

COVID-19 and Health Center Boards

FOCUS AREA: UNDERSTANDING THE IMPACT OF COVID-19 ON THE HEALTH CENTER

Board Oversight of Risk Management During the COVID-19 Pandemic

BACKGROUND

For years, health centers have built and implemented risk management programs with the goal of *proactively* mitigating various forms of risk (e.g., clinical, operational, financial, and legal) while providing quality care and services to patients. Health center boards provide oversight of risk management, which includes reviewing and approving the health center's risk management program, monitoring progress in addressing key areas of risks, and adhering to requirements if deemed under the Federal Torts Claims Act (FTCA).¹

In March 2020, with the onset of the COVID-19 pandemic, health centers were forced to *react, as well as adapt* and adopt processes very quickly. As the COVID-19 pandemic continues to impact health centers, it is critical that health center risk management plans evolve to meet the ongoing demands and opportunities for various risks that the pandemic presents. For health center boards, it is important to have some understanding of these changing demands to ask appropriate questions and provide adequate oversight. This short resource outlines considerations related to risk management during the COVID-19 pandemic.

Items to Consider

COVID-19 has forced health centers to develop new ways to provide quality care² to patients under strict public health orders and urgent procedural changes for credentialing, billing, technology, and clinical documentation, among others. These procedural changes have both short-term and long-term impacts on health center sustainability and should be monitored and proactively addressed to mitigate risk to the health center.

While the health center executive leadership and staff are implementing new technologies, patient workflows, and staffing models among many other changes, staff can discuss new high-

risk areas for the organization because of the pandemic with the board. It is important the board understand enough to provide appropriate oversight at the governance level, but resist becoming focused on operations which remains the focus of staff. Below are some considerations for health center boards:

- **Review the current risk management plan with staff to understand the impact of the pandemic**—Consider how the pandemic may impact existing risks. Boards can ask questions such as: Is the center still able to monitor and report on existing high-risk areas? Do current plans need to be modified? Does the center anticipate

¹ For general information on board oversight of risk management, see NACHC's Governance Guide for Health Center Boards, Chapter 6: Oversight of Health Center Risks (available at <https://www.healthcenterinfo.org/details/?id=2302>). If FTCA deemed, ensure compliance with requirements for the deeming application, requirements associated with the Operational Site Visit, and, as appropriate, with the requirements of the FTCA Site Visit Protocol. This may include, for example, undertaking risk management activities associated with the FTCA including ensuring the board annually hears a report on health care risk management activities, keeps quality improvement/quality assurance policies updated, hears reports on Quality Improvement/Quality Assurance, and maintains board meeting minutes that demonstrate this activity. The HRSA Health Center Compliance Manual addresses FTCA in Chapter 21: Federal Tort Claims Act (FTCA) Deeming Requirements (<https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>). Information on the FTCA Site Visit Protocol can be found at <https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/ftca-hcp-svp.pdf>.

² For more information on quality oversight during the pandemic, see Board Oversight of Quality During the Pandemic (anticipated February 2021). This resource will be available on the Health Center Resource Clearinghouse at <https://www.healthcenterinfo.org/>

any challenges in meeting FTCA requirements or in meeting requirements of the Health Services and Resources Administration’s Health Center Program?³

- **Discuss with staff what might be contributing to new areas of high risk for the center during the pandemic and what new high priority risk areas may need to be included in risk management plans during the pandemic**—Factors that contribute to risks at health centers related to the impact COVID-19 might include:

- **Public health mandates, rules, and regulations:** Public health mandates, rules, and regulations have included social distancing requirements, mask wearing, travel advisories, and work from home orders, among many others. These mandates and regulations can have a significant impact on health center productivity, financial positioning, patient satisfaction, and clinical outcomes due to restricted or limited access at the health center.
- **Telehealth⁴ and other technologies:** COVID-19 has forced both practitioners and patients to utilize alternative access and communication methods to give or receive care. These technologies include telehealth, teleconference, text messaging, patient engagement, and mobile applications.

For most health centers and patients, the adoption of these technologies occurred rapidly and required significant changes within the health center that may have impacted risk due to patient privacy concerns, clinical continuity and outcomes, and patient engagement and satisfaction. Technology can also be a solution to minimize risk incurred due to public health mandates and other access limiting factors.

- **Increased demands on efficient and effective communication with patients:** COVID-19 has increased the volume of communication needs by patients due to restricted access. With limited access and limited clinical intervention opportunities, telephone volume and portal requests could exceed the health center’s ability to respond to and accept these demands. This may lead to an increased clinical risk as it creates a greater opportunity to miss addressing clinical needs of patients.
- **Continuing demands for COVID-19 testing:** There continues to be an ongoing need for PCR (polymerase chain reaction) testing and Antigen testing, and contact tracing with partnering agencies which has implications for staffing, finances, communication, and other resources.

- **Demands related to COVID-19 vaccination deployment:** In the coming weeks, more information will be available about vaccine deployment and the associated impacts for centers around vaccine safety, inventory management, and other factors.

The above mentioned COVID-19 risk factors may contribute directly to clinical, safety, and financial risks for centers in a variety of possible ways. Staff and the board can discuss what areas may be “high risk”/priority areas that merit monitoring by the board. For example, centers may experience:

- **Clinical Quality Risks** due to:
 - inconsistency of staffing to provide services
 - potential lack of continuity when using telehealth for urgent/acute situations
 - increased volume of inbound and outbound calls needed to address patient clinical needs
- **Patient and/or Employee Safety Risk** due to:
 - lack of availability of personal protective equipment (PPE)
 - facility design and the need to ensure the size, layout, utility infrastructure and pedestrian flow is optimized to meet evidence-based guidelines to minimize patient and employee safety risks
 - expedited credentialing and privileging processes⁵

3 See note 1 for links to the HRSA Health Center Program Compliance Manual and FTCA requirements.

4 For more on telehealth, please see “Current and Future Strategic and Oversight Considerations Related to Telehealth for Health Center Boards” anticipated to be available on the Health Center Resource Clearinghouse (<https://www.healthcenterinfo.org/>) in February 2021.

5 Note: the COVID-19 pandemic resulted in a temporary credentialing and privileging process that allows for health centers to hire, grant privileges, and bill for providers in an expedited timeframe during an emergency

- a change in site hours and/or locations⁶
- employee mental health risks due to burnout
- interruption of enabling services⁷ (provided by some centers) to help reduce barriers to care
- **Financial Risk** due to:
 - decreased patient care revenues due to reduced volumes
 - the use of telehealth and teleconference to compensate for reduction in face-to-face productivity
 - substantial increases in PPE expenses
- **Consider how the board will monitor high priority risks during the pandemic**—Consider how the board will integrate pandemic-linked risks into overall oversight of risk management. The board may consider asking: What new risks need to be incorporated? How frequently will the board receive updates? The appendix provides a sample table that might be helpful.
- **Continue to document discussions about risk management in board meeting minutes**—As always, it is important and required to document board discussions related to risk management oversight in board meeting minutes.

Discussion Questions

There are some general questions boards may wish to ask related to risk management and COVID-19 including:

- What updates need to be made on the current risk management plan given the current environment? Has our incident reporting system been effective, and are there areas for improvement?
- What new risks is the center facing given the pandemic? Why? For example, is the center experiencing or anticipating any high priority risks due to:
 - public health mandates, rules, and regulations?
 - the adoption of telehealth and other technology?
 - increased communication demands?
 - restricted resources?
 - COVID vaccination deployment?
- What plans are in place to manage the new high priority risks?
- For new high priority risks, how frequently will the board receive updates?
- What additional resources are needed to ensure adequate risk management?
- What risks are anticipated in the next 6-months and what plans are being prepared?

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For additional resources from NACHC related to COVID-19, please visit <https://www.healthcenterinfo.org/priority-topics/covid-19/> and <http://www.nachc.org/coronavirus/>. Please contact Emily Heard, Director of Health Center Governance at NACHC, with questions (trainings@nachc.com).

6 Note: health centers have been allowed to temporarily close or discontinue hours and types of services during the emergency; health centers create increased risk due to limited access or continuation of services for the service area population.

7 Health centers provide critically important non-clinical, enabling services that help reduce barriers to care and increase access to health care and social services for the patients they serve. These enabling services including transportation, interpretation, health education, referrals, case management, environmental health risk reduction, and outreach and enrollment (O&E) assistance.

