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Navigating the Unknowns of COVID-19

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ABSTRACT

The 2019 novel coronavirus known as COVID-19 spread globally forced health care organizations, including our own, into a radical pivot from the normal; the primary/emergency/specialty care continuum rapidly became a containment, triage and treatment facility for COVID-19 nearly overnight.

KEYWORDS
Coronavirus, COVID-19, Pandemic

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The 2019 novel coronavirus known as COVID-19 spread globally forced health care organizations, including our own, into a radical pivot from the normal; the primary/emergency/specialty care continuum rapidly became a containment, triage and treatment facility for COVID-19 nearly overnight. For Marshall Health, the practice plan of the Marshall University Joan C. Edwards School of Medicine that operates outpatient clinic locations in southwestern West Virginia, this transition was marked by fluidity and continuous developments in the disease state. As a result, open lines of communication were necessitated with local public health officials and two primary teaching hospital partners under the umbrella of Mountain Health Network as well as a significant increase in both patient and employee education.

As a health care organization, we used clinical knowledge to formulate and implement administrative decisions that impacted day-to-day operations, focusing first on two key audiences-employees and patients. The novelty of this "novel" virus left many unknowns. So, like other physician groups, Marshall Health, guided by its ties to one of the state's three medical schools, planned for the worst, while hoping for the best. First, we identified the roles of Chief Medical Officer and Chief of Infectious Disease as the lead clinicians in this effort. Their expertise would guide the organization's decisions thereafter to implement safety measures in both the inpatient and outpatient setting. As part of a community-based medical school, they also served as our liaisons to coordinate efforts with our academic medical center and advised our parent university on how to mitigate risk of infection to students and staff during classes, educational conferences and sporting events.

Using guidance from the Centers for Disease Control and Prevention (CDC), Marshall Health integrated new visitor policies, screening procedures and telecommuting guidelines. We directed changes in the use of personal protective equipment (PPE) for both employee safety and PPE conservation as well as surveillance protocols for suspected COVID-19 patients and other related organizational processes. This included COVID-19 screening stations at clinic entrances, stratifying both patients and employees who presented with symptoms to prevent potential spread. On March 11, Marshall Health launched a dedicated hotline staffed by nurses to field COVID-19-

related calls and questions from patients.

As normal clinical operations scaled down in mid-March in conjunction with stay-at-home orders in West Virginia and its neighboring states, Marshall Health scaled up efforts to provide community COVID-19 testing. We knew early on that testing resources would be a challenge in West Virginia. Early engagement with public health officials in identifying COVID-19 positive cases and contact tracing was essential. Not long after the state of Washington began seeing spikes in positive tests, Marshall Health, Mountain Health Network and the Cabell-Huntington Health Department opened its first drive-thru testing location on March 19. We soon opened a second site across town. As the crisis evolved, testing kits became more readily available and community spread became more prevalent, our testing criteria loosened to any single symptom of the virus.

Like much of our processes, testing criteria also evolved as test kits became more readily available. In mid-March, the average turnaround time on each test was five days. Forty-five days later, tests are returned in about 72 hours, significantly reducing the amount of time a patient must remain in quarantine while awaiting results and reducing the amount of PPE consumption for hospitalized patients. For us, the opportunity for rapid access testing is significant, especially as we begin the process of reopening for elective surgeries and outpatient visits.

Telemedicine soon emerged out of necessity. In early April, Marshall Health launched telemedicine services across forty five various specialty areas of medicine. Access issues, not only to specialists but to primary care physicians, have plagued many rural communities for years. For the more than 65% of West Virginia adults with one or more chronic conditions who need consistent follow-up care and those with transportation issues, being able to connect with their physician virtually could be a game-changer if they have access to reliable, high-speed internet. The good news is that this crisis has precipitated conversations about broadband expansion, which is critically necessary in order to provide telemedicine care. However, as a physician practice located just across the river from Ohio and Kentucky, providing telemedicine services to patients who live across state lines-outside of emergency provisions-continues to be a "labyrinth of conflicting state licensure requirements."[1]

Adaptability is key to navigating the uncharted waters of a post-pandemic world. So much remains unknown as health care organizations work to find their new normal and balance business with patient care. In many of Marshall Health's clinics, we are implementing new social distancing and screening practices for the foreseeable future—asking patients to call from their vehicles upon arrival, continuing to pre-screen at clinic entrances, staggering patient visits, limiting visitors to one per patient (but encouraging patients to come alone) and promoting the use of virtual visits. We are also implementing pre-testing for COVID-19 before elective procedures to mitigate risk of exposure for our health care workers.

Providers should be prepared to address the impact of the crisis and self-isolation on mental health, with reported upticks in domestic violence and substance use disorder. Locally, our medical community is also working with the chamber of commerce to help guide businesses in their plans to safely reopen, which leads to additional community planning to prepare for a surge, should it occur. Moving forward, many lessons are likely to be learned through the COVID-19 crisis that will continue to drive clinical and social processes for years to come.

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