

Weitzman ECHO Series on COVID-19 Fall 2021: Lessons Learned for Health Centers and Organizations Providing Training

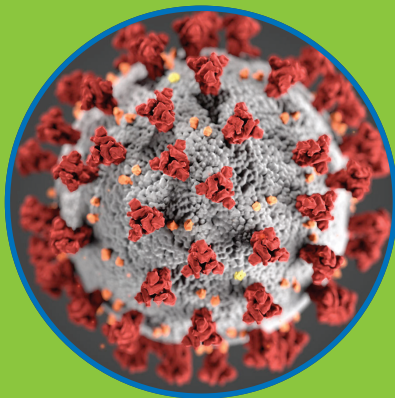
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Introduction to the Publication

Purpose

The purpose of this publication is to share an overview, associated challenges, lessons learned, and recommendations from the **2021 Fall COVID-19 Weitzman ECHO Series**.



Target Audience

This publication is intended to provide additional context on COVID-19 training and technical assistance challenges and successes for health centers and entities offering training and support for health centers across the country.

Call to Action

The topics presented during the 2021 Fall COVID-19 Weitzman ECHO Series were timely and relevant within the COVID-19 era and beyond. Health centers and those supporting them need to continue to adapt real-time to emerging challenges.

Introduction to the Series



Through regularly scheduled sessions, Weitzman ECHO provides specialty support and a live learning community for primary care providers and care team members seeking to gain expertise in the management of complex conditions.

2021 Fall COVID-19 Weitzman ECHO Series

The 2021 Fall COVID-19 Weitzman ECHO series took place from October to December. Session topics spanned a variety of needs for guidance and support throughout the ongoing COVID-19 pandemic, delivered by rotating, expert panelists including an infectious disease physician and health center leadership. Sessions provided timely and relevant information for healthcare leaders, providers, and operations staff across the country and around the globe. This five-part ECHO series was well-attended by 1,938 attendees representing over 700 organizations from across 5 countries, all 50 states, and Puerto Rico.

Curriculum Topics and Key Session Takeaways

SESSION 1:

Team-Based Care Within the Setting of COVID-19— Review and Reintroduction

- This session provided a deeper understanding of how the epidemiology of COVID-19 in the United States has evolved to the present day, outlined considerations for balancing in-person and telehealth deliveries of care within the team-based care model, and provided recommendations on how to evaluate patient satisfaction with in-person, telehealth and telephone visits.
- Balancing in-person care with telehealth care
 - Must balance:
 - Clinical need
 - Patient and staff safety
 - Discipline and role specifics
- Team-based care and the virtual team
 - Incident-to-care for telehealth providers



SESSION 2:

Boosters for Immunocompromised and Patients at High Risk

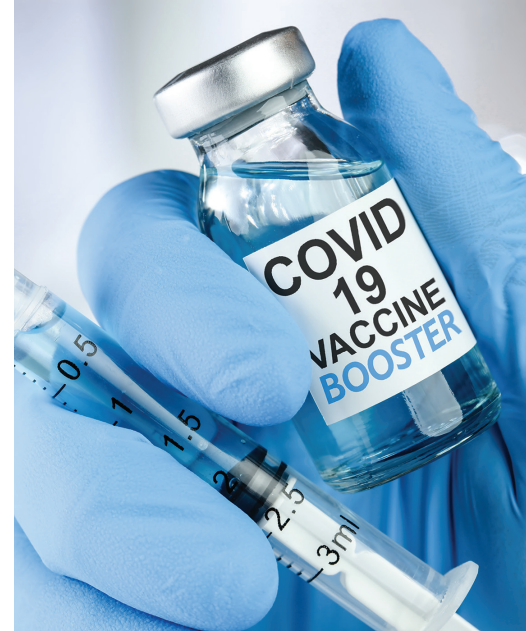
- This session described the differences in eligibility and efficacy between the third dose and booster, provided recommendations on communicating third dose and booster information with both clinical staff and patients, and explained some considerations for promoting third dose and booster shots to high risk patients.
- Boosters:
 - Pfizer vaccine approved 3rd shot 6 months out
 - “Mix and match” NIH study showed increased immunity:
 - J&J vaccines given another J&J booster = 4x
 - J&J vaccines given Moderna = 76x increase

SESSION 3:

Pediatric Vaccines in the Team-Based Care Model

(Most Popular Session)

- This session reviewed pediatric vaccine information, highlighted key changes and best practices to vaccine administration for pediatric populations, and provided best practices for communicating pediatric vaccine information to caregivers and families.
- This topic was particularly timely as it immediately followed the emergency use authorization of COVID-19 vaccines for children ages 5-11 on October 29, 2021.
- Pediatric vaccine approvals:
 - FDA authorized use of the Pfizer vaccine for ages 5 through 11 years
- Vaccination program for children aged 5 to 11 will start “running at full strength” during the second week of November, per the White House
- There are 28 million children aged 5 to 11, but surveys indicate only approximately 1 in 3 parents will have kids vaccinated immediately
- As of October 2021, there were over 8,300 COVID-19 hospitalizations of 5 to 11 year olds
 - Over 30% had an underlying condition
 - Once hospitalized, 1/3 of kids ended up in the ICU
- Most common symptoms: fatigue, headache, insomnia, trouble concentrating, muscle and joint pain, and cough
- COVID-19 can have significant impact on kids’ quality of life
 - Limitations on physical activity
 - Feeling distressed about symptoms
 - Mental health challenges
 - Decreased school attendance/participation
- Vaccination location is important. Here are some successful locations for family vaccination:
 - Schools and School-Based Health Centers
 - Churches
 - Civic Organizations
 - Grocery Stores
 - Barber Shops/Hair Salons
 - YMCA and YMCA Afterschool programs
 - Food Pantries/Food Banks/Shelters
 - Community Events/Fairs
 - Public Housing



**28 MILLION
CHILDREN**
aged 5 to 11—only
1 in 3 parents



**would vaccinate kids
IMMEDIATELY**



SESSION 4: Community Engagement Pathways

- This session outlined recommendations on outreach and messaging to families about providing a COVID-19 vaccine for their 5-12 year old children and described ways to identify at-risk populations' needs and recommendations on how to collaborate with local community resources to increase COVID-19 vaccinations in such populations. The session also provided current examples of COVID-19 vaccination efforts with community partners and highlight the impact these efforts make for community members.
- Conduct a basic community needs assessment
 - Are there gaps in community-based service organizations in the area or communication with them?
 - Are there gaps in healthcare or other services in the community being served? Labs, specialists, etc.
 - Are there gaps in resources that can be referred to in the community being served? Food, housing, etc.
 - Are there other gaps like supplies, household items, etc., that can be brought to outreach events?
- Acknowledge hidden populations including those experiencing:
 - Intimate partner violence
 - Housing/food insecurity
 - Lack of insurance
 - Lack of U.S. legal status
 - Justice involvement
 - Migrant/seasonal farm work
 - Substance use
- Use existing resources
 - Request participation in established community events/activities
 - Request increased communication with housing case managers, soup kitchen outreach staff, CHW's
 - Join community care team meetings
 - Actively participate in committees, consortia, and networks that work with your target population

SESSION 5: Supporting Staff During COVID-19

- This session recognized ways to identify challenges and stressors that health center leadership and staff face as a result of responding to COVID-19, discussed employee retention strategies to provide staff with opportunities to feel heard and recognized, and reviewed ways in which Community Health Center, Inc. has updated its current hiring practices and efforts in response to staffing shortages.
- Reflections on COVID-19 as a leader:
 - Stand alongside staff
 - Acknowledge stress: One in three Americans said sometimes they are so stressed about the COVID-19 pandemic that they struggle to make even basic decisions
 - Working from home presents new stressors
 - Work-life balance boundaries have become blurred and professional boundaries may need to be re-established
 - Embrace qualities of home-life, as appropriate
 - Take advantage of the opportunity to train the next generation in the hybrid model
 - Address and continue team-based care with gaps in staffing and some staff remote
 - Re-evaluate the FTE needed to support a panel
 - Re-evaluate priorities to address during clinic visits
 - Recognize patient preferences to be remote or onsite
 - Provide staff with platforms to be heard (e.g., town halls, listening sessions, one-on-one meetings)
 - Recognize and appreciate staff (e.g., salary reviews, bonuses, lunches, thank yous)
 - Acknowledge rising leaders

Remember that words matter when outreaching to 5–12 year old children. Suggest:

Who are your adults?

Can I speak to the adults who care for you at home?

Vaccines are a type of medicine that prevent certain kinds of sickness.

May I give you some information about...?

**Listen to parents.
Here is what we've heard:**

- If the shot is available when we tell them about it, then they are more likely to get it for their child.
- Having to come back many times for their own shot was a deterrent for parents to get child vaccinated.
- Feel child is protected if the adults in family are vaccinated.
- Perception that kids are less likely to be affected by COVID-19.
- Some parents were uncomfortable having it done in school because they wanted to be present.



Summary

Challenges

- There are still many unanswered questions surrounding COVID-19 and beyond. Participants asked numerous thought-provoking questions relevant to discussion topics. These questions represent lingering inquiries brought up by the pandemic, which are still relevant today.
 - E.g., If the hybrid model is not going away, what does that mean for society? Is it a plus or a minus?
 - E.g., Are there any long-term interpersonal problems that we may be overlooking when it comes to utilizing telehealth?
- COVID-19 protocols are ever changing as research is conducted and more knowledge is gained. These COVID-19 ECHO sessions provided up-to-date and just-in-time information on the state of COVID-19, but policies and protocols explained during the sessions may have changed after the ECHO was presented.

Lessons Learned

- Even almost two years into the pandemic, challenges facing health centers continue to change rapidly and span the entire workforce including leadership, clinicians, and operations staff. However, health centers can face these challenges by remaining responsive and flexible, forming effective community partnerships, and seeking up-to-date information.
- Having the same strong facilitator lead each of the ECHO sessions was important to the flow of the sessions. The facilitator was instrumental in linking the content delivered by presenters during each session and connecting the dots for participants on the topics between all five sessions. While the topics were varied, they were also highly complementary, addressing interconnected factors contributing to ongoing challenges.
- COVID-19 response strategies illuminated the need for health centers to connect with patients outside of the clinic walls, whether that be to offer vaccine clinics within the community such as schools and churches or to partner with local agencies in response to community needs to ensure patients have necessities such as food and clothing.

Recommendations and Conclusions

- Key themes highlighted by COVID-19 ECHO included the need for open, effective communication with staff and patients to address these rapid changes; the increased stressors on both patients, who may be experiencing more limited resources during this time, as well as the workforce, facing burnout throughout the pandemic and now as a response to increasing staff shortages; and opportunities to leverage telehealth and hybrid care models. Health center teams should continue to learn from each other as best practices for clinical and operational processes and activities emerge during the pandemic response. Agencies training health centers must also remain agile in this ever-shifting COVID-19 landscape to provide just-in-time content to health center leaders, clinical providers, care team members, and operations staff.

Continuing Education

Continuing Education Credits

- 464 continuing education credits awarded over the five live sessions with most CE credits being awarded to nurses.



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Joint Accreditation

Community Health Center, Inc. and its Weitzman Institute are accredited by the Joint Accreditation for Interprofessional Continuing Education to provide CME/CE credits for the health care team. CME/CE credits for participation at live COVID-19 ECHO sessions were available for physicians, nurses, nurse practitioners, physician associates/assistants, psychologists, clinical social workers, dentists, pharmacists, and dietitians.

For More Information

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