



Karen Chambers  
VP of Market Clinical Operations  
naviHealth

As I've reflected on the last few months and the pandemic we have faced together as a nation, I have found myself revisiting flashbacks of patient stories. The story of the daughter who made the tough but right decision to send her mother to long-term care amid COVID-19; the senior patient that lost both her dog and cat after being admitted for a fall and then faced the harsh mental health impact of isolation and depression upon returning to an empty home; and the numerous clinical colleagues that, time and again, chose to run "into the fire" for the patients they served.

It has been an emotional and heart-wrenching few months amid COVID-19. And yet, at the same time, this a period of fast and furious teachings as healthcare organizations learned how to adapt quickly in order to best serve the needs of critical COVID-19 patients. From the jump to virtual care to addressing unnecessary administrative burdens and enabling home-based senior care, alongside our trusted provider and health plan partners we faced the challenges presented by COVID-19 with grace despite the immense pressure.

**Making the move from in-person to virtual care a reality**



Our clinical team also had to adjust to this change and make a fast transition from in-person care, patient education and training – to virtual care, education and training. Making the change to virtual was not optional, by any means, and it was not easy.

Nonetheless, our clinicians worked hand-in-hand with our clients to provide patient-centered care in a newly fashioned model – face-to-face by computer or voice-to-voice by phone.

The first challenge naviHealth faced alongside our provider and health plan customers was the need to enable virtual care by employing telemedicine. While a seemingly easy change given the advent of technology, the reality is that things like current standards, infrastructure, regulations and reimbursement procedures were not already set-up to properly and swiftly adopt virtual care.

### **Reducing unnecessary administrative burdens**



A second challenge we worked diligently to address was quickly reducing any and all administrative burdens for our provider and health plan partners. Efforts such as streamlined communication and detailed collaboration went a long way toward making sure

that quality patient care remained priority one despite the many hurdles encountered during COVID-19.

We also worked closely with our clients to adhere to all guidance and applicable waivers from the Centers of Medicaid and Medicare Services (CMS). This included reducing or waiving pre-service expectations and expediting prior authorization requirements in order to more quickly work through discharge planning so that appropriate patients could be transitioned safely. This seemingly minor administrative change saved hours of time and resources and ensured that more beds were available in acute settings for COVID-19 patients.

### **Enabling home-based senior care**



Amid these challenges, a variety of lessons learned were achieved. Perhaps, most notably, the critical importance of enabling home-based models of care that integrate both traditional patient care – as well as non-clinical care and support. One important lesson COVID-19 taught us was that we need to embrace new models of care that allow people – especially seniors – to heal in the comfort and safety of their homes.

In addition, COVID-19 put a spotlight on the need for a more holistic approach to care that includes and prioritizes social determinants of health. If a patient has recovered from hip surgery but has no access to having groceries and medications delivered, then that patient's health and safety will be compromised, and they will be at a greater risk of being exposed to the virus.

Much of the work our team did during COVID-19 was not just clinical in nature, it was human-focused – such as helping people get access to Meals on Wheels, calling patients to check-in on their mental health and to make sure they were able to manage social isolation appropriately during the pandemic, and even coaching patients and/or their caregivers on

how to use technology for virtual care appointments and apps for grocery deliveries when needed.

Many of the patients we served during COVID-19 were vulnerable because they were seniors with chronic conditions and more susceptible to the illness. This experience ignited a new vision for what senior-centered care can and should look like – including the need to make home-based care a reality in order to adopt value-based care initiatives and support the growing number of Americans who are aging and will be in need of more care in the years to come.

COVID-19 is a reminder of the power and ability we have as healthcare workers and leaders to help heal and to use human touch and empathy to provide care and support for those who need it most. As we trek forward and apply the lessons learned from COVID-19, we are more committed than ever to our core purpose – to provide patient-centered care that helps seniors live more fulfilling lives.