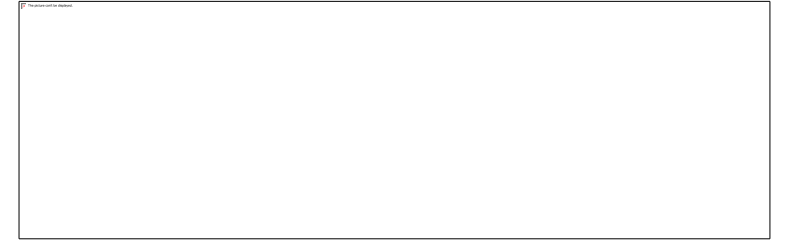


COVID-19 Response Considerations & Best Practices Discussion



Friday, March 13, 2020 9 AM



Facilitators

- Kelly C. Motadel, MD, MPH, Chief Medical Officer at Vista Community Clinic (Chair of the HCP Physician Council)
- Doug Flaker, HCP Director of Member Engagement
- DJ Phalen, HCP Director of Operations, Emergency Management, Emergency Preparedness and Response Program



Contact information

- DJ Phalen, MA, BSPH, CHPP, EMT, NHDP-BC | Director of Operations
Emergency Management, Security, and Facilities / Emergency
Preparedness and Response Program
- Health Center Partners - HCP
- cell: 619-569-3607 | dphalen@hcpsocal.org



Join the club

- <https://hcpsocal.org/covid19>
- Join us on SLACK and/or to be added to a forthcoming group distribution e-mail list (HCPCOVID19) which will be used SPECIFICALLY AND ONLY for COVID-19 communications:
- To be added to this group for all future emails, please e-mail me at: dphalen@hcpsocal.org
- OR, create a specific organization e-mail to add your IMT



Purpose

- Facilitate a discussion (Q&A) for fact finding, development of questions to bring forward, and production of FAQs and resources
- More about asking more questions than providing answers
 - Though we will share answers as a group
- Identify, understand, and integrate multiple stakeholder perspectives
- Identify gaps (and unknown gaps / not knowing what we don't know)



Perspectives (guidance and deconfliction)

- Medical Director
 - Current and best practices for screening, treatment, and delivery of care
- Member services
 - Current and best practices related to regulatory and compliance issues
- Emergency management
 - IMTs/IC/EOC, process and procedures (mitigation, response, and recovery), business continuity (BCP), surge and pandemic plans, looking down the road
- Everyone on the webinar!



Current situation (San Diego)

Patients Under Investigation (PUIs) in San Diego County 2019 Novel Coronavirus (COVID-19) <i>Updated March 12, 2020</i>			
	San Diego County¹	Federal Quarantine²	Non-San Diego County Residents³
Positive (confirmed cases)	0	2	0
Presumptive Positive	5	1	0
Pending Results	25	0	1
Negative	85	11	7
Total Tested	115	14	8
<p>¹This includes Customs and Border Protection (CBP) and Immigration Customs Enforcement (ICE) local detainees.</p> <p>²Individuals on repatriation flights (2/5/20 and 2/7/20) from Wuhan, China, or from the Grand Princess cruise ship, who were placed under federal quarantine at Marine Corps Air Station (MCAS) Miramar.</p> <p>³Non-residents include out-of-country visitors.</p>			



Current situation (San Diego)

****UPDATE****

[County Health Officer order on large gatherings.](#) (3/12/20)

The California Department of Public Health has issued guidance on large gatherings and social distancing. [Learn more about these recommendations for social distancing and postponing or canceling of large gatherings for the remainder of the month of March.](#) (3/12/20)



Current situation (Riverside)

Coronavirus Watch

Confirmed cases: 8 (Updated 3-12-20)

Travel Associated: 5 (Updated 3-12-20)

Locally Acquired: 3 (Updated 3-12-20)



Current situation (Imperial)

Patients Under Investigation (PUIs) in Imperial County
Pacientes bajo investigación (PUI) en el Condado de Imperial

2019 Novel Coronavirus (COVID-19)

Updated March 12, 2020 | 5:23 PM

	Imperial County
Positive (Confirmed Cases) <i>Positivos (Casos confirmados)</i>	0
Presumptive Positive <i>Presuntamente positivos</i>	2
Pending Results <i>Resultados pendientes</i>	4
Negative <i>Negativos</i>	5
Total	11



HCP Emergency Preparedness & Response Program

- HCP is facilitating the sharing of important information with health centers through electronic alerts (e-mail, Slack, new webpage).
- HCP is encouraging awareness and participation in pandemic planning and response activities through the Shared Learning Network (Peer Groups).
- HCP is learning what issues member health centers face and what assistance may be needed.
- HCP will continue to collect critical information during and after the current emergency situation for use in the future.



HCP Emergency Preparedness & Response Program

- HCP is collaborating with state and local emergency planners throughout the crisis.
- HCP is disseminating (and indexing) useful information from credible sources.
- CNECT (HCP's GPO) is working diligently to leverage our collective strength in marshalling supplies and improving supply chain efficiencies



HCP Emergency Preparedness & Response Program

- HCP emergency preparedness coordinators
 - Translation of documents
 - Resource and best practice sharing
 - County communications
 - [WebEOC, etc.](#)



HCP Emergency Preparedness & Response Program

- Representation at:
 - Coalitions
 - San Diego Healthcare Disaster Coalition (SDHDC)
 - Co-Chair and member of San Diego Healthcare Disaster Coalition Advisory Committee
 - Riverside County Emergency Management Healthcare Coalition (RCEMHCC)
 - Interagency Health Emergency Local Preparedness (IHELP) Healthcare Coalition
 - San Diego Medical Operations Center (MOC)
 - Clinics Coordinator
 - San Diego Health Services Capacity Task Force (HSCTF)
 - CPCA's Clinic Emergency Preparedness Peer Network (CEPPN)
 - Co-chair
 - In communications with
 - Counties, CDPH, CPCA, National Association of Community Health Centers (NACHC), HRSA, other Regional Clinic Associations (RACs) CCALAC, CHAIRS, the Inter Tribal Long Term Recovery Foundation, etc.
 - HCP's Government Affairs
 - FBI/InfraGard
 - National Healthcare Sector Chief and San Diego HC Sector Chief



Issues currently identified

- PPE shortages
 - Note guidance from CDC
- Testing capability and availability/shortages
- Legal advice on operations 'outside four walls'
- Use/representation on WebEOC (other platforms by county)
 - Primary comms platform (status, rss requests, situational awareness, common operating picture, etc.)
 - (4) organizations on currently



EM issues currently identified

- Diligent and thorough documentation
 - Ensures ability to produce individual and collective (HCP) after-action reports (AARs)
 - Actual activation to satisfy CMS
 - County has cancelled TTX
 - and exercise?



Issues TO BE identified (potentially coming soon)

- We are currently at A, B, & C....but what about X, Y, & Z?
- Business continuity planning
 - Staffing shortages
 - Illness, school closures, border closures?
 - Other resources and supply shortages
 - Cleaning products, hygiene products, soap, etc.
 - Surge
 - Long term and/or cascading supply chain disruption
 - Community concerns/fears? (PIO and consistent, unified messaging)
 - ???



Compliance Review

- A. Temporary Sites
- B. Requesting a Change in Scope to Add a Temporary Site
- C. Temporary Privileging of Clinical Providers
- D. FTCA Coverage When Responding to Emergency Events



Medical Director report



A.1 Temporary Sites

- From Feldesman Tucker Leifer Fiedel:
- As of this writing, HRSA has not issued any additional guidance regarding the extension of FTCA coverage outside the four walls. HRSA does not consider parking lots and drive throughs as part of the site where patients access care as evidenced by the various requirements around naming suite numbers in Form 5 B. However, we believe the public health benefits of screening people in their cars outweighs the risk that such services might not be covered and there are good arguments for coverage. For instance, under the “health fairs” exception, health centers are permitted to conduct screenings in their communities. That, in combination with the guidance from various jurisdictions like California advising health care providers to screen patients in their cars, should allow for coverage. In the meantime, until new guidance is issued by HRSA, consider including “health fairs” as an FQ activity on Form 5 C.



A.1 Temporary Sites

- HRSA recognizes that during an emergency, health centers are likely to participate in an organized State or local response and provide primary care services at temporary locations.
- Temporary locations could include, but are not limited to, any place that provides shelter to evacuees and victims of an emergency.
- It also may include those locations where mass immunizations or medical care is provided as part of a coordinated effort to provide temporary medical infrastructure where it is most needed.



A.2 Temporary Sites

- Establishing a temporary service site that is to be considered part of a health center's scope of work requires notification to HRSA and must meet specific criteria:
 1. Services provided by health center staff at such locations are on a temporary basis;
 2. Temporary sites are within the health center's service area or neighboring counties, parishes, or other political subdivisions adjacent to the health center's service area;
 3. Services provided by health center staff are within the approved scope of project; and
 4. All activities of health center staff are conducted on behalf of the health center.



B.1 Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events

- **Program Assistance Letter (PAL) 2014-05** provides information regarding the process for requesting a change in scope to add temporary locations in response to emergency events.
 - This PAL does not address a health center's scope of project for purposes of Medicaid/Medicare reimbursement during an emergency or eligibility for the 340B Drug Pricing Program during an emergency.
 - This PAL also does not address Federal Tort Claims Act (FTCA) coverage for FTCA deemed Health Center Program grantees during an emergency.



B.2 Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events

- In certain circumstances, health centers are permitted to request a change in scope of project to temporarily add a location in response to emergency events.
 - For the purposes of this PAL, an “emergency” or “disaster” is defined as an event affecting the overall target population and/or the community at large, which precipitates the declaration of a state of emergency at a local, State, regional, or national level by an authorized public official such as a governor, the Secretary of the U.S. Department of Health and Human Services, or the President of the United States.



B.3 Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events

- To ensure that the emergency response at temporary locations is considered part of the center's scope of project, the health center must notify HRSA as soon as practicable **but no later than 15 calendar days after initiating emergency response activities.**
 - HRSA will confirm receipt and make efforts to expedite requests.
 - If HRSA approves the request, the site will be added to the health center's scope of project through an internal HRSA process.



B.4 Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events

- **Approval of the temporary site will automatically expire 90 days after the site's approved effective date**, regardless of the issue date of formal documentation and the temporary site will be removed from the health center's scope of project.
- If a health center needs to continue operating at a temporary site beyond 90 days from the approved effective date, the health center must submit a formal change in scope request to add the site.



C.1 Temporary Privileging of Clinical Providers in Response to Emergency Situations

- **Program Assistance Letter (PAL) 2017-07** clarifies the credentialing and privileging documentation required to support temporary privileging of clinical providers by health centers in response to certain declared emergency.
- For all practitioners responding to declared public health emergencies at impacted FTCA deemed health centers, including volunteers, temporary privileges (also known as expedited credentialing and privileging) may be granted by the CEO or Executive Director of the impacted health center, upon expedited review and verification of the professional credentials, references, claims history, fitness, professional review organization findings, and license status of providers.



D.1 FTCA Coverage When Responding to Emergency Events

- **Federal Tort Claims Act Health Center Policy Manual, Section F: FTCA Coverage When Responding to Emergency Events.**
- FTCA coverage will apply at temporary locations that have been approved within the covered entity's scope of project if: a) Temporary locations are within the covered entity's service area or political subdivisions adjacent to the covered entity's service area; b) Services provided by covered individuals are within the covered entity's approved scope of project; and c) All activities of covered individuals are conducted on behalf of the covered entity.



Frequently Asked Questions



What are the expectations for a health center during a disease outbreak such as COVID-19?

- Health centers are expected to plan for the provision of ongoing, continuing preventive and primary care to their patients. By maintaining the ability to treat their patients, health centers can help alleviate some of the congestion of patients seeking treatment elsewhere, such as local hospital emergency departments.
- In many instances, health centers also coordinate with state and local health departments as part of emergency management planning, preparedness, mitigation, and response.



How can a health center prepare for a possible surge in patient load?

- Health centers are encouraged to coordinate with local and regional health care providers to identify and define appropriate roles and responsibilities in the event of an emergency.
- For health centers that have the ability to engage in surge capacity, the considerations include: expanded hours, temporary locations, utilization of telehealth and/or medical mobile units or vans; steps for securing additional clinical personnel; and identifying sources for supplemental medical supplies, vaccines, and pharmaceuticals.



How can a health center participate in addressing the influx of patients that may be seeking care during a widespread outbreak of COVID-19 within their communities?

- Well in advance of an emergency, health centers should establish relationships with local hospitals and other community health care providers regarding the possible roles that health centers might perform in connection with emergency situations.
- In certain circumstances, health centers are permitted to request a change in scope of project to temporarily add a location in response to emergency events. See PAL 2014-05.



How can a health center contribute to community awareness and education to lessen the severity and impact of a COVID-19 outbreak?

- As part of their ongoing health education services, health centers can and should inform and raise awareness among their patients and the community of COVID-19 preventive measures; how to recognize symptoms of COVID-19 infection; and what to do if and when they or a member of their family gets sick.
- Health centers should provide information in a culturally appropriate manner to accommodate people with limited English proficiency. School-based health centers should participate with school administrations in educating students and parents about COVID-19 and appropriate preventive and treatment measures.



How can health centers address the unique needs of special populations (migratory and seasonal agricultural workers, residents of public housing, and homeless populations) relative to COVID-19?

- Health centers provide comprehensive services to address the major health needs of their target population, as well as supportive and enabling services that promote access and quality of care—such as translation, case management, outreach, patient education, and transportation. These services are even more critical for at risk, vulnerable populations during emergencies.
- Health centers may employ and intensify existing outreach services to ensure that the needs of their target populations are being addressed as appropriate. Mobile vans and temporary locations could be established for education and treatment services.



Discussion Prompt 1

- Medical personnel on the frontlines of the current COVID-19 outbreak and are at high risk for disease transmission and a well-equipped and healthy workforce is critical to ensuring the health of the population we serve.
 - What infection prevention and control strategies are in place to protect health care workers?
 - What strategies are in place to address fatigue and psychosocial stress among staff?



Discussion Prompt 2

- Outbreaks are rapidly-evolving situations, and recommendations for control and response frequently change as more information is obtained.
 - What systems are in place for coordination and communication with frontline workers so that staff are kept apprised of the current recommendations?
 - How can mechanisms for the flow of information regarding hazards, disease manifestations, and protective measures which are critical to reducing the spread of disease among health care workers and the public be improved?



Wrap Up: Preparedness is a long game

- Disseminate vetted and reliable sources of information to reduce “infodemics” (the rapid spread of information of all kinds, including rumors, gossip and unreliable information).
- Evaluating your surge response plans will be critical!
- Planning gaps may need to be addressed.
- Cross-sector collaboration will be essential to best prepare for the stress test that COVID-19 could pose to our emergency preparedness response and health care systems.



Contact information

- DJ Phalen, MA, BSPH, CHPP, EMT, NHDP-BC | Director of Operations
Emergency Management, Security, and Facilities / Emergency
Preparedness and Response Program
- Health Center Partners - HCP
- cell: 619-569-3607 | dphalen@hcpsocal.org

