Preferred Provider Network

- **April 28, 2021**

Agenda
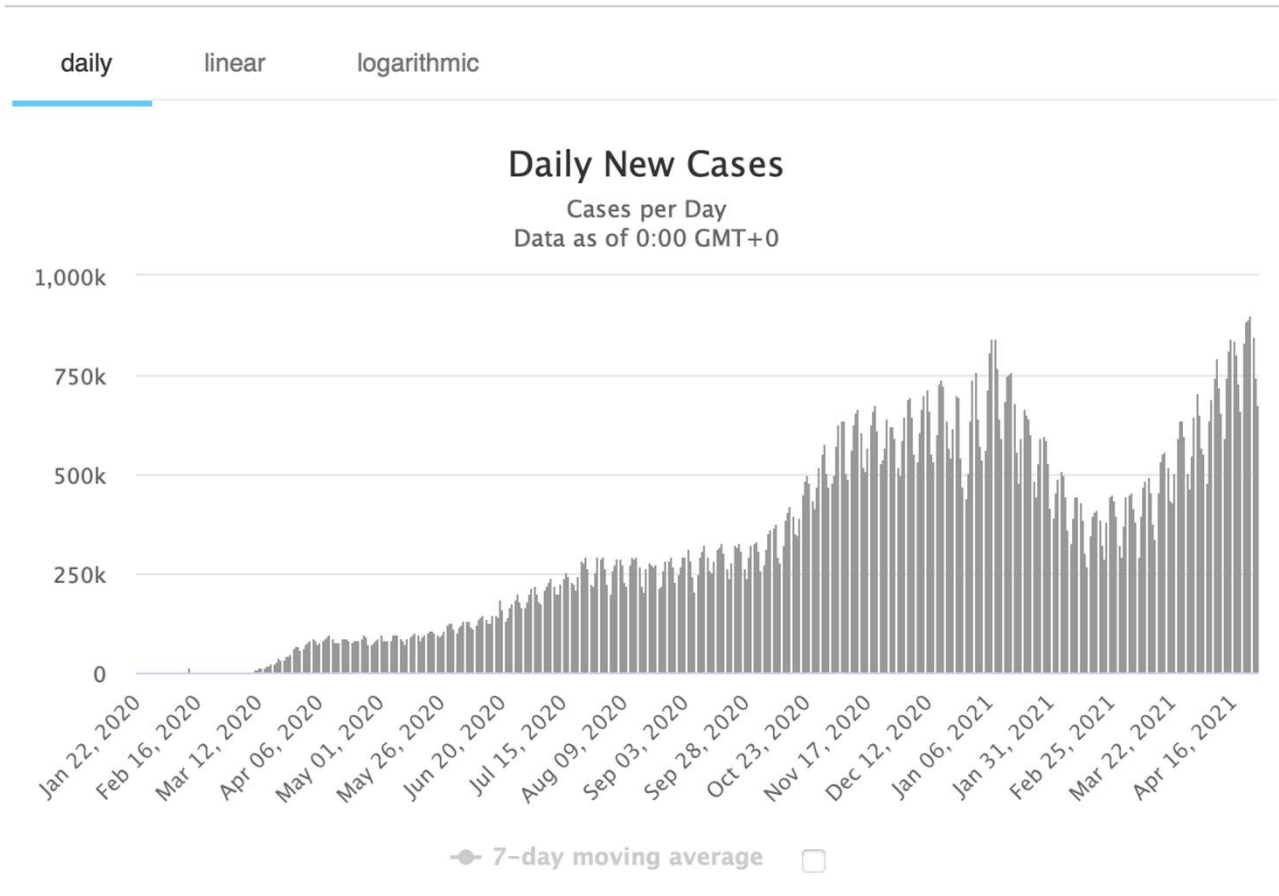
- Overview of COVID-19 statistics

- Arizona progress with COVID-19

- Updates from CMS, and Community

- Updates from ICP

- Updates from HonorHealth

COLLABORATING FOR CARE

Johns Hopkins Tracker

As of 4/26/2021

Global COVID-19 Trend

https://www.worldometers.info/coronavirus/

Situation by WHO Region

Americas — 61,284,892 confirmed
Europe — 50,849,952 confirmed
South-East Asia — 20,669,435 confirmed
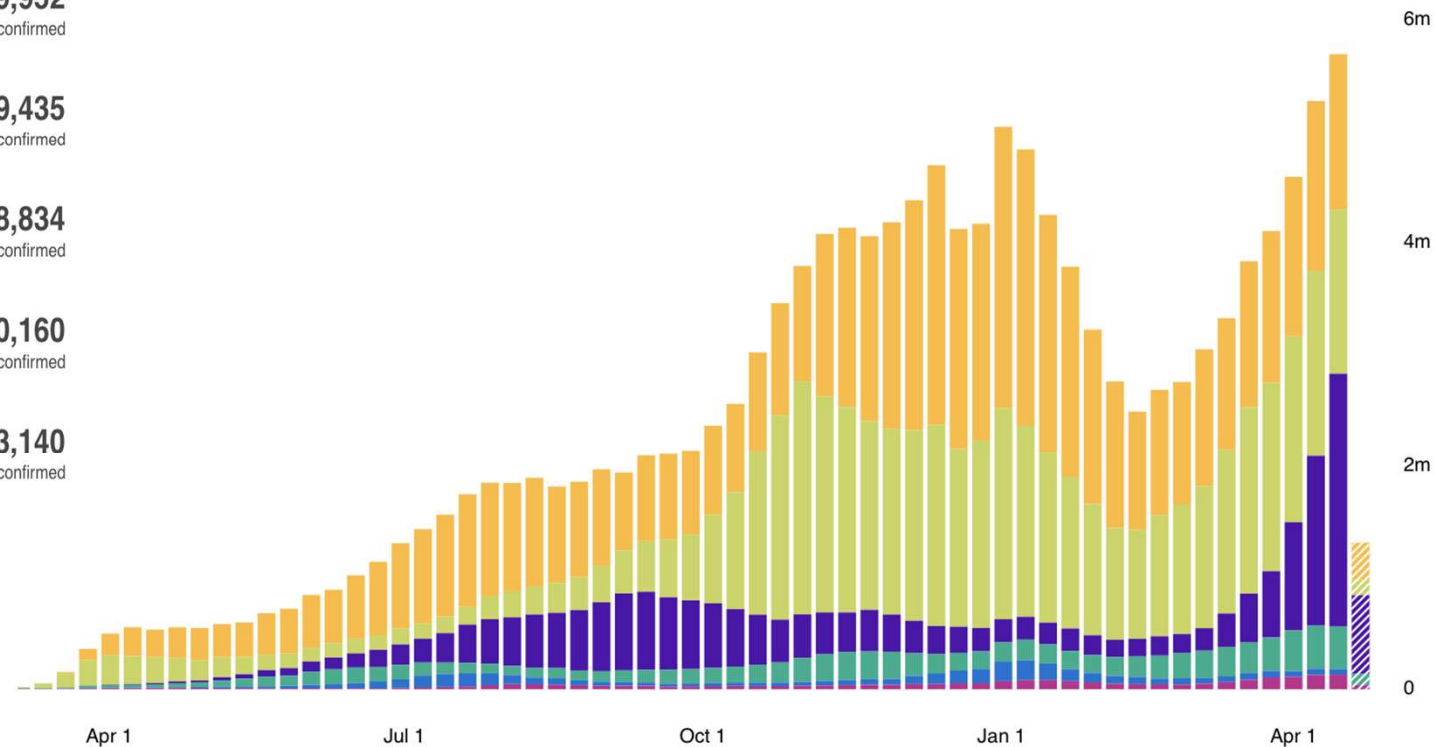Eastern Mediterranean — 8,918,834 confirmed
Africa — 3,280,160 confirmed
Western Pacific — 2,373,140 confirmed

Source: World Health Organization
Data may be incomplete for the current day or week.

CORONAVIRUS STATUS 4/26/2021
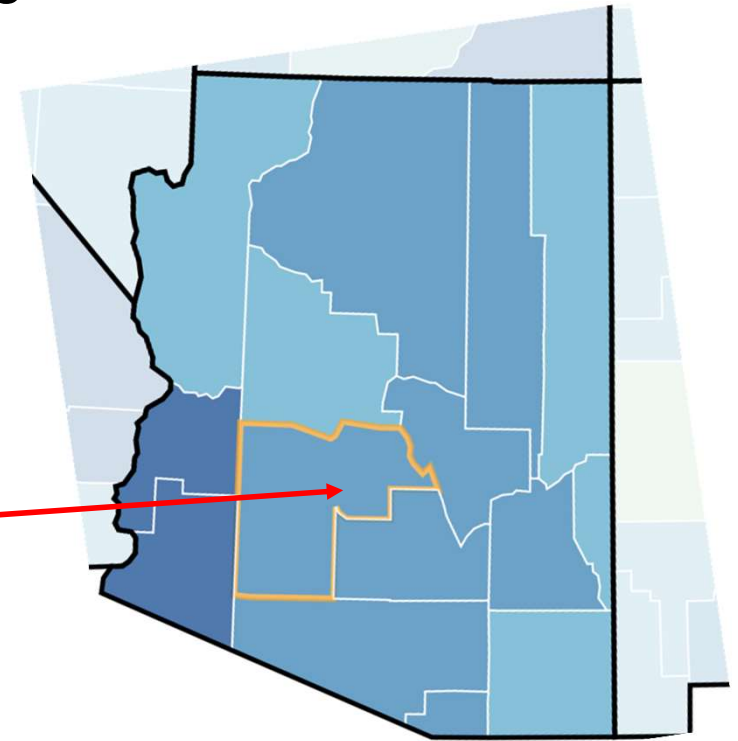
- **World** 147 million cases, 3.11 million deaths
- **US**   32.1 million cases,   572k deaths
- **Arizona 858k** cases, 17,268 deaths

7 Day Average for <u>Maricopa</u> County
1. Cases # 30.99% (73.97 per 100k)
2. Deaths # 90.91% (1.4 per 100k)
3. % Positivity # 0.26% (5.11)
4. Testing Vol # -0.65% (1565.85 per 100k)
5. New COVID admits # 6.05% (263)

United States Forecasting
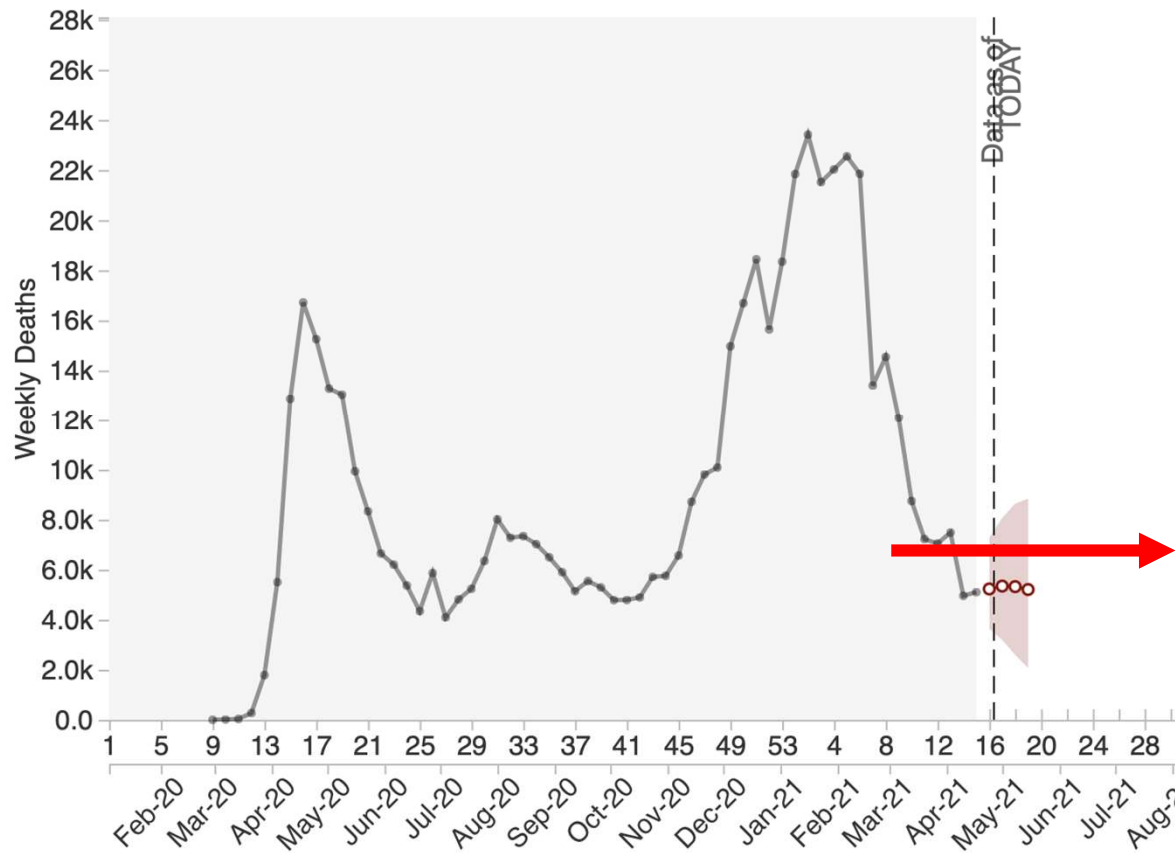
As of 4/26/21

Variant Proportions

USA
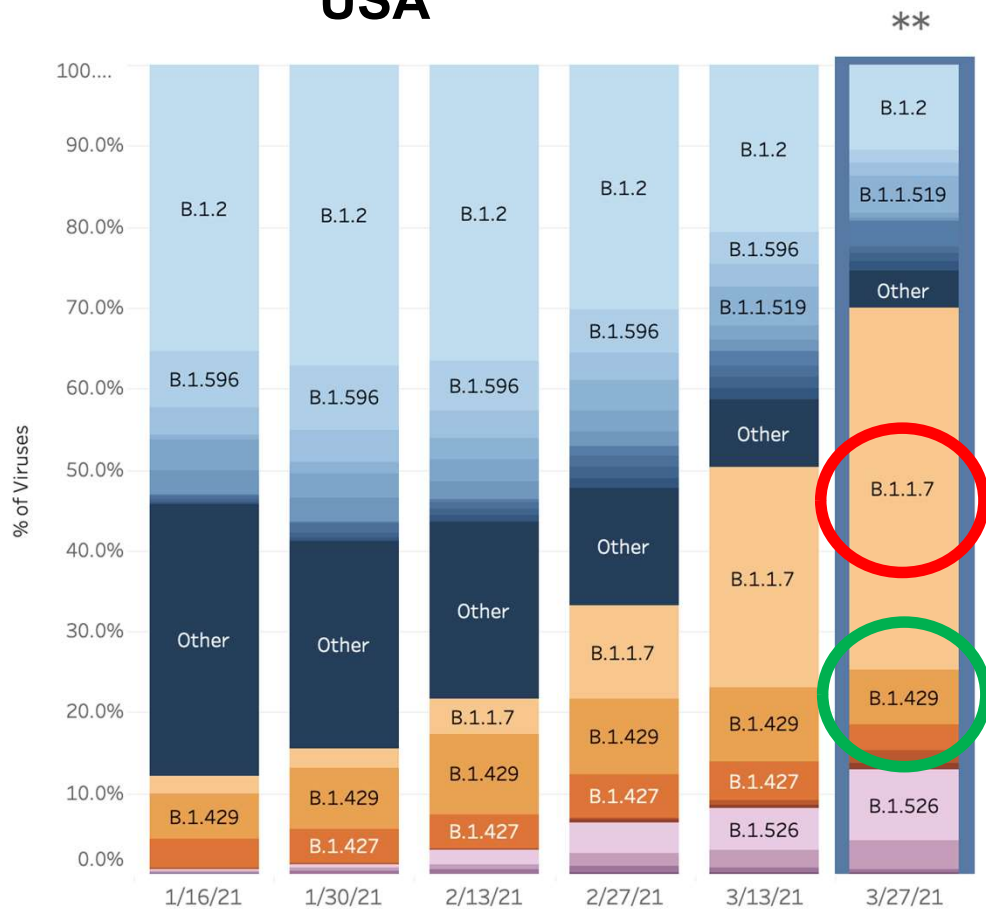
Arizona
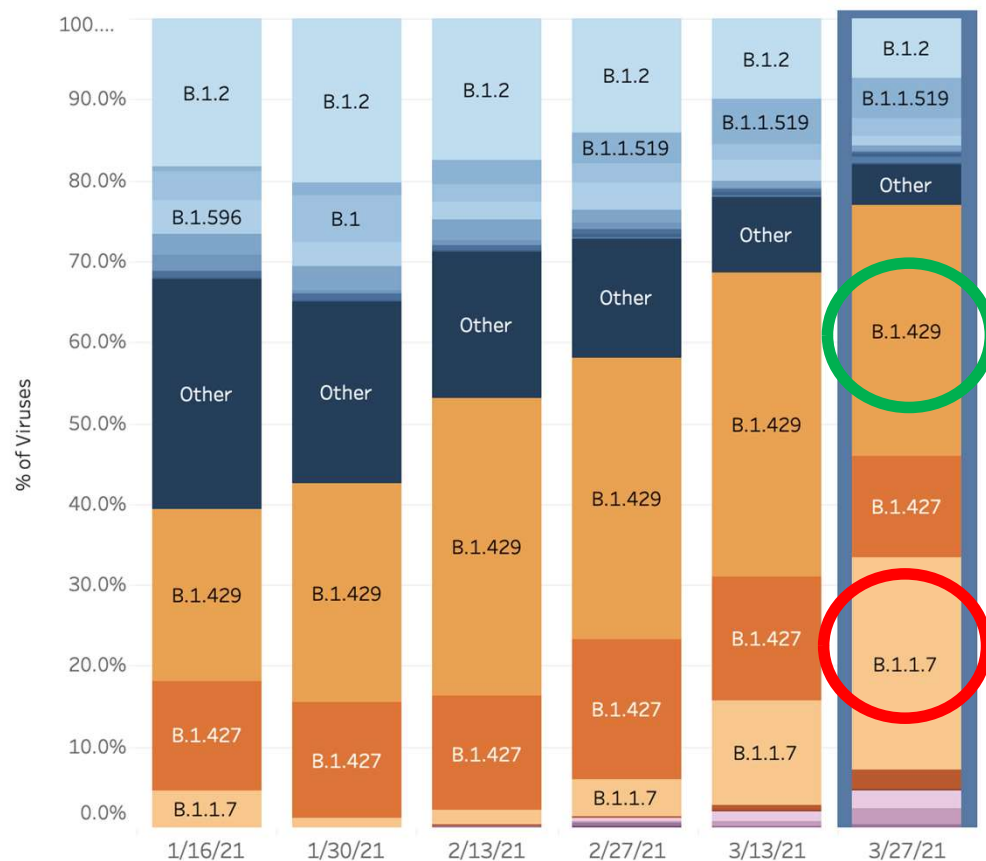
Arizona Daily Case Counts

Number of Cases

859,487

COVID-19 Cases by Age Group

Age Group	Cases
Less than 20 years	139,218
20 - 44 years	376,934
45 - 54 years	125,496
55 - 64 years	103,016
65 years and older	113,760
Unknown	1,063
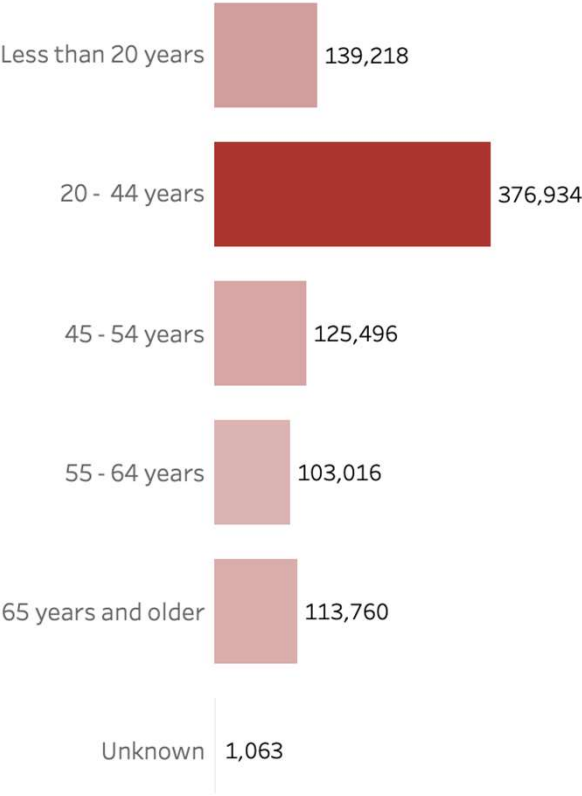
Select a county to filter the other graphs.
Graphs will not be displayed for counties with fewer than 10 cases.

22,580   17,655   16,151   11,298

18,624

2,454   6,869

534,982   51,019   5,543   570

37,049

114,892   11,889

7,912
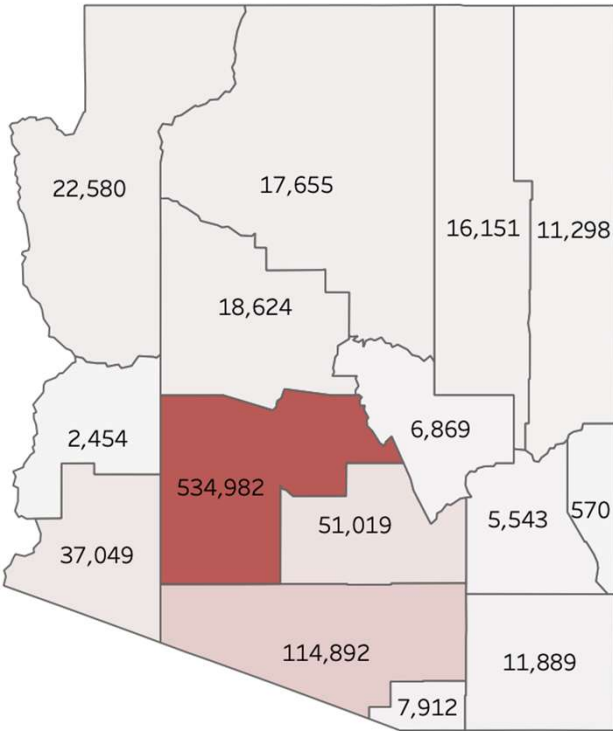
As of 4/26/2021

Arizona COVID-19 Deaths

COVID-19 Deaths (total)

17,268

65+: 12,942

1 deaths,
4/22
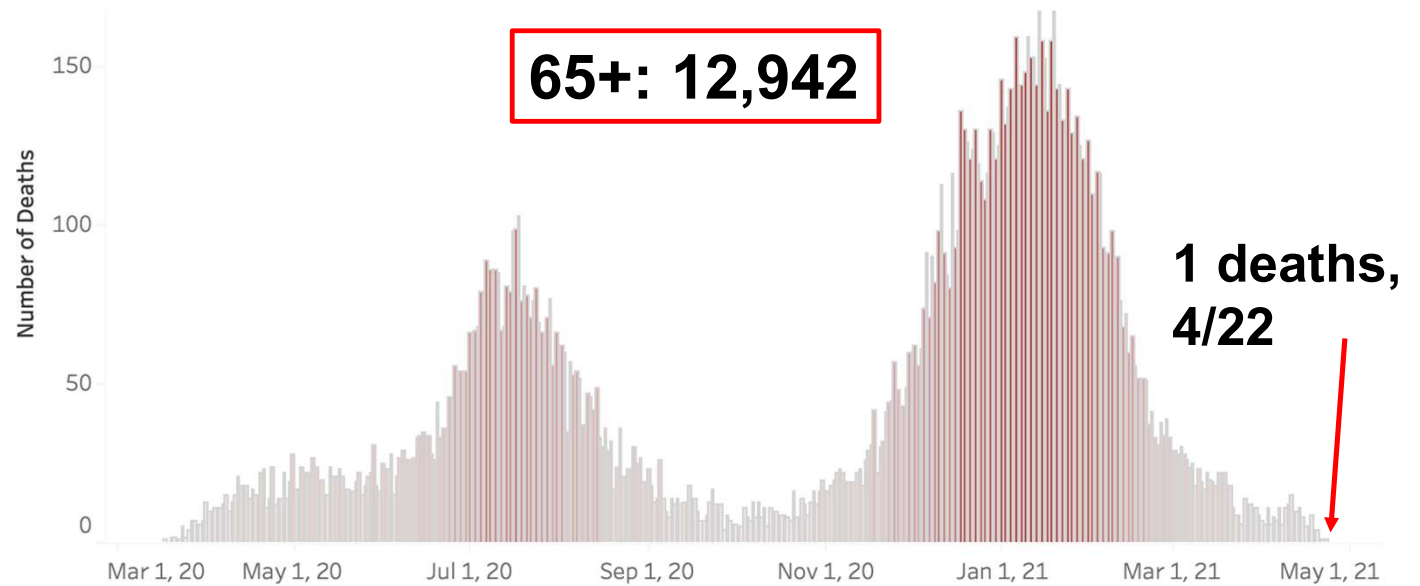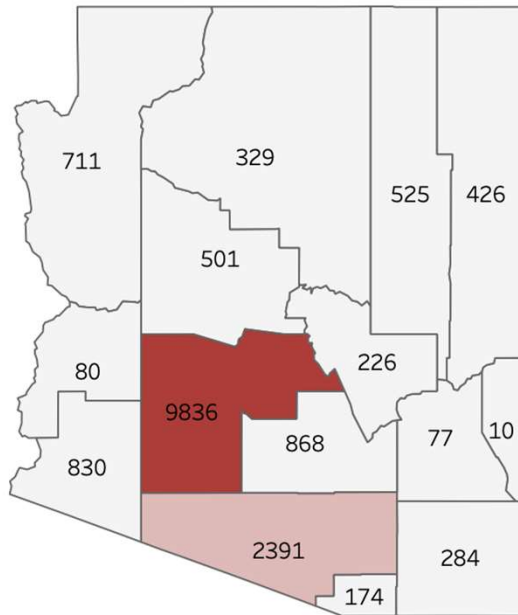
Date 4/26/21

Recent deaths may not be reported yet. Cases missing the date of death are excluded from the graph above, but are included in all other numbers.

% Positive Diagnostic Tests Increasing   *As of 4/26/2021*

People tested using All tests by county
Select a county to filter the data.
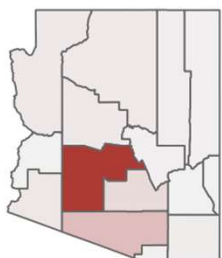
People tested using All tests by date of collection

30K		
20K		
10K		
0K		

May 1, 20   Jul 1, 20   Sep 1, 20   Nov 1, 20   Jan 1, 21   Mar 1, 21 May 1, 21
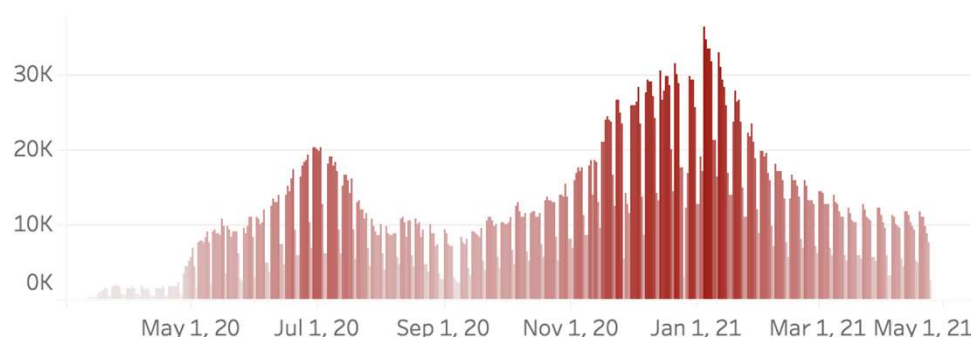
People tested using All Testing by Age Group

Age Group	Count
Less than 20 years	775,994
20 - 44 years	1,873,639
45 - 54 years	632,350
55 - 64 years	612,211
65 years and older	792,225
Unknown	10,567

■ People tested for COVID-19 and ■ percent positive by week

Percent positive is the number of people with a positive result in Electronic Laboratory Reporting (ELR), out of all people with COVID-19 testing reported via ELR in AZ. Diagnostic tests include

Total % Positive COVID-19 Diagnostic Tests: **13.5%**   **13.5%**

Mar 22, 20   Jun 14, 20   Sep 6, 20   Nov 29, 20   Feb 21, 21   May 16, 21

Total % Positive COVID-19 Serology Tests: **14.6%**   **14.6%**

Mar 22, 20   Jun 14, 20   Sep 6, 20   Nov 29, 20   Feb 21, 21   May 16, 21
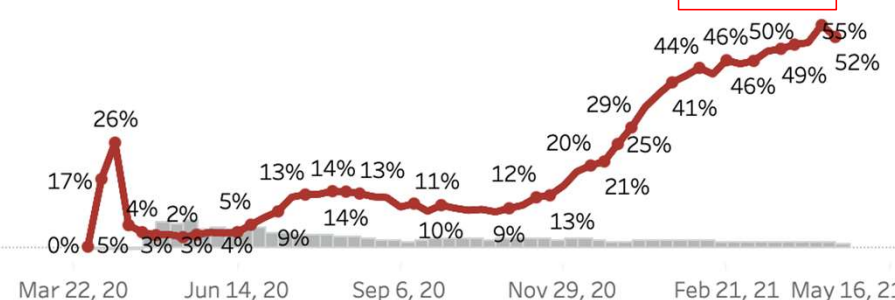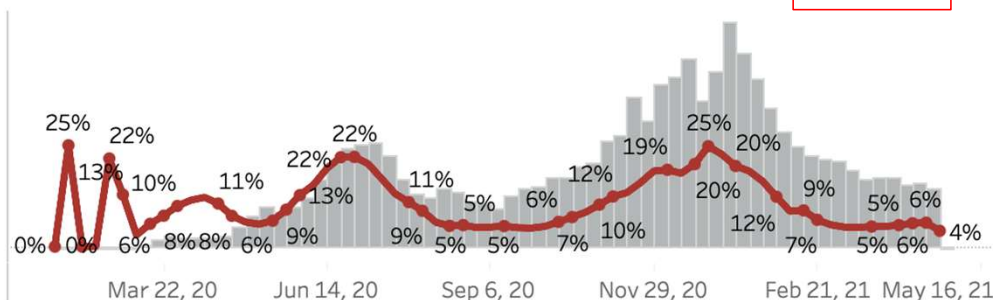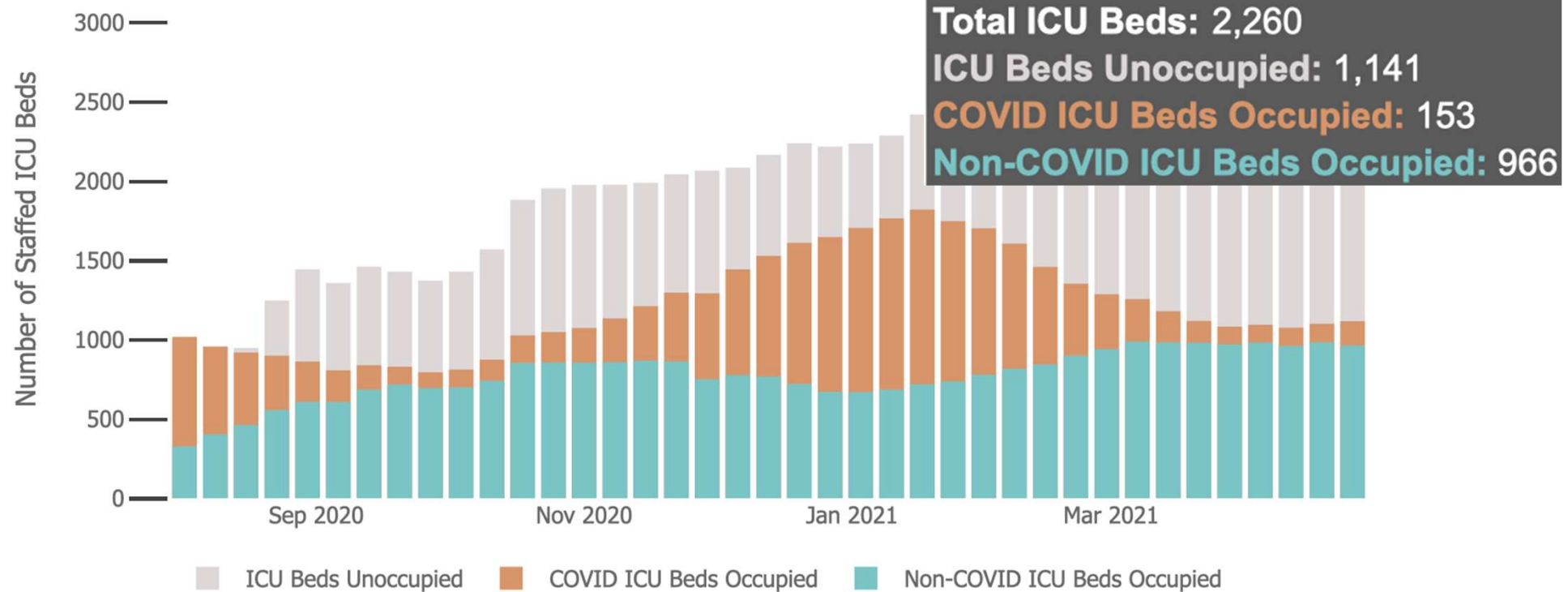
COVID-19 in the 814 Long-Term Care Facilities

*Long-term care facilities include nursing homes, assisted living facilities, and hospices. As of 7/17/20 this no longer includes other congregate settings.

Of 8,441 COVID-19 cases among residents, **2,395 (28%) have been hospitalized** and **2,242 (27%) have died.**

72%	73%
28%	27%
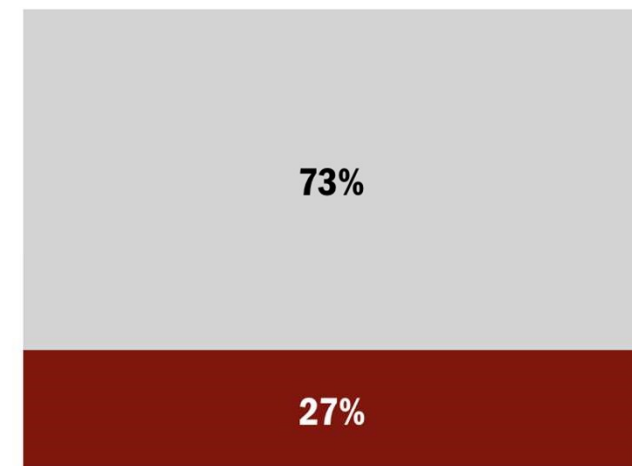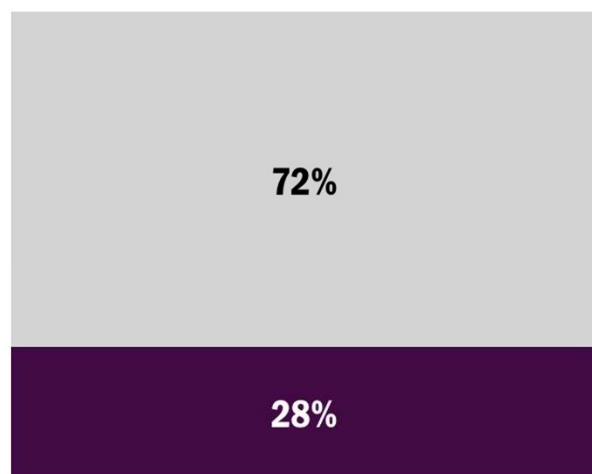
Of 5,913 COVID-19 cases among staff, **248 (4%) have been hospitalized** and **17 (0%) have died.**

As of 4/26/2021

Confirmed COVD-19 Rate per 1,0000 in Nursing Homes – USA
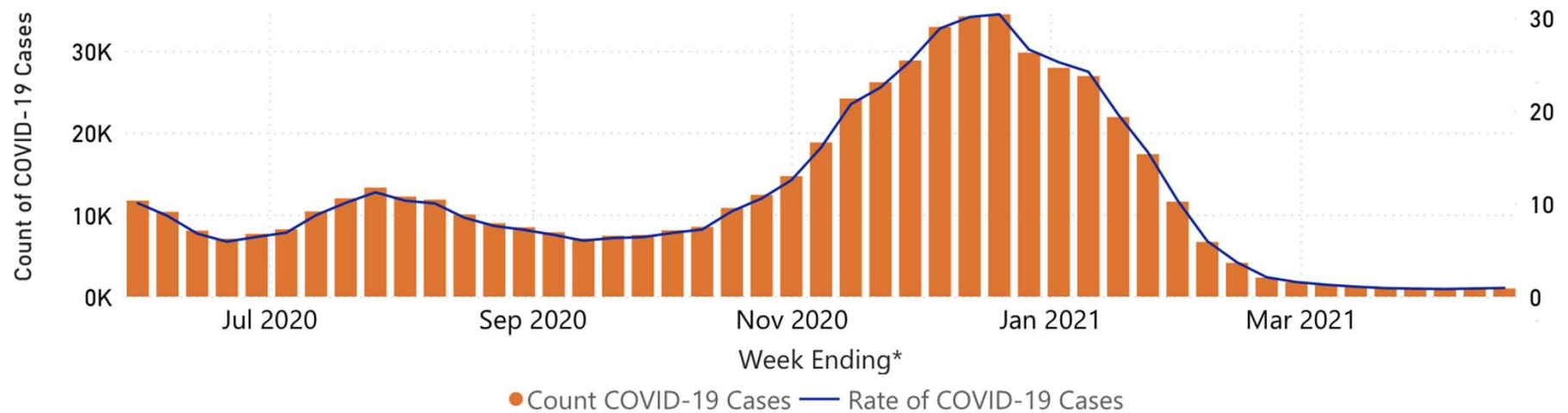
As of 4/26/2021

Confirmed COVD-19 Rate per 1,0000 in Nursing Homes – AZ
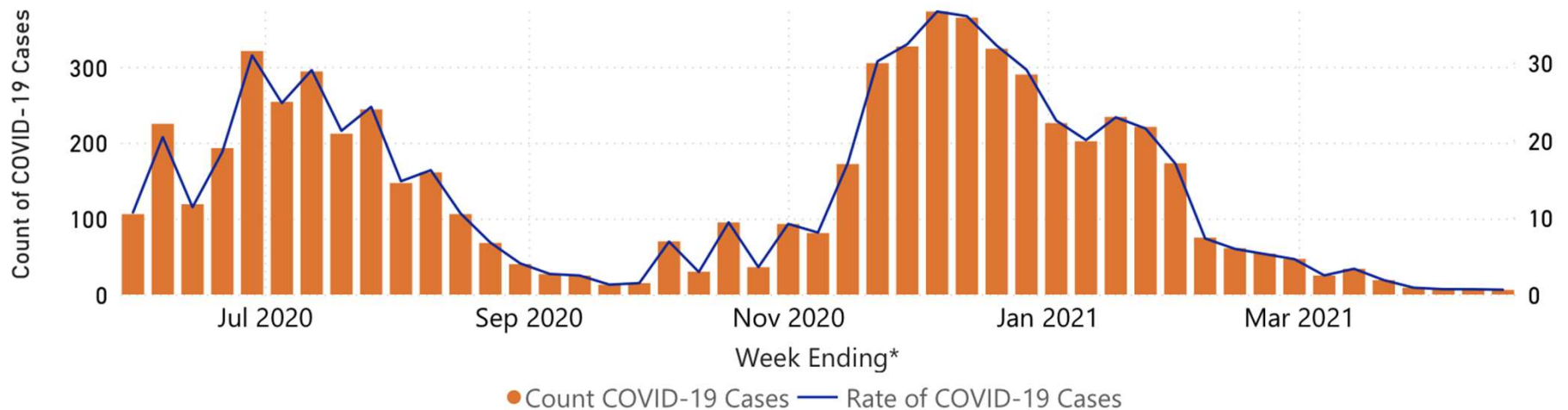
As of 4/26/2021

VACCINE UPDATES
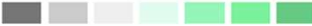
As of 04/28/2021

Global Vaccination Efforts

- **More Than 1 Billion Shots Given worldwide**

- The latest rate was roughly **19.3 million doses a day**

- In the U.S., **229 million doses** have been given so far. In the last week, an average of **2.75 million doses per day** were administered

- Enough doses have now been administered to fully vaccinate 6.7% of the global population

- Countries with the highest incomes are getting [vaccinated about 25 times faster](#) than those with the lowest

Global Vaccination Efforts

Uneven Access to Vaccines

Least wealthy ▮▮▮▮▮▮▮ Most wealthy

The wealthiest 27 countries have **37.6%** of the vaccinations...

Vaccines | India | China | | U.S. |

⟲ Hover for more comparisons

Population | India | China | |

...but **10.5%** of the world's population
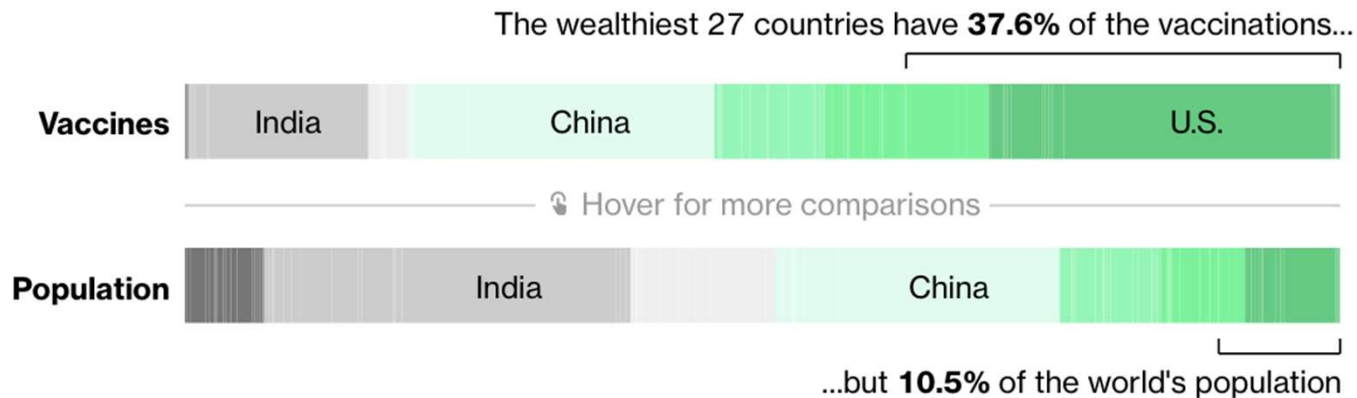
Note: Vaccine access calculations account for the number of doses needed for full protection; some vaccines require a two-dose regimen while others require just a single dose. Countries are ordered by GDP per capita (PPP).

Global Vaccination Efforts

- At the current pace of 19.3 million a day, it would take years to achieve a significant level of global immunity

  - The rate is steadily increasing, and new vaccines by additional manufacturers are coming to market

- Per Dr. Anthony Fauci

  - vaccinating 70% to 85% of the U.S. population would enable a return to normalcy

- In **the U.S.**, the latest vaccination rate is **2,750,656 doses** per day, on average

  - At this pace, it will take another **3 months** to cover **75%** of the population

Global Vaccination Efforts - Sorted by Fully Vaccinated

Global Vaccination Campaign

Countries and regions	Doses administered	Enough for % of people	% of population		Daily rate of doses administered
			given 1+ dose	fully vaccinated ▼	
Global Total	*1,044,147,974*	–	–	–	*19,214,353*
Gibraltar	67,972	100.0	105.8	94.1	440
Falkland Islands	4,407	73.5	87.7	59.2	202
Seychelles	122,744	63.9	69.3	58.5	1,037
Israel	10,405,878	57.5	59.5	55.5	9,732
Bahrain	1,180,735	39.8	44.5	35.1	14,750
Chile	14,131,492	37.0	41.6	32.3	141,428
Monaco	24,390	31.3	32.7	29.8	205
U.S.	230,768,454	36.0	42.5	28.9	2,741,021
Turks & Caicos	27,122	35.7	39.6	26.3	417
San Marino	26,025	38.3	51.1	25.5	841

Global Vaccination Efforts – Sorted by Doses Administered

Global Vaccination Campaign

Countries and regions	Doses administered ▼	Enough for % of people	% of population		Daily rate of doses administered
			given 1+ dose	fully vaccinated	
Global Total	*1,044,147,974*	–	–	–	*19,214,353*
U.S.	230,768,454	36.0	42.5	28.9	2,741,021
China	224,901,000	8.0	–	–	4,682,000
India	145,085,911	5.3	8.9	1.7	2,589,983
EU	132,161,240	14.9	21.7	7.7	2,740,018
U.K. +	46,650,008	34.9	50.5	19.3	509,360
Brazil	42,624,623	10.1	14.1	6.2	861,227
Germany	25,446,941	15.3	23.5	7.2	500,176
Turkey	21,555,774	13.0	16.1	9.9	195,072
France	19,988,827	15.4	22.1	8.8	366,103
Russia	19,400,000	6.6	8.1	5.1	637,143

Global Cases Added Per Day

India — New cases: 323,023 — Jan 21, 2020 / Apr 26, 2021
U.S. — 47,691
Brazil — 28,636
Iran — 21,026
Russia — 8,681
Germany — 5,961
France — 5,959
U.K. — 2,119
Mainland China — 11
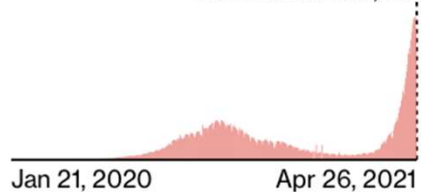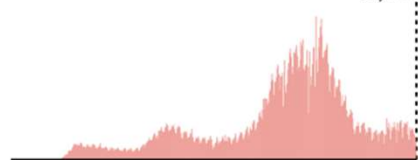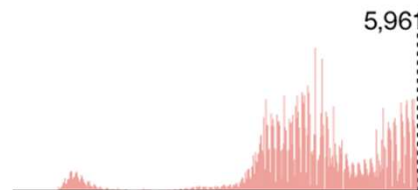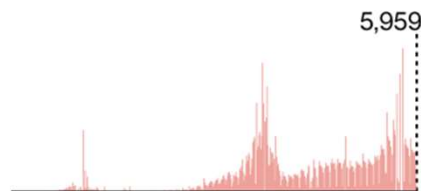
Vaccinations vs. Cases
Covid rates have flattened or declined in the **four places** where enough vaccines have been given to cover at least **40%** of the population.

COVID-19 Vaccinations in the United States

Total Vaccine Doses

Delivered   290,692,005

Administered   230,768,454

Learn more about the distribution of vaccines.

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	140,969,663	95,888,088
% of Total Population	42.5%	28.9%
Population ≥ 18 Years of Age	139,170,908	95,408,925
% of Population ≥ 18 Years of Age	53.9%	37%
Population ≥ 65 Years of Age	44,679,503	37,039,383
% of Population ≥ 65 Years of Age	81.7%	67.7%

About these data

CDC | Data as of: April 26, 2021 6:00am ET. Posted: Monday, April 26, 2021 1:32 PM ET

Arizona Vaccine Administration

Doses in Arizona

Total number of COVID-19 vaccine **doses administered**: 4,852,704

Total number of COVID-19 vaccine **doses ordered**: 4,643,380

Percent of COVID-19 vaccine **doses utilized**: 104.5%

People in Arizona

Total number of **people** who have received **at least one dose** of COVID-19 vaccine: 2,867,481

Percent of people vaccinated: 39.9%

Number of people who are **fully vaccinated** against COVID-19: 2,162,197

Maricopa County

Key takeaways from this week's data (as of 4/21/2021):

- Over 2.5 million COVID-19 vaccine doses have been administered to Maricopa County residents.

- 1.1 million Maricopa County residents have **completed** their COVID-19 vaccine series — that is over 25% of all Maricopa County residents who are **fully vaccinated**.

- In the last week, Maricopa County residents received an average of about 30,000 doses of vaccine per day.

- Over 40% of all vaccine doses given have been those that completed the vaccine series for a Maricopa County resident (i.e., the 1st dose of a 1-dose series or the 2nd dose of a 2-dose series).

- In recent weeks, the 15-24, 25-34, 35-44, and 45-54 age groups are getting vaccinated at the fastest rate — the percent of each of these age groups vaccinated with at least one dose of vaccine in the last week increased by at least 3%.

Long-Term Care Vaccination

US

Total Number of Doses Administered in Long-Term Care Facilities	Number of People with at least One Dose in Long-Term Care Facilities	Number of People Fully Vaccinated in Long-Term Care Facilities
7,791,592	4,864,472	2,869,817

CDC | Data as of: April 26, 2021 6:00am ET. Posted: Monday, April 26, 2021 3:45 PM ET

About these data

Arizona

Total LTC Doses Administered: 125,867

People in LTC with at least One Dose: 82,020

People in LTC Fully Vaccinated: 43,046

Johnson & Johnson Vaccine – 4/23 Update

- J&J vaccination placed on pause after noted potential increase in reported blood clots thrombocytopenia
  - Total of 15 cases had blood clots (3 fatalities)
  - All reported cases of thrombocytopenia syndrome have occurred in women, and 13 out of 15 occurred in women under 50 years of age.
  - The majority of cases manifested as cerebral venous sinus thrombosis.
- 4/23– CDCs Advisory Committee on Immunization Practices voted10 to 4 (1 abstain) to resume vaccination use
- American Medical Association came issued statement in support

Johnson & Johnson Vaccine – 4/23

- If you develop any of the following symptoms 1-2 weeks following vaccination, please seek immediate medial attention:
  - Shortness of breath
  - Chest pain
  - Leg swelling
  - Persistent abdominal pain.
  - Severe or persistent headaches or blurred vision.
  - Easy bruising or tiny blood spots under the skin beyond the site of injection

- https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-04-23/06-COVID-Oliver-508.pdf

Delay 2nd mRNA Vax Dose?

- Two of the COVID-19 vaccines currently approved in the US require 2 doses, administered 3 to 4 weeks apart

- Developed predictive agent-based model of COVID-19 transmission to compare the impact of these 2 vaccination strategies - taking into account:
  - temporal waning of vaccine efficacy following the first dose
  - the level of preexisting immunity in the population

https://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.3001211
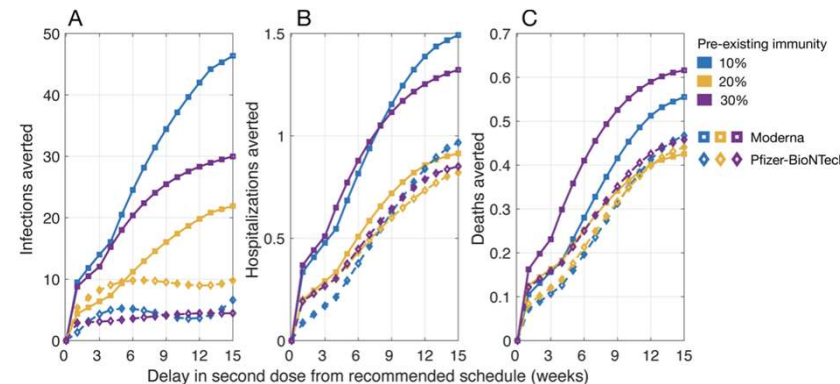
Delay 2nd mRNA Vax Dose?

- Moderna vaccines, a delay of at least 9 weeks could maximize vaccination program effectiveness and avert at least an additional 17.3 infections, 0.69 hospitalizations, and 0.34 deaths per 10,000 population compared to the recommended 4-week interval between the 2 doses.

- Pfizer-BioNTech vaccines also averted an additional 0.60 hospitalizations and 0.32 deaths per 10,000 population in a 9-week delayed second dose strategy compared to the 3-week recommended schedule between doses.

Vaccine Safety in Pregnant Women

- Preliminary data from a CDC Covid-19 mRNA vaccine safe (36,000 women vaccinated during pregnancy)
  - Analysis of data from multiple adverse event databases involving the Pfizer and Moderna Covid-19 mRNA vaccines
  - No signal for worse pregnancy or neonatal outcomes in the third trimester of pregnancy.
- Pregnant women reported experiencing injection-site pain more frequently than non-pregnant persons
- Headache, myalgia, chills, and fever were reported less frequently by pregnant women.

IN THE NEWS

As of 04/28/2021

FDA Pulls Plug on Bamlanivimab EUA

- April 15, 2021, FDA revoke the Emergency Use Authorization for emergency use of Bamlanivimab for the treatment of mild to moderate COVID-19 in adults and pediatric patients

- SARS-CoV-2 viral variants that are resistant to Bamlanivimab alone resulting in the increased risk for treatment failure

- FDA has determined that the known and potential benefits of bamlanivimab, when administered alone, no longer outweigh the known and potential risks for its authorized use.

- Alternative monoclonal antibody therapies remain available under EUA (casirivimab and imdevimab and bamlanivimab and etesevimab)

Long COVID Syndrome

- Long COVID has impacted 3.2 million Americans…and counting
- Syndrome characterized by persistent symptoms and/or delayed or long-term complications beyond 4 weeks from the onset of symptoms
- Cellular damage, a robust innate immune response with inflammatory cytokine production, and a pro-coagulant state induced by SARS-CoV-2 infection may contribute to these sequelae

https://longcovidalliance.org/studies-and-research-opportunities/

Long COVID Syndrome

- Subdivided into two categories:
  - (1) subacute or ongoing symptomatic COVID-19, which includes symptoms and abnormalities present from 4–12 weeks beyond acute COVID-19
  - (2) chronic or post-COVID-19 syndrome, which includes symptoms and abnormalities persisting or present beyond 12 weeks of the onset of acute COVID-19 and not attributable to alternative diagnoses
- In December, Congress provided $1.15 billion in funding over four years for NIH to support research into the prolonged health consequences of SARS-CoV-2 infection
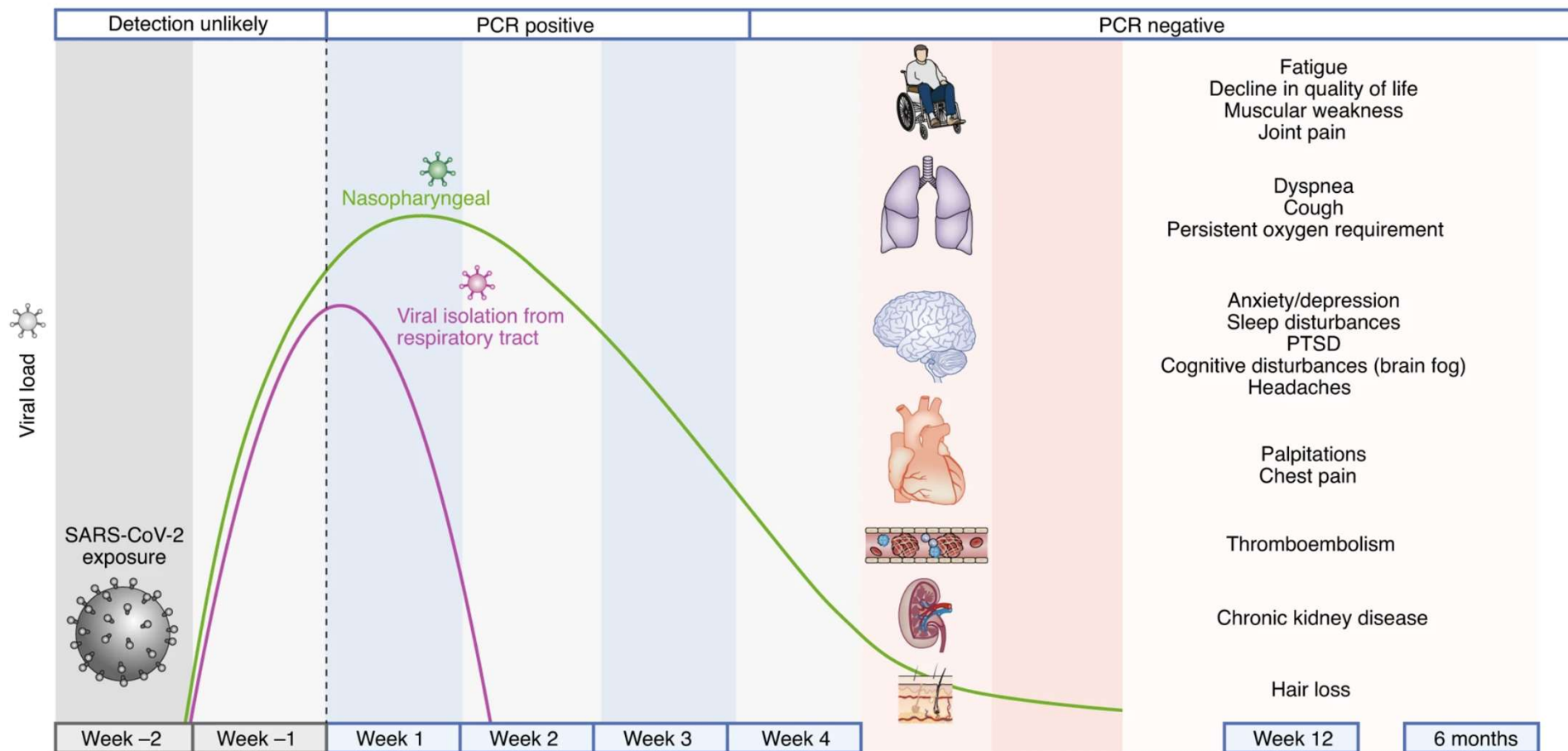
Pulmonary/cardiovascular

Symptom assessment through virtual/in-person follow-up at 4–6 weeks and at 12 weeks post-discharge

Dyspnea/persistent oxygen requirement

Consider 6MWT, PFT, chest X-ray, PE work up, echocardiogram and HRCT of the chest as indicated

Hematology

Consider extended thromboprophylaxis for high-risk survivors based on shared decision-making

Neuropsychiatry

Screening for anxiety, depression, PTSD, sleep disturbances and cognitive impairment

COVID-19 clinic

Renal

Early follow-up with nephrologists after discharge for patients with COVID-19 and AKI

Primary care

Consideration of early rehabilitation
Patient education
Consider enrollment in clinical research studies
Active engagment with patient advocacy groups

Multidisciplinary collaboration is essential to provide integrated outpatient care to survivors of acute COVID-19

https://www.nature.com/articles/s41591-021-01283-z

INNOVATION CARE PARTNERS | HONORHEALTH

Vaccines Help Some Covid Long Haulers

- An estimated 10% to 30% of people who get covid-19 suffer from lingering symptoms of the disease, or what's known as "long covid

- Symptoms are easing and, in some cases, fully resolving after vaccination

- Vaccine might induce an immune response that gives the body extra firepower to beat back the residual infection

- A vaccine could hypothetically kick into gear the "innate immune system" and "dampen the symptoms,"

https://www.medrxiv.org/content/10.1101/2021.03.11.21253225v2

Unvaccinated Worker in Kentucky Nursing Homes

- Despite a 90.4% resident vaccination rate, a nursing home in Kentucky suffered a COVID-19 outbreak that resulted in 44 resident infections

- Unvaccinated worker contracted and spread the virus

  - Outbreak was caused by a viral variant not yet seen in the region

  - Vaccinated residents and staff were 87% less likely to experience symptoms than their unvaccinated peers

- "Vaccination of SNF residents and HCP is essential to reduce the risk for symptomatic COVID-19, as is continued focus on infection prevention and control practices…"

Unvaccinated Worker in Kentucky Nursing Homes

- State facility had completed Pfizer-BioNTech vaccine, 90.4% for residents and 52.6% for staff:

  - The outbreak, which was first detected on March 1, was traced back to a single unvaccinated worker who had become infected with an "R.1 lineage variant" of the novel coronavirus

  - 3 resident deaths that resulted from the outbreak -> 2 had not received the vaccines, 2 vaccinated residents were hospitalized as compared to 4 who had not received the shots

  - Of the 22 unvaccinated residents who contracted COVID-19, 20 had symptoms, compared to just 8 of the 22 vaccinated residents who tested positive.

Unvaccinated Worker in Kentucky Nursing Homes

- State facility had completed Pfizer-BioNTech vaccine:
  - Among health care workers -> 16 unvaccinated staff were infected, (15 symptomatic), 4 vaccinated workers tested positive (2 symptomatic)
- Vaccination was associated with decreased likelihood of infection and symptomatic illness, 25.4% of vaccinated residents and 7.1% of vaccinated HCP were infected

https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e2.htm?s_cid=mm7017e2_w

Deaths Among Vaccinated Nursing Home

- Chicago nursing homes found that fully vaccinated residents and staff accounted for just 4% of COVID-19 infections
- Single resident death — and no secondary transmission within facilities
- 78 skilled nursing facilities in Chicago
  - 71% of those total infections were among unvaccinated people
  - 4% of the total in those who were fully vaccinated -> only about a third resulted in symptoms of any kind, with 14 remaining asymptomatic
- "To protect SNF residents, it is imperative that [workers], as well as SNF residents, be vaccinated…"

https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e1.htm?s_cid=mm7017e1_w

SNF-at-Home Programs

- Model for developing a robust rehab program that could provide a skilled nursing facility level of care at home

- The Miramar, Fla.-based home health provider partners exclusively with managed Medicare insurers

  - Risk-sharing agreements with Medicare Advantage plans

  - Company has positioned itself as more of a whole-health management service

  - 2 hours / day of PT and 3 hours / day of skilled nursing care in some cases, along with home health aides that perform more familiar tasks such as bathing, dressing, and meal preparation.

SNF-at-Home Programs

- Therapists can work with patients on navigating their actual beds, vehicles, and living spaces, and offer real-world training on how to avoid falls

- Significant opportunities:

    - Shorter length of institutional stay and a smoother transition from the hospital to normal life

    - Ability for the SNF to readmit directly from home health - bypassing the hospital and reducing the overall episodic cost

- SNF-at-home option could give a nursing home provider the edge when dealing with Medicare Advantage plans

CMS SNF Prospective Payment Rates

- **FY 2022 Proposed Updates to the SNF Payment Rates**

  - Increase of approximately $444 million in Medicare Part A payments to SNFs in FY 2022

- PDPM implementation - currently available data suggest an unintended increase in payments of approximately 5 percent, or $1.7 billion in FY 2020

  - CMS also acknowledges that the COVID-19 PHE could have affected the data

  - CMS is soliciting broad public comments on a potential methodology for recalibrating the PDPM parity adjustment

CMS SNF Prospective Payment Rates

- ## Section 134 of the Consolidated Appropriations Act, 2021

  - **New Blood Clotting Factor Exclusion from SNF Consolidated Billing**

  - Requires that certain specified blood clotting factors used for the treatment of patients with hemophilia and other bleeding disorders (and items/ services) be excluded from the consolidated billing requirements under the SNF PPS for items and services furnished on or after October 1, 2021

  - If finalized, would result in an estimated decrease of approximately $1.2 million in aggregate Part A SNF spending

CMS SNF Prospective Payment Rates

- **Proposed changes in PDPM ICD-10 Code Mappings**

- In response to stakeholder feedback and to improve consistency between the ICD-10 code mappings and current ICD-10 coding guidelines

  - sickle-cell disease

  - esophageal conditions

  - multisystem inflammatory syndrome

  - neonatal cerebral infarction

  - vaping-related disorder

  - anoxic brain damage.

CMS SNF Prospective Payment Rates

- **Skilled Nursing Facility Quality Reporting Program (QRP) update**

  - SNFs that do not meet reporting requirements may be subject to a two-percentage point (2%) reduction in their annual update

  - <u>Closing the Health Equity Gap</u>

    - Our ongoing commitment to closing the health equity gap in SNFs has been demonstrated by the adoption of standardized patient assessment data elements (SPADEs) which include several social determinants of health (SDOH)

  - <u>Fast Healthcare Interoperability Resources (FHIR) in support of Digital Quality Measurement in Quality Reporting Programs</u>

    - Improve the quality of healthcare for beneficiaries through measurement, transparency, and public reporting of data.

CMS SNF Prospective Payment Rates

- **Skilled Nursing Facility Value-Based Purchasing Program**
  - CMS is proposing to suppress the SNF 30-Day All-Cause Readmission Measure for the FY 2022
    - circumstances caused by the COVID-19 PHE

- <u>COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) Measure</u>
  - CMS is proposing the adoption of the COVID-19 Vaccination Coverage among Healthcare Personnel Measure beginning with the FY 2023 SNF QRP

CMS SNF Prospective Payment Rates

- <u>Skilled Nursing Facility Healthcare-Associated Infections (HAI) Requiring Hospitalization Measure</u>

  - CMS is proposing the adoption of a new claims-based measure, SNF HAI, to the SNF QRP, beginning with the FY 2023

  - Goal of the measure is to assess those SNFs that have notably higher rates of HAIs that are acquired during SNF care and result in hospitalization, when compared to their peers and to the national average HAI rate

https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2022-skilled-nursing-facility-prospective-payment-system-proposed-rule-cms-1746-p

CDC Guidelines - When You've Been Fully Vaccinated (4/27)

- You can gather indoors:
  - With fully vaccinated people without wearing a mask or staying 6 feet apart
  - With unvaccinated people of any age from one other household (for example, visiting with relatives who all live together) without masks or staying 6 feet apart,
    - Unless any of those people or anyone they live with has an [increased risk for severe illness from COVID-19](#).

- Activities outdoors
  - You can gather **without** wearing a mask except in certain crowded settings and venues.

As of 4/27/2021

CDC Guidelines - When You've Been Fully Vaccinated (4/27)

- Travel in US - NO need to get tested before or after travel or self-quarantine after travel.

- International Travel:
  - NO need to get tested **before** leaving US unless your destination requires it.
  - Must <u>have NEG test</u> or documentation of recovery from COVID-19 **before** boarding an international flight to the US
  - Should get tested 3-5 days **after** international travel.
  - NO need to self-quarantine **after** arriving in the United States.

- If exposed to COVID-19 person, NO need to isolate or get tested if you're asymptomatic

GUEST SPEAKER

As of 04/28/2021

Guest Speakers

- Deanna Grey, MSN, RN
  - Manager, Transitional Care Management
- Sandy Simpson, LMSW, CCM
  - Supervisor Transitional Care Management

ICP PA TCM Workflow Process

INNOVATION CARE PARTNERS
AFFILIATED WITH HONORHEALTH

Day of Admission 24-48 Hours	24-72 Hours	Mid-Stay	3-5 Days Prior to Transition	Transition Day	24 Hour Post Discharge
Review previous pt. records in Doc Talk and I.E. Identify pt's Episodic Length of Stay and provide CM team with ELOS list. Contact pt. and family for introduction to ICP Program. Introduce TigerTouch to pt. and family. Identify short-term and long-term discharge goals with SNF and pt./family.	Complete Face-to-Face interview with patient Identify Risk for Readmissions and develop an individualized plan. Collaboration with CC regarding pt's history. On Care Coordination? Ask SNF Team about: *Continuity Care Form -Clinical Summary -Nursing Care -Functional Status *Care Conference -Discuss plan of care *Change in Condition -What measures are in place to monitor CIC? *Med Management -Medications reconciled yet? New meds?	Complete Face-to-Face follow up visit. Patient/family Care Conference. Review ELOS in IDT/Care Conference. Discuss DH Bridging Program with patient/family. Advance Care Planning Palliative Care Monitor and ask in IDT *Change in Condition -What is the risk for readmission? *Review Care Guideline *Utilize Zone Tools -Patient education Pam Tool	Complete Face to face follow up visit. Identify Barriers to d/c Verify D/C Plan *Use ICP Preferred Provider Resources TigerText PCP and CC Risk Assessment Tool -Stratifies the likelihood of readmission and determines the ideal follow up needed. Ask SNF CM Team: *Continuity of Care Transition Plan -Clinical Summary -Nursing Care -Functional Status Use Teach Back Method -To improve patient understanding, adherence and outcomes.	Contact patient and CM for final review. Handover care to HHC Warm handover to CC Assist with PCP follow-up appointment Make appointment with Dispatch Health Is SPG Telehealth referral needed? *See Patient Appointment Follow Up Guide	Reach out to pt's who have high social determinants or who are medically complicated and are high risk for readmission. Question: *Were Rx's picked up? *Was DH Referral made? *Did HHC contact patient? *Was PCP or other physician appt's made? *See Follow Up Calls Script tool.

Questions – Type in Q & A Section

Post-Acute Website: https://innovationcarepartners.com/postacutecommunications

- If you have further questions or issues you would like to discuss

- Please contact:
  <u>Francisco Gonzalez</u>– Preferred Network & Clinical Development Supervisor
  fgonzalez@icphealth.com

COLLABORATING FOR CARE