



# Hiring A Diverse Army To Track COVID-19 Amid Reopening

Carmen Heredia Rodriguez, Kaiser Health News and Anna Almendrala June 2, 2020

As a contact tracer, Teresa Ayala-Castillo is sometimes asked whether herbal teas and Vicks VapoRub can treat COVID-19. These therapies aren't exactly [official health guidance](#), but Ayala-Castillo isn't fazed. She listens and then suggests other ideas — like getting rest and drinking plenty of fluids.

“I don't want to call them old wives' tales, but these remedies are things that I'm 100% familiar with because my mom used them on me,” said Ayala-Castillo, a bilingual first-generation Ecuadorian American who works for the city of Long Beach, California.

Health departments across the U.S. are working at a furious pace to staff their armies of contact tracers to control the spread of the coronavirus that causes COVID-19. Experts estimate local and state health departments will have to add [100,000 to 300,000 people](#) to get the economy back on track.

As they build these forces, many states and localities are trying hard to hire from the racial and ethnic minority communities hit hardest by the virus. They're anticipating a need for skilled, culturally competent tracers who can convert suspicious or hesitant contacts into enthusiastic, willing participants in the drive to stamp out the virus.

Virus-tracking activities vary by state. Most states have created plans to add contact tracers through hiring or volunteering, but wealthier ones — including California, Connecticut, Massachusetts, New Jersey, New York and Washington — are further along than others, said Marcus Plescia, chief medical officer of the Association of State and Territorial Health Officials.

Delaware, which aims to begin hiring in a month, plans to prioritize hires from vulnerable communities with bilingual language skills. Minnesota is hammering out staffing contracts with diversity quotas that match the demographics of the state's COVID-19 cases.

“One size does not fit all for making that first call and being successful in having them pick up the phone and have a good conversation,” said Chris Elvrum, a deputy incident manager at the Minnesota Department of Health. “We need to recognize that we have to approach it in different

ways for different cultural communities in the state.”

Tracking the disease works like this: After someone tests positive for COVID-19, a case investigator from the local health department calls the patient to ask detailed questions about her health, movements and whom she interacted with over a certain time frame. A contact tracer then calls everyone the patient named to let them know they were potentially exposed to the virus. These contacts are instructed to stay home and self-quarantine for 14 days after the exposure. If they live with other people, the recommendation may extend to those individuals.

Under stay-at-home orders, it’s often relatively easy to figure out who may have been exposed to the disease, health officials say. Infected people usually have been around only family or close friends and will often warn contacts to expect a call from the health department, said Emily Holman, communicable disease controller for Long Beach.

But shoe-leather fieldworkers may be required in some instances, said Dr. Kara Odom Walker, secretary of the Delaware Department of Health and Social Services. “There are some communities that aren’t going to respond to a phone call, a text message or a letter,” said Walker. “That could be due to health literacy issues, which could be due to fear, or documentation status.”

So far, most people are following instructions, say officials. Holman estimates that fewer than 1% of those contacted in Long Beach refused to participate.

But some defiance is likely, especially among those who cannot work from home or are the only provider for their children, Elvrum said. People being notified about contacts with a COVID-positive patient might think the call is a scam, or worry the information will be shared with immigration authorities or cost them their job. Health departments do not have to turn information collected for medical purposes over to federal immigration enforcement, but it takes a sensitive, empathetic and knowledgeable contact tracer to explain this.

“You need someone to be a cultural broker to say, not only are these policies in place to protect you, but I’m telling you to trust me that this will be OK,” Walker said. “I’m going to make sure you have what you need to safely quarantine.”

Minnesota plans to dedicate 1,400 staffers to contact tracing by July, Elvrum said. Contracts with two companies involved in the hiring stipulate that they bring on people of racial and ethnic groups proportional to their numbers in the state or the percentage of positive COVID-19 cases in those groups — whichever is higher.

They’re seeking hires who speak Hmong, Somali and Spanish, said Kou Thao, director of the Center for Health Equity in the Minnesota Department of Health.

About 23% of the state’s positive cases are among black people, who make up only 7% of the state population. Hispanics make up 19% of cases — and 6% of the population. However, about 22% of the cases are unknown.

Virginia, which has 200 contact tracers and hopes to hire a total of 1,300 staff to support the effort, is looking for speakers of Mandarin, Haitian Creole, Spanish and Bengali, said Mona Bector, deputy commissioner for administration at the Virginia Department of Health.

The state has received more than 6,000 résumés for these positions, Bector said.

Long Beach prides itself on a diverse workforce that reflects the city's population. Officials pulled their contact tracers and interpreters, including Ayala-Castillo, from municipal staff members who speak Samoan, Khmer, Tagalog, Spanish, Vietnamese, Mandarin and other languages to create a staff of 60. Their goal is to have 200 people trained and ready to deploy as needed.

Having workers who can speak to contacts in the language they prefer is a step forward, said Crystal Watson, a senior scholar from the Johns Hopkins Center for Health Security. Being able to extract information while being sensitive to patients' concerns and mistrust is paramount, she added.

Sgt. Jairo Paulino, a 38-year-old member of the Delaware National Guard, is one of several bilingual guardsmen volunteering to help call COVID-19 contacts. When he started the job in mid-May, he noticed there was a "major backlog" of names because the state didn't have enough Spanish speakers to reach out to everyone quickly.

Paulino was born in the Dominican Republic and moved to New York as a boy. He grew up translating for his father and attending church — both elements that help build trust in the Latino community, he said.

Poor access to the internet also poses a challenge. In Tulare, a rural county in central California, health workers ask patients to use an online portal to help streamline data collection of their contacts. However, 5% to 10% of people cannot get online, said Tiffany Swarhout, an administrative specialist at the county health department. In those cases, health workers will speak to the patient on the phone.

Employment concerns represent another tricky area for contact tracers. Some people they reach out to may hesitate to stay home because they are strapped for cash, especially if the pandemic has left members of the family without work, said Jody Menick, a nurse who supervises contact tracing in Montgomery County, Maryland, just outside Washington, D.C.

Some employers are requesting proof that patients and contacts were safe to return after quarantine, and some areas provide official letters that specify the worker's quarantine period.

But undocumented workers — who have fewer protections than employees with legal status — have been pressured to show up to work in her area, Menick said, leaving them with a difficult decision.

"Am I going to have money to buy food for my family, or am I going to stay home?"

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## **COVID-19 CMS News Alert**

Here is a summary of recent Centers for Medicare & Medicaid Services (CMS) actions taken in response to coronavirus disease 2019 (COVID-19), as part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, click here <http://www.coronavirus.gov/>. For information specific to CMS, please visit the [CMS News Room](#) and [Current Emergencies Website](#). CMS updates these resources on an ongoing basis throughout the day; the information below is current as of May 5, 2020 at 10:30 a.m. ET.

### **Health Affairs Blog: What CMS's Response to COVID-19 Means for Front Line Clinicians**

Health Affairs recently featured a blog post about what the recent CMS policy changes, including an unprecedented number of health system waivers and flexibilities, mean for health care professionals on the front lines. The blog was written by Michael J. Lipp, MD, Chief Medical Officer for the CMS Center for Medicare & Medicaid Innovation, and Shari M. Ling, MD, Deputy Chief Medical Officer of CMS and Medical Officer for the CMS Center for Clinical Standards and Quality.

### **Health Affairs Blog**

#### **CMS Gives States Additional Flexibility to Address Coronavirus Pandemic**

CMS has approved over 145 requests for state relief in response to the COVID-19 pandemic, including recent approvals for Kansas, Maryland, Minnesota, Missouri, Nebraska, Rhode Island, and Wyoming. These approvals help to ensure that states have the tools they need to combat COVID-19 through a wide variety of waivers, amendments, and Medicaid state plan flexibilities, including for programs that care for the elderly and people with disabilities. CMS developed a [toolkit](#) to expedite the application and review of each request and has approved these requests in record time. These approved flexibilities support President Trump's commitment to a COVID-19 response that is locally executed, state managed, and federally supported.

#### **Section 1135 Waivers**

#### **Section 1115(a) Waivers**

#### **1915(c) Waiver Appendix K Amendments**

#### **Medicaid State Plan Amendments**

#### **CHIP State Plan Amendments**

## **Stay Informed on COVID-19**

**Optum is providing support and resources to help physicians stay up to date on coronavirus disease 2019 (COVID-19).**

**[Learn more](#)**

Testing availability for the novel Coronavirus (COVID-19) is of urgent concern for healthcare providers and delivery networks. COVID-19 testing is imperative in aiding healthcare providers to identify infected patients more quickly. BioReference Laboratories is pleased to serve as a valuable resource for providers in the TIPAAA network to ensure at-risk patients have access to quality testing.

BioReference has worked diligently to ramp up PCR testing capacity and is prepared to accept specimens from TIPAAA providers to get quality testing to patients who need it most.

BioReference is aware of some difficulty in obtaining the necessary supplies for COVID-19 testing. Alternate specimen collection is available. Please click the following links for more information.

## [Specimen Collection](#)

## [Provider Info PCR Testing](#)

## [Patient Info](#)

## [Provider Info Serology](#)

## [FAQ](#)

### **ANTIBODY TESTING FOR COVID-19**

BioReference offers a semi-quantitative immunoassay which measures SARS-CoV-2 specific IgG antibody levels, correlating with the patient's immune response after COVID-19 infection. Based on early evidence, IgG is expected to be elevated in the majority of patients by 14 days after the onset of symptoms. The timeline for IgG elevation in asymptomatic patients is still being studied.

Antibody tests play a critical role in the fight against COVID-19 by assessing the levels of immune response in populations and individuals. A significant number of asymptomatic or mildly symptomatic COVID-19 patients will not be diagnosed with molecular testing. Antibody blood testing from BioReference can assist healthcare professionals and public authorities make decisions about people returning to work and easing social distancing and shelter-in-place measures.

Antibody tests offered by BioReference are performed on high-volume instruments and have been verified for sensitivity and specificity. They have been approved by appropriate state Departments of Health and registered with the FDA.

For detailed information on test ordering, specimen collection or any other service issues, [please visit](#) or call 833-684-0508.

# CMS Issues New Rules for MIPS Reporting

We want to keep WPA members informed about new changes from CMS in regards to MIPS reporting during the COVID-19 outbreak.

According to the following information that we received from CMS, physicians who plan not to report for performance year 2019 will not be penalized and receive a neutral payment for Clinicians participating in Quality Reporting Programs in Response to COVID-19. Despite the tragic events that have caused this disruption, the administrative result for our WPA members is that those physicians who had been members of the ACO will now not be penalized for failing to report to the MIPS program for performance year 2019. CMS is still evaluating options for providing relief around participation and data submission for performance year 2020.

Centers for Medicare & Medicaid Services (CMS) announced unprecedented relief for the clinicians, providers, and facilities participating in Medicare quality reporting programs including the 1.2 million clinicians in the Quality Payment Program and on the front lines of America's fight against the 2019 Novel Coronavirus (COVID-19). Specifically, CMS announced it is granting exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs with respect to upcoming measure reporting and data submission for those programs.

Specifically, CMS is implementing additional extreme and uncontrollable circumstances policy exceptions and extensions for upcoming measure reporting and data submission deadlines for the following CMS programs.



# To Combat COVID-19 Doctors Get Free Access to Patient Medical Records

**LAS VEGAS** – HealthIE Nevada, our only statewide health information exchange (HIE) provides real-time access to patient medical records safely and securely to doctors.

To save lives and reduce the spread of COVID-19, HealthIE Nevada is now offering no-cost access to our HealthIE Chart provider portal which contains comprehensive medical records on nearly every Nevadan. The HIE collects medical records from acute care hospitals, emergency departments, urgent care sites, skilled nursing facilities, doctor offices, laboratories, imaging centers, and other healthcare organizations across the state. HealthIE Nevada’s connections to the State Public Health Lab, Southern Nevada Health District, Washoe County Health District, private labs, and the majority of diagnostic services provides COVID-19 and other test results.

In the case of COVID-19, the number of seriously ill patients the healthcare system can handle at the same time is determined by the efficiency of the healthcare system. Healthcare providers need rapid, reliable access to patient information. Failure to quickly find relevant patient information can lead to dangerous delays, costly rework, errors, and wasteful inefficiencies that a COVID-19 stressed healthcare system can ill afford.

“HealthIE Nevada is designed for precisely this type of public health challenge. We implore the healthcare community to allow us to assist you and overcome this challenge together,” said Michael Gagnon, HealthIE Nevada executive director.

Licensed providers can sign up or learn more at <https://healthienvada.org/>

## About HealthIE Nevada

HealthIE Nevada is a private, nonprofit, community-based health information exchange (HIE) dedicated to connecting healthcare organizations by managing the real time, secure, and accurate exchange of clinical information. HealthIE Nevada operates the only state-wide HIE available to the entire Nevada healthcare community. To learn more, visit [www.healthienvada.org](http://www.healthienvada.org), or follow HealthIE Nevada on [LinkedIn](#), [Facebook](#) and [Twitter](#).

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U.S. Small Business  
Administration

## PRESS OFFICE

The CARES Act establishes a new \$349 billion Paycheck Protection Program. The Program will provide much-needed relief to millions of small businesses so they can sustain their businesses and keep their workers employed. “This unprecedented public-private partnership is going to assist small businesses with accessing capital quickly. Our goal is to position lenders as the single point-of-contact for small businesses – the application, loan processing, and disbursement of funds will all be administered at the community level,” said Administrator Carranza. “Speed is the operative word; applications for the emergency capital can begin as early as this week, with lenders using their own systems and processes to make these loans. We remain committed to supporting our nation’s more than 30 million small businesses and their employees, so that they can continue to be the fuel for our nation’s economic engine.”

“This legislation provides small business job retention loans to provide eight weeks of payroll and certain overhead to keep workers employed,” said Secretary Mnuchin. “Treasury and the Small Business Administration expect to have this program up and running by April 3rd so that businesses can go to a participating SBA 7(a) lender, bank, or credit union, apply for a loan, and be approved on the same day. The loans will be forgiven as long as the funds are used to keep employees on the payroll and for certain other expenses.” The new loan program will help small businesses with their payroll and other business operating expenses. It will provide critical capital to businesses without collateral requirements, personal guarantees, or SBA fees – all with a 100% guarantee from SBA. All loan payments will be deferred for six months. Most importantly, the SBA will forgive the portion of the loan proceeds that are used to cover the first eight weeks of payroll costs, rent, utilities, and mortgage interest.

**The Paycheck Protection Program is specifically designed to help small businesses keep their workforce employed. Visit [SBA.gov/Coronavirus](https://www.sba.gov/coronavirus) for more information on the Paycheck Protection Program.**

- The new loan program will be available retroactive from Feb. 15, 2020, so employers can rehire their recently laid-off employees through June 30, 2020.

## Loan Terms & Conditions

- Eligible businesses: All businesses, including non-profits, Veterans organizations, Tribal concerns, sole proprietorships, self-employed individuals, and independent contractors, with 500 or fewer employees, or no greater than the number of employees set by the SBA as the size standard for certain industries
- Maximum loan amount up to \$10 million
- Loan forgiveness if proceeds used for payroll costs and other designated business operating expenses in the 8 weeks following the date of loan origination (due to likely high subscription, it is anticipated that not more than 25% of the forgiven amount may be for non-payroll costs)
- All loans under this program will have the following identical features:
- Interest rate of 0.5%
- Maturity of 2 years
- First payment deferred for six months
- 100% guarantee by SBA
- No collateral
- No personal guarantees
- No borrower or lender fees payable to SBA

SBA's announcement comes on the heels of a series of steps taken by the Agency since the President's Emergency Declaration to expeditiously provide capital to financially distressed businesses affected by the Coronavirus (COVID-19) pandemic. Since March 17, SBA has taken the following steps:

- Declared all states and territories eligible for Economic Injury Disaster Loan assistance
- 1-year deferment on Economic Injury Disaster Loans provided due to COVID-19
- Automatic deferment of previous disaster loans for homeowners and businesses through 2020
- Waiver of garnishments through 2020

Visit [SBA.gov/Coronavirus](https://www.sba.gov/coronavirus) for more information on SBA's assistance to small businesses.

# Exclusive Program for Members

## Sierra Wellness

We've got you covered.

Our Health Education and Disease Management teams provide support and resources to help you stay well.



Nutrition



Fitness and exercise



Weight loss



Diabetes



Asthma



Stop smoking



Classroom education



Online education



Telephonic education



Registered nurses



Registered dietitians



1:1 consultations

To find more resources, please call [702-877-5356](tel:702-877-5356) or toll-free at [1-800-720-7253](tel:1-800-720-7253) TTY [711](tel:711).  
Monday through Friday, 8 a.m. to 5 p.m. local time, or visit [myHPNonline.com](http://myHPNonline.com)

Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan o los documentos de su plan.



Health plan coverage provided by Health Plan of Nevada.  
Insurance coverage provided by Sierra Health and Life.



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# Western Physicians' Alliance

## WPA Exclusive Member Portal: Register Today

Registration Link Below: Access to Education, Savings, Advisors and More.



## WPA Member Update - Benefits, Education and Featured Advisors

### Dear WPA Physicians and Practice Managers:

Welcome to the new WPA Exclusive Member Portal. We are excited to be able to offer our members a web based Education, Benefit and Advisor panel to help with your practice needs.

There is no charge to access the WPA Portal and you will have access 24/7. Some of the key features included are, Deep Discounts from vendors, Practice Management Solutions and a Complimentary Benefit Review, in which you can learn about the new benefits and cost savings now available to you as a member of WPA.

To help identify how the Portal can benefit your unique practice, you are encouraged to register below. Should you have any questions, please log in to view the instructional walk-through of the WPA member resource center.

And, to help you identify how the portal can benefit your unique practice, you are encouraged to sign up for your Complimentary Benefit Review, in which you can learn about the new benefits and cost savings now available to you as a member of WPA.

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## ***WPA Member Benefit and Education Portal: Register Today!***

We are pleased to announce the launch of our new and improved Exclusive Member Resource Center. As a member of WPA, you now have **24/7 access** to your online Benefit, Education and Advisor Portal.

**[Register now by clicking here!](#)**

## WPA Exclusive Member Portal: Virtual Tour

The image shows a tablet displaying the WPA Exclusive Member Portal dashboard. The dashboard is titled "Welcome to your Exclusive Member Dashboard" and features several key sections: "education center" with 2017 CME Presentations, "online provider directories" for Provider and Outpatient Services, "meet your advisors" with a "Today's Practice Panel of Experts", "search and discover your member exclusive benefits" listing partners like Office Depot, Bank of America, and Anheuser-Busch, and "conferences & events" with a "Schedule your Complimentary Benefit Review" button. Callouts on the left point to "WPA Education Center" and "Your Business Advisory Panel". Callouts on the right point to "Online Provider Directory", "WPA IPA Member Exclusive Benefits", "Upcoming Events", and "Online Reservation: Complimentary Benefit Review".

### Discover your new WPA Member Benefits!

Learn what Deep Discounts, Exclusive Services and more that you are already entitled to use in your practice! Our new benefit partners are fully vetted and endorsed to provide you, the WPA member, the best in service and the deepest savings available. From superior Financial Management and Billing Services to a Complimentary Medical Malpractice Premium Cost Comparison, we will discuss your immediate needs, and bring you the best in vendor savings to which you, as a current member, are already entitled.

### Register Today

& Schedule your Complimentary Benefit Review through the online portal.