

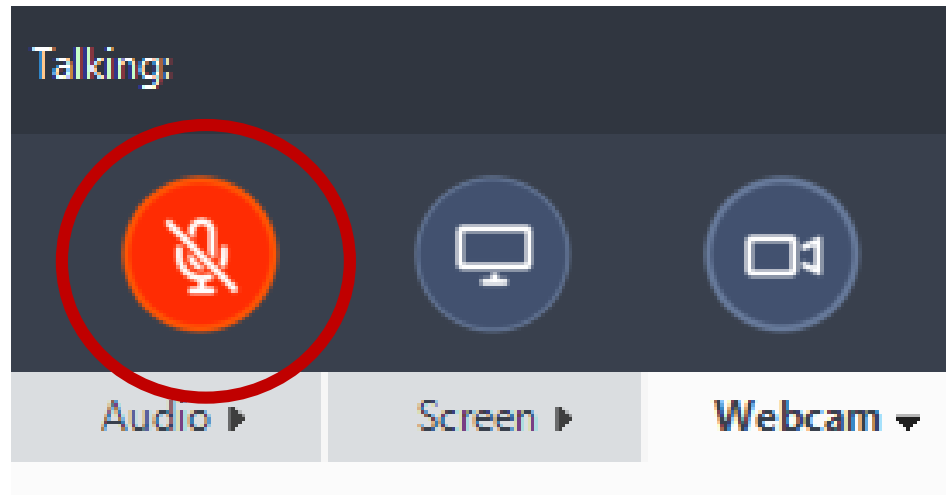
# COVID-19 Update/Practice Reactivation

---

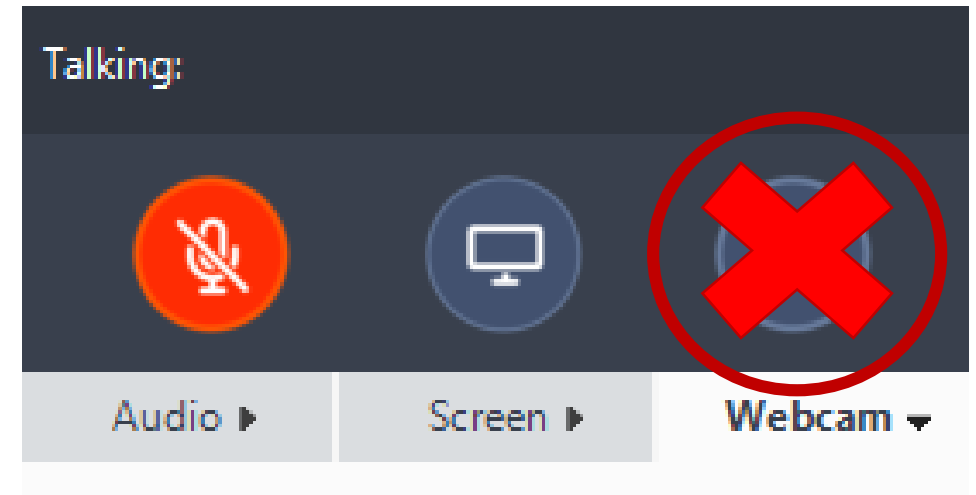
**Ben Kruskal, MD**

**Medical Director**

# Please Mute

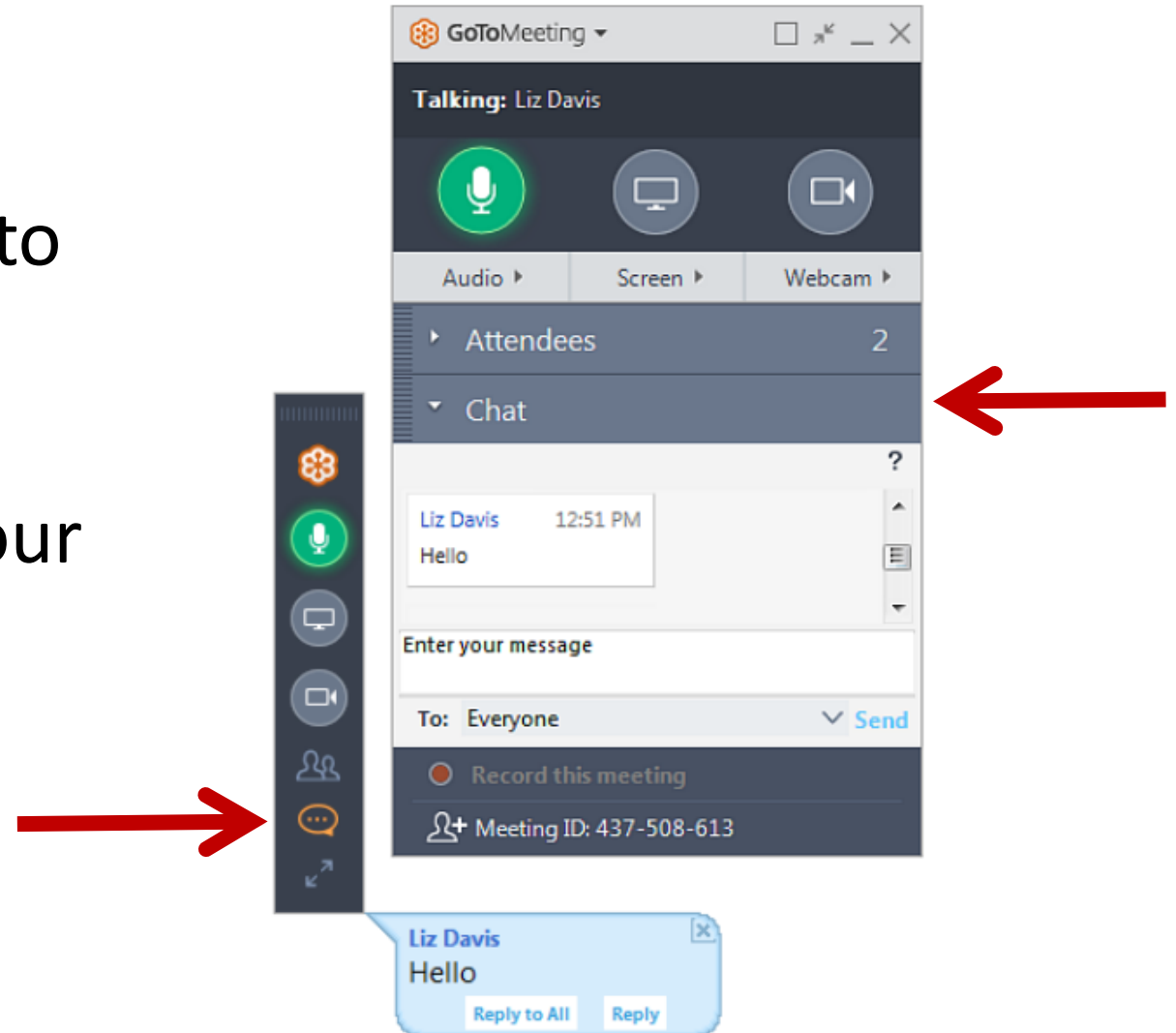


# No Webcam



# 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**

# Agenda

- Situational update
- News of the week
- **Learning from each other:** Interview with Dr. Chris Perkins, Norwood LCO, on practice reactivation
- **Tonight's Speaker:** Dr. Alice Connors-Kellgren, PhD, Clinical Psychologist

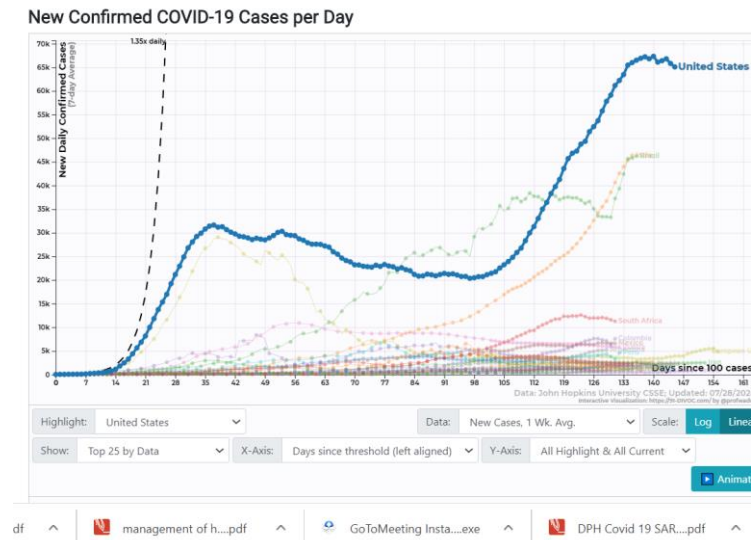
## Situational update: numbers

US

- Total: 4.3M cases/141K deaths

- 57K hospitalized pts  
~=peak, mid-April

## Countries, linear scale



# Mass DPH daily dashboard

Total: ~116K cases/8.5K deaths

Daily new: 300 cases/12 deaths

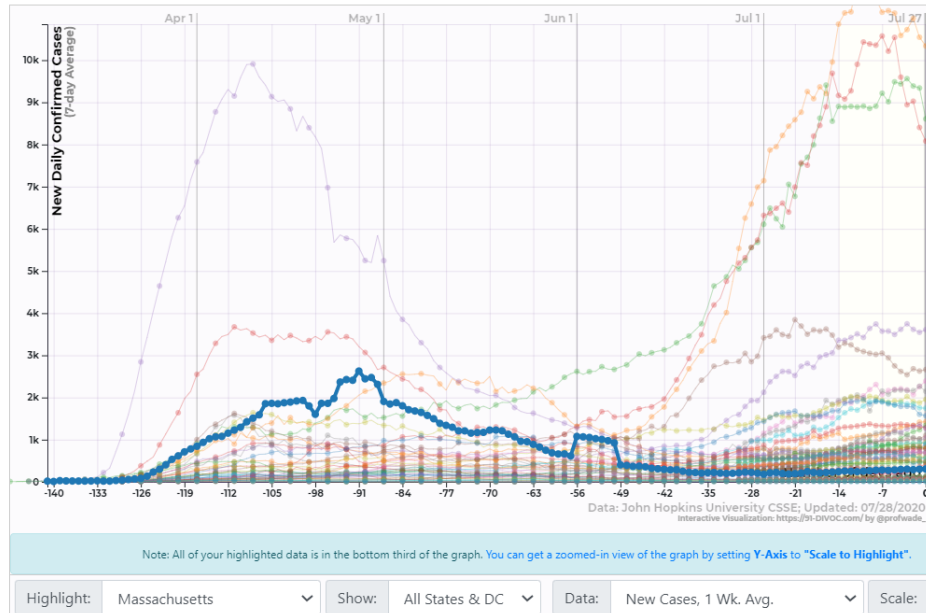
Avg # of hospitalized pts: ~360

Tests/day: >10K

Avg PCR+ rate: 1.9%

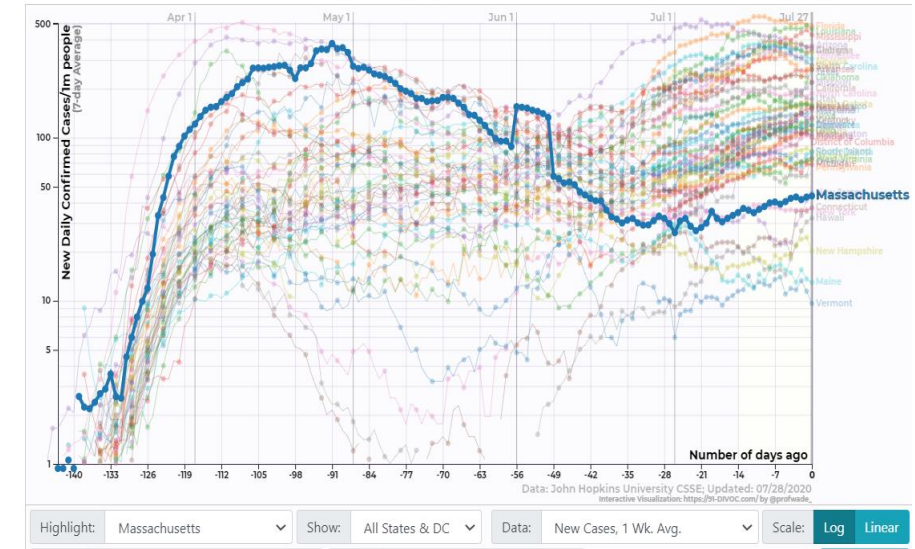
- US States, Linear scale

New Confirmed COVID-19 Cases per Day by US States/Territories



- US States, Log scale

New Confirmed COVID-19 Cases per Day by US States/Territories, normalized by population



# There will be a resurgence of acute Covid-19 at some point: time to prepare

- Stock up on PPE
- Accelerate/complete any infection control work/office reconfiguration that is in progress
- Think about what level of acute illness you feel prepared to handle—both volume and severity
- We will be back to our earlier goals: keeping patients out of the ED who don't truly need it to preserve capacity for severely ill patients
- We must learn from the earlier experience and start talking to patients NOW about how important it is NOT to ignore or downplay serious symptoms just because of fear of Covid in the hospital. Infection control precautions in the hospital work very well---there have been few reported nosocomial cases of Covid-19.



# COVID-19 News of the Week

# HRSA Provider Relief Fund: Medicaid and CHIP Provider Distribution

- **Eligibility Requirements**

- Received no payment from the \$50 billion General Distribution to Medicare providers
- Billed Medicaid/CHIP programs or Medicaid managed care plans for health care-related services between Jan. 1, 2018 – Dec. 31, 2019
- Filed a federal income tax return for fiscal years 2017, 2018 or 2019, or is exempt from filing a return
- Provided patient care after January 31, 2020
- Not permanently ceased providing patient care
- Reported on Form 1040 (or 1040-EZ) for 2019, or is exempt from filing

- <https://www.hhs.gov/sites/default/files/provider-relief-fund-chip-factsheet.pdf>

**HHS announced that it is extending the Medicaid and CHIP Provider Relief Fund distribution provider application deadline to apply to August 3, 2020.**

# HHS renews public health emergency at least through the end of October

## **“Renewal of Determination That A Public Health Emergency Exists**

As a result of the continued consequences of Coronavirus Disease 2019 (COVID-19) pandemic, on this date and after consultation with public health officials as necessary, I, Alex M. Azar II, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, **do hereby renew, effective July 25, 2020, my January 31, 2020, determination that I previously renewed on April 21, 2020, that a public health emergency exists and has existed since January 27, 2020, nationwide.”**

# Risk adjustment and telehealth: just when you thought it couldn't get any more complicated....

- Pre-Covid, only diagnoses coded at a face to face visit would risk adjust.
- Since Covid, payers have a variety of DIFFERENT rules regarding risk adjustment and telehealth visits [audio only="PHONE encounter" vs video with audio "VIDEO visit".]
- All payers will currently risk adjust with dxs coded in a VIDEO visit.
- BCBS newly clarified that it will risk adjust using dxs applied in a PHONE encounter as well.
- CMS (Medicare) has communicated that it will NOT risk adjust using dxs applied in a PHONE encounter.

# BOTTOM LINE RE Risk adjustment and ALL kinds of visits

- ALWAYS CODE AS MANY DXS as you discussed in the encounter, no matter what type of encounter it is. Remember, you can code it if you have done any of the following things, even if unconnected to the main Reason for Visit, as long as appropriately documented (typically requires only 1-2 sentences per dx):
- **Treat**  
**Assess**  
**Monitor/Medicate**  
**Plan**  
**Evaluate**  
**Refer**

ORIGINAL ARTICLE

Hydroxychloroquine with or without  
Azithromycin in Mild-to-Moderate Covid-19

Randomized controlled trial:  
NO EFFECT



# Learning from each other:

*Dr. Chris Perkins, Comprehensive Primary Care, Norwood LCO,*  
talks about his work with the NEQCA Central  
Practice Reactivation Team

# Tonight's Speaker



**Dr. Alice Connors-Kellgren, PhD,  
Clinical Psychologist**



# MENTAL HEALTH AND COVID-19: A DEVELOPMENTAL TRAUMA PERSPECTIVE

Alice Connors-Kellgren, Ph.D.

Clinical Psychologist

Tufts Medical Center

NEQCA July 29, 2020

## DISCLOSURES

I have no disclosures to make

# AGENDA

- What is developmental trauma?
- Why use a developmental trauma perspective to understand the effects of COVID-19?
- How do I assess for developmental trauma?
- What do I do as provider?
- What do I do as a parent or recommend to my patients' parents?

## WHAT IS DEVELOPMENTAL\* TRAUMA?

\*“Developmental trauma” and “complex trauma” are often used interchangeably to indicate multiple traumas that occur during childhood/adolescence and affect achievement of developmental tasks

- Chronic experiences that are overwhelming and leave a person feeling helpless, vulnerable, or very frightened
- Subjective and developmentally bound
- Multi-layered
  - Overt harm
  - Lack of need fulfilment
  - Interpersonal context
  - Developmental disruption

## WHAT IS DEVELOPMENTAL TRAUMA?

- Trauma experienced during childhood/adolescence has a different impact than trauma experienced during adulthood
- Developmental tasks build on one another
- Priority is given to developmental tasks that help the child survive the environment and meet physical, emotional, and relational needs
  - Sensitive threat response
  - Self-protective stance
  - Development of alternate strategies to meet needs

# IMPACT OF TRAUMA ON DEVELOPMENT

## Self Concept

- Low self-esteem, feelings of shame and guilt, poor body image, lack of sense of self

## Cognition

- Trouble paying attention, difficulty processing, challenges in problem solving and future orientation

## Biology

- More medical problems than same-age peers, somatic concerns, lower pain perception, poor regulation of bodily functions

## Affection Regulation

- Difficulty recognizing, regulating, and communicating internal experience

## Dissociation

- Impaired memory, alterations in consciousness, fragmentation

## Behavioral Control

- Impulsivity, aggression, oppositional, self-destructive

## Attachment

- Difficulty trusting and connecting, unusual ways of engaging in relationships

## DEVELOPMENTAL TRAUMA AND COVID-19

- Chronic experience that has the *potential* to leave someone feeling vulnerable, helpless, and/or very frightened
- May be causing/contributing to overt harm, lack of need fulfillment, attachment disruptions, developmental disruptions
- **Good news!** We know a lot about developmental trauma, how to treat it, and how to build resilience

# DEVELOPMENTAL TRAUMA AND COVID-19

## FOR YOUTH WHO HAVE EXPERIENCED TRAUMA

- Fewer “eyes on”
- Depletion of protective factors
- Increase of risk factors
- Exacerbation of existing symptoms/behaviors

## FOR CHILDREN WHO HAVE **NOT** EXPERIENCED TRAUMA

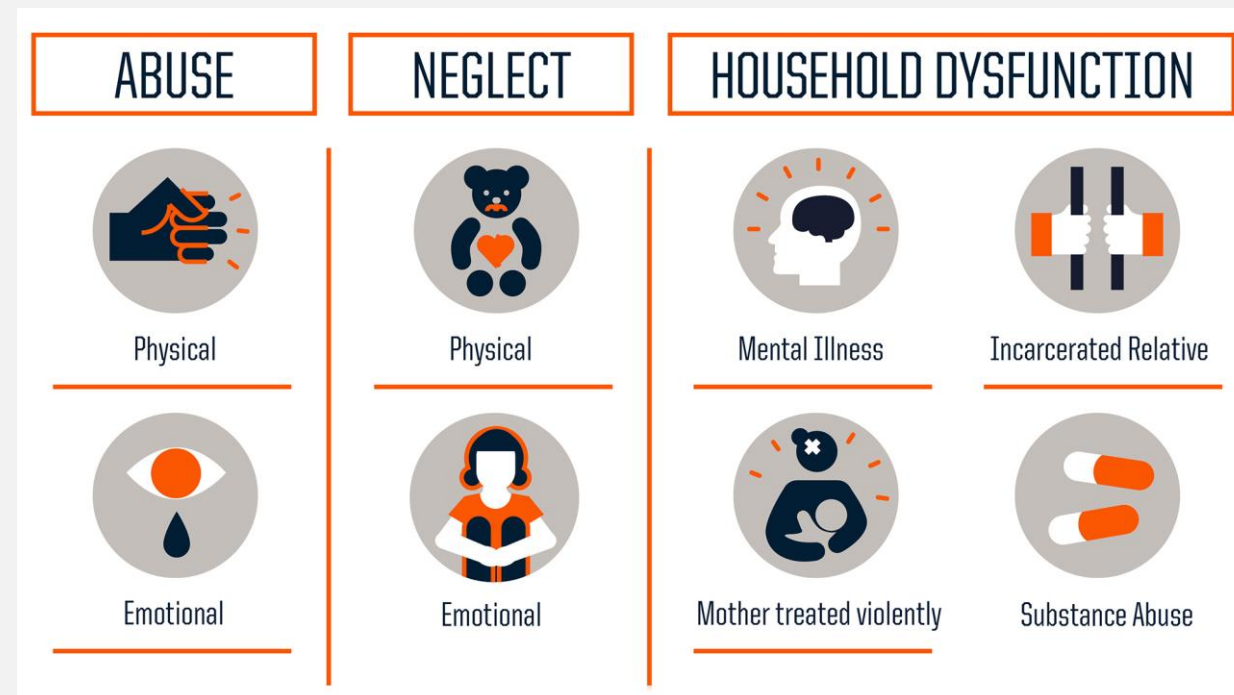
- Various aspects of COVID-19/quarantine as sources of trauma
  - Parental stress/depression
  - Job loss/economic instability
  - Exposure to news
  - Loss of family members, friends
  - Separation from caring adults
- Separation from protective factors
- Disruption of developmental tasks



## ASSESSING FOR DEVELOPMENTAL TRAUMA

Changes since February 2020 indicate that COVID-19 may be \*one\* of the traumatic events contributing to presentation

- Ask caregiver and child separately about “non-traditional” types of trauma
  - Child abuse/neglect AND maternal depression
  - Disruption of attachment relationships
  - How has your family been affected by COVID? What has changed?



## ASSESSING FOR DEVELOPMENTAL TRAUMA

- Assess for areas of development typically affected
  - Concerns about cognition/learning/executive functioning
  - Frequent somatic complaints, developmentally atypical toileting, digestive, or sleep difficulties
  - Dissociation (forgetfulness, inattentiveness, “he becomes a different kid”)
  - Behavioral dysregulation (tearfulness, tantrums)
  - How the child navigates the attachment with you
- Family functioning during COVID-19
  - Changes in energy, biological, or emotional regulation since March
  - Changes in play or other behaviors
  - Changes in parent-child relationship

## WHAT DO I DO AS A PROVIDER?

- Continue to track developmental “lags”
- Psychoeducation for parents
- Referral to mental health services if changes are causing distress or being disruptive to family
- Medication to manage symptoms of depression/anxiety
- Assess for and build protective factors
















# PATHWAYS TO RESILIENCE

Resilience is the ability to bounce back from setbacks in our lives. It is the way we can prevent stress from causing serious physical, mental and emotional issues. Practicing positive and often simple activities can actually **retrain our brain to be more resilient!**






## FOR CHILDREN

-  Positive Role Models
-  Supportive Adults
-  Parental Involvement
-  Caring Community
-  Increased Parent-Infant Contact
-  Increased Knowledge of Child Development

## FOR EVERYONE

-  Supportive Relationships
-  Healthy Food
-  Exercise
-  Smile
-  Talk About Feelings
-  Music
-  Art
-  Walk in the Woods
-  Gratitude
-  Positive Thoughts
-  Laugh
-  Hope
-  Volunteer

## FOR ADULTS

-  Acknowledge Trauma
-  Seek Support
-  Identify Emotional Triggers
-  Mental Health and Substance Abuse Treatment
-  Create Safe and Stable Nurturing Relationships

## RESOURCES FOR PROVIDERS

- [Childhood Traumatic Grief for Pediatric Providers](#)
- [MCPAP Mental Health Care Package](#)
- [MCPAP Resources](#)

# WHAT CAN PARENTS DO?

- Self-Care and Affect Management
  - Use your support systems, take time for yourself, take care of your basic needs, notice when you're especially stressed and use your strategies
- Quality time
  - Create opportunities to engage in positive activities with your child or as a family
  - Attunement activities
- Support emotion regulation
  - Books and TV shows
  - Physical activity
  - Talk
- Seek services if you're really concerned



## RESOURCES FOR PARENTS

- [Coping in Hard Times for Parents](#)
- [Supporting Children During Coronavirus](#)
- [Understanding and Coping with Reactions](#)
- [COVID-19 Parenting](#)

QUESTIONS?



# Helpful Programs and Resources

---

# Practice Optimization Sprint: Redesigning Primary Care for Quality, Safety and Equity in the Time of COVID



**CENTER FOR  
PRIMARY CARE**  
HARVARD MEDICAL SCHOOL

- A virtual 10-week improvement program to support primary care practice leaders and teams to provide high-quality virtual and in-person patient care safely and equitably while building resilience strategies for the future.
- Starting Thursday, July 30, 2020 from 1-2pm EDT
- <http://info.primarycare.hms.harvard.edu/sprint>

# Mark your Calendars

August 12, 5:30-6:30 p.m.



**Andrew Strand, MD,**  
Infectious Disease,  
Tufts MC

Unable to join us “live”?  
Most sessions available  
“on demand”



#### Recent:

- NEW:** COVID-19 Update Presentation by Dr. Ben Kruskal - July 15, 2020
- NEW:** COVID-19 Neurological Considerations Presentation by Dr. David Thaler, Neurologist-in-Chief, Tufts Medical Center - July 15, 2020
- NEW:** COVID-19 Update and Neurological Considerations Webinar - July 15, 2020
- COVID-19 Update Presentation and Webinar - July 8, 2020
- COVID-19 Update Presentation and Webinar - June 24, 2020
- Practice Reactivation Drop-In Q&A Presentation and Webinar- June 19, 2020
- COVID-19 Update: Presentation - June 19, 2020

# Please Tell Us How We Can Help



## HELPFUL COVID-19 INFORMATION



Click [here](#) to learn how you can use the **SAFE with us** campaign to reassure your patients and families.

## PRACTICE REACTIVATION GUIDELINES

NEQCA has developed guidelines to help our Network safely and effectively ramp-up practice operations. Please visit this section regularly for new and updated information.



**If you have specific concerns that impact your ability to see patients in the office, please click [here](#) to tell us how we may assist you.**

- **UPDATED: NEQCA Medical Practice Reactivation Guide** – June 8, 2020
- **NEW: DPH Guidance Phase 2 Reopen Approach For Non-Acute Hospital Health Care Providers** – June 8, 2020
- **NEW: NEQCA Summary of DPH Guidance Phase 2 Reopening Approach** – June 8, 2020
- **NEW: DPH Phase 2 Reopen Attestation Form For Non-Acute Hospital Health Care Providers** – June 8, 2020
- **NEW: DPH Phase 2 Nonessential, Elective Invasive Procedures during the COVID-19 Outbreak** – June 8, 2020
- **NEW: Template Policies and Procedures in DPH Phase 2 of COVID-19 Era (MS Word Version)**
- **Template: Policies and Procedures in DPH Phase 1 of COVID-19 Era (MS Word version)**