



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.

**NACDD Peer-to-Peer Learning Call Series April 6-9, 2020**  
**“Managing the Programmatic Impacts of COVID-19 Emergency Response”**

**SUMMARY OF PEER SOLUTIONS**

**CHALLENGE: CLINIC/PARTNER ENGAGEMENT**

**Peer Solutions:**

- Communicate flexibility. Let them know you understand that things are different. Reassure them that you understand they remain committed and that you will be there when we are on the other side of this response.
- Contact clinic partners to ask how they are doing and how you can help them.
- Convert planned in-person trainings to online
- Develop an online learning collaborative with partners as a resource for communication
- Draft interim guidance for providers; for example, what modifications can be made to navigation
- Field a very short survey to gauge clinic progress, challenges
- Take cues from the clinics about their comfort with continued work; what work activities they would like to continue. Do not assume that they want to discontinue efforts.
- Use Zoom video conference to connect with partners face-to-face

**CHALLENGE: CLIENT ENGAGEMENT**

**Peer Solutions:**

- Change the CPT code list to include telehealth/create an indicator on office visit CPT (e.g., add a "T" in front of the CPT code)
- Continue re-certification enrollment via telephone with verbal consent, witness for signature on the paperwork, and client mails. Interim protocol only.
- Create screening messaging through virtual tools (e.g., infographics, digital storytelling)
- Review and update your recruitment plans in preparation for resuming screening
- Use “Next Door” for group classes so CCL activities can continue
- Use telehealth to engage with clients and replace in-person interactions (e.g., tracking follow-up, engage those pushing for screening, returning FIT)

## **CHALLENGE: SUSPENDED CLINICAL SERVICES**

### **Peer Solutions:**

- Create a special follow-up track for people with positives so they have top priority and a list of those who have not returned FITs
- Depending on capacity, help providers [who are still providing services] get the word out that they are available for screening
- Develop drive-thru/drop off options and pre-paid postage for colorectal tests
- Educate partners on referral resources
- Proactively call all providers and ask about plans for follow-up of screening/diagnostic work. If a system is not in place, help them develop one

## **CHALLENGE: DATA/REPORTING DELAYS**

### **Peer Solutions:**

- Assist clinics who have staffing issues (i.e., furloughs) with data collection
- Develop an interim reporting document that can capture things outside of regular data submission to be used for navigation purposes and understanding needs in the community
- Encourage providers to use an electronic portal, secure email, and/or electronic fax, such as Esker, so reporting can continue during work from home

## **CHALLENGE: WORKFLOW**

### **Peer Solutions:**

- Develop online trainings (e.g., new provider, health equity, navigation for LGBTQ)
- Develop/update resources that can be used online: risk assessment, patient navigation manuals, online trainings (e.g., health equity implementation, LGBTQ navigation)
- Huddle weekly and include team-building activities as part of meetings
- Leverage this period to do work on infrastructure development, data cleanup, quality improvement processes, and sustainability plans
- Send out breast cancer and cervical cancer 101 trainings as a refresher for field staff
- Track everything so that if someone is re-assigned, another person can pick up the work
- Use a community hub app like “Next Door” for group classes so CCL activities can continue
- Use this time for virtual professional development such as George Washington University patient navigation training and Primary Care Association QI training
- Use Zoom and tele-conferencing to connect with your team and continue work

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