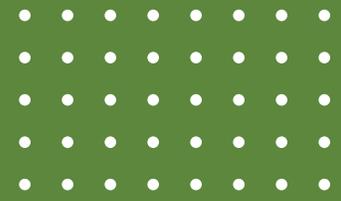
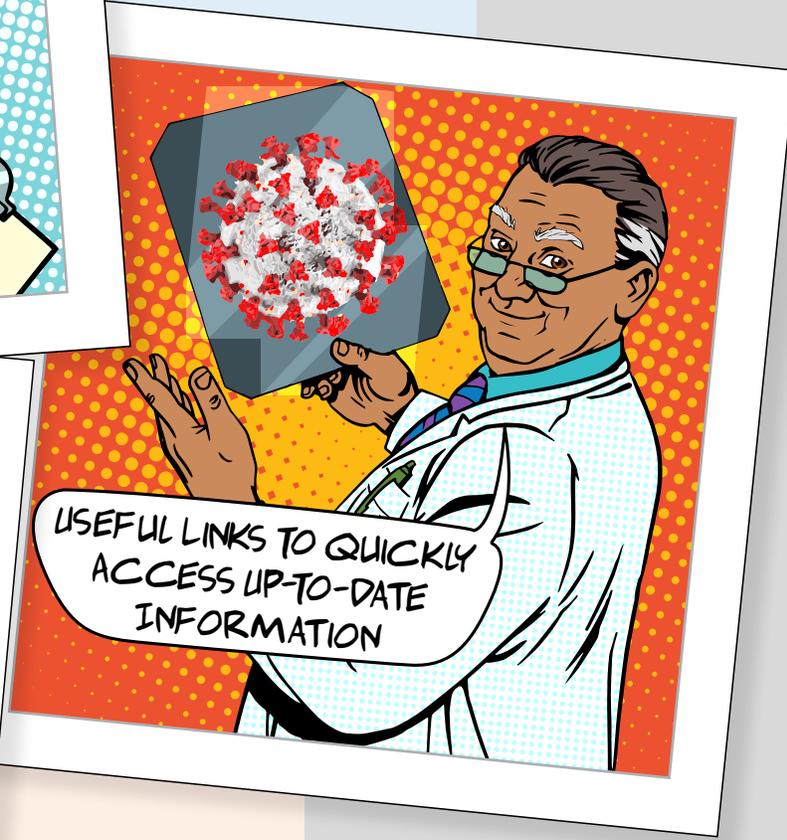


Best Practices Toolkit



For Clinics



Contents:

Executive Summary.....	1
Best Practices Toolkit Introduction	2
CDPH Therapeutics Transition	3
Plan for Improved COVID-19 Therapeutics Access.....	4
Objective 1 Easy COVID-19 Treatment Pathways for Patients.....	5
Objective 2 Patient Engagement in Their Care.....	8
Objective 3 Up-To-Date COVID-19 Information	12
Objective 4 Appropriate and Equitable Access to Therapeutics.....	15
Objective 5 Readiness for the Next COVID-19 Surge.....	19
Thank You	21
Appendix 1: Quick Reference List of Priority Surge Preparation Activities.....	22
Appendix 2: Sample Push Notifications	25
Appendix 3: Sample Call Center Workflows	30
Appendix 4: Health Center Website Best Practices	33
Appendix 5: Best Practices for Health Clinics.....	35
Appendix 6: Clinic Best Practices for Patient Engagement.....	40
Appendix 7: Summary of California Health Advisory.....	42
Appendix 8: Inventory of Toolkit Links and Resources	45



Executive Summary

COVID-19 therapeutics are a critical tool in preventing excess hospitalizations and deaths. According to the FDA, Paxlovid alone could lead to 1,500 lives saved and 13,000 hospitalizations averted each week in the United States during a surge (based on case rates from January 2023).* [COVID-19 treatments are recommended for the vast majority of adults with symptomatic COVID-19](#) and some children (12 and older with high risk conditions). Common conditions like diabetes, obesity, smoking (past or present), physical inactivity, and depression are categorized as conditions that deem [individuals at higher risk](#) for severe COVID-19 and thus eligible for treatment. There is also growing evidence that COVID-19 treatments reduce the risk of long COVID which could prevent costly and burdensome morbidity for patients in the long run.

Throughout the pandemic, the California Department of Public Health (CDPH) COVID-19 Therapeutics Task Force has provided tools and resources to help California's healthcare providers have access to up-to-date treatment options and best practices for prescribing therapeutics to all Californians equitably.

As the California COVID-19 Emergency Declaration has ended, most of the services of the CDPH COVID-19 Therapeutics Task Force sunset on June 30, 2023. Additionally, Local Health Jurisdictions (LHJs) have less resources to commit to COVID-19 efforts, with increased expectation that the provisioning of COVID-19 vaccines, testing, and therapeutics are now a regular part of routine healthcare services. **Safety net clinics and other primary care providers have the ongoing responsibility to support equitable COVID-19 prevention, testing and treatment. Fortifying these systems is imperative for saving lives and averting hospitalizations.**

* [March 16, 2023 Meeting of the Antimicrobial Drugs Advisory Committee Meeting \(fda.gov\)](#)

Best Practices Toolkit Introduction

All entities in public and private healthcare settings have a role in improving rapid access to COVID-19 therapeutics. This Best Practices Toolkit breaks down the therapeutics approach defined in California's [SMARTER Plan](#) and is designed to help health clinics prepare their operations for better COVID-19 therapeutics access. The Toolkit combines links to critical resources and highlights actionable steps to achieve the following **FIVE Objectives**:

- **Easy COVID-19 Pathways for Patients,**
- **Patient Engagement in Their Care,**
- **Up-To-Date COVID-19 Information,**
- **Appropriate and Equitable Access to Therapeutics, and**
- **Readiness for Next COVID-19 Surge.**

For a list of the top 10 activities to complete before the fall surge, go to [Appendix 1](#).

Samples of COVID-19 treatments workflows, procedures, and other clinic tools developed by safety net providers during the pandemic are available at the Center for [Care Innovations \(CCI\) "COVID-19 Test-to-Treat Equity Grant" Resource Hub](#). We encourage you to adapt these tools for your own use.



Aligning your clinic with the Objectives outlined in this toolkit will save lives, strengthen operations, and prepare you for future surges.

CDPH Therapeutics Transition

The following table summarizes the resources and support that CDPH will continue to provide and those that will end during 2023/2024. The COVID-19 Therapeutics Task Force has developed three Best Practices Toolkits: one for Health Plans, one for Health Systems, and this one for community health clinics. Each toolkit contains five recommended Objectives to help health plans, systems, and clinics transition to independently managing ongoing COVID-19 response. Clinics can work with their health plan partners to ensure provision of high-quality care and accurate, updated provider and patient education, and work towards implementing the recommended Key Results and Activities of this Toolkit.

COVID-19 Therapeutics Demobilization Matrix

Type of Support	Description	CDPH Support	Build into Health Plan	Build into Health Systems
 Clinical Guidance	Provider Education Webinars – COVID-19 Therapeutics Provider Weekly	✗ Ended 6/30/23 updates as needed		✓
	Provider COVID-19 Therapeutics Newsletter Email	✗ Ended 6/30/23 updates as needed	✓	✓
	Public Communications Campaign (Therapeutics)	! Extended through February 2024	✓	✓
	COVID-19 Therapeutics Provider Warmline: 1-866-268-4322 (866-COVID-CA) and Online Form for <u>all</u> CA healthcare providers to access clinical consultation Monday through Friday 6 am – 5 pm.	✗ Ended 8/31/23	✓	✓
	Rapid Telehealth Care (CDPH is currently providing sesamecare.com/covidca or 1-833-686-5051)	! Extended through February 2024		✓
 Clinics and Support	Test-to-Treat capability (State funded OptumServe sites)	✗ Ended 3/4/23		✓
	COVID-19 Antigen Tests	! While State-Funded Supplies Last	✓	
	General provider questions re: Therapeutics (currently COVIDRxProviders@cdph.ca.gov)	! Extended through February 2024		✓
	Therapeutics allocations, distribution, and HPOp account inquires CDPHTherapeutics@cdph.ca.gov	✓ Pending decision to commercialize		✓

Figure 1: CDPH COVID-19 Therapeutics Resources and Support Transition Plan

For questions about CDPH COVID-19 Therapeutics or the Best Practices Toolkits, please reach out to COVIDRxProviders@CDPH.ca.gov.

Plan for Improved COVID-19 Therapeutics Access

We recommend health clinics adopt the Best Practices Toolkit **Five Objectives** for improving equitable access to COVID-19 therapeutics.

5 COVID-19 Therapeutics Readiness Objectives

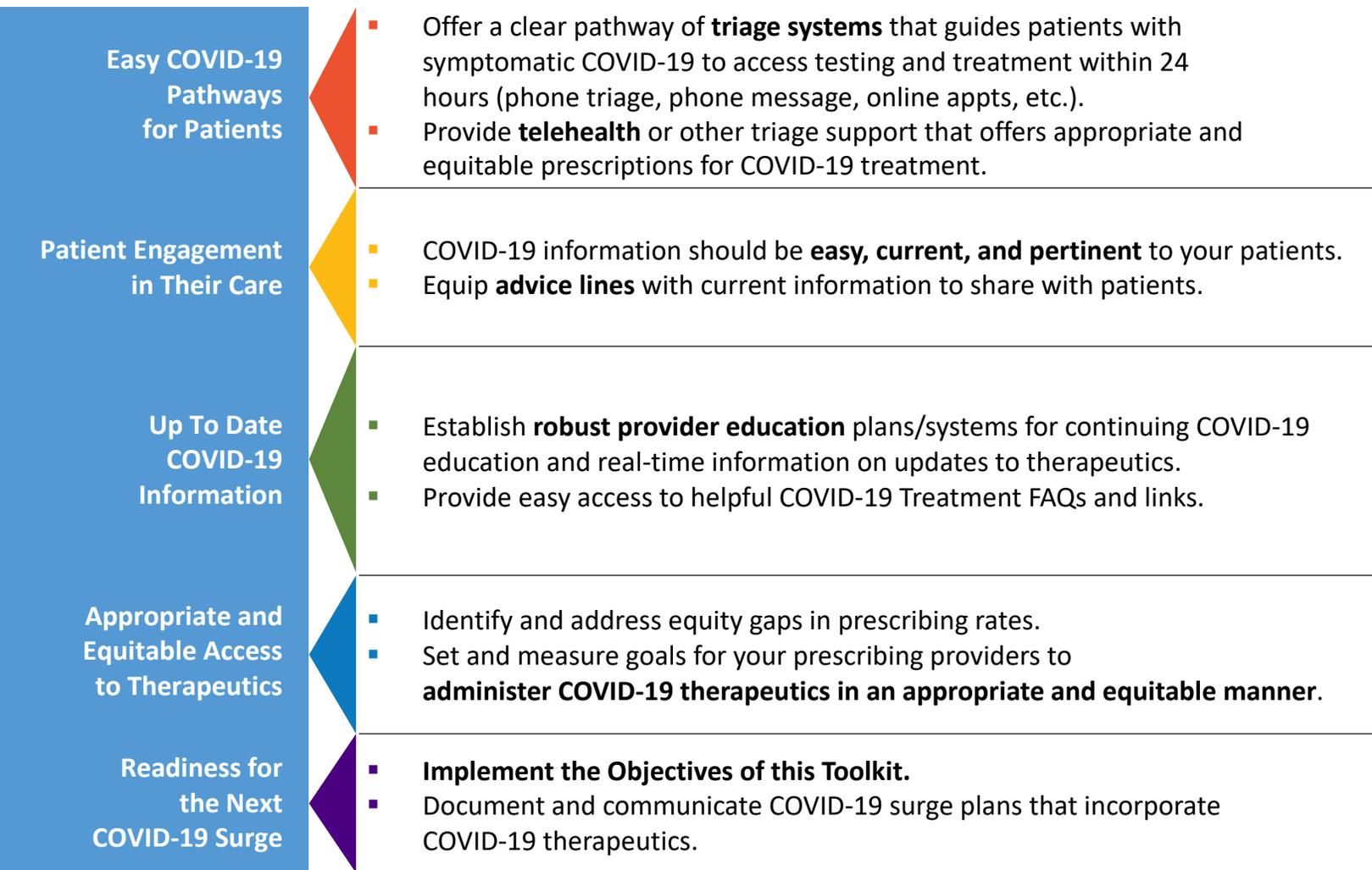


Figure 2: Five Objectives for Improved COVID-19 Therapeutics Access

Objective 1

Easy COVID-19 Treatment Pathways for Patients

We encourage you to adopt and embrace the Test to Treat concept: seamless, expedited patient access to COVID-19 treatments. All health facilities should optimize patient processes and communications to improve access and reduce barriers for patients who have symptoms of COVID-19 to get diagnosed, evaluated for treatment, and provided with the appropriate medication.

To provide clear patient treatment pathways:

- Offer clear and easy pathways in **triage systems** that guide patients with symptomatic COVID-19 to access testing and treatment within 24 hours (phone triage, online chat appts, etc.).
- Provide **telehealth** or other triage support that offers appropriate and equitable prescriptions for COVID-19 treatment.

Many systems have well-established pathways to treatment but do not provide enough information to prompt patients eligible for treatments to actively seek them. Patients should not only have the ability to make an appointment but should be given the information and prompts to encourage them to act.

Refer to:

[Appendix 1 for website best practices](#),
[Appendix 2 for sample push notifications](#),
[Appendix 3 for general therapeutics best practices](#), and
[Appendix 4 for sample workflows](#).

GOAL/Key Result 1.1: By Fall 2023, 100% of your patients will be able to access a clinical visit for COVID-19 treatment within 24 hours of seeking care, either in-person or through a telehealth provider.

Best Practice: **Patients should be**

- Encouraged to have antigen tests on hand so they can test themselves if exposed or symptomatic,**
- Prompted to seek testing and treatment for COVID-19 symptoms,**
- Provided a clear pathway to getting an appointment within 24 hours if they have symptomatic COVID-19, and**
- Offered COVID-19 treatment within the recommended timeframe if no severe contraindications present.**

Basic Principle	Readiness Checklist
<p>Push notifications</p> <p>Use alerts to inform patients of available COVID-19 treatment resources both routinely and during surges.</p>	<ul style="list-style-type: none"> • Establish routine SMS/text/email reminder messages/alerts with COVID-19 treatment information and directing patients to schedule an appointment if experiencing symptomatic COVID-19. • Prepare push notifications to inform patients on how to access COVID-19 care, including where to access tests, to send within 5 days of a new COVID-19 surge, in their primary language.
<p>Telehealth and Advice lines</p> <p>Prioritize rapid access to care for even mild symptoms.</p>	<ul style="list-style-type: none"> • Update agent call scripts to advise patients reporting signs/symptoms or COVID-19 exposure to get tested and if positive seek a prescribing provider consultation or appointment right away. • Set up call routing trees to guide patients to COVID-19 questions/answers or quickly route to speak directly with an agent. • Equip prescribing providers with information to appropriately prescribe COVID-19 therapeutics. • Add COVID-19 testing and treatment information on your call holding messages, including the importance of getting treatment quickly and how to request this of a provider. • Review your telehealth vendor processes to ensure they are prescribing therapeutics and are doing so appropriately and equitably.
<p>Website and mobile applications</p> <p>Websites should offer information about COVID-19 and minimal steps to accessing care.</p>	<ul style="list-style-type: none"> • Revise patient web/mobile pages to present COVID-19 treatment information within 1-2 clicks, before patient login. • Prompt patients logged in to their account to select options to gain access to a prescribing provider. Access to an appointment may include live chat with an agent, video appointments, email to their provider, or other provider consultation within 24 hours. • Follow website best practices as outlined in Appendix 4.

Basic Principle	Readiness Checklist
<p>Pharmacy</p> <p>Ensure your pharmacy partners are equipped to provide COVID-19 medications within the window of treatment.</p>	<ul style="list-style-type: none">• Verify the pharmacies used by your prescribing providers have therapeutic drug supplies on hand and offer expedited access to patients with COVID-19, such as regular/extended pick-up times, drive-up delivery, or home delivery.• Develop plans for providing patients with access to COVID-19 therapeutics in rural or hard to reach areas, including providing medication delivery services.
<p>Infusion access</p> <p>Guide patients who require IV treatments to local infusion resources.</p>	<ul style="list-style-type: none">• Ensure that patients who receive prescriptions for IV COVID-19 therapeutics have access to treatment at infusion centers, home infusion services, or hospital-based infusion services.

Helpful Links
<ul style="list-style-type: none">• For resources developed by other clinics, see the Center for Care Innovations (CCI) Resource Hub.• CDPH COVID-19 Treatments Communication Toolkit• Learn more about who is eligible for treatment• California Department of Health Care Services (DHCS) MediCal and Telehealth• Share this link with pharmacies to help prevent delays: Resource Guide for Pharmacies to Prevent Delayed COVID-19 Treatment (ca.gov)



Objective 2

Patient Engagement in Their Care

Patients need to be able to recognize COVID-19 symptoms, understand the time urgency related to treatment, know their testing options, and know clear steps to obtaining evaluation for COVID-19 therapeutics. Your clinic should offer up-to-date testing and treatment information through your multiple patient communication touchpoints. To engage patients in their care:

- Provide COVID-19 information that is **easy, current, and relevant** to your patients,
- Equip **advice lines** with current information to share with patients, and
- Leverage **community partnerships** to engage harder-to-reach populations with accurate information.

Partnerships that were initiated or strengthened during the public health emergency can provide ongoing value to your work reaching the most vulnerable Californians, not only in the ongoing COVID-19 response, but also for other health promotion and disease management efforts. We encourage you to review [Appendix 5](#) to get ideas for starting, leveraging, and reinforcing your community ties in preparation for future COVID-19 surges, as well as increasing your visibility and access to the communities you serve.

GOAL/KEY RESULT 2.1: By Fall 2023, 100% of patient communication channels (texts, call lines, chat applications, websites, etc.) will have clear, relatable, and up-to-date information on **how, where, and why** to seek COVID-19 treatment.

GOAL/KEY RESULT 2.2: By Winter 2023, patients will have received at least 5 pushed communications about the importance of COVID-19 treatment and how to rapidly access care (e.g., pushed SMS/text notification, email notice, mailed update, etc.).

BEST PRACTICE: COVID-19 information should be current and relatable to your patients. Key messages include:

- **COVID-19 treatments are free, widely available, and highly effective.**
 - ◇ COVID-19 treatments lower the risk of becoming severely ill from the illness, including hospitalization or death, by about 50%.
 - ◇ Early evidence also suggests COVID-19 medications may lower the risk of developing Long COVID.
- Because **the vast majority of adults (and some children age 12 and older) are recommended to take COVID-19 treatment if they have COVID-19 and symptoms, patients should seek evaluation by a healthcare provider, right away, for COVID-19 treatment.** Treatments must be taken within 5 days of symptoms starting.
- **There is a [long list of conditions](#) that may qualify someone for treatments.** Some include:
 - ◇ being **50 years of age and older**, regardless of any other conditions,
 - ◇ being unvaccinated, not fully vaccinated and boosted, or
 - ◇ having common conditions like diabetes, obesity, physical inactivity, smoking (past or present), asthma, or mental health conditions like depression.
- Keeping tests on hand helps households respond to COVID-19 symptoms early enough to get care before an illness becomes serious.

Basic Principle	Readiness Checklist
<p>Telehealth and advice lines Route patients to appropriate COVID-19 treatment information.</p>	<ul style="list-style-type: none"> • Develop a process to revise agent information and call scripts with up-to-date information as necessary and within 5 days of a COVID-19 surge event. • Routinely verify agents are communicating COVID-19 treatment information and importance of seeking care and treatment as soon as possible. • Include COVID-19 treatment information on call waiting/hold line messages. • Consider establishing post-call surveys to measure efficacy of therapeutic information provided during the call.
<p>Website and mobile applications Websites should offer information about COVID-19 symptoms, the importance of accessing treatment evaluation quickly, and how to access treatment.</p>	<ul style="list-style-type: none"> • Provide COVID-19 information, sign/symptoms, how to test, and the importance of getting COVID-19 treatment evaluation within 1-2 clicks. • Prompt COVID-19 symptomatic patients to seek a provider consultation for treatment options within 24 hours. • Offer your patients a link to the California COVID-19 Treatment page for COVID-19 treatment topics to discuss with their providers. • Prepare website and mobile application updates to implement within 5 days of a COVID-19 surge event. • Utilize multilingual communications assets (posters, social media posts, graphics, fact sheets) from the CDPH COVID-19 Therapeutics Communications Toolkit. • See Appendix 4 for more best practices on updating your web pages.

Basic Principle	Readiness Checklist
Listen to your patients	<ul style="list-style-type: none">• Continue building on your partnerships with community-based organizations to communicate with your patient populations about the importance of and access to COVID-19 vaccines, testing, and treatments.• Prepare pushed notifications in the form of SMS/ text, email notice, mailed update, etc. with COVID-19 treatment information and direct patients to schedule an appointment if experiencing symptomatic COVID-19.• Provide patient feedback mechanisms to report challenges in accessing COVID-19 treatments.

Helpful Links
<ul style="list-style-type: none">• For specific information about COVID-19 therapeutics, visit www.covid19.ca.gov/treatment.• Testing access resources are available at How to get tested - Coronavirus COVID-19 Response (ca.gov)• Download printable graphics and fact sheets from the CDPH COVID-19 Therapeutics Communications Toolkit.• For resources developed by other clinics, see the Center for Care Innovations (CCI) Resource Hub.

Objective 3

Up-To-Date COVID-19 Information

Ensuring your providers have current information is imperative to providing patients with appropriate care. There are ongoing reports of eligible patients seeking COVID-19 treatment but are told by their provider they do not qualify for COVID-19 treatment, due to a number of clinical misperceptions that were addressed in the December 2022 [California Health Advisory](#), which is summarized in [Appendix 7](#).

As some CDPH provider education mediums may be sunsetting, the Best Practices Toolkit encourages health centers to:

- Establish robust provider education plans/systems for continuing education, and
- Provide access to real-time information on updates regarding any changes to COVID-19 therapeutics recommendations.

GOAL/KEY RESULT 3.1: By Fall 2023, 100% of providers in your network will report an understanding how and when to prescribe COVID-19 treatment.

GOAL/KEY RESULT 3.2: By Fall 2023, 100% of providers in your clinic will report knowing the common misperceptions of COVID-19 treatment eligibility addressed in the [California Health Advisory](#).

GOAL/KEY RESULT 3.3: By Fall 2023, 100% of providers in your clinic will report knowing where to find up-to-date COVID-19 therapeutics information and guidelines.

BEST PRACTICE: Providers should have easy access to trustworthy and real-time treatment information and consultative support. Clinics may prefer to offer links to CDPH and federal content.

Basic Principle	Readiness Checklist
<p>Clinical support lines Clinicians need real-time consultation options to improve their knowledge about and comfort with prescribing COVID-19 therapeutics.</p>	<ul style="list-style-type: none"> • Consider developing a clinical support team to improve clinician knowledge of and comfort with prescribing COVID-19 treatment.
<p>Streamline COVID-19 information flow to providers</p> <ul style="list-style-type: none"> • Enhance information flows to share educational materials and studies. • Share updates on therapeutics regularly and when surges occur. 	<ul style="list-style-type: none"> • Assign an individual or team to track COVID-19 therapeutics studies and guidelines to be shared with other providers. Have this person sign up to be on CDPH's email distribution for COVID-19 therapeutics updates. • Establish routine push notifications to providers with updates and educational materials about COVID-19 vaccinations, testing, and therapeutics. • Promote best practices and accountability in promoting access, lowering barriers, and appropriately and equitably prescribing COVID-19 therapeutics. • Prepare for a COVID-19 surge with readily accessible education channels and current guidance that can be distributed to providers within 1-3 days of a new COVID-19 surge. • Host surveys to measure providers' understanding of how and when to prescribe COVID-19 treatments.

Helpful Links

- COVID-19 Therapeutics Best Practices ([Appendix 5](#))
- [California's Health Advisory](#) for providers, addressing myths and misinformation on COVID-19 therapeutics.
- [Therapeutics Myths and Facts \(ca.gov\)](#)
- [Test To Treat FAQs](#) and Helpful Links
- Several more provider resources will remain available and up-to-date at [CDPH Healthcare Provider Treatment Resources](#)
- [Questions and Answers: Treatment Information for Providers and Facilities \(ca.gov\)](#)
- [Sign Up](#) for COVID-19 therapeutics updates from CDPH
 - ◇ Friday, 9:00-10:30am - [Provider COVID-19 Topics Webinar](#) (currently monthly, or on an "as needed" basis)
- For resources developed by other clinics, see the Center for Care Innovations (CCI) Resource Hub.
- COVID-19 Coverage Change Table (ca.gov): coverage changes for vaccines, tests and treatments post-Public Health Emergency

Objective 4

Appropriate and Equitable Access to Therapeutics

Ensuring therapeutics are equitably accessed starts with looking at data. Recent statewide data shows that COVID-19 therapeutics have not been equitably prescribed across race/ethnicity and income. In February 2023, CDPH presented a COVID-19 therapeutics update at the [CMA Grand Rounds](#) highlighting disparities in health equity and offering suggestions to dispel myths surrounding dispensing access and addressing common clinical misperceptions about prescribing. California Health and Human Services (CalHHS) and CDPH measure health equity and offer equitable solutions to address disparities throughout the state as shown in the image below. View the [CDPH Health Equity](#) pages for more information.

Overview of COVID-19 disparities in our diverse communities

COVID-19 disproportionately affects California's most marginalized communities, as well as essential workers such as those in health care, grocery, and cleaning services.

Death rate for Latino people is **8% higher** than the rate for all Californians

Deaths per 100K people:

271 Latino
250 all ethnicities

Case rate for Pacific Islander people is **82% higher** than the rate for all Californians

Cases per 100K people:

50,452 NHPI
27,763 all ethnicities

Death rate for Black people is **19% higher** than the rate for all Californians

Deaths per 100K people:

299 Black
250 all ethnicities

Case rate for communities with median income <\$40K is **14% higher** than the rate for all Californians

Cases per 100K people:

31,648 income <\$40K
27,763 all income brackets

[Case and death rate source data](#)

Note: This data is cumulative since the first COVID-19 case was reported in January 2020. Case rate is defined as cumulative COVID-19 cases per 100K population. Death rate is defined as cumulative COVID-19 deaths per 100K.

Image: [COVID-19 Health Equity page \(June 2023\)](#)

CDPH recommends tracking disparities in COVID-19 vaccine, testing, and therapeutics uptake to ensure providers are meeting your patient population's needs. To ensure patients have appropriate and equitable access to COVID-19 therapeutics:

- **Create data systems to track therapeutics uptake along racial/ethnic and socioeconomic demographics.**
- Furnish your providers with COVID-19 therapeutics data dashboards to prompt improvements if disparities in prescribing patterns are found.

GOAL/KEY RESULT 4.1: By Fall 2023, develop tracking and reporting on the prescribing rates for COVID-19 treatments of different races, ethnicities, and other equity factors such as [zip code health equity scores](#) to identify gaps and recognize specific equity needs within your population of patients.

GOAL/KEY RESULT 4.2: By Fall 2023, set a prescribing rate goal for COVID-19 treatments; monitor for differences in prescribing rates among providers and across race/ethnicity, [zip code health equity scores](#), and/or other equity metrics; and apply quality improvement tactics to ensure therapeutics are being appropriately and equitably prescribed.

As a reference, the State's Optum Serve Test-to-Treat program had a prescribing rate of 83% among those over the age of 12 presenting with symptomatic COVID-19 within days of symptoms onset (i.e., 83% of symptomatic patients over the age of 12 presenting within 7 days of symptom onset were prescribed a COVID-19 therapeutic because they were deemed at increased risk for severe COVID-19 and had no severe contraindications to treatment). In contrast, about 75% of patients over the age of 12 self-presenting to the State's COVID-19 telehealth service were prescribed COVID-19 therapeutics (patients were not screened for presence of symptoms or symptom onset before self-referral).

GOAL/KEY RESULT 4.3: By Winter 2023, the prescribing rate for COVID-19 therapeutics across race/ethnicity and zip codes will not deviate from one another by more than 10%. Any existing disparities will decrease to a 5% difference by Spring 2024. (E.g., if 75% of White patients seeking COVID-19 treatment receive a prescription then Black patients should have a prescription rate no lower than 67.5% with plans to decrease that equity gap to 71% prescribing rate (or higher) for Black patients by Spring 2024). Note: such goals assume clinicians are appropriately applying eligibility criteria for COVID-19 treatment and making sound clinical decisions about relative contraindications.

GOAL/KEY RESULT 4.4: By Winter 2023, the percentage of COVID-19 therapeutics prescribed across race/ethnicity and zip code will mirror the demographics patients presenting to your health center with symptomatic COVID-19 (within a 5% deviation).

BEST PRACTICE: Set and measure goals for your prescribing providers to administer COVID 19 therapeutics in an appropriate and equitable manner.

Basic Principle	Readiness Checklist
<p>Measure prescribing rates Create accountability by tracking equity data.</p>	<ul style="list-style-type: none"> • Establish data systems to measure prescription rates across socioeconomic demographics. • Set goals and regularly share data on treatment prescribing rates by demographics. • Conduct quarterly equity reviews and report outcomes with specific interventions providers can apply to lower patient barriers to therapeutic access.
<p>Promote your equitable prescribing achievements Share what your providers are doing to promote awareness and address health equity.</p>	<ul style="list-style-type: none"> • Engage in information sharing with community partners and community-based organizations for continuous improvement in appropriately and equitably prescribing COVID-19 therapeutics to diverse and hard-to-reach patient populations. • Share strategies with other clinics to promote best practices in treating Californians. • Promote your equity strategy and outcomes on your website. • We invite you to share your equity best practices with CDPH at COVIDRxProviders@CDPH.ca.gov
<p>Collaborate with community partners to promote community-clinical linkages</p>	<ul style="list-style-type: none"> • Partner with community-based organizations and faith-based organizations to increase awareness of COVID-19 treatments in communities most impacted by COVID-19.

Helpful Links
<ul style="list-style-type: none"> • CDPH COVID-19.CA.GOV Commitment to Health Equity • CalHHS COVID-19 Equity Metrics • Racial and Ethnic Disparities in Outpatient Treatment of COVID-19 – United States, January-July 2022 • For resources developed by other clinics, see the Center for Care Innovations (CCI) Resource Hub. • COVID-19-Sunset-Notice (ca.gov): information regarding getting people from the Uninsured Group coverage onto Covered California.

Objective 5

Readiness for the Next COVID-19 Surge

Prepare your health system by applying the Objectives provided in this toolkit and reviewing your internal COVID-19 surge response protocols. Ensure patient messages, provider advisories, and COVID-19 therapeutics will be immediately available during a surge.

See [Appendix 1](#) for a streamlined checklist on the top ten activities.

GOAL/KEY RESULT 5.1: By Fall 2023, integrate COVID-19 therapeutics access into your COVID-19 surge readiness and reactivation plan.

BEST PRACTICE: Implementing the Objectives of this Toolkit and developing COVID-19 surge plans that incorporate COVID-19 therapeutics ensures your teams will be prepared for the next COVID-19 surge to minimize morbidity and mortality.

Basic Principle	Readiness Checklist
<p>Prepare your teams by developing and improving protocols, communications plans, and training during non-emergent times.</p>	<p>During this non-emergent time, implement the readiness checklist for Objectives 1-4.</p> <ul style="list-style-type: none"> • Test and evaluate the processes and tools implemented to ensure your health system’s readiness. • Develop a plan to activate augmented support within one week of a surge. • Develop communication plans to highlight the importance of COVID-19 treatments to providers and patients during a COVID-19 surge. • Prepare your teams through trainings and reinforce supply stocks during non-emergent times.

Basic Principle	Readiness Checklist
Push notifications	<ul style="list-style-type: none">• Establish push notifications to patients through email or SMS/text timed within 5 days of COVID-19 case rates surge, offering patients the latest COVID-19 treatments information and how to seek care.

Helpful Links

The following sites offer readiness recommendations.

- [COVID 19 Test to Treat Equity ECHO 2023-04-12 - YouTube](#) (first section covers post-PHE changes, last half of recording covers safety net clinic infrastructure needs during COVID-19 surges).
- [CDC Guidance for Pandemic Readiness](#)
- [CDPH COVID-19 Surge Readiness for SNF](#)
- [FEMA COVID-19 Best Practices](#)
- [The White House Surge Readiness](#)

Thank You

We appreciate the work you have been doing and continue to do to integrate COVID-19 therapeutics into daily operations, as we expect COVID-19 prevention and management to remain essential to healthcare provision for the foreseeable future.

Your patients rely on your clinical team for trustworthy information on COVID-19 vaccines and boosters, monitoring exposure, recognizing COVID-19 signs and symptoms, knowing when to test, and understanding their options for COVID-19 treatments. We encourage your teams to continue educating patients through web pages, information bulletins, push notification reminders, and patient touchpoints. This toolkit is intended to assist your team in preparing your healthcare providers, call agents, telehealth providers, and clinical teams to support COVID-19 therapeutics prescribing and stay **up-to-date** on the latest in COVID-19 therapeutics guidance.

If you have any questions or would like communications materials to share with patients or providers, please contact COVIDRxProviders@cdph.ca.gov.



Aligning your clinic with the Objectives outlined in this toolkit will save lives, strengthen operations, and prepare you for future surges.

Appendix 1:

Quick Reference List of Priority Surge Preparation Activities

At a glance:

1. Emphasize “Default to Treatment” workflows, attitudes, and messaging across your health system.
2. Ensure website and call lines have accurate, current information.
3. Push notifications to patients about COVID-19 treatment availability and access pathways, especially during surges.
4. Review triage/advice line call scripts and pathways to ensure timely access to treatments.
5. Maintain relationships with community-based organizations, especially those that can access hard-to-reach population segments and provide them with public messaging tools for surges.
6. Expedite messages containing therapeutics updates and recommendations to providers.
7. Verify pharmacy stocks and ease of access.
8. Make infusion sites available to COVID-19 patients and share this information with providers.
9. Verify telehealth capacity for your patients is sufficient to meet needs and ensure any telehealth contractors are actively prescribing.
10. Notify staff of treatments coverage and current processes, including available infusion sites.

PATIENT EDUCATION:

Push notifications

- Establish push notifications to patients through email or SMS/text timed within 5 days of COVID-19 case rates surge, offering patients the latest COVID-19 treatments information and how to seek care.

Website and mobile applications

Websites should offer information about COVID-19 and minimal steps to accessing care.

- Ensure website or patient portal visitors with COVID-19 symptoms are prompted to seek treatment by reviewing website best practices from [Appendix 1](#).

Use community connections

Partner with community organizations that can amplify messages.

- Fortify relationships with community organizations that can keep you informed of community needs and help spread messages to vulnerable and hard-to-reach people during a surge.

Appendix 1:

Quick Reference List of Priority Surge Preparation Activities *(continued)*

PROVIDER EDUCATION:

Real-time access to COVID-19 therapeutics information and coverage for providers

- Provide guidance for therapeutics prescribing to providers via email messages, newsletters, and clinical champions.
- **Emphasize the importance of prescribing COVID-19 treatment as the default option even for mild to moderate illness.** The decision to not [prescribe COVID-19 treatment](#) should be reserved for situations in which the risk of prescribing clearly outweighs the benefits of treatment in preventing hospitalization, death, and the potential for reduced risk of long COVID.
- Include available infusion site info in provider messages.

SYSTEM RESOURCES:

Live call and triage systems

Review call agent scripts, online chat scripts, or automated call routing pathways.

- Establish processes to maintain up-to-date COVID-19 treatment information in call or chat features available to patients.
- Enable automated call routing pathways and online chat scripts to guide patients through COVID-19 triage and provide them with next action guidance for seeking care within 24 hours.

Telehealth and advice lines

Assess call lines to ensure patients are routed to rapid COVID-19 care.

- Update agent call scripts to guide patients to important COVID-19 information and emphasize the value of seeking treatment for COVID-19.
- Verify that agents are communicating the value and importance of COVID-19 therapeutics by prioritizing appointments within 24 hours.

Telehealth

Provide treatment access via telehealth.

- Review your telehealth internal or vendor protocols to ensure they are prescribing therapeutics and are doing so appropriately and equitably.

Appendix 1:

Quick Reference List of Priority Surge Preparation Activities *(continued)*

SYSTEM RESOURCES:

Pharmacy

Medications should be on hand and dispensed quickly.

- Verify the pharmacies used by your prescribing providers have therapeutic drug supplies on hand and offer access to patients experiencing COVID-19, such as regular/extended pick-up times, drive-up delivery, or home delivery.

Infusion access

Ensure patients who require IV treatments have infusion access.

- Ensure that patients who receive prescriptions for IV COVID-19 therapeutics have access to treatment at infusion centers, home infusion services, or hospital-based infusion services.

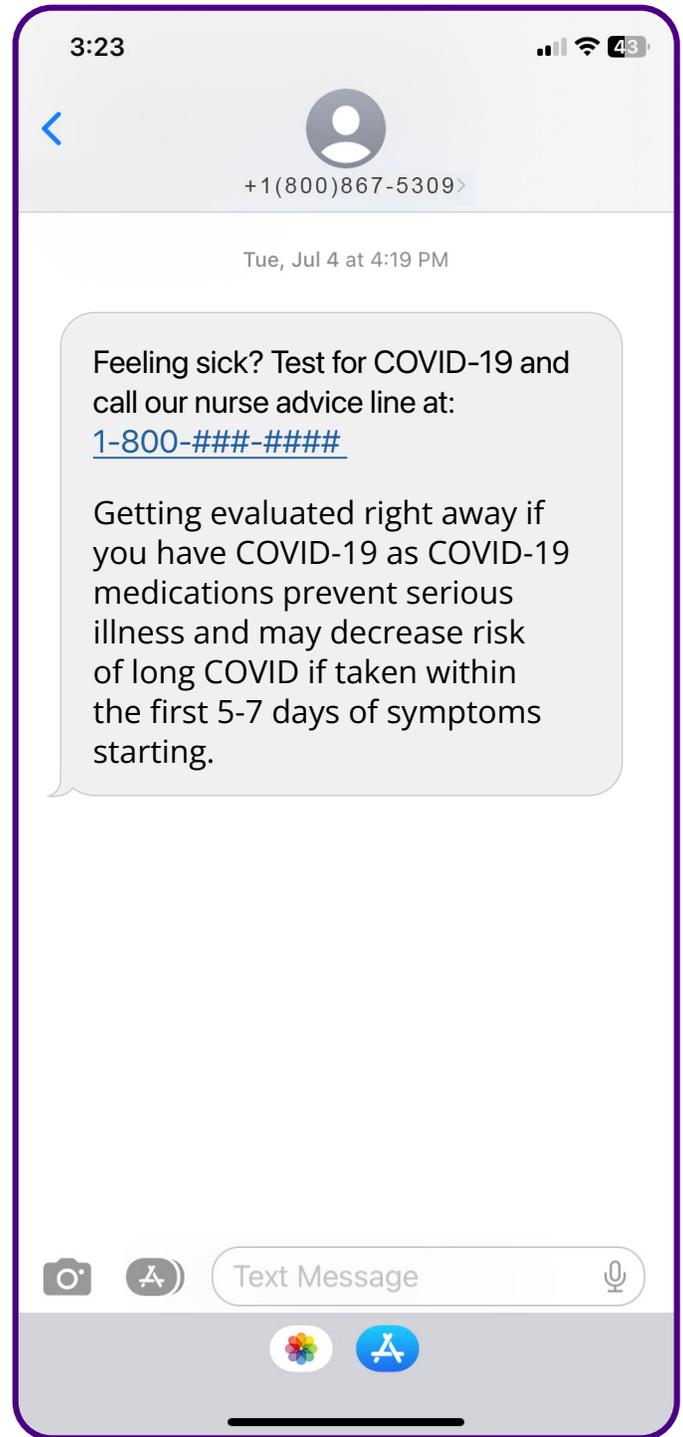
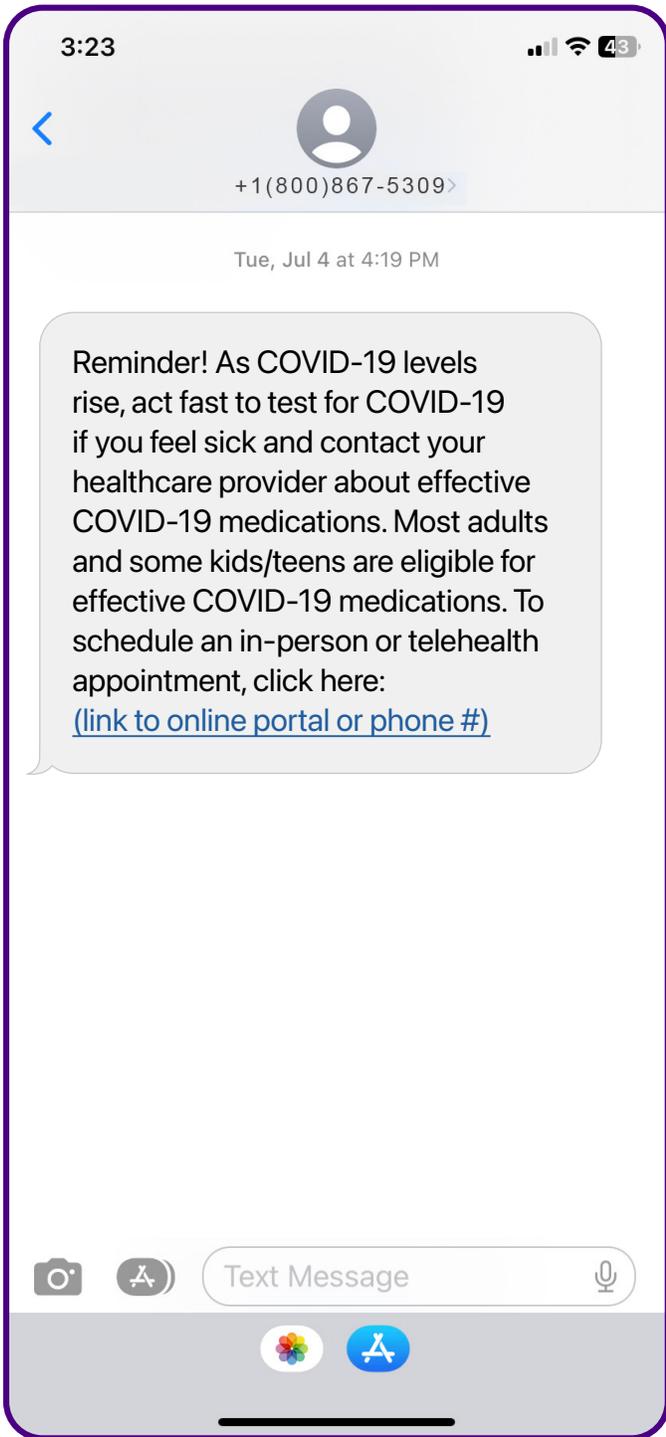
Monitoring for equity

Utilize data to inform subsequent action and countermeasures to address inequities.

- Monitor prescribing rates and access to therapeutics across sociodemographic variable to ensure communities most impacted by COVID-19 are being served.

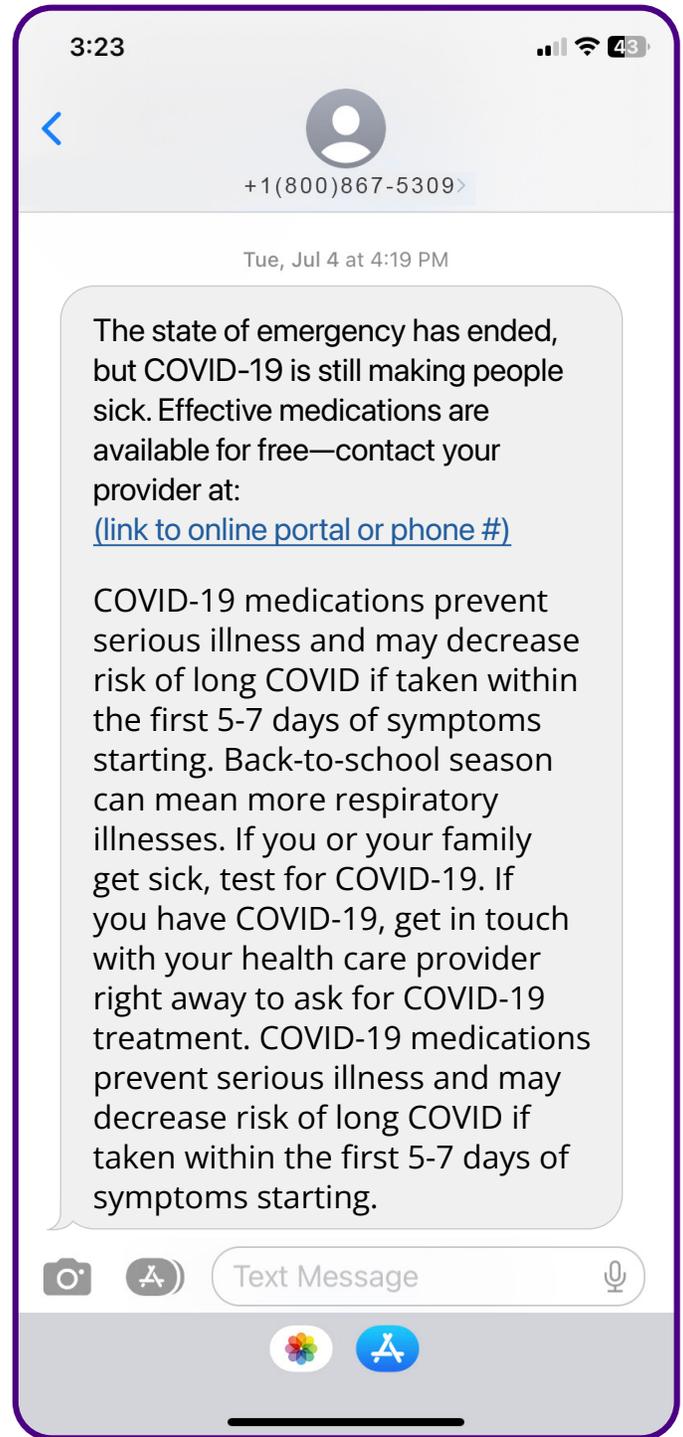
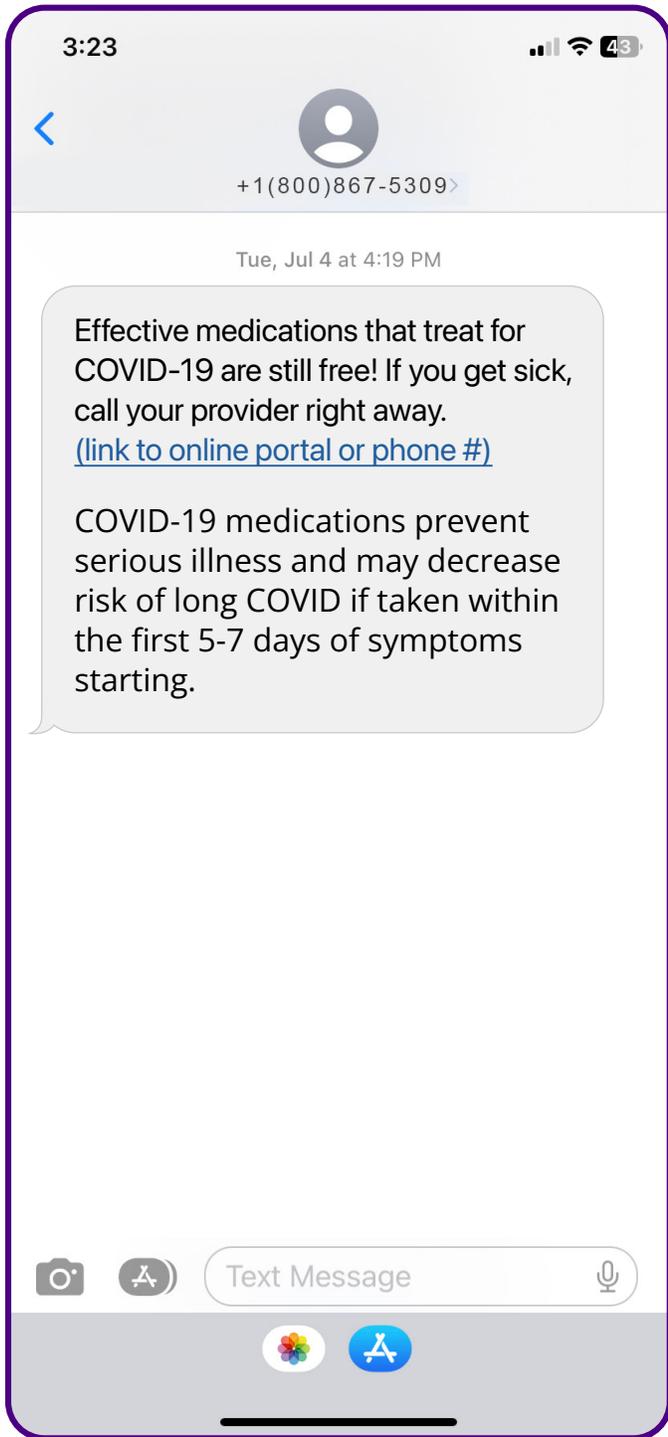
Appendix 2: Sample Push Notifications

Text examples:



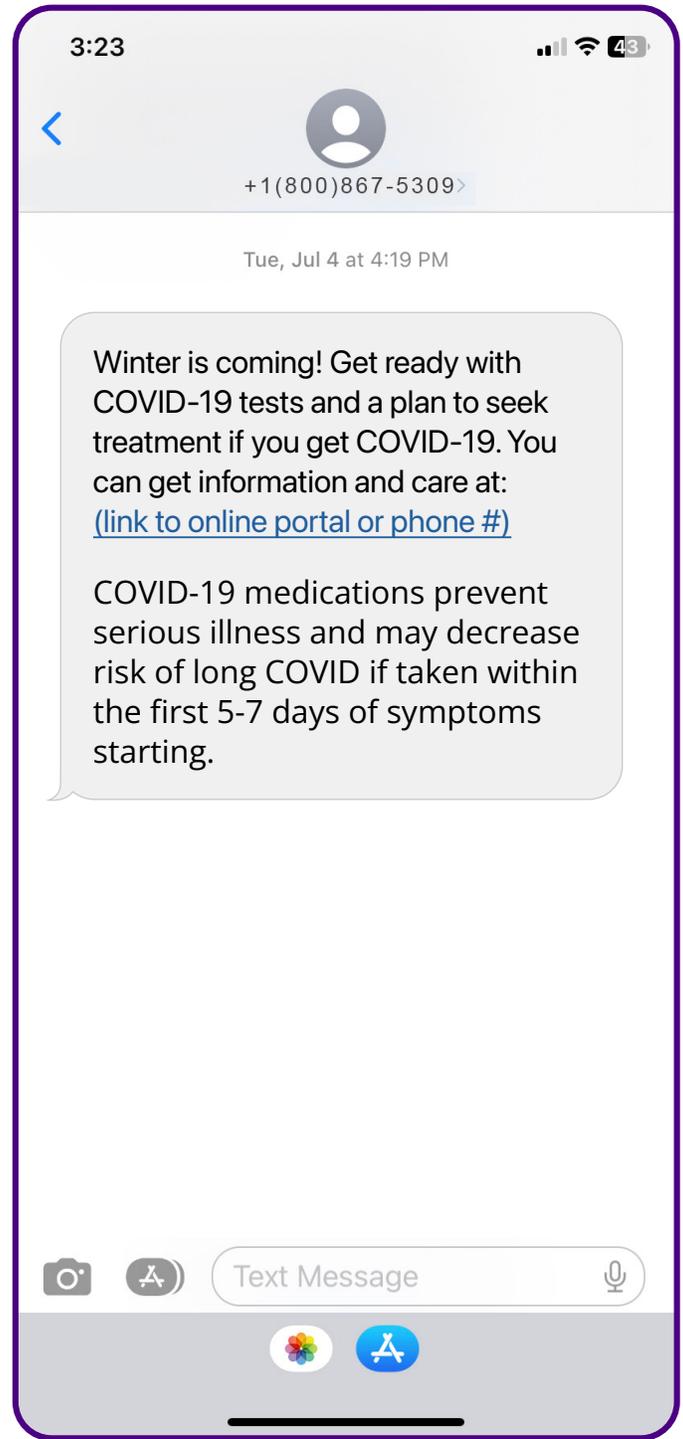
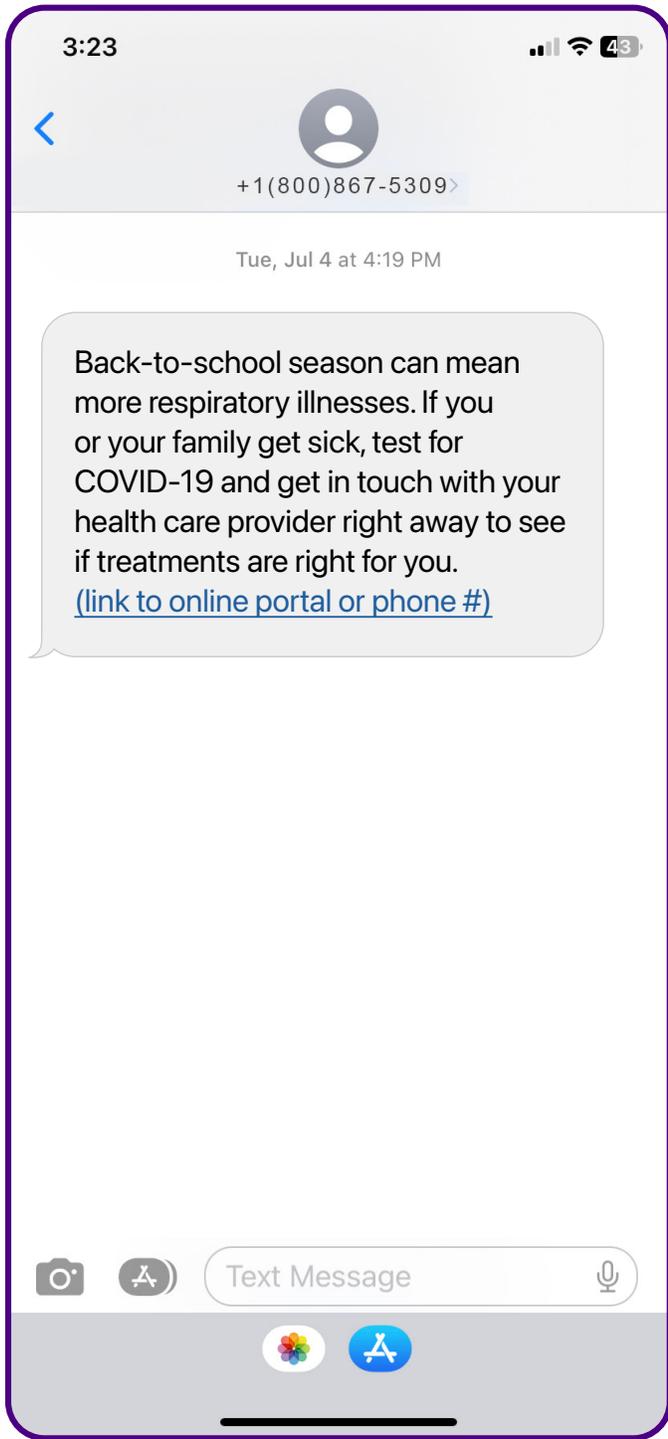
Appendix 2: Sample Push Notifications *(continued)*

Text examples:



Appendix 2: Sample Push Notifications *(continued)*

Text examples:



Appendix 2: Sample Push Notifications *(continued)*

Email examples:

Dear xxx,

As summer draws to an end, COVID-19 and other respiratory illnesses are likely to increase. Make sure you have [COVID-19 at home test kits](#) on hand or by contacting your provider at (link to online portal or phone #), test if you get symptoms, and contact your health care provider by (link to advice line, portal, or other pathway). You may be eligible for effective medications that treat COVID-19.

Symptoms of COVID-19:

- Cough
- Shortness of breath or difficulty breathing*
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

*Seek immediate medical care if you develop difficulty breathing.

We look forward to navigating the fall and winter together in good health,

(organization name)

Appendix 2: Sample Push Notifications *(continued)*

Email examples:

Dear xxx,

The public health emergency is over, but COVID-19 is still active in our community, sometimes causing serious illness. If you get symptoms, test right away or reach out to us for free and covered testing. If you have COVID-19, we will connect you with free treatment options. Medications that treat COVID-19 can help most adults and some kids prevent serious illness and may decrease the risk of long COVID. Medications must be taken within the first 5-7 days of symptoms starting.

Symptoms of COVID-19 include:

- Cough
- Shortness of breath or difficulty breathing*
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

*Seek immediate medical care if you develop difficulty breathing.

Let's work together to keep our community healthy,

(organization name).

Appendix 3: Sample Call Center Workflows

The following flow charts suggest best practices for responding to patient inquiries and recommending expedited access to provider evaluation for COVID-19 therapeutics.

If a patient calls reporting COVID-19 Symptoms (Figure 3) or a positive COVID-19 Test (Figure 4), a series of questions can help your call centers to quickly triage the patient and determine next steps.

Patients should be triaged for clinical stability and support as per usual clinical protocols and receive appropriate information regarding isolation and notification of close contacts per [CDPH guidelines](#).

List of COVID-19 Symptoms:

Symptoms include, but are not limited to:

- Cough
- Fatigue
- Diarrhea
- Headache
- Sore throat
- Fever or chills
- Nausea or vomiting
- Muscle or body aches
- Congestion or runny nose
- New loss of taste or smell
- Shortness of breath or difficulty breathing

Call from patient reporting COVID-19 SYMPTOMS

Figure 3 suggests a flow for patients calling reporting COVID-19 symptoms (in adults or high-risk children).

We recommend using this template as a guideline and adjusting the details to your health system.

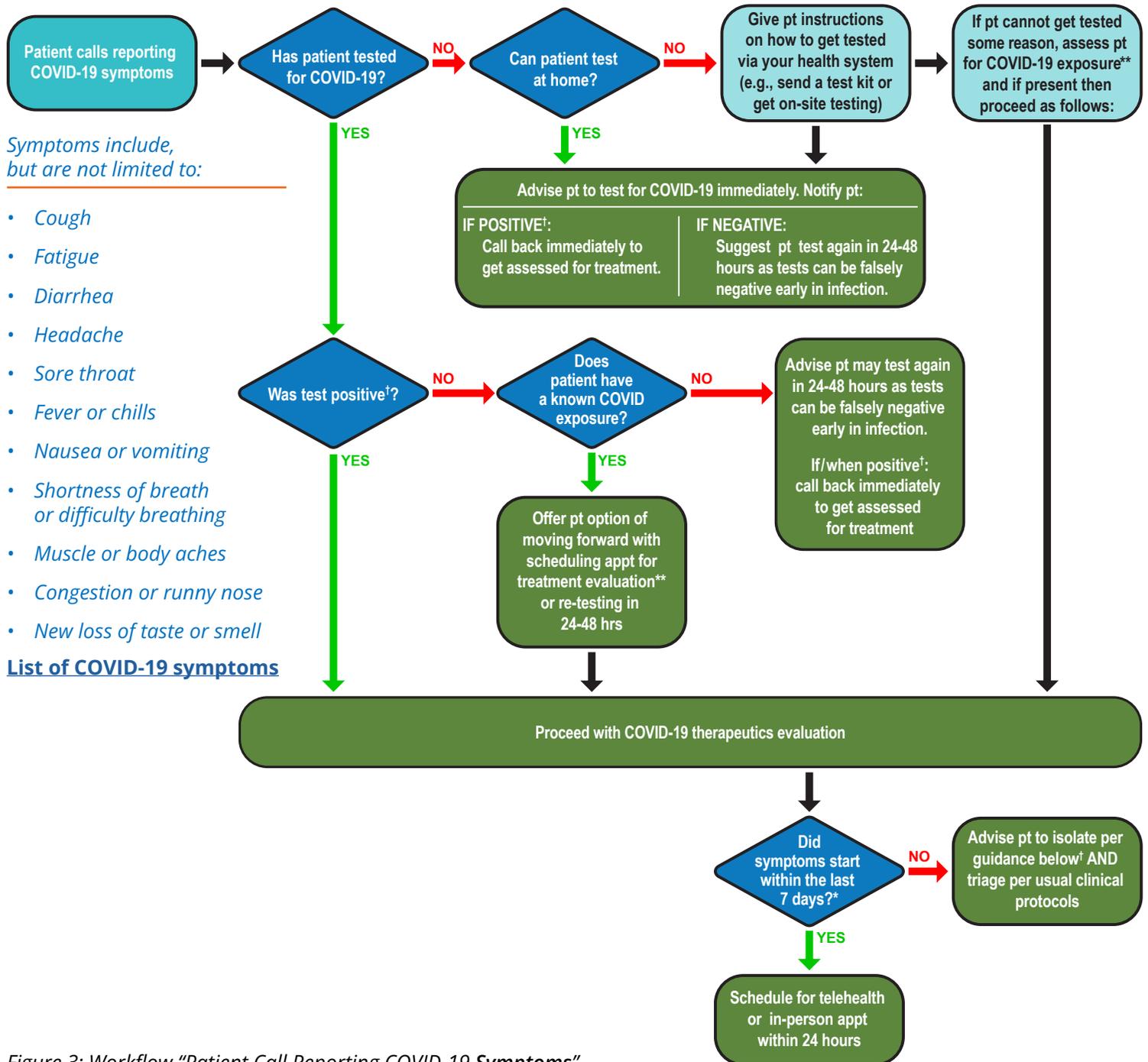


Figure 3: Workflow “Patient Call Reporting COVID-19 Symptoms”

*If 4 days or less, next day appointment is acceptable. If 5 days, then pt should be seen same-day. If after 5 days then the pt is only eligible for remdesivir.

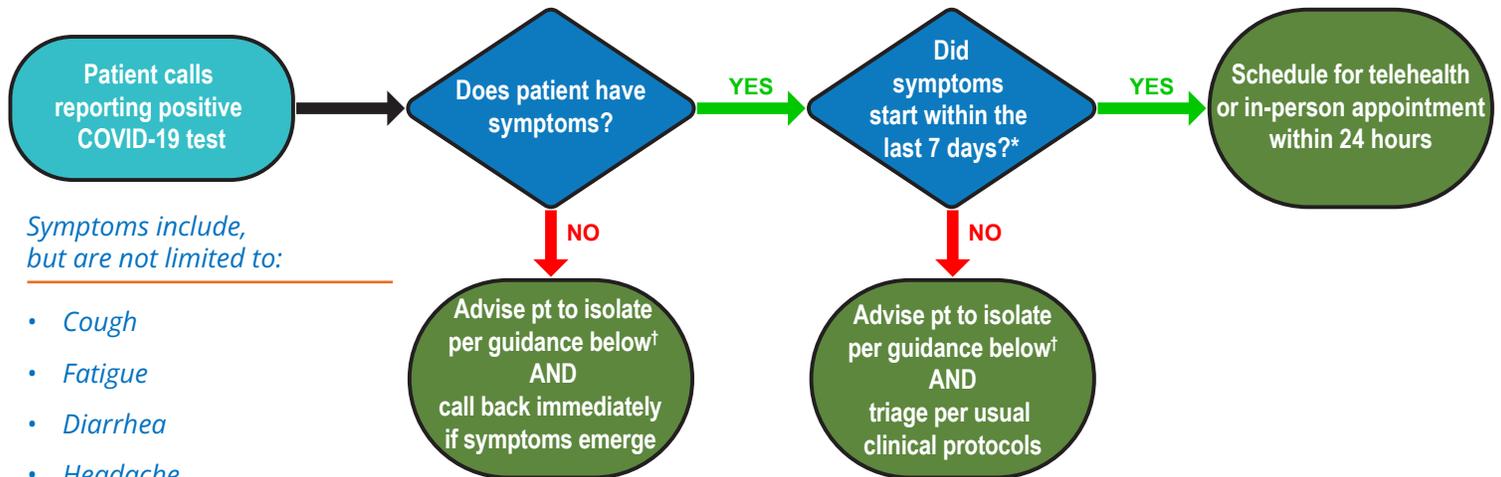
**FDA emergency use authorizations for COVID-19 oral antivirals no longer require a positive SARS-CoV-2 test if clinical suspicion is high based on known COVID-19 exposure.

On May 25, 2023 FDA approved Paxlovid for mild to moderate COVID-19 in adults, thus prescribing is fully up to clinical discretion. Of note, prior to full approval, the FDA EUA removed the requirement of a positive SARS-CoV-2 test for COVID-19 oral antivirals if clinical suspicion is high based on known COVID-19 exposure.

† COVID-19 Guidance on What To Do if You Test Positive for COVID-19

Call from patient reporting **POSITIVE COVID-19 TEST**

Figure 4 suggests a flow for patients calling reporting a positive COVID-19 symptoms (in adults or high-risk children). We recommend using this template as a guideline and adjusting the details to your health system.



Symptoms include, but are not limited to:

- Cough
- Fatigue
- Diarrhea
- Headache
- Sore throat
- Fever or chills
- Nausea or vomiting
- Shortness of breath or difficulty breathing
- Muscle or body aches
- Congestion or runny nose
- New loss of taste or smell

List of COVID-19 symptoms

Figure 4: Workflow “Patient Call Reporting positive COVID-19 Test”

*If 4 days or less, next day appointment is acceptable. If 5 days, then pt should be seen same-day. If after 5 days then the pt is only eligible for remdesivir.

**FDA emergency use authorizations for COVID-19 oral antivirals no longer require a positive SARS-CoV-2 test if clinical suspicion is high based on known COVID-19 exposure.

On May 25, 2023 FDA approved Paxlovid for mild to moderate COVID-19 in adults, thus prescribing is fully up to clinical discretion. Of note, prior to full approval, the FDA EUA removed the requirement of a positive SARS-CoV-2 test for COVID-19 oral antivirals if clinical suspicion is high based on known COVID-19 exposure.

† COVID-19 Guidance on What To Do if You Test Positive for COVID-19

Appendix 4: Health Center Website Best Practices

Health Plan Website Best Practices

The California Department of Public Health (CDPH) wants to ensure that your patients have timely, accurate, and easily accessible information about COVID-19 treatments to decrease their risk of hospitalization and death, as well as long COVID.

Below is a summary of best practice principles and guidance for all patient and provider-facing content and educational materials, including clinical advice phone lines, online content, mailed content, and internal policies.

Guiding Principles of Website Content & Design

- COVID-19 information should be current and pertinent to your patients with relevant resources for testing and options for accessing treatments. If you do not have the resources to keep your content up to date, consider pointing to resources that are more routinely updated such as CDPH or CDC.
- Patients should be **prompted to seek testing and treatment** for COVID-19 symptoms and provided with clear pathways for getting an appointment within 24 hours.
- Pathways for accessing treatments should clearly state:
 - ◇ why **treatment is recommended** (prevention of serious illness, possible prevention of long COVID),
 - ◇ that treatments are recommended for **most adults**, and
 - ◇ what the treatment window is (**within 5-7 days of symptoms onset**).
- Recommendations for isolation should always prominently include the advice to also seek treatment evaluation.

As a best practice, CDPH recommends that health plan websites contain the following:

1. Up-to-date and accurate information about COVID-19 treatments in an easily accessible place to patients. Key messages should include:
 - a. **Patients with symptoms should be encouraged to immediately get tested and seek COVID-19 treatment options if positive - in addition to isolating.**
 - b. The short time window (within 5-7 days of symptom onset) for initiating treatment should be emphasized, as well as the fact that **treatments are indicated for mild to moderate symptoms.**
 - c. Your website should include information about:
 - i. signs and symptoms of COVID-19,
 - ii. how to get tested and/or find treatment,
 - iii. what to do upon testing positive, and
 - iv. that treatments are recommended for most adults and some youth over the age of 12 with [certain conditions](#).

Appendix 4: Health Center Website Best Practices *(continued)*

2. Clear next steps for patients to take if they are symptomatic or if they have tested positive for COVID-19 (i.e., contact the nurse advice line, schedule an appointment using X link, etc.).
 - a. **Patients with symptomatic COVID-19 should be directed to an urgent care-type pathway for either in-person or telehealth access within 24 hours.**
3. If you send patients to an advice line or telehealth service, ensure that:
 - a. Your nurse advice line/telehealth protocols prioritize rapid access to COVID-19 testing if the patient has not yet tested,
 - b. Your nurse advice line/telehealth protocols prioritize rapid access to a prescriber for even mild symptoms for those who have COVID-19,
 - c. Your nurse advice line/telehealth protocols accurately assess individuals for high-risk conditions – please note that includes:
 - i. Being over the age of 50 regardless of the presence of other comorbidities,
 - ii. Being unvaccinated nor not fully vaccinated and boosted, or
 - iii. Having common conditions like diabetes, obesity, physical inactivity, depression, smoking (past or present), and many others. [You can find more information at the CDC.](#)
 - d. Your telehealth providers are prescribing appropriately, and
 - e. Your pharmacy partners are able to provide the medications within the window of treatment
4. If your website has a digital triage system or symptom screener, next steps and what to expect should be clear. The prompts should both:
 - a. identify appropriate patients for treatment evaluation (anyone who is symptomatic for 7 or less days, has COVID-19, and is age 12 or older) **and**
 - b. give patients the reasons why treatments could be important for them.

Appendix 5: Best Practices for Health Clinics

Guidance Topic	Checklist	Relevant Links
Testing	<ul style="list-style-type: none"> <input type="checkbox"/> For symptomatic patients: Share instructions on how to access same- or next-day testing. Note: A positive test is no longer required for oral COVID-19 therapeutic treatment if the clinical suspicion is high based on the patient's exposure history. <input type="checkbox"/> For symptomatic patients who test positive: Emphasize that therapeutics are available, and recommended for most adults. Share instructions on how to access a same-day prescriber to discuss COVID-19 treatment. <input type="checkbox"/> Accept self-attestation of a positive COVID-19 test to facilitate care or prescribe therapeutics. 	<p>How to get tested - Coronavirus COVID-19 Response (ca.gov)</p>
Prescribing	<p>A: Provider Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> Regularly share updates on COVID-19 therapeutics <input type="checkbox"/> Ensure all relevant staff receive up-to-date information (via internal provider communication channels, using webinars, CME opportunities, and relevant listservs including CDPH's therapeutics updates). Set a regular cadence for sharing updates, such as a monthly provider meeting. <input type="checkbox"/> Ensure all providers are aware of the California Health Advisory (summarized in Appendix 5) addressing several of the most common clinical misperceptions about COVID-19 therapeutics. <input type="checkbox"/> Direct providers to helpful guidance, which includes tables reviewing therapeutics treatment options and clinical decision aids. 	<p>CDPH COVID-19 Therapeutics webpages</p> <p>CDC Risk of COVID- 19 Infection, Hospitalization, and Death by Age Group</p>

Appendix 5: Best Practices for Health Clinics *(continued)*

Guidance Topic	Checklist	Relevant Links
Prescribing	<p>A: Provider Education <i>(continued)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide clarifications on clinical guidelines. ○ Encourage providers to default to COVID-19 treatment (unless clear contraindication) for all symptomatic patients over the age of 12 who present with COVID-19 within 7 days of symptoms onset AND who: <ul style="list-style-type: none"> ▪ Are over the age of 50 regardless of other comorbidities. Those over 50 have a 25-fold risk of death compared to 18–29-year-olds, ▪ Have any of the identified risk factors for severe COVID-19, including conditions such as physical inactivity, obesity, diabetes, depression, smoking (former or present), and disabilities, OR ▪ Face structural barriers to health and/or face disproportionate rates of hospitalization or death from COVID-19. ○ Verification of oxygen saturation is not a pre-requisite to prescribing COVID-19 therapeutics. ○ The FDA does not require assessment of laboratory results prior to prescribing. Providers should use clinical judgement to determine if labs are necessary. <input type="checkbox"/> Highlight data on treatment efficacy, even among those who have been vaccinated or previously infected. <ul style="list-style-type: none"> ○ Patients should not be denied treatment due to the presence of only mild disease. Patients with mild symptoms are, in fact, one of the criteria for outpatient treatment according to FDA and NIH recommendations. ○ Clarify that viral rebound is typically mild and should not be considered treatment failure. Viral rebound can occur in both treated and untreated people. 	<p>CDPH Therapeutics Updates sign up</p> <p>COVID-19 Therapeutics Decision Aid (hhs.gov)</p> <p>Nonhospitalized Adults: Therapeutic Management COVID-19 Treatment Guidelines (nih.gov)</p> <p>Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals</p>

Appendix 5: Best Practices for Health Clinics *(continued)*

Guidance Topic	Checklist	Relevant Links
Prescribing	<p>B: Enhanced Workflows</p> <ul style="list-style-type: none"> <input type="checkbox"/> Minimize the number of steps to accessing a prescriber. <ul style="list-style-type: none"> ○ Ensure those with symptomatic COVID-19 (or symptomatic with known COVID-19 exposure) can see a provider the same or next day (in-person or telehealth). <input type="checkbox"/> Provide a member/patient call center line to assist with access. <input type="checkbox"/> Use population health management approaches to identify all patients in practice who might be eligible and encourage COVID-19 treatment pre-planning. <p>C: Navigating Drug Interactions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make providers aware of online tools to check drug-drug interactions (DDIs), especially with Paxlovid which contains ritonavir, a CYP3A4 inhibitor. <input type="checkbox"/> Make clinical consultation advice lines available for providers and pharmacists (including having an on-call pharmacist or pharmacy hotline). <input type="checkbox"/> Find alternative ways to verify patients' current medications. This can include calling a patient's pharmacy or their usual doctor's office for their medication list. <input type="checkbox"/> If available, utilize Electronic Health Record (EHR) e-prescribing function to ensure access to medication reconciliation through Surescripts/other third-party. 	<p>Drug Interaction Checker Pfizer Medical Information - US</p> <p>Point of Care Medical Application Epocrates</p>

Appendix 5: Best Practices for Health Clinics *(continued)*

Guidance Topic	Checklist	Relevant Links
Prescribing	<p>D: Prescribing to a Pharmacy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Regularly review and confirm prescribing workflows that accurately connect patients to: <input type="checkbox"/> Promote prescription options with same-day home delivery through courier and/or expedited mail order. Walgreen’s provides free same-day or 1-2 day delivery (depending on specific addresses and Rx timing) to Medi-Cal patients. <input type="checkbox"/> If e-prescribing is a barrier, develop alternative prescribing workflows such as phone and/or fax. <input type="checkbox"/> Regularly review and confirm ordering workflows that accurately connect patients with COVID-19 infusion network(s). 	
Dispensing	<ul style="list-style-type: none"> <input type="checkbox"/> Pharmacies should prioritize the prescription fill and ensure timely turnaround to support initiating therapy as soon as possible. <input type="checkbox"/> In making a reasonable attempt to clarify any concerns with the provider and/or patient, pharmacists should use clinical judgement and consider the impact of delayed COVID-19 treatment. Oral treatment must be started within 5 days of symptoms onset. <input type="checkbox"/> Capture all medications the patient is taking, including over-the-counter medications and herbal products to adequately assess drug interactions. <input type="checkbox"/> Pharmacists may fill a legally valid written, oral or faxed prescription if the only issue is that the prescription was not received electronically. <i>Business and Professions Code section 688(i) does not require pharmacies to verify that a written, oral, or faxed prescription qualifies for an exemption from e-prescribing under this statute same-day receipt of oral therapeutics.</i> 	<p>PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers</p> <p>Resource Guide for Pharmacies to Prevent Delayed COVID-19 Treatment</p>

Appendix 5: Best Practices for Health Clinics *(continued)*

Guidance Topic	Checklist	Relevant Links
Dispensing	<ul style="list-style-type: none"> <input type="checkbox"/> Confirmation of eGFR is not a necessity for filling a COVID-19 therapeutic prescription, as it is only used as a guidance for recommended Paxlovid dosing. <input type="checkbox"/> Pharmacists should not reject COVID-19 prescriptions solely due to: <ul style="list-style-type: none"> ○ the absence of renal function or liver function test results, OR ○ the absence of a “positive test” date or “symptom onset” date written on the prescription, OR ○ the presence of only mild symptoms. <input type="checkbox"/> The State Board of Pharmacy is encouraging interested persons to evaluate the Public Readiness and Emergency Preparedness (PREP) Act with an attorney, if necessary, to determine eligibility for pharmacists to continue independently initiating and furnishing Paxlovid to individual patients. 	
Other Best Practices	<ul style="list-style-type: none"> <input type="checkbox"/> Share educational materials from public health campaigns on COVID-19 treatments with patients. <input type="checkbox"/> When caring for uninsured patients and/or a patient new to your clinic or system: <ul style="list-style-type: none"> ○ Lower barriers to seek urgent care for evaluation and treatment for COVID-19, including shortening or bypassing standard enrollment processes. ○ Offer low-cost telehealth options. <input type="checkbox"/> Regularly review therapeutics utilization data to understand barriers and disparities. 	<p>COVID-19 Treatment - Coronavirus COVID-19 Response (ca.gov)</p> <p>CDPH Therapeutics Communications Toolkit</p> <p>HHS ASPR Test-To-Treat Digital Toolkit</p> <p>California’s commitment to health equity - Coronavirus COVID-19 Response</p> <p>Medi-Cal Applications by Provider Type</p> <p>PAVE - Provider Application and Validation for Enrollment</p>

Appendix 6: Clinic Best Practices for Patient Engagement

Creative best practices emerged from grantees in the [Test-to-Treat \(T2T\) Equity Grant](#) program. Review this list for ideas your clinic can use to increase patient access and build community partnerships.

Methods to maximize access points for education and outreach beyond your website and patient portal:

- flyers in community settings
- waiting room signs
- outgoing hold messages
- local partnerships
- community health events & health fairs
- mobile clinics
- local media & webinars

What has worked to improve access?

Below please find some success stories from facilities around California:

Clinic Processes,

Hotline phone number with a voicemail greeting that includes afterhours direction to telehealth services in Spanish and English.

Waiting room slides, on-hold phone message, call center workflow, standing orders, and specified blocked appointments.

Text message service that allows for two-way communication with patients, and this helps them ask questions related to covid testing, treatment, or just about anything else they may need.

Communicating by texting with high patient satisfaction. Speedy, comprehensive responses and ability to set up with Sesame Care within a minute when patients report for positive of COVID-19.

Remdesivir and Paxlovid education to providers, with a focused pharmacist dedicated to the role.

Providing telehealth medicine for those in our service areas; providing those services to a wider underserved area and with better efficiency with availability of transportation services which is a major obstacle in our low-income community in attaining optimal outcomes and patient satisfaction.

Expanded the hours to 8 hours per day 5 days a week.

COVID-19 testing models:

- walk-up model with no appointment needed,
- by appointment, walk up or drive-thru, &
- free at-home COVID-19 testing kits.

Mobile clinics, where T2T services are provided, are held in various locations in the county, almost every day of the week.

Appendix 6: Clinic Best Practices for Patient Engagement

Community Outreach

Advertisements in the weekly bulletin/flyers for **local churches** allowing us to reach our more vulnerable populations, including the elderly.

Mobile COVID testing at churches, schools, housing development, community centers, homeless shelters, commercial sex venues, & community conversations.

Partnering with Community Health Workers (CHWs) and training them on T2T availability.

*Radio Indigena, a local **radio station** providing information for the indigenous, immigrant, and farmworker communities: “One of our bilingual physicians is assigned to be a weekly guest on the morning talk show to answer questions and address concerns regarding treatment for Covid. Additionally, the station is running public service announcements throughout the week.”*

*Working with **local homeless shelters** to perform testing during their church hours and dinner hours for any homeless individuals who wish to be tested and providing information about the clinic.*

*Having a presence at the 2022 Hmong New Years celebration: a multi-day cultural celebration for the Hmong community. Fresno hosts the largest Hmong New Year in the United States drawing **hundreds of thousands of visitors** where clinic staff promoted T2T program availability and handed balloons and gift bags.*

*Working with **restaurants** in our service area to inform their customers regarding available local COVID-19 services via paper table mats to spread the word.*

***Community brown bag seminars** informing seniors living in senior apartments of services and testing if they wanted to get tested right there and then.*

*Creating **postcards that were mailed door-door** along certain routes of the more disadvantaged communities.*

*Partnering with a non-profit organization in the desert, and they go **house to house, especially in rural areas, to talk to farmers.***

*All information **bilingual** and some **trilingual** and edited for low-literacy audiences.*

Advertising at the farm labor employers, local post offices, local grocery stores, and in-house flyers.

Outreach team going out with promotional flyers and working with community partners (i.e., churches, homeless shelters, truck stops), to raise awareness and provide access to treatment and therapeutic options to the community.

Appendix 7: Summary of California Health Advisory

For the full advisory with references, visit the California Health Advisory (CAHAN) [Reminder to Lower Barriers to Prescribing COVID-19 Therapeutics to Mitigate Impact of COVID-19 \(ca.gov\)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reminder-to-Lower-Barriers-to-Prescribing-COVID-19-Therapeutics-to-Mitigate-Impact-of-COVID-19.aspx).

Once an individual is diagnosed with COVID-19, early treatment with COVID-19-specific therapeutics is the only existing strategy to markedly decrease risk of serious illness and prevent hospitalization. Providers should optimize all available tools and treatments to decrease the hospitalizations, deaths, and long-term impacts of COVID-19 as it still causes significant preventable morbidity and mortality.

There is ample supply of COVID-19 therapeutic agents, but they have been underused – especially among populations disproportionately impacted by COVID-19, including communities of color, low-income communities, and residents of long-term care facilities. Studies have shown that:

- COVID-19 treatments reduce the risk for hospitalization and death by 50-88% among unvaccinated people and by 45–50% among vaccinated or previously infected people.
- Early evidence suggests COVID-19 treatment may decrease the risk of developing post-COVID or long COVID symptoms.
- SARS-CoV-2 viral load decreases faster among people treated compared with people not treated.
- Prescribing options have been shown to be safe, including in the fragile, elderly population. Risks are minimal, especially when weighed against benefits.

Lack of familiarity with new medications, navigating contraindications and drug-drug interactions, and the misperception of drug scarcity have contributed to low treatment rates, including reports of eligible patients seeking COVID-19 treatment ultimately being denied treatment.

Providers are reminded that:

- any patient with suspected COVID-19 should be tested for SARS-CoV-2 infection, and
- **all symptomatic patients with a positive COVID-19 test of any type should be evaluated for treatment with one of the NIH recommended treatment options.**

Specific Recommendations for Healthcare Providers:

- Ensure all individuals with suspected COVID-19 receive testing for SARS-CoV-2 and influenza, as appropriate, based on risk factors.
- Enable pathways for symptomatic individuals who test positive for SARS-CoV-2 and/or influenza to connect to a prescriber within 24 hours of seeking care, including new patients.

Appendix 7:

Summary of California Health Advisory *(continued)*

Providers should have a low threshold to prescribe COVID-19 therapeutics given the broad range of individuals who are at higher risk for severe COVID-19 and can benefit from COVID-19 treatment given that:

1. There is evidence that patients who would benefit from treatment are not being treated.
2. The FDA, CDC, and National Institutes for Health (NIH) include a broad range of individuals considered at higher risk for hospitalization or death from COVID-19 including:
 - Racial and ethnic minority groups
 - People who are unvaccinated or not up to date with their vaccination series against SARS-CoV-2
 - Older adults, especially those above the age of 50 years, regardless of the presence of a medical condition, and
 - People with common conditions and behaviors such as physical inactivity, obesity, depression, smoking (former or present), and disabilities. Please see the [Comprehensive CDC discussion](#).
3. There is early, but growing, evidence that COVID-19 treatments may reduce the risk of developing long COVID.
4. There is an ample supply of COVID-19 therapeutic agents.
5. The potential for rebound or mild side effects does not outweigh the benefit of risk reduction for severe illness. Rebound occurs in the minority of people treated with a COVID-19 therapeutic agent, as well as people who are not treated.

Appendix 7:

Summary of California Health Advisory *(continued)*

The decision to not prescribe COVID-19 treatment should be reserved for situations in which the risk of prescribing clearly outweighs the benefits of treatment in preventing hospitalization, death, and the potential for reduced risk of long COVID.

The following factors should **NOT** be reasons to withhold COVID-19 treatment:

- Being fully or partially vaccinated,
- Having a history of prior SARS-CoV-2 infection,
- The presence of only mild disease symptoms, or
- A lack of recent renal or liver function tests.

High risk patients co-infected with influenza and SARS-CoV-2 should receive treatment for both viruses. Co-infection is associated with more severe illness.

Preferred COVID-19 Treatments are noted below (current as of May 2023). Please see [NIH COVID-19 Treatment Guidelines](#) for the most current recommendations and regimens.

- [Nirmatrelvir 300 mg with ritonavir 100 mg \(Paxlovid\)](#)
- [Remdesivir](#)

If neither of the preferred therapies for high-risk, non-hospitalized patients are available, feasible to deliver, or clinically appropriate, please see the [NIH COVID-19 Treatment Guidelines](#) for additional options.

Appendix 8: Inventory of Toolkit Links and Resources

End of Emergency Resources	
TOPIC	LINK
California's COVID-19 SMARTER Plan	<ul style="list-style-type: none"> • SMARTER Plan (PDF) • SMARTER Plan Fact Sheet (PDF) • SMARTER Plan Home Page (ca.gov) • SMARTER Plan Q&A (ca.gov)
California end of emergency and commercialization information	<ul style="list-style-type: none"> • Department of Consumer Affairs (DCA) Waivers (ca.gov) • DHCS Medi-Cal PHE Unwinding Guide (ca.gov) • End of California's COVID-19 State of Emergency and the Federal Public Health Emergency for COVID-19 (ca.gov) • Pharmacy Waivers Extended Beyond the COVID-19 Emergency (PDF)
Federal end of emergency and commercialization information	<ul style="list-style-type: none"> • ASPR PREP Act webpage (hhs.gov) • Commercialization of COVID-19 Medical Countermeasures (hhs.gov) • Coronavirus Waivers and Flexibilities (cms.gov) • Creating a Roadmap for the End of the COVID-19 Public Health Emergency (cms.gov) • Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap (hhs.gov) • FAQs: What Happens to EUAs When A Public Health Emergency Ends? (fda.gov) • HHS ASPR's Technical Resources, Assistance Center, and Information Exchange (TRACIE) Medical Countermeasures Commercialization page (hhs.gov) • Kaiser Family Foundation's Commercialization Impacts Guide (kff.org) • Kaiser Family Foundation's End of PHE Policy Memo (kff.org) • Preemption of State and Local Requirements Under a PREP Act Declaration (justice.gov) • Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 (cms.gov) • PREP Act Q&A (phe.gov) • Working with partners to transition COVID-19 medical products to the commercial markets (hhs.gov)

Appendix 8:

Inventory of Toolkit Links and Resources *(continued)*

Patient Access Resources	
TOPIC	LINK
California's COVID-19 website	<ul style="list-style-type: none"> • California for All Landing Page (covid19.ca.gov)
Triage workflows	<ul style="list-style-type: none"> • Patient call flows
Website Best Practices	<ul style="list-style-type: none"> • Appendix 1: Health Plan Website Best Practices
Patient Engagement Resources	
CDPH COVID-19 Therapeutics Communications Tools	<ul style="list-style-type: none"> • COVID-19 Therapeutics Communications Toolkit (ca.gov)
COVID-19 Treatment Guide	<ul style="list-style-type: none"> • California for All COVID-19 Treatments Page (ca.gov)
Health Provider Education Resources	
CDPH COVID-19 Therapeutics Resources	<ul style="list-style-type: none"> • Therapeutics Myths and Facts (PDF) • COVID-19 Treatment Resources for Providers (ca.gov) • CDPH COVID-19 Treatments Landing Page (ca.gov) • COVID-19 Therapeutics Best Practices (Appendix 2) • COVID19RxProviders@CDPH.CA.gov • Provider Webinar Registration Link (zoom.us) • Therapeutics/Test To Treat FAQs (PDF)
Center for Care Innovations Test to Treat Resource Hub	<ul style="list-style-type: none"> • COVID-19 Test-to-Treat Equity Grant - Center for Care Innovations
CMA Grand Rounds COVID-19 Treatments Recording	<ul style="list-style-type: none"> • CMA Grand Rounds (cmadocs.org)
COVID-19 Drug Interactions	<ul style="list-style-type: none"> • Drug Interaction Checker Pfizer Medical Information - US • Point of Care Medical Application Epocrates • Liverpool Interactive Drug-Drug Interaction Checker (covid19-druginteractions.org)
US Federal COVID-19 Treatments Resources	<ul style="list-style-type: none"> • CDC Eligibility Guidelines for Therapeutics (cdc.gov) • FDA COVID-19 Landing Page for Health Care Professionals (fda.gov) • FDA Paxlovid Patient Screening Checklist (PDF) • NIH COVID-19 Clinical Treatment Guidelines (nih.gov) • HHS ASPR COVID-19 Therapeutics Decision Aid (PDF)

Appendix 8:

Inventory of Toolkit Links and Resources *(continued)*

Equity Resources	
TOPIC	LINK
ASTHO Website	<ul style="list-style-type: none">• Association of State and Territorial Health Officials COVID-19 page (astho.org)
CalHHS Equity Metrics	<ul style="list-style-type: none">• COVID-19 Equity Metrics (ca.gov)
CDPH Health Equity Resources	<ul style="list-style-type: none">• Commitment to Health Equity (ca.gov)
COVID-19 Therapeutics locator (arcgis.com)	<ul style="list-style-type: none">• Therapeutics Locator (arcgis.com) 1-800-232-0223 (TTY 888-720-7489)
HHS.gov Test-to-Treat	<ul style="list-style-type: none">• Test-to-Treat (hhs.gov)
Surge Readiness Resources	
CDC COVID-19 Pandemic Planning	<ul style="list-style-type: none">• CDC COVID-19 Planning (cdc.gov)
CDPH COVID-19 Facility Surge Readiness	<ul style="list-style-type: none">• CDPH COVID-19 Surge Readiness for SNFs (PDF)• CDPH COVID-19 Surge Readiness for LTCFs (PDF)
FEMA COVID-19 Best Practices	<ul style="list-style-type: none">• FEMA COVID-19 Best Practices (fema.gov)
White House Surge Readiness	<ul style="list-style-type: none">• The White House Surge Readiness (whitehouse.gov)