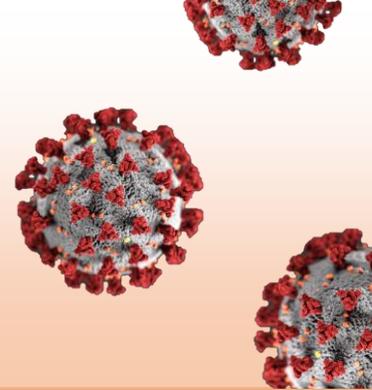


# ASPPR Covid-19 Best/Promising Practices



June 2020

## “Puerto Rico PCA 4-Part Learning Conversation Series”

### Introduction

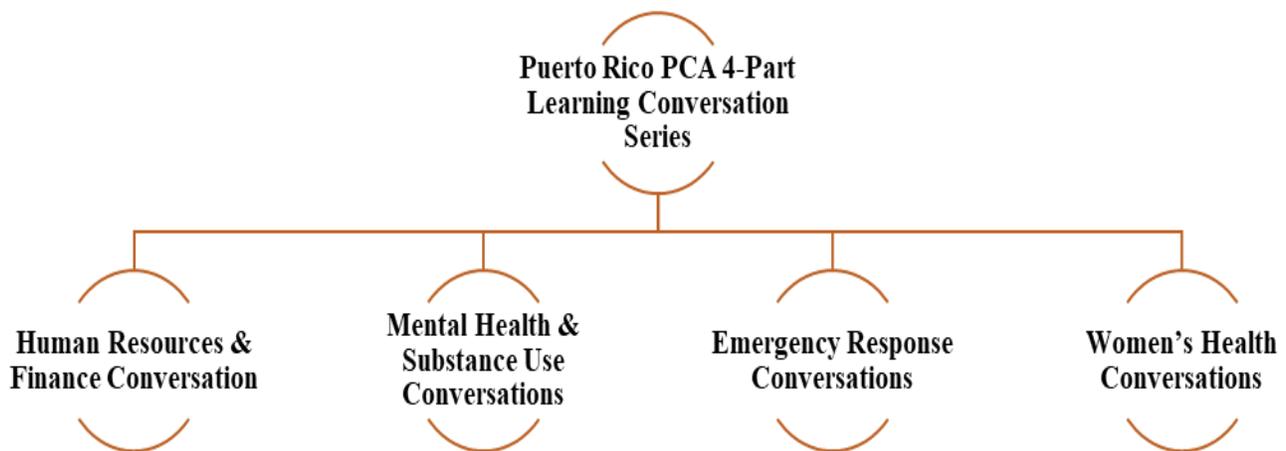
Despite the obstacles Puerto Rico faces regarding the socioeconomic situation, the slow recovery before natural disasters (hurricanes and earthquakes) and now, COVID-19, PR-PCA and Community Health Centers (CHCs) have demonstrated a high sense of direction and leadership. Given the unstable scenario we have experienced and given the constant change in information because of COVID-19, we have come together to respond to the emergency mainly implementing an assertive communication strategy to help the Community Health Centers to continue focusing in maintain access to quality and safe care for the patients and workforce. Considering the three (3) domains under the Value Transformation Framework - Infrastructure,–Care Delivery and People, we offer updated information focus in four (4) principle areas: *Human Resources & Finance; Mental Health and Substance Use; Emergency Respond, and Women’s Health*. This initiative allowed us to create a confidence, guided and peacefulness environment in difficult times.

In this period of almost four months the PR-PCA offered thirty-nine (39), 4-part Learning Conversation series tailored to Health Center’s leadership and care managers. These free, local educational series offered participants a continuous learning experience with best practice sessions and a cohort of individuals of more than 50% percent of the Centers who moved through the learning experience together, sharing their insights and experiences. The PCA used its leadership position to

communicate clearly, lead work teams, provoke collaborations, mentoring, expand the provision of services, cause changes in public policy and strengthen the operational infrastructure, among other.

## Objectives

1. Serve as a guide and trusted platform through frequent information updates from federal and local leading Covid-19 sources.
2. Model the use of technology to promote CHC's health services.
3. Promote collaboration between CHC's through the integration of internal resources.
4. Create a virtual educational forum for CHC's workforce and patients.



### I. Human Resources & Finance Virtual Conversation

As is known, OSHA requires that every employer be able to offer its employees a safe place to work. In times of emergency, meeting this expectation is often a challenge for any organization that is at the forefront of the battle, such as Primary Health Centers. Taking into consideration what we learned in previous emergency responses and having evaluated the impact of these events on the CHCs, workforce, we understood that it was imperative to offer support to the Directors of Human Resources through virtual meetings. Very soon after, due to the projected financial effects of COVID-19, we decided to fully involve the financial directors of the health centers. First, this initiative allowed collaboration between peers and then allowed collaboration between both departments, thus achieving excellent

results. So far, a total of 13 Virtual one-hour Meetings has been held, in which we have addressed topics such as: *FFCRA and other labor laws (unemployment benefits); Exposure Control and Reopening Plans; Employment Retention Credit; CARES Act; Paycheck Protection Program, Census 2020*, among others, through experts in each area. In addition, we had the opportunity to had the Florida PCA presenting their experience coping COVID-19, the National Health Service Corp with updated information about financial programs, and local Universities with the main purpose of continuing promoting interagency collaboration and to bring opportunities of investigation research related with COVID-19. We have managed to obtain a participation of 60% of the Health Centers and an accumulation of 274 virtual participations. In addition, we created three (3) educational infographics related to FFCRA Applicability at CHC; Dealing with Stress in Crisis; and How to Improve Dental Services through Teledental. Also, we are working on two (2) bills on (P. S. 1489 and P. S. 1559) that have the potential to increase health services through the expansion of the reach of some health professionals in Puerto Rico.

## II. Mental Health & Substance Use Conversations

The Mental Health & Substance Use Disorders Learning Conversations Series gave the opportunity to the Operational Area of the Primary Health Association (PR-PCA), to maintain conversation spaces with management and clinical staff of the CHCs during the emergency. During the 6 weeks of conversation spaces, we maintained an average of 10 CHCs grantee participation out of 22 health center corporations in our network, with a total of 241 participants. These communication spaces allowed: facilitating access to services to the most vulnerable populations, expanding services such as psychiatry, proposing and achieving changes in public policy, strengthening collaborations through our Learning Center that includes government agencies and the PCA / HCCN, working towards a data culture, supporting the workforce to reduce stress and burning, etc. Also, these spaces allow the PR-PCA to keep informed about the needs of the CHCs in order to continue being relevant to their needs and reality. Through the conversations, topics of interest were identified and discussed through our strategy communication tool "CONNECT by ASPPR". This allows us to continue educating the staff of the CHCs during the emergency with topics of interest and relevance. The acceptance of this initiative

by the centers has led us to include professional resources for continuous training during the pandemic. We have made six (6) learning conversations series about: Barriers in CHCs During the pandemic; Need for Expansion of Psychiatric Services during the Emergency; Integration of Services and Potentializing of Psychiatric Practice through the Primary Physician; Limitations and Opportunities in the Use of Electronic Medical Record and Telemedicine (collaboration with HCCN); Expansion of Access to Care and Treatment through TeleVisit (collaboration with HCCN), and Watching for Healthcare Providers Wellness. In addition, we disseminated tools to detect and prevent Burn Out in CHCs workforce during the pandemic; and developed a checklist of “Measures that can be adopted by Primary Health Centers to reduce the probability of COVID-19 transmission in people with Substance Use Disorder (SUD). Also, we developed three (3) infographic disseminated through our web page about: Watching and Preventing Providers Burn Out: Promoting Joy at Work; Practice Expansion during COVID-19; and Expansion of Specialized Medical Practice in Integrated Care Models. Similarly, we created four (4) educational infographics related to the management of chronic conditions such as cancer, diabetes, asthma and hypertension in order to promote the holistic care of these diseases that could be exacerbated during the pandemic in vulnerable population such as Mental Health and Problem Substance Use Patients.

### III. Emergency Response Conversations

The Emergency Preparedness Program developed virtual sessions that allowed a 60-90-minute opportunities to update Health Centers on the latest developments during COVID-19. This forum allowed the PCA’s EM Program to 1) Provide guidance on epidemiological status of the virus at the local and global level; 2) provide the latest updates on local executive orders, active waivers, changes in policy from HRSA and other federal agencies; 3) Share HRSA survey results of the past week and compare to the experience at the national level and other data 4) Gather CHC input on health center through the use of polls and other survey tools 4) Share tools and guidance documents for CHC operations by Health Institutions and developed or adapted by the PCA (to enhance cultural competency and address language barriers). At times, we secured resources to take on the emerging topics of testing, results reporting and use of technology. During the 14 weeks of virtual sessions, we maintained an average of 70% CHC grantees present and approximately 40 participants. Not only did this initiative

allow CHC's to stay updated on the COVID-19 landscape in Puerto Rico, it also provided an opportunity for peer discussion to discuss upcoming and ongoing projects initiated or facilitated through the PCA with CHC grantees and other organizations at the local level. The results obtained from the discussions in each virtual session advised PCA program strategies for technical assistance activities and training workshop topics throughout this response and for the future. In addition to the learning community experience, the program maintains sustainability through weekly communications through email providing tools, guidelines and a Snapshot of the Puerto Rico HRSA survey results using the NACHC two-page template. These initiatives have been well received by the Centers and continue to be a means of engagement with the Emergency Preparedness committees throughout the response to several emergencies during the year.

#### IV. Women's Health Conversations

Pregnancy is a special time full of excitement and illusions but, navigating pregnancy during the coronavirus disease (COVID-19) could represent a time of fear, anxiety and uncertainty. There is much unreliable information, changes of prenatal care schedules, emotional alterations, among many others social determinants facing the expectant mothers. *The PR Primary Care Association (PR-PCA) designed a structured, clinical curriculum to guide CHCs to keep pregnant patients educated, oriented and trained with clear and accurate information in the face of the Covid-19 scenario.* Seventy two percent (13/18) CHC's organizations joined this collaborative and twenty-one facilitators were assigned to promote it to their pregnant patients and collaborate with PR-PCA in the design of the effort. A total of **six virtual education** were delivered, one per week, with **eighteen multidisciplinary professional resources** from the CHCs: obstetricians (3), pediatricians (3), health educators (4), nutritionist (1), clinical social workers (4), breastfeeding educator(1), nurse (1), psychologist (1). The educational sessions were offered via Zoom platform using various instructive methodology like lectures, conversations, panel and interview. The covered topics were *preparation and planning for delivery, postpartum care, baby care upon arrival home and the first meeting with the pediatrician, how my emotions can affect the development of labor and self-care of emotions, breastfeeding (two sessions).* Participation was consistent in each educational session resulting in an average participation of 88% of

CHCs, 64 participants (staff and pregnant patients) and 30 pregnant patients (ranged: 26-33). Based on satisfaction surveys followed by each educational session, 100% of the patients who answered, liked the initiative, felt that they increased their knowledge and were willing to participate in future virtual educational sessions.

The main contributions of this initiative are: 1) models CHCs alternatives of continuity of health educational services through an innovative technology approach; 2) improves the patient experience and engagement, and also the staff experience who volunteer offers an extra time for their patients; 3) increases the literacy of patients and center staff in telehealth components; 4) enhances the opportunity to educate in different scenarios, 5) strengthens collaboration between multidisciplinary teams and alliances with the community, 6) identifies social determinants; 7) complements other services offered by the center. In general, this educational initiative serves as a platform to CHCs to transition health services towards a more robust and comprehensive one that results in better health experiences and outcomes.

## V. Lessons learned and other recommendations

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Participation will not always be as desired. Weekly consistency must be maintained to see progress in participation. Be loyal to the established schedule

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Maintain audience interest through relevant topics and expert resources and have internal meetings to define strategy

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Combine peer groups, for example HR and Finance (crosswalk)

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Engaging staff. Health centers vary in their efforts to actively "position / recognize" the figure of the HR director as a key decision maker to organizational transformation efforts.

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Many health centers are in the early stages of integrating mental health and substance use services. Even centers are looking for clear models to implement and/or trying to find a way for the executive staff to see the value of MHSU integration and / or expansion of services.

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Many health centers lack a consolidated resource that lists community supports, and very few carry out analyzes to address the social risks/SDH that affect access to health services including MHSU

## VI. Tangible Deliverables and Efforts

<ul style="list-style-type: none"> <li>• <b>Number of Conversation</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>39</b> Learning Conversation to CHCs workforce and Virtual Education             <ul style="list-style-type: none"> <li>○ <b>13</b> Human Resources &amp; Finance Virtual Conversation</li> <li>○ <b>6</b> Mental Health &amp; Substance Use Virtual Conversation</li> <li>○ <b>14</b> Emergency Response Virtual Conversation</li> <li>○ <b>6</b> Women’s Health Virtual Conversation</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• <b>Educational Tools and Materials about COVID-19</b></li> </ul>	<ul style="list-style-type: none"> <li>• Infographics             <ul style="list-style-type: none"> <li>○ <b>26</b></li> </ul> </li> <li>• Developed Tools and other materials             <ul style="list-style-type: none"> <li>○ <b>22</b></li> </ul> </li> <li>• Regulatory Letter             <ul style="list-style-type: none"> <li>○ <b>2</b> (Flexibilization of Buprenorphine Requirements and Flexibilization of Preauthorization form for MAT Services)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• <b>Total Live Meeting Hours</b></li> </ul>	<ul style="list-style-type: none"> <li>• Approximately <b>50</b> live meeting hours with CHCs and/or patients</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Collaborations</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Subject Matter Expert</b> <ul style="list-style-type: none"> <li>○ <b>18</b> multidisciplinary resources for Women’s Health Virtual Conversation</li> <li>○ <b>2</b> Organizational Development Expert, <b>2</b> Lawyers, <b>2</b> CPAs, <b>4</b> Behavioral Health Expert for Human Resources &amp; Finance Conversations, <b>1</b> Addiction Counselor, <b>4</b> IT Specialist, and <b>3</b> Research Experts</li> </ul> </li> <li>• <b>Alliance with:</b> <ul style="list-style-type: none"> <li>○ CMS</li> <li>○ ASES</li> <li>○ ASSMCA</li> <li>○ Medicaid Office</li> <li>○ Migrant Clinician Network</li> <li>○ Universidad Central del Caribe</li> <li>○ Medical Science Campus- UPR</li> <li>○ Ponce Health Science University</li> <li>○ Puerto Rico Department of Health</li> <li>○ Puerto Rico Science Technology and Research Trust</li> </ul> </li> </ul>

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