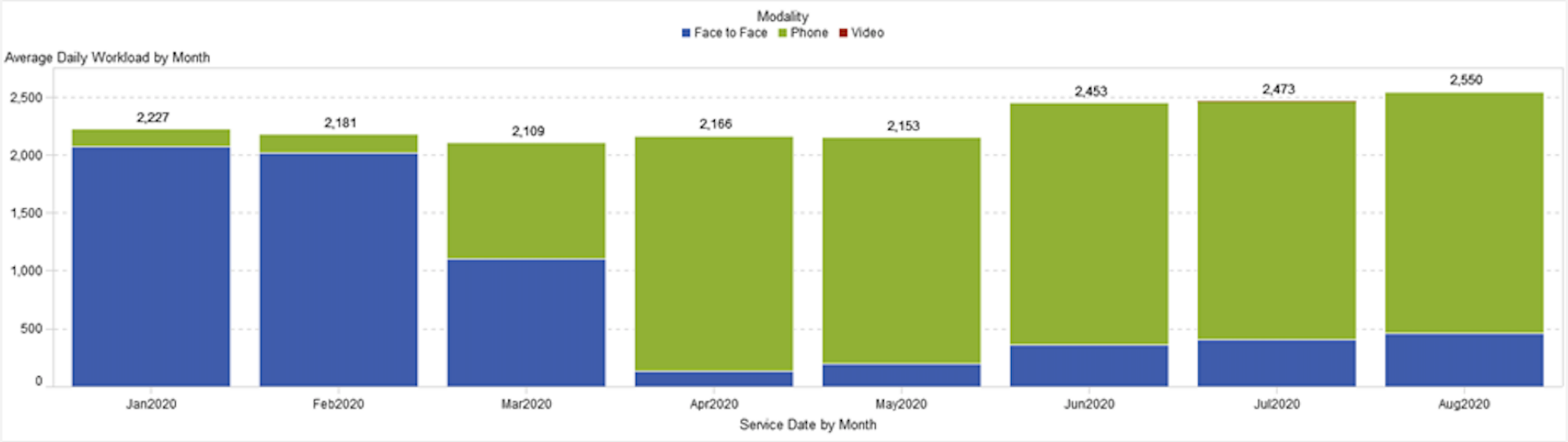
Crude and Adjusted Rates are Per 100,000 population (2018 Population Estimates). Adjusted Rate is age-adjusted by year 2000 US Standard Population. Adjusted rates account for differences in the distribution of age in the underlying population. Adjusted rates are useful for comparing rates across geographies (i.e. comparing the rate between cities that have different age distributions).

Persons Tested derived from ELR data which is known to have a high frequency of missing addresses. These tested persons without an address will not be allocated to a geography.

Primary Care Immediate response

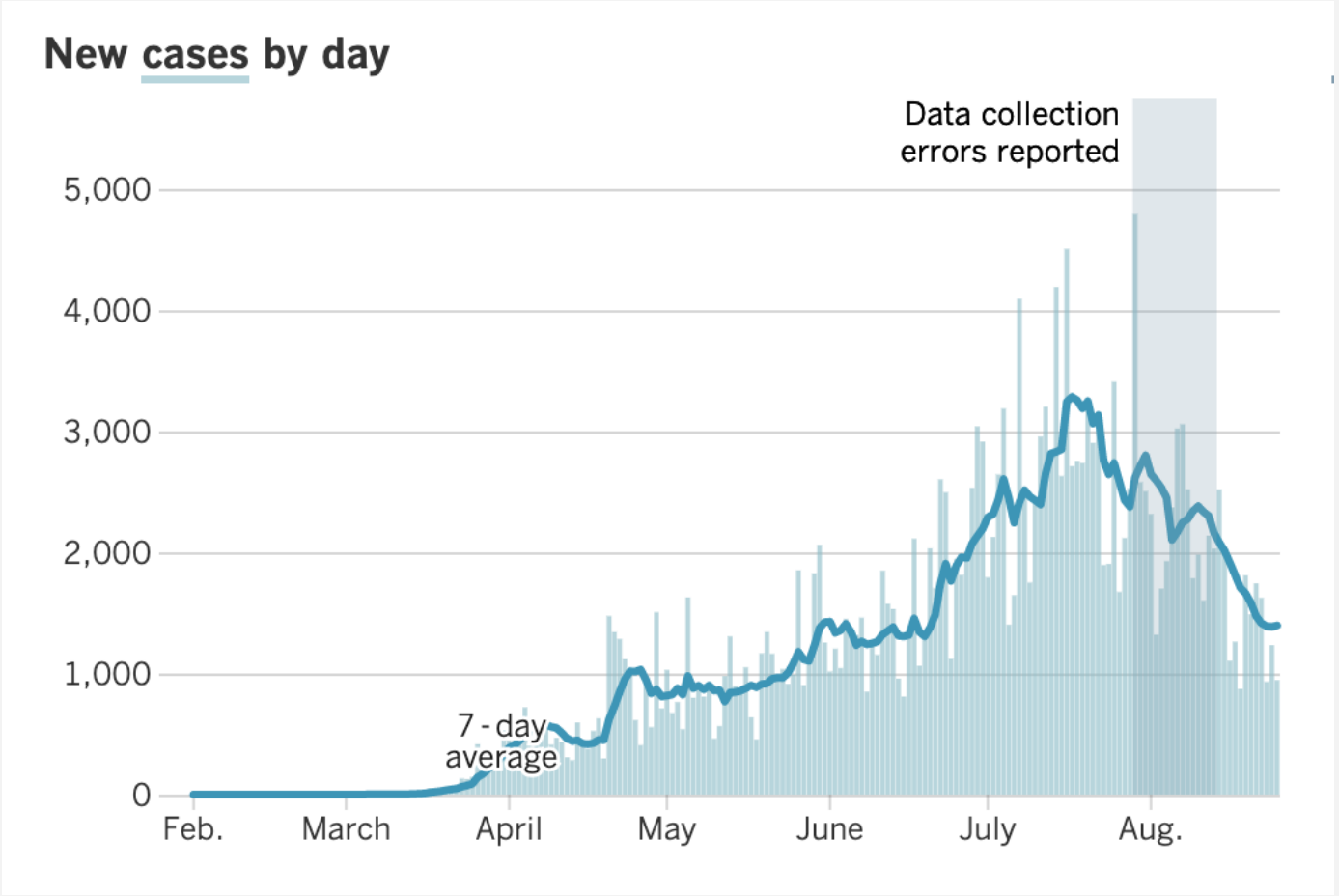
- Rapid shift from clinic visits to phone visits
- Vast majority of scheduled appointments were not cancelled or rescheduled
  - Exceptions include some preventive care (CCS, DRC screens, etc.)
- Continuation of Care Management when possible
  - Some RN redeployment to the acute setting
- Halt in preventive care outreach campaigns
- Preparation by all staff for redeployment to acute setting
- Established Covid-19 Nurse Advice Line

Los Angeles County DHS
Primary Care Provider Visits by Modality
(Jan – Aug 2020)



Health Services
LOS ANGELES COUNTY

Los Angeles County – COVID-19 new cases



What does primary care “recovery” look like and what is our new normal?

- How might we provide **guidelines on the prioritization** and delivery of primary care services to adult and pediatric DHS-empaneled patients during the COVID-19 pandemic as we transition to a new model of care delivery?
- In this context, primary care service recovery would include **broadening the scope** of service provided during COVID-19 as well as transforming our model of care delivery, rather than reverting to pre-COVID operations.

Service Prioritization – Key factors to consider *

- Acuity of the condition
- Clinical impact of delay in care
- Volume and backlog of service
- Space, PPE, and infection prevention
- State of surge status across DHS
- Staff redeployment

* Per CDPH Guidelines

Other factors to consider

- Extended office hours to limit the number of patients in the office at any given time
- Reserved hours for newborn, elderly, immunocompromised, or other vulnerable patients
- Know patients' preferences for FTF vs. telehealth
- Schedule with the PCP when possible regardless of visit modality
- Apply same guidelines for teaching and non-teaching clinics

Service Prioritization by Staff Type

- Services are prioritized by staff type in recognition that there will be variation across clinics in both:
  - Type of staff (i.e. provider nurse, CMA, etc.) that are redeployed to the acute setting or unavailable
  - Number of staff redeployed or unavailable

Staff Redeployment to Acute Settings

New tasks:
COVID-19
Screening and Testing
Influenza Pop-Ups

Three Service Priority Levels

- Priority Level 1
  - Limited staff or FTF capacity for care
- Priority Level 2
  - Greater capacity to see patients either FTF or telehealth
- Priority Level 3
  - Full capacity for care

Adult Primary Care Providers

- Remote/non-FTF visit:
  - Access to remote visits should be available for all patients
- Face-to-face visit: Provider/Nurse review prior to scheduling when possible
  - Priority Level 1 (urgent visits)
    - Potentially may prevent acute care utilization
    - Potentially may prevent clinical decompensation
  - Priority Level 3
    - Routine and preventive care (e.g. cervical cancer screening)
    - Routine IHA Provider Visit

Adult Primary Care Providers

- **Face-to-face visit**: Provider/Nurse review prior to scheduling when possible
  - **Priority Level 2** – (FTF visit would change or inform management)
    - Need for a physical exam (e.g. new skin lesion in a patient without a camera or portal access, new ear pain with discharge, etc.)
    - Complex or High-Risk per provider review – New or Follow-Up
    - Post hospital discharge follow-up visit if determined to need FTF visit
    - Chronic disease with very poor/deteriorating control if determined to need FTF evaluation
    - Time-sensitive in-clinic procedures/treatments - joint injection, trigger finger, etc.
    - HIV+: New HIV dx, new / resumption ART
    - Intervention for public-health benefit (STI treatment)
    - Markers of psychosocial risk (e.g. social isolation, poor health literacy, homelessness)
    - Concomitant need for co-visit with other team members (RN, SW, pharmacist, retinal exam, etc.)
    - Issue cannot safely be addressed via phone
    - Patient does not own a phone
    - Patient's strong preference for FTF clinic visit

Pediatric Primary Care Providers

- Remote/non-face-to-face visit
  - Access to remote visits for all patients (sick and well-child interval visits)
  - Prioritize Initial Health Assessments (IHAs) for all newly empaneled patients
- Face-to-face visit
  - Priority Level 1
    - Newborns
    - Vaccine Visits for all < 2 years (include growth parameters to prep for phone visit)
    - Vaccine catch-up visits for all ages
    - Sick visits
  - Priority Level 2
    - Initial Health Assessments for all ages
    - In-person visits for <2 years
    - In-person visits for 4-6 years
    - In-person visits for required school entry exams
  - Priority Level 3
    - Routine preventive care for all ages

Nurse Care Manager

- Remote/non-FTF:
  - Priority Level 1
    - Hospital Discharge Management
    - Health Homes Program (HHP)
    - California Children's Services (CCS) Coordination
  - Priority Level 2
    - ED Discharge Management
    - High Risk Adult/Pediatric/Senior Registries
    - PRIME/QIP Outreach
- Face-to-face visit:
  - Priority Level 1
    - Patient scheduled for provider clinic FTF visit and would benefit from seeing a Care Manager
    - Complex patients referred by PCP that would benefit from FTF education or counseling

Clinic Nurse

- Remote/non-FTF:
  - Priority Level 1
    - Telephone Triage - Advice and disposition
    - Review Portal clinical requests
    - Assist with escalation of screening/intake concerns resulting from parallel clinic phone workflows (e.g. PHQ9 #9 positive for suicide)
    - Phone symptom checks for patients post ED/urgent care, or f/urequested by PCP
    - Education that can be delivered by phone (low K diet, asthma action plans, etc.)
  - Priority Level 2
    - QIP Outreach
- FTF/In-Clinic
  - Priority Level 1 (per patient acuity, worsening, acute care utilization, co- morbidities)
    - Blood pressure and blood glucose checks when deemed necessary
    - Patient education difficult to relay over the phone (e.g. insulin teaching, glucometer teaching, medication education/compliance, etc.)
    - Vaccines
    - In-clinic meds (e.g. Depo, B12)
  - Priority Level 2
    - IHA Nurse-Directed Clinic Visit (for sites using the IHA SP)

CMA

- Remote/non-FTF:
  - Priority Level 1
    - Phone Visit Check-in and follow-up tasks
    - Medication renewal management
    - Reminder calls
  - Priority Level 2
    - Phone Visit complete intake
    - Phone Visit IHA intake
    - PRIME/QIP outreach
- FTF/In-clinic
  - Priority Level 1
    - Clinic Visit intake and discharge
    - Clinic Visit to complete paper forms/orders when needed
  - Priority Level 2
    - Retinal Screens for adults
    - Completion of procedures (ear lavage, etc.)

Clerk

- Remote/non-FTF:
  - Priority Level 1
    - Portal clerk pool management
    - Telephone access to care team
  - Priority Level 2
    - Appointment reminder calls and rescheduling
    - PRIME/QIP outreach
- FTF/In-clinic
  - Priority Level 1
    - Waiting Room monitoring for physical distancing, maximum capacity
    - Registration
    - Greet and process walk-ins
    - Paper Forms and Orders

Behavioral Health

- Referrals for behavioral health and social needs should continue and will be handled via FTF clinic visit or by telehealth encounter as appropriate
- Consider for face-to-face:

- Crisis/Trauma
- Intimate partner violence
- End-of-life
- Family conflict
- Grief/Bereavement
- High-risk pregnancy
- Homeless
- Refusal of treatment
- Suicidal or Homicidal Ideation
- Suspected Child Abuse
- Behavioral Issue

Scheduling and Template Considerations

- Telehealth visits may be completed in any designated location where a workstation with phone/camera are available
- Physical clinic space and exam room allocation should be prioritized for FTF-only sessions.
- Cohort visits to either all telehealth (phone or video) visits or all FTF visits
  - Helps maintain physical distancing
  - Allows for remote teleworking capability
- Appointment scheduling should be patient-centered
  - Allow for same-day visits
  - Ability to book any appointment type (new, routine, or urgent) into any appointment slot for both FTF and telehealth visits

Questions?

Adult Phone Visit Guidelines

- Patient appointment is scheduled by PAC or clinic staff.
- Phone Visit Session Sample workflow
  - **Brief Huddle** can be performed over the phone, via ORCHID messaging, HIPAA Bridge, Microsoft Teams, or DHS Skype for Business between the provider and nursing staff.
  - **CMA call and check-in** the first scheduled patient at the beginning of the session.
    - If patient answers, CMA conducts intake per section III.
    - If CMA is unable to contact the patient after **two attempts**, CMA proceeds to check in and call the next patient, continuing in the order the appointments are scheduled.
  - Care teams may reference the Ambulatory Organizer **color coding to track** session progress. (Blue=Checked in, Green=Intake complete, Orange=Provider conducting visit)

Phone Visit Guidelines (cont)

- Nursing staff/CMA makes **pre-visit phone call**
  - Call with **interpreter** if needed, verify two identifiers.
  - CMA sets expectations for the call and informs patient that:
    - The **purpose** of the call is to collect information to prepare for the phone visit with provider.
    - After the CMA intake, the call **will be warm-transferred** to the provider or the provider will call around the patient's appointment time, per local workflow.
    - The call with the provider will last a **similar duration** of time and cover similar topics as a face-to-face encounter.
  - Confirm the patient's preferred pharmacy
    - For DHS pharmacies, ask if patient has **mail order delivery set up**. If patient is interested, provide instructions per local workflow.
  - Complete the nursing Ambulatory Quick Intake
    - Add or Update **Language/Interpretation Needs, Allergies, Medication History** & Compliance
    - Depression Screening- **PHQ2 at every visit**
      - Complete full PHQ9 if patient already has Depression on their Problem list.
      - If PHQ9 Q9 is positive (suicidal thoughts), escalate immediately to licensed staff per local workflow.
    - **Social Needs-** Food Insecurity screening at sites where applicable with Behavioral Health Integration initiative.

Phone Visit Guidelines (cont)

- If the phone visit occurs during the flu season (September - March):
  - Communicate the importance of flu vaccination to protect patient and their family.
  - **Schedule patient for flu vaccine** visit if due.
  - If patient declines the flu vaccine or reports they have had it done elsewhere, document accordingly in ORCHID Health Maintenance.
- Check patient's **MyWellness Portal** (MWP) status on the banner bar.
  - If patient is not enrolled, please offer to send an invitation.
  - If patient is already enrolled, promote use of the HealtheLife portal app if not already set up
  - Remind patients they have the ability to request medication refills, check labs, view medical records, and send a message to their clinic through the portal.
- If patient has an **urgent/emergent clinical concern** at the time of intake, immediately transfer call to RN for triage or escalate per local workflow.

Phone Visit Guidelines (cont)

- **PCP calls the patient** for scheduled phone visit.
  - Provider conducts phone visit per ORCHID Phone Visit Job Aid.
  - Provider completes the following:
    - Review all relevant components of patient history including nursing intake
    - Perform Medication Reconciliation
    - Address any patient concerns
    - Formulate assessment and plan
      - Provider may request for the patient to submit photos via the MyWellness Portal if clinically appropriate. (Viewing Patient Provided Pictures Job Aid)
      - Order labs and diagnostics if clinically appropriate
  - Provider places orders and arranges for a face-to-face or phone visit within an appropriate time frame based on clinical history and follow up needs.
  - Provider documents using the Phone Visit Note template, including duration of the call.
  - Consider these **provider resources for tips on maximizing phone visits**:
- AAFP Communication Tips for Phone Visits
- Academy of Communication in Healthcare Telehealth Tips

Phone Visit Guidelines (cont)

- After the provider call
  - CMA addresses provider orders and messages, and communicates plan with patient as applicable.
  - CMA prepares the Visit Summary which patient can access via MWP.
    - If patient is not enrolled/unable to enroll, staff may mail the Visit Summary in a windowless envelope if patient prefers.

Patient Outreach

- Priority 1 – High Risk
- Priority 2 – PRIME/QIP Population Outreach

High Risk Population Outreach

- Target patients who have not had a primary care appointment in the past three months
- Outreach list distributed centrally (by the Director of PC Clinical Quality)
- Goal - ensure that patients do not “fall through the cracks”
  - fear of coronavirus
  - chronic disease management has been deferred
  - prevent an avoidable acute care utilization.
- The outcome of this outreach may include
  - Engaging patients to enroll in HHP/care management as appropriate
  - Scheduling a phone or FTF visit with PCP or OB-GYN.

High Risk Outreach Attempt (July/Aug)

- Outreach list centrally pulled and distributed across clinics:
  - High risk patients
  - No PC touch (Phone or FTF visit with a care team member) since March 15, 2020.
- Outreach was performed by: RN, CMA, Provider, PAC, SW
- 1-3 phone outreach attempts were made +/- letter
- Results:
  - Over 1600 outreach calls placed
  - Over 700 patients reached
  - Over 300 appointments scheduled
- Outreach outcomes included:
  - Appointment scheduled
  - Medication refilled
  - Referred to Social Work or Specialty Care

PRIME/QIP Population Outreach

- Depending on clinic staffing, outreach should continue by phone for quality metrics which do not require a non-PC downstream resource.
- Pediatric visits should be prioritized.
- Patient preference should also be considered whether they would be willing to come in for further workup in the case of a positive screening result.

PRIME/QIP Population Outreach - Sample

Health Maintenance or Chronic Disease Management Measure	Venue	Patient Outreach	Impact on downstream resources	Details
Tobacco assessment and counselling	Telehealth and/or FTF		N	Complete/update in nursing intake.
Alcohol and Drug Misuse SBIRT	Telehealth and/or FTF		Y- BH referrals	Complete/update in nursing intake.
Depression screening and f/u (PHQ2)	Telehealth and/or FTF		Y- BH referrals	Complete in nursing intake.
Depression Follow-Up	Telehealth and/or FTF	Y	Y- BH referrals	PCMH phone outreach and follow-up as per BHI workflows
Peds Wellness visits	Telehealth and/or FTF	Y		
Peds Childhood Immunizations	Telehealth and/or FTF	Y		
Influenza Immunization	FTF only	Y		Fall 2020 automated population outreach
CRC Screening	Telehealth and/or FTF		Y- GI colonoscopy if positive	Requires mailing or pickup of FIT kit.
Breast ca screening	FTF only		Y- Radiology, additional studies, biopsies, surgery referrals if abnormal	
Cervical ca screening	FTF only		Y- Colpo and Gyn referrals for abnormals	
DM Control: Eye Exam	FTF only		Y - Ophtho referrals	
Diabetes control	Telehealth and/or FTF	?Y		Often requires lab visit, some education/ management can be done remotely based on home BS readings
Blood Pressure Control	Telehealth and/or FTF	?Y		Home BP readings may be submitted via MWP (message or eClipboard) and recorded in ORCHID
BMI screening and follow-up	FTF only			

Guidelines for HM Screens v7.22.20

- Cervical Cancer Screening (pap)
  - High-risk groups (abnormal pap in surveillance, HIV positive, severely immunocompromised state, etc.)
  - Anyone already having a FTF Visit or speculum exam who is due
- Breast Cancer Screening (mammogram)
  - Patients identified during a FTF or Telehealth Visit who are due
- Colon Cancer Screening (FIT)
  - Patients identified during a FTF or Telehealth Visit who are due
  - Submit GI eConsults for screening of patients at high risk for colon cancer (Family History, Polyps, etc.)
- Diabetes Retinal Screening
  - Patients with uncontrolled Diabetes (Hgb A1c > 9) identified during the course of a scheduled FTF or Telehealth Visit.
- Other Panel and Population Outreach should remain on hold

Efforts underway

- Develop and implement strategy for timely **influenza** vaccination for empaneled patients
- Identify best practices for utilization of **video visits** in a primary care setting, including integrated behavioral health visits, and build capability across primary care
- Develop patient-centered guidelines for **scheduling, templates, and appointment types** across primary care which incorporate teleworking capability

Questions?

Please complete the pop-up survey