Office for Oregon Health Policy and Research

Oregon Primary Care Surge Capacity

Survey Results

Prepared for

Public Health Emergency Preparedness Program

April 2008

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Survey Results

Prepared for
Public Health Emergency Preparedness Program,
through an agreement with the Office of Health Systems Planning,
Department of Human Services

April 2008

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Executive Summary

This report is part of an assessment of Oregon's existing ambulatory primary care system's ability to accommodate a potential surge in demand caused by a large-scale public health emergency—in this case a novel strain of influenza. The specific aim of this report is to assess the capacity to "surge in place".

Primary care clinic manager were presented with a surge scenario caused by a novel strain of influenza and lasting six to eight weeks. Clinics were asked about current staffing, current patient volume, and the expected clinic response (closed to all patients, refer patients, assess and treat current patients, assess and treat current and new patients); they were also asked to estimate the percentage of visits that could not be postponed in case of a public health emergency and the percentage expansion in encounter volume they could accommodate. Finally, they were asked questions about their preparedness planning, to include staffing and supplying the clinic during a pandemic, and potentially infected patients.

The conservative estimates of surge capacity presented here should be regarded as an optimistic scenario. Not all clinic staff will be available to care for a sudden influx of patients—some will need to stay home with ill family members and some will become ill themselves. And even when family members remain healthy, most clinics responded they had no family preparedness plans in place (arrangements for the health professional's family care if a public health emergency demanded long-term absences from home).

Capacity will be greatly reduced for those left stranded by clinics that close to all patients during a pandemic and clinics that refer symptomatic patients elsewhere. Only about one-third of the responding clinics reported that they would assess and treat current patients***and*** accept new patients. Capacity will also be reduced for patients without an existing relationship with a primary care provider—most commonly the uninsured. **This is a serious capacity constraint** where about 22% of adult Oregonians are not established with a primary care provider.

The capacity to "surge in place" will be further reduced by the limits of the medical supply chain. Many of the responding clinics do not have adequate supplies of essential protective equipment required if they are going to treat a large influx of symptomatic patients. Most clinics reported no emergency caches of medical supplies and only about half have plans for obtaining those medical supplies in an emergency. Each of these factors will significantly constrain the surge capacity in the ambulatory, primary caresetting.

Key Findings

- Statewide, the estimated six-week surge capacity is sufficient to absorb a sustained increase in outpatient visits unless the clinical attack rate is 45% or higher

- Statewide the estimated two-week surge capacity is sufficient to absorb an attack rate up to 25%
- Region 1, which includes the densely populated Tri-County metropolitan area, has the lowest estimated two-week surge capacity (only sufficient under the lowest of the four clinical attack rate scenarios (15%) scenario)
- Capacity is insufficient for patients left stranded by clinics that will close to all patients or refer their symptomatic patients elsewhere
- Under no circumstances does capacity currently exist at clinics willing to accept new patients during an influenza pandemic to serve patients who are not established with a primary care provider
- Most clinics have not adequately planned for an event of this magnitude
    - Less than half of the clinics have plans for dealing with a large influx of patients over a sustained period of time
    - Relatively few clinics (30%) have emergency caches of medical supplies needed to assess and treat symptomatic patients
    - Less than half of the clinics have a secondary source of medical supplies in case their primary supplier cannot deliver

Recommendations

The data represented in this report suggests that clinics are not adequately prepared for responding to a primary care surge. The following recommendations are not presented in order of importance, ease of implementation or suggested schedule of implementation.

- Recommendation #1: Develop an outreach, enrollment and communication strategy for the statewide Health Action Network (HAN).
- Recommendation #2: Develop a statewide strategy to communicate how and where patients without a usual source of care should go in a pandemic influenza event.
- Recommendation #3: Develop a communication strategy for clinics that do not have staff who can effectively communicate in non-English languages.
- Recommendation #4: Public and private organizations should be stockpiling personal protective equipment regionally and providing communication to local clinics about its availability.
- Recommendation #5: Develop and disseminate a recommended preparedness plan for all ambulatory primary care clinics
- Recommendation #6: Develop an assessment strategy for ongoing refinement and adjustment of the statewide preparedness plan.

Acknowledgements

Public Health Preparedness Program
The Oregon Department of Human Services (DHS) Public Health Division Emergency Preparedness Program (PHEP) is an effort to anticipate, detect, assess, and understand the health risks and impacts of an emergency. PHEP, in a joint effort with the Conference of Local Health Officials (CLHO) and the ESF 8 (Emergency Support Function Health and Medical) Policy group, develops plans and procedures to better prepare Oregon to respond, mitigate, and recover from all public health emergencies. This effort is an emergency response collaboration with Oregon Emergency Management (OEM).The Public Health Emergency Preparedness Program is funded by the U.S. Department of Health and Human Services through the U.S. Centers for Disease Control and Prevention (CDC) Cooperative Agreement and the Hospital Preparedness Program (HPP).For more information about this program, contact Mike Harryman at Mike.Harryman@state.or.us.

Office for Health Systems Planning
The Office for Health Systems Planning is charged with strengthening the ability of Oregon's health system to serve Oregonians by improving access to primary care, reducing disparities in health care services, improving quality, patient safety, and the level of patient centered care. For more information about this office, contact Joel Young at Joel.Young@state.or.us.

Office for Oregon Health Policy & Research
The Office for Oregon Health Policy and Research (OHPR) is responsible for the development and analysis of health policy in Oregon and serves as the policymaking body for the Oregon Health Plan. The Office provides analysis, technical, and policy support to assist the Governor and the Legislature in setting health policy. It carries out specific tasks assigned by the Legislature and the Governor, provides reports and conducts analyses relating to health care costs, utilization, quality, and access.For more information, contact Sean Kolmer at Sean.Kolmer@state.or.us.

NW Oregon Health Preparedness Organization
NW Oregon Health Preparedness Organization (HPO) and its housing organization, Multnomah County Health Department are acknowledged for their leadership in developing the survey entitled "*Ambulatory Surge Capacity in Northwest Oregon*" in partnership with the Office for Oregon Health Policy and Research. This survey served as a primary resource for creation of the *Oregon Primary Care Surge Capacity Survey* and has lead to a number of initiatives implemented by and through two HPO partners, The Medical Society of Metropolitan Portland and The Coalition of Community Health Clinics. Selected examples of their work are as follows:

1. **The Medical Society of Metropolitan Portland** developed and distributed the following materials to 1500 medical offices across Region 1 and to statewide partners:

- County-specific Private Clinic Medical Surge Resources wall poster that contains information regarding available resources and important contact information in the event of a medical emergency
- A Medical Office Emergency Health Preparedness Planning Template with a focus on Novel/Pandemic Influenza.

These materials and others are on the Medical Society of Metropolitan Portland's website, http://msmp.org. Rob Delf is the lead for this work.

2. **The Coalition of Community Health Clinics,** in its role of increasing Safety Net Clinics' capacity to mobilize during a health emergency, has, among other things, accomplished the following:
   - Developed a Regional Ambulatory Surge Care Plan which outlines county-specific characteristics, capacity and constraints of individual clinics and regional operational objectives.
   - Created a Surge Capacity and Emergency Plan template and worked with 27 Safety Net Clinics in developing their site-specific plans.

Kate Griffith is the lead for this work.

Acronyms

BPHC	U.S. Bureau of Primary Health Care
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
DHS	Oregon Department of Human Services
FQHC	Federally Qualified Health Center
FTE	Full-Time Equivalent
HAN	Health Alert Network
HHS	U.S. Department of Health and Human Services
IHS	Indian Health Service
OHP	Oregon Health Plan
OHPR	Office for Oregon Health Policy & Research
OHSP	Office for Health Systems Planning
OSPHD	Oregon State Public Health Division
PHEP	Public Health Emergency Preparedness
PPE	Personal Protective Equipment
SBHC	School Based Health Center

Glossary

Attack Rate	The proportion of susceptible individuals exposed to a specific risk factor in a disease outbreak that become cases.
Federally Qualified Health Center (FQHC)	Federally Qualified Health Center (FQHC) status is a federal designation from the U.S. Bureau of Primary Health Care (BPHC) assigned to private non-profit or public health care facilities that serve primarily uninsured or underserved populations. Under the FQHC provision, Migrant and Community Health Centers, Health Care for the Homeless Programs and Indian Tribal clinics may be reimbursed 100 percent of their reasonable cost of operation as determined by each state Medicaid program.
Health Alert Network (HAN)	The HAN is both a public and secure web portal used to alert local, state and tribal partners of public health related messages, events and emergencies from state and Federal (CDC) public health authorities. Italso offers an extensive on-line user directory. There is both a public page and a secure, password protected site accessed through the public page. Permission for access to the secure site is obtained by going to the public page (www.oregonhan.org), clicking on “Request a secure Health Alert Network account” at the top and completing the application process.
Naturopathic Clinics	Naturopathic Clinics are clinics with licensed physicians in naturopathic medicine (ND). In general, naturopathic medicine concentrates on whole-patient wellness, centers around the patient and emphasizes prevention and self-care. Naturopathic medicine attempts to find the underlying cause of the patient's condition rather than focusing on symptomatic treatment.
Pandemic	An event where a disease spreads on a worldwide scale and infects a large portion of the human population. *Influenza pandemics* occur when a new strain of influenza virus in transmitted from another species to human. Individuals do not have immunity to these new strains which contributes to the widespread infection rates.
Rural Health Clinics	Rural Health Clinics are public or private hospital, clinic or physician practices designated by the federal government. The practices must be located in a Medically Underserved Area or a Health Professional Shortage Area and use a physician assistant and/or nurse practitioners to deliver services. A rural health clinic must be licensed by the state

	and provide preventive services. These providers are usually qualified for special compensations, reimbursements and exemptions.
Safety Net Clinics	Safety Net Clinics vary in terms of size, number/types of professionals employed, client characteristics, service area population density and demographics, diversity and stability of revenue sources, as well as sophistication in practice and business management practices. Health care safety net clinics are community-based providers who offer health services to low-income people, including those without insurance. Example of safety net clinics are FQHCs, Rural Health Clinics, Tribal Health Clinics and School Based Health Centers. Most safety net patients are OHP enrollees, the uninsured, and other vulnerable Oregonians who pay a sliding discounted fee for primary care services.
School-Based Health Centers (SBHC)	School-Based Health Centers (SBHC) provides primary care, preventive care and mental health services to youth and adolescents in a school setting.
Stranded Patient	Individuals, whether or not having an existing relationship with a health care clinic or provider, denied access to these entities during a pandemic.
Surge	A rapid increase in demand for medical services that stresses a healthcare facility's ability to meet this demand.
Surge Capability	A health care system's/organization's ability to manage patients requiring specialized interventions.
Surge Capacity	A health care system's/organization's ability to quickly expand services to meet an increased demand for medical care in the event of a large-scale emergency.
Surge in Place	The need to provide medical services to an increased number of patients within the physical, personnel and medical supply/pharmaceutical limitations of the existing clinic/health care facility.
Tribal Clinic/IHS	Tribal Clinic/IHS refers to clinics run by federally recognized Tribes, clinics run by the Indian Health Service (IHS), or urban clinics that are partially funded by IHS. These clinics provide primary care services to Tribal members.

Background

According to the US Department of Health and Human Services (HHS), an influenza pandemic has the potential to cause more death and illness than any other public health threat.[1] The report also states that even though a pandemic influenza outbreak can not be predicted, the ability of local, state, and federal resources to effectively plan for such an event is critical. Following theHHS report and building on planning work that began in 2001, the Oregon Department of Human Services (DHS) released an updated pandemic influenza plan in November 2006.[2] In this plan, it is emphasized that a spectrum of prompt, well-coordinated health decisions will be needed through the coordination of local, state and federal agencies.

Surge capacity is a health care system's ability to quickly expand services to meet an increased demand for medical care in the event of a large-scale emergency. When planning for a six to eight-week surge in outpatient visits due to an influenza pandemic, one key strategy is that ambulatory care will be provided in existing settings. This "surge in place" approach focuses on maximizing the capacity of existing healthcare facilities before relying on off-site facilities.

This report aims to assess existing ambulatory primary care clinic capacity, and the capability and preparedness to "surge in place" resulting from an influenza pandemic in Oregon. The results presented summarize statewide survey data collected during September and October of 2007 from 404 primary care clinics, which represents a 38% rate of return. The data presented is organized by five planning regions designated by the US Department of Homeland Security for emergency planning efforts. The regions are composed of the following counties:

- Region 1 (North Coast & Portland Metropolitan Area): Clackamas, Clatsop, Columbia, Multnomah, Tillamook, Washington
- Region 2 (Mid-Willamette Valley): Benton, Lincoln, Linn, Marion, Polk, Yamhill
- Region 3 (South Coast and Southern Willamette Valley): Coos, Curry, Douglas, Jackson, Josephine, Lane
- Region 4 (Central Oregon): Crook, Deschutes, Gilliam, Hood River, Jefferson, Klamath, Wasco
- Region 5 (Eastern Oregon): Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa.

Primary care clinic managers were asked to assess their facility's likely response to a pandemic influenza scenario where acute care would increase for six to eight weeks to evaluate and treat influenza symptoms. The specific survey scenario included the assumption that demand for acute care in Oregon would increase by 500,000 patient encounters for evaluation and treatment of symptoms of a novel strain of influenza over a six to eight-week period. The peak surge of patient encounters would occur during

[1] US Department of Health and Human Services; HHS Pandemic Influenza Plan, November 2005; Accessed from http://www.hhs.gov/pandemicflu/plan/pdf/HHSPandemicInfluenzaPlan.pdf on December 31, 2007

[2] Oregon Department of Human Services; Public Health Pandemic Influenza Plan, November 1, 2006; Accessed from http://www.oregon.gov/DHS/ph/acd/flu/oregonfluplan.pdf on December 31, 2007.

week three and this surge will continue for three weeks. In addition during the six to eight-week period, over three million phone calls will be received state wide. The goal was to evaluate the primary care system's ability to meet significant and sustained, but not catastrophic, demand over a six to eight-week period.

Design and Methods

Survey Design

The Office for Oregon Health Policy and Research (OHPR), in consultation with a stakeholder advisory group, developed a unique survey instrument (see Appendix A) to collect primary care surge capacity data at the clinic level. The survey instrument was six pages long, included 48 questions and took an average of 15 minutes to complete.[3] Survey dimensions included clinic demographic information, assessments of surge capacity, surge capability, and clinic emergency preparedness plans.

Demographic data elements included facility name, location, ownership structure, hours of operation, provider and staff FTE, provider specialties, average weekly patient volume, percent of volume in primary care, number of exam and procedure rooms, language capabilities, and internet access.

Surge capacity,as stated earlier, is defined as the health care system's ability to expand quickly to an increased demand for medical care in the event of a large-scale public health emergency. Items on the survey addressing surge capacity included the percent of average daily appointments that could be postponed, the likely clinic response to a pandemic (clinic closure, refer patients to other sources of care, see current patients only, see current and new patients), and an assessment of how large an expansion in visits the clinic could absorb.

Surge capability is defined as the clinic's ability to manage patients requiring specialized interventions. Survey items specifically addressing capability included clinic emergency supplies of personal protective equipment important to caring for patients with a novel strain of influenza: disposable N95 masks, surgical masks, disposable gloves, protective clothing, disposable shoe covers, safety goggles and alcohol-based hand rubs.

Clinic preparedness planning included survey items to assess current clinic specific elements of their preparedness plan. These items represent some of the critical elements of preparedness and included:

- caring for a large influx of patients
- obtaining emergency medical supplies
- handling a significant increase in telephone calls
- caring for the special health care needs of older adults
- addressing the language needs of adults with limited English proficiency
- implementing appropriate infection control protocols
- canceling non-essential appointments with current patients
- addressing family preparedness (e.g., does staff have arrangements in place for their own child care needs, elder care needs or pet care needs?)

[3] SurveyMonkey timestamps begin and end time for surveys completed on the web.

- stockpiling of drugs (e.g., anti-virals) and medical supplies
- communicating with staff after hours in an emergency
- understanding which events would trigger the clinic's emergency preparedness plan
- activating the clinic's emergency preparedness plan
- establishing emergency communications between the clinic and the county public health department

Questions designed to address *vulnerable populations* were used to assess the need for additional or specialized services that may be required during a pandemic influenza outbreak. Clinics were asked to estimate the percentage of patient volume falling into any or all of these categories: children (0-18), pregnant women, elderly (65 and over), uninsured, non-English speaking, migrant/seasonal laborers, homeless, patients with psychiatric and/or addition diagnosis, and patients with developmental disabilities.

Sample Selection

For the purposes of this project, primary care was defined as general practice, family practice, internal medicine, osteopathic medicine, pediatrics, and obstetrics and gynecology specialties.

The use of clinics as the unit of analysis presented some challenges. Since there is no required reporting by outpatient acute care clinics in Oregon, no centralized, exhaustive list of clinics was available from which to draw a sample. Therefore, OHPR identified clinics through a triangulation procedure comparing the Board of Medical Examiners database of licensed physicians in the defined specialties to lists of payee clinics from two major Oregon health insurance companies. By connecting physician-reported practice addresses to clinic addresses from the health insurance plans, we were able to narrow our focus to the specialties of interest and to develop unduplicated clinic addresses but we cannot be certain that we have captured 100% of the primary care clinics in Oregon.

Survey protocol

The original mailing list consisted of 1,054 clinic addresses. The list included clinics associated with several major health systems, and surveys were distributed to these clinics through thehealth systems. Surveys were addressed to the clinic manager. Safety net clinics, nurse practitioner clinics, and school-based health centers were included in the sample. Safety net clinics, including rural health clinics, werespecifically identified since there is strong interest in these clinics within the health policy community. Naturopathic clinics, identified in telephone directories and on the Internet, were included if they self-identified as providing either primary care or treatment for influenza or infectious diseases.

The survey protocol included a three-wave mailing: a copy of the survey was mailed to each clinic, followed by a reminder postcard two weeks later and a second survey mailing four weeks later. The survey was also made available using the online survey software, SurveyMonkey. The internet address for the online version of the survey was included in all mailings.

Results

Response Rate

Completed surveys were received from 404 of the sampled clinics (121 of those were completed on the web), for a 38% response rate. Summary information is presented by clinic type. Table 1 shows response rate by region and Table 2 show the response rate by clinic type.

Table 1: Survey Responses by Region

Region	Surveyed	Responded	Pct.
1	441	157	36%
2	188	84	45%
3	245	87	36%
4	113	40	35%
5	67	36	54%
Total	1054	404	38%

Table 2: Survey Responses by Clinc Type

Clinic Type	Surveyed	Responded	Pct
Private/System Clinic	851	316	37.1%
Federally Qualified Health Center	54	26	48.1%
Rural Health Clinic	51	23	45.1%
School-Based Health Center	60	19	31.7%
Naturopathic Clinic	22	14	63.6%
Tribal Clinic/IHS	10	4	40.0%
Other Safety Net Clinic	6	2	33.3%
Total	1054	404	38.3%

Table 3: Private/System Clinics by Specialty

Specialty	Responded	Pct.
Family practice	123	38.9%
Internal Medicine	61	19.3%
Pediatrics	25	7.9%
Obstetrics/Gynecology	42	13.3%
Multi-specialty	54	17.1%
No Answer	11	3.5%
Total	316	100.0%

Clinic Demographics

The basic demographic make-up of the responding clinics is exhibited in Table 4 on Page 6 (for detailed data tables, see Appendix C). Responding clinics represent almost

1,700 provider FTE. About 15% of responding clinics were physically located on a hospital campus and 13% stated they were included in a hospital's emergency preparedness surge plan.

Table 4: Responding Clinic Demographics

Region	1	2	3	4	5	Total
Clinic type						
Private/System Clinic	131	69	68	28	20	316
Federally Qualified Health Center	12	4	5	2	3	26
Rural Health Clinic	2	4	3	5	9	23
School-Based Health Center	2	5	7	2	3	19
Naturopathic Clinic	9	2	2	1	0	14
Tribal Clinic/IHS	0	0	2	2	0	4
Other Safety Net Clinic	1	0	0	0	1	2
Ownership structure						
Owned/managed by a hospital or health system	26	16	5	7	2	56
Owned/managed by physicians in a group practice	41	18	20	8	10	97
Owned/managed by a physician as a solo practice	58	27	36	14	12	147
Owned/managed by a physician management company	0	0	1	1	0	2
Owned/managed by a public entity (health district, county, etc.)	7	8	8	3	4	30
Owned/managed by a non-profit, community-based board	11	8	8	3	8	38
Other	14	7	8	4	0	33
No answer	0	0	1	0	0	1
Exam and procedure rooms						
Number of exam rooms	1292	791	664	360	222	3329
Number of procedure rooms	172	99	98	36	36	441

Overall, ownership structure of the responding clinics is primarily distributed between health system clinics (14%), physician-owned group practices (24%) and single practitioners (36%). At the regional level, fewer system-owned clinics responded in Regions 3, 4 and 5 although the proportion of system-owned clinics is substantially smaller only in Regions 3 and 5.

As expected, weekly patient volume of the responding clinics is primarily driven by regional population as shown in Table 5. The weekly patient volume of Region 3 is smaller than the weekly patient volume in Region 2 even though Region 3 has a largerpopulation. This anomaly may be explained by Region 3 having a larger proportionof solo practice clinics responding to the survey; whereas hospital clinics and group

practices tend to be larger, have more providers and, consequently, generate higher weekly patient volumes.

Table 5: Weekly Patient Volume of Responding Clinics

Region	Population	Weekly patient visits	
		Total	Median
1	1,678,710	36,251	152
2	701,905	28,890	150
3	807,565	20,526	115
4	322,265	15,047	100
5	180,060	6,304	130
Total	3,690,505	107,018	140

Table 6 displays the median number of patient care hours per day by clinic type. By region, clinics were open 8 hours a day Monday through Friday. Not surprisingly, weekends offer the least access to clinical services. The median number of patient care hours does not vary by region and varies only marginally by clinic type. Note that clinic type “Other Safety Net” has only two respondents and that school-based health centers may have patient care hours only when schools are in session.

Table 6: Median Patient Care Hours by Clinic Type

Clinic type	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Private/System Clinic	8	8	8	8	8	0	0
Federally Qualified Health Center	8	8	8	8	8	0	0
Rural Health Clinic	8	8	8	8	7.5	0	0
School-Based Health Center	7	7.5	7	7	6	0	0
Naturopathic Clinic	8	8.5	8	9	8	0	0
Tribal Clinic/IHS	8.5	8	8.5	8	7.5	0	0
Other Safety Net Clinic	10.5	7	10.5	8.5	8	0	0

The majority (91%) of the responding clinics have high speed internet (Table 7). However, only 22% reported participation in the statewide Health Alert Network (HAN) and 62% did not know if they were part of HAN. This is of clear concern to preparedness planning when the Health Alert Network is an integral piece of the information dissemination strategy for ambulatory care clinics. Less than 80% of respondents statewide and less than 70% of respondents from Region 1, which includes the densely populated Tri-County metropolitan area, reported that they have the local public health authority contact information readily available.

Table 7: Communication characteristics of responding clinics

Region		1	2	3	4	5	Total
Does this clinic site have high speed Internet access?	Yes	96%	82%	90%	93%	97%	**91%**
	No	5%	14%	6%	8%	3%	**7%**
	Don't know		2%	3%			**1%**
	No answer		1%	1%			**1%**
Is this clinic on the statewide Health Alert Network?	Yes	19%	20%	29%	28%	22%	**22%**
	No	16%	12%	17%	15%	17%	**15%**
	Don't know	65%	66%	54%	58%	61%	**62%**
	No answer	1%	2%				**1%**
Is the contact infor-mation for your local public health dept. readily available?	Yes	69%	87%	79%	83%	83%	**78%**
	No	15%	8%	10%	10%	8%	**11%**
	Don't know	10%	2%	9%	5%	6%	**7%**
	No answer	6%	2%	1%	3%	3%	**4%**

Surge Capacity

In order to estimate the ambulatory primary care clinic capacity to handle a six to eight-week surge in visits, clinic managers were asked the following:

- weekly patient encounter volume
- the percent of current daily appointments that could be postponed
- the likely response to a sustained increase in the number of primary care visits over six to eight weeks
- an estimate of the percentage of patient volume increase the clinic might sustain over six to eight weeks

Table 8 exhibits the likely clinic response to an increase in demand caused by a pandemic influenza event. An estimated 40% of the responding clinics would make arrangements to treat only their current patients and 34% reported they would treat their

Table 8: Reaction to a Pandemic

In the event of a sudden increase in demand for primary care visits to evaluate and treat symptoms of a novel strain of influenza, sustained over a six to eight-week period, do you expect that this clinic would:						
Region	**1**	**2**	**3**	**4**	**5**	**Total**
Refer symptomatic patients to other sources of care	11%	15%	13%	13%	14%	13%
Make arrangements to assess and treat current patients	41%	39%	39%	40%	33%	40%
Make arrangements to assess and treat current patients and accept new patients	33%	33%	34%	40%	33%	34%
Other	0%	8%	5%	5%	11%	4%
Close to all patients	11%	2%	8%	0%	3%	7%
No answer	3%	1%	1%	3%	6%	2%

existing patients ***and*** accept new patients. Overall, relatively few clinics plan to accept patients with whom they don't have an existing relationship. In order to assess access for patients, several estimates of capacity were prepared (see Appendix B for assumptions and methods).

Table 9 shows the patient care hours available at responding clinics during an influenza pandemic. Generally, clinics reported adding several evening weekday hours plus additional hours on Saturday. Most clinics reported they would remain closed onSunday. The median patient care hours did not vary substantially by region (not shown).

Table 9: Median Patient Care Hours by Clinic Type During a Pandemic

Clinic type	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Private/System Clinic	10	10	9	9	9	4	0
Federally Qualified Health Center	10	10	10	10	9.5	0	0
Rural Health Clinic	10	10	10	10	10	8	2.5
School-Based Health Center	8	8	8	8	8	0	0
Naturopathic Clinic	8	8.5	8	8.5	8	0	0
Tribal Clinic/IHS	8	8	8	8	8	8	8
Other Safety Net Clinic	12	12	12	12	12	0	0

Estimated ambulatory primary care surge capacity for Oregon is shown in Chart 1 and Chart 2. The surge scenario describes a sustained increase in demand for ambulatory primary care due to symptoms of influenza during a pandemic. Estimates of ambulatory primary care visits needed were calculated using four clinical attack rates (the rate at which the population is infected and shows symptoms). The key assumptions were:

1. 50% of symptomatic patients would seek outpatient care during the flu season
2. 40% of symptomatic patients would seek care during a six-week surge (see Chart 1)
3. During a worst-case scenario 20% of symptomatic patients would seek outpatient care during a two-week peak surge (see Chart 2)
    a. The two-week peak surge would be centered near the middle of the six-week surge

The dotted lines on each chart represent the upper and lower estimates of outpatient surge capacity. The vertical bars represent the estimated number of outpatient visits during the surge. In Chart 1, the lower estimate of six-week surge capacity is about 600,000 visits, and this capacity is sufficient unless the clinical attack rate is 45%. In Chart 2 (the worst-case scenario), the lower estimate of two-week surge capacity is about 170,000 visits, and this capacity is sufficient only if the clinical attack rate is less than 25%.

The estimates presented in Chart 1 assume capacity is available to all potential patients, both new and established, but the survey results indicated patients without a usual source of care will face significantly reduced system capacity. Even using very optimistic estimates of the capacity to accept new patients during an event of this

magnitude (which are not supported by the results from this report), it is clear there is insufficient capacity to serve patients stranded by clinics who close to all patients and clinics that plan to refer symptomatic patients to other sources of care (see Chart 3). Capacity for this "stranded" population is restricted to those clinics that make arrangements to treat their existing patients and accept new patients, which is restricted

Chart 1: Six-Week Outpatient Surge and Estimated Surge Capacity

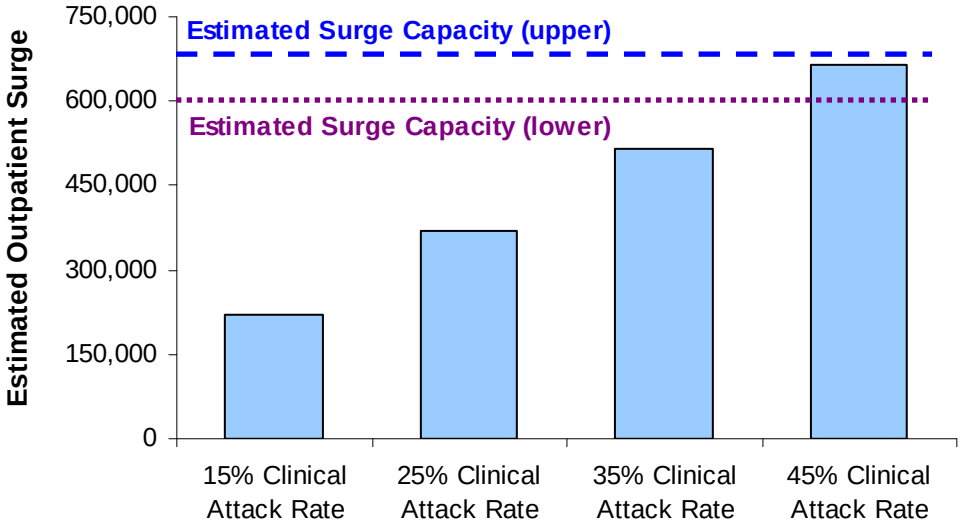
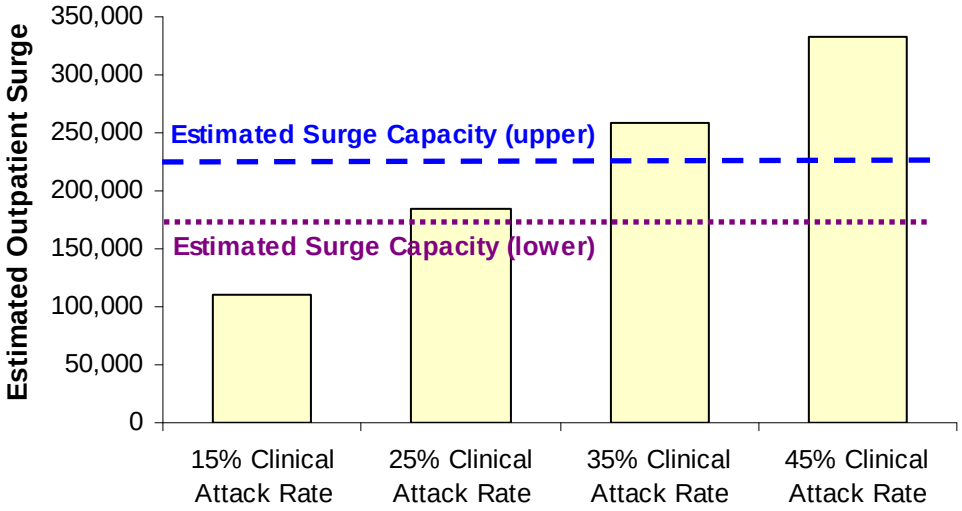


Chart 2: Two-Week Peak Outpatient Surge and Estimated Surge Capacity

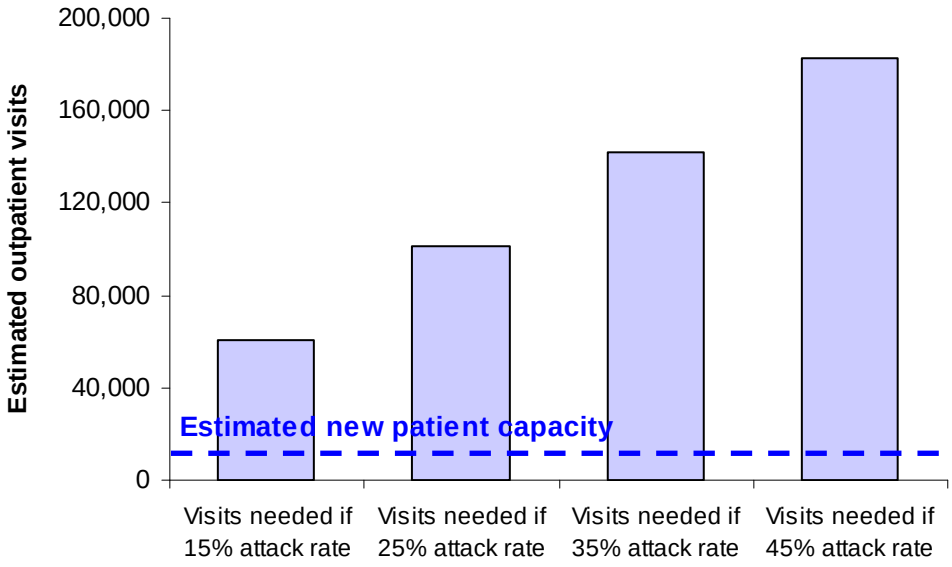


to about 30% of clinics in each region.

The 2006 Oregon Behavioral Risk Factor Surveillance System survey indicates that approximately 22% of the adult population in Oregon, or approximately 600,000 adults,

do not have a primary care provider[4], and the 2003 National Survey of Children's Health indicate an estimated 16.2% of Oregon's children, about 150,000, do not have a usual source of care.[5]For patients without an established relationship with a primary care provider, this data indicates that there is severely limited system capacity, even if the clinical attack rates are the lowest assumed in this report.

Chart 3: Visits Needed by Stranded Patients and New Patient Capacity*



** - Responding clinics only*

Charts 4 to 18 on the following pages illustrate the estimated ambulatory primary care surge capacity for each region throughout the sustained six to eight-week surge and then the two week peak while assuming optimal capacity and then illustrating the capacity of the region for "stranded" patients.

For a six-week sustained surge in symptomatic patients, Region 2 (Benton, Lincoln, Linn, Marion, Polk and Yamhill counties) was the only region to have capacity under each of the four attack rates. Region 1 (Clackamas, Clatsop, Columbia, Multnomah, Tillamook, and Washington counties) had the least capacity for a six-week surge, having only capacity for the lowest two attack rates. No region during a two-week extreme surge would meet the demands of all the attack rate scenarios. Region 2 and Region 5 (Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, and Wallowa counties) were the only regions to meet capacity estimates for the lowest two attack rates. No region could meet the added capacity needed for stranded patients and new patients under any of the attack rate scenarios.

[4] 2006 Oregon Behavior Risk Factor Surveillance Survey, http://www.dhs.state.or.us/dhs/ph/chs/brfs/06/hca.pdf
[5] Child and Adolescent Health Measurement Initiative (2005). *National Survey of Children's Health*, Data Resource Center on Child and Adolescent Health website. Retrieved 05/19/2006 from www.nschdata.org.

Region 1

Counties:
Clackamas
Clatsop
Columbia
Multnomah
Tillamook
Washington

Chart 4: Six-Week Outpatient Surge and Estimated Surge Capacity in Region 1

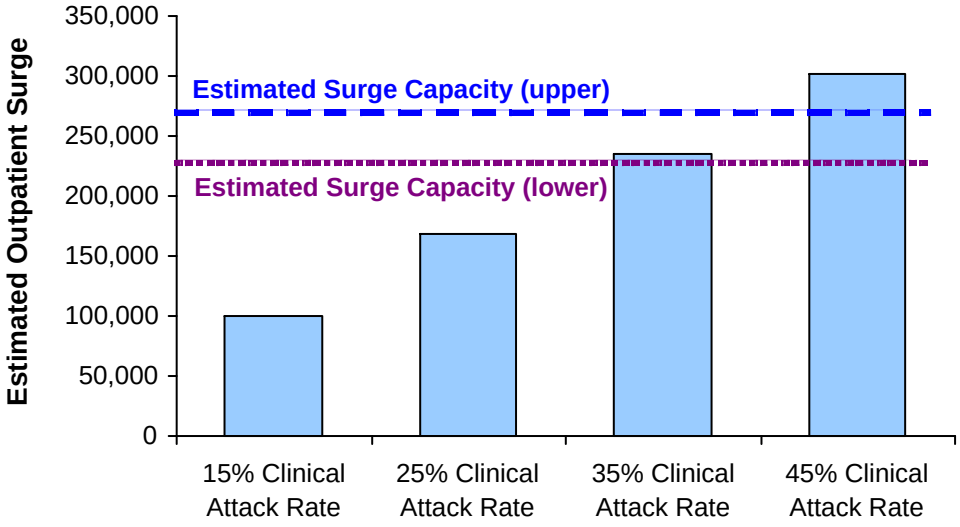


Chart 5: Two-Week Peak Outpatient Surge and Estimated Surge Capacity in Region 1

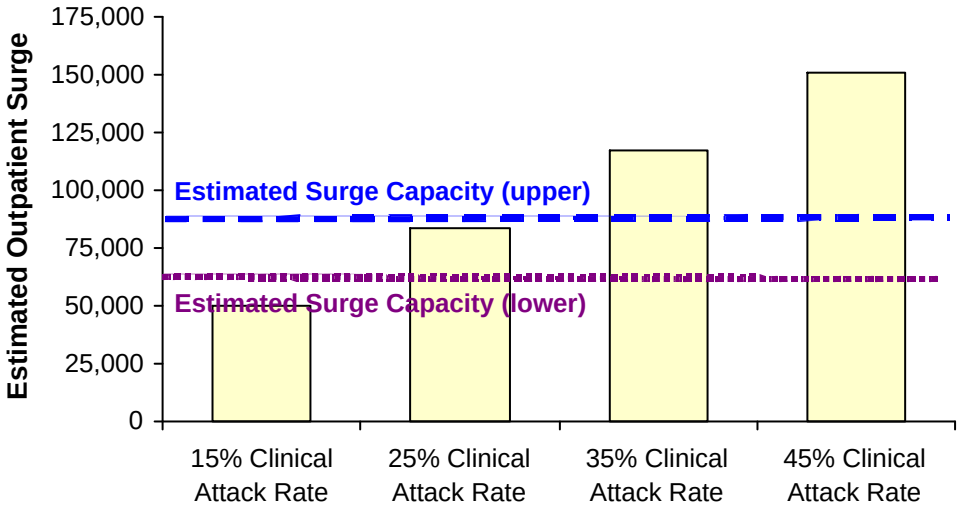
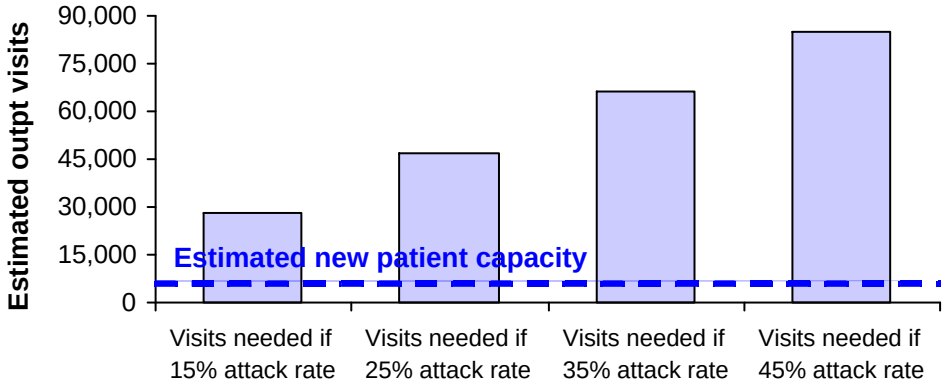


Chart 6: Visits Needed by Stranded Patients and Estimated New Patient Capacity in Region 1*



** - Responding clinics only*

Region 2

Counties:
Benton
Lincoln
Linn
Marion
Polk
Yamhill

Chart 7: Six-Week Outpatient Surge and Estimated Surge Capacity in Region 2

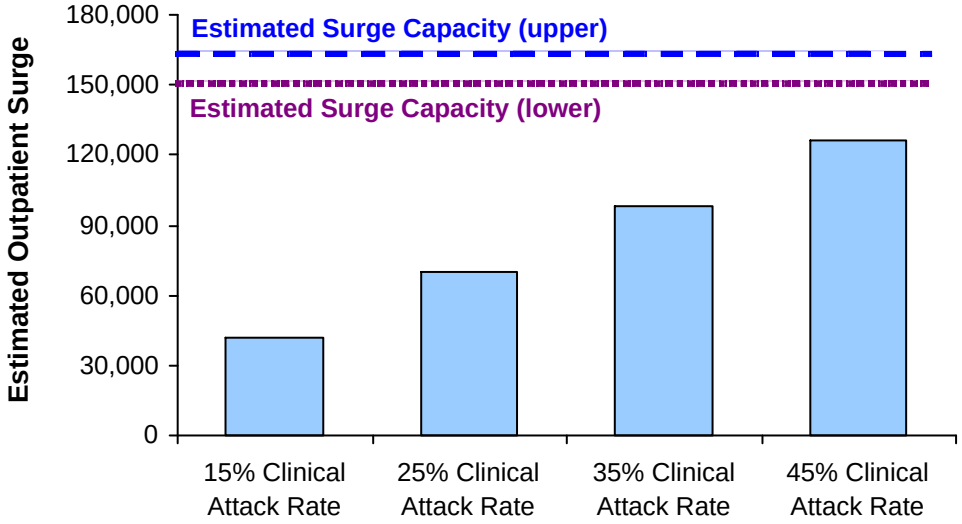


Chart 8: Two-Week Peak Outpatient Surge and Estimated Surge Capacity in Region 2

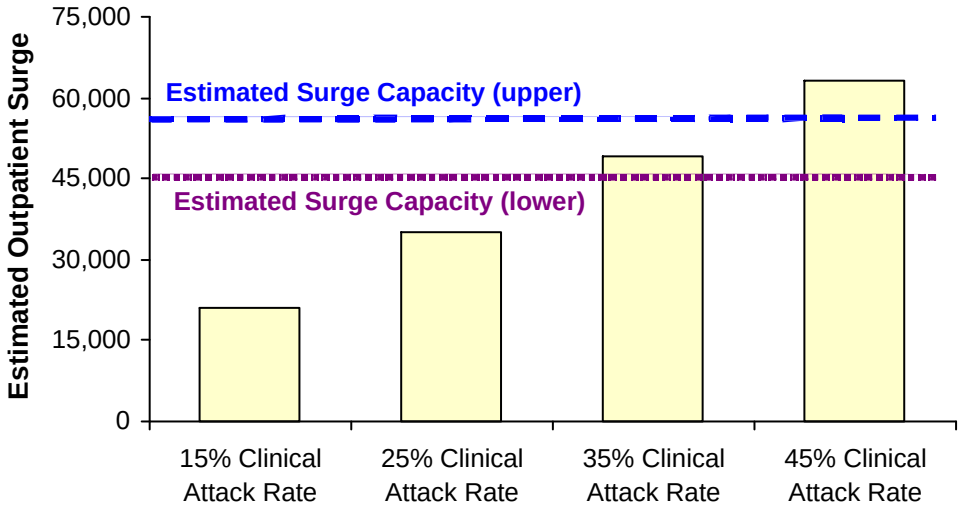
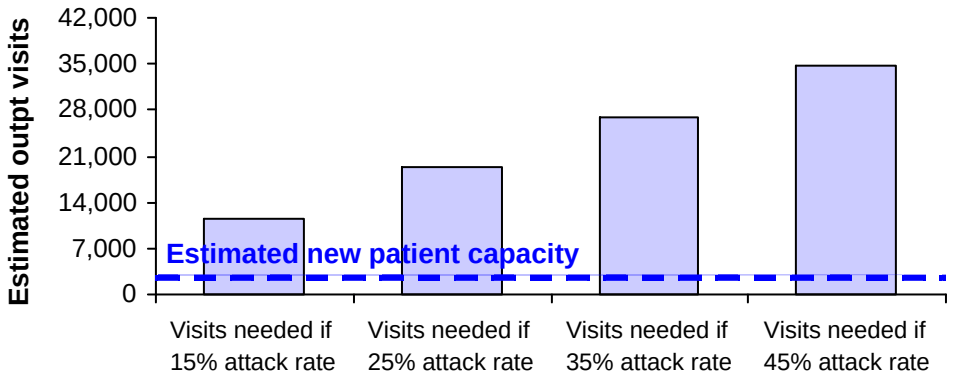


Chart 9: Visits Needed by Stranded Patients and Estimated New Patient Capacity in Region 2*



**** - Responding clinics only***

Region 3

Counties:
Coos
Curry
Douglas
Jackson
Josephine
Lane

Chart 10: Six-Week Outpatient Surge and Estimated Surge Capacity in Region 3

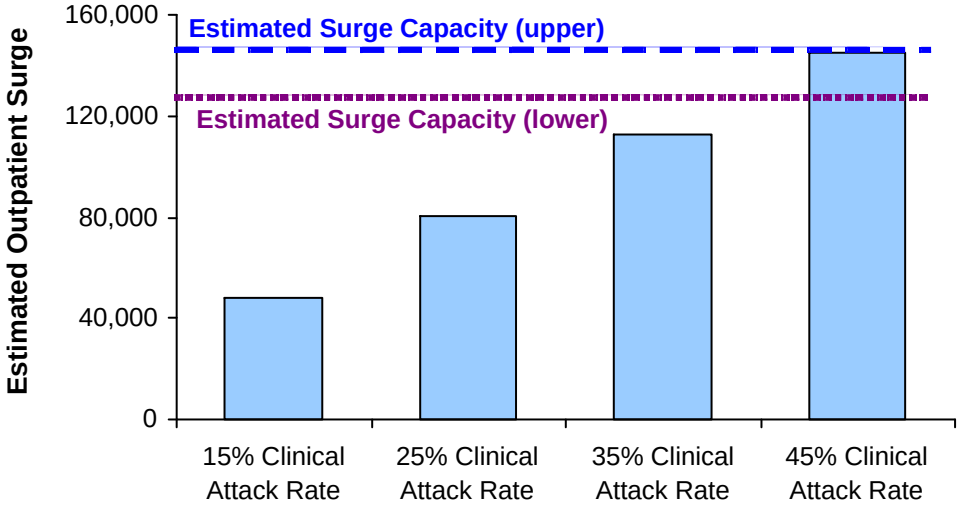


Chart 11: Two-Week Peak Outpatient Surge and Estimated Surge Capacity in Region 3

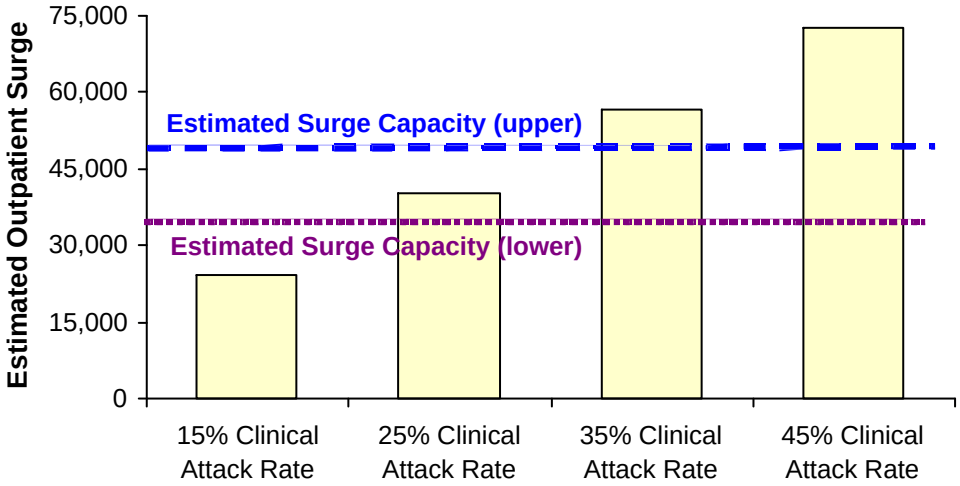
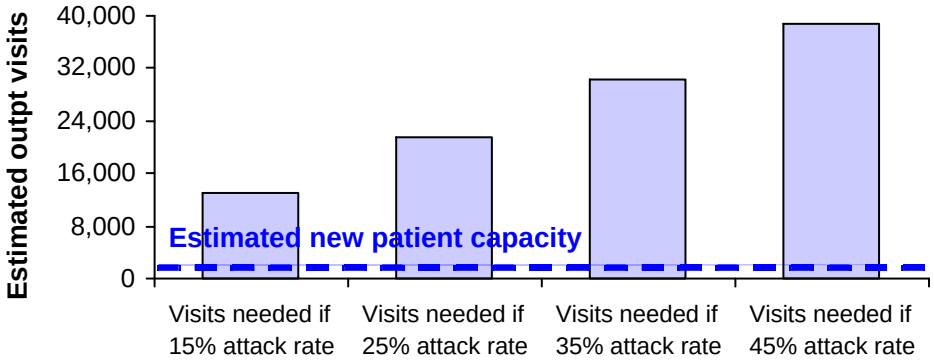


Chart 12: Visits Needed by Stranded Patients and Estimated New Patient Capacity in Region 3*



**** - Responding clinics only***

Region 4

Counties:
Crook
Deschutes
Gilliam
Hood River
Jefferson
Klamath
Lake
Sherman
Wasco
Wheeler

Chart 13: Six-Week Outpatient Surge and Estimated Surge Capacity in Region 4

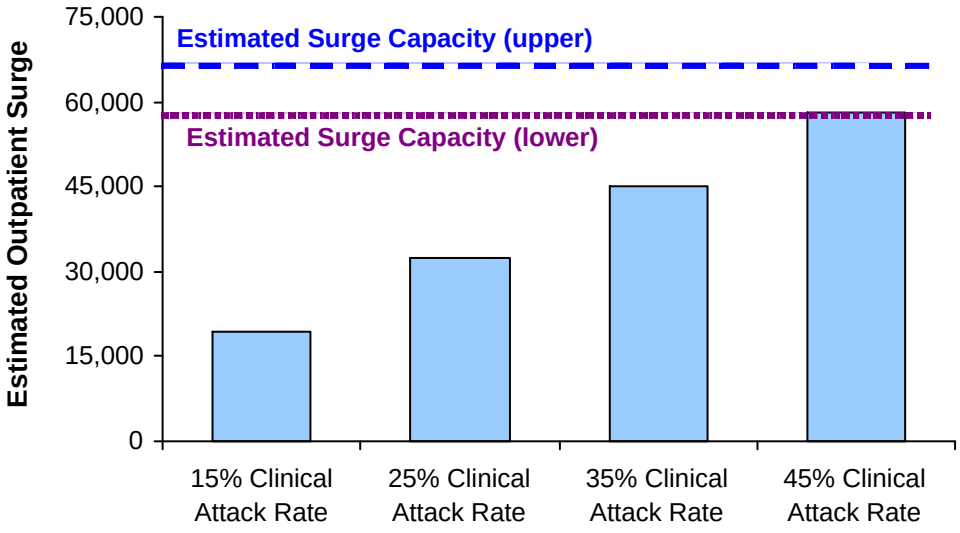


Chart 14: Two-Week Peak Outpatient Surge and Estimated Surge Capacity in Region 4

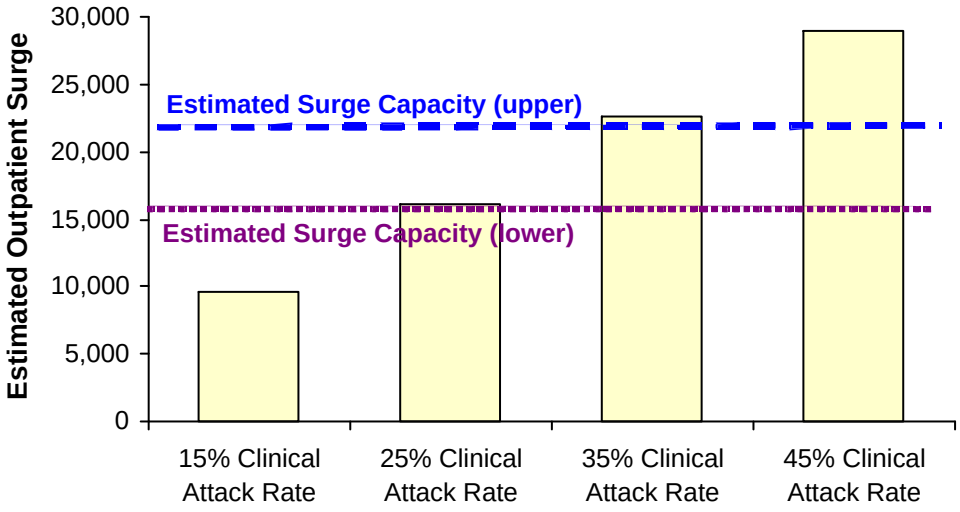
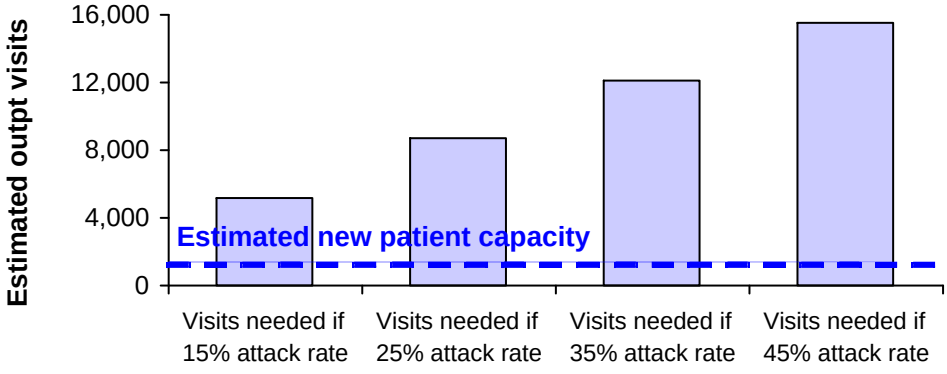


Chart 15: Visits Needed by Stranded Patients and Estimated New Patient Capacity in Region 4*



**** - Responding clinics only***

Region 5

Counties:
Baker
Grant
Harney
Malheur
Morrow
Umatilla
Union
Wallowa

Chart 16: Six-Week Outpatient Surge and Estimated Surge Capacity in Region 5

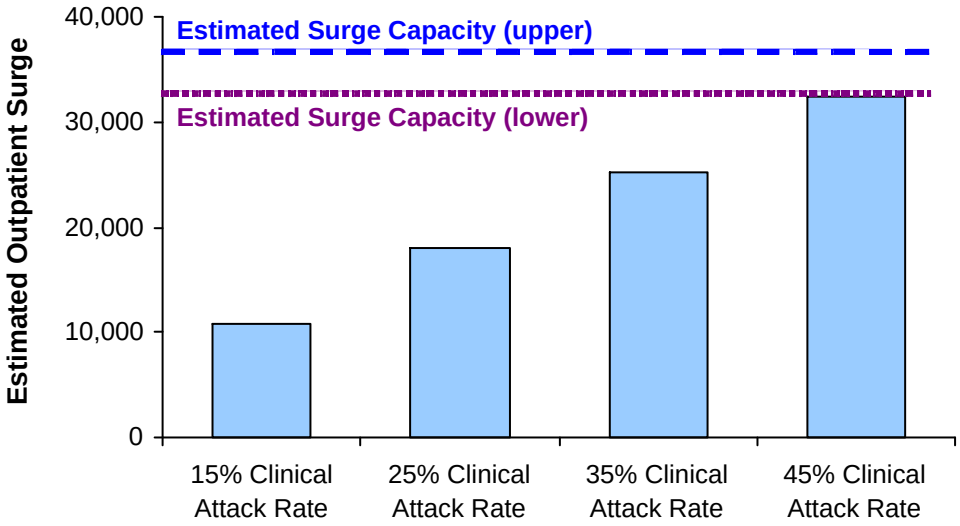


Chart 17: Two-Week Peak Outpatient Surge and Estimated Surge Capacity in Region 5

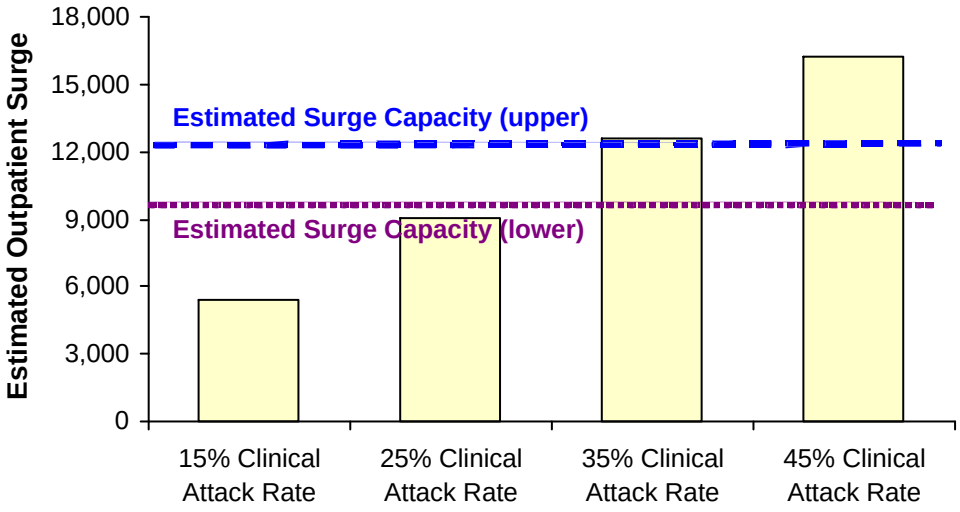
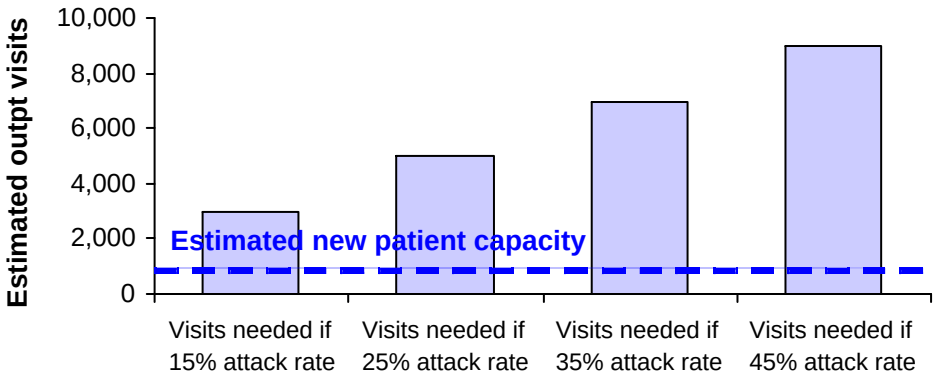


Chart 18: Visits Needed by Stranded Patients and Estimated New Patient Capacity in Region 5*



**** - Responding clinics only***

Surge Capability

Charts 1 through 18 indicate the potential capacity of Oregon ambulatory primary care clinics to absorb a surge in demand. However, capacity estimates do not reflect a clinic's *capability* to absorb the surge. Capacity can be dictated by limitations in staffing and physical space, but capability reflects the ability of staff to manage particular patient populations and to respond to the demands placed by a specific public health emergency. For instance, a clinic with available physical capacity is hindered from providing appropriate care to someone who speaks only Korean if there are no Korean speakers available for interpretation.

In the case of an influenza pandemic, an adequate supply of personal protective equipment, knowledge of appropriate infection control protocols, plans for canceling non-essential appointments or communicating with the local public health department all influence how ***capable*** a given clinic is to respond to an emergency.

One of the challenges of patient care, in the case of a wide-spread public emergency, is the existing language capability within the current health care delivery system. Clinic managers were asked to check languages from a list if one or more if any of their staff members were "comfortable communicating" in the listed language. Table 10 clearly illustrates the challenge faced by planners; Spanish is by far the most commonly spoken language in responding clinics, and it is spoken at about half (48%) of the responding clinics. Fewer than ten clinics reported that they have Arabic, Korean, Laotian, Hmong, Cambodian, Romanian, or Thai speakers.

Table 10: Languages Spoken by Clinic Staff

Region	1	2	3	4	5
Arabic	3	0	0	0	0
Chinese	8	3	1	0	0
Korean	3	0	1	0	0
Laotian	0	0	0	0	0
Miao, Hmong	0	0	0	0	0
Mon-Khmer, Cambodian	1	0	0	0	0
Romanian	7	1	0	0	0
Russian	7	6	2	0	0
American Sign Language	3	4	4	1	0
Spanish	73	48	40	18	15
Thai	1	3	0	0	0
Ukranian	8	1	1	0	0
Vietnamese	12	2	0	0	0

In addition to language spoken by staff, part of preparedness planning is specialized competencies with diverse populations who would be at higher risk than others in an influenza pandemic, as well as who may require additional specialized care. Table 11 describes themake-up of patient population that iscomprised ofspecific vulnerable patients by region. The largest of these special populations, on a proportional basis,is the elderly. Table 12 describesthe same patient populations, but by clinic type. Of

concern is the high percentage of elderly patientsin rural health clinics. Because many rural health clinics are geographically isolated, this poses a concern about the special challengesthose clinicsface in accessing additional supplies and other professional services needed by an elderly population. Efforts to support the preparedness planning of rural clinics should be a high priority to preparedness planners.

Table 11: Vulnerable Populations Served in the Last 3 Months, by Region (median percentage of total patient population)

Vulnerable population	Region 1	Region 2	Region 3	Region 4	Region 5	Total
Children (0-18)	15%	15%	11%	11%	20%	15%
Pregnant women	1%	1%	1%	2%	1%	1%
Elderly (65 and over)	22%	25%	30%	20%	30%	25%
Uninsured	5%	10%	10%	10%	10%	10%
Non-English speaking	5%	5%	2%	2%	5%	4%
Migrant/seasonal laborers	0%	1%	0%	0%	1%	0%
Homeless	0%	1%	1%	1%	0%	1%
Psychiatric/addiction diagnosis	5%	6%	10%	5%	10%	5%
Developmentally disabled	2%	1%	2%	2%	2%	2%

Table 12: Vulnerable Populations Served in the Last 3 Months, by Clinic Type (median percentage of total patient population)

Vulnerable population	Private/ System clinic	FQHC	Rural health clinic	School based clinic	Naturo-pathic clinic	Tribal clinic/ IHS	Other safety net
Children (0-18)	10%	30%	17%	100%	10%	18%	30%
Pregnant women	1%	5%	0%	1%	2%	5%	5%
Elderly (65 and over)	30%	10%	35%	0%	20%	14%	22%
Uninsured	5%	48%	12%	38%	20%	34%	50%
Non-English speaking	3%	40%	1%	12%	1%	0%	15%
Migrant/seasonal laborers	0%	10%	1%	2%	0%	0%	15%
Homeless	0%	1%	1%	8%	0%	1%	85%
Psychiatric/addiction diagnosis	5%	10%	7%	24%	3%	15%	40%
Developmentally disabled	2%	2%	2%	8%	1%	1%	8%

The survey included questions about adequate supplies for seven items of personal protective equipment (PPE), all recommended by the U.S. Department of Health and Human Services as essential to pandemic response: disposable N95 masks, surgical masks, disposable gloves, protective clothing, disposable shoe covers, safety goggles and alcohol-based hand rubs. Respondents were asked if their clinic had an emergency cache for a sudden increase in demand. Disposable gloves (62%) and alcohol-based hand rubs (52%) were the only PPE items where the majority of responding clinics felt they had adequate emergency supply. Less than 20% of responding clinics reported an adequate supply of N95 masks and small proportions also reported an adequate supply of protective clothing (24%) and disposable shoe covers (10%).

Table 13: Personal Protective Equipment

Region		1	2	3	4	5	Total
Does this clinic have an emergency supply of:							
Disposable N95 masks	No answer	5%	4%	2%	0%	3%	3%
	Yes	18%	24%	14%	28%	11%	19%
	No	67%	62%	76%	65%	81%	69%
	Don't know	11%	11%	8%	8%	6%	9%
Surgical masks	No answer	4%	4%	3%	0%	3%	3%
	Yes	36%	32%	30%	40%	25%	33%
	No	57%	61%	62%	58%	69%	60%
	Don't know	3%	4%	5%	3%	3%	4%
Disposable gloves	No answer	4%	4%	2%	0%	3%	3%
	Yes	64%	67%	58%	65%	47%	62%
	No	29%	30%	40%	33%	47%	34%
	Don't know	3%	0%	0%	3%	3%	2%
Protective clothing	No answer	5%	4%	2%	0%	3%	3%
	Yes	24%	25%	22%	30%	19%	24%
	No	69%	69%	75%	65%	69%	70%
	Don't know	3%	2%	1%	5%	8%	3%
Disposable shoe covers	No answer	4%	4%	2%	0%	3%	3%
	Yes	11%	10%	6%	23%	8%	10%
	No	83%	85%	91%	73%	83%	84%
	Don't know	2%	2%	1%	5%	6%	3%
Safety goggles	No answer	5%	4%	3%	5%	6%	4%
	Yes	37%	26%	24%	30%	31%	31%
	No	55%	69%	71%	63%	58%	63%
	Don't know	3%	1%	1%	3%	6%	3%
Alcohol-based hand rubs	No answer	4%	4%	2%	3%	3%	3%
	Yes	54%	57%	46%	58%	44%	52%
	No	40%	39%	51%	35%	47%	42%
	Don't know	3%	0%	1%	5%	6%	2%
If your primary vendor of supplies could not resupply your clinic, do you have another source for supplying personal protective equipment?	Yes	38%	48%	36%	45%	53%	42%
	No	36%	37%	33%	30%	28%	34%
	Don't know	23%	13%	29%	23%	17%	22%
	No answer	3%	2%	2%	3%	3%	3%
What would be your next source of personal protective equipment supplies if your primary vendor was unable to resupply your clinic?	Another vendor	21%	16%	30%	14%	12%	21%
	Other system	2%	2%	2%	5%		2%
	Hospital	19%	16%	13%	18%	24%	17%
	Public health agency	4%	18%	16%	9%	12%	11%
	Other	6%			5%		3%
	No answer	49%	48%	39%	50%	53%	47%

Preparedness Planning

The survey identified key planning factors which would affect clinic-level capability to respond to a sudden increase in demand due to a pandemic influenza event. Results by region are presented in Table 14.

Statewide, 44% of responding clinics reported having an emergency preparedness plan and, of these clinics, less than two-thirds reported that clinic staff had reviewed the plan during the past 12 months. Most responding clinics had plans addressing how to activate the emergency plan (59%), the triggering events for the emergency plan (69%), and how to establish communication with the local public health authority (60%).

More importantly, only 40% of responding clinics have plans that address caring for a large influx of patients. At the same time, most responding clinics (60%) have plans that address handling a significant increase in telephone calls from patients. The vast majority of responding clinics have plans addressing infection control (85%) and triaging patients to appropriate care (84%). The majority of responding clinics (77%) also had plans addressing canceling non-essential appointments with current patients. Few clinics have plans for stockpiling medical supplies (30%) and only about half reported plans for obtaining emergency medical supplies from other sources.

Relatively few clinics (37%) have plans addressing family preparedness, such as family care for clinic personnel, and this could adversely impact a clinic's ability to remain fully staffed during a pandemic. Most responding clinics have plans for communicating with staff outside of regular office hours (79%) as well as reaching staff emergency contacts (73%).

Table 14: Emergency Preparedness

	Region	1	2	3	4	5	Total
Does your clinic have an emergency preparedness plan?	Yes	48%	51%	31%	43%	47%	44%
	No	43%	42%	53%	50%	39%	45%
	Don't know	5%	5%	12%	8%	11%	7%
	No answer	4%	2%	5%		3%	3%
Has the plan been reviewed by all staff in the last 12 months?	Yes	69%	67%	61%	41%	39%	62%
	No	22%	27%	29%	41%	44%	28%
	Don't know	1%	2%	3%	18%	11%	4%
	No answer	7%	4%	7%		6%	6%
Does this clinic have plans that address:							
Caring for a large influx of patients over a sustained period of time?	No answer	7%	4%	7%	6%	6%	6%
	Yes	46%	42%	26%	41%	28%	40%
	No	40%	44%	65%	53%	67%	48%
	Don't know	7%	9%	3%	0%	0%	6%
Provisions for obtaining emergency medical supplies and personal protective equipment from vendors, hospitals, or any other source?	No answer	6%	4%	7%	6%	6%	6%
	Yes	53%	64%	45%	41%	50%	53%
	No	31%	24%	39%	41%	44%	33%
	Don't know	10%	7%	10%	12%	0%	8%
Handling a significant increase of telephone calls from patients calling for appointments, information, reassurance, or counseling?	No answer	6%	4%	7%	6%	6%	6%
	Yes	64%	64%	61%	41%	44%	60%
	No	27%	29%	32%	53%	50%	33%
	Don't know	3%	2%	0%	0%	0%	2%
Caring for the special health care needs of older adults, children, or people with disabilities?	No answer	6%	4%	7%	6%	6%	6%
	Yes	57%	51%	45%	53%	56%	53%
	No	32%	40%	39%	35%	39%	36%
	Don't know	5%	4%	10%	6%	0%	5%
Addressing the language needs of adults with limited English proficiency?	No answer	6%	4%	7%	12%	6%	6%
	Yes	54%	58%	61%	53%	56%	56%
	No	36%	38%	29%	35%	33%	35%
	Don't know	4%	0%	3%	0%	6%	3%
Appropriate infection control?	No answer	6%	4%	7%	6%	6%	6%
	Yes	85%	87%	84%	82%	83%	85%
	No	5%	4%	7%	12%	0%	5%
	Don't know	4%	4%	3%	0%	11%	4%
Canceling non-essential appointments with current patients?	No answer	6%	4%	7%	12%	6%	6%
	Yes	78%	84%	74%	71%	67%	77%
	No	16%	4%	19%	18%	28%	15%
	Don't know	0%	7%	0%	0%	0%	2%
Family preparedness (staff arrangements for child care, elder care, or pet care)?	No answer	6%	4%	7%	12%	6%	6%
	Yes	40%	44%	29%	53%	6%	37%
	No	44%	42%	58%	35%	78%	48%
	Don't know	10%	9%	7%	0%	11%	8%

Table 14: Emergency Preparedness, continued

Region		1	2	3	4	5	Total
Does this clinic have plans that address:							
Triaging patients to appropriate care?	No answer	6%	4%	7%	12%	6%	6%
	Yes	80%	91%	84%	82%	83%	84%
	No	10%	2%	10%	6%	11%	8%
	Don't know	4%	2%	0%	0%	0%	2%
Stockpiling drugs and medical supplies?	No answer	6%	4%	7%	12%	6%	6%
	Yes	30%	27%	26%	53%	28%	30%
	No	57%	60%	58%	35%	61%	56%
	Don't know	7%	9%	10%	0%	6%	7%
Communication with staff after hours in an emergency?	No answer	6%	4%	7%	12%	6%	6%
	Yes	82%	87%	77%	77%	56%	79%
	No	12%	9%	16%	12%	33%	14%
	Don't know	0%	0%	0%	0%	6%	1%
Communicating with staff emergency contacts?	No answer	6%	4%	7%	6%	6%	6%
	Yes	75%	76%	71%	71%	61%	73%
	No	16%	9%	23%	24%	28%	17%
	Don't know	3%	11%	0%	0%	6%	4%
The triggering event(s) for implementation of the clinic's emergency preparedness plan?	No answer	6%	7%	7%	12%	6%	7%
	Yes	62%	71%	61%	53%	22%	59%
	No	22%	13%	26%	24%	61%	25%
	Don't know	10%	9%	7%	12%	11%	9%
How to activate the clinic's emergency plan?	No answer	6%	7%	7%	6%	6%	6%
	Yes	69%	78%	68%	71%	44%	69%
	No	19%	11%	23%	12%	33%	18%
	Don't know	6%	4%	3%	12%	17%	7%
Procedures for establishing emergency communications between the clinic and the local public health department?	No answer	6%	4%	7%	6%	6%	6%
	Yes	59%	69%	68%	47%	44%	60%
	No	25%	13%	16%	24%	28%	21%
	Don't know	10%	13%	10%	24%	22%	13%

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Recommendations

This report provides insight on the capacity, capability and preparedness planning of ambulatory primary care clinics in Oregon and their response to a six to eight-week patient surge due to a pandemic influenza event. The data represented in this report suggests that clinics are not adequately prepared for responding to a primary caresurge. The following recommendations are not presented in order of importance, ease of implementation or suggested schedule of implementation.

- **Recommendation #1: Develop an outreach, enrollment and communication strategy for the statewide Health Action Network (HAN).**
  Although HAN may be a useful public health emergency tool, clinics reported that they do not know whether they are participating.This reflects a lack of understanding of the HAN capabilities or what its role would be in an emergency. Any current effort to make the HAN an integral part of a statewide communication response would likely have minimal impact with ambulatory primary care clinics. Because this system already exists and clinics currently have high-speed internet access, an investment should be made to train and inform clinics statewide on the intent of HAN and the role it will play in an emergency.

- **Recommendation #2: Develop a statewide strategy to communicate how and where patients without a usual source of care should go in a pandemic influenza event.**
  One in five ambulatory primary care clinics responding to this survey would either refer patients to other sources of care or they would close completely. These findings are supported by previous reporting estimating that only about 50% of clinics would see "new" patients during an influenza scenario.[6]Even in a best case scenario, there is little capacity to address the needs of patients without a usual source of care. There is a need to develop a strategic plan addressing dissemination and public education about how a patient without a usual source of care would seek care and how communities can inform patients in a pandemic influenza event.The state should also develop a statewide strategy for development and deployment of "emergency treatment centers." These centers should be used to triage and treat patients who do not have a usual source of care. These centers should be mobile and able to meet the needs of the community being served at the time. Through effective communications and providing an alternative location for patients, the state may be better positioned to provide care to all patients during a pandemic influenza event.

- **Recommendation #3: Develop a communication strategy for clinics that do not have staff who can effectively communicate in non-English languages.**
  The increasing language diversity in Oregon creates challenges to providers effectively providing care. This communication barrier will likely be heightened by a surge of patients. Any preparedness planning has to develop, disseminate and

[6] Ambulatory Surge Capacity in Northwest Oregon: Clackamas, Clatsop, Columbia, Multnomah, Tillamook and Washington Counties; Office for Oregon Health Policy & Research; May 2006

educate providers about communicating with patients who are non-English speakers.

- **Recommendation #4: Public and private organizations should be stockpiling personal protective equipment regionally and providing communication to local clinics about its availability.**
  Supported by previous findings[7], other than disposable gloves and alcohol-based hand rubs, clinics are not creating an emergency cache of personal protective equipment. In addition, most clinics are not aware of how to receive additional supplies in an emergency. Without adequate supplies or access to additional supplies, the capacity of clinics could be additionally reduced through staff becoming symptomatic in the course of treating symptomatic patients during a pandemic influenza event.
- **Recommendation #5: Develop and disseminate a recommended preparedness plan for all ambulatory primary care clinics**
  Both reports produced by OHPR estimate only 40% of clinics who responded had a preparedness plan.[7] As a result, statewide preparedness planners should develop a model plan for clinics to use. With a dissemination and education strategy, planners can highlight the kind of issues clinics should consider and plan for in order to better prepare for a pandemic influenza event.
- **Recommendation #6: Develop an assessment strategy for ongoing refinement and adjustment of the statewide preparedness plan.**
  This report could serve as a baseline assessment. In subsequent years, another assessment should be performed in order to determine progress made toward emergency preparedness by planners and clinics.

[7] Ambulatory Surge Capacity in Northwest Oregon: Clackamas, Clatsop, Columbia, Multnomah, Tillamook and Washington Counties; Office for Oregon Health Policy & Research; May 2006

Appendix A: Oregon Primary Care Surge Capacity Survey

Oregon Primary Care Surge Capacity Survey

2007

Primary Care Surge Capacity Survey

Complete one survey for each primary care clinic site. Please do not combine sites.

Clinic Demographics

1. Clinic Site Name:_____

2. Street Address:_____

3. City:_____ 4. County_____ 5. Zip Code_____

4. URL (*If applicable)*_____

5. How would you describe the ownership of this clinic? *(Mark only one)*

   [1]❑ Owned/managed by a hospital or health system *(e.g., through a foundation, equity model, hospital-based group practice)*
   [2]❑ Owned/managed by physicians in a group practice
   [3]❑ Owned/managed by physician as a solo practitioner
   [4]❑ Owned/managed by a physician practice management company
   [5]❑ Owned/managed by a public entity *(e.g., health district, county)*
   [6]❑ Owned/managed by a non-profit, community-based board
   [7]❑ Other (*Specify:*_____)

6. How many <u>hours a day</u> is this clinic <u>routinely open for seeing patients</u>? *(Do not include hours where clinic is closed to patients, e.g., if clinic closes over the lunch hour. Round to the nearest half hour.)*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Number of clinic hours	_____hrs	_____hrs	_____hrs	_____hrs	_____hrs	_____hrs	_____hrs

7. How many exam and/or procedure rooms are available at this site address *(address given in Q2)*?

   a. _____ Number of exam rooms
   b. _____ Number of procedure rooms
   c. _____ Number of combined rooms *(e.g., rooms used as either procedure or exam rooms)*

8. Is this clinic site part of a hospital campus?

   [1]❑Yes [2]❑ No

9. Is this clinic site included in any hospital's emergency surge plan? *(Mark only one)*

   [1]❑ Yes [2]❑ No [3]❑ Don't know

   9a. If yes, which hospital:_____

10. Does this clinic site have high speed Internet access? *(Mark only one)*

    [1]❑ Yes [2]❑ No [3]❑ Don't know

11. Is this clinic on the Statewide Health Alert Network? *(Mark only one)*

[1]❑ Yes [2]❑ No [3]❑ Don't know

12. Languages spoken by staff: *(Check if one or more of your staff members are comfortable communicating in a listed language.* ***Mark all that apply.****)*

[1]❑ Arabic
[2]❑ Chinese
[3]❑ Korean
[4]❑ Laotian
[5]❑ Miao, Hmong
[6]❑ Mon-Khmer, Cambodian
[7]❑ Romanian
[8]❑ Russian
[9]❑ American Sign Language
[10]❑ Spanish
[11]❑ Thai
[12]❑ Ukrainian
[13]❑ Vietnamese
[14]❑ Other non-English language (*Specify*_____)

13. In which of the following primary care specialties do practitioners at this clinic site practice? *(Include physicians, nurse practitioners, registered nurses, and physician assistants.* ***Mark all specialties that apply****.)*

[1]❑ Family Practice/General Practice
[2]❑ General Internal Medicine
[3]❑ Obstetrics/Gynecology
[4]❑ Pediatrics
[5]❑ Other *(Specify*_____*)*

Staffing

For each of the following staff types, enter the number of paid and volunteer FTE as well as the number of individuals in each category. *(FTE=Full time equivalent; full-time, or 40 hours a week=1.0 FTE; half-time, or 20 hours a week=.5 FTE. Round to nearest .5 FTE)*

Staff Type	a. Paid FTE	b. Number of paid individuals	c. Volunteer FTE	d. Number of volunteer individuals
14. Physicians (MD/DO/ND)				
15. Physician Assistants				
16. Nurse Practitioners (NP/FNP)				
17. Registered Nurses				
18. Licensed Practical Nurses				
19. Certified Medical Assistants				
20. Other Specify: _____				

Patient Encounters

For the purposes of this survey, a patient encounter is defined as **<u>any face to face visit</u>** with a practitioner regardless of how long or for what purpose.

21. What is the **<u>average weekly patient encounter volume</u>** at this clinic site?_____

22. About what **<u>percent</u>** of this volume is **primary care visits**?_____%

Clinic Surge Preparedness: Capacity

Surge capacity is a health care system's ability to expand quickly beyond normal services to meet an increased demand for medical care **in the event of a large-scale public health emergency**.

Our specific scenario for planning and assessment is as follows: in Oregon, demand for acute care will increase by 500,000 patient encounters for evaluation of symptoms of a novel strain of influenza over a six to eight-week period. The peak surge of patient encounters will occur during week three and this surge will continue for three weeks. Also during the six to eight-week period, over 3 million phone calls will be received state wide.

23. In the event of a sudden increase in demand for primary care visits to evaluate and treat symptoms of a novel strain of influenza, is it likely that your clinic would close to seeing patients?

    [1]❑ Yes ➔ ***Skip to Q29*** [2]❑ No ➔ ***Continue to Q24*** [3]❑ Don't know ➔***Continue to Q24***

24. In case of a sudden increase in demand for primary care visits to evaluate and treat symptoms of a novel strain of influenza, what percent of your current average daily encounters **could not** be postponed *(e.g., patients who could not manage their condition like unstable diabetics or patients with unstable cardiac disease Your best estimate is fine)* ?

    _____%

25. In the event of a sudden increase in demand resulting from a novel strain of influenza, does this clinic have available space that could be converted into additional exam or procedure rooms?

    [1]❑ Yes [2]❑ No

26. How many hours per day do you think your clinic could be open to see patients in the event of a sudden increase in demand for primary care visits because of a novel strain of influenza? *(Round to the nearest half hour.)*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Number of clinic hours	_____hrs	_____hrs	_____hrs	_____hrs	_____hrs	_____hrs	_____hrs

27. In case of a sudden increase in demand for primary care visits sustained over a six to eight-week period from a novel strain of influenza, do you expect that this clinic would: *(Mark only one)*

    [1]❑ Refer symptomatic patients to other sources of care? ➔ ***SKIP TO Q29***

    [2]❑ Make arrangements *(e.g., extend operating hours, convert available space to exam rooms)* to assess and treat ***current*** patients? ➔ ***CONTINUE TO Q28***

    [3]❑ Make arrangements *(e.g., extend operating hours, convert available space to exam rooms)* to assess and treat ***current*** patients ***and accept new patients***? ➔ ***CONTINUE TO Q28***

    [4]❑ Other (*Specify*_____) ➔ ***CONTINUE TO Q28***

28. By **how much** do you think your clinic **could increase the number of daily acute care visits** during a six to eight-week period of sustained increased demand? *(Mark only one. Your best estimate is fine.)*

[1]❑ 0%
[2]❑ 1-10%
[3]❑ 11 to 20%
[4]❑ 21 to 30%
[5]❑ 31 to 40
[6]❑ 41 to 50%
[7]❑ 51 to 60%
[8]❑ 61 to 70%
[9]❑ 71 to 80%
[10]❑ 81 to 90%
[11]❑ 91 to 100%
[12]❑ Don't know

Clinic Surge Preparedness: Resources and Supplies

29. Does this clinic site have an emergency cache, in addition to the normal supply, of the following items of personal protective equipment (PPE), in case of a sudden increase in demand that is sustained over a two-week period of time:

Personal Protective Equipment	Yes	No	Don't know
a. Disposable N95 masks	[1]❑	[2]❑	[3]❑
b. Surgical masks	[1]❑	[2]❑	[3]❑
c. Disposable gloves (lightweight nitrile or vinyl or heavy rubber)	[1]❑	[2]❑	[3]❑
d. Protective clothing (e.g., disposable outer-garments)	[1]❑	[2]❑	[3]❑
e. Disposable shoe covers	[1]❑	[2]❑	[3]❑
f. Safety goggles	[1]❑	[2]❑	[3]❑
g. Alcohol-based hand rubs	[1]❑	[2]❑	[3]❑

30. If your primary vendor of supplies could not re-supply your clinic, do you have of another source for supplying personal protective equipment? *(Mark only one.)*

[1]❑ Yes [2]❑ No ➔ ***Skip to Q32*** [3]❑ Don't know

31. What would be your next source of personal protective equipment supplies if your primary vendor was unable to re-supply your clinic? *(Mark only one.)*

[1]❑ Another private vendor
[2]❑ Other system clinic
[3]❑ Hospital
[4]❑ Public health agency
[5]❑ Other *(Specify*_____)

Clinic Surge Preparedness: Planning

32. Does your clinic have an emergency preparedness plan?

[1]❑ Yes ➔ ***Continue to Q33***
[2]❑ No ➔ ***Skip to Q34***
[3]❑ Don't know ➔ **Skip to Q34**

33. Has the plan been reviewed by all staff in the *last 12 months*?

[1]❑ Yes
[2]❑ No
[3]❑ Don't know

34. Is contact information for your local public health department readily available at this clinic site *(e.g., posted, speed dial or computer address book or rolodex)*?

[1]❑ Yes
[2]❑ No
[3]❑ Don't know

35. Does ***this clinic site*** have a ***plan or plans*** that address(es) any or all of the following:

	Yes	No	Don't know
a. Caring for a large influx of patients over a sustained period of time?	[1]❑	[2]❑	[3]❑
b. Provisions for obtaining emergency medical supplies and personal protective equipment from vendors, hospitals, or any other alternative source?	[1]❑	[2]❑	[3]❑
c. Handling a significant increase of telephone calls from patients calling for appointments, information, reassurance, or counseling?	[1]❑	[2]❑	[3]❑
d. Caring for the special health care needs of older adults, children or people with disabilities?	[1]❑	[2]❑	[3]❑
e. Addressing the language needs of adults with limited English proficiency?	[1]❑	[2]❑	[3]❑
f. Appropriate infection control protocols?	[1]❑	[2]❑	[3]❑
g. Canceling non-essential appointments with current patients?	[1]❑	[2]❑	[3]❑
h. Family preparedness *(e.g., staff arrangements for child care, elder care, or pet care)*?	[1]❑	[2]❑	[3]❑
i. Triaging patients to appropriate care?	[1]❑	[2]❑	[3]❑
j. Stockpiling drugs *(e.g., anti-virals)* and medical supplies?	[1]❑	[2]❑	[3]❑
k. Communicating with staff after hours in an emergency (e.g., telephone tree, group paging system)?	[1]❑	[2]❑	[3]❑
l. Communicating with staff emergency contacts?	[1]❑	[2]❑	[3]❑
m. The triggering event(s) for implementation of the clinic's emergency preparedness plan?	[1]❑	[2]❑	[3]❑
n. How to activate the clinic's emergency preparedness plan?	[1]❑	[2]❑	[3]❑
o. Procedures for establishing emergency communications between the clinic and the county public health department?	[1]❑	[2]❑	[3]❑

Vulnerable Populations

We are interested in the percentage of your current patient population who might be particularly vulnerable. *Your best estimate in these categories is fine.*

Report the **estimated** percentage of patients in each category seen at this clinic in the last 3 months as a percentage of the overall patient population seen during the last 3 months. A patient may fall into two (2) or more categories (e.g. homeless and uninsured).

	Percent of patient population over the last 3 months
36. Children (0-18)	%
37. Pregnant women	%
38. Elderly (65 and over)	%
39. Uninsured	%
40. Non-English speaking	%
41. Migrant/Seasonal laborers	%
42. Homeless	%
43. Psychiatric and/or addiction diagnosis	%
44. Developmentally disabled	%
45. Other, Specify:_____	%
46. Other, Specify:_____	%

36. Please tell us anything else you think statewide emergency planners should be considering in addressing primary care surge capacity during a novel strain of influenza?

_____

_____

_____

_____

_____

_____

_____

37. In case there are questions or clarifications about responses to this survey, please list a contact name and number or email.

_____

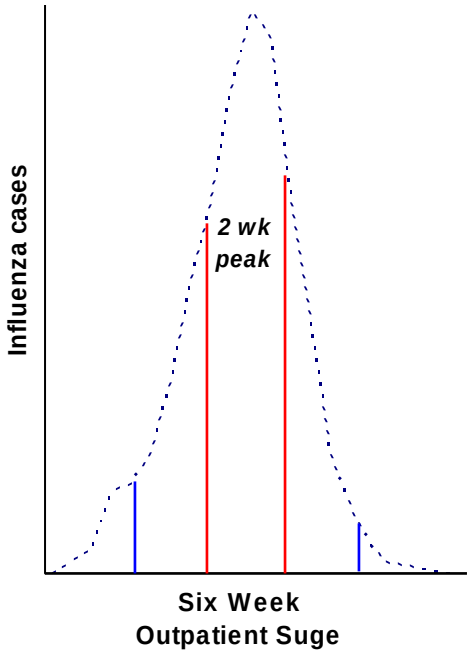
Name Phone Number/Email

THANK YOU FOR YOUR ASSISTANCE WITH THIS IMPORTANT PROJECT

Appendix B: Estimation of Patient Surge

Estimated Outpatient Surge

The survey scenario is an outbreak of a novel influenza strain, resulting in a very large surge of demand for additional outpatient visits over six to eight weeks. For planning purposes, four clinical attack rates (15%, 25%, 35%, and 45%) were used to estimate the total number of cases. The worst-case outpatient surge was then envisioned as at least 80% of the total cases occurring over six weeks, and at least 40% of the total cases occurring during a two-week peak surge. A 35% clinical attack rate will generate about 500,000 additional visits statewide during an outpatient surge, the specific scenario presented in the survey questionnaire.



Estimated Surge Capacity

Respondents

Weekly Patient Volume

Responding clinics provided an estimate of the proportion of weekly visits that are primary care. The weekly patient volume was estimated by multiplying the weekly visits by the proportion of weekly visits that are primary care.

The mean weekly patient volume per provider FTE was estimated for each region by summing the weekly patient volume and number of providers, then dividing the summed patient volume by the summed providers. This value was used to estimate the weekly patient volume for clinics that specified the number of providers, but did not supply the number of weekly visits.

Visits Postponed

Responding clinics provided an estimate of the proportion of weekly visits that could not be postponed during a pandemic. This proportion was applied to the weekly patient volume to estimate the number of weekly visits that could not be postponed. The number of visits that could be postponed was calculated by subtracting the number of visits that could not be postponed from the weekly patient volume. These values were imputed for clinics that responded “Don’t know” and for clinics that did not provide an estimate.

A median value of the proportion of weekly visits that could not be postponed was calculated for each region and for the entire state. The estimated number of weekly visits added was imputed by multiplying weekly patient volume by the lower of the regional median proportion or the statewide median proportion, then subtracting this value from the weekly patient volume.

Visits Added
Responding clinics also estimated the percentage of weekly visits (within a 10% range) that could be added during a pandemic. The lowest value of the percentage range was applied to the weekly visits to calculate the lower estimate of the number of additional weekly visits. The upper value of the percentage range was applied to the weekly visits to calculate the upper estimate of the number of additional weekly visits.

Total Surge Capacity
Lower and upper estimates of surge capacity were calculated by summing the estimate of postponed visits and the estimate of additional weekly visits. The lower and upper estimates of surge capacity were then multiplied by 6 to estimate the total surge capacity for respondents over six weeks. The lower and upper estimates of surge capacity were also multiplied by twoto estimate the total surge capacity for respondents over two weeks. These values were summed for each region.

Non-respondents
The estimated surge capacity in non-responding clinics clearly needs to be considered. To produce conservative estimates, it was assumed that a similar proportion of non-respondents (20%) would refer patients to other source of care, would have twice the median number of visits that could not be postponed, and could add 1% to 10% more visits during a pandemic.

The median weekly patient volume was calculated for each region and statewide. The number of non-responding clinicswas calculated for each region, and then multiplied by .78 to reflect clinics referring patients to other sources of care. This was then multiplied by the lower of the regional weekly patient volume or the statewide weekly patient volume. For each region the proportion of visits postponed was the lower of the regional median proportion or the statewide proportion. Visits postponed, visits added, and total surge capacity was then calculated as previously described and summed by region.

Grand Total
Estimated surge capacity for non-respondents was added to the lower and upper estimates of total surge capacity for respondents. These values represent conservative comprehensive estimates of total surge capacity for each region and statewide.

Estimated Capacity for Accepting New Patients

Maximum New Patient Capacity
Responding clinics specified if they would accept new patients during a pandemic. For these clinics, the number of weekly visits added during a pandemic (lower value) was multiplied by six and summed by region and statewide. This is an optimistic estimate of visits potentially available to new patients, assuming that a clinic's reported average weekly patient volume remains filled with existing patients and that existing patients will also fill some of the visits added. Given a sufficiently large outpatient surge, it may turn out that all visits added during a pandemic are filled with existing patients.

Stranded Patients
Responding clinics specified if they would close down and refer all their patients to other sources of care. In addition, clinics were asked if they would refer only symptomatic patients to other sources of care. For these clinics, the weekly patient volumes were

multiplied by six and summed by region and statewide. The four chosen attack rates were assumed to apply to this subpopulation of outpatients and, thus, four separate estimates of stranded patients were calculated by multiplying the summed weekly patient volumes by each attack rate.

Patients Without a Primary Care Provider

Patients who are not established with a primary care provider are also a major concern, although they are not specifically included in any of the surge capacity calculations. The 2006 BRFSS estimated that approximately 22% of adult Oregonians, about 600,000 people, do not have a primary care provider. The 2003 National Survey of Children's Health indicate an estimated 16.2% of Oregon's children, about 150,000, do not have a usual source of care.

Appendix C: Detailed Data Tables

Clinic Type and Ownership

		Region					
		1	2	3	4	5	Total
Clinic type	Private/System Clinic	**131**	**69**	**68**	**28**	**20**	**316**
	Federally Qualified Health Center	**12**	**4**	**5**	**2**	**3**	**26**
	Rural Health Clinic	**2**	**4**	**3**	**5**	**9**	**23**
	School-Based Health Center	**2**	**5**	**7**	**2**	**3**	**19**
	Naturopathic Clinic	**9**	**2**	**2**	**1**	**0**	**14**
	Tribal Clinic/IHS	**0**	**0**	**2**	**2**	**0**	**4**
	Other Safety Net Clinic	**1**	**0**	**0**	**0**	**1**	**2**
	Total	**157**	**84**	**87**	**40**	**36**	**404**
How would you describe the ownership of this clinc?	No answer	**0**	**0**	**1**	**0**	**0**	**1**
	Owned/managed by a hospital or health system	**26**	**16**	**5**	**7**	**2**	**56**
	Owned/managed by physicians in a group practice	**41**	**18**	**20**	**8**	**10**	**97**
	Owned/managed by a physician as a solo practice	**58**	**27**	**36**	**14**	**12**	**147**
	Owned/managed by a physician management company	**0**	**0**	**1**	**1**	**0**	**2**
	Owned/managed by a public entity (health district, county, etc.)	**7**	**8**	**8**	**3**	**4**	**30**
	Owned/managed by a non-profit, community-based board	**11**	**8**	**8**	**3**	**8**	**38**
	Other	**14**	**7**	**8**	**4**	**0**	**33**

Exam Rooms and Procedure Rooms

		Number of exam rooms		Number of procedure rooms	
		Mean	Median	Mean	Median
Region	1	**8.4**	**6**	**1.2**	**1**
	2	**9.9**	**6**	**1.3**	**1**
	3	**7.8**	**4**	**1.3**	**1**
	4	**9.2**	**3**	**1.0**	**1**
	5	**6.2**	**6**	**1.1**	**1**
Clinic type	Private/System Clinic	**9.0**	**6**	**1.3**	**1**
	Federally Qualified Health Center	**12.0**	**10**	**1.0**	**1**
	Rural Health Clinic	**6.1**	**5**	**.9**	**1**
	School-Based Health Center	**.9**	**1**	**.1**	**0**
	Naturopathic Clinic	**3.5**	**3**	**2.6**	**0**
	Tribal Clinic/IHS	**7.8**	**6**	**1.2**	**1**
	Other Safety Net Clinic	**5.5**	**6**	**.5**	**0**

Provider Specialties

	Region					
	1	2	3	4	5	Total
Family Practice/General Practice	**87**	**59**	**57**	**24**	**26**	**253**
General Internal Medicine	**48**	**24**	**18**	**10**	**7**	**107**
Obstetrics and/or Gynecology	**22**	**11**	**6**	**8**	**5**	**52**
Pediatrics	**35**	**13**	**20**	**5**	**2**	**75**

Languages Spoken by Clinic Staff

	Region					
	1	2	3	4	5	Total
Arabic	**3**	**0**	**0**	**0**	**0**	**3**
Chinese	**8**	**3**	**1**	**0**	**0**	**12**
Korean	**3**	**0**	**1**	**0**	**0**	**4**
Laotian	**0**	**0**	**0**	**0**	**0**	**0**
Miao, Hmong	**0**	**0**	**0**	**0**	**0**	**0**
Mon-Khmer, Cambodian	**1**	**0**	**0**	**0**	**0**	**1**
Romanian	**7**	**1**	**0**	**0**	**0**	**8**
Russian	**7**	**6**	**2**	**0**	**0**	**15**
American Sign Language	**3**	**4**	**4**	**1**	**0**	**12**
Spanish	**73**	**48**	**40**	**18**	**15**	**194**
Thai	**1**	**3**	**0**	**0**	**0**	**4**
Ukranian	**8**	**1**	**1**	**0**	**0**	**10**
Vietnamese	**12**	**2**	**0**	**0**	**0**	**14**

Weekly Encounter Volume and Percentage Primary Care

		What is the average weekly patient encounter volume at this clinic?		About what percent of this volume is primary care visits?	
		Mean	Median	Mean	Median
Region	1	**246.6**	**160**	**88.7**	**100**
	2	**356.7**	**160**	**84.7**	**100**
	3	**250.3**	**115**	**86.9**	**100**
	4	**376.2**	**100**	**81.8**	**95**
	5	**175.1**	**130**	**76.7**	**95**
	Total	**277.2**	**140**	**85.7**	**100**
Clinic type	Private/System Clinic	**298.1**	**150**	**86.5**	**100**
	Federally Qualified Health Center	**339.3**	**315**	**96.4**	**100**
	Rural Health Clinic	**181.0**	**100**	**95.3**	**100**
	School-Based Health Center	**48.7**	**32**	**62.5**	**50**
	Naturopathic Clinic	**119.5**	**75**	**65.8**	**80**
	Tribal Clinic/IHS	**371.2**	**145**	**81.8**	**95**
	Other Safety Net Clinic	**177.0**	**177**	**50.0**	**50**
How would you describe the ownership of this clinc?	No answer	**80.0**	**80**	**100.0**	**100**
	Owned/managed by a hospital or health system	**595.8**	**300**	**85.9**	**100**
	Owned/managed by physicians in a group practice	**420.6**	**300**	**89.0**	**100**
	Owned/managed by a physician as a solo practice	**100.6**	**88**	**85.1**	**100**
	Owned/managed by a physician management company	**455.0**	**455**	**97.5**	**98**
	Owned/managed by a public entity (health district, county, etc.)	**168.7**	**50**	**73.6**	**90**
	Owned/managed by a non-profit, community-based board	**245.7**	**200**	**84.5**	**100**
	Other	**212.5**	**150**	**88.6**	**99**

Normal Patient Care Hours

		Normal Monday Hours		Normal Tuesday Hours		Normal Wednesday Hrs		Normal Thursday Hours		Normal Friday Hours		Normal Saturday Hours		Normal Sunday Hours	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Region	1	8.4	8	8.2	8	8.1	8	8.2	8	7.7	8	1.6	0	.7	0
	2	8.4	8	8.4	8	8.0	8	8.2	8	7.3	8	1.8	0	.8	0
	3	7.7	8	7.8	8	7.4	8	7.8	8	7.2	8	1.6	0	.4	0
	4	8.1	8	7.9	8	7.8	8	7.9	8	7.6	8	2.1	0	.4	0
	5	8.3	8	8.4	8	8.3	8	8.4	8	7.3	8	2.3	0	1.0	0
	Total	8.2	8	8.1	8	7.9	8	8.1	8	7.5	8	1.7	0	.7	0
Clinic type	Private/System Clinic	8.3	8	8.2	8	7.9	8	8.1	8	7.6	8	1.8	0	.7	0
	Federally Qualified Health Center	8.7	8	8.3	8	8.5	8	8.8	8	8.0	8	2.0	0	.6	0
	Rural Health Clinic	8.4	8	8.3	8	8.3	8	8.5	8	7.5	8	2.0	0	.3	0
	School-Based Health Center	6.3	7	6.7	8	6.0	7	6.2	7	4.1	6	.0	0	.0	0
	Naturopathic Clinic	7.4	8	8.4	8	7.4	8	8.9	9	8.1	8	1.4	0	.7	0
	Tribal Clinic/IHS	8.5	8	8.2	8	8.5	8	8.2	8	6.8	8	.0	0	.0	0
	Other Safety Net Clinic	10.5	10	7.0	7	10.5	10	8.5	8	8.0	8	.0	0	.0	0

Provider FTE

		Paid Physician FTE		Volunteer Physician FTE		Paid PA FTE		Volunteer PA FTE		Paid NP FTE		Volunteer NP FTE	
		Sum	Median	Sum	Median	Sum	Median	Sum	Median	Sum	Median	Sum	Median
Region	1	602.00	2.00	4.50	.00	57.00	1.00	.00	.00	75.00	1.00	1.00	.00
	2	243.50	1.50	1.00	.00	39.50	1.00	.00	.00	69.50	1.00	.00	.00
	3	225.50	1.00	1.50	.00	30.50	1.00	.50	.00	43.00	1.00	.50	.00
	4	121.00	1.00	1.00	.00	30.50	1.00	.00	.00	23.50	1.00	.00	.00
	5	68.50	2.00	.00	.00	17.00	1.00	.00	.00	15.25	1.00	.00	.00
	Total	1260.50	2.00	8.00	.00	174.50	1.00	.50	.00	226.25	1.00	1.50	.00
Clinic type	Private/System Clinic	972.50	2.00	4.00	.00	129.50	1.00	.50	.00	165.50	1.00	.50	.00
	Federally Qualified Health Center	151.50	3.00	1.00	.00	28.50	1.00	.00	.00	26.00	1.00	1.00	.00
	Rural Health Clinic	31.50	1.75	.00	.00	14.50	1.00	.00	.00	14.75	1.00	.00	.00
	School-Based Health Center	3.50	.00	.00	.00	1.00	.00	.00	.00	12.00	.50	.00	.00
	Naturopathic Clinic	89.50	1.50	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	Tribal Clinic/IHS	8.00	1.00	1.00	.50	.00	.00	.00	.00	8.00	2.00	.00	.00
	Other Safety Net Clinic	4.00	2.00	2.00	2.00	1.00	1.00	.	.	.	.	.	.

Nursing FTE

		Paid RN FTE		Volunteer RN FTE		Paid LPN FTE		Volunteer LPN FTE	
		Sum	Median	Sum	Median	Sum	Median	Sum	Median
Region	1	**154.50**	**1.00**	**1.00**	**.00**	**22.50**	**.00**	**.00**	**.00**
	2	**161.00**	**2.00**	**.00**	**.00**	**38.50**	**1.00**	**.00**	**.00**
	3	**88.90**	**1.50**	**.00**	**.00**	**30.50**	**1.00**	**.00**	**.00**
	4	**81.50**	**2.00**	**1.00**	**.00**	**23.50**	**1.00**	**.00**	**.00**
	5	**38.00**	**1.00**	**.00**	**.00**	**20.50**	**1.00**	**.00**	**.00**
	Total	**523.90**	**1.50**	**2.00**	**.00**	**135.50**	**1.00**	**.00**	**.00**
Clinic type	Private/System Clinic	**424.50**	**1.50**	**.00**	**.00**	**118.00**	**1.00**	**.00**	**.00**
	Federally Qualified Health Center	**56.50**	**2.00**	**1.00**	**.00**	**8.50**	**1.00**	**.00**	**.00**
	Rural Health Clinic	**11.50**	**1.00**	**.00**	**.00**	**8.00**	**1.00**	**.00**	**.00**
	School-Based Health Center	**12.40**	**1.00**	**.00**	**.00**	**1.00**	**.00**	**.00**	**.00**
	Naturopathic Clinic	**.00**	**.00**	**.00**	**.00**	**.00**	**.00**	**.00**	**.00**
	Tribal Clinic/IHS	**18.00**	**2.50**	**1.00**	**.50**	**.00**	**.00**	**.00**	**.00**
	Other Safety Net Clinic	**1.00**	**1.00**	**.**	**.**	**.**	**.**	**.**	**.**

Other FTE

		Paid CMA FTE		Volunteer CMA FTE		Other Paid FTE		Other Volunteer FTE	
		Sum	Median	Sum	Median	Sum	Median	Sum	Median
Region	1	**483.50**	**2.75**	**6.00**	**.00**	**517.50**	**3.00**	**6.00**	**.00**
	2	**270.00**	**2.00**	**1.00**	**.00**	**247.50**	**3.00**	**.00**	**.00**
	3	**172.00**	**2.00**	**.00**	**.00**	**279.00**	**2.00**	**.50**	**.00**
	4	**45.50**	**1.50**	**24.00**	**.00**	**115.50**	**3.00**	**.00**	**.00**
	5	**27.00**	**1.00**	**.00**	**.00**	**66.50**	**2.00**	**.00**	**.00**
	Total	**998.00**	**2.00**	**31.00**	**.00**	**1226.00**	**3.00**	**6.50**	**.00**
Clinic type	Private/System Clinic	**823.50**	**2.00**	**30.00**	**.00**	**920.00**	**3.00**	**.00**	**.00**
	Federally Qualified Health Center	**125.50**	**5.00**	**1.00**	**.00**	**204.50**	**8.50**	**2.50**	**.75**
	Rural Health Clinic	**35.50**	**1.75**	**.00**	**.00**	**38.50**	**2.00**	**.00**	**.00**
	School-Based Health Center	**2.00**	**.00**	**.00**	**.00**	**21.00**	**1.00**	**.00**	**.00**
	Naturopathic Clinic	**5.50**	**.75**	**.00**	**.00**	**15.00**	**1.00**	**.00**	**.00**
	Tribal Clinic/IHS	**3.00**	**1.00**	**.00**	**.00**	**15.00**	**4.00**	**.00**	**.00**
	Other Safety Net Clinic	**3.00**	**3.00**	**.**	**.**	**12.00**	**6.00**	**4.00**	**4.00**

Clinic Reaction to a Pandemic

		In the event of a sudden increase in demand for primary care visits to evaluate and treat symptoms of a novel strain of influenza, is it likely that your clinic would close to seeing patients?			
		No answer	Yes	No	Don't know
Region	1	**4**	**18**	**105**	**30**
	2	**1**	**7**	**63**	**13**
	3	**2**	**4**	**65**	**16**
	4	**1**	**2**	**29**	**8**
	5	**1**	**4**	**27**	**4**
	Total	**9**	**35**	**289**	**71**
Clinic type	Private/System Clinic	**7**	**31**	**225**	**53**
	Federally Qualified Health Center	**1**	**1**	**21**	**3**
	Rural Health Clinic	**0**	**0**	**20**	**3**
	School-Based Health Center	**0**	**2**	**11**	**6**
	Naturopathic Clinic	**1**	**0**	**8**	**5**
	Tribal Clinic/IHS	**0**	**0**	**3**	**1**
	Other Safety Net Clinic	**0**	**1**	**1**	**0**
How would you describe the ownership of this clinc?	No answer	**0**	**0**	**1**	**0**
	Owned/managed by a hospital or health system	**2**	**4**	**43**	**7**
	Owned/managed by physicians in a group practice	**0**	**10**	**70**	**17**
	Owned/managed by a physician as a solo practice	**6**	**15**	**100**	**26**
	Owned/managed by a physician management company	**0**	**0**	**2**	**0**
	Owned/managed by a public entity (health district, county, etc.)	**0**	**3**	**20**	**7**
	Owned/managed by a non-profit, community-based board	**1**	**1**	**28**	**8**
	Other	**0**	**2**	**25**	**6**

Availability of Space for Additional Exam Rooms or Procedure Rooms

		In the event of a sudden increase in demand for primary care visits to evaluate and treat symptoms of a novel strain of influenza, does this clinic have available space that could be converted into additional exam or procedure rooms?			
		No answer	Yes	No	Skipped
Region	1	**5**	**56**	**78**	**18**
	2	**3**	**35**	**39**	**7**
	3	**2**	**40**	**41**	**4**
	4	**1**	**19**	**18**	**2**
	5	**3**	**13**	**16**	**4**
	Total	**14**	**163**	**192**	**35**
Clinic type	Private/System Clinic	**12**	**115**	**158**	**31**
	Federally Qualified Health Center	**1**	**18**	**6**	**1**
	Rural Health Clinic	**0**	**13**	**10**	**0**
	School-Based Health Center	**1**	**7**	**9**	**2**
	Naturopathic Clinic	**0**	**6**	**8**	**0**
	Tribal Clinic/IHS	**0**	**3**	**1**	**0**
	Other Safety Net Clinic	**0**	**1**	**0**	**1**
How would you describe the ownership of this clinc?	No answer	**0**	**0**	**1**	**0**
	Owned/managed by a hospital or health system	**3**	**18**	**31**	**4**
	Owned/managed by physicians in a group practice	**3**	**33**	**51**	**10**
	Owned/managed by a physician as a solo practice	**5**	**53**	**74**	**15**
	Owned/managed by a physician management company	**0**	**2**	**0**	**0**
	Owned/managed by a public entity (health district, county, etc.)	**1**	**14**	**12**	**3**
	Owned/managed by a non-profit, community-based board	**1**	**25**	**11**	**1**
	Other	**1**	**18**	**12**	**2**

Percentage of Encounters That Could Not Be Postponed

		In the event of a sudden increase in demand for primary care visits to evaluate and treat symptoms of a novel strain of influenza, what percent of your current average daily encounters could not be postponed?	
		Mean	Median
Region	1	**32.45**	**30.00**
	2	**31.45**	**30.00**
	3	**34.75**	**30.00**
	4	**34.91**	**30.00**
	5	**33.72**	**25.00**
	Total	**33.14**	**30.00**
Clinic type	Private/System Clinic	**34.29**	**30.00**
	Federally Qualified Health Center	**37.00**	**35.00**
	Rural Health Clinic	**36.60**	**30.00**
	School-Based Health Center	**12.65**	**10.00**
	Naturopathic Clinic	**28.83**	**25.00**
	Tribal Clinic/IHS	**16.67**	**20.00**
	Other Safety Net Clinic	**30.00**	**30.00**
How would you describe the ownership of this clinc?	No answer	**5.00**	**5.00**
	Owned/managed by a hospital or health system	**35.39**	**30.00**
	Owned/managed by physicians in a group practice	**35.25**	**35.00**
	Owned/managed by a physician as a solo practice	**34.42**	**30.00**
	Owned/managed by a physician management company	**17.50**	**17.50**
	Owned/managed by a public entity (health district, county, etc.)	**18.12**	**10.00**
	Owned/managed by a non-profit, community-based board	**34.56**	**30.00**
	Other	**31.14**	**25.00**

Patient Care Hours During Surge

		Surge Monday Hours		Surge Tuesday Hours		Surge Wed. Hours		Surge Thursday Hours		Surge Friday Hours		Surge Saturday Hours		Surge Sunday Hours	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Region	1	**10.0**	**10**	**10.0**	**10**	**10.0**	**10**	**9.9**	**10**	**9.7**	**10**	**5.7**	**6**	**4.2**	**0**
	2	**9.9**	**10**	**10.1**	**10**	**9.8**	**10**	**9.6**	**10**	**9.8**	**10**	**4.9**	**4**	**3.8**	**0**
	3	**9.0**	**9**	**9.0**	**9**	**8.8**	**9**	**9.0**	**9**	**8.7**	**9**	**4.2**	**4**	**1.9**	**0**
	4	**9.7**	**10**	**9.7**	**10**	**8.8**	**10**	**9.7**	**10**	**9.7**	**10**	**6.2**	**7**	**2.7**	**0**
	5	**9.3**	**10**	**9.3**	**10**	**9.1**	**10**	**9.3**	**10**	**9.2**	**10**	**4.9**	**5**	**3.2**	**0**
	Total	**9.7**	**10**	**9.7**	**10**	**9.5**	**10**	**9.6**	**10**	**9.5**	**10**	**5.1**	**5**	**3.4**	**0**
Clinic type	Private/System Clinic	**9.7**	**10**	**9.7**	**10**	**9.4**	**10**	**9.6**	**10**	**9.5**	**10**	**5.1**	**5**	**3.4**	**0**
	Federally Qualified Health Center	**9.8**	**10**	**9.7**	**10**	**9.8**	**10**	**9.8**	**10**	**9.7**	**10**	**4.4**	**2**	**2.5**	**0**
	Rural Health Clinic	**11.1**	**10**	**10.9**	**10**	**11.1**	**10**	**11.1**	**10**	**10.4**	**10**	**7.9**	**8**	**6.1**	**5**
	School-Based Health Center	**6.2**	**8**	**7.1**	**8**	**7.3**	**8**	**7.3**	**8**	**6.2**	**8**	**.8**	**0**	**.0**	**0**
	Naturopathic Clinic	**9.5**	**8**	**10.6**	**8**	**10.1**	**8**	**9.1**	**8**	**10.1**	**8**	**4.0**	**2**	**3.3**	**0**
	Tribal Clinic/IHS	**8.7**	**8**	**8.7**	**8**	**8.7**	**8**	**8.7**	**8**	**8.0**	**8**	**8.0**	**8**	**8.0**	**8**
	Other Safety Net Clinic	**12.0**	**12**	**12.0**	**12**	**12.0**	**12**	**12.0**	**12**	**12.0**	**12**	**.**	**.**	**.**	**.**
How would you describe the ownership of this clinc?	Owned/managed by a hospital or health system	**10.8**	**10**	**10.8**	**10**	**10.8**	**10**	**10.6**	**10**	**10.6**	**10**	**6.9**	**8**	**5.5**	**4**
	Owned/managed by physicians in a group practice	**10.1**	**10**	**10.1**	**10**	**9.9**	**10**	**10.2**	**10**	**10.0**	**10**	**6.1**	**6**	**4.0**	**3**
	Owned/managed by a physician as a solo practice	**9.0**	**9**	**9.1**	**9**	**8.6**	**9**	**8.7**	**9**	**8.7**	**9**	**3.7**	**2**	**2.1**	**0**
	Owned/managed by a physician management company	**12.0**	**12**	**10.0**	**10**	**12.0**	**12**	**10.0**	**10**	**12.0**	**12**	**10.0**	**10**	**2.5**	**2**
	Owned/managed by a public entity (health district, county, etc.)	**8.0**	**8**	**8.7**	**8**	**8.4**	**8**	**8.4**	**8**	**8.0**	**8**	**3.0**	**0**	**1.9**	**0**
	Owned/managed by a non-profit, community-based board	**10.0**	**10**	**9.8**	**10**	**10.0**	**10**	**10.0**	**10**	**9.9**	**10**	**5.7**	**6**	**3.8**	**2**
	Other	**9.9**	**10**	**9.9**	**10**	**9.9**	**10**	**9.9**	**10**	**9.3**	**9**	**4.5**	**0**	**3.4**	**0**

Clinic Reacation to Sudden Increase in Demand for Outpatient Visits

		In the event of a sudden increase in demand for primary care visits to evaluate and treat symptoms of a novel strain of influenza, sustained over a six to eight-week period, do you expect that this clinic would:					
		No answer	Refer symptomatic patients to other source of care?	Make arrangements (extended operating hours, convert space to exam rooms) to assess and treat current patients	Make arrangements to assess and treat current patients and accept new patients	Other	Skipped
Region	1	**4**	**18**	**65**	**52**	**0**	**18**
	2	**1**	**13**	**33**	**28**	**2**	**7**
	3	**1**	**11**	**34**	**30**	**7**	**4**
	4	**1**	**5**	**16**	**16**	**0**	**2**
	5	**2**	**5**	**12**	**12**	**1**	**4**
	Total	**9**	**52**	**160**	**138**	**10**	**35**
Clinic type	Private/System Clinic	**8**	**31**	**136**	**100**	**10**	**31**
	Federally Qualified Health Center	**1**	**0**	**7**	**17**	**0**	**1**
	Rural Health Clinic	**0**	**3**	**8**	**12**	**0**	**0**
	School-Based Health Center	**0**	**14**	**1**	**2**	**0**	**2**
	Naturopathic Clinic	**0**	**4**	**4**	**6**	**0**	**0**
	Tribal Clinic/IHS	**0**	**0**	**4**	**0**	**0**	**0**
	Other Safety Net Clinic	**0**	**0**	**0**	**1**	**0**	**1**
How would you describe the ownership of this clinc?	No answer	**0**	**0**	**0**	**1**	**0**	**0**
	Owned/managed by a hospital or health system	**2**	**7**	**20**	**22**	**1**	**4**
	Owned/managed by physicians in a group practice	**1**	**8**	**50**	**25**	**3**	**10**
	Owned/managed by a physician as a solo practice	**5**	**13**	**67**	**43**	**4**	**15**
	Owned/managed by a physician management company	**0**	**0**	**0**	**2**	**0**	**0**
	Owned/managed by a public entity (health district, county, etc.)	**0**	**14**	**3**	**8**	**2**	**3**
	Owned/managed by a non-profit, community-based board	**1**	**5**	**11**	**20**	**0**	**1**
	Other	**0**	**5**	**9**	**17**	**0**	**2**

Clinic's Ability to Increase Acute Care Visits

		By how much do you think your clinic could increase the number of daily acute care visits during a six to eight-week period of sustained increased demand?													
		No answer	0%	1-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%	Don't know	Skipped
Region	1	0	1	13	33	29	5	9	12	3	2	0	5	3	38
	2	0	0	8	14	28	2	3	3	0	0	0	3	2	20
	3	1	1	12	20	13	9	5	1	0	0	0	4	5	15
	4	1	0	4	11	5	1	4	0	0	0	0	3	3	7
	5	0	0	4	9	2	1	4	4	0	2	0	0	0	9
	Total	2	2	41	87	77	18	25	20	3	4	0	15	13	89
Clinic type	Private/System Clinic	2	1	33	71	66	15	17	15	3	2	0	12	10	63
	Federally Qualified Health Center	0	1	4	5	5	0	2	2	0	1	0	0	2	3
	Rural Health Clinic	0	0	3	6	1	0	4	2	0	1	0	3	0	3
	School-Based Health Center	0	0	0	2	0	1	0	0	0	0	0	0	0	16
	Naturopathic Clinic	0	0	1	1	3	1	2	1	0	0	0	0	1	3
	Tribal Clinic/IHS	0	0	0	2	1	1	0	0	0	0	0	0	0	0
	Other Safety Net Clinic	0	0	0	0	1	0	0	0	0	0	0	0	0	1
How would you describe the ownership of this clinc?	No answer	0	0	1	0	0	0	0	0	0	0	0	0	0	0
	Owned/managed by a hospital or health system	0	0	6	21	9	0	2	1	0	0	0	1	3	11
	Owned/managed by physicians in a group practice	2	0	10	22	24	2	5	7	2	0	0	1	3	19
	Owned/managed by a physician as a solo practice	0	0	13	28	28	10	15	7	1	2	0	8	3	27
	Owned/managed by a physician management company	0	0	0	0	0	0	0	0	0	0	0	1	1	0
	Owned/managed by a public entity (health district, county, etc.)	0	1	2	2	4	1	0	0	0	0	0	0	1	19
	Owned/managed by a non-profit, community-based board	0	1	4	8	6	1	2	3	0	2	0	3	1	6
	Other	0	0	5	6	6	4	1	2	0	0	0	1	1	7

Does Clinic Have an Emergency Supply of the Following:

		Region					
		1	2	3	4	5	Total
Disposable N95 masks	No answer	7	3	2	0	1	13
	Yes	28	20	12	11	4	75
	No	105	52	66	26	29	278
	Don't know	17	9	7	3	2	38
Surgical masks	No answer	6	3	3	0	1	13
	Yes	57	27	26	16	9	135
	No	89	51	54	23	25	242
	Don't know	5	3	4	1	1	14
Disposable gloves	No answer	6	3	2	0	1	12
	Yes	101	56	50	26	17	250
	No	46	25	35	13	17	136
	Don't know	4	0	0	1	1	6
Protective clothing	No answer	7	3	2	0	1	13
	Yes	37	21	19	12	7	96
	No	108	58	65	26	25	282
	Don't know	5	2	1	2	3	13
Disposable shoe covers	No answer	6	3	2	0	1	12
	Yes	17	8	5	9	3	42
	No	131	71	79	29	30	340
	Don't know	3	2	1	2	2	10
Safety goggles	No answer	7	3	3	2	2	17
	Yes	58	22	21	12	11	124
	No	87	58	62	25	21	253
	Don't know	5	1	1	1	2	10
Alcohol-based hand rubs	No answer	6	3	2	1	1	13
	Yes	84	48	40	23	16	211
	No	63	33	44	14	17	171
	Don't know	4	0	1	2	2	9
If your primary vendor of supplies could not resupply your clinic, do you have another source for supplying personal protective equipment?	No answer	5	2	2	1	1	11
	Yes	60	40	31	18	19	168
	No	56	31	29	12	10	138
	Don't know	36	11	25	9	6	87
What would be your next source of personal protective equipment supplies if your primary vendor was unable to resupply your clinic?	No answer	47	21	22	11	9	110
	Another private vendor	20	7	17	3	2	49
	Other system clinic	2	1	1	1	0	5
	Hospital	18	7	7	4	4	40
	Public health agency	4	8	9	2	2	25
	Other	6	0	0	1	0	7
	Skipped	60	40	31	18	19	168

Emergency Preparedness Planning

		Region					
		1	2	3	4	5	Total
Does your clinic have an emergency preparedness plan?	No answer	6	2	4	0	1	13
	Yes	75	43	27	17	17	179
	No	68	35	46	20	14	183
	Don't know	8	4	10	3	4	29
Has the plan been reviewed by all staff in the last 12 months?	No answer	6	2	2	0	1	11
	Yes	56	30	19	7	7	119
	No	18	12	9	7	8	54
	Don't know	1	1	1	3	2	8
	Skipped	76	39	56	23	18	212
Is the contact information for your local public health department readily available at this clinic site?	No answer	10	2	1	1	1	15
	Yes	109	73	69	33	30	314
	No	23	7	9	4	3	46
	Don't know	15	2	8	2	2	29

Hospital Affiliation

		Is this clinic site part of a hospital campus?			Is this clinic site included in any hospital's emergency surge plan?			
		No answer	Yes	No	No answer	Yes	No	Don't know
Region	1	1	32	124	0	30	75	52
	2	0	13	71	0	11	48	25
	3	0	3	84	2	6	49	30
	4	1	4	35	1	5	27	7
	5	0	10	26	0	2	15	19
	Total	2	62	340	3	54	214	133
Clinic type	Private/System Clinic	2	56	258	3	38	168	107
	Federally Qualified Health Center	0	0	26	0	9	10	7
	Rural Health Clinic	0	5	18	0	5	12	6
	School-Based Health Center	0	0	19	0	0	10	9
	Naturopathic Clinic	0	1	13	0	1	11	2
	Tribal Clinic/IHS	0	0	4	0	1	2	1
	Other Safety Net Clinic	0	0	2	0	0	1	1

Internet Access and Health Alert Network

		Does this clinic site have high speed Internet access?				Is this clinic on the Statewide Health Alert Network?			
		No answer	Yes	No	Don't know	No answer	Yes	No	Don't know
Region	1	**0**	**150**	**7**	**0**	**1**	**29**	**25**	**102**
	2	**1**	**69**	**12**	**2**	**2**	**17**	**10**	**55**
	3	**1**	**78**	**5**	**3**	**0**	**25**	**15**	**47**
	4	**0**	**37**	**3**	**0**	**0**	**11**	**6**	**23**
	5	**0**	**35**	**1**	**0**	**0**	**8**	**6**	**22**
	Total	**2**	**369**	**28**	**5**	**3**	**90**	**62**	**249**
Clinic type	Private/System Clinic	**1**	**288**	**23**	**4**	**3**	**59**	**50**	**204**
	Federally Qualified Health Center	**0**	**26**	**0**	**0**	**0**	**13**	**3**	**10**
	Rural Health Clinic	**0**	**22**	**1**	**0**	**0**	**6**	**2**	**15**
	School-Based Health Center	**1**	**14**	**3**	**1**	**0**	**8**	**2**	**9**
	Naturopathic Clinic	**0**	**13**	**1**	**0**	**0**	**1**	**4**	**9**
	Tribal Clinic/IHS	**0**	**4**	**0**	**0**	**0**	**2**	**1**	**1**
	Other Safety Net Clinic	**0**	**2**	**0**	**0**	**0**	**1**	**0**	**1**

Does Clinic Have Plans that Address the Following:

		Region					
		1	2	3	4	5	Total
Caring for a large influx of patients over a sustained period of time?	No answer	7	3	2	1	1	14
	Yes	45	20	11	10	8	94
	No	96	52	70	27	27	272
	Don't know	9	9	4	2	0	24
Provisions for obtaining emergency medical supplies and personal protective equipment from vendors, hospitals, or any other alternative source?	No answer	6	3	2	1	1	13
	Yes	53	39	26	9	13	140
	No	84	36	52	27	21	220
	Don't know	14	6	7	3	1	31
Handling a significant increase of telephone calls from patients calling for appointments, information, reassurance, or counseling?	No answer	6	3	2	1	1	13
	Yes	77	42	32	13	16	180
	No	66	38	50	25	19	198
	Don't know	8	1	3	1	0	13
Caring for the special health care needs of older adults, children, or people with disabilities?	No answer	6	3	2	1	1	13
	Yes	77	37	33	13	15	175
	No	67	39	41	24	19	190
	Don't know	7	5	11	2	1	26
Addressing the language needs of adults with limited English proficiency?	No answer	6	3	2	2	1	14
	Yes	68	38	40	16	16	178
	No	76	42	41	20	17	196
	Don't know	7	1	4	2	2	16
Appropriate infection control?	No answer	6	3	2	1	1	13
	Yes	112	68	65	30	29	304
	No	24	7	13	7	3	54
	Don't know	15	6	7	2	3	33
Canceling non-essential appointments with current patients?	No answer	6	3	2	2	1	14
	Yes	105	70	53	22	26	276
	No	41	8	27	14	9	99
	Don't know	5	3	5	2	0	15

Does Clinic Have Plans that Address the Following:

		Region					
		1	2	3	4	5	Total
Family preparedness (staff arrangements for child care, elder care, or pet care)?	No answer	6	3	2	2	1	14
	Yes	49	33	17	14	2	115
	No	84	40	54	22	29	229
	Don't know	18	8	14	2	4	46
Triaging patients to appropriate care?	No answer	6	3	2	2	1	14
	Yes	114	72	62	28	27	303
	No	26	7	20	9	7	69
	Don't know	11	2	3	1	1	18
Stockpiling drugs and medical supplies?	No answer	6	3	2	2	1	14
	Yes	32	13	16	9	8	78
	No	110	63	64	29	26	292
	Don't know	9	5	5	0	1	20
Communication with staff after hours in an emergency?	No answer	6	3	2	3	1	15
	Yes	113	72	54	26	23	288
	No	33	9	30	11	11	94
	Don't know	5	0	1	0	1	7
Communicating with staff emergency contacts?	No answer	6	6	2	2	1	17
	Yes	100	58	50	23	23	254
	No	44	12	33	14	11	114
	Don't know	7	8	2	1	1	19
The triggering event(s) for implementation of the clinic's emergency preparedness plan?	No answer	6	4	2	4	1	17
	Yes	55	36	23	12	6	132
	No	77	31	54	21	22	205
	Don't know	19	13	8	3	7	50
How to activate the clinic's emergency plan?	No answer	6	4	2	2	1	15
	Yes	62	38	26	15	11	152
	No	72	32	51	19	17	191
	Don't know	17	10	8	4	7	46
Procedures for establishing emergency communications between the clinic and the local public health department?	No answer	6	3	2	1	1	13
	Yes	62	45	31	17	13	168
	No	73	25	43	17	16	174
	Don't know	16	11	11	5	6	49

Does Clinic Serve the Following Vulnerable Populations:

		Children (0-18)		Pregnant women		Elderly (65 and over)		Uninsured		Non-English speaking	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Region	1	26.7	15	8.2	1	27.6	22	15.0	5	8.9	5
	2	27.4	15	9.0	1	29.6	25	16.0	10	12.4	5
	3	31.2	11	2.7	1	32.6	30	19.5	10	9.0	2
	4	23.7	11	9.2	2	35.5	20	19.8	10	6.0	2
	5	26.1	20	9.3	1	33.1	30	16.0	10	11.8	5
	Total	27.5	15	7.4	1	30.4	25	16.8	10	9.7	4
Clinic type	Private/System Clinic	24.0	10	8.3	1	33.4	30	11.9	5	8.1	3
	Federally Qualified Health Center	29.1	30	10.2	5	12.7	10	44.8	48	36.4	40
	Rural Health Clinic	19.9	17	1.6	0	39.3	35	14.8	12	4.0	1
	School-Based Health Center	96.0	100	1.6	1	.1	0	40.6	38	12.1	12
	Naturopathic Clinic	12.1	10	3.9	2	22.9	20	27.4	20	2.0	1
	Tribal Clinic/IHS	18.8	18	5.0	5	13.8	14	40.5	34	.0	0
	Other Safety Net Clinic	30.0	30	5.0	5	22.5	22	50.0	50	15.0	15
How would you describe the ownership of this clinc?	No answer	5.0	5	.	.	40.0	40	10.0	10	.	.
	Owned/managed by a hospital or health system	15.1	15	12.5	2	36.2	30	14.7	10	9.4	5
	Owned/managed by physicians in a group practice	33.6	17	7.3	1	30.1	26	8.3	5	5.1	2
	Owned/managed by a physician as a solo practice	19.9	10	6.1	1	36.9	32	10.4	5	8.5	2
	Owned/managed by a physician management company	5.5	6	3.0	3	45.0	45	14.0	14	7.0	7
	Owned/managed by a public entity (health district, county, etc.)	68.9	94	3.6	1	3.6	0	40.9	39	16.2	10
	Owned/managed by a non-profit, community-based board	31.4	25	6.3	1	20.7	10	43.0	40	25.4	15
	Other	21.1	15	10.1	5	20.7	20	22.2	15	3.7	2

Does Clinic Serve the Following Vulnerable Populations:

		Migrant/seasonal laborers		Homeless		Psychiatric and/or addiction diagnosis		Developmentally disabled	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median
Region	1	**2.4**	**0**	**3.2**	**0**	**9.3**	**5**	**3.4**	**2**
	2	**4.2**	**1**	**2.6**	**1**	**11.5**	**6**	**4.5**	**1**
	3	**1.8**	**0**	**3.7**	**1**	**12.0**	**10**	**4.5**	**2**
	4	**4.0**	**0**	**1.7**	**1**	**10.8**	**5**	**3.0**	**2**
	5	**6.8**	**1**	**.9**	**0**	**11.9**	**10**	**3.5**	**2**
	Total	**3.2**	**0**	**2.8**	**1**	**10.8**	**5**	**3.8**	**2**
Clinic type	Private/System Clinic	**2.2**	**0**	**1.9**	**0**	**9.3**	**5**	**3.8**	**2**
	Federally Qualified Health Center	**14.4**	**10**	**5.0**	**1**	**15.2**	**10**	**4.2**	**2**
	Rural Health Clinic	**2.9**	**1**	**.8**	**1**	**10.4**	**7**	**2.3**	**2**
	School-Based Health Center	**4.5**	**2**	**10.1**	**8**	**22.9**	**24**	**7.4**	**8**
	Naturopathic Clinic	**.2**	**0**	**.5**	**0**	**9.3**	**3**	**1.4**	**1**
	Tribal Clinic/IHS	**.0**	**0**	**1.0**	**1**	**18.3**	**15**	**4.0**	**1**
	Other Safety Net Clinic	**15.0**	**15**	**85.0**	**85**	**40.0**	**40**	**8.0**	**8**
How would you describe the ownership of this clinc?	No answer	**.**	**.**	**.**	**.**	**20.0**	**20**	**5.0**	**5**
	Owned/managed by a hospital or health system	**3.4**	**1**	**2.1**	**1**	**11.4**	**8**	**5.4**	**2**
	Owned/managed by physicians in a group practice	**1.1**	**0**	**.5**	**0**	**5.2**	**3**	**3.2**	**2**
	Owned/managed by a physician as a solo practice	**1.5**	**0**	**1.3**	**0**	**9.2**	**5**	**2.7**	**1**
	Owned/managed by a physician management company	**6.0**	**6**	**38.5**	**38**	**30.0**	**30**	**26.5**	**26**
	Owned/managed by a public entity (health district, county, etc.)	**6.3**	**3**	**7.4**	**5**	**18.2**	**10**	**6.4**	**2**
	Owned/managed by a non-profit, community-based board	**10.9**	**4**	**7.2**	**1**	**17.6**	**10**	**4.7**	**2**
	Other	**2.7**	**0**	**2.2**	**1**	**14.4**	**10**	**2.9**	**2**

Estimated Surge Capacity and Estimated Outpatient Surge

	Region					
	1	2	3	4	5	Total
Population	1,678,710	701,905	807,565	322,265	180,060	3,690,505
Responding clinics only:						
Lower 2-week surge capacity	51,566	40,906	25,774	12,322	8,160	138,728
Upper 2-week surge capacity	56,818	45,340	28,542	13,682	9,006	153,388
Lower 6-week surge capacity	154,698	122,718	77,322	36,966	24,480	416,184
Upper 6-week surge capacity	170,454	136,020	85,626	41,046	27,018	460,164
Non-responding clinics only						
Lower 2-week surge capacity	26,060	9,528	17,220	6,658	2,870	60,960
Upper 2-week surge capacity	31,780	11,620	21,000	8,120	3,500	74,340
Lower 6-week surge capacity	78,180	28,584	51,660	19,974	8,610	182,880
Upper 6-week surge capacity	95,340	34,860	63,000	24,360	10,500	223,020
Estimate for all surveyed clinics:						
Lower 2-week surge capacity	64,596	45,670	34,384	15,651	9,595	169,896
Upper 2-week surge capacity	88,598	56,960	49,542	21,802	12,506	229,408
Lower 6-week surge capacity	232,878	151,302	128,982	56,940	33,090	603,192
Upper 6-week surge capacity	265,794	170,880	148,626	65,406	37,518	688,224
If clinical attack rate is 15%						
Cases	251,807	105,286	121,135	48,340	27,009	553,576
Outpatient visits	125,903	52,643	60,567	24,170	13,505	276,788
Outpatient surge	100,723	42,114	48,454	19,336	10,804	221,430
2-week peak surge	50,361	21,057	24,227	9,668	5,402	110,715
If clinical attack rate is 25%						
Cases	419,678	175,476	201,891	80,566	45,015	922,626
Outpatient visits	209,839	87,738	100,946	40,283	22,508	461,313
Outpatient surge	167,871	70,191	80,757	32,227	18,006	369,051
2-week peak surge	83,936	35,095	40,378	16,113	9,003	184,525
If clinical attack rate is 35%						
Cases	587,549	245,667	282,648	112,793	63,021	1,291,677
Outpatient visits	293,774	122,833	141,324	56,396	31,511	645,838
Outpatient surge	235,019	98,267	113,059	45,117	25,208	516,671
2-week peak surge	117,510	49,133	56,530	22,559	12,604	258,335
If clinical attack rate is 45%						
Cases	755,420	315,857	363,404	145,019	81,027	1,660,727
Outpatient visits	377,710	157,929	181,702	72,510	40,514	830,364
Outpatient surge	302,168	126,343	145,362	58,008	32,411	664,291
2-week peak surge	151,084	63,171	72,681	29,004	16,205	332,145

Estimated Population Without a Primary Care Provider

	Region					
	1	2	3	4	5	Total
Pediatric	68,599	29,365	29,880	13,032	7,628	148,505
Adult	274,993	114,042	136,579	52,979	29,125	607,717
Total	343,593	143,409	166,462	66,015	36,758	756,222

Stranded Patients and Estimated New Patient Capacity

	Region					
	1	2	3	4	5	Total
Patient volume from clinics closed to all patients	2,980	1,002	215	61	366	4,624
Patient volume from clinics that refer symptomatic patients elsewhere	2,661	845	836	477	139	4,960
Stranded patients from responding clinics	5,642	1,849	1,054	542	510	9,584
Patients with no primary care provider	343,593	143,409	166,462	66,015	36,758	756,222
Total potentially stranded patients	377,439	154,491	172,768	69,243	39,788	813,726
Visits needed if 15% attack rate	28,308	11,587	12,958	5,193	2,984	61,030
Visits needed if 25% attack rate	47,180	19,311	21,596	8,655	4,973	101,716
Visits needed if 35% attack rate	66,052	27,036	30,234	12,118	6,963	142,403
Visits needed if 45% attack rate	84,924	34,761	38,873	15,580	8,952	183,089
Estimated new patient capacity	3,723	1,842	1,068	1,212	594	8,439