

The “4T” Approach to Coronavirus, and the Role of Telehealth

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To discuss today

- Our approach and its background in Beacon's whole-person and whole-community care model
- Our results
- The role of telehealth
- Potential applications
- Q and A

BCCHC COVID19 response

- Starting March 4, 2020, we began to do limited testing to conserve PPE.
 - Averaging 4 per week of tests.
 - Logistically a challenge to test inside building vs. outside of the building.
- Starting March 23, 2020, we began to do 3-4 test/per day, averaging 15 per week.
- Total tests done so far: 55 tests
 - Most are positive
 - A few negatives
 - A few indeterminates
 - All were symptomatic when they were tested

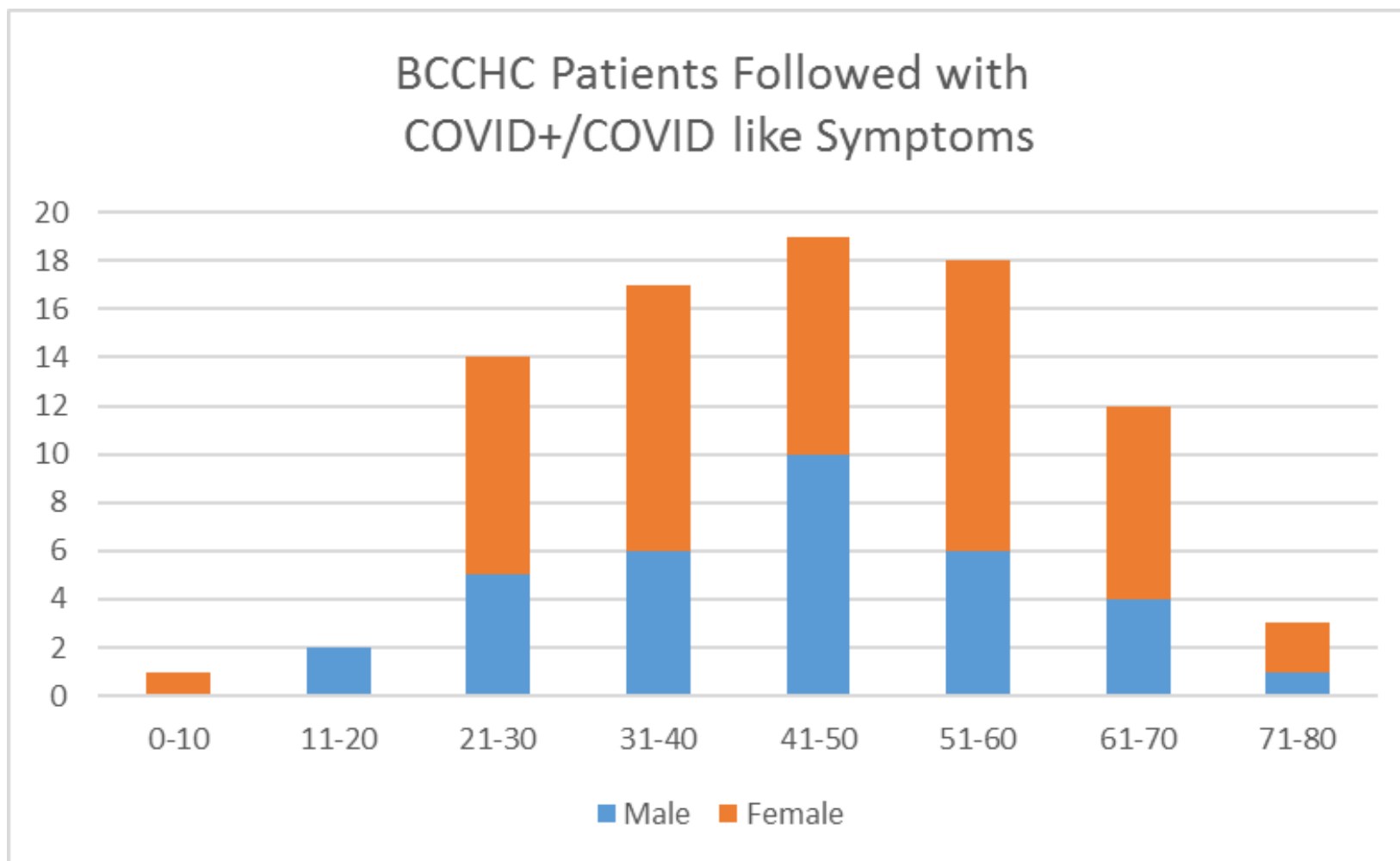
BCCHC COVID19 response

- In late March, we developed an outpatient treatment protocol
 - Unable to use HCQ due to restricted access to only hospitals, plus its risk profile made it difficult to access with limited testing and access to Cardiologists
 - No organized outpatient responses locally on Staten Island; hospitals left standing alone
 - NYC DOH at the time stopped all outpatient testing; locally told all pts to “stay at home until they were too sick to do so”
 - → hospital overload, sicker patient presentation and higher mortality, worsening fear
 - Developed **4T's: Test, Treat, Track, and Teach**
 - **Testing** all symptomatic individuals
 - **Treating** individuals with respiratory symptoms with ABX
 - **Tracking** patients and monitoring for onset of respiratory symptoms if they do not have them
 - **Teaching** patients and families the importance of compliance measures

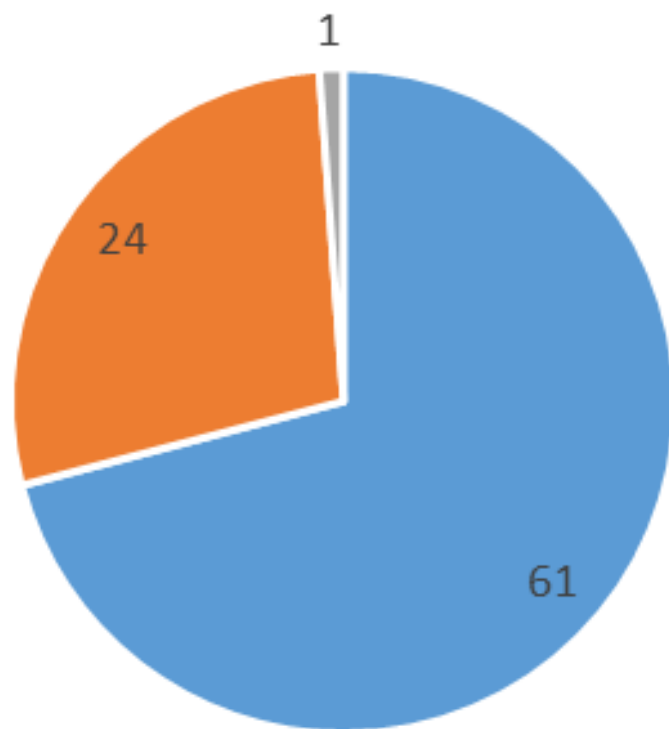
The 4T's

- Testing
 - Primarily using oral/nasopharyngeal swab testing from Labcorp
 - Due to test # limitation, focused criteria
 - Tried to primarily test people with fever and cough
 - 55 tested by Beacon directly to date
- Treating
 - For fever and cough presentation, hi-dose Amoxicillin and Azithromycin
 - Protocol adapted from Spanish protocols
 - Also treated symptomatic people who were “suspicious” or had tested positive at other facilities
- Tracking
 - 5-7 days by telephone/telehealth visits daily
 - Standard questions about wellness and compliance asked; all answers documented
 - Referrals to services including chaplaincy given
- Teaching – based on the Community Health Education (CHE) model
 - Incentive spirometry
 - Social precautions
 - General well habits – eating, drinking, exercise etc
 - Social and emotional support – a key unexpected side effect of our approach

BCCHC COVID19 response (through 4/19/20)

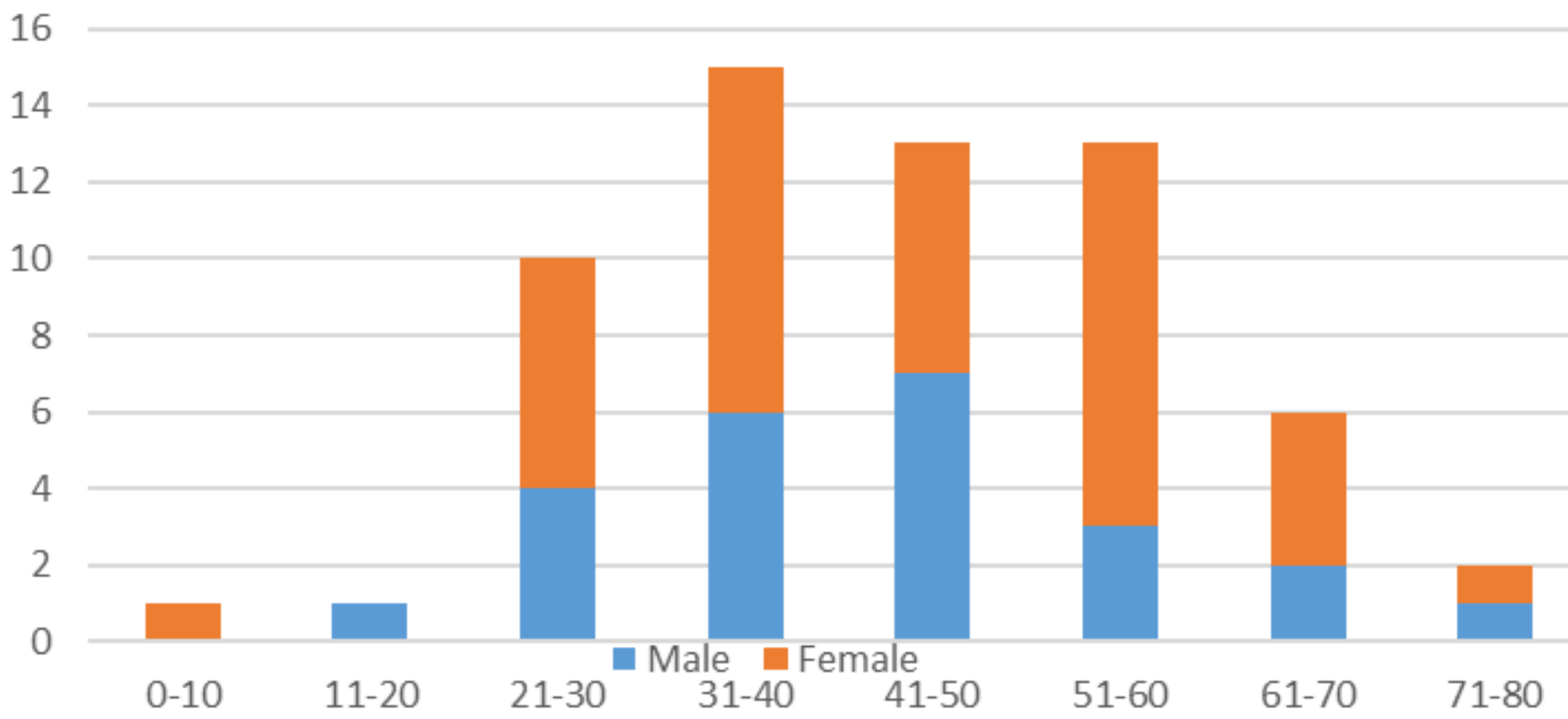


4T's- Percentage of ABX Prescribed

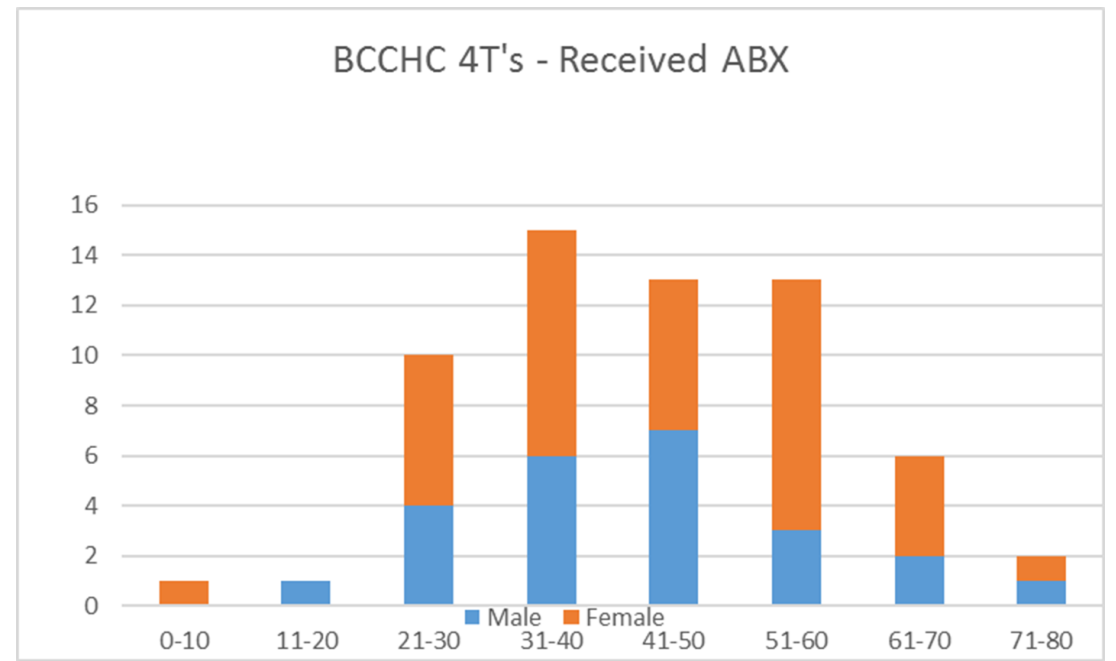
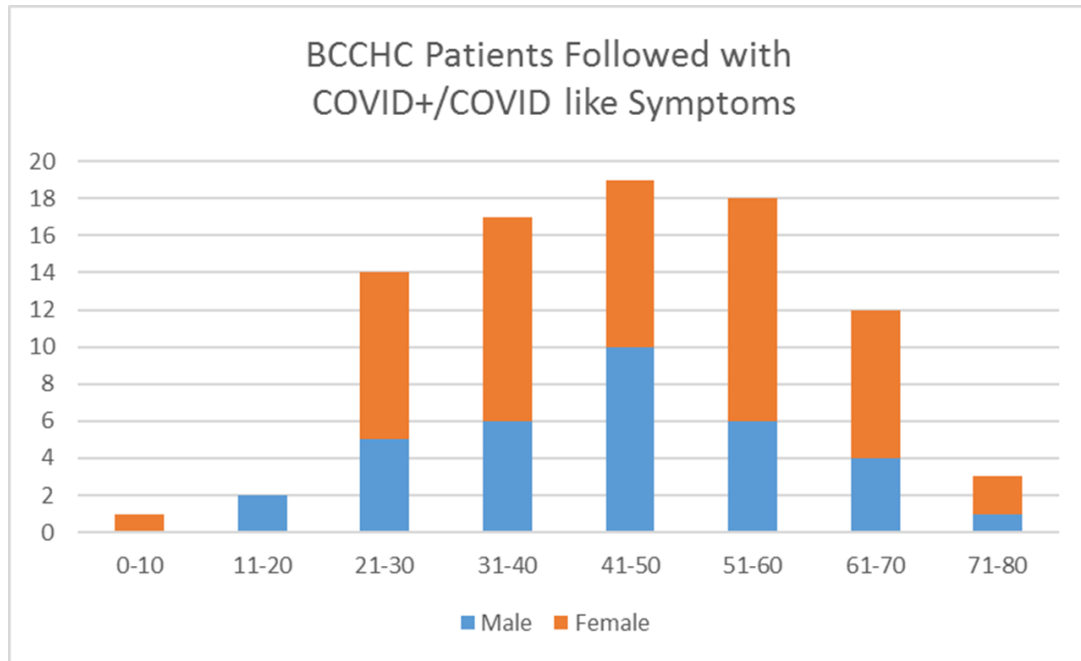


■ Yes ■ No ■ Unknown

BCCHC 4T's - Received ABX



Trending Pattern?



Impact from BCCHC & Testing

- 86 symptomatic/borderline patients were monitored and **no one** in the protocol needed to go to ER for COVID symptoms and recovery
- As the only outpatient testing site in 10303, we played a role in improvements in work places like Amazon, identifying local “hot spots”, and highlighting the critical role of FQHCs in assisting with surge control
- 10303 now has the highest percentage of **reported** positive cases in all of Staten Island (as of 4/19/20)

Role of Telehealth

- Critical role in tracking, f/u of treatment, and teaching
- Able to provide “in-home” support
- Treated patients in the middle of the night if needed
- In this time where the fear may still be worse than the disease, provided a “social and relational lifeline” to many isolated patients and families
- Allowed for more flexible usage of staff during this “wartime” posture

Next steps

- Continue to do the 4T's
 - Start using Rapid Antibody testing which will decrease need for full PPE
 - Developing community testing events at local NYCHA communities where testing access is very limited; Eden II and other OPWDD facilities (over 300 clients and staff)
 - Goal: “light and fast”
- Pending publication in *Advances in Infectious Diseases* (by end of month)
 - Hoping that our experience will help others “tamp down the curve”
 - Shows that outpatient collaboration with the hospitals can potentially make a significant difference
 - Demonstrates the critical roles FQHCs can play in crises like this
 - Allows us to live out our mission

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- The physicians, senior management and staff at Beacon Christian Community Health Center, Staten Island, NY

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Thank you for the opportunity to share.



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