Q&A: Why Kaiser is helping tackle large-scale COVID-19 contact tracing

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In a move that combines the immediate goal of reducing the spread of COVID-19 with the long-term goal of helping to diversify California’s health care workforce to better match its current population and future workforce needs, Kaiser Permanente has committed $63 million to support COVID-19 contact-tracing efforts in California.

The Oakland-based health care giant will provide grant funding to the Sacramento-based Public Health Institute (PHI) to hire and train about 500 full-time culturally and linguistically competent community support team members who will be deployed in clinically embedded rapid-response teams in high-need communities.

PHI has collaborated on successful contact-tracing efforts in Oregon and Washington State, but the new initiative is the scaling up of a Kaiser Permanente pilot project in Santa Clara County, California.

The AMA recently told Congress that contact tracing is a key piece to getting the pandemic under control.

In a recent call, we discussed the contact-tracing effort and its ambitious goals with Richard S. Isaacs, MD, CEO and executive director of The Permanente Medical Group (TPMG); president and CEO of the Mid-Atlantic Permanente Medical Group (MAPMG); and co-CEO of The Permanente Federation. MAPMG and TPMG are AMA Health System Program Partners.
AMA: How and why did Kaiser Permanente decide to support contact tracing at this level?

Dr. Isaacs: We started thinking about it back in March. We knew we were facing an unprecedented pandemic, unprecedented at least in our lifetime, and during a meeting with my leadership team, one of my lead physicians said: “We may need to figure out how to sequester the disease and make sure that we stabilize these communities, and that may require supporting contact tracing.”

It’s going to be required to get control of this highly communicable disease. It’s also in the best interests of our communities to do this because, if you can prevent just half of the infections caused by each individual that’s infected, the number of people who are infected could be reduced exponentially.

AMA: In some smaller outbreaks, you can pinpoint the source pretty accurately even to a family gathering or a particular establishment.

Dr. Isaacs: We see a fair amount of household transmission. We do know that appropriate use of masking, handwashing and social distancing are very effective. But in their own homes, people tend to let their guard down. So, some of the bigger outbreaks we’ve seen here in Northern California have come from family spread.
We’re also seeing this happen in the Central Valley where we have migrant farmworkers who are working from harvest to harvest, living in close quarters in shared housing, and then going back home, where there tends to be family spread as well.

**AMA:** How does this contact-tracing program go beyond traditional health care delivery?

**Dr. Isaacs:** There’s definitely a social determinants of care component when you look at the populations that have been disproportionately affected by COVID-19. And there could be a cultural competency issue, which is one of the things we hope to overcome as we support contact tracing in California, by having health care workers who are multilingual and who come from within communities of color that have been disproportionately impacted by COVID-19.

There are simple concepts about contact tracing and protecting yourself and protecting your family, and it’s important that those messages are delivered in a culturally competent manner, so that there’s understanding and compliance.

It’s about multilingual counseling and education and eliminating barriers that might keep people from being able to effectively quarantine, with the ultimate goal of reducing the spread of the virus.

**AMA:** What is the role of physicians in contact tracing?

**Dr. Isaacs:** The Permanente Medical Groups in Northern and Southern California are going to be integral in designing the program, as well as in the planning for the clinical coordination and interfacing with the teams on the ground that are going to be supporting all of the contact-tracing efforts.

The plan is to create a network of teams that can be rapidly deployed to an area so that it can be customized dependent on community need.

The program scales up a pilot project we created in Southern Santa Clara County, which was one of the first hotspots in California and where our medical group has a large population that we manage. It was important that we were able to control the spread by supporting some innovative contact tracing and getting to the source of where the spread was happening.

You have to identify the people who are infected with COVID, identify the potential contacts, and then notify those contacts of their potential exposure to help them take the necessary steps to monitor their health and avoid exposing their families, friends, co-workers and others.
Then we want to connect potential contacts to testing resources; tools that help them in isolation such as food and pharmacy deliveries; and community resources including multilingual counseling, education and other support that helps eliminate barriers.

The work Kaiser Permanente is funding, along with our partners, is designed to complement the state’s established contact-tracing programs by offering additional support to communities impacted by new or potential outbreaks of COVID-19. The goal is to help prevent spread and protect as many people as possible. We believe it’s going to make a huge difference.

AMA: Please explain how contact-tracing support jobs will also create a career path toward allied health professions.

Dr. Isaacs: The ultimate goal is to help control COVID-19 and, at the same time, develop a culturally competent workforce that matches the population and helps the state prepare for the health care needs of the future.

There’s a shortage of allied health professionals in the nation. The specific goal is to help address the deficits that we experience here in California. We’re partnering with an organization called Public Health Institute that will hire 500 full-time employees who are culturally and linguistically competent to help support these contact-tracing efforts. And through those 500 people, we will be able to touch more than 5,500 people per day.

These folks will be introduced to the health care field and will have the opportunity for professional development through another organization, Futuro Health, a non-profit founded by Kaiser Permanente and the SEIU United Healthcare Workers West union that has the ultimate vision to grow California’s allied health care workforce.

When I say “cultural competence,” I’m talking about delivering care in a way that acknowledges and honors the diversity, backgrounds, and cultures of our patients—it goes beyond language. We know that when we deliver culturally competent care, it’s higher quality and there’s more compliance.

AMA: What are the challenges you foresee and is there training or strategy for uncooperative people?

Dr. Isaacs: First, it’s persuading the folks who are infected to comply with the safety quarantine and then identify others with whom they’ve had contact.
People are concerned about their livelihood and a COVID-19 diagnosis may take them out of work. And the breadwinners whose families are dependent on them to bring resources into the home are going to be reluctant to stay home from work. So, it’s important that we identify those who have COVID-19 and support them.

If there are people who don’t want to provide a personal phone number for their contact, PHI will provide a phone number that people can call instead of being called, so that will help eliminate that barrier. It’s a good method. It’s been proven to be effective in other social determinant of care work that we’ve been involved in.

Another concern is maintaining privacy and security. We are partnering with PHI and local public health departments to ensure that appropriate technology is used to connect secure information systems and protect personal health information.

Staff will be trained in data security expectations and use equipment that meets the technical specifications. Data will be stored in compliance with HIPAA and data-security expectations.

Participation in contact tracing, of course, is voluntary and confidentiality will be protected.

AMA: Are you creating a template that can be used in future public health emergencies?

Dr. Isaacs: The immediate goal is to support contact tracing, reduce the number of COVID-19 cases, save lives, and help get people safely back to their livelihoods. Long term, this expertise could be useful in the event of future pandemics.