



## BFCC-QIOs Respond to COVID-19 with Information and Support for Beneficiaries

Medicare beneficiaries, their families, and clinicians have faced unprecedented challenges because of the 2019 Novel Coronavirus Disease (COVID-19) pandemic. Social distancing and infection control measures in health care settings limit beneficiaries' access to preventive, elective, and non-emergent services. This in turn impacts preventive services; the clinical management of beneficiaries with cancer, chronic conditions such as diabetes mellitus, hypertension, cardiopulmonary disorders, and chronic kidney disease; and other medical needs unrelated to the pandemic. Adverse social determinants of health, including poverty, unhealthy environmental conditions (e.g., exposure to environmental toxins, exposure to cigarette smoke) homelessness, domestic violence, elder abuse, food insecurity, and financial insecurity can have a considerable effect on COVID-19 outcomes. Physical distancing measures to prevent the spread of COVID-19 are substantially more difficult for those with adverse social determinants. Measures designed to cut down on large gatherings have resulted in closures of soup kitchens, senior centers, food pantries, fitness centers, and other critical resources. Homelessness correlates with poor physical health generally, including health conditions such as tuberculosis, hypertension, asthma, diabetes, and HIV/AIDS that make people especially vulnerable to the coronavirus. Medicare beneficiaries transitioning from inpatient settings to subacute skilled nursing facilities, inpatient rehabilitation facilities, and home settings are also affected. While some beneficiaries face challenges in getting the care they need, such as physical and occupational therapy, others are not able to access the services and support of skilled nursing facilities or inpatient rehabilitation facilities after a hospital stay.

Despite these challenges, the Beneficiary and Family Centered Care-Quality Improvement Organizations (BFCC-QIOs) have shown leadership in helping ensure that the highest quality of care is delivered to Medicare beneficiaries during the pandemic.

## How do BFCC-QIOs support people with Medicare?

Before the COVID-19 pandemic, BFCC-QIOs fielded a steady stream of calls from beneficiaries and families needing help. Responding to an average of nearly 80,000 calls per month nationwide, BFCC-QIOs offered support to address complaints and concerns about the quality of care provided to beneficiaries. They also handled cases in which Medicare patients wanted to appeal a decision to discontinue services (e.g., home health services) or discharge the patient from a hospital. Additionally, BFCC-QIOs provided care management services to support beneficiaries with complex health care needs and limited knowledge of available resources. While the BFCC-QIOs continued to deliver these services, in the first half of 2020 they also became a resource hub during the COVID-19 pandemic.

## What actions have BFCC-QIOs taken to address the needs of beneficiaries and families impacted by COVID-19?

The BFCC-QIOs were quick to adapt to the COVID-19 pandemic. In March 2020, the BFCC-QIOs transitioned more than 500 staff members to work from home while maintaining access, responsiveness, and timeliness in addressing the concerns of beneficiaries and families. Relying on their most expedient and beneficiary-centered case approach, BFCC-QIOs

initiated a record number of immediate advocacy cases. Immediate advocacy is an informal alternative dispute resolution process used to quickly resolve a complaint submitted by telephone. With a typical volume of 350 immediate advocacy cases per month prior to the pandemic, BFCC-QIOs expanded capacity to address more than 700 cases in May 2020. For example, the BFCC-QIOs effectively leveraged immediate advocacy approaches to communicate with nursing homes, gather information about patient status and virtual visitation options, and help families get much-needed information about loved ones. They also helped beneficiaries and family members make sense of state legislation impacting them and connect to resources in their community.

While immediate advocacy cases were being addressed, care navigation services were also being provided to more than 1,000 beneficiaries. Through the Beneficiary Care Management Program, BFCC-QIO staff adapted their tools and approaches to address a growing range of issues facing some of the most vulnerable populations. For example, people experiencing homelessness found that many shelters were not accepting patients recently discharged from a hospital. To meet the pressing needs of these beneficiaries, BFCC-QIO staff worked closely with social workers at discharging hospitals to find other community-based resources and support beneficiaries through the transition.

The BFCC-QIOs also adapted their communication strategies to meet an increased need for timely, pertinent information. With the availability of rapidly evolving answers to "frequently asked questions," and links to state health department websites, the BFCC-QIOs were ready for incoming calls, while also beginning a communications outreach campaign. The BFCC-QIOs communicated up-to-the-minute national information using prominent website messaging, social media, and newsletters. The BFCC-QIOs used their websites as a primary communication channel for clinicians and beneficiaries, putting out messaging on their home pages about COVID-19 and linking to the CDC and CMS websites. The BFCC-QIOs also sent newsletters via email to communicate information directly to subscribers. The BFCC-QIOs prepared and distributed special editions of their newsletters to more than 18,500 key clinicians and other stakeholders with pertinent information about COVID-19.

Leadership and collaboration were key to the BFCC-QIO rapid and beneficiary-centered response to the COVID-19 pandemic. While BFCC-QIO staff were addressing individual beneficiary needs, leaders across the BFCC-QIO organizations were working closely with CMS to identify informational needs and ensure consistent messaging. In addition, the BFCC-QIO Medical Directors identified COVID-19 as the single most urgent topic for ongoing discussion, with a goal of ensuring clear, standardized approaches to protecting beneficiaries and ensuring they receive safe, high quality of care.

With a mandate to support beneficiaries at their most vulnerable times, the BFCC-QIOs demonstrated that compassion paired with nimble, creative responses have allowed them to be leaders in protecting Medicare beneficiaries. As the U.S responds to the pandemic and healthcare delivery evolves, the BFCC-QIOs stand ready to continue to tailor their approach to best meet the needs of Medicare beneficiaries and their families.

The preparation of this publication was performed under Contract No. 75FCMC19D0068 75CMC19F0001, funded by the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services and/or CMS nor does mention of organizations imply endorsement by the U.S. government. The authors assume full responsibility for the accuracy and completeness of the ideas presented.

**Stephanie Fry** is the Deputy Project Director with the BFCC NCORC. **Laura Gray** is the Lead Communications Coordinator with the BFCC NCORC. **Willow Burns** is a Communications Specialist with the BFCC NCORC. The authors declare no conflicts of interest.

Address for correspondence: Stephanie Fry, 1600 Research Blvd, Rockville, MD 20850. (<u>StephanieFry@westat.com</u>).

Publication Number: ACD-2020-NCORC-0060