

Health Centers, Flattening the COVID-19 Curve: National Partner Update

Friday, March 19, 2020, 1-2PM ET

Speakers:

- Lisa M. Koonin, DrPH, 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
- 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:

Good morning or good afternoon depending on where you're joining us today. I'm Ron Yee and I have the privilege of serving as the Chief Medical Officer for the National Association of Community Health Centers. First of all, I want to tell all of you listening that we are with you on the front lines of this battle with COVID-19. Thanks for joining us for this critical National Partner Update as we seek to join forces and align our efforts with the CDC, HRSA/Bureau of Primary Health Care, NACHC and health centers across the nation to address COVID-19. Health centers are well versed and experienced to respond to situations like COVID-19 including hurricanes, floods, fires, H1N1, SARS, Ebola, and the latest issue, Zika. United, we can help to flatten the COVID-19 curve.

Ron Yee, MD, MBA, FAAFP:

I want to deal with some housekeeping items to start with and let you know this is a voice only call so there's no slides for the speakers. You'll see rotating slides for those joining via internet, which will give you instructions on how to ask questions. There's a chat box on the left side and the recording and transcript will be posted on the NACHC website shortly after, especially for those on the front lines providing patient care. The rotating slides include instructions on how to use the chat function, which is on the left side of the screen if you've gotten on via the internet, to ask questions during the panel presentation or during the formal Q&A time at the end.

Ron Yee, MD, MBA, FAAFP:

If you're having any technical difficulties, you can click on the "Request Support" button on the bottom left of the screen. We'll try to group the questions around topics or themes to make our Q&A time more efficient and we'll also group some of them for the CDC towards the top of the Q&A time since we have additional CDC representatives to answer questions that are more technical. Questions we can't get to will be added to our COVID-19 FAQs posted on the NACHC website. No extensive introduction is necessary for our speakers, as the bios are on the rotating slides.

Ron Yee, MD, MBA, FAAFP:

First of all, I'd like to introduce Dr. Lisa Koonin, who presented on our March 6 webinar. Dr Koonin is a senior advisor for the CDC, supporting the CDC COVID-19 response team. In her prior 30 year career with the CDC, she served as the leader in multiple national and international emergency responses, including hurricanes and the Marburg Hemorrhagic Fever outbreak in Africa, H1N1, Avian Influenza outbreak in China, Ebola, Zika, and now Coronavirus.

Ron Yee, MD, MBA, FAAFP:

Next we'll have Jim Macrae, Associate Administrator, Bureau of Primary Health Care, Health Resources and Services Administration, US Department of Health and Human Services. Jim and his team have led the centers in an excellent manner, especially in important times such as this.

Ron Yee, MD, MBA, FAAFP:

We will then hear from NACHC's President and CEO, Tom Van Coverden, who has led and united the NACHC team to assist health centers, primary care associations and health center networks across the nation in our COVID-19 response, linking arms with our federal partners, funders, and other stakeholders.

Ron Yee, MD, MBA, FAAFP:

And finally, I'll share some insights and tips from the health center field on emerging operational strategies, and we'll end with Q&A. So first I'd like to go to Dr. Lisa Koonin with the CDC to lead off our panel presentations. Dr Koonin.

Lisa M. Koonin, DrPH, MN, MPH:

Thank you so much Dr. Yee. It's a pleasure to be with you and let me just say thank you to all of the people that are on for the great work that you're doing during this unprecedented outbreak.

Lisa M. Koonin, DrPH, MN, MPH:

What I'd like to do is just go over a few facts and then point you to some new guidance the CDC continues to post on its website. As of today, we have over 10,000 cases identified in the US, approximately 150 deaths, with jurisdictions reporting from every state, District of Columbia, Puerto Rico, Guam, and the US Virgin Islands. Most of these cases are under investigation in terms of the source of their exposure and not easily or readily identifiable with a travel related or close context exposure.

Lisa M. Koonin, DrPH, MN, MPH:

I want to let you know that on the CDC website there is a map that is getting updated every day by state, that lets you know the numbers of cases in each state and there are differences among states which we would expect. There's also an epi curve that is posted on CDC and updated every day with the number of cases.

Lisa M. Koonin, DrPH, MN, MPH:

On March 16th, the President and the White House Coronavirus Task Force issued new guidelines to help protect Americans against this virus. They call this initiative "15 Days to Slow the Spread". Many of you are probably familiar with it. What it does is direct the public to listen to and follow the directions of state and local authorities, ask people who are sick to stay home, to not go to work, and if children are sick to keep them at home, do not send them to school. It also advises if a person is older to stay home and away from other people, as well as persons with serious underlying health conditions.

Lisa M. Koonin, DrPH, MN, MPH:

There's a body of evidence based on over 200 journal articles that support the effectiveness of social distancing measures, both when used alone, but maximally in combination with others. We are seeing a wide variety of these being used all over the country now. Cancellation of mass gatherings, school

closures, asking people to stay home and telework and also shifting guidance so that we really advise people who are ill to reach out to providers telephonically first before they go into a healthcare facility.

Lisa M. Koonin, DrPH, MN, MPH:

This is a historic and unprecedented outbreak. We are doing things that we've never done before and we know how difficult it must be at the front lines. Therefore, CDC is trying to put on its website as much guidance as possible to help you, healthcare professionals and clinics, be able to navigate this. Let me just point to several of the guidance that are posted in terms of our infection control guidance.

Lisa M. Koonin, DrPH, MN, MPH:

It's very important that you keep in tune with that because it is updated periodically and does have information that we believe will be valuable for using in your clinics, as well as clinical care guidance and also a guidance about when someone can cease their isolation. We posted the discontinuation of home isolation for persons with COVID-19 recently, which does change the parameters, so I want to point to that.

Lisa M. Koonin, DrPH, MN, MPH:

We also are still continuing to monitor the situation very carefully. We know that there are challenges in the field and we're doing what we can to provide the guidance that can help overcome those challenges. In particular, we have posted guidance and resources for personal protective equipment and particular strategies for optimizing the supply of PPE and clear recommendations on who needs PPE in the healthcare setting and who does not. I would really advise that you become familiar with this because of the strain that we're hearing. It may be helpful in terms of your use of PPE and the course of your planning.

Lisa M. Koonin, DrPH, MN, MPH:

I would like to also point you to healthcare facility guidance. We have a very specialized guidance. For nursing home facilities, for hospitals and exhortations about delaying all elective ambulatory provider visits, rescheduling elective procedures and postponing routine dental and eye care visits during this time. So I do point you to that resource as well. And if it's helpful, Ron, we can send links to some of these places so that you can distribute it to participants on this call and they can more easily find the guidance.

Lisa M. Koonin, DrPH, MN, MPH:

Let me go ahead in the sake of time and stop there and our team of folks will be poised to answer questions from you at the end of the webinar.

Ron Yee, MD, MBA, FAAFP:

Thank you so much Dr. Koonin and for the insights from the CDC and thank you all for being on the front lines to approach this nationally here in the United States, but also internationally. Next we'll move to Jim Macrae, who's our Associate Administrator for the Bureau of Primary Health Care. Jim, I'll let you go next.

Jim Macrae, MA, MPP:

Great. Thanks Ron. And thanks for the invitation to participate in today's conference call. As all of you know COVID-19 is impacting all of us, both in personal, as well as in professional ways and had the opportunity over the last several weeks to hear from many health centers about how it's impacting your staff, your patients and your organizations, and it's impacting both in big ways and in small ways. So what I wanted to do this afternoon and this morning to those out in the Midwest and the West Coast is to share some updates about just what's going on from the Bureau of Primary Health Care standpoint.

Jim Macrae, MA, MPP:

But before I jump immediately into those, I do want to just say from a personal standpoint, please, please, please, take care of yourselves. You do no good for your organization or your families if you don't. I once had a former leader who I worked with say that one of the most important things you can do in a crisis is to get enough sleep. And at first, it sort of sounds counter intuitive but it actually makes a lot of sense because you have so much information coming at you. You have so many people making demands and requests and you need to keep a clear head to be able to make the best decision with the information and data that you have at hand. So, I just encourage you to take care of yourself and of course as our CDC colleagues say, please wash your hands, keep a social distance and everything else, but take care of yourselves. We need you to do your best to help us in terms of this crisis and pandemic.

Jim Macrae, MA, MPP:

From a personal and a professional standpoint, I would say one of the most important things also is to have the best data that you can to make those informed decisions. I've heard a number of different anecdotes and a big thank you for all the folks that have sent different information in. But it's hard to tease out exactly what is going on and what is the pattern and what's actually happening. And so that's why we requested just recently and actually just got approval just in the last day or so from the Secretary to begin collecting information from health centers all across the country. Now please don't worry, it's not a big data request from you all. In fact, you can do this on your phone and it will only take about five minutes to do. And it's only going to be twice a week.

Jim Macrae, MA, MPP:

But what we're going to do is just ask you a quick series of questions about just what the impact of COVID-19 is on your operations. Specifically, we're going to ask about what your current capacity is to do testing within your sites or with your partners. We're going to ask you for information about how COVID-19 is actually impacting your staff and the resources that you have available. We're also going to ask, because we've heard it from a number of different folks, what's the impact of COVID-19 on your current patient population and census status. And then finally, whether at any point you've had to close some sites. We've heard from a number of health centers, for example, that with schools closing, they've had to shut down their school based health center sites. So we just want to be able to have this information to help us make better decisions about funding, technical assistance and other resources that you need.

Jim Macrae, MA, MPP:

We're going to make this available, this information available, both at a national level to share with our national partners but also at the state level to share with the primary care associations. And the hope is that it'll actually reduce the amount of requests that you're getting from a variety of different sources in terms of what's actually going on, on the ground. It will be invaluable to us in terms of getting that information from you on the ground about what's actually happening. You should get your first request

for data and information sometime later today. So please take that five minutes, fill it out. It'll provide us with valuable information.

Jim Macrae, MA, MPP:

The next item I just wanted to spend a minute or two on is funding, because I know that's on many people's minds. I think most of you are well aware that we received a hundred million dollars to support health centers to both prepare, prevent and now respond to COVID-19. When the crisis, when the pandemic was initially beginning, our original plan was to target certain areas of the country, but the realities now are that the COVID-19 has spread all across the country. So we are planning to make the funding available to all health centers across the country. We will adjust it based on your patient population as well as the number of uninsured patients that you have, but our plan is to get that money out by next week. Our hope is to actually get it out by early next week so you will have that available to help you with your COVID-19 response.

Jim Macrae, MA, MPP:

And just in terms of how that will play out, you will actually receive the money and then we will ask for a work plan and a budget that describes how you're going to be using that money over the next several months. In addition, they will also be available to support any kind of COVID-related costs that you've incurred since January 20th, in terms of what you all are currently addressing. The other thing that we heard loud and clear was the ability for this money to be as flexible as possible to deal with the realities of what you're experiencing either within your health center or within your community. And so we have really attempted to create as much of an emphasis around you being able to tailor it to what you need and what your community needs.

Jim Macrae, MA, MPP:

There is however a premium on testing as you can imagine. You know the first thing in terms of this crisis was to get a better hold on how many people actually have COVID-19. So where you have the capability to do testing and you have the supplies and we've heard loud and clear about a lot of the concerns around personal protective equipment, but where you do have these resources, we are encouraging health centers to do as much testing as possible. And to do innovative things that you're seeing all across the country, which includes doing walkup testing, drive through testing, where it makes sense and what works for your patient populations. We also know at the same time many health centers have expanded their footprint around doing virtual health and we strongly, strongly encourage that. We also know there's currently some legal constraints around that and I would just tell you that we have made the folks at the highest levels aware of what some of those constraints are. We're going to do everything we can to try to loosen those constraints as much as possible.

Jim Macrae, MA, MPP:

The next area I just wanted to spend a minute on is communications. That is absolutely critical, especially in a crisis situation and our old ways of communicating have definitely had to change. But I think it's just critically important that we do our best in terms of sharing information with you and we have the opportunity to hear from you. So I really appreciate, again, NACHC for hosting this call and making both us and our colleagues at CDC, as well as the NACHC staff, available to answer your questions.

PART 1 OF 4 ENDS [00:15:04]

Jim Macrae, MA, MPP:

I would refer you to our website, bphc.hrsa.gov/emergency-response. It provides information on our latest health center program information that you might need, whether it's submitting a temporary change in scope, any information on FTCA policy, but most importantly, I would say, a set of frequently asked questions on a variety of topics. We have been attempting to answer as many questions as we can and we put them up on our website so that everybody has access to them and they are updated every day. You should be receiving bulletins from us saying what the latest question is and its topic areas.

Jim Macrae, MA, MPP:

So, I just strongly encourage you to go there. We're, to be honest, overwhelmed by individual questions, but what we're trying to do is gather all of those and then come up with common responses that everybody can benefit from.

Jim Macrae, MA, MPP:

Lastly, I would just say from where we sit and I would say increasingly the rest of the country, people are recognizing that, I would say, the invaluable role of health centers in providing health care to millions of people across the country and serving on the front lines of this pandemic. Your role is absolutely critical by expanding testing where you can, by providing services for those with mild or moderate symptoms, you are assuring that the nation's emergency rooms and hospitals are able to take care of those most impacted by this disease and make sure that they're not overwhelmed. From where we sit, we're trying to do everything administratively to make your job is easy as possible.

Jim Macrae, MA, MPP:

So, a couple of the things that we've done just recently, and we'll continue to explore doing more is that we have postponed all of our site visits, not just our operational site visits, but all of our site visits for the next six weeks. We'll revisit that at the beginning of May to determine if we need to do that for even longer.

Jim Macrae, MA, MPP:

We also have postponed your quarterly reports that we've been asking folks to submit related to diabetes and we're looking at a number of different other areas where we can create better administrative flexibilities.

Jim Macrae, MA, MPP:

The bottom-line Ron, and I think all of us know, is that we're all in this together and I really just want to thank you for what you all are doing on the front lines. It is recognized and you're doing it on behalf of the nation's most vulnerable populations. I just really want to thank you for everything that you're doing.

Jim Macrae, MA, MPP:

So that's it for me, Ron. I'll turn it back to you.

Ron Yee, MD, MBA, FAAFP:

Thank you. Thanks, Jim, and thanks to your team for being there to support those out in the field and all the health centers.

Ron Yee, MD, MBA, FAAFP:

We've noticed some questions are coming in and if you do have a specific question for a specific speaker, please note that when you write in your question, that'll help us to sort through those when we get to the Q&A time. So thank you again, Jim.

Ron Yee, MD, MBA, FAAFP:

Next, we'll move to our president and CEO of NACHC, Mr. Tom Van Coverden. Tom.

Tom Van Coverden, NACHC President and CEO:

Ron, thank you and thank you to everybody, most importantly, you on the front lines. Everybody said it. I'm going to reinforce it. We're here for you and we're here as a team, all of us working to support those efforts. You can be assured of it. I want to thank our partners and the folks, Ron, that had been on the phone. Certainly the Centers for Disease Control have been very helpful.

Tom Van Coverden, NACHC President and CEO:

Jim, I can't say enough things to you, the HRSA staff, including the Bureau of Health Workforce, all the way up to Dr. Engels, the HRSA administrator, all the way up to the Secretary and people around him who have said, "What is it that you guys are doing? What is it that we can do to help you?"

Tom Van Coverden, NACHC President and CEO:

And so, I know, Jim, that you guys and working with CDC are sending those messages to the Hill as are we. So, just a big thank you there to everybody. And then again, most importantly to you in the field, who are providing the examples and data.

Tom Van Coverden, NACHC President and CEO:

Let me just say, Ron, that in terms of just the immediate situation that the two big areas where we've heard folks need help is, believe it or not, number one is money, cash flow. That has to do with the May 22nd deadline on the funding cliff, which is a very significant thing indeed if not fixed and fixed quickly. Riding, then, with that is the materials that are needed for the PPE, whether it's gloves, gowns, etc. And so, toward that end, we're trying to work again with all of our partners to make sure that we're addressing those issues.

Tom Van Coverden, NACHC President and CEO:

On the party of the second part, I guess, the second issue, when we're trying to get an estimate, but a number of folks like Capital Link and others, Massachusetts, but a number of states have been very, very clear on what the financial impact is with people afraid of coming in. That will change and you know what will change as more tests are made available and more equipment is made available, but it's a big issue, and financially, it's having a very dramatic impact in the range of 30 to 50% of the funding, which is causing many, many to be concerned about are they going to close or whatnot. Just for everybody to know that's an issue. We're going to continue to monitor that.

Tom Van Coverden, NACHC President and CEO:

So, with regard to what is NACHC doing, Ron, you had asked the question. Number one, we have worked to get that \$100 million, our request was for \$400 million and even that is far short.

Tom Van Coverden, NACHC President and CEO:

So, we have put together now a second request that we have more information showing the financial gap between now and, say, for the next six months, which all centers will need to operate and have asked for an amount and in the range of \$3 billion to help cover those operating costs for that time period. That would be a special request on funding. We're working with everybody in Congress, but it's going to require broad support.

Tom Van Coverden, NACHC President and CEO:

So, our requests are very simple in a paper that we have presented to Congress and each of you have been sent a letter. Number one, it's to get the cliff fixed and get it fixed now, quickly, the funding cliff, that's \$4 billion a year, which has been hanging out far too long without action. Again to move forward on a five-year funding priority that's been agreed to by both the House and the Senate.

Tom Van Coverden, NACHC President and CEO:

That's number one. Number two is the immediate attempts to provide funding for, A, this situation, but also a five-year plan aimed at developing the workforce that we need, not only physicians and nurses, but also those dealing with behavioral health situations and the infrastructure that's needed. The second around capital and infrastructure, again, funding in the range of \$4 billion additional investment to be dealing with that, to include both the equipment, not only the capital cost but the upgrade and the IT, both equipment and support. It's dealing with telehealth in rural areas.

Tom Van Coverden, NACHC President and CEO:

Then, an emergency fund, which we said a billion a year for each of the next five years with flexible support to the HRSA agency to be able to help health centers prepare and meet for additional situations we will face such as the things you had talked about earlier, I think, Jim, whether it's the hurricanes, whether it's Puerto Rico, again, whether it's the fires in California, whether it's South Texas, whether it's Louisiana and New Orleans and the floods, the health centers are there and struggling with this stuff and have a hard time getting ahead of the curve.

Tom Van Coverden, NACHC President and CEO:

That is our objective. And so, just to be aware of that, all of you have that paper, and if you don't, with that specific bill of request and the letters to the congressional leadership, you can get one from the NACHC organization. If you'd have any questions on those components, I'd be happy to answer it.

Tom Van Coverden, NACHC President and CEO:

But, so when asked, "What is the cost," as we did by the Speaker of the House, we said, "Well, to just fix the cliff for both the health centers and the teaching health centers and the core is \$22 billion." We're asking for it to double that amount with an additional investment over the five years going forward, again to help us deal with both this crisis, and most importantly, solidifying and preparing not only the financial stability but the capacity to do what we're doing now and serving an additional 10 million people. So, that's the plan there.

Tom Van Coverden, NACHC President and CEO:

With regard to equipment, again we're working with our vendors and other folks, for example, Direct Relief, which has provided several millions of items, gloves, the gowns, breathing masks, etc. That they

are working to get out to health centers very, very quickly and, again, are working with the NACHC office. So, we'll continue to do those kinds of things as well.

Tom Van Coverden, NACHC President and CEO:

Ron, I think that's about it other than to say when people say, "Well Tom, what can we do to be on top, make sure this happens? What can I do?" And I think there are three things. Number one is just the PR. It's telling that story and making sure folks are aware of the situation, who you are and what it is you're doing. Some folks have done very good job and when you see those articles, that's what makes your heart bleed when you see about what folks are struggling with, patients and the centers trying to meet them. So, I would say telling the story.

Tom Van Coverden, NACHC President and CEO:

The second was said earlier, data, data, and data. The more information we have, the more we can pass on to HRSA, to CDC, and it will help us identify gaps where we might need additional either investments or attention or things we can do. So, I would put that in there.

Tom Van Coverden, NACHC President and CEO:

I think the last is, when I say ... I'm going to call it educational. You can call it lobbying. You can call it whatever you want. I call it taking care of your patients and helping people understand what needs to be done and help them develop from the local areas a plan.

Tom Van Coverden, NACHC President and CEO:

And so, it's talking both with your local health officials, with your state health officials, back up to national as well as your legislators and educating them about the program and what it is you do in concert.

Tom Van Coverden, NACHC President and CEO:

I was asked a question, Ron, "Are we also supporting increased funding for, example, the CDC and the state health agencies?" The answer to that is yes. "And for hospitals," and the answer to that is yes. I think there needs to be a major league look for the nation. We are dealing with the health center part though and, as you said, serving 30 million people, it is a huge role that we have to play. So, I think everybody knows that.

Tom Van Coverden, NACHC President and CEO:

I can't say, "Thank you," other than to make sure, Jim, what you said, reporting back to you, and getting timely information is going to be very critical in terms of your reporting to other agencies, be it CDC or the Secretary's office where they're closely watching and tracking what the health centers are doing, and again, want to be helpful but need to know what it is we're doing and what it is that we need.

Tom Van Coverden, NACHC President and CEO:

So, I think that would be, ending up as the entire staff, our entire staff at NACHC is working closely with our partner primary care associations and the networks, as well as the federal government. It is really a joy working with everybody and, from my interpretation, it is a full-court press that's going on. I just say a very huge thank you and close it by saying if there's anything else more for you when we get into the

Q&A period that we can be doing from your perspective, please do let us know. Dr. Yee, Ron, thank you so much.

Ron Yee, MD, MBA, FAAFP:

Thank you Tom and thank you, also, Jim and Dr. Koonin. I think this really brings together the broad approach all the way from legislative issues, Congress, funding, all the way down to what Tom mentioned is to the front lines.

Ron Yee, MD, MBA, FAAFP:

We know you all are hurting, many of you getting close to closing and some have had to close your school-based clinics just because of flow and regulations, but we want you to know we're with you and we're trying to understand how to best help you on the front lines.

Ron Yee, MD, MBA, FAAFP:

So, I want to just cover a few things and, again, if you have a question, please put it in the chat box on the left side of your screen and please, if you know who you want to ask this question to, please put that before it. But I want to just cover a few things that I've been hearing from the front lines over the last few days, really trying to be on enough calls and talk to people on the front lines. I want to understand the pain points and where we're getting challenged. Some are getting close to running out of their PPE, if they have not already, and really desperate mode.

Ron Yee, MD, MBA, FAAFP:

We appreciate our partners like Direct Relief. You may have seen the article that came out yesterday. They've sent out supplies to over a thousand health centers and clinics fighting COVID-19.

Ron Yee, MD, MBA, FAAFP:

So, we're trying to team up with organizations like that. We have others stepping into the game like TD Bank. There was also an article out talking about how they donated a fund to the Canadian Association of Community Health Centers, but also to the National Association to help starting with health centers on the East Coast.

Ron Yee, MD, MBA, FAAFP:

We're trying to work with whoever we can to get supplies to, and I think that includes long-term funding, but also, maybe on the second or third stimulus that's coming through Congress, we can get money directly to you out in the field to support your staff, to get sick leave covered, whether that be through tax credit, small business loans, whatever that looks like. That is our goal. We understand the pain and the struggle on the front lines.

Ron Yee, MD, MBA, FAAFP:

I'm going to take a couple minutes to review some of the things that I've heard recently, aimed at conserving and redeploying resources to the front lines to keep our staff healthy. As Jim said, get rest, wash your hands, do the things that we know how to do, but I want to focus on two areas, containment and staffing.

Ron Yee, MD, MBA, FAAFP:

We've heard a lot of things that people have done and they're doing some very good things. I'm using the CDC structure to talk about these. So, they, the CDC, talks about this guidance using Administrative work practices and policies and Engineering Controls. That means physical, environmental elements.

Ron Yee, MD, MBA, FAAFP:

Examples of Administrative Controls, first from the field, is really what Lisa talked about is going telephonic, proactive communication via electronic means, whether that be calling, texting, whatever takes using patient portals to triage patients prior to arriving at the health center. Some health centers are even meeting them at the door in the parking lot to make sure they triage properly and they don't expose people.

Ron Yee, MD, MBA, FAAFP:

Number two, they've really planned ahead to reduce the number of PPE sets used for one patient.

Ron Yee, MD, MBA, FAAFP:

If you can exclude exposure of staff by setting up a laptop upfront and using Skype to interview patients before they even present and see anybody, that's one way to do it. We've heard of others using telephonic means to communicate with patients when they're in the parking lot in their cars and safe. So whatever it takes to do that, you still need to triage people appropriately and that can help you save your PPE. Another thing I've heard from the field is inventorying your PPE, and many of you have may have already done this. But you might need to work backwards. So you look at, most of the vendors and suppliers are on allocation, meaning they're only going to give you what you ordered before. They're trying to stretch out as long as possible. But find out what you have in inventory and work backwards.

Ron Yee, MD, MBA, FAAFP:

If you get a shipment every two weeks or four weeks, you need to see what you have and work backwards and say, "Look, we've got 25 or 50 PPE sets a day." Make that stretch out. We're in lean times, so stretch it out so you can keep seeing your patients and stay on the front lines. Protect yourself appropriately of course, but stretch that out so you can do that. The other thing is that cohorting patients, so some health centers have designated certain sites for pediatric care and obstetrical care, you need to see your OB patients and continue on. They may be getting close to delivering.

Ron Yee, MD, MBA, FAAFP:

Some of them have designated certain sites, if they have multiple sites, for their well-pediatric and OB patients to keep the care going and a little bit of revenue. They're not cutting all their visits out completely. So designating to that. Also another site may be for ill patients that you're not sure whether they have these influenza like symptoms, possible COVID-19, so some are doing that.

Ron Yee, MD, MBA, FAAFP:

Some examples of the Engineering Controls. Health centers have shifted into using tents in the parking lot, alternative buildings that they have on their grounds, using the back door emergency ambulance entrances to triage possibly sick patients and getting them to isolated rooms, whether that be negative pressure or isolation rooms. So if you can do that, you can prevent exposing other people.

Ron Yee, MD, MBA, FAAFP:

Properly maintain your ventilation systems. We can't underscore how important that is to change your filters, make sure things are working right so you don't unnecessarily expose others. Use barriers and social distancing even in the health center to decrease exposures. And if you're looking for N95s, thanks to Direct Relief, we're getting some. There are others trying to find them. Some health centers have contacted their local construction companies. One of them got about four to five boxes of N95s from their construction company. Another health center has shifted their elective dental cases and appointments, canceling those and then looking at their inventory and sending four to five cases of masks from the dental to the medical department.

Ron Yee, MD, MBA, FAAFP:

And finally, work with your local public health departments or hospitals. One instance, they're providing drive up testing. So they're trying to correlate their efforts and finding the proper patients doing the paperwork and finding out how to send them to that drive up testing. So what that's done is it's shifted the burden from the health center to a drive up testing location in conjunction with the hospital, local public health department. So that evens things out a little bit. So we were asking Quest and others to help us identify where they're having those stations so that we can let the health centers know so they can send the appropriate patients. We don't want to overload them, but send the appropriate patients there.

Ron Yee, MD, MBA, FAAFP:

The second thing I've heard about after containment is staffing. Mike Holmes, if you look at the NACHC's video that's on our website following the cancellation of the P&I conference, talks about staffing and this is really where we see it. Mike's a CEO and the Chair Elect of the NACHC board. But we're hearing the stress that health centers are experienced on the front lines with staffing challenges. First of all, with the schools closing, you may lose a good portion of your staff because they need to watch their kids. Second of all, if somebody is exposed, has a fever, symptoms, or actually have a positive COVID-19 test, they're going to be out for two weeks. Some of the very smart and a well-managed health centers have actually constructed contingency plans or strategies saying, "If this portion of our staff has to be out, what do we do? If we lose 25% what do we do? If we lose 50%, what do we do?"

Ron Yee, MD, MBA, FAAFP:

Some of them have shifted into these alternative ways to take care of patients. They've shifted some to sites, as I said, for well care and people that do not have the symptoms or have been exposed by travel or other contacts. They're maintaining that, and many are shifting to telemedicine if they can. I think each health center is really trying to do what they can to keep their staff going, to keep them protected and to keep up with this as we are challenged. Each health center has an Emergency Operations Plan and I want to challenge you if you're not already doing this, work with your CFO and start collecting, as Jim said, all those charges that you may be incurring during this response. Direct operating costs, cost due to increase use, lost revenue due to disruption of your services, and document what you can be reimbursed for.

Ron Yee, MD, MBA, FAAFP:

This might be through your insurance company, though FEMA, the federal government. There's also small business administration loans and things that will be coming up. And there's also a Hazard Mitigation Grant Program (FEMA website). Please take the time to do that. I want to say most of all we

hear you, we feel your pain. We're trying to do the best we can to help you in the field. Do all you can to stay on the front lines, especially these next couple of weeks.

Ron Yee, MD, MBA, FAAFP:

This is really critical that we get through this phase that Lisa talked about. Hopefully things will calm down, we'll actually be able to flatten that curve and really see a good response here. Do all you can do to stay on the front lines. Our team as well as Congress and the Administration will deal with the financial recovery, whether that be through paid leave, tax credits, or direct payments to individuals. Stay focused and stay strong. I think we're going to take some time now, we purposely tried to have enough time for Q&A. Again, if you have any questions, signify or designate who you would like to ask the question of and then ask your question through the chat. And I'll turn it over to our staff now and we'll work through the Q&A portion that we have right now. Ellen?

Ellen Robinson, MHS, PMP, NACHC:

Great, thank you very much. I wanted to reiterate our appreciation to everyone who's on the call today because I know that you're very, very busy. We've got a lot of questions, and so we've grouped them all. We're hoping to address CDC questions first ... our folks from CDC have other responsibilities and other webinars being double booked. So we're hoping to get those questions first. And the first question is for CDC is about whether or not patients should be seen for well-visit follow-ups or routine annual physical.

Lisa M. Koonin, DrPH, MN, MPH:

Thank you. This is Lisa Koonin, and I'll answer that. And so as part of our guidance to really try to preserve the integrity of the healthcare system to manage COVID patients and also urgent non-COVID patients, we are recommending postponement of annual visits that can be postponed, postponement of elective diagnostic and other procedures and well patient visits right now. However, if there are patients who are fragile who need case management, who need continued interaction because of ongoing chronic diseases, we would encourage using a telephonic outreach or other means to reach them to be able to help them manage their care. But right now, really preserving the bandwidth for caring for a large number of incoming patients with COVID symptoms or worries about COVID symptoms would be prudent right now.

Ellen Robinson, MHS, PMP, NACHC:

Great. Thank you. A bunch of testing kit questions, and I know Jim had talked about ... many of you had asked about the availability of test kits. But specifically some questions, when will health centers have access to the federal stockpile that are arriving in certain cities?

Lisa M. Koonin, DrPH, MN, MPH:

I don't personally have information about that. I'm very sorry. And unfortunately we don't have anyone from our lab section on the line. But we do have some guidance for testing on our website. I do believe it really varies by location, and so would encourage the center to reach out to local or state public health.

Ron Yee, MD, MBA, FAAFP:

Ellen, this is Ron. There have been reports through some of our webinars and other communications popping up around the field. Some health centers are up and starting to do their own testing. A few of them on a call yesterday are actually doing drive up testing and just getting started. So that's kind of

trickling through. I think this next week we will learn a lot more and they'll be able to help us to determine what that level is, what level they can do, how many they can do, how they're being provided, the test kits and the processing. We're looking at that right now and trying to get as much information as we can. But there are many very early in the stages of doing them directly in their health center, but also doing the drive up.

Lisa M. Koonin, DrPH, MN, MPH:

Thank you, Dr. Yee. That's very important, but also to let folks know that there is guidance on our website about evaluating and testing persons for Coronavirus and also about recommendations on PPE for personnel.

Ellen Robinson, MHS, PMP, NACHC:

Great. Thank you. We've got a lot of questions about PPE, specifically trying to find out from CDC whether or not there's been any guidance to the health departments of how to allocate the PPE between hospitals, health centers and others in their state.

Lisa M. Koonin, DrPH, MN, MPH:

Let me see if my colleague, Dr. Purvis is on the line? He was going to join us for the Q&A. Can you open his line, please? Or if Chad Dow is on the line, if you could open his line, please.

Chad Dow, CDC:

Hi Lisa, this is Chad Dow. Just to kind of jump in on this question, I think it's important that facilities do look at these strategies for optimizing the supply of PPE. As Ron pointed out, there are many different strategies that can help conserve on any remaining resources that a facility has. And then from that, they should work with their normal distributor to see if they can identify any supplies that are available that could be diverted to the facility. And then as a last resort, they should be reaching out to the local or state health department to help identify any PPE that could be available, whether that's through a state stockpile or through the federal stockpile.

Ellen Robinson, MHS, PMP, NACHC:

Yeah, thank you for that. And some additional PPE questions, and in particular there was one about a possible fake news that may or may not be going around, and it's true or not about a link circulating that CDC is allowing people to sew medical face masks and gowns, since health centers are out of N95 masks.

Chad Dow, CDC:

This is Chad again. If you do look at our optimization strategy, I will point out as a very bottom last resort, we do have a recommendation for every use of improvised respiratory protection. I think it very important to stress that before getting to that level, healthcare facilities should really look at all the options laid out in higher levels of protection within the document, rather than moving to improvised face mask before getting to the bottom of the strategies, and again, making sure you're reaching out to your state and local health departments so that they can help assist in identifying any resources available.

Ellen Robinson, MHS, PMP, NACHC:

Thank you. Obviously a lot of questions. People are asking about telehealth, which I know was addressed earlier, but specifically regarding coding and payment for telehealth and whether or not telephone counts without the actual visual portion, if that counts. Is there any guidance specifically for health centers on that?

Aaron Perry:

Hi, this is Aaron Perry. I'm a medical officer leading the health systems coordination teams with Lisa. And CMS has posted guidance on this topic. If somebody, maybe Ron, or somebody could just email me, I can email you the link to those guidance documents.

Ellen Robinson, MHS, PMP, NACHC:

Excellent, thank you.

Ron Yee, MD, MBA, FAAFP:

Yes, Ellen, this is Ron. We had some discussion on another call yesterday, and the guidance came out on Monday from CMS about loosening the guidelines for telemedicine for Medicare. Our policy staff and the Bureau is also looking at, right now FQHCs and rural health centers are not included in that reimbursement, so we're trying to work through that. We're aware of it. They've been working on it for a while. So it's an element that's really challenging. Now the health centers that are in states that have had Medicaid coverage for telemedicine, I believe there's 31 of them, that's the one approach you can take using telemedicine, which they've loosened a little bit. I'm not sure if they have the same loosening for Medicaid patients as Medicare, but that is something that maybe the PCA can help with on a state basis. But there are allowances for Medicaid reimbursement for telemedicine right now, and not for Medicare.

Ellen Robinson, MHS, PMP, NACHC:

Ron, does that include the actual telephonic visits without visuals, or are those yet to be decided?

Ron Yee, MD, MBA, FAAFP:

I think they had a whole range. The document I looked at, there was a whole range of what you could do. So you can go to CMS and download those documents. It just came out on Monday.

Ellen Robinson, MHS, PMP, NACHC:

Okay. So thank you, CDC. I know you guys have to go, and those were a lot of questions. If there are questions we didn't get to that are specific that we can't answer, we will post them in our updated FAQs after this. But for now, we have a bunch of questions directed to HRSA. So, Jim, questions, lot of questions about funding, especially funding for Lookalikes and wondering how that's going to happen. If you could maybe discuss a little bit about the Lookalikes.

Jim Macrae, MA, MPP:

Unfortunately, the way the way the funding has gone out, it's only available to currently funded health centers. The way the language is written is that it's to supplement existing health centers. That just includes the currently funded organizations. We are, of course, making folks aware of that situation with respect to our Lookalikes, but it is the current situation that we're in with respect to funding.

Ellen Robinson, MHS, PMP, NACHC:

Thank you. Speaking of funding, a lot of questions are about how much money that health centers are losing every week in Medicaid revenues, and they're wondering if there are other grants that can be repurposed to help or other funding that might be available.

Jim Macrae, MA, MPP:

That is a question that a number of health centers have submitted into us. One of the questions that we've gotten, I think related to this is, "Could we potentially draw down some of our resources to deal with some of the immediate needs that we have"? The short answer is people can draw down for legitimate costs and expenses, which salaries is absolutely one of those. The only thing we would caution folks related to that is, we want to make sure that you don't run out of money by the end of your project period. We know it's sort of a balancing act in terms of what's the right decision to make for each of the individual health centers, but that is one option if you're really in an immediate crunch in terms of resources to be able to draw down your grant a little bit more quickly.

Jim Macrae, MA, MPP:

We do, as I said, hope to get this money out as early as next week. It is \$100 billion, which is great, but given the scope of the health center program, it's only a limited amount of money that will provide some relief for a certain period of time, but those resources will be available. The way we're actually doing this funding opportunity, unlike how we've done other things in the past, and I would say nothing is business as usual. Everything that we're doing really is different and really sort of pushing us to think differently. The money will actually show up in people's accounts as soon as early next week. We will then ask folks to submit into us about 30 days afterwards a plan for how they're ... have already used a portion of it or plan to use it going forward. Resources will be coming out next week into health centers, bank accounts, PMS accounts. I'm happy to be able to do that.

Jim Macrae, MA, MPP:

As I think Tom talked about, there is also a recognition for the ongoing needs for health centers. I have shared several of the stories about health centers having to furlough their staff. We've already heard of a couple that I've had to do that. We've heard of others where there has been a decrease in the number of patients, anywhere from 10 to 20 to 30 to 40%, and then, in other cases, we have health centers that are overwhelmed by people wanting to come and have a test. We really do have the two extremes, and that's actually one of the questions that we're going to be asking in the survey is to give us a sense about just where you are in terms of your patient volume at census.

Jim Macrae, MA, MPP:

There is a third COVID-19 package being developed, and we have definitely been asked about what health centers need going forward, so we have shared a lot of that information with them.

Ellen Robinson, MHS, PMP, NACHC:

Thank you. Moving on to another group of questions are about dental, and we talked about having less patients and people being laid off. A lot of health centers are concerned that their dental status team has to be laid off because of people not coming in, but then they're also wanting to know about specific guidance for their dental centers.

Jim Macrae, MA, MPP:

It's a great question, and we've been working with our Chief Dental Officer within our agency in terms of getting some guidance out. We know there's been some national guidance, as I understand it, either being developed or is going to be put out shortly to talk about routine dental care. I think, as you heard from my CDC colleagues, the whole focus around routine care is, as best we can, trying to keep individuals where it doesn't make sense not to come in, but, again, that has the sort of deleterious effect of decreasing volume, decreasing revenue, and then impacting on whether staff can continue to be employed. It really is a tough situation to be in. We have not made any decisions from a national level with respect to the health center program and dental care services, but we know different states have, and as different programs are sharing with us the information, it's just helpful for us to know exactly where different states are and where different centers are.

Ellen Robinson, MHS, PMP, NACHC:

Thank you. Obviously, some concern about funding, more concern also about what's happening with the emergency expansion of the FMLA and the new federal paid sick leave regarding the Coronavirus relief legislation. Right now, only hospitals and nursing homes are specifically mentioned. Are health centers considered exempt healthcare providers with regard to this?

Jim Macrae, MA, MPP:

We're going to have to find out more about that. The bill was just signed by the President, and so we're actually just going through it right now, but we can definitely get some information out on our FAQs, and that is one of the questions that's been flagged for us already, and so we're working with our colleagues in our Office of General Counsel to see how far that does extend. I would say stay tuned in terms of our frequently asked questions related to that.

Ellen Robinson, MHS, PMP, NACHC:

Thanks. Another question about funding. Do you anticipate that reporting for Integrative Behavioral Health Services supplemental funding is also going to be postponed?

Jim Macrae, MA, MPP:

That is something that we're looking at. I think the first piece we're looking at, of course, is the tri-annual reports and then just the overall reporting. We haven't made a final decision on that, but my assumption is that we will see what we can do in terms of at least postponing the next report, but we haven't put out anything officially on that yet, but we definitely have heard that from a number of different folks. We're just trying to work through as many of these as we can, but hear the concern about having to report on that right now.

Ellen Robinson, MHS, PMP, NACHC:

Jim, I know you talked earlier about the OSV visits being postponed, but a couple of folks have asked that because they're a little concerned they're not going to meet their required number of patients for their grant dollars because their patient visit numbers are way down, of course. Is HRSA taking this into consideration, and is there a way to delay these and as well as UDS reporting?

Jim Macrae, MA, MPP:

We are taking into account the realities of what's going to happen with patient targets. I think the good news is that everybody has already turned in their 2019 UDS data, and it actually looks really good, and we know that for 2020, it may not look even close to as good given the current situation that we're in.

With respect to the patient targets, we are developing a frequently asked question related to that. Where we're getting to is that folks have had a significant decrease in terms of the number of patients in 2020 given COVID-19. We're not going to penalize folks for that. That's just sort of the realities of where we are.

Jim Macrae, MA, MPP:

With respect to UDS, given that we're in the back and forth, we're encouraging folks as best they can to just finish out their reports since most of the data collection is already in. It's just, in some cases, just a question that we might have because we really would like to be able to finalize that, but if that is a significant hardship, we're encouraging folks to contact us with any kind of concerns about being able to answer some of those, what we call the back and forth questions that sometime occur when people submit their data, but the good news is, before all of this happened, we had all of the data in. It's just now a little bit of cleanup, and, if at all possible, we'd like to get that completed, but if it's going to cause too much of a burden, we, of course, will work with the health centers to accommodate.

Ellen Robinson, MHS, PMP, NACHC:

Thank you. I think that's some of the topics we have for HRSA. There's a couple of other questions I want to get to. I know we're running out of time. We're close to the hour. This question's for NACHC. Can you say more about the Hazard Mitigation Grant?

Ron Yee, MD, MBA, FAAFP:

Yes. This is Ron. I was just searching around for possibilities. I apologize, I don't have all the details on that grant. I was looking for anything and everything I could find to help health centers through this, so I included the small business loans and all the things that Congress are working on. That popped up, so I'm going to need to investigate that. I apologize. I don't have the details for it right now. We will put that on our FAQ.

Ellen Robinson, MHS, PMP, NACHC:

Okay, great. Thanks. I'm sure people want to know the answer to that. There was another question of just being able to go over the second funding requests that Tom had mentioned. Could you please restate all the items that are part of that funding request?

Tom Van Coverden, NACHC President and CEO:

Yep. We start with the first one is with current funding. Now, obviously, the risk restoration of the cliff is part one, and then with additional emergency funding, which is for \$3 billion in terms of dealing with the COVID thing that we're dealing with now. That would all be in part number one coupled with some additional workforce dollars, coupled within a five-year look ahead strategy of several parts, one being to serve increased patients, 10 million people, \$4.1 billion over five years, and secondarily with regard to workforce programs.

Tom Van Coverden, NACHC President and CEO:

Again, I mentioned beyond the National Health Service Corps loan repayment program, Teaching Health Centers additional and expanded substance abuse providers and with nurses and Nurse Corps, and that would be a \$5.75 billion over the next five years, again, allowing flexibility, assuming it was in the mandatory funding that would allow some flexibilities for the agencies to make adjustments in all of these categories. Community health center infusion capital funding, which I said beyond bricks and

mortar, the IT systems, building systems of care. We mentioned the telehealth connections, upgrade of equipment, IT, etc., \$7.5 billion over five years on infrastructure. Number four, again, the last one would be an annual fund of a billion which would prepare for both emergency threats in areas that needed additional boosting with flexibility again for HRSA to act on building what it is we need for whatever kind of emergency going forward and to connect the centers so that they have not only the supplies, medications and other kinds of things. Again, Puerto Rico would have been a perfect example yet again this year following last year, if you just take a look at one area.

Tom Van Coverden, NACHC President and CEO:

Those would be it. Anybody needing a copy of that paper, again, you should have it in a letter that was sent to Congress, but we'll be happy to get a copy, Ron, to anybody who wishes it.

Ron Yee, MD, MBA, FAAFP:

Thank you very much. I just looked at the Hazard Mitigation Grant Program. It's on the FEMA website. They have different categories where you can apply as individuals if you work for state and local governments and then also it looks like federally recognized tribes. Just go to the FEMA website, and you can find that under the Hazard Mitigation Grant Program.

Ron Yee, MD, MBA, FAAFP:

Again, thank you everyone for joining us, and I especially want to thank our speakers, Dr. Koonin from the CDC and her team, Jim Macrae from the Bureau, and Tom Van Coverden, our president and CEO. Thank you all for joining us.

Ron Yee, MD, MBA, FAAFP:

Again, I just want to underscore this is a really critical time. These next two weeks, please hang in there, do what you have to do to stay on the front lines. Things are going to change. There's a lot of resources planned to come to us. People are acting, including the private/public sector joining together. People are aware of this, and we are getting calls to help donate and support the work. Please stick in there. As Dr. Koonin said, we're in that 15-day slow the spread period, and so if you can get through this, I think we can really get this under control. Please hang in there.

Ron Yee, MD, MBA, FAAFP:

Stay tuned. We are planning another call next week, same time, Thursday at 1:00 PM Eastern time. Again, this will be recorded, and we have the transcript. We'll have it up on our website. If you have specific questions, again, go to the NACHC website and click on the Coronavirus link. We will have the transcript and recording and then the FAQs. Also, please go to the CDC and to the Bureau of Primary Healthcare FAQs. We're trying to help those to be linked together so we're not repetitive or duplicative. Please go there to find out information.

Ron Yee, MD, MBA, FAAFP:

Again, please stay healthy, get sleep, like Jim Macrae said. Take care of yourselves and stay in the fight. If we stay together, we'll flatten that curve. We're all in this together, so please take care and stay well. We'll talk to you next week. Thank you.