COVID-19 AND YOUR PRACTICE: WHAT CAN YOU DO?

03/17/2020

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About this Presentation

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On **Tuesday, March 17**, 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 discuss strategies to help your practice deal with 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:

- Global & national impact, including countries of concern: 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

Topics and priorities

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- **Take care of patients first**
  - Typical priorities like quality metrics, MWOV, etc set aside while we deal with the crisis; will made whatever adjustments are necessary, either within NEQCA or by negotiation with payers
  - Everyone will be in the same boat (metrics are all compared to market)
- NEQCA Central can share our experience with staff issues like
  - Remote work for non-clinical staff
  - Sick time; child care; reducing workforce
- Social distancing; what we should all do outside of our work lives
- Interim settlement processing for 2019 to augment financial resources
- **What you can do for your patients amidst this crisis**

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COVID-19: WHAT IS IT AND WHY SHOULD YOU CARE?

- COVID-19 is the illness caused by a novel strain of coronavirus, a family of respiratory viruses that have been recognized for decades
  - There have been known human coronaviruses causing typical minor URIs which have been recognized for decades
  - The first serious human coronaviral pathogen was SARS, which caused a very serious outbreak of lower respiratory illness in 2002-3 originating in Hong Kong, spreading to the surrounding areas of East Asia and other areas around the world, with an especially large concentration in Toronto

COVID-19: clinical

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- The virus which causes COVID-19 is moderately closely related to the SARS virus and is called Human-SARS-CoV-2
- Incubation period avg 5 d (range 2-14 d) till sx onset
- Transmission 0-2 d before sx onset; not known how long transmission might continue after sx onset
- Sxs: fever 80% (around 40% fever at presentation), cough, SOB, URI sx
  - GI sx rare
  - Bilat pneumonia similar to other virals, ARDS common
- Severe disease/mortality increases with age starting around 50
  - Under 50: 0.5%; 50s: 1.5%; 60s: 4%; 70s: 8%; 80+: 16%
  - Also chronic diseases, notably DM, COPD, CAD, HTN (illness vs rx?)
- Illness rare in children; severe illness and death very rare in kids and young adults

Social distancing/#flattenthecurve

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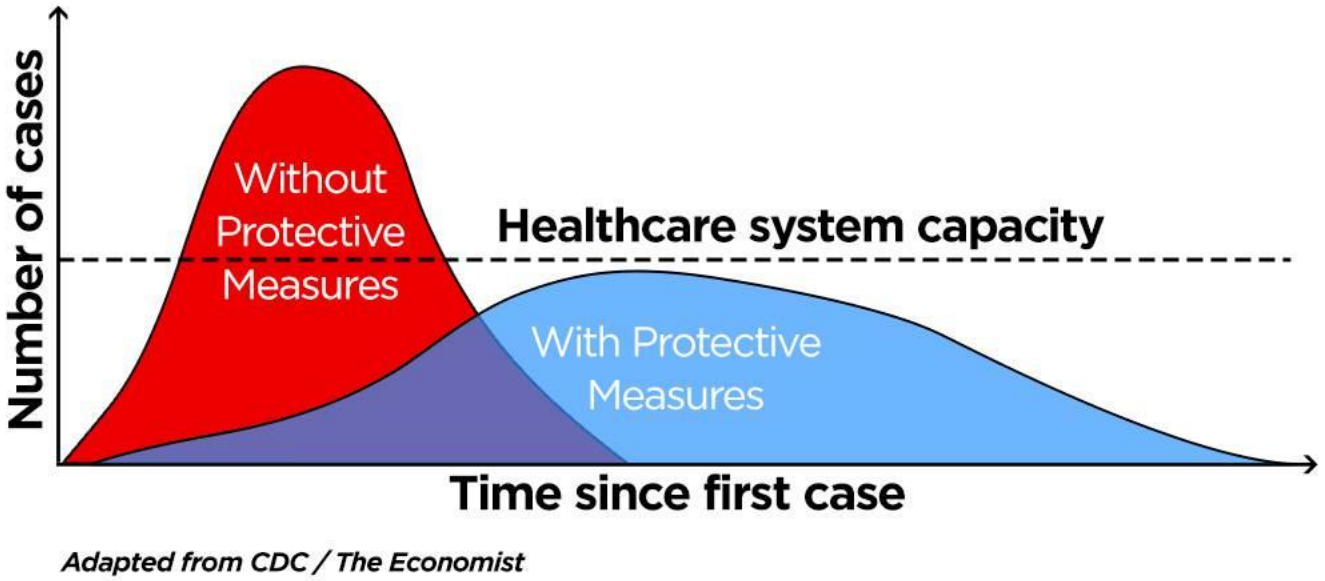

Adapted from CDC / The Economist

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COVID-19: WHAT CAN YOUR PRACTICE DO?

- Save your patient unnecessary trips to the ER and potential exposures there and along the way
- Make sure that the right patients DO go for Covid-19 testing
- Make sure that the right patients DO go to the ER
- Decrease anxiety in your patients and staff by giving them accurate information
- Protect yourself and your staff from exposure with good triage, (and understanding of what personal protective equipment (PPE) is needed and how to use it when available)

Assessing practice readiness

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- **Supplies/PPE (Personal protective equipment)**
  - **Surgical masks** (N95 only needed for nebulizer treatments)
  - Gowns
  - Gloves
  - Eye protection
- **Knowledge**
  - Triage protocol
  - How to get patients tested
  - Telehealth visits?
- **Messaging**
  - Outgoing recorded message/hold message
  - Patient portal message
  - Website
  - Sign on door

What can you do without PPE?

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- What do you do if you don't have, or run out?
  - Can't see patients with respiratory symptoms
  - **Good phone triage (Covid and other)**
  - **Telehealth visits (Covid and other)**
    - Respiratory illness: Can't listen to lungs, but can listen grossly, observe (gross breath sounds, breathlessness while talking, RR, respiratory effort, color)
    - For anything else that doesn't require a physical exam, reduce incidental/unexpected exposures
  - See patients with <u>non-respiratory non-deferrable acute symptoms/injuries</u>. Keep what's not serious out of the ER!

NOTE: THIS IS A DRAFT VERSION OF THE PHONE TRIAGE. PLEASE SEE negca.org/Newsroom/COVID-19 FOR AN UPDATED VERSION.

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COVID-19 ADULT PRIMARY CARE PHONE TRIAGE

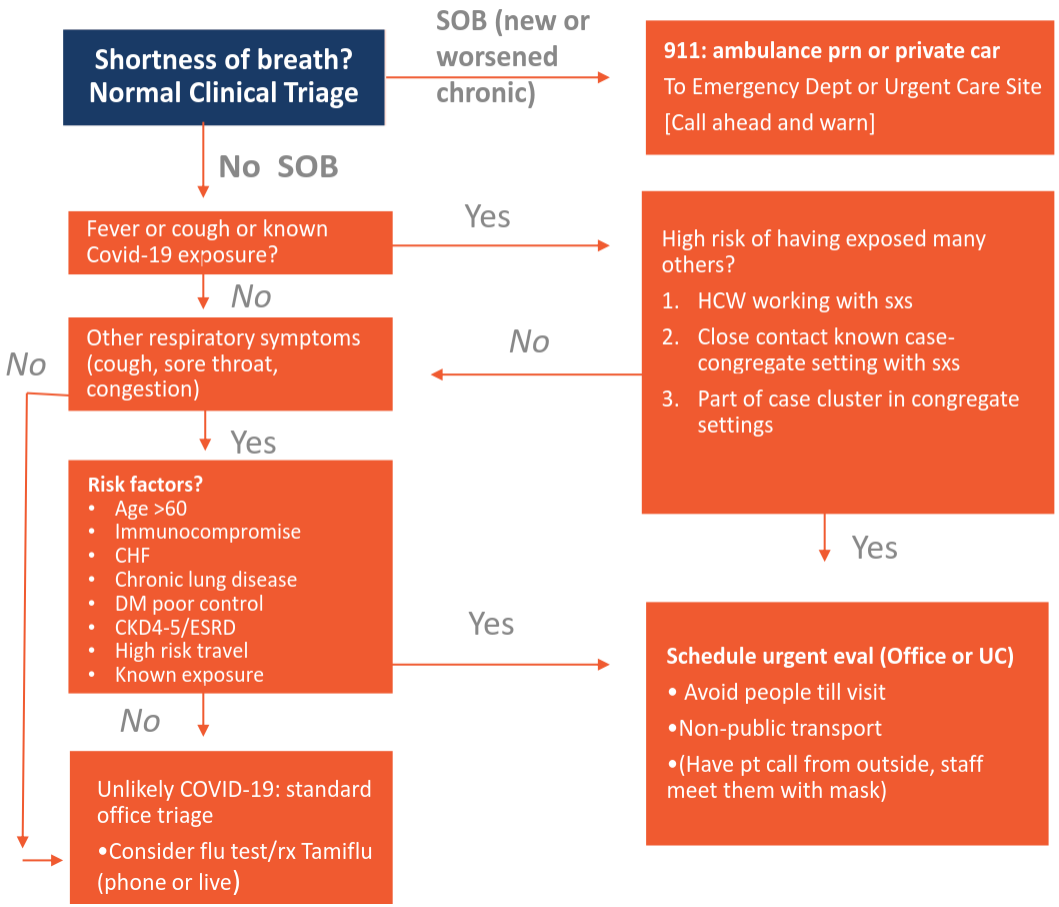
BASED ON A MODEL DEVELOPED AT TUFTS MEDICAL CENTER

Asymptomatic but worried about COVID-19

- **Question: Ask about known exposure to confirmed case:**
  - Were you informed by public health officials that you were exposed to a person with covid-19 or did you have prolonged face to face contact with someone who had a positive test result?
- **If YES, move one column to the right**
  - If no, continue.
- **Advice if NO:**
  - Direct healthy patients to following websites:
  - Mass DPH website
  - CDC website
  - CDC "Taking Care with the Flu" Website
  - We do NOT recommend writing COVID-19 employer or travel letters for patients unless they have positive test results

Asymptomatic w/known or likely exposure to COVID-19

- **Yes to one of these questions:**
  - Were you informed by public health officials that you were exposed to a person with covid-19 or did you have prolonged face to face contact with someone who had a positive result?
- **If NO, move one column to the left**
- **Advice If YES:**
  - Social distancing
  - Monitoring for fever (100.4 F) or respiratory symptoms
  - Call if fever or respiratory symptoms develop



B. Kruskal, MD, 03/17/2020

Telehealth

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- Wellforce has worked with the vendor we use for Urgent Care televisits to allow our practices to get up and running quickly
- Easy solution using tech most of us already have available (laptop or desktop with webcam, iPhone, iPad)
- State mandate to payers for the duration of the crisis allow telehealth and mandates payment at equivalent level to face to face with no patient liability at all (no copay or coinsurance, no deductible); payers will make physicians whole for this
  - Some questions remain, esp for self-insured employers, but they will probably be included.
- Our performance improvement team will be rolling this out to practices that are interested starting sometime this week

Testing criteria: 1

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PATIENTS IN CATEGORIES 1-6 SHOULD BE TESTED THROUGH THE MASSACHUSETTS STATE PUBLIC HEALTH LABORATORY		
EPIDEMIOLOGIC OR OCCUPATIONAL RISK[1]		CLINICAL FEATURES[2]
CATEGORY 1 Healthcare providers and EMTs who have worked in direct clinical care while symptomatic	**AND**	Fever **or** signs/symptoms of respiratory illness • even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. • Influenza should be ruled out prior to testing for COVID-19
CATEGORY 2 Close contacts of confirmed COVID-19 cases who were present in congregate settings (example: school) while symptomatic **AND** who had close contact with numerous others • Being in a public setting while symptomatic but without prolonged close contact to others does NOT meet this criteria	**AND**	Fever **or** signs/symptoms of lower respiratory illness (e.g. cough, shortness of breath) • Influenza should be ruled out prior to testing for COVID-19
CATEGORY 3 Hospitalized patients with fever and **severe** acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization **and without alternative explanation** (negative results on a respiratory viral panel, other infectious disease testing as appropriate). A compatible exposure history (travel or contact with a confirmed case) is not required.		Clinical features that may increase suspicion of COVID-19 include: • infiltrative process on chest x-ray (e.g., bilateral infiltrates consistent with viral pneumonitis). • bilateral ground-glass opacities on chest CT unexplained lymphocytopenia or thrombocytopenia

Testing: 2

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CATEGORY 4 Clusters of acute respiratory illness in congregate settings (e.g., Long-term care facilities, shelters, prisons)		3 or more individuals with fever **and** signs/symptoms of a lower respiratory illness (e.g., cough, shortness of breath, pneumonia) • Minimally, influenza should be ruled out prior to testing for COVID-19 • Negative results from a respiratory viral panel are preferred
CATEGORY 5 Close contacts of confirmed COVID-19 cases who were NOT present in congregate settings (example: school) while symptomatic **AND** close contacts are largely restricted to household members	**AND**	Fever **and** signs/symptoms of a lower respiratory illness (e.g., cough, shortness of breath, pneumonia) • Minimally, influenza should be ruled out prior to testing for COVID-19 • Negative results from a respiratory viral panel are preferred
CATEGORY 6 People with a history of travel from an international geographic area designated for Level 3 travel restrictions within 14 days of symptom onset. For current locations: https://wwwnc.cdc.gov/travel/notices)		Fever **and** signs/symptoms of a lower respiratory illness (e.g., cough, shortness of breath, pneumonia) **AND** hospitalization not required • Minimally, influenza should be ruled out prior to testing for COVID-19 • Negative results from a respiratory viral panel are preferred

Testing: 3

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PATIENTS IN CATEGORIES 7 AND 8 SHOULD BE TESTED THROUGH COMMERCIAL LABORATORIES AND SPECIMENS SHOULD NOT BE SENT TO THE MASSACHUSETTS STATE PUBLIC HEALTH LABORATORY		
CATEGORY 7 People with a history of travel from an international geographic area designated for Level 3 travel restrictions OR to a location within the United States that has known community transmission within 14 days of symptom onset For current locations with Level 3 travel restrictions: https://wwwnc.cdc.gov/travel/notices) Locations within the United States with known community transmission as of March 12, 2020 include: Seattle/King County Washington, Westchester County, New York, and Solano County, California		Fever OR mild to moderate respiratory illness NOT meeting the criteria listed above
CATEGORY 8 Other symptomatic individuals for whom knowledge of COVID-19 infection is medically indicated including older individuals and those with co-morbidities		Fever OR mild to moderate respiratory illness

If you have questions about this presentation, please reach out to Dr. Ben Kruskal: bkruskal@neqca.org

Dr. Ben Kruskal, NEQCA Medical Director, has been named the NEQCA/Tufts Medical Center Liaison for COVID-19. Dr. Kruskal is an infectious disease specialist with extensive experience. He was Director of Infection Control and Chief of Infectious Disease at Harvard Vanguard Medical Associates/Atrius Health, and coordinated the Atrius response to SARS in 2002-3, the H1N1 flu pandemic in 2009-10, and the 2014 Ebola cases in the U.S. Dr. Kruskal is a board-certified pediatrician and can help with both adult and pediatric questions related to COVID-19.

For more information on COVID-19 visit: neqca.org/Newsroom/COVID-19

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