



# CONSIDERATIONS FOR OFF-SITE COVID-19 TESTING

Between June 8th and August 10, 2020, the **Network for Regional Healthcare Improvement** and its research partner conducted close to thirty interviews with leaders of off-site COVID-19 testing centers (OSCTCs) and public health departments across the United States to identify and disseminate current best practices for off-site testing.

This printable guide provides a summary of the more detailed **Off-Site Testing Toolkit** which was developed through extensive qualitative research and includes fourteen major themes and more than one hundred considerations.

To access the detailed toolkit visit: <https://www.nrhi.org/offsite-testing-toolkit/>

## ABOUT NRHI

The Network for Regional Healthcare Improvement (NRHI) is a national organization representing Regional Health Improvement Collaboratives (RHICs) and affiliate partners working to transform healthcare and improve the health of populations – locally and nationally.

NRHI reaches approximately 70% of the US population.

We envision a world where local leaders work together to improve the patient experience and health of populations, while reducing cost trends in the communities we serve.



## Identify and prioritize the population to be tested

### Decision makers

- Identify a leader tasked with determining the population to be tested, who uses data and seeks broad input from partners.

### Patient prioritization is evolving

- When tests are limited, make sure populations that need them most can access them.
- Definitions of priority populations may need to evolve as test availability changes.

### Using data to guide prioritization

- Prioritization guided by clear data will benefit your population as well as help mitigate political pressures to test in certain areas.
- Identify areas most impacted by COVID-19.
- Collect racial and ethnic data in order to identify disparities in infection rates and access to testing.
- Apply a social vulnerability index to identify priority areas.
- Identify persons that already struggle with access to healthcare.
- Integrating data into composite scores and matrixes may be a good way to organize data.

### Asymptomatic screening for workplaces and schools

- OSCTCs are getting increasing pressure to support back-to-work and back-to-school clearance, but capacity-based prioritizations may not support testing these populations.
- OSCTCs can share prioritization matrices with employers and schools.
- Pooled testing may be a cost saving option to consider.



## Identify and mobilize your partners

### Importance of partners

- OSCTCs may need to think outside of the box and explore additional partnerships to meet the needs of their communities.

### Existing networks and partners

- Tap into existing networks as they can be easily mobilized and offer valuable insight and connections to support access to testing.

### Neutral conveners and integrators

- Community foundations may act as conveners to bring diverse partners together to meet community needs.

### Department of Public Health

- Departments of Public Health provide leadership, guidance, and support for OSCTCs.

### Federal Government

- HHS can provide extensive resources to hard hit sites.

### National Guard

- The National Guard is frequently viewed as a strong partner; however, some communities may be uncomfortable attending a testing event staffed by persons in military uniform.

### Governors and elected officials

- Governors may expedite the startup of testing centers and help procuring supplies.

### Local leaders

- Local leaders can champion OSCTC efforts.



## Identify and mobilize your partners

### **EMS**

- EMS providers can be helpful acquiring materials, managing the logistics of the testing center, and leveraging their existing connections to support OSCTCs.

### **Volunteers**

- Existing volunteer organizations and networks can be leveraged to support OSCTCs; however, some OSCTCs reported challenges related to frequent training of new volunteers.

### **Visiting Nurse Associations (VNAs)**

- VNAs can be mobilized to support persons who cannot leave their home.

### **Boards of Pharmacy**

- State Boards of Pharmacy may provide valuable resources for community pharmacies offering testing.

### **Philanthropists**

- Philanthropic donors can fill capacity gaps by standing up their own testing sites, or partnering with existing sites to increase their capacity, reach, sustainability, and even in some cases OSCTC credibility.
- Health centers can leverage existing connections with philanthropists to gain funds for COVID-19 testing.

### **Places of worship**

- Places of worship can be trusted conduits of information around testing.
- Churches can also mobilize volunteers and may have space to host a testing site.

### **Social justice groups and community organizations**

- Seek out and build trust with social justice groups and other community organizations that understand the community you want to test.



## Determine the type of OSCTC

### High capacity drive through centers

- High capacity drive through centers can test a large population quickly and efficiently but may not be accessible to the population at highest need.

### Walk-up center capability

- Some communities may benefit from walk-up accessibility for testing.

### Indoor vs outdoor

- Outdoor sites minimize the need for PPE, but weather extremes may be challenging for staff. Some OSCTCs are considering moving inside.

### Community pop-up sites

- “Pop-up” sites can rotate locations to broaden access across a region.
- Some communities may not want testing to occur in their catchment area.

### Mobile van

- Mobile vans can adapt quickly to cover outbreaks and make testing accessible in geographic regions in most need.
- Vans may be repurposed from prior-health-related uses or acquired through philanthropic means.
- Adding clinic services to sample collection can increase reimbursement, making this option more financially sustainable.
- Mobile vans may support adding on additional services, such as immunizations or health screenings.



## Determine the type of OSCTC (continued)

### **Congregate living facility testing**

- Setting up an OSCTC at a facility with an outbreak or known to have a high-risk population may be the most efficient way to test certain populations.
- Active surveillance programs can be used to minimize spread of COVID-19 in congregate living situations.
- Assisted living facilities present different challenges around ordering tests and sharing results than skilled nursing facilities.
- Homeless shelters present challenges around getting results back to patients.

### **Community pharmacy**

- Pharmacies with drive-through windows can be repurposed for COVID-19 testing.
- Community pharmacies could play an important role in expanding testing access.

### **Home testing**

- Testing at home is currently resource intensive and requires OSCTC staff to conduct in-person visits.
- Partnering with VNAs may streamline home testing.



## Offer the right type of test

### **Serology/ Antibody tests**

- Serology testing can increase confusion and frustration around test results and may discourage future testing.

### **Antigen tests**

- Antigen tests have been gaining interest.

### **Anterior nares vs nasopharyngeal swab**

- Anterior nares testing is favored over NP swab by patients.

### **Rapid tests**

- Rapid tests may be deployed through pop-up testing sites to reach geographically isolated populations.
- Rapid tests can also be useful in justice systems, particularly in areas with very high volumes.
- Rapid tests with low costs and high sensitivity and specificity that could be administered frequently would solve many problems faced by OSCTCs.

### **Self vs clinician administered**

- Observed self-swabbing can minimize PPE.

### **Self-administered home tests**

- Home test kits that do not require in-person staff would solve many current problems with OSCTCs.

### **Pooled testing**

- Pooled testing may be a good option for certain populations, in areas of low incidence.
- More and more OSCTCs are considering pool testing, however, limited guidance is currently available.



## **Adapt to variations in laboratory capacity and turnaround time**

### **Using multiple labs**

- Many local and university-affiliated laboratories are beginning to test for COVID-19.
- Different labs require different specimen collection materials. Be adaptable.
- Some local labs may have shorter turnaround times because their use of alternative and innovative reagents and materials are outside of the larger labs' supply chain issues.

### **Individual laboratories may need to offer multiple tests**

- Laboratories need to be able to adapt to supply chain limitations.

### **Innovative laboratory-OSCTC contractual relationships**

- Contractual agreements may benefit both the laboratory and the OSCTC.

### **Community laboratory partnerships**

- Local laboratories may work together to provide overflow capability.

### **State or community oversight**

- Centralized coordination and communication between OSCTCs and laboratories can help build efficiencies in laboratory selection and help laboratories plan for future testing needs.

### **Know each lab's turnaround times**

- Turnaround times vary and some labs offer priority turnaround times for certain samples.

### **Laboratory staffing**

- Laboratories may be struggling with exhausted staff, that may be contributing to longer turnaround times.





## Staff required for OSCTC

### **Sample collection staff**

- Sample collection requires a mix of clinical and administrative staff which may vary depending on the type of test administered.
- Consider having a site manager to keep things organized.

### **Initial registration / screening staff**

- Registration may be the most time-consuming process when considering staff time.
- Consider building in efficiencies.

### **Marketing / public education staff**

- Staff charged with marketing and education are needed to ensure the public is aware of the OSCTC.

### **Customer inquiries staff**

- A central communication platform can build efficiencies.

### **Staff who order tests**

- Standing orders may alleviate provider burden and improve access, particularly in areas that require testing of out-of-state residents or have high rates of medically underserved persons.
- Consider the level of licensure needed to order a test. In some states, pharmacists can order tests.

### **Staffing for patient notification of results**

- Ensuring test results get back to patients can be labor intensive.

### **Public safety officials**

- Police, EMS, and other public safety personnel can be helpful in managing aspects of your OSCTC.



## Staff required for OSCTC (continued)

### **Community members and volunteers**

- Tap into volunteer networks to reduce costs and minimize staff burden, particularly for administrative tasks.
- Furloughed clinical volunteers may no longer be available.
- Medical schools, or others providing clinical education, may be a source of staff for OSCTCs.

### **Licensure needed for sample collection**

- Staffing with the lowest level of licensure can save money.
- Different states have different requirements around required staff licensure.
- The type of test administered can also impact staffing requirements.

### **Health center staff availability**

- With many clinics back up to pre-COVID clinic volumes, and with additional staffing needs within clinics for screenings and cleaning, staff resource pools may no longer be able to support OSCTCs.
- Testing sites need to transition to longer term staffing solutions, which may include hiring new staff.
- Frequent changing of OSCTC staff may result in reductions in quality and efficiency.

### **Using contractors**

- Contracting out the staffing for OSCTCs in some cases may be cost effective and appropriate.
- Contractors may also bring a fresh set of eyes to your OSCTC and identify some efficiencies
- Contracting with organizations that manage multiple aspects of COVID-19 testing, compared to contracting with multiple organizations managing distinct areas, may build efficiencies.



## Build efficiencies into your OSCTC

### Appointments

- Appointments can ensure OSCTCs have a steady flow of patients.
- Pre-registration can save time, leading to a quicker visit at the OSCTC.

### Online data entry

- Conducting the screening and registration process online can minimize staff time and potentially reduce data entry errors.

### Using data

- Thoughtful collection, compilation, and analysis of data can identify problems and build in efficiencies to your OSCTC.

### Quality improvement processes

- Regularly review your OSCTC procedures to identify improvements and add efficiencies.
- Gain and incorporate patient and staff feedback.
- Build in competency trainings for OSCTC staff.
- Consider periodic audits of OSCTC processes.

### Playbooks and process flow maps

- Create playbooks and process flow maps to add clarity, streamline protocols, and facilitate the set-up of future OSCTCs.
- Consider bringing in experts to engineer processes and build additional efficiencies.

### Start small

- Start with a smaller site to develop and improve processes before deploying larger site.

### Team communication

- Strong communication processes built within internal teams and between external partners can allow sites to quickly adapt to problems.



## **Promote positive patient experience and community awareness**

### **Understand community fears and concerns**

- Listen to your communities and become educated on issues impacting them.
- Certain populations may be wary of some of the screening questions, and how a positive test could impact immigration status of themselves or a member of their family.
- Some community members may not be able to afford a 2-week quarantine period.
- Some community members may not understand the importance of testing.
- Work with partners to address and mitigate community concerns.

### **Dispel fears and build trust**

- Use elected officials from within communities to dispel fears and build trust.
- Regular and clear communication and education can build trust within communities.

### **Leverage community organizations**

- Get help from local community organizations to make sure your efforts are culturally sensitive.
- Some community members will not access traditional websites or media platforms with information on COVID19 testing.
- Building connections and trust with social justice groups and associations that regularly communicate to communities can help get information out effectively.



## **Promote positive patient experience and community awareness (continued)**

### **Centralized communication source**

- A central website can provide everything a patient may need to know on all OSCTCs within their catchment area.
- Centralized communication can also ensure all messaging is aligned.
- Utilizing existing mapping applications is an opportunity to share information on your OSCTC.
- A centralized source of communication can minimize the need for additional marketing about your site.

### **Strategic advertising**

- Signage is important both to increase awareness of testing options as well as directing patients to the site, but they can be expensive to purchase and may have a long turnaround time for printing.
- With limited funding, sites may need to think creatively about placement of testing notification materials.
- Social media is a cost-effective and widely accessed marketing tool for OSCTCs.
- Leverage the media to publicize your OSCTC.
- Local artists can offer creative strategies to reach and educate target populations about testing.
- Reverse 911 notification systems may be leveraged to inform the public about testing.

### **Prioritize patient experience**

- Patients will return to your testing center and promote it to others if they have a positive patient experience.



## Address potential patient access limitations

### Insurance coverage and affordable testing

- Critical decisions must be made regarding funding, billing, and test provision for patients without insurance.

### Standing orders

- Standing orders can facilitate testing for persons without a primary care provider.
- States interested in implementing standing orders may find examples from other states they can adapt.

### Literacy levels

- Consider reading levels of materials related to your OSCTC.

### Patient physical or mental limitations

- Family members can provide assistance with testing.
- Consider providing handicap access.

### Translation

- Many states are producing their own set of translated materials -- there are opportunities for sharing among states in lieu of each state creating their own.
- On-site interpretation services may be needed.

### Scheduling

- Try to have morning, evening, and weekend options for testing to accommodate work schedules.
- Regular testing schedules can improve community awareness of OSCTCs.

### Transportation challenges

- Consider working with VNAs to help ensure testing access for homebound persons.
- A walk-up option (vs. drive through) can support persons who don't have a vehicle.
- Place OSCTCs on or near public bus lines, or partner with a transportation service to bring patients to your OSCTC.
- Co-locate your OSCTC with an FQHC, which are already required to be within a certain mile radius of public transportation.



## Manage patient results

### Staffing

- Identify the appropriate staff to reach out to patients prior to the patient being tested.
- Decide if there are staffing differences to consider for positive vs. negative results.
- Manually calling each person can be resource intensive.

### Electronic notification systems

- Apps and on-line portals are efficient but may limit meaningful provider follow-up with patients needing care.
- OSCTCs may require patients to register in an EMR to streamline communication of results.
- Read-receipts and built-in provider follow-up can support a strong follow-up process.

### Know the best way to contact patients

- Discuss options for getting the patient their results prior to conducting the test.
- Offer alternative ways to get patients their results.

### Homeless populations

- Getting results back to the homeless population can present challenges.
- Being clear about when OSCTC staff will come back to their testing location with their results may be a solution when no contact information is received.
- A central, well-publicized hotline, may be an effective way of allowing patients to call to get their results.

### Employer-sponsored testing

- Results may be directly shared to employers, if this authorization is included in the consent process.
- Identify key contacts at each facility that will receive results.
- Consider using electronic platforms to streamline the process of sharing results for large numbers of employees.

### Public health data requirements

- Test results also need to be shared appropriately and timely with public health officials.
- Race and ethnicity data was frequently reported as challenging to receive.
- The diversity of types of tests, laboratories doing testing, and increased number of point-of-care tests may require new systems to be built to ensure all results are captured centrally.
- Moving away from faxes and using electronic systems will help ensure that all required information, including race and ethnicity, is collected during testing and transferred appropriately to health departments.



## Plan for weather extremes

### **Indoor vs. outdoor**

- Weather can have a significant impact on testing.
- Design outdoor set ups to ensure staff are physically safe from the elements.
- Some sites have moved to indoor locations in response to weather concerns.

### **Innovative hybrid indoor-outdoor sites**

- Some sites have used creative solutions that maximize air circulation but allow for staff to remain warm / cool as needed.

### **Mobile vans**

- Mobile vans with generators may offer support for cooling or heating as needed.

### **Face shields**

- Face shields may need to vary based on weather.

### **Gowns**

- Gowns and protective suits may need to vary based on weather.

### **Self-cooling strategies**

- Cool vests can also be worn on very hot days.

### **Hydration**

- Encourage staff to hydrate well before shifts. If masks are limited, staff may not have access to food or water for a significant period while collecting samples.

### **Tents**

- Consider quality of tents.

### **Staff rotations**

- Staff shift length may need to be adjusted based on weather.

### **Scheduling**

- Test in the mornings to beat the heat.

### **Equipment functioning**

- Some test equipment cannot withstand extremes in temperature.





## **Provide PPE to staff**

### **Keeping track of PPE**

- PPE shortages are still significantly impacting some OSCTCs.
- Managing PPE procurement is an essential and ever-changing task, that requires continual communication with suppliers and OSCTCs.

### **Regional partnerships**

- OSCTCs, particularly smaller ones, may want to work together to increase PPE buying power or to trade supplies.

### **Go local**

- Work with local manufacturers that have adapted to produce PPE in response to shortages.

### **Non-traditional PPE**

- In periods of shortage, OSCTCs may need to identify creative solutions for PPE.

### **Guidance on appropriate PPE**

- OSCTCs do not have consistent guidance on the level of PPE required for staff collecting samples.



## Financial viability / sustainability

### Operating at a loss

- Many facilities are taking a loss for COVID-19 testing but continue doing it because they see the benefit in their communities.

### Unreimbursed expenses - sample collection costs

- Some OSCTCs are not being adequately reimbursed for the sample collection process.
- Staffing to the lowest level of licensure may help.

### Building in clinic visit

- Incorporating a clinic visit into the sample collection process can add additional reimbursement.

### Facility fees

- Sites may explore whether they can collect facility fees to help increase reimbursement.

### Other unreimbursed expenses

- Scheduling, marketing, education, and other hidden costs are often not reimbursed.

### Philanthropy

- Philanthropic partners can ease financial burden on states and health centers.

### City and state support

- City and state financial support is available to help some OSCTCs, but long-term sustainability is uncertain.
- Some OSCTCs are using tobacco settlement funds.

### Federal support

- Federal support is available to help some OSCTCs.
- Long term sustainability of federal funding source remains questionable, and there is still significant confusion around what support is available, particularly around FEMA.

### Health insurance

- Insurance reimbursement rules vary considerably by state and payor.
- Capturing insurance card details incorrectly can lead to a missed opportunity for reimbursement.
- Insurance companies can mitigate time-consuming reimbursement issues by designated lump funds for OSCTCs, without requiring insurance details from patients.



## Explore a broader role for your OSCTC

### **OSCTCs present broader opportunities**

- OSCTCs present an opportunity to connect with vulnerable and/or medically underserved community members that may benefit from additional connections to health and social services.

### **Primary care provider connection**

- OSCTCs can provide opportunities to connect patients with a primary care provider.

### **Patient navigation**

- Building in patient navigation to an OSCTC can connect those with unmet social needs to appropriate services.

### **Flu and catch-up immunizations**

- OSCTCs may offer opportunities to provide needed yearly immunization as well as support catch-up vaccinations.

### **Additional health screenings**

- Incorporating additional health screening questions during the OSCTC intake process provides an opportunity for additional clinical support.

### **Mental health services**

- Connections to mental health services is another opportunity for OSCTCs.

### **Food distribution**

- Individuals coming in for testing may be food insecure.
- Partnerships with foodbanks or other food distribution programs may be valuable.

### **Plasma donation**

- A follow-up option built in during the consenting process may support connecting people to plasma donation services.

### **Research studies**

- OSCTCs may offer opportunities for additional research on COVID-19.

### **Return on investment**

- Capture data to assess the impact of the broader role played by your OSCTC.