



UNIVERSITY of
DENVER

Healthcare Working Group

7/1/2020 – 2:30-3:30 p.m.

Attending: Paul Chan, Eric Chess, JB Holston, Gregg Kvistad, Michael LaFarr, Corinne Lengsfeld, Nancy Lorenzon, Jerron Lowe, Michele Moreau, Lloyd Moore, David Odell, Stephanie O'Malley, Karen Riley, Chris Short, Michael Talamantes, Tiffany Vermillion

I. **Chancellor's Update**

- As the Chancellor was not in attendance, there was no Chancellor update.

II. **Discussion of CDC Guidance on Testing**

- As this process continues, the working group needs to have conversations and then take the information to relevant constituencies and gather feedback.
- The CDC isn't mandating or suggesting testing everyone, but they are recommending that people who have been in close contact and are symptomatic should be tested.
- DU needs to determine whether they want to try to test all individuals as they return to campus.
- Various colleges are going to be testing entire populations as they return to campus and then having regular and consistent follow-ups with their various constituency groups.
- The CDC guidelines are the minimum that DU must do.
- DU should test at-risk populations (dorms and other high-density groups) with frequency. High-frequency testing through a non-intrusive avenue would be the surest and most certain way to stay ahead of what is happening.
- No one has quoted a testing price lower than \$65 and that cost would be beyond what DU can afford.
- Universities are all over the board on their response.
- Colorado State University is doing large scale testing through their veterinary lab. It will be PCR, pooled, and saliva-based. They might also do wastewater testing.
- DU will have to manage the optics around testing, but testing controls outbreaks.
- While there are not a large number of positives from mass testing, DU needs some capacity to do large volume testing.
- A secondary recommendation is to screen and monitor people who are exposed, have been exposed, or might have been exposed, which will be key as DU asks students to travel back to campus.
- Testing is just one part of a more comprehensive plan.
- Communication with the DU community has to be about the plan in its entirety.
- Screen for symptoms and initiate contact tracing, as the testing itself isn't going to address the bigger picture.
- DU needs to communicate the plan in a way that reiterates that the approach is not random and protects privacy.



- The selected health care provider can help to provide judgment and expertise on the communications effort.
- DU has to take into account laws, guidance from the CDC, healthcare provider expertise, in-house expertise and experience, and need to communicate and gather feedback from the community.
- Many DU graduate students have internships off-site. There needs to be communication with these organizations and students about protocols and expectations.
- DU has legal protocols established around internships. Partner organizations must abide protocols that are equal or beyond the protocols of the University.
- Some undergraduate students volunteer at a variety of organizations. There needs to be communication with students about protocols and expected behaviors.
- Any communications need to think about racism and health equity, especially for marginalized and vulnerable students.
- Student Affairs is addressing behavior expectations with students during orientation.
- The daily symptom monitoring survey asks whether or not someone has been in close contact with COVID cases.
- Student life is creating a canvas course to discuss the public service aspect of behaviors for faculty, staff, and students.

III. **Health Provider Partner Interviews Update**

- DU is considering four partners: Centura Health, National Jewish, Paladina Health and UC Health
- All documents related to the discussions with providers will be on the Teams site.
- The conversations with providers discuss what is happening at DU and asking if they are willing to partner with DU moving forward.
- Discussions with the providers include having an onsite/on-campus presence and how that would look, as well as what services might or might not be provided.
- The questions include what kind of testing they are providing, their willingness to work with researchers on the project of saliva testing, and the scale of testing they recommend. There are also questions about monitoring and contact tracing.
- National Jewish provides more with contact tracing because of their mission.
- For contact tracing, if DU chooses an app, can our healthcare provider integrate that into their strategy? Each of the potential providers is open to this integration.
- DU needs to have a point-person or a small team for assistance at our provider.
- Communication will be critical. Hospitals have done a great job communicating within their organizations, but DU has a wide array of stakeholders.
- DU needs a partner who if the situation worsens quickly will be able to respond and help build a plan.
- Another key question is what is the cost? Can DU buy certain services and not all?
- Create a partnership that is mutually beneficial and strategic for both parties.
- The subgroup created responses with the proposals with 4-5 pages of questions.



- There was a conversation about contracts and the terms of the contract in being able to adapt quickly to changes in technology or testing.
- Multiple providers reiterated that they are not interested in making money from this, but instead want a broader relationship with the University.
- The plan will have to be developed jointly with the chosen healthcare provider.
- Interviews with providers will be finished on Friday, July 3rd and then the subgroup will recommend 2 providers to the Chancellor. Hopefully, the contract phase will begin early next week.

IV. **In-Person Tracing/Tracing Vendor Update**

- Providers are communicating they will work with us and they either have an app or DU can select an app.
- Healthcare providers will not be able to provide an in-person team to do contact tracing.
- Currently, the contact tracing subgroup is looking at the technology piece and not the in-person piece.
- Most of the technology providers know there needs to be a human element as well.
- One of the priorities is how to get the workforce in place and what that looks like.
- There are significant one-time resources set aside for this.
- DU will need to mobilize a group of people to do in-person tracing and will need to determine who those people are.
- Potential providers aren't going to provide people, although they may provide the training.
- Once the technology part is determined, the subgroup will move to determine the in-person element.
- The subgroup is currently reviewing 3 of 5 RFIs.

V. **New Issues/Concerns**

- Corinne provided an update on the town halls.
 - 8 town halls were conducted that included over 500 people.
 - The town halls were very well received and people were thankful for the update.
- Faculty Senate will be compiling a group to have weekly drop-in sessions where people can be updated.
 - Nancy Lorenzon will be operating as the liaison with the group to provide information on the healthcare working group conversations.
 - Open dialogue with the faculty is encouraged as long as it is within the purview of the working group.
- A question was raised around equity regarding the current, mandated travel restrictions and quarantines, specifically for employees who are unable to work from home.
- A question was posed about what constitutes a student, and if the students at Ricks and Fisher are considered DU students in terms of testing and tracing.
- Sarah Pessin has a network of 25 other faculty senate presidents from different universities across the country.



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- There was a quick word of caution about not infringing on anti-trust or anti-competition regulations.