NEQCA COVID-19 Update

May 14, 2020

About this presentation

On Thursday, May 14, NEQCA provided a clinical update on COVID-19, for NEQCA's LCO Leadership including Presidents, Administrators and Medical Directors. Topics discussed include crisis standards of care, the role of Palliative care and NEQCA care management. Disclaimer: The information in this presentation is relevant as of **5/14/20.** The situation, however, is changing rapidly. To ensure you have the latest information on COVID-19, use the resources below:

- **Stay Informed: Enroll in MDPH COVID-19 Text Notifications**
- Massachusetts COVID-19 Response (Map)
- 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

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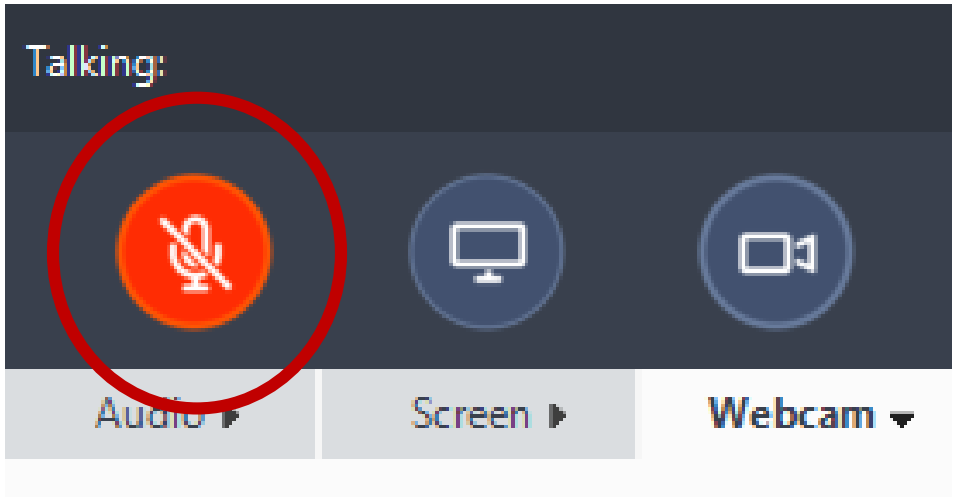

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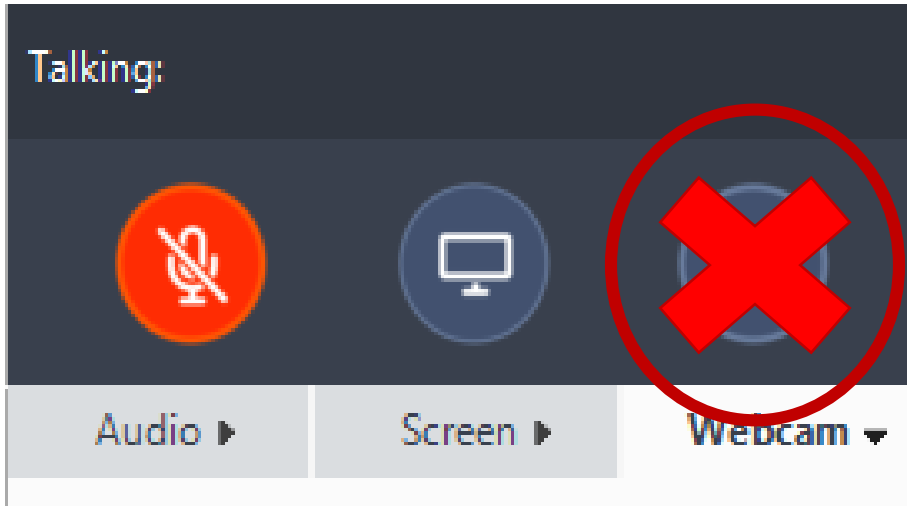
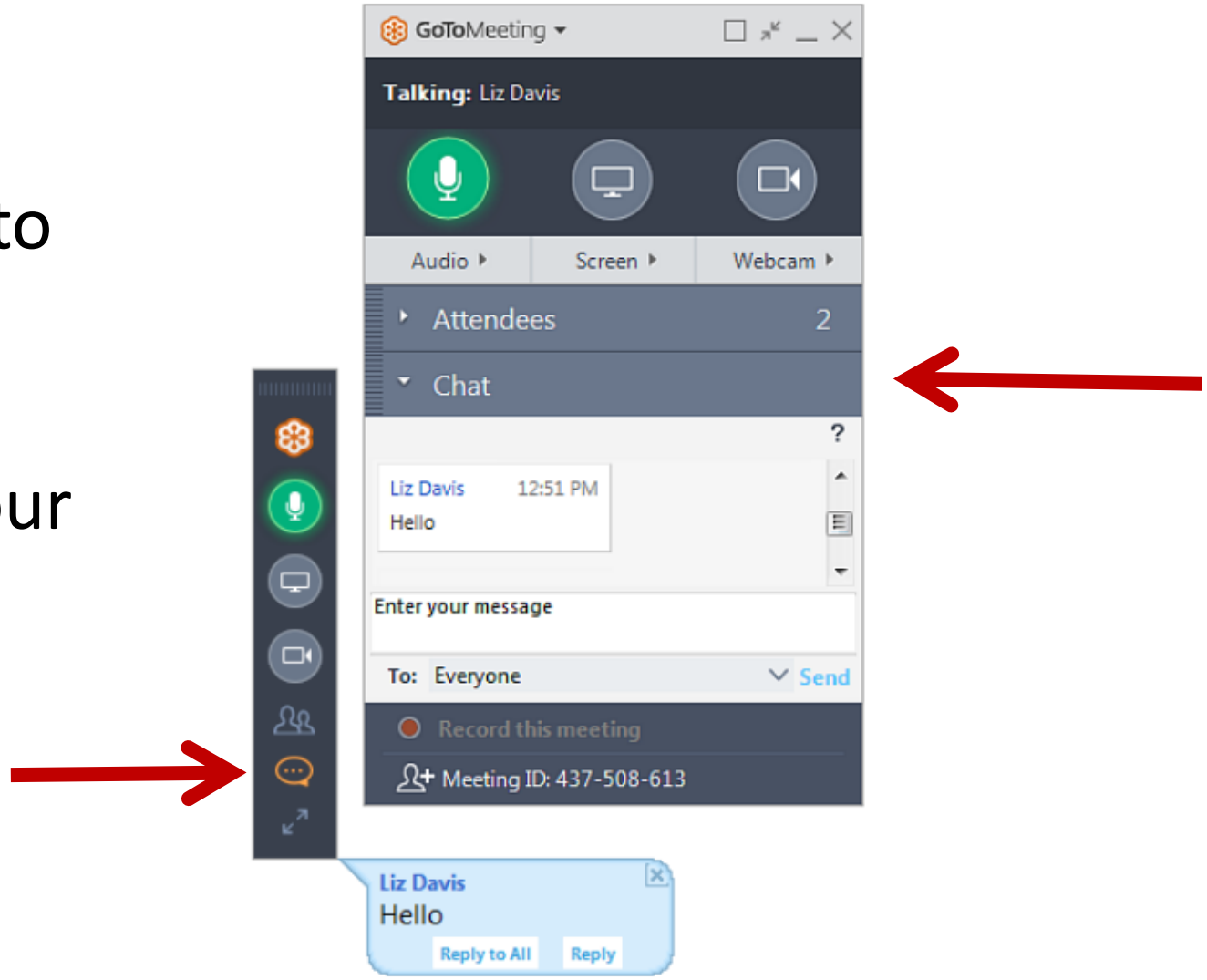


NEQCA
New England Quality Care Alliance
Affiliated with Tufts Medical Center

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

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Agenda

- COVID-19 Situational Update
- Practice Reactivation Guidelines
- Infection Control Considerations
- Upcoming Programs

COVID-19 Situational Update

Ben Kruskal, MD

Medical Director

News of the week

- HCW symptom-based return to work 10d after sx onset instead of 7d
- Hydroxychloroquine demonstrated even more strongly not to be helpful
- ACEIs and ARBs have no demonstrable effect on incidence or severity of COVID-19
- Masshealth
  - Payment for specimen collection for COVID-19 testing in addition to visit LOS
  - Remote patient monitoring: payment for physician effort
  - Coverage for preventive visits via telehealth
    - Any required in-person follow up may be billed as L1-3 E&M code

Immunity and antibody testing

- We still don't know yet if protective immunity occurs after infection with SARS-CoV-2/COVID-19

- Serology (antibody) testing available in a number of places now
  - **STILL NOT READY FOR PRIME TIME**

Serology testing: Statement from the Mass. State Public Health Laboratory

"Commercially manufactured antibody tests check for SARS-CoV-2 antibodies and are available through healthcare providers and commercial laboratories. Although FDA, CDC, and BARDA are collaborating to assess the performance of commercial antibody tests, **the majority of tests currently available have not received FDA Emergency Use Authorization** (EUA). Antibody tests may demonstrate whether an individual was previously infected with SARS-CoV-2 and antibody testing is important to help understand how many people in a population have been exposed to the virus. However, antibody tests are not indicated for diagnostic purposes. **In order to be appropriately interpreted, more data are needed on the performance characteristics of these tests, the immune response to COVID-19, the timing and duration of antibody response, and how antibodies correlate to protective immunity**.

- If an antibody test is performed, it is recommended that healthcare providers order a molecular diagnostic test at the same time.

- **At this time, antibody testing should not be used to guide release from isolation or for return to work purposes** and are not indicated for diagnostic purposes."

Potential uses of antibody testing

- ☑**Population prevalence studies**
  - (Accurate enough for public health use for this now)

- **Individual patient use**
  - Payer coverage variable, NOT recommended by professional societies, liability risk
  - ☒Diagnosis
  - ☒Immunity testing

PCR testing: New criteria from DPH

- Symptomatic with any compatible symptoms, even mild
- Close contacts of known cases (via DPH, local BOH or MA CTC)
  - <6 feet for at least 10-15 min, while case had sxs or <48 hrs before case sx onset OR
  - Direct contact with infectious secretions while not wearing relevant PPE
  - Close contacts with any COVID-19 compatible sxs should be tested ASAP any time during the 14 d after exposure EVEN IF PRIOR NEG WITHIN THAT TIME
  - Asymptomatic close contacts should be tested ASAP after notification; MUST QUARANTINE 14 days, regardless of test result.
- Asymptomatic if requested by HCP, state agency, employer (Insur +/-)

Our Goal: To save lives, reduce suffering, help people get and stay well

- Keep patients out of the ED and SNFs unless absolutely needed
- Make sure patients are getting the (non-COVID-19 and COVID-19) care they need
- **Keep practices open and help support the transition through the post-surge phase and what comes next**

What comes next?

- COVID-19 is not going to be controlled until we achieve community ("herd") immunity, with at least 50% (more likely 60-70%) of the population immune either because they've had the disease or because of a vaccine
- We don't know yet what the trajectory will be like. Predictions include:
  - Recurring waves of infection every time we ease up too much on social distancing
  - Steady medium level disease activity if we maintain a steady but more moderate level of social distancing
  - Decrease over the summer, with big wave of recurrence when the weather turns cold again in fall/winter

Which means…..

- We cannot afford to ease up too much on social distancing (either now or in the fall) or else we will have an intense level of disease activity that may cause preventable deaths by overwhelming our capacity to care for critically ill patients
- We will likely be dealing with ongoing COVID-19 for 1-2 years
- We will have to maintain precautions against spread of infection in the health care setting, like your practices as well as the hospital

Implications for your practice

- Because there is a significant amount of infection transmitted before symptoms appear, screening for symptoms is not enough
- We need to take precautions as if every patient might transmit COVID-19

Therefore:

- Everyone will have to learn about infection control
- PPE such as masks and gloves will be essential to providing care
- Distance care (telehealth) will continue to be a crucial tool that we will want to use whenever possible

COVID-19 Situational Update

Questions.

Practice Reactivation Guidelines

Ben Kruskal, MD

Medical Director

NEQCA Practice Reactivation Guidelines

1. Infection Control
2. Office Space Reconfiguration and Workflows
3. Telehealth
4. Reassuring Staff, Patients, and Families
5. Human Resource Considerations
6. Financial Sustainability
7. Additional Clinical Considerations

1. Infection Control

- **Content**
  - PPE
  - Cleaning and disinfection
  - Provider and staff health
- **Things to do or consider**
  - Educate yourself and your staff about infection control
  - Set your practice's infection control policies and procedures
  - Secure reliable access to necessary materials
    - PPE, cleaning/disinfection materials

2. Office Space Reconfiguration and Workflows

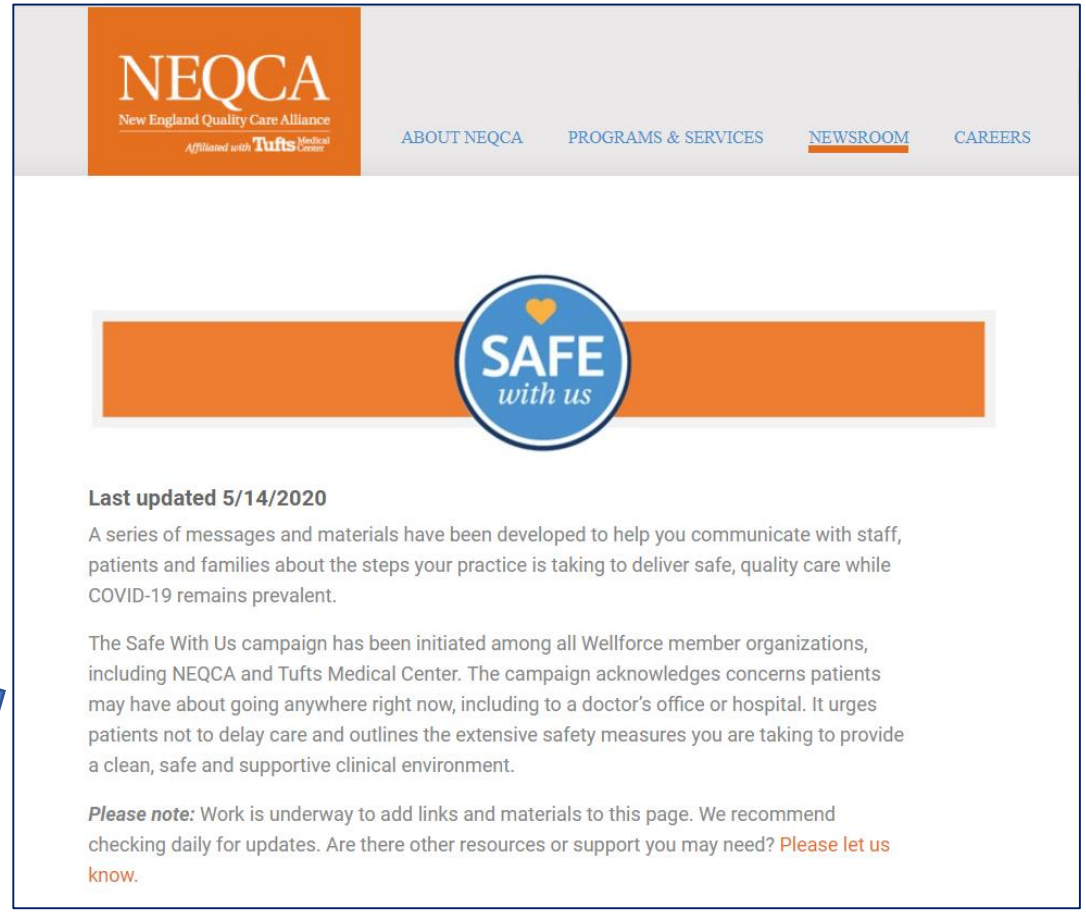
- **Content**
  - Office Space Reconfiguration
  - Patient Scheduling and Prioritization
  - Patient Check In, Rooming, and Check Out Workflow
- **Things to do or consider**
  - Pre-visit COVID-19 symptom screening with confirmation calls
  - Office signage/Patient flow
  - Waiting room
  - Schedules
    - Segment the day: infectious or not? telehealth vs in person visits?
    - Build in extra time for PPE, room cleaning/disinfection, to avoid patients meeting
    - Which patients need to be seen first? How to convert scheduled in person visits?

3. Telehealth

- **Content**
  - Practice set up
  - Scheduling and EHR
  - Selecting patients for telehealth visits
  - How staff can support telehealth
  - Billing and Coding /Documentation
- **Things to do or consider**
  - Consider/reconsider your telehealth platform choice
  - Think about the balance between telePHONE (audio only) vs Audio/video visits
  - Telehealth utilization for as wide a variety of use cases as possible
  - Utilize your support staff optimally for telehealth support
  - Optimize your technology for telehealth
  - Are you coding and billing optimally for telehealth visits?

4. Reassuring Staff, Patients, and Families

- **Content**
  - Templates for letters, posters, and other media
- **Things to do or consider**
  - Proactively communicate to your patients and staff: “You’re safe with us”



To be posted to NEQCA website

5. Human Resource Considerations

- **Content/Things to Do or Consider**
  - How can you best support your people through this difficult time?
  - Staff job descriptions, FTE and schedules may need to change
  - Cross-training for essential skills/ cross-coverage with other practices

6. **Financial Sustainability**

- **Content**
  - Importance of both short term and long term financial planning
  - Revenue planning amidst uncertainty
  - Cash is king!
- **Things to do or consider**
  - Plan for short, medium and long-term
  - Consult with experts: accountant, lawyer, tax advisor
  - Periodically reassess how performance matches plans and adjust accordingly
  - Stay current with regulations and changing payer rules and fee schedules
  - Maximize revenue via optimized billing and coding while maintaining good compliance
  - Pay attention to changing payer mix and how it may affect your revenue projections
  - Know and cultivate sources of capital
  - Understand your agreements (grants, loans) and their conditions
  - Make sure your practice ramp up plan is consistent with your cash flow projections

7. Additional Clinical Considerations

Content/Things to do or Consider

- What procedures do you do in the office?
- Are there shortages of materials or medications that will force you to modify how you practice for now?
- Patient financial stresses and insurance changes may force medication changes due to cost or formulary issues. Be prepared.
- Consider whether you need new or modified EMR templates
- Plan for how to manage an emergency situation
- Develop contingency plans to navigate upcoming COVID-19 surges (rapid-cycle relapse/recovery)
- Develop a strategy and timeline for resumption of effective and proactive population health management
- Consider how to operate safely, effectively and efficiently if nobody is physically in the office

Practice Reactivation Guidelines

Questions.

Infection Control

Ben Kruskal, MD

Medical Director

Infection Control: PPE

- **Universal enhanced droplet precautions**
  - Mask: simple surgical mask
    - Extended use protocols from Tufts Medical Center
  - Gloves: Hand hygiene before and after
  - Eye protection: be creative!
  - Gown: only needed if splash or splatter is expected
  - Bare below elbows
  - No dangling neckties or necklaces
- **Non-medical grade PPE, PPE for non-patient-facing staff**
- **Masking patients**

Infection Control: Cleaning and disinfection

- Surfaces
  - Must be clean first! Disinfectant doesn't work well on dirty surfaces
  - Required contact time
  - Active ingredients
    - Quaternary ammonium (e.g. benzalkonium chloride, Lysol) 3 min
    - 70% alcohol (denatured ethanol or isopropanol) 30 sec
    - Hydrogen peroxide (standard 3%, undiluted) 1 min
    - Bleach (diluted 1:100 in tap water) 1 min
  - Soap and water with vigorous scrubbing
- High touch surfaces after every patient; all surfaces daily

Infection Control: Provider and staff health

- Everyone working in the office should daily attest that they have no symptoms
  - Symptoms→exclusion until:
  - alternative non-infectious diagnosis OR
  - until 2 neg PCR tests for COVID-19 OR
  - until 10 d after sx onset with 3 days afebrile/no antipyretics and 3 days resolved respiratory sxs
- No recommendation to test asymptomatic staff except as part of a contact tracing program

Infection control: Making people feel safe as well as be safe

- The degree of knowledge and expertise must be far above what is necessary for the work itself
- You must inspire confidence in patients and staff that you've thought of everything, and done everything right
- Staff too must be able to inspire confidence in patients in the same manner; be able to answer questions confidently and correctly

Infection Control

Questions

Mark Your Calendars

NEQCA Webinars:

COVID-19 Updates/Practice Reactivation

- **Thursday, May 21:** 7 a.m. - 8 a.m.
- **Thursday, May 28:** 5:30 p.m. - 6:30 p.m.
- **Wednesday, June 3:** 5:30 p.m. - 6:30 p.m.

Wellforce Q&A Sessions:

Economic Sustainability Strategies

- **Tuesday, May 19:** 5:00 p.m. - 6:00 p.m.
- **Wednesday, May 27:** 5:00 p.m. - 6:00 p.m.
- **Tuesday, June 2:** 5:00 p.m. - 6:00 p.m.
- **Wednesday, June 10:** 5:00 p.m. - 6:00 p.m.

Additional Q&A