
Metro Denver Partnership for Health



COVID-19 Community Testing Guidance Document for Health Systems

For patients who have a healthcare provider

May 2020

Summary

Moving to Safer-At-Home is a priority for the Metro Denver Partnership for Health (MDPH). 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 a “surge” in the healthcare system. The MDPH Testing Work Group was tasked to identify best practices for expanding testing in our communities and for supporting healthcare systems in these efforts.

MDPH is proposing a two-prong 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 populations who do not have a healthcare provider, are high-risk, or otherwise unable to access testing through their healthcare system to testing resources.

This proposal outlines prong one, expanding testing to patients who have an established healthcare provider.

Metro Denver Partnership for Health Testing Goal

Implement standardized targeted COVID-19 testing with healthcare 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 1-2 health systems during week of April 20, 2020
- Scale to partners by May 1, 2020

Health system testing processes

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.

Who to test for COVID19?

	Test for COVID-19?
COVID Testing Tier 1 - Hospitalized patients and symptomatic health care workers.	YES
COVID Testing Tier 2 -- Symptomatic pts with ≥ 1 "yes" in Deterioration Risks (See below) or -- Symptomatic & pregnant ≥ 37 weeks OR symptomatic & 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"> Older adult (age ≥ 65 years per CDC guidelines) People who live in a nursing home or long-term care facility Immunocompromised individual (e.g., cancer, solid organ transplant, other immunosuppressive drugs, chronic lung disease, hemodialysis, advanced HIV) Chronic lung disease or moderate to severe asthma BMI ≥ 40 Underlying medical conditions like diabetes mellitus, hypertension, chronic kidney disease, coronary artery disease, cirrhosis, etc. 	YES
COVID Testing Tier 3 -- Symptomatic pts with ≥ 2 "points" for COVID symptoms (See point system on next page)	YES
COVID Testing Tier 4 - People with symptom "points" < 2	NOT YET

- Each health system should send a symptom screening survey out to patients in their system to identify Tier 3 patients.
 - 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.
 - 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 their patients. We recommend you engage your communications team to ensure consistent messaging is occurring across platforms.
 - Example outreach includes through EMR patient portal, email, text, or letter
 - Information will include survey and how system will follow-up with patient if 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 below.**

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 last 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)
- ☐ Dyssomnia/anosmia (change/loss of smell)
- ☐ Myalgia (muscle aches)
- ☐ Severe fatigue

Step 2: Scheduling

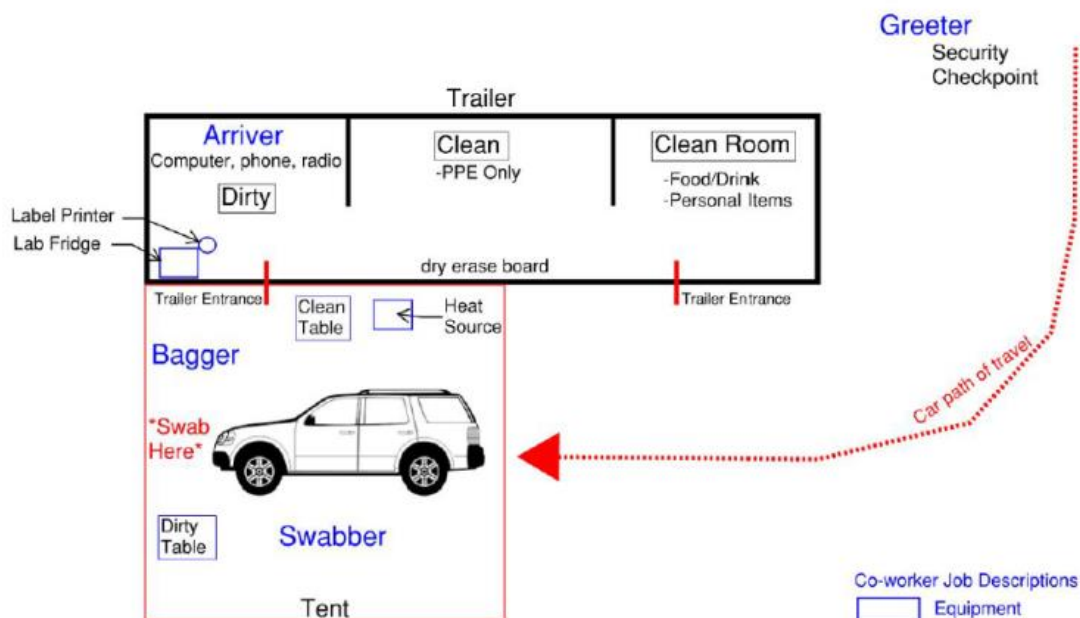
- Once the patient is deemed eligible for testing (a score of ≥ 2 points- see above), please call the patient to schedule a testing appointment.
- If applicable, ensure patients are signed up for their patient portal to obtain their results.
- Remind patient what to bring to drive-up testing (ID, insurance 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 healthcare 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 thru patient portal, email, or text)
 - Place people into risk categories to prioritize who to test
 - Schedule appointment 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 their system or conduct a first come-first serve testing site (e.g. STRIDE), the system may ask their patients to complete on an iPad (using HANDI tool) and 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 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 patient and 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. Those who need vitals taken or need to be admitted should be sent to the ED. If you prefer to do vitals, feel free to- it 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 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 of example drive-up testing below

Example drive-through flow

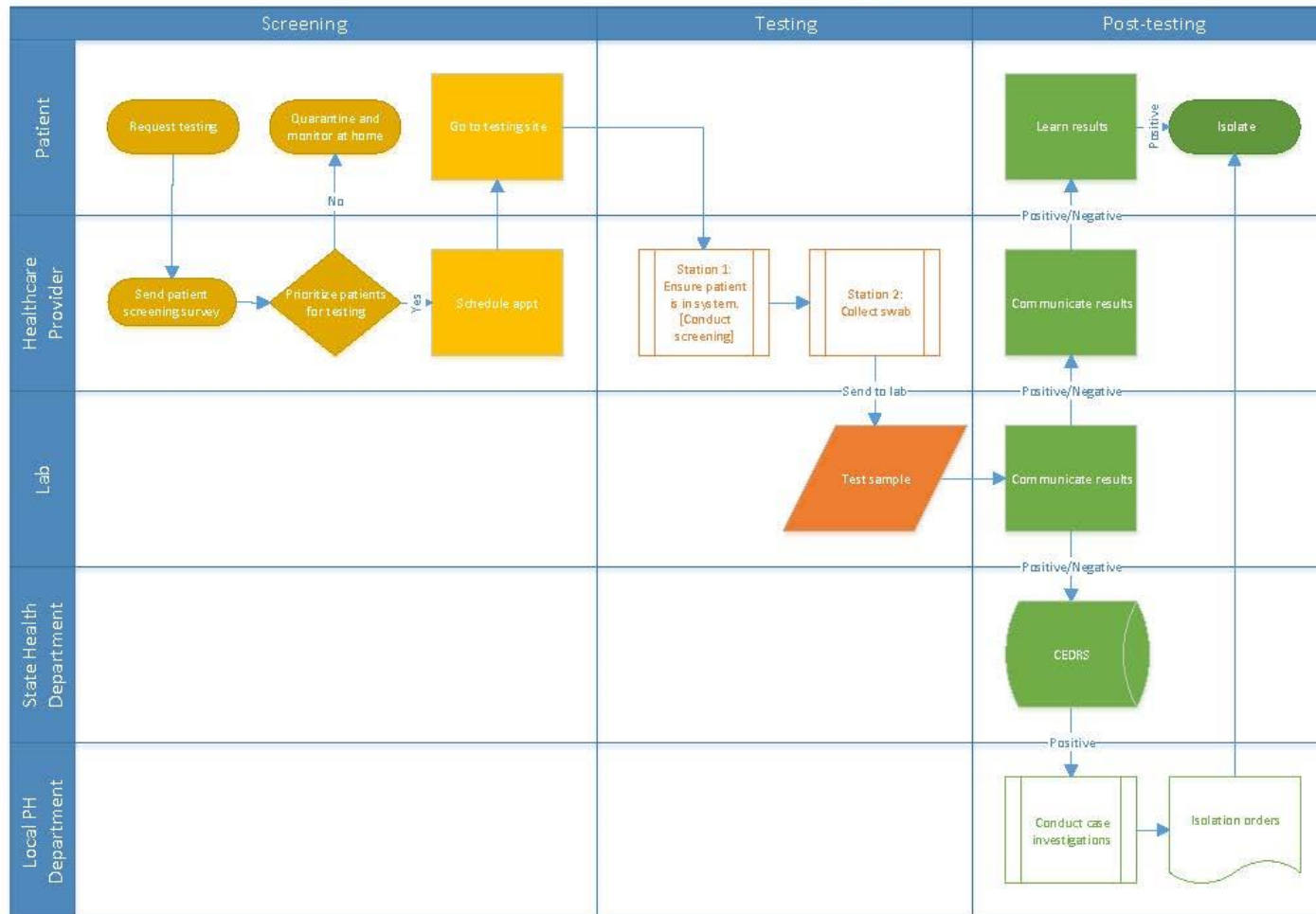


Step 4: Post-testing

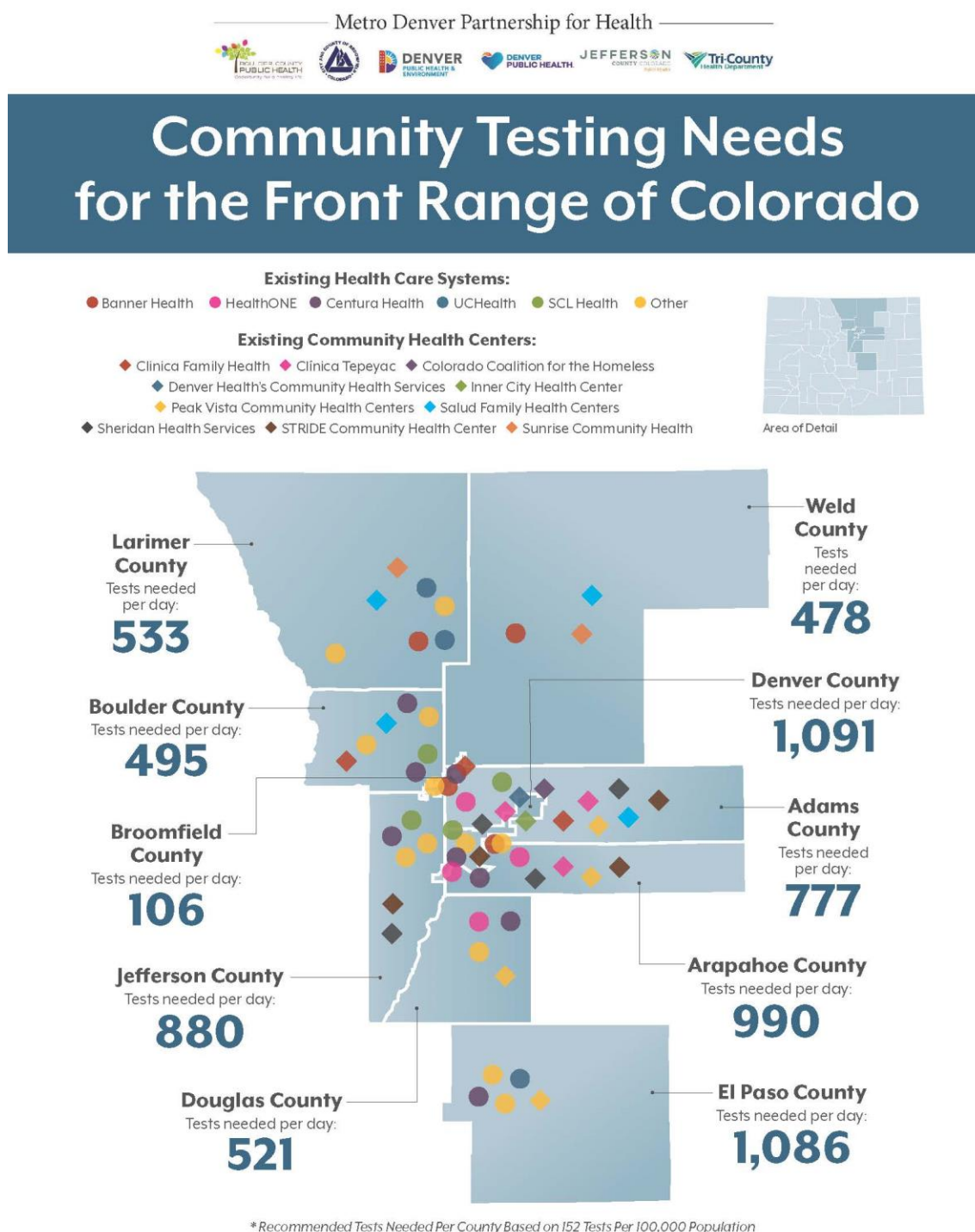
- Patients who are positive should receive a follow-up call from their provider or case management team on isolation instructions.
- All positive results will have a case investigation completed by the appropriate local public health agency.
- Data sharing by each health system will be done using a standardized 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

COVID-19 Testing



Appendix 2: Map of Healthcare systems and testing needs by county/day





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COVID-19 Testing Numbers

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	880
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

For more information, please contact:

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