



Telehealth and the Remote Environment: Considerations for the Post-Pandemic Workforce

2021 FOM/IT – Las Vegas, NV

October 19, 2021

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



Why are we here today?

“In March 2020, we implemented a 3-year strategic plan for telehealth in a 3-day weekend. **Our telehealth visits went from less than 5% of overall visits to over 50%. Most of our staff were assigned to work remotely for their safety and that of our patients.** No one expected this kind of emergency, but everyone stepped up to get it all done.”

--Community Health Center CEO



Telehealth and the Remote Environment: Considerations for the Post-Pandemic Workforce



Objectives

- **Gain an understanding of legal considerations** associated with remote work relative to corporate, professional, IT, and employment risks.
- **Identify tools and techniques** to assist health center leaders in building team cohesion with remote employees.
- **Learn how to apply legal risk considerations** to leadership and building new hybrid teams.

Telehealth & Remote Environment

AGENDA

1 Legal Considerations

2 Team Cohesion Building Approaches

3 Reflections on Legal and Remote Work Considerations

Questions & Answers

Our Featured Speakers



Molly S. Evans, JD
Partner
Feldesman Tucker Leifer Fidell LLP



Kemi Alli, MD
Chief Executive Officer
Henry J. Austin Health Center



Beth Wrobel
Chief Executive Officer
HealthLinc, Inc.

Molly S. Evans, JD, Partner Feldesman Tucker Leifer Fidell LLP

Molly S. Evans is a partner in the Health Law and Non-Profit & Corporate Law practice groups. Ms. Evans assists health care providers with regulatory, transactional, corporate compliance, and risk management matters, with a particular interest in client counseling regarding professional liability and Federal Tort Claims Act compliance matters.

Ms. Evans formerly served as in-house counsel at a large, multi-site community health center in Washington, DC where she held primary responsibility for identifying and managing the legal risk issues throughout the health center. She earned her undergraduate degree from Middlebury College in Political Science and Government/Spanish. Her law degree was conferred from Washington & Lee University School of Law and she is admitted to the Bar in DC and Virginia.

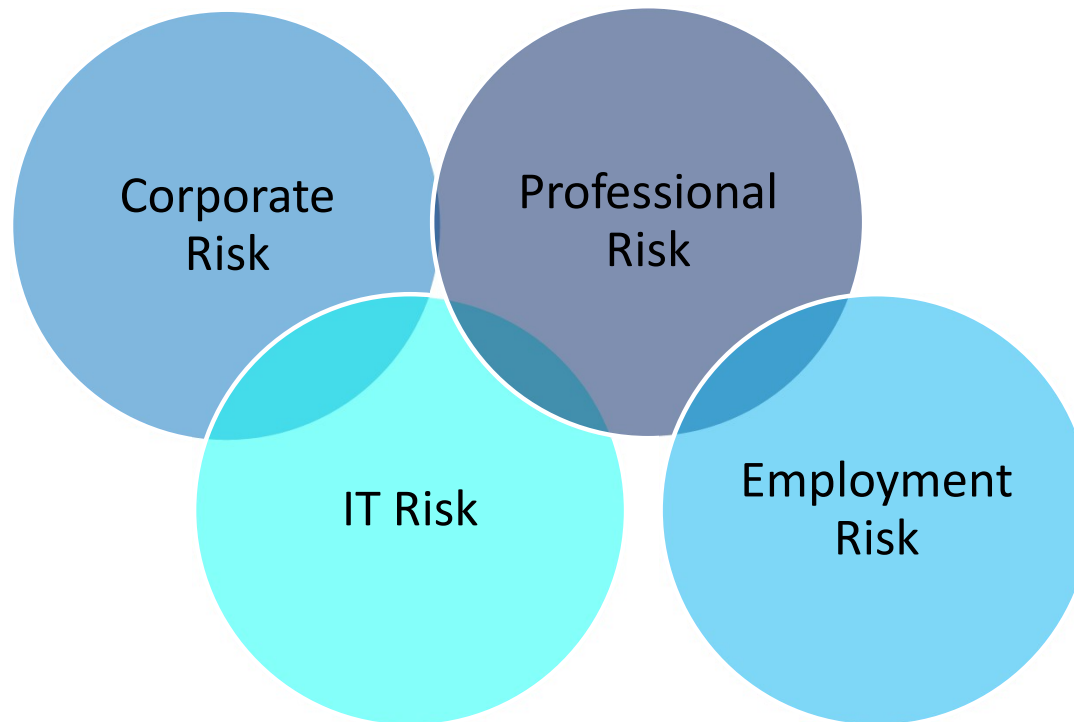


FELDESMAN + TUCKER + LEIFER + FIDELL LLP

Telehealth & the Remote Environment: Considerations for a “Post-Pandemic” Workforce

Molly S. Evans
October 19, 2021

LEGAL CONSIDERATIONS FOR REMOTE WORK



LEGAL CONSIDERATIONS FOR REMOTE WORK: EMPLOYMENT RISK

- What are the health center's expectations regarding compensation and scheduling on-hours and off-hours, especially for non-exempt employees? How is overtime being monitored?
- Is the health center adjusting compensation if an employee is working remotely from a place where the cost of living is lower?
- What is the health center doing regarding expenses for home offices/ remote workspaces?
- How are staff members being trained?
- How are staff members being evaluated?
- How are separations conducted?

LEGAL CONSIDERATIONS FOR REMOTE WORK: EMPLOYMENT RISK

- Consider potential discrimination claims (i.e., who gets to work remotely)
- Consider whether remote work will be part of ADA/Title VII accommodations for employees with medical and religious exemptions from vaccine mandates
- What are the workers comp considerations for a remote workforce?

LEGAL CONSIDERATIONS FOR REMOTE WORK: CORPORATE RISK

If employees are working remotely from another location, does that require the health center to register to do business in that other location?

EXAMPLE: A health center located in Ohio plans to allow some of its administrative staff (20 people) to work remotely through 2022. 8 of the 20 people reside in Kentucky. The health center needs to determine whether it would be required to register as a foreign corporation doing business in Kentucky.

LEGAL CONSIDERATIONS FOR REMOTE WORK: CORPORATE RISK

If employees are working remotely from another location, does that require the health center qualify for a tax exemption in that jurisdiction?

EXAMPLE: A health center located in Ohio plans to allow some of its administrative staff (20 people) to work remotely through 2022. 8 of the 20 people reside in Kentucky. The health center needs to determine whether it would be required to qualify for exemption from income tax in Kentucky.

LEGAL CONSIDERATIONS FOR REMOTE WORK: PROFESSIONAL RISK

If providers are providing telehealth services from home or another location, are they providing the services within the scope of their employment for FTCA purposes?

EXAMPLE: An employed psychiatrist at the health center is providing services via telehealth exclusively from her home. The psychiatrist's employment agreement and job description only contemplate that the psychiatrist will provide services at the health center's 4 sites. A patient files an FTCA claim related to care provided by the psychiatrist and OGC says there is no coverage because it was outside the scope of employment.

LEGAL CONSIDERATIONS FOR REMOTE WORK: PROFESSIONAL RISK

If providers are providing telehealth services from home or another location, are their services covered by the health center's gap insurance policy?

EXAMPLE: A part-time contracted psychiatrist at the health center is providing services via telehealth exclusively from her home. The psychiatrist's employment agreement and job description only contemplate that the psychiatrist will provide services at the health center's 4 sites. A patient files a lawsuit and the gap insurance company says no coverage because its not covered by the policy.

LEGAL CONSIDERATIONS FOR REMOTE WORK: IT RISK

- How is technology issued, used and/or accessed by health center staff?
- Are staff members permitted to use their own devices when providing services remotely?
- How is IT security effectively implemented in remote workforce? How are employee vulnerabilities analyzed?
- What about HIPAA privacy and security considerations?

RESOURCES

<https://www.councilofnonprofits.org/tools-resources/remote-workers-and-telecommuting-practices-nonprofits>

https://www.asaecenter.org/resources/articles/an_plus/2021/february/tax-and-employment-law-questions-raised-by-remote-work

<https://nonprofitquarterly.org/a-quick-hands-on-lesson-in-teleworking-laws-in-the-age-of-covid-19/>

QUESTIONS?

Molly S. Evans
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Kemi Alli, MD, Chief Executive Officer Henry J. Austin Health Center

Dr. Alli has been the CEO of Henry J. Austin Health Center since 2015 where she previously served as Chief Medical Officer from 2008. She has been a Pediatrician with Henry J. Austin for over 20 years. She has participated in numerous advisory panels across the country most recently serving on the Health Resources and Services Administration, Workforce Well-being Technical Advisory Panel and on the NJ Department of Health's Coronavirus Professional Advisory Committee.

Dr. Alli obtained her medical degree and completed her pediatric residency from Robert Wood Johnson Medical School, NJ. She serves on Boards like Thomas Edison State University, the Central Jersey Family Health Consortium, the New Jersey Primary Care Association, and the New Jersey Health Care Quality Institute.

Kemi Alli, MD Chief Executive Officer kemi.alli@henryjaustin.org



Team Cohesion and the Remote Environment: Considerations for the Post-Pandemic Workforce



Team Cohesion and the Remote Environment

October 19, 2021, Agenda

- Who are we – Henry J. Austin
- Where did we Start?
- Why does this Matter?
- What do we do to Build Team Cohesion?



Who We Are

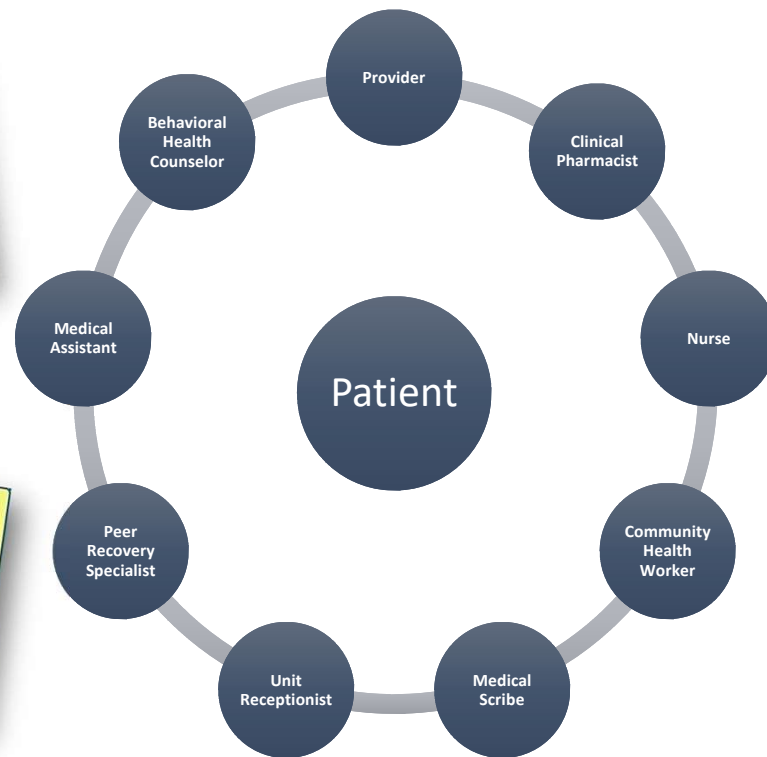
Henry J. Austin, in a Snapshot



- We have 4 stand alone sites; 3 sites embedded within Mental Health institutions; 1 site within a homeless shelter; and we have a mobile health unit.
- We serve over 18,000 patients per year and have over 30,000 **active** patients generating approximately 70,000 visits per year.
- 1 in 10 of our patients are homeless, 1/2 are African American and 1/3 are Latino.

Who We Are

We are a Team made up of many more Teams!



We have 15 Teams within 5 main departments, made up of over 220 employees, and a cadre of volunteers, AmeriCorps VISTAs, residents, medical scribes, and students.

Where it Started

At the very beginning . . . A Unified Mission

This means now we
must be intentional
to achieve this

. . . Working with our community partners, our **exceptional team** will provide trauma-informed, holistic care to maximize individuals' strengths and abilities to achieve optimal health and well-being. . . .

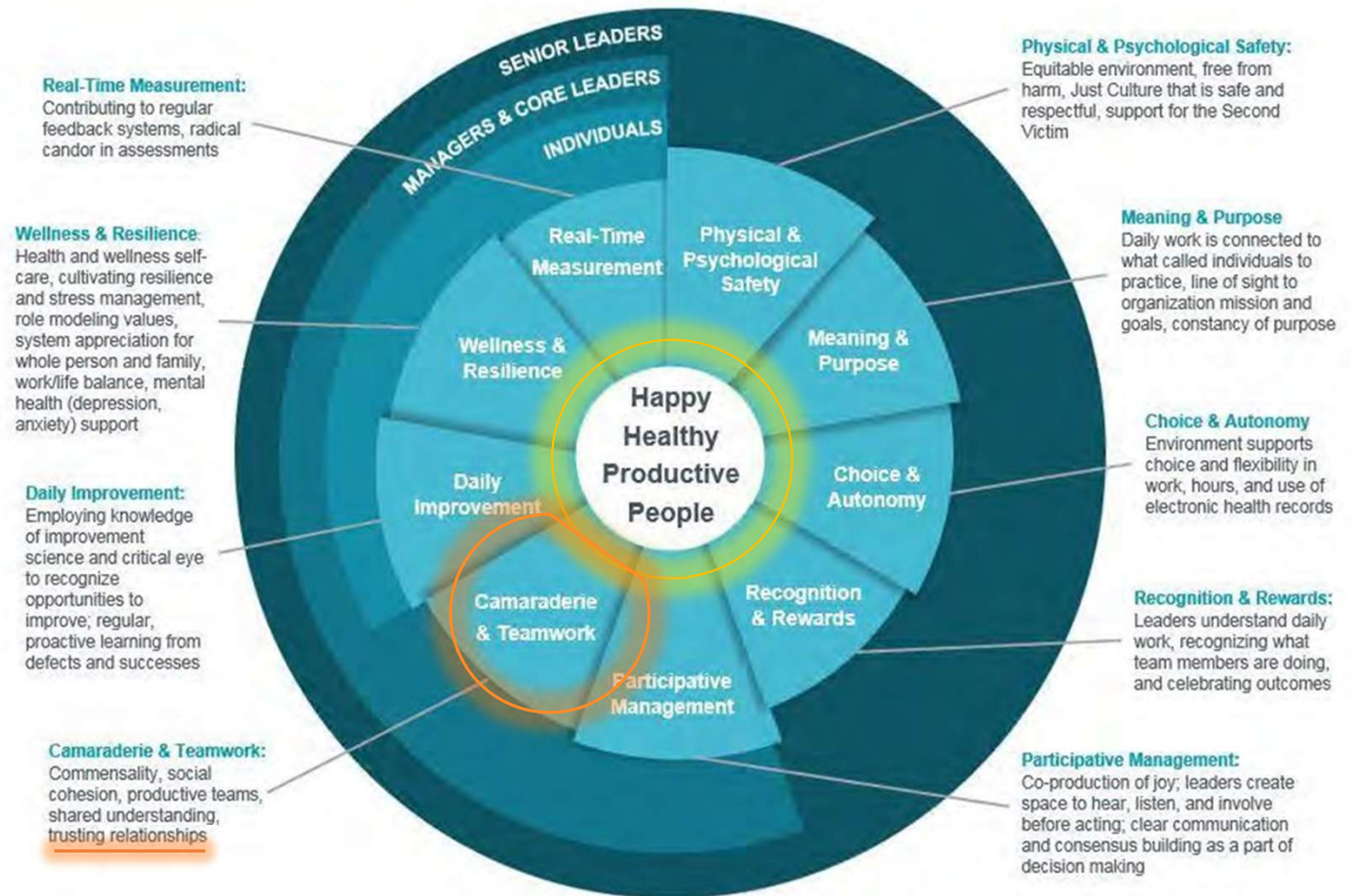
Initiatives are built into
our Strategic Plan!

Where we Started . . .

Institute for Healthcare Improvement's – Joy In The Workplace

Important to have a **FRAMEWORK**

How do you eat an elephant! One bite at a time



Team Cohesion

Starts with our Organization's LEADERS

- The IHI framework starts with an outer core of Senior Leaders (18 Chiefs and Directors) and we were not a cohesive team.
- We started with identifying “The Pebbles in our Shoes”.
- This led to a unified leadership mission to change our **Culture** and improve our **Organizational Communication**



HJAHC PEBBLES SHOES

Annual Retreat March 23, 2018

Communication/Culture (15) (*Speed of Trust or 5 dysfunctions of a Team*)

- ▼ Staff who don't understand / appreciate QI work and why it's important
- ▼ Lack of respect for time, contributions or role played in the organization
- ▼ Lack of trust/candor/openness
- ▼ Not always knowing if I am perceived to be doing a good job
- ▼ Not being believed or supported by another manager

- ◆ When I feel that a patient or staff member may be misunderstood and it gets out of hand
- ◆ The patient not being the priority
- ◆ Staff Miscommunication
- ◆ Lack of communication from staff and leadership

- ▲ Cultural division in the organization

- ✦ Failure to provide needed information

Resources (8)

- When I am at a loss for problem solving an issue
- Resource Deficiency
- Lack of resources (particularly staff) to meet demands
- Lack of resources (quality staff)
- Limited Resources
- The lack of data entry/scribe to assist with QI work
- Not having a dedicated work space at Warren where I have a lot of meetings

Attitude (7)

- Staff frustrations with having to follow rules
- This is how I've always done it
- Team ending the day feeling as though their workload wasn't balanced. (one worked harder than the other)
- Staff frustration with having to follow rules



Why we Started with our Leaders

Leaders . . . Set the Tone and Culture

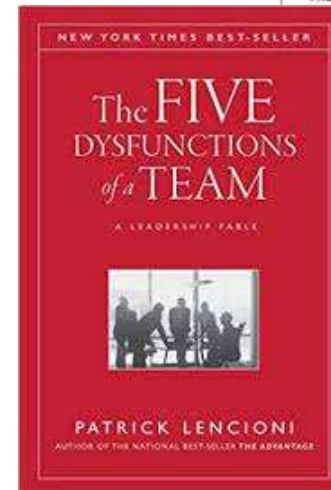
- We believed that without the buy in from the leaders in our organization we could have sporadic buy-in from *their* direct reports.
- We learned champions within a team are great . . . but a **Leader** who is a champion is **AMAZING!**
- Our Leaders, lead not only be example, but through **active teaching** and **skill building**.

We give our leaders the tools to be actively engaged with building Team Cohesion!

Why Start with Leaders

Need to Build Effective Communication

- Effective Communication is a key ingredient in changing the Culture of an organization and building Team Cohesion.
- In order to have Effective Communication you need **TRUST** among Team Members.
- In order to have **TRUST** you need to have Team Members willing to be **Vulnerable!**



Building Vulnerability-Based Trust

Sometimes it's during the process of coming clean about weaknesses that the biggest breakthroughs happen among team members. Giving people as much information as possible about who a person is and why this person might act the way he or she does will greatly reduce the likelihood of unfair judgments. DISC® can help people gain insight and empathy, qualities that allow a team to build trust.

Everything DISC®

The Everything DISC® model is made up of four basic styles: Dominance (D), Influence (I), Steadiness (S), and Conscientiousness (C). Each style is divided into regions. The picture below illustrates the four DISC styles.

Dominance (D)

- Direct
- Results-oriented
- Firm
- Strong-willed
- Assertive
- Goal-oriented

Influence (I)

- Outgoing
- Enthusiastic
- Optimistic
- High-spirited
- Lively

Conscientiousness (C)

- Analytical
- Reserved
- Precise
- Private
- Systematic
- Detail-oriented

Steadiness (S)

- Even-tempered
- Accommodating
- Patient
- Humble
- Tactful

Remember that everyone is a blend of all four styles, but most people tend to lean toward one or two styles. Whether a person is in the center of one style region that borders two, no location is better than another. All DISC styles are equal and valuable in their own ways.

Your DISC Style and Story ▶▶▶

Next, you will learn your DISC style and read your story, which will lay the groundwork for learning, sharing, and building vulnerability-based trust on your team.

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Building Team Cohesion Remotely!

This is the tricky part The investment

- We started off by bringing aboard an outside, trained ***professional to facilitate*** our team building.
- Once every 3 weeks we have our ***Joy Meeting*** for two hours to LEARN and do team building/cohesion exercises.
- Once a month we have ***Happy Hour Fridays***.
- Twice a year we have a 2-day off-site ***Leadership Retreat***.

Leaders Model
Team Cohesion!



Building Team Cohesion Remotely

Requires Even more Investment

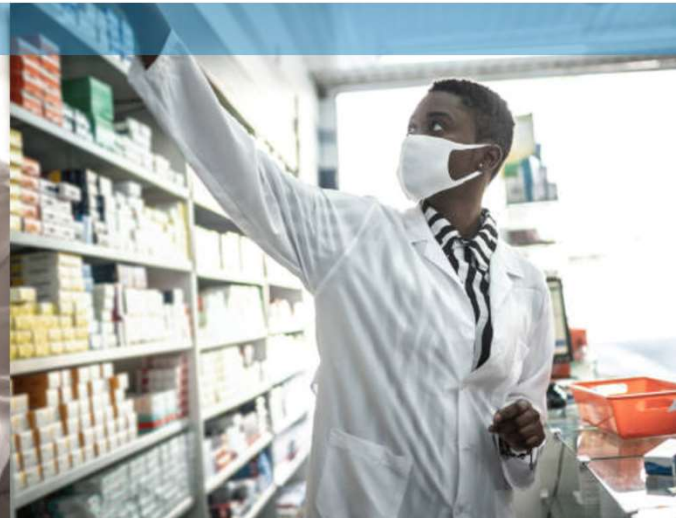
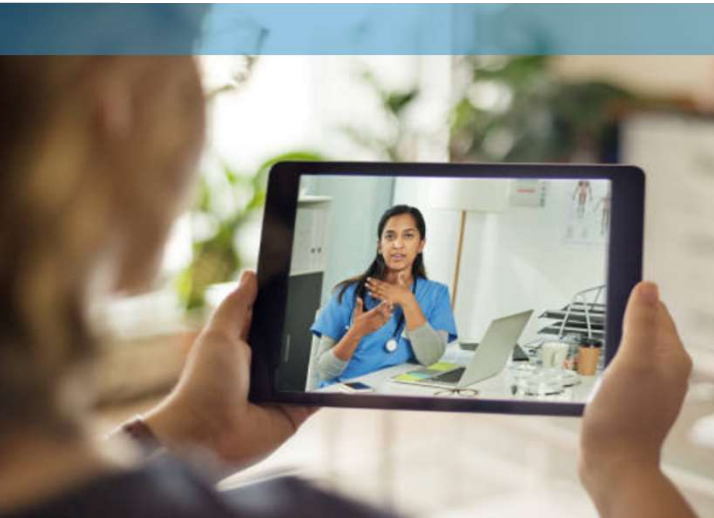
- They are given the tools and taught the skills to build team cohesion with the direct reports! This includes sharing tools that support remote meetings [like Miro].
- We have Joy In the Workplace ***Orientation*** for all new leaders (Chiefs/Directors/Managers).





Questions ?

Thank You!



Kemi Alli, MD

Chief Executive Officer

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Beth Wrobel, Chief Executive Officer HealthLinc

Beth Wrobel has been the CEO of HealthLinc since 2002, moving the organization from a free medical clinic serving adults to a Federally Qualified Health Center (FQHC) providing a healthcare home to all life cycles, prenatal to seniors regardless of a patient's ability to pay. She has guided the organization as it has grown from one location to twelve clinics, two telehealth clinics, and one mobile medical/dental clinic with over 450 employees.

Beth holds a Bachelor of Science in Mechanical Engineering from Valparaiso University and is a graduate of the Johnson and Johnson UCLA Health Care Executive Program. She is a member of the Board of Directors for the National Association of Community Health Centers (NACHC), a trustee for the board of Ivy Tech Community College, Valparaiso Campus, has a seat on the board of the Indiana Primary Health Care Association and is a member of Rotary International.

Telehealth and remote workers



View from the field

We Create Healthy Communities



HEALTHLINCCHC.ORG

EAST CHICAGO | KNOX | LA PORTE | MICHIGAN CITY | MISHAWAKA | SOUTH BEND | VALPARAISO



HealthLinc



MEDICAL

Primary and preventive care, physical examinations, immunizations, pediatrics, women's health including obstetrics, MAT, podiatry and more

DENTAL

Examinations, X-rays, treatment planning, cleanings, extractions, fillings, patient education and more

BEHAVIORAL HEALTH

Healthy lifestyle choices, stress reduction, anxiety and depression management, goal setting and more

OPTOMETRY

Eye examinations, dilated retinal evaluations for diabetes, cataract and glaucoma screenings, eyeglass prescriptions and more



Pharmacy Services, Community Outreach, Medical-Legal Partnership and Health Insurance Enrollment Assistance

40,286 patients served in 2020



HealthLinc Remote Transition

March 2020 – Clinic

- *moved to telehealth and “in car” visits*
- *Used Zoom Health version*
- *Watched for CHC updates:HRSA/NACHC/IDOH*
- *Keep most employees in the clinic/unless quarantined*
- *Policies and Procedures: Previous Visit to VA Boise ID*
- *Clinic in a Box or Bag; Presentation on Tuesday*

Making IT Mobile: Strategies for IT Operations to Support Pandemic Response



HealthLinc Clinic Refinement

2021

- **Identified Gaps in Telehealth**
 - **Only 2 in virtual visit**
 - **June-New Greenway Intergy Platform up to 5 in visit**
 - **Remote patient monitoring – Pilot with state**
 - **BP, Weight, O2, Glucometers, etc**
 - **Paramedicine**



HealthLinc Clinic Refinement

2021 (con't)

- **Legal Aspect**
 - **Review of Provider contracts with FTLF**
 - **Added location of service telehealth**
 - **Issue with state licensure**
 - **Added language to all our contracts that expanded location**
- **Policies and Procedures**
 - **Telehealth provider location in manual**



HealthLinc Remote Transition

March 2020 – Corporate

- *Early March tested connectivity of all 100 employees- all but 3 worked remotely*
- *8 hot spots*
- *Governor Holcomb stay at home order eff 3.25.20*
- *Established expectations of daily accomplishments*
- *Check in with mental well being*






HealthLinc Remote Refinements

2021– Corporate

- *February 2021 Corp Employee Survey*
 - *How do they feel; Belonging*
 - *All but 1 said they wanted to continue*
- *Pilot July 1-December 31st*
 - *Three tiers of workers*
 - *Remote working agreement*
- *Training for supervisors on remote working*

How do you feel about working remotely?



 I like it.	63
 I don't like it.	1
 Not sure how I feel about it.	5



Successes

- *Promoted Employee Innovation – outside the box thinking*
- *Completed 3-year strategic plan in a matter of weeks*
- *Emphasis on Communications/Policy and Procedures*
- *Increased ties with the community*
- *Serving the patients where they are/not where we are*



Thank You!

Questions?

Beth Wrobel

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HealthLinc
YOUR COMMUNITY HEALTH CENTER®



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Thank you

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ATTENTION HEALTH CENTER STAFF!!

National Training and Technical Assistance Needs Assessment

Available through October 1, 2021!

Make your voice and needs known!

<https://bit.ly/health-center-needs-assessment>

Point of Contact: KaRon Campbell, kcampbell@nachc.org

The National Training and Technical Assistance Needs Assessment was designed in collaboration with HRSA funded National Training and Technical Assistance Partners (NTTAPs).

COVID-19 Resources Found at nachc.org/coronavirus/



Centers for Disease Control Coronavirus (COVID-19) resources page – includes strategies for optimizing the [supply of PPE](#)



Health Resources and Services Administration (HRSA) Health Center Program COVID-19 Frequently Asked Questions (FAQ) – includes Federal Torts Claim Act (FTCA) updates



Centers for Medicare and Medicaid Services (CMS) FAQs – includes information on diagnostic lab services and hospital services



NACHC's Coronavirus webpage – information, event postings, and resources for health centers; NACHC also manages the resources below



NACHC's Elevate learning forum – evidence-based practices, tools and protocols for the health center response to COVID-19

Health centers sign up @ bit.ly/2020ElevateCHC

PCAs, HCCNs, and NCAs sign up @ bit.ly/2020ElevatePCA-HCCN-NCA



Health Center Resource Clearinghouse Priority Page COVID-19 –training events and tailored materials for serving special populations healthcenterinfo.org



Consolidates information from many sources in an easily-searchable format; enables health centers, PCAs, and HCCNs to share info and questions

To join, contact Susan Hansen at shansen@nachc.org.

ARE YOU LOOKING FOR RESOURCES?

Please visit our website www.healthcenterinfo.org



**HEALTH CENTER
RESOURCE
CLEARINGHOUSE**

Have more questions, effective actions or challenges to share?

Email us at

Trainings@NACHC.org

We want to hear from you!