

Excerpts from CAPG Group Preparations Sept 9, 2009

Will be continually updated

HealthCare Partners, LA We have all been increasingly concerned about the H1N1 Pandemic and the possible effects on patients, our resources, and the overall effect on our organizations and surrounding communities. There are ongoing updates and changes on the recommendations regarding prevention, prophylaxis (via upcoming vaccine), and treatment with antivirals. We have group and IPA updates sent out on a weekly basis.

Within our offices, we have hand sanitizers upon entering and in each waiting room. Patients are asked to wear a mask which is immediately provided if they have a cough, sore throat, or fever. We encourage our nurses and physicians to use gloves when appropriate, face masks, and frequent washing of hands. We have hand sanitizers at the entrance to each waiting room. We will post recommendations to patients on our web site, call on hold message, on our waiting room screens, and with handouts and mailers.

We have already started our flu clinics which are currently directed at the traditional high risk groups but as recommended by the CDC should be given now (as opposed to waiting to October as previously done to have protection throughout the entire flu season).

I will forward you our patient hand out sheet which is currently being redone.

Donald J. Rebhun, M.D., Regional Medical Director, HealthCare Partners

SCMG San Diego—We do not have a specific plan for the 2009 flu season, but working through contingencies should the illness cause significant alterations in utilization patterns. We regularly update the PCP community in the IPA on changes to the current national and county policies on H1N1 management, and specific alterations needed to their practice. We have passed along the official recommendations on keeping people at home where possible, offering masks to patients with flu like illness as they arrive in the medical office, and the use of N95 masks for healthcare workers along the lines of the official recommendations.

Our IPA does not control the hospital response, but we were in daily meetings for a week with the disaster response group of the system wide initiative when the recent outbreak started. The system wide disaster response process was activated with daily teleconferences updating the system as the epidemic first rolled out, and that process can be rapidly reactivated in the event of a future event.

Gregg Garner, D.O., Medical Director, Sharp Community Medical Group

PMG Santa Cruz—Please see Nancy Greenstreet MD's excellent and pithy instruction sheet to frontline physicians, posted as a separate attachment.