



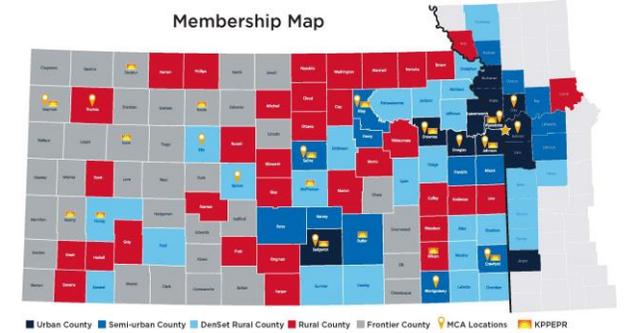
COVID-19 Primary Care and Public Health

K. Allen Greiner – Wyandotte County Health Officer, KPPEPR Medical Director



KANSAS PATIENTS AND PROVIDERS ENGAGED IN PREVENTION RESEARCH

The mission of KPPEPR is to conduct collaborative, interdisciplinary community-based research to promote the health of Kansans and enhance primary care practice.



Benefits of infusing research into community-based medical practices:

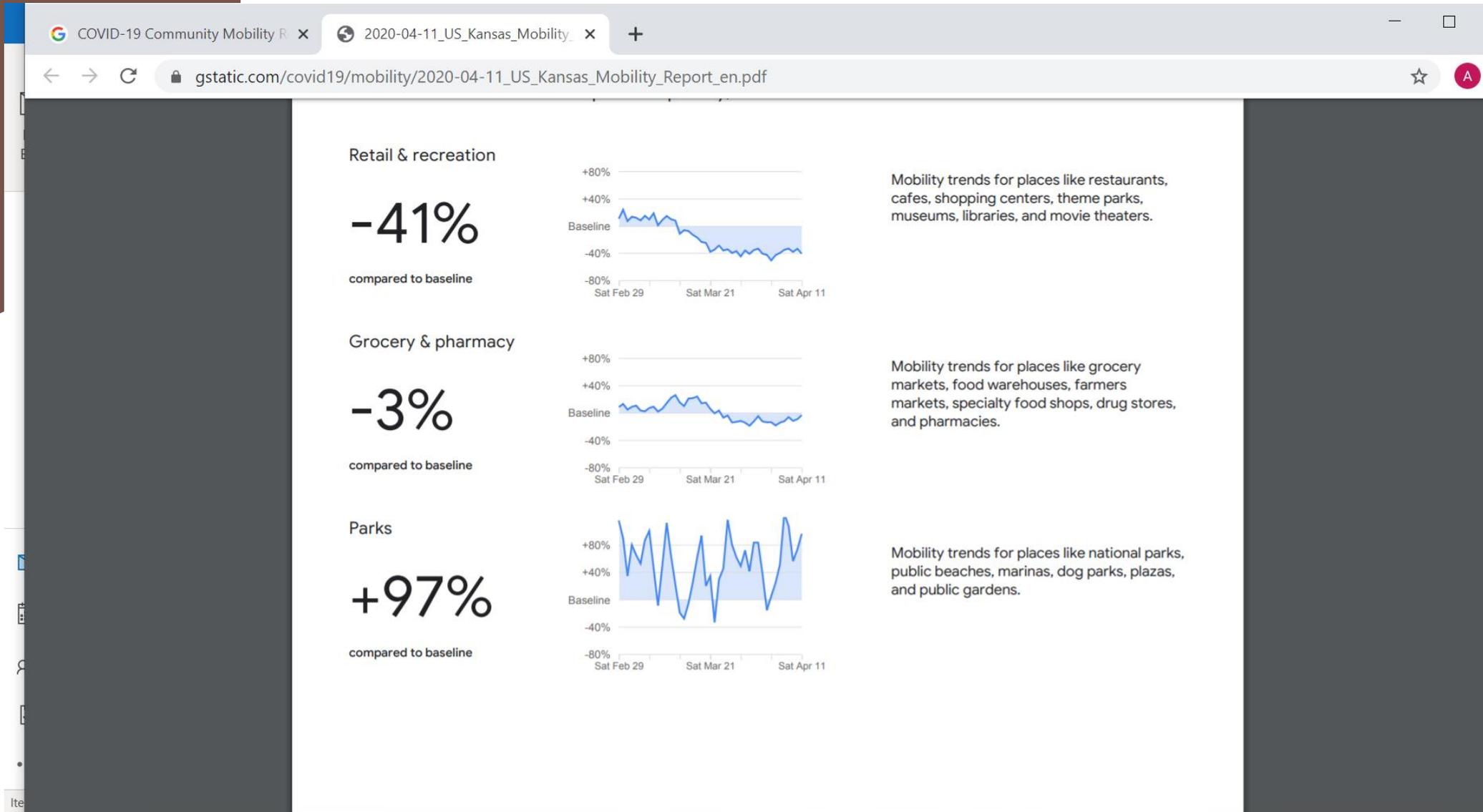
- Exposes practices to emerging healthcare innovations that improves delivery of care.
- Data collection activities provide practices with new information to set goals, priorities, and conduct strategic planning.
- Implementation of research programs provides training and the development of new skills and competencies for members of the practice team.
- Adopting new approaches or workflows that can improve efficiency and outcomes in their patient populations.

| |  | Provider Burnout Survey |  | TPACT Trial | Rural Melanoma Education |
|---------------------|--|---|--|--|---|
| Summary | RE-POWER is a multi-site research study comparing three models to treat obesity in primary care practices throughout rural areas of the Midwestern United States. There are 36 medical practices involved in RE-POWER, including 19 KPPEPR practices in Kansas. | To understand factors leading to provider burnout, KPPEPR and researchers at the University of Kansas School of Business are surveying providers working in various types of healthcare practices from small clinics to larger rural hospitals. | KPPEPR initially conducted interviews with primary care practice teams in rural Kansas to assess their needs in caring for cancer survivors. After data was collected KPPEPR begun implementation of the four-part iSURVIVE curriculum in seven primary care practices across Kansas. This curriculum offers resources to care teams by helping them identify what systems they already have in place and how those systems can be applied to caring for cancer survivors. KPPEPR has supplied practices with iSURVIVE Manuals developed by survivors for survivors. | This multi-state pilot project is a collaboration with University of New Mexico, University of North Carolina, The University of Kentucky and KPPEPR to study the value of acceptance and commitment therapy (ACT) for chronic pain management in rural primary care. ACT will be tested in one KPPEPR practice-Bacani Mckenny Clinic (Fredonia, KS) | As part of a research collaboration between KPPEPR and The University of Kansas Medical Center, this study is designed to deliver a web-based curriculum and assessment provided by the INFORMED Skin Cancer Education Series with aspirations to verify the legitimacy of the education series as well as increase rural PCPs' knowledge and skills in diagnosing skin cancer. |
| Progress/next steps | Study interventions are currently underway at all practices. Retention results: <ul style="list-style-type: none"> • Cohort 1 (completed) retention improved over 18 months from 83% to 88% • Cohort 2: 18-month retention is excellent at 88% and is projected to end at over 90%. • Cohort 3: 18-month retention has just started | 440 surveys collected from 18 hospitals The investigators are currently gathering preliminary information to design and obtain funding for possible future interventions to address burnout. | All seven practices will complete their four-part curriculum by the end of November '18. Researchers used results in September to apply for NCI's Cancer Survivorship Care Improvement ROI grant . Follow-up study will include implementation of a cancer survivorship training program comparing practice facilitation with and without the incorporation of project echo. | ACT will be tested in one KPPEPR practice-Bacani Mckenny Clinic (Fredonia, KS). Initial data will be collected to apply collaboratively for a larger grant award in 2019. | Recruitment for project will begin December 2018. |

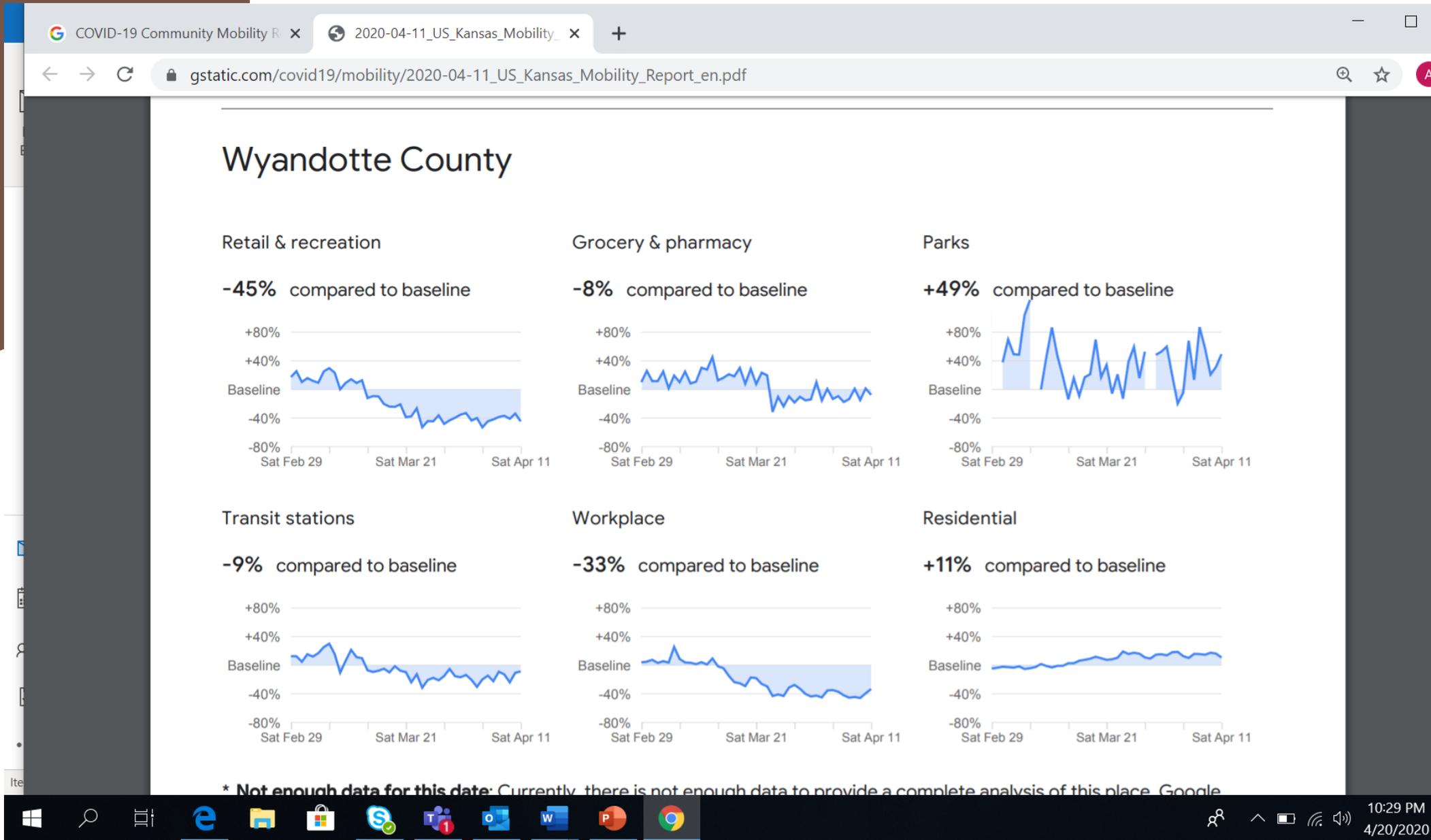
FOR MORE INFORMATION, CALL 913-945-6873 OR kppepr@KUMC.EDU.

<http://www.midwestcanceralliance.org/kppepr>

<https://www.google.com/covid19/mobility/>



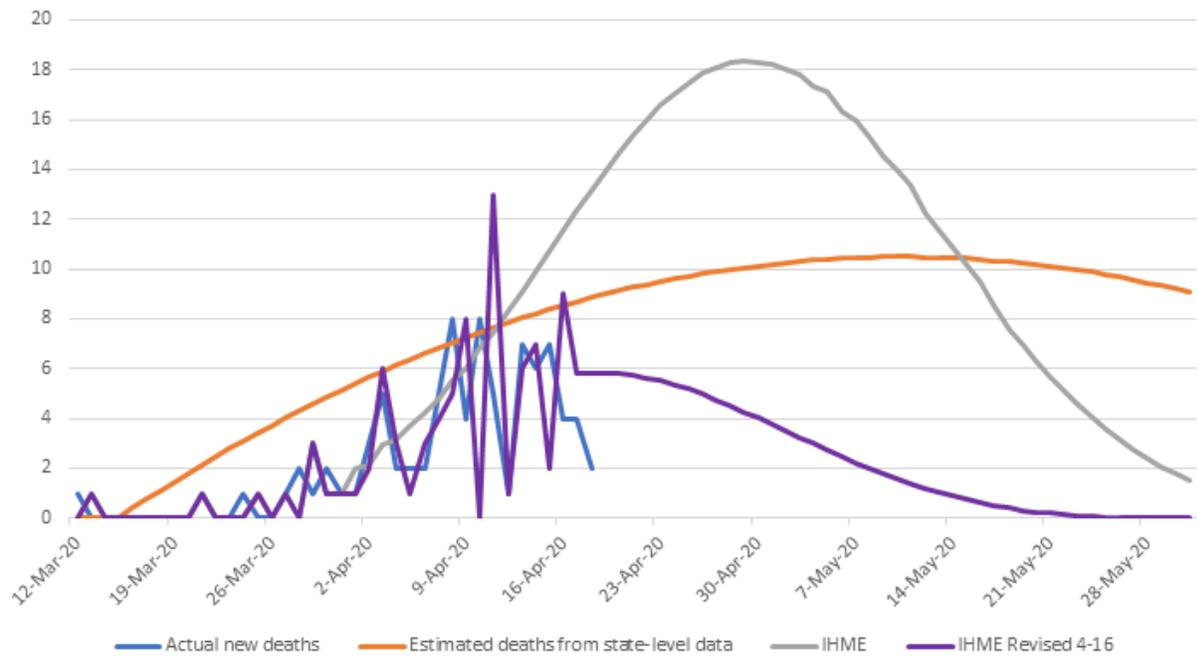
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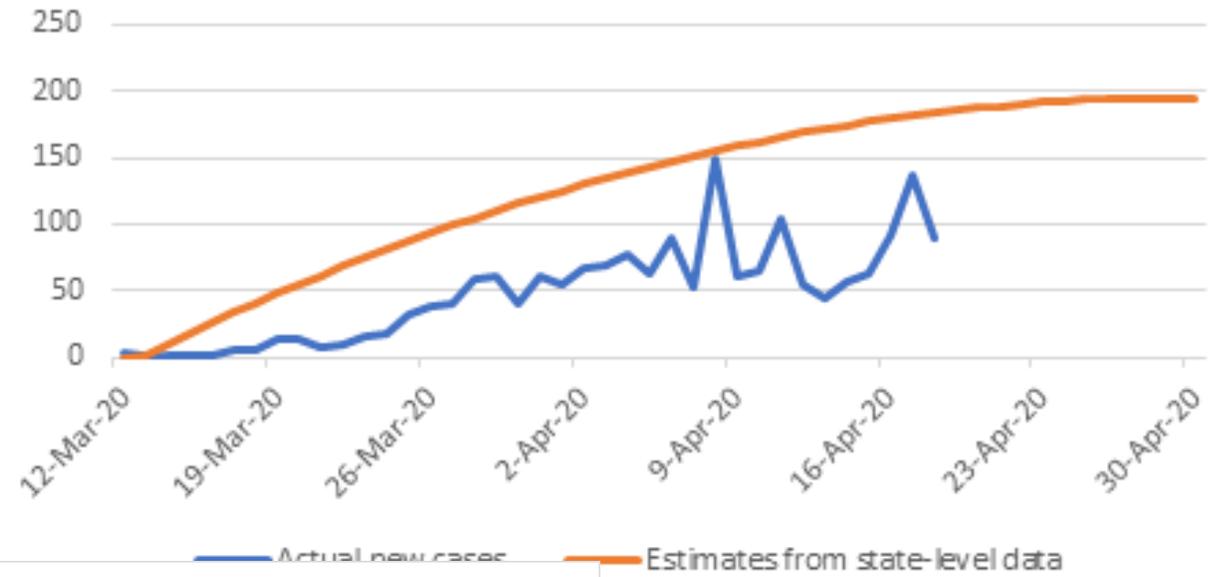
Projections,
Projections,
Curves,
Curves

- **IHME – Institute for Health Metrics and Evaluation (Univ of Washington)**
- **CHIME – COVID-19 Hospital Impact Model for Epidemics (Univ of Pennsylvania)**
- **Models, Assumptions, Data Quality,**

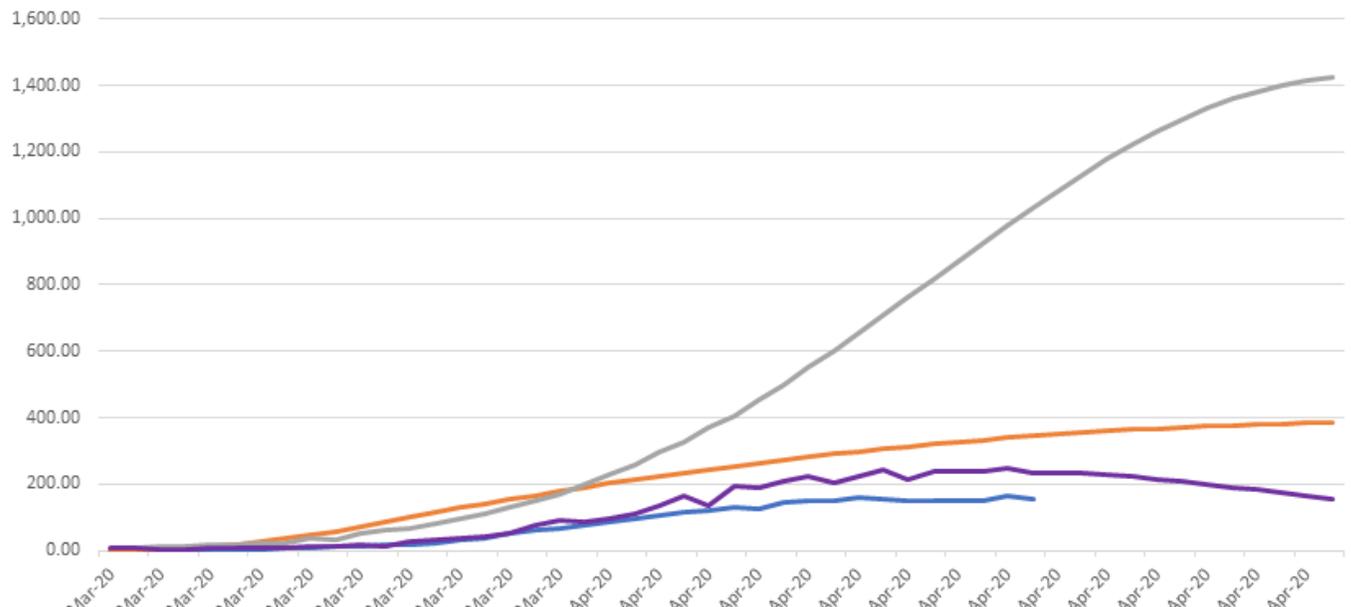
Actual KS New COVID-19 Deaths and Model Predictions



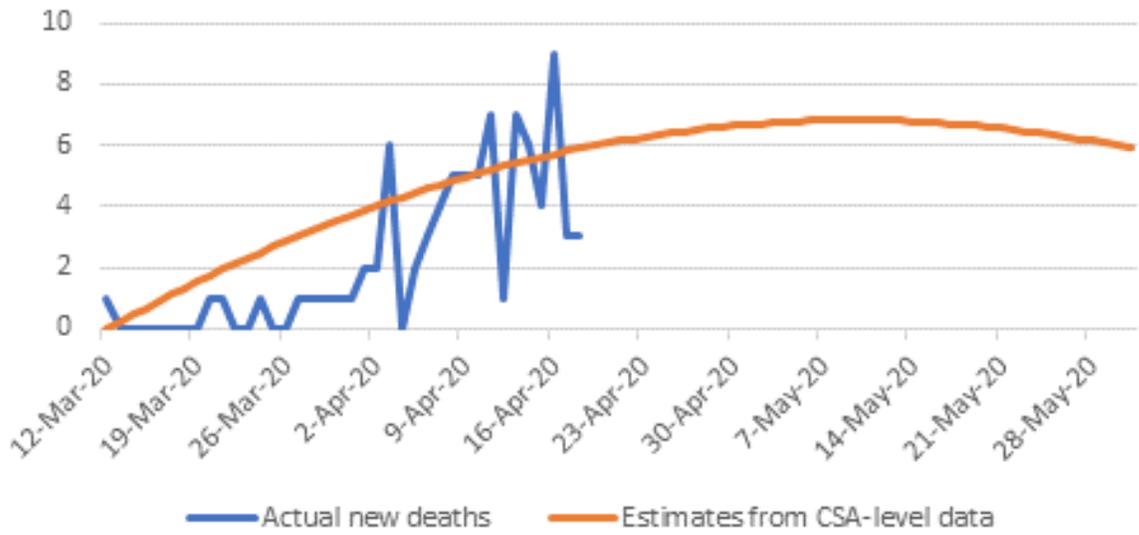
Actual KS New COVID-19 Cases and New Cases Predicted Using State-Level Data



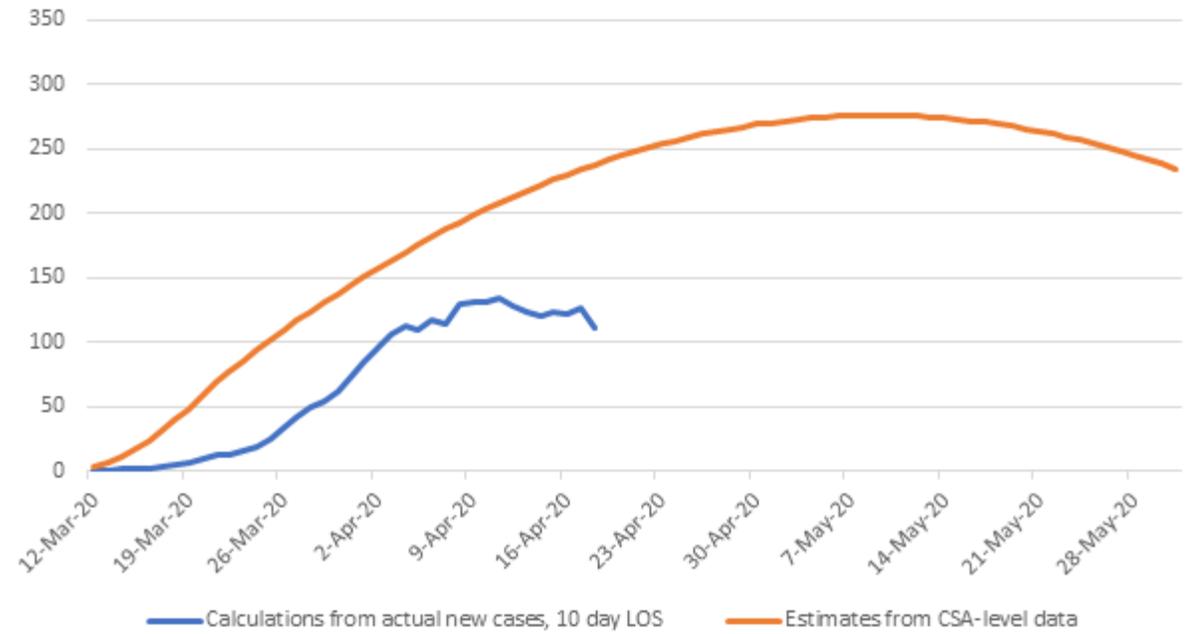
Predicted COVID-19 Hospitalizations for Kansas



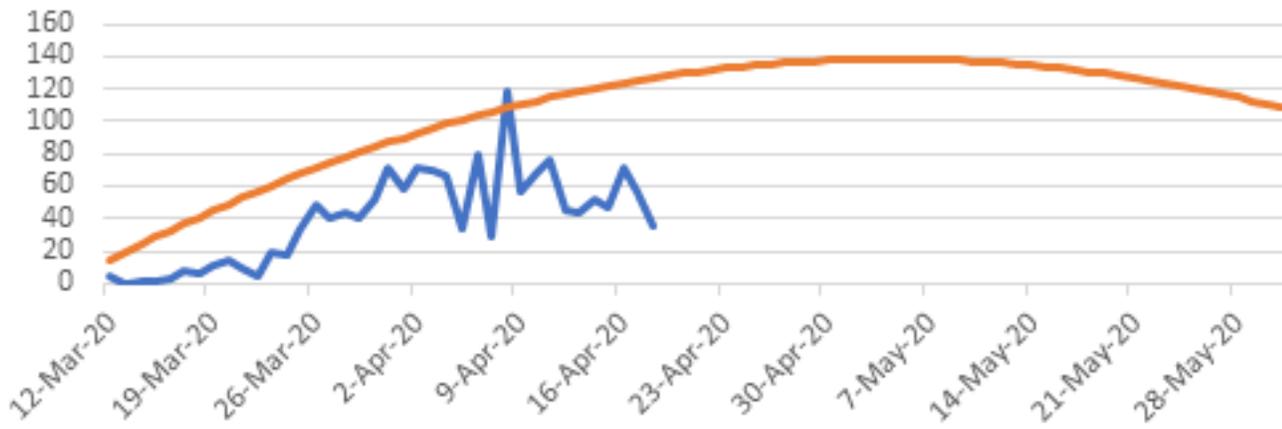
Kansas City Combined Statistical Area
COVID-19 Deaths and Estimates



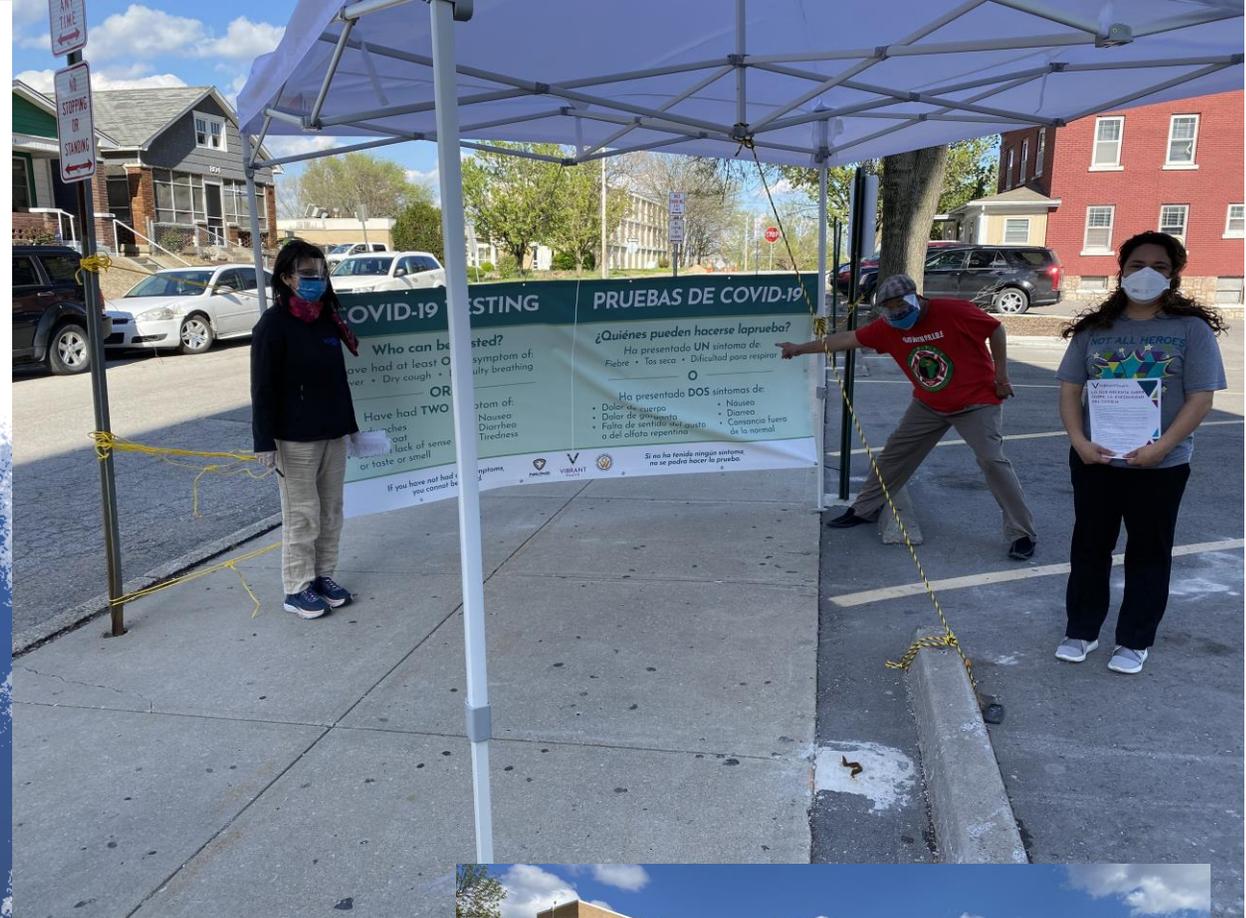
Predicted COVID-19 Hospitalizations for Kansas City



Actual Kansas City Combined Statistical Area (CSA)
New COVID-19 Cases
and New Cases Predicted Using CSA Data



Testing – Yes,
Have Some
(NOW!!)



April 20th
Testing
rates

| | County | Cases | Tested | Rate of Testing per 1,000 population) |
|--------------------|--------|-------|--------|---------------------------------------|
| Wyandotte | WY | 427 | 1796 | 10.86 |
| Johnson | JO | 377 | 3836 | 6.37 |
| Sedgwick | SG | 248 | 2489 | 4.82 |
| Ford | FO | 180 | 362 | 10.77 |
| Leavenworth | LV | 135 | 941 | 11.54 |
| Shawnee | SN | 92 | 1865 | 10.54 |
| Seward | SW | 79 | 164 | 7.65 |
| Coffey | CF | 47 | 159 | 19.44 |
| Douglas | DG | 43 | 1112 | 9.1 |
| Lyon | LY | 39 | 196 | 5.9 |
| Finney | FL | 38 | 165 | 4.52 |
| Riley | RL | 26 | 251 | 3.38 |
| Labette | LB | 20 | 227 | 11.57 |
| McPherson | MP | 17 | 197 | 6.9 |
| Saline | SA | 17 | 315 | 5.81 |
| Reno | RN | 14 | 367 | 5.92 |
| Franklin | FR | 12 | 216 | 8.46 |
| Montgomery | MG | 12 | 255 | 8.01 |
| Butler | BU | 12 | 257 | 3.84 |
| Geary | GE | 10 | 147 | 4.64 |

Wyandotte County

- 426 test positive cases, 44 deaths
- 3 Church outbreaks, 1 rehab center, 1 asst living Center, several businesses
- Univ of Kansas Health System – 26 positive inpatients, 17 awaiting test results (11 on vents)
- Investigation and assistance w/ outbreaks
- Need to boost DEMAND for testing!



Wyandotte County Health Department COVID-19 Testing Protocol

Patient self-reports symptoms online at:
<https://alpha.wycokck.org/Coronavirus-COVID-19-Information>

Patient presents to or calls
Primary Care
Provider

Any of these symptoms below in last 48hrs

Patient seeks care from local Healthcare provider

Referral for testing from area healthcare provider:
<https://us.openforms.com/Form/23de1a07-7522-47ef-b02e-5c6649b35a43>

Patient believes they have symptoms consistent with COVID-19 – Calls HD, Host site, or Presents for Testing

Form received via auto-email To WyCo HD

Test Eligible Symptoms: Fever, Cough, SOA, Sore Throat, Fatigue, Chills, Aches, Headache, Loss of Smell, Diarrhea

Copy of patient information to HD lab and scheduler/EMR



2 call-back numbers obtained from patient

Sample labeled w/ requisition and placed on ice in cooler immediately

NP sample collected

Patient arrives for testing at HD or Host site parking lot

Patient called within 24 hours with appointment time (scheduled q15minuts); asked to bring cell phone.

Primary Care



Symptom Surveillance



Patient Education, Reassurance, Trustbuilding



Promotion of Testing



Contact Tracing Assistance



Long Term Behavior Modification

Digital Tracing

- Private Kits, Trace Together, Bluetooth technology
- Tracing workforce concerns
- Privacy concerns



Business and organization monitoring and reporting requirements in the new world???

<https://alpha.wycokck.org/Coronavirus-COVID-19-Information>
<http://www.midwestcanceralliance.org/kppepr>



Public Health
Prevent. Promote. Protect.