



COVID-19 Community Testing Guidance Document for Health Systems

For patients who have a health care provider

MAY 2020

Metro Denver Partnership for Health



About the Metro Denver Partnership for Health

The Metro Denver Partnership for Health (MPDH) is a partnership of key stakeholders committed to improving health in metro Denver through regional collaboration and action.

MDPH is currently governed by the six local public health agencies serving the seven-county Denver Metro area, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties. MDPH's work impacts nearly 3 million Coloradans — 60 percent of the state's population — who live in this region.

In order to anticipate what happens next with COVID-19, the MDPH began coordinating three workgroups in March 2020 to address how interested jurisdictions can prepare for their communities' public health needs when Stay-at-Home orders are lifted. The goal of these workgroups is to identify and inform strategies and action plans for how

to mitigate increased spread of disease. Workgroups consist of local and statewide public health and health care stakeholders. Throughout the planning and development of these proposals, we ensured alignment with the governor's office and Colorado Department of Public Health and Environment by having representatives from those agencies on our workgroups.

You are welcome to use this guide however you find useful, and we hope it helps promote consistent messages and guidance across Colorado.

For more information on the collaborative, visit: <https://www.coloradohealthinstitute.org/research/metro-denver-partnership-health> or contact Nicole Steffens at steffensn@coloradohealthinstitute.org.





Summary

Moving to Safer-At-Home is a priority for local public health. Restarting society involves some risk of further COVID-19 infection and transmission. The ability of local agencies to quickly build, support, and sustain increased testing is vital to any reopening plan and protecting against a “surge” in the health care system. The Metro Denver Partnership for Health (MDPH) was tasked by local leaders to identify best practices for expanding testing in our communities and for supporting health care systems in these efforts.

MDPH is proposing a two-pronged system for improving our capacity to test community members in Colorado:

1. Utilize health systems’ current capacity and infrastructure to reach out, screen, and test patients.
2. Partner with community groups, local public health agencies, and other stakeholders to refer people to testing. This may include targeting individuals who do not have a health care provider, are high-risk, or otherwise will not access testing through a traditional health care system.

This proposal outlines prong one, best practices for expanding testing to patients who have an established health care provider. Prong two is outlined in a second proposal.

Testing Goal

Implement standardized targeted COVID-19 testing with health care systems to assess prevalence of infection in communities.

Action Plan

- Establish guidance on best practices for expanding testing to symptomatic community members through existing health systems.
- With expanded testing in place, use data to inform a community-based approach to test difficult-to-reach populations.
- Pilot community testing process with one or two health systems.
- Evaluate processes.
- Scale to health system, local public health, and testing partners.

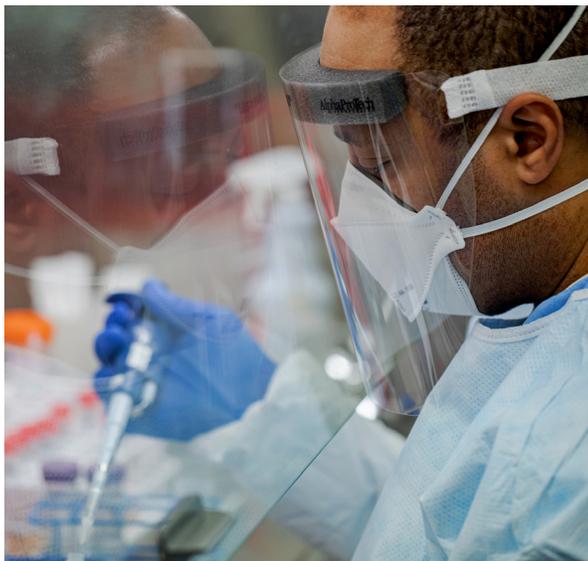
Step 1: Screening

- Until serology tests are deemed reliable and systems have enough tests, we recommend that only Tier 1 and Tier 2 patients, as well as patients who are symptomatic (Tier 3), be tested (using swab test).
- If a system has enough tests, systems may prioritize additional populations for testing.
- Each health system should send a symptom

screening survey out to patients in their system to identify Tier 3 patients.

o MDPH has created a [template](#) for questions to ask patients. Health systems may choose the extent of questions they would like to ask. However, our goal is to use these standardized questions so we can aggregate and analyze data across health systems to assess hotspots and trends in our community.

	Test for COVID-19?
<p>COVID Testing Tier 1</p> <ul style="list-style-type: none"> • Hospitalized patients and symptomatic health care workers 	 YES
<p>COVID Testing Tier 2</p> <ul style="list-style-type: none"> • Symptomatic patients with ≥ 1 “yes” in Deterioration Risks (See below) or • Symptomatic & pregnant ≥ 37 weeks OR symptomatic and likely admission within next 2 weeks • Neonates with a mother positive and symptomatic with COVID-19 • Symptomatic low-risk individuals who live with high-risk individuals • Symptomatic patients requiring high-risk dental procedures • Symptomatic patients with HIGH risk for deterioration from COVID-19 infection: <ol style="list-style-type: none"> a. Older adult (age ≥ 65 years per CDC guidelines) b. People who live in a nursing home or long-term care facility c. Immunocompromised individual (e.g., cancer, solid organ transplant, other immunosuppressive drugs, chronic lung disease, hemodialysis, advanced HIV) d. Chronic lung disease or moderate to severe asthma e. BMI ≥ 40 f. Underlying medical conditions like diabetes mellitus, hypertension, chronic kidney disease, coronary artery disease, cirrhosis, etc. 	 YES
<p>COVID Testing Tier 3</p> <ul style="list-style-type: none"> • Symptomatic patients with ≥ 2 “points” for COVID symptoms (See point system on next page) 	 YES
<p>COVID Testing Tier 4</p> <ul style="list-style-type: none"> • People with symptom “points” < 2 	 NOT YET



flickr.com/photos/130921112@N07/49628500837/

- o Standardized survey should at minimum include: Contact information, symptomatology, and other pertinent questions for containment and monitoring that you may like to know. Please reference the survey for our recommended questions.
- Each system will determine how this process will be communicated to its patients. We recommend you engage your communications team to ensure consistent messaging is occurring across platforms.
 - o Example outreach includes through Electronic Medical Record (EMR) patient portal, email, text, or letter.
 - o Information will include the survey and how the system will follow-up with patients if they are symptomatic.
- Each system will identify processes and personnel for reviewing completed surveys and identifying those who should be prioritized for testing. We recommend that personnel assign a point system to severity of symptoms for Tier 3 patients. See the example point system at right.

Point System for COVID-19 Testing Prioritization

Use the symptoms/signs below to assess persons for COVID-19 testing. A score of ≥ 2 points indicates someone who should be referred for testing.

For those with chronic symptoms (e.g. chronic cough or fatigue) consider worsening of those symptoms over the past 2 weeks as meeting criteria.

Two points each

- Fever
- Cough
- Shortness of breath

One point each

- Household contact of person with COVID-19
- Rhinorrhea (runny nose)
- Pharyngitis (sore throat)
- Abdominal pain
- Diarrhea
- Dysgeusia/ageusia (change/loss of taste)
- Dysosmia/anosmia (change/loss of smell)
- Myalgia (muscle aches)
- Severe fatigue

Step 2: Scheduling

- Once the patient is deemed eligible for testing (a score of ≥ 2 points — see above), please call the patient to schedule a testing appointment.
- If applicable, ensure patients are signed up for their patient portal to obtain their results.
- Remind patients what to bring to drive-up testing (ID, insurance card, and, if applicable, provider order) and to arrive only at their scheduled appointment time. This is important in order to avoid large numbers of people.

Example: Denver Health process for health care workers, first responders, community partners, and certain patient populations. Clinical staff review surveys and follow up with the respondent via phone:

- Review person's contact information.
- Ask additional screening questions.
- Provide standard guidance information on COVID-19 protective measures (can send through patient portal, email, or text).
- Place people into risk categories to prioritize who to test.
- Schedule appointments for community testing.
- Make sure they're signed up for their patient portal.
- Remind person of what to bring to the drive-up testing (ID and insurance card).

Step 3: Walk-up/Drive-up Testing

- Many systems have walk-up/drive-up tent testing sites in place. These systems may use their current processes.
- See the [COVID Test Site Operational Playbook](#) from the State of Colorado for best practices on setting up a test site.
- If a system would like to conduct testing for community members outside its system or conduct a first come, first-served testing site (e.g. STRIDE), the system may ask its patients to complete screening and registration on an iPad (using HANDI tool) or via a link on their smartphone while waiting to be tested.
 - Option to use HANDI tool: uses iPad with ability to store information (can be used offline, it stores information until it is back online and can upload). This tool can link to the person's pre-registration and the health system's EHR for billing and reporting of results to the patient and the state. If interested in this technology, please contact Melissa McClung at Melissa.McClung@dhha.org.
- In the case a system has not set up a site for testing, we recommend the following procedures:
 - Consider setting up 10-minute appointments. Do not take vitals as it increases visit time and decreases your ability to see more patients. Those who need vitals taken or need to be admitted should be sent to the ED. However, you prefer to take vitals, the choice to do so is up to each system.

- Provide training to staff who will be at the community testing site as well as daily pre-shift huddles to review processes, roles, and responsibilities; any changes to processes; and answer any questions.

- **Station 1:** Greeter verifies person has an order for the test, ensures people are signed up for patient portal so they can access their results, and directs them through.

Person at this station can also review next steps after testing (direct to website, email or text information to patient versus providing paper as much as possible); consider languages needed.

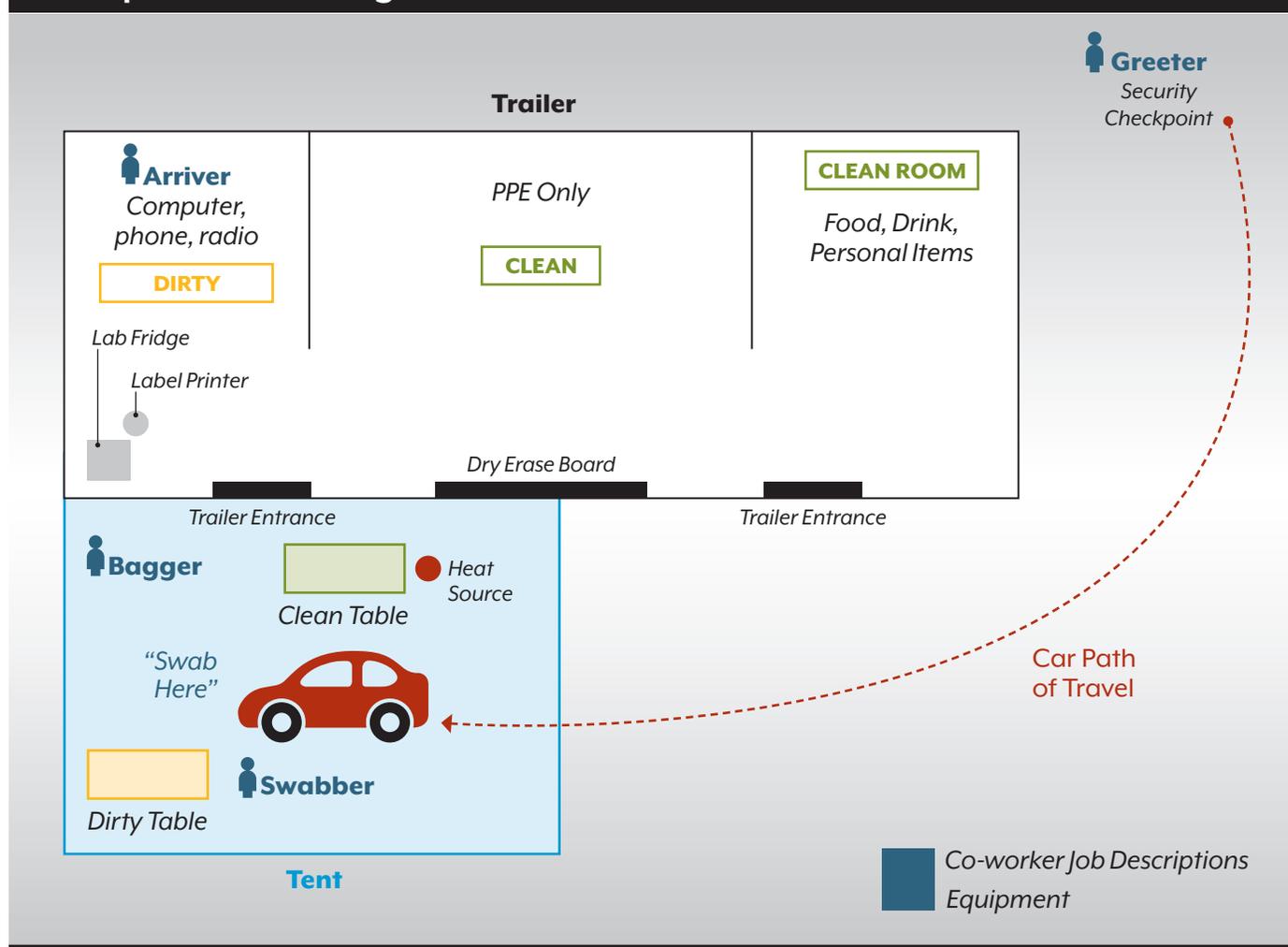
- **Station 2:** Testing will use a swab to collect a specimen for PCR testing. Serology will not be collected.

- Ensure you have a refrigerator available to store the tests.

- Determine how to run tests back to the lab (or how to get to CDPHE lab) and how often this needs to be done.

- See diagram example of drive-up testing on next page.

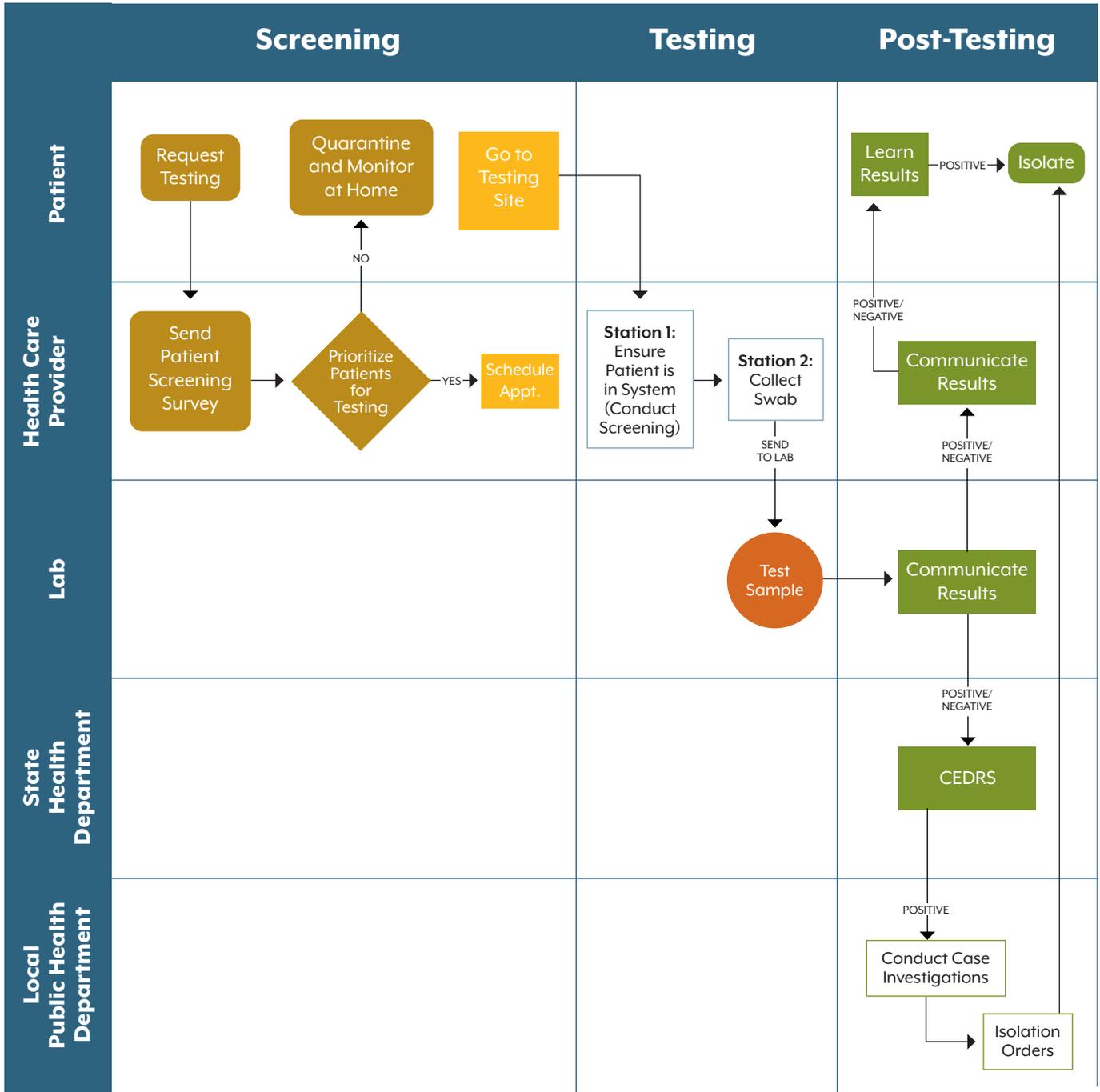
Example Drive-Through Flow



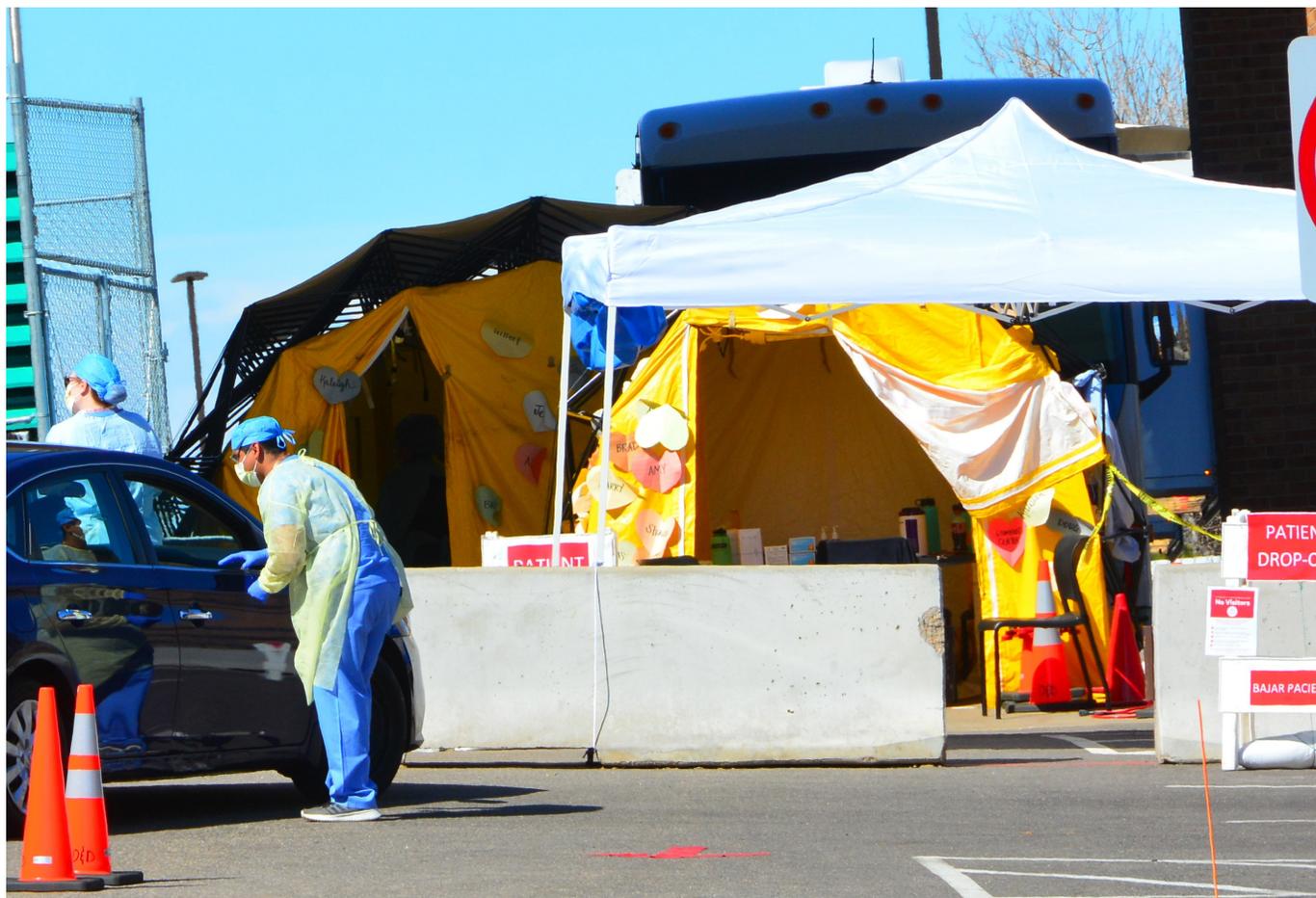
Step 4: Post-Testing

- Patients who are positive should receive a follow-up call from their provider or case management team on isolation instructions.
- All positive results will have a case investigation completed by the appropriate local public health agency.
- Data sharing by each health system will be done using a standardized reporting structure with information shared on a cloud-based platform that the containment team can assess. Uploads will occur nightly.
- The containment team will use the information to isolate new cases and trace, test, and quarantine contacts as soon as possible.

Appendix 1: Testing Process Flow Chart



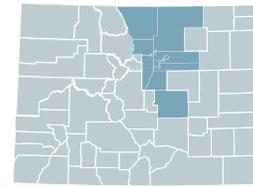
Appendix 2: Health Care Systems and Testing Needs by County/Day



COVID-19 case data updated daily at covid19.colorado.gov/data/case-data

For more information on the collaborative, visit:
<https://www.coloradohealthinstitute.org/research/metro-denver-partnership-health>
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Community Testing Needs for The Front Range



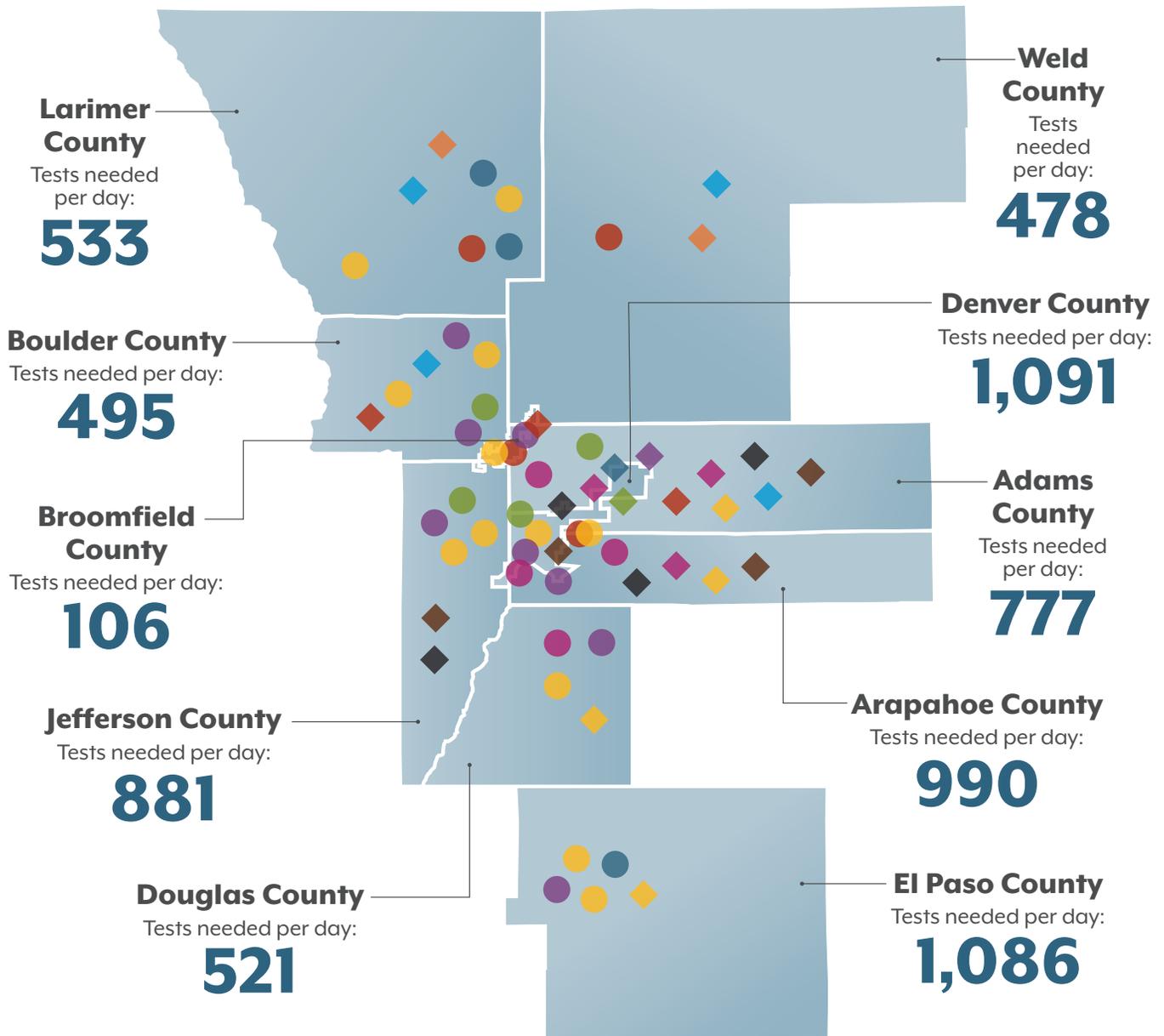
Area of Detail

Existing Health Care Systems:

- Banner Health
- HealthONE
- Centura Health
- UCHealth
- SCL Health
- Other

Federally-Qualified Health Centers (FQHCs):*

- ◆ Clinica Family Health
- ◆ Clínica Tepeyac
- ◆ Colorado Coalition for the Homeless
- ◆ Denver Health's Community Health Services
- ◆ Inner City Health Center
- ◆ Peak Vista Community Health Centers
- ◆ Salud Family Health Centers
- ◆ Sheridan Health Services
- ◆ STRIDE Community Health Center
- ◆ Sunrise Community Health



Recommended Tests Needed Per County Based on 152 Tests Per 100,000 Population

* Does not include Community Safety Net Clinics

COVID-19 Testing Numbers for the Front Range

Recommended Tests Needed Per County Based on 152 Tests Per 100,000 Population

Location	2018 Population	Tests Needed Per Day
Colorado	5,694,311	8,655
Metro Denver and Boulder Seven-County Population	3,197,879	4,766
Adams	511,469	777
Arapahoe	651,345	990
Boulder	325,480	495
Broomfield	69,453	106
Denver	717,796	1,091
Douglas	342,847	521
Jefferson	579,489	881
Weld	314,250	478
Larimer	350,362	533
El Paso	714,398	1,086

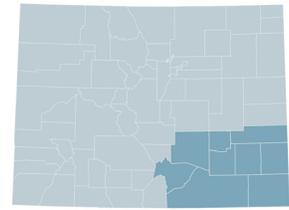
Sources: Harvard University, The New York Times

COVID-19 case data updated daily at covid19.colorado.gov/data/case-data

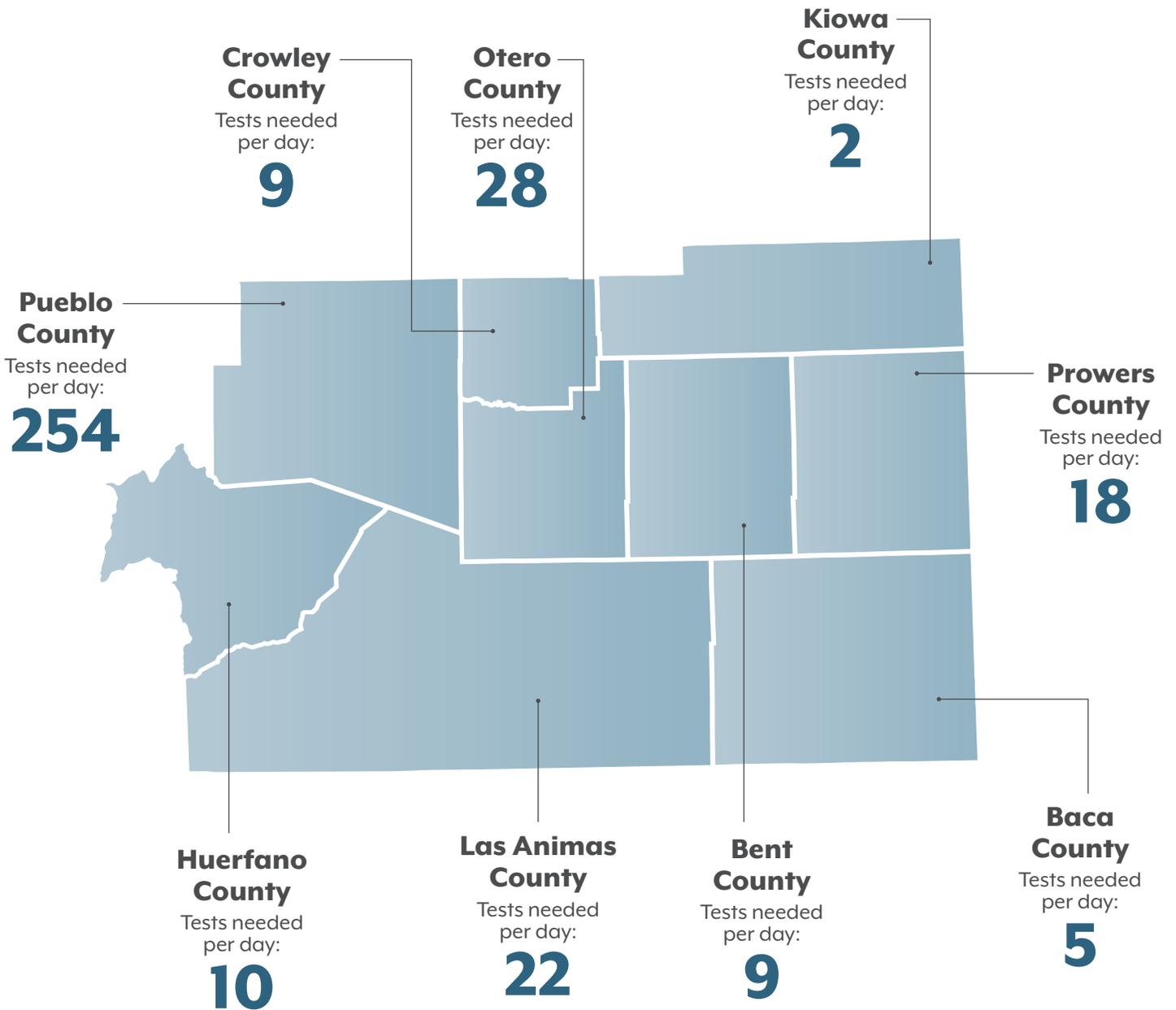
Metro Denver Partnership for Health



Community Testing Needs for Southeast Colorado



Area of Detail



* Recommended Tests Needed Per County Based on 152 Tests Per 100,000 Population

COVID-19 Testing Numbers for Southeast Colorado

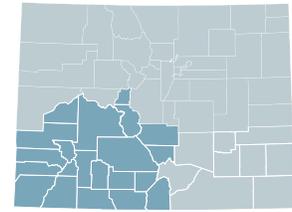
Recommended Tests Needed Per County Based on 152 Tests Per 100,000 Population

Location	2018 Population	Tests Needed Per Day
Colorado	5,694,311	8,655
Southeast Region Population	235,496	358
Baca County	3,547	5
Bent County	5,821	9
Crowley County	5,855	9
Huerfano County	6,851	10
Kiowa County	1,373	2
Las Animas County	14,486	22
Otero County	18,365	28
Prowers County	12,081	18
Pueblo County	167,117	254

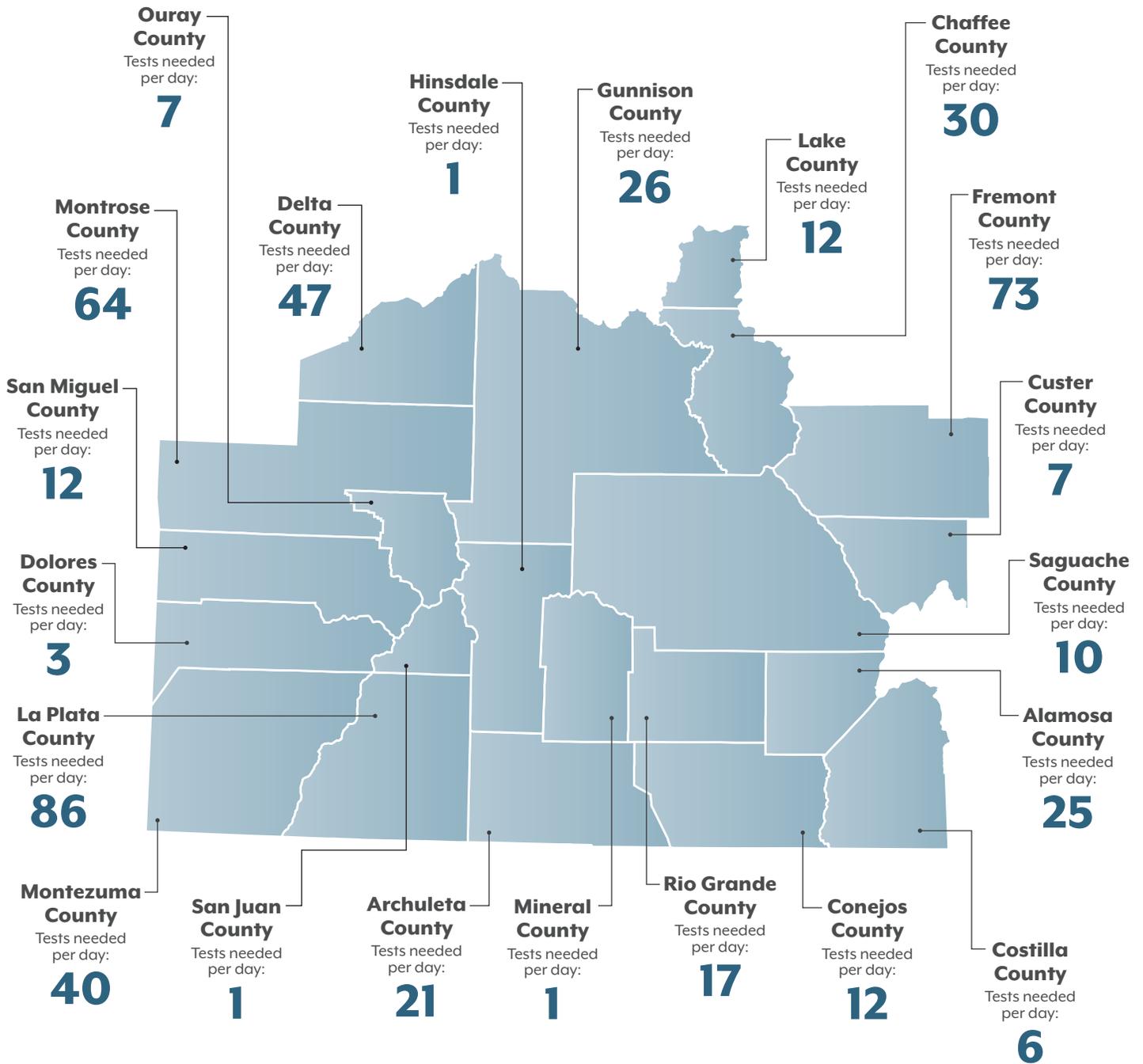
Sources: Harvard University, The New York Times

COVID-19 case data updated daily at covid19.colorado.gov/data/case-data

Community Testing Needs for Southwest Colorado



Area of Detail



* Recommended Tests Needed Per County Based on 152 Tests Per 100,000 Population

COVID-19 Testing Numbers for Southwest Colorado

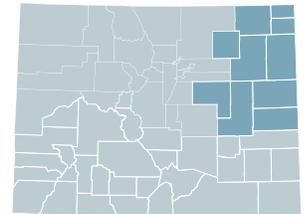
Recommended Tests Needed Per County Based on 152 Tests Per 100,000 Population

Location	2018 Population	Tests Needed Per Day
Colorado	5,694,311	8,655
Southwest Region Population	330,874	503
Alamosa County	16,181	25
Archuleta County	13,746	21
Chaffee County	20,024	30
Conejos County	8,138	12
Costilla County	3,810	6
Custer County	4,929	7
Delta County	30,935	47
Dolores County	2,054	3
Fremont County	47,917	73
Gunnison County	17,173	26
Hinsdale County	807	1
Lake County	7,764	12
La Plata County	56,402	86
Mineral County	775	1
Montezuma County	26,155	40
Montrose County	42,263	64
Ouray County	4,804	7
Rio Grande County	11,220	17
Saguache County	6,840	10
San Juan County	760	1
San Miguel County	8,177	12

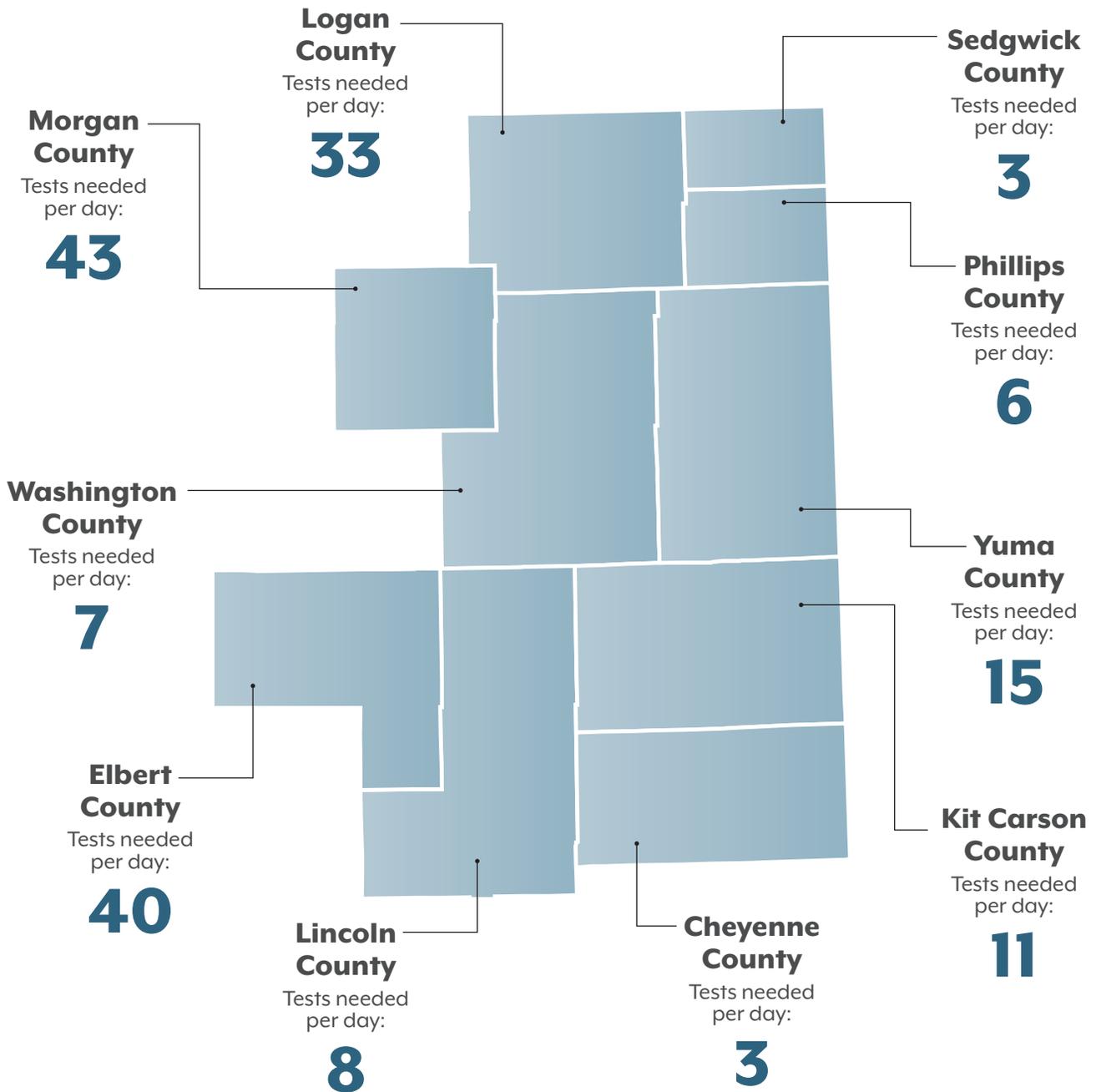
Sources: Harvard University, The New York Times

COVID-19 case data updated daily at covid19.colorado.gov/data/case-data

Community Testing Needs for Northeast Colorado



Area of Detail



* Recommended Tests Needed Per County Based on 152 Tests Per 100,000 Population

COVID-19 Testing Numbers for Northeast Colorado

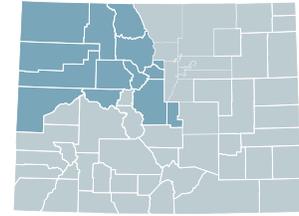
Recommended Tests Needed Per County Based on 152 Tests Per 100,000 Population

Location	2018 Population	Tests Needed Per Day
Colorado	5,694,311	8,655
Northeast Region Population	112,479	171
Cheyenne County	1,861	3
Elbert County	26,218	40
Kit Carson County	7,161	11
Lincoln County	5,580	8
Logan County	21,856	33
Morgan County	28,504	43
Phillips County	4,268	6
Sedgwick County	2,276	3
Washington County	4,729	7
Yuma County	10,026	15

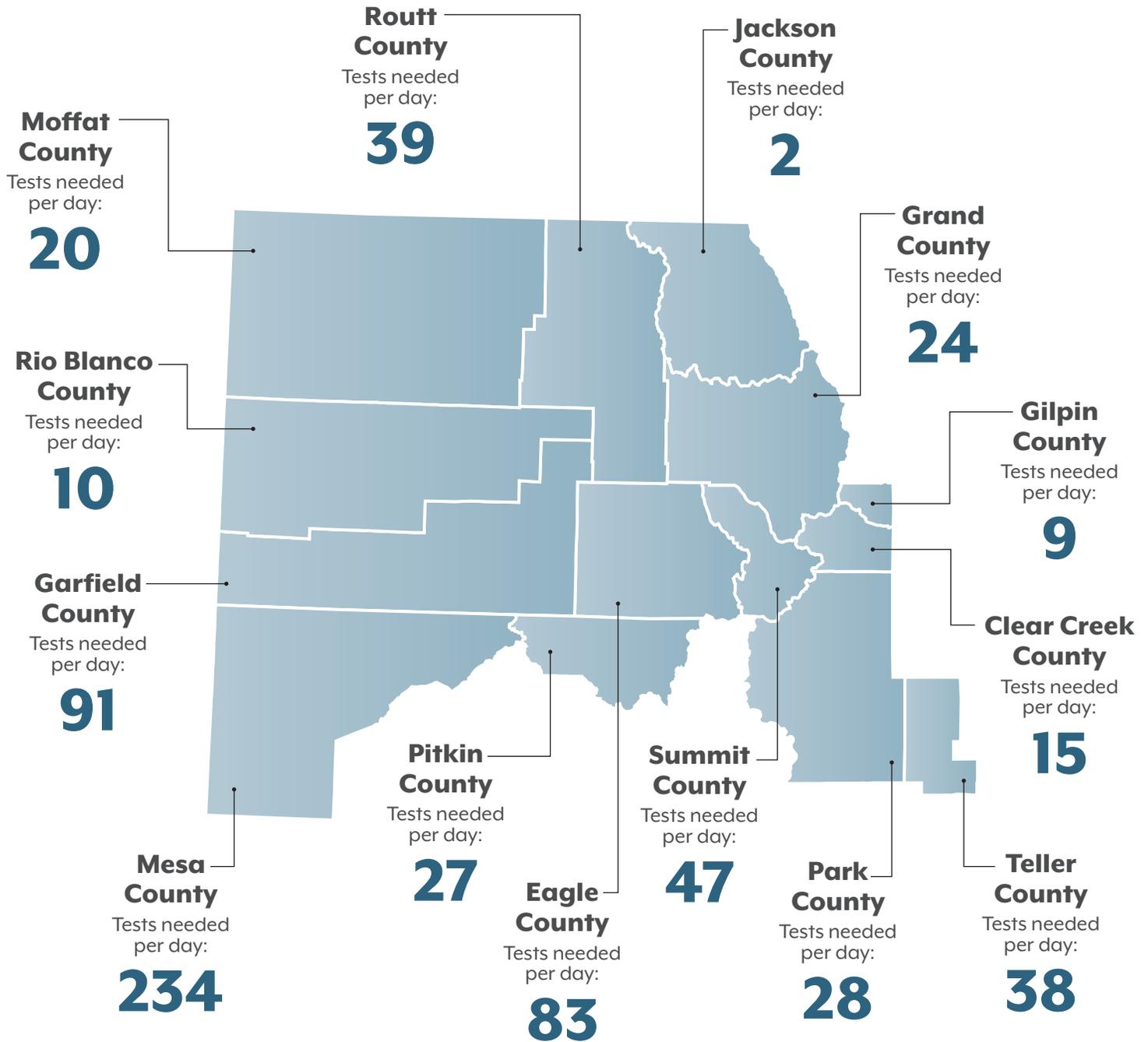
Sources: Harvard University, The New York Times

COVID-19 case data updated daily at covid19.colorado.gov/data/case-data

Community Testing Needs for Northwest Colorado



Area of Detail



*Recommended Tests Needed Per County Based on 152 Tests Per 100,000 Population

COVID-19 Testing Numbers for Northwest Colorado

Recommended Tests Needed Per County Based on 152 Tests Per 100,000 Population

Location	2018 Population	Tests Needed Per Day
Colorado	5,694,311	8,655
Northwest Region Population	438,573	667
Clear Creek County	9,663	15
Eagle County	54,863	83
Garfield County	59,812	91
Gilpin County	6,098	9
Grand County	15,481	24
Jackson County	1,392	2
Mesa County	153,629	234
Moffat County	13,178	20
Park County	18,556	28
Pitkin County	17,882	27
Rio Blanco County	6,308	10
Routt County	25,680	39
Summit County	30,974	47
Teller County	25,057	38

Sources: Harvard University, The New York Times

COVID-19 case data updated daily at covid19.colorado.gov/data/case-data

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