INTEGRATING DURING A PANDEMIC

COMMUNICATION

- One of the biggest barriers to tackle on our best days
- During a crisis, communication becomes more important than ever
- AND, we are getting more emails and information than we're used to
- How to balance message fatigue
  - Keep it short and to the point
  - Organize in bullet points/action items
  - Pick up the phone

COLLABORATION

- Another barrier to integration during “typical” times
- Working with others you may not have pre-pandemic
- Bending your brain
  - Sit back and ask, “who else might need to know this for care coordination”
- Find a “person”
  - That point person can help direct you
  - Ensure that they are someone responsive
  - Use your external networks

INNOVATION

- Finding workarounds
- Creative thinking is key
- Focus on what must happen
  - Then HOW to make it happen
- Technology

KRISTEN THOMPSON, PHD

MAKE THE MOST OF INCREASED ACCESS TO ENVIRONMENT

- Heightened understanding of problem and possible solutions
- Greater generalization of practice
- More relaxed patient = more willing patient?
- Acknowledge increased access and *lean in*

MANAGE RISK PROACTIVELY

- Establish a call-back plan
- Verify physical location
- Inquire about increased access to lethal means
- Know where to access emergency contact info
- Refresh safety plans

TROUBLESHOOT CONSULTATION BARRIERS

- Technical issues
- Out of site, out of mind

MAXIMIZE REIMBURSEMENT OPPORTUNITIES

- Follow-up via telehealth
- Reimbursement for phone calls

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INTEGRATING DURING A PANDEMIC

MARCH 18TH

- On March 18, 2020, the Centers for Medicare and Medicaid Services (CMS) released guidelines recommending postponing or cancelling elective, non-essential services to preserve resources for treating COVID-19 patients.
- The guidance was advisory rather than mandatory and did not define "elective and non-essential"

WHAT WAS HAPPENING

- BHCs are often misunderstood and sometimes unwanted
- Rotating wheel analogy
- Simultaneous healthcare crisis and mental health crisis
  - We have value
  - Create ways to engage the system as it stands
    - Every clinic was unique
    - Protocols changing

WHAT WE KNEW

- Our Community is reacting in ways “we” would expect.
  - Reacted to thought of the virus with compulsiveness
  - Reacted to isolation with low mood, sleep disturbance, nutrition disturbance
  - Reacted to food shortages with hoarding and weight changes
  - Reacted to fear with the stress response (Fight, Flight or Freeze)
  - Reacted to be overwhelmed with information with denial or excessive worry
- There were predictable stressors
  - Food shortage
  - Job loss/Financial stress/homelessness
  - Grief and loss
  - Crumbling healthcare system
- We have a seat at this table.

WHAT DID WE DO FOR OUR COMMUNITY

- Created a questionnaire
- Called hundreds of patients to ask “what do you need”
- Used social determinants of health as a map
- Encouraged behavior changes in patients with co-morbidities.
- Extended services to 7-8 times more patients
- Contacted patients in quarantine or who have tested positive for COVID-19.
- We created telehealth warm-handoffs

Our organization as a whole did much more than this

WHAT DID WE DO FOR OUR PHYSICIANS

- Validated them
- Contacted “over-utilizers”
- Lunch and Learns with the staff
- Created a phone line for frontline workers
- We supported our clinicians
- We openly supported science

Our organization as a whole did much more than this

WHAT WE LEARNED/ OUTCOME

- Everyone is in crisis
- The power ladder was dismantled
- Social determinants of health moved to the forefront of care
- Telehealth is effective and valuable
- We learned how quickly systems, organizations and individuals can change, if they must.
- Demonstrated the importance of social networks and intact neighborhoods.

(Stein et al., 2020)

REFERENCES

- Stein, K.V., Goodwin, N. & Miller, R. (2020). From Crisis to Coordination: Challenges and Opportunities for Integrated Care posed by the COVID-19 Pandemic. *International Journal of Integrated Care*, *20(3), 7*.

INTERPROFESSIONAL TEACHING AND
TRAINING DURING COVID

INTEGRATING
DURING A
PANDEMIC

ALISTAIR'S
Some of the greatest teachers
of all time...
taught virtually.
CASE
Curriculum for Agricultural
Science Education

INTERPROFESSIONAL EDUCATION

- IPE
- Accreditation bodies and standards
- Sites taking additional students
- Warm line with community partners
- Beware of continued silos
  - Students need to ask for collaboration
- Diverse perspectives are particularly crucial
  - Team accountability

INTERPROFESSIONAL TRAINING

- Changes in training requirements (COM P/F)
- Students simply must obtain clinical behavioral anchors
  - Supervisor requirement changes, direct hours
  - Entire curriculum online
- Telehealth
- How to create as much clinical application, replication as possible
- Public health perspective
  - COVID 19 parlance
  - Cognitive dissonance

KCU INTEGRATED TRAINING

- Kansas City University’s Center for Medical Innovation (CMEI)
- Broke ground on a new state-of-the-art center June 4, 2018
- Four floors, 56,000 square feet, the CMEI provides enhanced opportunities for students to receive experiential training through "simulation"
- Mannequins –
  - Respond to active treatment
  - Voiced by standardized patient actors from control center
- Virtual reality