The Village Approach

Maintaining Patient Centric Care During A Pandemic

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COVID-19 Enhances The Way Generations Helps Patients!

Focus on the 6 Key Concepts for Patient Centered Medical Home and be creative in how they are applied to the care provided.

➢ Team Based Care

Provides continuity and communicates roles and responsibilities to organize and train staff to work at the top of their license.

➢ Knowing and Managing your Patient

Provides ability to capture and analyze data to drive evidence-based care and support services.

➢ Patient Centered Access and Continuity

- Assures 24/7 access to clinical advice and appropriate care after hours.
- Empanelment supports continuity of the patient and provider relationships that is the basis for patient centric care.

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Know Your Lane

GFHC Swimlanes							
	Schedule Appt	**Check In**	**Appt Prep**	**Provider Visit**	**Appointment Follow Up**	**Labs/ Diagnostics**	**Check Out**
Medical Assistant	•F/u per standing orders protocol as directed by provider i.e. meds, diagnostics, labs etc		•Pull recent Labs/ Diagnostics/ DC Summaries Etc. from hospital EMR's/HIE attach to "Chart Prep task and send to provider for review.	• Gather supplies before Calling pt. i.e. room set up for pap, monfilament for foot check, lancets, gauze, cuvette for fingersticks.	• Schedule any ordered diagnostics and notify pt of date and time. (Use standard order protocol for Colonoscopy, Pap,	•obtain diagnostic results, scan to chart and result to provider	•Encourage patient to provide email
			•Huddle with Care Team as needed	• Perform vitals ' Reconcile Med/Problem lists • Perform due health screens i.e. PHQ2, annual health history etc using forms in EHR	•Assure medication requests etc are forwarded to provider	•obtain lab results not sent electronicallyresults, scan to chart and result to provider	•Send portal invite
LPN	•F/u per standing orders protocol or as directed by provider		•Review immunization schedule and notify provider of any needed at next appt.	• Administer immunizations as needed per standing orders or provider orders	• Monitor scheduled labs i.e. INR and report results to provider	•Receive critical values called in from labs and immediately confer withy	•Encourage patient to provide email
	•Enabling Visit i.e. patient education		•Notify provider if labs/diagnostics needed	• Administer wound care as needed per standing orders or provider	• Notify patients of med changes or provider reccomendations, etc.	•Call pt to notify results and follow up per provider	•Send portal invite
			•Gather wound care supplies as needed	• Provide pt education as needed per standing orders or provider orders	•Assure encounter notes are completed and signed	•Review resulted labs, diagnostics and consults	•Encourage patient to register on portal. Assist if
			•Huddle with Care Team as needed/Review previous plan.	• Administer on site meds as needed per standing orders or provider orders	Phone contact with patients per protocol for phone screening and timely advice.		•Encourage patient to provide email
Provider			•Review Labs/ Diagnostics/ DC Summaries Etc.	•Review Of Systems	•Assure prescriptions and refills are completed in a timely manner	•Notify MA or LPNto contact pt re med changes	•Send portal invite
			•Huddle with Care Team as needed	•Address reason for visit	•Respond to patient messages per policy timeline		•Encourage patient to register on portal. Assist if
			•Initiate Care Level Assessment Form (Risk Stratification)	•Discuss goals and plan with patient	•Complete any forms required for the patient		
				•Diagnostics/ Labs/ Specialty referrals ordered as needed.			
Care Coordinator	•F/u ED & Hosp Admission	•Enabling Services Appts	•Contact pt to bring all required documentation	•Meet with pt while on site	•Continue to address goals		•Enabling Services Appts
	•Care Coordination Face To Face		•Complete Social Determinants Form	•Confirm contact information for f/u	•obtain consult notes, scan to chart and result to provider		•Encourage patient to provide email
	•Face To Face Enabling Services		•Initiate Care Level Assessment Form	•Discuss specialist preferred vs those that accept insurance type			•Send portal invite
			(Risk Stratification)	•Confirm pt accepts referral and days/times best to schedule			•Encourage patient to register on portal. Assist if
			•Assure Care Plan and documentation up to date	•Identify Goals, share interventions and evaluate outcomes.			
			•Huddle with Care Team as needed	•Update Care plans and document in patient order			
Care Faciltator	•Referrals	•Enabling Services Appts	•Contact pt to bring all required documentation	•Meet with pt while on site/Confirm contact information for f/u			•Enabling Services Appts
	•Face To Face Enabling Services		•Complete Social Determinants Form	•Discuss specialist preferred vs those that accept insurance type			•Encourage patient to provide email
			•Huddle with Care Team as needed	•Confirm pt accepts referral and days/times best to schedule			•Send portal invite
			•Help pt apply for BCCG/Wise Women program for uninsured pap and mammo appts prior to appt date.	•Complete referral			•Encourage patient to register on portal. Assist if needed
Community Health Worker	•Insurance Applications	•Enabling Services Appts	•Contact pt to bring all required documentation				•Enabling Services Appts
	•Program Intake		•Complete Social Determinants Form				•Encourage patient to provide email
	•Face To Face Enabling Services		•Initiate Care Level Assessment Form				•Send portal invite
			(Risk Stratification)				•Encourage patient to

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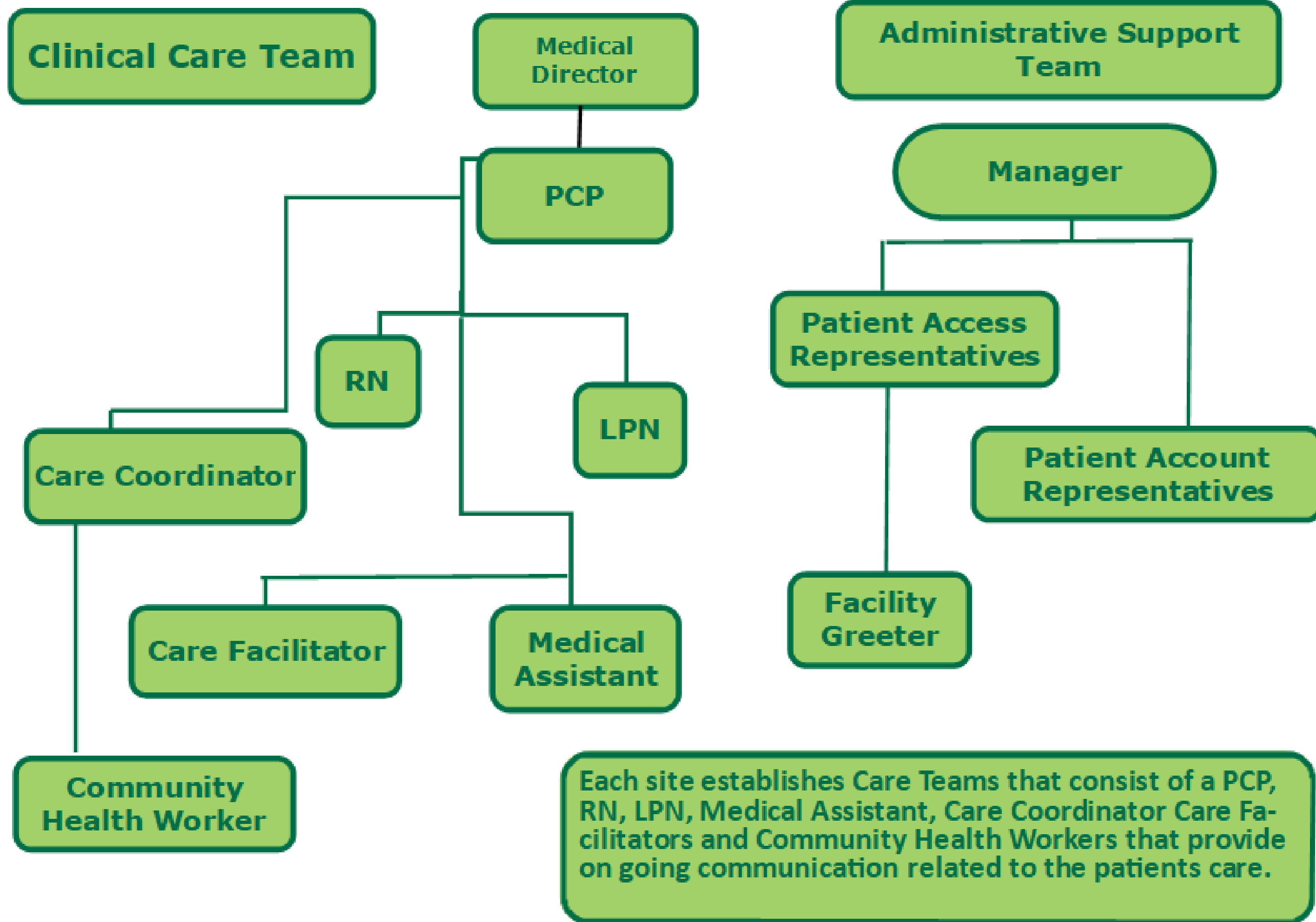

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Keeping Care Patient Centered

➢ **Care Management and Support**

Identifies patient needs to effectively plan, manage and coordinate patient care with emphasis is placed on supporting patients at highest risk.

➢ **Care Coordination and Transitions**

Practice systematically tracks results and engages in care coordination to lower costs, improve patient safety and ensure effective communication.

➢ **Performance Measurement and Quality Improvement**

Establishes a culture of data-driven performance improvement on clinical quality, efficiency and patient experience.

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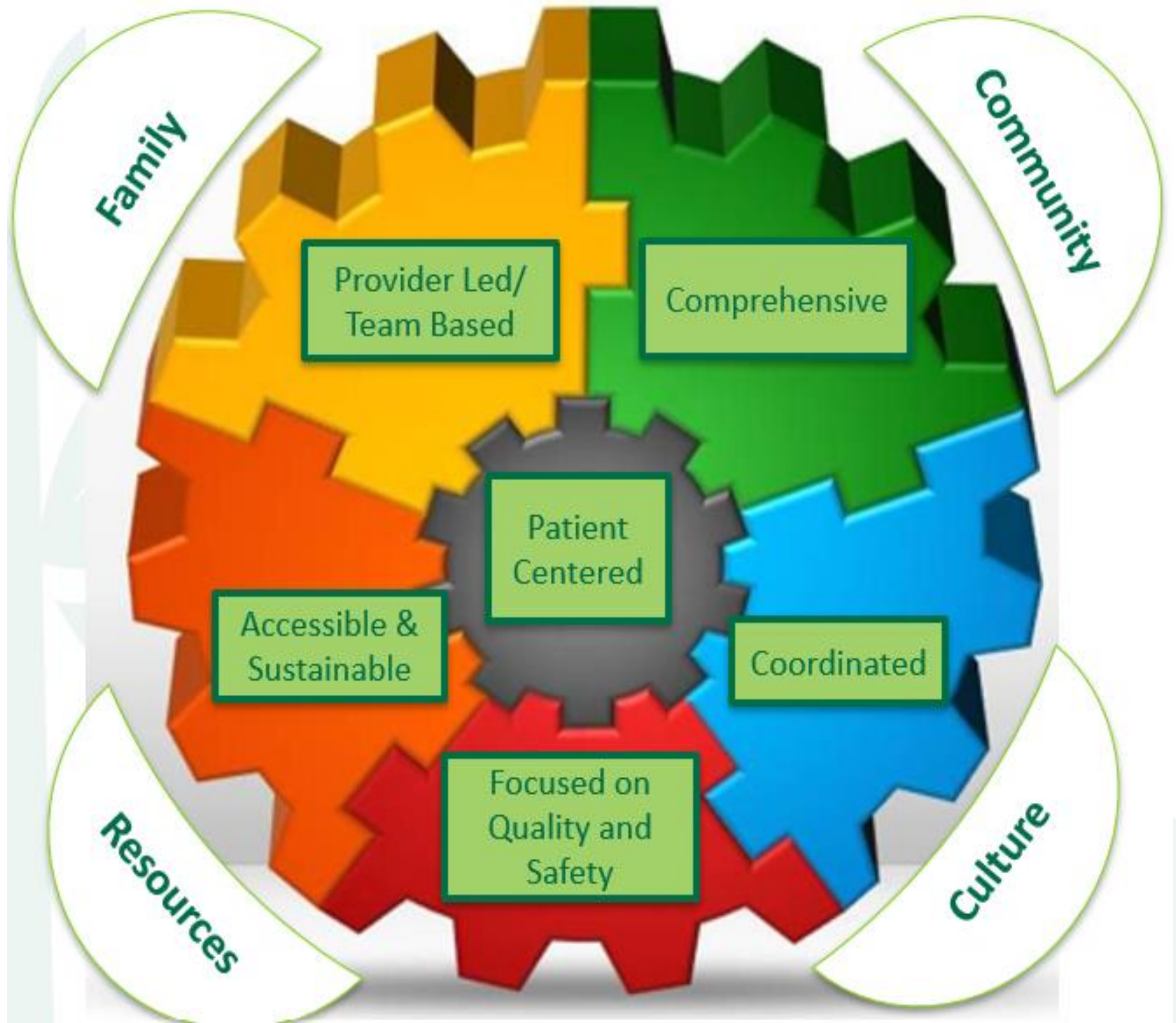

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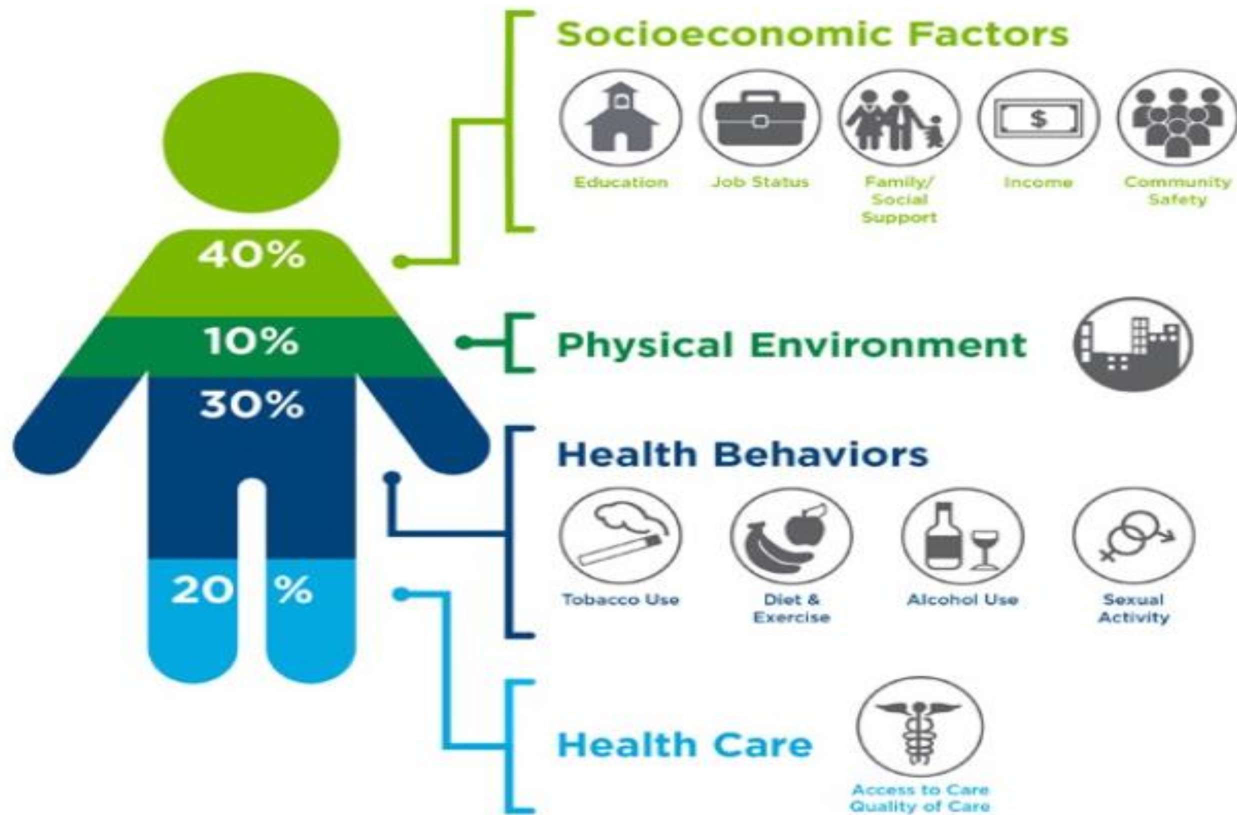
Working Conditions
Social Support Networks
Physical Environment
Health Services
Determinants of Health
Income & Social Status
Coping Skills
Education
Genetic Endowment



Only 20% of health status relates to those moments in the healthcare environment.

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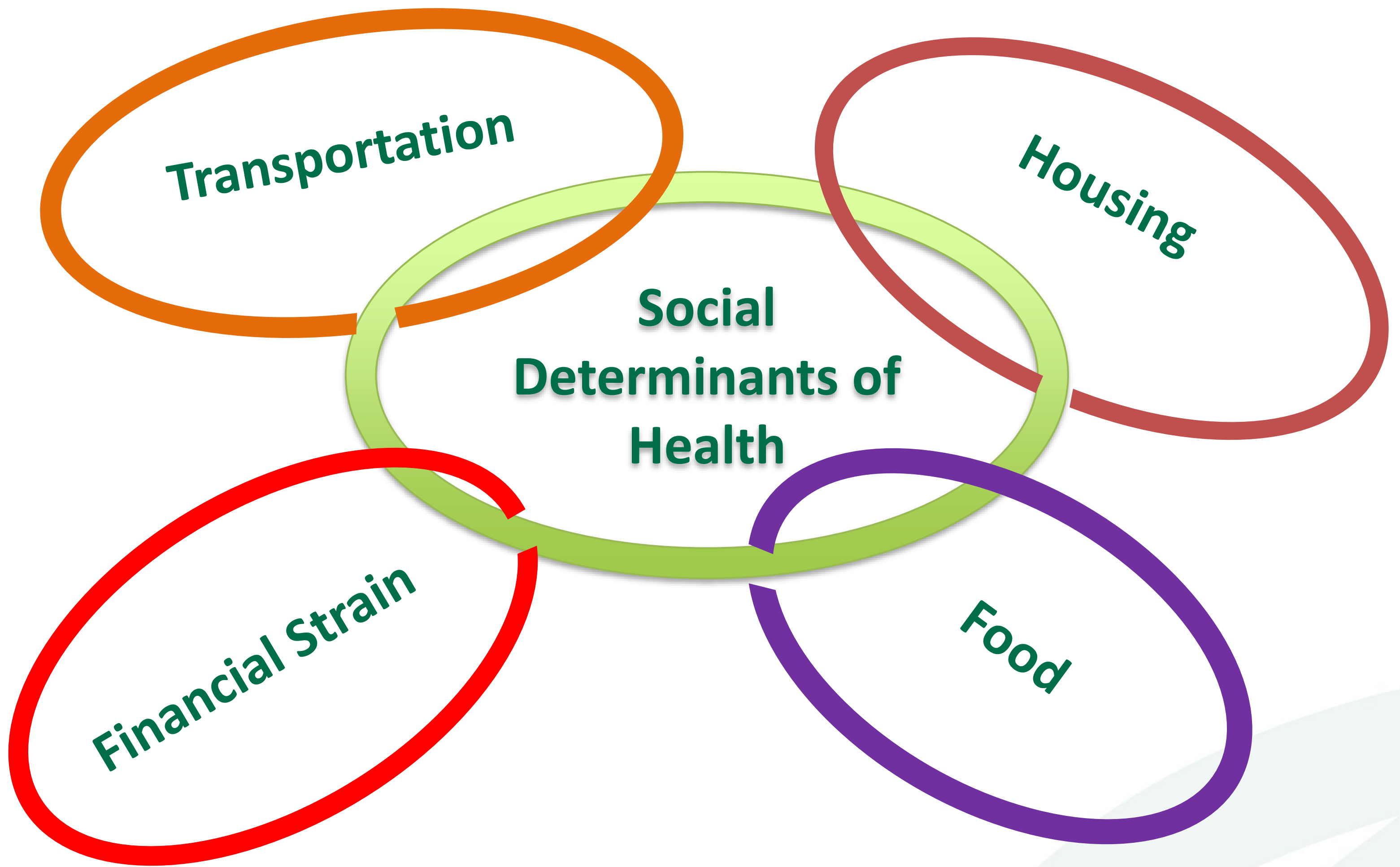

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Social Determinants Of Health | TAY Assessment | AUDIT-C / HARK | Depression / Social Isolation

☐Y TAY (Transition Aged Youth) Assessment (Age 16-24)   ☐Y CYSHCN (Children & Youth With Special Healthcare Needs)   ☐Y Social Determinant of Health Assessment

Race and Ethnicity

Obtaining broader categories of race and ethnicity must be done with each SDOH form. ☐Y ☐N Patient Information Entered Into System (If declined, click no and document "Declined" in

We Ask Because We Care? is a national campaign to collect more granular data related to Race , Ethnicity and Linguistic preferences using drilled down CDC codes. It is used to ensure we?re understanding and meeting the unique ethnic and cultural needs of our patients. This data collection marks an

☐Y Race Sub P...   ☐Y Ethnicity Sub...

RISK/UTILIZATION

☐Y Needs additional Care Plan Manageme...

☐Y Recent ER visit within the past 90 days.

☐Y Inpatient Admissions witin 90 days.

☐Y Patient Disch From Inpatient Facility Within Last 60 Days

SOCIAL HISTORY

CAGE AID AND HARK 2018

Alcohol Usage/Treatment

Alcohol

If any concerns complete a CAGE AID (3 or more drinks)

☐Y ☐N Therapy For Alcohol Abuse/Dependence

Drug Usage/Treatment

☐Y ☐N Drug Use

If any concerns (Y) complete a CAGE AID

☐Y ☐N Therapy For Drug And Alcohol Abuse/Dependence

HOUSING & EMPLOYMENT STATUS

Are you worried about losing your ho...

☐Y Patient is homeless   ☐Y Economic Issues /Unmployment

EDUCATIONAL/FINANCIAL RESOURCES/TRANSPORT

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

What is the highest grade or level of school you have completed or the highest degree you have received?

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. (14P)

Food   Clothing

Utilities   Child Care

Phone   Other (ple...

Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. (15P)

Patient kept from medical appointments or from getting me...

Patient kept from non-medical meetings, appointments, work, or from getting things that he/she needs

Physical Activity [SAMHSA]

How many days of moderate to strenuous exercise, like a brisk walk, did you do in the last 7 days?

On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise?

Social and Emotional Health

How often do you see or talk to people that that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

Stress is when someone feels tense, nervous, anxious, or cannot sleep at night because their mind is troubled. How stressed are you?

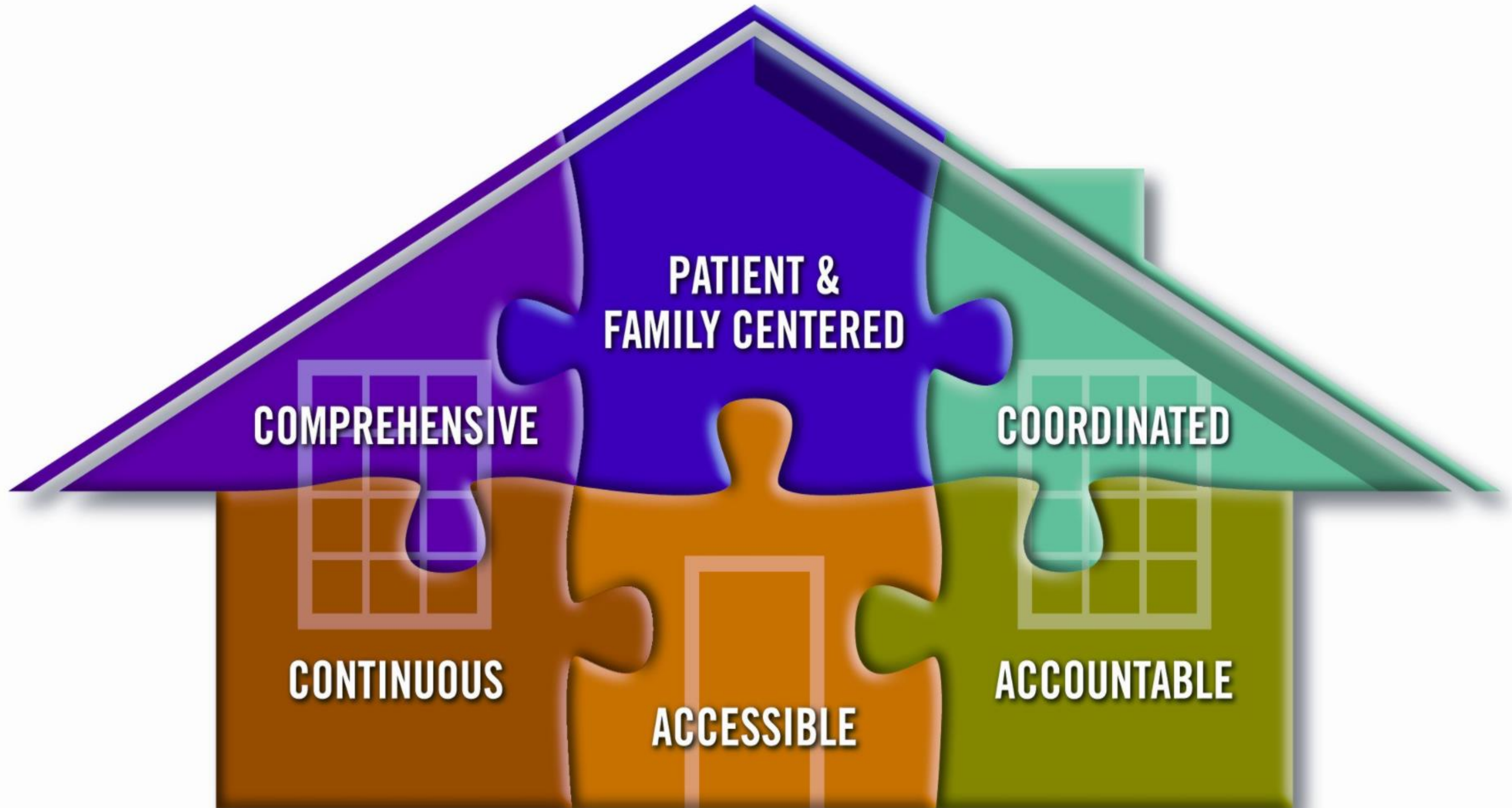
Optional Additional Questions

In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

Do you feel physically and emotionally safe where you currently live?

In the past year, have you been afraid of your partner or ex-partner?

SO… What exactly is a “Medical Home”?



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Breakout Session

Session is 10 minutes for discussion. Discuss the concepts as related to your own organizations. Do you practice the concepts? If not, what might be a way for you to bring it back to your organization?

Assign a team member to briefly share what you learned with larger group.

Team 1

Team Based Care

Team 2

Knowing and Managing your Patient

Team 3

Patient Centered Access and Continuity

Team 4

Care Management and Support

Team 5

Care Coordination and Transitions

Team 6

Performance Measurement and Quality Improvement

How Do Medical Home Concepts Apply to Farmworker Health Programs?

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Engaging Patients At The Farm, Pre- COVID?

At Health Clinics

In Break Rooms

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Keeping the Audience Interested!

With Games and Prizes Inside …

… Or In the Fields and Greenhouses

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Connecting On Mobile Health Units

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The Same Quality Care received in the Office

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COVID Reduces In-Person Contact

New ways to reach MSAW patients

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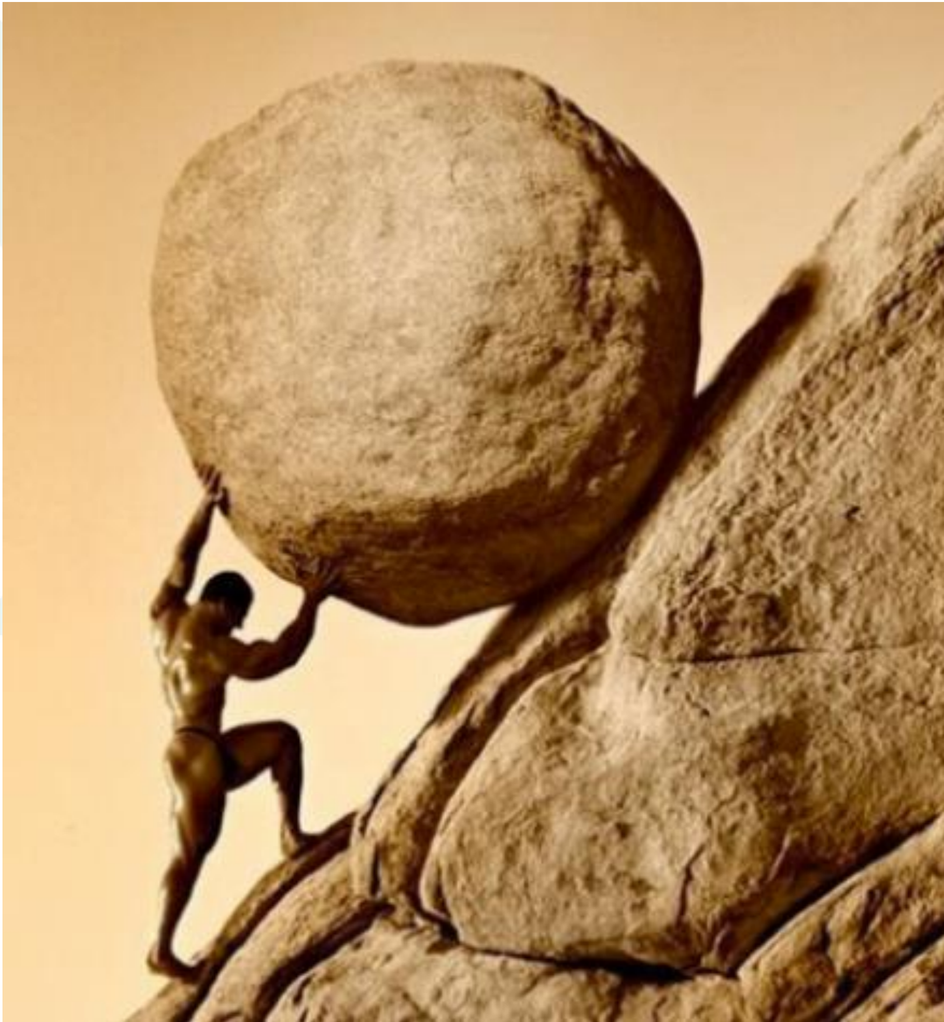

Communication with Growers & agricultural workers can be an uphill battle.

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Using Practice Analytics as an Outreach Tool

Pat Person Nbr	Pat DOB	Patient Age	Worker Status	Pat Gender Desc	Pat Date of Last Visit	Pat Cv1 Plan Code	Appt Svc Cntr Name	Appt Status
28943	8/9/1998	18	Seasonal	Male	9/3/2020	BMASSL	Generations FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985	33	Seasonal	Female	10/17/2020	BMASSL	Generations FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985	33	Seasonal	Female	10/17/2020	BMASSL	Generations FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985	31	Seasonal	Female	10/17/2020	BMASSL	Generations FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic Dental)	Occurred
28943	8/9/1998						ons FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred
28943	8/9/1998						ons FHC, Inc. (Willimantic Dental)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred
28943	8/9/1998						ons FHC, Inc. (Willimantic Dental)	Occurred
28943	8/9/1998						ons FHC, Inc. (Willimantic Dental)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred
28943	8/9/1998						ons FHC, Inc. (Willimantic - Medical)	Occurred
28943	8/9/1998						ons FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred
28943	8/9/1998						ons FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred
28943	8/9/1998						ons FHC, Inc. (Willimantic Dental)	Occurred
28943	8/9/1998						ons FHC, Inc. (Willimantic - Medical)	Occurred
7710	5/5/1985						ons FHC, Inc. (Willimantic - Medical)	Occurred

Time	Location	C	V	For	Mins	Class	Reason	Plan
8:00 am	WM			COVACC 20 am MFW & Crossroads	15	ADC	ADMIN	
8:15 am	WM		V		15	SOV	COVACC	MMASSL
8:30 am	WM		V		15	SOV	COVACC	MMASSL
	WM		V		15	SOV	COVACC	MMASSL
8:45 am	WM		V		15	SOV	COVACC	MMASSL
	WM		V		15	SOV	COVACC	MMASSL
9:00 am	WM			Block	15	BLO		
9:15 am	WM		V		15	SOV	COVACC	MMASSL
	WM		V		15	SOV	COVACC	MMASSL
9:30 am	WM		V		15	SOV	COVACC	MOXHP
	WM		V		15	SOV	COVACC	MMASSL
9:45 am	WM		V		15	SOV	COVACC	MMASSL
	WM		V		15	SOV	COVACC	MMASSL
10:00 am	WM			Block	15	BLO		
10:15 am	WM		V		15	SOV	COVACC	MMASSL
10:30 am	WM		V		15	SOV	COVACC	
	WM		V		15	SOV	COVACC	MMASSL
10:45 am	WM			Block	15	BLO		
11:00 am	WM		V		15	SOV	COVACC	MMASSL
	WM		V		15	SOV	COVACC	MMASSL
11:15 am	WM		V		15	SOV	COVACC	MPRI06
	WM		V		15	SOV	COVACC	MMASSL
11:30 am	WM		V		15	SOV	COVACC	MMASSL
	WM		V		15	SOV	COVACC	MMASSL
11:45 am	WM			Block	15	BLO		
12:00 pm	WM			Lunch	15	LCH		
12:15 pm	WM			^	15	LCH		
12:30 pm	WM			^	15	LCH		
12:45 pm	WM			COVACC 20 am MFW & Crossroads	15	ADC	ADMIN	
1:00 pm	WM		V		15	SOV	COVACC	MPRI06
	WM		V		15	SOV	COVACC	MMASSL
1:15 pm	WM		V		15	SOV	COVACC	MMASSL
	WM		V		15	SOV	COVACC	MMASSL

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Flattening the Curve!

Coordinating COVID Test Clinics at the Farms in 2020.

- **33% of our 2020 H2A population were tested before traveling home.**
- **74% of our overall agricultural worker population were tested.**

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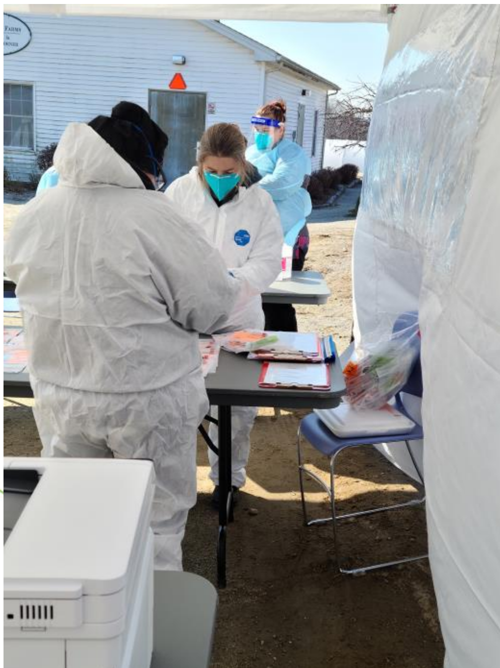

March 9th 2021 we conducted testing at one of the farms for approximately 200 incoming H2A workers and scheduled vaccines for those who wanted them.

Getting Ahead of the Curve!

Getting MSAW's in for COVID Vaccines.

In February 2021 we vaccinated 170 farmworkers during special vaccine clinics and continued to have special vaccine clinics throughout March.

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Engaging Patients in the “New Norm”

Contactless PPE Delivery

Prescription Assistance & Delivery

Telephonic Outreach

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Enhancing Access and Care Delivery

Trac Phones and Data Cards

Glucose Testing Supplies

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Challenges to Managing Patients During the Pandemic

- In person visits are limited so Telehealth is on the rise.
- Point of Care Testing cannot occur with Telehealth visits.
- Video connectivity and capability may be limited.
- Dental Services cannot be provided via telehealth.

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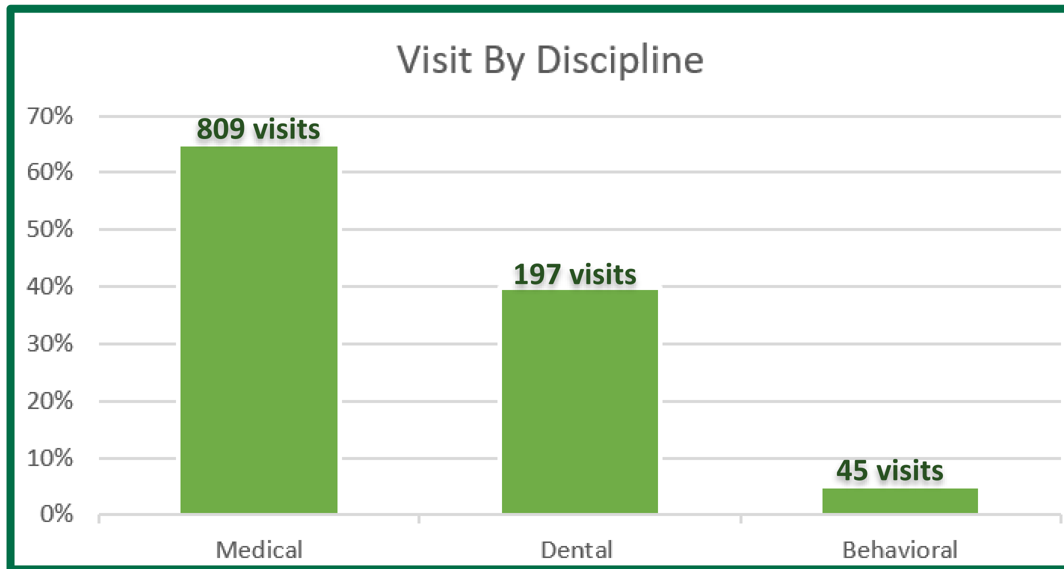
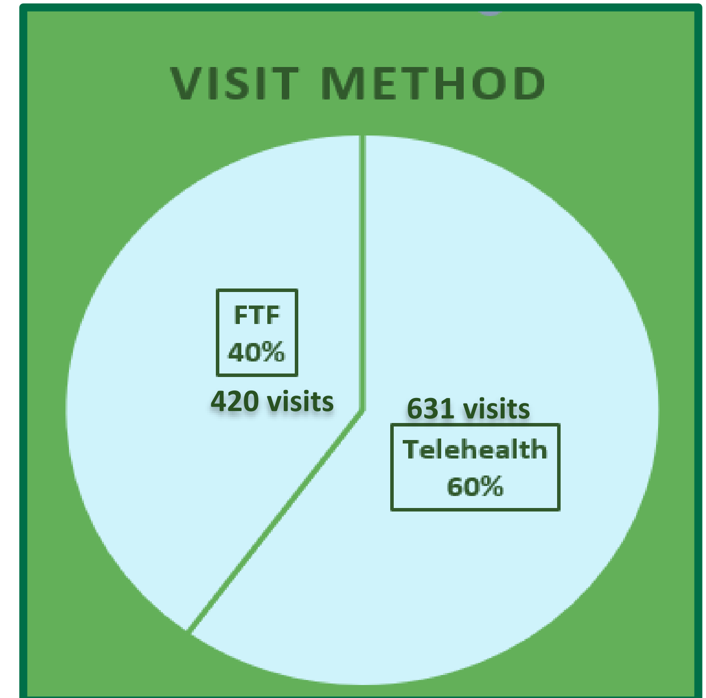
In Person Vs Telehealth MSAW Visits





"No Show" rate decreased to less than 10% from a pre COVID rate of 18%

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Working together to make the pieces fit and close the gaps in the circle of care.

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How Did COVID and Telehealth Affect Diabetes Management for Ag Workers

- Less likely to obtain glucose levels and A1c results.
- Difficulty obtaining medications.
- Limited community resources due to shutdown.
- Food insecurity forces poor diet choices.
- Isolation limits exercise options.
- Stress releases cortisol and increases blood glucose levels.

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Selected Item	Pat Person Nbr
Calculation	Count Distinct
Global Query	81
9.4	1
10.2	1
10.3	1
10.5	2
10.6	1
10.9	1
11.1	1
13.4	1
4.8	2
4.9	2
5	3
5.1	2

- **Use Risk Stratification to Identify MSAW's with Uncontrolled Diabetes.**
- **Run reports with Demographics for Outreach**

Pat Person Nbr	Pat DOB	Pat Gender	Pat Home Phone Num	Pat Mobile Phone Num	Enctr Occur Date	Component Name	Result Value
10287	10/23/1971	M	8603347679	8606343338	7/9/2020	HEMOGLOBIN A1c	5.8
60890	6/13/1987	M		8607718679	11/3/2020	HEMOGLOBIN A1c	5.4
54527	5/23/1973	M		8602075647	1/21/2020	HEMOGLOBIN A1c	5.4
65787	5/11/1962	M	8603033872	8603194162	11/19/2020	A1c	7.9
60407	10/17/1972	M	8609333423	8609338405	6/25/2020	HEMOGLOBIN A1c	5.4
7182	6/15/1976	M	8602074236	8602074236	12/31/2020	HEMOGLOBIN A1c	5.0
41247	7/23/1991	M		8603039331	5/6/2020	A1c	5.9
11041	7/14/1966	F		8603773782	5/29/2020	HEMOGLOBIN A1c	8.2

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UDS	Indicator	PI or Req	Goal	Baseline Num/Den	Baseline Measure	2019 Q1 Num	2019 Q1 Den	2019 Q1 %
UDS Table 7 Sec C	Improve Diab control >9 A1c	CRVFHP UDS	25.00%	8/22.	36.00%	6	19	31.58%

Patient Study based on patients seen 4/1/2018 to 3/31/2019: Date Run on 6/11/2019 from PA Procedure Codes, Labs and lastly Charge Details folders	Special Population Breakdowns							
	Total Spec Pop	% of GFHC Universe	Diabetics Count	Diabetics % of Spec Pop	Makes up % of Total GFHC DM Pop	Diabetic Count with A1c>9	Spec Pop % with A1c>9	Makes up % of all DM > A1c
Special Population	DM Pop							
Total GFHC Universe = 20796	2405	11.56%	Total GFHC DM Pop >9 26.49%					
Non-Hispanic	14313	7.77%	1616	11.29%	67.19%	366	22.65%	57.46%
Unreported/Refused to Report	410	0.16%	34	8.29%	1.41%	11	32.35%	1.73%
Race								
American Indian/Alaskan Native	496	0.46%	96	19.35%	3.99%	21	21.88%	3.30%
Native Hawaiian	21	0.02%	4	19.05%	0.17%	1	25.00%	0.16%
Other Pacific Islander	46	0.04%	8	17.39%	0.33%	4	50.00%	0.63%
Black/African American	1608	1.13%	234	14.55%	9.73%	63	26.92%	9.89%
Asian	504	0.29%	60	11.90%	2.49%	9	15.00%	1.41%
White	14871	8.10%	1685	11.33%	70.06%	427	25.34%	67.03%
Unreported/Refused to report	3241	1.53%	318	9.81%	13.22%	112	35.22%	17.58%

Root Cause Analysis for Diabetes

1. What proof do I have that the cause exists?
2. What proof do I have that the cause will lead to the stated effect?
3. What proof do I have that this cause actually contributed to the problem I'm looking at?
4. Is anything else needed, along with this cause, for the stated effect to occur? (Is it self-sufficient? Is something needed to help it along?)
5. Can anything else, besides this cause, lead to the stated effect? (Are there alternative explanations that fit better? What other risks are there?)

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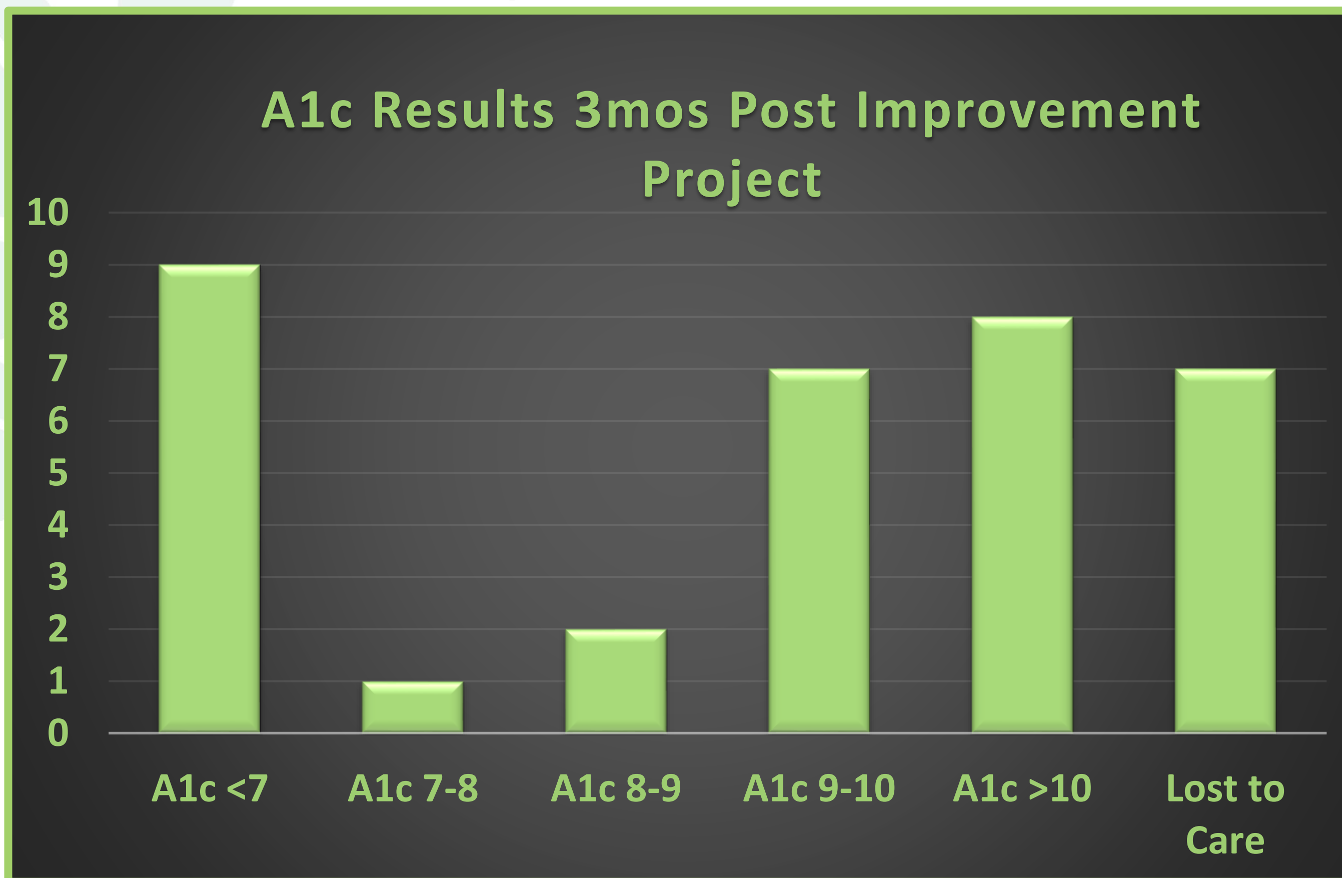
SDOH Complete	14	34	41.18%
Lives Improved	12	34	35.29%
Lost to Care	7	34	20.59%



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Pat Person Nbr	Pat DOB	Worker Status	Credited Prov Last Name	Proc Diag 1 Desc	Proc Diag 2 Desc	Proc Diag 3 Desc	Procedure Desc
1952	9/3/1964	Seasonal	Ericksen	Subluxation complex (vertebral) of lumbar region	Body mass index [BMI]40.0-44.9, adult	Cervicobrachial syndrome	Chiro, Manipulative TX (Spinal, 1-2 regions)
1952	9/3/1964	Seasonal	Ericksen	Subluxation complex (vertebral) of lumbar region	Subluxation complex (vertebral) of thoracic region	Segmental and somatic dysfunction of sacral region	Chiro, Manipulative TX (Spinal, 3-4 regions)
1952	9/3/1964	Seasonal	Ericksen	Subluxation complex (vertebral) of lumbar region	Segmental and somatic dysfunction of sacral region	Other intervertebral disc degeneration, lumbar region	Chiro, Manipulative TX (Spinal, 1-2 regions)
1952	9/3/196						TX (Spinal, 3-4
1952	9/3/196						TX (Spinal, 3-4
1952	9/3/196						TX (Spinal, 3-4
1952	9/3/196						TX (Spinal, 3-4
1952	9/3/1964	Seasonal	Ericksen	of lumbar region	of thoracic region	dysfunction of sacral region	TX (Spinal, 1-2 regions)
1952	9/3/1964	Seasonal	Ericksen	Subluxation complex (vertebral) of lumbar region	Other intervertebral disc displacement, lumbosacral region	Body mass index [BMI]40.0-44.9, adult	Chiro, Manipulative TX (Spinal, 1-2 regions)
9121	3/27/1966	Seasonal	Ericksen	Subluxation complex (vertebral) of cervical region	Subluxation complex (vertebral) of thoracic region	Subluxation complex (vertebral) of lumbar region	Office Visit, New, Brief
9121	3/27/1966	Seasonal	Ericksen	Subluxation complex (vertebral) of cervical region	Subluxation complex (vertebral) of thoracic region	Subluxation complex (vertebral) of lumbar region	Office Visit, New, Brief
11701	2/11/1980	Seasonal	Ericksen	Subluxation complex (vertebral) of cervical region	Cervicobrachial syndrome		Office Visit, New, Brief
				Subluxation complex (vertebral)	Other intervertebral disc		

Indicator	PI or Req	Goal	Baseline Measure 2018 Final	4Q Num	4Q Den	4Q %
Improve Diab control >9 A1c	CRVFHP UDS	25.00%	36.00%	17	112	15.18%

Debit Cards For COVID Relief

Trac Phones For Patients

Diabetes Care Kits

GENERATIONS
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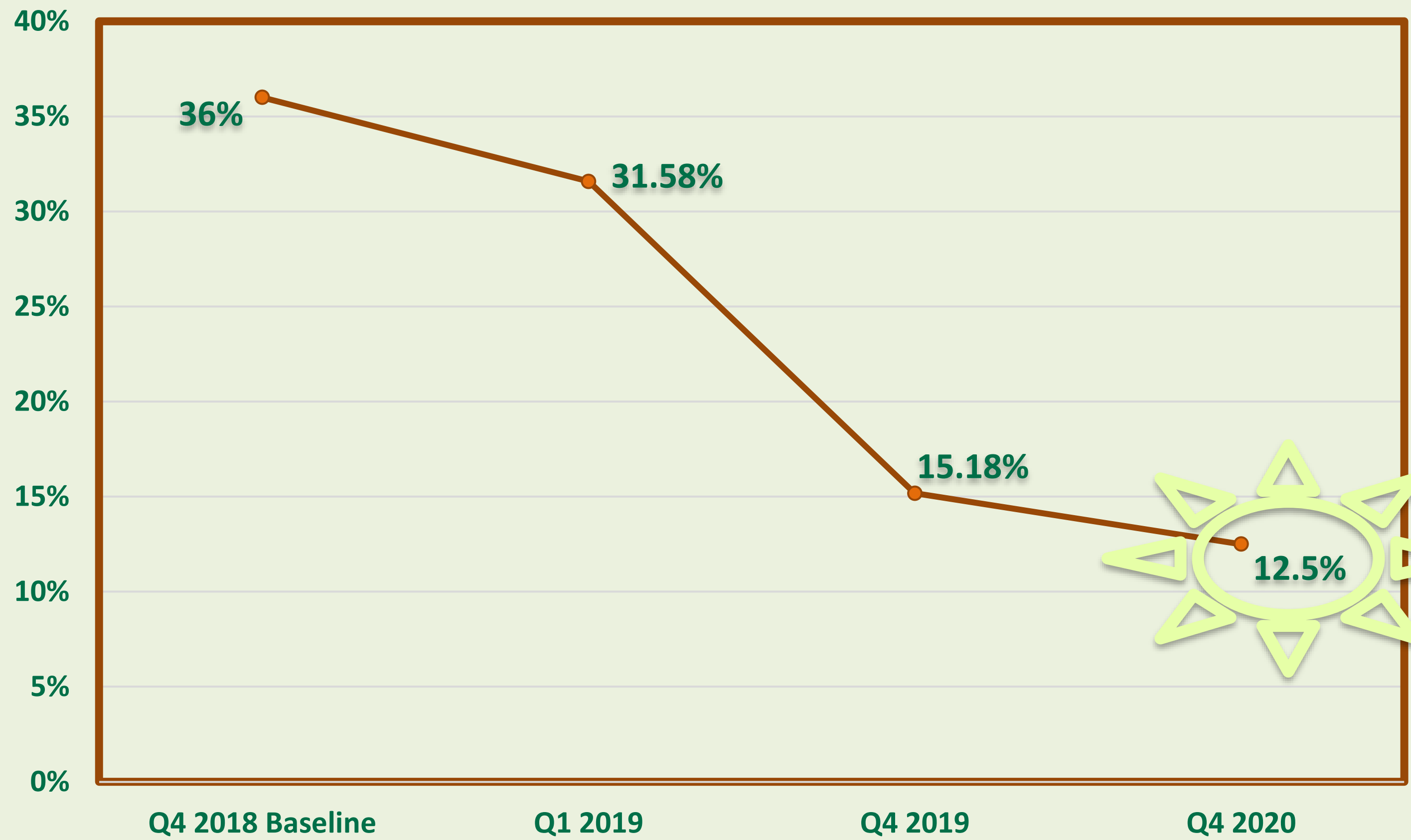

GENERATIONS
FAMILY HEALTH CENTER

Thank You!

Questions?