

Policy Brief: Leading Emergency Response During the Coronavirus Disease Pandemic of 2019-2020

A look at how Health Center Partners and its member Community Health Centers mobilized for emergency response.

Key Points:

- Establishing emergency response teams and communication systems during a public health crisis is key to effectively managing local response efforts.
- Investing in emergency preparedness planning and capacity in the health care safety net is critical to maintaining access to care during emergencies, such as this pandemic.
- Community Health Centers must be prepared to manage a crisis within a crisis as heat waves and wildfires impact communities during the COVID-19 pandemic.

Since March 2020, Community Health Centers (CHCs) have been on the front line in responding to the COVID-19 pandemic in coordination with county public health officials and other health delivery system partners. Responding to the crisis has required activation of emergency preparedness and response plans and changes to communications, procurement of supplies, and operations.

This report offers a brief review of how the COVID-19 pandemic is impacting the network of Federally Qualified Health Centers (FQHCs) in San Diego, Riverside and Imperial Counties and how emergency response efforts have been mobilized in the face of this crisis. Health Center Partners of Southern California (HCP), is a family of companies, including a 16-member organization of FQHCs, Indian Health Services Organizations, both urban and sovereign, and Planned Parenthood of the Pacific Southwest, which collectively serve 858,757 patients each year for 3.6 million patient visits annually, at 160 practice sites.

At the outset of the pandemic, HCP immediately began to respond to the rapidly emerging needs of its member CHCs, including providing technical assistance and resources to ensure continuity of health center operations. In addition, HCP has played an important role connecting

with county public health departments and coordinating local pandemic response with health system partners. The HCP crisis response was grounded in many years of emergency preparedness through local and state initiatives, experience from previous infectious disease outbreaks and wildfire emergencies, and the collective action and expertise of staff across the organization.

An Emerging Crisis: The Early Days of COVID-19

On Thursday, February 27 news reports started to document the first cases of COVID-19 in the U.S. The novel coronavirus of 2019 was thought to be first introduced to the region in January 2020 when approximately 200 Americans were evacuated from Wuhan, China and quarantined at the March Air Reserve Base in Riverside County. In mid-February, an additional wave of nearly 200 individuals who had been evacuated from Wuhan were released from quarantine at Marine Corps Air Station Miramar in San Diego. The first cases of COVID-19 were seen in San Diego County in early March. There was evidence of community spread in San Diego resulting from a traveler who had returned to the U.S. from China. Following these first cases confirmed in the county, a cruise ship docked with one passenger and one crew member on

the ship confirmed to have the disease and who were transferred to local hospitals. The ship's passengers then disembarked in San Diego and traveled home to complete their 14-day quarantine. By the end of March, the total number of local confirmed COVID-19 cases in San Diego County hit 734. As of September 1, the total number of confirmed COVID-19 cases in San Diego County was 38,871, Imperial County was 10,711, and in Riverside County there were 53,153. The COVID-19 pandemic has upended life in the region and contributed to approximately 2,008 deaths in the past six months.

Local leaders in San Diego County, including HCP, anticipated a plan for response would be needed. San Diego County has a health services capacity taskforce that engages in collaborative planning for seasonal influenza and other infection control across health care delivery systems. HCP and its member CHC, Vista Community Clinic, participate in this local collaborative. The taskforce escalated the All-Hazard Health Services Capacity Management Plan level to Level 1 Full Activation effective March 15.

Critical Actions to Lead Emergency Pandemic Response

HCP took early and clear action to establish the emergency management and communication structures to monitor and manage response to the COVID-19 pandemic. The following actions were the core strategies used by HCP and its member health centers to ensure continued access to health care services and support local pandemic response efforts.

1. Established Incident Management Teams

In early March, HCP activated its Incident Management Team (IMT), which is still in place six months after the start of the pandemic. The IMT consists of the Executive Team, the VP for Government Affairs, Director of Communication, and the Director of Operations who oversees the Emergency Management program. As the pandemic progressed, additional members were added to the IMT including the Director of Resource Development, the Director of Government Affairs, the Associate Vice President for Managed Care, and the Director of

Contracting. This diverse group of leaders allowed HCP to leverage the expertise and resources of its four companies for pandemic response including research and management of supply chains for needed resources and the dissemination of policy updates and information across member CHCs and beyond through CNECT's more than 8,000 member organizations, nationwide. The HCP IMT held its first meeting on March 9 to conduct a situational assessment and establish communication plans.

The IMT's focused leadership helped to drive forward thinking, a measured response to the pandemic, and provide critical information to members to inform their decision-making. Through regular communication, HCP advised its member CHCs to establish their own IMTs and to identify a main point of contact for emergency management.

2. Executed an Emergency Communication Plan

During any crisis, teams are challenged to maintain clear and effective communication. Having a communication plan that guides the spread of information across individuals, teams, and organizations is important to allow for informed, rapid decision-making and coordinated action. At the start of the pandemic, there were some initial hurdles with HCP communicating with various leaders and staff at member CHCs. Once HCP took steps to streamline communication and direct information primarily to IMT teams at HCP member CHCs, the communication flow improved.

To enhance communication, HCP set up a Slack Web page to launch daily internal network communication and then expanded access to member CHC staff across many disciplines to allow for broader information dissemination including: government; pandemic statistics and emergency information; oral and behavioral health; human resources; operations, quality and compliance; finance; outreach and enrollment eligibility; policy and advocacy; and, recovery. Upon request, certain external partners, like Kaiser Permanente Southern California, were granted access.

HCP also provided daily and weekly CEO updates to support:

- emergency management, planning, and response;
- situational awareness with data on local testing, hospital capacity and regional positivity data, personal protective equipment (PPE); and,
- aggregated reporting on health center testing, positivity rates, and employee infection rates.

HCP had been updating emergency management procedures prior to the onset of the pandemic and was able to quickly put these protocols in place. The existence of this Emergency Preparedness Plan was instrumental to HCP's coordination and response.

3. Leveraged Shared Learning Networks to Share Information Across Teams

A core function of HCP has been operating 15 different shared learning networks for member CHCs to provide training and technical assistance and to exchange information, leverage best practices, and share learning across CHCs. The importance of shared learning networks only increased during the pandemic. In mid-March, HCP began hosting weekly meetings of the Emergency Preparedness Coordinators (EPCs). The EPCs shared learning network was already established and had been meeting regularly. The trust and close relationships between CHC staff participating in the shared learning network facilitated emergency response coordination across member organizations in an effective and timely manner. In total, during FY20, HCP's shared learning networks hosted 162 peer events attended by 2,481 CHC staff, an increase of 15% over the previous year. These events included monthly meetings, training seminars and technical assistance workshops.

In addition to the EPCs shared learning network, HCP operates similar networks for Chief Medical Officers, Chief Financial Officers, and Chief Operations Officers and staff from HCP's member CHCs. These networks have been invaluable in collectively sharing information and addressing key issues including staffing concerns, furloughs, financial impacts, and policies and protocols.

"HCP's shared learning network has developed into a resource of immeasurable value. The ability to share the breadth and depth of member expertise within peer groups, while moving timely information across the entire network, breaks down silos and leverages collaboration." ~ Douglas Flaker, Director of Resource Development, HCP

Since March, HCP has found that there are benefits to meeting virtually, including greater focus and higher rates of participation. HCP will continue to convene these networks virtually with in-person meetings when safe to do so.

4. Provided Guidance on Infection Control

Central to emergency management in this public health crisis has been protecting the health of staff and patients by implementing and updating infection control protocols, closing and reopening sites in accordance with health orders, and adapting clinic workflows to allow for social distancing. Public health experts learned more about the novel coronavirus and how it spread as the pandemic progressed. Getting up-to-date information to HCP member CHCs has been a priority for the organization.



To assist CHCs in planning for reopening, HCP produced a *CHC Reopening and Recovery Booklet* to guide CHC teams in developing their reopening plans. The playbook covers topics like situational awareness and surveillance of the pandemic, staff training on changes in practice and infection control, planning for Personal Protective Equipment (PPE) needs, restructuring services and operations, and facility cleaning guidelines.

5. Increased Access to Personal Protective Equipment (PPE)

As the number of COVID-19 cases increased and the shelter-in-place order was enacted, HCP's member CHCs struggled to gain access to the necessary PPE, a common challenge for health care providers on the front line. Under normal circumstances, staff working in CHCs don't generally require specialized equipment, like N95 respirator masks, face shields, and fluid resistant gowns, nor do they require the massive quantities dictated by the pandemic.

With unprecedented global demand, coupled with raw materials shortages, and supply chain disruptions, distributors and suppliers implemented customer allocations on PPE products in critical shortage. By and large, those customer allocations were based on historical usage which proved to be especially challenging for HCP member CHCs. With little to no historical ordering patterns, this left them with limited options and supplies.

CNECT, a nationwide group purchasing organization (GPO), and a company within the HCP family of companies, quickly engaged with its members and suppliers to address the rapidly emerging supply chain crisis. CNECT assisted members in accessing PPE for standard and expedited GPO contracts, providing information on federal, state and other available resources, and assisting members in navigating brokers new

to the market and often selling product without manufacturing approval.

To best assist members, CNECT increased communication to include nationwide weekly phone outreach to CHCs to assess needs and identify solutions, informational webinars bringing subject matter experts to the membership on demand, and weekly newsletters providing COVID-19 supply updates. The ability to quickly disseminate supply chain information proved an invaluable resource for customers including HCP member CHCs.

Key strategies that HCP employed to support PPE procurement and management included:

- developing an analysis tool to plan for the PPE par levels needed per practice site, based on staffing and service levels;
- providing validation and guidance on conflicting information coming from various sources; and,
- assisting members in procuring resources including guidance on ordering cadence of supplies, factoring in long lead times.

Months into the pandemic, once it became available through public channels, HCP began to place prospective bulk orders for scarce PPE for its membership. In this way, HCP could request 100,000 masks at a time, rather than smaller, individual, CHC orders. The continued shortages of PPE throughout the past six months have shown this strategy to be essential for continuity of health center operations.

HCP collected PPE and converted conference rooms at its headquarters to store and distribute PPE to its membership, directly. **The cumulative value to date of PPE secured by HCP and its family of companies for its members exceeds \$1.5M.**



HCP Staff Spotlight: DJ Phalen

HCP Director of Operations - Emergency Management, Security, and Facilities

DJ joined HCP in October 2018 to lead Emergency Management and security programs for the organization. DJ came to this position with formal education and experience in disaster preparedness and response, incident response, and cyber security, as well as experience in homeland security and health care. DJ's background in Emergency Management and experience working in hospital and CHC settings has proven invaluable in leading HCP's response efforts during the COVID-19 pandemic.

DJ is actively involved in local and state emergency preparedness committees. He serves as co-chair of the San Diego Healthcare Disaster Coalition and is an active member of the health care coalitions in Riverside and Imperial Counties. He currently serves as a co-chair of the California Primary Care Association's Emergency Preparedness Peer Network.

Just prior to shelter-in-place orders taking effect, DJ and the HCP members' corresponding EPCs had planned a senior level Emergency Preparedness Academy for HCP leaders on how to react in an emergency. The event, planned for March 19, was to be an all-day training and tabletop exercise simulation. Initially, DJ had suggested using a pandemic for this simulation but in the final planning the simulation was changed to address a wildfire. This simulation never came to be. Instead, DJ activated the HCP IMT on March 9 and began leading emergency response efforts for HCP and its membership.

DJ has provided a range of technical assistance support to HCP's members during this time, including just-in-time training. In addition, DJ encouraged CHCs to be persistent and submit requests to County emergency operations centers (EOCs) twice per week to remain on county lists for PPE allocation. Also, DJ helped members develop systems for tracking these requests. DJ devised customized strategies based on the differences in each member's county of operation as each county's priorities for allocating PPE differed.

"The Health Center Partners Board of Directors felt it was important after the 2017 wildfires season to fund this centralized resource and facilitate and coordinate emergency preparedness and response across all 16 member CHCs. Having this infrastructure in place as first line responders during disasters was critical to our success in ramping up response to COVID-19." ~ DJ Phalen, Director of Operations, HCP

DJ convened the EPCs' shared learning network weekly and participated in other peer networks to spread critical information across teams. He has played an integral role in all of HCP's response activities and helped inform internal procedures for transitioning all HCP personnel to remote working environments.

6. Built Capacity for Patient and Community-level Testing

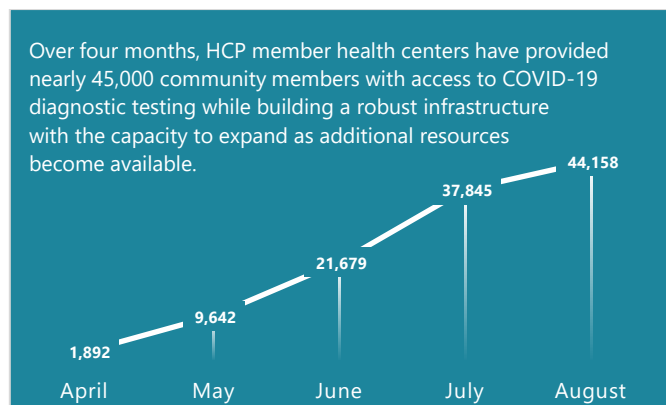
HCP and its member CHCs have partnered over many years locally with county and health delivery system partners on coordinating local response to public health and other emergencies. From the start of the COVID-19 pandemic, weekly meetings were convened to coordinate the public health response. In San Diego County,

the county Emergency Medical Services Medical Director, public health epidemiologist, and HCP CHCs' Chief Medical Officers gathered on a weekly call to plan and roll-out community-wide COVID-19 testing. Through the San Diego County Lab Testing Task Force, organized by county public health, HCP helped to inform discussions on how the county could utilize health center facilities to conduct testing.

Based on these meetings, San Diego County Public Health began co-locating testing sites at various CHC facilities with CHC staff conducting testing and the county processing the tests through public health labs. Tents were set-up in CHC parking lots and driveways to serve as outdoor testing sites.

In addition, mobile COVID-19 testing units were established to target outbreak areas and high-risk populations throughout the county. In some cases, county facilities with negative pressure rooms, safer for indoor testing, were utilized for testing sites staffed by CHC employees.

Through this collaborative community approach, a county-wide testing strategy was developed and executed within 48 hours. **As of August 21, 2020, a cumulative total of 44,158 COVID-19 tests had been conducted by HCP members.**



Applying Lessons Learned to Future Emergency Response Efforts

As HCP looks ahead, it recognizes that this pandemic is a long way from over. The San Diego County Emergency and Medical Operations Centers announced plans to remain open for at least 12 months indicating there is much work ahead. HCP's IMT is addressing the urgent needs of the moment and beginning to build long-term plans for continuity of operations while continuing to work remotely.

The challenges ahead include planning for recovery for HCP, its members and the communities they serve, while also planning for continued cycles of opening and closing to control the spread of the infection. Key to this planning is incorporating the lessons learned during this crisis in future waves of the pandemic.

Additional external threats, including heat waves, rolling power outages, wildfires, and other emergencies, must be anticipated and addressed in emergency planning. HCP and its members must be prepared to live and work in, and respond to a disaster within a disaster. This requires a daily process of emergency response and planning, dedicated personnel to lead these efforts, and increased training for all personnel on emergency procedures.

HCP will continue to lead emergency response for its members and support local partners. To meet these times, HCP is looking to expand its EPC shared learning network to include: training, policy development, operational and clinical guidance, and other services to be offered across its membership.

While the COVID-19 pandemic has had a profound impact on HCP's CHCs and the communities they serve, it has also opened the door to greater collaboration with county public health departments and other local health system partners.

HCP intends to build upon this opportunity through continued community health collaborations and increased clinical leadership. CHCs play an important role in responding to community health crises and ensuring access to care in the communities they serve. HCP's expertise and mobilization of resources is a demonstration of the power of this consortium and its long-standing relationships and established trust with its members, local health systems and public health agencies.