Leading in the Crisis: Flattening the COVID-19 Curve:
Planning, Managing, and Caring for Agricultural, Homeless, and Mobile Populations
Thursday, April 9, 2020
1-2PM ET

Speakers:

- Rachel Gonzales-Hanson, Senior Vice President, Western Operations, National Association of Community Health Centers
- Rhonda Hauff, Deputy CEO & Chief Operating Officer, Yakima Neighborhood Health Services
- Lisa M. Koonin, PhD, MN, MPH, Senior Advisor, Centers for Disease Control and Prevention
- Jim Macrae, MA, MPP, Associate Administrator, Bureau of Primary Health Care, Health Resources and Services Administration
- Gil Muñoz, MPA, CEO, Virginia Garcia Memorial Health Center
- Michael Taylor, CEO, Cornell Scott-Hill Health Center
- Tom Van Coverden, President and CEO, National Association of Community Health Centers
- Ron Yee, MD, MBA, FAAFP, Chief Medical Officer, National Association of Community Health Centers

Ron Yee, MD, MBA, FAAFP:

Thanks for joining us today amid this health center response to the pandemic. I'm Ron Yee, Chief Medical Officer with the National Association of Community Health Centers. Today we have another critical national partner update as we seek to join forces and align efforts with the CDC, HRSA/Bureau of Primary Health Care, NACHC and health centers across the nation to address COVID-19. I wanted to let our audience know first of all that NACHC hears you from the field and is aware of and working on three issues. 1. Larger health centers with over 500 employees having difficulty accessing funds, funding opportunities. 2. The health disparities that health centers encounter every day, especially for example the disproportionate effect COVID-19 is having on our African American and minority communities. 3. Addressing issues our Look-Alike health centers are encountering related to accessing stimulus funding. I just want to let you know that we're aware of these things, concerned along with you and working on these issues.

Ron Yee, MD, MBA, FAAFP:

Today we'll discuss issues health centers are facing regarding managing and caring for agricultural, homeless, and mobile populations. This includes a closer look at the business side of Telecare and virtual visits. United, in the heat of this battle we can help to flatten the COVID-19 curve. So let's deal with some housekeeping issues to start with. Again, this is a voice only call so there are no content slides for the speakers as they present. Some who are presenting submitted slides and they will be posted on the NACHC website, in the Resource area. You can get that on the bottom left corner or you can go to the NACHC website after the call. Of course, the recording and transcript will be posted on the NACHC website also.

Ron Yee, MD, MBA, FAAFP:

You'll see rotating slides for those joining via internet, which will give you instructions on how to ask questions. If you want to ask a question during the panel presentations or during the formal Q&A time at the end, please click on the question button and submit.

Ron Yee, MD, MBA, FAAFP:

Please note to whom you'd like this question directed and then type in your question after that. If you want to chat with other participants, provide some innovative ideas to deal with COVID-19 or communicate with the NACHC staff during the call, please use the chat function. If you're having any technical difficulties, you can click on the request support button and someone will get to you right away.

Ron Yee, MD, MBA, FAAFP:

We'll try to group the questions around similar topics or themes to make our Q&A time more efficient and questions we can't get to will be addressed on our COVID-19 FAQ posted on the NACHC website.

Ron Yee, MD, MBA, FAAFP:

Our order of speakers for today include Rachel Gonzales-Hanson, she'll begin our panel. She's the immediate past CEO of Community Health Development Incorporated, a community/migrant health center in Uvalde, Texas where she spent over 37 years serving primarily farm workers and their families. Rachel just joined the NACHC team as the Senior Vice President of Western Operations and will set up the context for our call.

Ron Yee, MD, MBA, FAAFP:

Dr. Lisa Koonin, who's a regular expert on our panel will follow Rachel. Dr. Koonin is the Senior Advisor for the CDC supporting the COVID-19 response team. She'll be joined by CDC colleague, Dr. Emily Mosites, Senior Advisor for Health and Homeless for the Deputy Director, Infectious Disease, CDC. Tom Van Coverden, NACHC's President and CEO will follow. We'll finish our federal partner updates with Jim Macrae, Associate Administrator, Bureau of Primary Health Care, HRSA.

Ron Yee, MD, MBA, FAAFP:

Following our federal partners, I'll introduce and we'll hear from our colleagues on the front lines of COVID-19 response representing health centers, serving special populations including agricultural, homeless and mobile populations.

Ron Yee, MD, MBA, FAAFP:

We'll start with Rachel. Rachel, please help us to set up this call.

Rachel Gonzales-Hanson:

Thank you, Ron and hello everyone. As you said, Ron, today we are focusing on our special populations that health centers serve and as we know there are additional challenges to serving agricultural workers, the homeless and other mobile populations.

Rachel Gonzales-Hanson:

Taking into consideration the social determinants of health becomes even more important when developing systems of care and the delivery models to serve these patients. Housing conditions are usually not within their control, sanitation can be sorely lacking, financial and other resources are both limited and limiting. Food and nutrition may not be synonymous and health care may very likely be the last thing on the patient's mind, at least until an emergency situation arises.

Rachel Gonzales-Hanson:

Identifying the best method to keep in communication, not only with patients but also with other collaborators and agencies in the area, brings yet another dimension to these challenges. When patient's priorities are focused on simply day-to-day survival and compound that with the impact of COVID-19, this can easily result in a perfect storm for these individuals. This perfect storm will not only be detrimental to the special population, it will have a long-term effect on America as a whole. Our panelists today have a long proven track record of serving mobile and special populations and we're looking forward to hearing their perspectives and creative solutions during these extraordinary times. But first we are happy to hear from Dr. Lisa Koonin with the CDC.

Lisa M. Koonin, PhD, MN, MPH:

Excellent. Well, it's a very real pleasure and honor to be back with you again this week. Again, I want to say thank you for your service and all of the hard work that you're doing on the front line to care for patients affected with COVID as well as others, we're very appreciative of your service.

Lisa M. Koonin, PhD, MN, MPH:

I'm going to keep my remarks very short because I'm really pleased to be accompanied by a colleague from CDC, Dr. Emily Mosites, who is going to talk about some particular guidances CDC has issued on homelessness, but first let me just cover a few things because I really want to point you to some newly released CDC guidance.

Lisa M. Koonin, PhD, MN, MPH:

First of all, a recommendation that everyone use a cloth face covering in community settings to help reduce the spread of COVID. We do have a caution there that children under the age of two should not use a cloth face covering and please help us get the word out about that. We know that patients coming into your facilities are offered a face mask for source control, but this extends to every setting in the community.

Lisa M. Koonin, PhD, MN, MPH:

Secondly, an MMWR report was published yesterday entitled Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory Confirmed Coronavirus Disease. This report summarizes data collected from a new CDC surveillance network that leverages existing respiratory virus surveillance networks to monitor for COVID. Bottom line is that three quarters of the hospitalizations occurred in people 50 years and older, slightly more than half of those hospitalized were men. Hospitalization rates increased with age and were highest among people 65 years and older. Also the hospitalization rate for people 65 years and older is higher than what we usually observe early in a flu season.

Lisa M. Koonin, PhD, MN, MPH:

Among the patients where we had available data on underlying medical conditions, about 90% had one or more underlying condition. The most common conditions were hypertension, about 50% of the hospitalized patients, obesity at 48%, chronic lung disease 35% and diabetes and cardiovascular disease at 28%. Among patients where we had race and ethnicity data, 45% were white, 33% were black and 8% were Hispanic.

Lisa M. Koonin, PhD, MN, MPH:

So we are looking into these racial differences as was mentioned earlier because obviously they're very concerning and hopefully we'll have some more data to present about the causes of this in the near future. We also issued guidance for outpatient and ambulatory care settings and I wanted to particularly point you to that. I can send the link to the organizers of this call to make sure that you have access to that guidance. Let me stop now and turn it over to my colleague, Dr Emily Mosites. Emily?

Dr. Emily Mosites:

Thank you so much Dr. Koonin. I just want to start by thanking you all so much for what you're doing right now. On a day to day basis you're doing critical work and it is really heightened at this time so thanks to all of you for all of your work. I want to point you to a couple of resources that we have from CDC. We have an at risk population task force. Within that task force we have a Homelessness specific team. There are resources on the CDC website for planning for COVID-19 among people experiencing homelessness both in shelters and people who are unsheltered.

Dr. Emily Mosites:

What I do want to emphasize for you all is how important a whole community collaborative approach is to make sure that homeless services and healthcare services for these individuals continue during this time as best they can. What we're seeing is that cases among people experiencing homelessness are increasing across the country and homeless service providers are leading the efforts to make sure that those individuals are protected, that they do need to be connected with health centers and of course with their public health departments. So if you can make sure to be linked into those planning processes and response practices, that would be great. I can make sure that you all have a link to the Homeless Guidance that we have available. Thank you.

Ron Yee, MD, MBA, FAAFP:

Thank you Drs. Koonin and Mosites. Next we'll hear from Tom Van Coverden, NACHC president and CEO to share some comments. Tom?

Tom Van Coverden:

Doc, thank you very, very much and to everybody here, let me just say we are all a family and the one thing I appreciate so much about NACHC at this level of the partnerships, again with HRSA and with the Bureau of Health workforce, with CDC, the entire department has really been incredible and our mutually working so closely together. Whether it's the weekly reports and data that the Bureau is collecting, we couldn't ask for better partners and the company, just hear it in all from the CDC. Same thing with Macrae and Dr. Padilla.

Tom Van Coverden:

I know we had a good meeting with the Secretary and with the Deputy Secretary, Mr. Hargan yesterday who with which we went through a number of issues. He asked a lot of drilling questions, so the information, the input that our members had been giving that the health centers had been giving us was terribly useful, extremely useful.

Tom Van Coverden:

Us being able to talk about the burning issues that they were facing, why and what could be done and what they could do, starting with the massive shortage of funding that folks were facing. The PPE and just the supplies, the equipment, those kind of situations. Then again, the very innovative things, so many were working on, whether it was lending doctors and nurses to hospitals and other providers where they weren't as busy with office visits, where they weren't as busy and flooded over as many, many centers were.

Tom Van Coverden:

One is just the massive amount of what some people are facing and how they're doing it. The major shift to show much is Telehealth and then helping other community providers, I can mention again the hospital systems, et cetera. But doing drive-ins and drive-throughs, a number of centers are doing that.

Tom Van Coverden:

Setting up tents across the cities, Los Angeles, I know we've talked with Castulo de la Rocha for example, the number of tents that were set up and the patients could be separated whether they just needed a test now with no symptoms or maybe some symptoms didn't know and in the middle and then those who were diagnosed with some symptoms, but again didn't want to be flooding the hospital unless it was necessary for them to be admitted.

Tom Van Coverden:

So again, I think centers are trying to do as much as they can with what they can. Having discussed those with Mr. Hargan and with Jim and the Bureau and I don't want to step into his line, but we fought for and got the initial $100 million, we had asked for $4 billion, that has been sent out. Jim will announce I believe that the $1.32 billion is ready to put out the door and the Department was happy with that. I have made the case again on a massive revenue shortage in many cases up to 70% of the budgets, health centers on current revenue and the ability to retain and support their staff going forward.

Tom Van Coverden:

It's a $100 billion that has been allocated, which HRSA will administer that is for providers. Mr. Hargan was close and specific in saying that will all not be for hospitals. The clear implication with a long pause was that means health centers, what is it that health centers need? What do we need to do immediately? What do we need to do longer range? Again, Jim, I'm sure you'll address that more.

Tom Van Coverden:

Part of the questions, and there were a number, is what are we doing with childhood immunizations, looking ahead? I think part of the discussion we had is what is we expect and what do we intend to see

shortly after round two? If we can get this managed, the current virus, then what? Is it testing 350 million people, the whole United States. The health centers to the point is they're going to play a very, very important role on the ground. Will employers require one, two, three retests during the week?

Tom Van Coverden:

Three retests during the week, during the month for people working in restaurants, et cetera. We just don't know until we get there. But we have to be prepared really for a mass return of people who have put their appointments off while we're under the current scenario in distancing. And beyond distancing, staying in our homes and what else. We can expect that and we as a system want to be ready, willing, and able to do that. You've all seen the statistics, I'm sure, on African Americans. For example, the differences in both deaths and getting the COVID-19 virus and we know that there is a number close to it for the Latino population. We're starting to see the numbers regarding the Asian population, which is every bit as high. Again, I think frontline providers, over 30 million people, community health centers are there.

Tom Van Coverden:

The fact that you have provided us with these stories has allowed us to go forward, and whether it's the request to Congress, which is now considering the fourth piece of legislation. Unfortunately, it failed today, but there is additional money in there, including putting money for health centers and there are a number of people who are fighting for the five-year extension and reauthorization. One, short-term funding to help on COVID in the range of $6-8 billion additionally. Then money for both the National Health Service Corps and other workforce programs for staffing going forward. Again, there are a number of several congressional delegations have put forward letters with the entire delegation requesting this on behalf of community health centers. I appeal for all of our folks to get engaged. It's not just today, and it's not just this event, but really preparing ourselves for the future.

Tom Van Coverden:

Again, the way that this has brought us all together has all the health agencies working together, the community health centers being a very important part. It's your individual stories, and the information you provide, so we're listening. That's very important. I'm not going to go on. I have a great story to get into on Dr. Hotz. Jim Hotz from Georgia, who is a longtime health center supporter. But really talked about the number of events we've faced over the years, from HIV, to obesity, to the floodplains in many of the areas, to Puerto Rico, to in the 2000's the SARS and the MERS, the swine flu, 9/11, the opioid abuse, et cetera. The point being, community health centers have been there, and they face challenges time and time and time again. We're resilient and we're more than prepared to step in and jump in and do our fair share to help out.

Tom Van Coverden:

We want to be a key part of the solution. Nobody can do it alone, certainly not us. But we look so much forward to working with the government at all levels and with the folks here. Again, appreciate a voice and it would be nice to see all the congressional delegations speaking up to support the plan that NACHC has put forward to bring health centers into this battle and ability to participate full throttle. That's it, Dr. Yee, for me, and again, the questions are very, very important to know what's on your minds and that we hear from you. Thank you.

Ron Yee, MD, MBA, FAAFP:

Thank you, Tom, and I especially want to thank the NACHC Policy team for the hundred million first, the $1.32 billion, and then round four coming up. So thank you all. Finally, in our federal partner updates representing HRSA, Bureau of Primary Health Care, Associate Administrator Jim McCrae. Jim, you're next.

Jim Macrae, MA, MPP:

Thanks, Ron. It's great to be on and of course, good morning and good afternoon to most of the folks out there. Yesterday, as Tom mentioned, really was a historic day for the Bureau of Primary Health Care and for our agencies at Health Resources and Services Administration. We've made the largest amount of grants that we've ever done on one particular occasion. It was for responding to the COVID-19 crisis. I think as most of you know, they signed the bill two weeks ago, and we were actually able to get those grants out within 12 days. I just want to take moment and just personally thank our staff for all of the incredible work that they did to get those grants out.

Jim Macrae, MA, MPP:

They worked nights and weekends, and the reason why they did it however, was because of all of the work that you all are doing on the front lines. Really, what you're doing for your patients, for your communities, and for your staff. We recognize that from where we sit, and just really want to commend you for everything that you're doing. We know these resources are vitally important, in terms of the work that you're doing and can do and will do into the future. Just so you know, we're trying to do everything that we possibly can to support you in terms of the work. In terms of the awards themselves, I'll go through this on an All Programs Call... It's just happening in about an hour, as well as take your questions so I won't spend a lot of time, but I do want to hit just a couple of highlights.

Jim Macrae, MA, MPP:

Then of course I do want to spend a couple of minutes just talking about the special populations that health centers serve. In terms of the amounts of money, every grantee received a base amount of $503,000. They received an additional bump of $15 per patient, and then an additional bump of $30 per uninsured patient. We used the most recent data that we have available for all health centers meeting the 2018 UDS data. In terms of the uses of the funds, we definitely heard you, and these calls are incredibly helpful for us to make sure that we really are responding to your most immediate needs. In terms of just some of the quick highlights of what people can use the money for, it again, first and foremost, to ensure the patient and health center staff safety. In terms of providing support to you all, with whether that's purchasing supplies, rearranging your waiting room areas, doing drive-up or drive-through testing, a variety of different things that you all have done to make sure that both your patients and your staff are safe.

Jim Macrae, MA, MPP:

A second big area, of course, is around just responding to COVID-19. It really is remarkable, in terms of what health centers have been able to do with respect to testing, as well as establishing those drive-up tests. And I'll actually share some of that data in just a minute.

Jim Macrae, MA, MPP:

The third piece, which really is the new piece that's available in the $1.32 billion is to actually help health centers restore, sustain, and strengthen their current capacity and staffing levels. They can do that by reinstating and reassigning providers, hiring new providers or contractors, or increasing staff time to respond to the Coronavirus. We also know and recognize that health centers have made a strong pivot to telehealth and so these resources can help support you in terms of that activity. Then we also provided the option for folks up to $500,000 to do some minor renovation to adapt their physical structures to facilitate the use of telehealth, and basically, rearrange their space and purchase equipment. A variety of different things we'll talk more about it in the coming days, but just wanted to share that really we wanted to get these out as quickly as possible.

Jim Macrae, MA, MPP:

In terms of the work that you all are doing, one of the other things that we did yesterday was actually to share our survey results. So we were able to get out our survey results. We worked through all the different data technology issues. You definitely learn as you go fast, sometimes things don't always work perfectly, but we were able to fix all of the glitches and everything. We now have that data up, so it's available at a national level. It's also available at a state level.

Jim Macrae, MA, MPP:

Nationally, I just wanted to share that in terms of testing capacity at health centers, about 80% of health centers report to us that they do have a COVID-19 testing capacity. About 38% have the ability to do either drive-up or walk-up testing. This is based on a sample of 858 health centers that reported this data as of April 3rd, 2020. What was interesting is we broke that data out further to look at how our healthcare for the homeless programs are doing, as well as our migrant seasonal farm worker health centers, as well as our public housing health centers.

Jim Macrae, MA, MPP:

We have about 300 healthcare for the homeless, centers that are serving a little over a million homeless people and their families. We have about 190 health centers that are focused on providing services to migratory and seasonal farm workers. They're serving almost a million individuals. Again, migrant seasonal farm workers and their families. Then we have a little over a hundred public housing entities that are serving about three and a half million people, who are either residing in or living nearby public housing.

Jim Macrae, MA, MPP:

What's most important that I think impressive, in terms of the health centers that are serving our special populations, is that they meet and exceed those testing results. In terms of our healthcare for the homeless programs, they are testing at an 80% level, similar to the national. But they actually have a slightly higher level of both walk-through and drive-up testing.

Jim Macrae, MA, MPP:

For our agricultural workers, they actually have testing capacity in almost 87% of those health centers, and over 50% have the drive-up or drive-through a capacity to be able to test their patients. To be honest, that's not surprising because we know that if we're going to provide the services that our

homeless population, that our migrant seasonal farm workers need, you can't have them come into the facility. You actually have to go out there and make it as readily available as possible. Our health centers are doing that.

Jim Macrae, MA, MPP:

I was really pleased to hear our CDC colleagues on the phone. We've been working with them along with the U.S. Interagency Council on Homelessness to get resources out to health centers about some best practices. There have been a lot of focus specifically on homeless shelters and just the possibilities of COVID-19 spreading within those shelters. Clearly, it's having an impact across the country and many of our healthcare for the homeless programs have been working with their local county health departments, healthcare shelters to figure out different ways to be able to house, and ultimately, to provide services to people who are homeless. Still respecting their needs, and what they absolutely deserve in terms of their care and their dignity. But also recognizing that homeless shelters in and of themselves can be a breeding ground for COVID if it does happen.

Jim Macrae, MA, MPP:

Similarly, we're seeing similar things with our agricultural workers. Been very pleased to see a number of different articles, and I think really, I hope a greater recognition across the country for the incredible value and work that people do out in the field. And that the people that are doing this work deserve, again, the best quality healthcare that they can receive. And that, of course, our health centers that provide services to them are doing that. So really expanding that capacity is critically important.

Jim Macrae, MA, MPP:

In terms of providing support to our programs that are focused on these special populations, we have a number of national partners, who, of course, we have the National Association of Community Health Centers that we've been working with. But we also have two national partners that are focused on healthcare for the homeless activities. They are putting on a number of different webinars, town halls. Just would encourage folks to sit in on those, especially as you're serving homeless patients. We put all of that information into our digest, so folks can participate that if they can. We have five of national cooperative agreement partners, who focus on migratory and seasonal agricultural workers. They, similarly, are putting out a number of webinars, have a number of resources and tools that are available.

Jim Macrae, MA, MPP:

Then we have two cooperative agreements focused on residents of public housing. Again, they have also been putting on webinars and have a variety of sources. All of those resources are available on their website, but we also, through the National Association of Community Health Centers, have a national clearing house, which has all of that kind of information available. We know that a one size fits all approach to care, but specifically COVID, does not work. We definitely need to tailor our resources and our talents really, to make sure that we'd meet those needs.

Jim Macrae, MA, MPP:

The last thing that I would just say in terms of the monies that went out, we did make sure that we maintained our proportionality, in terms of those grants. The requirements around the grants will follow with the money that went out. Each grantee received their same proportionality in terms of money and the expectations go along with it in terms of providing care to those special populations. So just really

thank NACHC in particular, and all the work that folks are doing all across the country, very pleased to be hearing from a couple of our colleagues today on the front lines of their experience. But just again, thank you for everything that you do. Thanks, Ron, again for the opportunity.

Ron Yee, MD, MBA, FAAFP:

Thanks, Jim. At this time, I want to thank our federal partners and Tom Van Coverden, as we seek to align and support each other's COVID-19 response efforts. I'd like to introduce our colleagues from the health center field now. They'll share what they've learned and are experiencing from the front lines of serving special populations. I'll introduce them, and then we'll have Michael Taylor start off.

Ron Yee, MD, MBA, FAAFP:

Michael Taylor has been with the Cornell Scott-Hill Health Center for the past 10 years, serving as the CEO since 2012. Mike knows a lot about the business side of running a health center, including care for the homeless and those under care for substance use disorder. His health center serves over 36,000 people in the New Haven, Connecticut area.

Ron Yee, MD, MBA, FAAFP:

Next, Rhonda Hauff is the Chief Operating Officer and Deputy CEO at Yakima Neighborhood Health Centers in Yakima, Washington. Their health center has eight primary care sites and a mobile medical clinic that serves many underserved populations, including homeless and agricultural workers.

Ron Yee, MD, MBA, FAAFP:

Finally, Gil Muñoz has served in the health center for the past 25 years and as the CEO of the Virginia Garcia Memorial Health Center in Beaverton, Oregon. Gil's health center has five primary care clinics, six school-based health centers, and four dental clinics serving over 52,000 people in the Beaverton, Oregon area, including agricultural workers. Michael, we'll let you lead off our discussion from the health center field.

Michael Taylor:

Thank you, Ron. First and foremost, a heartfelt thank you to both NACHC and the Bureau leadership and support as we shift to telehealth, and simultaneously maintaining our solvency as we all face a lower face-to-face visit volume associated with COVID-19. I really wanted to share this initiative because it greatly mirrors similar initiatives that we are undertaking to serve specifically the homeless population.

Michael Taylor:

An undertaking to serve specifically the homeless population, but this one deals specifically with public housing residents who happen to be disabled and seniors. With that, I'll give you a thumbnail sketch of the initiative.

Michael Taylor:

The housing authority of New Haven, also known as Elm City Communities, has about a dozen or so housing developments for seniors and disabled persons across New Haven. That also encompasses our health center service area. The Cornell Scott Hill Health Center has a care site on the ground floor of one

of those Elm City Community buildings. We have a longstanding and close collaborative friendship, working relationship with the authority.

Michael Taylor:

Most residents in these buildings are a dually insured, Medicare and Medicaid, and many are our patients, either in one of our medical departments, in our dental department or in behavioral health and that might include either or and mental health or substance use treatment. In addition, more than 1000 area seniors are already enrolled in our Medicare chronic care management program.

Michael Taylor:

The home quarantine that has accompanied COVID-19 pandemic has really changed the social climate of these buildings from one that was very interactive to one where residents are isolated in their apartments. They emerge and, in many cases, and have no familial support systems. Needless to say, given the multiplicity of health challenges that these individuals might have, this can be a catastrophic situation for them. Several building residents have tested positive for COVID-19 so that leads to a great alarm.

Michael Taylor:

Working in collaboration with the housing authority and city leadership, we are contacting building residents to assess health status and other life needs on a periodic basis and that is as frequently as every other day or so. Educating residents regarding typical COVID-19 symptoms and giving them a hotline to call us if they exhibit symptoms, informing residents about the availability of medical and behavioral health tele-health and telephonic consultations without leaving their building or even their apartment, conducting telehealth and/or telephonic visits when appropriate. We do so using laptops that we recently acquired and via computer centers that we are establishing in each building.

Michael Taylor:

We also offer eligible residents enrollment in our CCM program, chronic care management program, so to facilitate both ongoing management of their chronic conditions and also provides a forum to monitor their health status. In addition, we assess reported COVID-19 symptoms to determine the need for testing and then we'll actually go in to swab residents or refer building residents for COVID-19 testing.

Michael Taylor:

This greatly mirrors similar initiatives that we are undertaking for the homeless population and our experience has been quite good in keeping down the spread of COVID-19 and in some of these public housing buildings.

Michael Taylor:

Some lessons learned. One is that we regard where we are now, even though we've experimented with telehealth for approximately two years now, it's really wonderful to be able to enter the 21st Century and offer this technology to our patients. It's certainly imminently more convenient and we are very hopeful that our patient population, as a result, will be able to be much more compliant with their treatment regimens. We also recognize that where we are today really represents the first generation of telehealth and I look forward to expanding it and taking greater advantage of it as we move even

beyond the pandemic. This really is clinical care of the future. I'm thrilled that health centers are finally there.

Michael Taylor:

Secondly, lessons learned is that for our patients, while telehealth is good and, in fact, fantastic, we're finding that many of our patients don't have the technical access to full telehealth and therefore embrace telephonic consultations much more so than full telehealth. That has become a critical means of engaging and continuing to engage people in care and we hope that will continue.

Michael Taylor:

I chose to share this because this also really mirrors the initiatives that we're doing for the homeless and area soup kitchens and homeless shelters. There you have it. Thank you all again.

Ron Yee, MD, MBA, FAAFP:

Thank you so much, Michael, and thanks for being on the front lines and sharing some practical aspects. Next we'll move to around Rhonda Hauff. Rhonda?

Rhonda Hauff:

Thank you, Dr. Yee. I'm with Yakima Neighborhood Health Services. We have eight primary care sites in our right now unusually quiet valley. 14% of our 24,000 primary care patients are homeless.

Rhonda Hauff:

In addition to our primary care sites where we provide integrated primary care behavioral health, dental pharmacy and public health services, we are the hub of homeless services for our county. These services include Medicaid supportive housing and supported employment, medical respite care, and we are a central access point for coordinated entry, emergency assistance programs and other basic needs assistance.

Rhonda Hauff:

We also have a SAMHSA grant to address substance use and co-occurring disorders among homeless individuals and the medication-assisted treatment program in all of our clinics.

Rhonda Hauff:

Our strategy is to build on the relationships our outreach teams develop with people experiencing homelessness and wrap the full continuum of services they need within our own system in a trauma-informed environment they know and trust.

Rhonda Hauff:

We turned around telehealth and telephone visits almost overnight in all of our programs. When COVID-19 hit. Our IT director chose Viber, V-I-B-E-R, a platform that is user-friendly and works with iOS, Android phones and on PCs so it could be loaded in exam rooms for our providers to conduct telehealth in privacy of the exam rooms. It looks a lot like WhatsApp, but it's more secure.

Rhonda Hauff:

About 70% of our homeless community have smartphones. Many of them are provided by the state. We'll be converting to the NextGen telehealth platform in the coming month, but for now this has been a fairly successful entry to the telehealth world for us and for our patients.

Rhonda Hauff:

In our state right now, not just anyone can be tested. You have to be symptomatic. In our clinics we've tested about 180 people and of those, 19 or 11%, are homeless. We are not looking forward to the day when the outbreak invades our homeless community. We're preparing by making space in our medical respite program to accommodate some of those who are unsheltered and staying in communal spaces.

Rhonda Hauff:

In our clinics we are providing car-side visits where the initial intake and assessment is conducted by telephone and then the provider goes to the car for the physical exam when necessary. This way, the exam room drives away.

Rhonda Hauff:

For those without phones, homes, or automobiles, we rely on our street outreach team to make that connection either to deliver the service to the patient or to deliver the patient to the service. Our team includes the nurse, a behavioral health specialist, case manager and outreach worker. The outreach teams are fully equipped with gowns, masks, and respirators when they go out.

Rhonda Hauff:

Because of our strong healthcare infrastructure, our niche in the housing community is serving the chronically homeless, people who have lived on the streets for a long time and have at least one chronic disability, physical substance use, mental health, and usually a combination.

Rhonda Hauff:

Once they're in our housing programs, they have the luxury of indoor plumbing, hot and cold running water, and usually a fresh pot of coffee in the common areas. We haven't met anyone who wants to be homeless. The issue is what people are asked to give up in order to accept housing. The housing-first model has taught us this and we're learning that people facing the threat of COVID-19 have their limits too. Some of the sickest and most fragile people in our programs and yet our biggest challenge with COVID-19 is these are the same people that think they are the most invincible. Some say they don't have a lot to lose until they lose or almost lose a friend or loved one or are asked to give up their most beloved pet. The idea of social isolation and distancing is crazy to someone who has spent years building a community in a pup tent or under a shade tree to protect them from the elements.

Rhonda Hauff:

Our nurse and behavioral health specialist visit our housing programs daily. In Washington state, we've been sheltering in place since mid-March and for the last few weeks we've been doing daily health screens and taking temperatures of all the residents in our housing programs. It's a lot to expect from a population that isn't used to having walls, particularly those with mental health issues.

Rhonda Hauff:

Our staff have been having frequent and individual conversations with residents about the importance of social distancing and hand-washing. We have a couple, more than a couple people whose unsheltered friends are still lingering in a nearby park, almost dangling the temptation of open space and independence for the residents to leave their housing and go off to the park for the day and sometimes the night at the peril of returning to the dwelling units they share with 30 plus others in the housing complex.

Rhonda Hauff:

Our case managers, who have been described as the Chihuahuas who keep nipping at your heels, go to the park daily to talk to our residents there and the unsheltered residents about the dangers right now of COVID-19.

Rhonda Hauff:

At night, the unsheltered have no access to hygiene facilities and they cluster for warmth and safety. It's all the factors we are supposed to be avoiding. With this particular group of people, many of whom are substance users and dealing with mental health issues, we're using harm reduction techniques, providing hand sterilizers when possible, and stressing the importance of social distancing. We're distributing flyers from our health department that explain what COVID-19 is and how sick it can make a person.

Rhonda Hauff:

What we've found is everyone has heard of it, but most of these folks don't really know what it can do to them. One of our housing tenants, I'll call him Sammy, who had been living on the streets for four years before moving into the housing program decided the other day he wanted to be back in the park with his friends. He said, "I'm kicking myself out" because he didn't want to shelter in place any longer in his housing unit.

Rhonda Hauff:

Sammy walked back to the dwelling unit with his case manager, packed his bags and carried them back to the park. The case manager walked with him, emphasized she was not asking him to do this. The next day the police were in the park, moving the campers out and engaged Sammy. Sammy told the police officers he had kicked himself out of housing and had nowhere to go. The police walked him back to our housing program where the case manager welcomed him and she and Sammy found a way to support his sheltering in place.

Rhonda Hauff:

Sammy liked working in the dirt so they agreed to build some garden boxes to build plant and vegetable gardens in the patio of the housing unit for Sammy to spend his time working on. Now Sammy's back into housing.

Rhonda Hauff:

Whether it's COVID-19 or substance use, boarding, mental health issues or other housing issues in general, we've learned that no today means no today, there's always tomorrow. We've seen a lot of great successes by maintaining the relationships and being there tomorrow. Thank you.

Ron Yee, MD, MBA, FAAFP:

Thank you Rhonda, and especially for the Sammy story. I think it really hits home for us. We'll finish the discussion with Gil Muñoz from Beaverton, Oregon. Gil? Are you're on the line, Gil? Did we lose you? Okay, when he comes back on, we'll let him give his piece on agricultural farm workers.

Ron Yee, MD, MBA, FAAFP:

In the meantime, Ellen, have you gathered any questions from the group? We'll start with those and if Gil comes back on we'll let him do his presentation.

Ellen Robinson, MHS, PMP:

Great. Yes. Thank you. There has been a lot of questions and thank you all for continuing to ask questions. As you know, we post the transcript and recording after the call to our COVID websites. You can see some of the same questions that have come up over again are listed in our FAQ.

Ellen Robinson, MHS, PMP:

We have a couple questions today for Jim Macrae. The first one is about wondering if there will be an opportunity for funding for health center controlled networks with stimulus dollars and/or grant opportunities such as telehealth.

Ron Yee, MD, MBA, FAAFP:

Jim, are you still with us? Okay. Move to the next question, Ellen. I don't know if anyone else can answer that.

Ellen Robinson, MHS, PMP:

We can move to ... There's some additional questions for Tom about information available in how the various funding streams fit together so that they're used appropriately. For example, 330 funding with payroll protection.

Tom Van Coverden:

Tom here, and I'm not exactly sure how to answer the question, how they fit together. I don't know if the answer is are the government agencies coordinating with that or how are they looking at it? I'm just not sure I quite understand. But somebody else on the phone may.

Ron Yee, MD, MBA, FAAFP:

We'll be going deeper next week on the payment. I think our goal is to understand what's going on with that and how to apply it. So I think Gil's back. Gil?

Gil Muñoz, MPA:

Yes.

Gil Muñoz, MPA:

... because I know we want to get to questions. So Virginia Garcia is a migrant community health center. Been around 45 years now. We serve about 52,000 patients in the Willamette Valley. Many nurseries, vineyards, migrant camps, were actually at the very beginning stages of the berry harvest in the Willamette Valley. We're seeing not as many farm workers coming into the camps as we do in normal years, so particularly related to the travel restrictions around COVID-19.

Gil Muñoz, MPA:

As many of the health centers, we've converted to telemedicine visits, went from about 3% telemed to around 84% now. We've instituted a drive up and curbside testing, walkup testing at our clinics, and we've now launched drive-thru testing at a stadium that the city, the county seat, and also at a farm fair grounds in Yamhill County. We've so far tested 349 patients and staff, 39 of whom have tested positive.

Gil Muñoz, MPA:

Really what I want to focus on is the amount of outreach that we are doing to special populations in the community. Radio and television, public service announcements on the Spanish radio and Univision, both with our providers, giving health education messages on the importance of staying at home, washing hands, wearing masks, social distancing, and then the outreach to the migrant camps in nurseries themselves. So we've made an effort to reach out to the camp owners and contractors, making sure that they know that we are a source of support, and also providing them guidance on how best to manage physical distancing within their own facilities. So we have camp owners now who are spreading out their families so that they are not lumped together in the same cabins.

Gil Muñoz, MPA:

We're also working very closely with food banks in our area. The food delivery to isolated patients, medication delivery to isolated patients, has been very, very important. In fact, the first patient who tested positive with Virginia Garcia, an elderly woman, once she was released from the hospital, she had virtually no food and was fearful about leaving her house to go to the grocery store. So, our community health workers were able to provide her three week's worth of food from the community action emergency food bank. That kind of support is really crucial and really highlights the role that community and migrant health centers play in the community with these populations.

Gil Muñoz, MPA:

We've also worked with some of our manufacturers, A-dec and DCI, who are major dental manufacturers in the area, to custom make face shields and other PPE for, not only Virginia Garcia, but other healthcare providers in the area. Finally, I want to mention that we are working on the advocacy arena with our state, trying to get the Oregon Worker Relief Fund passed, which would extend some of the unemployment benefits to the farm worker population who are currently shut out of some of the larger efforts.

Gil Muñoz, MPA:

So I think I will stop there and leave time for questions.

Ron Yee, MD, MBA, FAAFP:

Sure. Thank you, Gil. I love that combination that health centers are so good at mixing the policy with the actual frontline medicine. So, I appreciate you, your group, trying to work on unemployment benefits for farm workers.

Ron Yee, MD, MBA, FAAFP:

So, Ellen, we'll turn it back to you if you have some more questions for the panel.

Ellen Robinson, MHS, PMP:

Yes, I have a couple of questions that people are asking about FTCA coverage, and I wanted to remind folks that we did have a FTCA office hour earlier this week with information posted on our COVID-19 website, and there will be additional FTCA office hours.

Ellen Robinson, MHS, PMP:

But is Jim on? There was a couple of questions, additional questions, about FTCA specifically. If not, we can answer them and get back to a folks on our FAQ.

Ron Yee, MD, MBA, FAAFP:

Yes, we'll put those on the FAQs. Maybe you can move to other people, CDC, NACHC, or people on the panel from the health centers.

Ellen Robinson, MHS, PMP:

Sure. There are a couple questions that are asking about specific funding and wanting to know about the next round of funding, which I think Tom explained, and I know that they're still working on it. A lot of people are asking about just what they can do for specifically for their own health centers, and I think we will answer those folks as well.

Ellen Robinson, MHS, PMP:

Just looking, I think that everything in general has been either answered or specific questions for folks. I did want to just remind people that the earlier question about the payroll, that the payroll protection information is posted now on our website per the question asked to Tom earlier.

Tom Van Coverden:

One question I might ... I hope folks understand that we mentioned in the discussion with the

Secretary, again, that within the hundred billion dollars where he said it's not all for health centers, that clearly implied that there was funding there and very significant funding, some of which may be available to health centers. So I think he's working with Jim on that.

Tom Van Coverden:

In addition to that, and then whether you call it three and a half or four package of funding, we have again, the four part piece of funding, immediate crisis funding, that would be in the range of an additional $7 billion on top of what might be available, again, in the current hundred, as well as the reauthorization, a five year reauthorization, with increased funding. And then on top of that, a request in on infrastructure funding. Again, that's all reflected in the letter that was sent to all of our health centers and to the entire Congress.

Tom Van Coverden:

So those pieces are yet to be acted on, one, just literally this afternoon. It's again, playing between the House and the Senate that's kind of going on. But they'll be putting definitely another package or two together. So, but Mr. Clyburn has made it clear he'll be taking forward the big package here on behalf of the House and Speaker Pelosi. So again, there's more emphasis on health centers. I think a lot of folks are trying to gauge is the need out there and what is the anticipated need then going forward? What does that look like and what is the request? So those pieces are on the table. Yes, there will be additional funding.

Ron Yee, MD, MBA, FAAFP:

Thank you, Tom. Any other questions, Ellen?

Ellen Robinson, MHS, PMP:

I think we have time for one last question for CDC.

Ron Yee, MD, MBA, FAAFP:

Okay.

Ellen Robinson, MHS, PMP:

And this question is something that came up a couple of times in the past, as well as this week. The fact that CDC has added the word "talk" to the information on how the virus spreads, and wondering if CDC can expand upon that?

Lisa M. Koonin, PhD, MN, MPH:

Hi, this is Lisa Koonin. Yes, so we are learning a lot as we go about this, and one of the things that we're learning is that there seems to be respiratory droplets that are expelled when people are talking. Not always, but sometimes. And those respiratory droplets could include infectious material from people who are ill.

Lisa M. Koonin, PhD, MN, MPH:

So as with that proviso, plus the fact that there is some evidence now of asymptomatic and pre-symptomatic transmission of the virus, we have gone to recommending that everyone use a cloth face covering in the community setting, and advising healthcare workers to wear a face mask when they're at work.

Ron Yee, MD, MBA, FAAFP:

All right. Thank you, Lisa. Well, I think that completes our Q&A time. Appreciate it. I think those are really important factors. As Lisa mentioned yesterday, the CDC did put out, I think it was actually 15 new guidelines and pieces of literature and material there on the CDC website. So please go there for an update and more details about wearing cloth masks out in public, especially if you're in the grocery store or pharmacy or a place where you're close to people. So please go there to get those details.

Ron Yee, MD, MBA, FAAFP:

Again, I want to thank everyone for joining us, and especially want to thank our federal partners, Dr. Koonin, Dr. Mosites from the CDC, Jim Macrae from BPHC, and NACHC President, CEO, Tom Van

Coverden. I want to really thank the great insights from the frontlines from Michael Taylor, Rhonda Hauff, and Gil Muñoz. Appreciate you all being out there with the special populations in communities that we serve. And thanks for bringing the practical elements of what we need to hear about platforms, and virtual visits, stories from the fields, learning how to work with agricultural workers, homeless and mobile populations. I especially want to thank Rachel Gonzalez for setting up the discussion today, and for all of you for joining us.

Ron Yee, MD, MBA, FAAFP:

So I just want to emphasize that you know that we're with you, all the health centers, PCAs, networks, and our partners on this call, and the people you serve, especially agriculture, farm workers, homeless and mobile populations. We'll talk with you next week, Thursday, April 16th at 1:00 PM Eastern time, as we go deeper and more specific on the financial aspects of making it through this pandemic, continuing to provide excellent clinical care and staying financially solvent amidst our COVID-19 response. So that will be next Thursday.

Ron Yee, MD, MBA, FAAFP:

And again, thank you all for joining us. Remember, we're with you. Stay safe and healthy as we continue this COVID-19 battle. I think we're winning it. We're starting to see, in certain areas of the country, the curve flattening a bit, and some of you have kept it well under control. So please protect yourselves, stay well and on the frontlines. We'll talk with you next week. Take care, everyone.