



1 April 2020

The Honorable Mark C. Poloncarz  
Erie County Executive  
95 Franklin Street  
16<sup>th</sup> Floor  
Buffalo, New York 14202

**Re: Rapid Response to Prevent COVID-19 Transmission and Mitigate Hospital Burden**

Dear County Executive Poloncarz:

I am writing you with a proposal to rapidly assist Erie County with the COVID-19 crisis. The Greater Buffalo United Accountable Care Organization, in partnership with the Buffalo Center for Health Equity and its 220+ Erie County faith congregations, can rapidly launch and operate a COVID-19 testing-telemonitoring-voluntary isolation initiative in the City of Buffalo. This response would target (1) high-risk, low-income individuals, and (2) positive / presumptive-positive individuals with mild and moderate COVID-19, who do not require care at overwhelmed hospitals. The approach will fill a critical treatment gap and is highly scalable.

The partnership, working in close collaboration with the Erie County Department of Health, would first parse the Millennium Collaborative Care Medicaid patient registry into several high-risk pools, including those over 65 years of age and those with chronic illnesses. 'Chase lists,' limited to an individual's name, phone number, and address, would be shared with proximate churches to place check-in phone calls.

Church staff will phone these high-risk individuals. They will inquire about the individual's general well-being: "Do you have enough food?" "Are you holding up emotionally?" "Are your pastoral needs being met?" "How can we help you?" Behavioral health staff from Endeavor Health Services will stand by to join conversations and facilitate tele-psych, as needed.

If an individual discloses a health concern, they will be patched directly to GBUACO's Nurse Call Center for triage. If an individual describes symptoms unlikely to be COVID-19, they will be scheduled for a telehealth visit with either their own physician or first-available GBUACO provider.

Individuals describing symptoms consistent with COVID-19 would be scheduled for a visit to one of two Respiratory Assessment Centers and Testing Sites. GBUACO will offer individuals free van transportation to and from these sites. Providers will staff Respiratory Assessment Centers to quickly make diagnoses and facilitate up to 1,200 COVID-19 tests per day. Testing will be contracted to Bioreference Laboratories. Testing can begin on 6 April. Each individual will leave their

appointment with a near-term treatment plan based on their symptom severity and risk of complications.

Many positive and presumptive cases with mild symptoms would return home and participate in telemonitoring sessions with GBUACO providers and nurses. GBUACO's telemonitoring tools enable providers to rapidly gather information on cases, use algorithms to identify changes in condition, and, if clinically indicated, trigger an escalation in level of care.

Some moderate cases – and notably complex mild cases – will require 24/7 monitoring and IV push. During normal periods, a hospital would admit such cases. COVID-19 hospitalization projections from the Institute of Health Metrics and Evaluation at the University of Washington, however, suggest that local hospitals and staff will be quickly overwhelmed. While ICU-level of care cannot be replicated outside of the hospital, moderate cases can be voluntarily isolated and monitored by providers in hotel rooms or similar facilities. GBUACO would rent a significant number of hotel rooms in one or two facilities. GBUACO providers would strictly triage cases in coordination with Erie County Medical Center (part of GBUACO's preferred provider network) as well as other area hospitals. All case isolations would, of course, be voluntary.

Partners anticipate the following resource gaps: (1) testing supplies and PPE; (2) funds for donations of food and staples for high-risk beneficiaries (we could donate some of this); (3) funds for hotel rooms; and (4) personnel. Costs – including those at the churches – total approximately \$3.3 million for a one-month initiative, of which \$1.4 million would be food and \$900,000 would be COVID-19 tests. The project could be scaled up or down depending on precise case rates over time. GBUACO would use an experienced grants manager to oversee the use of funds. A detailed budget is available upon request.

Possible funding sources could include: (1) remaining DSRIP PPS dollars with Millennium Collaborative Care (~\$45 million) or (2) CARES Act disbursements. The CARES Act includes \$100 billion to reimburse health care providers for expenses and lost revenues directly attributable to COVID-19.

We have attached several documents to this letter, including:

1. A listing of ancillary GBUACO and church resources that could be operationalized for this initiative
2. A flowchart of the project's intervention
3. The anticipated volume of Medicaid beneficiaries through this flowchart
4. A map of the lead churches relative to concentrations of Medicaid beneficiaries

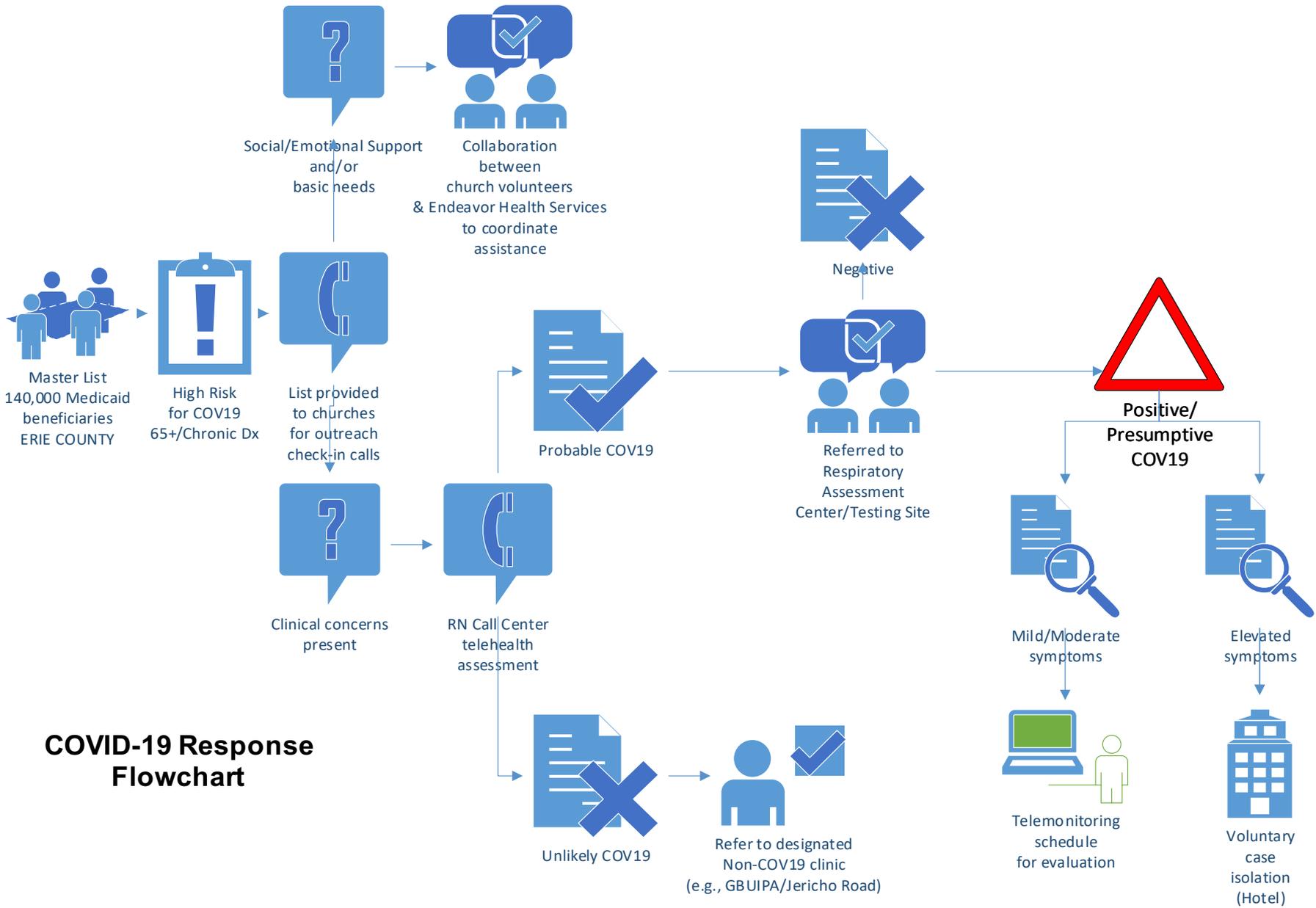
The best forecasting anticipates a surge of cases starting next week, to hit an apex in 3 to 5 weeks. There is uniform agreement that COVID-19 will overrun our hospitals. We believe this community-driven initiative will meaningfully mitigate the pressure on our hospitals and save lives. Please contact me at any time. We hope to work with you.

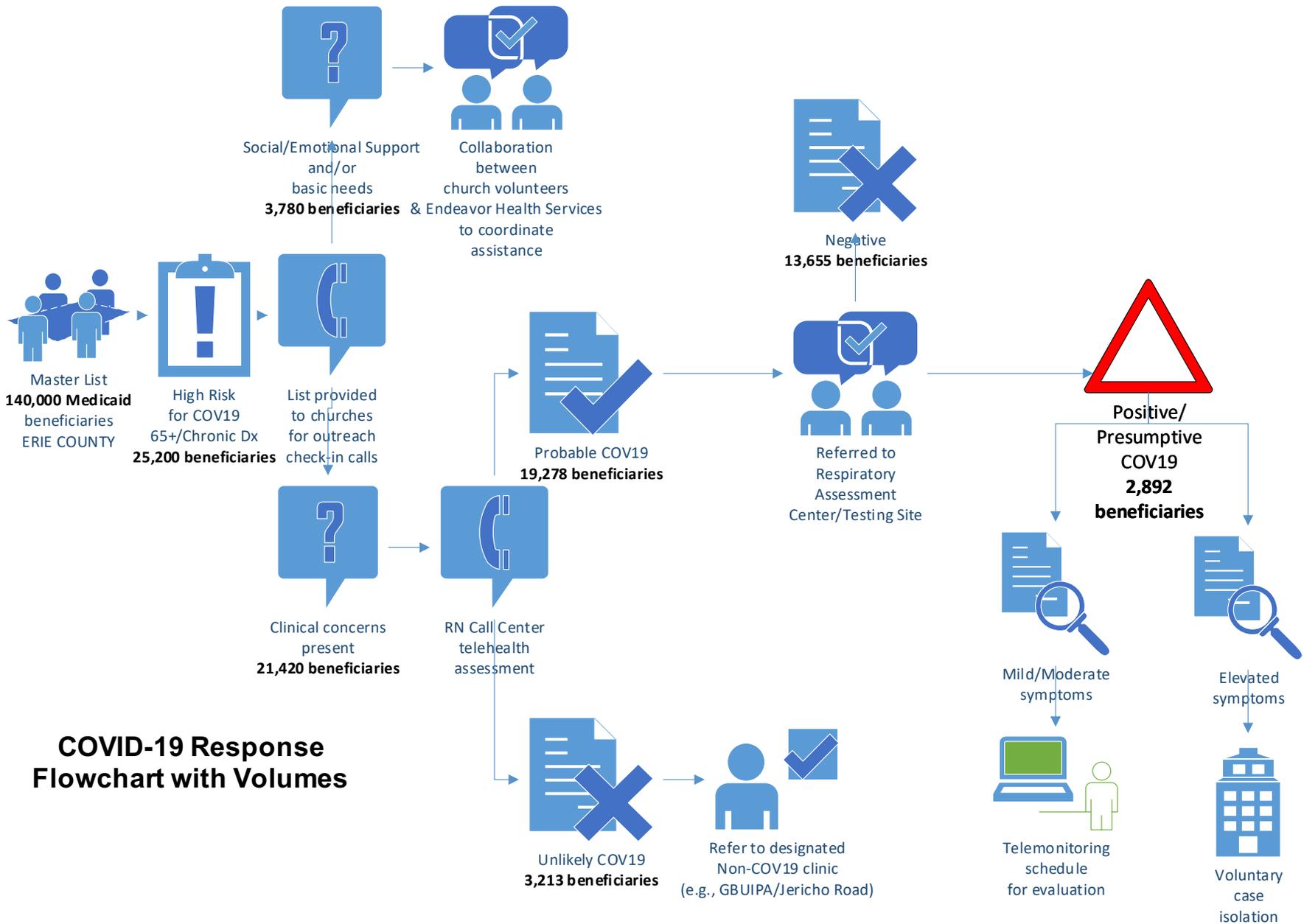
Sincerely,

Dr. Raul Vazquez

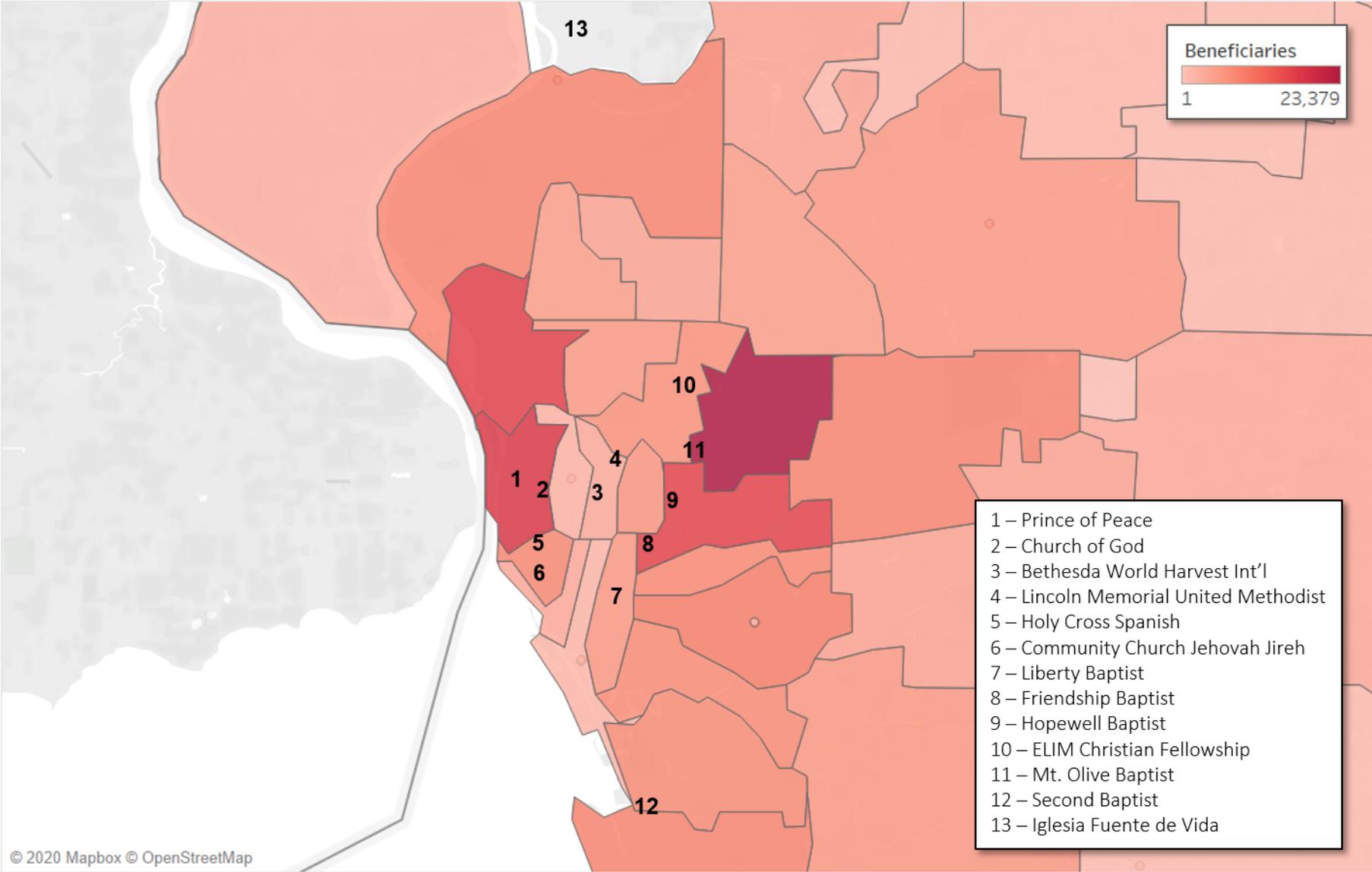
### **Additional Resources Available to be Leveraged, if Requested**

- Mobile RV Unit: could be utilized for testing in specific neighborhoods
- Church food pantries
- GBUAHN Health Home care coordinators: can assist with addressing home-bound individuals' basic needs
- 28 TytoCare telemonitoring units
- Point of Care Lab





# Erie County Medicaid Beneficiaries (N= 246,362) by Zip Code



Map based on Longitude (generated) and Latitude (generated). Color shows sum of Total Beneficiaries. Details are shown for Zip Code.