

Indian Health Service, COVID-19 Executive Summary Response from March 6, 2020-June 14, 2020

During the first 100 days of formal Indian Health Service (IHS) response to the outbreak of the novel coronavirus disease (COVID-19), the IHS implemented over 250 activities across six aims and 14 strategic objectives. Key outcomes from those activities include:

Expedited critical funding distribution to Indian Health Service, tribes, and urban Indian organizations (I/T/Us).

The IHS distributed \$1.9 billion to I/T/Us in an unprecedented manner. Once funding was announced, IHS coordinated and conducted tribal consultation and urban confer in a short timeframe. With a concentrated effort on alerting tribes and urban Indian organizations of funding opportunities, the average turnaround time from enacted bill to consultation and confer was 5 days. After consultation and confer occurred, funding was distributed within 8 days on average. By June 2, 2020, 11 areas reported that Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security CARES Act funding had been awarded to 39 UIOs.

Communicated regularly and shared critical information with I/T/Us.

The IHS instituted efficient reporting mechanisms to become a central information repository for the Indian Health System and other federal agencies. The Incident Command Structure (ICS) was stood up in an efficient manner with communication protocols established to ensure comprehensive situational awareness and efficient resource development. The IHS also established a surveillance system for COVID-19 related data and developed and maintained an IHS COVID-19 website. These functions allowed for the sharing of critical health information to patients, IHS staff, and other stakeholders. In addition, the IHS participated in federal partners and White House coordinated calls and supported regular communication with IHS staff on administrative concerns.

Streamlined IHS Area and facility access to supplies through process improvement with the Strategic National Stockpile (SNS) and internal National Supply Service Center (NSSC) functions.

The IHS increased coordination with federal partners to streamline access for I/T/U supply requests to the SNS. A personal protective equipment (PPE) request tracking system was developed and IHS staff were placed in liaison functions to ensure oversight on I/T/U requests.

Summary of activities by aim:

- 1) To prevent the spread of COVID-19 the IHS developed and distributed guidance and recommendations, including those on efficient treatment and prevention of COVID-19 and safety best practices; issued approval process guidance for IHS Payment for Quarantine or Isolation Space; coordinated with Johns Hopkins University (JHU) on community prevention materials; and established a website that provides COVID-19 related information, including IHS's daily surveillance numbers as well as frequently asked questions (FAQ) and other resources. In addition, the IHS supported ongoing federal collaborations with the Centers for Disease Control and Prevention (CDC), Federal Emergency Management Agency (FEMA), and Veterans Health Administration (VHA); held rapid consultation and confer with Tribes and UIOs on funding from the Provider Relief Funds, Paycheck Protection Program and Health Care Enhancement Act; and, has worked closely with the Navajo Nation to increase access by collecting site information for the completion of site layout drawings of 37 transitional water points.
- 2) To detect cases of COVID-19 the IHS stood up a data surveillance system to track the detection of cases and assist in planning IHS response with I/T/Us performing 193,348 COVID-19 tests, of which 15,218 were positive for a total IHS percent positive rate of 8.8 percent (as of June 14, 2020, see Table 1). To complement testing strategies, the IHS has begun work on developing contact tracing programs and a strategic testing plan. In addition, early identification of potential COVID-19 cases is being addressed in partnership with the CDC by securing the new Text Illness Monitoring Systems, of which, 350 new channels for tribes are available to use which bypasses tribes having to go through

**Indian Health Service, COVID-19 Executive Summary
Response from March 6, 2020-June 14, 2020**

the State for access. The IHS distributed a medical counter measures survey of need to I/T/U facilities, assessing the level of need for materials, supplies, and equipment. The IHS also received 250 Abbott-ID analyzers and distributed them to 214 IHS and tribal locations.

- 3) To treat COVID-19 cases and sustain regular operations the IHS expanded telehealth across federal facilities to provide patients with the opportunity to stay home and reduce their risk of infection and also keep health care workers safe; developed a contract to establish a Critical Care Response Team to provide urgent lifesaving medical care to stabilize and treat patients with suspected or confirmed COVID-19, and to train frontline health care staff at IHS and tribal facilities using evidence-based/best practices; and assisted the deployments of CDC tribal support through the deployment of 4-5 member teams for onsite support to Areas in critical need of assistance. IHS also issued over 40 clinical and administrative guidance and recommendation documents to support the delivery of timely, quality, and safe care; offered webinars in partnership with the University of New Mexico; and developed interim guidance on dental clinical operations, telehealth use, coding for visits, and produced COVID-19 hiring guides for human resource directors.
- 4) To support the Indian Health System in the recovery from COVID-19 the IHS developed and offered a series of webinars on various topics including mental health of health care workers and child and adolescent mental health; shared respectful and safe burial practices, and collaborated on a fact sheet on children and grief and a story book for AI/AN people on dealing with COVID-19. The IHS also distributed guidance for dental clinic operations and re-opening; maintained situational awareness of COVID-19 related employee adverse events through the IHS electronic reporting system; submitted funding requests for continued health community messaging, and contributed to men's health blog on COVID-19 for National Men's Health Week.
- 5) To manage resources the IHS developed, issued, and implemented a number of initiatives and flexibilities to adapt to the COVID-19 operating environment. IHS wrote and distributed numerous agency-wide guidelines pertaining to hiring, leave, and pay authorities received from Office of Personnel Management through the CARES and FFCR Acts. The IHS implemented Hazard Pay Differential (HPD) and Environmental Differential Payments (EDP) to support recruitment and retention of our workforce at IHS direct service sites. To track the IHS workforce on a national level, IHS monitors the workforce by tracking Commissioned Corps deployments. The IHS federal employees testing positive for COVID-19, and agency telework numbers. In addition, IHS implemented significant changes in logistical operations to manage the emerging situation, including developing a PPE tracking system, implemented facility level PPE expenditure rate planning tools, detailing staff to liaise with the SNS, established interagency agreements with FEMA and developed guidance for I/T/Us on requesting PPE through the SNS. The IHS NSSC modified its operations to provide daily information and distribute critical supplies to most critical Areas. Critical equipment was distributed to I/T/Us; including Abbott ID Now analyzers and testing media as well as reusable cloth masks, along with large amounts of health care PPE. Guidance was also developed providing information on billing for expanded services, Tribal guidance for applying for Health Resources and Services Administration (HRSA) grants on COVID-19 related grants, and a guide to assist with Resource and Patient Management System (RPMS) configuration options to optimize for COVID-19 operations. Finally, funding distributions were developed and payments were tracked. Funding was distributed, on average, within 8 days after consultation and confer occurred.
- 6) To provide comprehensive situational awareness of COVID-19 activities the IHS implemented an ICS; required daily situation reports from Areas and Headquarters elements, including supply needs; developed and distributed daily situation reports and common operating pictures; prepared a Concept of Operations (CONOPS) to guide agency activity, established regular meetings and coordination processes, including ensuring public communications and area safety communications were effective.

**Indian Health Service, COVID-19 Executive Summary
Response from March 6, 2020-June 14, 2020**

IHS Major Response Activity Summary

January-February 2020

- IHS CMO sent Areas reports on the Corona Virus (COVID-19).
- IHS CMO sent IHS facilities and providers information on COVID-19.

March 6-20, 2020

- March 5: Launch of weekly Indian Country COVID-19 Update calls with tribal and Urban Indian Organization leaders call hosted by the White House Office of Intergovernmental Affairs and Federal partners.
- March 6: IHS Headquarters ICS Activated to mitigate negative impacts of the COVID-19 outbreak using our existing pandemic influenza plan as a base.
- March 6: The Coronavirus Preparedness and Response Supplemental Appropriation Act of 2020 was enacted.
- March 6: HHS provided \$70 million to the IHS from the Public Health and Social Services Emergency Fund.
- March 18: The Families First Coronavirus Response Act was enacted (\$64 million to IHS for testing).
- March 18: PRC Directive issues (directed all IHS PRC Programs to assign COVID-19 testing and treatment as Medical Priority 1).
- March 19: Official launch of the IHS.gov Coronavirus (COVID-19) website.

March 21-April 3, 2020

- March 20: Navajo Nation-Request for Information from Service Providers (assistance in assessing resources and ability to combat COVID-19)
- March 23: Tribal Consultation and Urban Confer for Public Health and Social Services Emergency Fund and Family First Coronavirus Response Act.
- March 27: The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted.
- March 27: Release of funds (\$134 million).
- March 30: Tribal Consultation and Urban Confer for CARES Act funding (\$1.032 billion).
- April 1: Approximately 4 million N95 masks distributed.
- April 3: Release of Funds (\$600 million) for response activities (CARES Act).
- April 3: COVID-19 Schedule A Government-wide Hiring Authority from OPM.

April 4-17, 2020

- April 6: Billing Guidance for COVID-19.
- April 7: Launch of weekly series of COVID-19 Update calls for UIO Leaders.
- April 8: Posting of IHS COVID-19 Guidance on the Quality Portal.
- April 8: Telehealth services expansion across the agency announced.
- April 9: June 4: Abbott ID Analyzer (first distribution) and tests.
- April 14: NSSC distributes the 250 Abbott ID NOW analyzers and test kits to rural and remote IHS and Tribal health programs.
- April 14: PRC allocation formula developed for CARES Act distribution.
- April 15: IHS Surveillance Dashboard rolled out.
- April 15: Implementation of Hazardous Pay Differential and Environmental Differential Pay at IHS direct service sites.

April 18-May 1, 2020

- April 23: Final CARES Act allocation announced.
- April 23: Direct Hire Authority from OPM to support COVID-19 national emergency.

**Indian Health Service, COVID-19 Executive Summary
Response from March 6, 2020-June 14, 2020**

- April 24: Paycheck Protection Program and Health Care Enhancement Act (PPPHCEA) was enacted.
- April 25: Emergency Dual Compensation Waiver Authority for Reemployed Annuitants from OPM to support COVID-19 response.
- April 29: Tribal Consultation and Urban Confer for PPPHCEA (\$750 million).
- April 30: Approximately 4 million pairs of gloves distributed.
- April 21 to May 1: 327,000 masks distributed.

May 2-15, 2020

- May 4-May 8: Approximately 36 million pairs of gloves distributed.
- May 15: Expansion of Specialty Care in the Billings Areas announced.

May 16-29, 2020

- May 18: \$750 million for testing capacity expansion and testing related activities announced.
- May 18: Approximately 31,000 coveralls distributed.
- May 18: 51,000 swabs/utm distributed.
- May 19: PPPHCEA \$750 million distribution decision announced to Tribal and Urban Indian Organization leaders.
- May 22: \$500 million distribution announced for tribal hospitals, clinics and urban health centers.
- May 28: 185,000 masks distributed.
- May 28: IHS distributes COVID-19 Testing Plan template that corresponds with the distribution of PPPHCEA funds to Tribal Leaders and UIO Leaders.
- May 29: 101,000 swabs/utm distributed.

May 30-June 12, 2020

- June 1: 15,000 bottles of hand sanitizer distributed.
- June 1: 750,000 masks distributed.
- June 2: Critical Care Response Team formed and announced.
- June 5: 4,240 thermometers distributed.
- June 8: NSSC distributes 53 additional Abbott ID NOW analyzers and test kits to I/T/Us health programs.

**Indian Health Service, COVID-19 Executive Summary
Response from March 6, 2020-June 14, 2020**

IHS Major Guidance and Resources Shared

March 6-20, 2020

- March 6: IHS COVID-19 Interim Guidance for Risk Stratification and Return-to-Duty for Officers Returning from Deployment
- March 10: Interim Infection Prevention and Control Recommendations CDC COVID-19
- March 12: Workforce Flexibilities
- March 15: IHS COVID-19 Interim Guidance on OSHA Enforcement Memorandum on Respirator Annual Fit Testing
- March 17: Recommendations for Sharing OAA Disaster Relief FAQs
- March 18: PRC Directive issued (directed all IHS PRC Programs to assign COVID-19 testing and treatment as Medical Priority 1).
- March 18: IHS COVID-19 Interim Guidance for Conservation of Medical Resources
- March 18: IHS COVID-19 Interim Guidance for Triaging of Patients and Visitors Prior to Entry of IHS Healthcare Facilities
- March 18: IHS COVID-19 Interim Guidance for Optometry Clinics
- March 19: Guidance to the field in regards to IHS staff use of respirators vs. facemasks when in close contact (6 feet or less) of patients with known or suspected COVID-19.
- March 19: Recommendation for Grace Period for Renewal of AHA Provider Cards
- March 20: Interim Guidance for Telehealth use in IHS for Responding to COVID-19
- March 20: IHS COVID-19 Interim Guidance for Care Services to Non-Beneficiaries
- March 20: IHS COVID -19 Interim Guidance for Telehealth use in IHS for Responding to COVID-19

March 21-April 3, 2020

- March 25: CMS EMTALA Requirements and Implications Re: COVID-19
- March 25: Recommendation for PPE Planning and Optimization for Healthcare Facilities during COVID-19 Pandemic
- March 25: Recommendation for Evaluation of Options for Laboratory Testing During the COVID-19 Pandemic
- March 27: Guidance on Diagnostic Testing for COVID-19
- March 27: IHS COVID-19 Interim Guidance for Dental Clinic Operations
- March 27: IHS COVID-19 Interim Guidance for Emergency Medical Services Regarding Nebulizer Therapy and Other Aerosol-Generating Procedures
- March 27: IHS COVID-19 Interim Guidance for Use of Technology for Telehealth
- March 27: IHS Temporary Procedures on Fingerprinting New Employees during COVID-19 Public Health Emergency
- March 29: IHS COVID-19 Interim Guidance on Flu Surveillance System Reports
- March 31: IHS COVID-19 Interim Guidance for Coding Teledentistry Events
- April 1: IHS Fact Sheet on Emergency Dual Compensation Waiver Authority for Hiring Reemployed Annuitants during COVID-19
- April 2: IHS COVID-19 Interim Guidance for Personal Protective Equipment Optimization and Planning Strategies for Healthcare Facilities during COVID-19 Pandemic
- April 3: Recommendation for PPE Optimization and Planning Strategies for Healthcare Facilities during COVID-19 Pandemic
- April 3: IHS Fact Sheet on COVID-19 Schedule A Government-wide Hiring Authority

April 4-17, 2020

- April 6: Billing Guidance for COVID-19
- April 7: FTCA Coverage for Volunteer non-Service health care practitioners at IHS direct care facilities for physicians, physician assistants, and advance practice nurses

**Indian Health Service, COVID-19 Executive Summary
Response from March 6, 2020-June 14, 2020**

- April 8: Ventilator Request - Addendum 1 to I/T/U Guidance to Accessing Medical Supplies
- April 8: IHS Fact Sheet on Evacuation Pay
- April 9: IHS COVID-19 Interim Guidance for Dental Clinic Operations
- April 10: IHS COVID-19 Interim Guidance to Virtual Check-in and Visit for Adults with Diabetes during the COVID-19 Pandemic
- April 14: IHS COVID-19 Interim Guidance for Coding Teledentistry Events
- April 15: IHS COVID-19 Recommendation for Interim Infection Prevention and Control Screening Recommendations for Coronavirus Disease 2019 in Healthcare Settings
- April 15: IHS COVID-19 Interim Clinical Guidance for Testing of Patients for COVID-19 Using the Abbott ID NOW™ Analyzer

April 18-May 1, 2020

- April 18: IHS COVID-19 Interim Recommendation for Utilization of Temporary Privileging for IHS Medical Staff Hired during the COVID-19 Pandemic
- April 20: IHS Fact Sheet on Hazardous Pay Differential and Environmental Differential Pay
- April 23: IHS Guidance on COVID-19 Direct Hire Authority Approval from OPM
- April 29: Maintaining Essential Well Child Care during the COVID-19
- May 1: IHS Guidance on Implementation of the Families First Coronavirus Response Act, Emergency Paid Sick Leave Act

May 2-15, 2020

- May 3: IHS COVID-19 Interim Guidance for Dental Clinic Operations Beyond Emergency Care.
- May 6: IHS COVID-19 Interim Guidance for the Role and Response of Community Health Representatives/Community Health Workers during COVID-19 Pandemic
- May 7: COVID-19 Emerging Treatments Update - Remdesivir (GS-5734™) -EMERGENCY USE AUTHORIZATION
- May 12: IHS COVID-19 Interim Guidance for Community Health Representatives/Community Health Workers Virtual Home Visits during the COVID-19 Pandemic
- May 13: IHS COVID-19 Interim Guidance for Re-Opening Dental Clinic Operations - Date Implemented
- May 13: IHS Interim Guidance on Personnel Security Pre-clearance Requirements for Short-term Deployments during COVID-19 Pandemic
- May 15: IHS Interim Guidance Regarding Medications Under FDA Emergency Use Authorization During COVID-19 Pandemic
- May 22: IHS Guidance on the Implementation of Premium Pay Flexibilities during COVID-19