PREPARE NOT PANIC: COVID-19- CDC UPDATE AND THE HEALTH CENTER RESPONSE

MARCH 6, 2020
America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
WELCOME TO THE WEBINAR
Everyone’s phone line is on mute. You should not be hearing any audio during this time.
Today’s Webinar will start soon

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ASKING QUESTIONS

1. **The chat feature** is available to ask questions or make comments anytime.

2. **Click the chat button** at the bottom of the WebEx window to open the chat box on the bottom righthand side of the window.

3. **Choose “All Panelists” or “All Participants”,** as appropriate.
   - Type your question.
   - Click “**Enter**” to send your question.

4. **Questions from the chat** will be answered and later posted on the NACHC website (**www.nachc.org**).
OUR PRESENTERS

Ron Yee, MD, MBA, FAAFP
Chief Medical Officer, National Association of Community Health Centers

Lisa Koonin, DrPH, MN, MPH
Senior Consultant, Centers for Disease Control and Prevention

Tina T. Wright, Director of Emergency Management
Massachusetts League of Community Health Centers/Chair, Emergency Management Advisory Coalition (EMAC)
OUR PRESENTERS (continued)

Lisa DiFedele, MPH
Infection Prevention and Control Administrator, International Community Health Services

George Lee, MD
Chief Medical Officer, Asian Health Services

Marisol Murphy-Ballantyne, MSHCA
Director, Digital Communication, National Association of Community Health Centers
AGENDA

1. WELCOME AND INTRODUCTIONS
2. UPDATE FROM CDC
3. EMERGENCY MANAGEMENT ADVISORY COALITION RESOURCES
4. PUBLIC HEALTH DEPARTMENT AND HEALTH CENTERS WORKING TOGETHER
5. PROVIDER AND PATIENT ENGAGEMENT
6. Q/A AND NACHC RESOURCES
PREPARE NOT PANIC:
ACCESS COVID-19 RESOURCES

WWW.NACHC.ORG/CORONAVIRUS

Contact preparedness@nachc.org for questions
Novel Coronavirus (COVID-19) Information and Resources for Community Health Centers

NACHC’s novel coronavirus (also known as COVID-19) resource page is a hub for information. Community Health Centers can use to strengthen readiness efforts and educate their communities. Learn more about how NACHC is addressing COVID-19.

Check back for regular updates.

Updated 3.4.2020

CDC Update

At noon on Tuesday, March 3 the Centers for Disease Control and Prevention (CDC) reported 60 cases of COVID-19 from 12 states. Twenty-two of these cases are travel-related; 11 are believed to be person-to-person spread; and for the remaining 27, the source of exposure is still under investigation. Learn more.

Webinar
Thank you!
Asian Health Services COVID-19 Response

As of 10am PST 3.5.20
George Lee M.D.
Chief Medical Officer
Asian Health Services

- Founded in 1974
- Federally qualified community health center located in Oakland, California
- Provide services in English and 14 Asian languages: Cantonese, Mandarin, Vietnamese, Korean, Cambodian, Mien, Hmong, Lao, Mongolian, Tagalog, Burmese, Karen, Karenni, and Thai
- Provide primary care, dental and behavioral health care to nearly 30,000 patients
Objectives

- Share our experience in responding to Covid 19
- Share best practices and challenges
Timeline

- **January:**
  - Convened organizational Incident Response Team
  - Designing and implementing our response
  - Screening procedures, supply chain control, PPE training

- **Feb:**
  - Community meeting (County Supervisor, business leaders, county public health dept and media)
  - Reminder calls addressing Covid 19
  - Staff meeting trainings, department trainings, Board training

- **March:**
  - Community mitigation planning
  - working on telehealth visits
Best practice

- Incident response team that pulls across the organization
  - Established leads in Logistics, Public Information, Command
  - Need active participation from HR and facilities
  - Manage medical and non-medical sites (dental, mental health) and sites without AiIR (school based)
Clear protocols by job function

Provider Protocol for COVID 19

1. If APC (NP/PA), consider notifying preceptor about case before heading into room.
2. Don PPE. Follow posted instructions.
3. If translation needed, use telephone. Have interpreter staff call the room extension.
4. If meet PUI or any questions, call Public Health.
5. If need to collect specimens, call out to nursing station or send Epic message and HC/HN will bring to you.
6. After visit is done, patient can be sent directly home (no need to wait for check out).
7. If needs CXR or labs, send to ED.
8. If need preceptor, call to nursing station. HC/HN will get preceptor.
9. Remove PPE/exit room. If PUI, then do not reuse N95.

Questions about what to do: Call Alameda Public Health Dept.

Mon - Fri 8:30 - 5pm: 510-267-3250

After hours: 925-422-7595 (ask to speak to Public Health Officer on call)

Home Isolation:

If you have a patient who is a potential PUI, but doesn’t meet full criteria, I would recommend:

1. **Self isolation** at home: (stay home as much as possible, avoid public areas, wear a facemask)
2. Monitor for sx. (ie if not only has cough, some are recommending check temps BID)
Communications

- Designing protocols: need to digest and simplify for staff
  - 2 weeks of symptom onset = 3 weeks
  - Close contacts = live or work with
- Weekly communications to specific groups
  - managers
  - provider/nursing
  - all staff
- Signage
- Patient reminder calls
Reminder calls

"If you or someone you live with, have returned from international travel in the past 14 days, we recommend the following:

1. Monitor yourself for fever and cough.
2. If you have a non-urgent appointment, please consider rescheduling.
3. If you have any symptoms, please call ahead before coming to your appointment.
Education

- Videos
- In person training by department
- Practice skills
- Posted PPE instructions
- Spotter when donning PPE
Equipment

- Pre-packaged PPE
- Stethoscopes for use in isolation rooms
- Central inventory management with targets and analysis
- Sourcing multiple vendors
Facilities

- Increase disinfection of waiting room, high touch areas
- Confirm AIIR functionality
- Surge planning if no AIIR available: identify other rooms
- Purchase portable HEPA units
Community

- Community event with partners and media
- WeChat messages
- Radio/newspaper messages
- Patient newsletter
Quality improvement

- Tracking all cases via Chief Complaint = “isolation”
  - Pull report based on that key word
  - Weekly review to ensure good clinical care and follow up
- Gather questions and answers: FAQ
  - Refine protocols
  - Support staff
- Pilots:
  - Tried screening at front door. Percentage too low to make it worthwhile
  - Telehealth
Return to work policies
  - From travel or from sick leave

Plans for telecommuting

Protecting high risk groups
Emergency Operations Plan

- Community mitigation planning. What should we do about:
  - Home visits
  - Outreach events
  - Conferences and meetings
- Emergency text groups
- Critical functions and back ups (not just CEO, but purchasing etc)
Challenges

- Social media rumors
- Managing staff and patient anxiety
- PPE supplies
- Testing issues
- Financial impact with decreased visits
Summary

- Coordinated response across agency
- Clear, practical and targeted communications
- Work with community and partners