

COVID-19 Clinical Q&A

Webinar for Local Care Organization (LCO) Leadership

March 31, 2020

About This Presentation

On **Tuesday, March 31**, Dr. Ben Kruskal, NEQCA Medical Director and infectious disease specialist, hosted a webinar with NEQCA's LCO Leadership including Presidents, Administrators and Medical Directors to provide an update on COVID-19.

Disclaimer: The information in this presentation is relevant as of 3/17/20. The situation, however, is changing rapidly. To ensure you have the latest information on COVID-19, use the resources below:

- [COVID-19 Cases in Massachusetts](#) (Map)
- [COVID-19 Cases in Mass: Mass DPH](#) (Data)
- [The COVID Tracking Project](#)
- Global and National impact: [Centers for Disease Control](#)
- Situation in Massachusetts: [Massachusetts Department of Public Health](#)
- COVID-19 Resource Center: [Infectious Diseases Society of America](#)
- Travel Restrictions: [U.S. State Department](#)

Agenda

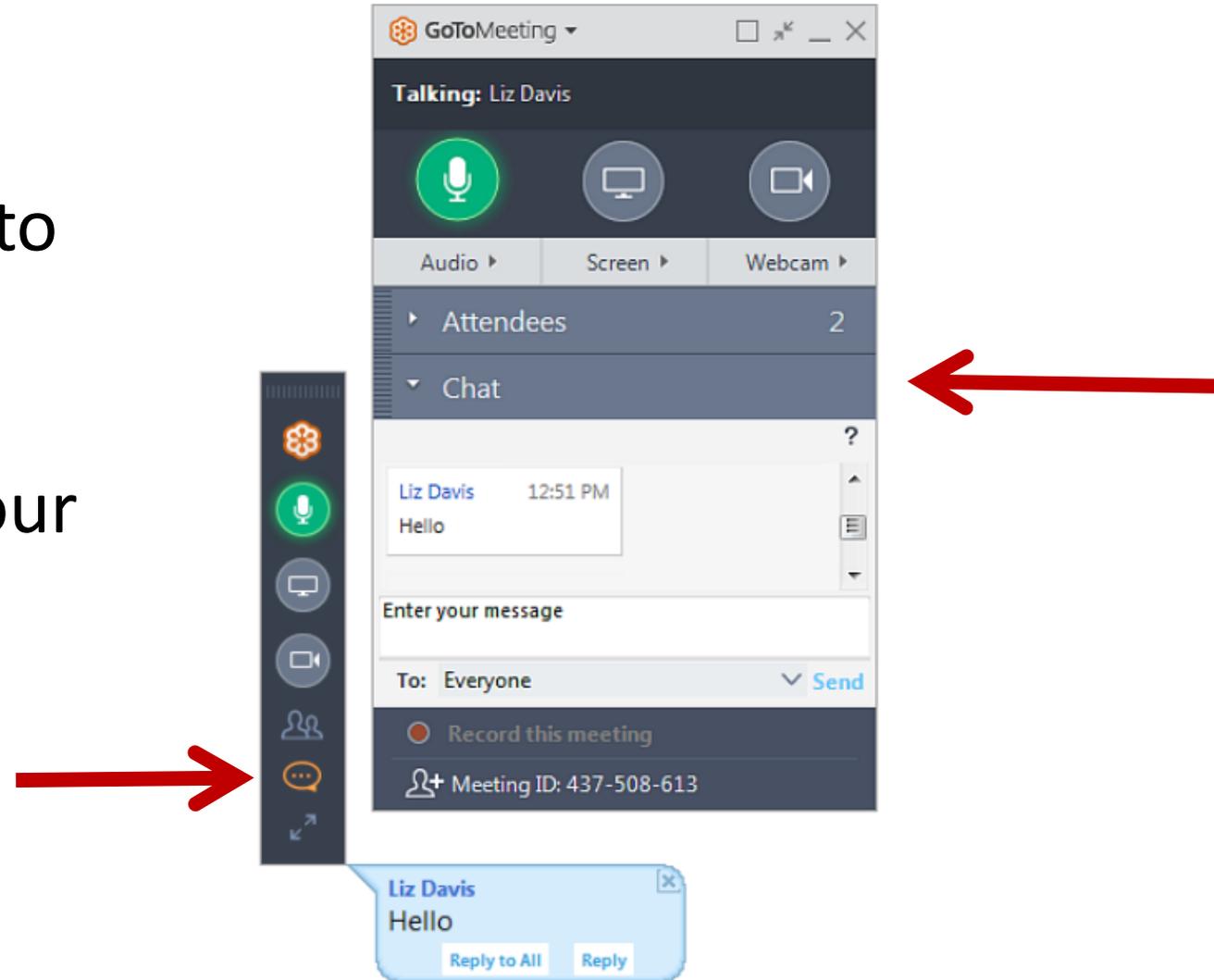
- Webinar Moderation Guidelines
- Opening Comments
- COVID-19 Situational Update
- Economic Considerations
- Operational Support
- Helpful Resources
- COVID-19 Clinical Q&A

Please Mute the Audio on Your Computer and Phone



To Ask A Question

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



Opening Comments

Joseph Frolkis, MD, PhD

CEO and President

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COVID-19 Situation Update

Ben Kruskal, MD

Medical Director

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Current Situation (as of 10 a.m. 03/31/20)

Tests/hospitalizations/deaths

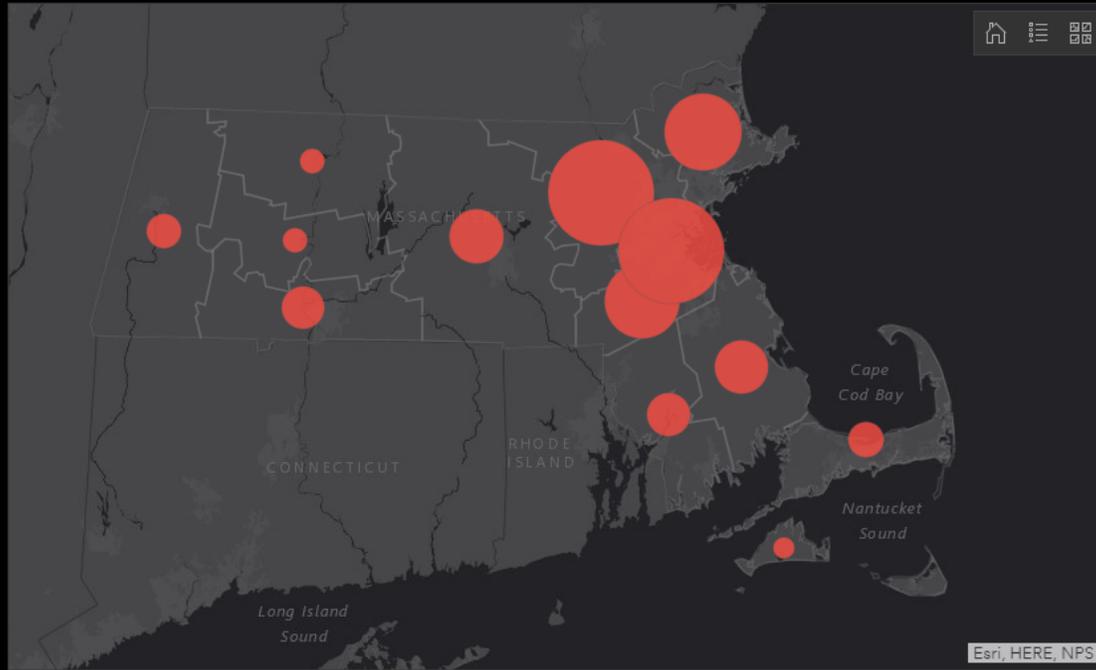
- US 162K/22K/3K up from 141K/19K/2500 yest
- Mass 5700/450/56 up from 5000/399/48 yest

Coronavirus COVID-19 Cases in Massachusetts

Total Cases
5,752

Cases by County

1,141	MIDDLESEX
1,115	SUFFOLK
653	ESSEX
628	NORFOLK
489	UNKNOWN
390	WORCESTER
380	PLYMOUTH
263	BRISTOL
255	HAMPDEN
173	BARNSTABLE
162	BERKSHIRE
49	FRANKLIN
46	HAMPSHIRE
8	DUKES/NANTUCKET
TOTALS	



Total Deaths
56

Sex

2,961 Female
2,759 Male
32 Unknown

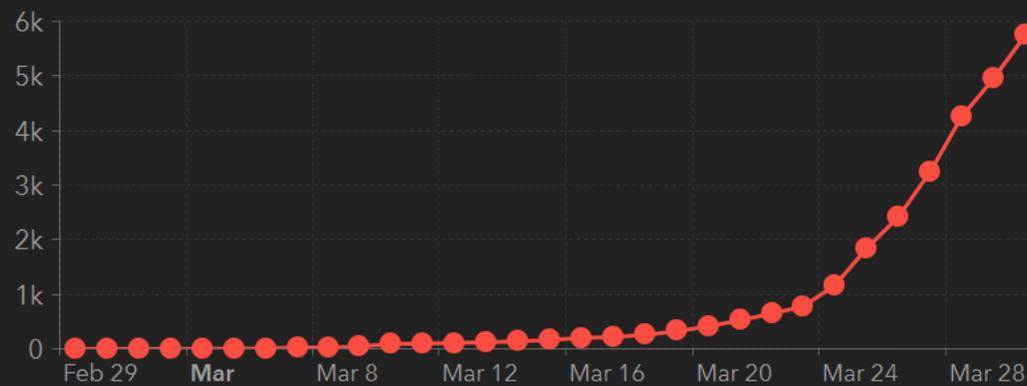
Hospitalization

3,696 Under investigation
1,603 Patient was not hospitalized
453 Patient was hospitalized

Last updated on
3/30/2020

Data from Massachusetts Department of Public Health and MEMA
Updated based on data availability, usually around 5pm daily.

Total Cases Over Time



[Link on NEQCA COVID-19 Website](#)

Goal: To Save Lives

- We can't put patients on a ventilator.
- However, we can create capacity for the hospitals to do more by **keeping unnecessary visits out of the EDs**
- Constraint: PPE availability
 - Nobody should be seeing *possible COVID-19* (acute respiratory symptoms and/or fever without other localizing symptoms) without mask, gloves (Eye protection, Gown)

Only necessary patients going to ED

- Good **phone triage** (both COVID-19 related and other)
- **Televisits** (both COVID-19 related and other)
- Traditional in-office **face to face visits for acute, non-deferrable, clearly-NOT-COVID-19 problems**, that require a hands-on visit
- **In-office care that might normally go to ER:** (some via collaboration with community specialists)
 - Fracture care
 - Laceration closure and other wound care
 - FB removal
 - ?IV fluids
 - ?IV/IM medications(e.g. antibiotics- cellulitis, febrile infants/toddlers; toradol for intractable headache, kidney stone pain)

Communicate with your patients

- **Message content**

- CDC or DPH patient self-triage tool for possible Covid-19
- For other symptoms, call as usual for triage
- Goal: Keep you out of the ER unless you REALLY need to be there!
- Visit types: video, phone, or rarely face to face
- Precautions if they do need to come in
- Is there anything you are doing in the office that you don't normally?
 - Closing lacerations, FB removal
 - Splinting or casting
 - ?IV fluids?

- **Message media**

- Outgoing recorded message/hold message
- Patient portal message/Website
- Sign on door

- **Cross-coverage in case of illness: tell your patients!**

COVID-19 Transmission/Precautions

- **Route of transmission**

- **Respiratory droplets YES--> simple facemask (“Surgical mask”)**
- Eyes protection, gloves (Gowns)

- **NOT “airborne” (“droplet nuclei”)**

- Except with aerosol generating procedures (needs N95)
- Therefore simple surgical masks are sufficient

- **Surfaces +/-**

- Soaps and any surface disinfectant are effective
- Includes quaternary ammonium (quats like Lysol), 70% alcohol, dilute bleach (1:100 for this purpose), peroxide and any soap or detergent meant for surface cleaning

Not N95



Evolving recommendations regarding masks

- Up until March 26, 2020, the advice of Tufts Medical Center's skilled experts had been that universal mask wearing was not the safest approach for its workforce.
- Overnight they saw a change. At that time, the number of employees who had tested positive for COVID-19 had reached more than 50, with no pattern as to where they work or what they do here. Many of those who are positive are non-clinical employees. We have also heard from many of these employees that their initial symptoms were very mild, and they inadvertently came to work before their symptoms progressed.
- **With that in mind, starting March 27, all employees working on-site across Tufts Medical Center and Floating Hospital for Children were directed to wear a surgical mask while on the premises.**
- Since then, Wellforce colleagues have implemented similar policies.
- When staff come to work and enter a Tufts Medical Center or Floating Hospital for Children building, in both clinical and non-clinical areas, they are asked to protect themselves and others by donning a mask.
- Patients and visitors are not asked to mask (unless they have symptoms), but social distancing is being reinforced as is work to reduce the total numbers of people entering the Medical Center.
- Information and videos about provider use of masks is on the NEQCA COVID-19 website.

Testing for COVID-19 – Part 1

- Currently PCR is only technique available
- Why test/who to test?
 - Who they have exposed? (Public health relevance; HCW, first responder, congregate settings like SNFs, group homes, etc)
 - Very sick patients (relevant inpatient for cohorting, infection control, possible clinical trials)
 - High risk outpatients (follow more closely)
 - ONLY symptomatic individuals (negative in asymptomatic doesn't mean they're not incubating)

Testing for COVID-19 – Part 2

- Testing options

1. Specimen collection at full service testing sites ([list on DPH website](#), updated daily), test sent by them to their preferred lab
 - Pt can be tested based on clinician order if pre-screened by clinician for eligibility
2. Specimen collection in office, test run by Quest (or other commercial lab)
3. Specimen collection in office, test run at Tufts Medical Center
4. Specimen collection in office, test run in office IF YOU HAVE the Alere/Abbott ID NOW system (used for rapid POC tests for flu, strep, RSV, and now Covid-19)

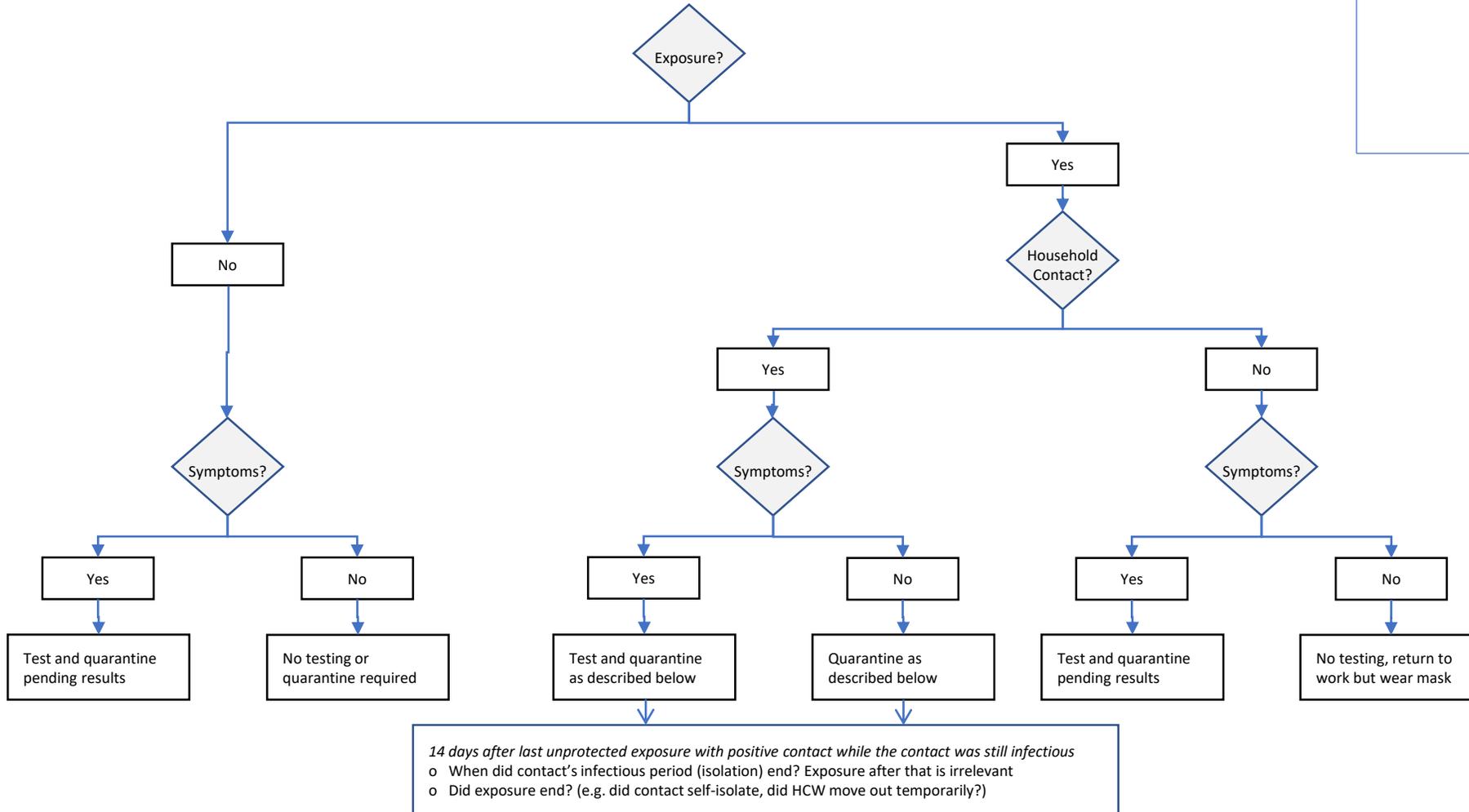
Testing for COVID-19 – Part 3

- Information will be posted on [NEQCA COVID-19 web site](#) with brief summary of:
 - Who to test?
 - List of the 4 options, with detailed instructions on options 1 & 2
 - What PPE/materials are needed to do specimen collection in office?
 - How to collect the specimen [Nasopharyngeal swab (anterior nasal swab or oropharyngeal swab acceptable, but lower sensitivity)]

Management of healthcare workers and first responders

Jointly created by

In response to guidance from the Mass. Dept of Public Health



CDC Return to Work Criteria for HCW with Confirmed or Suspected COVID-19



- *Test-based strategy.* Exclude from work until
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of COVID-19 test from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).
- *Non-test-based strategy.* Exclude from work until
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*
- *Alternate diagnosis established.* If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

COVID-19 Situation Update

Questions.

Economic Considerations

Nate Gagne

Chief Financial Officer

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Business Best Practices

- 1 Take the long view, don't be reactive
- 2 Stay open to new lines of business
- 3 Capitalize on your assets (inventory, real estate, receivables, cash, etc.)
- 4 Offload your high interest debt / Work with your lenders
- 5 Understand where your money is going

COVID-19 Specific Financial Game Plan

1

Check your insurance coverage

2

Implement an emergency budget

3

Get a low-interest loan and consider refinancing

- Economic Injury Disaster Loan (EIDL)

4

Proactively communicate with lenders and vendors

5

Check out state-wide and federal assistance programs:

- The Coronavirus Aid, Relief, and Economic Security Act (CARES)
- Paycheck Protection Program
- Expansion of the CMS Accelerated and Advance Payments Program

3 Immediate Actionable Next Steps To Take!

1

Get Prepared!

- Read up on Payment Protection Program
- Talk to your Accountant/Financial Advisor
- Gather financial information needed for application

2

Rekindle / Form New Banking Relationships

- I expect a couple of weeks of chaos before participating banks and the government are ready to start making these loans.
- There is a good chance that Banks will prioritize their current clients for the processing of these loans.

3

Submit a Completed Request Form to CMS for Advance Payment

- Read up on the Expansion of the CMS Accelerated and Advance Payments Program.
- Complete request form and submit to your Medicare Administrative Contractor (MAC)

*An invitation from the Wellforce
Private Practice Financial Sustainability
Work Group*



Opportunity To Earn Additional Income By Joining Amwell's National Telehealth Provider Group

**Informational Webinar
Thursday, April 2, 2020 – 7:30-8:30 a.m.**

Wellforce's telehealth provider – Amwell – seeks board-certified Internal Medicine, Family Practice, General Practice and Emergency Medicine physicians who are interested in joining its national provider group to meet the growing demand for telehealth services across the country. This is an immediate opportunity to earn additional income while helping to address the impact of the COVID-19 outbreak.

You'll hear from Mark Abber, Director of Provider Relations at Amwell, about the provider onboarding and training process, what it is like to practice on the platform, projected visit volumes, what providers are paid, and malpractice considerations. The webinar will conclude with a moderated Q&A session.

Upcoming Wellforce Private Practice Financial Sustainability Webinars

LIVE: Thursday, April 2, 8:30-9:30 a.m.

Labor and Employment Issues

Presented by Nixon Peabody

ON-DEMAND: Starting Thursday, April 2

Private Practice Recession Survival Guide

Presented by Nate Gagne, NEQCA CFO

Economic Considerations

Questions.

Operational Support

Lisa Reed

Vice President / Performance Management

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Operational Support

- **Outreach to LCOs and Practices**

- Weekly outreach by Account Managers to LCO Leadership and Practice Quality Associates (PQAs) to Practices
 - Primary Goal - determine practice status: identify closed or closing practices to offer assistance
- Purpose of outreach
 - Inquire how telemedicine is going (if applicable) and provide needed support
 - Inquire about resource/staffing concerns and triage to appropriate individual for guidance
 - Inquire about clinical concerns (PPE, testing) and triage to appropriate individual for guidance
 - Sharing billing/coding resources
 - Communications about upcoming webinars and trainings
- Note: LCOs doing own practice level outreach include Hallmark, Highland, Healthcare South, Tufts PO

Telehealth and Coding Support

- **Update on PCP Implementation**

- Majority of PCPs who were interested in Amwell are Live (>950 across Wellforce as of 3/31)
- Continuing to follow up with practices for support and reviewing visit report

- **Beginning Specialist Implementation on Amwell**

- **Telehealth and Telephone and Billing Support**

- Please visit NEQCA COVID-19 website for updated memos and guidance
- Guidance from payers is changing rapidly and NEQCA is working as quickly as possible to summarize and communicate payer guidelines
 - Telehealth/Telemedicine Coding Payer specific guidance (updated 3/27)
 - New document regarding telephone only visit codes (posted 3/31)

Operational Support

Questions.

Helpful Resources

Ben Kruskal, MD

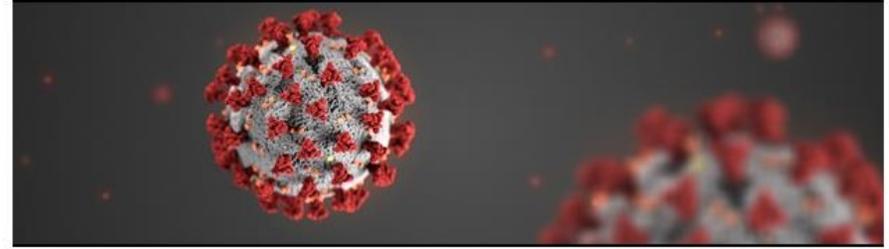
Medical Director

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NEQCA COVID-19 Website

- Updated daily
- Upcoming Programs
- Situation Updates
- Clinical Guidelines
- Telehealth Services
- Resources for Providers & Patients
- Medical Practice Sustainability
- Recorded Webinars, Videos
- Resources for the Workplace

HELPFUL COVID-19 INFORMATION



Last updated: 03/31/2020

In collaboration with our colleagues at [Tufts Medical Center](#) and [Floating Hospital for Children](#), NEQCA is closely following the spread of the respiratory disease COVID-19 that originated in Wuhan, China. While the disease continues to spread globally, the immediate health risk in the United States remains low. The situation, however, is changing rapidly. To ensure you have the latest information, click the links below:

[Coronavirus Self-Checkers: Do You Need Medical Care?](#)

- [CDC Self-Checker](#)
- [Buoy Self-Checker](#)

UPCOMING PROGRAMS FOR OUR NETWORK

Tuesday, 3/31, 5:30-6:30 p.m.

COVID-19 Clinical Q&A

Thursday, 4/2, 7:30-8:30 a.m.

Opportunity for Interested Wellforce Providers to join [AmWell national provider group](#), organized by Wellforce Private Practice Financial Stability Work Group

Thursday, 4/2, 5:30-6:30 p.m.

COVID-19 Clinical Q&A

NEQCA Briefings

- Emails (~ 2x/week)
- Bulletins



NEQCA COVID-19 BRIEFING
New England Quality Care Alliance
March 27, 2020

*A Message from Dr. Ben Kruskal for
All NEQCA Providers
LCO Presidents, Administrators and Medical Directors
NEQCA Central*

The NEQCA COVID-19 website is updated daily.

Colleagues:

All of us at NEQCA recognize it is no longer “business as usual.”

Helping you address the impact of the COVID-19 outbreak on you, your practice and your patients is our top priority.

Taking Care of Patients

It is essential that your practice remains open and able to care for patients – not only to sustain your livelihood, but to reduce unnecessary patient visits to emergency departments.



NEQCA COVID-19 BRIEFING
New England Quality Care Alliance
Affiliated with Tufts Medical Center
March 21, 2020

PPE Recommendations for community practices as of 03/21/2020

COVID RISK PATIENTS

Patients with fever or any respiratory symptoms (until non-Covid diagnosis established) or becomes suspect for Covid

Suspect or known Covid-19+ patient until reaches clearance criteria (currently unknown)

Principal mechanism of transmission: Respiratory Droplets, not true airborne—>Surgical Mask appropriate protection

Therefore, there is currently NO INDICATION FOR N95 use in the community setting; these vital items must be reserved for the high risk ICU environment where aerosol generating procedures are frequent and create true airborne risk

MASKS SHOULD NOT BE PUT ON TO SEE ANY OTHER PATIENTS unless there is a specific indication to reuse of masks (outer surface may be contaminated, doffing and re-donning—> high risk of self-inoculation) (If need to switch to fabric masks (See below), must be washed after each use)

extended (Continuous) wear (without doffing and re-donning) is OK if Covid risk to provider is frequent or continuous: disposable or reusable surgical masks may be continuously worn for multiple patients WITHOUT REMOVAL FROM FACE until wet from either side, soiled or torn

Masking patients: Patients with Covid risk defined as above should be given a surgical mask to wear when passing through common spaces, or any time another person is within 6 feet

Surgical masks and eye protection should be worn by staff seeing Covid risk patients (as defined above) with close face to face contact while patient is unmasked (e.g. oropharyngeal exam, oral temperature if necessary, throat or nasal swab); not needed for e.g. check-in staff across a counter

Volunteer-made fabric face masks: These do not provide as high a level of viral protection as standard surgical masks; but they may be used for necessary care if standard masks are not available. Tufts Medical Center has selected a standard mask design and masks made in accordance with this design are preferable. ([Link to mask design](#)). Masks should be laundered with hot water and dried on a high heat after every use. Rules above re extended use and reuse apply equally to fabric masks.

Protection

Face shield, safety glasses, goggles may be used; even standard eyeglasses provide some protection and are certainly substantially better than nothing. Some nominally single-use disposable products may be reusable to some extent—but with any of these options, the outer (patient-facing) surface should be disinfected after every use, as well as when they become noticeably wet or soiled.

Gown, lab coat or other outer covering

Gown should be changed after every Covid-risk patient but if supply is limited, providers should cohort Covid risk patients and may continue to wear the same outer covering for all those patients without doffing and re-donning (self-inoculation risk) unless outer covering is wet, soiled or torn, in which case it should be disposed, or

Upcoming NEQCA Webinars

LIVE: COVID-19 Clinical Q&A

- Thursday, 4/2, from 5:30-6:30 p.m.

LIVE: Taking Care Of Your Emotional Health: A NEQCA Webinar for Clinicians

- Thursday, 4/16, from 5:30-6:30 p.m.

Additional Q&A

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Stay Safe ... and THANK YOU!