

# **Introduction to Flu on Call™**

**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**

**December 15, 2014**

**3:00 – 4:00 pm Eastern**



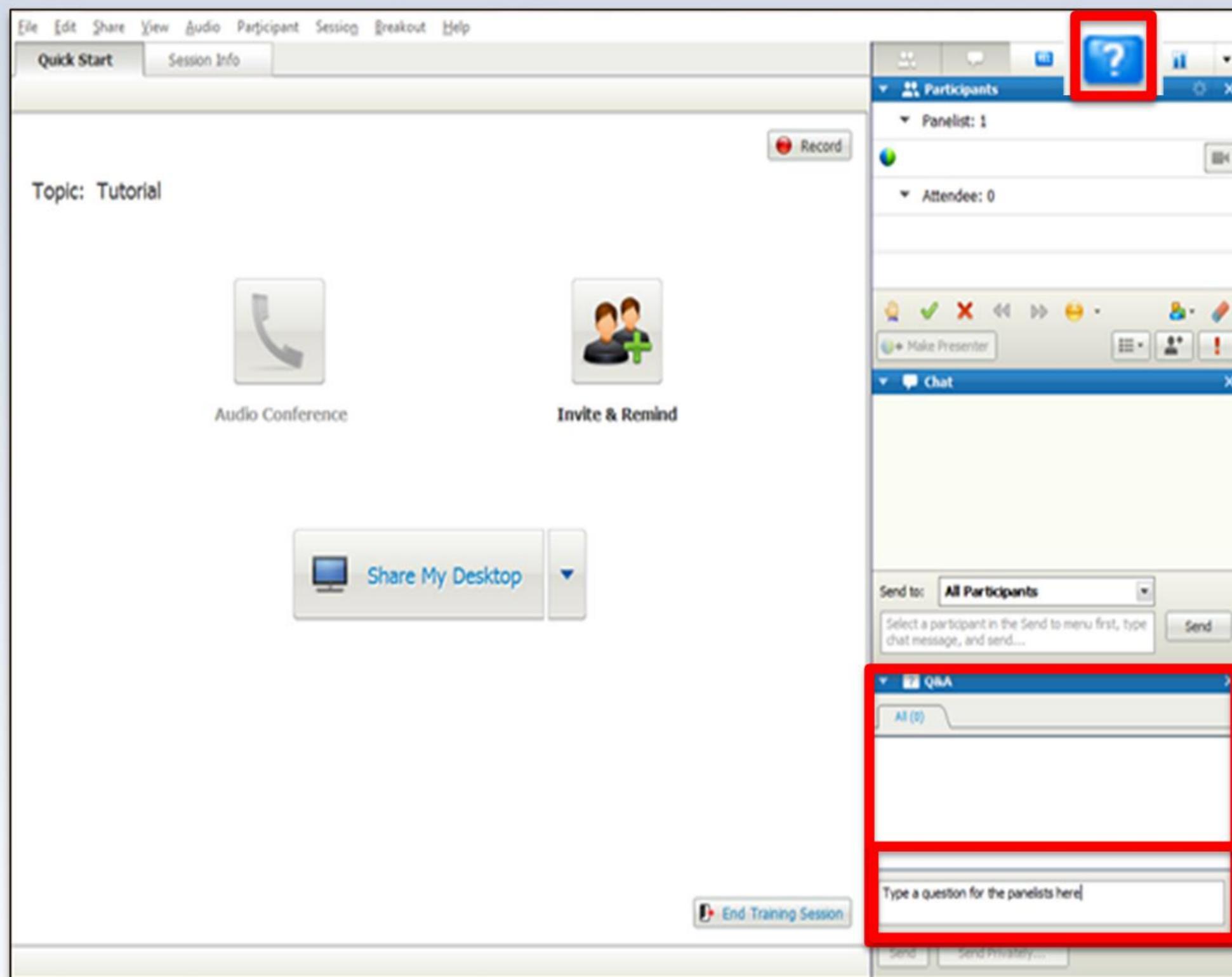
**COUNCIL OF STATE AND  
TERRITORIAL EPIDEMIOLOGISTS**

# 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>)
- All phone lines have been placed on **mute**.
  - To hear the audio, Dial in number: **877-668-4490**; Access code: **794 990 343**
- 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**
- When the webinar ends, you will be redirected to an evaluation
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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 :

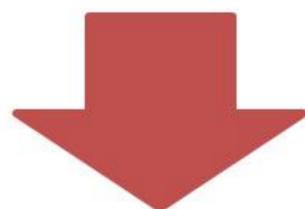
- Identify an appropriate situation for when Flu on Call™ might be activated
- Describe possible scenarios for the implementation of Flu on Call™
- Describe the role of epidemiologists in the planning, activation and implementation of Flu on Call™
- Discuss the feasibility and legal challenges with Flu on Call™

# Flu on Call™: Improving Access to Medical Care in a Severe Influenza Pandemic

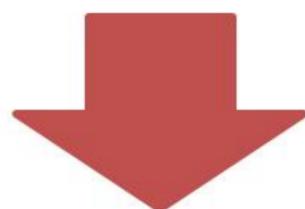


# Potential Problems During a Severe Pandemic

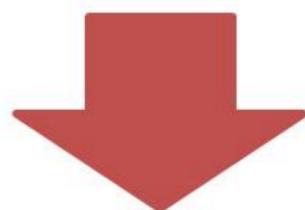
Large numbers of ill people seek care



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



Delays in seeing a provider

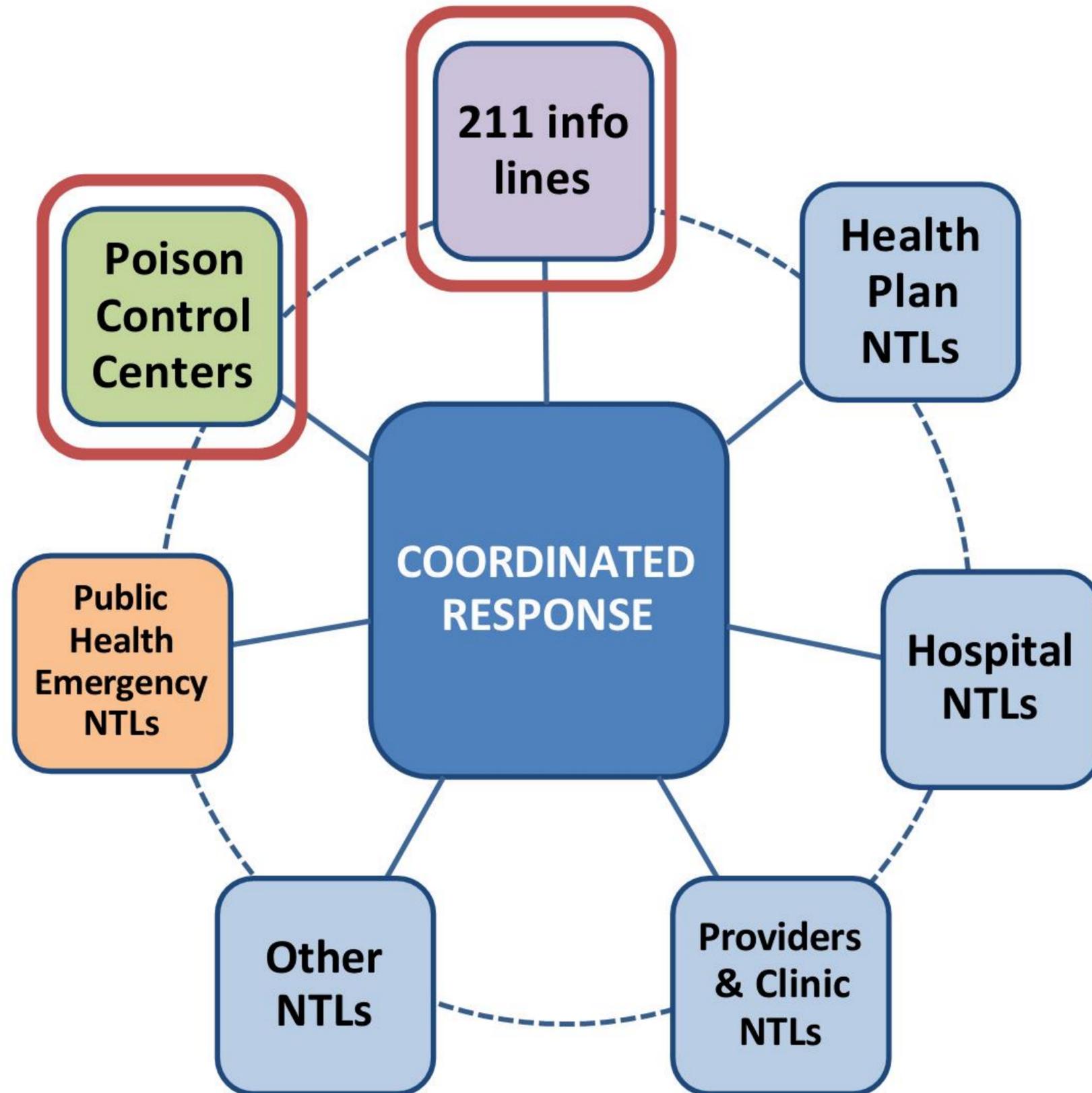


Potential for delays in antiviral treatment





# How Can We Build on Existing Systems?









## Goals

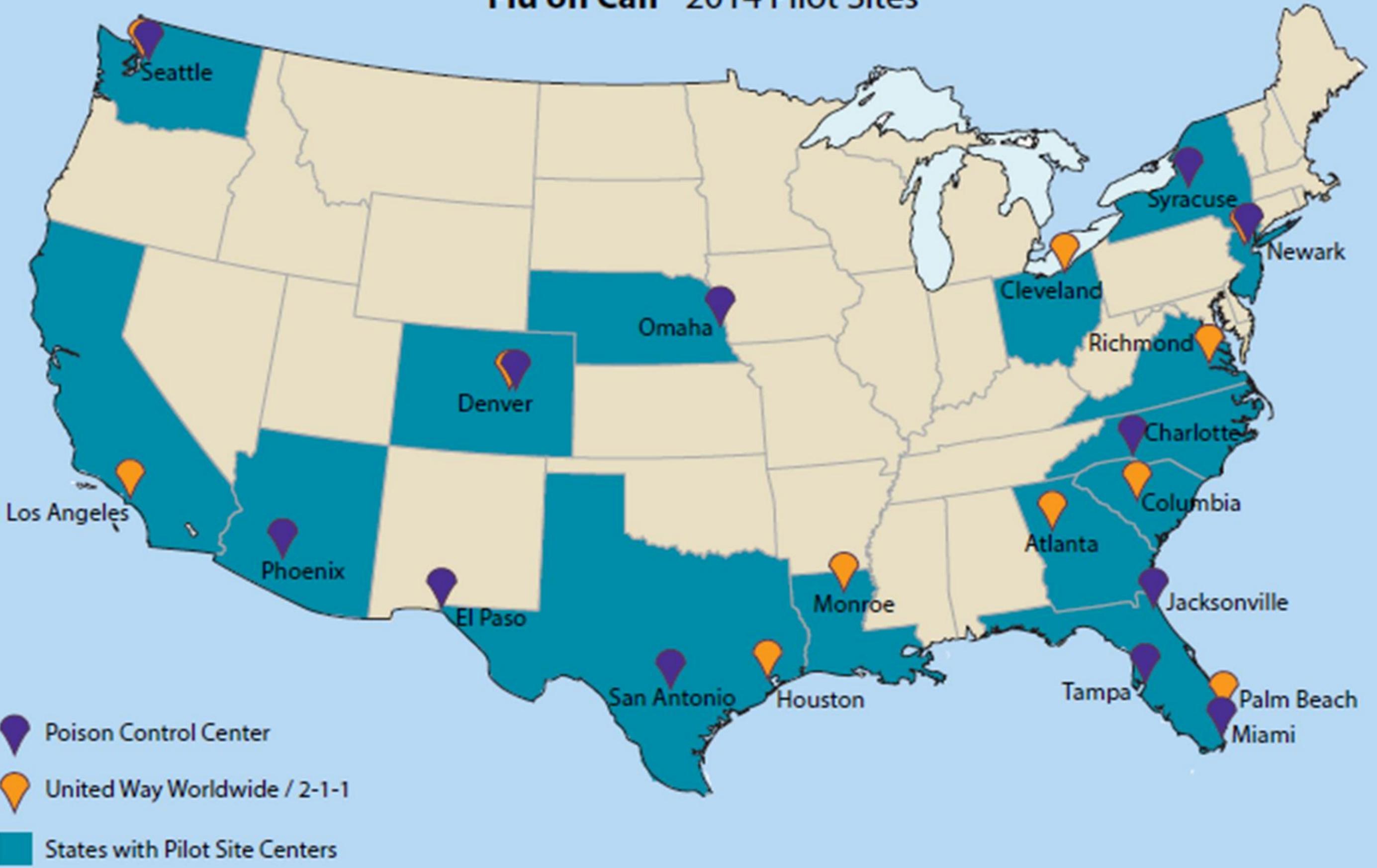
- Explore the possibility of using a coordinated national network of triage lines during a severe pandemic to:
- Improve access to antiviral prescriptions for ill people
  - Provide an alternative to face-to-face provider encounters
  - Reduce medical surge and increase the appropriate use of medical resources



YEAR 1



Flu on Call™ 2014 Pilot Sites





# Core Project Partners



ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS



National Association of County & City Health Officials



The American Association of Poison Control Centers





## 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 be used in a severe pandemic when:
  - Large proportion of people are experiencing ILI symptoms and/or seeking care;
  - 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



NO

YES



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

YES

NO



\*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:

**Lisa Koonin, DrPH, MN, MPH**  
**Senior Advisor**

**Lead, Pandemic Influenza Medical Care and  
Countermeasures Task Force  
Influenza Coordination Unit  
U.S. Centers for Disease Control**

**[LKoonin@cdc.gov](mailto:LKoonin@cdc.gov)**



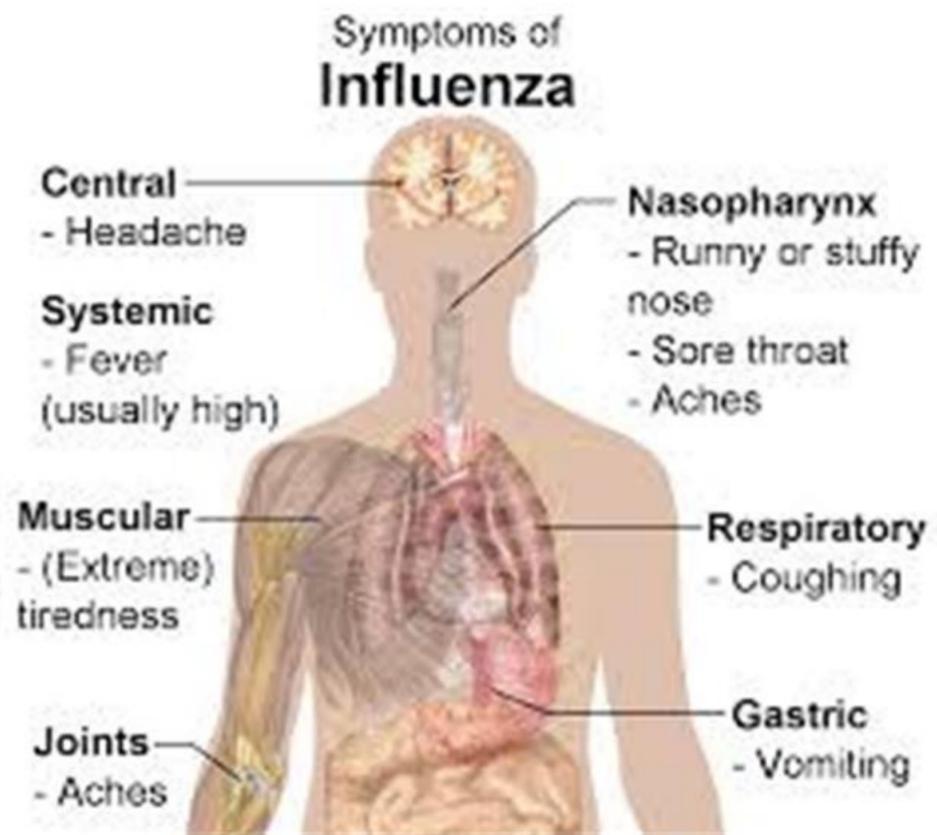
# Implementing **Flu on Call™**

## 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

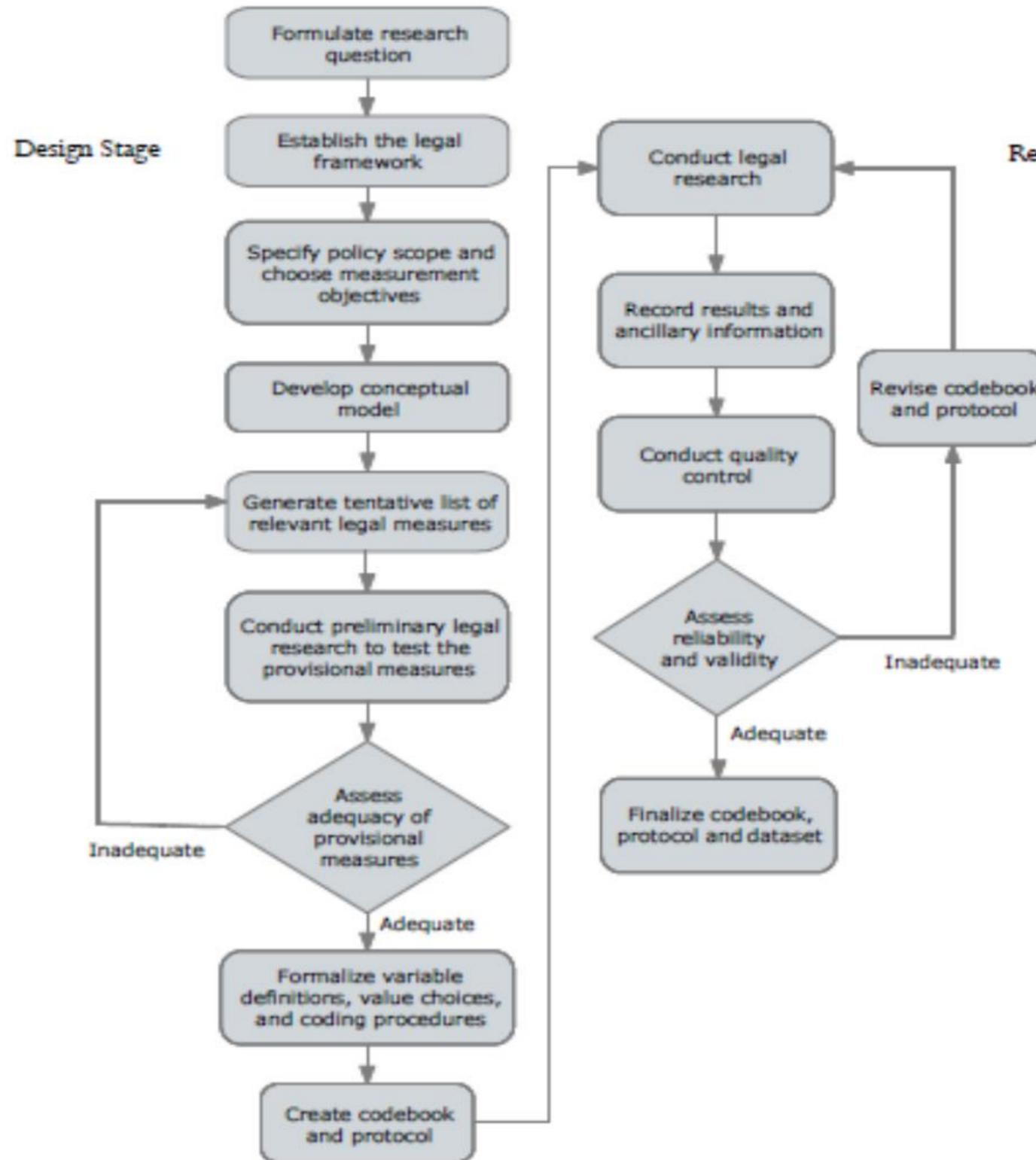
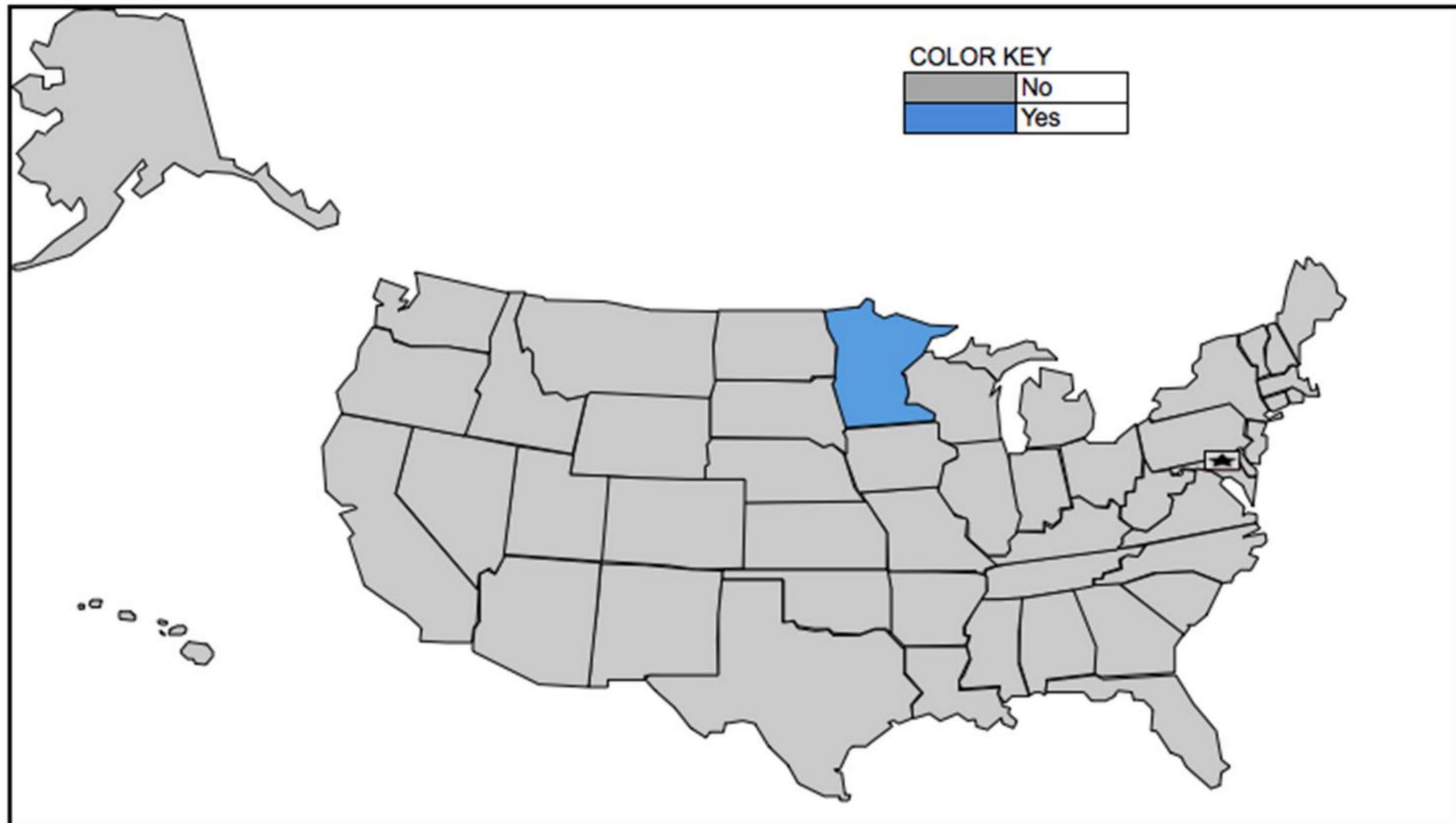


Figure 1. Process for Measuring Law

# Considerations

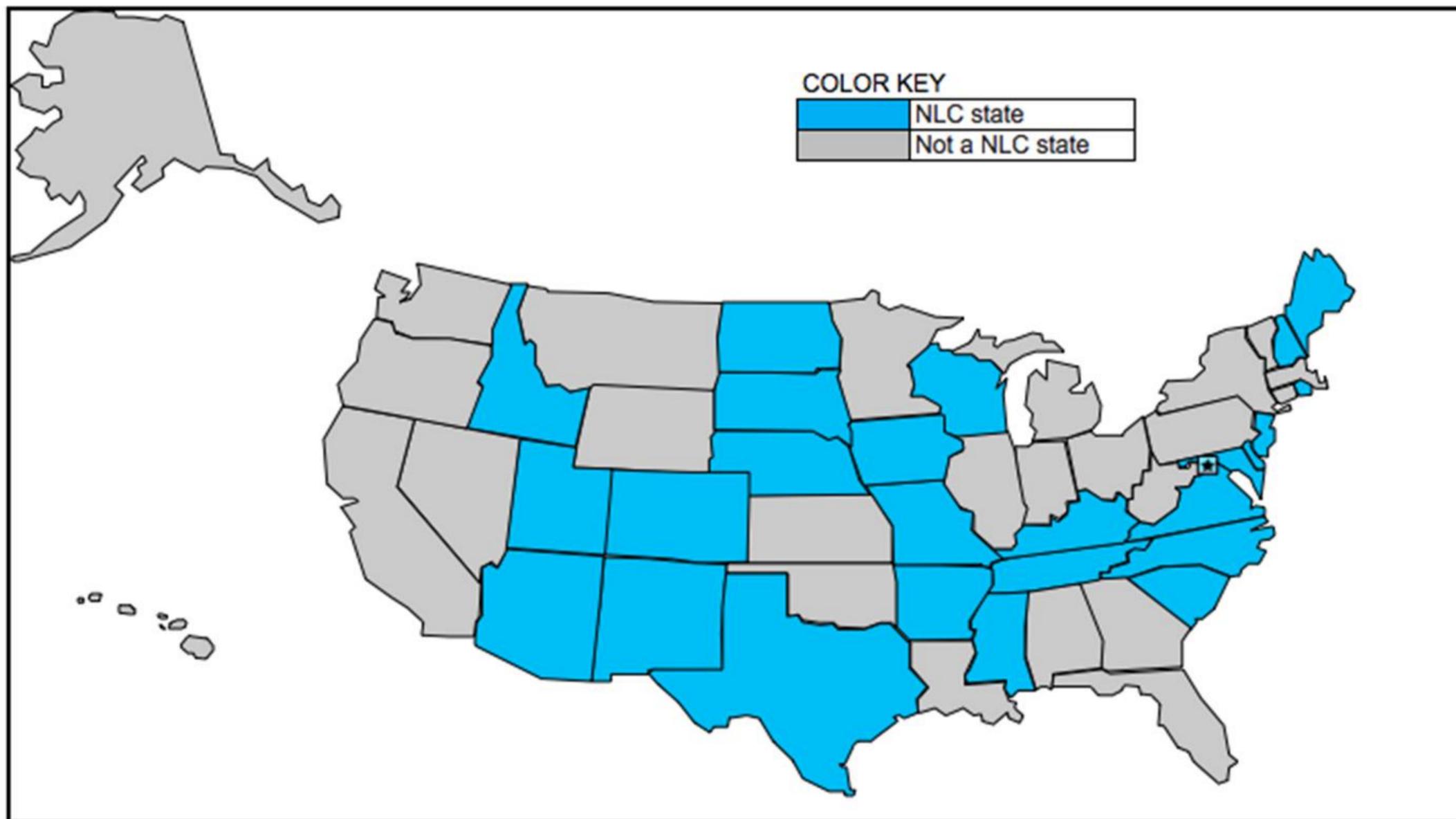
- “Laws on the books” vs. “Law in the streets”
- Complexity of the laws
- Did not review all the laws in each state
- Questions, Protocol, Methodology = Process
- Rules of statutory interpretation were applied, but only when necessary

# Does State Law Explicitly Allow for an RN to Provide Access to Rx Medications Under a Broad Protocol?



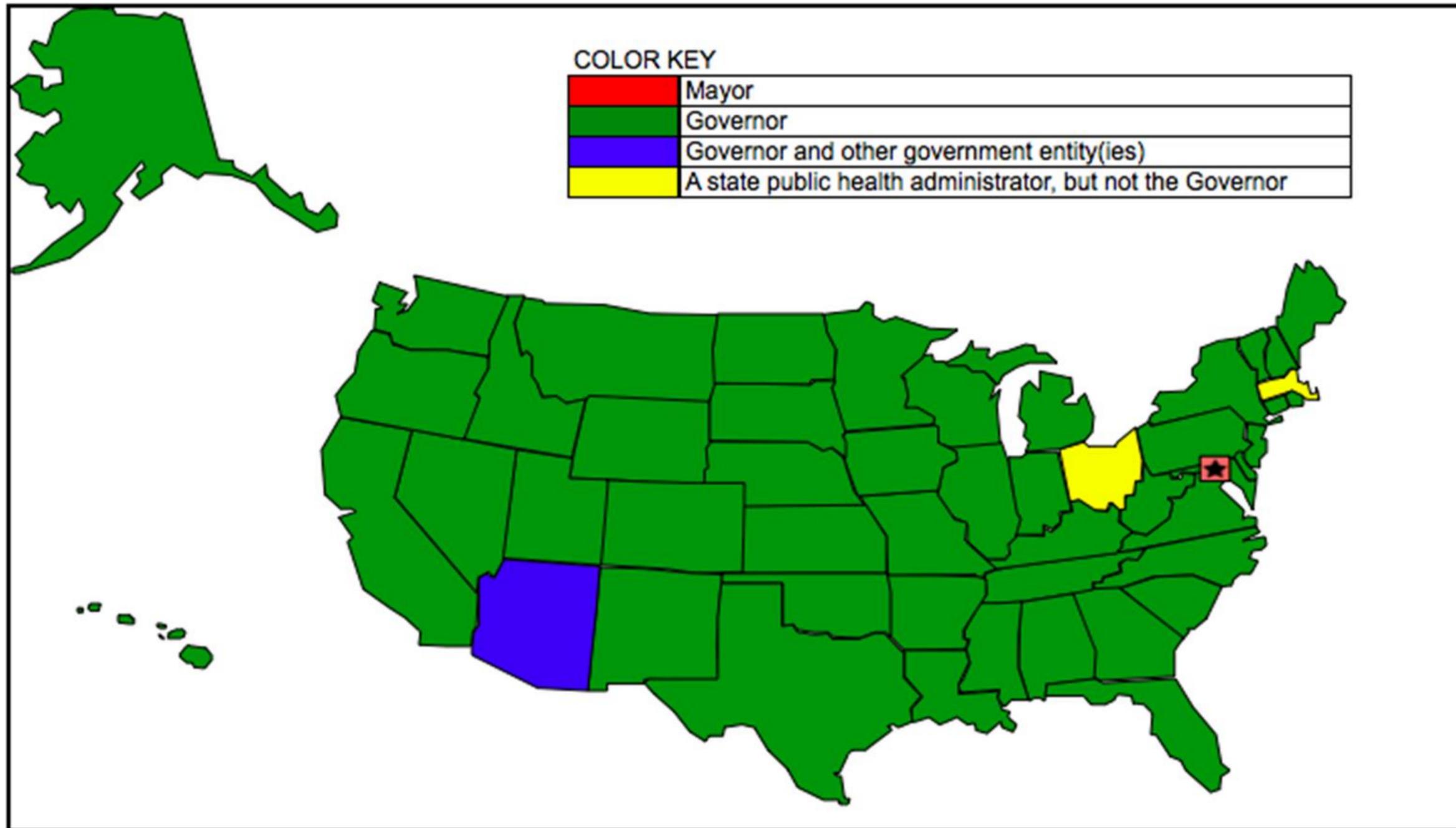
# Nurse Licensure Compact States

## 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?



# In Summary....

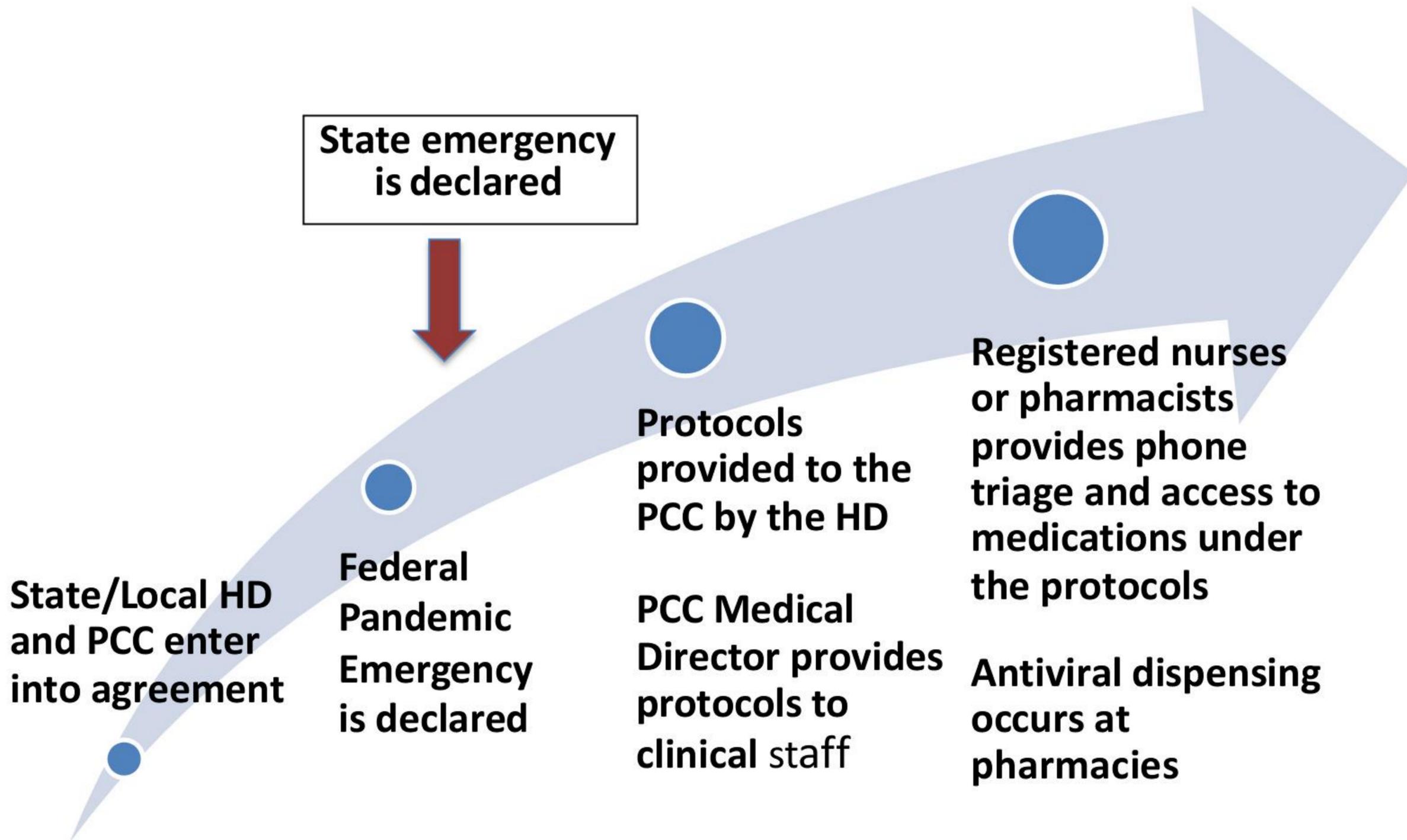
In order to effectively implement triage lines during an influenza pandemic, we must understand scope of nurses' and pharmacists' practice rules and the authority granted under the state's emergency management laws

# 2013 – NOW...PHASE 2

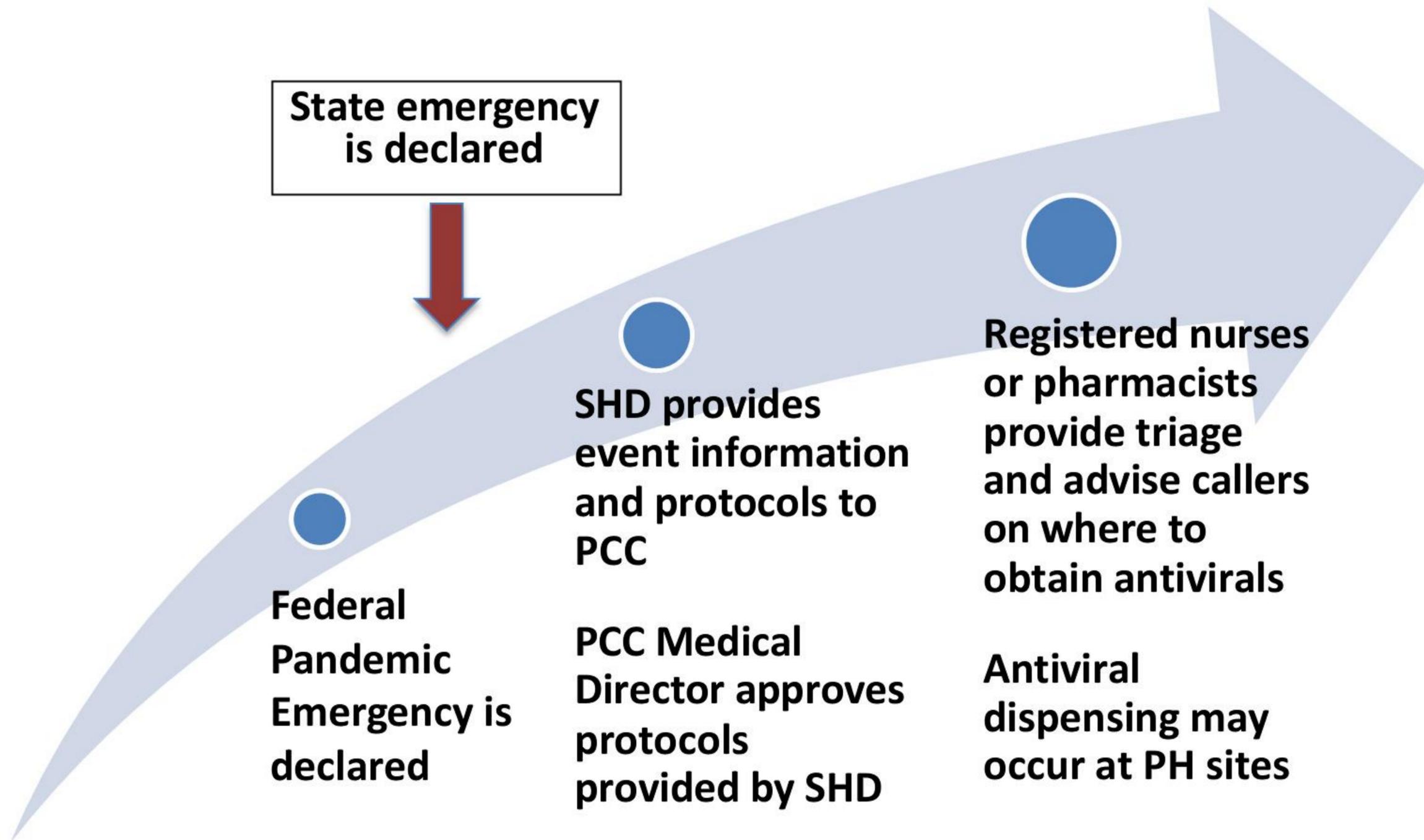
## Continued Exploration of Legal Feasibility, including:

- 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



# Scenario 2 – Triage Only



# 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?

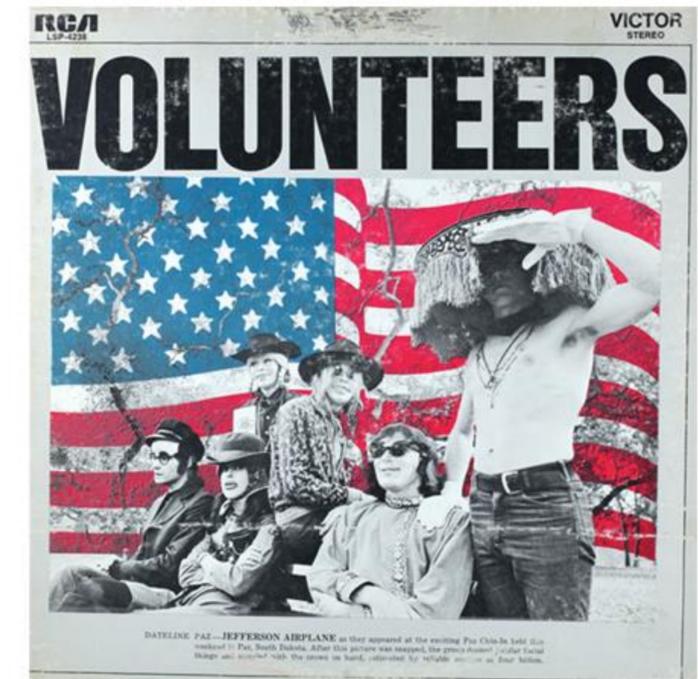
- Yes** → **Advise caller to contact health care provider if respiratory symptoms alone or fever alone are present.**
- No** → Go to **Home Care Education**



**PUBLIC  
HEALTH**  
management  
corporation



# State Laws have an Impact



# 2013 – NOW...PHASE 2

## Continued Exploration of Legal Feasibility, including:

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- 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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<http://www.cste.org/?page=WebinarLibrary>