FIELDING FOCUS
A UCLA FIELDING SCHOOL OF PUBLIC HEALTH WEBINAR SERIES
Public Health in a Pandemic: COVID-19 & Health Care Management
April 28, 5:00 PM PDT — 6:00 PM PDT  ph.ucla.edu/fieldingfocusHCM
The New Normal

Lots of planning...lots of questions

We could be here for weeks

This could happen soon...or not at all
The timing and magnitude are unknown

Eventually we will get here

How do we provide ongoing care in socially distanced world?

• What are some best practices we are learning about telemedicine?
• How can we continue to find and take care of patients in need during this time and keep them healthy?
• How can we deliver in person care safely and efficiently?

How do we plan for a surge – in patient? Outpatient?

• If conditions change rapidly, how can we be as ready as possible to quickly help care for patients?

How will we transition to a post - COVID environment?

• What can we do now to mitigate a backlog of care?
• What workflows and learnings will we carry forward?
Current State – Mid CoVid

Weekly Visit Volume vs Baseline Avg Visits/Week

- Feb 16: 16,430 (101%)
- Feb 23: 16,643 (102%)
- Mar 1: 16,305 (101%)
- Mar 8: 15,932 (95%)
- Mar 15: 8,591 (53%)
- Mar 22: 7,493 (46%)
- Mar 29: 7,563 (47%)
- Apr 5: 7,181 (44%)
- Apr 12: 7,097 (49%)
- Apr 19: 18 (0%)

Week of Service [2020]

Baseline visits/week: the average weekly visit volume from 7/1/19 - 2/28/20, excluding holiday weeks (July 4).

Data as of: 4/13/2020 4:18 PM
The Transition to Telehealth
Risk Stratification

How will you lead your departments in the transition to a new normal?

- Understanding what patients we need to prioritize based on clinical risk:
  - We have been providing care for our urgent/highest risk patients. Now, how do we expand the net to capture the next layer of patients if we are able to start to provide more in-person care?
  - "These patients are at risk of having worse outcomes or a significant adverse event if we don’t see them."
  - How would you define these patients? (Example: Derm, Mohs, Neuro, EMGs)
  - For existing patients: Can you define them using any of the following (or combination?): Diagnosis codes, medication lists, last visit date? Last hospitalization? Lab data? Provider memory? Bumped visits/surgeries? Other parameters?
  - For new patient referrals: Reason for referral? Chart review?