

# Flu on Call™:

Improving Access to Care and Antivirals in a Severe  
Pandemic

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STRONGER TOGETHER: ALIGNING PUBLIC  
HEALTH AND HEALTHCARE PREPAREDNESS  
CAPABILITIES TO PROTECT OUR COMMUNITIES

# Potential Problems During a Severe Pandemic

Large numbers of ill persons seek care



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



Delays seeing a provider

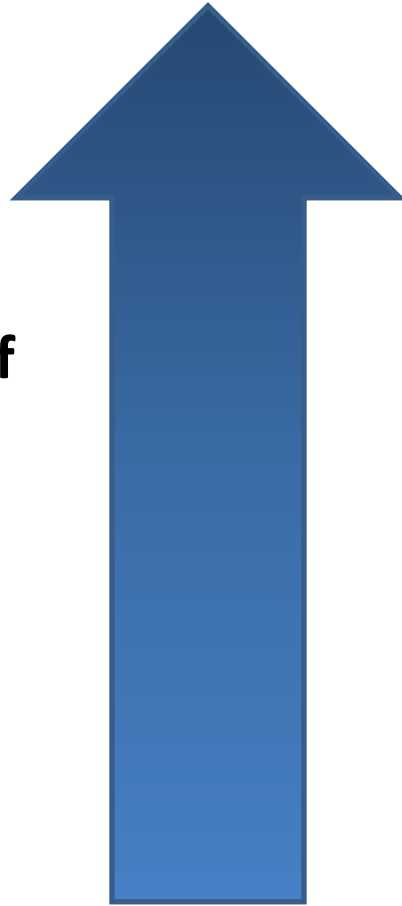


Potential for delays in antiviral treatment

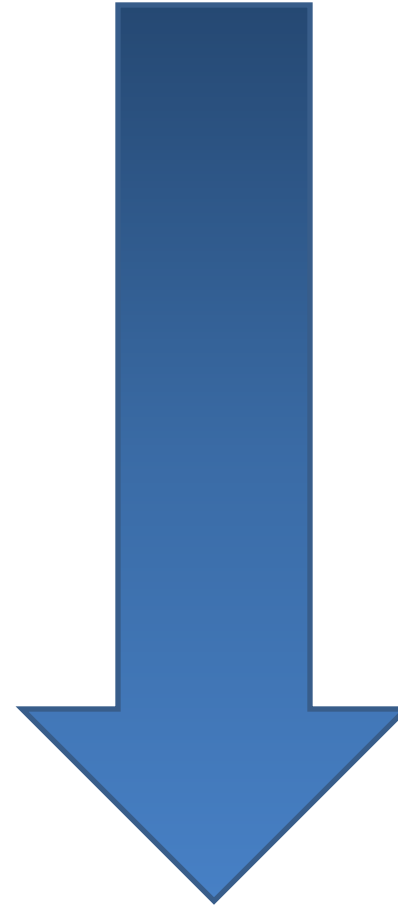


# Preparing for a Severe Pandemic: Mitigating Medical Facility Surge

Improve  
capacity of  
medical  
care  
systems



**AND**



Drive down  
transmission  
of disease  
and reduce  
unnecessary  
visits



# Minnesota Flu Line – 2009 H1N1 Pandemic

- MDH partnered with the 8 Minnesota health plans and 2 hospital systems – one toll-free number, common protocol
- MDH created an additional nurse triage line for the uninsured (and for those in health plans without a NTL)
- Nurses offered antivirals per protocol and standing orders for those who were at increased risk for complications
- State Medical Epidemiologist signed protocol
- State cache antivirals were placed at pharmacies statewide
- Telephone survey evaluation was conducted
- About 1/3 (34%) of callers were not ill and only needed information



Source: Spaulding et al, Public Health Reports / Sept–Oct 2012 / Volume 127



# Minnesota Flu Line – 2009 H1N1



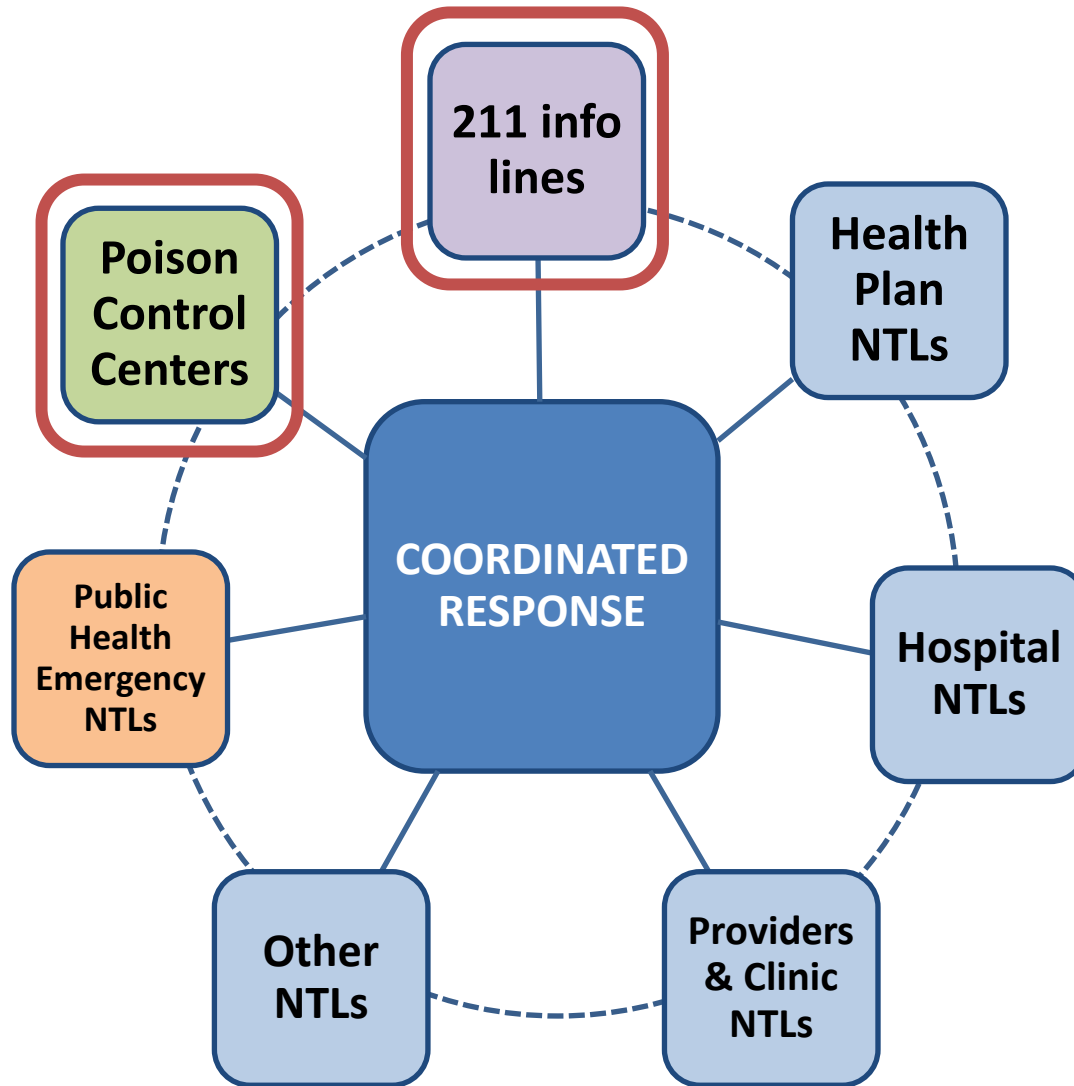
Between Oct. 2009-March 2010, the Minnesota Flu Line:

- Fielded more than **27,000** calls
- Averted an estimated **11,000** in-person provider visits

Source: Spaulding et al, Public Health Reports / Sept–Oct 2012 / Volume 127



# How Can We Build On Existing Systems?



# Flu on Call™ Goals

Explore the possibility of using a coordinated national network of triage lines during a severe pandemic to:

- Improve access to antiviral prescriptions for ill persons
- Provide an alternative to face-to-face provider encounters
- Reduce medical surge and increase appropriate use of medical resources



# Core Flu on Call™ Project Partners



ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS



The American Association of Poison Control Centers





# CDC Triage Line Project Work

- Concept Development
- Concept Testing: Feasibility and Acceptability
- Finalize Plans for Operations
- Create Surge Readiness



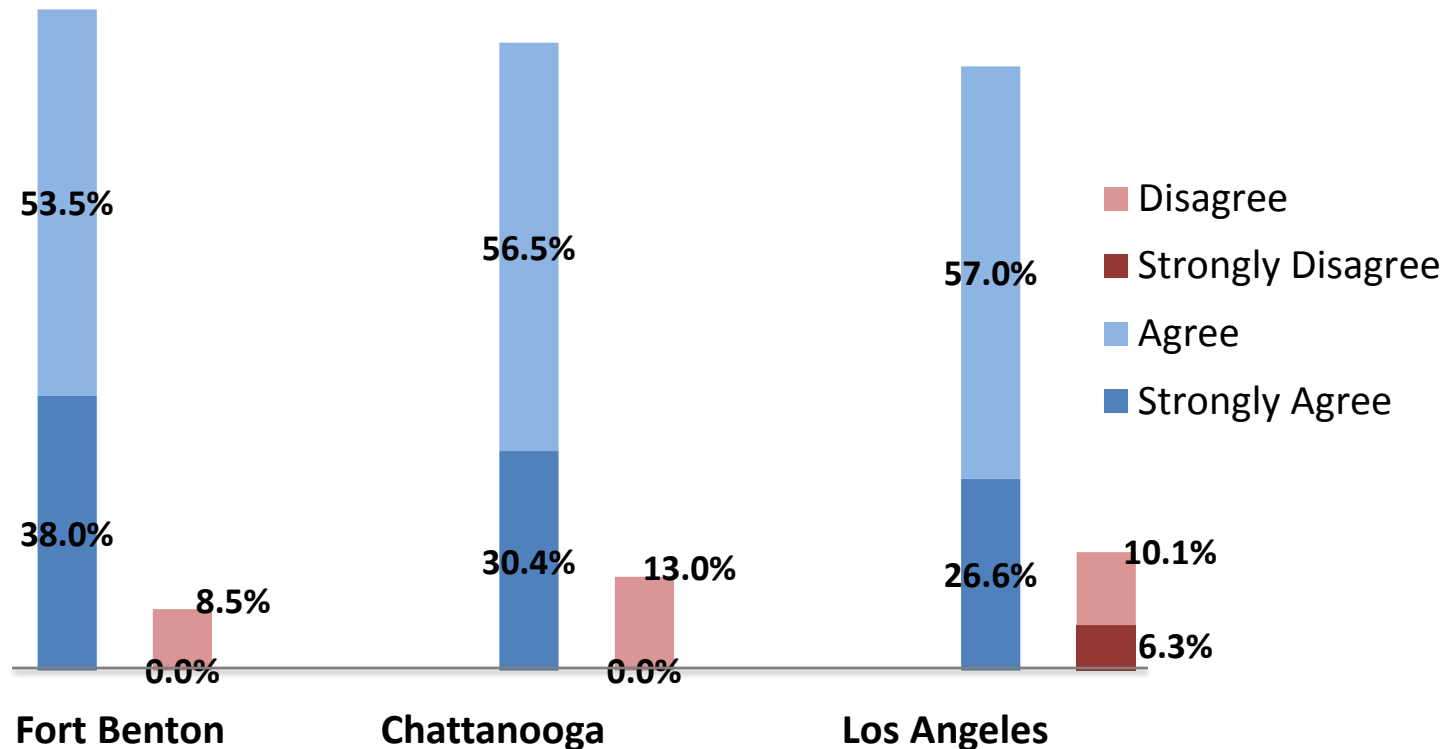
# Acceptability of Flu on Call™

- Invited concept paper published in peer reviewed journal (Koonin and Hanfling, Biosecurity and Bioterrorism. 2013:11)
- Multiple discussions with public health and emergency management partners
- Approved by CDC leadership in 2013: Incorporated into CDC's Pan Flu Response Plan
- IOM Public Engagements in three communities



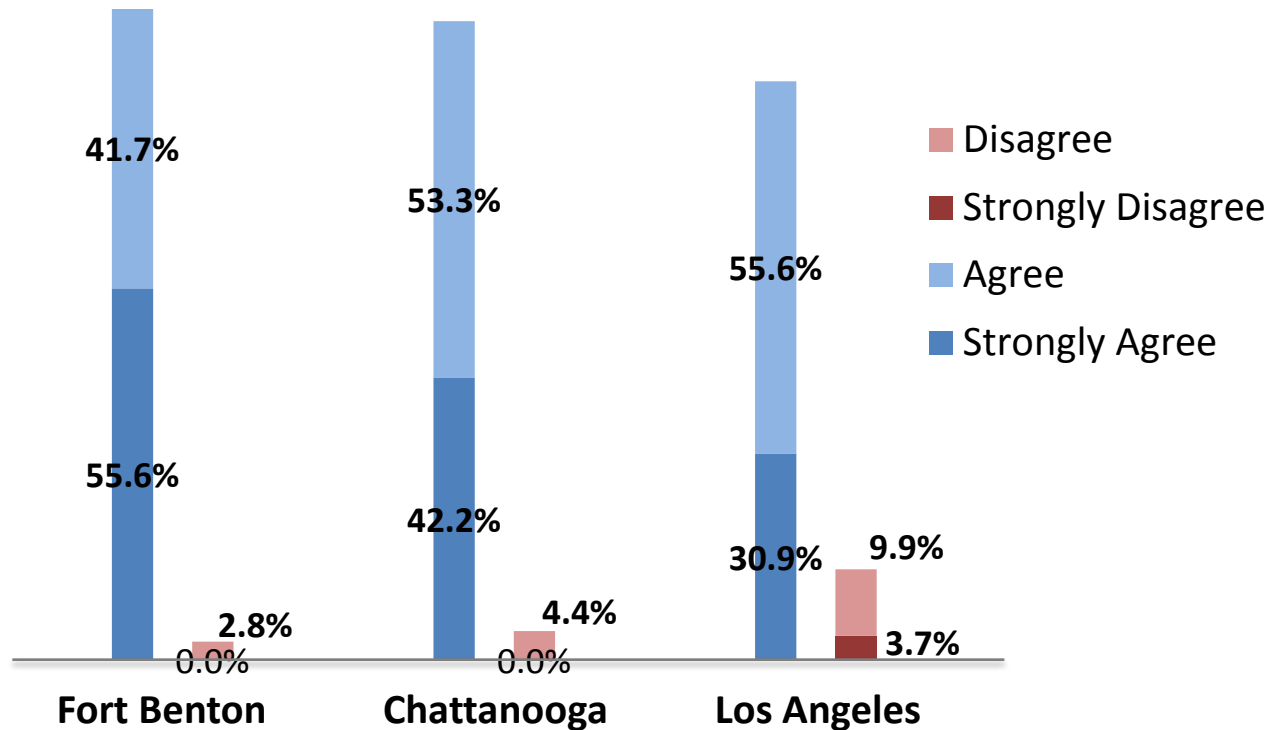
# IOM Public Engagements: Nurse Triage Lines: Trust

Vast majority agree that they **would trust an NTL nurse** to determine if they needed an antiviral prescription



# IOM Public Engagements: Collaborative Practice Agreements

Vast majority would trust pharmacists working under a CPA to prescribe an antiviral drug



# Feasibility of Flu on Call™

- Legal review of 50 states nurse practice acts; current exploration of antiviral access models
- Exploration of the use of collaborative practice agreements for pharmacists
- CDC funded new activities with AAPCC and United Way 2-1-1 to develop surge readiness
- Ongoing input from public health partners and members (ASTHO, NACCHO, and PHMC)
- Simulation exercise held in 2012 in El Paso, Texas



# El Paso SIMEX 2013 Results

- Trained actors at CDC called a toll free number
- 2-1-1 specialists answered calls, provided information and routed “sick” people to the West Texas poison center
- 95% of callers reported that their needs were met from the call
- 214 calls were completed in 2 sessions (100%)
- Wait times and call duration within acceptable limits
- High correlation between expected disposition and actual disposition (>88%)
- Call centers able to handle 2-2.5 times usual call volume



# Flu on Call™ Work Going Forward

- Concept Development
  - Concept Testing: Feasibility and Acceptability
- Align with public health plans
  - Finalize Plan for Operations
  - Create Surge Readiness



# Flu on Call™ Assumptions for Planning

- Scope—nationwide availability of services
- Some callers can be served by “where they belong”
- Only used in a severe pandemic when:
  - Large proportion of people are experiencing ILI symptoms are seeking care and/or
  - Medical systems not meeting the need
- May be used for other public health emergencies
- This will work best if network is built, tested, and confirmed “ready” to activate





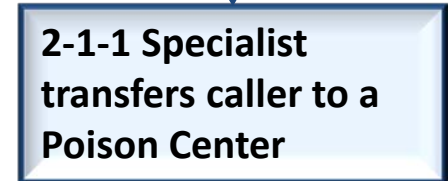
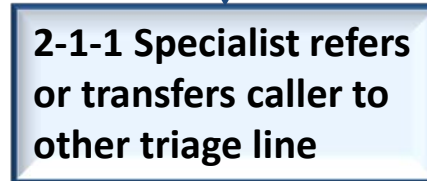
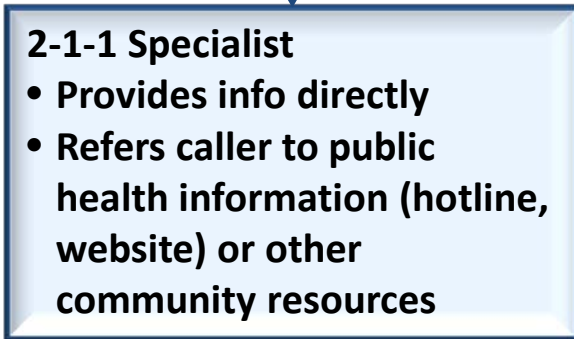
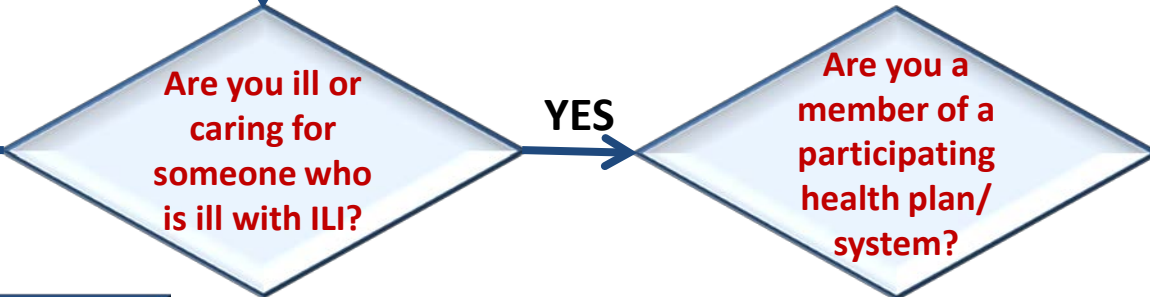
# DRAFT Call Flow for Flu on Call™



Caller dials a specific toll-free number



Caller enters his/her state to aid call routing



\*Interactive voice response



# Flu on Call™ “Surge Readiness” Components:

- ASTHO and NACCHO will:
  - Engage members to inform this work and assure complementarity/operational issues with public health plans
  - Develop tools for state and local PH officials
- UWW and AAPCC will:
  - Identify 2-1-1 call centers and poison centers (PCCs) that will participate in pilot
  - Develop telephony infrastructure, load balancing, call routing, call transfers, and infrastructure readiness
  - Plan for coding, monitoring and tracking calls
  - Create surge staffing plans
  - Identify methods to provide access to antivirals
  - Provide just-in-time training
  - Establish and test national telephone network system, and reference database



# Flu on Call™: CDC's Activities

- Provide leadership for effort
- Work with ASTHO and NACCHO to integrate with PH
- Outreach to health plans
- Produce communications materials
- Explore legal/ liability concerns
- Assure system readiness using drills and exercises
  - Develop clinical protocol templates for use in exercise
- Explore how to use a Flu on Call™ network for other public health emergencies



# Potential Benefits of Flu on Call™

- Improve access to prescriptions for antiviral medications
- Direct ill persons to care, if needed
- Reduce unnecessary ED, clinic, and provider visits (minimize surge)
- Provide accurate information to the public (home care, antivirals, infection control at home, when/where to seek care, outbreak information)
- Reduce transmission of infection in waiting room areas
- Reduce misinformation and rumors about pandemic



# Public Health Input is Needed for Flu on Call™

- Continued planning and system testing is needed to ensure this service aligns with public health response plans
- Key questions for you:
  - How can **Flu on Call™** align with state and local response plans?
  - Do you think this service would help your community respond to a severe pandemic?
  - What linkages can be forged between public health, 2-1-1 centers and poison centers BEFORE a pandemic begins?
- Feedback?



**Thank you!**

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