

Strategically Addressing States' Contact Tracing and Workforce Needs During the COVID-19 Pandemic

Background and Introduction

As COVID-19 became a national pandemic in the United States in early 2020, states across the country scrambled to respond with public health strategies to slow the spread of the virus. The Centers for Disease Control and Prevention (CDC) recommended case investigation and contact tracing as a key strategy for preventing further spread of COVID-19 in state and local health departments (LHD). Many states and LHDs quickly stood up contact tracing programs or augmented existing programs.¹ However, the capacity was quickly tested, as case numbers outpaced existing public health infrastructure. Many states were left to develop programs with limited resources on incredibly short timelines due to a lack of guidance and funding from federal authorities.

As a result, states individually determined and continually re-determined how to best respond to the needs of their communities during the pandemic. Some states performed in-house contact tracing; some entered partnerships to implement contact tracing operations; and others contracted with vendors to outsource contact tracing efforts.²

Public Consulting Group (PCG) responded by partnering with multiple states, developing contact tracing programs and offering our vast experience to assist states with relevant large-scale changes related to operations and policies (e.g., welfare reform, the No Child Left Behind Act, and the Affordable Care Act).

PCG is in a unique position to help states assess next steps, as the country enters a new phase in public health preparedness with increased federal funding for public health programs. In this article, PCG will share lessons learned based on experiences during the initial phase of the pandemic, including recommended approaches going forward.

Challenges, Responses, and Moving Forward

Many states were challenged by resource and technical limitations and turned to trusted partners like PCG to help them navigate the complexities of standing up contact tracing programs.

The key challenges states encountered included:



¹ Centers for Disease Control and Prevention, "Case Investigation and Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic," accessed March 23, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>.

² National Academy for State Health Policy, "State Approaches to Contact Tracing During the COVID-19 Pandemic," accessed March 23, 2022, <https://www.nashp.org/state-approaches-to-contact-tracing-covid-19/>.



Challenge 1.

How do states develop new programs while simultaneously responding to the pandemic?

At the onset of the pandemic, many states had existing, de-centralized public health programs due to decreases in state-wide public health funding over the past decade. They needed to rely on LHDs to execute the front-line programs. However, reducing the spread of COVID-19 and building trust with the public required coordinated, statewide approaches with LHDs and school districts as willing partners in the effort.

States needed to establish programs that included:



Hiring and training of virtual workforces



Utilization of technology to assist with program needs



Program goals and objectives



Data-driven decision making



Critical program management

States relied on project partners to help them navigate the challenges of coordinating across diverse LHDs, supporting communities equitably, providing accessible technology tools, and producing reliable and timely information.

Moving Forward:

As states look to establish long-term plans for COVID-19 programs, including post-COVID-19 reviews, PCG can provide thorough capability-building and program evaluation services needed to support appropriate funding, staff, systems, and processes—to address future public health and crisis management needs.



Challenge 2.

How do states empower adequate amounts of staff when needs are dependent upon an unpredictable virus?

When hiring hundreds or thousands of staff, states were seeking guidance on the most suitable skills and experiences as well as strategies for timely staff onboarding. States needed confidence in knowing that a large-scale outbreak or another “wave” could be handled by their contact tracing team from both skill and capacity perspectives.

Contact tracing is built on the foundation of trust and human interaction. What proved to be an effective recruiting strategy for PCG was focusing on hiring staff from the communities in which they lived. Additionally, recruiting focused on staff with skills in customer service and experience with public health programs and technology platforms. Moreover, when it came to specialized positions (such as manager, case investigator, and specialist) who communicated with LHD or school district stakeholders, expert recruiting and internal promotion processes were essential.

Predicting staffing levels was a challenging pursuit that required strong data analysis capabilities, insightful judgement, and qualitative assessment. Some states had the tools to assess staffing needs and case and contact volume trends, whereas others needed to rely on project partners, such as PCG, to provide guidance on staffing levels.

A contact tracer (CT) who joined PCG in October 2020 said of the initiative,

“I felt very powerless in the face of something terrible that was happening. I am a nurse and knew I could use my skills and background to connect with people. That is my strength, and I wanted to use it to make a difference.”

Moving Forward:

PCG can lead states in the assessment of current recruiting and onboarding processes, so the right staff and the appropriate number of staff is selected, onboarded, and trained for their contact tracing program and other public health programs.



Challenge 3.

How do states manage an entirely remote workforce?

Many states had limited experience with the management of virtual workforces, including managing oversight, engagement, productivity, and retention. Yet during the pandemic, they were challenged with developing contact tracing programs using an entirely virtual workforce.

Remote workforce management required a strong structure, technology to support remote work, quality assurance programs to monitor the consistency and quality of work delivered, and reliable and dynamic data to provide feedback on productivity and trend analysis.

Technology was particularly critical in supporting virtual work environments that included proactive productivity and quality assurance monitoring programs. As an effective approach for states, PCG used cloud-based software tools such as Amazon Connect for call features and productivity analysis; provided meeting and file sharing programs such as Microsoft Teams for collaboration, and utilized data platforms such as Microsoft Power BI (business intelligence) to visualize multiple data files for program monitoring and trend analysis.

Additionally, remote workforces required new types of engagement strategies to stay motivated, find satisfaction in their work, bond with their teams, and retain high-performing staff. Using recognition programs, offering opportunities for internal promotions, and virtual team-building strategies were all proven methods used to engage virtual workforces.

Moving Forward:

PCG can analyze states' current workforce management practices and identify areas for development or improvement in public health programs that rely on virtual staffing models.

PCG CONTACT TRACING EXPERIENCE BY THE NUMBERS (2020 TO PRESENT)	
9	Total Number of States Served (NY, NJ, PA, OH, SC, AR, MO, WI, CA)
10	Total Projects Managed. 10 projects supporting state agencies, LHDs, and school districts
1+ mil	Total Number of Cases Interviewed
2+ mil	Total Number of Contacts Elicited and Contacted
12,000	Total Number of Staff Hired and Onboarded



Challenge 4.

How do states implement the technology and hardware necessary for new hires and existing staff to respond to program needs when the world is in lockdown?

Many states entered the pandemic with outdated electronic systems, paper reporting, and no technology to support contact tracing on a large-scale level. Additionally, procuring technology and hardware required creativity on the part of states and vendors due to unprecedented delays in supply chain and delivery systems.

Building contact tracing programs requires software systems to manage case and contact information. Examples include a customer relationship manager (CRM) tool; cloud-based call center software to support calls to and from the public; and electronic workforce management resources such as email, file sharing applications, and scheduling and time-entry/payroll management software. States worked with PCG, a trusted partner, to implement and maintain these solutions. Additionally, innovative ideas such as virtual desktops gave new hires the opportunity to use existing personal technology to go through the onboarding process and conduct job duties in a secure manner without losing business time.

Software Systems to Manage Case and Contact Information:



customer relationship manager (CRM) tool

cloud-based call center software to support calls to and from the public

electronic workforce management resources such as email

file sharing applications

scheduling and time-entry/payroll management software

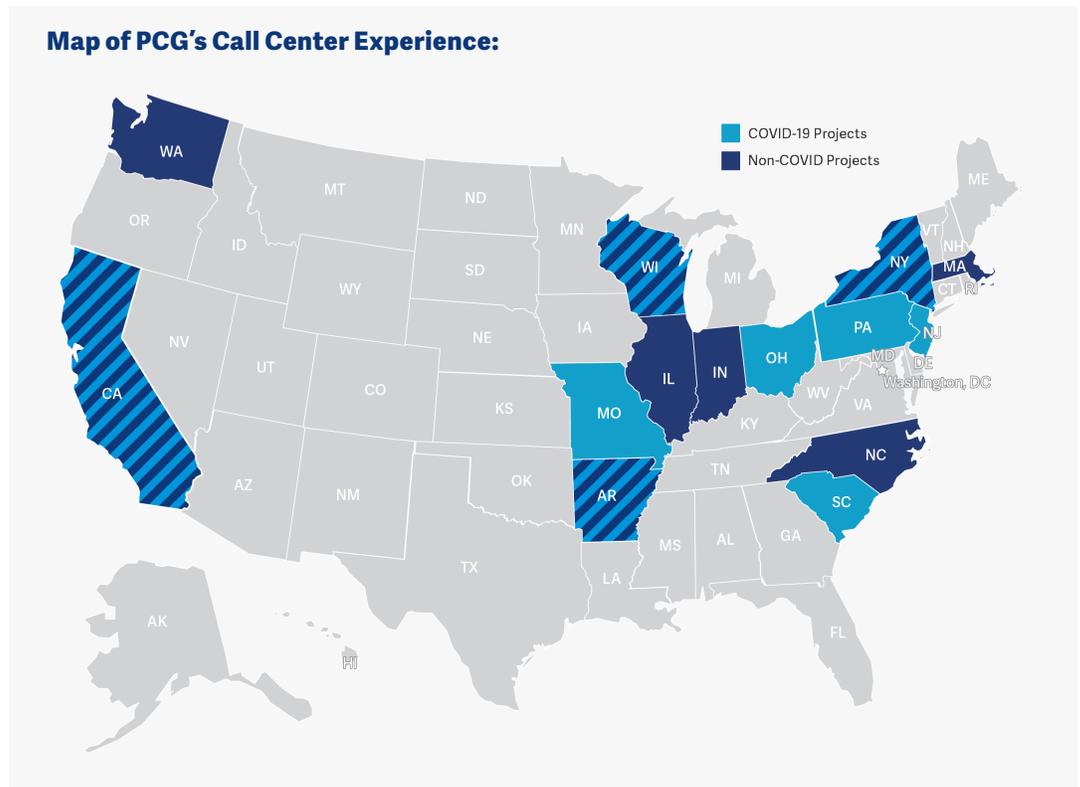
Moving Forward:

As states look to establish long-term plans for contact tracing programs, PCG can guide them in revisiting technology standards and standard operating procedures (SOP) to enable adequate flexibility when challenged with public health emergencies that might also involve supply chain disruptions.

Conclusion

PCG, through our work on multiple statewide and local contact tracing programs, has invaluable insight into the challenges states have faced throughout the COVID-19 pandemic thus far. We have worked alongside state and local organizations to anticipate and adapt to their emerging needs and provide critical solutions. These organizations are now positioned to continue performing capacity and operational planning for future needs.

Our team of experts is ready to continue this discussion, as organizations seek solutions for evolving COVID-19 and public health needs.



About the Authors

RAWSON BAYLOR PINO - SENIOR CONSULTANT

Rawson Pino is an experienced management consultant with advanced skills in project management and strategic communications. She has diverse professional experience with federal, state, and local government organizations. Pino serves as Project Manager for the New York State Department of Health (NYSDOH) contact tracing initiative.

MARGOT THISTLE, ESQ. - SENIOR CONSULTANT

Margot Thistle has over a decade's experience working on health care reforms efforts starting with the passage of health care reform in Massachusetts. Thistle served as Program Manager for the Arkansas Department of Health's contact tracing program.

To learn more about PCG's COVID-19 response services, contact us today!

 (800) 210-6113  covid@pcgus.com  www.publicconsultinggroup.com/health/covid-19-health-services/