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DIABETES IN SPECIAL & VULNERABLE POPULATION: A NATIONAL LEARNING SERIES

Diabetes Continuum of Care: Building Successful Teams During the COVID-19 Pandemic

Tuesday, November 17, 2020
9 am HT / 11 am PT / 1 pm CT / 2 pm ET

Welcome!
We will begin in a few minutes

Diabetes Continuum of Care: Building Successful Teams During the COVID-19 Pandemic

MODERATORS & ORGANIZERS

Albert Ayson, Jr., MPH
Associate Director, Training & Technical Assistance of AAPCHO

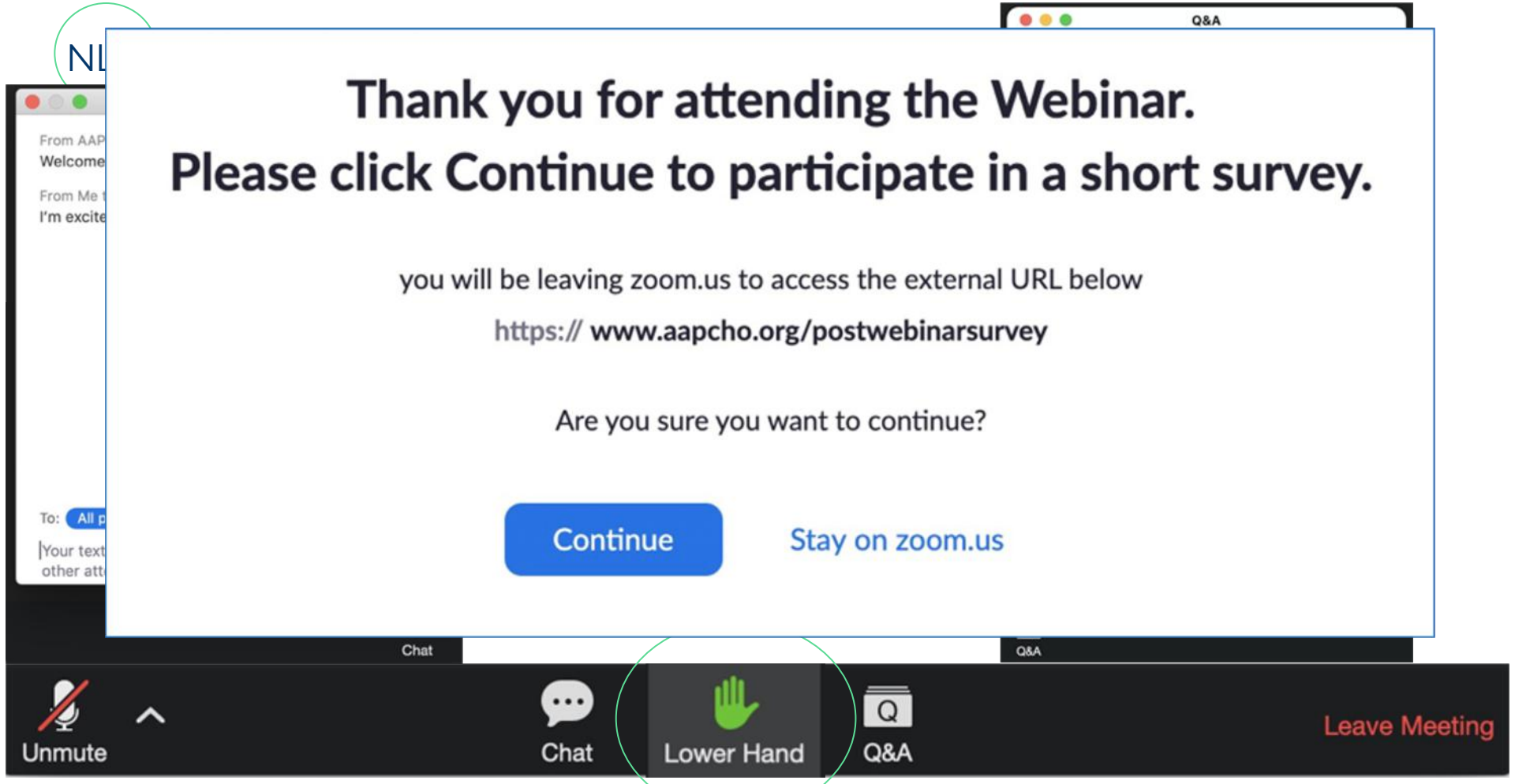
Joe Lee, MSHA
Training & Technical Assistance Director of AAPCHO

Kristine Alarcon, MPH
Communications & Engagement Specialist of AAPCHO

Jillian Hopewell, MPA, MA
Director of Education & Communications of MCN

AAPCHO
Association of Asian Pacific Community Health Organizations

MIGRANT CLINICIANS NETWORK
MCN


Q&A
Thank you for attending the Webinar.
Please click Continue to participate in a short survey.
you will be leaving zoom.us to access the external URL below
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Are you sure you want to continue?
Continue
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Q&A
Unmute
Chat
Lower Hand
Q&A
Leave Meeting

ABOUT THE SERIES

Diabetes affects more than 34 million people in the United States. Multi-tiered efforts to prevent, treat and manage diabetes are critical in reducing the burden of diabetes, particularly for special and vulnerable populations, which have unique characteristics that affect culturally and linguistically competent health care access and utilization. According to 2018 Uniform Data System (UDS), diabetes poses a unique challenge for the HRSA Health Center Program because 1 of 7 patients has diabetes and nearly 1 in 3 of those has uncontrolled diabetes.

To elevate the national conversation around diabetes, **14 National Training and Technical Assistance Partner (NTTAP) organizations** formed the Special and Vulnerable Populations Diabetes Task Force to engage health centers, Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs) to increase knowledge of effective strategies that address diabetes among people experiencing homelessness, residents of public housing, migratory and seasonal agricultural workers, school-aged children, older adults, Asian Americans, Native Hawaiians and Pacific Islanders, LGBTQIA+ people, and other health center patients.

This Fall's national learning series is **sponsored by HRSA** and will take a deeper dive into issues related to patient health literacy, community engagement, and team-based care.

For information about the Diabetes National Learning Series, visit **chcdiabetes.org** today.

Special and Vulnerable Populations Task Force Members:

For more information on our NTTAP Partners, visit chcdiabetes.org

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WEBINAR TOPICS

WEBINAR #1 **Tuesday, October 20**	**Diabetes Continuum of Care: Bridging the Health Literacy Gap to Improve Diabetes Outcomes**
WEBINAR #2 **Tuesday, October 27**	**Diabetes Continuum of Care: Increase Patient Technology and Digital Health Literacy**
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ACCESS TODAY AT CHCDIABETES.ORG

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Webinar Slides and Recordings Available

Webinar #1

Diabetes Continuum of Care: Bridging the Health Literacy Gap to Improve Diabetes Outcomes

Webinar #2

Diabetes Continuum of Care: Increase Patient Technology and Digital Health Literacy

Webinar #3

Diabetes Continuum of Care: Raising the Pillars for Community Engagement

Download slides and watch the recordings at chcdiabetes.org

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CME/CNE Accreditation Available

- **Please complete the post-webinar survey** at the end to indicate whether you would like to receive CME/CNE units or a certificate of attendance.
- Please indicate whether you'd prefer an electronic or hard copy of your certificate and provide your contact information
- For questions, please contact Martha at **malvarado@migrantclinician.org**.

Diabetes Continuum of Care: Raising the Pillars for Community Engagement

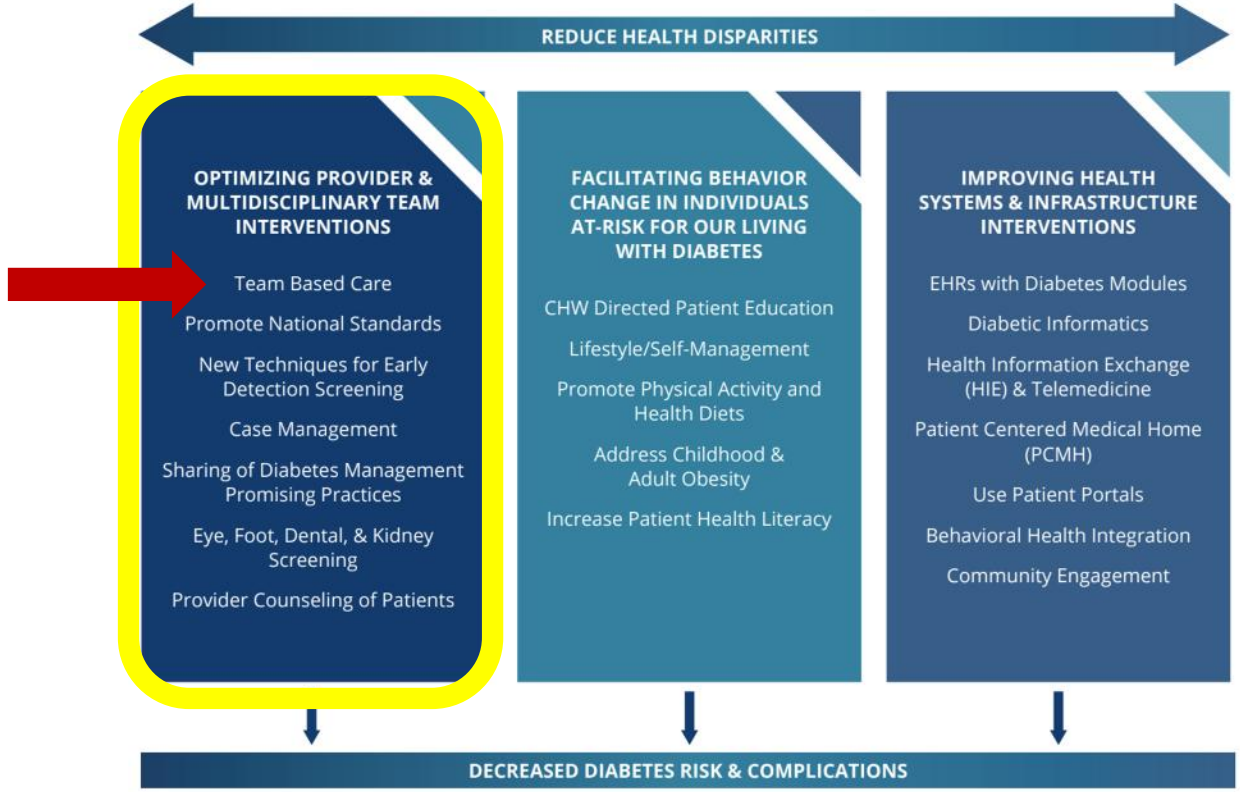

Figure 1: HRSA Health Center Technical Assistance Partners Strategies to Address the Diabetes Continuum of Care

Diabetes Continuum of Care: Building Successful Teams During the COVID-19 Pandemic

NTTAP Faculty

Virginia Vedilago
Program Manager
National LGBTQIA+ Health Education Center

Colleen Velez
Associate Director
Corporation for Supportive Housing (CSH)

Darlene Jenkins, DrPH
Senior Director of Programs
National Health Care for the Homeless Council (NHCHC)

Irene Hilton, DDS, MPH
Dental Consultant of
National Network for Oral Health Access (NNOHA)

NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

CSH

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

NNOHA
National Network for Oral Health Access

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Diabetes Continuum of Care: Building Successful Teams During the COVID-19 Pandemic

LEARNING OBJECTIVES

1. Understand the principles of high-quality team-based, patient centered care for diabetes control
2. Be able to define the unique challenges of the coordination and success of team-based patient care during the COVID-19 pandemic
3. Consider implementation of promising practices for team-based care in the time of COVID-19

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Team Based Care:
Concepts

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Diabetes Continuum of Care: Building Successful Teams During the COVID-19 Pandemic

Team Based Care

Team-based care is defined by the National Academy of Medicine as "...the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient - to accomplish shared goals within and across settings to achieve coordinated, high-quality care.

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Team Based Care – Diabetes

Depending on health issues and health issues directly related to diabetes the care team may be different. Optimal team based care for diabetes can include but are not limited to:

• Primary Care Provider	• Registered Nurse/Nurse Navigator
• Endocrinologist	• Registered Dietitian
• Ophthalmologist	• Certified Diabetes Educator
• Podiatrist	• Mental Health Professional
• Pharmacist	• Fitness Professional
• Dentist	• Patient
• Community Health Worker/Health Navigator	• Family/Support system of the patient

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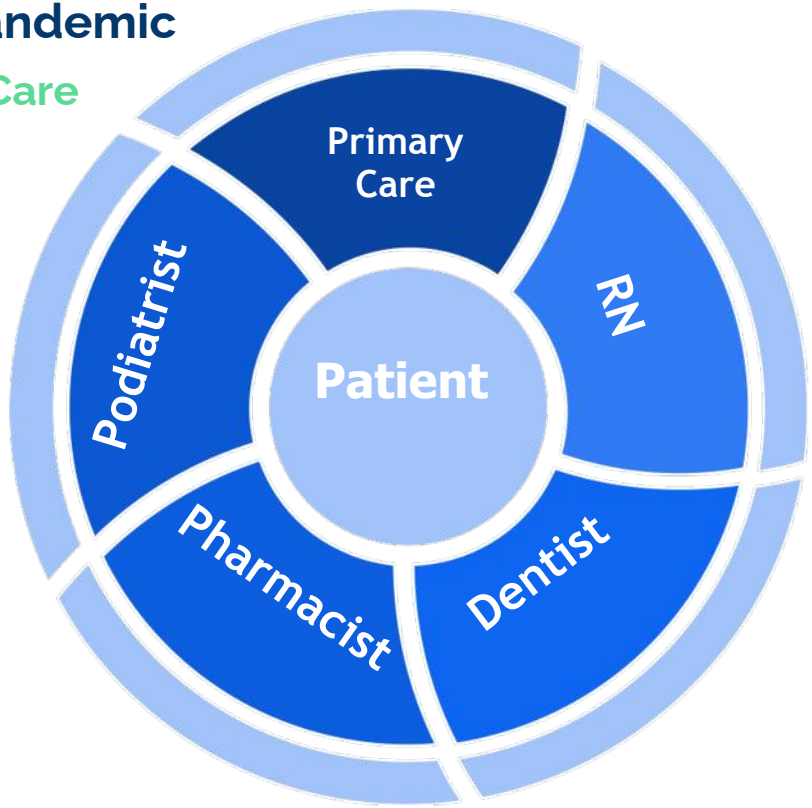
Team Based Care



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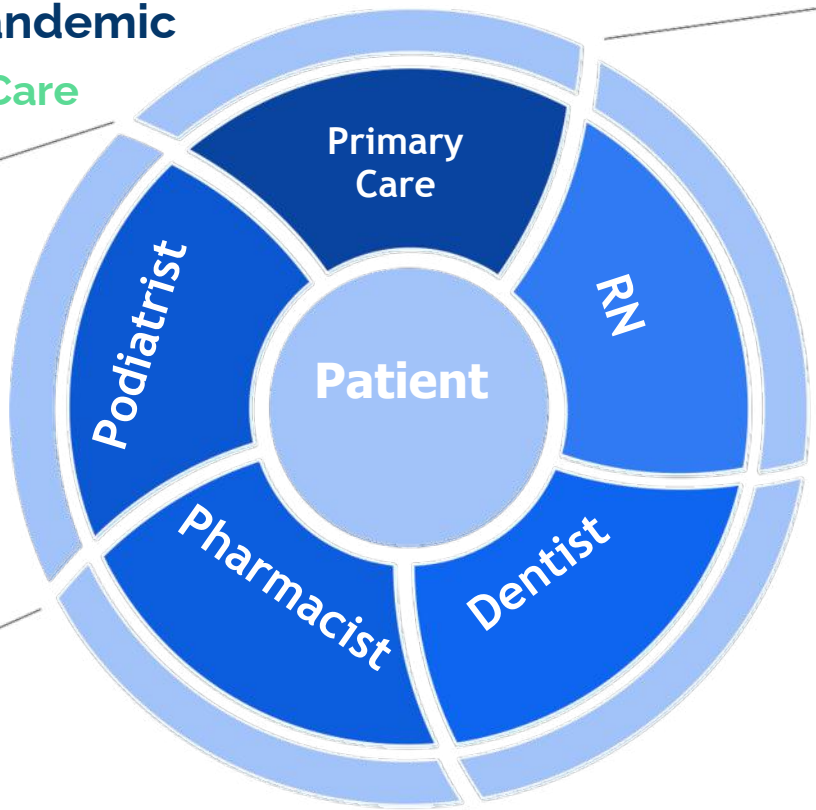
Team Based Care



Case Manager

Support Groups

Transportation

Behavioral Health

Food Banks

Coordination

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High Functioning and Quality TBC

- Person Centered
- Clinical and non-clinical team members
- Clarity of team roles and responsibilities
- Clear communication and communication structures
- Flexible and nimble to change care and care structures as needed

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Team Based Care: Impact of the COVID-19 Pandemic

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Team Based Care- Why

- Improved patient experience
- Improved provider relationships and relationships of patients with providers
- Improved health outcomes
- Decreased A1c and health issues related to diabetes

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What is an Effective/Successful Team

An effective **team** is a one where the **team** members, including the patients, communicate with each other, as well as merging their observations, expertise and decision-making responsibilities to optimize patients' care.

Source: Health care professional development: Working as a team to improve patient care, Babiker et. al 2014 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4949805

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Impact of COVID-19 on Team Based Care

To build or support successful teams communication is the key

Internal

- Care Coordination

External

- Telehealth

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Care Coordination- Key Components

- Ability to share data
- Defined Team structure, roles and responsibilities
- Coordinated care planning
- Strong partnerships
- Trauma-informed care
- Harm reduction approach

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Care Coordination Challenges

- Larger caseload, displace/less staff, less resources
- Changes in workflow
- The dispersed nature of virtual teams can be a barrier to productivity that relies on the work of others.
- Different schedules – in-person, virtual care schedules
- Closures, limited access, sheltering in place, disconnected from services
- Less in-person follow-up appointments available due to impact of additional COVID-19 infection control measures
- Staff burnout
- Lost opportunity for informal interactions/communication – building community and trust

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Care Coordination Promising Practices/ Solutions

- Standardize the care coordination process, enhanced communication plan
- Communal technological working space or a virtual team room (Barrett, 2006). A virtual team room makes it easier for teams, departments, or committees to communicate and collaborate in real time. Share relevant updates, documents, and information in a dedicated area designed to keep members informed, organized, and engaged.
- Inclusion of non-clinical staff in the support of patients.
- Web-based care coordination technology tools, a workflow tool that organizes and prioritizes patient interactions and care plan interventions

Source: https://www.beckershospitalreview.com/care-coordination/measuring-the-value-of-care-coordination-during-pandemics.html

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Use of Telehealth/Telemedicine

Telehealth - HRSA defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Telemedicine - Is defined as the use of telecommunications to facilitate remote delivery of health-related services and clinical information

Telemedicine is frequently used for follow-up visits, management of chronic conditions, medication management, specialist consultation and a host of other clinical services. Telemedicine is used to increase access to care for patients with diabetes.

- Virtual diabetes management program offerings rooted in smartphone technology, connected devices for blood glucose monitoring, and remote coaching or support.

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Telehealth/Telemedicine Challenges

- Lack of experience in applications among team members can be a significant barrier.
- Not every professional has the skills to work in a virtual space.
- Inability to physically connect with patient/client
- Communication between provider and patient/client – misinterpretation/miscommunication, non-verbal clues missed.
- Patients/clients have limited access to equipment/ internet, phones, broadband
- Different levels of technology literacy
- Triage
- Lost opportunity for informal interactions/communication – building community and trust

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Telehealth/Telemedicine Solutions

- Make no assumptions
- Training for staff
- Hot spots, solar charging stations, phones and data plans, patient kiosks
- Use of different modalities to engage in-between visits (web-based portals or text messaging)
- Triage
- Max-packed visits (multiple discipline visits)
- Enhanced communication plans

Diabetes Continuum of Care: Building Successful Teams During the COVID-19 Pandemic

TODAY'S SPEAKERS - Health Partners of Western Ohio

Jamie Carder, RDH
Oral Health Integration Specialist

Health Partners of Western Ohio

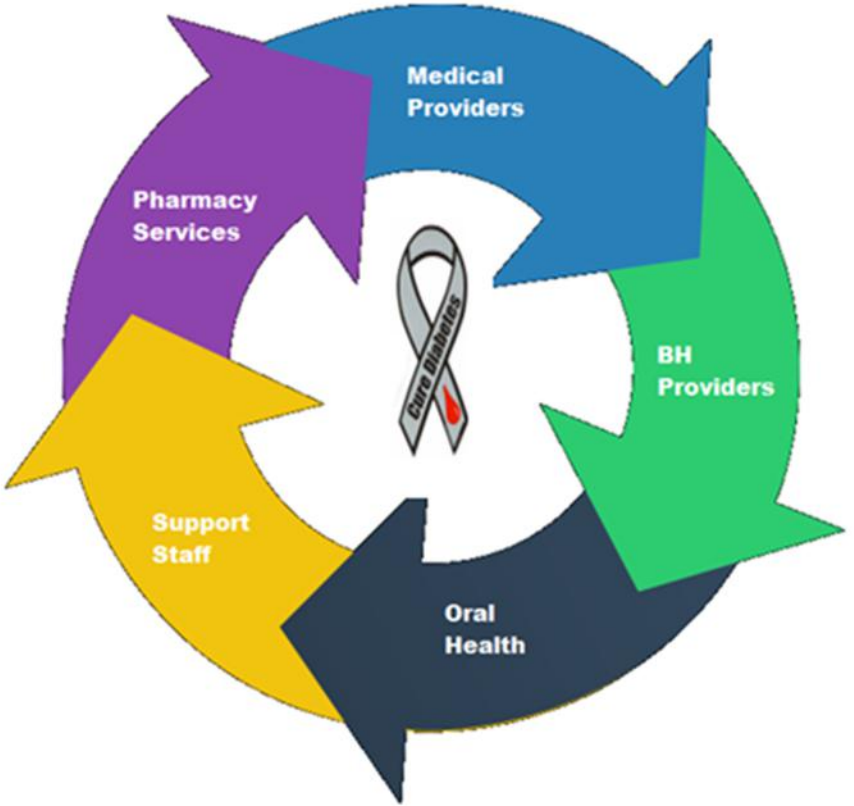
Barbra Forest, FNP

Health Partners of Western Ohio

Jamie Carder, RDH
Barbie Forest, FNP

Integration

- Primary Care along with
  - Behavioral health
  - Health coach
  - Clinical pharmacy
  - Oral health
  - Social worker
  - Community outreach worker
  - Lab work
  - Dispensing pharmacy with free delivery

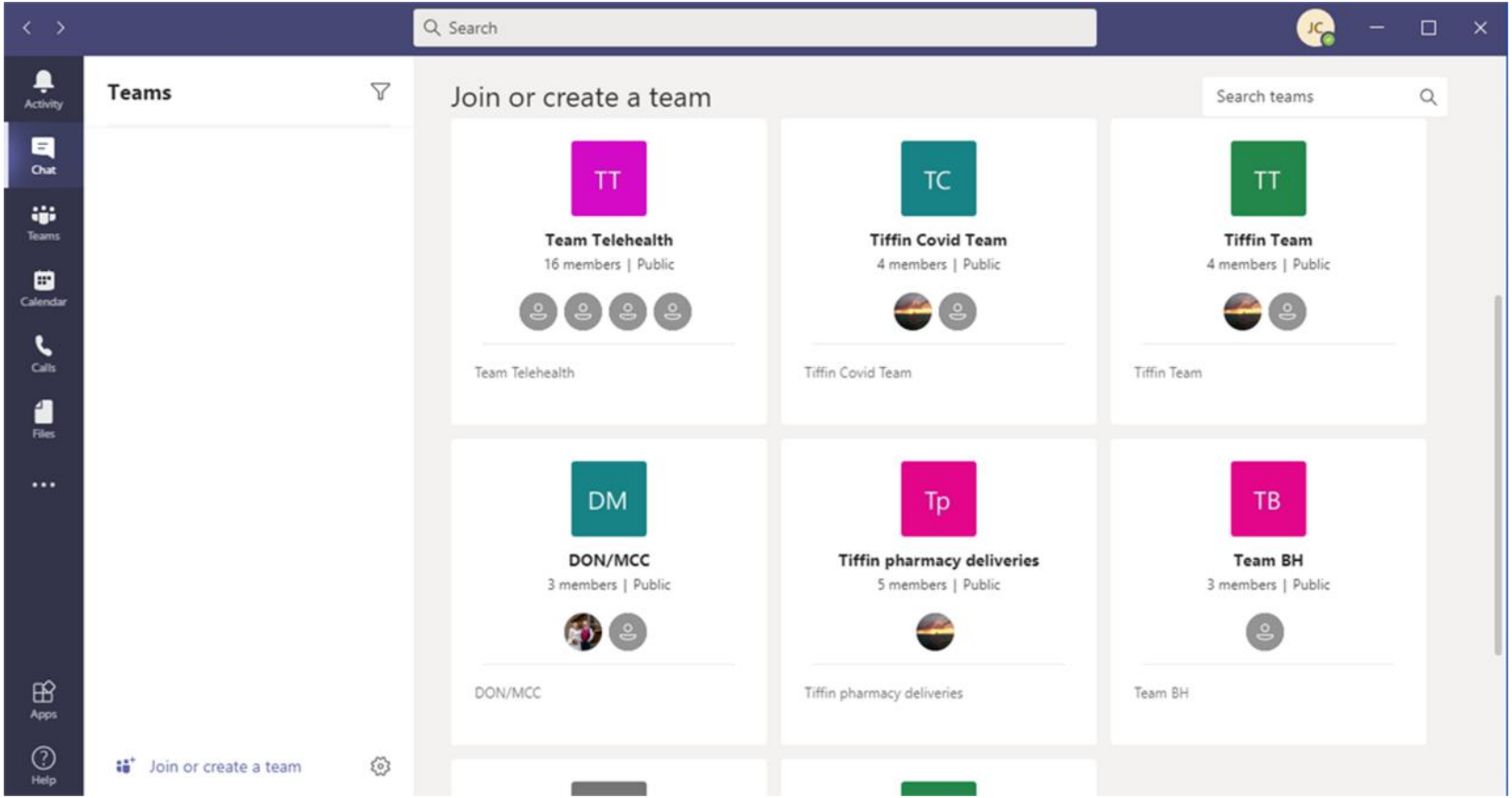


Team Based Care during COVID-19

- Technology
  - At-home teams
  - In-office teams


COVID-19
TESTING
COVID-19 TEST

Microsoft Teams



Health Partners of Western Ohio

FREE PHARMACY DELIVERY

call your location

NEXT DAY

STRAIGHT TO HOME OR WORK

Health Partners of Western Ohio

Welcome back to a new school year! We look forward to a great year in partnership with students, families, teachers, and school staff.

SERVICES AVAILABLE BUT NOT LIMITED TO:

- Primary Care for all ages
- Sports/Work Physicals
- COVID Testing
- Immunizations
- Behavioral Health Visit
- Disease Management

We accept walk-ins or appointments. All insurances, no insurance, or underinsured are accepted. We will never turn anyone away for an inability to pay.

Services provided in-person or by telehealth.

HPWO School Based Health Center Locations

Rams Health Center
222 McTigue Dr.
Toledo OH 43615
(419) 442-7702

Bulldogs Health Center
2400 Collingwood Blvd.
Toledo OH 43620
(419) 442-7701

HPWO in Partnership with Waite
301 Morrison Dr.
Toledo OH 43605
(567) 204-3056

Health Center Hours: 7:30a.m. – 4:00p.m.

Additional Locations

Riverside Community Health Center
405 Woodville Rd., Toledo OH 43605
(567) 318-3900
Hours: 8:00am – 4:30pm

East Toledo Dental Center
2020 Starr Ave., Toledo OH 43605
(567) 218-1900
Hours: 8:00am – 4:30pm

Tytocare


Turn on Tyto Device
Camera
Blue dot guiding insertion direction
Otoscope
Stethoscope
Tongue Depressor Blade
tytocare
LCD Touch Screen
Charging Indicator
Built-in Illumination
Infrared Thermometer
Connector to tip
Stethoscope Headphones Socket
Tongue Depressor Holder
770-00035 Rev. A01

To all

#healthcareworkers,

Thank You 🙏

HEALTH PARTNERS OF WESTERN OHIO

MEDICAL + BEHAVIORAL TELEHEALTH

NEW and ESTABLISHED patients

(419)549-8870

same care from home

Clinical and Dispensing Services available

4 in 10 U.S. adults

reported avoiding medical care because of concerns related to COVID-19*

Delaying or avoiding urgent or emergency care was more common among:

People with disabilities

People with two or more underlying conditions

*Web-based survey of a representative sample of U.S. adults aged ≥18 years during June 24–30, 2020

Telehealth may help people get the care they need

Even during the COVID-19 pandemic, people who experience a medical emergency should seek care **without delay**


Health Partners
of Western Ohio
Dental Services
Resumed
While taking COVID-19 precautions,
dental services at all Health Partners
locations have resumed!

Strategies to Increase Access

Our “new normal”

Diabetes Continuum of Care: Building Successful Teams During the COVID-19 Pandemic

What are your questions and comments?

Image Source: https://www.launchxd.com

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THANK YOU!

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Feel free to contact our NTTAP collaborating partners and speakers from today's webinar:

Virginia Vedilago – VVedilago@fenwayhealth.org
Colleen Velez – Colleen.Velez@csh.org
Darlene Jenkins – DJenkins@nhchc.org
Irene Hilton – Irene@nnoha.org

At the end of this webinar, please complete the evaluation form. Your feedback is greatly appreciated