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**Title**

*Measuring Chronic Care Management During the Telehealth Integration Period in Urban Clinics Of an Integrated Commercial Plan*

**Priority 1 (Research Category)**

COVID-19

**Presenters**

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**Abstract**

Context, Objective, Instrument: COVID-19 propelled the integration of telehealth visits to healthcare delivery. Using the Assessment of Chronic Illness Care (ACIC) survey, we aimed to examine chronic care management in primary care facilities in Southern California during the transition from in-person to a mix of in-person and telehealth following the onset of COVID-19.

Study Design, Setting, Dataset, Outcome Measures: In this study, the ACIC survey was administered to a convenience sample of healthcare providers, clinical and ancillary staff, and administrators working at seven clinical sites (n=39). It aimed to evaluate chronic illness care across sites and it contains seven subscales. Each subscale has three to six items in which respondents assign a score between 0 – 11. The sum of the scores form the total sub-scale score and the average of the scores form the subscale score. The mean of the subscale scores across the seven subscales form the overall program score. We used the following guidelines to map scores onto clinical interpretations: 0-2 = limited support (LS), 3-5= basic support (BAS), 6-8 = reasonably good support (RGS), 9-11 = fully developed chronic illness care (FD).

Results and Outcomes: The mean (sd) [category] score for the subscales are as follow: Organization of the Healthcare Delivery System 8.76 (1.76) [RGS]; Community Linkages 7.67 (2.50) [RGS]; Self-Management Support was 8.23 (2.25) [RGS]; Delivery System Design subscale 8.08 (2.63) [RGS]; Clinical Information System 8.44 (2.43) [RGS]; Integration of Chronic Care management Components 8.18 (2.52) [RGS]; Decision Support 8.33 (2.49) [RGS]. The average (sd) overall ACIC score in the full sample was 8.24 (2.12), [RGS].

Conclusions: Overall, survey respondents found that their clinic is providing reasonably good support for chronic illness care and for each of the seven constructs. However, the survey respondents' opinions varied on the item scores, subscale scores, and overall score. The analysis did not find any statistically significant differences between roles and between sites. To further explore any potential patterns observed, either between roles or sites would require larger sample sizes for hypothesis testing with

sufficient statistical power. Future directions include an analysis of what role telehealth has played in chronic care management beyond the scope of the ACIC survey and amplifying the ACIC survey instrument to analyze hybrid chronic care models.