



Dona Ana County

PURCHASING DEPARTMENT

8845 N. Motel Blvd. • Las Cruces, New Mexico 88007 • (505) 647-7221

EMERGENCY PROCUREMENT DETERMINATION

DATE: November 19, 2020

FROM: Donald E. Bullard, Chief Procurement Officer *DLB?*

The 2019 Novel Coronavirus Disease (COVID-19) is a highly infectious and fast-spreading virus that can result in serious illness or death. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247f), in response to COVID-19, and on March 11, 2020, the World Health Organization announced that the COVID-19 outbreak can be characterized as a pandemic.

As stated in the Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak issued on March 13, 2020, "the spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare systems. It is incumbent on hospitals and medical facilities throughout the country to assess their preparedness posture and be prepared to surge capacity and capability. Additional measures, however, are needed to successfully contain and combat the virus in the United States."

Pursuant to the New Mexico Procurement Code, Section 13-1-127 NMSA 1978 states in pertinent part:

"The state purchasing agent or a central purchasing office may only make an emergency procurement when the service, construction or item of tangible personal property procured:

(1) is needed immediately to:

(a) control a serious threat to public health, welfare, safety or property caused by a flood, fire, epidemic, riot, act of terrorism, equipment failure or similar event; or

(b) plan or prepare for the response to a serious threat to public health, welfare, safety or property caused by a flood, fire, epidemic, riot, act of terrorism, equipment failure or similar event; and

(2) cannot be acquired through normal procurement methods."

As the rates of infection continue to rise in many locations around the world and across the United States, this recent resurgence of COVID-19 has placed a strain on Dona Ana County and the region as a whole putting residents at significant risk. This includes the direct health risks of those afflicted with COVID-19, as well as the healthcare system charged with managing the overall care needs of the entire region. The Purchasing Department has therefore determined that not immediately procuring equipment and services to coordinate efforts with the local hospitals, medical centers and healthcare providers to develop a COVID-19 to home treatment collaborative model for patients not requiring in-patient care seriously threatens the health and safety of county residents. Due to this threat to public health, the County is entering into a contract with Electronic Caregiver to provide equipment and services.

11/13/2020

Dona Ana County, New Mexico (NM) - COVID data and risk levels - Covid Act Now



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COVID RISK LEVEL

Active or imminent outbreak

Dona Ana County is either actively experiencing an outbreak or is at extreme risk. COVID cases are exponentially growing and/or Dona Ana County's COVID preparedness is significantly below international standards.



NEW FEATURE

Explore COVID Trends. View raw case, death, and hospitalization data for Dona Ana County and compare it against other locations in our new Trends chart.

[See it below](#)

DAILY NEW CASES

● **110.6** PER 100K

Dangerous number of new cases

INFECTION RATE

● **1.14**

Active cases are rapidly increasing

POSITIVE TEST RATE

● **18.9%**

Indicates insufficient testing

ICU HEADROOM USED

● **100%**

High risk of hospital overload

Beta

TRACERS HIRED

Unknown

Insufficient data to assess

Beta

Updated November 13, 2020 · County data is currently in beta. Because counties don't report hospitalizations, our forecasts may not be as accurate. See something wrong? [Email us](#).

Compare

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https://covidactnow.org/us/nm/county/dona_ana_county/?s=1318327

1/9

11/13/2020

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DONA ANA CO., NM TO OTHER COUNTIES

Counties						
Metro & Non-metro						
COUNTY	DAILY NEW CASES PER 100K	INFECTION RATE	POSITIVE TEST RATE	ICU HEADROOM USED	TRACERS HIRED	
1 • Chaves Co. 65,000	147.5	1.35	13.3%	36%		
2 • De Baca Co. 1,700	147.1		26.5%			
3 • Curry Co. 49,000	116.4	1.24	20.5%	97%		
4 • Dona Ana Co. 220,000 College	110.6	1.14	18.9%	100%		
5 • Luna Co. 24,000	100.6	0.83	12.6%	93%		
6 • Roosevelt Co. 19,000 College	98.1	1.13	18.5%	-		

Displaying 6 of 33 View all counties in New Mexico

More info

Recommended actions

FOR DONA ANA COUNTY, NEW MEXICO

These recommendations match the guidelines set by **White House Coronavirus Task Force** and **Harvard Global Health Institute**. Based on Dona Ana County, New Mexico's new cases per 100k in the last 7 days (655.4) and positive test rate (18.9%), people in Dona Ana County, New Mexico are advised to adhere to the following recommendations. [Learn more.](#)

11/13/2020

Dona Ana County, New Mexico (NM) - COVID data and risk levels - Covid Act Now



Bars should be avoided and required to close.



Masks should be mandated and worn by everyone outside their home.



Restaurants should max at 25% capacity. Local governments must assist in expanding outdoor dining opportunities. Customers should use take-out or eat outdoors socially distanced.



Gyms should be avoided and required to close.



Schools: Enable remote learning for all students. All government levels should invest in remote learning.



Gatherings should be limited to 10 people and physical distance should be maintained. The CDC also recommends that [gatherings take place outdoors](#).



[Sources & Methodology](#) [Leave feedback](#)

Please share with policy makers, business owners, and any other decision makers, especially if these recommendations don't match reality.

11/13/2020

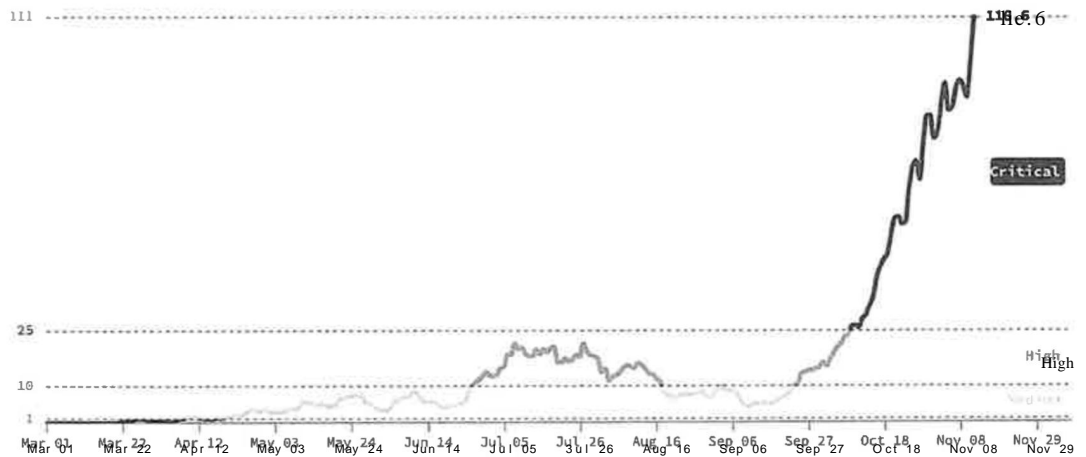
Dona Ana County, New Mexico (NM), COVID-19 data and risk levels Covid Act Now

Daily new cases per 100k population

DONA ANA COUNTY, NEW MEXICO

Severe Show

Over the last week, Dona Ana County, New Mexico has averaged 241 new confirmed cases per day (1106 for every 100,000 residents). Over the next year, this translates to around 88,000 cases and an estimated 440,000 infections (100.0% of the population).



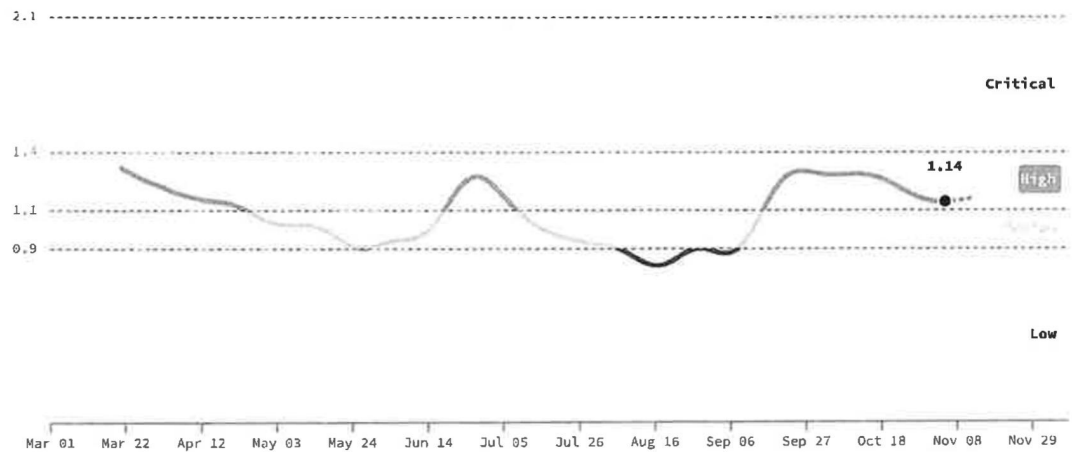
Last updated: 11/13/2020. Our risk levels for daily new cases are based on the "Key Metrics for Covid Suppression" by Harvard Global Health Institute and others. When estimating the number of people who will become infected in the course of a year, we rely on the CDC's estimate that confirmed cases represent as few as 10% of overall infections. Learn more about our methodology and our data sources.

Infection rate

DOÑA ANA COUNTY, NEW MEXICO

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On average, each person in Doña Ana County, New Mexico with COVID is infecting 1.14 other people. As such, the total number of active cases in Doña Ana County, New Mexico is growing at an unsustainable rate. If this trend continues, the hospital system may become overloaded. Caution is warranted.



Last updated 11/13/2020. Each data point is a 14-day weighted average. We present the most recent seven days of data as a dashed line, as data is often revised by states several days after reporting. Learn more about [our methodology](#) and [our data sources](#).

11/13/2020

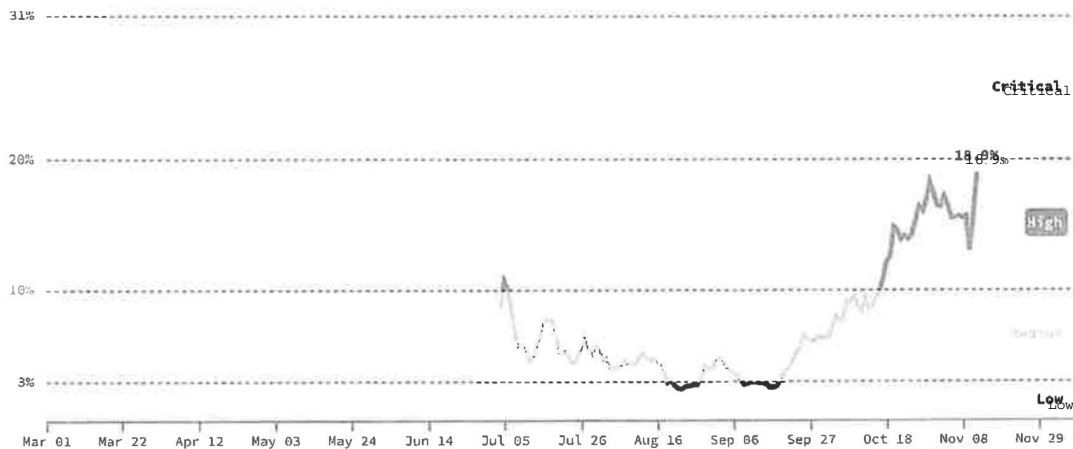
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Positive test rate

DONA ANA COUNTY, NEW MEXICO

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A relatively high percentage (18.9%) of COVID tests were positive, which indicates that testing in Dona Ana County, New Mexico is limited and that most cases may go undetected. At these levels, it is hard to know how fast COVID is actually spreading, and there is risk of being surprised by a second wave of disease. Caution is warranted.



Last updated 11/13/2020. The World Health Organization recommends a positive test rate of less than 10%. The countries most successful in containing COVID have rates of 3% or less. We calculate the rate as a 7-day trailing average. [Learn more about our methodology and our data sources.](#)

11/13/2020

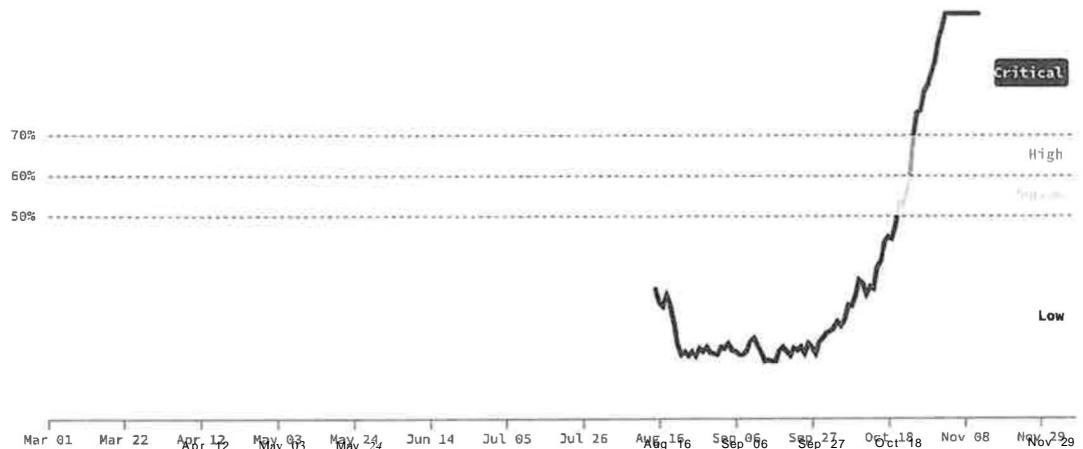
Dona Ana County, New Mexico (NM) COVID data and risk levels CovidActNow

ICU headroom used

DONA ANA COUNTY, NEW MEXICO

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Dona Ana County, New Mexico has about 531 ICU beds. Based on best available data, we estimate that 57% (29) are currently occupied by non-COVID patients. Of the 222 ICU beds remaining, we estimate 27 are needed by COVID cases, or ~100% of available beds. This suggests hospitals cannot absorb a wave of new COVID infections without substantial surge capacity. Aggressive action urgently needed.



Last updated 11/13/2020. Freddie Ro-Salvador's pandemic think tank recommends that hospitals maintain enough ICU capacity to double the number of COVID patients hospitalized. Learn more about our methodology and our data sources.

11/13/2020

Dona Ana County, New Mexico (NM) - COVID data and risk levels - CovidActNow

Tracers hired

Beta

DONA ANA COUNTY, NEW MEXICO

No contact tracing data is available.

Cases, Deaths, and Hospitalizations

Save

Share

Cases

Deaths

Hospitalizations

100 Hospitalizations




View COVID's impact on counties with majority Native American populations

Featured

Created on Indigenous Peoples' Day, this feature allows you to compare all counties that are "Native American majority counties" (NANMC) to the entire USA for two metrics: Cases and Deaths. Learn more about our methodology or view our observations.

COMPARE STATES OR COUNTIES

Dona Ana County, NM  Add

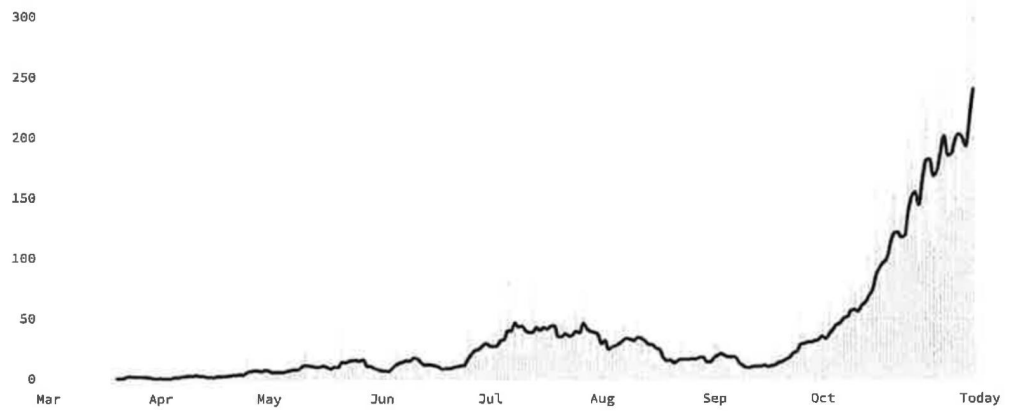
 Cases

 7 Day Average

CASES IN DONA ANA CO, NM

11/13/2020

Dona Ana County, New Mexico (NM) - COVID data and risk levels - Covid Act Now



Last updated 11/13/2020. [Learn more about our data sources.](#)

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Emergency Procurement Request

Health and Human Services is requesting the Purchasing Department for an emergency procurement of **Remote COVID-19 patient monitoring services and rental of medical equipment.**

Written authorization from County Manager:

Approved via email, November 10, 2020 at 10:17:08 AM MST, attached.

Written justification of the basis for the emergency:

The recent resurgence of and overall lack of scientific understanding of the 2019 novel coronavirus disease (COVID-19) has created a significant threat to public health throughout the world. This includes not only direct health risks of those afflicted with COVID-19, but also the healthcare system charged with managing the overall care needs of the entire region. In order to manage this highly infectious and fast-spreading virus while maintaining capacity for other care needs, a new and coordinated approach to healthcare must be quickly and effectively implemented within Dona Ana County (County).

The County and the City of Las Cruces (City) are coordinating efforts with Mountain View Regional Medical Center (MVRMC), Memorial Medical Center (MMC), MMC Family Medicine Center, New Mexico State University (NMSU) school of nursing, Burrell College of Osteopathic Medicine, and Electronic Caregiver to develop a COVID-19 to home treatment collaborative model for patients not requiring in-patient care.

The hospitals will identify patients that can be discharged to home or hotel care with monitoring of the patient and virus. The Family Medicine Center physicians, NMSU nursing students and Burrell College students will monitor the patients through the equipment provided by Electronic Caregiver. The County will coordinate discharge and hotel admission if needed. This collaborative model will increase access to care for people in critical need of hospital-based care, and more efficiently treat people who are still experiencing mild to moderate COVID-19 symptoms safely outside of the hospital setting.

Selection of the particular vendor:

The Health and Human Services department is requesting the procurement of services provided by Electronic Caregiving as an emergency procurement. Electronic Caregiver is the only local company that provides this type of service and equipment and can do so immediately. The company has been part of the planning process for the demonstration project and are able to tailor the equipment to meet the request from the local physicians.

Las Cruces Integrated Community COVID Response Plan

A Demonstration Project

Problem Statement:

The recent resurgence of and overall lack of scientific understanding of COVID has put the city of Las Cruces and the region as a whole at significant risk. This includes not only direct health risks of those afflicted with COVID, but also the health care system charged with managing the overall care needs of the entire region. In order to manage this growing population while maintaining capacity for other care needs, a new and coordinated approach must be quickly and effectively implemented.

Mission:

To collaboratively leverage community, public and private resources to improve communication and manage the current health care challenges while also creating a template for better managing overall community health beyond the current crisis.

Key Stakeholders:

1. Patients
2. Residents
3. Health Care System(s)
4. State Agencies
5. Private Business

Key Project Components:

1. Consent = Agglobal consent that allows all stakeholders to appropriately share information relevant to the care and management of patients
2. Technology = Equipment and Software that allows for shared communication and remote monitoring of patients
3. Clinical Management = Care Coordination, Triage, Medical Monitoring and defined protocols to inform care decisions
4. Clinical Protocol = A protocol that integrates defined steps and actions based on participant condition
5. Funding = Monies to pay for the technology and overall management of the program
6. Community Partnership = A shared sense of purpose, urgency and commitment by all stakeholders to achieve the immediate and long term mission of the project

Initial Thoughts:

1. Consent = I will attach a copy of the consent we use for Remote Patient Monitoring now with slight modifications in terms of listing out specific entities that a patient consents to seeing PHI. In my mind, at least related to COVID, this project really does fall under that umbrella. It is also true that, in NM, sharing information with the HIE is allowed without specific consent and that patients must actively remove consent to be excluded. In either case, I think making this required as part of the conditions for participation by patients is reasonable given that all technology and coordination services, while participating in the project are covered at no cost to them.

Las Cruces Integrated Community COVID Response Plan

A Demonstration Project

2. **Technology** – there are several components to this that I believe are necessary to optimize efficiency and effectiveness of the project:

A. **Monitoring Equipment** – Hardware would be supplied to the Patient for either in-home or in Community Housing Facility Use. A Pulse Oximeter and/or non-contact thermometer would be used, and results captured and shared with appropriate coordination and administrative staff using active alerts and logic to automatically notify if responsible parties if potential issue. For those with comorbidities, other equipment could also be added.

Notification of failure to monitor is also necessary and would be part of the logic-based alert triggering system. This technology and associated functionality is in use today and immediately available through a locally headquartered, national health technology company Electronic Caregiver.

B. **Care Coordination Software** – One critical component of this project is the ability to track, communicate and coordinate critical clinical information between critical stakeholders. This is already available in NM through the partnership with Synchronys and Collective Medical Technologies) CMT at no cost. The key implementation piece will be to get all health systems to participate and deploy these services. I have spoken to both the leadership at Synchronys and CMT and they are ready and willing to make this effort priority.

3. **Clinical Management** – Since part of the urgency around this project is related to clinical health care capacity, it is important that this project leverage the automaticity and remote capabilities of technology and vendor partners ECC has vetted and currently works with. As mentioned before, locally available technology can already manage automatic alerting to a given responsible party if potential issue is noted or participant does not monitor as required. Additional resources available through the same health technology company include:

A. **Remote Care Coordination Team** – As this is a form of Remote Patient Monitoring, there are qualified, vetted companies that can provide everything from basic 24/7 triage service on demand through compliant, Nursing Care Coordination.

B. **Employee / Health Care worker Pre-Screening** – Though the intent is to minimize in-person contact, there would ideally need to be a mechanism to allow for in-person visits with a given individual prior to escalation to urgent care or the emergency room (see Draft Protocol below). As such, the ability to affordably monitor and document lack of symptomology in the health care workers is a critical step in both effective resource management and health system capacity management beyond the immediate threat of COVID. Addison Pass is a tool available now that could accomplish this very affordably.

4. **Clinical Protocol** – the following is a draft of what a Clinical Protocol, leveraging various technologies with identified potential sources, might be:

Las Cruces Integrated Community COVID Response Plan

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A Demonstration Project

A Demonstration Project

- A. An Inventory of Monitoring Technology is kept at the health system(s). These systems would be completely set up, tested and ready to deploy.
- A. As patient is identified as COVID positive and needing monitoring is informed of program and consent is achieved by that health system(s)
- B. The health system(s) call Electronic Caregiver (ECG) to enroll the patient, provides initial system training and provides a monitoring system from inventory
- C. ECG staff onboard the patient and activate the system while also reviewing system use, clarifying capacity and answering any questions the patient may have.
- D. Based on overall project design, ECG coordinates with Synchronys, CMT or other software providers to update appropriate systems based on onboarding call
- E. System is set to prompt daily vitals monitoring with alerts as follows:
- F.
 - a. System is set to prompt daily vitals monitoring with alerts as follows:
 - a. or Report to monitor vital - if a patient does not acknowledge the reminder and / or Report the vital reading, an alert will be sent to the contracted Care Coordination team to inform so they can reach out to patient. If unable to reach patient or verify status, the Coordination team will escalate to the appropriate clinical partner
 - b. Potential issue noted with vital reading - an alert will be sent to contracted Care Coordination team if temperature and / or pulse oximetry reading is out of threshold. The Care Coordination team will triage remotely with patient and escalate to appropriate clinical partner as / if needed
- G. Patient Transition out of program - once the patient has an asymptomatic / stable / no longer needs monitoring, the equipment will be returned to ECG. This can be done by the patient returning equipment to their doctor, the health system or directly to ECG at the corporate building. The equipment will be cleaned and returned to local health systems for use in their ongoing inventory for future patients.

In the event a given patient cannot return home and must be temporarily housed in County / State provided residence, the equipment will instead be housed within the apartment / housing unit.

In all instances, when a given patient is no longer using a given piece of equipment, the equipment can be remotely reallocated for use on the next patient.

Specific parameters for each patient or all patients can be set through the system and adjusted based on patient need. This would be part of the ongoing clinical dialogue between local and Care Coordination vendor.

5. Funding - below is a table of estimated costs with the program as outlined above. Though this does not capture all costs associated with health care in general, it does give overview of estimated costs specific to this critical, added layer of engagement.

Las Cruces Integrated Community COVID Response Plan

A Demonstration Project

Component	Potential Provider	Estimated Cost
Consent	Combined	Free
Clinical Coordination	Combined	Free
Software	CMT	Free
Monitoring Equipment	ECG	Activation / Enrollment Fee per patient - \$25 (one time) Pulse Oximeter - \$60 Non-Contact Thermometer - \$105 Monthly Equipment Rental (per User) - \$45
Remote Care Coordination	ECG with Vendor Partner	Cost Varies based on scope - \$10 - \$30 monthly per active user - minimum one-month of service required
Addison Pass for Care Givers	ECG Partner	Monthly subscription with data capture (hardware extra) - \$2.50 per employee / per month - minimum one-month of service per employee required
Telehealth Service	ECG	Monthly Subscription - \$10 per month (minimum one-month service) that covers patient and up to 7 household members

Example cost based on 40 new patients in a given month:

Example cost based on 40 new patients in a given month:

40 x \$25 (activation fee)	= \$1,000
40 x \$105 (Thermometer)	= \$4,200
40 x \$60 (Pulse Oximeter)	= \$2,400
40 x \$45 (Pulse Ox Rental)	= \$1,800
40 x \$30 (Care Coordination Rental)	= \$1,200
25 x \$20 (Addison Pass for 25 Care givers)	= \$500
40 x \$10 (Access to Telehealth)	= \$400
Total	= \$11,050

Summary:

Summary:
In totality, the amount of investment above (which could be slightly higher or lower depending on final project design) is very small given risk.
There are a lot of details to work out beyond the basics above, but the fact is this is very doable and very, very necessary in order to proactively manage the current and likely future needs.