

Managing our Future

Avni Patel Shridharani, MHS

Community Health Strategies LLC



A bit about me

From Michigan, currently live in beautiful Kansas City

Public health background

Former health center chief strategy officer

Former HRSA/BPHC leader

Current health center consultant, including compliance assessments

Child of immigrants, English language learner

Dog lover, cook, hostess, yogi, bicyclist

Understanding You

Rural Health Clinics

Others?

Health Centers

Critical Access Hospital partners

The teacher, if indeed wise, does not bid you to enter the house of their wisdom, but leads you to the threshold of your own mind.

Kahlil Gibran

Syrian Poet and Painter (1883-1931)

Oakley, Ed. Enlightened Leadership: Getting to the Heart of Change (Kindle Locations 1572-1573). Enlightened Leadership Publications. Kindle Edition.

Learning Objectives



Recognize the health center impact during the pandemic;



Describe current strategic challenge areas affecting health centers and their kin;



Recognize opportunities to leverage telehealth to respond to the strategic challenges.



Understand the opportunities for chronic disease management care delivery transformation in an endemic state;

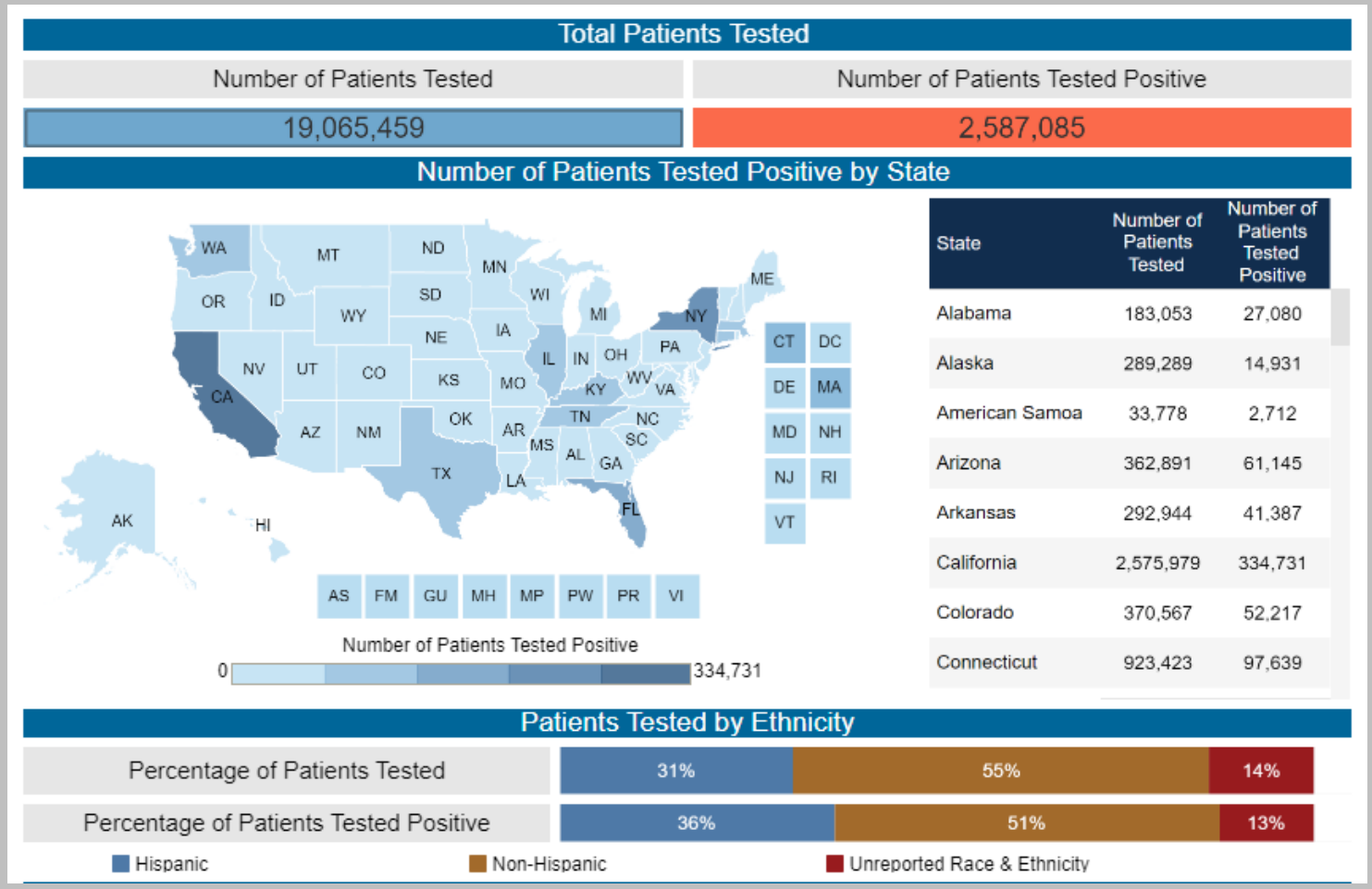
Health center impact during the pandemic



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COVID Testing

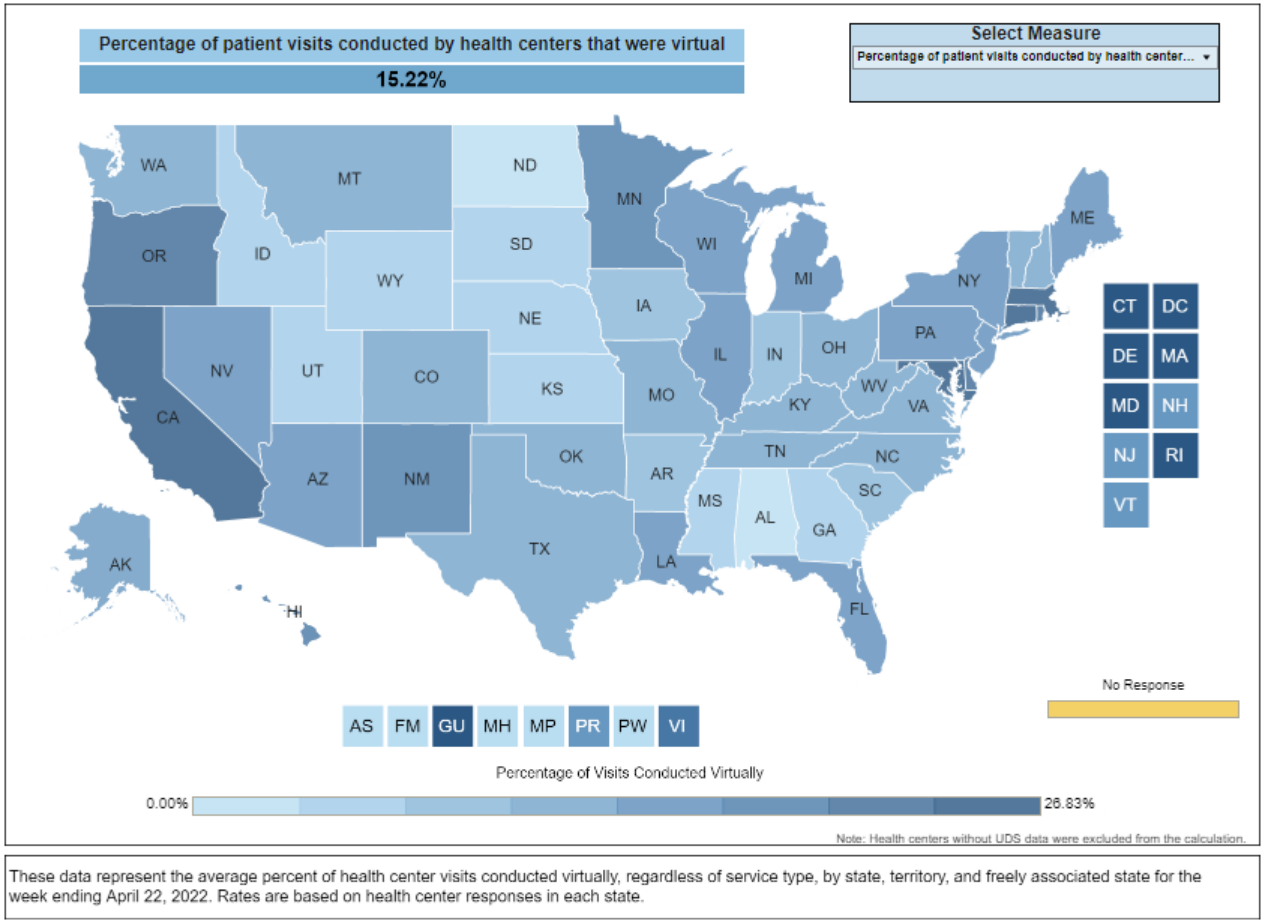
April 10, 2020-Current



[Health Center COVID-19 Survey | Bureau of Primary Health Care (hrsa.gov)]

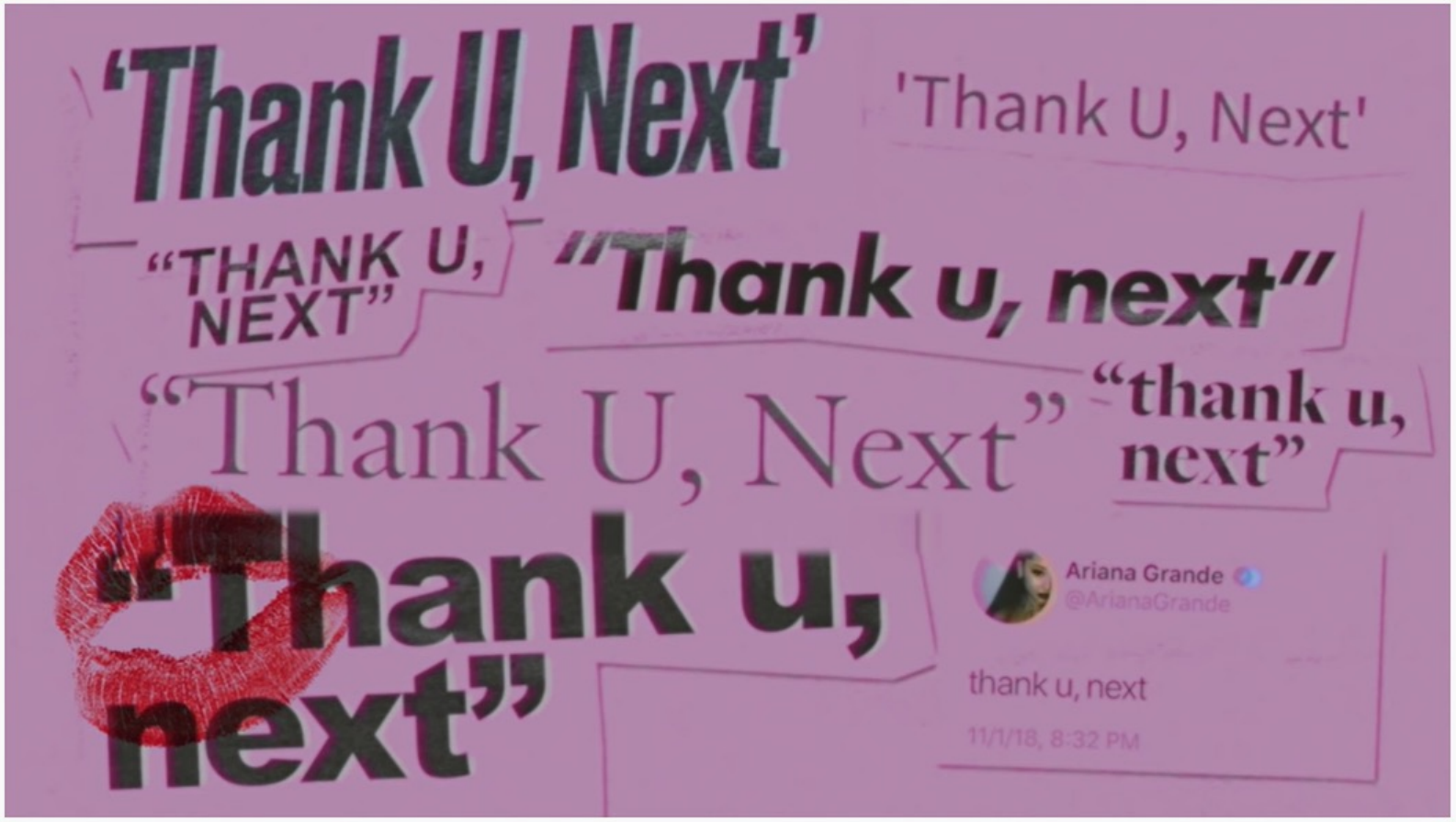
Percentage of conducted visits that were virtual

April 10, 2020-Current



These data represent the average percent of health center visits conducted virtually, regardless of service type, by state, territory, and freely associated state for the week ending April 22, 2022. Rates are based on health center responses in each state.

Health Center COVID-19 Survey | Bureau of Primary Health Care (hrsa.gov)



Credits: Ariana Grande

Current Strategic Challenges

Strategic Challenges facing Health Centers

- Budget
- Delayed Care
- Disparities and Justice
- Workforce

Given the ongoing workforce challenges, how can we use telehealth and other technologies to address these challenges?

Budget



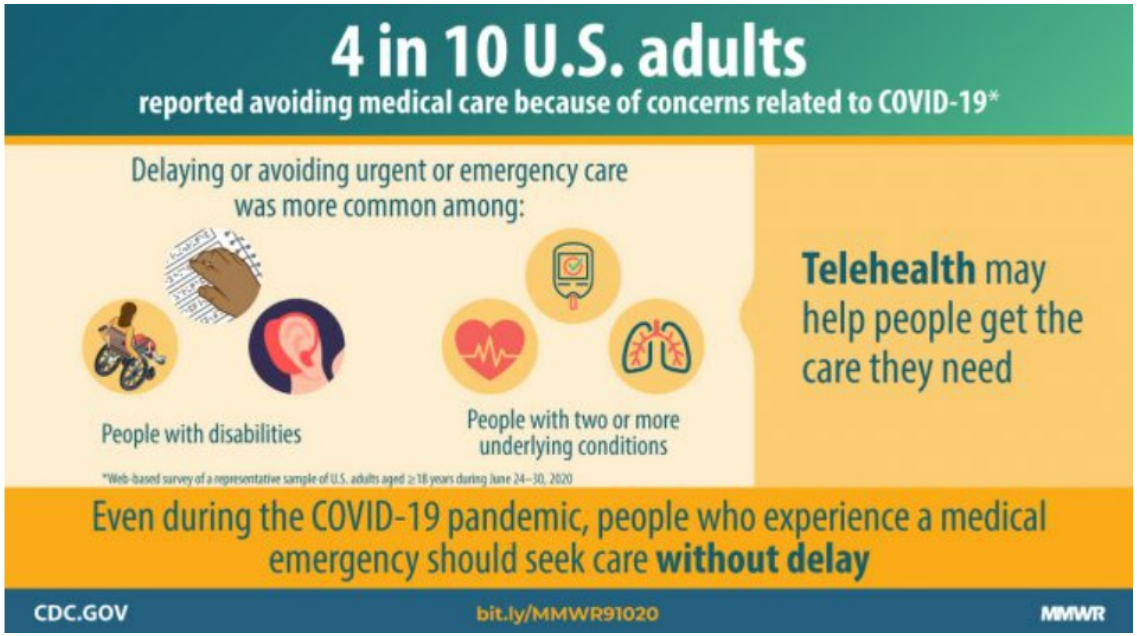
There is the potential that you must address these needs with the budget context of pandemic-level expenses and pre-pandemic-level revenue

Budget

- Tracking all COVID supplemental grants appropriately
  - One-time funds for capacity, such as telehealth and telework
- Successfully billing in shifting reimbursement environment
  - Shifting from crisis mode to sustainable systems in the revenue cycle
    - Are you mailing out paper statements?
    - Are you only offering appointments via telephone scheduling?
    - Is your portal easy to use for paying bills and prescription refills?
- Planning for Capital
  - Telehealth
  - Telework



Delayed Care



Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020 | MMWR (cdc.gov)

Delayed Care

December 14, 2020

Delayed Care with Harmful Health Consequences—Reported Experiences from National Surveys During Coronavirus Disease 2019

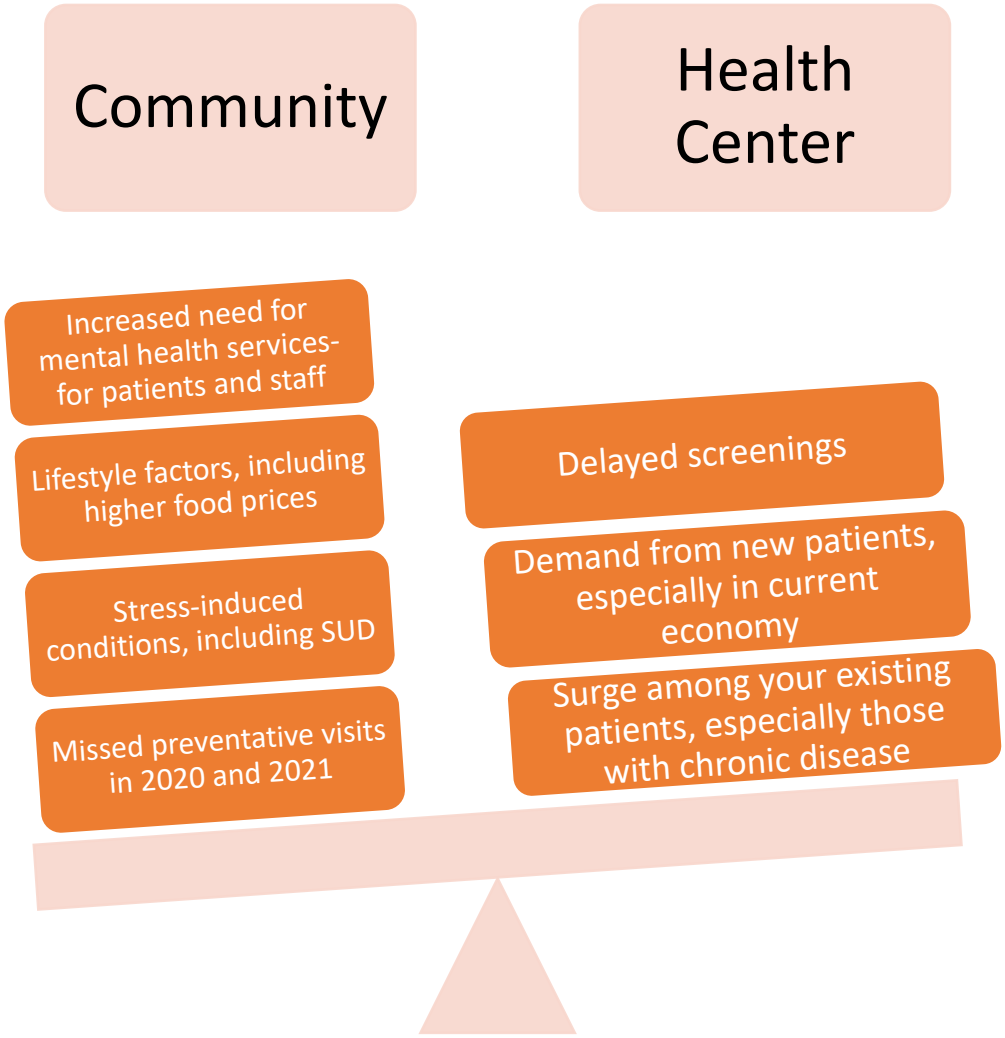
Mary G. Findling, PhD, ScM[1]; Robert J. Blendon, ScD[1,2]; John M. Benson, MA[1]

» Author Affiliations | Article Information

JAMA Health Forum. 2020;1(12):e201463. doi:10.1001/jamahealthforum.2020.1463

JAMA Health Forum – Health Policy, Health Care Reform, Health Affairs | JAMA Health Forum | JAMA Network

Delayed Care





Disparities and Justice

- Recognizing context
- Moving past blame/guilt/shame
- Inviting discomfort for growth



All of these are affected by POVERTY, which is affected by

- Gender
- Race
- Rurality
- LEP
- Incarceration

Health center patients

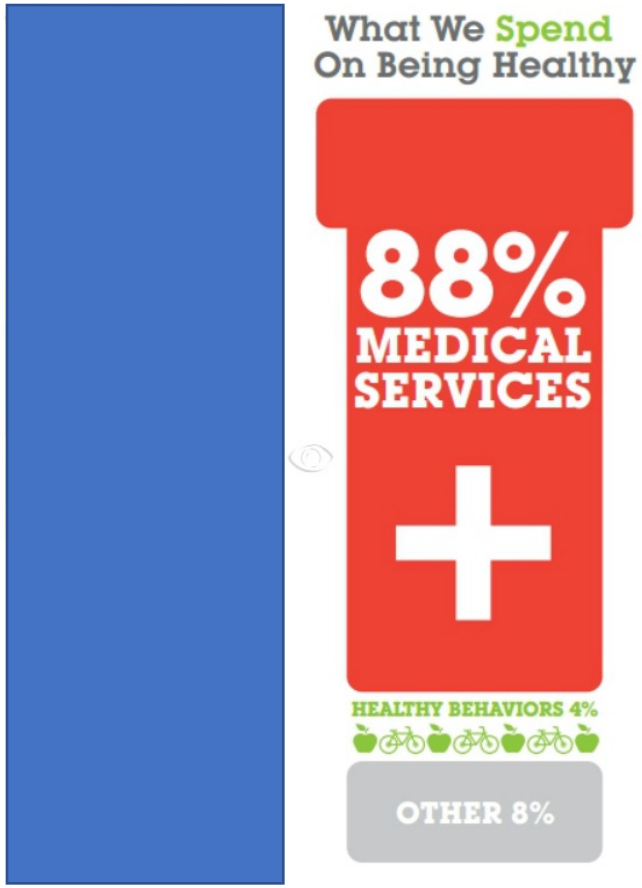
- ✓ Uninsured
- ✓ Limited English Proficiency
- Unemployed
- Lead paint/water pipe exposure
- Low literacy
- Food insecure
- Housing insecure
- Lack of safety
- Lack of opportunity

About Social Determinants of Health (SDOH) (cdc.gov)

Health centers cannot and should not do this work alone.

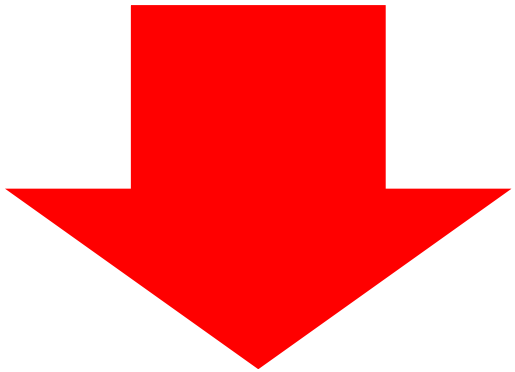
Continue/expand forging/strengthening community partnerships.

- ❖ Faith groups
- ❖ Civic organizations
- ❖ Social Services
- ❖ Schools
- ❖ Justice system
- ❖ Vocational training
- ❖ And many more



Sick care vs. Health care? | Transform Manual Physical Therapy (transform-mpt.com)

Workforce Considerations



Challenges

- Wages
- Shortage
- Burnout
- Mandates
- Workload
- Cultural Competence and Compassion

Tools

- Market rate data
- Work-life balance policies
- Recruitment flexibilities
- New roles & tools
- Compassionate leadership



Leveraging telehealth to respond to the strategic challenges facing health centers and their kin

- Budget
  - Reduce no shows
  - Improve CDM for VBPs
- Delayed Care
  - Meet demand surge
- Disparities and Justice
  - Empowering messengers and customizing messaging to support healing
- Workforce
  - Increase provider satisfaction
  - Reduce commute times and workload

Budget

Visit-related revenue remains important.

A recent study found that with telehealth,

- There was an 82% reduction in missed appointments (no shows)
- 68% of providers say it allows for them to spend more time with patients

[VTN Study Points to Importance of Telehealth for Increasing Access to Mental Health Services » Virginia Telehealth Network (ehealthvirginia.org)]



Care Delivery Model and its impact on Chronic Disease Management



Typical Care Workflow Step 1

Patient calls health center, waits, and then requests service

- Options based on availability- not demand



Typical Care Workflow Step 2

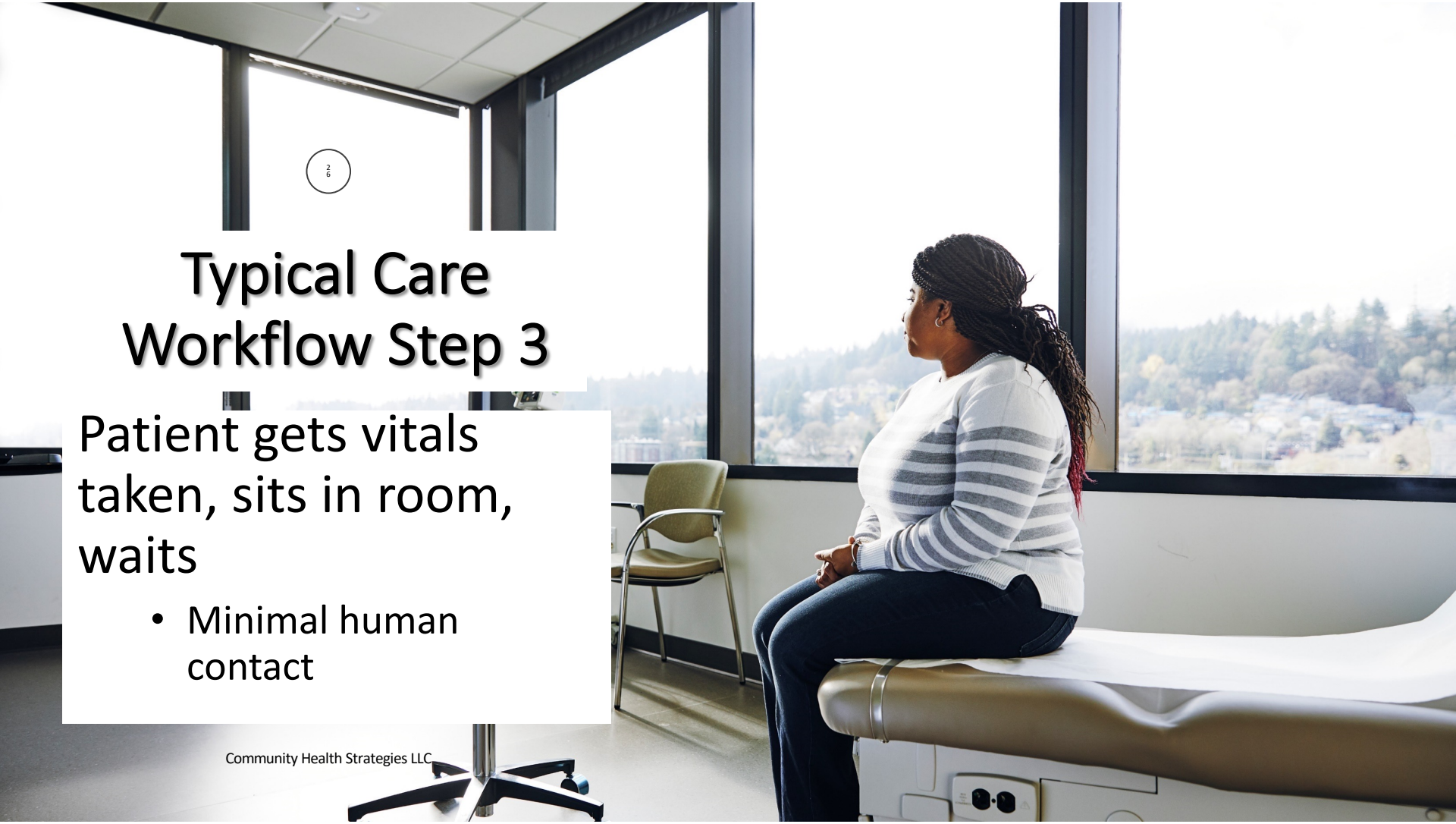
Patient physically arrives, completes paperwork, pays patient responsibility portion, waits

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Typical Care Workflow Step 3

Patient gets vitals taken, sits in room, waits

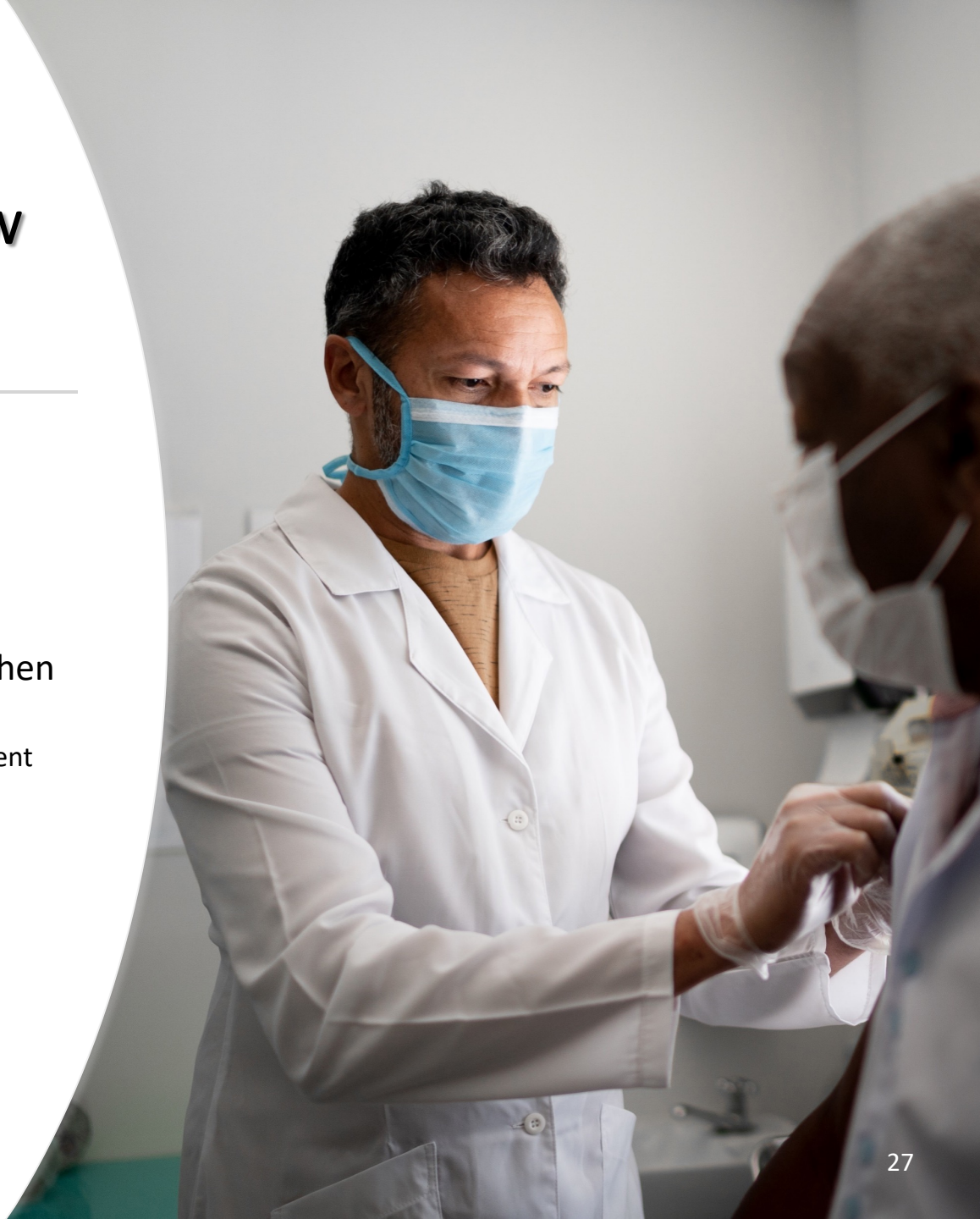
- Minimal human contact



Typical Care Workflow Step 4

Provider enters room, conducts visit

- May be facing a monitor
- May not know patient well
- Focus is on the issue mentioned when the appointment was requested
    - May not include other topics or a patient request for preventative screening



Typical Care Workflow Step 5



Patient leaves room, walks him/her/their-self out

- Sometimes, the MA or provider escorts the patient out
- Sometimes, there is a check out process where the next follow up appointment or referral is scheduled

What are the areas for improvement?

Not fixing these risks our visit volumes, quality payments, provider satisfaction

All responsibility falls on the patient- to call, to show up, to arrange all follow up

- High no show
- Low loyalty
- Low quality

Providers have too much to address in short visit slot

Human connection is lacking even in an all in-person workflow

Where can we start to redesign?

- ✓ Align the right solution to the right problem
  - Technology is not a substitute for humans
- ✓ Re-design your processes for TODAY's patient, who is forever changed
  - *By the pandemic*
  - *By stress*
  - *By inflation*
  - *By convenience in other domains of life*

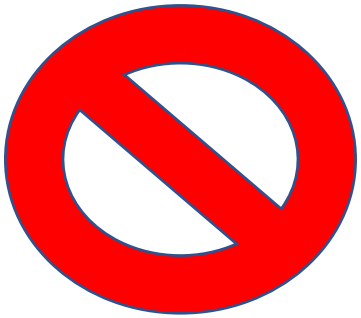






Banking modalities

Turn up the "Humanness"!



Health CARE
Not
Health Service

Draw on positive examples from social media. We are using technology to increase human connections.

- Doing so is the best way to address the 4 strategic challenges simultaneously.

Changing it up with new roles and technology

CDM and Delayed Care

- RNs
  - Tele nutrition visits
  - Group diabetes education
- Pharmacists
  - Tele visits for medication list reviews and other MTM

Changing it up with new roles and technology

Disparities and Justice

- CHWs
  - Telehealth check ins (relationship management)
  - Care coordination
    - Referral coordination
    - Lab follow up
    - Prescription refills (and auto-fill set up)

Change Planning

Where can more technology help?

Where can more humanness help?

"I was one of the skeptics to telehealth. I do a lot of trauma work, and wondered if [virtual appointments] would be the same," said Dr. Muriel Azria-Evans, director of mental health & wellness at Health Brigade. "I have to say, I was pleasantly surprised that care was equally effective via telehealth. [Telehealth] made it more accessible too. I'd have clients that would be on two buses to get to me for a 50-minute mental health session, and two buses to go home. So now they've spent three-and-a-half hours away from home or work. There's a cost to that. Moving forward I foresee telehealth as a permanent option for clients and predict a hybrid model will emerge."

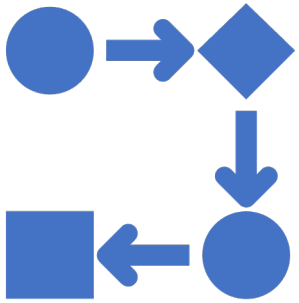
VTN Study Points to Importance of Telehealth for Increasing Access to Mental Health Services » Virginia Telehealth Network (ehealthvirginia.org)

Innovation and Changes to the Care Model

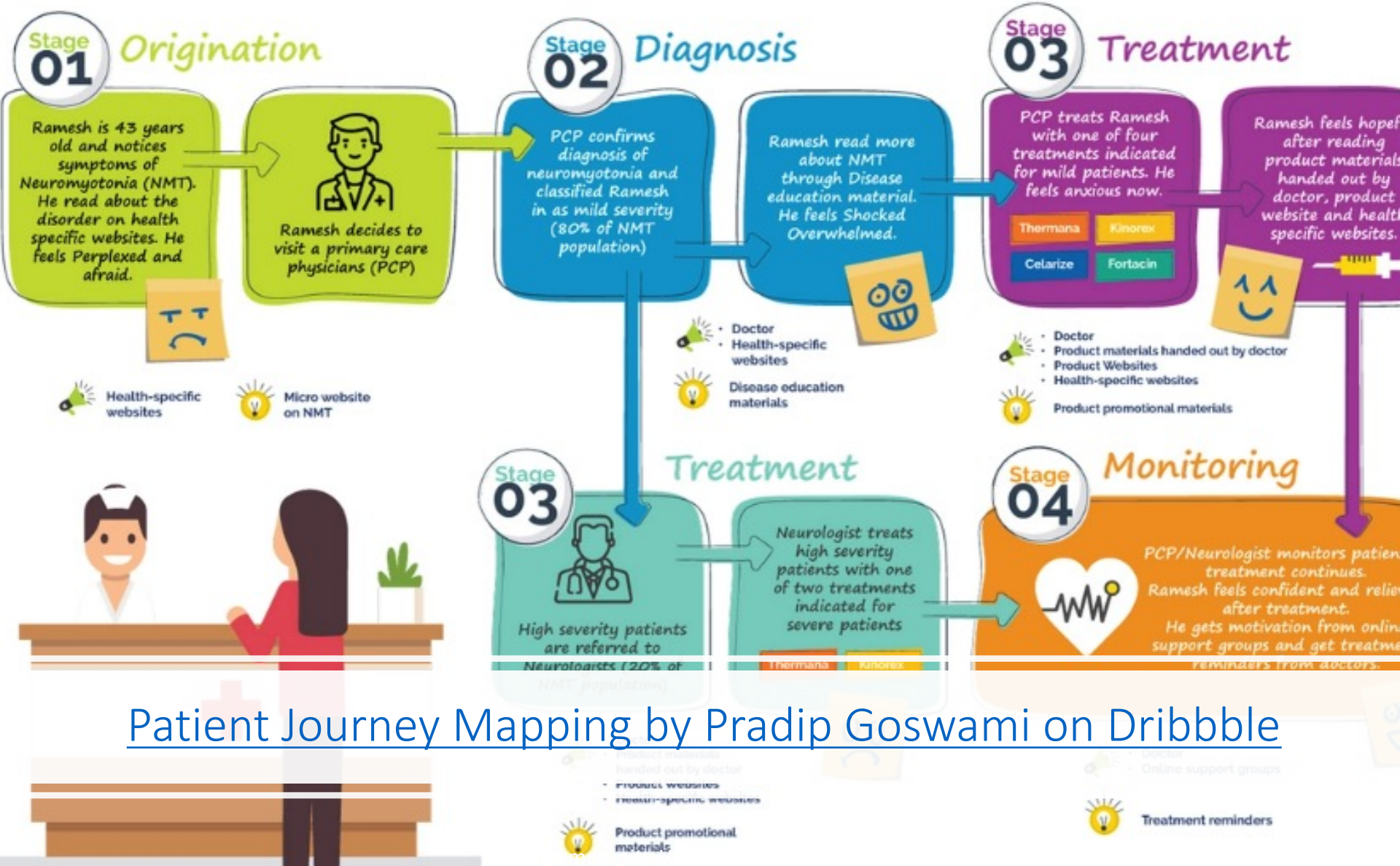


Turn the delivery model upside down and inside out

For CDM services, instead of having patients come to you and follow your workflow, what if you went to them and created a new workflow for them?



Patient Journey Mapping



[Patient Journey Mapping by Pradip Goswami on Dribbble]

Philadelphia, PA

Woman opens auto shop with nail salon: "A unique and confident car repair experience for women"

Amy Christie | 1 day ago



Can/should you consider co-locating with physical-oriented services?

- Can auto repair also become an OLOB? Or a BH vocational therapy program or an employment program for formerly incarcerated people?

- Can/should you consider access to healthy foods and the tradition of cooking as part of your care delivery model?
- What partners can help you?

A Food Desert in Ohio Welcomes a Ne rocery Store, Thanks to a Community H Center

May 25, 2018 | by Amy Simmons Farber



Photo Courtesy: Lower Lights Christian Health Center

If you want fresh foods on your table, open yo grocery store. That is what happened in Frank Ohio, on the West side of Columbus, in a comm struggled as a food desert until Lower Lights C Health Center opened the Jubilee Market and C health center started the nonprofit grocery sto renovated candy factory earlier this month. N income residents can get discounts on fresh fr vegetables, commodities that were hard to cor neighborhood that has been lacking a grocery years.

"Having access to affordable, nutritious food i component of a healthy lifestyle and preventi treating many chronic conditions, such as diab heart disease," said Tracy Cloud, Interim CEO

s.



Emerging Tools



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Great Plains Telehealth
Resource & Assistance Center



New CDM Active Guide

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant numbers U1UTH42525 and G01RH32157. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

New CDM active guide for project managers

Purpose:

- Improve quality of care delivered for chronic disease patients served by health centers and respond to staff turnover risks.

- Train health center staff on project management/expansion following evidence-based best practice(s) including Lean Six Sigma.

Audience

- Pilot health center-controlled network who can lead implementation strategy and support.





“Soup to Nuts”

Comprehensive Guide/Active Project Management Tool for how to use telehealth for CDM

Chapters by name/audience and to include abstract and milestone (i.e., insert clinical goal for the chronic disease)

Quality Improvement

- Revenue Cycle
- Executive
- Clinicians (all levels; all departments)
- Care Coordinators

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Real-time Technical Assistance and Project Management Leadership

Toolkit/Implementation Guide will have TA webinars:

Potential Topics:

- Reports/IT/analytics,
- Coding,
- Workflows,
- Policy,
- Personnel/accountability,
- Milestones
- Communication samples (i.e., PM messages to clinicians)

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Dreaming of the Potential

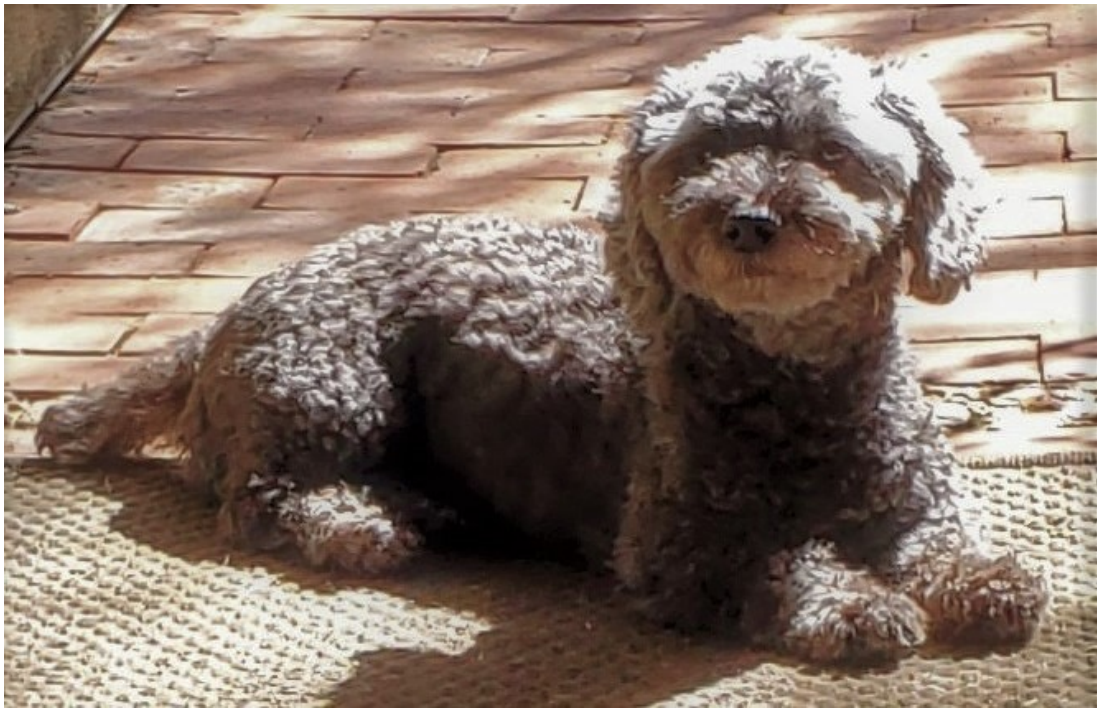
✓Our patients use the portal to create a customized care plan.

✓Click “My Clinical Goals”

- Upload RPM data and see if progress is on track
  - If not on track
    - Click for “tele-dietician” visit
    - Text for diet/recipe advice
    - Click for MTM with pharmacist

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Thank You!



Avni.shridharani@outlook.com

816-666-4437

https://www.linkedin.com/in/avni-patel-shridharani