

# COVID-19 Clinical Q&A

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**Webinar for Local Care Organization (LCO) Leadership**

**April 2, 2020**

# About This Presentation

On **Thursday, April 2**, 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 4/2/20. 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

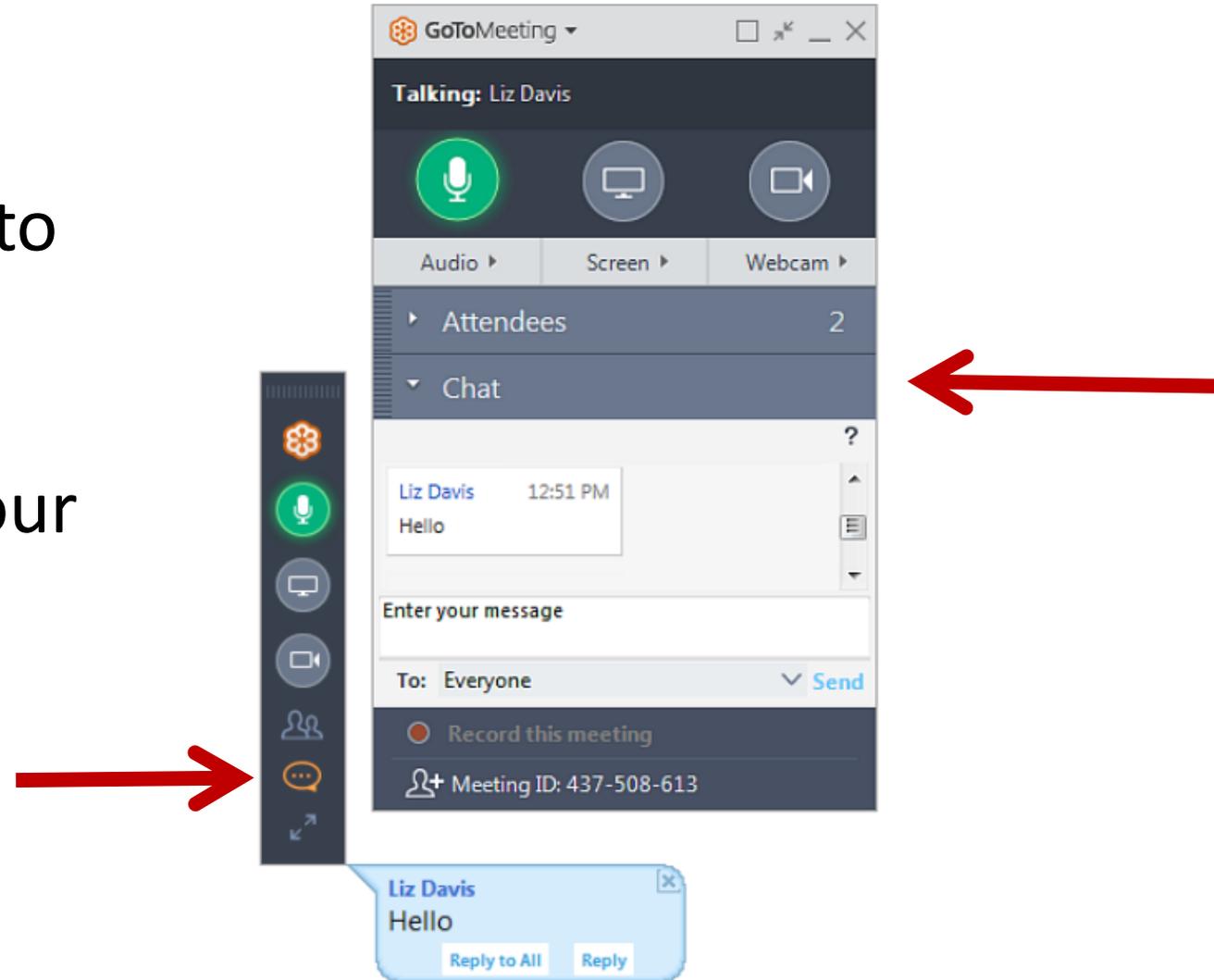
- Webinar Moderation Guidelines
- Opening Comments
- COVID-19 Situational Update
- Telehealth Scenarios
- Economic Considerations
- Helpful Resources
- COVID-19 Clinical Q&A

# 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

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**Joseph Frolkis, MD, PhD**

**CEO and President**

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# COVID-19 Situation Update

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**Ben Kruskal, MD**

**Medical Director**

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# Current Situation (as of 8 a.m. 04/2/20)

## Tests/hospitalizations/deaths

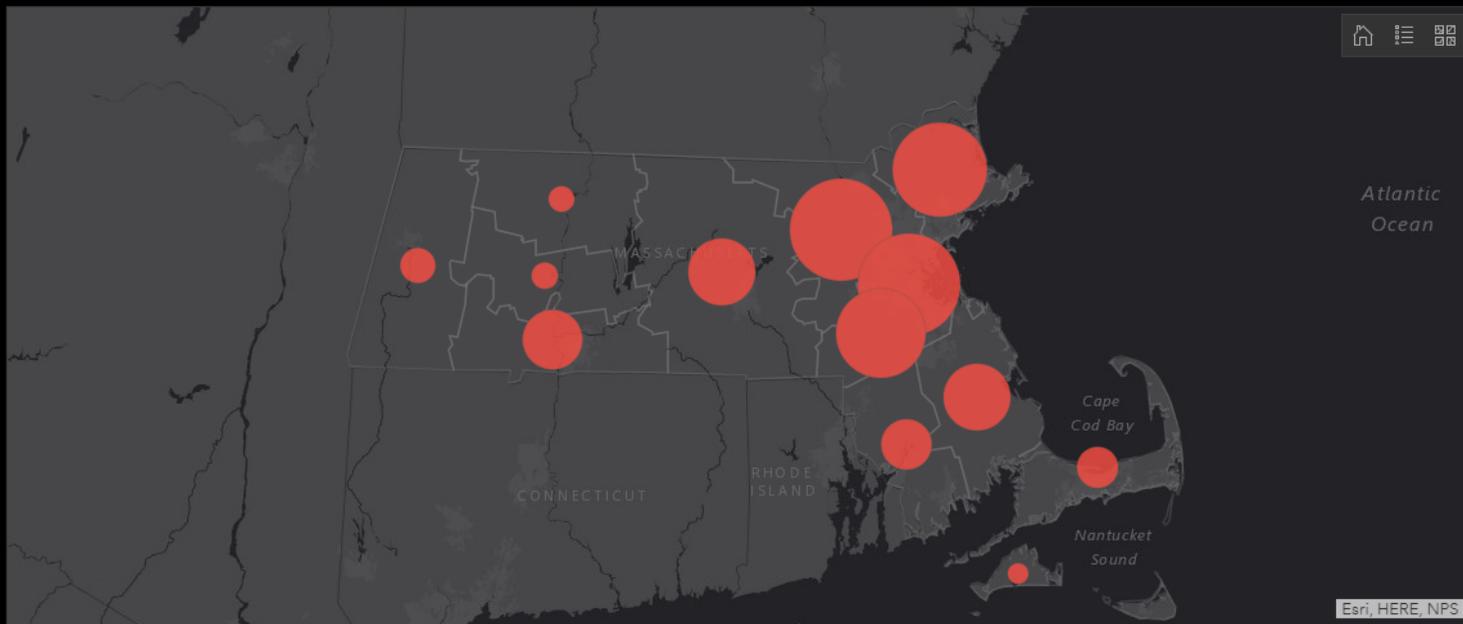
- US 213K/41K/4.8K up from 187K/27K/3.8K yest
- Mass 7700/682/122 up from 6600/560/89 yest

# Total Cases

# 7,738

## Cases by County

- 1,624 SUFFOLK
- 1,582 MIDDLESEX
- 885 ESSEX
- 829 NORFOLK
- 563 WORCESTER
- 561 PLYMOUTH
- 475 HAMPDEN
- 366 BRISTOL
- 255 BARNSTABLE
- 251 UNKNOWN
- 183 BERKSHIRE
- 81 HAMPSHIRE
- 72 FRANKLIN
- 11 DUKES/NANTUCKET



# Total Deaths

# 122

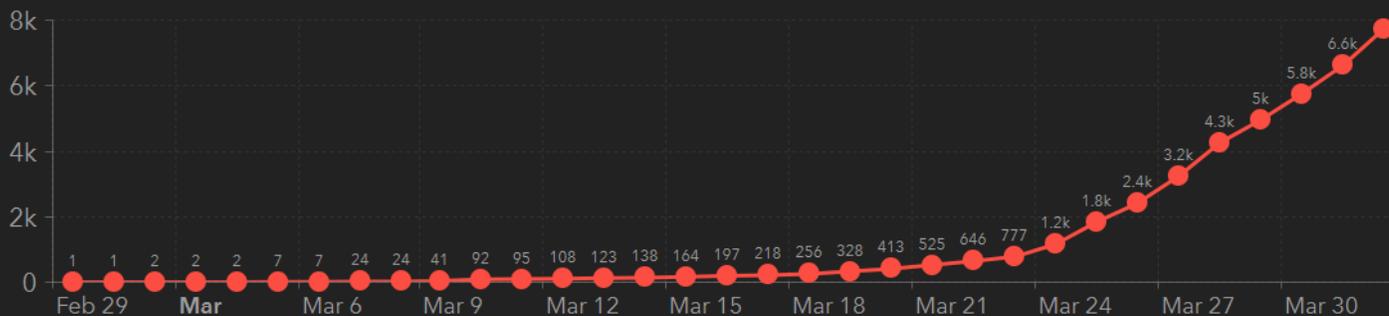
## Sex

- 3,959 Female
- 3,733 Male
- 46 Unknown

## Hospitalization

- 4,716 Under investigation
- 2,340 Patient was not hospitalized
- 682 Patient was hospitalized

## Total Cases Over Time



Total Cases | Daily New Cases

Last updated on  
**4/1/2020**

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

[Link to map on NEQCA.org](https://www.neqca.org/covid-19)

# Goal: To Save Lives

- Hospitals keep critically ill patients alive.
- **By keeping unnecessary visits out of the EDs**, our practices give the hospital more capacity to deal with more severe emergencies.
  - 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)
- **Keep practices open**
  - Continue to provide care
  - Survive financially

# 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)

# COVID-19 Transmission/Precautions

- **Route of transmission**

- **Respiratory droplets YES--> simple facemask (“Surgical mask”) is effective**

- Eye protection, gloves (Gowns)

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

- Except with aerosol generating procedures (needs N95)
- Therefore simple surgical masks are sufficient (NO 95s in outpatient setting)

- **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



# What about cloth masks?

- A few studies suggest these are **significantly less effective** at preventing other respiratory viral infections or penetration of particulates than standard disposable surgical masks
  - Effectiveness varies with thickness and material, but comfort (“breathability”) is inversely proportional to effectiveness
- **“Has to be better than nothing”**
  - Good for source control
  - Potential risk: if filtering effectively, outside surface gets contaminated; if we unconsciously touch it, or touch it while taking off the mask, and then touch our face, we have contaminated ourselves.

# Testing for COVID-19 – Part 1

- **Currently PCR is only technique available**
  - Detects viral RNA fragments, not intact/transmissible virus
- **Why test/who to test?**
  - ONLY symptomatic individuals (negative in asymptomatic doesn't mean they're not incubating)
  - 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)
  - [Contact tracing and quarantine/isolation]

# 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)

# COVID-19 PCR: False positives and negatives

- **False positives**

- Residual viral fragments persisting on the mucosa after transmissible virus is all gone (Same principle applies to other tests for infection using PCR detection, e.g. Chlamydia): we don't know how long
- Laboratory contamination

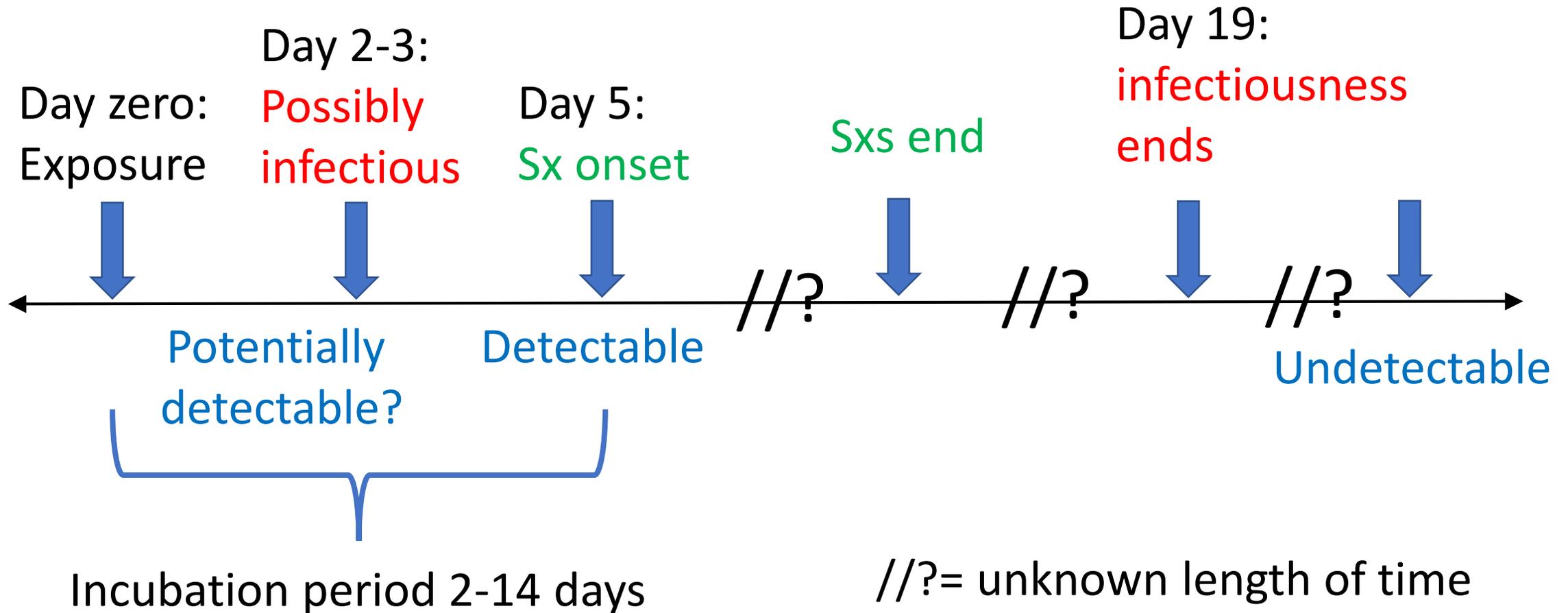
- **False negatives**

- Swabbing technique
- Choice of anatomic site (Sensitivity highest: NP > OP > Nose)
- PCR inhibitors (from pt, from inappropriate swab)
- Timing: during early incubation period

# Immunity?

- Not well characterized yet for SARS-CoV-2/Covid-19 but...
- In comparison with other respiratory viral infections
  - The reason we recover is because an immune response occurs and eradicates the virus
  - Duration of immunity varies; some lifelong, some months or 1-2 years
  - Antibodies (most easily measured component of immune response) may or may not be the protective mechanism
  - Convalescent plasma?
  - Early reinfection likely very rare
    - Apparent cases are likely false positives: residual viral fragments persisting on the mucosa after transmissible virus is all gone

# Timeline of SARS-CoV-2 infection



# Non-medical grade pulse oximeters and apps

- Inexpensive pulse oximeters sold online
- Pulse oximetry smartphone apps
  - With plug in probes
  - Using smartphone camera
- Literature review discouraging re accuracy; mixed reviews but not tested under a wide variety of conditions or patients
- I DO NOT RECOMMEND use at this time

# On the horizon

- Advance care planning
- Post acute care considerations
- Keeping your practices open if you or coworkers get ill
- Clinician and community wellbeing

# COVID-19 Situation Update

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Questions.

# Telehealth Visit Scenarios

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**Pratiksha Patel, MD and Ben Kruskal, MD**

**Medical Director**

**Davis Bu, MD**

**Internal Medicine Physician | Tufts Medical Center Community Care**

# Some guidance on outreach to patients for telehealth visits

- When scheduling the appointment, be sure to notify the patient that the visit will be conducted via telehealth or telephone.
- If an app is required, ask you staff to direct the patient to download the app in advance of the visit and test the functionality if needed.
- When the visit takes place, your chart documentation should indicate that the patient verbally consented to receive telehealth services and the reason for the visit very clearly (including if it was done in place of Face to Face visit due to the pandemic).

# Possible telehealth visit scenarios

- **Scheduled patients** whose visit can be changed to telephone or audio/video visits, includes routine follow up or AWV, ACP and TCM visits
- **Possible COVID-19:** respiratory symptoms and/or fever
- Patient with any **urgent issue**
- **Behavioral health-established diagnosis, follow up**
- Patients with **multiple chronic conditions** who need periodic monitoring
- Patients with a **chronic condition that is unstable**, i.e. uncontrolled diabetes, HTN
- Consider also:
  - **Patients over 65 who have not been seen in the past 6 month**
  - **High needs, high utilization (HNHU) patients who are <65** ranked either by risk score or cost (total \$PMPM) from the HNHU report on Sharefile

# Telehealth Visit Scenarios

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Questions.

# Economic Considerations

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**Nate Gagne**

**Chief Financial Officer**

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# 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)

# Webinars Available “On Demand” through NEQCA.org (starting April 3, 2020)

- **Insights Into The CARES Act:  
Employer and Employment Considerations**  
Presented by Nixon Peabody
- **Private Practice Recession Survival Guide**  
Presented by Nate Gagne, NEQCA CFO
- **Income Opportunity By Joining AmWell’s  
National Telehealth Provider Group**

# Economic Considerations

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Questions.

# Helpful Resources

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**Ben Kruskal, MD**

**Medical Director**

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# Importance of Clinician Wellbeing

- Remember to care for yourself during this stressful time with physical distancing via
  - Careful self assessment and reflection with recognition of sources of distress
  - Rigorous self-care strategies
- Resources:
  - **Physician Health Services**
    - Virtual Self-Care Group: A twice-weekly free and confidential support to physicians, facilitated by licensed PHS professionals Tuesday and Thursdays from 6-7 pm. **If interested, please email: [PHS@mms.org](mailto:PHS@mms.org)**
    - Consultations on the fly, or in depth, assistance with burnout and self-care techniques, and referrals: 781-434-7404
  - **Check NEQCA website** for additional resources including April 16<sup>th</sup> webinar: Take Care of Your Emotional Health

# Tufts Medical Center Department of Psychiatry

## Emotional and Stress Management Support Available

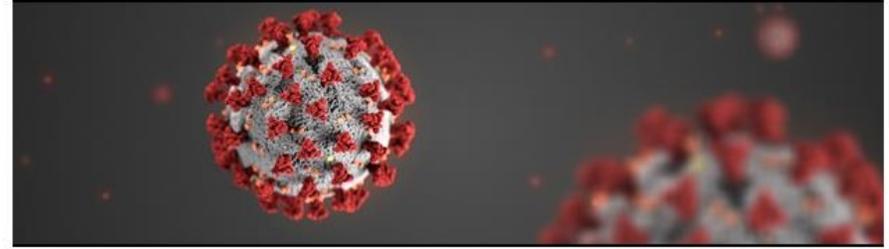
The Department of Psychiatry is on hand to assist physicians and other employees with stress management and emotional support during these difficult times. If you want to speak with someone, or need wellness resources, please contact the Psychiatry department via email at [stressmanagement@tuftsmedicalcenter.org](mailto:stressmanagement@tuftsmedicalcenter.org) or at **617-636-5731**.

Confidential individual and group video sessions, and resource management are available as well as formal psychiatric consultation.

# 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.**

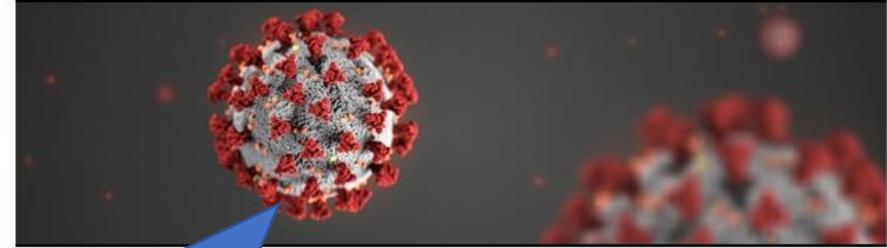
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Please hold for  
live demo

## HELPFUL COVID-19 INFORMATION



Last updated: 3/27/2020

our colleagues at [Tufts Medical Center](#) and [Floating Hospital](#) for closely following the spread of the respiratory disease COVID-19 that originated in Wuhan, China. While the disease continues to spread globally, the immediate impact on the United States appears low. The situation, however, is changing rapidly. To stay informed, click the links below:

[Do You Need Medical Care?](#)

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Q&A

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COVID-19 Clinical Q&A

# Additional Q&A

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Stay Safe ... and THANK YOU!