Community Tracing Collaborative

APPROVED EXTERNAL MESSAGING

updated 7.9.20

BASIC INFO

General tone of communication

That of a humble, grateful partner to the Commonwealth, eager to support "going on the offense" against the virus. We're proud of our successes and continuing to improve this important, complex response.

Ground rules

1. Always try to mention the above
2. For patient anecdotes, do not include these details: names, ages, cities or towns, employers, occupations, number of people in the family, languages spoken, type of jobs, specific needs for assistance, or how they got sick.
3. Do not share numbers that haven't previously been shared or aren't included here.

What

The COVID-19 Community Tracing Collaborative (CTC) is a **key part of comprehensive efforts to control and end transmission of the novel coronavirus in Massachusetts**, and the first large-scale coronavirus contact tracing program in the U.S. The Department of Public Health and local boards of health continue to lead contact tracing efforts, with ongoing support from the CTC.

The CTC has hired and deployed virtual contact tracers. Known as the **COVID Community Team**, this support center of mostly full-time PIH staff contacts COVID-19 patients, learns about their recent public activities, and ensures they can take appropriate steps to get healthy and not spread the virus further.

By the Numbers

As of July 9, 2020, the CTC:

- has completed over 350,000 phone calls
- managed nearly 31,000 cases
- traced almost 26,000 contacts
- made over 10,000 referrals to care resource coordinators to provide essential social supports
- operated in service to the 351 local boards of health in cities and towns throughout the

Commonwealth
- made over 10,000 referrals to our care resource coordinators who continue to work tirelessly to connect cases and contacts to the things they need to stay safe, stay home, and to stay human.

In the last few weeks, it has,

- reached over 90% of individuals in 24 hours or less—a nationwide benchmark. (The young tracing program in New York, by comparison, reaches some 40 percent.)

Who

Led by Massachusetts Gov. Charlie Baker and building on the state's existing health infrastructure, the CTC is partnership of four groups.

1. The **Massachusetts COVID-19 Response Command Center**: overall direction and coordination

2. The **Commonwealth Health Insurance Connector Authority** (CCA): working with Accenture/Salesforce to enable virtual support center and connectivity

3. The **Massachusetts Department of Public Health** (DPH): maintain data, guides, processes

4. **Partners In Health** (PIH): hire and manage workforce; contribute technical expertise

CTC Executive Committee: COVID-19 Command Center (Kelly Driscoll), DPH (Dr. Katie Brown), MA Connector (Louis Gutierrez), Partners In Health (Dr. KJ Seung). Chaired by: Kelly Driscoll. Co-Chair: Louis Gutierrez

CTC Implementation Team: Chris Pilkington, Gillian Haney/DPH, Vicki Coates/CCA, Emily Wroe MD & John Welch/PIH

Implementation partners: Local Boards of Health (LBOH), Massachusetts Health Officers Association, Academic Health Departments (AHD), Faculty Students and Alumni from the Commonwealth's nine Academic Health Departments: Northeastern, Massachusetts College of Pharmacy and Health Sciences, Harvard, Tufts, Regis, UMass Lowell, UMass Amherst, Simmons, and Boston University

Most are working fulltime, some are working part-time. They're nurses and retired lawyers, finance people and students, wait staff and more.

Where

The program is deployed statewide.

When

Starting April 2, 2020, and planned for nine months, with built-in evaluation and renewals each three months.

April: Ramp up

May to October: Peak run

November to January: Post-peak surveillance

How

Tracing the contacts of all sick individuals (the CTC's role) integrates into state efforts to:

Test all sick individuals and any contacts who need testing

Provide dignified isolation and treatment of all sick individuals

Ensure separation (or quarantine) of all contacts at risk on contracting the virus

Accompany sick individuals and contacts through their entire illness and quarantine

PIH's specific role, its "COVID Community Team"

Longtime PIH personnel lead and guide this effort. They have rapidly stood up a comprehensive contact tracer program, specifically the onboarding, training, gathering of metrics, and quality assurance of contact tracing. Personnel are divided into three groups, all of whom are equipped with scripts, protocols, and guidelines provided by the department of public health in MA.

Case investigators
Test results go to a state database. The department of public health sends us that positive test result in softward. Case investigators then phone all positive cases of COVID within a few hours. They counsel those individuals, collect details on contacts (defined as people who have been within six feet for 15 minutes or more), and connect them to other services, if necessary.

Contact Tracers
Contact tracers contact by phone or SMS all contacts of COVID patients within 48 hours and let them know they've been exposed. The tracers do a symptom screen. Everyone with symptoms is eligible for a test in MA. And then connect the symptomatic with a primary care doc or clinic. Then they help them make a plan for 2 week long quarantine—preparing food, eating meals, how close can they get to family members, what does that mean for sleeping arrangements. Everyone, even asymptomatic people, should quarantine for 14 days to protect others.

Resource Coordinators
This team interviews individuals identified as vulnerable, completes a needs assessment, and accompany individuals through testing and the days or weeks ahead. The coordinators connect them with existing social assistance, like services centered around food, housing, medication, mobility, and safety.

Why

To protect our community and health care workers. Based on the scientific evidence available, a comprehensive public health approach is the best way to get back to normal as soon as possible. Efforts we make now to decrease the silent propagation of the virus will have an enormous return on investment, allowing hospitals catch up with admissions, and schools and businesses to resume sooner.

Why community tracing

Social distancing gets the virus's reproductive rate from about 3.9 to 1.25. If we leave it at that, then people continue to infect their family and friends and that spark can light a brush fire. But a comprehensive approach can drop that number to 0.32 and effectively end the pandemic. A comprehensive approach includes five programs: testing, treating, tracing, isolation (for COVID cases), and quarantine (for suspected cases). PIH and the Commonwealth are collaborating on the tracing.

The CTC is designed to not just flatten the curve of cases, but also to bend the curve downward to reduce the number of cases in Massachusetts—decreasing the burden on hospitals, saving lives, and hastening a return to normalcy.

The local context

The governor has recently announced a dramatic increase in testing capacity through both private laboratories and the Broad Institute. The Commonwealth is already pushing to expand bed capacity, procure personal protective equipment (PPE), and increase the number of ventilators. The CTC add to these efforts for safe high-quality care and increased testing to form a strong, multi-pronged strategy to maximize the Commonwealth's response to COVID-19.

The national context

Widespread testing and aggressive contact tracing has been, for more than a century, a central part of a public health response to infectious disease outbreaks and has contributed to effective control programs in Germany, The Republic of Korea, Singapore, Taiwan, Hong Kong and China. The World Health Organization is advocating this approach stating that countries must "go on the offensive" against the virus by implementing broader testing and contact tracing linked to well-supported voluntary quarantine and isolation measures to prevent community spread.

However, in the United States, because of the severe shortage of COVID-19 tests, contact tracing has not been prioritized. Rather, tests are only offered to people with symptoms that are strongly suggestive of COVID-19 infection. This strategy has been driven by scarcity not by best practice. Testing only the sick ignores 60 to 80 percent of the COVID-19 epidemic—those with asymptomatic and mildly symptomatic COVID-19 who are transmitting the virus silently. Dr. Tony Fauci, the director of the National Institutes of Allergy and Infectious Diseases, recently stated that with introduction of point-of-

care rapid tests, much more testing and contact tracing should be done to contain community spread.

Why PIH

Founded in 1987 by Dr. Paul Farmer, Ophelia Dahl, Dr. Jim Yong Kim, and friends, Partners In Health is a non-profit, social justice organization working to bring the benefits of modern medical science first and foremost to the most vulnerable communities around the world.

Over more than three decades, PIH has developed an effective model to implement, in close partnership with local ministries of health, successful public health interventions in settings of limited resources. PIH'S experience in community-based health care includes responses to recent epidemics and outbreaks such as Ebola in West Africa from 2014-16, cholera in Haiti in 2010, tuberculosis programs in Lesotho, and HIV programs in Rwanda.

PIH'S ANSWERS TO "TOUGH" QUESTIONS

Question	Answer
How will you know it's a success?	There are multiple ways to measure the success. First, measuring the number of contacts reached in a timely fashion and followed through their quarantine. Second, being sure those who have been in contact with a COVID-19 patient can access testing. Third, seeing a reduction in case transmission as an overall effect of a coordinated public health response.
So is it working?	Yes! Accomplishments include: • developed a governance structure among multiple organizations/businesses • developed relationships with 351 local boards of health • established a complex customer management system that could link to the state's MAVEN system • fielded 42,000 applications and hired more than 1,900 individuals • reduced the workforce in June to match the waning epidemic, saving tax dollars • continue to operate from 8 a.m. to 8 p.m., every day • are ready to scale up should the need arise • see By the Numbers at top • contributed to the lowering of MA's viral transmission rate below any other state, as of 6/22

Does this replace tracing at local boards of health?	No. The work of the CTC is additive to, not a replacement of, the important work that local boards of health do. Local boards of health are also making calls each day.
How expensive is this?	It has been widely reported that the award to PIH was $44 million. This is an estimate of the cost of the CTC. The contract calls for the state to cover PIH's costs, not to exceed $54 million for a nine-month period of time. The state and PIH meet weekly to review costs and amend the budget to reflect decreased or increased demand**.** $10.9 m of this award is subcontracted to community health centers. These funds cover the cost of employing and training staff, administrative support, ongoing program design and strategy, and technical assistance for the initiative. So far, and as planned, approximately 99 percent of funds have gone to paying living wages and benefits to the MA staff of the CTC. (The state allocated an additional $38 million to Accenture to establish and support the Salesforce consumer relationship management tool.)
How many people have you hired?	PIH has hired 1,900 since it launced. Initially, there was a significant ramp up in anticipation of demand and to account for attrition. Due to a declining number of cases and identified close contacts, the number of tracing staff was adjusted to reflect these numbers.
I heard that you fired a lot of people. Why?	From the start, the program was designed to scale up and down in response to the epidemic. To date, the CTC has onboarded and trained roughly 1,900 people. In mid-June, due to a steady and continuous decline in case numbers, the CTC employed just over 1,200 people. In the first week in July, when case numbers remained low, the CTC employed some 700 people. That's the right size to match the epidemic, for now. Different numbers have appeared in different outlets, in part because some staff are part time and some are full time, and some people quoted headcount while others quoted "full-time equivalents." A reserve list is maintained and the CTC is prepared to rehire and recruit additional people should it be necessary.

How does this affect PIH's work globally? Is this a distraction?	PIH's expertise in challenging settings and across many epidemics makes us well positioned to contribute to the response. A key part of the model of accompaniment is the versatility and applicability of it to global settings, including our community in Massachusetts. PIH is leveraging the experience of longterm implementers to help apply these lessons for this program but remains fully committed to the sites around the world where we work—and no resources have been, or will be, directed away from those sites. We see the CTC as complementary to our work in other places.
We need all health care workers in Massachusetts in hospitals. What the hell?!	This is not taking health workers away from other critical tasks. This cadre of contact tracers are community members who will receive training in these activities to support the vital work of health care workers in the hospitals. Indeed, by supporting a strong public health response, we can begin to unburden the hospitals of the onslaught of COVID cases. This is adding workers to the existing workforce and spreading the impact of all of Massachusetts' efforts.
By the time you start tracing, the epidemic will have peaked. Is this too late?	The data from Germany, China, Korea, and other Asian countries suggests very strongly that social distancing alone will not be enough to bring the reproductive rate of the virus below 1. Social distancing will "flatten the curve," but the curve will still be moving upwards. WHO, which is collecting all the data from around the world, have made this point very clearly. Only after more testing, treating, tracing, isolation and quarantine we can drop that number to 0.32 and effectively end the pandemic. Also, when easing movement restrictions, a robust public health program (of testing, treating, tracing, isolation, and quarantine) needs to be in place, in order to prevent future flair ups. We have to start building that response, including the contact tracing program, now.

This is a complicated partnership. What's working, what's not?	What's not: We always want to go faster, do better, go bigger. We are racing the clock (and working around the clock), all of us learning as we go, so sometimes we trip over things or have to correct org structures or iron out tech issues or lean on staff to go above and beyond. What's working: We have a very strong, very dedicated, very interdisciplinary team of people who are extremely motivated to help the people of Massachusetts and set an example of how we can address covid as a community.
That's not what my friend says. She's a contact tracer and says it's a mess.	It's certainly not perfect. We've got a lot left to improve—even while we continue our day-to-day work. We're constantly assessing the weak spots and pain points and addressing them as quickly as possible. For example, in the second week of July, we launched a new team of local health liaisons, made up of former CTC supervisors, that are responsible solely for maintaining open lines of communication with local health departments
OK, that sounds OK, but this can't be good.	Currently we reach out to each case within minutes of that case hitting our system, and our stats are some of, if not the, best in the nation. That said, we'll continue to push to improve.
No, seriously, she says it's bananas, she's never seen anything like it. She once [insert issue du jour].	I'm not surprised. We've never seen anything like this pandemic and we knew responding to it wasn't going to be easy. That said, all HR rules certainly still apply. If she suspects discrimination or harassment or illegal behavior, HR would very much like to hear it. And if she has professional concerns about the program, managers and supervisors very much want to hear those.
She said the computer systems were just the worst.	We have had delays—problems that have cost us hours, even a full day, of downtime. In all cases, no one person or group is to blame. The challenge, not surprisingly, has been meshing a variety of IT systems. But I'm happy to report the solutions are getting better by the day.

This sounds like an infringement on my right to privacy. Who will have access to my data?	The Department of Public Health in Massachusetts – just like in any epidemic and in their ongoing surveillance system (which tracks 300+ conditions). Data is protected in a very secure way—just like a medical record. And all staff go through extensive confidentiality and privacy training to protect you in any way possible.
Why are you policing people?	We're not. This is voluntary. We're asking people to isolate and quarantine and offering our help. The CTC is about us, the MA community, coming together to support each other and fight the virus.
How does COPE fit into this U.S. strategy?	There is daily and constant communication across all of the places across the world where PIH works – including COPE – to share questions, lessons, materials, leaders, strategies, and more. OnePIH.
This sounds amazing. Will you expand to other states?	We have! As free technical advisors to half a dozen municipalities and groups so far (in Newark, NJ; Illinois; Immokalee, FL; Ohio; North Carolina, and the Navajo Nation), and as leaders of a learning collaborative. We call this the U.S. Public Health Accompaniment Unit, or PHAU (pronounced "pow").
I thought you worked with poor countries. What gives?	Global health is global. Not only are there vulnerable people in Massachusetts, who need accompaniment in a time of need, such as when they are asked to quarantine at home for two weeks, this program is also global in the sense that it is trying to raise aspirations, raise the bar, and set an example for an optimistic way forward and way to handle the epidemic that can hopefully protect us as a global people and global economy in the months to come. The world is looking for leadership right now, and we hope the impact of this reaches beyond Massachusetts, and not just because the infection doesn't know boundaries. Plus, there are people in Massachusetts who also need our help.
I want to volunteer! Can I?	Yes! You can definitely volunteer. Job descriptions are posted on pih.org and we are hiring immediately for some positions. Some of them are full time and some of them are part time at 30 hours per week.

Why is PIH doing this?	Because the governor invited us to. And because we have successfully taken on many similar challenges, in many difficult settings, and in the face of tremendous odds. Based on the science of public health, we think this is very doable, and based on our track record and performance so far, we feel confident we have the health and management skills to do it.
I saw this professor's graph of….	Virulogical modelling is just one type of science, and one based on many assumptions about the future. For 30 years, PIH has based its decisions on evidence. And the science right now says that whatever the modelers say, we need to persist with testing, treating, tracing, isolation, and quarantine.
What if we spend all this money and effort and the virus just mutates and goes away?	Great! We're in favor of anything, even chance, that ends the pandemic sooner. But as a certain actor from MA (Mark Wahlberg) once said, "Hope is not a strategy."
What if there's a miracle vaccine next month?	We hope that's the case. It would certainly be a miracle—vaccine production times are on the order of years and seemingly impossible to "hack." Again, we must persist with testing, treating, tracing, isolation, and quarantine even then.
Why have some Asian countries been so successful at containing the COVID virus?	Maybe because they have seen firsthand what a frightening virus like SARS or MERS can do, their responses have been very proactive. And those ambitious responses involved scientifically sound public health measures.
What about just letting the virus spread until we develop herd immunity?	In the absolutely best version of this scenario, we shelter in place for a very long time and transmission percolates along, happening mostly within families, until we end up with 70 or 80 percent of people infected. And maybe 1 percent of them die. That's a lot of dead people. We're going to accomplish not just herd immunity, but a huge amount of what you might describe as herd culling.

This job must be emotionally challenging. You're calling people in moments of crisis….	Contact tracers are. And we definitely know that can take a toll, on both the tracer and the patient. So we provide staff with training around psychological first aid, which helps them be listen, witness, and connect to the help they need.
Are you using apps? Google and Apple have developed some.	We're having a lot of conversation with app developers and companies, hoping for a solution that's safe and responsible, but we haven't found one yet. Generally, humans plus tech are better together, and can be the best approach to contact tracing. We absolutely need our human workforce. And tech can make that more efficient and comprehensive.
Other states are re-opening and not tracing. Does this foil your plans?	It doesn't. We'll continue supporting MA's long-term response, being proud that the first large-scale coronavirus contact tracing program in the U.S. has inspired many other states to follow suit, and offering the services of PHAU.
What are you doing about nursing and veteran's homes, and health care workers who get sick?	They are traced in the same way as others, but since those can be difficult situations, the tracing is usually done by local boards of health.
What if the virus goes away in the summer?	We have no idea if the COVID virus is seasonal, but even if it is, we need to be prepared for it to come back in the fall. We have to build the public health system.

What's the hiring process like?	In general, PIH looks for a diverse workforce with local knowledge. Specific qualifications can be found here: https://www.talentboost.cloud/partners-in-health Hiring involves an application, screening, video interview, and offer letter. Day 1 training: self-paced. Day 2 training: live. Day 3 training: shadowing. Orientation and "buddying," as needed.
Who have you hired?	Roughly 80 percent of staff hired by Partners In Health is female. 75 percent identified as white. 8 percent said African-American, 5 percent Asian, 5 percent Hispanic, and 3 percent said two or more races.
Are those staff able to connect w/ non-English speakers?	Yes. Staff speak 39 languages at intermediate or higher levels. These include Albanian, Arabic, Armenian, Bengali, Brazilian Portuguese, Cape Verdean Creole, Chitumbuka, Danish, English, Farsi, German, Gujarati, Haitian Creole, Hindi, Japanese, Khmer, Kiro, Liberian English, Malagasay, Thai, French, Italian, Hungarian, Cantonese, Kinyarwanda, Mandarin, Nigerian (Igbo), Punjabi, Romanian, Russian, Spanish, Swahili, Swedish, Tibetan, Turkish, Urdu, Vietnamese, Wolof, and Yoruba. Messaging has been created in the languages most-spoken in the Commonwealth – English, Spanish, Portuguese, Chinese, Haitian Creole, and VietnameseWhen necessary, the Collaborative has access to a language line, which provides access to more than 250 languages and can access TTY/hard of hearing functionality.
The state disbanded the Academic Volunteer Corps, only to hire PIH. What gives?!	The AHDVC provided a critical, immediate infusion of support to local boards of health in contact tracing. Over 600 volunteers helped over 85 towns. These AHDVC were wave one of support to local boards of health for contact tracing and were intended to be a bridge to a longer-term solution. AHDVC members were encouraged to apply and local boards of health that had worked with AHDVC members that they had a good experience with were encouraged to (and did) submit emails of support to PIH. PIH has employed a number of AHDVC members to work with the CTC. Exactly how many we can't say. As a cohort, they weren't tracked in the hiring process.
Are you franchising this model?	PIH is offering to advise other states and municipalities on setting up or improving contact-tracing programs. The Public Health Accompaniment Unit, as it is called, hopes to enhance or help create contact tracing programs rooted in the local context. It does not charge for its service. So, we're advising, not "franchising."

I hear some health departments don't want your help. Hahahhhahahaa.	We are here to support them, and are happy to follow their lead. The Collaborative is available to all 351 local health departments. Each day, and until 10 a.m. the following morning, local boards of health can choose to keep and trace any or all of its cases. In the event that a local board of health does not select each/all cases, they are sent to the CTC. Some local boards of health are more reliant on the Collaborative than others. Some rarely send cases. Some send many often. Almost all have used the CTC at some point, and the CTC remains available for any local health department that needs additional contact tracing capacity.
How many contacts do people generally have?	Thus far, the median number of contacts per confirmed case is two. We anticipate seeing more in the coming months and have planned our workforce for that—fewer cases with more contacts.
What's it like making these calls?	It can be exhausting and mundane and heartening. We keep all patient information private of course, but in broad strokes, let me share one story. A care resource coordinator recently called a family in which both parents had tested positive for COVID-19. They were isolating at home, caring for their young children, and stretching their last pennies. Never rich, both parents had lost their jobs and were waiting on unemployment insurance to come through. The coordinator referred them to a local food pantry, where the director was so taken by their story he delivered soap, toilet paper, and other essential items immediately, himself. Then he called his local representative, who expedited their unemployment. The coordinator has continued to check in daily and is happy to report the parents are on the mend and the family is doing OK.
The protests. The protests! Are these "super spreader" events going to overwhelm contact tracing?	Protests do not seem to have led to surges in cases. In any case, large gatherings are just one factor to consider when predicting future contact tracing needs. There's also availability of testing, cost of testing, ability of people to get to testing, infections during "essential business," infections during visits to other businesses, infections when going back to work in an office, the speed of tracing, service available to facilitate quarantine and isolation, etc. In other words, there are many other things to focus on, and we're keeping our eye on all of them, so we can support people while they live their lives. Not incidentally, "super spreader" reduces complex human needs, desires, and behaviors to mere vectors in epidemiology. We've said this before, but we're not big fans of the term.