Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

**Featured topic and speakers**

AMA Chief Experience Officer Todd Unger talks with executive director and CEO of the Permanente Medical Group about their approach to contract tracing and our potential new normal.

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**Speakers**

- Richard Isaacs, MD, FACS, CEO and executive director, The Permanente Medical Group, Northern California

**Transcript**

**Unger:** Hello, this is the American Medical Association's COVID-19 update. Today we're hearing how one health system is taking an innovative approach to contact tracing. My guest today is Dr. Richard Isaacs, CEO and executive director of the Permanente Medical Group in Northern California, president and CEO of the Mid-Atlantic Permanente Medical Group serving Kaiser Permanente members in Maryland, Virginia, and Washington, D.C. and co-CEO of the Permanente Federation, which is the national leadership and consulting organization for the eight Permanente medical groups whose physicians provide care to Kaiser Permanente members. I'm Todd Unger, AMA's chief experience officer in Chicago. Well, let's start, Dr. Isaacs by telling us about Permanente’s significant investment in contact tracing.

**Dr. Isaacs:** Oh, thank you so much, and thanks for having me, Todd. It's a pleasure to be here. We know that we're dealing with a once-in-a-century pandemic. Early on, my leadership team knew that
we were going to be dealing with COVID-19 probably much longer than the first 90 days. We know that incremental improvement in contact tracing can significantly reduce COVID-19 transmission, potentially stopping the virus’s spread. If we can prevent just half of the infections caused by each individual who’s infected, the number of people infected could potentially be reduced exponentially. That's the whole goal in contact tracing. You have to identify the people who are affected with COVID-19, identify their potential contacts, and then notify those contacts of their potential exposure, and then help them take the necessary steps to monitor their health and avoid exposing their families, friends, coworkers, and other people. It’s in our members and our community’s best interest that we make contact tracing as effective as possible. That's why Kaiser Permanente is partnering with the State of California with a $63 million investment to support COVID-19 here in the State of California.

**Unger:** Will you talk a little bit about how you scaled up from an early pilot project to where you are right now?

**Dr. Isaacs:** We started early, it was in April when we were facing the first wave of surge here in Northern California. It was southern Santa Clara County. The leadership team there knew that in order to prevent the continued surge of patients coming into the emergency departments, we needed to get into the community, and educate and restrict the spread. It was a very successful pilot, so we were very encouraged by the results. We saw really a rapid diminution in the presentation of COVID-19 into the emergency departments. It involves partnering with the community, having culturally competent experts that are able to speak the language of the folks. You have to have a linguistic expertise and cultural competence to ensure that there’s compliance with the recommendations, which are basic. Everyone here in America knows what we need to do to prevent the spread. But when you're actually in the line of a disease, it becomes much more real and much more important. Basic hand hygiene, wearing masks, social distancing, they’re very basic things. But if you don’t understand, if it's not presented in a culturally competent fashion, people don't pay attention.

**Unger:** Well, contact tracing typically falls to public health departments. Why did Permanente decide to get involved in contact tracing in the first place? What was that gap that needed to be filled that you stepped into?

**Dr. Isaacs:** Well, I think we’re dealing with a once-in-a-century pandemic with really unprecedented disease in the community. Kaiser Permanente’s mission is to improve the health of our patients, our members and also the communities that we serve. This is the perfect opportunity for Kaiser Permanente to fulfill its mission.

**Unger:** What does success look like to you?

**Dr. Isaacs:** Well, this is a bridge strategy, but basically success looks like we have herd immunity, or we have a vaccine that allows us to get back to pre-COVID normalcy. That could take anywhere from, what the experts are telling me, a couple of years, perhaps. I think we’re going to be living with COVID for a long period of time, so success looks like just decreasing the rate of infection. We know
that there's going to be persistent infection in our community, and we just want to make sure that we keep it down to a very slow spread. That's what success would look like.

**Unger:** I think the last thing that I did before we left for work-from-home back in March, was hear from the team at Permanente about what you were learning in those early stages of the pandemic. I'm eager to hear what you've learned in the months since then about how the virus has spread and, particularly, the communities that Permanente serves.

**Dr. Isaacs:** What we're seeing is most recently, the most recent surge is coming out of the Central Valley, where we have migrant farm workers that are going from harvest to harvest, living in close quarters. The disease is being spread there, really on the farms. Then when they go back home, they're contaminating their households and their typical, many people living in small homes, which are just perfect for the spread of this disease. But what we've found is that social distancing and the basic precautions, actually, really work. These are basic tools. We've learned a lot about... I mean, this is not rocket science. We know how to solve this. We just have to be compliant with the basic criteria.

**Unger:** I've had a chance to talk with Dr. Marcus Plescia at ASTHO about contact tracing before. One of the things he pointed out was how testing delays have really complicated matters in regard to contact tracing. What's your experience with this right now?

**Dr. Isaacs:** What we're experiencing with testing is very similar to what we experienced early-on with personal protective equipment. There's a global demand for reagents and for analyzers. It's really important that we work together in the community to ensure that we prioritize this limited resource. Kaiser Permanente has a 8,000-square-foot lab that's dedicated to providing testing to Northern California. We also have a lab in Southern California that's equally as productive. We can do anywhere between 10 and 20,000 tests per day, and there's a plan to expand that. Obviously, it's reagent- and analyzer-dependent, but as the supply chain increases, it's becoming much more easy to keep up with the demand.

**Unger:** One element of contact tracing requires, obviously, that people quarantine if they're exposed. How are you supporting people after they're notified of exposure?

**Dr. Isaacs:** We have a support team. Kaiser Permanente has committed a team that eliminates barriers, that helps people quarantine effectively. Support teams will reinforce the availability of resources, masks, gloves in the households that prevent secondary spread. We want to also connect with potential contacts to the testing resources and give them the tools to support them in isolation, such as food and pharmacy deliveries, community resources, which include, as I said, multilingual counseling and support.

**Unger:** What do you see as we approach the fall? I know everybody's very nervous in regard to contact tracing efforts. What are you doing to prepare for the fall?
Dr. Isaacs: We do worry about the twin-demic because we do have baseline COVID-19 in the community, and as the influenza flu season picks up, it could put a strain on the health care system. We are encouraging, strongly encouraging, everyone in the community to get their flu shots starting this week. Of course, any patient coming into our facilities with respiratory distress will be treated as if they have COVID-19. They would be a patient under investigation until we get their test results to rule out COVID. It was very similar to what we experienced early on in this, but now there may be another disease that masquerades as COVID-19. We're going to have to be hypervigilant to ensure that we don't miss COVID for the flu.

Unger: How do physicians, including smaller practices, support contact tracing efforts in their states?

Dr. Isaacs: Number one, I think is very important for physicians in individual practices to really stress the importance of the basic rules. Give people the tools to prevent the spread of disease. But I think it'd be important for people to understand what the local resources are in the community with the public health departments and potentially partner with them, or refer patients to get resources from the community resources.

Unger: Any other major pieces of learning or advice to physicians across the country in dealing with the COVID pandemic, contact tracing, any of your experience?

Dr. Isaacs: I think it's very important that we do get a handle on this disease. My team is working diligently to ensure that we eliminate the spread of COVID-19, but more importantly, it's the reactivation that concerns me, because there's actually been delays in care. People who need necessary treatment have avoided it for at least 90 days. It's very important that people see your practice as a trusted haven. It needs to feel safe. I think that you need to do the necessary things to make sure people feel comfortable that they're receiving care in a very safe place. I like to say anywhere in Kaiser Permanente, we're safer than anywhere else in the community when you come in.

Unger: Well, thank you so much, Dr. Isaacs, for being here today and sharing your perspective and for all of the work that Permanente is doing to support contact tracing and battle this pandemic. That's it for today's COVID-19 update. We'll be back on Monday with another segment. For updated resources on COVID-19, go to ama-assn.org/COVID-19. Thanks for joining us, and please take care.

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