PA-WISE
Overcoming Challenges

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Challenges

- BCCEDP released a separate RFA for grantee services and wanted to have separate providers and contracts from WISEWOMAN.
- Immediate challenge
  - Create a new plan to implement WISEWOMAN services now that the 10-year-old model was gone
  - Identify some providers and get funding out to start seeing women
- Other challenges
  - Secure access to women
  - Create a Referral Process
  - Find Providers
  - Change data system
- COVID-19 Pandemic challenges

Program Design

- Started planning how to redesign the program.
- Short-term – Figured out how to quickly get funding to a set of providers,
  - Program contacted a prior clinical provider network who was eager to start services.
  - Program worked with the DOH Tobacco Prevention and Control Program (they had an existing contract with the clinic) to get funding “out the door.”
- Share information with CDC Leadership
  - Why: It would impact the ability to get the grant started after two prior successful grant cycles.
  - CDC leadership site visit - to better understand the problem and assist program.
- Long-term solution
  - Release an RFA to engage a new provider network

Access to Women

Programs have a shared data system, so we could see women who would be eligible - BUT….

- Lacked the consent and permission to contact the women to see if they would want to participate in PA-WISE when we get new providers.
- The providers we were able to get started screening, were also BCCEDP providers, but we were looking to identify new PA-WISE providers who would get the referral from BCCEDP clinic.

Solution

- Worked with the Bureau leadership to make changes.
  - BCCEDP consent form changed so there is an area for a woman to consent to be referred for PA-WISE.
  - BCCEDP providers explain PA-WISE and get women to consent to be referred.

Referral Process

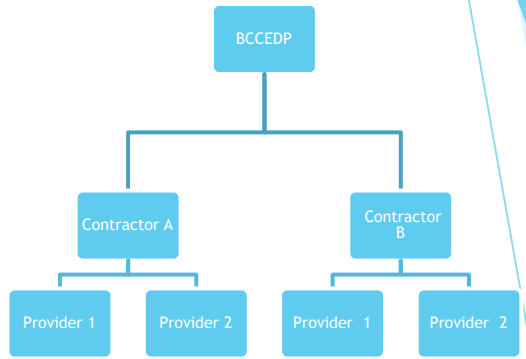
Needed to figure out how to ensure providers referred women

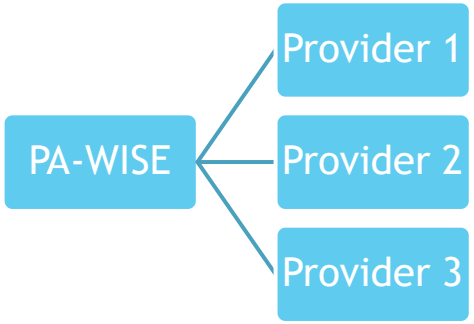
- PA-WISE needed BCCEDP providers to send women elsewhere for CVD services.
  - Worked with Bureau leadership to insert language in BCCEDP agreements requiring that they refer women to PA-WISE.

- How will the information be shared during the referral process (PA-WISE needs consent and measurements from the BCCEDP visit to give to the PA-WISE provider for the CVD visit.
  - Determined that the process will be worked out collaboratively with the BCCEDP provider that is referring and PA-WISE provider. PA-WISE will help facilitate the process with each future PA-WISE provider.
  - The PA-WISE provider will need to have some information to verify the woman has had her B&C exam and can be enrolled in PA-WISE which may include secure faxing of consent & clinical values.

Data System

- In the past, program used the same contractors, so it could all be a combined data set.
- With the change in providers, the system needed to be separated so that data was only viewable by those with permission to view.
  - BCCEDP Contractor A and Contractor B have no agreements with the PA-WISE providers, so the data must remain separate.
- Needed to reconfigure reports and billing areas, so that we ensure a protection of data as well as not impact the BCCEDP side.
- Set up protocols to ensure confidentiality of data when programs are using separate providers.
- Needed to make sure that the women who were getting services did not skew any BCCEDP reports or data.





COVID-19 PANDEMIC

- First cases diagnosed in early March 2020. By March 16, 2020, the State of Emergency was declared and mitigation efforts in-place. By April 1, 2020, the entire state had stay-at-home orders.
- **Impacts on Clinical and Service Providers**
  - Fewer patients could be seen in clinics (social distancing and additional sanitation measures)
  - Eliminated the typical “walk-in” clinic model
  - Triage in-person appointments for those with urgent concerns first (fewer preventive visits)
  - Increased tele-med visits (for those who have internet/phones)
  - Without an in-person appointment with blood pressure, weight, bloodwork, etc., women could not participate in lifestyle coaching
- Impacts on Women
  - Fear caused women to not come in for in-person appointments
  - Women depend on public transportation – where social distancing is difficult
  - Not all women have internet/phone plans to allow for coaching

COVID-19 PANDEMIC

CORE Impacts

- In early March 2020, program was on target to reach goals. Then COVID-19 pandemic caused continuing decreases in enrollment due to social distancing and other protocols, triaging appointments to phone/in-person, eliminated walk in clinic, etc.
- In addition to COVID-19, Philadelphia also experience a series of days that had protests, violence, and looting.
- Communication: Set up monthly calls (and additional calls as needed) to understand the current situation and challenges.
  - Community lifestyle locations closed so suspended work on expansion of HBSS.
  - Intensified one-on-one phone coaching & increased mailing materials.

COVID-19 Pandemic

Innovation Impacts

Innovation - Recruited women right before stay-at-home advisories.

- Women were not able to get screenings as clinics were in the midst of instituting distancing/telemedicine appointments
  - Women could not start lifestyle programs even phone based, without screening.
  - Provider contacted women and let them know they would be notified when program restarted and gathered information about ability to do zoom type calls (laptop, phone, data/phone plans, etc.)
- Attempted to restart in August and the clinical staff who were going to do screening, declined to take on new women due to COVID-19 impact on their operations, so had to find a new clinical provider.
- Reaching out to women and get scheduled for blood work & assessment but many did not show.
  - In follow-up, even though they said they would go to the appointment, they were too afraid. were afraid of going to the medical offices to get screening tests does. Required more intense outreach by phone, email, social media to women to get screenings.

Questions?