LBOH Update
Tuesday, May 19, 2020
Welcome
Meeting between Local Boards of Health (LBOH) & Community Tracing Collaborative (CTC)

<table>
<thead>
<tr>
<th>Numbers update, as of May 17, 2020</th>
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<tbody>
<tr>
<td>&gt;21,000 cases received by CRM</td>
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<tr>
<td>&gt;99% of these have been attempted to be reached</td>
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<td>&gt;17,000 contacts created by those cases</td>
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<td>~60% are reached</td>
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<td>Over past week, all cases sent to CRM have been attempted to be reached within 1 day of being received.</td>
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<td>90% of contacts are reached within 24 hours of being created in the CRM</td>
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AGENDA

• Standard Operating Procedures for CTC for supporting LBOH
• MAVEN to CRM
• Communication with LBOH by CTC
• Case and Contact Follow up
• High Risk of Transmission Cases
  • Definition of High Risk
  • Health Care Worker Protocol
  • Notification to LBOH of High Risk Cases
• Case Status and Reasons for Closing Records
• Reporting to LBOH
• Social assistance and Care Resource Coordinators
• Special Scenarios
CTC has a near final draft of standard operating procedures written specifically for supporting Local Boards of Health.
Goals of Standard Operating Procedures document

- Identify clear points of contact between CTC and LBOH and streamline communication
- Document when and what events in MAVEN are sent to the CTC
- Clarify when contacts are followed up
- Clarify CTC procedures and data definitions, with specific attention to:
  - **High risk** cases and contacts (congregate settings, health care workers, hospitalized patients) and referrals back to LBOH;
  - Reasons for **closing** records and procedures used for trying to reach all cases and contacts;
  - Areas for collaboration on cases and contacts needing **social assistance**
- Document procedures on **warm hand off**s back to LBOH from the CTC (confirmation of transfer of responsibility for a case/contact via phone or email) to ensure all cases and contacts are in care at all times
- Communicate procedures CTC uses to attempt to reach cases/contacts in order to identify areas to collaborate on increasing the proportion of cases and contacts successfully reached and minimizing loss to follow up
- Document the CRM definitions and data variables
- Clarify a **standard report format and data variables** to share routinely from CTC to LBOH.
- Define data exchange expectations between CRM and MAVEN
MAVEN to CRM (as of May 5)

- Daily export begins at 10:00 AM
- Confirmed cases only
- Applies to all cases received from the previous day (until 12 midnight)
  - **NO**: Cases marked NO stay with the LBOH
  - **YES**: Cases marked YES go to the CTC
  - **Unknown**: Cases marked UNKNOWN go to the CTC
  - **BLANK**: Cases left BLANK go to the CTC

**Question from crowd**: Which positive cases/contacts remain with the LBOH?

**Answer**: The ones that LBOH choose (cases marked NO)
# Communication with LBOH by CTC

The table below provides an introduction to the CTC staff who are authorized to speak directly with LBOH and for the types of things they would be reaching out about.

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<th>CTC Staff</th>
<th>Type of Communication with LBOH</th>
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| Supervisors                   | • Main point of contact with LBOH  
• Assigned to geographic teams across Massachusetts. (10 teams, 5 supervisors per team)  
• Point person for questions on specific cases and contacts in a LBOH’s town including high risk cases/contacts, referrals between CTC and LBOH. |
| Resource Navigators           | • 1 per team; coordinate the resource coordination across that geographic team  
• Facilitate geographic task forces, where relevant  
• Point person for questions on social assistance for cases and contacts |
| Care Resource Coordinators (CRCs) | • Assigned geographically across the state, 150 in total  
• Preferentially handle cases and contacts needing social assistance in specific towns and in topic areas of expertise  
• May interact with LBOH only in specific cases, where delegated by a Resource Navigator or through a geographic task force. |
Routine Communication

Below are several mechanisms for routine communication between CTC and LBOH to make sure that issues are clarified and make their way to the correct audience.

- Public Health Nurses Advisory Council
  - *Purpose:* To collect feedback and create a plan to address concerns from PHNs
- **LBOH Inbound Line (857-305-2828)**
  - *Purpose:* specific CTC questions and clarifications around procedures or case information
  - A select set of inbound line supervisors have access to MAVEN to assist with clarifying questions on specific cases/contacts with the CTC
- DPH email address: covid19communitytracingcollaborativequestions@state.ma.us
  - *Purpose:* to provide MAVEN assistance with COVID or CTC questions

**Question from crowd:** What is being done to improve the communication on cases between CTC & LBOH?

**Answer:** Above options represent our ongoing commitment to make sure the CTC supports LBOH in the best way possible. Later in this talk we will also discuss additional options for communication from CTC staff in the form of a standardized report.
Case Follow up

CTC receives confirmed cases daily from MAVEN. Remember this daily extract occurs at 10am. CTC staff trained in case investigation call the case to conduct the interview. CTC is equipped to do this interview the same day as the case information is received from MAVEN.

The interview covers:

- Demographics;
- High-risk criteria (see below)
- Symptom and hospitalization data;
- Information about exposure;
- Collection of all close contacts;
- Brief home assessment to identify possible social assistance needs to remain safely in isolation
- Education about home isolation.

At the conclusion of the interview, the outreach outcome is indicated in the CRM as interview successfully completed and the case is moved into the follow up and monitoring period. During follow up and monitoring, CTC maintains a daily touch point with cases to briefly check in on how they are doing and if any additional needs have come up.
Contact Follow Up

All contacts created from cases that CTC speaks with are followed up. The goal is to follow up all contacts within 24-48 hours of the contact being created in the CRM.

The interview covers:
- Demographic data;
- High-risk criteria (see section below on high risk);
- Symptom screening;
- Presence of other health conditions;
- Testing referral;
- Brief home assessment to identify possible social assistance needs to remain safely in quarantine
- Education about home quarantine.

At the conclusion of the interview, the outreach outcome is indicated in the CRM as interview successfully completed and the contact is moved into the follow up and monitoring period. During follow up and monitoring, CTC maintains a touch point every other day with contacts to briefly check in on how they are doing and if any additional needs have come up.
Identification of Cases and Contacts at High Risk for Transmission

- CTC has taken care to enable the system to immediately flag cases and contacts meeting the definition of ‘high risk for transmission’
- CTC staff are trained to elevate these to a supervisors
- Supervisors communicate these to LBOH through multiple options of communication channels

If known, high priority cases and contacts are filtered from the MAVEN extract sent to the CRM. This presupposes the relevant variable or linkage in MAVEN has been established.

**Question from crowd:** Why don't they take health care workers and clusters?

**Answer:** The CTC is trained to report these to the LBOH, BUT if the LBOH would prefer the CTC continues to follow, that is very possible and the CTC is happy to do so.
# High Risk for Transmission

## DEFINITIONS

### Healthcare worker
- Anyone who is patient facing and/or working in a healthcare facility
- Low threshold for inclusion if you’re not sure — remember we will be informing LBOH and will continue to follow many people
- Examples:
  - Nurses, doctors, clinical staff
  - Janitors in hospitals
  - Pharmacists
  - Ambulance drivers

### Congregate setting
- A setting where a group of person lives or spends prolonged periods of time
- Examples:
  - Nursing homes
  - Prisons
  - Homeless shelters
  - Boarding schools
  - Assisted living
  - Group home

### Hospitalized case
- If we call a case or contact and they are currently in the hospital

### Cluster
- These are clusters that LBOH or we find that are not described in these other settings such as congregate setting. These are often workplace clusters.
- Examples:
  - Cluster of department store employees
  - Cluster of public transit employees
  - Daycare
  - Cluster from a hotel or event or meeting, etc
CTC Protocol for Handling High Risk Cases

CTC uses a ‘warm hand off’ to LBOH:

- **CTC supervisors do not close a record for a case or contact until the corresponding LBOH confirms their acceptance**. This avoids leaving any cases or contacts unattended in the system. LBOH have two options:

  - *Confirm acceptance and take up responsibility* for the high risk record in question. Upon this confirmation, the CTC supervisor will close the record and CTC staff will stop following.

  - *Acknowledge the information and request CTC staff to continue to follow the person*

- Congregate settings and the collection of contacts will be managed by LBOH
HEALTHCARE WORKER PROTOCOL

Outreach

- Healthcare workers (HCW) are anyone working in a healthcare facility or with patients.
- Cases and contacts should be identified as HCWs at the top of the record in Salesforce.
- If you identify a HCW case, proceed to collect their contacts from outside their workplace.
- If you identify a HCW contact, ask if they are in communication with their occupational health department.
- Collect information they were last at their workplace.
- Send a task to your supervisor with the subject: "Escalate to Supervisor: LBOH - HCW Case (or LBOH - HCW Contact)". In the comments include city, facility, date last at work, and if person is in contact with their occupational health department.

Follow Up

- HCWs will follow their occupational health department’s guidance regarding working during the isolation or quarantine period.
- Occupational health instructions on isolation for HCW cases are very similar to CTC instructions for general public.
- Occupational health instructions on quarantine for HCW contacts can be very different: working with regular symptom checks and masks is common. [CDC recommendations for critical infrastructure workers](https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-workers.html).
- For HCW cases and contacts, most will be followed by their employer. If nobody else is following them, we can place calls during the monitoring period as usual, deferring to the isolation/quarantine guidance from their employer.

Closing

- Release of isolation or quarantine should be done by their occupational health department.
- If the HCW is being followed by their occupational health department, close as "Referred to other provider".
- If the LBOH communicates they will follow the case or contact, the case would be closed as "Referred to LBOH".
- DPH does not do testing for release from isolation; if employers recommend negative PCR results before clearing from isolation, we should defer to the employer for testing and clearance.
Notification to LBOH of High Risk Cases and Contacts

CTC Supervisors are trained to notify LBOH about cases and contacts meeting the definitions of high risk transmission. There are multiple ways to communicate these to LBOH:

- **Report(s)**: The CRM can produce a standardized report detailing high risk cases and contacts and a set of pre-determined data variables
- **Individual emails**: The CRM is able to automatically email a standard template with the MAVEN ID to a designated LBOH representative if individual pass off is desired.
- **Phone call**: In some cases with exceptional circumstances of other concern, a direct phone call can be placed to designated LBOH staff to discuss a high-risk case/contact and the way forward

**Next step**: Finalize standard report from CTC to communicate key details of these cases and contacts to LBOH to facilitate information sharing and warm handoffs

**Question from crowd**: need for notification if CTC returns case to LBOH for follow-up; can the CTC reports be simplified?

**Answer**: We hope this standard report can both clarify exactly what LBOH need to know as well as facilitate notification to LBOH for high risk cases. Through this mechanism, communication can be streamlined between CTC and LBOH to ensure everyone knows who is following which cases
**Definitions in the CRM: Status and Reasons for Closing Records**

The CRM uses a set of administrative statuses to define the pathway for case investigation and contact tracing.

“**In Progress**” in MAVEN refers to all cases and contacts in the Outreach Underway and Monitoring and Support status.

CTC staff are trained to only **close records** when effectively the person is ‘discharged’ from CTC’s care.

<table>
<thead>
<tr>
<th>Status (administrative function in CRM)</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awaiting Outreach</td>
<td>No attempt to make contact has been made.</td>
</tr>
<tr>
<td>Outreach Underway*</td>
<td>Has been assigned to CTC staff and an attempt to contact is being made for initial case investigation or contact tracing.</td>
</tr>
<tr>
<td>Monitoring and Support</td>
<td>Home monitoring and Resource Coordinator follow up and ongoing referrals. Starts when there is completion of case investigation or reaching out to an exposed contact</td>
</tr>
<tr>
<td>Closed</td>
<td>When the COVID Community Team is no longer responsible for and following the case or contact. Reasons are required for this status and define our final outcome metrics.</td>
</tr>
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**Question from crowd:** A long delay in moving from In Progress to closed status

**Answer:** In progress includes the follow up period for cases and contacts
## Closing Cases: Documentation in the CTC

<table>
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<tr>
<th>Reason</th>
<th>Definition &amp; Criteria</th>
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<td>Isolation completed</td>
<td>When case successfully completes isolation. (symptom-based strategy)</td>
</tr>
<tr>
<td>Quarantine completed</td>
<td>When contact successfully completes quarantine (14 days past last exposure)</td>
</tr>
<tr>
<td>Died</td>
<td>Person has died.</td>
</tr>
<tr>
<td>Referred to LBOH</td>
<td>After confirmation from LBOH they will accept the case or contact</td>
</tr>
<tr>
<td>Referred to other provider</td>
<td>In rare circumstances, other providers may conduct the follow up during isolation and quarantine</td>
</tr>
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<td>Lost to follow up</td>
<td>Initial contact made but were not able to do subsequent activities in the monitoring period, including confirm final outcome</td>
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<td>Cases: not able to reach case after at least 2 daily attempts over 2 days</td>
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<td>Contacts: not able to reach contact after at least 1 daily attempt over 3 days</td>
</tr>
<tr>
<td>Was never reached</td>
<td>Was never reached for initial outreach attempt</td>
</tr>
<tr>
<td></td>
<td>Unable to reach after 2 attempts per day for 3 days (including different times per day)</td>
</tr>
<tr>
<td>Declined</td>
<td>Declined initial case investigation / contact tracing interview OR declined follow up subsequently</td>
</tr>
<tr>
<td></td>
<td>Person was reached but declined speaking with CTC after 2 attempts by different people.</td>
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<td>Other</td>
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</tr>
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<td>Contact diagnosed with COVID-19</td>
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**Question from crowd:** What is the CTC process of making sure they reach someone?

**Answer:** Repeated calls, voicemails, SMS at beginning of process

Cases and contacts not initially reached should come back at the end of the 3rd day.
## Closing Cases: Documentation in the CTC

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**Question from crowd:** How does LBOH know when CTC has completed followup on a case, so we can move case out of MAVEN workflow?

**Answer:** The closed reason can help in this regard. This can be reflected also on the standard report.
### Reporting to LBOH: proposal

#### High risk cases reported to LBOH
- Congregate settings
- Healthcare workers
- Hospitalized cases
- Cluster, other

#### Closed reasons: scenarios where LBOH may have additional options to reach people
- Cases closed for loss to follow up
- Cases closed because person declined to speak to CTC
- Cases closed for ‘Was never reached’

#### Social assistance report
- Summary of social assistance needs identified by CTC
- High risk or particularly vulnerable scenarios
Social assistance: COVID Care Resource Coordinators

• **Support** people to safely and effectively complete isolation and quarantine
• **Map** existing, place-based social support systems
• **Connect** cases and contacts to the resources available in their communities
• **Advocate** for policy and systems change using data and patient stories to highlight resource gaps

**Question from crowd:** For the CTC, what if a resident asks for help with a food donation, cleaning supplies or pharmacy pick up?

**Answer:** These are referred to the resource coordinators
CTC Program | Workforce: COVID Care Resource Coordinator

- **Allocated geographically and integrated within** existing COVID-19 Community Teams
  - Assignments leverage place-based knowledge of existing social support services
  - Each team has 1 Resource Navigator
  - CRCs are administratively housed within units
CRCs BY THE NUMBERS
Special Scenarios: when contacts become cases

When CTC staff speak with a contact during the contact tracing interview and they report that they have been tested for COVID-19 and are positive, the CTC will change the interview to proceed to case investigation. In the CRM these cases are flagged with terminology of ‘self-reported positive’: this is simply a way to mark this type of suspect case in order to distinguish the case from a laboratory-confirmed diagnosis from MAVEN. The interview proceeds directly to case investigation as described above. CTC staff also determine if the MAVEN record is in the CRM. If the record if located from MAVEN, that record is used for case investigation and the original record is closed for the reason ‘Contact diagnosed with COVID-19’ as described above.
CTC staff are authorized to send official letters on behalf of DPH for a few select circumstances. These letters can only be emailed and not physically mailed. These include:

- **Employer letter** informing employer that case/contact needs to be in isolation/quarantine for COVID-19.
- **Release from isolation/quarantine letter**. Requirements to be released are based on DPH guidelines and utilize the symptom strategy for clearance from isolation.
- **Testing pass** will be used starting late May 2020 to support testing of all exposed contacts, regardless of symptoms, in concordance with DPH guidelines.

As of 19 May 2020, the letters above are in a generic PDF form and currently unable to be adjusted for specific names of cases/contacts/employers. CTC is working hard to resolve this, but in the meantime is providing the generic PDF from the CTC email address with additional mechanisms to communicate with employers about the letters including 3-way calls between the case/contact, CTC, and employer, or direct emails from the CTC to the employer.
Question from crowd: Why is symptom onset not entered into the ECR8? Don't we need this to determine contact tracing is complete?

Answer: There was an error where symptom onset was not getting returned into MAVEN. The information was being collected and this MAVEN re-entry error has been corrected.

Question from crowd: Why are there so many Other for Occupation? The data that has been sent back to MAVEN is all listed as "Other". In MAVEN there is a list that we use - does CTC tracers have access to this list?

Answer: The way in which occupation was included in the CRM initially made it difficult to find the allowable occupation values, so many CIs/CTs were putting occupation as other. This has been fixed in the CRM now and the use of "other" should be substantially lower going forward.

Question from crowd: How do we know the address is verified?

Answer: The CI/CT asks the case/contact (or proxy) for verification of the address when they call and the address is corrected as needed. Towns are based on a validated list provided by DPH.
Massachusetts Community Tracing Collaborative

If you test positive, the MA COVID Team will connect you with the support and resources, you may need through quarantine.

YOUR IDENTITY PROTECTED

MA COVID TEAM MEMBER

Your MA COVID team member will ask you for a list of all of the people you were within six feet of during the two days before you had symptoms.

YOUR CONTACTS

A MA COVID team member will ask you for a list of all of the people you were within six feet of during the two days before you had symptoms.

YOUR CONTACTS

With contact tracing in place, we can track the spread and reduce additional exposure to others by encouraging testing, supporting quarantine and social distancing.

YOUR CONTACTS

So, if you get a call keep your family and friends safe by answering the call. We are all in this together and by sharing information and listening to the direction of the Community Tracing Collaborative (CTC), we can spread the word to stop the virus.

HOME ISOLATION PERIOD

If you are staying at home, the MA COVID team member will also discuss any needs you have and connect you with a care resource coordinator who will help you get the support you need.

CARE RESOURCE COORDINATOR

If you need medical care, call ahead to let the doctor’s office, hospital, or 911 know you have coronavirus. Avoid ride shares, taxis, and public transport if you can.