



COVID-19 & Telehealth Implementation: Stories from the Field

Clinician Outreach and Communication Activity (COCA) Webinar

Tuesday, August 4, 2020

Continuing Education

All continuing education for COCA Calls are issued online through the CDC Training & Continuing Education Online system at <https://tceols.cdc.gov/>

Those who participate in today's COCA Call and wish to receive continuing education please complete the online evaluation by **September 7, 2020**, with the course code **WC2922-080420**. The access code is **COCA080420**. Those who will participate in the on demand activity and wish to receive continuing education should complete the online evaluation between **September 8, 2020**, and **September 8, 2022**, and use course code **WD2922-080420**. The access code is **COCA080420**.

Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CEs obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

Continuing Education Disclaimer

- In compliance with continuing education requirements, CDC, our planners, our presenters, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters.
- Planners have reviewed content to ensure there is no bias.
- The presentation will not include any discussion of the unlabeled use of a product or a product under investigational use.
- CDC did not accept commercial support for this continuing education activity.

Objectives

- Describe CDC's telehealth guidance
- Discuss frontline clinician experiences related to telehealth implementation across the spectrum of health services and diverse patient bases
- Discuss how current experiences can inform strategies to identify and improve telehealth access and equity
- List strategies to facilitate and promote telehealth and address barriers to implementation during COVID-19 and beyond

To Ask a Question

- All participants joining us today are in listen-only mode.
- Using the Webinar System
 - Click the “Q&A” button.
 - Type your question in the “Q&A” box.
 - Submit your question.
- Click the “CC” button in Zoom to enable closed captioning.
 - “CC” button is located either on the top or bottom of your screen.
- The video recording of this COCA Call will be posted at https://emergency.cdc.gov/coca/calls/2020/callinfo_072820.asp and available to view on-demand a few hours after the call ends.
- If you are a patient, please refer your questions to your healthcare provider.
- For media questions, please contact CDC Media Relations at 404-639-3286, or send an email to media@cdc.gov.

Today's Presenters

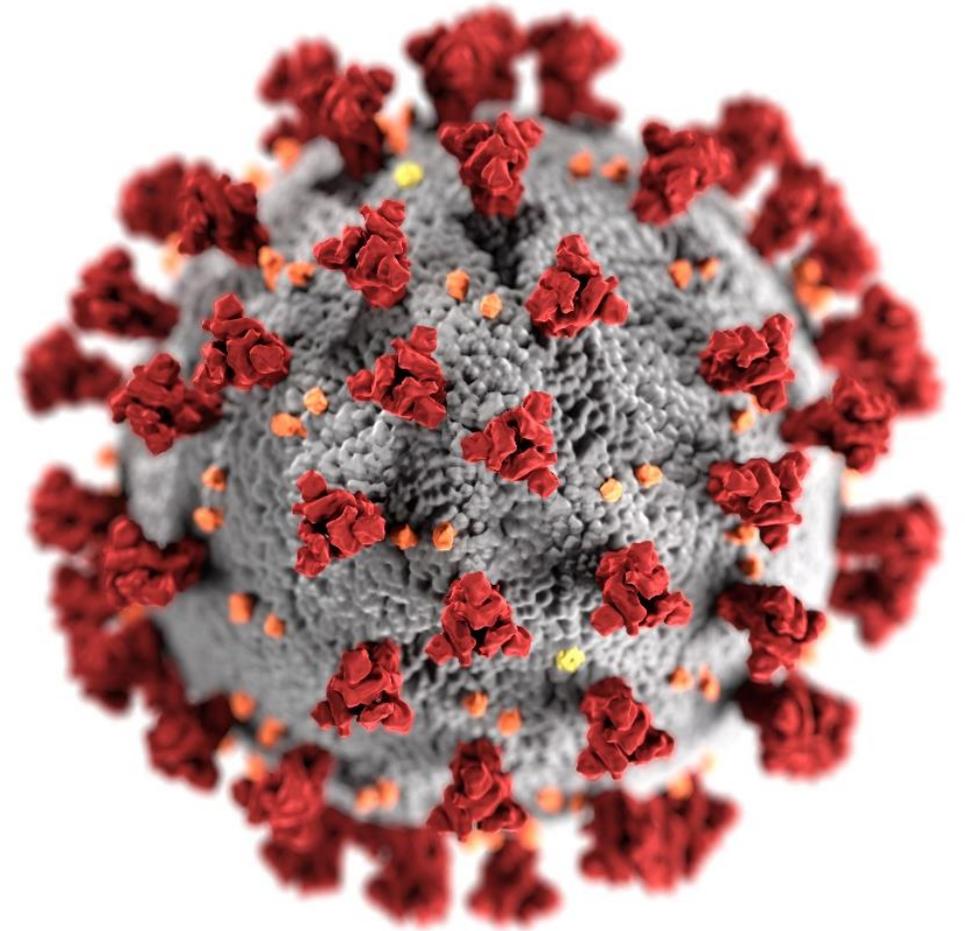
- **Erica Tindall, MSN, MPH, APRN, AGNP-C, CIC**
Public Health Analyst
Northrop Grumman
- **Rasheda Prescott, MD**
Clinical Instructor, Internal Medicine and Pediatrics
Physician Informaticist, NYU Langone Health
- **Febe Wallace, MD**
Director of Primary Care
Cherokee Health Systems
- **Kemi Alli, MD**
Chief Executive Officer
Henry J. Austin Health Center

CDC COVID-19 Response: Telehealth Guidance

Erica Tindall, MSN, MPH, APRN, AGNP-C, CIC

August 4, 2020

Clinician Outreach and Communication Activity
COCA Call



cdc.gov/coronavirus

Objectives

- Define telehealth and telehealth modalities.
- Summarize policy changes that increased telehealth utilization during COVID-19 pandemic.
- Describe CDC COVID-19 Response telehealth guidance.
- Share telehealth resources and learning opportunities.



Telehealth

- Telehealth: *“a health care provider’s use of information and communication technology (ICT) in the delivery of clinical and nonclinical health care services.”*

Synchronous

- Real-time telephone
- Live audio-video interaction

Asynchronous

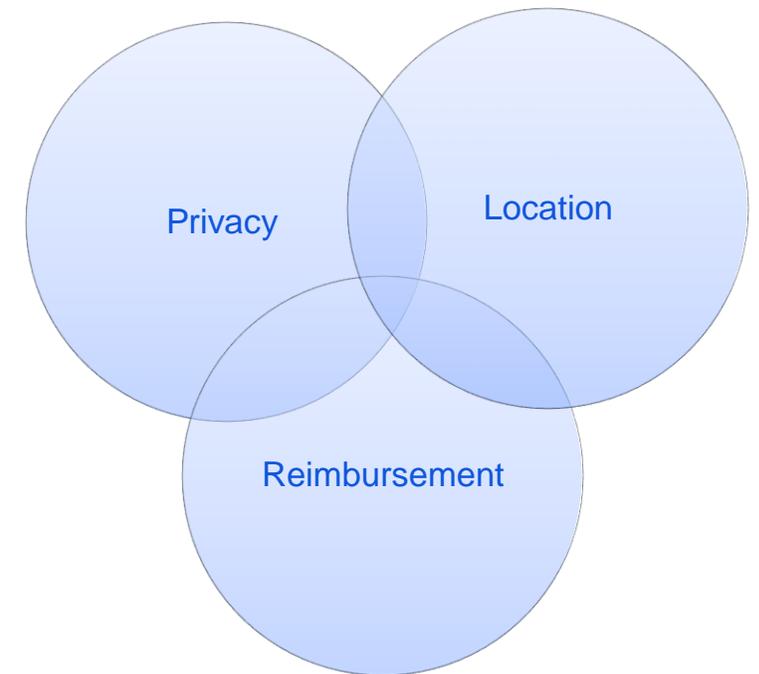
- Store and forward technology
- Patient portals

Remote Patient Monitoring

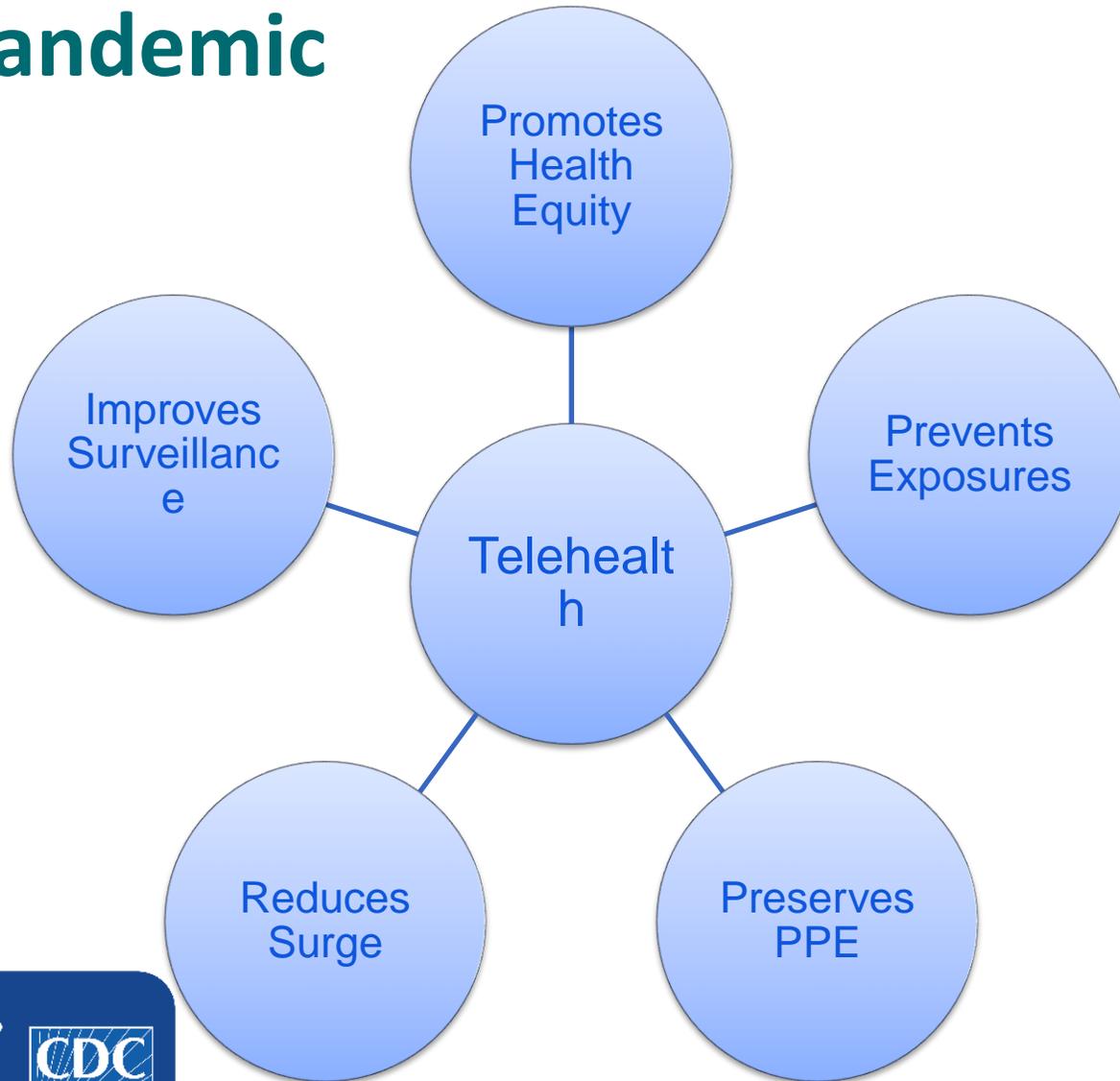
- Clinical measurement reporting
- Patient wearable devices

Recent legislative and policy changes affect telehealth utilization

- HIPAA Flexibility to include new technology platforms.
- Federally qualified health centers (FQHCs) and rural health centers can serve as eligible sites of care for telehealth services during the COVID-19 response.
- Waiver allowing healthcare providers to use telehealth and wherever the patient is located.
- Providers may see both new and established patients.
- Out-of-state practitioners permitted to provide telehealth services in another state.



Telehealth & public health alignment during COVID-19 pandemic



CDC's COVID-19 Telehealth Role:

- Collaborating with federal partners on new and evolving telehealth federal initiatives.
- Monitoring trends in telehealth usage with key telehealth partners.
- Exploring how telemedicine can inform surveillance, improve health outcomes, and reduce impact on healthcare facility surge.

Healthcare systems guidance: Telehealth Services

- Describes telehealth modalities, benefits, and uses from public health and clinical perspective.
- Provides limitations and safeguards for consideration.
- Integral part of the [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care](#) and [Ten Ways Healthcare Systems Can Operate Effectively during the COVID-19 Pandemic](#).

HEALTHCARE WORKERS

Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic

Updated June 10, 2020 [Print Page](#) [f](#) [t](#) [in](#) [✉](#) [🌐](#)

Purpose of this Guidance

To describe the landscape of telehealth services and provide considerations for healthcare systems, practices, and providers using telehealth services to provide virtual care during and beyond the COVID-19 pandemic.

Background

Changes in the way that health care is delivered during this pandemic are needed to reduce staff exposure to ill persons, preserve personal protective equipment (PPE), and minimize the impact of patient surges on facilities. Healthcare systems have had to adjust the way they triage, evaluate, and care for patients using methods that do not rely on in-person services. Telehealth services help provide necessary care to patients while minimizing the transmission risk of SARS-CoV-2, the virus that causes COVID-19, to healthcare personnel (HCP) and patients.

On This Page

- [Background](#)
- [Telehealth Modalities](#)
- [Benefits and Potential Uses of Telehealth](#)
- [Strategies to Increase Telehealth Uptake](#)
- [Telehealth Reimbursement](#)
- [Safeguards for Telehealth Services](#)
- [Potential Limitations of Telehealth](#)
- [References](#)



Telehealth promotion across CDC COVID-19 response

- Healthcare Systems Operations
- Relief Healthcare Facilities
- Infection Prevention
- Clinical Care
- Rural Health
- Community Intervention



Phone Advice Line Tools

Guidelines for Children (2-17 years) or Adults (≥18 years) with Possible COVID-19

Includes initial phone script, accompanying decision algorithm, and tailored care advice messages



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

10/20/20 4/26/20 200 11/19/20

Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic

CDC is listening to and learning from the experiences of healthcare systems as they respond to COVID-19. This document provides practical approaches that can be used to protect healthcare personnel (HCP), patients, and communities.

Worker Safety and Support



1. Understand and execute current **infection prevention and control (IPC)** practices for COVID-19.
 - Ensure HCP are well-trained on the use of personal protective equipment (PPE), including implementing extended and limited reuse of N95 respirators, reserving N95 respirators for aerosol-generating procedures, creating extended use PPE units where only patients with COVID-19 are provided care, and implementing a **walk-up testing booth** that allows HCP to stand behind solid but transparent (e.g., polycarbonate) panels to collect samples for COVID-19.
 - Institute **universal source control** for all HCP, patients, and visitors.
 - Consider tracking PPE supplies available using the **PPE burn rate calculator**.
2. Develop **protocols for HCP** to monitor themselves for fever and symptoms of COVID-19, restrict them from work when sick or post exposure, and to safely allow **return to work** after an exposure and/or suspected or confirmed COVID-19 infection.
3. Establish a plan for providing additional **support for HCP**, considering aspects such as **mental health, parenting, meals, and non-punitive sick policies**.

Patient Service Delivery



4. Help your HCP become well-versed in **evidence-based care** of patients with COVID-19, including guidance provided by **CDC, National Institutes of Health, the Infectious Diseases Society of America, the World Health Organization, and the Surviving Sepsis Campaign**.
5. Understand the **guidance for discharging** a patient with suspected or confirmed COVID-19 **from the hospital to home** or to a **long-term care facility**.
6. Use **telehealth strategies** when feasible to provide high-quality patient care and reduce the risk of COVID-19 transmission in the healthcare setting. Consider implementing a **phone advice line** to triage patients and to address questions and concerns from possible COVID-19 patients.

Data Streams for Situational Awareness



7. Maintain awareness of the **COVID-19 situation** in the state, city, and facility. Provide access to evidence-based **guidance** for caring for patients with COVID-19.
8. Report **hospital capacity and patient impact data** into the **COVID-19 module** for the National Healthcare Safety Network (NHSN).

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CI 101628 4/16/20/2020



Potential uses of Telehealth

- Screen patients who may have [symptoms of COVID-19](#) and refer as appropriate.
- Provide low-risk urgent care for non-COVID-19 conditions, identify those persons who may need additional medical consultation or assessment, and refer as appropriate.
- Access primary care providers and specialists for chronic health conditions and medication management.
- Participate in physical therapy, occupational therapy, and other modalities as a hybrid approach to in-person care for optimal health



Potential Telehealth limitations & considerations

- Situations in which in-person visits are more appropriate
- Privacy limitations
- Limited access to technological devices (e.g., smartphone, tablet, computer) needed for a telehealth visit or connectivity issues
- Level of comfort with technology for healthcare personnel and patients
- Cultural acceptance of conducting virtual visits



Strategies to increase Telehealth utilization

- Use tele-triage methods for assessing and caring for all patients to decrease the volume of persons seeking care in facilities
- Communicate with insurers to understand availability of covered telehealth services
- Provide outreach to patients with limited technology and connectivity



Telehealth Resources

- [Telehealth.hhs.gov](https://www.telehealth.hhs.gov): US federal government site with telehealth resources for healthcare providers and patients
- [National Consortium of Telehealth Resource Centers](#): Consists of 12 regional and 2 national Telehealth Resource Centers (TRCs) established to provide assistance, education, and information to organizations and individuals who are actively providing or interested in providing health care at a distance
- [Medicaid & CHIP Telehealth Toolkit](#): Provides states with statutory and regulatory infrastructure considerations related to their telehealth capabilities and coverage policies
- [American Medical Association: Telehealth Implementation Playbook](#)



Federal Telehealth Resources

- **HHS Telemedicine Hack**
 - **Wednesday, July 22- Sept. 23, 2020, 12pm-1pm ET**
 - **Five teleECHO sessions** on key topics (e.g., workflows, documentation, reimbursement) highlighting best practices and case studies from the field.
 - **Five virtual “office hour” discussion panels** with case presenters, government agencies, topical experts, and stakeholder associations responding to your questions.
 - CME/CEU credits are available for attending, at no cost to participants.
- For more information, contact c19ECHO@salud.unm.edu.



Thank you

**CDC COVID-19 Healthcare Systems and Worker Safety Task Force
Healthcare Systems Coordination Unit
eocmcctfhome@cdc.gov**



Telehealth Services in Rural East Tennessee: Challenges and Opportunities

Febe Wallace, MD, FAAP
Director of Primary Care Services
Cherokee Health Systems
Knoxville Tennessee
August 4, 2020

Telehealth Experience before COVID-19

- Psychiatry telehealth services began in 1999 to provide consultation to primary care clinics.
- Primary care telehealth services began in 2009 to provide service to a rural clinic with a gap in available onsite provider.
- These services required patient to come to the clinic but provider had capability to use stethoscope, otoscope and general examination cameras.
- Primary care and psychiatry services have expanded sites to include school-based services.

Our Mission...

To improve the quality of life
for our patients through the blending of
primary care and behavioral health.

Together...Enhancing Life



Primary Service Area



Cherokee Health Systems

Calendar Year 2019

71,274 Patients 398,926 Services 16,922 New Patients

Number of Employees: 755

Provider Staff:

Psychologists - 49
Primary Care Physicians - 16
NP/PA (Primary Care) - 51
Community Workers - 26
Pharmacists - 12

Cardiologist - 2
Nephrologist - 1
Ob/Gyn - 3
Dermatologists- 2

Psychiatrists - 6
NP (Psych) - 9
LCSWs - 55
Dentists – 3



Finding a Telehealth Solution for COVID-19

- Finding a telehealth solution that is easy for both patients and providers to use (No easy task).
 - OTTO
 - Doxy.me
 - Zoom
- All platforms have strengths and drawbacks with no current perfect solution.

Digital Health/Telemedicine Literacy Gap

- Education for patients on telehealth and benefits of a virtual visit
- Virtual Health Outreach team formed to educate and prepare patients for their upcoming visits

Technology Challenges

- No internet access or spotty access
- No access to computer or smart device
- Incompatible or older devices that do not meet minimum requirements
- Inability to complete electronic registrations/consent forms

Opportunities for the Future

- Continue development of the digital platforms, particularly to improve integration with electronic health records
- Continue patient digital literacy education on the use and benefits of technology
- Use of mobile van to make technology more accessible
- Development of a Cherokee Health Systems App so patients can access connection to visit via App rather than email/text invitation

It Isn't a Pivot:

Health IT Agility and
Scale from an Epicenter
During the COVID-19
Surge

Rasheda V. Prescott M.D.

Physician Informaticist
Clinical Instructor, Internal Medicine and Pediatrics



The views expressed in this presentation are those of the author and do not necessarily represent the opinion of the Centers for Disease Control and Prevention.

FACTS & FIGURES

NYU Langone Health by the Numbers

7.85M*

Outpatient Visits

6

Inpatient Locations

4

Emergency
Departments

12,228

Births

1,693

Beds

124

Operating Rooms

93,200+

Hospital Discharges

234,000+

Emergency Department Visits

7M+

Patients in Our Electronic
Health Record

Represents September 2018–July 2019

* Represents projection for full fiscal year, September 2018–August 2019

Our Expanding Footprint

● NYU Langone Locations

★ Inpatient Locations

- Tisch Hospital
- Kimmel Pavilion
- Hassenfeld Children's Hospital
- NYU Langone Orthopedic Hospital
- NYU Langone Hospital—Brooklyn
- NYU Winthrop Hospital

300+ Locations
in the New York Area



NEW JERSEY

STATEN ISLAND

NEW YORK

PUTNAM

CONNECTICUT

WESTCHESTER

THE BRONX

MANHATTAN

QUEENS

BROOKLYN

NASSAU

SUFFOLK

FLORIDA

PALM BEACH

BROWARD

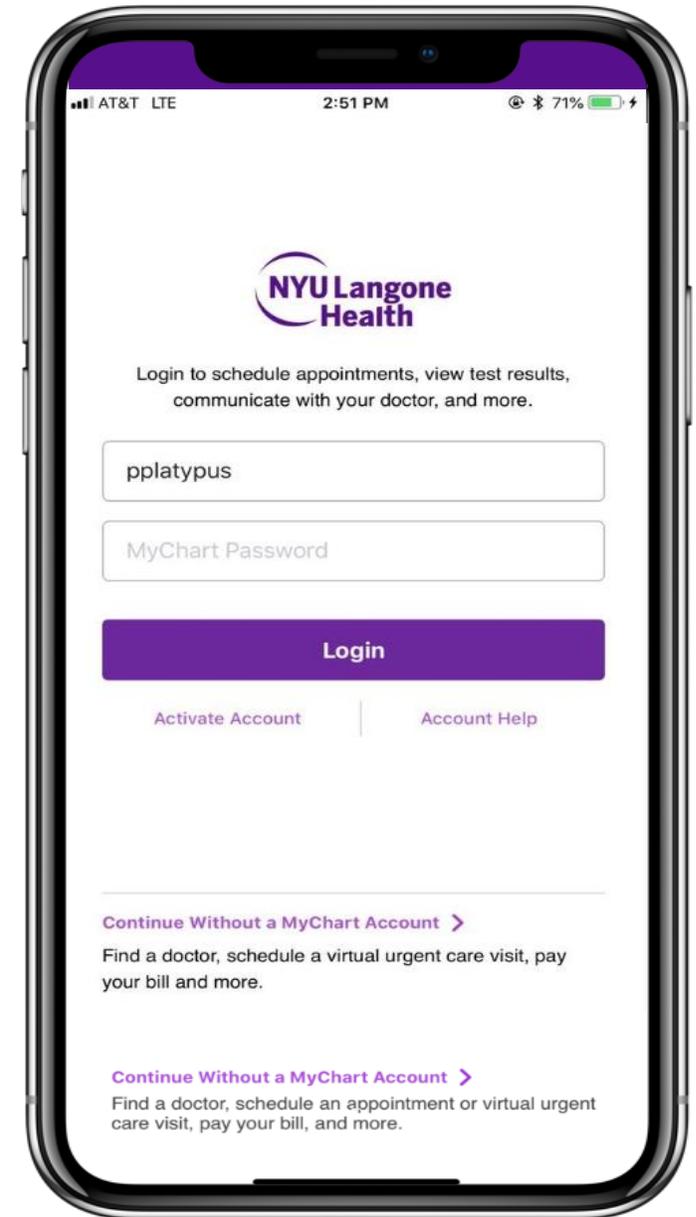
MIAMI-DADE

As of August 2019

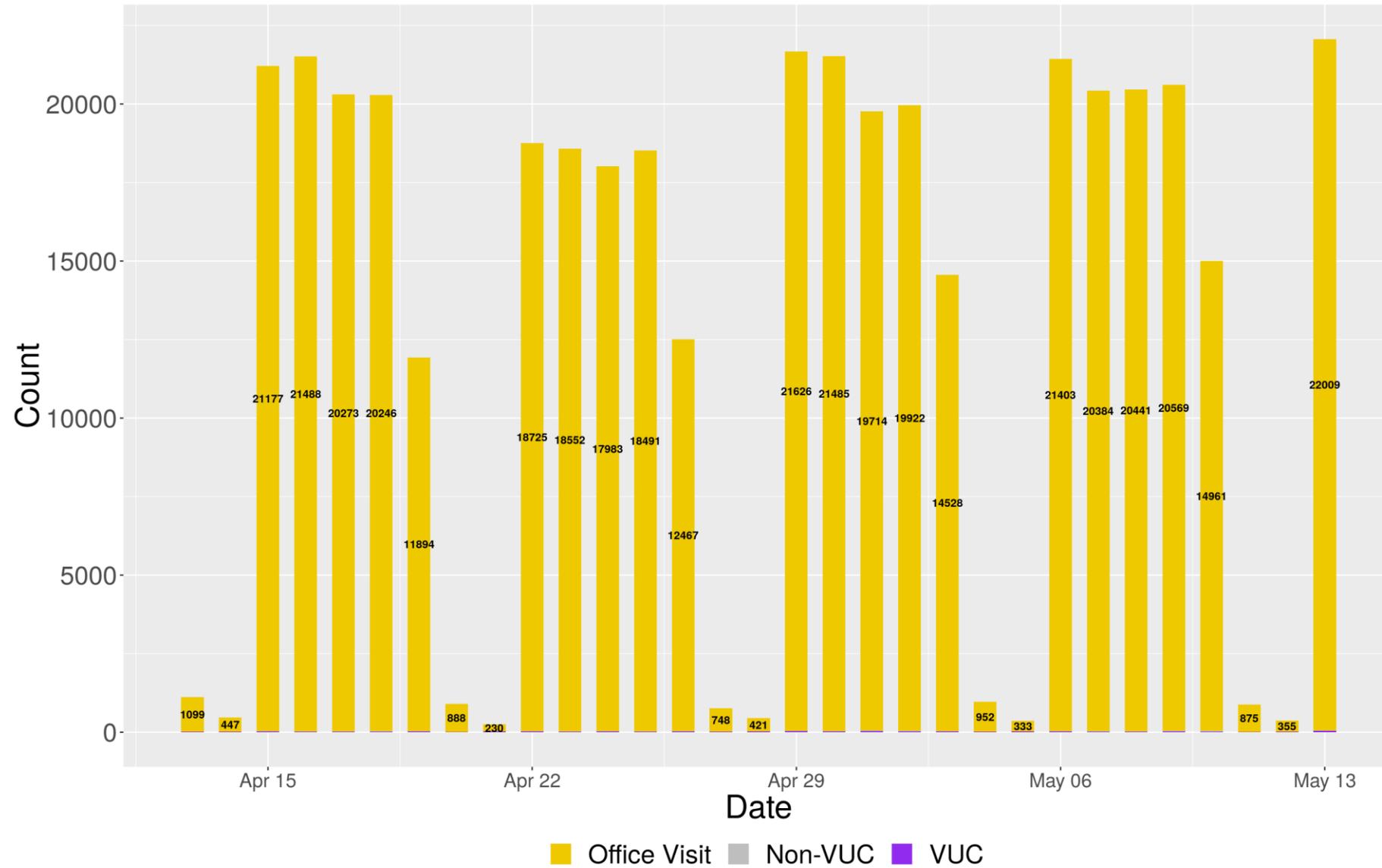


Telehealth Prior to COVID-19 Pandemic

- Utilized by only 8 percent of Americans in 2019¹
- Telemedicine At NYU Langone Health prior to COVID-19
- Started 2018
 - ~100 visits per day
 - Virtual Urgent Care ~25-35 visits daily
 - Non-urgent virtual care ~75
 - Integrated in the existing Epic EHR with patients utilizing NYU Langone Health App

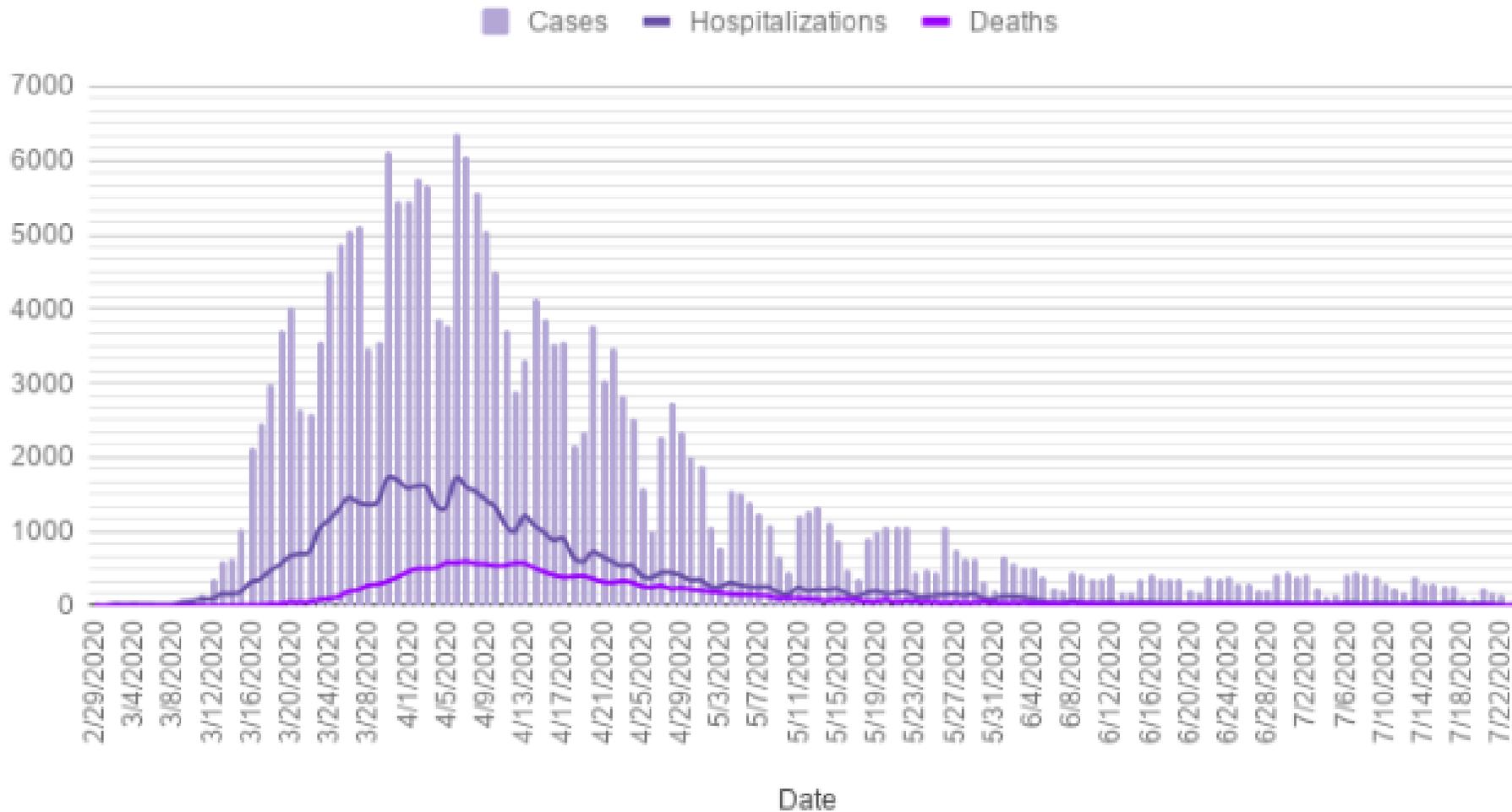


Telehealth at NYU Langone Health Prior to COVID-19

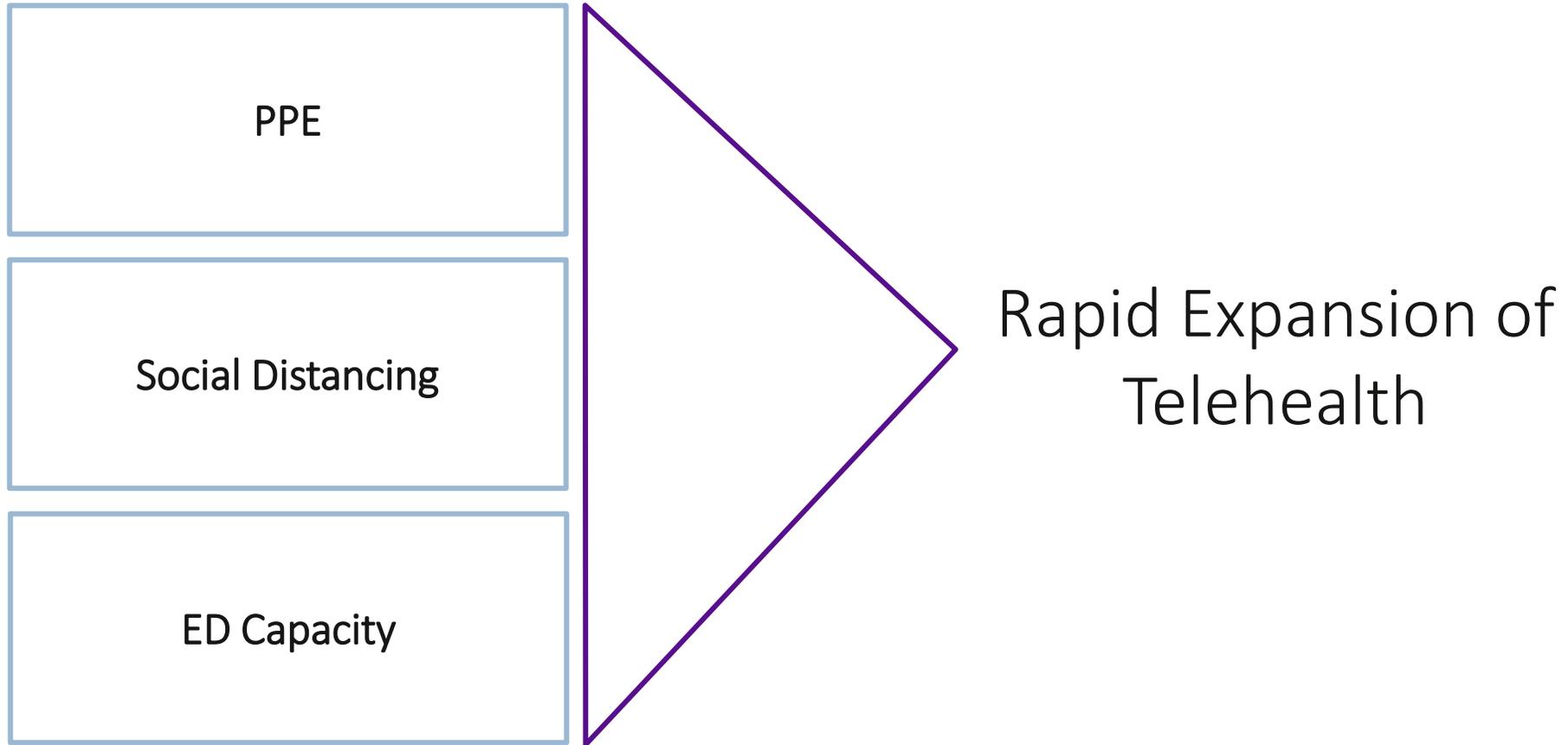


NYC COVID-19 Pandemic Surge

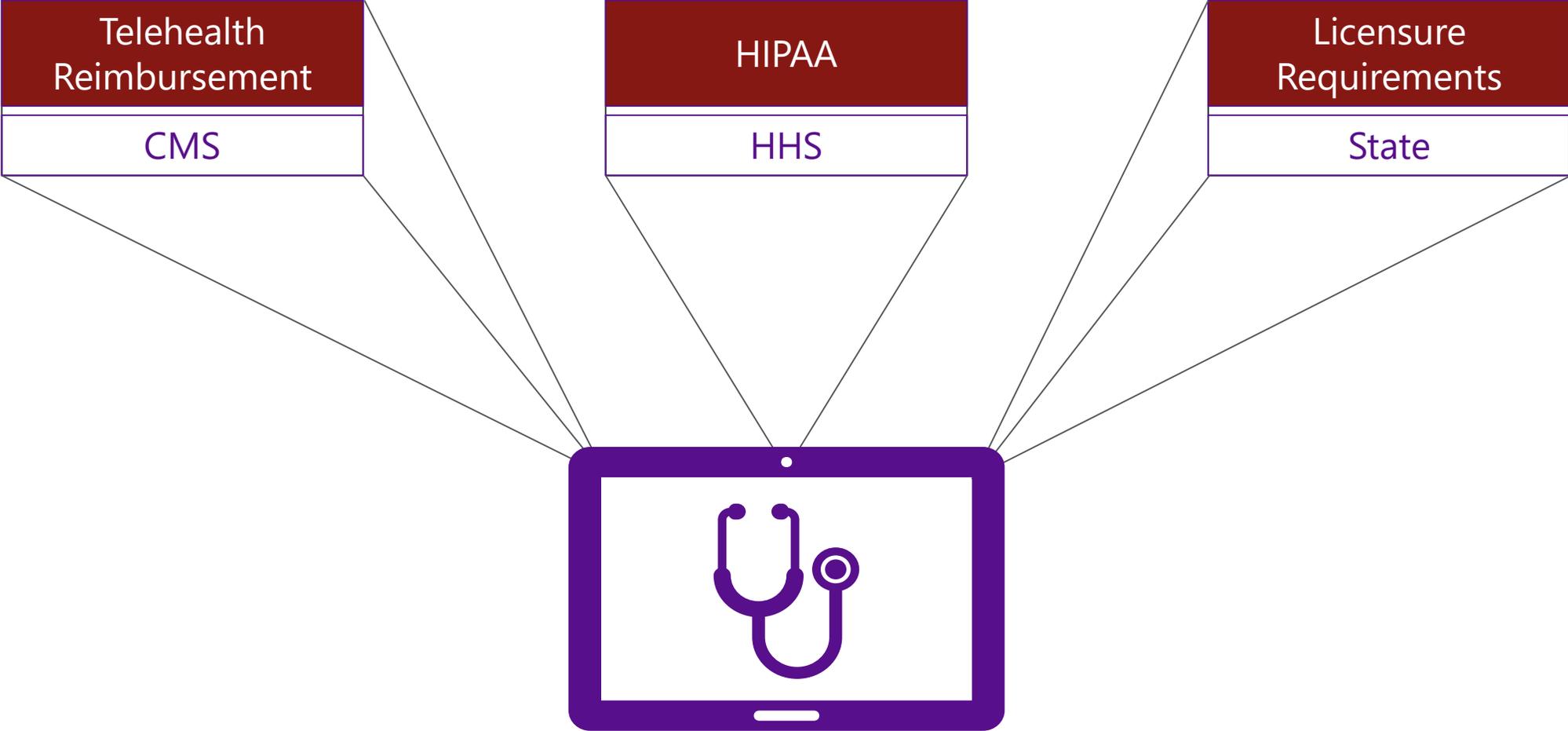
COVID-19 Cases, Hospitalizations and Deaths



Key Drivers



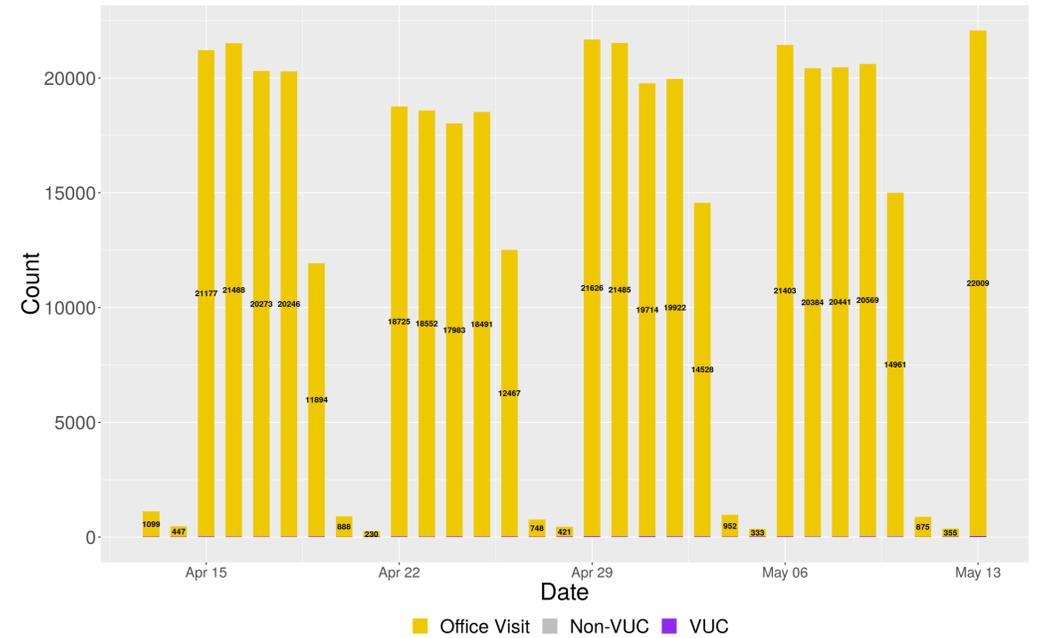
Three Pivotal Policy Changes Enabling Telehealth Expansion



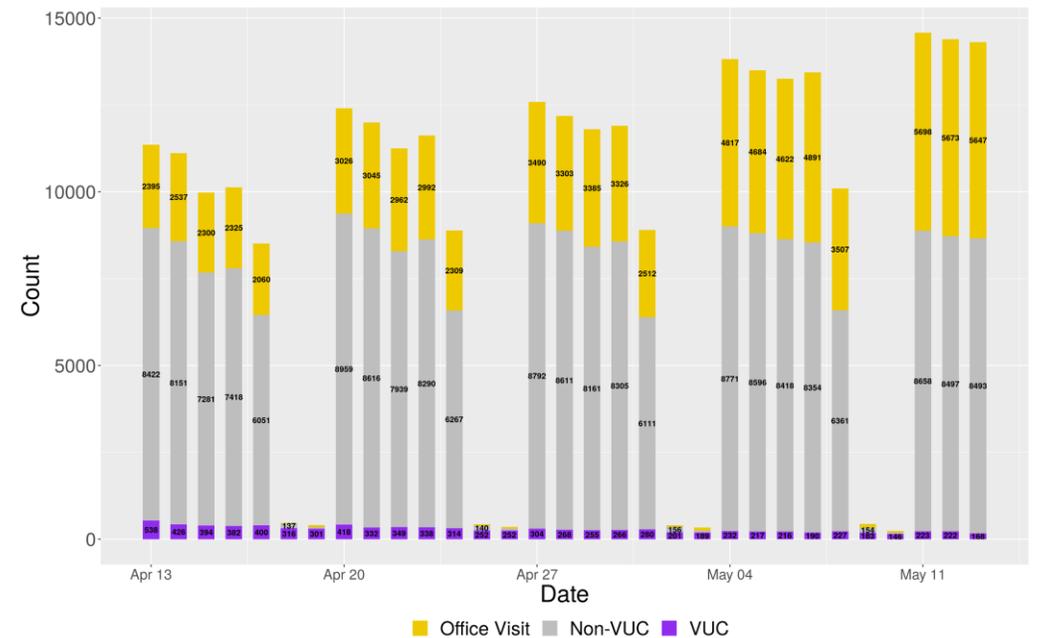
Transformational Impact of COVID- 19 on Telemedicine: 6 week Survey at NYULH at the Epicenter of the Pandemic

- Captured rapid scaling of video-enabled visits during NY State surge
- Data from March 2, 2020 - April 12, 2020
- Video-enabled visits increased from ~100 to over 8,000 within 20 days
- Largest shift in Non-Urgent Virtual care
- Highest use in patients ages 20-44 (58% VUC, 32 NUVC)

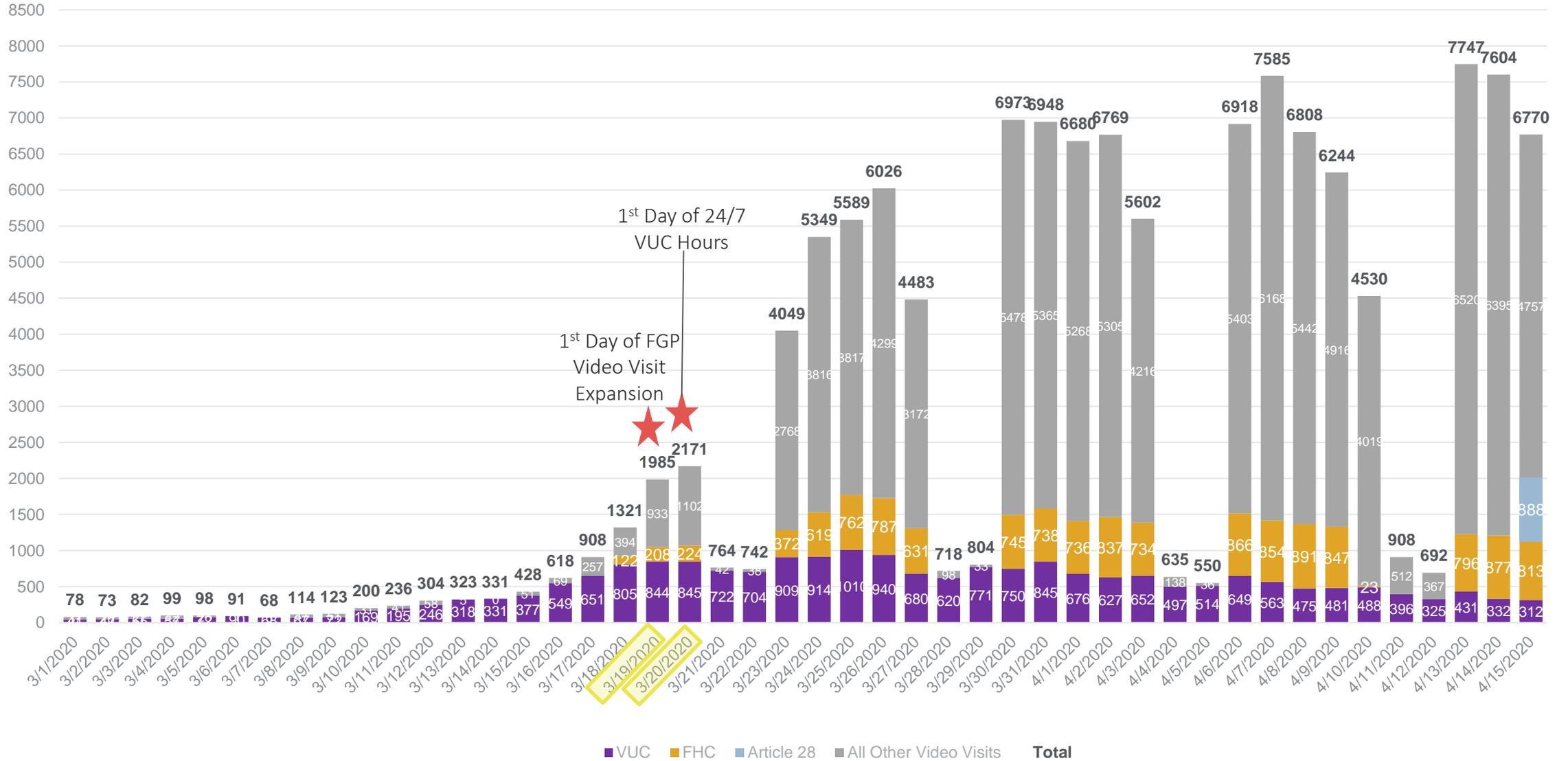
2019

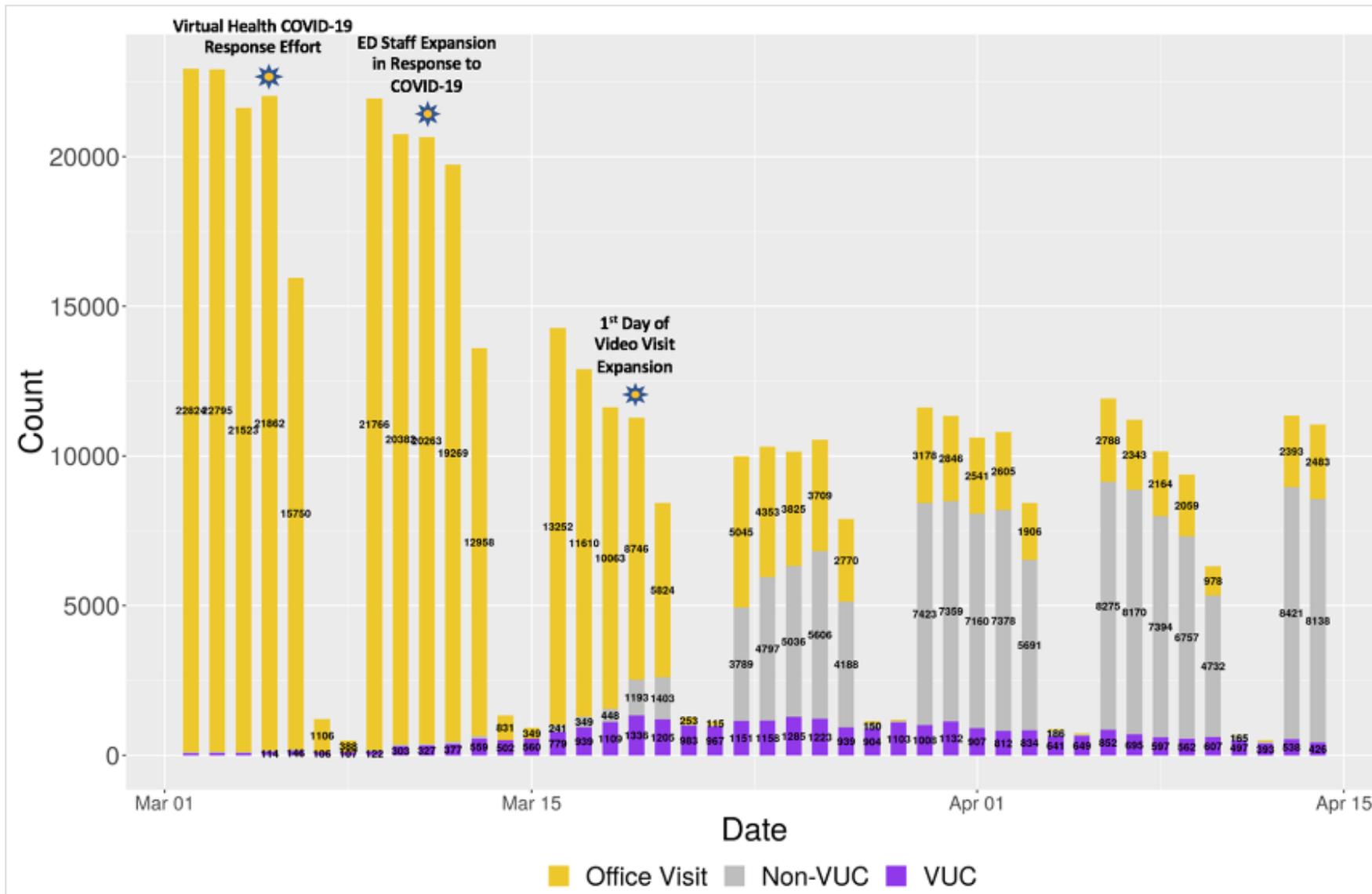


2020



NYU Langone Health Virtual Health Video Visit Volume

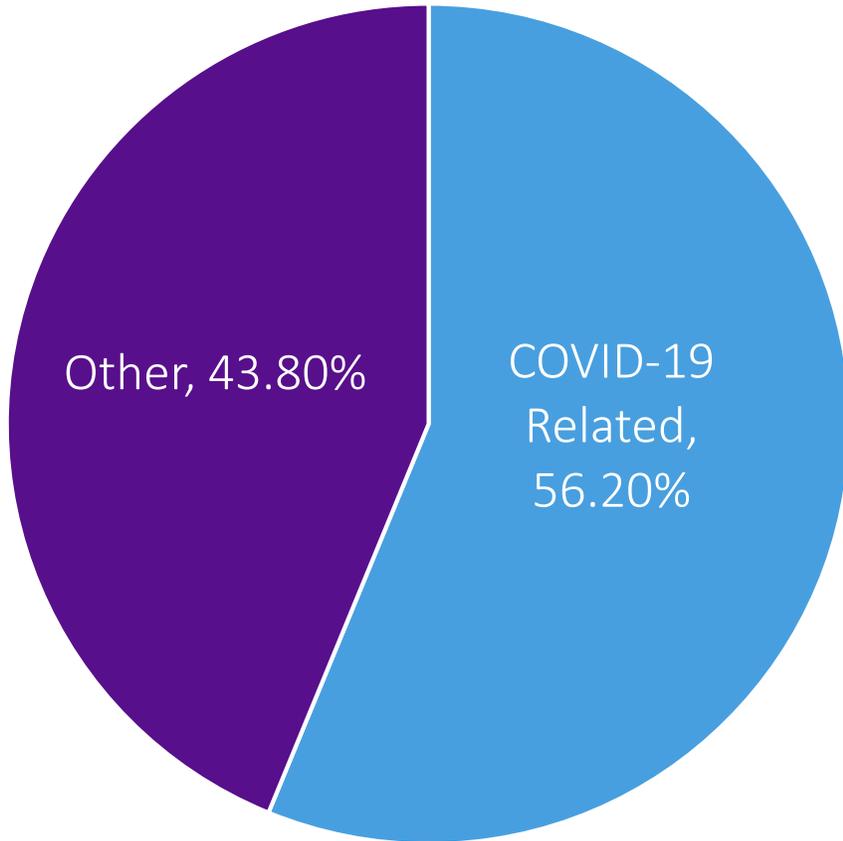




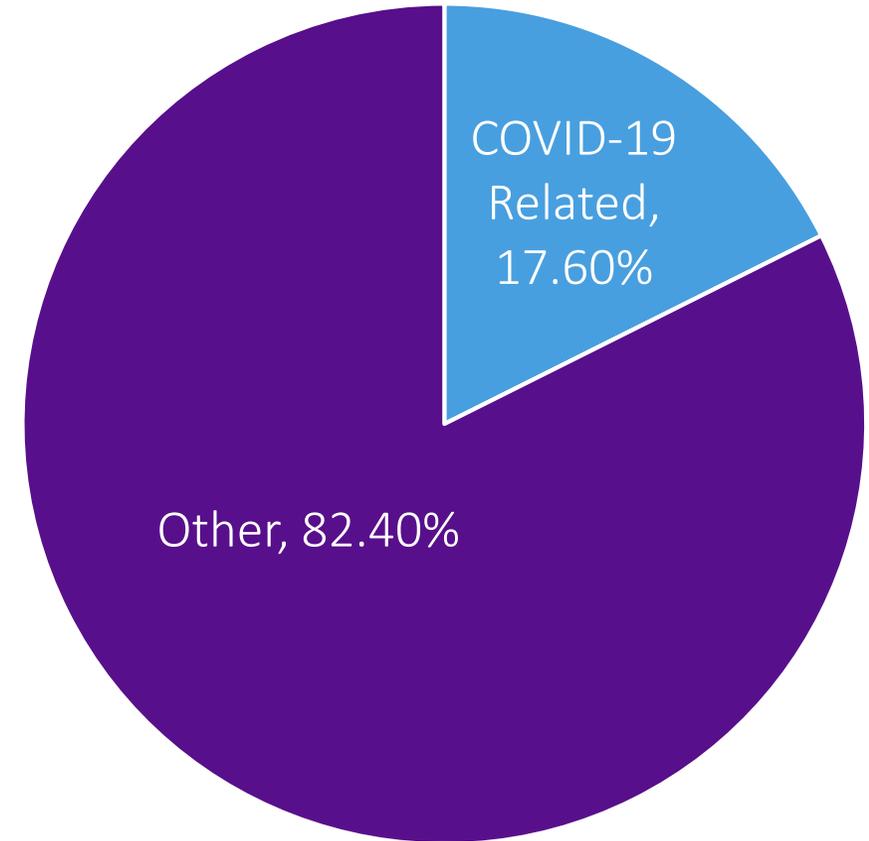
Virtual Health visit Volume Increase in Non-Urgent and Urgent Virtual care with corresponding decrease in office Visits

Virtual Visits During the Surge

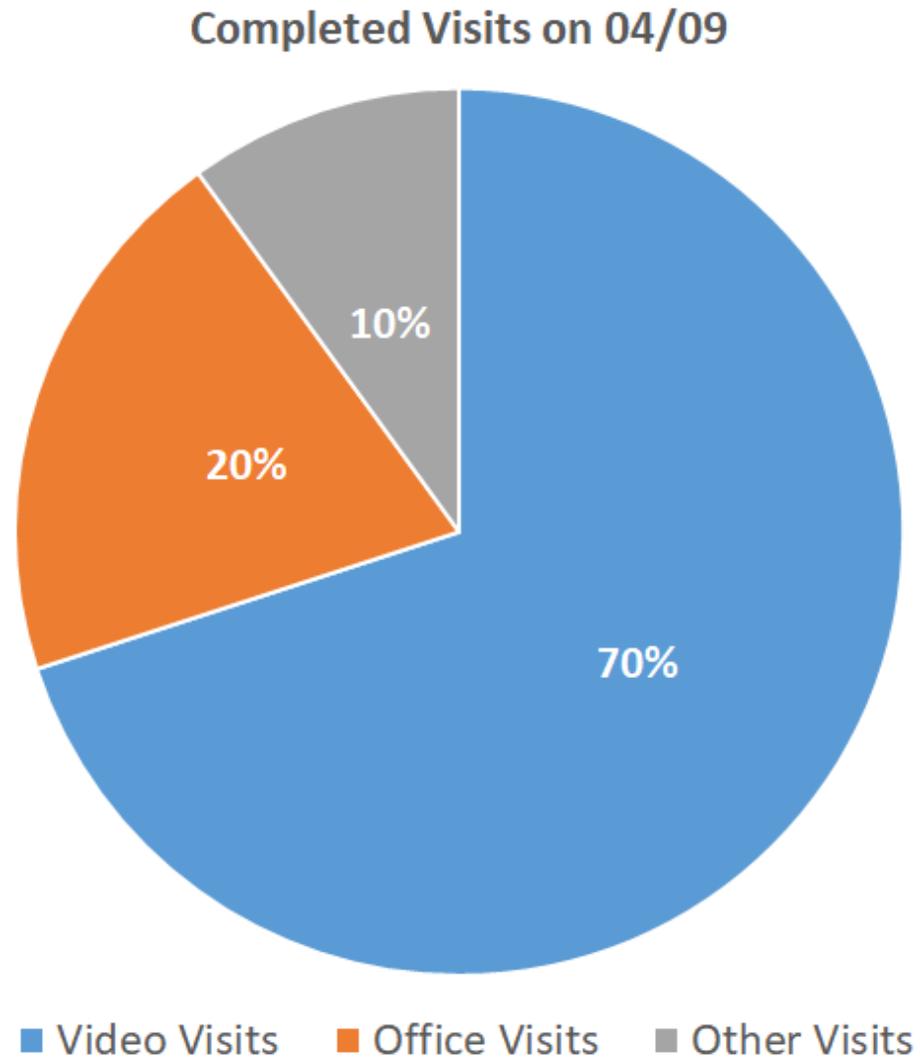
Virtual Urgent Care



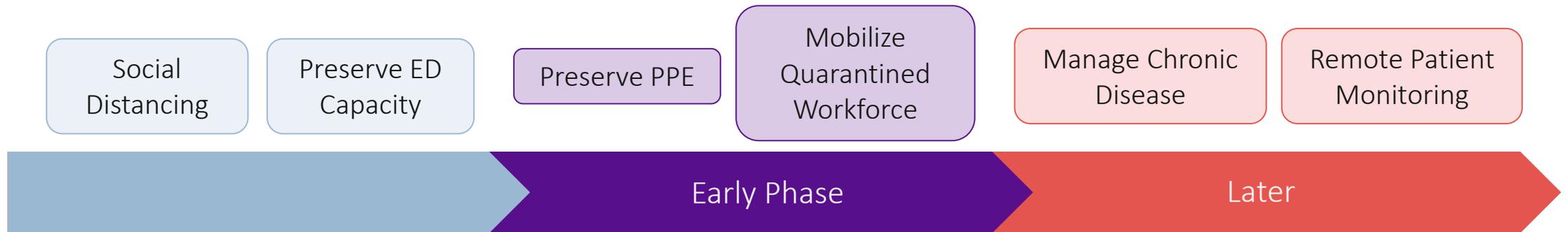
Non-Urgent Virtual Visits



Telemedicine Visits vs. Office Visits



Virtual Health Expansion - Beyond the Ambulatory Visit...



Remote Patient Monitoring - Beyond Ambulatory...

COVID-19 Telehealth Grants



NYU Langone Health received **\$983,772** to implement bedside telehealth capabilities within our inpatient facilities to support our clinicians who are safely monitoring the sickest of patients.

The NYU Grossman School of Medicine was awarded **\$772,687** to improve telehealth programs to engage in video visits across our ambulatory practices as well as leverage remote patient monitoring at home and at a distance.

E-Newsletters	Conferences	Virtual Conferences	Webinars	Whitepapers	Podcasts	Print Issue		
Physicians	Leadership	Strategy	Executive Moves	Transaction & Valuation	Human Resources	Patient Flow	Facilities	
Orthopedics	Patient Experience	Pharmacy	Care Coordination	Legal & Regulatory	Compensation	Payer	Opioids	Rank



How Health Systems are Integrating Telehealth into the COVID-19 Response

[Learn More >](#)

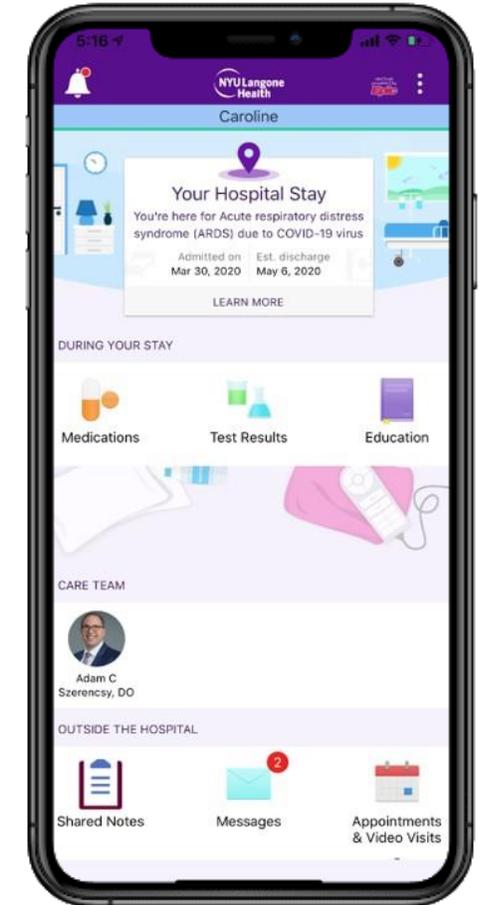
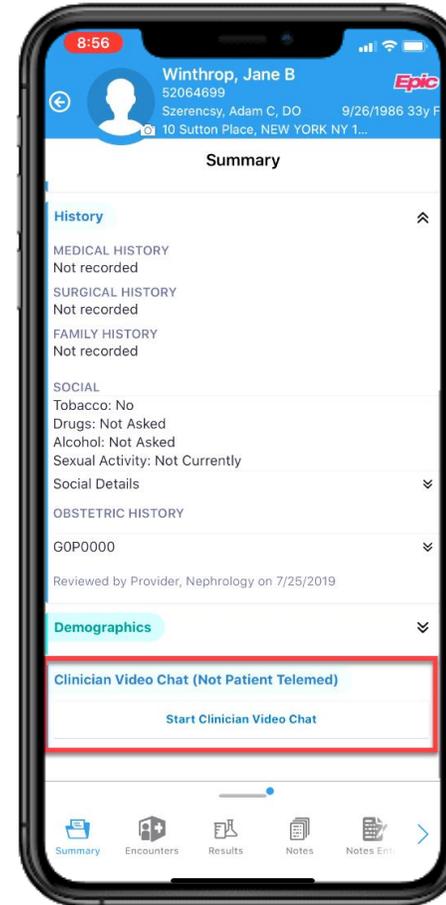
FCC awards \$3M+ to NYU Langone, U Michigan & more for COVID-19 telehealth programs

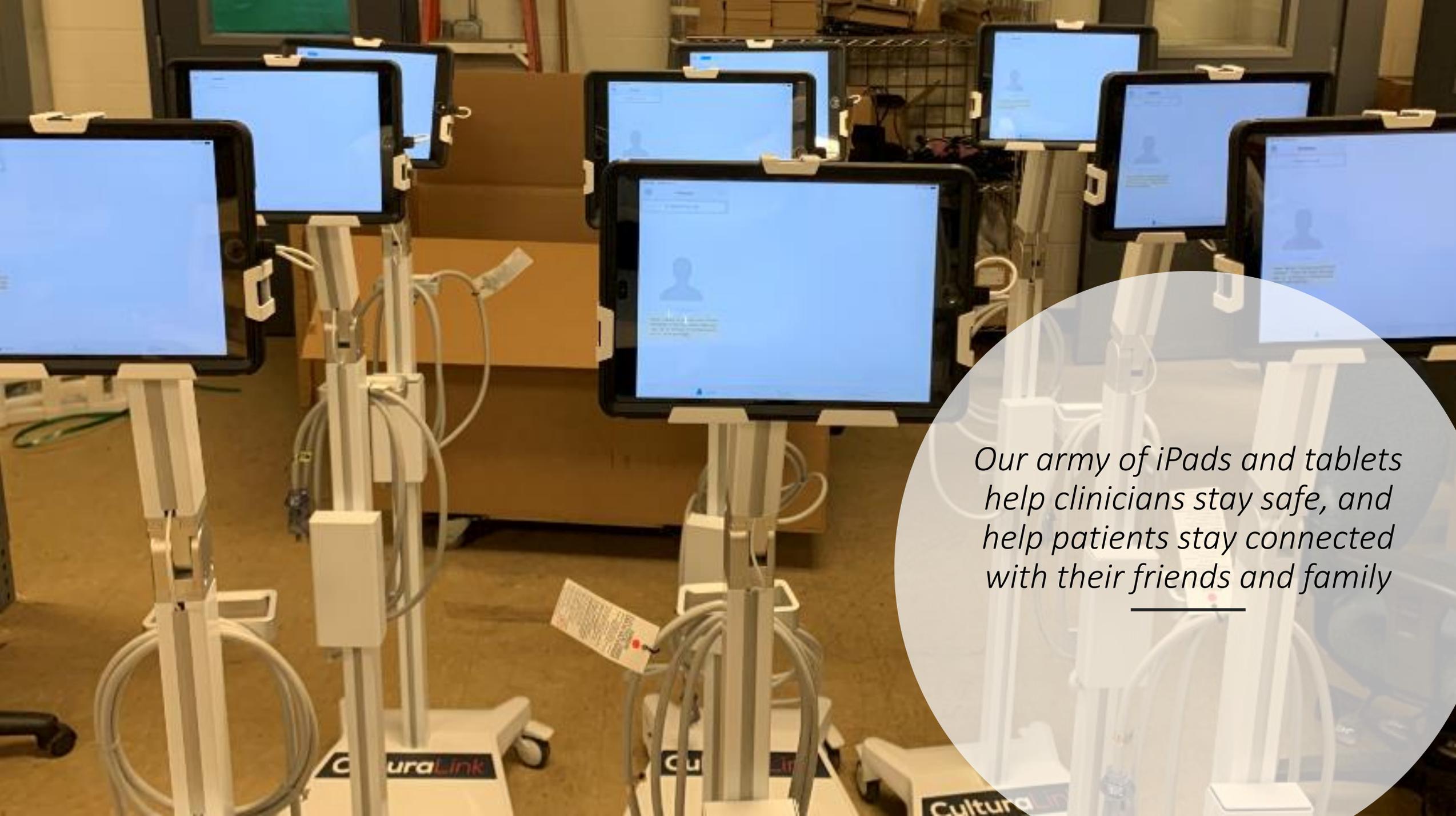
Jackie Drees - Wednesday, April 22nd, 2020 [Print](#) | [Email](#)

[SHARE](#) [Tweet](#) [Share 0](#)

Inpatient Video Capabilities

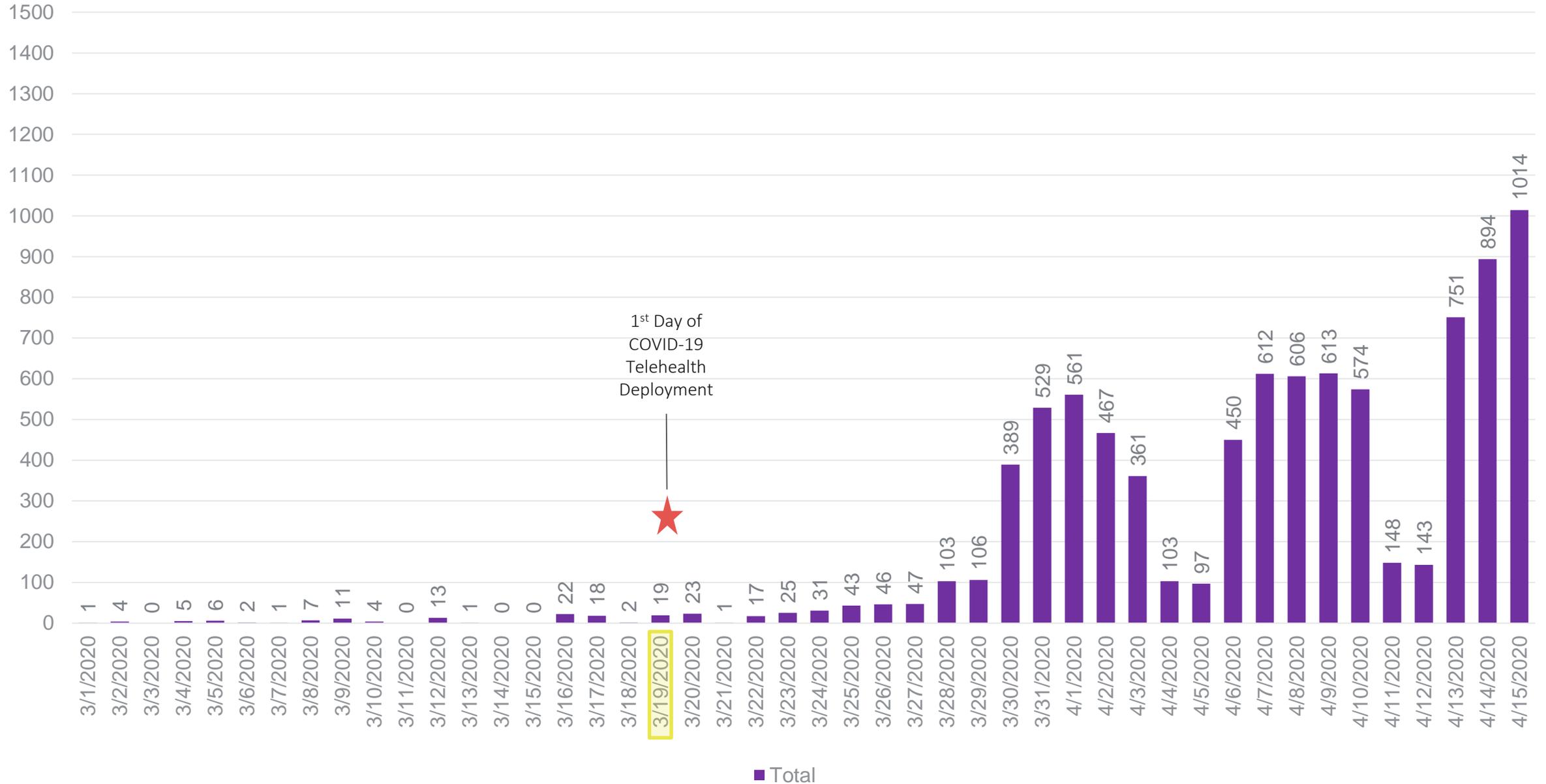
- Clinician-to-Clinician Video
- Clinician-to-Patient Bedside Video
- Patient-to-Family Video - ~1,500 bedside tablets
- Patient-Family-Clinician Video





Our army of iPads and tablets help clinicians stay safe, and help patients stay connected with their friends and family

NYU Langone Inpatient Video Connections



Lessons Learned

Challenges



Training



Tech Support



Patient Communication



Equity



Reimbursement

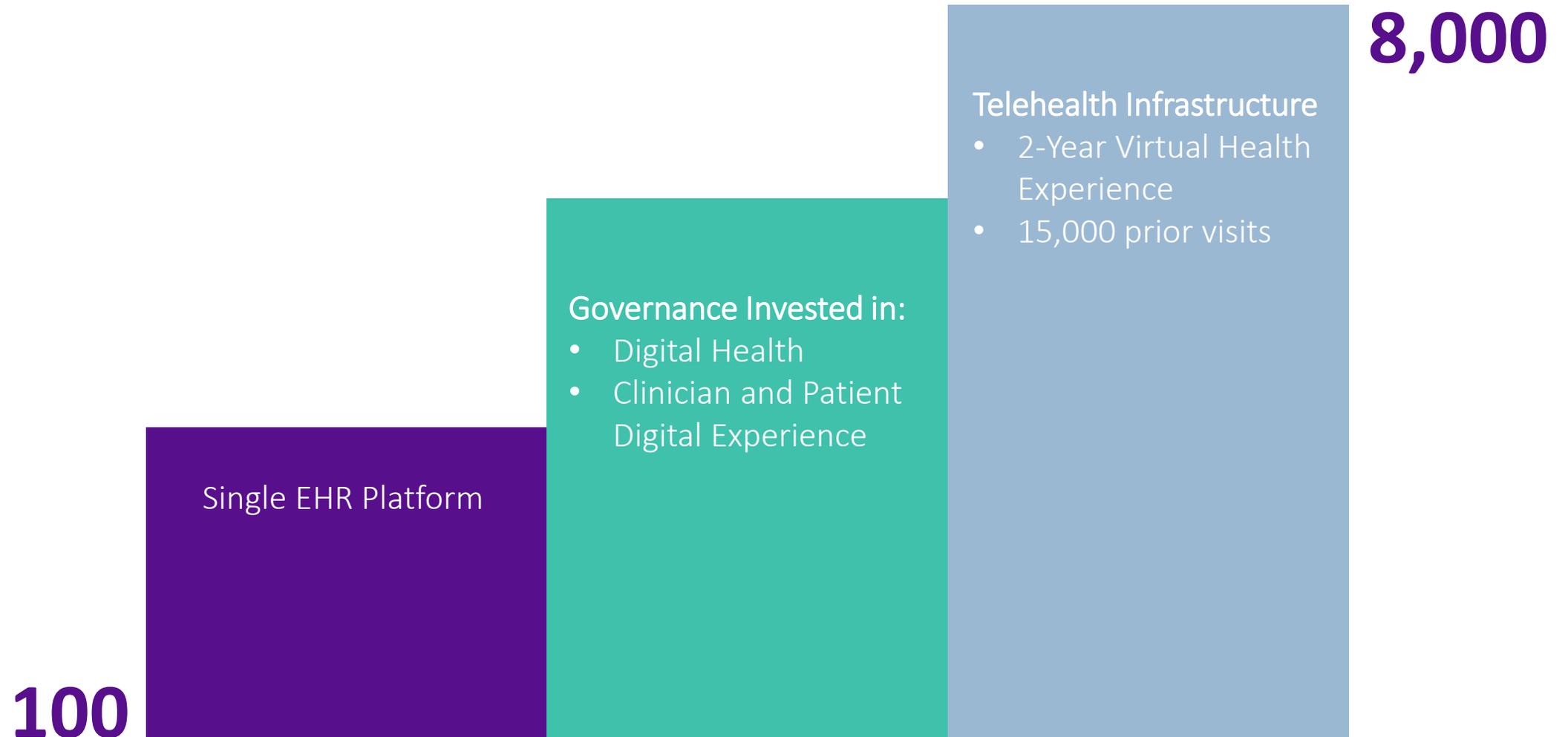


Ancillary Tasks



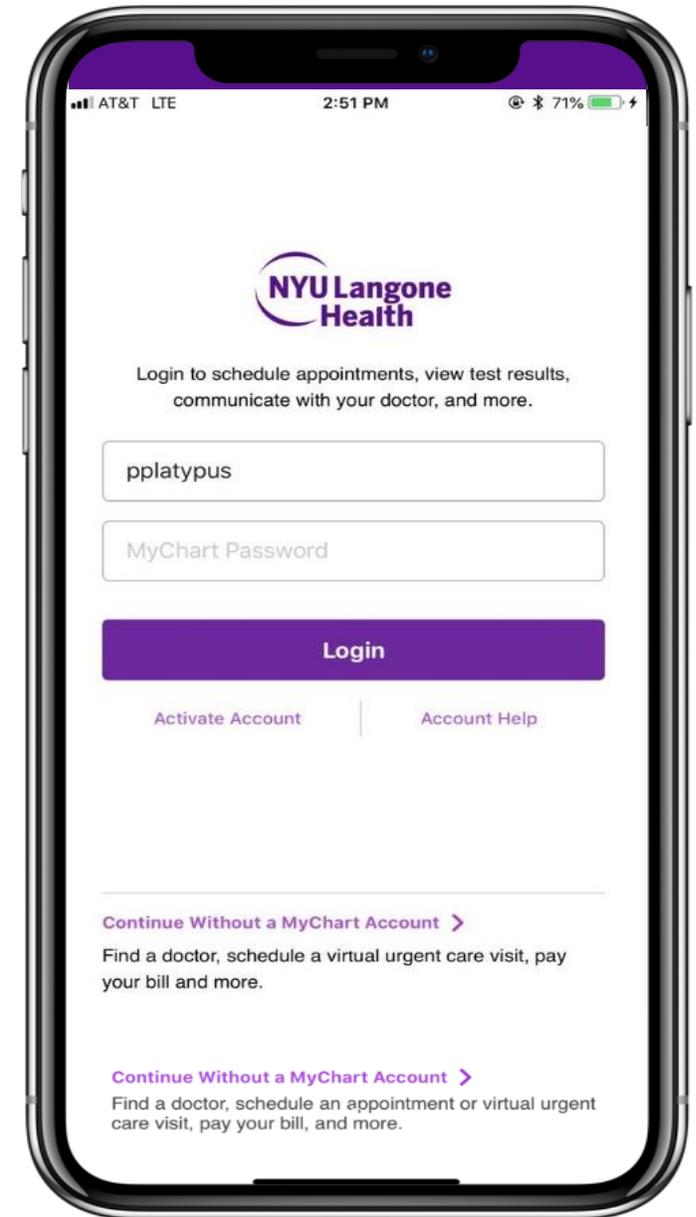
CDS

How NYULH Successfully Scaled Virtual Health



Future of Virtual Health at NYU Langone Health

- Immediate Future
 - Maintain Social Distancing - currently 30% of our ambulatory visits
- Expansion
 - Beyond Clinicians - Nursing, Pharmacy, Rehab, Lactation, Consultants
 - Remote patient monitoring
 - Longitudinal Care



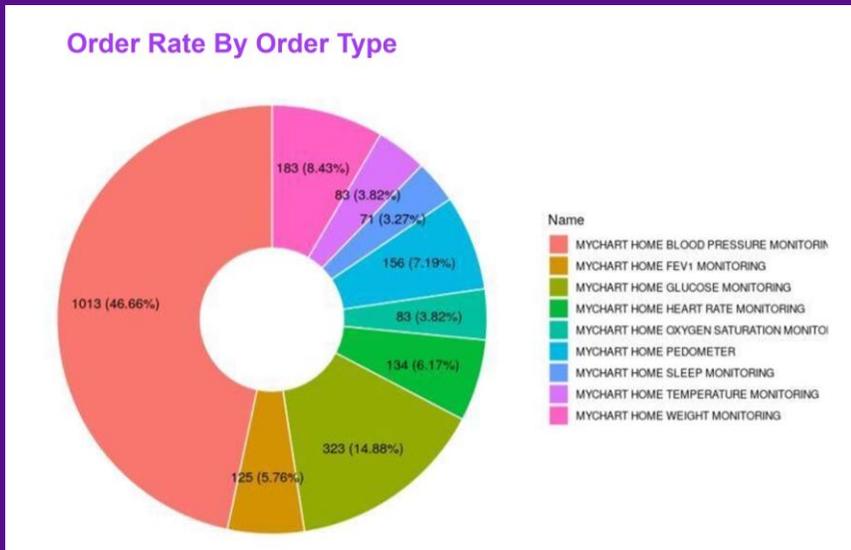
Remote Patient Monitoring

Active Programs

- Obstetrics
- MFM
- Transplant
- Cardiology
- Endocrine
- Bariatric Medicine

Current Initiatives

- Primary Care - HTN
- Cardiology
- Ophthalmology



Tyto Device with Exam Camera and Basal Thermometer



Otoscope adaptor for examining the ears



Stethoscope adaptor for heart and lung sounds



Tongue depressor adaptor for the throat



TytoApp™ for conducting guided exams with your doctor

Virtual Health For Longitudinal Care

Use cases: chronic disease management, pre/post-operative experience

Suite of tools: reminders, tasks, educational videos, care pathways



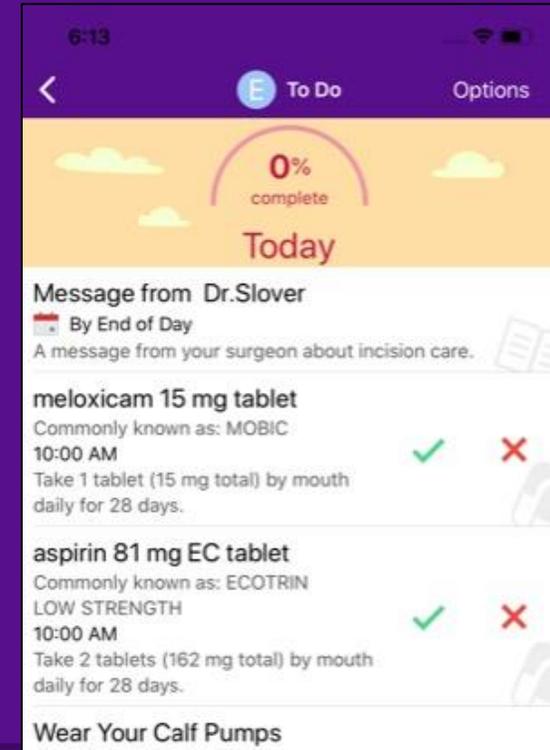
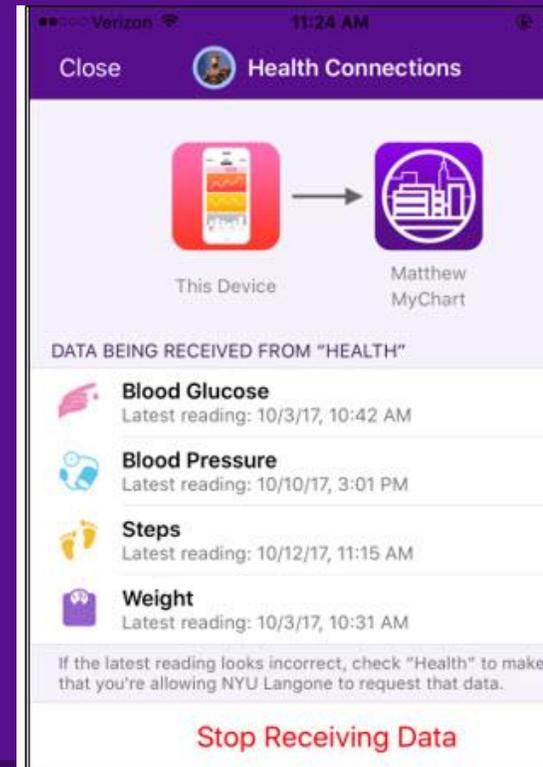
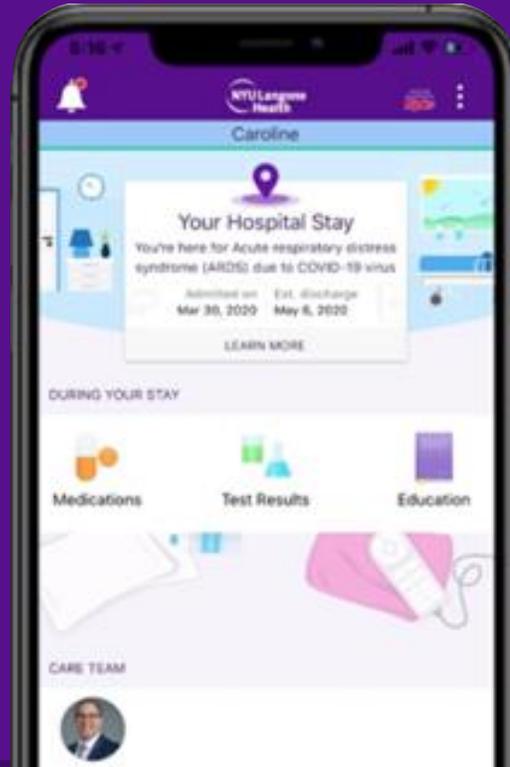
Virtual Health is....

A technology

An emerging ecosystem

A new mode of care delivery

An experience



Rasheda V. Prescott M.D.
Physician Informaticist
Clinical Instructor, Internal Medicine and Pediatrics



THANK YOU





Telehealth Implementation and Expansion During COVID-19

Kemi Alli, MD
Chief Executive Officer
kemi.alli@henryjainstin.org
August 4, 2020



Outline of Discussion



- Who are we?
- How did we implement telehealth?
- What were opportunities and challenges?
- What is the future direction of telehealth?

Who are we . . .

Henry J. Austin Health Center is a federally qualified health center serving the greater Trenton community for over **50 years!** We are accredited by the Joint Commission and we are patient-centered medical home certified by the National Committee for Quality Assurance. We have been recognized by the Health Resources and Services Administration for Enhancing Access to Care; Reducing Health Disparities; and Advancing Quality through Health Information technology.



Who are we . . .



We have 4 stand alone sites; 3 sites embedded within mental health institutions and a homeless shelter; and a mobile health unit.

Over 30,000 active patients and over 70,000 visits in last 12 months

Our Patients

- 1 in 9 are homeless
- Over half African American and female
- 1/3 are Latino
- 2/3 fall 200% or more below the federal poverty level



How we implemented telehealth . . .

Telehealth . . .

- People
- Processes
- Technology



Telehealth – The People



People

Think about all the **people/staff** needed to support this work and can they do it remotely?

- Call Center staff – scheduling appointments
- Patient Representatives – registering patients
- Nurses – triaging and screening



People

- Providers – medical decision making
- **Medical Assistants or Community Health Workers** -
confirming visits and ensuring patients can access
the system
- Billing Staff – key in this new process!

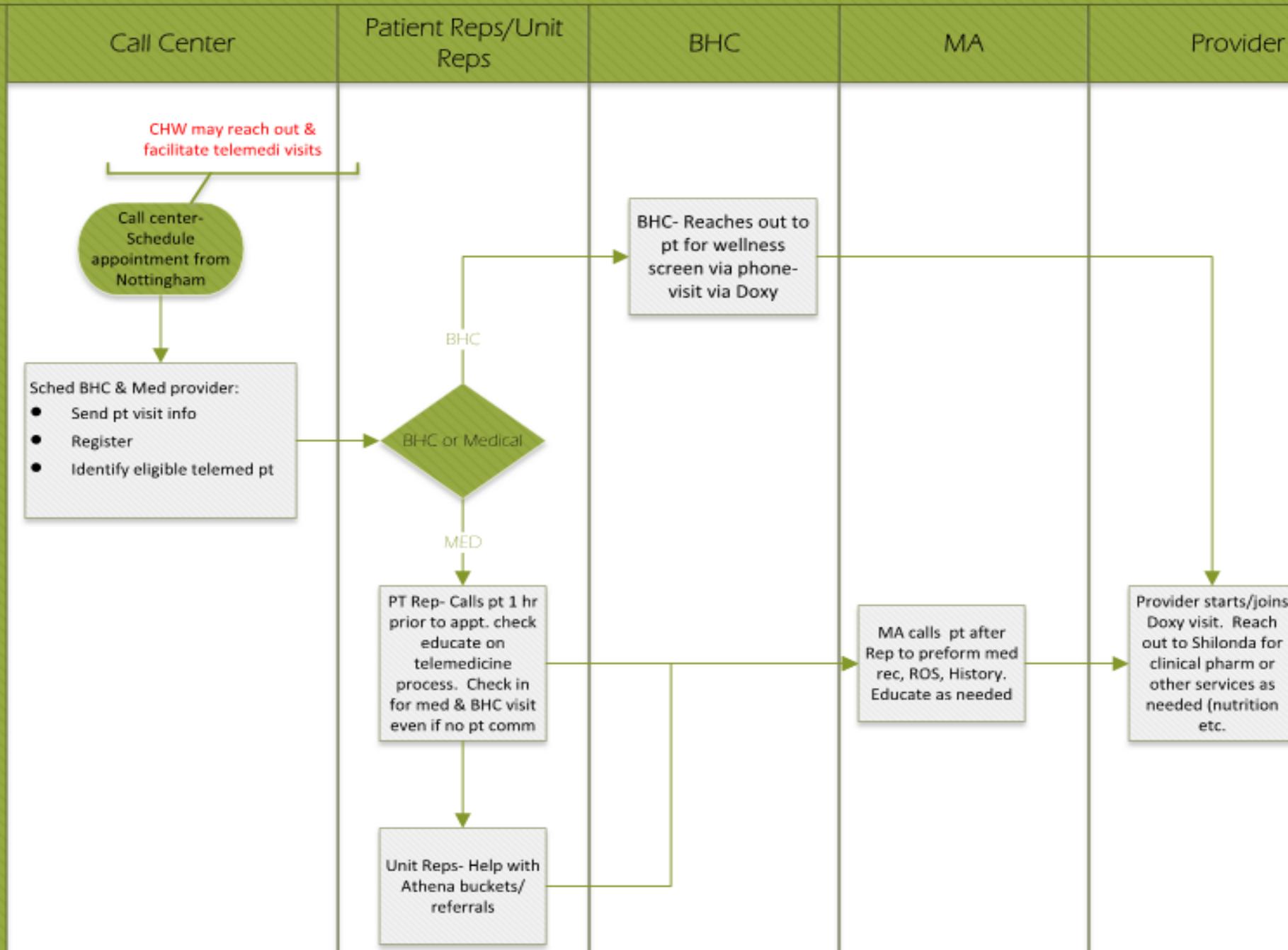




POSITION	NAMES
Provider Remote	
Check-In	
BHC	
Nurse	
MA	
Other	
Provider Remote	
Check-In	
BHC	
Nurse	
MA	
Other	
Provider Remote	
Check-In	
BHC	
Nurse	
MA	
Other	

People





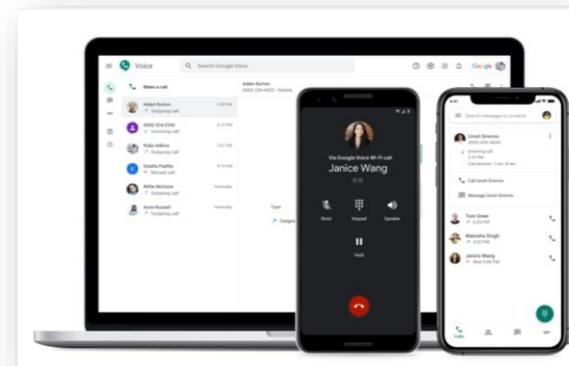
Telehealth – Process



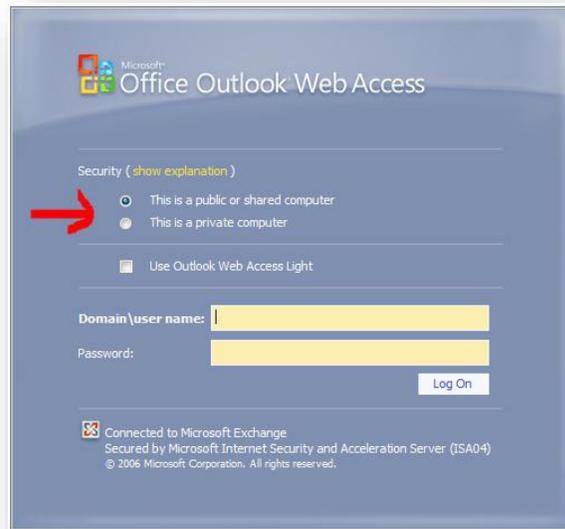
Processes to think about . . .

- How will staff communicate or “meet” with one another: texting, Zoom or some other platform?
- How will staff communicate with patients: cellphones or an internet platform (Zoom Phone, Google Voice, other)?

A voice number works on smartphones and the web so you can place and receive calls from anywhere!



Processes to think about . . .



- How will you share documents and other notices between staff:
Microsoft 365, log in to Microsoft Outlook through a URL?

Processes to think about . . .

- How do you do routine visits and preventative care like well child check-ups with telemedicine?



Understand the Telehealth Opportunities

TELEMEDICINE

- Live (synchronous) videoconferencing: a two-way audiovisual link between a patient and a care provider

TELEPHONIC

- Audio only link between a patient and a care provider

E-CONSULTS

- **Store-and-forward (asynchronous) videoconferencing:** transmission of a recorded health history to a health practitioner, usually a specialist.
- Includes other methods as well . . .

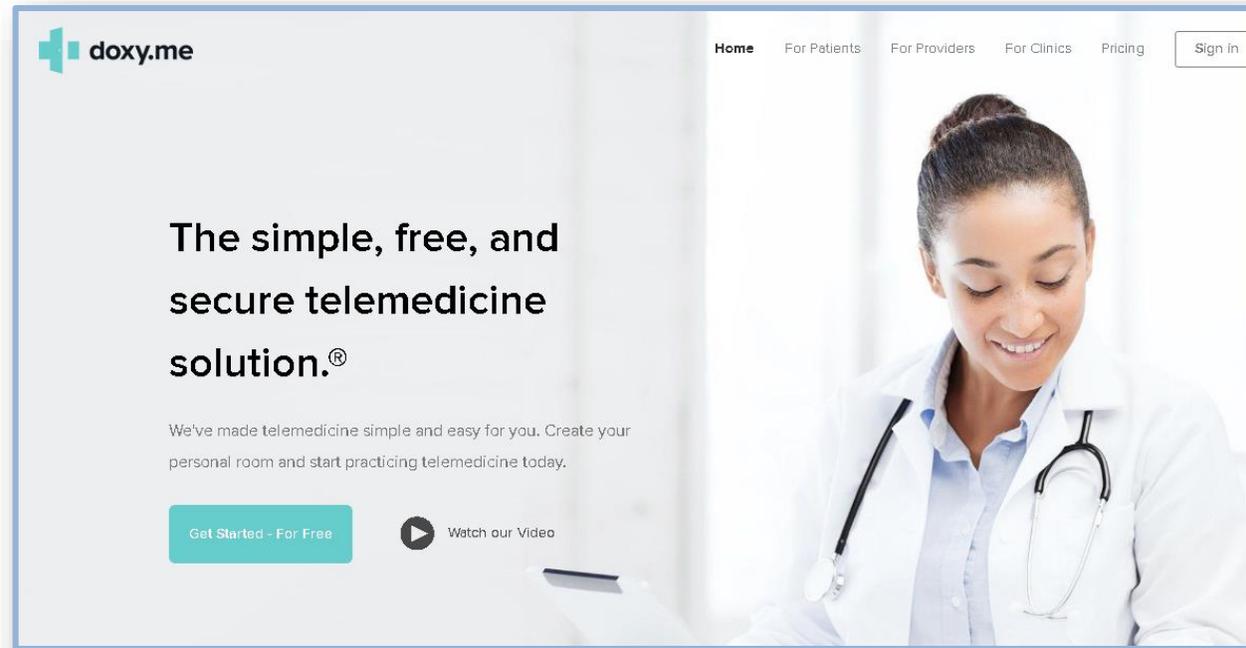


Telemedicine Billing Grid

Telehealth Claim Submission Per Insurance	Package Type	Telemedicine Service Accepted (E&M's) - Wrappable	Patient at home, Provider at Center	Patient at center, Provider at home	Patient at home, Provider at home	Copays / Coinsurance / Deductibles Waived for Duration of Covid-19	Telemedicine CPT's - 15 minutes or more	Telepsych CPT's	Diagnosis Required	POS	Modifier Per Insurance	Telehealth Claim Submission Per Insurance
---	--------------	---	-------------------------------------	-------------------------------------	-----------------------------------	--	---	-----------------	--------------------	-----	------------------------	---

Understand the reimbursement in your state!





What is the Technology for Telehealth?

Technology

- **Free** version and an inexpensive version
- **Very fast and easy** to set up for **patients** and **providers !** (careful of App requirements)
- Has **audio only** capabilities
- Look for a system to **call patients** from the platform so providers or staff do not need phones!



Tip!

Challenges with Telehealth

Creating efficient virtual workflows.

Ensuring governance and community wide understanding of what a telehealth virtual visit is.

Patients' technology deficiencies



Opportunities and Future Direction of Telehealth

- Greater health care access for patients with transportation difficulties and those with disabilities
- County wide collaboration and coalition building (Telehealth Kiosks)
- New recruitment and retention strategies (providers working from home)



Thank You!

Kemi Alli, MD
Chief Executive Officer
kemi.alli@henryjaustin.org



To Ask a Question

- Using the Zoom Webinar System
 - Click on the “Q&A” button.
 - Type your question in the “Q&A” box.
 - Submit your question.
- For media questions, please contact CDC Media Relations at 404-639-3286 or email media@cdc.gov.

Continuing Education

All continuing education for COCA Calls are issued online through the CDC Training & Continuing Education Online system at <https://tceols.cdc.gov/>

Those who participate in today's COCA Call and wish to receive continuing education please complete the online evaluation by **September 7, 2020**, with the course code **WC2922-080420**. The access code is **COCA080420**. Those who will participate in the on demand activity and wish to receive continuing education should complete the online evaluation between **September 8, 2020**, and **September 8, 2022**, and use course code **WD2922-080420**. The access code is **COCA080420**.

Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CEs obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

Today's COCA Call Will Be Available On-Demand

- **When:** A few hours after the live call
- **What:** Video recording
- **Where:** On the COCA Call webpage at https://emergency.cdc.gov/coca/calls/2020/callinfo_080420.asp

Upcoming COCA Call

- **Topic:** 2020-2021 Influenza Vaccination Recommendations and Clinical Guidance during the COVID-19 Pandemic
- **Date:** Thursday, August 20, 2020
- **Time:** 2:00-3:00 PM ET
- **Website:** <https://emergency.cdc.gov/coca/calls/2020>

COCA Products & Services



COCA Call Announcements contain all information subscribers need to participate in COCA Calls. COCA Calls are held as needed.



Monthly newsletter that provides information on CDC training opportunities, conference and training resources, the COCA Partner Spotlight, and the Clinician Corner.



As-needed messages that provide specific, immediate action clinicians should take. Contains comprehensive CDC guidance so clinicians can easily follow recommended actions.

COCA Products & Services



Monthly newsletter providing updates on emergency preparedness and response topics, emerging public health threat literature, resources for health professionals, and additional information important during public health emergencies and disasters.



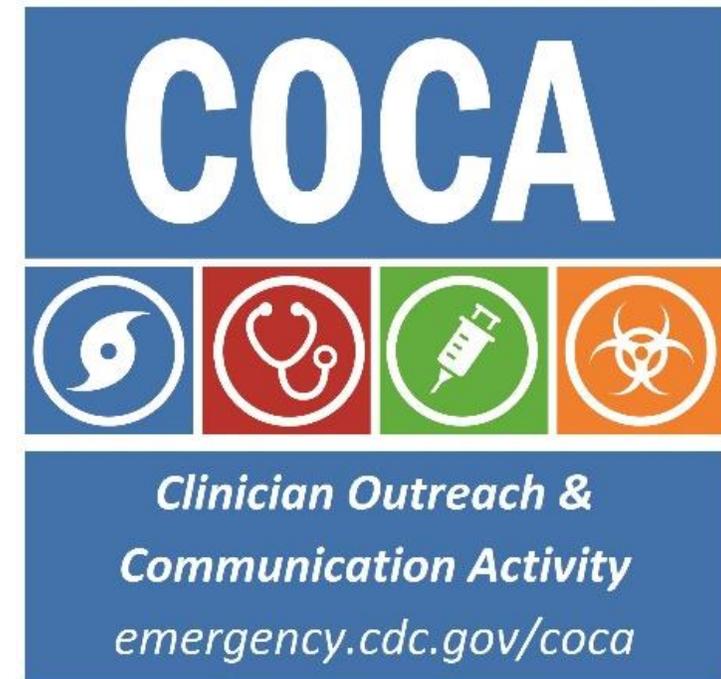
Informs clinicians of new CDC resources and guidance related to emergency preparedness and response. This email is sent as soon as possible after CDC publishes new content.



CDC's primary method of sharing information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.

Join COCA's Mailing List

- **Receive information about:**
 - Upcoming COCA Calls
 - Health Alert Network (HAN) messages
 - CDC emergency response activations
 - Emerging public health threats
 - Emergency preparedness and response conferences
 - Training opportunities



emergency.cdc.gov/coca

Join Us On Facebook!



The screenshot shows the Facebook profile for COCA (CDC Clinician Outreach and Communication Activity). The profile picture features a diverse group of healthcare professionals. The cover photo shows a group of six people, including nurses and doctors, smiling. The page includes a navigation menu on the left with options like Home, About, Posts, Photos, Events, and Community, along with a 'Create a Page' button. The main content area shows a 'Status' section with a text input field and a 'Posts' section with a recent event announcement. The right sidebar displays the location as Atlanta, Georgia, the number of likes (21,420) and followers (21,217), and a map of the location.

COCA
CDC Clinician Outreach and Communication Activity - COCA
@CDCClinicianOutreachAndCommunicationActivity

Home
About
Posts
Photos
Events
Community
Create a Page

Liked Following Share ... Sign Up

Status
Write something on this Page...

Posts
CDC Clinician Outreach and Communication Activity - COCA shared their event.
October 31 at 1:18pm ·
Clinicians, you can earn FREE CE with this COCA Call! Join us for this COCA Call November 7, 2017 at 2:00PM.

Government Organization in Atlanta, Georgia
Community See All
21,420 people like this
21,217 people follow this
About See All
Clifton Rd NE
Houston
CDC PR

Thank you for joining us today!



emergency.cdc.gov/coca