Covid-19 Home Care & Hospice Town Hall Series
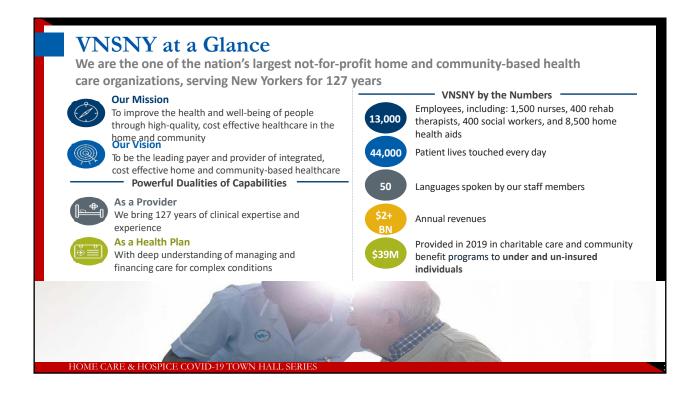
Visiting Nurse Service Of New York
COVID-19 Response

April 15, 2020 | 1 PM EDT

HOMECARE&HOSPICE
National Association for Home Care & Hospice

HOME CARE & HOSPICE COVID-19 TOWN HALL SERIES — 1

Agenda

Topic	Presenters
Introductions **VNSNY Overview** **Overview of VNSNY COVID-19 Response**	Marki Flannery, *President & CEO*
Key Features of VNSNY Response Thus-far: • Shift of Office-based Staff to Remote-work • Employee Communication • HR Policies and Employee Support • Supplies and PPE Procurement and Management • Financial Tracking and Volume Impact	David Rosales, *EVP Chief Strategy Officer*
Clinical Response and Service Delivery: • Virtual Care • Home Care Criteria • Hospice-specific Considerations • PPE Protocols	Susan Northover, *SVP CHHA* Rosemary Baughn, *SVP Hospice* Tony Dawson, *VP Provider Quality*
Regulatory Considerations **Advocacy Priorities**	Kerry Parker, *General Counsel and Chief Risk Officer*
Q&A	Presenters Above and Other Panelists: Andria Castellanos, *EVP Chief of Provider Services* Michael Bernstein, *EVP Chief Administrative Officer* Dan Savitt, *EVP Chief Financial Officer* Dan Lowenstein, *VP Government Affairs* Dr. Jay Dobkin, *Chief Medical Officer, VNSNY CHOICE* Annie Miyazaki, *Chief Compliance Officer*

HOME CARE & HOSPICE COVID-19 TOWN HALL SERIES — 2

VNSNY at a Glance

We are the one of the nation's largest not-for-profit home and community-based health care organizations, serving New Yorkers for 127 years

Our Mission
To improve the health and well-being of people through high-quality, cost effective healthcare in the home and community

Our Vision
To be the leading payer and provider of integrated, cost effective home and community-based healthcare

Powerful Dualities of Capabilities

As a Provider
We bring 127 years of clinical expertise and experience

As a Health Plan
With deep understanding of managing and financing care for complex conditions

VNSNY by the Numbers

13,000	Employees, including: 1,500 nurses, 400 rehab therapists, 400 social workers, and 8,500 home health aids
44,000	Patient lives touched every day
50	Languages spoken by our staff members
$2+ BN	Annual revenues
$39M	Provided in 2019 in charitable care and community benefit programs to **under and un-insured individuals**

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Where We Operate

VNSNY serves New York City, as well as the surrounding suburban counties in the NYC metro area

West-chester
Bronx
New York
Brooklyn
Nassau
Suffolk
Queens
Staten Island

VNSNY also services some upstate counties through its Medicaid Managed Long Term Care ('nursing home without walls) program

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VNSNY Services Most Heavily Impacted by COVID-19

Service Line	Core Services	Typical Active Daily Patient Census
CHHA and Care Management Organization	**Traditional Home Care,** including telehealth and virtual care management.	**~9,000** patients
Hospice	**End-of-life** and palliative care	**~1,400** patients
Personal Care (Home Health Aide) Services	In-home support with **activities of daily living** for patients and members across VNSNY	**~9,000** personal care workers
Medicaid Managed Long Term Care Program	**A 'nursing home without walls' program serving** individuals with ongoing in-home long-term care support needs, including personal care (home health aide) services	**23,000** members Cared for by **~35,000** personal care workers (**9,000** employed by VNSNY)
Community Mental Health	**Behavioral health support** and linkages for vulnerable individuals	Annually, **14,000** clients served

VNSNY COVID-19 Response: Overview

New York City has been hit hard by COVID-19

The pace of spread has been breathtaking
- Only 45 days ago, NY State had its first positive case, and today, the count is well over 100,000

The death toll has been high
- Over 7,000 fatalities in New York City and over 10,000 statewide

NYC's healthcare systems are overwhelmed but rising to the challenge
- Hospitals have mobilized to expand bed capacity by 50%, with the local convention center, auditoriums, and parks being converted into temporary field hospitals
- All elective care suspended, or being conducted virtually

Fortunately, social distancing measures seem to be having an impact
- All non-essential businesses and all schools have been closed for three weeks
- Promising indicators that we are 'flattening the curve'
- Number of new hospitalizations, new ICU admissions, and new intubations are all declining

From a disaster planning perspective, the crisis escalated much faster that we ever could have imagined

VNSNY's COVID-19 Response Planning Framework

- **Guiding principles for VNSNY's COVID-19 emergency response:**
    1. **Protect our patients and staff**
    2. **Address NYC's pressing public health need by supporting decompression of local inpatient facilities**
    3. **Mitigate impact to the organization where possible**
- **These principles have guided our response in 7 key areas:**
    A. Shift of office-based staff to remote-work
    B. Employee communication
    C. HR Policies and Employee Support
    D. Supplies and PPE Procurement and Management
    E. Volume Impact and Financial Tracking
    F. Clinical Response and Service Delivery (CHHA, Hospice, Personal Care Services)
        A. Transition to Virtual Care
        B. Home Care Criteria
        C. Hospice-specific Considerations
        D. PPE Protocols
    G. Regulatory Considerations and Advocacy Priorities

The VNSNY COVID-19 Response Timeline: 3 Phases

 # NYC Confirmed Cases

Phase I: Surveillance and Prep
Priorities:
- **Staff/patient screening, beginning with travel monitoring**
- **Emergency planning**

Phase II: Mobilization
Priorities:
- **Protect Patients/Staff**
- **Secure PPE**
- **Move to Tele-Work**

April 14: 106,000 cases

120,000
100,000
80,000
60,000
40,000
20,000
0

2-Feb 5-Feb 8-Feb 11-Feb 14-Feb 17-Feb 20-Feb 23-Feb 26-Feb 29-Feb 3-Mar 6-Mar 9-Mar 12-Mar 15-Mar 18-Mar 21-Mar 24-Mar 27-Mar 30-Mar 2-Apr 5-Apr 8-Apr 11-Apr

Priorities:
- **Protect Patients/Staff**
- **Decompress overwhelmed hospital systems**
- **Care for COVID19-positive patients**
- **Strengthen PPE Pipeline**
- **Advocate for emergency regulatory relief**
- **Manage acute staffing shortages**

Phase III: Emergency Response

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VNSNY's COVID-19 Response Governance Structure

VNSNY Executive Team

(7 leaders- daily 8:30am COVID-19 virtual-huddles)

Emergency Response Planning Team *(45 leaders- daily 9am calls)*	**Clinical/Infection Control Leadership Team** *(daily 10am calls)* **Clinical Emergency Response Hotline Team (CERT):** *available 7 days/week*

Supplies & PPE Procurement and Management *2x/week calls*	**Workforce and Human Resources** *Daily calls*	**Regulatory Affairs and Compliance** *Daily calls/updates*	**Financial Tracking and Metrics** *Several new dashboards developed*

Communications (Internal & External)

Key Features of VNSNY COVID-19 Response Thus-far

Shift of Office-based Staff to Remote-work

Operationalized the technical infrastructure to enable ~3,000 office-based (non-field-based) staff to work remotely:

- Large groups of office-based staff had never routinely tele-worked in the past
- Had to quickly secure and deploy 300+ laptops and equipment to staff with desktop machines
- Set-up 'soft-phones' for call-handing staff
- Enabled remote VPN access for all staff
- Disseminated training on existing meeting collaboration software (Webex, Microsoft Teams, Skype)
- Planned a remote working 'test-day' with select departments to stress-test infrastructure

Lesson learned:

- Had to transition to tele-work much faster than anticipated; remote working went from an organizational-wide test on Friday March 13th to 95% implemented on Monday March 16th
- Helpful to already have the IT infrastructure housed in the cloud
- Quality of personal home internet wifi connections is a key dependency
- User guides were created and proved useful in addressing many initial challenges using video-collaboration software (user, technical stability, bandwidth)
- IT service desk increased operating hours to 10 hours daily, six days a week

Communications

- **Initially, centralization of messaging critical to ensuring accuracy**
- **Move to more department-specific comms over time**
- **Use multiple channels to expand reach**

(a) **Conveying of information**
  - Used "branded" template for all email; placed content on COVID-19 Intranet Hub; texts, videos, conf calls, audio messages
    - Primary information categories:
      - FAQs, Clinical Advisories, Business Advisories, Clinical Protocols
  - Weekly email updates to Board of Directors

(b) **Engaging staff through other channels**
  - Daily inspirational audio messages sent by the CEO to all staff
  - Weekly all-staff conference calls with the CEO + video message
  - Weekly all-staff conference calls *by business unit*
  - Heroic field staff stories; staff pictures/videos working remotely

Lesson learned:
- Create a mechanism for two-way communication so staff are heard
- Need to communicate clinical information and that is complex and evolving, *while also* communicating supportive, empathetic information. Staff may well be anxious and need some level of reassurance.

COVID-19 Update

VNSNY Business Advisory #30: April 10, 2020
COVID-19 Dashboard

Dear Leaders,

Please find attached the 4/10/20 COVID-19 Dashboard, which tracks key indicators on a semi-weekly basis. It includes key updates on city

VNSNY | FrontlineVNSNY

VNSNY Heroes of 2020:
**Secure Remote Access in a Flash?
No Problem for Our IT Heroes!**

HR Policies and Employee Support

- At the outset, developed and clarified **PTO policies** in cases where employee is sick, exposed, or quarantined

- Prepared-for and **have experienced significant staffing shortages-** averaging 30%+ in many clinical service lines– **these numbers balloon quickly**

- Implemented **daily employee screenings** in Workday (HR system)

- Created a **Clinical Emergency Response Team (CERT) Hotline** to address real-time questions and concerns of clinicians in the field, providing guidance developed by central clinical team

- Identified **local COVID-19 testing sites,** advocating for prioritization of VNSNY health care workers

- Identified and communicated **Employee Assistance** resources to assist employees with to manage any physical, mental and emotional well-being mental issues that may arise during this pandemic
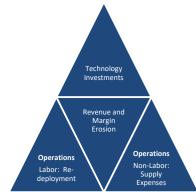
Supplies and PPE Procurement and Management

- **At the outset of the crisis, in early/mid-March:**
  - VNSNY had **critically low supply** of surgical masks and hand sanitizer
  - We had **virtually no supply** of isolation gowns, face shields, N95 respirators, and other PPE required to care for COVID19-positive patients
- **Steps taken to address PPE needs:**
  - Vocal **governmental lobbying** to raise awareness re: critical role of home care in decompressing inpatient beds
  - **Identified sources for supplies and centralized lead-vetting process:**
    - New vendors including overseas suppliers, in addition to current vendors
    - Governmental lobbying
  - Developed a supplies and PPE usage **projection model**
  - **Prepared and distributed COVID-19 PPE kits** for clinical staff to pick up in local offices
  - **Distribution channels:** procuring PPE is one thing, but getting into the hands of staff is another
    - We have **become a supply chain organization** (including security to protect inventory)
    - e.g., **Mailed 100,000 surgical masks** directly to the homes of 6,000+ personal care workers (home health aides)

Financial Tracking and Volume Impact

- VNSNY has experienced **significant volume erosion** as local hospitals have suspended elective procedures and in-person home care contacts have been reduced
- We are **tracking the various expenses and investments being made** to ensure continued operations and support to the community through the crisis
- VNSNY is **reviewing all potential opportunities** for funding and relief to support these incremental investments.

VNSNY Framework for COVID-19 related financial tracking

Technology Investments

Revenue and Margin Erosion

Operations Labor: Re-deployment

Operations Non-Labor: Supply Expenses

VNSNY COVID-19 Response:
Clinical Service Delivery

Clinical Response and Service Delivery:
<u>Disclaimer</u> on Clinical Guidance Presented Here

This presentation contains guidance **as of April 14, 2020**, and is subject to change.

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Clinical Response and Service Delivery:
Virtual Care

We transitioned CHHA and Hospice to virtual care where possible

– **Developed new patient triage methodology** to identify which visits could be replaced with virtual encounters, in order to minimize in-person exposures

– **Updated admission criteria** to effectively triage patients during intake

– **Created virtual visit guidelines and workflows** for clinicians to collaborate with ordering physicians, document updates to plans of care as appropriate

– **Allowed for temporary use of various available virtual visit technologies**, consistent with CMS guidance (including FaceTime, WhatsApp, etc.)

– **Tightened Interdisciplinary process** to ensure no duplication of service across disciplines

Clinical Response and Service Delivery:
Home Care Admission Criteria

Given acute staffing shortages, we adapted our service delivery criteria to ensure we prioritized:

1) **Protection of patients and clinical staff** from COVID-19 exposure
2) **VNSNY's role in supporting local hospitals** to decompress inpatient beds, including admission of COVID-19 positive patients
3) **Preservation of scarce PPE**

These criteria prioritized admissions considered <u>essential</u>, i.e. admissions that:

A. **Are absolutely required** to prevent significant medical decline, or prevent a hospital admission

B. **Enable patients (especially COVID19-positive) to be discharged from a hospital** to free-up beds, or prevent an admission to the hospital

Note on timing of COVID19-positive admissions: given acute lack of sufficient PPE until mid-March, VNSNY began admitting COVID19-positive patients into our CHHA and Hospice *only after* receiving an initial emergency supply from the NYC Office of Emergency Management

Clinical Response and Service Delivery:
Additional Home Care Admission Criteria

Critical Care Equipment Requirements	Caregiver in place	Medication Access	Physician Outreach
• All equipment and supplies should be in the home on day of discharge • Verify whether pulse oximeter is being sent home with patient • Verify whether there are any aerosol treatments involved (and if available, whether patient is independent or not with aerosol treatments)	• Patients must have a caregiver, unless they are independent and can care for themselves, able to get medications, etc.	• Ensure that patients have a means of receiving their medications (either by picking it up themselves, having a caregiver deliver to them, or whether a pharmacy will deliver to them)	• Patients must have a physician who is available to coordinate care during this time. • If a patient's physician is not available during this time, there must be an alternate physician, PA (Physician Assistant), or NP (Nurse Practitioner) available to provide and sign orders to the field clinicians.

Clinical Response and Service Delivery:
Hospice-specific Considerations and Challenges

VNSNY Hospice Care Core Values of Empathy, Agility and Integrity guided our response to COVID–19 pandemic

Hospice-specific Challenges

• VNSNY's Hospice program experienced the organization's **first admissions** of confirmed COVID19-positive patients (initially GIP)

• **High-risk end-of-life procedures** for COVID19-positive patients, requiring highest-levels of PPE for staff (including N95 respirators)

• **IDG Team Members** played a critical role to provide service delivery to our patients

• **Hospice Physicians** played a key role in ePrescribing medications to our patients and also in certifying deaths

• Online **Social Work** support provided to the entire VNSNY enterprise

• **Critical staffing** shortages at the Epicenter required utilizing triage skills of our **After Hours** staff to assist

• **Body removal. Due to the** high numbers of deaths in NYC, local funeral homes have begun to refuse or delay body removal, requiring VNSNY to partner with City Medical Examiner's office for alternative solutions to remove bodies from homes

• **Bereavement Services** – grief and the impact of COVID-19

PPE Protocols: Protocols A and B
We created four patient protocols to guide clinicians on PPE usage:

Protocol A Patient (positive, lower-risk, less PPE)	Protocol A	Protocol B Patient (positive, higher-risk, more PPE)	Protocol B
– At least **7 days** since onset of symptoms **AND** – At least **48-72 hours since fever is resolved** without the use of fever-reducing medications and improvement AND – **Overall improvement in illness** (e.g. improving cough, shortness of breath)	Clinicians must follow Contact and Droplet Precautions: – Surgical mask – Gown – Gloves – Shoe Cover When Available – Head Cover When Available	– **Evaluated/diagnosed/ treated as COVID-19** in the Emergency Room or Clinic, Hospital and released home (Treat and Release) – **Patients report symptoms on Pre-visit Screening** (positive Pre-visit screen) – **Diagnosed with COVID-19 while on service**	Initial home care and hospice visits, clinicians use Contact, Droplet, and N95: – N95 Respirator – Cover N95 Respirator with Surgical mask OR Face shield to prevent droplet contamination of the N95 (discard surgical mask after the visit, face shield may be discarded if unable to clean between patients) – Gown – Gloves – Eye protection (face shield or goggles) – Shoe Cover When Available – Head Cover When Available

PPE Protocols: Protocols C and D
We created four patient protocols to guide clinicians on PPE usage:

Protocol Patient (negative, but household member positive)	Protocol C	Protocol D Patient (negative, lower-risk, less PPE)	Protocol D
– **Patients who may be NEGATIVE but have household member/family/home care companion** living in the same home with lab-confirmed COVID-19 OR COVID-19 symptoms (fever, cough/shortness of breath). – Clinicians should ask symptomatic household member to **stay in a separate room or maintain distance of >6 feet during the visit duration**	Initial home care and hospice visits, clinicians should follow Droplet and Contact Precautions: – Surgical mask – Gown – Gloves – Shoe Cover When Available – Head Cover When Available For subsequent visits, screen the patient for COVID-19 symptoms. If the screening is positive, follow protocol B.	• **COVID19-negative** patient	Initial home care and hospice visits, clinicians should follow wear: • Surgical mask • Gloves • Gown When Available For subsequent visits, screen the patient for COVID-19 symptoms. If the screening is positive, follow protocol B.

PPE Protocols: COVID-19 Kit Contents

COVID-19 Positive *Start of Care* Kit: for CHHA Starts of Care Only	COVID19-Positive Standard Kit (CHHA Follow-up Visits, Hospice, Personal
– N95 Respirator (for Protocol B only)	– N95 Respirator (for Protocol B only)
– Surgical face masks	– Surgical face masks
– Gowns	– Gowns
– Face shields	– Face shields
– Head cover	– Head cover
– Paper bag for mask re-use	– Paper bag for mask re-use
– Shoe covers	– Shoe covers
– Plastic bags for disposal of PPE	– Plastic bags for disposal of PPE
– Alcohol Wipes	– Alcohol Wipes
– Thermometer	
– Blood Pressure Cuff	
– Stethoscope	

Note: For all staff, including personal care workers (home health aides), we have limited the length of visits requiring COVID-19 PPE <u>to a maximum of 2 hours</u>

Regulatory Considerations and Advocacy Priorities

Regulatory Considerations

Leadership, Compliance, Legal and Government Affairs teams took considerable care to align emergency processes with state and federal regulations by:

1. Digesting new rules and working with Operational teams to *quickly* update workflows and P&Ps based on guidance and best practice advice

2. Tracking key issues and *logging* all decisions: highlight clinical and quality rationale, especially infection control and patient safety concerns

3. Focus on *standardized* documentation and training, which allows us to more effectively monitor/audit:
   - Patient and employee screenings for COVID-19
   - Updates to plans of care, including missed visits and patients refusals
   - Obtaining patient and MD approval for incorporating telehealth interventions
   - Flexibility with telehealth platforms, given relaxation of HIPAA enforcement
   - Payor configurations for telehealth services (mostly not billable)
   - Coordinating with referral partners, who are inundated during the crisis:
     - Documenting virtual face-to-face encounters
     - Continued attempts to obtain signed documentation
     - MD/NP orders and clinical protocols for COVID-19 positive patients

VNSNY COVID-19 Advocacy Priorities

VNSNY is collaborating with our associations and hospital partners to advocate for regulatory relief in several key areas:

1. **CMS and Congress:**
   - Telehealth reimbursement
   - Documented verbal orders/certifications
   - Enhanced Medicare revenue and access to funding pools

2. **NY State:**
   - PPE
   - Flexibility in staffing in-home care (especially long-term care)

3. **NY City:**
   - PPE
   - Parking permits

Q & A