

12:59:57 From Laura Heesacker to All panelists : Hi Julie

13:00:15 From Laura Heesacker to All panelists : Hi Patti

13:00:40 From Comagine Health Webinar (1) : <https://comagine.org/>

13:01:09 From Comagine Health Webinar (1) : <https://comagine.org/partnership>

13:02:43 From Neftali Serrano : Hey everyone!

13:02:59 From Ángel Ramírez to All panelists : Hello!

13:03:37 From Neftali Serrano : Keep your chat box open if possible and we will chat while the presentation runs. Feel free to comment and post here your reactions.

13:03:48 From jane lincoln to All panelists : ok

13:05:16 From Mark Nolte to All panelists : Hello from Denver- Mark Nolte with www.StartTalking.io in the teletherapy space.

13:06:21 From Sharon Smith : Welcome, thank you for joining!

13:07:35 From margot osorio to All panelists : Greeting from Peru PE love you Patti ❤️

13:09:36 From Courtney Bancroft to All panelists : This is great will the slides be available later on?

13:10:05 From Neftali Serrano : Yes, a recording will be available showing the slides.

13:13:12 From David Ross : a link to the slides will also be provided in a follow up email sent to all registrants later this week.

13:14:00 From Chris Hollis to All panelists : Is this a model that could be implemented--at least in some manner--in school-based health centers?

13:14:38 From Julie Oyemaja to All panelists : yes PCBH has been implemented in many SBHCs. It very much is needed there

13:14:54 From Neftali Serrano : PCBH has been implemented in some school based health centers. A lot depends on the design of services in the health center.

13:15:42 From Neftali Serrano : If it is pretty close to what standard primary care would look like and as long as the requisite consents (parents) can be easily achieved, then it is not that different than what you need to stand up medical services.

13:17:03 From Shanda Wells to All panelists : When seeing patients in person, how are you balancing the need for PPE vs. limited availability?

13:17:32 From Aaron O'Connell to All panelists : are BHC trained on how to use masks?

13:18:28 From Julia Heinlein to All panelists : What is the protocol when a patient has a temperature?

13:19:00 From David Bauman : yes we're trained w/masks

13:19:15 From David Bauman : they are sent to the car visits if they have a temperature

13:20:02 From Tracy Vadeboncoeur to All panelists : can you copy and paste the question in your response? we cannot see the question, just the answer without context

13:20:41 From Neftali Serrano : Everyone: If you click on the To: it should allow you to post your questions so everyone can see them.

13:20:57 From Neftali Serrano : Choose all panelists and attendees.

13:21:07 From Tracy Vadeboncoeur to All panelists : TY!

13:21:08 From Helen Barrow to All panelists : Thanks so much for this webinar !Can someone please type in the link to the white paper mentioned please in the cfha.net website. Sorry I am not finding it

13:21:54 From Neftali Serrano : Look for the press release section under About Us: <https://www.cfha.net/page/PressReleases>

13:22:16 From Lexy Kliewer to All panelists : Who is involved in the daily virtual huddle?

13:22:29 From Helen Barrow to All panelists : thanks !

13:22:57 From Neftali Serrano : Julia, your question about patients with temperatures: they should be triaged with your COVID protocols. Generally, BHCs should not be seeing this patients in person. Most COVID protocols have these patients isolated from most staff and sometimes sent to other testing agencies.

13:24:14 From Neftali Serrano : Lexy asked about who is involved in the daily huddle. Great question I'll ask in the Q&A portion to all panelists!

13:24:31 From Kathy Warren to All panelists : How do you communicate need for WHO when BHCs not in clinics? How are your providers reaching out to the BHC and having that real time handoff (but via technology)?

13:25:33 From David Bauman : we are almost all on site, but a few times when the BHC had to be at home, we use Microsoft teams instant messenger

13:25:35 From Neftali Serrano : Kathy had a great question about the method of the warm handoff. David and Bridget use Microsoft Teams. I'll make sure to ask this as well at the end.

13:25:53 From Natalie Rivera : Recommendations on guidelines for phone only intakes?!

13:25:54 From Sara Todd : How do we access the white paper mentioned at the beginning?

13:26:08 From Neftali Serrano : Sara: <https://www.cfha.net/page/PressReleases>

13:27:19 From David Ross : Here is the link to the document just mentioned- <https://bit.ly/BHCCOVID19>

13:27:59 From Neftali Serrano : Natalie asked about phone only intakes. Good question. Basically I teach BHCs to treat these exactly like in person consults, with just a few differences in the introduction, including what to do if the connection breaks down and getting the location of the person in the event of a crisis.

13:28:31 From Andrew Cohen to All panelists : Corona crisis has pushed our Peds Practice (UR / Golisano Children's Hosp) to formalize / optimize our referral workflows from medical providers to social work, care coordinators, children's health home, and BH. Referrals that were already available / used pre-COVID, but now optimized and supercharged. Go, go integration!

13:29:08 From David Bauman : agreed w/Neftali - same structure for phone visits!

13:29:10 From Allison Whisenhunt to All panelists : Will the slides be made available? Such great info!

13:29:32 From Neftali Serrano to Allison Whisenhunt and all panelists : Yup

13:30:06 From virna little to All panelists : I have not heard you mention Collaborative Care or using the Collaborative Care codes , especially during these times

13:30:22 From virna little to All panelists : I am wondering if you provide Collaborative Care and or use the codes, thanks

13:31:03 From Neftali Serrano : Virna asked about the CoCM codes. Good question! I'll ask the group at the end.

13:31:09 From Natalie Rivera : Thank you!

13:31:38 From Joseph Tan : for the Q/A: For the sites that have shifted to remote work + telehealth, what criteria are you tracking when considering ramping up in-person services (e.g. PPE availability, testing availability)?

13:32:48 From Neftali Serrano : Great question Joseph. I know a lot of clinics are thinking through this right now. Do you have some thoughts?

13:34:40 From Courtney Whitt to All panelists : thank you all! this has been really reassuring/validating -- has felt like a gamble/risk (and not always popular!) making the decision to keep BH on the frontline (while also doing tele when able/indicated) but its really about living our mission in solidarity to serve our communities -- providing patients access and outside of the direct provision of care, supporting the BH needs of our teams/organization

13:35:28 From Sarah Wright to All panelists : What is a Balint Group?

13:35:40 From Andrew Cohen to All panelists : I am not able to save the valuable chat transcript. Could you please save / send along with the slides? Thanks.

13:36:05 From Thekla Ross to All panelists : Go Laura and Sharon!

13:36:08 From Neftali Serrano : A Balint Group is a process group, often for physicians, but can include others.

13:36:23 From David Bauman : our medical clinic have a whole covid work flow - keeping anyone w/covid sx's to do a car visit

13:36:35 From Sarah Wright to All panelists : Thanks, Neftali!

13:36:36 From Neftali Serrano to Andrew Cohen and all panelists : Yup

13:36:55 From Thekla Ross to All panelists : Balint translates well online

13:37:32 From Sara deCarvalho to All panelists : Joseph- here in RI we started to do an exercise of what we would need. quite honestly the more I thought about it, the more it made us want to sit tight with telehealth until things are more stable. having to supply all the PPE, temp checks and triage questions, keeping team meetings/huddles under 5 just made the return feel not worth it when telehealth and working from home is meeting our needs and we are 'stable'

13:37:37 From Neftali Serrano : Think about a Balint group as a way to debrief what it means to be a healthcare professional.

13:37:52 From Joseph Tan : nothing productive, we feel like we're wandering a little in the wilderness here, especially since sustained indoors in-person contact seems to carry a higher level of risk (<https://www.erinbromage.com/post/the-risks-know-them-avoid-them>)

13:39:15 From Amelia Muse : This is great - thank you panelist. Any data or workflow specifics (i.e. barriers noted, strategies) to consider for patients of color specifically.

13:40:52 From Amelia Muse to All panelists : Apologies as I am on a colleagues link. the comment from Amelia Muse is actually from Monica Harrison, LCSW.

13:41:46 From Neftali Serrano : Joseph, this is the challenge for sure. Each setting will have to do a risk assessment which includes the perceived risk that staff and patients feel in the community. This will differ by location. In the end the goal is to create an environment that mitigates not only the real risk, but the PERCEIVED risk since you can't operate well in an environment of fear. PPE availability is part of the equation - all consults should utilize PPE when in person. Spacing of staff is another consideration. However, in the end, it comes down to the former questions related to risk assessment. It's kind of like the sports league now that are polling their players whether they feel safe coming on.

13:43:18 From Neftali Serrano : Monica asked about strategies for persons of color related to barriers noted. Great question for the Q& A. Persons of color are disproportionately affected!

13:46:10 From Matt Davis : Any good resources for financial stressors for undocumented folks who did not receive a stimulus check?

13:46:51 From Diana Cazares : Hey Matt, I've had luck with United Way

13:47:35 From Matt Davis : Thanks Diana!

13:47:39 From Jeffrey Leichter : Jana Martin, Ph.D., CEO of the APA Insurance Trust, mentioned in a webinar this week that BH professionals who continue to see patients face to face, should document your reasoning for resuming in-person treatment of your patients, especially those at risk . This seems like such a topsy turvy development, almost 180 degree about from a few months ago. Are panelists encouraging their BHCs to specifically include face to face risks in primary care as part of informed consent? Thanks, great conversation.

13:48:20 From Natalie Rivera : Any barriers connecting patients with specialty long-term care? I imagine flexibility has been key

13:49:37 From Shanda Wells : Also curious how everyone is dealing with the seemingly daily changes in billing practices and how to communicate those to patients, especially during a warm handoff.

13:50:15 From David Bauman : we've been really enlisting our financial counselors!

13:52:41 From Cynthia Garza to All panelists : I understand this talk is about workflow, but if there is time, can the teams who are reporting discuss how they have supported PCPs, residents, staff who may be feeling overwhelmed?

13:53:17 From sarah trane : Our reimbursement has been LOW for telehealth vs face to face visits. anyone else running into this??

13:53:38 From nina perales to All panelists : that's a beautiful answer! re: going back to office

13:53:51 From Elizabeth Zeidler Schreiter : Thank you

13:54:36 From Neftali Serrano : Reimbursement varies significantly state to state for sure. Many states have parity, some do not unfortunately.

13:55:26 From Aaron O'Connell to All panelists : thank you so much for sharing all your experiences. Great to hear about it. Love your work. Regards from across the other side of the world. Aaron New Zealand....

13:55:39 From David Bauman : Hi Aaron!!!

13:56:12 From Patti Robinson : Hi Aaron!

13:56:30 From David Haddick : Virtual visits are far less onerous for the low income population.

13:56:35 From Marcia Sasano to All panelists : Hi Aaron!!

13:57:04 From Patti Robinson : Agree with you on that, David.

13:57:12 From David Bauman : hi Marcia!

13:57:20 From Joseph Tan : We had the same exact experience of rapid scale-up! From planning to pilot 1 telehealth visit/week on February to doing 100% telehealth visits in March

13:57:24 From Elizabeth Zeidler Schreiter : Agreed that virtual visits allow enhanced access for underserved communities with other impacts to accessing care

13:57:47 From David Bauman : phone has been very valuable for some folks w/SDOH

13:58:44 From David Bauman : I was surprised how much people LOVE phone visits, and how many don't ask for video and say they prefer phone

13:59:14 From Elizabeth Zeidler Schreiter : Having data related to PT preferences as well as AV capacity will be important related to advocacy

13:59:38 From William O'Connell to All panelists : Comment: Thank you for providing this forum. After a few rounds with our compliance team, our BHC's started virtual groups. We have a unique billing system so it easy to provide groups in our organization. So far groups have been a tremendous way to potentially connect with a broader number of patients and utilize the group dynamic to address isolation as well as teach coping skills. Our patients generally represent seniors, some of whom live alone.

14:00:03 From nina perales : thank you so much for getting this together. so very helpful to check in at this phase.

14:01:04 From Laura Fisk to All panelists : I have a meeting at 1pm - apologies - I will need to drop off in the next 5 minutes... you all did so AMAZING and so VALUE this conversation! Thanks for being such great leaders in the world of PCBH.

14:01:30 From Kristina Brown : Thank you all so much! Have to head to another meeting! Looking forward to slides and recording to pass on ... - Kristina Brown (PS Hi Bridget and David!)

14:01:43 From Elizabeth Zeidler Schreiter to All panelists : Nice work Laura! Great to collaborate with all of you

14:01:48 From kim kalupa to All panelists : will there be a video link sent out following the presentation?

14:01:54 From Ángel Ramírez to All panelists : Thank you very much!

14:01:57 From Rita Billow to All panelists : Thank you! so helpful!

14:01:59 From David Bauman : hi DR. Brown!!!

14:02:17 From Mark Vogel to All panelists : Very helpful session - lots of ideas that we need to address our IPC efforts during the current crisis.

14:02:28 From Ángel Ramírez to All panelists : and Mexico!

14:02:33 From Marcia Sasano to All panelists : Fantastic to hear of your experiences in the

14:02:40 From Marcia Sasano to All panelists : US

14:03:17 From Patti Robinson : Hello, Marcia! Have a great day training!

14:07:15 From Laura Barkwill : Thanks all this has been fab! Have to head off to the next meeting now. Have a great day!

14:08:06 From David Bauman : good job Beth!!!!!!!!!!

14:09:16 From Andrew Huff : thx everyone! Andrew CareOregon

14:09:25 From David Bauman : hi Andrew!

14:09:36 From Patti Robinson : Just another encouragement - I've been experimenting with training BHCs virtually and they do telephonic services as a part of their training . . . we are needed probably more than ever.

14:11:00 From Phillip Hawley to All panelists : 99%

14:11:27 From Kristin Garcia to All panelists : I have been working on that too Patti! It's been a very unique process to think through how to virtually train, have staff shadow, or engage a clinic as a new staff member!

14:11:31 From Natalie Rivera : Thank you for going over this!

14:11:39 From David Bauman : we give pt preference!

14:13:40 From sarah trane to All panelists : I love phone visits BUT my medical system says we don't get paid for these so are not encouraging. but I still do them b/c patients need the contact!

14:14:50 From Andrea Kuebbeler to All panelists : My staff love video (doxy.me) but some patients prefer phone. We have a goal of being at, at least 50% for video for both primary care and BHC visits. We're finding that we're learning many new things by being on video with patients. Family members jump into calls which has been interesting and we've been able to engage family members that would never come to the clinic.

14:15:06 From Phillip Hawley to All panelists : I would say that provider satisfaction has stayed high for our BHC program as well. They love electronic warm handoffs

14:16:56 From Comagine Health Webinar (1) : <https://integratedcarenews.com>

14:17:00 From Sarah Wright to All panelists : This was great, thank you!!

14:17:15 From Phillip Hawley to All panelists : thank you