



NATIONAL ASSOCIATION OF
Community Health Centers®

Leading Change: Transforming At-Home Care

Project Summary: FY 2020-21



Project Overview

The global pandemic prioritized the need for innovative virtual care models, and the National Association of Community Health Centers (NACHC) is delivering solutions.

One of the Quality Center's newest and most groundbreaking initiatives, *Leading Change: Transforming At-Home Care*, mobilized a national cohort of health centers to develop new, efficient models of virtual care for high-risk patients.

NACHC's pilot took a forward-thinking approach to virtual care by enhancing participant health centers' ability to manage chronic conditions and ongoing care, while empowering patients to be more self-reliant and proactive in preventing health problems from the safety of their homes. The central feature of this pilot was a set of self-care tools, including a blood pressure monitor, home colorectal cancer screening test, home A1c tests, scale, and thermometer, which were provided to patients and coupled with educational instruction and consistent care team support.

NACHC could rapidly launch this program given the infrastructure, processes, and people that were in place through NACHC's Elevate national learning forum, and the dedicated health centers, primary care associations (PCAs), and health center controlled networks (HCCNs) that readily mobilize for transformative initiatives.

For the pilot, 20 health centers across 17 states were selected from a national pool of candidates. The health centers that participated in this ten-month pilot (September 2020 – June 2021) represented a range of rural, urban, large, and small organizations (see page 3).



Project Goals

The *Leading Change: Transforming At-Home Care* pilot project was designed to test a new and advanced model of virtual care including patient self-care tools. Project goals were to:

- **Test the impact of self-care tools** (called a 'Patient Care Kit'), offered to patients in connection with care team support, monitoring, and follow-up in a virtual care setting.
- **Develop workflows and protocols for virtual care management and monitoring** offered by health centers.
- **Document best practices for Patient Care Kits in the virtual setting**, as well as implementation experiences to benefit health centers nationally.

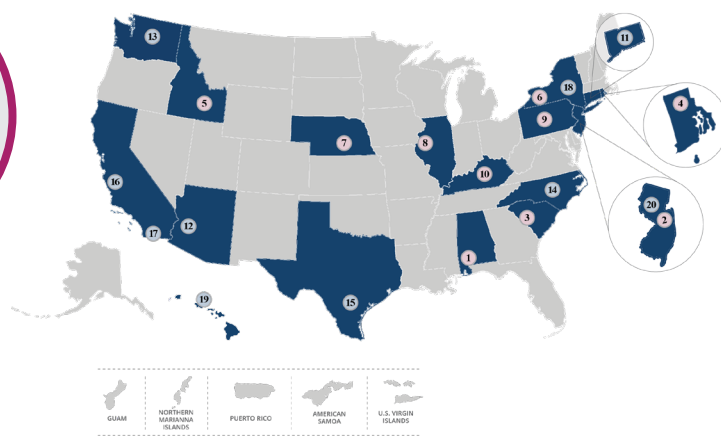
The project was built on the foundation of NACHC's Value Transformation Framework (VTF). The VTF is a conceptual model developed by NACHC's Quality Center to guide health centers in systems-change with the aim to achieve better health outcomes, improved patient and staff experience, lower costs, and improved equity.

Value Transformation Framework



| HEALTH CENTER | | |
|-------------------------------|---------------------------------------|--------------|
| INFRASTRUCTURE | CARE DELIVERY | PEOPLE |
| IMPROVEMENT STRATEGY | POPULATION HEALTH MANAGEMENT | PATIENTS |
| HEALTH INFORMATION TECHNOLOGY | PATIENT-CENTERED MEDICAL HOME | CARE TEAMS |
| POLICY | EVIDENCE-BASED CARE | LEADERSHIP |
| PAYMENT | CARE COORDINATION AND CARE MANAGEMENT | WORKFORCE |
| COST | SOCIAL DETERMINANTS OF HEALTH | PARTNERSHIPS |

Participating Health Centers



| | |
|--|---|
| 1 ACCORDIA HEALTH | 11 CHARTER OAK HEALTH CENTER, INC. |
| 2 ALLIANCE COMMUNITY HEALTHCARE | 12 COMPREHENSIVE HEALTH CENTER-PHOENIX |
| 3 CARESOUTH CAROLINA, INC. | 13 INTERNATIONAL COMMUNITY HEALTH SERVICES |
| 4 EAST BAY COMMUNITY ACTION PROGRAM | 14 KINTEGRA |
| 5 KANIKSU COMMUNITY HEALTH | 15 LONE STAR CIRCLE OF CARE |
| 6 OAK ORCHARD HEALTH | 16 NATIVE AMERICAN HEALTH CENTER |
| 7 ONEWORLD COMMUNITY HEALTH CENTER | 17 FAMILY HEALTH MATTERS CHC |
| 8 SHAWNEE HEALTH SERVICE | 18 OPEN DOOR FAMILY MEDICAL CENTER |
| 9 THE WRIGHT CENTER FOR COMMUNITY HEALTH | 19 THE WAHIWAHA CENTER FOR COMMUNITY HEALTH |
| 10 WHITE HOUSE CLINICS | 20 ZUFALL HEALTH CENTER |

Health centers 1-10 supported through funding for a cancer screening project developed with support from the Centers for Disease Control and Prevention (CDC) cooperative agreement #NU38OT000310.

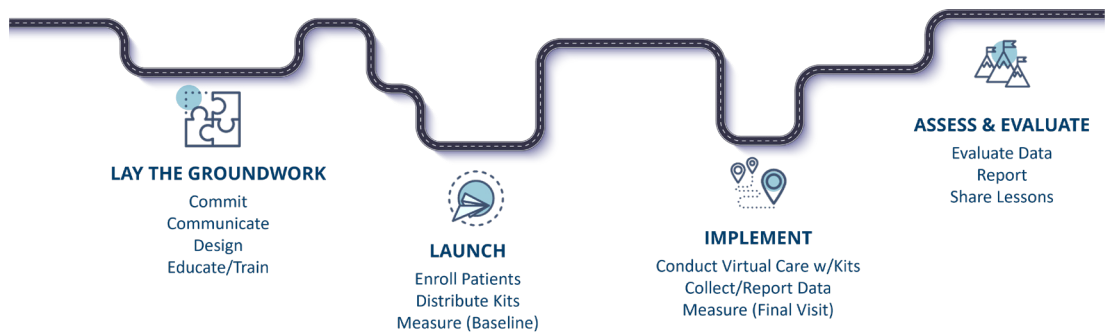
Health centers 11-20 supported through a diabetes control project developed with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,287,500, with 0 percentage financed with non-governmental sources.

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the CDC, HRSA, or the U.S. Government.



Transforming
At-Home Care:
Roadmap

Roadmap



NACHC's program team guided participant health centers through a four-step transformation journey over the course of the 10-month *Leading Change* pilot.

**STEP
1**

Lay the Groundwork. To begin, health centers utilized the Value Transformation Framework (VTF) to help advance this work. This included assessing their health center's readiness for systems change through the VTF Assessment. Health centers also implemented action steps outlined in the VTF Leadership Action Guide and the VTF Risk Stratification Action Guide. To lay the groundwork, health centers defined project goals, tailored NACHC-developed tools and resources to fit their programs, and created workflows that included the use of patient self-care tools as part of virtual care.

**STEP
2**

Launch. To launch the program, health centers distributed the Patient Care Kits and conducted an initial baseline visit. Participating health centers collected a uniform set of data at the baseline visit including: clinical measures, social risk, depression screening, and patient experience measures.

**STEP
3**

Implement. Health centers created processes to support each patient's use of the self-care tools and their ability to collect and record related data. Health centers also established a process for regular virtual check-ins with patients during the 6-month implementation phase, with data reported to NACHC on a monthly basis.

**STEP
4**

Project Close. At the close of 10 months, health centers completed a final project-related patient visit. This included a post-pilot patient experience survey and social risk questionnaire. Health center staff were also asked to complete a post-pilot staff experience survey, while, health center leads submitted two brief post-pilot questionnaires to capture their experiences and lessons learned.



**Patient
Care Tools**

The project provided each health center with materials for individual 'Patient Care Kits' including self-care tools, supplies, and educational and instructional materials. To support the diverse populations served by the 20 participating organizations, all materials were translated into Spanish, Karen, Lao, and Vietnamese. Educational and instructional materials were also provided to staff.

Each health center received materials for 20 Patient Care Kits (or "Kits"). The target audience were patients aged 50-75 years old with two or more chronic conditions, including diabetes. The Kits provided to participating patients included a uniform set of tools and materials. Used as part of virtual care with an engaged care team, Patient Care Kits are a groundbreaking strategy to advance patient care using virtual delivery methods.



- Home colorectal cancer screening (stool) test
- Home blood sugar (A1c) test
- Blood pressure monitor
- Thermometer
- Scale
- Educational and instructional materials for health center staff and patients
- Logs and other recording tools for health center staff and patients

NACHC's pilot took a forward-thinking approach to virtual care by enhancing participant health centers' ability to manage chronic conditions and ongoing care, while empowering patients to be more self-reliant and proactive in preventing health problems from the safety of their homes.



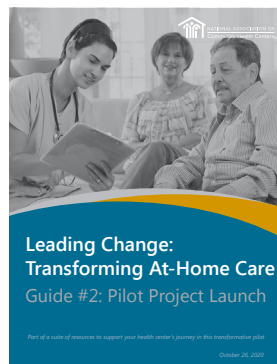
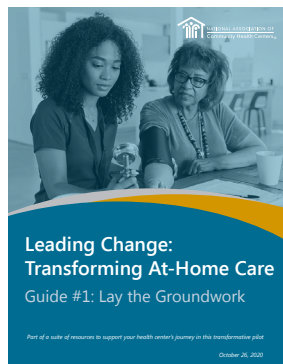


Program Outputs

NACHC's Quality Center developed two health center implementation guides for the *Leading Change* pilot. These guides provided step-by-step instructions for program implementation. They were later synthesized into a single step-by-step guide that was made available to all health centers nationally (in April 2021). This summary guide not only provides a rich compilation of tools and resources, including a sample Patient Agreement, data collection tool, patient friendly surveys, and staff instructional documents, but also incorporates many of the lessons learned by the *Leading Change* pilot sites.

Project outputs included:

- **10 webinars** designed to guide health centers along the program's transformation roadmap.
- **2 implementation guides** for *Leading Change* Participants.
- **1 generic Transform Virtual Care step-by-step guide**, available to all health centers nationwide.
- **5 targeted patient education materials** for virtual home care, with translations in Spanish, Karen, Lao, and Vietnamese.
- **1 patient data collection template** with consolidated patient measures related to experience, social risk, substance use, and depression screening.
- **1 sample patient health log** to capture self-measured blood pressure and A1c home testing results.



Other project activities and outputs included:

- **A Health Center Learning Community:** which enabled participating centers to share knowledge, innovations, and sort through challenges together (especially through the COVID-19 pandemic).
- **A Learning Bank:** a collection of materials, resources, and data that could be readily accessed and shared through NACHC's Value Transformation Framework learning management system.
- **Information on new Virtual Care Models:** with strategies for patient visits and health center staffing, including workflows for patient self-care.
- **Individualized support and coaching:** by NACHC's project team, to help participating health centers answer questions and identify solutions to challenges.
- **Data review:** NACHC's project team provided comprehensive review of health center data for submissions and clean-up.
- **Shared lessons learned** and best practices, to support health centers nationally.



Impact

The 20 participating health centers enrolled in this pilot project provided Patient Care Kits and virtual care to 385 patients over a six-month period. Initial review of data related to colorectal cancer screening (CRCS) shows the important impact on program efforts. Of the participating patients, 190 completed the home screening test. Those who did not complete it were either not due for screening, had a recent colonoscopy, chose not to screen, or did not complete the process. Of the 196 patients with a completed CRCS, 13 (6.6%) were positive. All 13 patients were referred for a colonoscopy. To-date, four of these 13 patients had polyps removed, two of which reported adenomas.

All 385 patients enrolled in this project were taught how to correctly use and report findings from the blood pressure monitor, home A1c tests, scale, and thermometer as part of whole-person care. Analysis of the full data set is in-progress. This data includes HRSA Uniform Data Systems (UDS) clinical measures for six high-cost, high-burden conditions, social risk assessments, and an assessment of patient and staff experiences.

Leading Change Products

Tools produced for this program, which are now available for use by other health centers and patients nationally, include:

- [Transform Virtual Care: Step-by-Step Guide](#)
- Patient Educational Materials:
 - Colorectal Cancer Screening: [English](#); [Karen](#); [Lao](#), [Spanish](#), [Vietnamese](#)
 - Blood Pressure Control: [English](#); [Karen](#); [Lao](#), [Spanish](#), [Vietnamese](#)
 - Diabetes Control: [English](#); [Karen](#); [Lao](#), [Spanish](#), [Vietnamese](#)
 - Weight Management: [English](#); [Karen](#); [Lao](#), [Spanish](#), [Vietnamese](#)
 - Temperature Monitoring: [English](#); [Karen](#); [Lao](#), [Spanish](#), [Vietnamese](#)
- Patient Data Collection Resources:
 - Patient Experience Questions: [English](#), [Karen](#), [Lao](#), [Spanish](#), and [Vietnamese](#)
 - Social Risk, Substance Use, and Depression Screening Questions: [English](#), [Karen](#), [Lao](#), [Spanish](#), and [Vietnamese](#)
 - Patient Log: [English](#), [Karen](#), [Lao](#), [Spanish](#), and [Vietnamese](#)

For a copy of the Virtual Care step-by-step guide, or more information on this pilot initiative, go to [NACHC's website](#).