Partners In Health

COVID-19 Community Tracing Collaborative
Support Center Implementation

For contract tracing to succeed at much greater scale than current infectious disease tracking capacities, several key entities and capabilities need to come together.

Key Entities and Capabilities

1. <u>Automated capabilities that can perform initial triage and referrals</u>
   In Massachusetts' case, an earlier announced partnership with a firm known as Buoy (see Buoy.com/mass) that can allow either worried or symptomatic individuals to do the right thing, and get the right care, before waiting on a human tracing call.

2. <u>An organization that has or can assemble (virtually) the staff qualified to undertake tracing activity</u>
   The staff counts during peak pandemic incidence need to match demand, which in Massachusetts' current estimation, for its population size and incidence characteristics, ranges from 500-1,000 contact tracers.

3. If the organization in (2.) does not have native support center capacity, tailored to infectious disease contact tracing, <u>the ability to stand up a virtualized (i.e., able to support a distributed remote workforce) support center functionality</u>.

   a. Part of this capability relates to a CRM (Customer Relationship Management or support center) technical platform;
   b. And part relates to a systems integrator or technical development vendor capable of making such modifications and integrations as are necessary to prepare the technical platform for use in this regard.

If the state or local organization charged with infectious disease response can quickly assemble these components while also managing core lab processing, results management, and epidemiological reporting demands, the three components above may be enough.

Implementation at the state level

In Massachusetts' case, in order to stand-up the virtual call-tracing capacity in rapid timeframes, we felt that the assistance of a second public entity (in addition to the Department of Public Health, but in support of the Department of Public Health) that was less under siege from existing pandemic demands was useful.

This entity was the Commonwealth Health Connector Authority (CCA), a quasi-public entity that serves as the Affordable Care Act's state-based exchange for Massachusetts. The Connector Authority had the following characteristics:

- Experience managing large call centers and systems integration vendors;
- As a quasi-public authority, flexibility in matters of both budget and procurement/contracting, subject to board approvals;
- Its own complement of legal, financial, communications, and operations staff that could immediately assist in setting up elements (2.) and (3.) above
- A statutory charter that enabled it to legally undertake activities in support of the overall health system in Massachusetts;

CCA immediately set about the task of contracting for the services in item (2.), and soliciting responses from vendors capable of (3.) above. (As noted, item (1.) had previously been secured, through the COVID Command Center and state Medicaid agency.)

Implementation with outside-government partners

The organization Partners in Health, a global non-profit experienced in infectious disease tracing, had already volunteered their efforts in support of item (2.). Their offer complemented efforts already underway to attract student volunteers through local schools of public health. Subsequently additional offers of assistance have been made from the local Blue Cross Blue Shield organization.

But the expanded tracing effort needed, in immediate timeframes, virtual support center capabilities tailored to this effort (item (3.) above).

An extremely accelerated solicitation activity was undertaken with a small number of vendors the state had current experience with to inquire into capacity and capability to undertake this activity. The outreach solicitation was oral, to key vendor contacts, with minimal written materials, but basic discussions of scope. Vendors were asked to respond both orally and with extremely high-level written proposals.

Accenture, working with the Salesforce technology platform, was selected principally because:

- Key principals at Accenture were known and trusted for work they had successfully undertaken in support of prior call center efforts;

- Accenture exhibited the most immediate grasp of the urgency of the situation, and necessary response elements;

- Accenture provided rapid turnaround on a comprehensive written response with pricing elements that confirmed joint understandings;

- It was CCA's strong sense that the combined urgency of the timelines, and uncertainty of several evolving design requirements, required a firm with the depth and resources to be able to adapt and extend as necessary;

- Separately, senior-level contacts at Salesforce had provided assurances of full corporate commitment to the effort.

The time elapsed from vendor solicitations to letter agreement for item (3.) was roughly five days.

Each day provides lessons learned, but the distance traversed towards CRM go-live of "Minimum Viable Product" on April 10, from letter agreement on March 29, has been characterized by diligence, discipline, and accountability on the part of all involved. Among the "things to think about" upfront are things both high-level and low-level:

- The importance of considering this effort in a larger context (e.g., availability of testing capacity; relationship with local boards of health or other existing stakeholders; both automation AND human tracing components);

- Agreements between expanded tracing capacity and our Department of Public Health regarding interfaces to the state's epidemiological system of record and tracing protocols;

- Trusted senior vendor commitments;

- Necessary privacy/security agreements and trainings;

- Need to work with telecom companies to allow special caller-ids related to this initiative to not be blocked (as spam calls), and the caller id to be displayed;

- CRM platform licensing agreements;

- The importance of designing an initial release "Minimum Viable Product" and following with plans for subsequent development sprints.