

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.