

TEST TO TREAT

When people get COVID, do they know what to do? (ex: eligibility, who to contact, testing, when can I go back to work? etc.) What are you hearing/concerns?

Family care givers - with high levels of need. Finding out your are positive increase stress and then trying to figure out what you need and getting the therapeutic is a lot to juggle when the care giver tests positive.

Person with Asthma with COVID - took Paxlovid - feared that taste would not return. That has not happened yet - but did help her breathing.

Still confusion about I&Q, bec of split between the 5 day and 10 day period. Employers still giving different messagin - needing to return with a negative COVID test, e.g. P. People are not trusting if they should say they tested positive.

Need careful messaging - can get you where you want to go or the opposite - need the right words. to get the right outcomes.

Paxlovid is not the only treatment - Remdesivir or another MAb. Really trying to keep people from dying and out of the hospital. Confusion around who is a good candidate. If not vaccinated still at risk.

Side effects a deterrant to take paxlovid.

Internet, talking teens about messaging - how they can help save peoples lives. People who do not have the opportunity to go to workshops - has the info been spread to fast food restaurants, other place people go to. Alchol beverage

Paxlovid really helped with breathing - good experience the first 5 days then rebound. Felt worse symptoms than the first time around. Felt would have ended up in the hospital though.

Not all primary care providers are up to date on the topic. Some people being told that they are not eligible and being overlooked for txt.

People on Paxlovid - side effect worse than the COVID. Metallic taste and diarrhea not great.

Latino community still do not know about test to treat - not being used in high numbers. Seniors and people not connected still do not know about paxlovid.

right, masking - in SF good workflow/decision tree about what to do when exposed... reinforces what to do so it's not confusing. Also a warm line about access to Paxlovid. Need to be really explicit and

Limited access to technology - difficult to know what interventions available or transportation challenges. Really need delivery options for people.

families are not having their education, and places are limited and many do not have insurance and that is why they do not want to attend to get vaccinated

Interest in Door Dash or some other delivery options.

TEST TO TREAT

What can we do to increase awareness and uptake of therapeutics? What should we keep in mind?

People want meds, but are told they are not eligible. This tends to be the case with uninsured or those without a provider. They may not have proof that they are immunocompromised. Creates a distrust with the Community Navigators.

Info from providers is not even - info is not consistent - reg eligibility and that people are armed with their own information so they can talk to their providers - armed with information

All the community partners need to be able to get Paxlovid more easily and ready to provide to people.

Decision Tree for what to do when you test positive.

People wait to feel bad and then they are outside of the txt window. The other options are not as widely known about. How do you get to a provider within 5 days?

Some people not taking action - not knowing where to go and need direct guidance. Reiterating that vaccines are important as well. Need to remind people that their health comes first and their eligibility.

There is a lot of confusion and distrust - need to work on the messaging.

Paxlovid is not going to be free at some point. Communities with the highest infection rates will have diminished access to medications. Another barrier. Need to think about something that is structurally different.

Providers need more education - patients who are eligible - obesity, physical inactivity, smoking, moderate/severe asthma, diabetes, hypertension, COPD, asthma, 50 years or older, unvaccinated - providers turn patients away.

An Advocacy Script for patients to go to their doctor with so they can advocate for themselves the treatment they want and need.

Bebtelivomab - there will still be access through MediCal and Medicare. Hoping for some coverage for Paxlovid as well.

patient advocacy script (right to know/ right to different treatment options)

Patient experience - trying to get to your provider is a hurdle.