










Key Insights on Emergency Preparedness from Presbyterian Healthcare Services

As part of the AHC Model's learning system and technical assistance (LS/TA) activities, Mathematica conducts site visits to select bridge organizations to learn about their experiences implementing the model. This resource highlights key insights from Mathematica's October 2020 virtual site visit to Presbyterian Healthcare Services (PHS), an Alignment Track bridge organization in New Mexico that implemented several successful strategies in response to the public health emergency (PHE).¹ Bridge organizations might consider adopting these approaches to increase their resiliency and emergency preparedness within the context of the PHE and more generally.

- Before the PHE, PHS developed the following robust supports that enabled screening and navigation staff to work effectively:
 -  **Establishing individual daily target numbers** for screening and navigation cases and sharing daily performance reports to motivate staff and hold them accountable
 -  **Hosting regular individual check-in meetings** between each staff member and their supervisor to maintain open lines of communication and help staff stay informed and engaged
 -  **Giving staff the opportunity to role-play challenging scenarios** they might encounter with beneficiaries to strengthen their confidence and core competencies
 -  **Soliciting staff feedback** on workflows and empowering staff as experts to help identify process improvements
- When the PHE began, PHS's AHC Model Leaders helped staff weather the unexpected challenges of working remotely during a time of uncertainty and stress by enacting the following supports:
 -  **Clear expectations** for how much time to spend on various tasks and revised targets for the daily number of outreach calls for post-visit screening
 -  **Enhanced communication**, such as daily meetings during which staff share progress toward targets, updates on community resource availability, and advice on handling difficult cases
 -  **Equipment distribution**, such as new laptops
 -  **Remote access** to the virtual private network, electronic health record, and data system
 -  **Wellness promotion**, including allowances for flexible schedules, encouraging breaks, and providing access to free resources for emotional and physical well-being
- PHS's holistic approach to screening and navigation, in which the same staff member engages the beneficiary in screening and navigation and integrates both components into one seamless conversation, catches people in the moment and is particularly helpful during the PHE when staff engage beneficiaries by phone.
- PHS's AHC Model leaders leveraged the increased awareness of health-related inequities made worse by the PHE to garner stronger support from organizational leaders, using them to elevate the conversation and underscore the importance of screening, navigation, and community alignment.

Additional strategies that bridge organizations implemented in response to the PHE, including key takeaways from the PHE Roundtables Series are available on [AHC Connect](#) in the folder titled "Public Health Emergency".

¹This resource highlights findings from one of three site visits Mathematica is conducting from October 2020 to February 2021. Mathematica plans to summarize findings across all three site visits in a separate synthesis report that it will share with bridge organizations in April 2021.