

**Leading in the Crisis: Flattening the COVID-19 Curve:  
Health Equity and Economic Supply Chain Survival Strategies**

Thursday, April 23, 2020  
1-2PM ET

**Speakers:**

- Kemi Alli, MD, CEO, Henry J. Austin Health Center
- Jason Greer, CEO CO Community Managed Care Network
- 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
- Tom Van Coverden, President and CEO, National Association of Community Health Centers
- Gary M. Wiltz, MD, CEO, Teche Action Clinic
- Ron Yee, MD, MBA, FAAFP, Chief Medical Officer, National Association of Community Health Centers

**Ron Yee, MD, MBA, FAAFP:**

Thank you for joining us for our national COVID-19 call today. I'm Dr. Ron Yee, Chief Medical Officer for the National Association of Community Health Centers. Our national partner updates continue as we align efforts with the CDC, HRSA, the Bureau of Primary Health Care, NACHC and health centers across our nation in our COVID-19 response. We're here to support the health center movement seeking to be responsive to the needs we're hearing from the health center field week by week. Today we will address Health Equity and Economic Supply Chain Survival Strategies. We'll hear from the Chair of our Health Center Controlled Network Task Force and from two health center CEOs who are addressing this issue. We will provide updates from our national Federal partners and learn local solutions from our health center family. A few housekeeping items to start with. This is a voice only call, so there are no content slides for the speakers.

**Ron Yee, MD, MBA, FAAFP:**

The recording and transcript will be posted on the NACHC website. For those joining via the internet, you will see rotating slides and these are also found under the Resource Button at the bottom. As you look at the slides, you'll notice some early assessment figures from our health centers. Overall due to COVID-19 health center visits are down by nearly 50%. 14% of health center staff are unable to work. 2,100 health center sites are temporarily closed. 82% report the ability to do testing, but we're not sure how many have the appropriate test kits, PPE, or other necessary supplies, and 44% have walk-up or drive-up testing with 56,000 tests being conducted at health centers with 9,300 patients testing positive and 1,381 health center staff testing positive. We also have slides describing health disparities, specifically regarding African American and Hispanic people we serve at health centers.

**Ron Yee, MD, MBA, FAAFP:**

The other rotating slides will highlight what NACHC is working on over the next seven days and resources to help you with issues regarding telehealth and a link to register for our webinar that spotlights the Payroll Protection Program (the PPP) that will be offered tomorrow, Friday, April 24th from 11:00 AM to 12 noon Eastern time. This webinar will include the latest developments and tips for strengthening health center participation in the Payroll Protection Program. The registration link is on



the rotating slides and also can be found in the NACHC website under the COVID-19 in red at the top of the page and click on the webinars link to register. Slides will also give you instructions on how to ask questions, so please click on the questions tab, note to whom you'd like the question directed, and then type in your inquiry. If you want to chat with other participants or communicate with NACHC staff during the call, please use the chat function, and if you're having technical difficulties, click on the Request Support button at the bottom of the left of the screen.

**Ron Yee, MD, MBA, FAAFP:**

Technical support staff will quickly get back to you. We'll group the questions around similar topics or themes to make our Q and A time more efficient and questions we can't get to will be added to our COVID-19 FAQ's posted on the NACHC website. Our order for today in speakers will start with Dr. Lisa Koonin, Senior Advisor for the CDC COVID-19 Response Team, Centers for Disease Control and Prevention. Tom Van Coverden, NACHC President and CEO will follow, and next we'll have Jim Macrae, Associate Administrator Bureau of Primary Health Care, HRSA.

**Ron Yee, MD, MBA, FAAFP:**

Following our federal partner updates, we'll hear from Jason Greer, CEO of the Colorado Community Managed Care Network who also serves as the Chair of the Health Center Controlled Network, or HCCN, Task Force and we'll hear from two health centers, Dr. Kemi Alli, physician and CEO of the Henry J. Austin Community Health Center in Trenton, New Jersey and Dr. Gary Wiltz, physician and CEO from Teche Action Clinic, Franklin, Louisiana. These are two health centers that have endured the peak of COVID-19 cases in their New Jersey and Louisiana community. Dr Lisa Koonin from the CDC will begin our federal update. Dr. Koonin.

**Lisa M. Koonin, DrPH, MN, MPH:**

Thank you, Dr. Yee, and thanks everyone for joining today. It's a real pleasure joining you again for this webinar. I'm so grateful for the work that you're doing on the front lines. Thank you so much. Let me start by just giving you a little bit of an update on three new guidance documents that might be of interest. Two of them relate to the topic of homelessness, which was covered in this meeting two weeks ago and as of yesterday, two MMWRs were released. The first one is the COVID-19 outbreak among three affiliated homeless service sites in King County, Washington, and the second one is the assessment of SARS COVID prevalence in four homeless shelters in four US cities. So, I put your attention on those. They have an analysis of COVID-19 and homeless shelters and some best practices.

**Lisa M. Koonin, DrPH, MN, MPH:**

Also, we have refreshed our strategies to optimize the supply of PPE and equipment on our website and I would point your attention to that document which was put up yesterday. Finally, CDC produced a Coronavirus self-checker health bot, which we launched on March 19th. This was a collaboration between CDC and Microsoft and the purpose of this bot is to reduce the unnecessary burden on healthcare systems by making sure that people who are symptomatic or concerned know when and where to seek care based on their symptoms. So as of today, 19 million visits have been made to this bot. The system triages sick individuals based on the severity and the types of symptoms that they enter into the health bot and individuals are instructed after they answer a series of questions about exposure history, symptoms, and underlying health conditions to receive the appropriate disposition. So, we are continually using this bot to refine the components of it as the response evolves and as guidance is updated on the CDC website.



**Lisa M. Koonin, DrPH, MN, MPH:**

This bot is available in five languages including English, Spanish, simplified Chinese, Korean and Vietnamese. If your center is interested in using this bot with patients, there is a widget that is available to embed on your website. And there's also, if you want to create your own bot, an algorithm and supporting documents are posted to our open source CDC GitHub. I've asked the NACHC organizers of the meeting to make these links available to you and I'll be happy to answer questions at the end of the session. Ron, turning back over to you.

**Ron Yee, MD, MBA, FAFAP:**

Thank you, Dr. Koonin, appreciate your input and update. Next we'll move to Tom Van Coverden, President and CEO of NACHC. Tom?

**Tom Van Coverden:** Greetings to everybody on the call and I'm sure it's just been one of those mornings. Again, we've been with members of the Congress back and forth, so but just to fill in, I think the bottom line and Jim we'll get into it, is there's the specified for community health centers, the \$600 million in additional funding that's provided in that fund. I think there are other portions which again some of our centers may be able to qualify for and we're doing the evaluation now and a legal team will get reviews out on that. Ron, I consider that and I think we all do to be a very low figure and it's aimed toward testing so it's still leaves open the question, well where is any of the other funding? While there was money for hospitals, as there should have been, but for health centers in terms of all the deficits they had to run in and carry down into with staffing and other things.

**Tom Van Coverden:**

So, letting people go or furloughing says was there any a real capability outside of the PPP, which did work for a number of people but not for everybody available to do that. So, I think while there may be some money in here to do that, again, we're having our legal people and others check it out and maybe Jim can refer to it in his speech. I think the amount of funding for now as we get into the testing phase, the \$600 million while is appreciated, is nowhere near what we anticipate is needed to do this job. It's what we have for the moment. And I think our goal then at this time is so where do we stand going forward? And I think it's why our request for the Congress, which will be considered in the stimulus package number four. The house will be voting this afternoon on package 3.5 that has the \$600 million, three and a half, that will have the funding for \$600 million.

**Tom Van Coverden:**

I think Jim won't discuss how that's going to be dispersed, but again, the case I've made to people we've been talking to is that it's nowhere near the amount that will be needed for health centers to cover the cost of personnel, testing, equipment, reopening sites and expanding. And so, it begs the question and again I know Jim may be addressing some of this as we go now to make the case for the funding for the community health centers, among with others and there are many, many, many, many people are requesting money. The point being we're going to have to make sure that our voice is heard and continue to be heard to during the next three weeks. That package, package four, is expected to be finalized sometime around the end of May. It was going to move much more quickly than that.

**Tom Van Coverden:**

The Senate made it clear and with Senator McConnell that they're going to put the brakes on any more spending until they have a chance to evaluate it. The house package calls for certainly more accountability on where was the money spent, how was it being spent in the first two, three, now three and three and a half packages, so they want accountability. Again, expressing their concern that not enough of it has made its way down to the smaller guys, whether it's vendors and businesses and people or healthcare providers other than the major hospitals. Again, they're focusing on the rural hospitals in this current 3.5 package and rural health clinics and also the title five programs. So again, back to the fourth piece which is being put together then as we speak, you have copies, you've all had a copy. We hope that there is sufficient funding in there.

**Tom Van Coverden:**

I know some people raised the question, "Well, that's too high. We don't want to ask for that." Trust me, my friends. It's not too high. The \$77 billion package - the first piece as you know is to provide the current for five year funding to provide some stability. Again, many health centers are having a problem trying to get loans or additional money. Again, with so much readying as a result of the virus. So, the first part is the base funding for the health centers. Current funding, the four billion at a 10% per year increase. Plus \$4.1 billion to serve an additional 10 million patients. There's an additional eight billion, \$7.6 billion, again for shortfalls just for health centers targeted. That was not addressed in either of the first two pieces of legislation. That is a deficit again that health centers need to be reimbursed for.

**Tom Van Coverden:**

The third piece is the \$7.8 billion for the workforce, which virtually nobody seems to be paying attention for despite again the department's own projections of a shortage of a million nurses and the physicians about 164,000 by 2025. All that was before this situation happened, so you can imagine that number has only grown. We do have a specific proposal in there which is especially important again to those states that were concerned. They got a very low HPSA scores that this was intended to fall on the National Health Service Corps, the loan repayment program, to assure that they would continue to be eligible along with others who needed physicians to have and nurses the capacity to get there. And then lastly, an infrastructure investment including the \$20 billion which is intended to help health centers expanded their services into the telehealth, into the virtual health, into the drive through kind of mechanisms and into getting back into the schools and other areas where we are going to be called to do a very significant job on the testing piece of this.

**Tom Van Coverden:**

If any of you stay tuned into the news, you've seen is it two million tests a month? Three million tests? How many are we going to be doing and how many should we be doing? And again, health centers especially for underserved communities for many of the minority communities, President Trump again mentioned the program twice last night, as have a number of other healthcare professionals. Unfortunately, the dollars haven't been there in the earlier packages. It will be in the fourth if we put forward a strong voice in advocacy and toward that end, again, Jim, I think it means for us working closely with the Bureau in terms of what are the expectations, how many people do we plan to test, not only among our current 30 million patient load, but in addition to that? How much are we capable of stepping up to bat and how much funding will be required to do that as we continue to try and do that and build on the proposal that we've put forward?

**Tom Van Coverden:**

So those are the discussions we've had with the Secretary and with the White House as well as key congressional leaders, but they've made it very clear with so many things going on now, all of which are demanding money, state and local governments for example, even agencies like the Centers for Disease Control, with so many people needing the additional funding, the employers, let alone the people who have been out of work, there's a tremendous demand that we're going to have to be clear and have a lot of noise and volume as well as working with you and working with HRSA to make the case why is the funding needed not only to stay stable, but also to meet the growing expectation with regards to the COVID-19 exercise, what we're going to be doing going forward. So, what is it in how can we provide the help that the Congress and the agency and we as a nation need? Community health centers will be playing a vital role. Ron, that ends it for me.

**Ron Yee, MD, MBA, FFAFP:**

Great. Thank you, Tom. And I want to say thank you to you and the policy team and Steve Carey for representing the health centers on the Hill before Congress. So, thank you so much. We'll move next to Jim Macrae, our Associate Administrator for the HRSA and the Bureau of Primary Health Care, Jim.

**Jim Macrae, MA, MPP:**

Great. Thank you, Ron. And good afternoon. And of course, good morning to those in the Midwest and on the West Coast. I have a number of things I just want to give updates on. First and foremost, our new testing data hopefully will be up by this afternoon. We're very excited about that. We had a robust response, not quite as good as last week, but we had over a thousand health centers that reported what was going on with respect to COVID-19 in their particular community health centers. We had about a 74% response rate.

**Jim Macrae, MA, MPP:**

Just a couple of quick highlights because Ron touched upon what last week data looked like. But based on this survey data, we're up to about 85% of our health centers that now have testing capacity. Another 48% actually have drive-up or walk-up testing and I've seen that in a number of write ups that health centers had been providing into us about building up that capacity. So that definitely is increasing.

**Jim Macrae, MA, MPP:**

The number of patients tested, and again this is on a lesser number of health centers, but health centers reported testing about 58,000 patients and about 8,900 came back with positive COVID-19 tests. In terms of their weekly visits compared to pre-COVID, we're at about 51%, so a little bit better than last week. In terms of number of sites closed, it's about 1,900. In terms of staff not being able to work, it's very similar to last week at about 14%. And the number of visits, again, it's fairly consistent. About 53% of the patient visits are being done virtually at this point.

**Jim Macrae, MA, MPP:**

We did see some good movement in terms of adequate supply of PPE. It definitely seems like we're moving in the right direction. We're up to almost over 88% for N95 masks, about 86% for gowns, and about 95% for gloves. So that's positive. We've also, of course still heard that there still remains a number of concern with respect about PPE, as well as having an adequate supply of swabs, and so we definitely are hearing that.

**Jim Macrae, MA, MPP:**

The one thing I wanted to highlight with the testing for this coming week, based on your feedback, we are adding two new elements to this week's survey that comes out on Friday. We are going to ask folks to give us information about the race and ethnicity of the people who are being tested, as well as the positive results that are coming out. This has been a huge focus of interest, as well as I think a critical area for health centers to focus on. We want to better capture really how COVID-19 is impacting on minority populations and really populations across all of our community health centers.

**Jim Macrae, MA, MPP:**

The other issue which we've heard a lot of feedback on and we know that is one of the constraining variables for doing testing is lab turnaround time. So, we're going to ask that on average, what is your lab turnaround time? Are you able to get lab results within an hour, within 12 hours, within a day? Or is it more than that? Again, we've heard a lot of anecdotal information from you all about that, but we really want to quantify both these aspects. So that will be new in our survey.

**Jim Macrae, MA, MPP:**

The second thing I just wanted to highlight is that last night or yesterday, they did announce that they are going to be rolling out a new COVID uninsured claim program. This is to cover both testing and treatment for people who are uninsured. It is available on [coviduninsuredclaims.hrsa.gov](https://coviduninsuredclaims.hrsa.gov). It provides basic information about how the program will work. You can begin to register for that program, sign up for it on April 27th, and then claims can begin to come in on May 6th. And claims can go all the way back to February 4th. I just wanted to make sure that folks are aware of that. We of course will add information in our bulletin and then I know the staff at NACHC will also get that information out.

**Jim Macrae, MA, MPP:**

I also just wanted to highlight that our colleagues at CMS just came out with their guidance related to FQHC reimbursement for distant site telehealth visits. Medicare came out with a new guidance on the payment methodology for telehealth services furnished by FQHCs at distant sites during the emergency period. In terms of the Cares Act, it did require CMS to develop payment rates that are similar to the national average payment rates for telehealth services under the Physician Fee Schedule. CMS has set this rate at \$92 which is the average of all PE ... How do I say that right? Physician Fee Schedule Telehealth Services on the telehealth list weighted by volume for services reported under that fee schedule.

**Jim Macrae, MA, MPP:**

So that's really critical information. We have information about that up on our website. We're going to have a frequently asked question up very soon, but I know for many of you, having the ability now under the Medicare program to do telehealth and to get reimbursed at a higher level it's going to be critically important in terms of all of your work. We'll provide more information on that on our website and also refer you of course to the CMS website.

**Jim Macrae, MA, MPP:**

And then finally, as Tom mentioned, we do anticipate in the supplement coming up that there will be additional money available for health centers related to testing. So, as part of the package, there's a total of \$25 billion that is available to expand efforts around testing across the country. \$600 million of that is right now targeted for health centers. And I will say this a couple of times because I know folks



have been asking about it and also for FQHC Look-alikes. There will be resources available to health centers and FQHC Look-alikes, a total of \$600 million.

**Jim Macrae, MA, MPP:**

Now as Tom mentioned, this is limited to just testing and it's to expand the capacity of health centers to be able to do more testing in their communities for their populations, and as we anticipate, having additional supplies and equipment being out to really ramp up that capacity to be able to do more. It does not, as we currently read it and how it's been written, go beyond that to address some of the other concerns that Tom mentioned that were addressed in the supplemental three activities specifically for health centers, that \$1.32 billion. But this app does provide an additional \$75 billion for the provider relief fund. So that will add to the current \$100 billion that was previously awarded.

**Jim Macrae, MA, MPP:**

In addition, the Secretary did make some announcements about how those resources will go out. I know that was one of the questions that was raised, is what is the portion that's going to health centers? So, I think you saw that there was a general distribution that was provided in that relief fund and then there were different targeted allocations, targeted hotspots, rural health clinics, hospitals, as well as others.

**Jim Macrae, MA, MPP:**

We have heard the concern from many of you about not a specific identification for health centers. We have shared that concern with other folks at the highest levels. We are doing right now a review of how much resource the call centers will receive according to the current formulas and expectations, and we'll be able to provide that information to you hopefully soon shortly. But we do know that a number of health centers already with the first \$30 billion have received resources, and we anticipate that health centers will receive additional resources through the allocations that are outlined in that release page that's available on the HHS website.

**Jim Macrae, MA, MPP:**

So that's it for me, Ron. I know you wanted me to go quick. Hopefully I did that and answered the question that was raised.

**Ron Yee, MD, MBA, FAAFP:**

Yes. Thank you, Jim for taking time to speak with us. I know you have another conflicting meeting so you won't be able to make the Q&A time but thank you for coming to present those updates.

**Jim Macrae, MA, MPP:**

If I can just thank again all the health centers, everybody, all the work that you're doing. Thank you. Thank you. Thank you. We can never forget that. Thank you. Thank you. Thank you.

**Ron Yee, MD, MBA, FAAFP:**

Thank you, Jim, for you and your staff, what you do for us. So, we want to move on. Our objective on these calls is to provide practical input from and for the health center field, so to help each other deal with our pandemic response.



**Ron Yee, MD, MBA, FAFAP:**

First, we'll start with Jason Greer. He's the CEO of the Colorado Community Managed Care Network and also the Chair of the NACHC, HCCN Task Force to tell us about the role of health center networks in this public health crisis. I think the PCAs and networks are critical in this. So, Jason, I want to give you some time to share some comments and thoughts.

**Jason Greer:**

Hey Ron. Thanks a lot. So, hi everybody. Good afternoon and good morning. The HCCNs over the last few months have really come together a lot closer than before to try to figure out what's the best way to collaborate and support the health centers. We typically meet in person a few times a year, but lately we've been meeting every two weeks as a task force. So, several, maybe about a hundred folks or so will get on a call and really just talk through kind of what's going on in the trenches every day.

**Jason Greer:**

We've had a few other interesting meetings with the Bureau, set up a regular call at the ONC. We had a call just yesterday with Dr. Rucker. He's the national coordinator for Health Information Technology and his team. The HCCN group discussed the ONC Cures Act and all the available health IT resources related to COVID-19. And we also had a chance to share some of the important work the HCCNs are doing nationally, and I'll highlight a few of those themes here, but we'll touch on really quickly. So please feel free to reach out to me or the NACHC staff if we can help direct you to any of the networks for more information.

**Jason Greer:**

Several of the themes are going to be around PPE. A lot of the networks are really trying to make sure that we can distribute PPE equipment as much as possible. I hear Louise McCarthy from the Los Angeles HCCN talk about physically driving around Los Angeles and making sure that her health centers are as supported as possible with PPE.

**Jason Greer:**

Telehealth is a big theme for the networks as you can imagine. As you know, most health centers have had a crash course in moving to telehealth technology. And so, the HCCNs have also had a crash course in learning how to support them in that transition. And so along with the PCAs, we're really trying to make sure that the health centers are fully leveraging telehealth in every aspect because I think as you know, a lot of their revenue depends on that at this point.

**Jason Greer:**

Data is a big discussion for us. And so, telling the story of the health centers and telling the story of the population is important, and as most of you probably know, the HCCNs are actively designing a national data strategy that can help tell these kinds of stories in a much more coordinated and efficient way.

**Jason Greer:**

In my opinion, the current crisis has really amplified the need for us to come together to tell the story and do it quickly, but also do it in a way that protects the privacy of people that we support, and then more accurately represents the heroic work that's happening inside the health centers every day.

**Jason Greer:**

The kinds of analytics that the HCCNs are working on right now is, as you can imagine, monitoring shifts and revenue, so understanding kind of what is happening from a revenue perspective, monitoring trends and visit counts for face-to-face visits, for video visits, and telephonic visits.

**Jason Greer:**

The Colorado Medicaid office actually is even asking us to do an analysis on the impact of kind of face-to-face visits before and then telephonic and remote visits now, to try to decide if they want to continue to fund a certain level of telephonic visits. And we of course would support that.

**Jason Greer:**

We're looking at payer mix changes. Medicaid enrollment, it has an increase. Rates of uninsured are having an increase. And so, we're definitely kind of deep diving into the payer mix changes that are happening. And then of course rates of COVID testing and the results of those tests are super important for the health centers to understand.

**Jason Greer:**

In Colorado, we want to try to tell the story about the actual rates of infection that are occurring compared to the reported rate of infection because the shortage of tests that are available. We wanted to create a way to create a proxy. It'd really kind of tell the story of what's happening across the population for Colorado, which is a full population, is about 1.4 million people that the FQHC support.

**Jason Greer:**

We created a system that kind of starts with monitoring the data from the health information exchanges, right? They typically have information that will pull in data from the hospitals about admits and discharges and activity within the hospitals. So we started watching for any FQHC patient across Colorado that showed up in a hospital or an emergency room, and out of those patients we started watching for documented evidence of COVID symptoms or references to COVID-19 or coronavirus, just even in the clinical documentation, which would start to paint the picture for why would ... If patients would go the trouble of actually getting themselves to the emergency department or to the hospital, then something is going on. So, can we start to paint the picture of what's happening even outside of testing and test results being available?

**Jason Greer:**

We started looking if they were admitted into the hospital, if they got discharged from the emergency room. And then from there we tried to use that as a funnel to create a visit for the health centers. And so, we could say, "Hey, this person just showed up at the hospital and these things happened. Here's an alert. So, if you want to give him a call, that might help, help support your telehealth program."

**Jason Greer:**

The next evolution of that. There was interest in understanding the health and kind of social characteristics of the people that are being discharged, the folks who are being admitted, as well as the ones that were recovering and the ones that had died. So, we were able to use the FQHC's clinical EHR data, as well as the social data that they'd been collecting through the PRAPARE tool over the last couple of years. And really combine that with the hospital data that we've got from the health information



exchanges to really start telling the story about just the experience of the population and what was going on.

**Jason Greer:**

We combine the symptoms and codes documented at the hospital and then when we started pulling in testing volumes and then test results are coming in now, and then now, the lab then let us know about kind of self tests that are available. We really hope to start getting the universe of self-tests and the results of those self-tests, whether they were positive or negative because that would actually help tell a lot more of the story too.

**Jason Greer:**

So on top of that, that's kind of the current state for where we are now and kind of paints the picture I would hope for what's possible with the data strategy, and then at this point the next evolution of it is we're starting discussions about trying to tell the story about disparities and potential discrimination occurring within testing and treatment across the population too. That's pretty new and we're still trying to discover the different ways that can occur.

**Jason Greer:**

At this point, the FQs in Colorado have agreed to make this system available to state public health. And we'll be giving them access here in a couple of days, which is great. And the more that we can get kind of a larger spread of information to flow, kind of the better and the more likely we have for sustainability for the system. And so maybe in closing, those are the innovations happening throughout the HCCNs and we'd be proud to provide more information at any point if folks are interested. Please just let me know and Ron I'll turn it back over to you. Thanks very much.

**Ron Yee, MD, MBA, FAAFP:**

Thank you, Jason. I think it just underscores the critical place, our PCA's and HCCN's have for the health center world to really tell the story and I think you guys are crunching the data and giving us the things to take to Congress to tell our stories. So, thank you so much. Next we'll hear from two health center CEO's who've been through the heat of the COVID-19 battle. We'll start with Kemi Alli, CEO who will be joined by her Chief Medical Officer, Dr. Rachel Evans from the Henry J. Austin Community Health Center in Trenton, New Jersey. Thanks for joining us, Doctors Alli and Evans. I'll give it to you.

**Kemi Alli, MD:**

Yes. Hi. Good afternoon and good morning to those who are a different coast. When we looked at beginning this pandemic, the leadership team at Henry J. Austin met and very quickly we put our strategy together and in terms of the leadership strategy, it was number one priority is to move any and all services that we could to telehealth. And we thought this was important for several reasons. Number one, when you talk about the decreased productivity that was happening insidiously or organically with patients not coming in as they are supposed to do with social distancing. We thought moving to telehealth made a lot of sense. Also, it was a way to protect our staff. And so right now we have 180 employees and all except 10 that are rotating through one site are working remotely, working virtually. So that the 170 give or take employees that are working from their homes right now.

**Kemi Alli, MD:**

Moving to telehealth was strategic in terms of revenue generation, protecting the staff and protecting the patients as we all try to social distance in this environment. So that was a number one leadership strategy and priority for our organization. How quickly we can do this, how rapidly and how easily can we create a platform that works for both our patients and our providers and staff? And then the other two strategies, we're really looking at all the other resources that we have at our disposal in terms of revenue generation. So, we have our own retail pharmacy. So how do we maximize those pharmacy services? We have partnerships with some funders that we've built over the years.

**Kemi Alli, MD:**

How can we reach out to them now to request additional funds and many did give us funds without all of the regulations and grant proposals and things that were required and needed in the past if we had a relationship with a funder. So that was key and important. And then also looking at our partners in the community was our sort of third strategy on how can we leverage what we do, see patients acutely and let our other partners partner with them and give them guidance around whether that's creating overflow sites or doing testing within our community. So, that was a three pronged approach in terms of leadership strategy, converting to telehealth as quickly as possible and all the services that we possibly could, looking at all the revenue streams that are available to us as an organization and how can we maximize them in this time and then leveraging the community partnerships we had so that we could do what we do well and we can give them support and guidance in this time as they do what they do well.

**Kemi Alli, MD:**

One of the things that was really helpful in our telehealth marketing was working with both our city officials and County officials and they actually helped us market our telehealth services. And so we became part of the city and the County plan so that right now in order to get, for example, in order to get testing done, that's done within our city, we have rotating sites, they use our mobile health unit as sort of the base and foundation that goes across the city because it's recognized. And all the individuals that don't have a primary care provider, you need a physician order. So, it's been marketed across the County to call into Henry J. Austin because we have telehealth services. And so, we are able to produce those orders for the COVID testing through the city and through the County for those individuals that don't have a medical home.

**Kemi Alli, MD:**

So that partnership again has fed right into our telehealth program and by being able to quickly convert to telehealth. And so again, that's why my chief medical officer, Dr. Evans, is on the line. She did a remarkable job, her and the clinical team of converting all of our services to telehealth within four days. And so, with the addition of marketing from the city and the County and being this partnership with us, we're seeing right now overall our productivity is about 91% of pre-COVID and the departments that we've declined in, in particular is dental. We have moved to teledental and so that's 12% pre-COVID productivity numbers. But why we're at 91% is because family medicine, behavioral health and adult medicine have exceeded the productivity levels pre-COVID. So, we're at about 130% between family medicine, adult medicine and behavioral health.

**Kemi Alli, MD:**

Family medicine alone is about almost 200% productivity levels compared to pre-COVID. I think that strategy of moving all of our services to telehealth was critical for our survival. And in fact, the only

service that we are not providing through telehealth right now is podiatry. Every other service we had has a telehealth component. I think also in terms of financials, our financial strategy, as I mentioned, maximizing every other revenue stream that's not tied to productivity was really important to us. So again, going to our funders that we had relationships with and simply asking them to donate to us and many did. And then also looking at the programs that came through the CARES Act and in that realizing how competitive they are that we had given the mandate that we want to apply for all of those within 12 to 24 hours.

**Kemi Alli, MD:**

And I think that lends to the success of us receiving many of those applications. Whether it's the Payroll Protection Program as well as doing the tax deferral program. And then we just recently applied for the Federal Communications Committee dollars as well to support telehealth. And so, this strategy of telehealth is so important because not only does it support the financial strategy of the organization, it also supports the workforce. And so, through this we have been able to keep 90% of our individuals employed and the only staff we really had to furlough or temporarily lay off were the dental team. And so right now our structure is we have the clinical teams and one team rotates through one site. We had eight sites, we're down to one site that's physically open and we have one clinical team and one dental team that rotates through this one site.

**Kemi Alli, MD:**

And that's basically a dentist, a dental assistant, a nurse and a provider. That's it. Everybody else is working virtually is working remotely. And in that we've been able to keep everyone employed, which I think is so important during this time. And for the teams that we, the dental team in particular that we had to furlough, it was really important to make sure that they knew everything about unemployment, about the federal unemployment match, about the tax credits that individuals can get as well as making sure that they have insurance coverage. So, we are continuing to provide their insurance coverage because I just felt really strongly about that. But so that strategy of the telehealth being the heart of what we were doing really helped to align both provider employment strategies, workforce retention strategies, and really caring for our teams as well as that patient engagement. And we found overwhelmingly that our patients have taken to the telehealth services in a way that I don't think we anticipated. So again, as I said, our behavioral health team is more productive now in this telehealth world than they ever were in the physical world.

**Kemi Alli, MD:**

And then again, working with our partners to help engage our patients and market our telehealth not only to our partner communities, but to our patients all throughout the city and County has been extremely beneficial as well. So, I think those are the modalities that we used to engage our patients, stop the cashflow bleeding, and really have this strategy of financial health, provider health and staff wellbeing. And that's it for me, Ron.

**Ron Yee, MD, MBA, FAAFP:**

Wow. Thank you Dr. Alli, that's amazing. To switch over in four days is amazing. Thank you so much. And we'll move next to Dr. Gary Wiltz, CEO of Teche Action Clinics in Louisiana. Gary.

**Gary Wiltz, MD:**

Hi Ron and thank you for having me. I'm going to put my timer on to make sure I don't exceed things. I want to thank first of all NACHC, the Bureau and the CDC and all our federal partners for the outstanding job that they've done and the hard work that I know that they're continuously doing and also want to give a shout out to our primary care association, the LPCA and our CEO Geralda Davis. They've done an outstanding job of supporting all the CHCs. Just to give some context, we are the oldest community health center in the state of Louisiana and we have 16 sites, 250 plus employees, serving about 30,000 patients spread out through six parishes, or counties, as the rest of America calls them.

**Gary Wiltz, MD:**

And right off the bat when the crisis started, the governor took control, John Bel Edwards and mandated that all the schools would close and that was on Friday the 13th, March the 13th. So, we had 16 sites, six of which are school based health centers, so we had 72 hours to power them down. And that was quite a challenge just to give folks some sense of where we are in Louisiana, New Orleans is the epicenter and if you look going West is where our clinics start. And the wave that spread out of New Orleans affected our sites that were closest to New Orleans. In particular St. John the Baptist Parish which has gotten a lot of press. There were several stories in the Washington Post and CNN and I think the New York Times on the per capita death rate in that community, of which we have two sites, was the highest in the nation, particularly for African American and people of color.

**Gary Wiltz, MD:**

So, that has been a challenge. And more recently this week, the governor appointed a task force to deal with that health inequity. Unfortunately, Louisiana historically has ranked 48, 49, 50th and over the last 25 years by the United Healthcare Foundation as far as an unhealthy state. And unfortunately, I do think that this pandemic has just revealed what we knew before is that we don't have a very healthy population and it's almost Darwinian in the sense of survival of the fittest. Those people that were highest risk are the ones that we're seeing the increased mortality. So, what we did was I declared a war room mentality and we set up the command center that evening and anticipating what we were going to do. The first thing we did was to commandeer all of our... And do a detailed inventory resource and brought in centralized everything back to the home site in Franklin and in our warehouse and commandeered everything and accounted for everything that we had.

**Gary Wiltz, MD:**

We were blessed that we had a lot of PPE equipment because we in a ready state every year dealing with hurricanes and disasters that we had hazmat suits and PPE equipment from the Ebola outbreak and we had things in stock as well as testing equipment. So when the school based clinics closed, we took all that inventory and brought it home and then reallocated it based on need and volume so that then we implemented all the policies and procedures that we already had in place, got the board involved right off the bat to make sure that they were aware of everything that we were doing and then just as been said by the previous speaker, we had always intended to do telehealth but not... this crisis precipitated that because we did see in that first week about a 50% drop off and we were able to quickly implement, as our EHR provided free apps.

**Gary Wiltz, MD:**

We were able to get the tablets that we needed and all the equipment that we needed and put together the telehealth program quickly. We did have to shut down dental, like with said before the state board

shut it down, so just like the numbers are bearing out, our telehealth, particularly with mental and behavioral health visits, shot through the roof, the patients have embraced the concept. We too have had a lot of media support and a lot of support from the local elected and state officials. Worked very carefully with the office of public health. We have daily conference calls with them. I had daily conference calls with our provider staff and we reassigned folk. We unfortunately had to lay off 50 people in that first week.

**Gary Wiltz, MD:**

Some of them had preexisting conditions that put them at risk. We did take and outfitted and tested all of our healthcare providers starting with the ones that were in the hotspots to get a baseline on them as well as the nurses. We assigned and put together the procedures and policies. We didn't have drive-thru testing all over, but we had drive up testing and protocols where we insured every visitor employee before they entered the building had temperature checks and questionnaires that were given.

**Gary Wiltz, MD:**

We did social distancing with the patients, put up protective shields. We did all the things that can mitigate what we felt was necessary. We processed all the information that the CDC was giving out and not only CDC, but the DHH and all the different sources that we were inundated with incoming. Our senior management teams have done outstanding job. We processed all the information and then put it in the concise way so people wouldn't get overwhelmed on that. On the financial side, because we've been through this rodeo so many times dealing with disasters and hurricanes, we've been blessed that over the years we have been able to build up actually three months of reserve financing and then we also established lines of credit historically that we have ready access to that can give us an additional three months. So, we wanted to make sure that we weren't in an acute situation and had those reserves in place.

**Gary Wiltz, MD:**

But just like everyone else we did obviously take advantage of and apply for the opportunities that presented themselves to sustain ourselves long-term. Ironically, we had just put on a seminar, if you will, for all the providers, staff and operations. At the end of each year, we do as we're preparing for our UDS reports. We do a reevaluation and general "Recommitment" I call it for the coming year. So, we had no idea in January when we did this exercise and I was joking saying, "Well the year's 2020, so we'll have clear vision and mission will be in focus." And then we got blindsided.

**Gary Wiltz, MD:**

But we had seminars called Scheduling for Success where we had strategies of maximizing our patient panels and engaging our patients on all of the opportunities that we were not fully taken advantage of including telehealth, the chronic care management model and implementing the social determinants and all the things that we had on the board. So, we kind of went through the exercise and when this struck, we updated it and tweaked it and called it a scheduling for success 2.0. And by doing that we had a plan in place and that has served us well because we've been able to implement and everything that the previous speaker said we've been able to do that, also.

**Gary Wiltz, MD:**

We haven't quite gotten up to the pre-COVID levels as far as visits, but we are slowly getting there and we've tripled our telehealth visits, except for podiatry. As she said earlier, we've been able to do it in all

our venues. We too, have three retail pharmacies and we went to free delivery of a pharmacy services. That has been well received and helped a lot. So overall, we've felt good about the response that we stayed on top of it, it's a fluid situation. The biggest challenge we're having right now and it's nationwide and you've seen it play out, has been in the nursing home. Our local nursing home has had a spike in infection rate and deaths. We've been working with the coroner and the medical community, the local hospitals and we actually on top of all of this crisis had an outbreak of active TB that the office of public health asked us to handle for them. And we did wind up screening about 120 folks in our mobile unit. To take that pressure off of them and this fluid situation, it seems that we're flattening the curve. Our governor has been very good and showed a lot of leadership in extending the stay at home order and most people are complying with it except for the one case I'm sure that you've seen with the minister in Baton Rouge. But that's an outlier.

**Gary Wiltz, MD:**

So, I think that overall we've been pleased with the way that we've been able to respond as best we can and keep things to some kind of baseline of normalcy. And we meet daily and then I have provider and staff meetings to give them information that we feel is relevant and important. And so that's the story. As I mentioned earlier, we are concerned, we really all concerned about the disparities and we knew it existed beforehand. The task force will be meeting tomorrow for the initial kickoff and just trying to get out correct factual information, particularly in the minority community. That's been lacking is our number one priority to get folks in. And as Tom said, if we had to describe the crisis now, it's three words, testing, testing, testing. We've got to be able to. We are doing limited testing with LabCorp. We have to have that to be able to do any sense of long-term planning of when are we going to reopen.

**Ron Yee, MD, MBA, FAAFP:**

Right. Good. Thank you so much Dr. Wiltz and wow the detail of how you guys were under that war room strategy. I really appreciate that. So, thank you so much. Ellen, I think we have a few minutes for some questions if you'd like to get those started and anything we can't get to, of course, we'll post on our FAQ, so go ahead Ellen.

**Ellen Robinson, MHS, PMP:**

Yep. And thank you again to everyone for posting questions. We've gone through them all there seems to be a lot for Dr. Alli and a lot regarding copays for telehealth under Medicaid. Are you waiving them or collecting them, Dr. Alli?

**Kemi Alli, MD:**

Yes, those are all waived. So, with the executive order that came out from our governor, all copays, deductibles are waived. It's part of the executive order, so we do not have to collect those. The question we did have was around sliding fee and so right now since we have not heard any guidance on waiving those or being allowed to waive those. We are just deferring those and so we're acknowledging with the patients that this is deferred and it's being put in their record that it's a deferment of the sliding fee.

**Gary Wiltz, MD:**

Yeah, we did the same thing. And also, with co-payments for pharmaceuticals.

**Kemi Alli, MD:**

Yeah. Yep.



**Ellen Robinson, MHS, PMP:**

Thank you. A couple of other questions are regarding how you marketed telehealth in both of your communities to inform patients that this was an option.

**Gary Wiltz, MD:**

We did radio, TV, local access channel, word of mouth, Facebook website, in all the venues that we had. It's funny, I mean Facebook, I must admit I'm not an active user but it's amazing how connected that whole process is. So, I had a learning curve. I don't know if the other centers, have had that same learning curve like we have or I have.

**Kemi Alli, MD:**

Yes. So, we did the same thing and in fact, we actually put paid ads on Facebook, Twitter, and LinkedIn. So, we did the paid ads, which was remarkable and you can see how many hits and likes you get. We did paid ads on Facebook, Twitter, LinkedIn, Instagram, and then again working with our city and county officials. As the other CEO mentioned, we meet twice a day. We meet once in the morning and once in the evening with city and county officials and our local hospitals. And through that network, and we have a network that's called a Community Advisory Board of all the nonprofits, hospitals, et cetera, within our community. We were able to market our telehealth through that. And then the forums that the city uses to market their public health messages. We were a part of that as well.

**Ellen Robinson, MHS, PMP:**

Thank you. I think we have time for one or two more questions. So, try to be brief. A couple people have wanted to know about telehealth with regard to HIV patients. If either of you have any best practices that have been used.

**Kemi Alli, MD:**

So, we do have HIV, we have a Ryan White program within our health center and I'll let Dr. Evans. I do know that entire department is doing everything via telehealth as well, particularly because those patients are so vulnerable. And I'll let them, Dr. Rachel Evans, our CMO who's done some amazing work as I mentioned, speak to that a little bit, Rachel. Are you on mute?

**Ron Yee, MD, MBA, FAAFP:**

Well Dr. Alli, we might let you take that.

**Kemi Alli, MD:**

So yeah, the team has been working diligently in terms of reaching out to patients. Like that's the number one thing I would say about telehealth is taking their entire panel and proactively reaching out to them. And Dr. Evans just said for some reason she can't unmute but proactively reaching out to them. And so, what they do is they have their panel, they have community health workers, we have patient navigators. Those individuals are also working remotely and so again, we are proactively reaching out to them.

**Gary Wiltz, MD:**

If I can say, that really has been one of the most effective ones that the providers have to take active involvement because they know their patients and by them reaching out that is increased the visit rates



in broken appointments, if you will, by having them actively engaged. And ironically, as I said before, we had gone through that process before this so we're already indoctrinated to start doing it.

**Ron Yee, MD, MBA, FAAFP:**

Great. Thank you so much and thank you Ellen for getting to some of the questions, the ones we couldn't get to, of course, we'll post on the NACHC FAQ website. So again, thank you Ellen and the team behind the scenes. I want to thank everyone for joining us today. Especially want to thank our federal partners, Dr. Koonin from the CDC, Jim Macrae from BPHC and our NACHC President and CEO, Tom Van Coverden. And special thank you for the great insights from the front lines. Jason Greer from the Colorado Community Managed Care Network, doctors Kemi Alli and Rachel Evans from Henry J. Austin Health Center, and Dr. Gary M. Wiltz, Franklin, Louisiana. We'll talk to you next week on Thursday, April 30th at one o'clock again. We want to do this the right way and give you what you need. So, we're talking about that right now, but we'll hear from our fellow partners again and from health center folks working on the front lines addressing these pressing issues to address COVID-19.

**Ron Yee, MD, MBA, FAAFP:**

Thank you all for joining us. Please stay safe and healthy. We're with you to stay the course together in our health center battle with COVID-19. Take care everyone. And thank you.