PHASE/TC3 Virtual Session: CVD Care Delivery with COVID-19 Context – March 31, 2020

Breakout Notes Synthesis

Breakout Part 1: Peer Learning for Operations

Key Takeaways:

**Prompt:** Recognizing the challenges you are facing in meeting the needs of all your patients given COVID-19, how are you now managing your patients with diabetes and/or chronic hypertension?

1. **Move to telehealth and telephone visits**
   a. Using technology, mainly phones
   b. Figuring out related billing codes, EHR integration
   c. So far, limited protocols for content of the televisit; figuring out workflows
   d. Need to educate patients on this new model. Help to make sure patients know this can be as good as a face-to-face visit (using scripts that describe this).

2. **Changes in staff roles**
   a. Changing roles in the care team and finding work for staff who are not being fully utilized
   b. Different staff members/teams helping with patient outreach
   c. Push to population management-style of care: opportunity to use pop health management tool; staff with more time are able to engage in these activities
   d. Outpatient department is becoming place for low-risk ED patients

3. **Supporting patients at home**
   a. Challenges to get BP measurements done at home; possible solution is home BP cuffs.
   b. If medication changes require lab draws, what do you do? Do you hold off on making those med changes?
   c. Outreach to COVID-19 high risk patients because uncontrolled diabetes (and others?). Take advantage of call to provide other support/counseling to patient at home.

4. **Wish for more support from Managed Care**

5. **Concerns around finances:** with the number of visits going down, how to stay whole for longer periods of time and have financial sustainability

6. **Sustaining changes:**
   a. How do we maintain these innovations and new/better ways of caring for our patients?
   b. What changes will stick over time?
Breakout Part 2: Peer Learning for Leadership

Key Takeaways:
In light of your efforts to continue caring for your patients with diabetes or chronic hypertension:

Prompt #1: What have you or your leadership done really well in response to COVID-19? What did that look like?

1. Communication has improved over time – what’s working well now:
   a. Daily huddles, regular team check-ins, regular check-ins with direct reports
   b. Centralized messaging for communications with staff; messages come in predictable places/times/modes.
   c. Feedback loops from staff to leadership; bi-directional communication
   d. Transparency, regular and open communication
   e. Sharing the right tools and resources at the right time

2. Solidarity and purpose
   a. Connecting staff with “hero” stories; bringing staff together in solidarity
   b. People are pulling together and being flexible under unusual circumstances/needs

3. Prioritization of staff/resources/activities
   a. Redistributing resources / staff where possible
   b. Stop/delay, plus new innovative ideas given the change in circumstances

4. Adopt/sustain innovations
   a. Could some of these things that are working stay after COVID-19?

Prompt #2 - What have you or your leadership done that has not gone well in response to COVID-19? What did that look like?

1. Communication
   a. Not always transparent, challenges in way information is communicated
   b. Challenge to organize materials to communicate clearly when staff are not face-to-face
   c. Not everyone is actually getting/understanding the information despite the best efforts of leadership.

2. Staff personal needs
   a. How do we respond from the HR perspective - planning for internal staff being diagnosed with COVID-19
   b. Need for emotional support for staff and physicians

3. Ways of working
   a. Breaking down silos has been difficult: in teams and throughout the community
   b. Workload burden on medical and nursing teams: not evenly distributed; these team members are expected to take on a lot
   c. Challenges in clarity of work responsibilities; getting on same page as a team

Lesson Learned:
- Leadership styles that emerge during a crisis are the same - and some are fit for the situation and some are not. Opportunity to rise to the occasion.