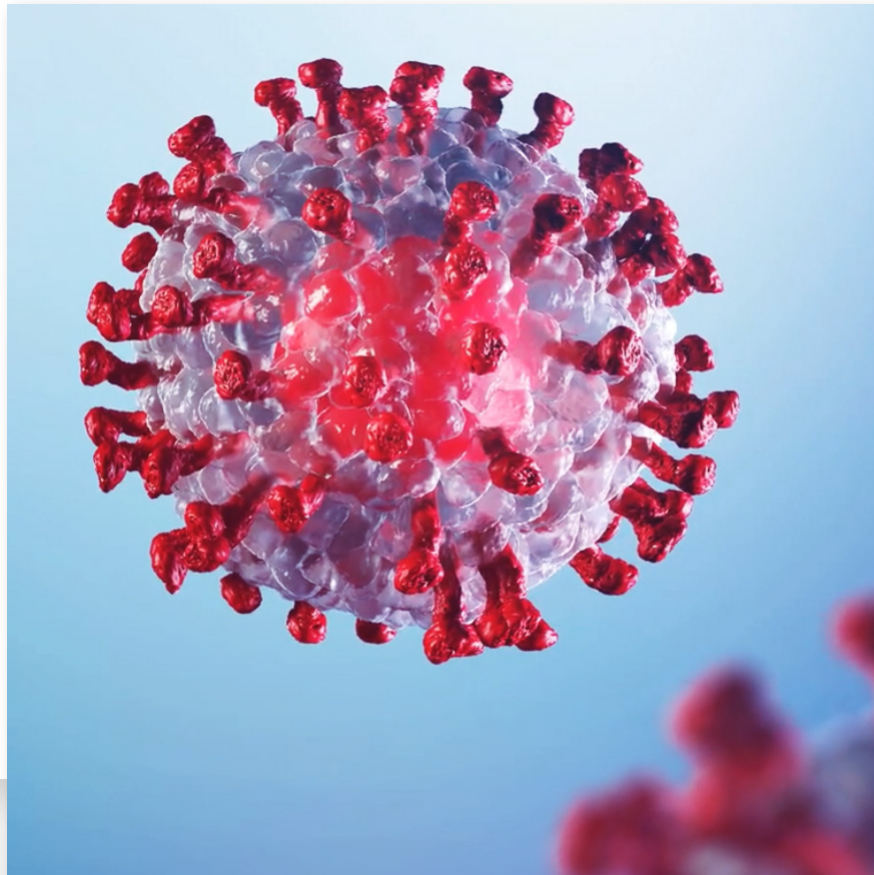




WELLMED CARES INFORMATION PROGRAM

Best Digital Learning Transformation Program Implemented in Response to COVID-19





The Need for the Digital Learning Transformation Program Was Clearly Identified, Defined and Agreed Upon with Leaders and Other Stakeholders

WellMed's enterprise is geographically and culturally diverse; we have clinics in Florida, Texas, and New Mexico. Leadership identified a need to disseminate current, accurate COVID-19 information and clinical guidance enterprise-wide to our clinicians and staff.

The information arm of WellMed Cares determined that the learning materials would be defined by our company's values:

- In keeping with our value of **Integrity**, we would never compromise our ethics by demonstrating any political bias.
- We would give equal awareness of market and regional differences between clinics in line with our **Performance** standards.
- With our value of **Compassion**, patients come first when providing our comprehensive approach to care.
- **Relationships** help us collaborate with all healthcare providers to improve the lives of patients and caregivers.
- Finally, **Innovation** is our promise to improve our efforts related to patient experience.

With this basic framework, leadership garnered agreement from all stakeholders within the organization. **WellMed Cares** was injected into the enterprise with such urgency that all other initiatives were put on hold.



The Digital Learning Transformation Program Was Designed to Deliver Effective and Lasting Improvement

Every staff member of WellMed's Instructional Design and Magic Division (IDs) was called in STAT to design newsletters, videos, training courses, websites, job aids, and guides.

One area of focus was instituting telemedicine to enable virtual patient care. IDs created training courses, videos, and job aids. WellMed's in-person clinics shifted to telehealth visits during the pandemic.

The WellMed network and infrastructure teams addressed necessary requirements for patient care by utilizing telemedicine appointments, prescriptions and medication refills, referrals, and scheduling solutions, supplemented by videos and presentations for performing home

visits while minimizing infectious exposure was the highest priority. Our patients and clinics reported favorable results with telemedicine, which we continue to practice now.

On a community service scale, WellMed partnered with the City of San Antonio to vaccinate ~170,000 citizens. A select core of organizers designed and implemented a COVID-19 Signup and Support Training – Provider Playbook [\(5\)](#) which contains all the resources needed to design and implement a mass vaccination site again in the future.

Clinicians and medical management identified the instructional and training needs, and the IDs delivered. Each component of the WellMed Cares Information Program was fully integrated into the fabric of WellMed's Intranet and had communications network.



The Digital Learning Transformation Program Made Appropriate Use of Available Tools and Technologies

In response to the pandemic's onset, the enterprise health and safety protocols for WellMed corporate and administrative offices changed from supporting a handful of work-from-home employees to supporting remote-work employees wherever possible.

This eventually led to out-of-state candidates filling required instructional design positions for instructional design. The IDs made new hires and set up new tools and software at home. The enterprise upgraded its Intranet. WellMed Cares Information Program utilized a variety of communication platforms, including targeted email distribution lists, company Intranets, streaming videos and podcasts, cloud-based websites, learning management systems, and third-party resource repositories. Using the distribution lists in 2020, we published 110 WellMed Morning Rounds newsletters, reaching over 1460 individuals.

In these newsletters, we recommended 206 peer-reviewed journal articles and archived the article links on the Intranet. [\(1\)](#)

During 2020, we hosted 42 Provider Q&A WebEx sessions, featuring 22 different presenters on these COVID-19 related topics and more: PPE (personal protective equipment), telemedicine, elective surgery, lab testing, antigen and rapid antigen testing, optimal care delivery and shared decision-making, vitamin D, exposure, treatment, outpatient management, WellMed CARES, flu, insidious impact, quality metrics, long-term clinical effects, annual wellness visits, SARS and MERS, epidemiology, immunodeficiency, vaccines, and implementation. Each session was attended by 60-288 participants depending on the topic. Attendees asked questions that are archived as FAQs (Frequently Asked Questions) on the Intranet. [\(3\)](#)

These simple email and screen sharing-conference calling technologies were used to reach hundreds of clinicians with timely information and to maintain a sense of community. The ID team used all other media rich tools as appropriate to develop more curriculum-based learning materials.

There is Demonstrable Evidence of a Successful Implementation Strategy, Including Alignment with Organizational Goals, Engagement with Key Stakeholders, and Ongoing Evaluation



Founded in 1990, the vision of our physician-led company is to change the face of healthcare delivery for the nation. WellMed is a group of over 6,000 staff and contracted physicians delivering patient-centric health care to a predominantly Medicare-eligible population. Through the WellMed Care Model, we Aim to help our patients stay healthy by providing high-quality, proactive, preventive, evidence-based care. Our Mission is to help the sick become well and to help patients understand and control their health in a lifelong effort at wellness.



Learners Were Supported Effectively Throughout the Transformation Program

The variety of WellMed Cares Program components enabled many appropriate and effective support avenues.

The newsletter, Intranet and cloud-based resource gallery were all linked to an email inbox directed to the “Core4” team of four senior medical directors. Learners can count on decisive responses within 24-48 hours (about 2 days), excluding holidays.

The nature of the Provider Q&A WebEx, screen share-conference calls, is one that encourages learners to engage in open discussions with the facilitator(s), ask questions, and offer opinions. These discussions are archived on the Intranet.

During GrandPad training and vaccination clinic training, learners are supported by the roll-out teams and other onsite staff members.

Online learning modules are designed by professional instructional designers who have advanced academic degrees in instructional design, adult learning technologies, graphic design, videography, animation, and related educational technologies. The content is developed by subject matter experts. Together the materials are Analyzed, Designed, Developed, Implemented, and Evaluated (ADDIE) in such a way that ensures objectives are met. There is a team of Training Coordinators who assign courses and can be reached when issues arise.

While the employee shift to telecommuting was an enterprise-wide movement, it felt very individualized. Each division was asked to draw up a plan that would work best for them and leadership took that plan into account. Numerous localized memos, teleconferences, bulletins, and texts kept us all informed so that there were no surprises. Local supervisors and managers were available to answer questions. The Information Technology department was on call to work out any work-at-home issues.

The Project is Having an Impact in Terms of Business Continuity and Individual and Organizational Performance

WellMed Cares Information Program	Impact
WellMed Morning Rounds (1)	Clinicians and staff have access to timely and accurate information in an easily read single-page format with hyperlinks to updated company and national resources; enterprise-wide distribution, high readership and satisfaction. Won enterprise national award for Integrity.
Video Gallery (2)	Clinicians and staff enterprise-wide can view on-demand replays of prior WebEx calls and other support/instructional videos.
Provider Q&A WebEx and FAQ Archive (3)	Clinicians can interact with subject matter experts in real-time; available on-demand for replay on- or off-network. High attendance and satisfaction.
Telemedicine and GrandPad Tablets (4)	ID materials and support streamlined the rollout and quick implementation of effective telemedicine programs, including the GrandPad tablet, contributing directly to quality patient care.
COVID-19 Signup and Support Training (5)	The mass vaccination clinic support was effective in ensuring our volunteer clinicians were able to administer COVID-19 vaccinations safely and efficiently to 170,000 San Antonio citizens. The guides established will be critically important to standing up similar clinics in the future.
Shift to Online Learning materials (6)	Most online materials can be viewed on-demand, on mobile devices as well as desktops. The learners are responsible for interacting with the information and completion is tracked on the learners' transcripts. In-house constructed content is made for 1/3 the cost of contracted or off-the-shelf content. The materials have proven to be more cost effective and standardizable than face-to-face instruction.
Employee Shift to Telecommute (7)	We proved we can telecommute while maintaining high levels of performance and communication throughout the enterprise and our own internal teams during an unprecedented pandemic with numerous health, information, and logistics challenges.

WellMed Morning Rounds

The Newsletter and Daily Article Archive (I)

WellMed Morning Rounds

Monday, July 26, 2021

Need to Know

With a large portion of our population vaccinated, our country saw a significant drop in daily case numbers over the past several months. Consequently, the CDC and state governments have relaxed recommended precautions for non-pharmaceutical interventions (NPIs) such as masking and physical distancing. However, until the path to work, we are still recovering from the economic sequelae of many of our cities. Masking, therefore, remains a common topic of conversation, and there's a high level of misinformation being shared and discussed. The following questions highlight some common misconceptions.

Q. Is it true that exposure with asymptomatic SARS-CoV-2 infection is viable (or very viable) to transmit the infection forward?

A. Not really. It may be accurate to say that truly asymptomatic individuals are probably less likely to infect others than are those individuals who develop symptoms. Individuals who remain truly asymptomatic likely have an average lower viral load than those who do. However, these asymptomatic individuals likely have been concentrated in hotspots. The problem is that an individual who remains truly asymptomatic for a period of time may then develop symptoms, and we are not identifying when people are symptomatic. Therefore, more likely to transmit and who will cause asymptomatic contacts and/or subsequent infections.

The incubation period of SARS-CoV-2 is approximately 5.5 days. The latency period (the time from onset of symptoms to an individual to the onset of symptoms in the person they've infected) is about 4 days. Within the incubation period is longer than the latency period, asymptomatic (non-symptomatic) transmission will occur. (This is a theoretical epidemiological concept.)

Q. For best case people wear the mask to prevent the transmission of SARS-CoV-2. Are they right?

A. Nope. Masks are beneficial to reduce the risk of exposure, both as source control and PPE. They are probably better than regular face shields, as well as for source control. Surgical masks are pretty good at source control, and probably offer some personal protection as well. To improve the efficacy of a surgical mask, overhead mask wear is properly, not face down. (Placing a knot at the base of the nose helps improve fit.) A properly fitted, multi-layer cloth mask is not quite as good as a well-fitted surgical mask, but it's pretty effective as well.

While it's always good to follow a guideline, it's not an excuse to question the efficacy of any current practice (including masking). The vast majority of published studies support the benefit of masking. We have several guidelines in place, both for staff, and epidemiological evidence that all support the benefits of masks for both PPE and source control. Please search the Morning Rounds Archive for the day archive for several references.

Based on the abundance of data, WellMed continues to require masking during all patient-facing interactions. In addition, those who choose not to be vaccinated must wear masks when asked others to discuss that and appropriate circumstances. Please continue to wear masks when required to do so, and REMAIN courteous to those policies with patient and patients!

REPORTING COVID-19 VACCINATIONS

If you have received your COVID-19 vaccination, and have not submitted a copy of your vaccine record, please report this to the biometrics team. The reporting process will need to be completed before you can receive your vaccine card. Please email biometrics@wellmed.com or call 800-845-2222 to complete a reporting step. Please email biometrics@wellmed.com or call 800-845-2222 to complete a reporting step.

WellMed Morning Rounds

Article of the Day ARCHIVE

Last updated 7/22/21, 3:08 PM

Date in Chronicle	Article (link)	Source/Date Published
Mon 07/26/21	COVID-19 vaccine acceptance and hesitancy in low- and middle-income countries	Nature Medicine, 07/16/21
Mon 07/26/21	Persistent symptoms in adult patients one year after COVID-19: a prospective cohort study	Oxford Academic, 07/05/21
Mon 07/26/21	Effectiveness of COVID-19 vaccines against variants of concern, Canada	medRxiv, 07/03/21
Mon 07/19/21	Durable Humoral and Cellular Immune Responses 8 Months after Ad26.COV2.S Vaccination	NEJM, 07/16/21
Mon 07/12/21	Prevention and Attenuation of Covid-19 with the BNT162b2 and mRNA-1273 Vaccines	NEJM, 06/30/21
Mon 07/12/21	Safety and Efficacy of NVX-CoV2373 Covid-19 Vaccine	NEJM, 06/30/21
Mon 06/28/21	Neutralising antibody activity against SARS-CoV-2 VOCs B.1.617.2 and B.1.351 by BNT162b2 vaccination	Lancet, 06/03/21
Mon 06/28/21	Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons	NEJM, 06/17/21
Mon 06/28/21	Treatment of Multisystem Inflammatory Syndrome in Children	NEJM, 06/16/21
Mon 06/21/21	The detection dogs test is more sensitive than real-time PCR in screening for SARS-CoV-2	Nature, 06/03/21
Mon 06/21/21	Symptomatic Acute Myocarditis in Seven Adolescents Following Pfizer-BioNTech COVID-19 Vaccination American Academy of Pediatrics	Pediatrics, 06/21
Mon 06/21/21	Risk of reinfection after seroconversion to SARS-CoV-2: A population-based propensity score matched cohort study	Oxford, 05/27/21
Mon 06/14/21	International Travel During COVID-19	CDC, 06/10/21
Mon 06/14/21	Vaccines highly effective against B.1.617.2 variant after 2 doses	gov.uk, 05/22/21
Fri 06/11/21	Six months of COVID vaccines: what 1.7 billion doses have taught scientists	Nature, 06/04/21

Impact

Clinicians and staff have access to timely and accurate information in an easily read single-page format with hyperlinks to updated company and national resources; enterprise-wide distribution, high readership and satisfaction. Won enterprise national award for Integrity.

Implementation Strategies

- Core Senior Medical Director team and ID support to publish daily, until sunset
- Grow distribution list and Intranet links

Goal Alignment

- Provide quality, proactive patient care with a focus on prevention

Stakeholder Engagement

- TX/FL/NM liaisons
- Key stakeholders to contribute content

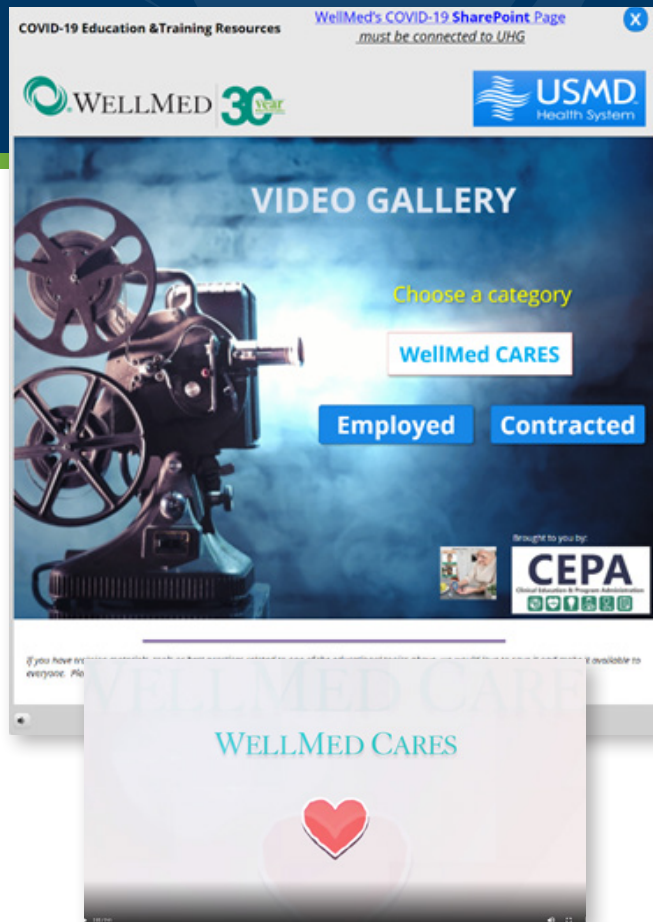
Ongoing Evaluation

- Track receivership and viewer responses

Single-page newsletter and peer-reviewed journal articles

Video Gallery

A Cloud-Based Collection of Resources (2)



Direct Link: [WellMed Cares Video](#) (2:41)

Date of WebEx	Provider Q&A WebEx Presentation Title, link, (length)	Presenters	Resources
07/20/21	COVID-19 Vaccine-Induced Myocarditis (00:26:31)	Michael Almaleh, MD, FACC	Q&A Video Slides/Resources

Direct Links:

[COVID-19 Vaccine-Induced Myocarditis](#) (26:31)

[Q&A Video](#) (5:40)

[Slides](#) (pdf)

Impact

Clinicians and staff enterprise-wide can view on-demand replays of prior WebEx calls and other support/instructional videos.

Implementation Strategies

- Fully compliant
- Accessible to TX/FL/NM markets, employed and contracted
- Easy to update

Goal Alignment

- Provide quality, proactive patient care with a focus on prevention

Stakeholder Engagement

- Key stakeholders to contribute content

Ongoing Evaluation

- User scrutiny via dedicated email

Provider Q&A WebEx

Screen-Share Conference Calls and FAQ Archive (3)



July 20, 2021

Vaccine-Induced Myocarditis

Q: Are you aware of any WellMed patients with vaccine-induced myocarditis?

A: No. It is unlikely in our senior population.

Q: Why is there a male predominance? Is it hormonally mediated? Why are we seeing in older patients?

A: Answer is unknown at this time.

June 15, 2021

Update: Variants and Vaccines: Are we winning the war against COVID-19?

Michael Almaleh, MD, FACC

Q: Can we assume similar variant coverages for the Moderna vaccine as we are seeing in the Pfizer vaccine?

A: Given the similarity of the Moderna and Pfizer vaccines, I think it's likely that both will provide protection against variants, although clinical studies will need to confirm this.

Q: Any updates about booster dosing being needed?

A: We don't have any data that boosters are necessary at this point. I think the most for

Impact

Clinicians can interact with subject matter experts in real-time; available on-demand for replay on- or off-network. High attendance and satisfaction.

Implementation Strategies

- Core team and ID support
- Senior Medical Directors' input for topics and slides

Goal Alignment

- Help patients understand and control their health in a lifelong effort at wellness

Stakeholder Engagement

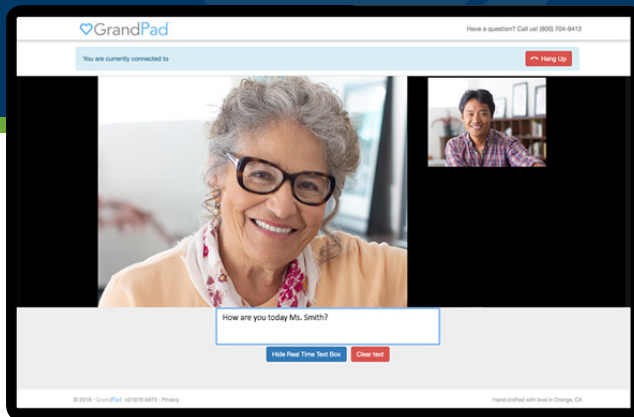
- Key stakeholders to contribute content
- Key stakeholders to participate

Ongoing Evaluation

- Track WebEx participation

Telemedicine and GrandPad Tablets

Training and Equipment for Virtual Patient Care Screen-Share & Conference Calls (4)



Impact

ID materials and support streamlined the rollout and quick implementation of effective telemedicine programs, including the GrandPad tablet, contributing directly to quality patient care.

Implementation Strategies

- Core team and ID support
- Clinic releases
- Equipment purchases, training, rollout

Goal Alignment

- Change the face of healthcare delivery

Stakeholder Engagement

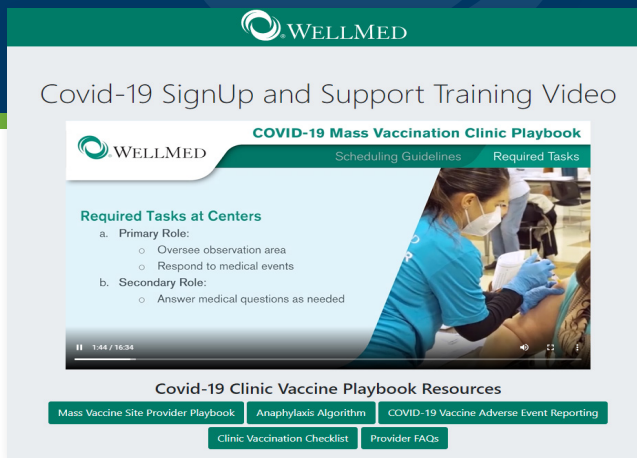
- Key stakeholders to buy-in and plan

Ongoing Evaluation

- Track clinic and patient feedback
- Track virtual visits charged to Medicare

COVID-19 Sign-Up & Support Training

A Resource to Design and Implement Mass Vaccination Sites (5)



With an organization of medical professionals and administrative staff willing to volunteer time, WellMed Medical Management was able to convert three established Senior Community Centers into one of San Antonio's first dedicated vaccination clinics.

Learning quickly, WellMed displayed agility on-the-fly, engaging, and migrating vaccination data into Salesforce for vaccinations scheduling and documentation. WellMed formed a committee to organize and map out the coordination, communications, and planning for each center.



Not only did WellMed adjust how the organization worked and telecommuted, but also solidified an effective response for delivering vaccinations to 170,000 San Antonio citizens during the pandemic. [Direct Link](#)

Impact

The mass vaccination clinic support was effective in ensuring our volunteer clinicians were able to administer COVID-19 vaccinations safely and efficiently to 170,000 San Antonio citizens. The guides established will be critically important to standing up similar clinics in the future.

Implementation Strategies

- Core team and ID support

Goal Alignment

- Provide quality, proactive patient care with a focus on prevention

Stakeholder Engagement

- All volunteers needed during vaccination clinics

Ongoing Evaluation

- In-the-field trials, overnight solutions, ad hoc implementation

Shift to Online Learning Materials

Learning Management System (6)



This module is one of many built to shift learning to an online platform during social distancing. It is an introduction to the Optum Risk Stratification Tool. OEA stands for Optum Enterprise Analytics. Risk Stratification is a tool that can help clinical teams estimate which patients are at higher risk of adverse health outcomes or are in greater need of health resources. The module was launched in April 2021 to support and update clinicians and medical management teams that see patients.

Impact

Most online materials can be viewed on-demand, on mobile devices as well as desktops. The learners are responsible for interacting with the information and completion is tracked on the learners' transcripts. In-house constructed content is made for 1/3 the cost of contracted or off-the-shelf content. The materials have proven to be more cost effective and standardizable than face-to-face instruction.

Implementation Strategies

- Subject matter experts and ID support
- Learning management system

Goal Alignment

- Change the face of healthcare delivery

Stakeholder Engagement

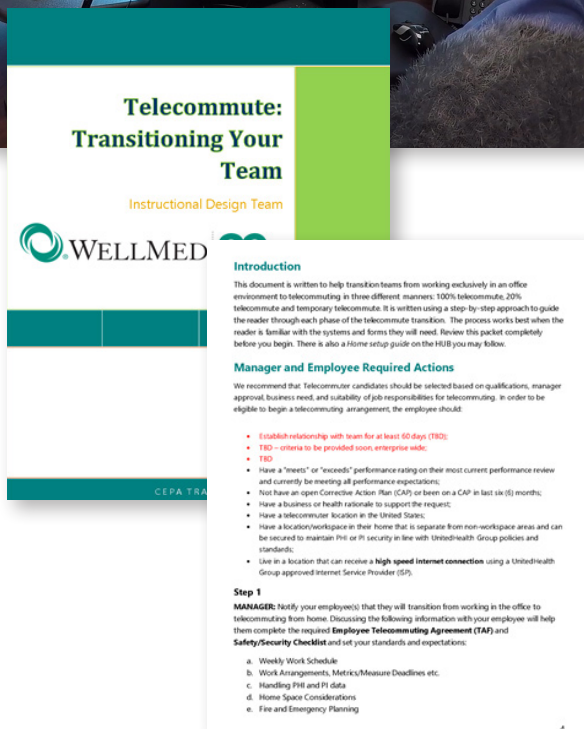
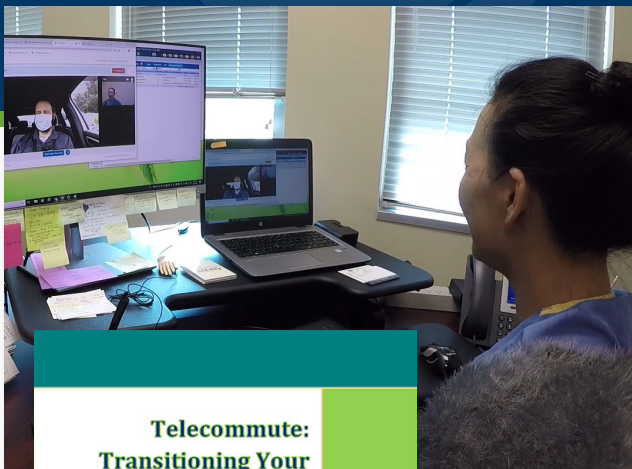
- Key stakeholders to contribute content

Ongoing Evaluation

- Track online evaluations and surveys

Employee Shift to Telecommute

An ID Guide to Shifting the Division (7)



Telecommute Transition Guide created by the WellMed Instructional Design and Magic Division to guide their director in handling their shift from face-to-face to telecommute

Impact

We proved we can telecommute while maintaining high levels of performance and communication throughout the enterprise and our own internal teams during an unprecedented pandemic with numerous health, information, and logistics challenges.

Implementation Strategies

- IT (Information Technology) support and equipment
- Leadership and planning
- Phased implementation

Goal Alignment

- Change the face of healthcare delivery

Stakeholder Engagement

- Key stakeholders to buy-in and plan

Ongoing Evaluation

- Increased production
- Employee satisfaction