NEQCA COVID-19 Update

New England Quality Care Alliance
December 9, 2020

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New England Quality Care Alliance
Affiliated with Tufts Medical Center

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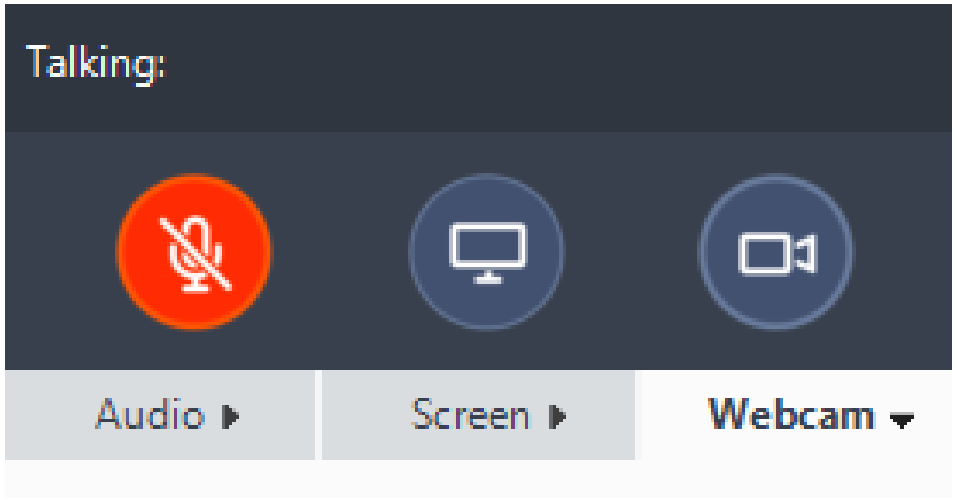

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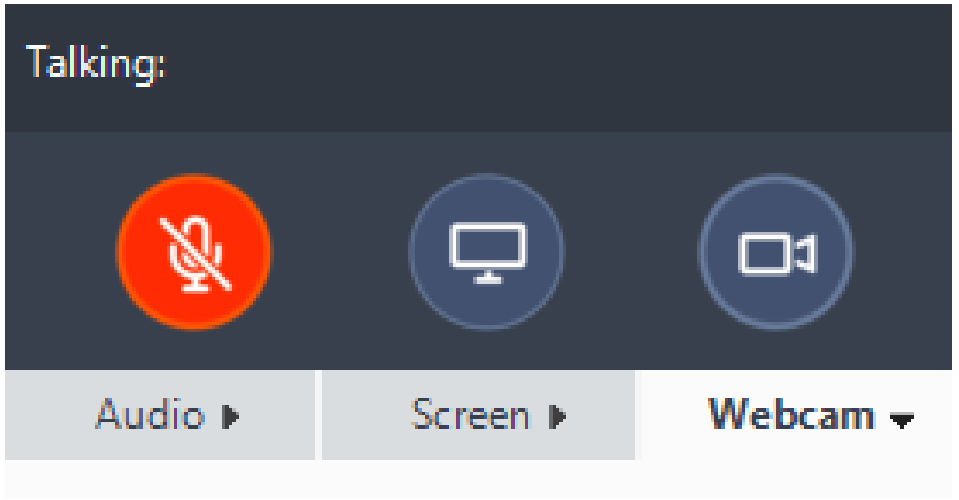
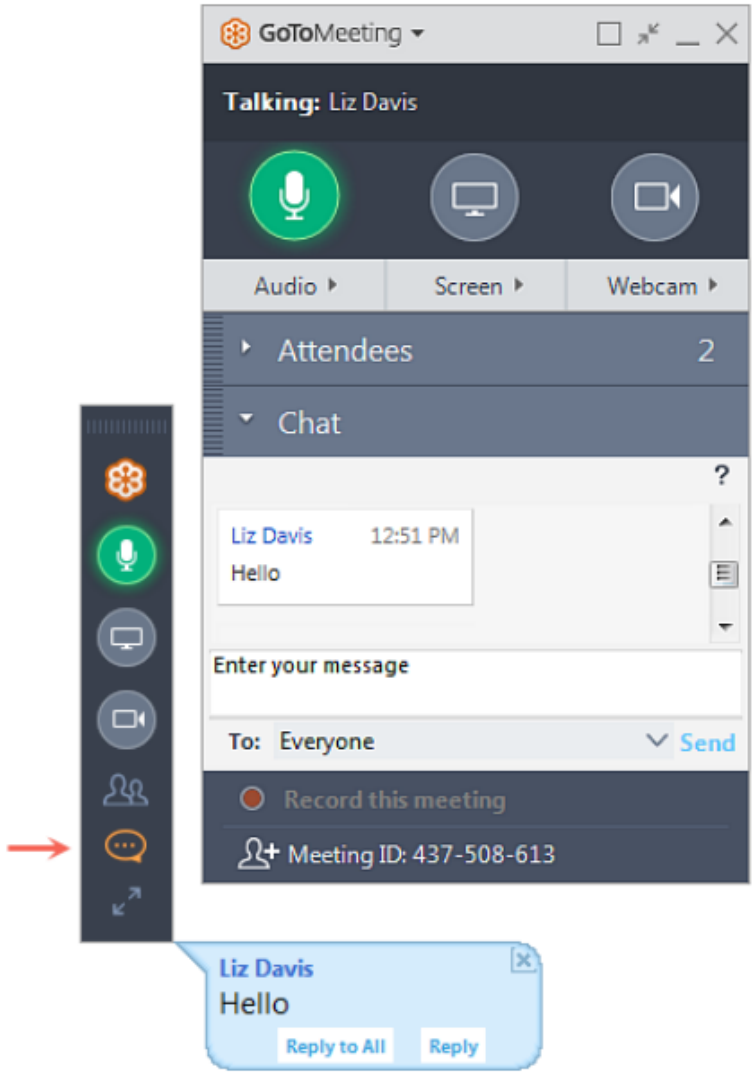


To Ask A Question

- Please use the “chat” feature to submit your question
- A moderator will then pose your question(s) to the presenters



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Opening Comments

Joseph Frolkis, MD, PhD

CEO and President

Agenda

- Situational Update
  - The numbers
  - News of the week
- Clinical Updates
  - Epidemiology and transmission
  - Diagnosis (testing)
  - Clinical course and sequelae
  - Treatment
- Safe Office Practice in the Era of COVID-19: Refresher
- Triage and telehealth
- Prevention (vaccines)
- Summary: How can I improve my ability to handle this second surge?

NEQCA COVID-19 Update

Ben Kruskal, MD

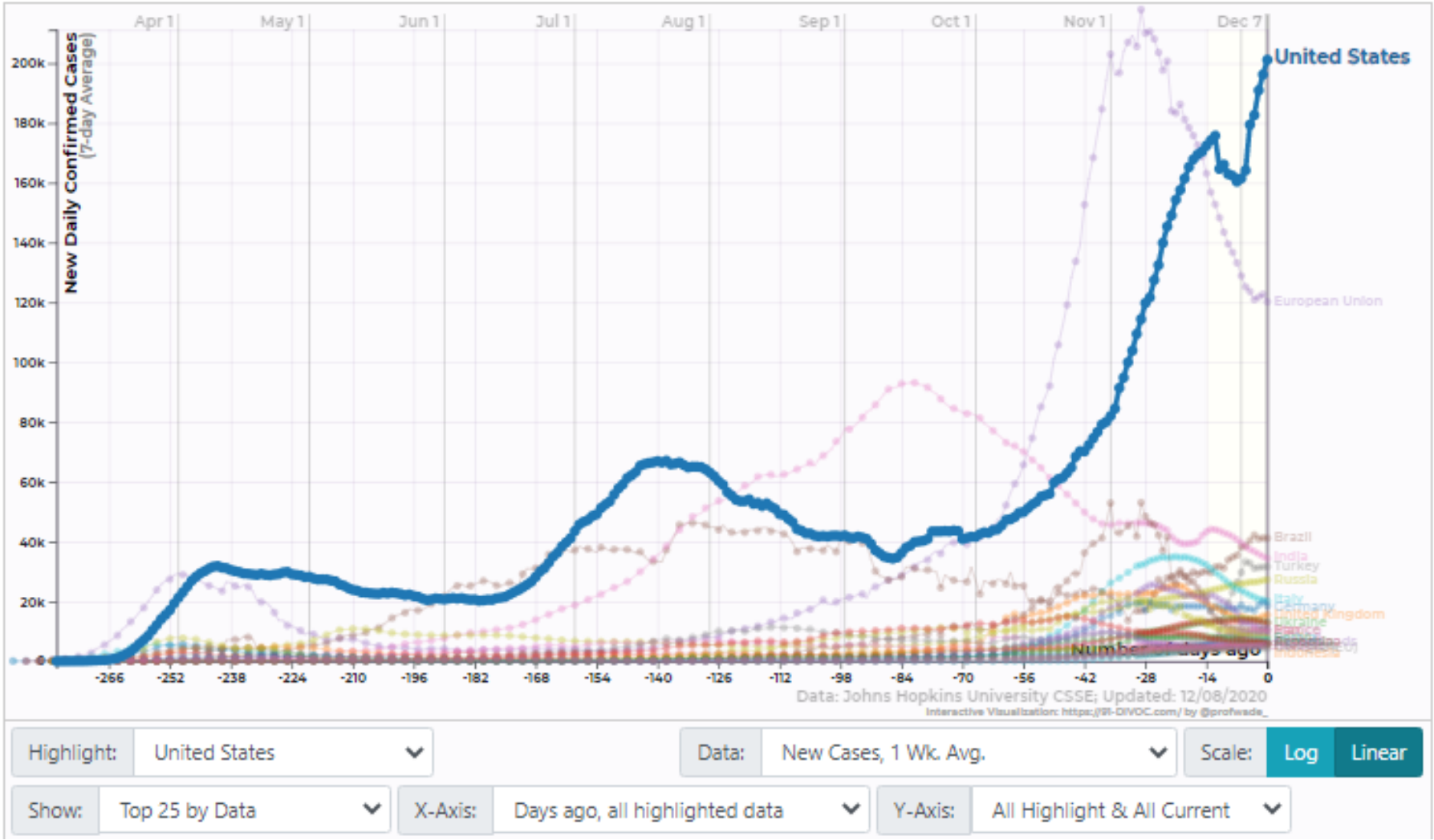
Medical Director

Numbers, as of Tuesday, 12/8/2020

- **U.S.**
  - Cases/deaths: 14.7 M/274K
  - Daily new cases: ~180,000
  - Daily new deaths as of 12/8: 2960 (compared to 9/11 deaths 2977)
  - Number currently hospitalized: ~102,000

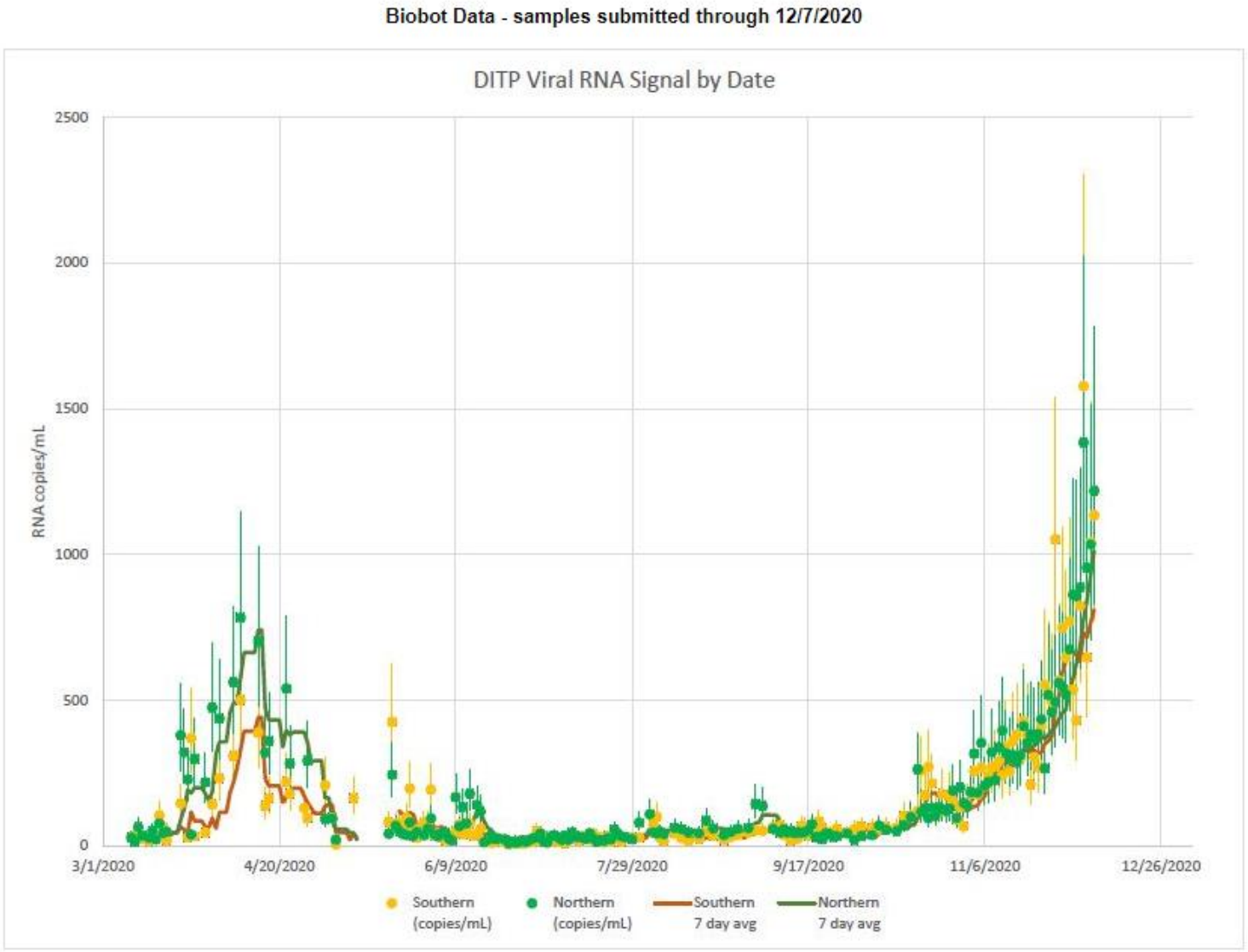
- **Mass.**
  - Cases/hospitalizations/deaths: 259K/14.4K/11K
  - Daily new cases: ~3800-5700
  - Number currently hospitalized: ~1400

New Confirmed COVID-19 Cases per Day



http://91-divoc.com/pages/covid-visualization/

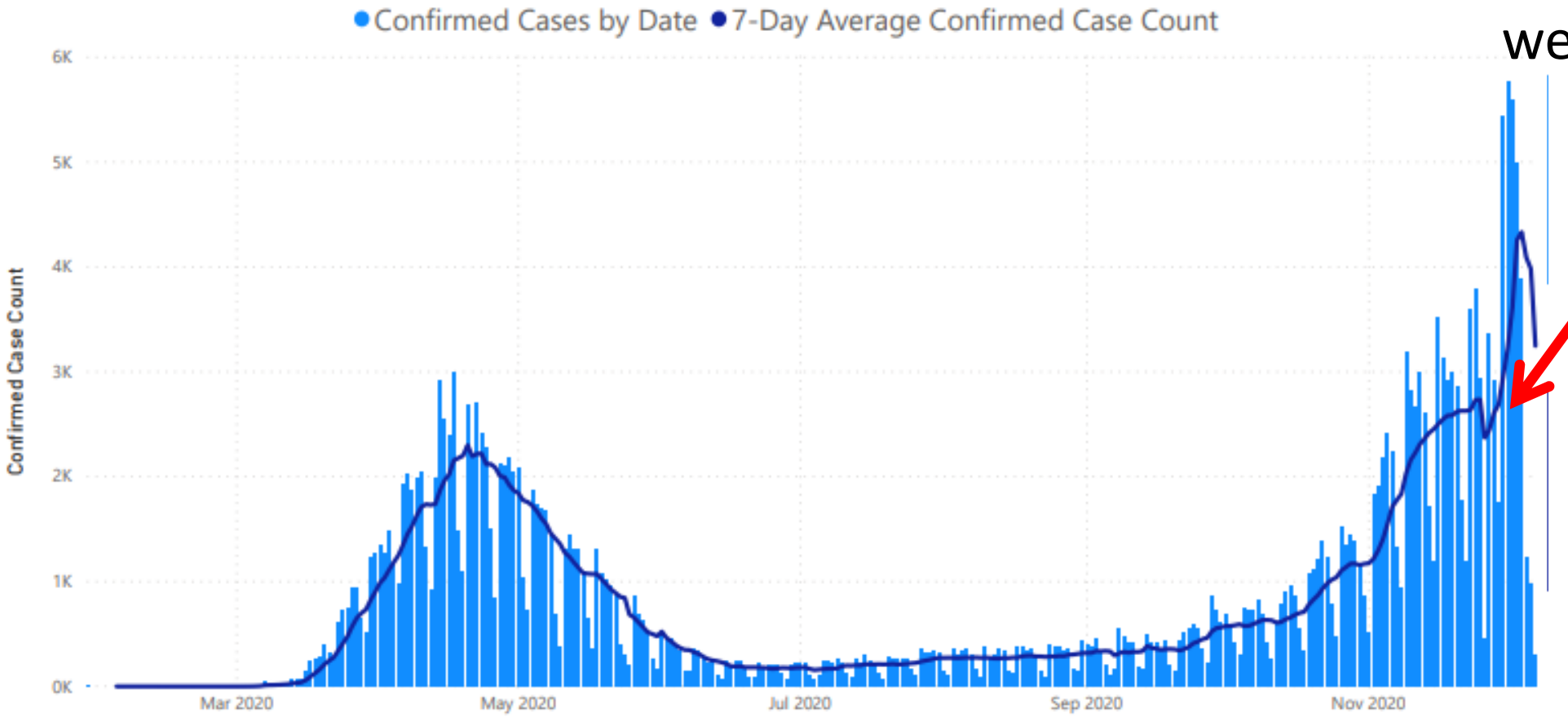
Surveillance for SARS-CoV-2 in wastewater (Sewage)



http://www.mwra.com/biobot/biobotdata.htm

Massachusetts Department of Public Health COVID-19 Dashboard- Tuesday, December 08, 2020

Daily Confirmed Cases (Since March)

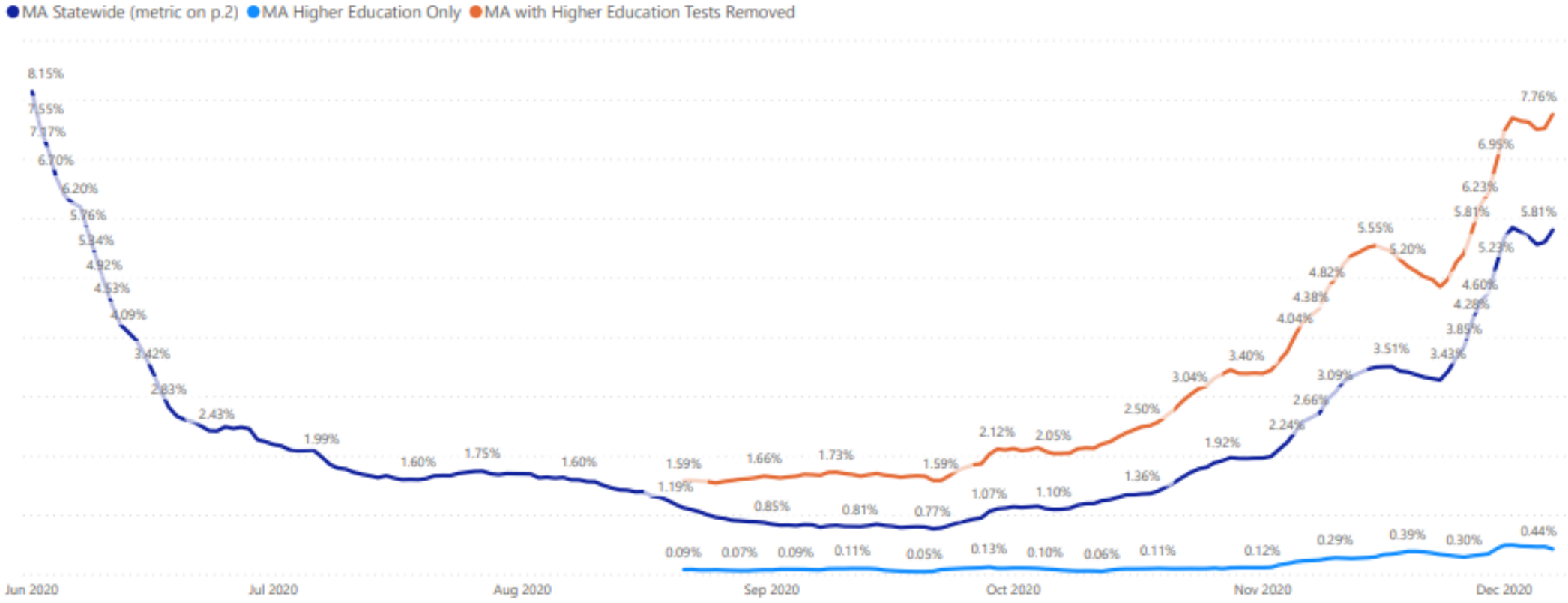


Decrease--?holiday weekend artifact

Massachusetts Department of Public Health COVID-19 Dashboard- Tuesday, December 08, 2020

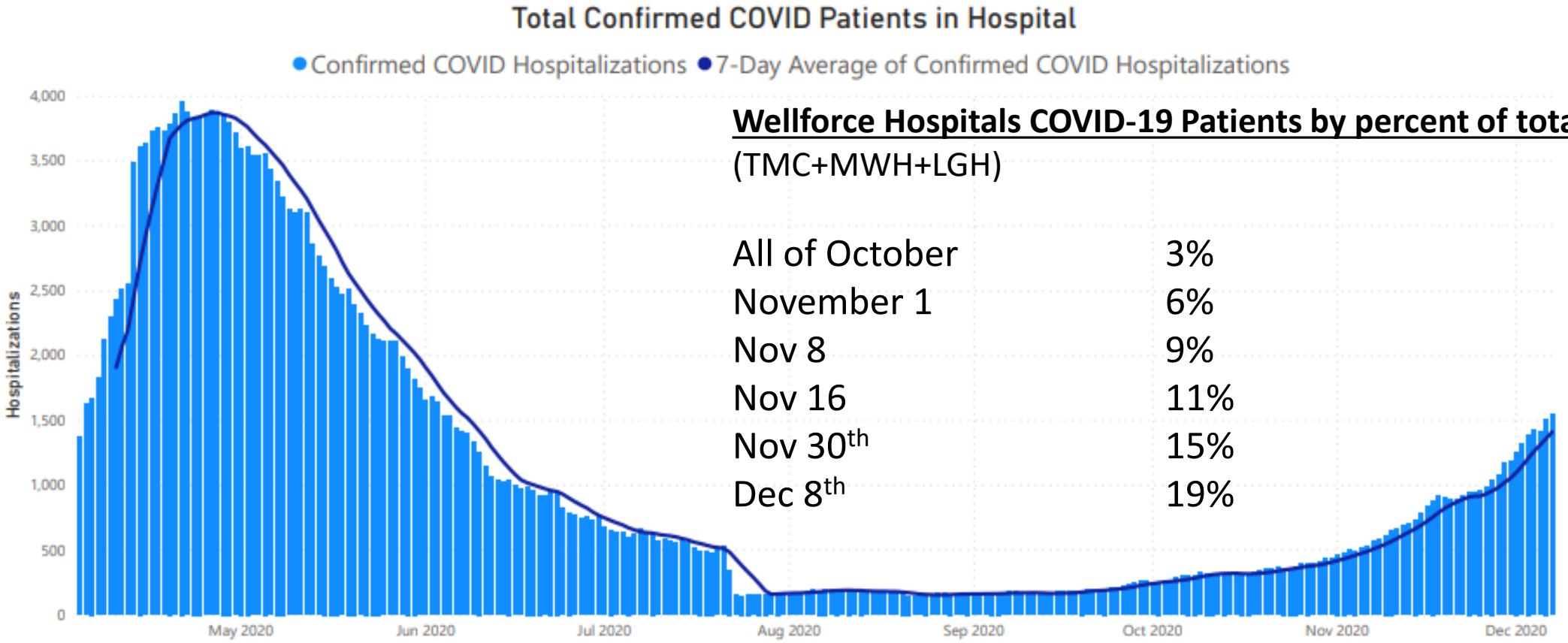
Testing by Date - Molecular (Percent Positive)

7-Day Weighted Average of Percent of Tests By Molecular Method that are Positive by Test Date



Massachusetts Department of Public Health COVID-19 Dashboard- Tuesday, December 08, 2020

Daily Confirmed Hospitalizations



Wellforce Hospitals COVID-19 Patients by percent of total inpatients

(TMC+MWH+LGH)

All of October	3%
November 1	6%
Nov 8	9%
Nov 16	11%
Nov 30th	15%
Dec 8th	19%

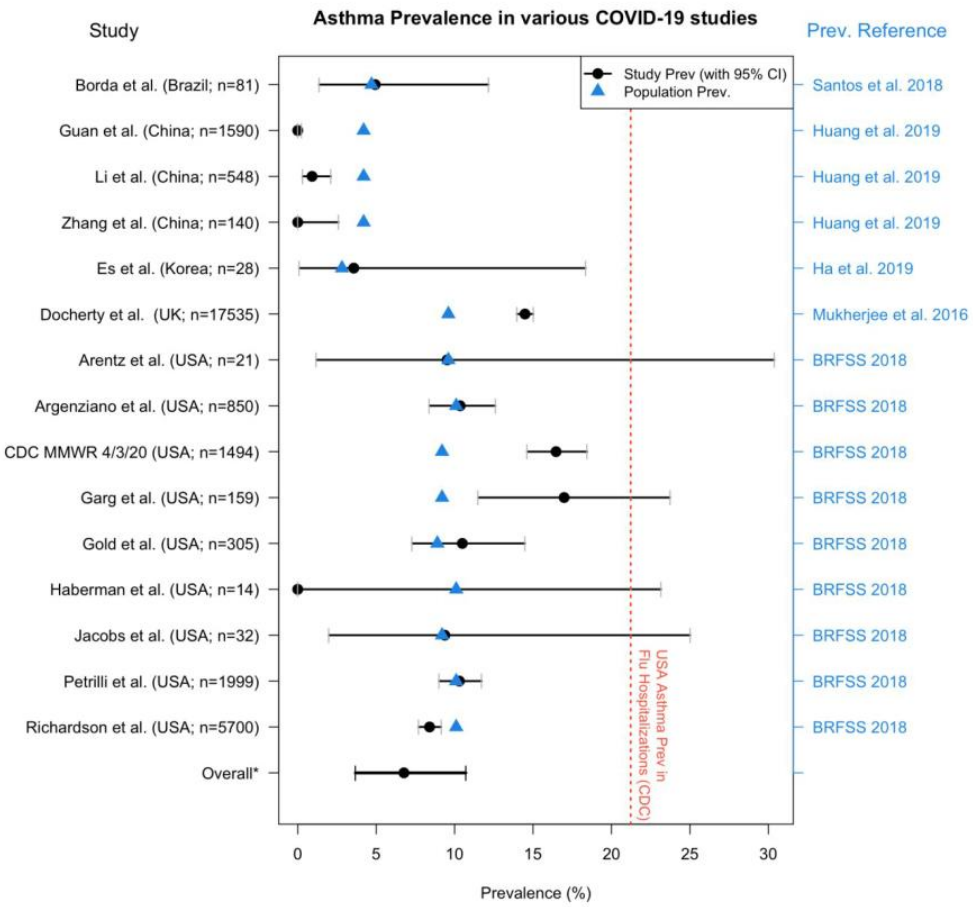
News of the week

- HHS Amends PREP Act Declaration, Including to Expand Access to COVID-19 Countermeasures Via Telehealth [Across state lines] (December 3, 2020)

- **Authorizes** healthcare personnel **using telehealth to order or administer Covered Countermeasures [For COVID-19],** such as a diagnostic test that has received an Emergency Use Authorization (EUA) from the Food and Drug Administration (FDA**), for patients in a state other than the state where the healthcare personnel are already permitted to practice.** (While many states have decided to permit healthcare personnel in other states to provide telehealth services to patients within their borders, not all states have done so.)

Clinical Updates: Epidemiology and Transmission

- **Asthma NOT a risk factor for COVID-19/severe disease**
- Meta analysis of 15 published studies comparing asthma prevalence among patients hospitalized for COVID-19 to that of the corresponding population asthma prevalence and to the 4-year average asthma prevalence in influenza hospitalizations in the United States.
- 436 COVID-19 patients admitted to the U of Colo, intubation equal with asthma vs not.
- Annals Amer Thor Society, 2020, In press



Clinical Updates: Epidemiology and Transmission

New CDC Quarantine options (if public health does not specify otherwise)

- End on day 14 without testing (safest)
- End on day 10 without testing (may increase overall adherence to quarantine)
- End on day 7 after receiving a negative test result (test must occur on day 5 or later)(also increase adherence but limited by test availability)

- In any case, after stopping quarantine, it is essential to watch for symptoms until 14 days after exposure.
- If symptoms occur, patient should immediately self-isolate and contact provider.

Clinical Updates: Diagnosis (testing)

- Rapid testing: now both antigen and PCR available
  - Antigen testing lower sensitivity AND specificity than PCR
    - Advantages: lower cost, more easily available
    - Very helpful from POV of decreasing overall transmission
    - Depending on situation, PCR confirmation of results may be needed
  - Home testing
    - Lots of available home specimen collection, mailed to lab
    - One rapid home testing kit (Lucira) available, by prescription only
      - Awaiting independent reporting of performance
  - Combination resp viral panels for several platforms: COVID-19/flu A and B/+/- RSV
  - Flu prevalence still fairly low, rapid test specificity low
- **Antibody testing: no change, still not useful for individual patient decisions (good for public health population level assessment only)**
- **Persistent positive PCR in most cases does not indicate transmissible intact virus**

Clinical Course

Pregnancy outcomes (multiple studies)

- outcome NOT different for women with COVID-19 vs uninfected except up to 3% risk of newborn infection when infected peripartum

“Long haul” COVID-19 sequelae (multiple studies)

- REAL, not well understood or characterized
- Pulmonary, cardiac, neuro and psych diagnoses common

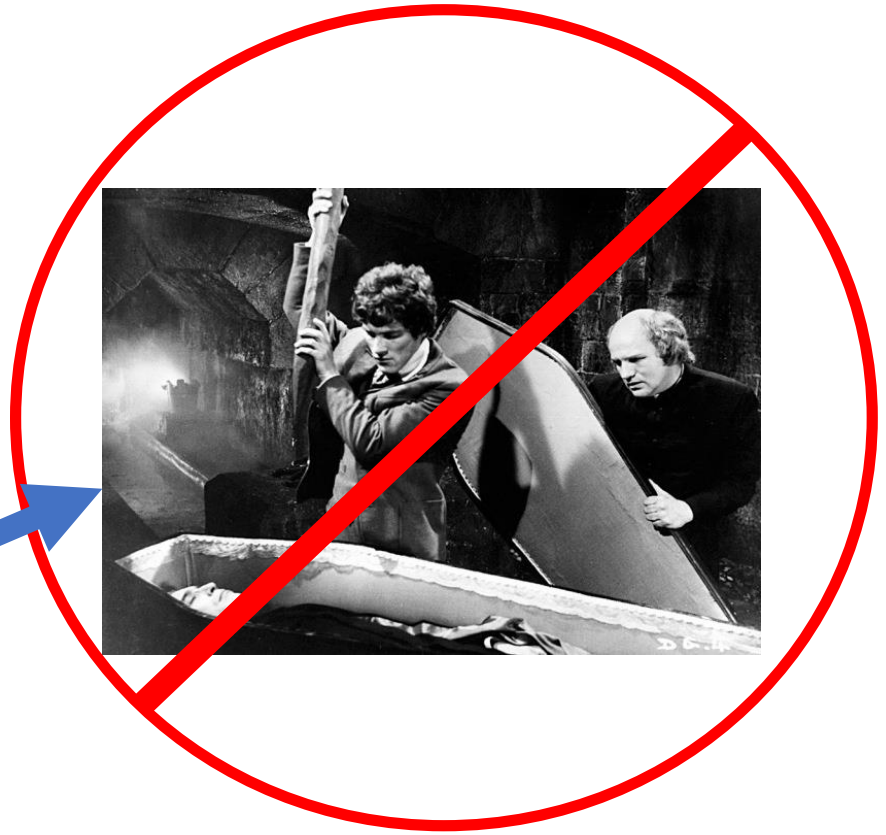
Sixty day outcomes of hospitalized patients (1600+ patients, Mar-July)

- 25% died in hospital, 5% more within 60 d of d/c
- 15% readmitted (all causes)
- 12% d/c to SNF/rehab
- Misc: 33% cardiopulm symptoms, 15% unable to work, 50% emotional and 37% financial impacts (4% lost entire savings)
- Chopra *et al*. Annals of Internal Medicine (November 11, 2020)

Clinical Updates: Treatment

- Inpatient
  - Remdesivir looks less promising
  - Dexamethasone seems to continue to demonstrate benefit
  - Other investigational agents disappointing
  - Two monoclonal antibody products received FDA EUA for outpt use; likely limited value

Hydroxychloroquine



Safe Office Practice in the Era of COVID-19 Refresher

Safe Office Practice in the Era of COVID-19

- Infection Control
  - Hand Hygiene
  - Personal protective equipment (PPE)
  - Cleaning and disinfection
  - Provider and staff health
- Office Space Reconfiguration and Workflows
- Reassuring Staff, Patients, and Families

Infection Control: Hand hygiene

- BEFORE and AFTER every patient contact
- BEFORE and AFTER gloves
- BEFORE and AFTER using the toilet
- BEFORE and AFTER putting things in the mouth (food and drink, gum, candy, smoking, etc)

- SOAP and WATER is highly effective done well
- HAND SANITIZER is in most cases as good as soap and water when done well, and is easier to do well

Infection Control: PPE—droplet precautions

- ✓ Surgical mask
- ✓ Gloves
- ✓ Gown only needed for splash/splatter/direct torso-to-torso contact
- ✓ Eye protection

Infection Control: Cleaning and Disinfection

- Surface transmission is less important than droplets
- SARS-CoV-2 (the COVID-19 virus) is easily killed by most cleaning and disinfection agents
- Likely contaminated surfaces (high touch surfaces) should be disinfected after every patient and all surfaces at least twice daily in addition
- Disinfection doesn't work well on dirty surfaces, so clean first
- Effective surface disinfectants include a wide variety of commercial products certified by the EPA, as well as appropriate homemade solutions of alcohol OR hydrogen peroxide OR chlorine bleach

Staff and Provider Health Topics

- Daily symptom screen and attestation
  - Management of symptomatic HCWs
- HCW exposure management
- Managing infected HCWs without symptoms

Management of Symptomatic HCWs

- May not work regardless of test result given low sensitivity of test
- Return to work per CDC/DPH guidelines
  - Mild-moderate illness and NOT severely immunocompromised: at least 10 d since symptom onset
    AND
    - at least 24 hours afebrile (without antipyretic) and improved respiratory symptoms
    - **OR** PCR results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)
  - Severe illness OR severely immunocompromised: 10-20 days since symptom onset (consider ID consult on duration)
    AND
    - at least 24 hours afebrile (without antipyretic) and improved respiratory symptoms
    - **OR** PCR results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

HCW Exposure Management

- If patient was wearing a mask, and HCW was wearing mask (=Low risk exposure): self-observe for symptoms x 14 d, no work restrictions (beyond universal masking)
- If patient was not wearing a mask, and HCW was wearing mask and eye protection, (=Low risk exposure): self-observe for symptoms x 14 d, no work restrictions (beyond universal masking)
- In any other case (medium-high risk exposure): active symptom monitoring by daily outreach, exclude from workplace for 14 d from last exposure
- See appendix for more details

HCWs with + test but no symptoms at any time

- Return to work per CDC/DPH guidelines
  - Mild-moderate illness and NOT severely immunocompromised: at least 10 d since + test result
    OR
  - Severe illness OR severely immunocompromised: 10-20 d d since + test result

Office Space Reconfiguration and Workflows

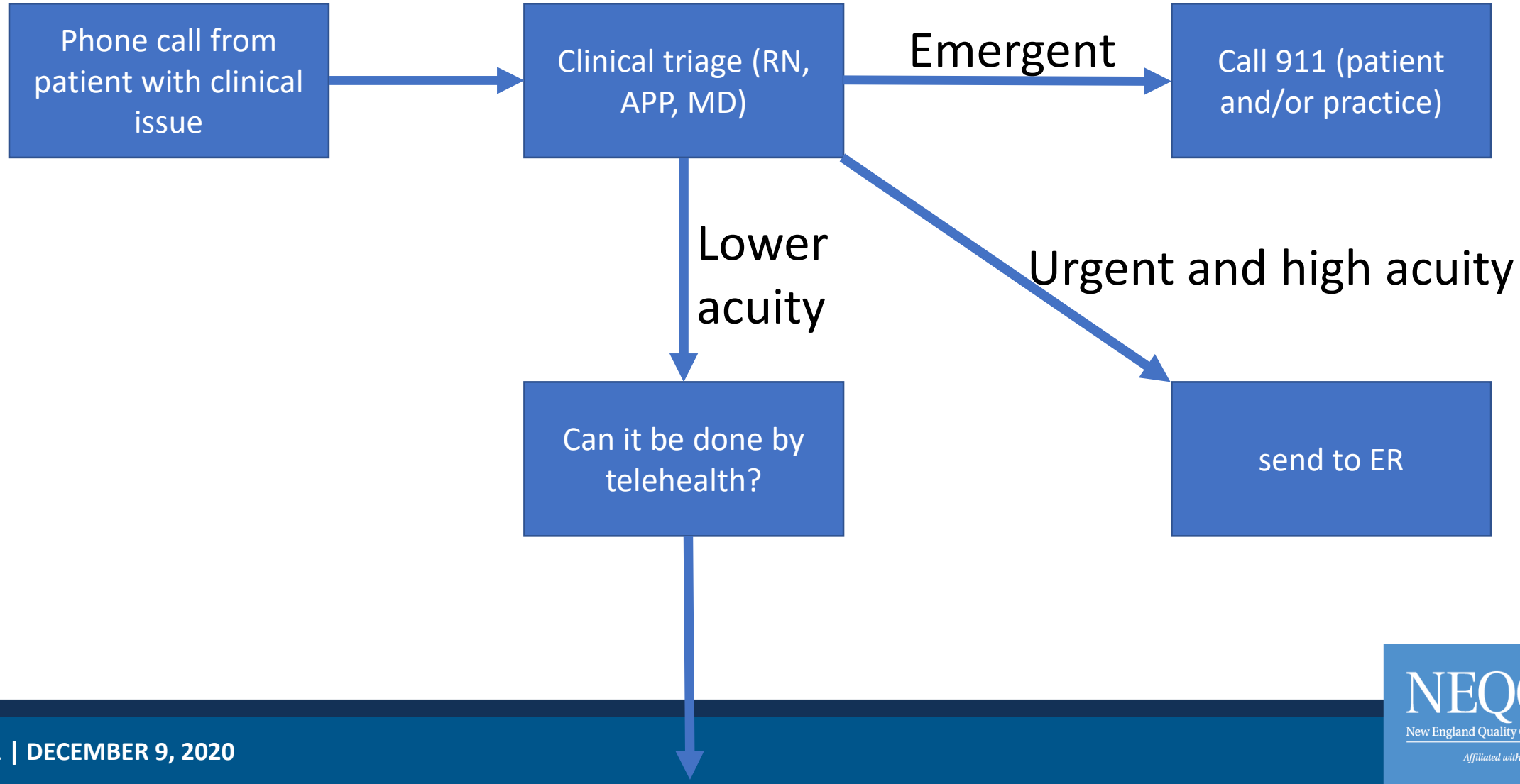
- Office Space Reconfiguration
  - Masks and hand sanitizers for patients in key locations
  - Social distancing built-in
  - Signage
- Scheduling
  - Separate possible COVID-19 vs other visits in time or space
  - Stagger appointment times to reduce risk of patients face to face with other patients
- Visit Workflows
  - Contactless check-in and check-out, possibly done remotely
  - Decrease total time in the office
  - Make it possible to do entire visit in one (exam) room

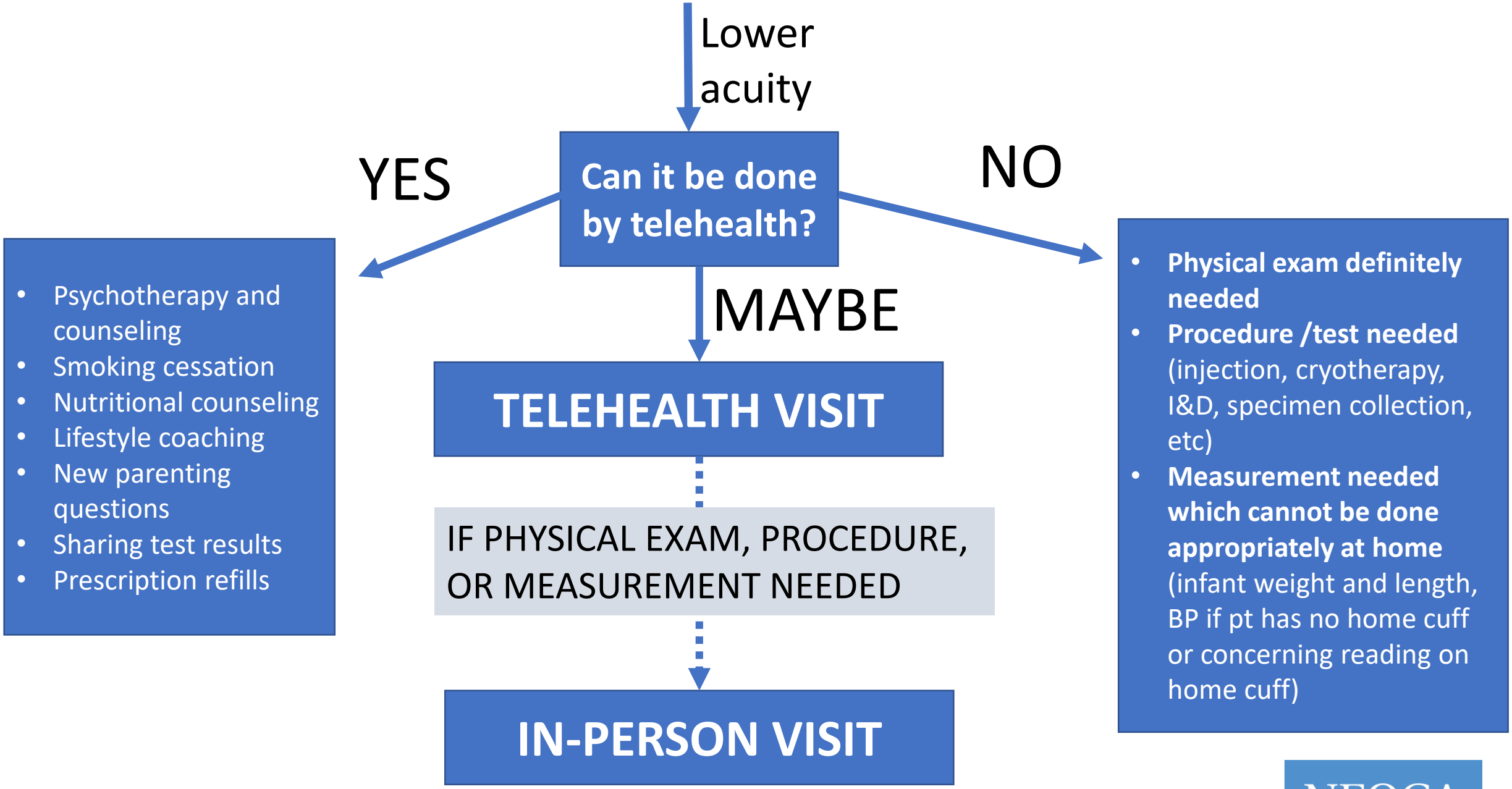
Reassuring Staff, Patients, and Families

- If patients don't feel safe, they will not come/come back.
- You may not get a chance to explain or reassure
- Everything has to shout out "You're safe! We're doing it right!"
- Everyone, including staff, has to know how to DO it and how to EXPLAIN it
- Use every channel and opportunity: website, social media, portal message boilerplate, on hold phone message

Triage and Telehealth

Clinical Phone Triage Decision Tree Including Telehealth




Lower acuity
Can it be done by telehealth?
YES
NO
MAYBE
Psychotherapy and counseling
Smoking cessation
Nutritional counseling
Lifestyle coaching
New parenting questions
Sharing test results
Prescription refills
TELEHEALTH VISIT
IF PHYSICAL EXAM, PROCEDURE, OR MEASUREMENT NEEDED
IN-PERSON VISIT
Physical exam definitely needed
Procedure /test needed (injection, cryotherapy, I&D, specimen collection, etc)
Measurement needed which cannot be done appropriately at home (infant weight and length, BP if pt has no home cuff or concerning reading on home cuff)

COVID-19 Vaccines

The first vaccine candidate looked promising…

Pfizer's Early Data Shows Vaccine Is More Than 90% Effective

and the second….

Moderna Applies for Emergency F.D.A. Approval for Its Coronavirus Vaccine

and the third….

What We Know About AstraZeneca's Head-Scratching Vaccine Results

What do we need vaccines to do?

Vaccine goals:

- Decrease severity (mortality and serious morbidity from COVID-19)
  - Reduce expense and free up hospital/healthcare resources
- Decrease number of people infected
  - Prevent infection
  - OR reduce transmission even if infection occurs

- Vaccines can work for an individual patient by preventing infection, or by reducing symptom severity and duration (and admissions and mortality)
- BUT from a public health point of view, reducing onward transmission is most important (includes preventing infection as well as reducing transmission from infected patients)

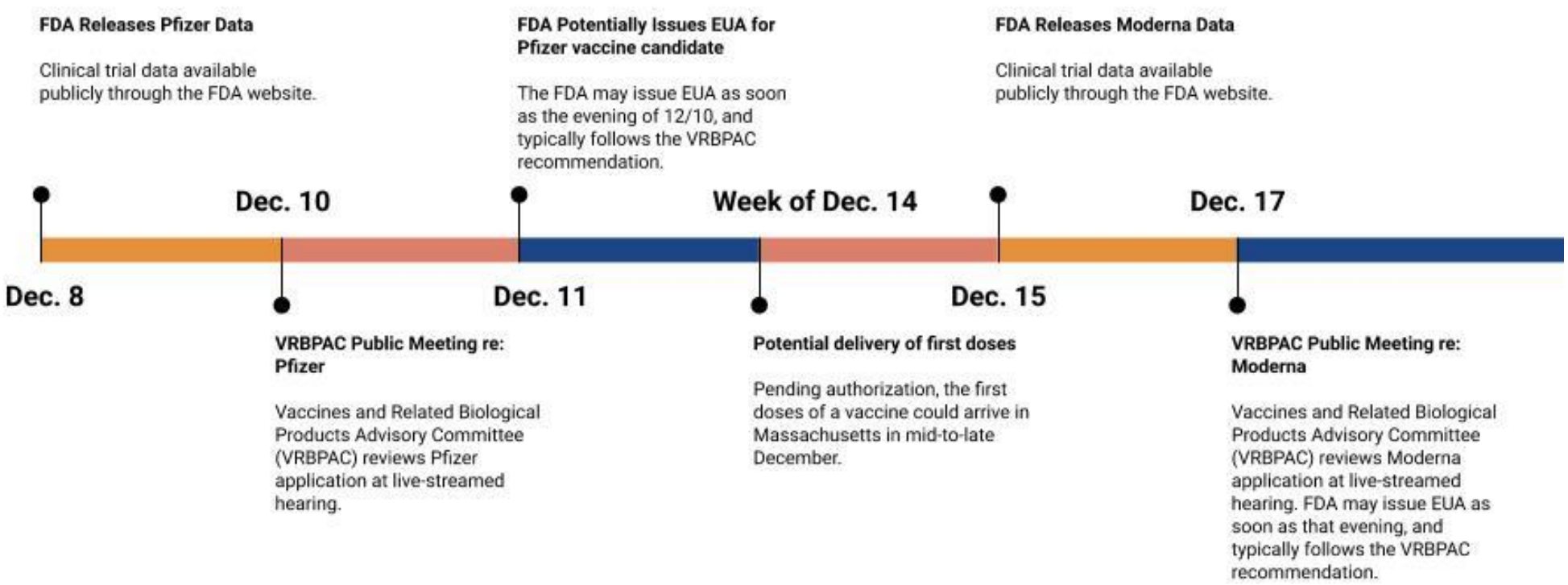
Current leading vaccine candidates

	Pfizer	Moderna	AstraZeneca
Platform	mRNA	mRNA	Live replication-defective chimpanzee adenovirus vector
Effectiveness-Mild symptoms	95%	95%	62% conventional dose *90% accidental half dose*
Effectiveness-Severe symptoms	100%	100%	100%
Safety	Good	Good	Good
Regulatory status	Applied for US	Applied for US	Applied for EU
Comments	Requires -80 deg C freezer	Fridge stable for 30 days	Prevent infection?

wellforce

COVID-19 Vaccine Timeline

The next two weeks are important for both the Pfizer and Moderna COVID-19 vaccine candidates, which the FDA is considering for EUAs. Below is a simple timeline of the key events occurring between December 8 and December 17.

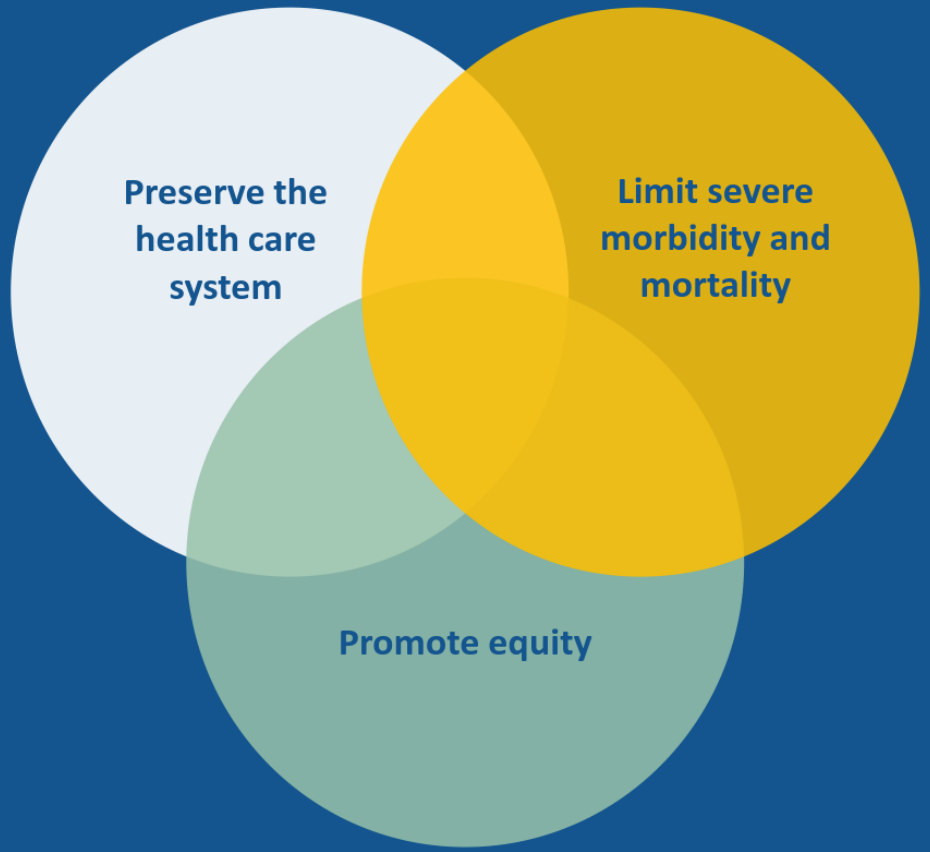


Which vaccine should I get?

- **The one you can get first.**
- **Individuals and vaccinators are unlikely to have a choice.**

- Pfizer and Moderna are 2 dose vaccines (Minimum interval 3 weeks for Pfizer, 4 weeks for Moderna); you cannot switch between them from dose 1 to dose 2

Equitable Distribution of COVID-19 Vaccine



The Advisory Group took a strong stance on equity:

- Prioritizes all COVID-facing individuals in healthcare settings, including food service and environmental (not just doctors and nurses) as well as home health workers
- 20% additional vaccine allocated to communities that have experienced disproportionate COVID burden and high social vulnerability

5

When can I get a COVID-19 vaccine in MA?

PHASE ONE

In order of priority

- Clinical and non-clinical healthcare workers doing direct and COVID-facing care
- Long term care facilities, rest homes and assisted living facilities
- Police, Fire and Emergency Medical Services
- Congregate care settings (including corrections and shelters)
- Home-based healthcare workers
- Healthcare workers doing non-COVID-facing care

December - February

PHASE TWO

In order of priority

- Individuals with 2+ comorbidities (high risk for COVID-19 complications)
- Early education, K-12, transit, grocery, utility, food and agriculture, sanitation, public works and public health workers
- Adults 65+
- Individuals with one comorbidity

February - April

PHASE THREE

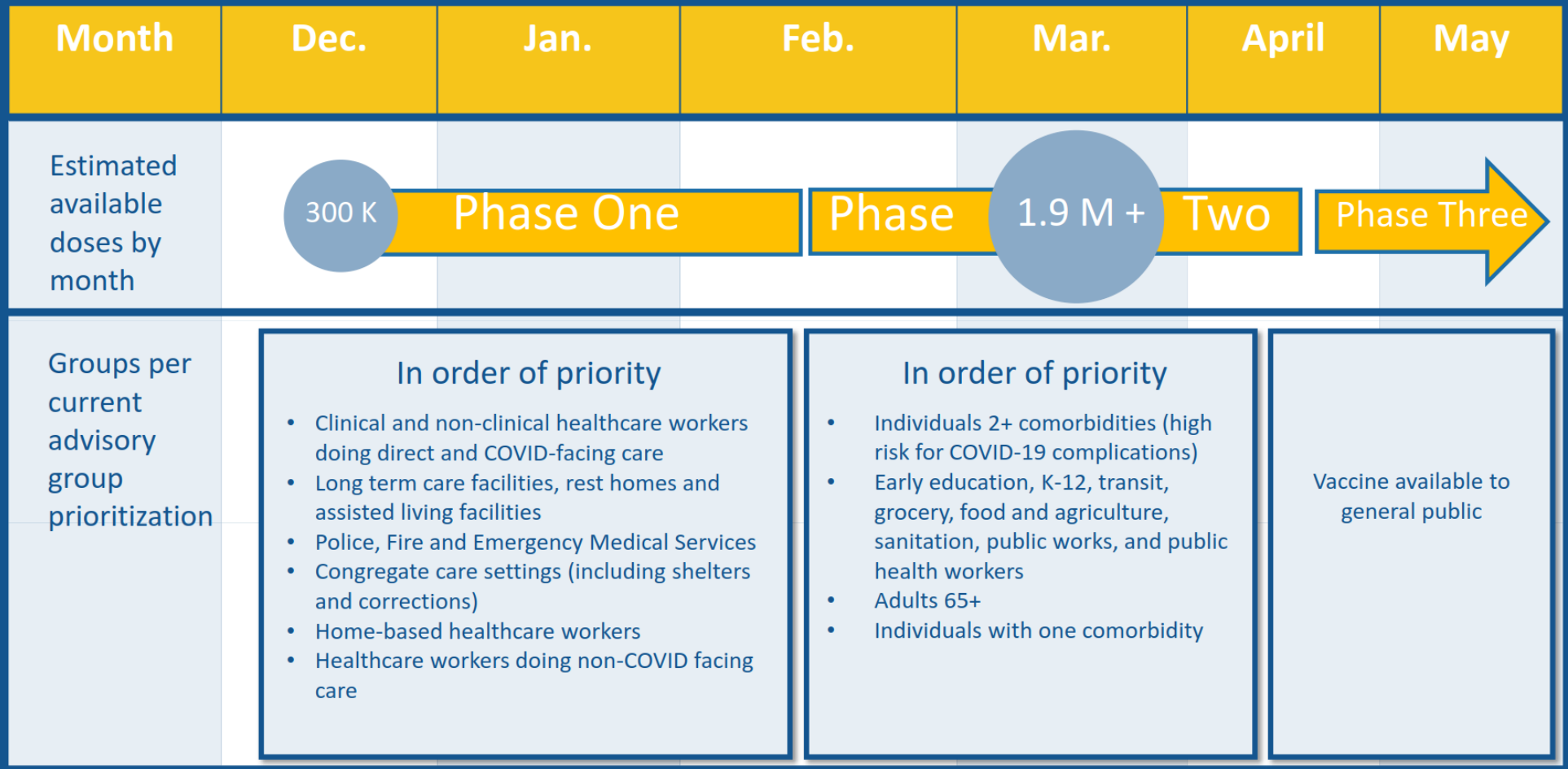
Vaccine available to general public

April - June

Estimated timeframes

For more information on vaccine distribution visit **Mass.gov/COVIDvaccine**

Estimated COVID-19 Vaccine Timeline



How can our practices get signed up to get vaccines?

- You MUST be registered with the Massachusetts Immunization Information System (MIIS).
- Practices that are registered with MIIS will get an invitation from DPH to join the Massachusetts COVID-19 Vaccine Program (MCVP) which the practice must accept
- Allocations will be based on the DPH prioritization; along with the practice's number of patients in priority groups, ability to manage appropriate cold storage for the vaccine allocated and to report vaccines administered, and predicted throughput.

Helpful Programs and Resources

Prepare for E/M Coding Changes To Take Effect On January 1, 2021

Webinar: Wednesday, December 16, Noon - 1:00 p.m.

Preparing for 2021 E/M Office Visit Coding Changes

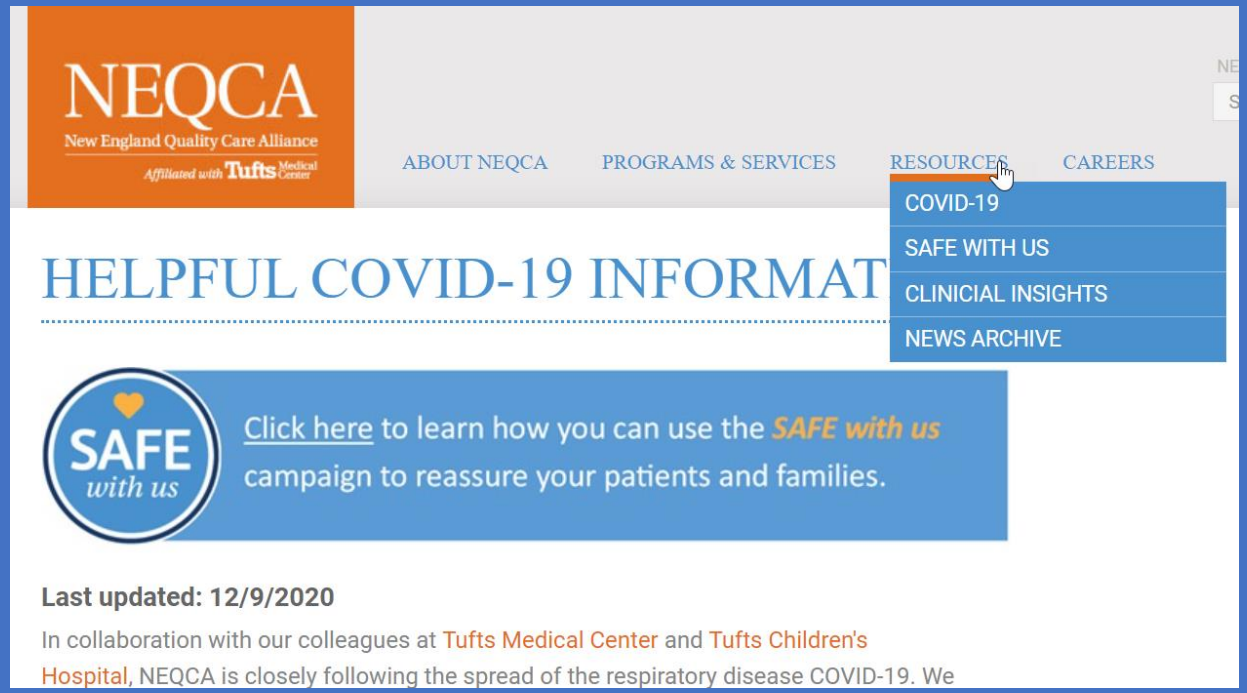
Overview of the major coding changes with time dedicated to a Q&A session

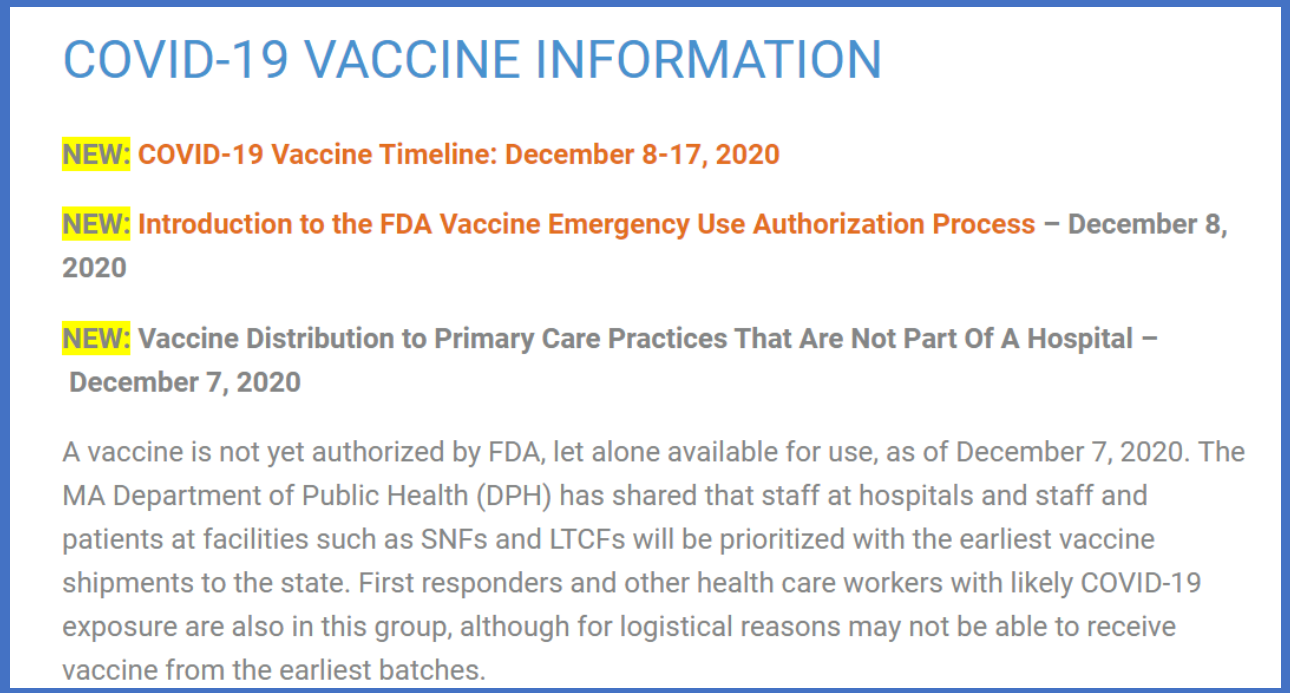
Webinar: Wednesday, January 6, 5:30 - 6:30 p.m.

Coding Changes now in effect

Following the go-live of the office-visit coding changes, we ask that you join us in January for a recap of the changes that are in effect, what you need to continue to do and time for Q&A.

Continue to Check our COVID-19 Site and NEW Vaccine Section for Updates





neqca.org/Resources/COVID-19

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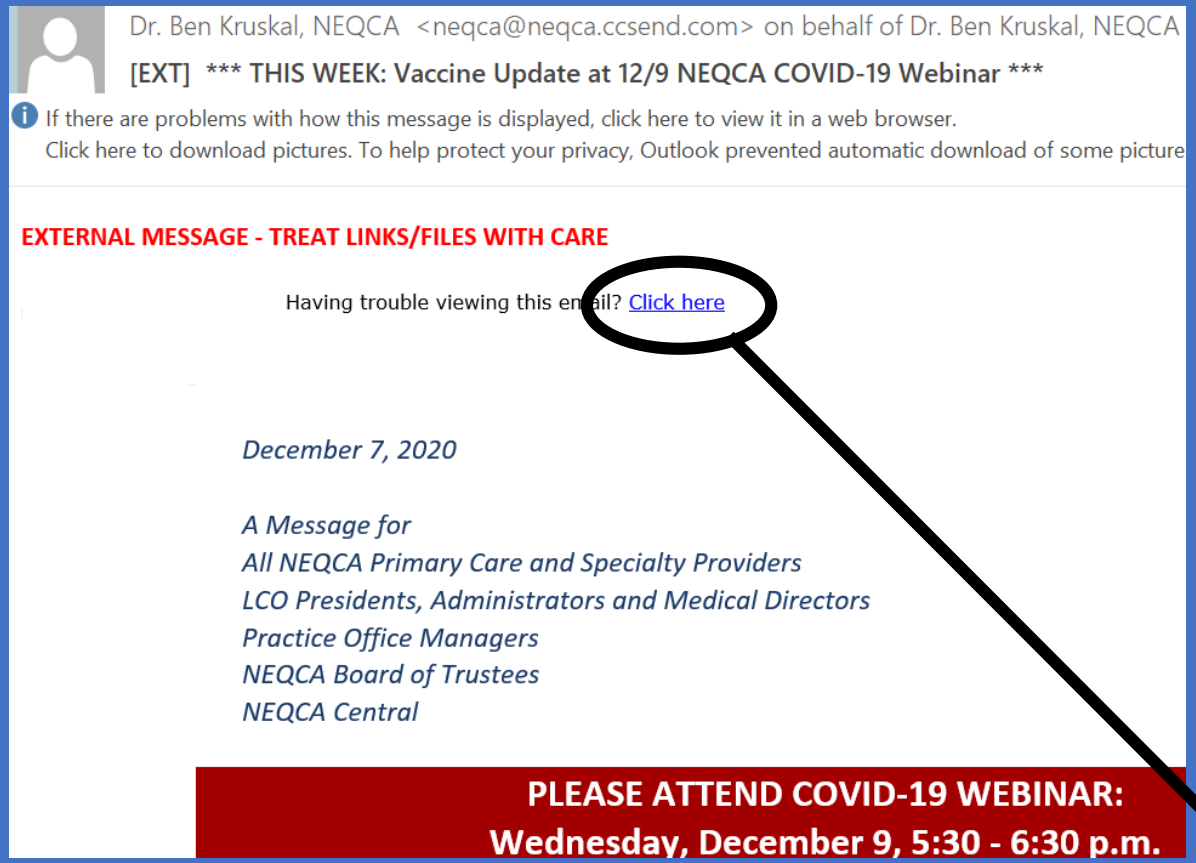
Be on the lookout for our NEQCA Emails (examples below)



Dr. Ben Kruskal, NEQCA <neqca@neqca.ccsend.com> on behalf of Dr. Ben Kruskal, NEQCA

[EXT] *** THIS WEEK: Vaccine Update at 12/9 NEQCA COVID-19 Webinar ***

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Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some picture

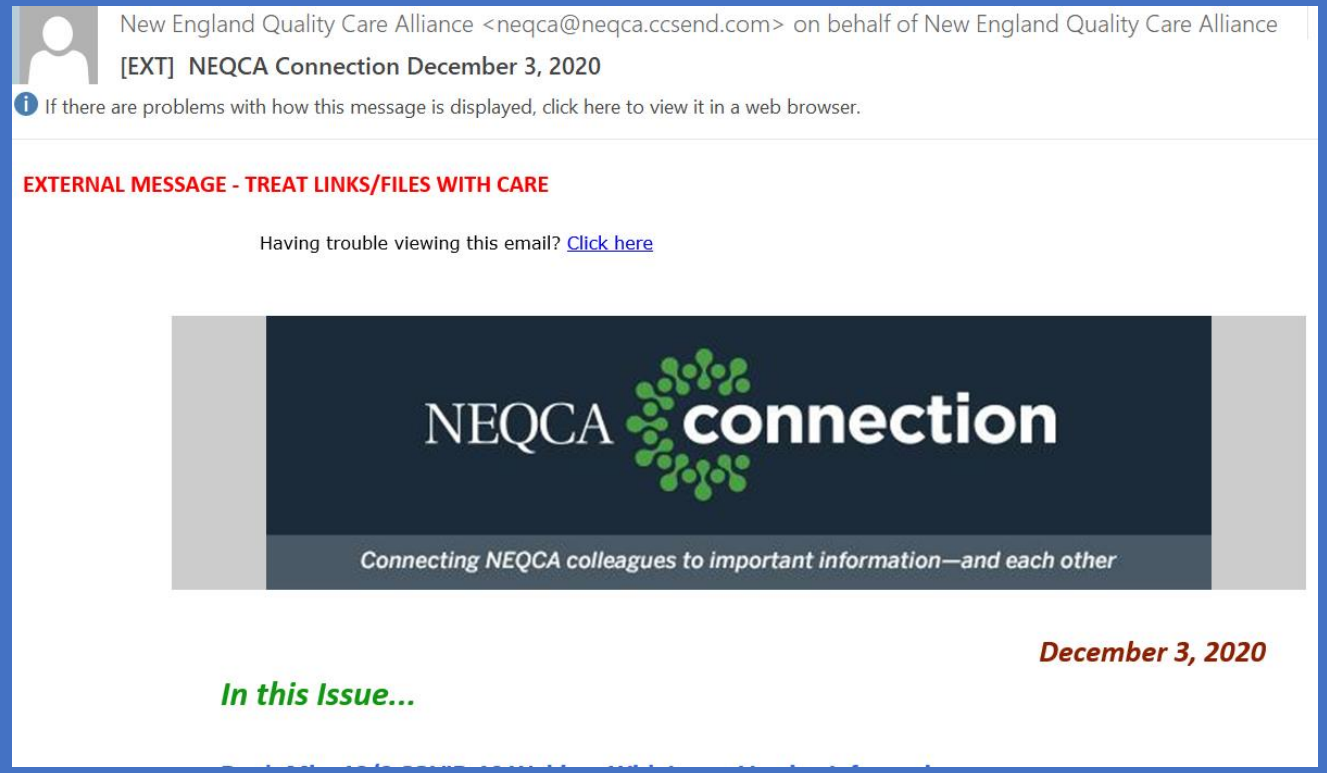
EXTERNAL MESSAGE - TREAT LINKS/FILES WITH CARE

Having trouble viewing this email? Click here

December 7, 2020

A Message for
All NEQCA Primary Care and Specialty Providers
LCO Presidents, Administrators and Medical Directors
Practice Office Managers
NEQCA Board of Trustees
NEQCA Central

PLEASE ATTEND COVID-19 WEBINAR:
Wednesday, December 9, 5:30 - 6:30 p.m.



New England Quality Care Alliance <neqca@neqca.ccsend.com> on behalf of New England Quality Care Alliance

[EXT] NEQCA Connection December 3, 2020

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EXTERNAL MESSAGE - TREAT LINKS/FILES WITH CARE

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NEQCA connection

Connecting NEQCA colleagues to important information—and each other

December 3, 2020

In this Issue...

Use the "Click here" link to view the full message in your web browser

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Appendix

Table 1: Epidemiologic Risk Classification[1] for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations			
Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was wearing a cloth face covering or facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves[a]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None

Table 1: Epidemiologic Risk Classification[1] for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations			
Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was not wearing a cloth face covering or facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection[b]	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves[a,b]	Low	Self with delegated supervision	None