Transform Virtual Care

A step-by-step guide to integrate patient self-care tools into virtual care.

A suite of tools and resources to support health centers' journey to transform at-home care.

April 2021

TRANSFORM VIRTUAL CARE
Action Guide

TRANSFORM VIRTUAL CARE

The Value Transformation Framework supports a systems approach to change that can advance health center integration of patient self-care tools in the virtual care process as part of new and evolving care.

WHY
Use Patient Care Kits as Part of Virtual Care?

With a large population of high-risk patients who suffer from a disproportionate array of chronic conditions, community health centers ('health centers') must take innovative steps to manage care and offer preventive services. As seen during the COVID-19 pandemic, this can be done in the safety of patients' homes. Individuals who suffer from chronic health conditions are also more likely to experience severe illness if infected with COVID-19, so providing patients with tools to receive primary care while at-home can help reduce their risk of complications. More opportunities to receive primary care at home now, and into the future, also helps ensure patients receive the right care, at the right time, and in the right place.

WHAT
Is a Patient Care Kit?

A **"Patient Care Kit"** is the name the NACHC team has given to a toolbox of patient self-care tools, supplies, education, and instruction. Used as part of virtual care, these Kits are a groundbreaking strategy to advance a health center's virtual patient care process. Kits can be designed to include items targeting common, high-cost, high-prevalence conditions such as: diabetes, hypertension, obesity, and colorectal cancer.

HOW
to Transform Virtual Care Using Patient Care Kits?

Utilizing the National Association of Community Health Center's (NACHC) Value Transformation Framework, this guide presents a systems-approach to transform patient care through the use of Patient Care Kits as part of virtual care. This transformational approach allows health centers to simultaneously focus on improving health outcomes, improving patient and staff experience, reducing costs, and advancing health equity (the Quintuple Aim).

This guide draws on the experience of 20 health centers across the country participating in NACHC's *Leading Change: Transforming At-Home Care* pilot project. This project provided health centers with Patient Care Kits that have been placed in the hands of nearly 400 patients as an innovative approach to advancing virtual care. While the pilot project is still in progress, NACHC offers this guide as a framework for health centers to design at-home patient care strategies based on the models, lessons, and experiences learned to-date.

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This guide is organized into four parts to support a step-by-step approach to health centers' implementation of a virtual care program using Patient Care Kits.

- Critical information and evidence to **Lay the Groundwork** for success along with key steps for implementation.
- Steps to **Launch** the use of Patient Care Kits, including instructions for sample equipment and training materials to effectively measure health outcomes.
- Guidance to **Implement** patient self-care, including systematic data collection and reporting.
- A process to **Assess and Evaluate** through ongoing and final data review and analysis that drives decision making and next steps.

LAY THE GROUNDWORK

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STEP 1 Commit to Use Patient Care Kits, Assemble Your Team, and Define Success.

Patient Care Kits provide a unique opportunity to place self-care tools into the hands of patients. With proper support and training, these Kits have the potential to improve care and health outcomes. By placing multiple self-care tools within each Kit, care teams can address several health conditions simultaneously in a target population.

To successfully integrate patient self-care tools within the virtual care setting, it is first necessary for health center leaders to commit to investing staff time and resources to this effort. This commitment includes setting goals and the need to identify a Core Team to drive and implement the initiative. Consider which staff members are well-positioned and committed to advancing a virtual care program using technology and patient self-care tools and achieving the health center's goals. It helps to include staff across the health center in these early stages to gain feedback, buy-in, and to define program elements like effective workflows.

Some key staff roles to consider for your Core Team:

- Clinicians/Providers
- Finance/Reimbursement staff
- Community Health Workers/Patient Outreach staff

Once you have selected, informed, and engaged key staff, the Core Team should meet to define program goals. Set goals that align with your focus areas and the Quintuple Aim: improved health outcomes, improved patient and staff experience, reduced costs, and improved health equity. Determine the clinical areas your Patient Care Kits will focus on (e.g., colorectal cancer screening, diabetes, blood pressure, obesity, etc.). Decisions around how to shape program goals and which items to include in a Patient Care Kit will be driven by funding, including whether efforts are supported through grants, federal resources, health plans, or other. The content of the Kits and program goals drives both the staff who will be engaged as well as which segment(s) of your patient population are eligible for a Kit.

Tip: Set S.M.A.R.T. Goals

To help you focus your efforts and set effective and achievable goals, use the S.M.A.R.T. Goals methodology. The goals you set should be: **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound.

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Program goals could, for example, focus on patient outcomes, staff outcomes, or processes. Consider what measurements must be gathered to achieve stated goals. See sample S.M.A.R.T. Goals:

- Patient-focused goals:
  - X number of patients will be engaged in the Patient Care Kit initiative by X date.
  - 70% of patients with diabetes who have an initial hemoglobin A1c of >9.0% and receive a Patient Care Kit and care team support will achieve an A1c of <7.0% by the end of six months.
- Staff-focused goals:
  - 100% of staff working with Patient Care Kits demonstrate competency in use of Patient Care Kit supplies (e.g., at-home A1C tests, FIT tests, scales, thermometers), prior to baseline patient visit.
  - Improve staff experience by 25% from baseline to end of project.
- Process-focused goals:
  - A timeline to implement the initiative and evaluate achievements.
  - A functional workflow that defines each staff member's role relative to the Patient Care Kits (e.g., MA, Nurse, Provider, and QI staff) prior to deployment of the Kits to patients.

Action Step: Health center leadership commits to using Patient Care Kits within the virtual setting and identifies a Core Team, representing a range of staff roles and responsibilities, to lead the initiative. The Core Team defines S.M.A.R.T. Goals for the initiative.

STEP 2 Communicate with Staff About the Patient Care Kit Initiative and Goals.

Successful initiatives start with communication! Inform health center staff about the organization's planned efforts and explain the role and impact it will have on staff and patients. Emphasize the groundbreaking nature of this work and how exciting it is for your health center to bring this innovative care model to your patients.

In communicating to health center staff regarding this advanced virtual care model, reference the S.M.A.R.T. Goals defined by leadership and/or the Care Team (see Step 1). Specify: the improvement goals, timeframe for the entire effort, timeline for patient enrollment and engagement, and the names of the staff members who will lead the project. See Appendix A for an email template.

LESSON LEARNED: In addition to communicating the initiative to staff, it can be helpful to share your health center's innovative new approach with the community via a press release. A press release template can be found in Appendix B.

Action Step: The CEO/CMO/leadership and Core Team communicate with staff, patients, and the community about the new Patient Care Kit effort and goals.

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LAY THE GROUNDWORK

STEP 3 Complete the Value Transformation Framework Assessment.

Before implementing this program, your health center is encouraged to complete NACHC's Value Transformation Framework Assessment. This tool allows health center staff and leaders to reflect on organizational progress in 15 change areas that are considered essential for transformation to value-driven care. Health centers, primary care associations (PCAs), health center-controlled networks (HCCNs), and National Training and Technical Assistance Partners (NTTAPs) funded by the Health Resources Services Administration (HRSA) can receive free training in application of NACHC's Value Transformation Framework (VTF) through the Elevate learning forum. Click here for more information.

The VTF Assessment should be completed by multiple staff across the organization, with results shared and discussed so teams can gain insight from multiple vantage points. We recommend that **at least three** senior leaders in the health center complete the assessment separately. The platform will generate a composite score that can be reviewed by health center leadership and staff. After multiple members across different levels of the health center have completed the Assessment, your senior leadership team can meet to review the results and identify ways to focus on areas of the health center system that may need improvement. Health centers can complete the assessment before and after they implement the Patient Care Kit initiative to explore changes in scoring that may result from this new way to deliver care.

Get started with your Assessment by clicking this link.

Action Step: Staff at multiple levels in your organization, including at least three (3) senior leaders, complete the Value Transformation Framework Assessment. Review the results to identify opportunities for systems change and improvement.

STEP 4 Identify Patients to Receive Patient Care Kits: Complete Risk Stratification.

To determine the patient population best served by Patient Care Kits, the first step is to apply population health methodologies, including risk stratification. Risk stratification will help you identify a target group of patients as defined by your project goals. Your health center can use your existing stratification methodology or, where one doesn't exist, apply the methodology outlined in NACHC's Population Health Management: Risk Stratification Action Guide.

For example, if your health center would like to include colorectal cancer screening and home A1c tests as part of the Patient Care Kit, initial stratification criteria should identify patients:

- 50 – 75 years of age*
- With 2 or more chronic conditions, including diabetes

**Age and condition-specific parameters for patient selection will vary depending on Patient Care Kit contents and project goals.*

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Create a target list of patients to invite to participate in your Patient Care Kit initiative. Selection criteria may include:

- Provider and/or care team recommendation that a patient will actively engage in virtual visits, including self-measured care and reporting of measurements.
- Internet capability and a device that allows a visual visit (e.g., smartphone, tablet, or computer). Additional consideration may be given to patients who have successfully participated in virtual visits within the past year, and who've been connected with the health center within the past year.
- Patients who are a good 'fit' for the supplies offered in your Patient Care Kit (e.g., individuals that can fit into a 'standard' blood pressure cuff (9-17 inches) if a blood pressure monitor with traditional cuff is included).
- Other/additional criteria determined by your health center.

Managing patient expectations from the beginning and providing care team follow-up throughout the course of the project will increase the likelihood of successful implementation. It also important to acknowledge the likelihood that some patients may drop out of the program while it is in progress. This could be for a number of reasons including sickness, hospitalization, or difficulty with technology. Develop plans in advance to manage patient attrition, including plans for returning and sanitizing the equipment and enrolling new patients.

LESSON LEARNED: Start with a list of eligible patients that is double the number of target patients to allow for instances where patients do not have video capability, cannot be reached, or are not interested.

Action Step: Complete risk stratification and identify a list of patients who will be offered a Patient Care Kit.

STEP 5 Develop a Patient Virtual Care Workflow that Includes Patient Self-Measurement and Monitoring.

Documenting this new virtual visit workflow may require modifications to your 'standard' telehealth workflow and/or changes in staff responsibilities and clinical protocols to effectively integrate a new suite of tools into the virtual care setting. At a minimum, your updated workflow should include:

- Which target population will be invited to receive a Patient Care Kit and how.
- Methods and timing for patients to receive Kits.
- How and when patients will be trained in Kit tools and tests.
- How patients will communicate self-measurements to the care team.
- Where the care team will record patient measurements in the EHR.
- Who will provide ongoing support, encouragement, and troubleshooting with patients and family/caregivers.
- Who will monitor incoming patient data, discuss data with patients, and flag areas of concern or follow-up by the provider.
- How emergency situations, changes to medication, or other clinical areas of medical follow-up will be handled.
- How to handle return and exchange of damaged or malfunctioning devices.
- How to handle patient drop out and return of equipment (and when).

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LESSON LEARNED: To support patients who may need assistance with technology or proper use of the supplies included in your Kits, consider also training family members/caregivers. This 'buddy system' can build a support network for the patient that helps ensure accurate use of the equipment and troubleshoot issues. If family members/caregivers are not available, health centers can consider using other means of available support (e.g., community health workers to perform home visits) or offering patients additional training during regularly scheduled in-person visits.

Workflows should be easy to follow and clearly delineate the steps to implement Patient Care Kits as part of the virtual care process. This will help ensure continuity of project efforts in the event of staff turn-over or shifting of responsibilities among current staff. See Appendix C for a sample Patient Virtual Care Workflow your health center can use as a guide.

Action Step: Document a Patient Virtual Care Workflow that includes the use of patient self-measurement and monitoring.

STEP 6 Designate a Place and Process to Receive, Store, Assemble, and Test Patient Care Kits.

Health center staff charged with leading Patient Care Kit efforts must define the equipment and/or supplies to include in your health center's Kits. Decisions will be guided by project goals, target conditions, and funding.

Based on available funding and resources, health centers are encouraged to start with a 'standard' Kit that includes a consistent set of equipment for your target population. Any supplies not needed for a specific patient (e.g., colorectal cancer screening test for a patient who recently completed a colonoscopy), can be removed from the standard Kit before distribution. In addition, each Kit should include patient instructions and educational materials.

Once Patient Care Kit contents have been defined and ordered, one person should be identified to receive, store, and lead the assembly of Kit materials. If the designated point person is not available to receive Kit shipments, they should notify other staff in the health center and provide instructions on how and where supplies should be stored.

Supplies will, in most cases, arrive in separate shipments and need to be stored and assembled at the health center. Accountability for the receipt and proper, safe storage of the equipment is essential! Once supplies have been received, it is recommended that staff install batteries, where appropriate, and test the devices. This will help streamline the distribution process later and will alert you to any malfunctioning equipment that requires immediate follow-up with the manufacturer or vendor.

In addition to creating a place to store and manage new and 'clean' supplies, health centers need to designate space to store and sanitize 'dirty' equipment and supplies collected from patients no longer participating in the project.

Action Step: Identify a staff lead to oversee the collection, storage, and assembly of Patient Care Kit supplies. Also establish a process to handle returned supplies.

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STEP 7 Educate and Train Staff In Patient Care Kit Tools and Patient Self-Measurement and Monitoring.

Health center staff who work with patients receiving Patient Care Kits should be educated and trained to use each tool according to manufacturer's instructions. The project implementation team can set up a virtual or in-person training for all involved staff. Proper knowledge and handling of Kit supplies will be essential to providing patients with the right type of education, training, and support.

LESSON LEARNED: Consider creating a training video or recording that staff can view at their convenience. Permanent resources, such as a training video, help ensure sustainability in the event of staff turnover.

Document how staff will be trained to use each tool, and how to instruct and support patients in self-measurement and remote patient monitoring. This includes documenting individual and organizational processes. Key areas to address include processes and timelines for:

- How staff will be trained.
- How staff competency in new skills will be assessed.
- How related updates to policies and protocols will be made.
- Changes to the EHR to capture patient self-reported measurements.
- Changes to billing, coding, or EHR processes that capture reimbursement opportunities (e.g., care management, remote patient monitoring, other).
- Updates to staff roles and responsibilities related to the updated patient virtual visit workflow.
- How adverse reports or clinical issues will be managed.
- Ongoing feedback and improvement to program implementation.

LESSON LEARNED: Manufacturers of items within your Kit can be a source of free training and education. See each manufacturer's website for opportunities to receive education and training for staff as well as any ongoing support.

Sample staff guidance, including item-by-item considerations for staff instruction and training, clinical guidance and resource links, and guidance around patient instructions and resource links, is included in Appendix D.

Assign one staff member the task of creating or overseeing the creation of Care Kit Instructions for patients. Instructions should be available in the language(s) spoken by patients who will receive the Kits. A sample of patient educational materials from NACHC's *Leading Change: Transforming At-Home Care* pilot project are in Appendix E.

Action Step: Educate and train staff in Patient Care Kit contents and use. Ensure staff have the information, knowledge, and skills to properly use all Patient Care Kit supplies and tests, and to educate and train patients in proper use. Create Patient Care Kit instructions for patients.

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STEP 8

Enroll Patients.

Using the list of eligible patients identified through your risk stratification process (Step 4), supplemented by care team information and insights, extend invitations to patients to receive a Kit until you reach your target number of patients (e.g., the number of patients matches the number of available Kits).

While a variety of care team members can effectively deliver the invitation to patients, it is important to communicate to patients that their provider recommends that they receive the Kit.

As part of the invitation and enrollment process, give patients information about which care team member(s) will instruct them in how to use Kit items, how to collect and record measurements, who to contact for more information, and the kinds of follow-up and communication they can expect. This is where the Patient Virtual Visit Workflow (Appendix C) and a staff education and training plan will be crucial. These tools document the processes your team has agreed to follow for patient and staff engagement, roles, and responsibilities.

Action Step: Contact and enroll patients, identified through risk stratification and informed by care team input, to receive a Patient Care Kit. Explain project expectations and what is required for participation. Confirm patients' interest and ability to participate.

STEP 9

Distribute Kits and Provide Education and Training.

For each patient that agrees to participate, schedule time for them to receive the Patient Care Kit and be trained on each item. Your health center will determine the most appropriate means to distribute Kits to patients. This can include pick-up by patients, home delivery by the health center, mailing, or other appropriate means. Health centers are encouraged to have patients sign a **Patient Agreement** and receive appropriate training on all items prior to receiving a Kit. See Appendix F for a sample Patient Agreement.

The Patient Agreement should include expectations for the proper care of equipment; when and for how long patients should report self-measurements to their care team; and when/if equipment will be returned to the health center. Consider including language in the Patient Agreement about whether the patient will be eligible to keep the Kit supplies if they maintain active engagement and report measurements regularly to the health center over a specified period of time. Identify opportunities to keep patients engaged and focused on achieving their goals. This can include supportive services for any identified social risks (e.g., housing, food, transportation, etc.) and optional incentives, including resources available through local partnerships (e.g., grocery store coupons, gas cards, etc.).

Provide education and training to patients in accurate use of each item in their Patient Care Kit, providing tools and resources created in languages spoken by patients (Step 7; Appendix E). Have patients demonstrate correct use of each Kit item.

Action Step: Review Patient Agreement document with patients prior to distributing a Patient Care Kit; obtain patient agreement and signature. Fully train all patients on each element of the Patient Care Kit.

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STEP 10 Complete Baseline Visit and Collect Measures.

At the time of, or just after each patient is educated and trained in the contents of the Patient Care Kit, an appropriate member of the care team should conduct an initial visit to obtain baseline measurements. As part of developing a Patient Virtual Care Workflow (Step 5), your health center should determine whether Steps 9 & 10 (kit distribution, patient training, and baseline visit) take place during the same visit or separate visits. The decision to combine or separate steps may vary by patient.

The baseline visit may be virtual (with visual capability), although an in-person visit can be used if the health center and patient determine this is the best method for initial Kit distribution, training, and data collection. Subsequent monthly check-ins should be virtual using visual means, supplemented by in-person visits, as deemed necessary by the provider or care team.

LESSON LEARNED: The duration of the initial, or baseline visit, will vary depending on whether it includes education and training of the patient and initial data collection, or whether these steps are separated. It will also vary in length depending on the supplies in the Patient Care Kit, and data to be collected (e.g., social risk, patient experience, etc.). The experience of health centers participating in NACHC's *Leading Change: Transforming At-Home Care* pilot project suggests that the duration of time needed to orient and train patients in use of Kit tools (blood pressure monitor, A1c test, colorectal cancer screening test, scale and thermometer), and to collect and document baseline measurements, is approximately one hour. Subsequent check-ins or visits will vary in length, but could range from 10-30 minutes, depending on whether the follow-up is with a member of the care team only or if it includes a provider encounter.

Data collected as part of your Patient Care Kit effort is essential for evaluating the overall impact of this advanced approach to virtual care. Measures suggested in this guide are designed to minimize the burden of data collection by using, wherever possible, data that is routinely gathered as part of HRSA Uniform Data Systems (UDS) reporting or other existing health center data collection tools and methods (e.g., PRAPARE, patient experience surveys, etc.). Health centers should collect data as part of their usual EHR documentation processes whenever possible (including any newly updated workflows) and/or consider building a report that captures desired data.

See Appendix G for a table of potential data to collect as part of your Patient Care Kit effort as well as a sample data collection spreadsheet. The staff experience questionnaire (Appendix H) and patient experience questionnaire (Appendix I) from NACHC's *Leading Change: Transforming At-Home Care* project are also shared. This project provided the patient experience questionnaire and patient self-measurement log in the five predominant languages spoken by patients in the participant health centers (English, Karen, Lao, Spanish, and Vietnamese).

Action Step: Collect baseline data for each patient that receives a Patient Care Kit and establish a timeline for subsequent measurements. These measurements will help you determine whether project and patient goals have been reached.

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IMPLEMENT

STEP 11 Conduct Monthly Virtual Visits, Data Collection, and Reporting.

While the frequency of patient visits after the baseline visit will vary depending on clinical needs and provider directives, the health center should aim to conduct at least monthly virtual check-ins/visits at first, with the capability to watch patients use tools properly and correctly document measures. For Kits that include home blood pressure monitoring devices, weekly check-ins for the first month are recommended for monitoring and collection of patent self-measured blood pressure (SMBP) readings. Thereafter, monthly virtual check-ins/visits are opportunities to assess patient status, collect measures, and provide education and interventions. The frequency of ongoing monitoring and visual check-ins can then be adjusted, as determined by the patient and provider.

LESSON LEARNED: After the baseline visit, contact should continue weekly for the first month for patients who have been provided a blood pressure monitor and are requested to submit weekly self-measured blood pressure (SMBP) readings. Following that initial month of weekly visits, check-ins and/or visits can move to monthly unless otherwise directed by the provider. Monthly check-ins or visits will vary in length depending on the type of contact that is scheduled (e.g., 10-15 minutes for a video check-in with a nurse or other staff member; 20-30 minutes for a video visit that includes a provider; or other). Contact with the provider is not required monthly unless deemed necessary by the clinical team. For patients enrolled in Centers for Medicare and Medicare Services (CMS) Chronic Care Management (CCM) services, monthly visits may qualify for reimbursement if a nurse or other member of the care team provides at least 20 minutes of eligible services and support.

Action Step: Conduct monthly check-ins/visits with each participating patient that include the ability to visualize a patient's proper use of the tools, observe results, and document data. After a jointly determined period, patients and providers will determine an appropriate schedule for follow-up and check-in.

ASSESS AND EVALUATE

STEP 12 Report, Evaluate, and Share Lessons Learned.

Establish an ongoing process for the care team to review and assess collected data. Follow-up data analysis and review should become part of the program timeline established by your health center. For example, your health center may choose to collect a panel of data that includes patient demographics, UDS clinical measures, patient experience, staff experience, and social risk data. You could determine a point (e.g., six months) at which you compile and analyze this data for your target cohort and bring all involved staff together for a meeting to discuss findings, assess progress toward goals, and share lessons learned.

At the conclusion of your project timeline, your team is encouraged to repeat the Value Transformation Framework Assessment that was completed at the onset of the project (Step 3) to assess any changes in performance across health center systems. Determine next steps and procedures for ongoing monitoring and data analysis, activities essential to continuous quality improvement.

Action Step: Bring all involved staff together for a meeting to discuss data, assess progress toward goals, and share lessons learned.

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APPENDIX A: LEADERSHIP EMAIL TEMPLATE

Sample leadership communication announcing implementation of Patient Care Kits as part of virtual care.

Dear Colleagues,

I am pleased to announce that [Health Center name] will be piloting a new model of care delivery that will allow patients to more effectively manage their preventive care and chronic diseases from the safety of their own home. [Health Center name] will offer [enter # of patients] patients their own self-care tools and remote patient monitoring devices to help patients manage their health and prevent unnecessary complications. Patients participating in the initiative will be given a Patient Care Kit that includes [substitute the contents specific to your health center's Kit, for example: a home kit for colorectal cancer screening, a test to measure blood-sugar (A1c levels) in patients with diabetes, a blood pressure monitor, a thermometer and scale]. Patients will also receive educational materials and regular virtual visits from clinic staff.

The goals of this effort will be to:

- [Goal #1]
- [Goal #2]
- [Goal #3]

The core team leading this effort includes:

- [Staff name], [Credential]-[Job Title]
- [Staff name], [Credential]-[Job Title]
- [Staff name], [Credential]-[Job Title]
- [Staff name], [Credential]-[Job Title]

We are excited to launch this new initiative and welcome your input and suggestions in the process. In the meantime, please feel free to reach out to the team if you have any questions.

Sincerely,

[Name]

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APPENDIX B: PRESS RELEASE TEMPLATE

Sample press release that can be shared with local media to announce health center's use of Patient Care Kits as part of virtual care.

[Health Center Name] Reimagines Preventive Care and Chronic Disease Management with At-Home Care

The COVID-19 pandemic has forced health systems to reimagine how to effectively manage preventive care and chronic diseases when regular in-person visits are difficult or no longer feasible. With many U.S. adults delaying preventive care, and with 6 in 10 having at least one chronic condition including heart disease, cancer, and diabetes, regular health management is a matter of life and death with added COVID-19 risks. Community health centers serve a large population of high-risk patients who are more likely to suffer from a disproportionate array of chronic conditions.

To address this problem, [Health Center name] will now offer patients their own self-care tools and remote patient monitoring to prevent unnecessary health problems. Patients participating in the initiative will be given a Patient Care Kit that includes [substitute the contents specific to your health center's Kit, for example: a home kit for colorectal cancer screening, a test to measure blood-sugar (A1c levels) in patients with diabetes, a blood pressure monitor, a thermometer and scale]. Patients will also receive educational materials and regular virtual visits from clinic staff.

"[Health Center name] is excited to participate in this timely initiative," says [name], [title] of [Health Center name]. "Throughout the pandemic, we've seen a huge reduction in the number of patients with chronic conditions that we see regularly in person, so this strategy to provide patients with the tools and information they need to care for themselves at home with our help, will make a tremendous difference in their lives."

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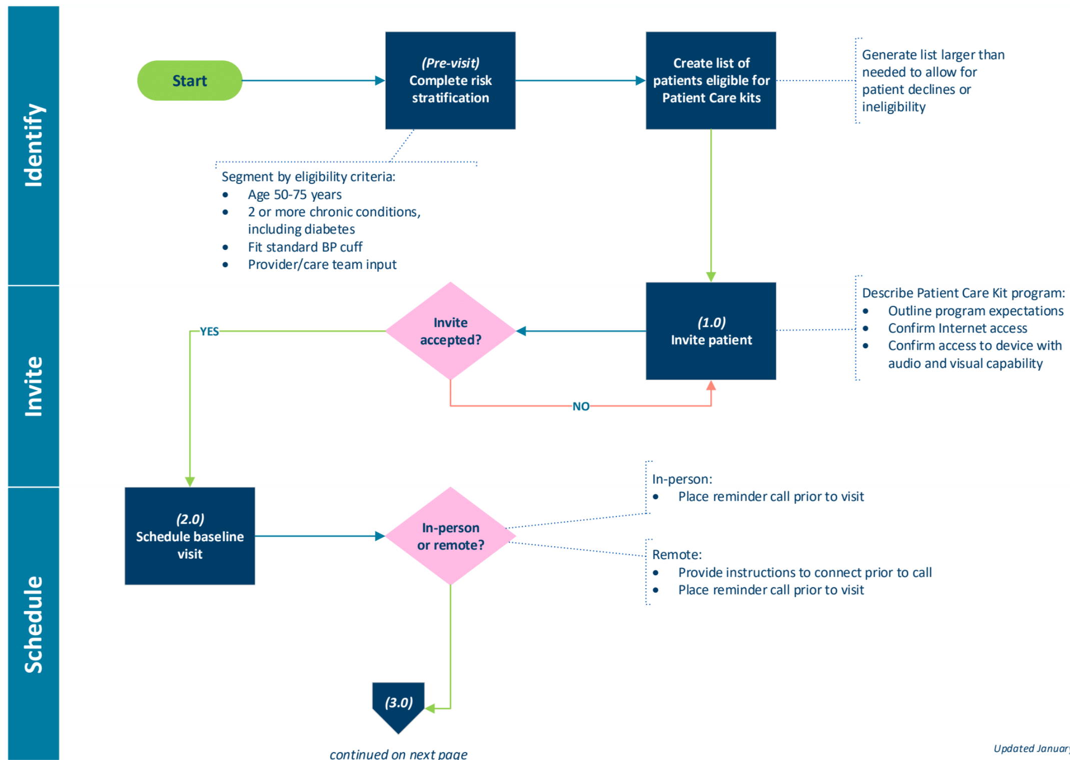
APPENDIX C

APPENDIX C: SAMPLE PATIENT VIRTUAL VISIT WORKFLOW

Sample Patient Telehealth Workflow available at the following link.

Virtual Care Using Patient Care Kit: Baseline Visit



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APPENDIX D: SAMPLE INSTRUCTIONS FOR STAFF

Sample staff guidance, including item-by-item considerations for staff instruction and training, clinical guidance and resource links, and guidance around patient instructions and resource links. Be sure to adjust these Patient Care Kit instructions based on the specific tools and supplies in your health center's Kits.

PATIENT CARE KIT TOOL INSTRUCTIONS

Sample Patient Care Kit tools address: colorectal cancer screening, diabetes, hypertension, and obesity.

Health center staff who work with patients receiving Patient Care Kits should be educated and trained to use each tool according to manufacturer's instructions. The project implementation team can set up a virtual or in-person training for all staff involved. Proper knowledge and handling of Kit supplies will be essential to providing patients with the right type of education, training, and support.

Kit instructions include references and links to clinical guidelines and NACHC resources for the clinical conditions supported by the Patient Care Kit tools used in the *Leading Change: Transforming At-Home Care* pilot project. Staff may also refer to the list of suggested educational resources in the set of patient-facing materials compiled by NACHC's Quality Center (Appendix E).

For your health center's Patient Care Kit, consider the following items:

Category	Item	Additional supplies
Colorectal Cancer Screening (CRCS)	Home CRCS Test	Gloves (1-2)
Diabetes Control	Home A1c Kit	Finger stick supplies such as alcohol swabs, extra lancets, gauze pads, and Band-Aids
Blood Pressure Control	Home Blood Pressure Monitoring Device	Extra batteries, if desired
Weight Management	Bathroom Scale	Extra batteries, if desired
Temperature Monitoring	Digital Thermometer	Extra batteries, if desired

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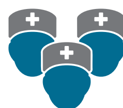
COLORECTAL CANCER SCREENING: FIT TEST

Patient Care Kit Item

One (1) colorectal cancer screening (CRCS) test. CRCS Kits typically include:

- Specimen Collection Supplies & Container
- Patient Instructions
- Return Envelope/Box (unless using a test that includes a pre-paid mailing label, it is recommended that patients receive instructions not to mail-in tests. See below suggested strategies for sample return.
- Gloves (optional; to be added by health center)

For each CRCS test: label the Specimen Collection materials with the patient's name and a special designation (sticker or marker) indicating they are part of an at-home care initiative. Place this marked collection tube, along with 1-2 pairs of latex gloves, in the Patient Care Kit bag labelled with the patient's name.



Staff Instructions and Training

Staff should review the manufacturer's product information, procedure card, and related information to learn what each patient will need to follow to obtain a stool sample. These resources can be obtained on the manufacturer's website. Depending on the product, health center staff should conduct a quality control test following the manufacturer's instructions, prior to distributing tests to patients.

Test frequency:

After the baseline visit, a member of the health center staff should conduct a 2-week check-in with each patient (telephone or visit) to confirm collection of the stool sample and completion of the CRCS. Inform patients how their collected sample gets to the health center for processing (if not using a brand that includes a manufacturer's pre-paid shipping container and label). A list of potential methods for getting a patient's sample to the health center are outlined in the Patient Instructions below. This process should be documented in your Patient Virtual Care Workflow. Results of the CRCS should be communicated back to the patient as soon as possible, and no later than the next monthly check-in/visit, with follow-up as needed. Patients who did not complete the CRCS test by the 2-week check-in should receive instruction and encouragement to do so prior to the 1-month check-in/visit.

Colorectal Cancer Screening (CRCS) Guidelines:

Review NACHC's Evidence-Based Care: Cancer Screening Action Guide for additional information on clinical guidelines for colorectal cancer screening and evidence-based tools and resources related to cancer screening and patient education. This Action Guide includes links to resources, including:

- U.S. Preventive Services Task Force: Final Recommendations Statement, Colorectal Cancer Screening

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- American Cancer Society's Algorithm for CRCS
- Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening
- Sample Health Center Colorectal Cancer Screening Policy

Patient Instructions

Patients should be instructed to obtain a stool sample following the steps outlined in the manufacturer's instructions.

- Teach patients how to collect a stool sample during the initial or baseline visit.
- Request that this sample be collected in the days just following the baseline visit. This will help ensure the procedure is fresh in the patient's mind and that the health center has ample time for necessary reminders or follow-up.
- Inform the patient how their collected sample gets to the health center for processing (if not using a brand that includes a manufacturer pre-paid shipping container and label). For example:
    - Patient drops stool sample at the health center.
    - Patient returns stool sample during one of the health center's drive-by clinics.
    - A staff member picks up the sample at the patient's home; pick-up could be in conjunction with delivery of medications, a home visit, or other services.

While patient mailing of samples back to the health center has been used in some instances, it could result in delays that render the sample invalid. The unusual size, shape, and cost of some CRCS test mailers can cause difficulty. Self-mailers are NOT recommended. However, tests that include *pre-paid* mailing labels and supplies can be used.

Examples of patient educational tools related to CRCS found in NACHC's Evidence-Based Care: Cancer Screening Action Guide, include:

- Northwestern University 5-minute video: Get Screened for Colorectal Cancer.
- Healthfinder.gov Shared Decision-Making Tool: "Colorectal Cancer Screening: Which test would I prefer?"
- CDC materials such as: Colorectal Cancer Print Materials including factsheets, booklets and brochures, and posters.

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DIABETES CONTROL: A1C HOME TEST

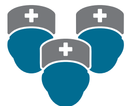
Patient Care Kit Item

If home A1C tests are included in Patient Care Kits, enough supplies should be included to obtain A1c measurements of blood sugar levels every three (3) months for the timeframe you choose (e.g., six months). Consider including additional supplies patients may need to perform finger sticks (alcohol swabs, gauze pads, extra lancets, and Band-Aids).

The contents of home A1C tests may be sensitive to temperature and direct sunlight. See manufacturer's instructions for information on proper A1c test storage.

Test frequency:

Results from one home A1C test should be recorded at the initial patient visit. After the baseline visit, a member of the health center staff can continue to assess diabetes control via patient's regular fingerstick monitoring during monthly virtual check-ins/visits. Every three (3) months, patients can be instructed to obtain an A1c measurement using one of the tests in the Kit. Health center staff should visually observe a patient perform the A1c measurement. Staff can log the result in the patient's electronic health record, noting the test was performed at home. Patients should be instructed to log result in their personal log.



Staff Instructions and Training

Staff should review the manufacturer's product information and available videos to be familiar with the instructions each patient should follow to obtain A1c samples.

Diabetes Control Guidelines:

NACHC's Evidence-Based Care, Diabetes Control Action Guide provides links to evidence-based tools and resources related to diabetes prevention, control, and patient education. A sample of the Guide's tools and resources include:

- Resources to train staff in beneficial diet strategies like USDA MyPlate.
- Sample exercise prescription.
- Tools to manage lipids and cholesterol in patients with diabetes, including links to the latest evidence for statin use.
- Suggestions and links for scripts and protocols to address tobacco cessation.
- Strategies to address eye and foot care in patients with diabetes
- Shared decision-making aids like the Diabetes Medication Choice decision making tool created by the Mayo Clinic.

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Patient Instructions

While patients will be instructed to perform each home A1c test on a schedule recommended by their provider, a projected timeline for use of the tests is based on the clinical practice of measuring A1c levels every three months in patients with diabetes where A1c levels may not be well controlled.

Patients should record their A1c results on a log provided by the care team. Health center staff should observe patient measurement of A1c during virtual visits. Health centers are encouraged to have additional A1c home tests available in the event repeat testing is necessary (e.g., a patient gets a reading error).

If the A1C tests are sensitive to temperature or direct sunlight, patients should be instructed to properly store tests according to the manufacturer's recommendations.

Promoting Patient Nutrition and Weight Control

Review the patient educational tools and evidence-based practices in NACHC's Evidence-Based Care, Diabetes Control Action Guide. A sampling of additional patient education and self-management tools offered in this guide include:

- Association of Clinicians for the Underserved Blood Sugar Too High or Too Low? (English, Spanish)
- Connecticut Department of Public Health Live Free with Diabetes: Blood Sugar.
- MHP Salud Know Your A1C/Conozca su A1C Tool (available in English/Spanish).
- Migrant Clinicians Network Diabetes Program.
- National Center for Farmworker Health Keeping Diabetes: Information for Healthy Living.
- The American Diabetes Association (ADA), the American Association of Diabetes Educators (AADE), and the Academy of Nutrition and Dietetics algorithm for self-management.

SELF-MEASUREMENT BLOOD PRESSURE MONITOR

Patient Care Kit Item

One (1) blood pressure monitor. Select only those blood pressure devices located on the the US Blood Pressure Validated Device Listing as these have been validated for clinical accuracy, a requirement of many external measurement and accreditation agencies. Each Patient Care kit should contain:

- Upper Arm Blood Pressure Monitor
- Instruction Manual
- AC Adapter (if available)

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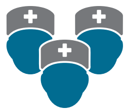

Staff Instructions and Training

In selecting patients to participate in your program and receive a blood pressure monitor, consider whether the 'standard' size cuff included with most home blood pressure monitoring devices will fit targeted patients or whether x-large cuff sizes will be provided, if available. Appropriate cuff size is critical to accurate blood pressure measurement.

Consider whether to provide blood pressure devices that can record readings for two different individuals. If a two-user device is provided, it is critical to **instruct patients that "user 1" be designated for their use only**. This will ensure that the blood pressure measurements recorded and saved in the device under "user 1" are not confounded by measurements from other individuals. Patients may have family members or significant others who want to take their blood pressure using this machine. They should be instructed to do so ONLY if the measurement is taken on the "user 2" setting.

Following training on the device, patients should be instructed to perform initial self-measured blood pressure (SMBP) monitoring:

- Measure blood pressure two (2) times in the morning and two (2) times in the evening. Do this for seven (7) days. Wait at least one (1) minute between each reading. Record all results for the 48 readings in a log.
- Based on results from this initial 7-day reading, providers will instruct patients regarding the frequency of ongoing measurement.
- If using self-measured blood pressure to control an existing diagnosis of hypertension, it is recommended that measurement be performed starting two weeks after a new medication begins or current medication regimen is changed, and for the week prior to a scheduled patient visit.
- Patients should measure, record, and report blood pressure results at least weekly for the first month and no less than monthly for the duration of the program, or as directed by their provider.

Following a patient's baseline blood pressure reading, and SMBP monitoring, health center staff should observe the patient taking his/her blood pressure as part of monthly virtual check-ins/visits. Document the blood pressure measurement visually, observed on the monitor's display screen. Previous, stored blood pressure measurements can also be observed by asking the patient to access the record of blood pressure measurements stored on the device.

If desired by the provider or care team, patients can transmit self-measured blood pressure recordings between monthly visits via a variety of means. The patient can:

- Upload measurements via the patient portal.
- Text or email a picture of the blood pressure reading displayed on the monitor screen.
- Send a secure email of logs to the care team.
- Mail logs.
- Deliver logs to the health center directly (in-person delivery).

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SELF-MEASUREMENT BLOOD PRESSURE MONITOR

Require staff to view the 1-minute video developed by the AMA on properly measuring blood pressure. While a program using Patient Care Kits focuses on blood pressure measurements obtained by patients using a home device, it is essential for staff to have skills in proper blood pressure measurement. Your health center should have in place protocols to observe and monitor staff technique at performing blood pressure, at least annually. Document accuracy using tools such as a Blood Pressure Technique Competency Checklist.

Controlling High Blood Pressure Guidelines:

See NACHC's Evidence-Based Care, Hypertension Screening & Control Action Guide for links to evidence-based tools and resources related to hypertension screening, control, and patient education.

The Action Guide includes links to easily printable guidelines for the treatment of hypertension, including:

- Highlights from the 2017 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults
- Million Hearts Hypertension Control Change Package
- American Medical Association 7-Step SMBP Guide
- Million Hearts Self-Measured Blood Pressure Monitoring: Action Steps for Clinicians

A sampling of tools and evidence-based practices to support patients with hypertension include:

- 7 Simple Tips to Get An Accurate Blood Pressure Reading
- Measure Accurately
- Address Therapeutic Inertia
- SMBP Infographics (Easy to Follow)
- Patient Training Checklists
- Provider's Guide to Patient Self-Monitoring of Blood Pressure
- Self Measured Blood Pressure (SMBP) Implementation Toolkit (NACHC)

Patient Instructions

Testing Schedule:

At the baseline visit, patients should be trained on how to properly perform self-measured blood pressure (SMBP). Refer to NACHC's Self Measured Blood Pressure (SMBP) Implementation Toolkit and the AMA Checklist for Patient Self-Measured Blood Pressure (SMBP) At Home. Patients should be instructed to:

- Measure blood pressure two (2) times in the morning and two (2) times in the evening. Do this for seven (7) days. Wait at least one (1) minute between each reading.
- Based on results from this initial 7-day reading, providers will instruct the patient regarding the frequency of ongoing measurement.
- Patients should measure, record, and report blood pressure results at least weekly for the first month and no less than monthly for the duration of the program, or as directed by their provider.

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SELF-MEASUREMENT BLOOD PRESSURE MONITOR

Educate patients on how to conduct SMBP properly. There are great patient resources on how to measure blood pressure at home, including:

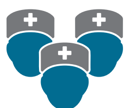
- How to Measure Blood Pressure Infographic
- NACHC video: How to Measure Your Blood Pressure at Home (English); Spanish
- Target BP video: Self-Measured Blood Pressure Monitoring (English); Spanish
- SMBP Recording Logs

WEIGHT MANAGEMENT: BATHROOM SCALE

Patient Care Kit Item

One (1) bathroom scale. Each Patient Care Kit should include:

- One (1) Scale
- Batteries or AC Adapter



Staff Instructions and Training

Staff should be provided with instructions on the scale's weight capacity as well as functionality, including: turning on/off, switching between pounds and kilograms, multiple user settings, installing/replacing batteries, and Bluetooth capability. Some vendors offer a tape measure to accompany the purchase of a scale which can be helpful in having patients accurately document their height (used alongside weight to calculate body mass index/BMI).

Patients may be instructed to measure and record their weight weekly, in addition to weight measurement as part of a monthly virtual check-in/visit.

Weight Management Interventions:

See NACHC's Evidence-Based Care, Diabetes Control Action Guide, Step 3.2 (Weight Management) for links to evidence-based tools and resources related to diet, exercise promotion, and related patient education. The Action Guide includes links to weight management strategies, including:

- USDA's MyPlate
- MyPlate video
- Exercise Prescription

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WEIGHT MANAGEMENT: BATHROOM SCALE

Patient Instructions

To get an accurate reading, patients should be instructed to place the scale on a flat, hard surface. The patient should be instructed on how to turn the scale on/off and how to weigh themselves according to the manufacturer's instructions.

Patients may be instructed to weigh themselves on a regular schedule (e.g., weekly) outside of care team check-ins/visits, preferably on the same day and at the same approximate time each week (e.g., Saturday mornings). Patients should record their weight in a log. Health center staff should observe patient weight measurement as part of the monthly virtual check-in/visit.

Some scales require the user to recalibrate after moving/shifting the scale or replacing the batteries. See the manufacturer's instructions for recalibrating the scale, if needed.

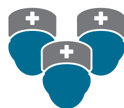
Educate patients on nutrition, weight management, and exercise strategies.

TEMPERATURE MONITORING: DIGITAL THERMOMETER

Patient Care Kit Item

One (1) digital thermometer. The thermometer should include:

- One (1) Instruction Booklet
- Batteries



Staff Instructions and Training

Staff should review the manufacturer's product information to be familiar with the instructions each patient will need to follow to obtain an accurate temperature reading.

Health center staff will observe patient temperature measurement as part of the monthly virtual check-in/visit. Patients should additionally check their temperature any time fever is suspected. Patients should be instructed to wait 30 minutes after eating, drinking, or exercise before taking their temperature and to wait at least six (6) hours after taking medications that can lower temperature like acetaminophen, ibuprofen, or aspirin.

Fever (>100.4^{o}F) is a symptom that occurs with many mild to severe illnesses, including COVID-19.

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TEMPERATURE MONITORING: DIGITAL THERMOMETER

Patient Instructions

The patient should be trained in proper use of the thermometer following the manufacturer's instructions. To ensure accurate temperature measurement, be sure patient and thermometer remain still during measurement; do not place unit on scar tissue or open sores; do not take temperature if patient just completed exercise or drinking hot/cold beverages.

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APPENDIX E

APPENDIX E: SAMPLE INSTRUCTIONS FOR PATIENTS

Sample patient educational materials from NACHC's Leading Change: Transforming At-Home Care pilot project include:

Blood Pressure Control

Colorectal Cancer Screening

Diabetes

Weight Management

Temperature Monitoring

Copies of the patient educational materials are available in 5 languages:

- Colorectal Cancer Screening: English; Karen; Lao; Spanish; Vietnamese
- Blood Pressure Control: English; Karen; Lao; Spanish; Vietnamese
- Diabetes Control: English; Karen; Lao; Spanish; Vietnamese
- Weight Management: English; Karen; Lao; Spanish; Vietnamese
- Temperature Monitoring: English; Karen; Lao; Spanish; Vietnamese

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Blood Pressure Control: Omron 7450 Self-Measurement Blood Pressure Monitor

This Kit includes an arm monitor to check your blood pressure at home.

Why is it Important to Check My Blood Pressure?

High blood pressure increases your risk for a heart attack or stroke. It is the main cause of stroke. Stroke is an emergency because blood can't get to the brain fast enough. This means the pressure in your arteries is higher than it should be. This is also called hypertension.

The only way to know if your blood pressure is too high, is to check. High blood pressure often has no signs or symptoms. Many people do not know they have it. It is known as "the silent killer." Fortunately, there are many ways to control this problem.

To watch a video on how to check your blood pressure at home, go to youtube.com and enter "0tGyRJxbYpQ" or click this link. You will see a 4-minute video on "How to Use Your Blood Pressure Monitor".

Patient Care Kit Item

Your Kit includes one (1) Omron 7450 blood pressure monitor.

The box includes:

- Upper Arm Blood Pressure Monitor
- Omron 7450 BP Monitor Instruction Manual
- Power cord

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Blood Pressure Control: Omron 7450 Self-Measurement Blood Pressure Monitor

Instructions

Testing Schedule

You will learn how to check your blood pressure when you get your Kit. You can also read the 'Instruction Manual' in the box. You will be asked to:

- ✔ Take your blood pressure two (2) times in the morning and two (2) times in the evening. Do this for seven (7) days. Wait at least one (1) minute between each reading.
- ✔ Record results in your log. Your health care team will let you know how to report these readings to the health center.
- ✔ You will be asked to take your blood pressure every day for the first week. After that, take your blood pressure once a week for three weeks. Some people will be asked to take it more often.
- ✔ After the first month, your provider will tell you how often to take your blood pressure. Once per month is common.

Your blood pressure monitor is meant for you. Another person can use it, but **you must be the only person to use the "user 1" setting**. If someone from your family or others want to use it, **they must use the "user 2" setting**. Your provider wants to use your results, only, to make health care decisions for you.

During each virtual visit, your care team will make sure you take your blood pressure the right way. They will add your results to your electronic health record. They can teach you how to find the results saved under "user 1".

There are many ways to share your blood pressure readings with your care team. Check the way you have been asked to do it:

- ☐ Show the blood pressure monitor display screen during a virtual video visit with your care team
- ☐ Upload pictures of the monitor reading to your patient portal
- ☐ Bring your blood pressure monitor to the health center
- ☐ Text or email a picture of the monitor reading
- ☐ Email your log
- ☐ Mail your log

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Colorectal (Colon) Cancer Screening: Quidel iFOB Test

Your kit includes one iFOB test which looks for blood in your stool (poop), a sign of colorectal (colon) cancer.

Why is it Important to Check for Colorectal Cancer?

Colorectal cancer kills over 53,000 people each year. It is the third most common cancer in the U.S. It often starts as a small growth (called a 'polyp') in the colon or rectum. The colon is part of the digestive system. It is also called the large bowel or large intestine. The rectum is the tube that leads stool out of the body. If a small growth in these parts is found early, it can save your life. Colon cancer may have no symptoms so getting tested is important.

The iFOB test in your Kit looks for small amounts of blood in your stool. If the test finds blood, your care team will talk with you about having another test, called a colonoscopy. A colonoscopy uses a tiny camera to find and remove polyps and some cancers.

Patient Care Kit Item

Your Kit includes one cancer screening test kit with:

- Collection Tube
- Collection Paper with Tape
- Specimen Pouch (holds your stool sample).
- Absorbent Sleeve (to put around stool sample before putting in the envelope)
- Return-mail box (use to hold specimen; do not put stool in the mail)
- Patient Instructions
- Pair of gloves (optional)

Your kit includes a return-mail box or envelope to hold the sample but do **not** return your stool by mail. Use this envelope to hold your stool once you get the sample. Instructions on the attached sheet tell you how to return your sample.

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Colorectal (Colon) Cancer Screening: Quidel iFOB Test

Instructions

Follow the “Patient Instructions” sheet to collect your stool sample.

To get your stool to the health center:

- ✔ Drop your stool sample at the health center

  Hours: ________________________________

  Drop-off location:________________________________

  Drop-off instructions:____________________________

- ✔ Return your stool sample during one of the health center’s drive-by clinics

  Hours: ________________________________

  Drop-off location:________________________________

  Drop-off instructions:____________________________

- ✔ A staff member will pick up the sample at your home

  The staff person to call when your sample is ready: ____________________

  Phone #:______________________________

- ✔ Other, specify:____

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Diabetes Control: A1c Home Test

Your Kit includes A1c tests to measure the sugar in your blood (blood sugar) at home.

Why is it Important to Follow My Blood Sugar?

Many health problems happen when blood sugar levels are too high. To stay in control, people with diabetes are often asked to check their blood sugar before and after each meal. They also get blood tests in their doctor's office to check sugar levels over time. The test in your Kit is like the test in the doctor's office. It is called an A1c test. It tells you how well your blood sugar is controlled over the past 2-3 months (90 days). It looks at sugar on cells that carry oxygen and hemoglobin. It lets you know if your diabetes treatment plan is working.

The test only takes a few minutes and is easy to do. You will see results on the screen of the little black A1c device. High numbers mean higher levels of sugar in your blood. Your provider and care team will talk with you about what numbers to aim for. They will teach you how to lower your A1c levels. They will work with you to set goals, like lowering your A1c below 7%.

Patient Care Kit Item

Your Kit includes one (1) A1CNow® Self Check Kit. It has enough supplies for four (4) blood tests to be done over many months. One test should be used at a time. You will learn when to take the test. Usually, you will do the test during one of your monthly video visits with your health care team. You will likely do this test about every three months.

Your A1CNow® Self Check box includes:

- Instruction Sheet.
- Monitor or Analyzer: the small black device where you place the blood sample. This will be used four (4) times –about 3 months apart.
- Four (4) Shaker pouches. Each with a shaker body, blood collector, and lancet to prick your skin.
- Four (4) Test Cartridge pouches.
- Finger stick supplies (if needed): alcohol swabs, gauze pads, extra lancets, and Band-Aids.

This box should be kept at room temperature (64-77ºF). It should be kept away from direct sunlight. If you can't find a good place that's out of the sun, you may refrigerate the box. If you refrigerate, please remove the Analyzer (small black reading device), 1 shaker pouch, and 1 test cartridge at least one hour before testing. <u>Test supplies must be room temperature when you do the test.</u>

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Diabetes Control: A1c Home Test

Instructions

Your A1c kit includes a 'Quick Reference Guide' with instructions and helpful pictures.

- ✔ You will use one (1) A1c test at your first visit. Health center staff will help you do it the right way. They will show you how to write the results in your log.
- ✔ After the first visit, a health center staff member will schedule one virtual visit with you each month. Every three months or so, you will use the A1c Kit during one of your video visits.
- ✔ Continue your regular fingerstick to keep track of daily blood sugar levels, as directed.
- ✔ Some important things to know about this A1c test:
  - The entire test process, from beginning to end, should take less than 10 minutes.
  - Use the Shaker pouch to start your test.
  - You must put your blood sample in the Analyzer within 2 minutes. Do not move or pick up the Analyzer until the test is complete!
  - As soon as your blood sugar reading is shown on screen, write it down. The monitor will not save the reading after 15 minutes. Record the number before the machine turns off.

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Weight Management: ZOETOUCH Digital Bodyweight Bathroom Scale

This Kit includes a scale for you to check your weight.

Why is it Important to Manage My Weight?

Your weight matters. When your weight is at a healthy level, it is easier to manage diabetes and prevent health problems. You will also feel better and have more energy. Losing extra pounds may mean you will need less medicine. It can also reduce your risk for heart attack and stroke. The best ways to lose weight are to eat with your health in mind and to get more exercise.

If you want help with choosing healthy foods and setting goals, download the MyPlate app to your phone.

Patient Care Kit Item

Your Kit includes one (1) ZOETOUCH Digital Bodyweight Bathroom Scale, with:

- One (1) Scale
- Six (6) AAA batteries
- One (1) Measuring Tape

Your scale uses three (3) AAA batteries. Save the extra batteries for when the first set dies. Once the batteries are installed, the scale is ready to use. If you want, you can download the “1byone” health app from any app store. In the app you can enter your weight over time. It will show you weekly and monthly graphs that track your weight and body mass index (BMI). Your health care team can help you set weight goals.

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Weight Management: ZOETOUCH Digital Bodyweight Bathroom Scale

Instructions

- To learn your weight, put the scale on a flat, hard floor. To turn it on, gently step on the scale with one foot until the screen lights up, then step off. When the scale shows "0.0," step on the scale with both feet. The scale will blink three times then show the weight. It will turn off after 10 seconds.
- You may choose to weigh yourself at least once per week. It is best to weigh yourself on the same day and at about the same time each week (e.g., Saturday mornings). Record your weight every week in your log.
- You will need to reset the scale after moving it or changing batteries. To reset the scale, gently press the scale with one foot until "0.0" lights up..

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Temperature Monitoring: American Diagnostics Digital Forehead Thermometer

This kit includes one thermometer to check your temperature.

Why is it Important to Check My Temperature?

A fever is a temperature higher than 100.4ºF. It is a symptom that can happen with mild to severe illness. This includes COVID-19. During each virtual visit, you will be asked to check your temperature and record it in your log. You should also check your temperature when you think you have a fever. Record any fever in your log.

Patient Care Kit Item

Your Kit includes one (1) Adtemp 427 Temple™ Touch Thermometer.

The box includes:

- Adtemp 427 Temple™ Touch Thermometer.
- One (1) Instruction Booklet.
- Two (2) AAA batteries.

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Temperature Monitoring: American Diagnostics Digital Forehead Thermometer

Instructions

- To turn the thermometer on, press and release the round button (the button on top, below the display window). The numbers in the screen will flash and there will be a beep.
- After it is turned on, place the reader on your temple (the skin between your eyebrows and your hair). The thermometer will start to read as soon as you put it against your skin.
- Make sure you keep still while it is reading (6-8 seconds). It will make a long beep when the reading is complete.
- Your temperature will show on the screen for 1 minute. After a minute, the unit will turn off automatically.
- If you would like to double check the reading, you must wait at least one-minute before using the thermometer again. If you try before one minute has gone by, the screen will reset with a 10-second countdown.
- Here are a few tips to get a good reading:
  - Try not to move your body or the thermometer while it is reading.
  - Do not put the thermometer on scar tissue or open sores.
  - Wait at least 30 minutes after exercise or hot/cold drinks!
  - Wait at least 6 hours after taking pills like acetaminophen, ibuprofen, or aspirin. These can lower your body temperature.

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APPENDIX F: PATIENT AGREEMENT TEMPLATE

The below sample Patient Agreement from NACHC's Leading Change: Transforming At-Home Project is available for download in the following languages: English, Karen, Lao, Spanish, & Vietnamese.

Welcome to Your Patient Care Kit!

Your provider and health center team are happy to give you this at-home Patient Care Kit! It includes a set of tools and tips for better health. With this Kit your health center team will:

- Teach you how to use each tool at home.
- Help you eat better and stay active.
- Show you how to take your medicine safely.
- Help you keep important health appointments.

If you have questions about the Patient Care Kit or how to use the supplies in the Kit,
call ____ at (phone #): ____________________

In accepting this Patient Care Kit. I agree to work with my health center team to use these tools to improve my health. I understand this Kit is given to me as part of a program to help patients reach better health at home.

I agree to be part of this program. I will:

- Complete one (1) colorectal cancer screening test.
- Complete the Patient Care Kit's blood glucose tests. (My provider will tell me how and when to do each test). There are x tests in the Kit. I will also continue to check my blood sugar (with fingersticks) as my provider instructs.
- Use Patient Care Kit's supplies to measure my blood pressure, weight, and temperature.
- Write (record) my blood pressure, weight, and temperature in my "log".
- Report these readings to my health center team.

Contact my doctor when:

- My blood pressure reading is more than ___________.
- My blood glucose reading is more than ____________.
- My temperature is more than_____________.

If I use the Patient Care Kit as directed from [date] – [date], I can keep the supplies to improve my health. If I no longer want to be part of this program or use the Patient Care Kit, I can return the supplies to the health center. If I do not use the Patient Care Kit, the health center can ask for the supplies back.

I agree to participate in the Patient Care Kit program:

Patient Name: ___________________________________ Medical Record #: __________________

Patient Signature: ____

Date: _______________

Staff confirming receipt and training on Patient Care Kit (name): ______________________________

Staff signature: ____

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APPENDIX G

APPENDIX G: DATA COLLECTION CHART & TEMPLATE

The below chart provides a list of potential data to collect as part of your Patient Care Kit effort. A downloadable 6-month data collection template is available here.

DATA COLLECTION	Beginning of Program	As Completed	Monthly Check-in/Visit	Ongoing	End of Program
Demographics (UDS)					
Age	x				
Race	x				
Gender	x				
Insurance	x				x
Diagnoses	x				x
Clinical (UDS), CHC Reported					
BP	x	x			x
HbA1c	x	x			x
Body Mass Index (BMI)	x				x
Colorectal Cancer Screening (CRCS)	x				x
Depression Screening	x	x			x
Patient Generated/Reported					
CRCS	x	x			
Temp	x		x	x	x
Weight	x		x	x	x
Height	x				
BP	x		x	x	x
Home A1c	x	3-4x			x
Social Risk					
PHQ-2 (2 Questions)	x				x
PRAPARE (8 Questions)*	x				x
SBIRT screen (2 Questions)	x				x
Patient Experience Questions	x				x
Staff Experience Questions	x				x

** Health centers already using the NACHC PRAPARE tool should use the complete tool. Health centers not using the tool could consider a subset of PRAPARE questions similar to those used in NACHC's Leading Change: Transforming At-Home Care pilot project: Q10 (education); Q11 (employment); Q14 (food/utilities); Q15 (transportation); Q16 (social connection); Q17 (stress); Q20 (safety); Q21 (partner violence).* PRAPARE tool.

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APPENDIX H: STAFF EXPERIENCE QUESTIONNAIRE TEMPLATE

Sample questionnaire to assess staff experience.

Staff Experience Survey

Your input is requested on a set of five staff experience measures. **Your responses should take 2-3 minutes and participation is voluntary**.

This survey focuses on staff experience. The survey looks at the impact of changes brought about through this virtual care project, including the use of patient self-care tools, on staff. You are being asked these staff experience questions because you will have some role in the pilot project in your health center (e.g., seeing patients who use the self-care tools, follow-up with patients, teaching patients, other). You will be asked these questions now and again at the end of the program. We ask that you respond honestly. Your responses will be anonymous.

In order to begin this survey, please let us know your previous experience in delivering, or supporting, virtual patient visits that include video capability.

- I have participated in, or supported (for example, providing care, scheduling, connecting, instructing, or following up) patient virtual visits that include video capability.
- I have not participated in, or supported, patient virtual visits that include video capability.

The following four questions will ask about your perceptions of doing virtual patient visits with video capability when compared to in-person visits in the health center. Please read each question and tell us how often you feel this way.

As compared to in-person patient visits in the health center, virtual visits with video capability are more efficient?

- Never
- Rarely
- Sometimes
- Often
- Always

As compared to in-person patient visits in the health center, virtual visits with video capability have the same or greater quality and impact?

- Never
- Rarely
- Sometimes
- Often
- Always

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As compared to in-person patient visits in the health center, I have the same or greater satisfaction doing virtual visits with video capability?

- Never
- Rarely
- Sometimes
- Often
- Always

As compared to in-person patient visits in the health center, I believe patients have the same or greater satisfaction doing virtual visits with video capability?

- Never
- Rarely
- Sometimes
- Often
- Always

What is your current frequency of symptoms of burnout from your work overall?

- Never
- Rarely
- Sometimes
- Often
- Always

Finally, a few brief questions about yourself:

Please select your age range:

- 34 or younger
- 35 -44
- 45 -54
- 55 and older
- Prefer not to answer

Please select your gender:

- Male
- Female
- Transgender Man/Transgender Male
- Transgender Woman/Transgender Female
- Other
- Choose not to disclose
- Unknown

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Are you of Hispanic, Latino or Spanish Origin?

- Yes
- No
- Prefer not to answer

How would you describe yourself? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other ____
- Prefer not to answer

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APPENDIX I: PATIENT DATA COLLECTION TEMPLATES

Sample patient data collection tools, available in 5 languages, that cover patient experience, social risk, substance use, and depression screening as well as a logbook for self-reported measurements.

Patient Experience (Available in English, Karen, Lao, Spanish, and Vietnamese)

Patient Name: ________________________ Date: ___________

1. In general, how would you rate your overall health?

2. How likely are you to recommend the health center to your family or friends?

 Always
 Often
 Sometimes
 Rarely
 Never

3. How would you rate the care you receive at virtual visits with your provider as compared to in-person visits in the health center with your provider?

 Far Better
 Better
 Same
 Worse
 Much Worse

Social Risk, Substance Use, and Depression Screening (Available in English, Karen, Lao, Spanish, and Vietnamese)

Patient Name: ________________________ Date: _______________

To provide the best care, we ask all patients the following questions:

a. In the past year, have you or any family member you live with been unable to get any of the following when it was really needed? Check all that apply.

Food	Yes	No
Utilities	Yes	No
Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)	Yes	No
Phone	Yes	No
Clothing	Yes	No
Child Care	Yes	No

 Other (Please write): _________________

 I choose not to answer this question

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b. Has the lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

- Yes, it has kept me from medical appointments or from getting my medications
- Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- No
- I choose not to answer this question

c. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

- Less than once a week
- 1 or 2 times a week
- 3 to 5 times a week
- 5 or more times a week
- I choose not to answer this question

d. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- I choose not to answer this question

e. Do you feel physically and emotionally safe where you currently live?

- Yes
- No
- Unsure
- I choose not to answer this question

f. In the past year, have you been afraid of your partner or ex-partner?

- Yes
- No
- Unsure
- I have not had a partner in the past year
- I choose not to answer this question

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g. What is your current work situation?

- Unemployed
- Part-time or temporary work
- Full-time work
- Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: ________________
- I choose not to answer this question

h. What is the highest level of school that you have finished?

- Less than high school degree
- High school diploma or GED
- More than high school
- I choose not to answer this question

i. During the past two weeks, have you been bothered by little interest or pleasure in doing things?

 Yes No

j. During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?

 Yes No

k. i. **Men:** How many times in the past year have you had 5 or more drinks in a day?

____

ii. **Women:** How many times in the past year have you had 4 or more drinks in a day?

____

l. How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

____

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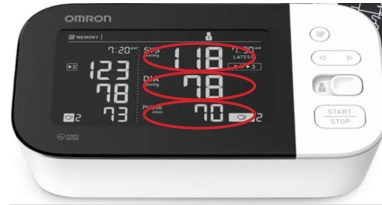
Patient Log (Available in English, Karen, Lao, Spanish, and Vietnamese)

My Health Log

Patient Name: ____

Weight:

Blood Pressure:



Temperature"

Date (MM/DD/YY)	Time	Weight	Blood Pressure			Temperature	Notes
			SYS (Systolic)	DIA (Diastolic)	Pulse (Heart Rate)		
Example 10/16/20	9:25 am	140.0	118	78	70	98.6	Notes about how you were feeling, activities, etc.

My blood sugar (A1c) Log:

Patient Name: ____

My starting A1c	A1c level:	Date:
My A1c goal is:		

Test #	Date	Time	Reading
#1	___ / ___ / ____		
#2	___ / ___ / ____		
#3	___ / ___ / ____		
#4	___ / ___ / ____		

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