Introduction to Flu on Call™

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3:00 – 4:00 pm Eastern
Webinar Housekeeping

- Please note that today’s webinar is being recorded
  - The presentation slides and recording will be available on the CSTE website in the Webinar Library ([http://www.cste.org/?page=WebinarLibrary](http://www.cste.org/?page=WebinarLibrary))

- All phone lines have been placed on mute.
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- After the speakers' remarks, there will be a question-and-answer period
  - To ask a question, please use the Q&A box on the right side of your screen

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To Ask a Question

- Click on the blue question mark tab on the top right panel of your screen
- This will open the Q&A box on the bottom right panel on your screen
- Type a question
- Send questions to All Panelists
- Questions will be answered during the Q&A period
Today’s Featured Speakers

• Lisa Koonin, DrPH, MN, MPH, Senior Advisor to the Pandemic Medical Care and Countermeasures Task Force in the Influenza Coordination Unit at CDC

• Jamie Ware, MSW, JD, Manager of Strategic Policy Initiatives at the Public Health Management Corporation
Objectives

By the end of today’s webinar, you will be better able to:

• Identify an appropriate situation for when Flu on Call™ might be activated

• Describe possible scenarios for the implementation of Flu on Call™

• Describe the role of epidemiologists in the planning, activation and implementation of Flu on Call™

• Discuss the feasibility and legal challenges with Flu on Call™
Flu on Call™: Improving Access to Medical Care in a Severe Influenza Pandemic
Potential Problems During a Severe Pandemic

Large numbers of ill people seek care

EDs, clinics, and medical offices are crowded
Surge on medical facilities

Delays in seeing a provider

Potential for delays in antiviral treatment
How Can We Build on Existing Systems?

- 211 info lines
- Poison Control Centers
- Health Plan NTLs
- Public Health Emergency NTLs
- Hospital NTLs
- Other NTLs
- Providers & Clinic NTLs

COORDINATED RESPONSE
Goals

Explore the possibility of using a coordinated national network of triage lines during a severe pandemic to:

- Improve access to antiviral prescriptions for ill people
- Provide an alternative to face-to-face provider encounters
- Reduce medical surge and increase the appropriate use of medical resources
Assumptions for Planning

• **Scope**: offered to all states as adjunct to their pandemic response efforts.

• **Assess**: State health agencies will determine if Flu on Call™ is implemented in their states or if the public will be served by another means.

• **Flu on Call™** will only used in a severe pandemic when:
  - Large proportion of people are experiencing ILI symptoms are seeking care and/or;
  - Medical systems are not able to meet demand;

• May be used for other public health emergencies

• This will work best if network is built, tested, and confirmed “ready” to activate
DRAFT Call Flow

Caller dials a specific toll-free number

Caller states his/her state to aid call routing

IVR*

2-1-1 Specialist

Are you ill or caring for someone who is ill with ILI?

NO

2-1-1 Specialist
- Provides info directly
- Refers caller to public health information (hotline, website) or other community resources

YES

Are you a member of a participating health plan/system?

YES

2-1-1 Specialist refers or transfers caller to other triage line

NO

2-1-1 Specialist transfers caller to a Poison Center

*Interactive voice response
Potential Benefits of Flu on Call™ for an Influenza Pandemic

- Improve access to prescriptions for antiviral medications
- Direct ill people to care, if needed
- Reduce unnecessary ED, clinic, and provider visits (minimize surge)
- Provide accurate information to the public (signs and symptoms of influenza; home care; medication information; when/where to seek medical care; outbreak information)
- Reduce transmission of infection in waiting room areas
- Reduce misinformation and rumors about pandemic
Thank you!

FOR MORE INFORMATION:

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Lead, Pandemic Influenza Medical Care and Countermeasures Task Force
Influenza Coordination Unit
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Implementing Flu on Call™
Untangling Policy Barriers to Rx Access During an Emergency

Jamie M Ware, MSW, JD
Manager, Strategic Policy Initiatives
Why are we looking at laws?
2012-2013....PHASE 1

Feasibility of Registered Nurses Providing Triage and Access to Prescriptions via Telephone Triage Lines
Why Registered Nurses?

- PCCs are staff by RNs
- Also staff by Pharmacists
  - Ongoing discussion
Methodology

Measuring Statutory Law and Regulations for Empirical Research:
A Methods Monograph for the Public Health Law Research Program

Evan Anderson, JD
Charles Tremper, JD, PhD
Sue Thomas, Ph.D., MEd
Alexander C. Wagenaar, PhD

Figure 1. Process for Measuring Law
Considerations

- “Laws on the books” vs. “Law in the streets”
- Complexity of the laws
- Did not review all the laws in each state
- Questions, Protocol, Methodology = Process
- Rules of statutory interpretation were applied, but only when necessary
Does State Law Explicitly Allow for an RN to Provide Access to Rx Medications Under a Broad Protocol?
Nurse Licensure Compact States

States in Which RNs Can Work, Provided they are Licensed in Another NLC State*

* Nurses must be licensed in one Compact state in order for them to be able to work in other compact states. To work across state lines in non-Compact states, a governor-declared emergency would be needed.
Who has the Authority to Relax / Suspend Laws During a State Emergency Declaration?

**COLOR KEY**
- Mayor
- Governor
- Governor and other government entity(ies)
- A state public health administrator, but not the Governor
In Summary....

In order to effectively implement triage lines during an influenza pandemic, we must understand scope of nurses’ and pharmacists’ practice rules and the authority granted under the state’s emergency management laws
2013 – NOW....PHASE 2

Continued Exploration of Legal Feasibility, including:

• First, what is the feasibility of having state health departments create formal relationships with poison control centers during a severe pandemic/public health emergency? (CSTE/ASTHO project)

• Feasibility of epidemiologists at health departments to sign broad medical protocols for RNs to follow

• Feasibility of implementing an MOU between health departments and control centers to facilitate that process

• Feasibility of pharmacists providing triage and access to prescriptions via triage lines
Scenario 1 – Triage & Access

- State emergency is declared

- Federal Pandemic Emergency is declared

- Protocols provided to the PCC by the HD

- PCC Medical Director provides protocols to clinical staff

- Registered nurses or pharmacists provides phone triage and access to medications under the protocols

- Antiviral dispensing occurs at pharmacies

State/Local HD and PCC enter into agreement
Scenario 2 – Triage Only

State emergency is declared

Federal Pandemic Emergency is declared

SHD provides event information and protocols to PCC

PCC Medical Director approves protocols provided by SHD

Registered nurses or pharmacists provide triage and advise callers on where to obtain antivirals

Antiviral dispensing may occur at PH sites
DRAFT Call Center Triage Protocol for Influenza: ADULT CLINICAL EVAL

Is the patient experiencing ANY of the following?
☐ [List of severe symptoms needing emergency intervention]
  - ☐ Yes to ANY of the above → Call 911 immediately
  - ☐ No to ALL of the above
  
  - Is the patient experiencing ANY of the following?
    ☐ Fever greater than 104 degrees Fahrenheit (40 degrees Celsius), or shaking chills
    ☐ Wheezing with minimal response to usual wheezing medications or new wheezing
    ☐ Repeated vomiting or diarrhea with signs of dehydration (no urination within last 12 hours)
    ☐ Seizure(s) just occurred but now have stopped
    ☐ Flu-like symptoms improved but then returned within a few days with fever and worse cough
      ☐ Yes to any of the above → Patient should be taken to an Emergency Department now
      ☐ No to all of the above ↓

Does the patient currently have any of the following?
☐ Fever with a measured temperature >100 degrees Fahrenheit (37.8 degrees Celsius)
☐ If unable to measure temperature, is patient experiencing chills or does (s)he feel very warm to touch
☐ A cough
☐ Sore throat
  ☐ Yes to fever and sore throat or cough, the patient has an influenza-like illness. → Go to Call Center Triage for Influenza: ADULT – EVALUATION FOR ANTIVIRAL MEDICATION
  ☐ No to fever and sore throat or cough ↓

Is the patient pregnant or have an underlying health condition leading to a compromised immune system?
☐ Yes → Advise caller to contact health care provider if respiratory symptoms alone or fever alone are present.
☐ No → Go to Home Care Education
BE PREPARED
State Laws have an Impact
Continued Exploration of Legal Feasibility, including:

- First, what is the feasibility of having state health departments create formal relationships with poison control centers during a severe pandemic/public health emergency? (CSTE/ASTHO project)

- Feasibility of epidemiologists at health departments sign broad medical orders for RNs to follow

- Feasibility of implementing an MOU between health departments and control centers to facilitate that process

- Feasibility of Pharmacists Providing Triage and Access to Prescriptions via Telephone Triage Lines
Questions for Us?
Questions for the Group

1. Can Flu on Call™ serve as a useful tool to your jurisdiction during a severe pandemic?

2. How can state and local epidemiologists facilitate provision of triage protocols to poison centers as part of Flu on Call™?

3. Do you currently engage in MOUs with outside partners for similar endeavors?

4. Is what we have suggested feasible in your state?

5. Do you have any outstanding concerns regarding extending a formal arrangement (MOU) to a poison center to serve in this role during a severe pandemic?
CSTE Workgroup

1. Assist in development of the MOU template for use by health departments and PCCs

2. Guide ongoing work and integration of epidemiologists in Flu on Call™
Thank you for your participation!

- Please complete the webinar evaluation: [https://www.research.net/s/CSTE_FluOnCall](https://www.research.net/s/CSTE_FluOnCall)

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