Welcome

Congressman Raul Ruiz, MD (CA-32)
Chair, Health Care and Mental Health Task Force
Congressional Hispanic Caucus

Welcome

Yvette Peña

Vice President, Multicultural Leadership
Hispanic/Latino Audience Strategy
AARP

RESOURCES

AARP COVID-19 Information
aarp.org/Coronavirus
aarp.org/ElCoronavirus

AARP Caregiving
aarp.org/Caregiving
aarp.org/Cuidar

AARP Fraud Watch
aarp.org/FraudWatchNetwork
aarp.org/Fraude

AARP Community Connections
aarpcommunityconnections.org
aarp.org/MiComunidad

A Friendly Voice 888-281-0145
La Voz Amiga 888-497-4108

AARP
Juntos es posible™ | NHMA

Overview

Elena Rios, MD, MSPH, FACP

President & CEO

National Hispanic Medical Association

National Hispanic Health Foundation

Housekeeping

- ◦ Presentations to be followed by 10-15 minute discussion
- ◦ Microphones will be muted
- ◦ Type questions in chat box
- ◦ Recording available next week at www.NHMAmd.org

Learner Notification

NHMA – ENDURING: Impact on Health Care Delivery-Challenges and Innovations
Date of CE Release: July 22, 2020
Date of CE Expiration: July 22, 2021
Location: Online

Acknowledgement of Financial Commercial Support
No financial commercial support was received for this educational activity.

Acknowledgement of In-Kind Commercial Support
No in-kind commercial support was received for this educational activity.

Satisfactory Completion
Learners must complete an evaluation form to receive a certificate of completion. You must participate in the entire activity as partial credit is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

Physicians

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and National Hispanic Medical Association. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Credit Designation Statement – Amedco LLC designates this enduring activity for a maximum of 1.00 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Objectives - After attending this program you should be able to:
• Increase knowledge on more efficient hospital care for COVID-19 and Latinos.
• Increase knowledge on telemedicine communications with Latinos who have COVID-19.
• Increase knowledge about home health care strategies for Latinos with COVID-19.

Disclosure of Conflict of Interest
The following table of disclosure information is provided to learners and contains the relevant financial relationships that each individual in a position to control the content disclosed to Amedco. All of these relationships were treated as a conflict of interest, and have been resolved. (C7 SCS 6.1--6.2, 6.5)

All individuals in a position to control the content of CE are listed below.

First	Last	Commercial Interest
Ben	Melano	NA
Elena	Rios, MD, MSPH, FACP	NA
Diana	Torres-Burgos	NA
Sylvia	Trujillo	NA
Xavier	Villarreal	NA

Claim your CE by going to:
https://www.nhmamd.org/nhma-virtual-briefing-series-on-covid-19-session-3/

COVID-19 Cases in CA, NY, and TX

NHMA
National Hispanic Medical Association

Total U.S. Cases[1]: 3,761,362   Total Deaths[1]: 140,157

Number of cases by state[1]		
California	New York	Texas
384,692	408,495	325,030

Percent of Hispanic/Latino cases & deaths by state					
California[2]		**NYC**[3] *New York Department of Health only reports cases of death by race/ethnicity*	**NYS excl. NYC**[3] *New York Department of Health only reports cases of death by race/ethnicity*	**Texas**[4]	
Cases	Death	Death	Death	Cases	Death
55.7%	44.8%	34%	14%	40.6%	29.3%
38.9% population		29% population	12% population	18% population	

1. https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html *(as of July 20, 2020)*
2. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19-Race-Ethnicity.aspx *(as of July 19, 2020)*
3. https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n *(as of July 20, 2020)*
4. https://txdshs.maps.arcgis.com/apps/opsdashboard/index.html#/ed483ecd702b4298ab01e8b9cafc8b83 *(as of July 20, 2020)*

NHMA Advocacy & COVID-19

- Health Equity
  - Target Fed/State resources for health care
  - Educate Latinos about access to health care
- Address challenges of hospitals, telemedicine, home health to meet increased Latino demand
- Train a more diverse, effective workforce
- Collaborate with Hispanic health care professional organizations

Impact of COVID-19 on Healthcare Delivery

Xavier Villareal
Board Secretary, National Association of Latino Healthcare Executives
CEO, Hillcrest Medical Center
Tulsa, OK

Impact on Hospitals – Overall

- Hospitalizations of COVID-19 patients are at a rate of 107.2 per 100,000 compared to 67.8 per 100,000 for influenza

- Often used by local agencies and government as a measure of prevalence and surge in a community

- Created an immediate impact to how hospitals manage all patients coming into the facility

- High financial strain on Hospitals and healthcare in general

Immediate Impact to Hospitals

- Visitation and Patients Families

- COVID Units and Impact on Staff

- Educating our Patients and Community

- Impact on Cost

Visitation and Patient Families

- Hospitals are moving to limited or no visitation throughout the country and most have no visitation in the COVID Units

- Families or guest have a drop off and pickup process

- Communication regarding the care and follow-up care of the patient is done only with the patient. Family members are included during pick-up process or through a remote option such as telehealth

- Family waiting rooms are reconfigured to adapt to social distancing

- Universal Masking

- Latino families are particularly hit hard as the family support system is critical

- Technology has been a key part of assisting with a family of visitor connection – IPAD's deployed to all patients

COVID Units and Impact on Staff/Patients

- Units are isolated to reduce spread of COVID but this causes staff to feel isolated

- Donning and removing PPE adds additional time to getting into a patient room – limited entry into room, batching activities with patients, out of room communication, delay in routine care

- Staff exposures – prevention and response

  - Daily screening tool

  - Focus on tracing when employee exposed

  - Staff Quarantines create extra burden on the system

- Shortage of staff across the country and impact of regional response to COVID

- Fear of non clinical staff entering the units

Online: https://hillcrestmedicalcenter.com/c19screening

Educating our patients and community

- Serving as a resource to the community

  – All of our spikes locally have been tied directly to large gatherings and businesses that do not allow for social distancing

  – Onsite compliance – masking, visitation

  – Delay in care due to fear

    - Elective and Critical patients

- Impact to our non-traditional avenues of connecting with patients

  – Churches, Schools, Community Centers

Impact on Cost

- Immediate impact on availability of key resources
  - PPE, Bleach, Operating Room supplies and medications
- Disruption in normal distribution patterns
- New pricing of critical items are not sustainable
- Loss of patients due to patient concerns or cancelled elective case had a huge financial impact
  - AHA estimates a total impact of $202.6 B

Item	Pre-COVID Cost	Post-COVID Cost
Isolation Gowns	$0.22/ea	$2.36/ea
KN95 Masks	$0.51/ea	$3.58/ea
Bouffant Caps	$0.02/ea	$0.60/ea
Shoe Coverings	$0.07/ea	$0.32/ea
Ear Loop Masks	$0.04/ea	$0.66/ea

Long-term Impact to Hospitals

- Reopening Strategy

  – Establish social distancing in waiting rooms, cafeterias, etc.

  – Testing of patients prior to surgery, testing, admission

    - Limited resources

    - Benefit vs. risk

  – Universal masking

  – COVID-19 Committee

    - Review surges and monitor local/national trends

    - Discuss appropriateness of surgery and non-surgical cases

    - How do you decide which resources to limit and when

Long-term Impact to Hospitals

- Reopening Strategy –

  - Educating patients and families

    - Increased use of technology – patient consideration

    - How to incorporate translation services within telemedicine

    - Encouraging use of medical services when needed versus waiting

  - Patient considerations

    - Cohorting of patients – use of semi-private rooms and staging of cases that normally start in the early morning

    - Follow-up calls to patients to include questions around COVID-19

    - Patients are waiting longer for care and as a result we are seeing a higher acuity patient

Long-term Impact to Hospitals

- Reopening Strategy –

  - Employee Impact

    - Burn-out – how do you measure and adjust

    - How do we ensure staff is safe going forward

    - Quarantine when exposed and impact on ability to treat patients

    - Social Distancing strains programs like orientation, town hall meetings, and celebrations

  - PPE

    - Stock up of PPE to prevent outages

    - Train the staff for use on non-traditional PPE such as KN95 masks

- Difficulty in changing of strategies

  - Restrictions versus reopening

  - Variance in COVID volume in the community

Xavier Villarreal

Xavier.Villarreal@ardenthealth.com

COVID-19: Impact on Healthcare Delivery

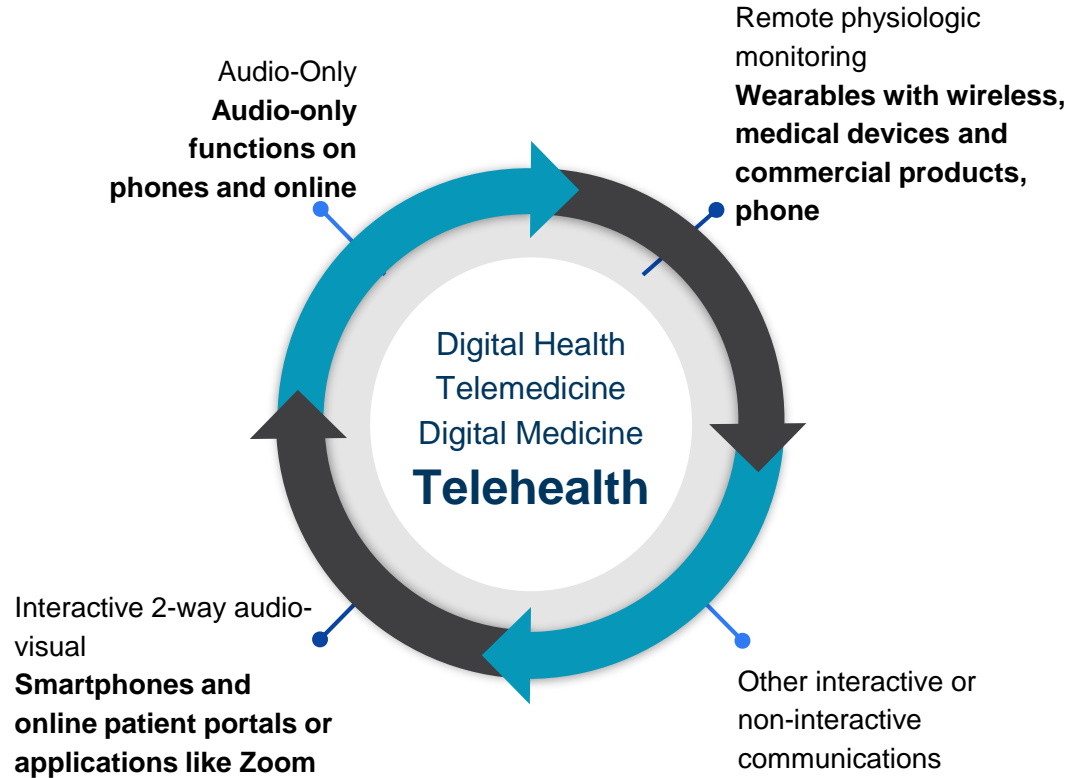**Sylvia Trujillo, MPP, JD**
Policy Director & Senior Legislative Counsel
Compassion & Choices
Vancouver, WA

What is telehealth?

Remote physiologic monitoring
Wearables with wireless, medical devices and commercial products, phone

Audio-Only
Audio-only functions on phones and online

Digital Health
Telemedicine
Digital Medicine
Telehealth

Interactive 2-way audio-visual
Smartphones and online patient portals or applications like Zoom

Other interactive or non-interactive communications

Before COVID-19 telehealth adoption was increasing, but very limited

- Physicians support use of digital health
    - --9 out of 10 physicians recognize the benefits of telehealth
    - --Two-thirds indicate that virtual care improves patient access
    - --More than half recognize it improves patient satisfaction
- The rate limiting factor was not technology adoption rates among Hispanics
    - -- 87% of US-born Hispanics own a smartphone
    - -- 69 % of Hispanics born abroad own a smartphone

COVID-19: Immediate threat to healthcare access

COVID-19 surge
Isolated death in hospital
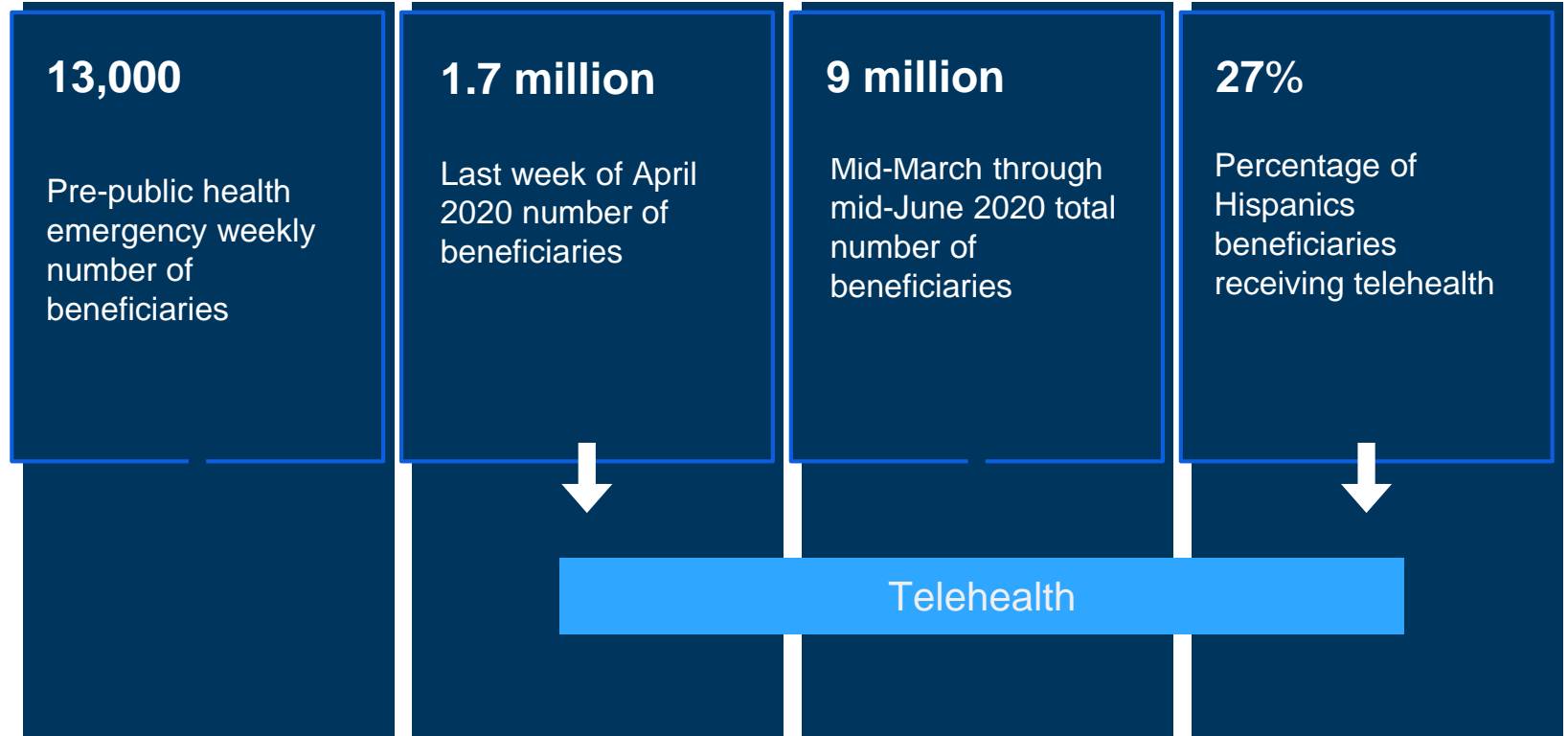Social distancing
Hospital vectors for spread

A solution: quality telehealth expands __equitable__ access
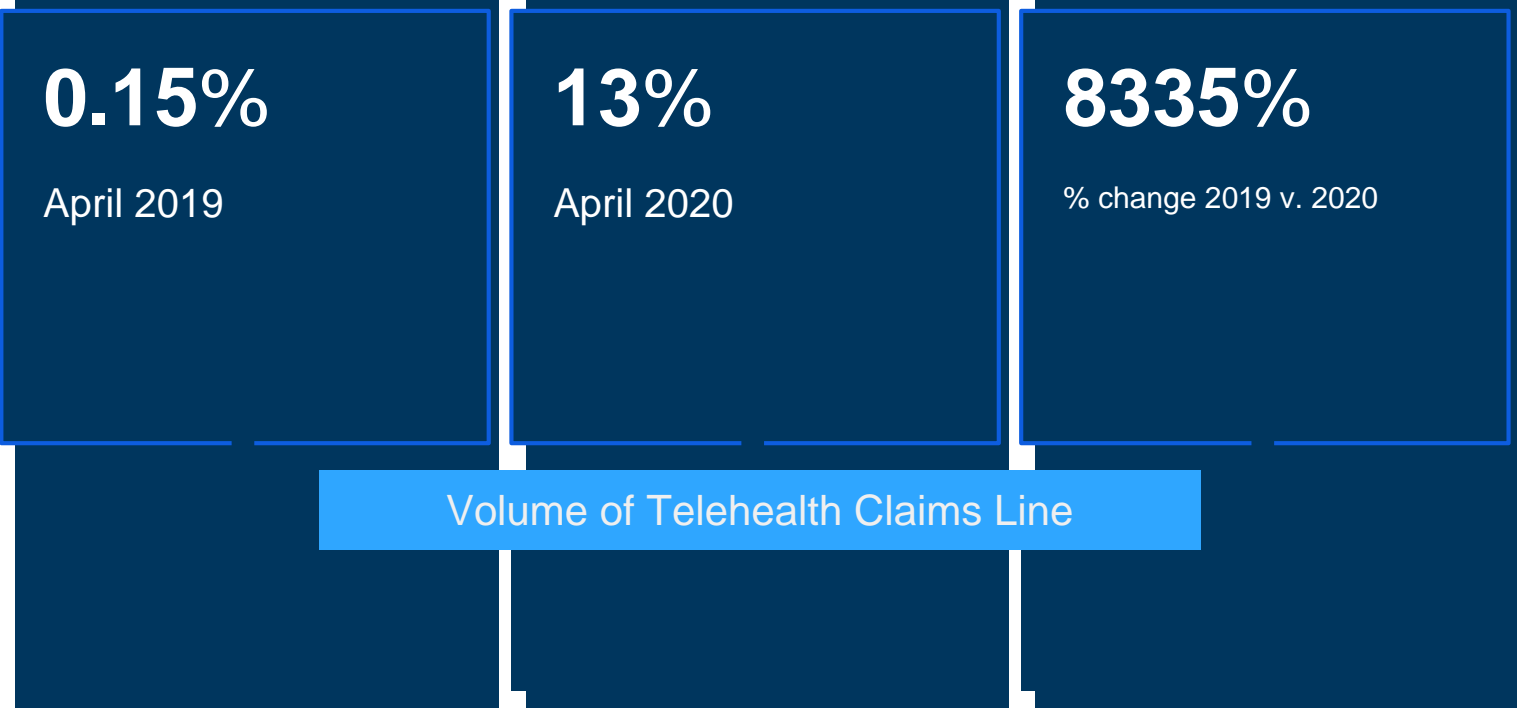
Policies and practices impacting adoption

Research and Innovation	Regulation	Coverage/ Payment	Liability	Infrastructure	Training & Professional Development
Basic research, translational research, comparative cost and clinical effectiveness research	Safety and efficacy of products and services, licensure, medical practice regulation, scope, consumer protection	Coverage, payment, coding, conditions of participation,benefit design	Med-mal, product liability, qui tam, civil/ criminal, program integrity, fraud and abuse, HIPAA	Interoperability (syntactic & semantic) and portability; broadband, wireless	Technology/ innovation adoption and re-design incentives and support

Medicare

13,000

Pre-public health emergency weekly number of beneficiaries

1.7 million

Last week of April 2020 number of beneficiaries

9 million

Mid-March through mid-June 2020 total number of beneficiaries

27%

Percentage of Hispanics beneficiaries receiving telehealth

Telehealth

Commercial & Medicare

0.15%

April 2019

13%

April 2020

8335%

% change 2019 v. 2020

Volume of Telehealth Claims Line

Source: Fair Health April 2020

Virginia Garcia Memorial Health Center

(All) - WeeklyTrend

	2020-01-04	2020-01-11	2020-01-18	2020-01-25	2020-02-01	2020-02-08	2020-02-15	2020-02-22	2020-02-29	2020-03-07	2020-03-14	2020-03-21	2020-03-28	2020-04-04	2020-04-11	2020-04-18	2020-04-25	2020-05-02	2020-05-09	2020-05-16	2020-05-23	2020-05-30	2020-06-06	2020-06-13	2020-06-20	2020-06-27	2020-07-04	2020-07-11
Face to Face	1,542	4,269	4,151	3,586	4,287	3,965	4,198	4,125	4,271	4,031	3,705	1,164	669	712	769	861	932	1,006	1,057	1,136	1,237	1,007	1,624	1,559	1,598	1,777	1,426	2,016
Telemed	18	44	52	49	49	61	45	60	51	71	385	1,753	2,043	1,976	2,070	2,048	2,047	2,135	2,019	2,109	2,149	1,806	2,190	2,098	1,991	2,013	1,739	1,984
% Telemed	1%	1%	1%	1%	1%	2%	1%	1%	1%	2%	9%	60%	75%	74%	73%	70%	69%	68%	66%	65%	63%	64%	57%	57%	55%	53%	55%	50%

OCHIN

Telehealth Encounters Increase Nationally as In-Person Encounters Decline in Response to COVID-19
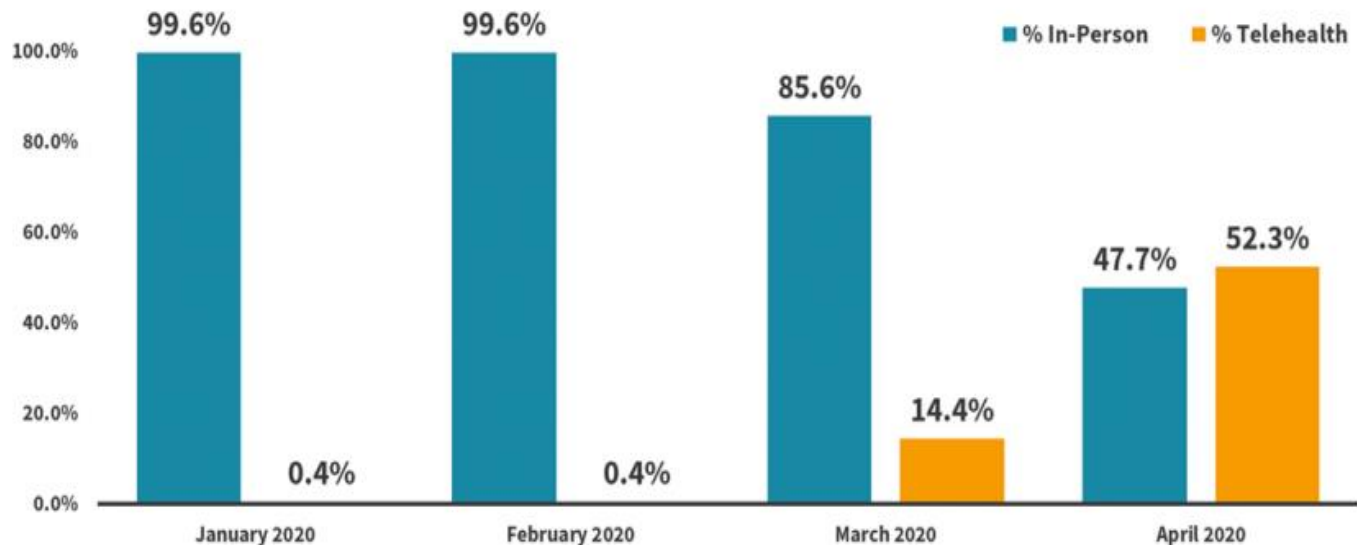
Source: F2F vs. Telehealth Encounters Tableau Dashboard, OCHIN.

Digital tools used to support research, public health, and consumer education

Pandemic Resource Network

Radical Health

Range of Innovation and Community Resources

The Future of Digital Health

10 Year Outlook: deepening shortages in face of rising demand

Physician workforce data projections for 2032: overall physician shortage up to 121,900

Primary care shortage: up to **55,200**

Medical specialist shortage: up to **12,100**

Surgical specialist shortage: up to **23,400**

Other specialists: up to **39,100**

Source: AMA Council on Long Range Planning and Development - Health Care Trends: The Aging Population

40 Year Outlook: Dementia as a Case Study

Over the next 20 years, the total prevalence of Alzheimer's disease and related dementias in the US is expected to approximately double from 7.2 million to nearly 13 million

From 2020 to 2060, the number of Latinos with dementia will grow by nearly 440 percent, compared with 69 percent growth among non-Hispanics.

Latinos are likely to be disproportionately impacted by caregiving responsibilities as we have the highest reported prevalence of caregiving.

Source: Kevin A. Matthews et al., "Racial and Ethnic Estimates of Alzheimer's Disease and Related Dementias in the United States (2015–2060) in Adults Aged ≥65 Years," Alzheimer's & Dementia, vol. 15 (2019): 20, https://doi.org/10.1016/j.jalz.2018.06.3063.

Reducing the Cost of Dementia, Milken Report 2019

Policies and practices impacting adoption

Research and Innovation	Regulation	Coverage/ Payment	Liability	Infrastructure	Training & Professional Development
Basic research, translational research, comparative cost and clinical effectiveness research	Safety and efficacy of products and services, licensure, medical practice regulation, scope, consumer protection	Coverage, payment, coding, conditions of participation, benefit design	Med-mal, product liability, qui tam, civil/ criminal, program integrity, fraud and abuse, HIPAA	Interoperability (syntactic & semantic) and portability; broadband, wireless	Technology/ innovation adoption and re-design incentives and support

Thank you

Health Home Care & COVID-19: Challenges and Changes

Diana Torres-Burgos, MD, MPH
Hispanic Health Advisor, National Hispanic Health Foundation
Chair, NHMA New York City Chapter
New York City, NY

Home Health Care & Home Care

HOME HEALTH CARE

- Agencies that provide medical services ordered by a physician for a specific condition. May include nursing care to help a person recover from surgery, an accident, or illness, physical, occupational, or speech therapy and temporary home health aide services.
- Services covered by Medicare.

HOME CARE

- Agencies that provide health services and equipment to individuals who are homebound. Includes non-skilled personal care such as Home health aides.
- Services not covered by Medicare.
- Medicare only covers these services if you also are getting skilled nursing care or rehabilitative care that are provided in your home.
- Services may be covered by Medicaid however eligibility and programs for older adults vary by state.

Differences between Home Health Care and Home Care

Home Health Care vs Home Care

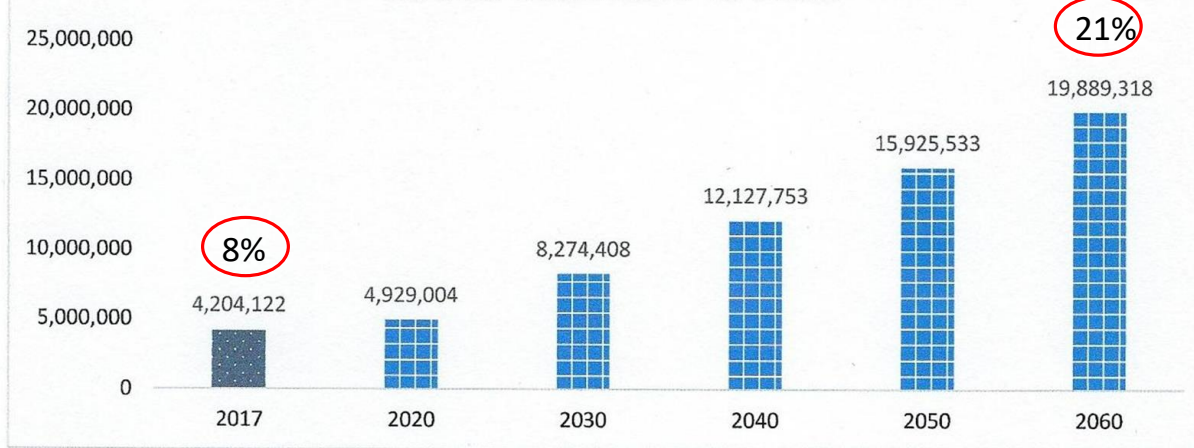|	Home Health Care	Home Care
Original Medicare approved	Yes	No
Medicare Advantage approved	Yes, may vary depending on insurer	No
Medicaid approved	Depends on state	Depends on state
Covers long term care	No	Yes, if specified
Skilled nursing	Yes	No
Rehabilitation therapy	Yes	No
Meal preparation	No	Yes
Activities of daily living (bathing, cleaning etc.)	No	Yes
Requirements for enrollment	Yes	No, unless enrolling in Medicaid funded program

Aging U.S. population and Home Health Care

o **America is Aging.**

o **At increased risk for severe illness with COVID** -Older adults and persons with pre-existing medical conditions

o **Covid19 pandemic revealed that Nursing homes are very vulnerable!**

o According to the CDC National Center for Health Statistics,   five major long-term care sectors served 8.3 million people in the US in 2016.

- ◦ Adult day care services (3.5%)
- ◦ **Home health agencies (53.7%) - 82% over 65y**
- ◦ Hospice (17.2%)
- ◦ Nursing homes (16.2%)
- ◦ Residential care communities (9.7%)

o **More people want to stay in place.**
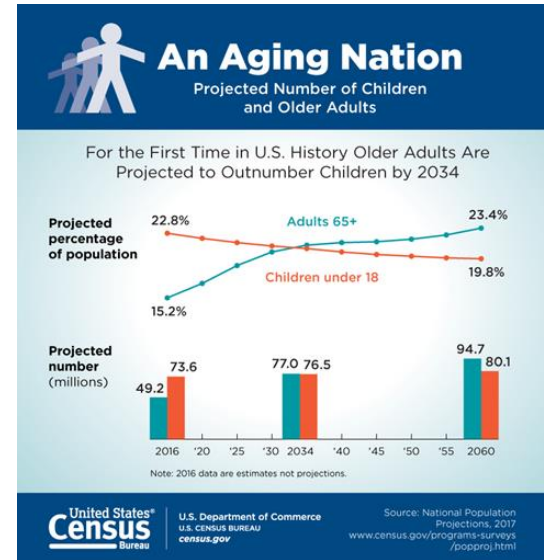
Older Latino population also growing.

Population and Projections of Hispanic Americans Age 65 and Over: 2017 to 2060

- 2017: 4,204,122 (8%)
- 2020: 4,929,004
- 2030: 8,274,408
- 2040: 12,127,753
- 2050: 15,925,533
- 2060: 19,889,318 (21%)

Source: U.S. Census Bureau, Population Estimates, 2017 and Population Projections, 2017 (revised)

- In 2018, 1 in 4 Latinos age 65+ lived alone.

Direct Care workforce (Frontline workers)

Predominantly female (86%).

Demographics: 30% Black/AA, 18% Hispanic, 7% Asian, 4% Other.

Home care sector
- ◦ Highest number of workers of color (62%).
- ◦ Relies on immigrant workers, 31% of home care workers born outside US.
- ◦ Low wages, benefits vary.

https://comptroller.nyc.gov/reports/new-york-citys-frontline-workers/
https://phinational.org/wp-content/uploads/2020/01/Its-Time-to-Care-2020-PHI.pdf

Challenges

o Care Model - face to face in home treatment

o Lack of PPE/testing

o Safety/quarantine of COVID + patients and care givers

o Fear – refusal of receiving or providing services

o Workforce shortage

o Isolation – no social supports

o Unable to do assessments

o Care Access to transition to home care
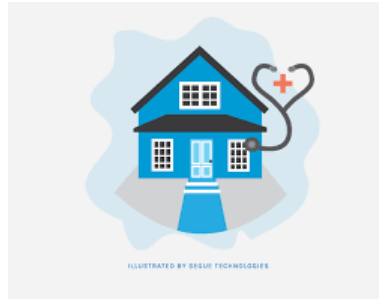
o Patient-Driven Groupings Model (PDGM)

http://pqhh.org/wp-content/uploads/2020/04/200402-Home-Health-Industry-Barriers-To-Care_FINAL2.pdf

Changes

o Telemedicine
  o Physician Order
  o Telephonic Health Assessment
  o Reimbursement

o Screening of patients and workers

o Waivers- Reassessments, home visits, Personal Assistant

  Annual Assessments, in home trainings suspended.

o Finances- State budget impacts

Home Health Care Future

"Demand for Home health care will only increase as population ages

and more patients and families opting to receive care at home."

https://homehealthcarenews.com/2020/06/predicting-covid-19s-long-term-impact-on-the-home-health-care-market/