Rising to the Challenge
Open Door’s Response to COVID-19

Daren Wu, MD, FAAFP
Chief Medical Officer
Open Door Family Medical Center

- Federally Qualified Health Center
- Established in 1972
- We have over 100 clinicians and another 50+ residents
- 6 integrated health facilities and 8 school-based health centers
- Taking care of just under 60,000 patients
Started testing March 9, 2020

• Open Door began testing for SARS-CoV2 on the very first day the LabCorp began accepting specimens in New York State

• It was still more or less “business as usual” through that first week
We initially adhered to the CDC’s guidance on testing, but then liberalized testing parameters when it became apparent the virus was already widespread.

Quickly moved to set up “Well” and “Sick” partitioning in all our sites, including testing tents at some locations.
When the Pandemic Hit...

Staffed entry points with team members in PPE, taking temperatures and symptom-screens of patients and staff coming on-site

Set up a COVID-19 clinician triage line
Open Door’s Communications: Staff

Staff-focused efforts included

- Frequent email blasts
- Use of Microsoft Teams
- Videos
Open Door’s Communications: Patients

Community/Patient-focused efforts included:

- CareMessage blasts
- Videos (Facebook, YouTube)
- Expanded Call Center presence
- Covid-19 Clinician Triage
- General email – Hello@odfmc.org - created
Prior to the pandemic, Open Door did not have a significant TeleHealth presence.

In-person visits plummeted in the first few weeks of the pandemic. We began Phone visits (initially just triaging, and then billable visits) in mid-March.

Video visits in Behavioral Health and Medical started towards the end of March, initially using UpDox.
TeleHealth

TeleHealth rose rapidly thereafter, peaking at more than half of all visits. Many clinicians started using Doximity on their own, but we have kept UpDox as an option.

In-person visits began rising again in the early summer, but TeleHealth visits have remained steady at just under 40% since July.
Open Door created a screening checklist for all our staff to complete before coming on site, BEFORE this became a State-wide norm.

Structured form is emailed to all staff at 6 am.

Screening Checklist
Open Door’s Patient Tracing program

Our team of Licensed Master Social Workers (LMSW) perform outreach for patients with COVID-19 to assess for:

- Testing/tracing needs
- How patients were isolating in homes
- Equipment needs (thermometers, pulse ox)
- Food insecurity (food drops made, as needed)
Our Data, Our Story
Open Door SARS-CoV2 testing

• Open Door began testing for SARS-CoV2 on March 9th, 2020
• We asked Care Teams to notify our Rapid Response Team of every positive case along with data that we used to populate an Excel spreadsheet, shared in Microsoft Teams
Open Door’s COVID-19 Grid

“The Grid” of cases was populated with the following data points;

- Date of Testing
- Date of Result notification
- Presenting symptoms
- Disposition
## Open Door’s COVID-19 Grid (sample)

<table>
<thead>
<tr>
<th>Account Num</th>
<th>Date of Testing</th>
<th>Date of Result</th>
<th>Patient Notif</th>
<th>Presenting Symptoms</th>
<th>Disposition</th>
<th>Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>271215</td>
<td>4/17/2020</td>
<td>4/22/2020</td>
<td>Yes</td>
<td>CD, CP, NC, M, SOB</td>
<td>convalesced</td>
<td>no</td>
</tr>
<tr>
<td>271822</td>
<td>3/20/2020</td>
<td>3/25/2020</td>
<td>Yes</td>
<td>ST, F, M, CD</td>
<td>convalesced</td>
<td>no</td>
</tr>
<tr>
<td>273328</td>
<td>4/10/2020</td>
<td>4/14/2020</td>
<td>Yes</td>
<td>CD</td>
<td>convalesced</td>
<td>no</td>
</tr>
<tr>
<td>276987</td>
<td>3/18/2020</td>
<td>3/25/2020</td>
<td>Yes</td>
<td>F, C</td>
<td>convalesced</td>
<td>no</td>
</tr>
<tr>
<td>277239</td>
<td>5/12/2020</td>
<td>5/13/2020</td>
<td>Yes</td>
<td>NC, GI, CD, M</td>
<td>convalesced</td>
<td>no</td>
</tr>
<tr>
<td>277868</td>
<td>3/30/2020</td>
<td>3/25/2020</td>
<td>Yes</td>
<td>NC, GI, CD, M</td>
<td>convalesced</td>
<td>No</td>
</tr>
<tr>
<td>278104</td>
<td>4/20/2020</td>
<td>4/23/2020</td>
<td>Yes</td>
<td>F, M, NC, SOB, GI</td>
<td>convalesced</td>
<td>no</td>
</tr>
<tr>
<td>280119</td>
<td>5/5/2020</td>
<td>5/6/2020</td>
<td>Yes</td>
<td>F, M</td>
<td>convalesced</td>
<td>no</td>
</tr>
<tr>
<td>280214</td>
<td>4/1/2020</td>
<td>3/25/2020</td>
<td>Yes</td>
<td>F, HA, M</td>
<td>convalesced</td>
<td>no</td>
</tr>
</tbody>
</table>
The Data tells A Lot!

Having a robust database allowed us to gather information with which we kept our staff informed at least twice a week, including our testing positivity rate, hospitalization rate, and death rate.
Open Door SARS-CoV2 testing

• Open Door began testing for SARS-CoV2 on March 9\textsuperscript{th}, 2020
• As of September 26\textsuperscript{th}, we have had 1,691 patients with a positive PCR test
• Case finding rate has been fluctuating between 1\% to 5.5\% for the past 4 months, after peaking at 55\% in early April
Open Door Family Medical Centers
COVID-19 Case Finding Rate
Prevalence of Presenting Symptoms
3/9/20 – 6/18/20
<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifying Population</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes with End Organ Damage</td>
<td>Patients with Diabetes with End Organ Damage</td>
<td>2</td>
</tr>
<tr>
<td>75 or older</td>
<td>Patients 75 and up</td>
<td>2</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Patients with Hypertension</td>
<td>1</td>
</tr>
<tr>
<td>BMI &gt;= 40</td>
<td>Patients with BMI &gt;= 40</td>
<td>1</td>
</tr>
<tr>
<td>Immunodeficiency</td>
<td>Patients with Immunodeficiency</td>
<td>1</td>
</tr>
<tr>
<td>Cancer</td>
<td>Patients with Cancer</td>
<td>1</td>
</tr>
<tr>
<td>Metastatic Solid Tumor</td>
<td>Patients with Metastatic Solid Tumor</td>
<td>1</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>Patients with Cardiovascular Disease</td>
<td>1</td>
</tr>
<tr>
<td>Lung Disease</td>
<td>Patients with Lung Disease</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes without End Organ Damage</td>
<td>Patients with Diabetes without End Organ Damage</td>
<td>1</td>
</tr>
<tr>
<td>Between 65 and 74</td>
<td>Patients between 65 and 74</td>
<td>1</td>
</tr>
<tr>
<td>Renal Disease</td>
<td>Patients with Renal Disease</td>
<td>1</td>
</tr>
<tr>
<td>Moderate or Severe Liver Disease</td>
<td>Patients with Moderate or Severe Liver Disease</td>
<td>1</td>
</tr>
</tbody>
</table>
COVID Risks

- BMI > 30
- Hypertension
- Diabetes
- 65-74
- 75+
- BMI > 40
- Lung Disease
- Renal Disease
- Cardiovascular Disease
- Cancer
- Immunodeficiency

- Positives
- Hospitalized
76% of hospitalized patients had at least one COVID Risk.
Age Groups of COVID Positive Patients

1. UNDER 18
   - Positive: 8%
   - Hospitalized: 3%

2. 18-39
   - Positive: 37%
   - Hospitalized: 15%

3. 40-65
   - Positive: 50%
   - Hospitalized: 61%

4. OVER 65
   - Positive: 5%
   - Hospitalized: 21%
<table>
<thead>
<tr>
<th>Demographic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>88%</td>
</tr>
<tr>
<td>More than one Race</td>
<td>6%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4%</td>
</tr>
<tr>
<td>Medicaid or Medicare</td>
<td>32%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>48%</td>
</tr>
<tr>
<td>Open Door patients with positive SARS-CoV2</td>
<td>1,854</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Patients Tested at ODFMC</td>
<td>1,691</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>61 (3.3% of total)</td>
</tr>
<tr>
<td>Deceased</td>
<td>19 (1.0% of total)</td>
</tr>
</tbody>
</table>
Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic Persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cases</strong>¹</td>
<td>2.8x higher</td>
<td>1.1x higher</td>
<td>2.6x higher</td>
<td>2.8x higher</td>
</tr>
<tr>
<td><strong>Hospitalization</strong>²</td>
<td>5.3x higher</td>
<td>1.3x higher</td>
<td>4.7x higher</td>
<td>4.6x higher</td>
</tr>
<tr>
<td><strong>Death</strong>³</td>
<td>1.4x higher</td>
<td>No Increase</td>
<td>2.1x higher</td>
<td>1.1x higher</td>
</tr>
</tbody>
</table>

From CDC: Cases, Data and Surveillance
Our Fatalities Skew towards Younger Essential Workers

In total, we are aware of 19 Open Door patients who have died of COVID-19

15 male (79%) and 4 female (21%)
12 under the age of 65 (63%) and 7 aged 65 and older (37%)

U.S. data: 80% of deaths have been in those age 65 and older
Open Door’s PPE Situation

Only test if we can protect our Staff and Patients!

Consistent highlighting on importance of PPE

Aggressive procurement – new vendor relationships

Reduced burn-rate of PPE by having separation of “Well-” and “Sick-” areas, staffed by clinicians tasked for specific shifts
52 Employees Tested Positive
PLEASE STAY HOME FOR US

WE STAY HERE FOR YOU

Did you wash them?
Hand washing stops the spread of germs.
Preparing for the next Wave

Aggressively stockpiling PPE

Amplifying the importance of Flu vaccination

Maintaining separation of Well- and Sick units

Tracking our internal data and that of the State

Preparing for the next Wave
Open Door is always on the Frontline