



NATIONAL ASSOCIATION OF
Community Health Centers®



Promising Health Center Practices During COVID-19

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Promising Health Center Practices During COVID-19

COVID-19 RESPONSE >>>

Coronavirus Response Team - Heart City Health Center

A new Coronavirus Response Team, headed by the Chief Medical Officer, was created to develop and communicate plans and divide the location into two sections: one dedicated to “COVID Visits” and another to “Well Visits.” Dedicated staff were deployed to COVID services with consideration for limited personal protective equipment (PPE) resources. Telehealth and drive-by services were implemented as well.

Meenakshi Gupta • Chief Medical Officer • mgupta@heartcityhealth.org

Quick Response Team to Launch Telehealth - Heart of Florida Health Center

A quick response team with administration, clinical, finance, and IT staff assembled and developed new telehealth services using the clinic’s existing technology. The team confirmed HIPAA compliance, trained providers, assessed patient capabilities, and established new billing procedures. Within three weeks, telehealth visits increased by 30% with a great level of flexibility for all users.

Jamie L Ulmer • Chief Executive Officer • jamie.ulmer@myhfhc.org

COVID-19 Task Force to Reorganize Business Operations - Friend Health

Friend Health created a COVID Taskforce in early March to quickly consolidate and reorganize business operations. They strengthened their call center with a trained COVID-19 Triage Team, developed tent triage stations outside several clinic locations, enhanced behavioral health and crisis services through telehealth, and supported staff with virtual mindfulness and meditation services. The health center also partnered with the Illinois Department of Public Health and the University of Chicago Medical Center to offer drive-up, mobile, and pop-up COVID-19 testing sites in underserved locations. All new services were tracked in their electronic records so they could identify high-risk individuals with comorbidities and offer them targeted care.

Rod Kaup • Quality Director • rkaup@uchicago.edu

Pivot to Telehealth - Family Health Centers of Southwest Florida, Inc.

In just seven days, Family Health Centers of Southwest Florida, Inc., pivoted to telehealth. Within 30 days, telehealth was fully integrated in the health center’s care model. They first identified bilingual providers for pediatric and adult medicine and purchased 10 cellphones loaded with Facetime and What’s App. They established an appointment template and added COVID-19 diagnosis and care procedure codes into “Favorites”. Then they advertised telehealth visits through their website and blast messages. The program’s success enabled them to add OB/GYN practitioners.

Liz Donley • Grant Administrator • esdonley@hcnetwork.org



COVID-19 RESPONSE CONTINUED

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Primary Care Transformation to Telemedicine - Zufall Health
 Zufall Health transitioned to telehealth services within one week to offer continuous access to primary care. Zufall's leadership had laid the groundwork by investing in telehealth infrastructure even before the pandemic. They quickly established guidance on documentation, regulations, billing, and best practice workflows and template. They trained support staff to help providers troubleshoot and stay up to speed with regulations. Flexible and dedicated staff allowed for extra communication and swift action.
Rina Ramirez • Chief Medical Officer • rramirez@zufallhealth.org
- 
Rapid Implementation of Telehealth - Greater Portland Health
 Greater Portland Health created and launched a telehealth program within a span of 72 hours. Laptops and tablets were purchased for both providers and patients. Staff developed telehealth technology training materials for patients. As a result, telehealth is now available for COVID-19 consultation, chronic disease management, primary care visits, psychiatry, substance use, and medication management.
Ann Tucker • Chief Executive Officer • atucker@greaterportlandhealth.org
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Paw-Paw Patch Incubator for Innovative Ideas - Unity Health Care
 Using an online tool, Unity Health Care solicited real-time best practices and innovative ideas from staff related to COVID-19. Submissions spanned virtual health, crisis management and response, workforce strategies, and population health management. A champion was assigned to each idea or practice for further development and implementation.
James Huang • Director of Family Medicine • jhuang@unityhealthcare.org
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Shifting Telehealth from an "Acceptable Solution" to "Meaningful Standard" - Denver Health
 Denver Health scaled-up and has been evaluating a sustainable, integrated virtual model that supports the Quadruple Aim. The health center's evaluation of this model includes: patient experience surveys with high satisfaction scores; population health assessments enabling staff to focus on outreach and disparities; cost efficiency assessments showing a cost-neutral status with promise for increased revenue; and care-team well-being assessments (81% of providers reported telehealth improved their work-life balance and 61% felt it reduced burnout).
Jessica Wallace • Physician Assistant • jessica.wallace@dhha.org

POLICIES AND PROTOCOLS >>>

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COVID-19 Protocols and Procedures Resource Pack - Cabarrus Rowan Community Health Clinics
 In the wake of the pandemic, Cabarrus Rowan Community Health Centers developed telehealth and a rapid testing program in the community. The protocols resource pack they developed includes comprehensive steps for: clinic visits (for both curbside care and in-office care); rapid site testing; deploying the mobile unit; and virtual preventive care services.
Ritchie Anaise Glaspy • Population Health/QI Manager • rglaspy@crchc.org
- 
COVID-19 Operational Guideline/Interim Guidance - Goshen Medical Center
 To share crisis management measures established for patients of the Goshen Medical Center, staff and patients were given detailed instructions on evolving care delivery and cleaning practices. Services and labs were only offered outside rather than inside the office to reduce virus exposure. Cleaning and equipment protocols were established and 'fit test' of masks was offered.
Lynn Sanderson Hardy • Risk Manager • lhardy@goshenmed.com

POLICIES AND PROTOCOLS CONTINUED

COVID-19 Operational Procedure - Fairfield Community Health Center

Clinical operations at Fairfield Community Health Center were quickly adjusted and explained in a 12-page procedural document. The 'Provision of Services in a Pandemic or Local Epidemic' document defined overall response goals and instructions to minimize exposure. It explained evolving staff roles and responsibilities, and offered patient communication scripts, and steps to document and bill for telehealth visits. This guidance allowed the health center to rapidly implement telehealth and offer continued services and support to the community.

Julie McCoy • Director of Quality Improvement • jmccoy@fairfieldchc.org



Training Policy and Procedures During COVID-19 - N.E.W. Community Clinic

New COVID-19 policies and practices were embedded into protocols for N.E.W. Community Clinic staff. To transition, staff development and organizational-effectiveness goals were met through trainings on revised job requirements, relationships, and performance improvement targets.

Carrie Condon • Quality Assurance and Compliance Coordinator • qa@newcommunityclinic.org

Policy and Procedures Manual for Telehealth - Priority Health Care

Priority Health Care developed a telehealth/telemedicine policy to provide primary care and behavioral health services within their new EHR system. Outlined procedures informed staff on how to identify patients for telemedicine or tele-psychiatric appointments, how to document appointments in the EHR, and how to follow-up with patients.

Wendi Kirk • Quality Manager • wkirk@phc-no.org

COVID-19 Testing Protocol - Johnson Health Center

Johnson Health Center created a 5-page COVID 19 Testing protocol. All departments were involved in creating the process & implementing two improvement cycles to identify corrective issues and resolve.

Judy Ladjack • Chief Coordination Officer • jladjack@jhcvirginia.org

Telehealth Billing and Coding Summary Sheet - Bighorn Valley Health

A clearly illustrated one-page cheat sheet was designed to help clinicians code for different visit types: nurse, distant site, direct to patient (D2P), or a telephone visit. This document shows which procedure template to use for each visit, and easily explains how to document and code for billing. Bighorn uses staff surveys to provide assistance where needed (for example: surveys informed the administration that staff needed help to capture insurance information).

Rebecca Mussetter • Director of Health Data Analytics • rebecca.mussetter@bighornvalley.org

TRANSFORMED WORKFLOWS >>>

- Hi-Risk Triage & Telehealth Workflows, Scheduling, and Policy - Clinica Family Health**

In a thorough and organized policy with a series of workflow maps and triage tools for telehealth scheduling, Clinica Family Health created a system to help staff increase capacity for telehealth at the standard clinic, night clinic, and remotely. Instructions are designed to keep the clinic working at full capacity. Triage guidelines cover patients with mental health concerns, substance abuse issues, chronic disease, high risk factors, and more.

Jennifer Snyder • Vice President of Process Improvement • jsnyder@clinica.org
- In-House Telehealth Visits - West Cecil Health Center**

West Cecil Health Center designed a telehealth workflow that overcomes the technologic barriers to care. Patients that do not have internet access or a smart device are offered an in-house telehealth visit. The patient is escorted to a designated space in the health center where their provider connects with them remotely via a television screen. This innovative approach keeps both the patient and staff safe and overcomes the challenging technologic obstacles to care.

Holly Preston • Chief Operating Officer • hpreston@westcecilhealth.org
- Telehealth Workflow - Betances Health Center**

Betances Health Center implemented telehealth within its practice and healthcare teams. Their new telehealth workflow includes patients, providers, case managers, front desk staff, and medical assistants.

Kalese House • Grants Administrator • khouse@betances.org
- Telehealth Workflow - Foothills Community Health Care, Inc.**

Virtual health was implemented by the Foothills Community Health Center when COVID-19 hit. Leadership developed a process map to guide clinic staff in how to triage and handle different situations.

Clarissa Clinkscales • Risk/Compliance/Quality Director • cclinkscales@myfchc.org
- Express Triage Services with a Focus on Continuity of Care - COSSMA**

To provide quality care based on patients' needs, the health center established a system to ensure continuity of care for chronic conditions. This was accomplished with remote consult services operated through a call center to offer acute care Express Triage services. Offerings included: medication management (with medication delivery services); OB & maternal/child health services; mental health services (with staff for crisis management and MAT services); and scheduling for video telehealth for adults and pediatrics.

Rosalie Candelario • Medical Director • rosalie.candelario@cosma.org

DRIVE-THROUGH & CURBSIDE SERVICES >>>

- COVID-19 Drive-Up Testing - Community Health Centers Inc.**

With a widespread lack of PPE and test kits in health care facilities across the nation, Community Health Centers, Inc. partnered with Orange County in Florida to perform drive-up COVID-19 testing in two communities identified as hot-spots. CHC incorporated telemedicine in the drive-up testing where a member of the care team collects patient identifiers, and then a provider performs an assessment and evaluation via two-way audiovisual technology, and patient then proceeds to COVID testing, as needed.

Jocelyn Pichardo • Vice President, Chief Medical Officer • j.pichardo@chcfl.org

DRIVE-THROUGH & CURBSIDE SERVICES CONTINUED

🔗 Drive-Through HbA1C Testing - Community Health of South Florida

Community Health of South Florida, Inc. needed an innovative way to obtain HbA1c’s on diabetic and prediabetic patients, perform foot exams, and monitor blood pressure. They also wanted to offer colorectal cancer screening (FIT) to high risk patients. The health center used a Plan-Do-Study-Act improvement strategy to create an effective system for drive-through diabetes testing and other services at two sites, followed by telehealth to discuss results. The new services have been well received.

Allison Madden • Assistant Vice President, Performance Improvement • amadden@chisouthfl.org

🔗 Drive-Through HbA1C Testing - Sandhills Medical Foundation, Inc.

To help patients with diabetes manage their condition, enable the clinic to reach quality measures, and prevent exposure to COVID-19, the Sandhills Medical Foundation, Inc. developed a drive-through HbA1c testing system. Patients begin with a phone or virtual visit with their clinician. The clinician helps schedule them for an A1c test provided in front of the clinic while the patient sits in their car. A protocol for before and after the lab visit was developed for quality control.

Crystal Maxwell • Chief Medical Officer • cmaxwell@sandhillsmedical.org

🔗 Curbside Healthcare - Monongahela Valley Association Health Centers

Monongahela Valley Association launched curbside healthcare which involved providers going outside to a patient’s car to complete a mini assessment and safely determine a patient’s needs. Any condition warranting urgent or emergent care is quickly diverted to the closest Emergency Department or the provider calls 911. For many rural patients who can’t or don’t want to utilize telehealth/phone health, this service offers a quick assessment and can provide COVID-19 testing. This service has helped to financially support the health center.

Susan Konya • Director of Nursing • usan.konya@mvahealth.org

🔗 Curbside Prescription Delivery - Heart of Texas Community Health Center

The Heart of Texas Community Health Center’s pharmacy developed a curbside pick-up method to reduce COVID-19 transmission and aid patients in obtaining their medications. The program was easily implemented with no additional hardware required and minimal expenses.

Judd Ramsey • Director of Pharmacy Services • jramsey@wacofhc.org

🔗 Drive-up Service Signs - Caring Hands Healthcare Centers

To limit the number of ill patients entering the clinic, Caring Hands Healthcare Centers initiated car appointments, and an organized system for drive-up services, with parking signs and clear instructions.

Lyndi Church • Chief Operations Officer • lchurch@chhcok.com

🔗 Mobile Sprinter Vans (Making Office Visits a Dinosaur) - CareSouth Carolina

CareSouth Carolina took care services beyond the walls of the clinic by using mobile vans (a program they call Transportable Medical Services). The vans were first used for COVID-19 testing but are now pivoting to mobile chronic and well care.

Ann M Lewis • Chief Executive Officer • ann.lewis@caresouth-carolina.com



AT-HOME CARE >>>

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Monitoring Vital Signs at Home - Center for Family Health
 To improve chronic disease management for the most at-risk patients, the Center for Family Health purchased and delivered equipment for home use, including blood pressure monitors, pulse oximeters, scales, and bags of emergency food. The effort was coordinated among the community health workers, patient care coordinators, primary care practitioners, and other team members who identified patients in need. A policy was developed to formalize this vital program.
Molly Kaser • Chief Executive Officer • mkaser@cfhinc.org
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Telehealth Home Visit Program: Idea in Development - Hometown Health Center
 Hometown Health Center shares their planning notes to bring care to patients in their homes during the pandemic, especially for patients who are age 65 and older or high risk, and who don't have technology or Wi-Fi to access telehealth services. Among some of the challenges the health center experienced in launching this effort were difficulties with laptops and scheduling.
Laurie Levasseur MSN/MHA • Practice Administrator • llevasseur@hhchc.org

INTEGRATED CARE: BEHAVIORAL HEALTH & PHARMACY >>>

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Behavioral Health Department Zoom-Based Walk-in Service - Fenway Health
 The Behavioral Health Department of Fenway Health has a Walk-in Service that provides low-barrier, no appointment required access to psychotherapy five days a week, Monday-Friday. It has transitioned to offer telehealth "walk-in" services. This is for patients who have difficulty keeping scheduled appointments, including patients engaged in MAT treatment. Adaptations were made to provide the new Zoom "bhwalkin" channel with the capacity to serve multiple walk-in patients at the same time or offer audio-only services for patients who lack technology.
David Todisco • Director of Behavioral Health • dtodisco@fenwayhealth.org
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Warm Hand Off with Behavioral Health or Pharmacy - Bluegrass Community Health Center
 Bluegrass Community Health Center developed a process for remote integrated care by including behavioral health and pharmacy providers in medical visits. The primary care physician identifies patients who may benefit from behavioral health or pharmacy support, notifies necessary staff to initiate a warm hand off for introductory appointments, and follows-up via cellphone, iPads at the clinic, or through another connection.
Lisa Hernandez • Director Integrated Behavioral Health • lhernandez@bchcky.com
- 
Integrated Huddles with Pharmacy Staff - Vocational Instruction Project Community Services
 Prior to COVID-19, Vocational Instruction Project Community Services (VIP) would huddle with only clinical staff. Since the pandemic, VIP implemented a more integrated approach for better patient care. The pharmacist is now included in huddles to inform medical providers about medications and preferred formularies, as well as reimbursement options for patients. Providers report this approach has improved the quality of the care.
Darcia Bryden-Currie • Chief Clinical Officer • dcurrie@vipervices.org

DENTAL CARE >>>



Dental Department Strategic Plan - Community Health Centers of South Central Texas

Dental staff (Registered Dental Assistants and Registered Dental Hygienists) who were unable to provide routine dental care in the earlier surge of the pandemic, reached out to managers at 15 local ER's and urgent care centers with an offer to divert patients with dental emergencies to their dental clinics. This plan reduced unnecessary exposure to COVID-19 for patients with dental pain and helped ER physicians and staff attend to COVID-19 patients.

Yashashri Urankar • Chief Dental Officer • urankary@chcsct.com

Combined Telemedicine Well Child Care and Dental Recall Visits - Eastern Shore Rural Health

Children who receive well child care prior to entering school can receive dental care during the same visit with Eastern Shore Rural Health System's newly integrated model for telehealth. The Care Coordinator screens patients and invites eligible children for a telemedicine visit that includes both the primary care physician and dentist. Combining primary and dental care services remotely maintains social distancing, is convenient for working families, and improves dentist and provider communication and collaboration.

Scott Wolpin • Chief Dental Officer • swolpin@esrh.org

Pediatric Prevention Dental Program - Choptank Community Health Systems

The School-Based Dental Teams of Choptank Community Health Systems used their school-based enrollment list, emergency care list, and continuing care list to implement a Pediatric Preventive Dental Fluoride Program for moderate and high-risk pediatric patients across the Eastern Shore during Phase 1 of reopening. Patients were screened over the phone, then scheduled for a quick fluoride appointment with nutritional counseling and oral hygiene education.

Sandra Garbely-Kerkovich • Chief Dental Officer • sgarbely@choptankhealth.org

Phased Dental Policy for Emergency Care - Shawnee Christian Healthcare Center

When the pandemic forced the Shawnee Christian Healthcare Center's Dental Office to discontinue routine care, the clinic rapidly worked to create a new policy for emergency dental care grounded in CDC and OSHA recommendations. The policy contains explicit information to help the dental clinic operate safely under varying levels of viral risk, and within a phased-operating plan. It includes information about engineering controls for the office, workflow suggestions, and how to use PPE efficiently.

Jennifer Hasch • Dental Director • jennifer.hasch@shawneehealthcare.org

Reopening Dental Services - Greater Danbury Community Health Center

Greater Danbury Community Health Center used state and dental agency recommendations to create a comprehensive plan for reopening. The written plan covers issues around PPE, training, scheduling, COVID screening, shifts, teledentistry, in-office safety, hygiene, and general cleaning rules.

Joan Draper • Chief Quality Officer • draperj@ct-institute.org

DENTAL CARE CONTINUED

-  **Key Hygienist Role in Teledental Services - Community Health Center of the North Country**
Community Health Center of the North Country began to offer teledental oral health exams in two locations. The Hygienist plays a primary role by assisting with scheduling, reviewing patient records, offering education, screening the patient, and using an intraoral camera to guide the dental exam for the dentist. The Hygienist also supports documentation for billing.
Deanna Lynn Page • Chief Operations Officer • dpage@cpnorthcountry.org
-  **Learning to Enhance Teledentistry - Petaluma Health Center**
When the COVID-19 pandemic brought dental practices to a near standstill, Petaluma Health Center created a process map that mirrored a clinic visit and tested different techniques to leverage teledentistry. The dental staff learned that motivational interviewing engaged patients and inspired self-management, and that intraoral photos submitted by the patient offered a better look. They learned their patients prefer text messages to calls or emails, a preparation video before a visit, and the ability to click a link rather than use an app or plug-in for appointments.
Ramona English • Chief Dental Officer • ramonae@phealthcenter.org
-  **Teledentistry to the Rescue - Community Health Care**
Community Health Care clinic used their triage form to launch a teledentistry program. Patients were overwhelmingly positive about the new service. Most patients expressed relief that some of their urgent/emergent dental needs could be met. The clinic plans to continue with teledentistry after the COVID crisis.
Thomas J Reynolds • Dental Director • jreynolds@commhealth.org
-  **Teledentistry for Technology-Restricted Patients - Virginia Health Catalyst**
When patients do not have access to a camera/smart phone or Wi-Fi, they are invited to conduct a safe dental visit from the Virginia Health Catalyst's parking lot. Patients are scheduled to arrive at a specific parking spot, given a tablet, mask, and gloves. The provider offers teledental care while the patient is in their car. If in-person care is needed, the patient can go into the clinic or schedule a future appointment.
McAllister Castelaz • Dental Consultant • mcallister.castelaz@gmail.com

HEALTH INFORMATION TECHNOLOGY >>>

-  **EHR COVID-19 Symptom Tracker: A Game Changer - South Boston Community Health Center**
A COVID-19 Symptom Tracker Flowsheet was built into the EHR by the South Boston Community Health Center to help nurses more efficiently track COVID-19 symptoms, and safely prioritize follow-up calls. The nurses also used a "Track Patient Outreach" feature to schedule future calls. This Flowsheet frees-up time for nurses to provide care, catches cases early for referrals, and prevents patients from falling through the cracks.
Cheralyn Johnson • Director of Quality Improvement • chjohnso@sbchc.org
-  **COVID-19 Testing Dashboard - C.L. Brumback Primary Care Clinics**
In just four months, the C.L. Brumback Primary Care Clinics performed over 40,000 COVID-19 tests. They used Tableau data analytics as a powerful tool to target hot-spots, understand trends, and know where to increase testing across Palm Beach County.
Andrea Steele • Director of Corporate Quality • asteel@hcdpbc.org

HEALTH INFORMATION TECHNOLOGY CONTINUED

- Data & Analytics: COVID-19 Response Dashboard - Esperanza Health Centers**
 Esperanza Health Centers developed a dashboard using Microsoft Power BI as a data decision tool to help guide senior management in COVID-19 response efforts. The dashboard, created at the end of March 2020, has evolved based on feedback from internal and external stakeholders and CDC guideline changes. The dashboard is updated every day and contains visualizations that display data necessary to make the most efficient decisions.
Carmen Vergara • Chief Operations Officer • cvergara@esperanzachicago.org
- Risk Stratification: Telehealth & Direct to Patient (D2P) Encounters - Bighorn Valley Health**
 Bighorn Valley Health Center used risk stratification to inform their telehealth and D2P programs. An interactive dashboard was created with criteria to rank provider panels and guide outreach. MS Power BI was used to build reports for each provider. A patient satisfaction survey was also built into the system to review telehealth visits. Results from the first 2000 visits show a high level of patient satisfaction.
Rebecca Mussetter • Director of Health Data Analytics • rebecca.mussetter@bighornvalley.org
- Script for Assessing Patient Telehealth Capability - Bighorn Valley Health**
 To guide staff as they call patients to determine their ability to participate in video or telephone health visits, Bighorn Valley Health developed scripts with instructions for documentation. Patient care can then be tracked in their MS Power BI Dashboard.
Rebecca Mussetter • Director of Health Data Analytics • rebecca.mussetter@bighornvalley.org
- TytoCare App Workflow Map - Bighorn Valley Health**
 Bighorn Valley Health outlines the process they developed to register patients in the 3rd-party app: TytoCare. The app is used for patient registration and scheduling telehealth or direct-to-patient (D2P) visits with providers. Bighorn offered training to providers and staff on how to use the TytoCare App.
Rebecca Mussetter • Director of Health Data Analytics • rebecca.mussetter@bighornvalley.org
- Procedure Template for Direct-to-Patient (D2P) Encounters - Bighorn Valley Health**
 To organize D2P visits, Bighorn Valley Health center developed a brief template to collect required information for CPT and billing codes, and to track encounters within their MS Power BI Dashboard.
Rebecca Mussetter • Director of Health Data Analytics • rebecca.mussetter@bighornvalley.org

SOCIAL DETERMINANTS OF HEALTH >>>

- Expanded Social Determinants of Health Programs - Bronx Community Health Network**
 Bronx Community Health Network revised their workflow and instituted an “all hands on deck” attitude to adapt and expand its existing social determinants of health program from 10 to 21 partner health centers, including hospital discharged patients. With broader reach, plus phone calls and postcard outreach, they screened more patients to identify and address worsening social needs – primarily food insecurity. Their mobile van was re-tooled to distribute food and assist with Supplemental Nutrition Assistance Program (SNAP).
Tashi Chodon • Director of Programs • tchodon@bchnhealth.org



SOCIAL DETERMINANTS OF HEALTH CONTINUED

Collaborative Programming to Improve Hypertension - *Affinia Healthcare*

Even during a pandemic, Affinia Healthcare maintained and expanded their efforts to decrease blood pressure in disadvantaged populations by improving health literacy and addressing food insecurity. They used several strategies and engaged many partners, including a mobile Fresh Food market (bus) with Fresh Food prescriptions. Collaboration was easier with defined, coordinated tasks and timelines for each partner.

Sonia Deal • Director of Practice Transformation • sshanklin@affiniahealthcare.org

Free Food Delivery - *Bronx Community Health Network*

Food insecurity is the top social need identified among patients of the Bronx Community Health Network. Many are unable to get or afford meal delivery, especially patients with chronic conditions, the elderly, the disabled, or new moms. To support them during the pandemic, the health center identified patients in need and provided free food delivery to their homes (3x per month) using two health center vans.

Tashi Chodon • Director of Programs • tchodon@bchnhealth.org

Supporting Unstably Housed & Justice-Involved Patients - *Hudson River Healthcare*

Hudson River Healthcare, a network of 43 health centers, operates in an area where 97% of all confirmed COVID-19 cases in NY were found. To help, they partnered with the NYC Mayor's Office of Criminal Justice and the NYC Emergency Management Team and responded to the needs of individuals discharged from jails and shelters. They offered primary care, referrals, and psychiatry services at the COVID-19 Hotel, through a mobile van, at kiosks, and through telemedicine.

Hope Glassberg • Chief of Strategy • hglassberg@hrhcare.org

PATIENT COMMUNICATION & OUTREACH >>>

Instructional Guide to Using WELL Texting - *Neighborhood Family Practice*

Neighborhood Family Practice took advantage of the WELL communication platform to connect staff with patients via 2-way texting. They used this communication for community COVID-19 testing, drive-up visits, virtual visits, and health and wellness campaigns. A tip-sheet to help staff learn how to operate the platform was created for automated messages, manual messages, and quick messages to book and confirm appointments instantly.

Abigail Zindren • Quality Coordinator • azindren@nfpmedcenter.org

Using CareMessage to Decrease No Show Rates - *Care Alliance*

Care Alliance implemented the CareMessage information system to decrease No Show rates, provide patient education, improve quality care, and increase UDS rates. With the CareMessage automated text reminders and rescheduling options for telehealth, telepsychiatry, teledentistry, and clinic care, Care Alliance was able to achieve a 22.7% improvement in appointment volume.

Cheryl Eiber • Director Quality and Risk Management • ceiber@carealliance.org

PATIENT COMMUNICATION & OUTREACH CONTINUED

🔗 **Tools to Help Medical Assistants with Patient Recalls** - *Santa Cruz Community Health*

Since all preventive visits at Santa Cruz Community Health were canceled during the first three months of the pandemic, Medical Assistants (MAs) were reassigned to recall patients and schedule them for overdue care. To reduce burnout and call volume for MAs, WellApp was used to send text messages in English and Spanish to 40 high-risk women needing PAPs. WellApp has been an extremely helpful tool for patient outreach in this example and many others.
Philippa Barron • Chief Operations Officer • pbarron@shealthcenters.org



🔗 **Patient Outreach to High Risk Patients - North Shore Community Health Center**

North Shore Community Health Center leveraged telehealth to re-engage patients and provide outreach. They made at least 10,610 calls to patients with information about screening and follow-up services offered through telehealth. Nearly 500 people were screened for social determinants of health (SDOH) this way, with a focus on pediatric SDOH and depression screening. These outreach efforts led 1379 patients to schedule medical visits.
Maggie Brennan • President and Chief Executive Officer • margaret.brennan@nschi.org

🔗 **Advertising Mobile Testing and Telehealth at Health Centers - FoundCare**

To introduce the clinic's patient population to 12 new COVID-19 mobile testing sites and new telehealth services, FoundCare created a "Special Bulletin" for marketing. The bulletin illustrates how telehealth works with step-by-step instructions on how to make an appointment and check-in through a mobile phone, among other information.
Jennifer Bullerwell • Communications Coordinator • jbullerwell@foundcare.org

STAFF & ORGANIZATIONAL COMMUNICATION >>>

🔗 **Virtual Town Hall Meeting - Mary's Center**

Mary's Center's leadership team held weekly virtual town hall "COVID-19 Update" meetings to communicate COVID-19 updates, workflow changes, and information about legislation or best practices for over 700 staff.
Dara Koppelman • Chief Nursing Officer • grants@maryscenter.org

🔗 **Leadership Communication During COVID-19 - Heart of Texas Community Health Center**

Staff at Heart of Texas Community Health Center was confronted with daily changes when the pandemic began. In response, the CEO implemented a daily 25-minute webinar. These webinars were designed for all staff to learn updates, announcements, provide education, and answer staff questions. The schedule and content of zoom calls were adjusted, as needed.
Kelley Reynolds • Chief Medical Officer • kreynolds@wacofhc.org

STAFF & ORGANIZATIONAL COMMUNICATION CONTINUED

- 🔗 Daily COVID Update Newsletter- Erie Family Health Center**
 Erie Family Health Centers condensed and organized rapidly changing clinical protocols, operational processes, and human resource summaries into a daily internal newsletter sent to all staff. The 30-page newsletter highlights “Today’s Latest Information” for staff’s immediate attention, but also includes a series of resources and links for reference when needed.
Kate Birdwell • Senior Communications Manager • kbirdwell@eriefamilyhealth.org
- 🔗 Primary Care Association-led Learning Conversations - Puerto Rico Primary Care Association**
 The Puerto Rico Primary Care Association provided free weekly learning conversations for all local FQHCs to discuss human resources, finance, emergency preparedness, mental health, substance use services, and women’s health. In four months, 39 tailored conversations were offered to health center leaders and managers. Participants shared ideas, best practices, and opportunities to collaborate.
Edgardo Vazquez-Fonseca • Public Health Specialist • evazquez@saludprimariapr.org
- 🔗 Article: The Vital Role of Health Centers During the COVID-19 Pandemic - CrescentCare**
 CrescentCare rapidly integrated COVID-19 testing with public health reporting in the early days of the pandemic while preserving essential health services. Strategies included walk-in COVID-19 testing, patient education, clinical evaluation, and advocating for job safety on behalf of patients. They wrote a manuscript addressing the deep roots of health centers in their communities and the critical role health centers play in the response to the pandemic.
Nicholas Mosca • Quality and Health Informatics Manager • nicholas.mosca@crescentcare.org

PERSONNEL >>>

- 🔗 Partnering to Serve 911 Overflow Calls - Peninsula Community Health Services**
 When 911 was overwhelmed at the start of the pandemic, the furloughed Medical Doctor of Peninsula Community Health Services stepped-in to conduct on-demand telehealth services for patients calling 911. This service, in turn, reduced the burden on local ambulances and hospitals. A Win-Win for all.
Jennifer Johnson-Joefeld • Quality Director • jljohnsonjoefeld@pchweb.org
- 🔗 Reassigning Staff & Resources - North Hudson Community Action Corporation**
 North Hudson Community Action Corporation quickly set-up COVID-19 triage, scheduling, and testing services as the virus ravaged their densely populated, low-income area. The health center’s testing system began with the transformation of the agency’s administration building into a centralized Call Center. Dental staff were redeployed to help Call Center staff address the surge in calls. At the request of local Mayors, the clinic set-up testing tents in hot spots.
Marsha Nivins • Grants Manger • mnivins@nhcac.org
- 🔗 Return to Work Safety Plan for Employees - KC CARE Health Center**
 A new return to work policy was created by KC CARE Health Center with guidelines and expectations to minimize exposure in the health center when staff returned to the clinic for work. The guidelines cover screening, cleaning and monitoring protocol, mask requirements, as well as social distancing rules in work and break areas.
Teresa Mathis • Chief Compliance Officer • teresam@kccare.org

PERSONNEL CONTINUED

🔗 Hazard Pay - FoundCare

FoundCare developed a policy to provide additional compensation to full and part-time employees “for performing hazardous duty or work involving hardship”.

Jennifer Bullerwell • Communications Coordinator • jbullerwell@foundcare.org

🔗 Emergency Paid Leave Process - Desert Sage Health Centers

Desert Sage Health Centers developed a procedure/process to offer paid leave to employees that: contract COVID-19 in the line of duty; must quarantine for any reason; or must take care of a loved one.

Mary Ferguson • Chief Executive Officer • mary.ferguson@desertsage.org

🔗 COVID-19: Coping with the New Normal - Union of Pan Asian Communities

The clinical psychologist from the Union of Pan Asian Communities Positive Solution Program created a list of “13 Tips” to cope with life during this stressful pandemic. Tips are practical and serve as a reminder to get enough sleep, practice mindfulness, incorporate healthy eating, exercise, and hydrate as key steps to take care of one’s mental health.

Syed Imam • Clinical Psychologist • simam@upacsd.com

🔗 Self-Care Strategies Focused on COVID-19 & Racism - Delaware Valley Community Health

As part of the Quadruple Aim goals, Delaware Valley Community Health (DVCH) surveyed providers in 2019 with Maslach Burnout Inventory (MBI). The results informed the development of support mechanisms for providers that were later extended to staff during the pandemic. The Director of Integrated Behavioral Health and the Integrated Behavioral Health Team began to broadcast two weekly, interactive self-care, mental, and emotional health programs: one general and one for parents with kids at home to address the stressors patients and staff have faced.

Eric Elvanian • Director of Integrated Behavioral Health • elvaniane@dvch.org

🔗 Prioritizing Self-Care for Providers and Staff - Partnership Health Center

To help address fatigue and provider and staff burnout at Partnership Health Center (PHC), the PHC leadership prioritized self-care. This was accomplished through numerous small changes. Much of the self-care focused on staff safety, including cleaning and screening. Other steps include a five-minute relaxation exercise before meetings, a 15-minute daily exercise break, and a “Self-Care Connect” program led by the clinic’s psychologist.

Rebecca Goe • Director of Innovations • goer@phc.missoula.mt.us

🔗 Self-Care Initiative: Joy in Work - Southside Community Health Services

Southside Community Health Services developed a series of self-care sessions for staff, offered two times per week via Zoom and in person, to address acute stress and emphasize the importance of caring for yourself. These sessions have been drop-in style, allowing staff to come when they choose. Sessions are part of a larger Joy in Work program.

Alyssa K Palmer • Director of Quality • alyssa.palmer@southsidechs.org



PERSONNEL CONTINUED

-  **Mobilizing In-Kind Support for Healthcare Workers - Mary's Center for Maternal and Child Care**
Mary's Center for Maternal and Child Care, Inc. created a "Coronavirus Ways to Help" webpage within the first week of the pandemic in an effort to garner support for frontline staff and provide the community with an immediate way to help. The call for action solicited PPE donations, food donations, and other support for their health care workers. By spotlighting local "COVID angels" in a short thank you video, many new supporters were gained.
Heather Morgan • Chief Development Officer • grants@maryscenter.org

SAFETY AND INFECTION CONTROL >>>

-  **Preventive Measures for COVID-19 - University of Minnesota's Health Equity Work Group**
Article submitted for publication that focuses on the important preventive practices everyone should be taking for the sake of public health. Measures promoted include hand washing, the use of sanitizer, and social distancing. The paper also describes the concept of herd immunity with vaccines.
Victor Sodeine • Research Committee Member • victorsodeinde@gmail.com
-  **COVID-19 Safety Measures - Garfield Health Center**
Garfield Health Center created a one-page list of basic health center safety rules for staff and patients based on CDC guidance. It includes information about required face masks and social distancing in the clinic, temperature checks, recommendations for staggered lunch schedules, and tips for safe and efficient clinic- time when telehealth is not possible.
Connie Regan • Case Manager • connie.regan@garfieldhealthcenter.org

This document was developed with support from -the Centers for Disease Control and Prevention (CDC) cooperative agreement #NU38OT000310. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the CDC or the U.S. Government.