

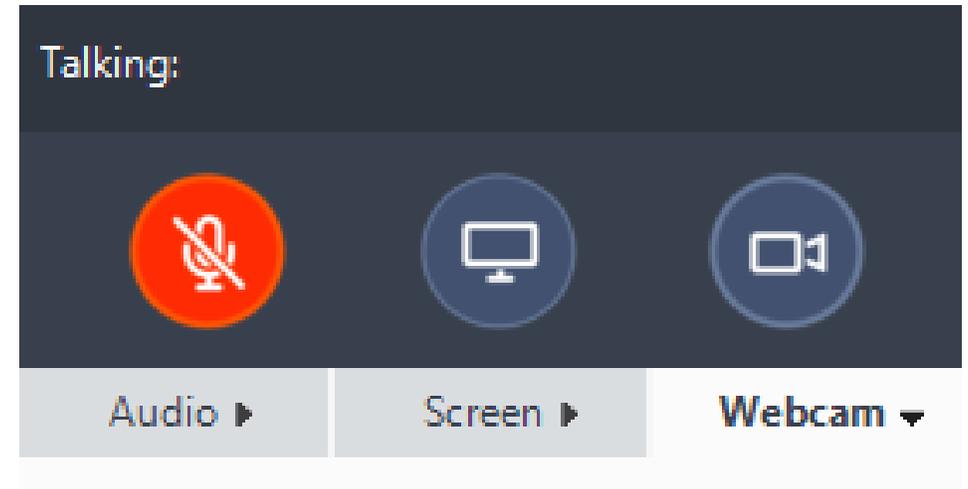
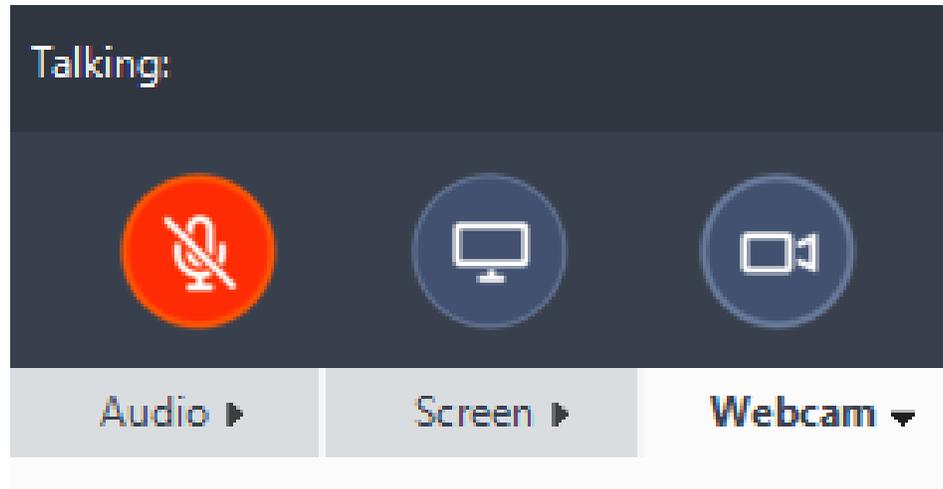
NEQCA COVID-19 Update

New England Quality Care Alliance

February 10, 2021

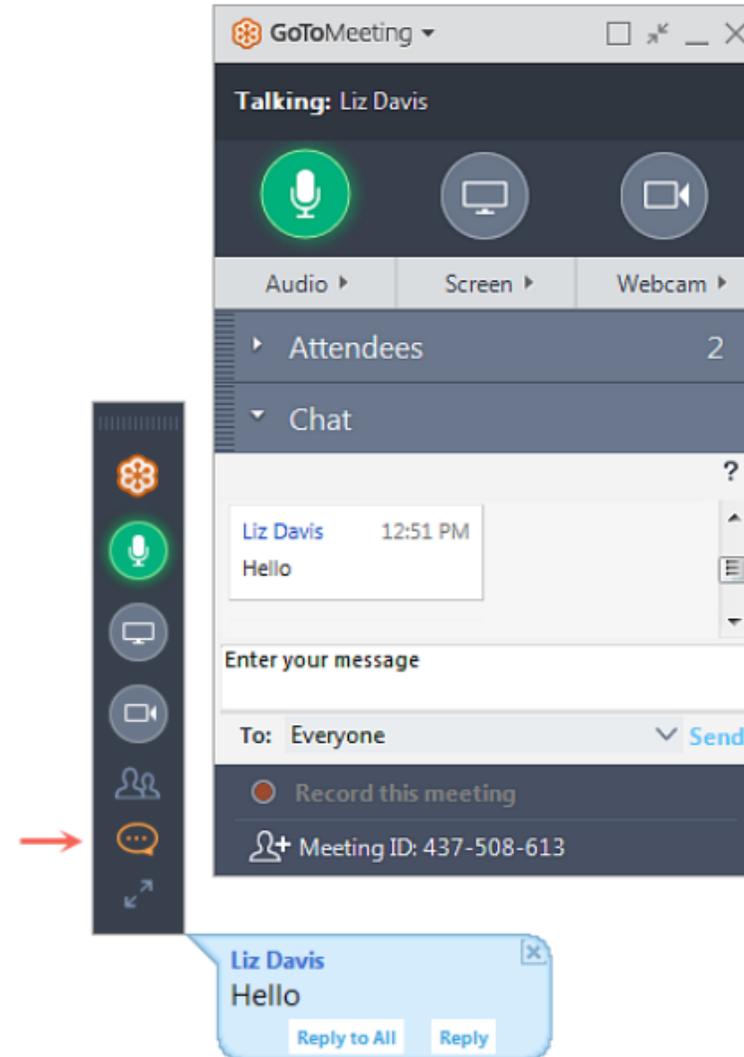
Please Mute

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

Ben Kruskal, MD

Senior Medical Director

Supply of vaccine for primary care practices

- Both the state and the Federal governments have spoken to the value of primary care practices (adult, pediatric and family medicine) in getting the population vaccinated
- A number of practices are fully ready to go, but very few adult or family practices have received any vaccine supply. (Vaccine is not indicated for children at this time.)
- Vaccine supply is the limiting factor
- Previously announced criteria for allocating the scarce vaccine supply include:
 - Number of patients fitting the current eligibility criteria
 - Having appropriate cold storage for the number of doses
 - Throughput (How many patients a day can be vaccinated?)
 - Reporting history (if you've ever had DPH-supplied vaccines before, which applies to pediatrics only)
 - Preference is given to sites that will vaccinate all comers, and not just their own patients.

Things you can productively do while you're waiting for vaccine supply to materialize

1. Make sure that you have advised your currently eligible patients that you don't know when you will have vaccine available to give in the office. Urge them to use other venues if possible—guide them to websites that will help them find convenient locations open to the public.
2. Prepare an outreach list of the current and next few eligible tiers of high-risk patients so you can connect with them ASAP when their turn comes.
3. Review all your preparations to ensure that everything is ready. Walk through a mock vaccine visit or clinic with staff to make sure you have everything, know where everything is, and have the internal people traffic flow well mapped out.

Agenda

- 2020 year-end stimulus legislation
- Biden Administration priorities to physician practices
 - *Courtney Pasay and Beth Riportella, Wellforce Government Affairs Department*
- Key operational details around administering COVID-19 vaccine
 - *Matt Madara, Team Lead, Practice Performance*
- COVID-19 Update
 - *Ben Kruskal, MD, Senior Medical Director*

Wellforce

Government Affairs

Presented by:

Beth Riportella, Wellforce

Courtney Pasay, Esq., Wellforce

February 10, 2021



Your Wellforce Government Affairs Team

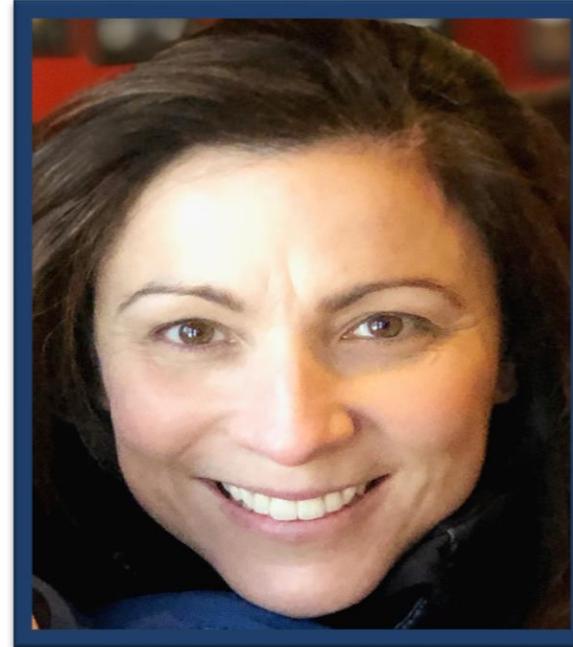


Beth Riportella

Wellforce Senior Director of
Government Affairs

Beth.Riportella@wellforce.org

State and Local Government Affairs



Courtney Pasay, Esq.

Wellforce Director of Government
Affairs & Administration

Courtney.Pasay@wellforce.org

Federal Government Affairs

Agenda

- Introduction to Wellforce Government Affairs
- State Updates
- Stimulus Legislation
- Biden Administration Priorities
- Q&A Session

What we do

Federal

State

Local

We
are
here
to
serve
you

Advocate and educate on behalf of providers and patients at the local, state, and federal levels of government

Champion the Wellforce mission through communication with governmental agencies and officials about current and emerging needs of our providers and patients.

Monitor issues related to health care, including areas such as access to care, the health care regulatory environment, physician and nursing, pediatrics, trauma care, acute and post-acute care, insurance, and pharmacy benefit management.



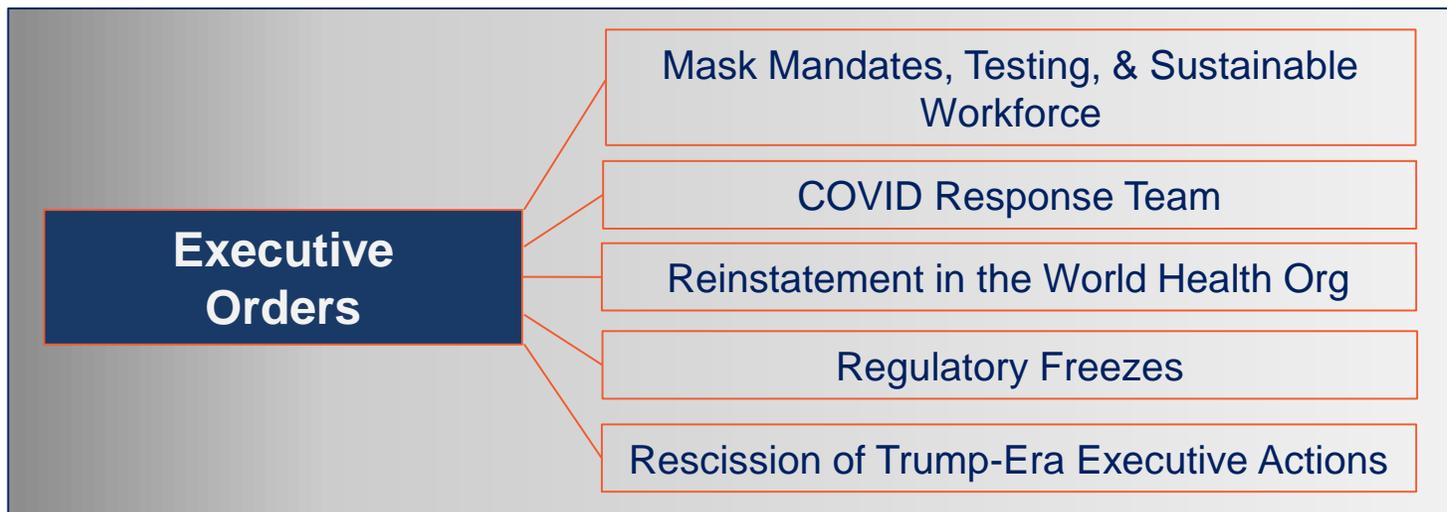
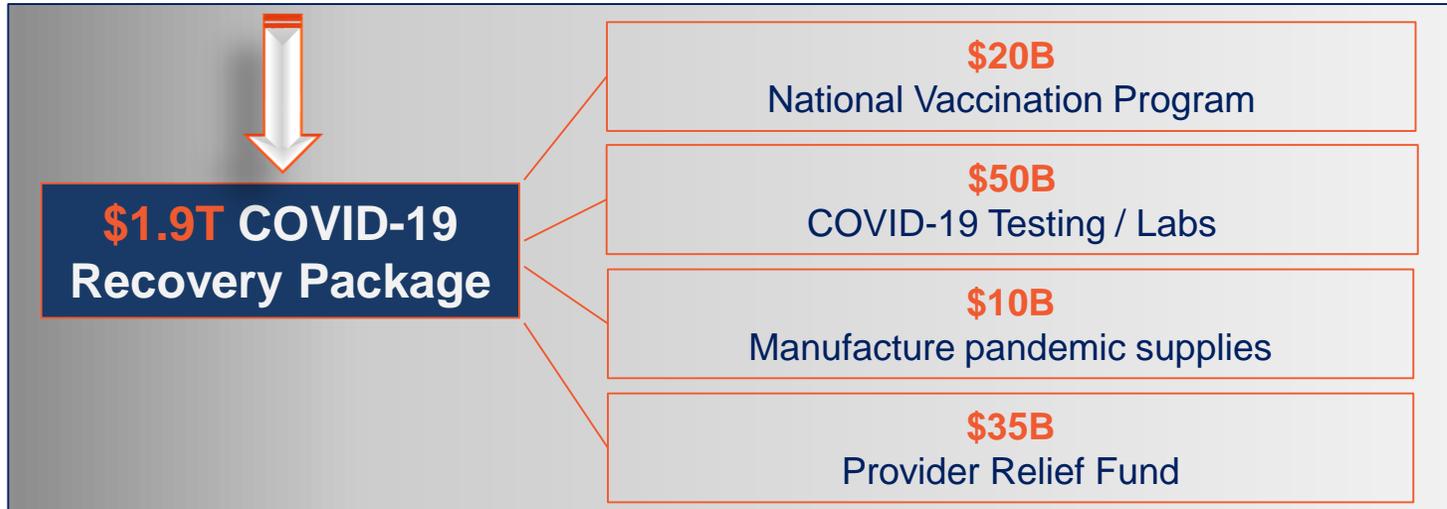
State and local government motivated to serve the Commonwealth during COVID crisis

Vaccine Updates

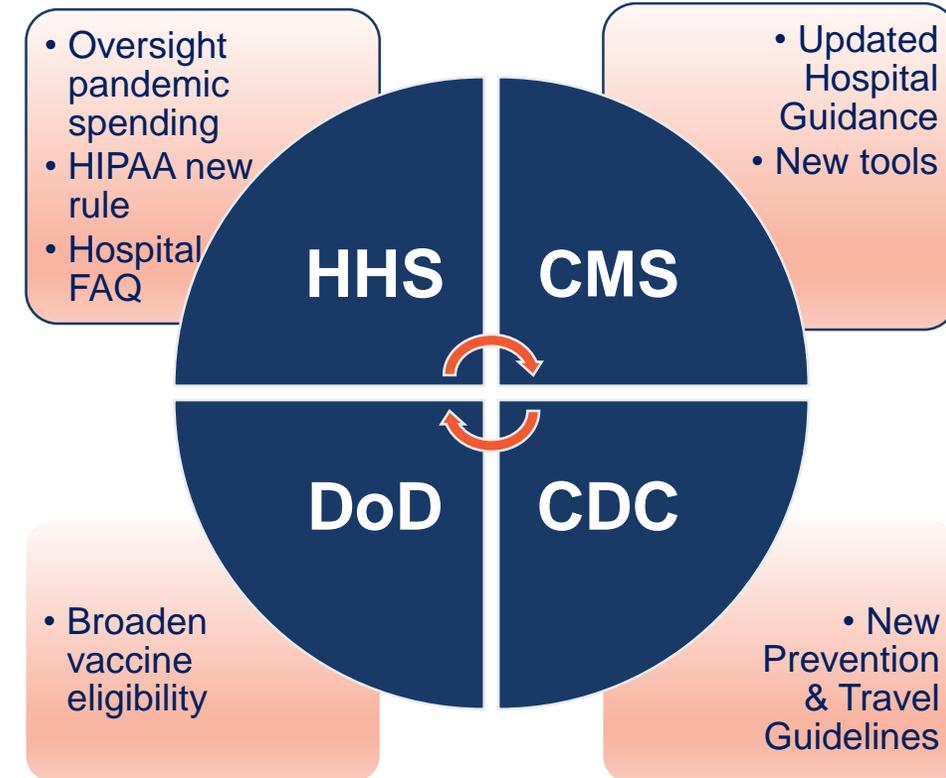
- **Vaccine:** MA has administered nearly 700,000 vaccine doses. About 120,000 new appointments are expected to be made available this week. About 55,000 new appointments went live last week at the state's mass vaccination sites alone.
- **Access:** The Governor announced new mass vaccination sites across the Commonwealth.
- **Phase 2:** 75+ adults to be prioritized in vaccination rollout, starting Feb. 1st and expected soon thereafter to include 65+ adults with >2 comorbidities
- **Issue:** Statewide planning and execution constrained by a lack of information from federal government on timing and size of vaccine shipments

Biden Administration focused on mobilizing pandemic response efforts

New COVID relief package, issued several Executive Orders, and released National Strategy for the COVID-19 Response



Recent Federal Agency COVID Response Actions



Advocacy is ongoing to maximize access to federal COVID funding

 Funding Sources	Provider & Other Relief Funds	Funding for State & Local Gov'ts
Stimulus Package <i>(Based-on Biden's American Rescue Plan - current)</i>	<ul style="list-style-type: none"> Provider Relief Fund = \$35B National vaccination program = \$20B 	<ul style="list-style-type: none"> State and local governments = \$350B Expand testing efforts = \$50B Mental health services expansion = \$4B
Stimulus Bill <i>(effective December 2020)</i>	<ul style="list-style-type: none"> Provider Relief Fund = \$3B Supports to health care providers = \$6B FCC* COVID telehealth grants = \$250M 	<ul style="list-style-type: none"> Direct payments for testing, tracing & COVID mitigation = \$22.4B CDC vaccine efforts = \$8.75B
Paycheck Protection Program Act <i>(effective April 2020 & reopened January 2021)</i>	<ul style="list-style-type: none"> Provider Fund = \$75B Uninsured testing = \$1B 	<ul style="list-style-type: none"> Direct payments to states = \$11B
Families First (FFCRA) <i>(effective April 2020)</i>	<ul style="list-style-type: none"> Treating uninsured patients = \$1B 	<ul style="list-style-type: none"> \$45.2B with the Public Health Emergency ending in April 2021
CARES Act <i>(effective March 2020)</i>	<ul style="list-style-type: none"> Provider Relief Fund = \$100B Hospital preparedness = \$250M Community health centers = \$1.32B FCC* COVID-19 telehealth grants = \$200M Expanded Medicare Accelerated & Advance Payment Programs = >\$100B 	<ul style="list-style-type: none"> Coronavirus Relief Fund = \$150B MA expected funds = \$9B CDC** grants = \$1.5B SAMHSA*** grants = \$425M Employee Retention Tax (ERT) Credit through July 1, 2021

*Federal Communications Commission / **Center for Disease Control and Prevention / ***Substance Abuse and Mental Health Services Administration

Key Takeaways

Contact us with your questions about State and/or Federal legislation or regulations

Read the weekly Wellforce Newsletter

Join the PPP Phase II Webinar on
February 16, 2021 at 5:30 PM

Key Operational Details Around Administering COVID-19 Vaccine

Matt Madara,

NEQCA Team Lead, Practice Performance

Deciding if your practice will administer vaccine

NEQCA has developed a tool to help practices determine their preparedness to receive and administer vaccine

1. Complete [Readiness Check List](#) to estimate level of preparedness

Practices that routinely administer annual flu vaccines or DPH-supplied pediatric vaccines already have all the necessary infrastructure, and only need to prepare COVID-19-specific vaccine aspects, around which NEQCA Central can support you.

All practices should:

- ✓ Communicate their vaccination plan with patients ([Templates available](#))
- ✓ Be prepared to encourage patients that are hesitant to get the vaccine ([Resources available](#))
- ✓ Outreach eligible priority group patients to encourage them to schedule the vaccine ([Guidance available](#))

Pfizer Storage Requirements

Pfizer: Ultra Cold Storage Requirements

DPH requires all vaccine to be used within 10 days of receipt

- 30 days in Thermal Shipping Container (-112°F and -76°F)
 - Replenish dry ice within 24 hours of receipt (supplied by Pfizer) and every 5 days after (must supply yourself)
- 5 days at refrigerator temperature (36°F - 46°F)
- 6 hours at room temperature (up to 77°F)
 - Temperature must be continuously monitored!
 - Cannot be refrozen!

Moderna Storage Requirements

Moderna: Cold Storage Requirements

DPH requires all vaccine to be used within 10 days of receipt

- Will arrive in Thermal Shipping Container between -13° F – 5° F
- 30 days in freezer as long as within storage guidelines (-13°F – 5°F)
 - These temperatures are within the appropriate range for routinely recommended vaccines BUT the temperature range for this vaccine is tighter.
- 30 days at refrigerator temperature (36°F and 46°F)
- 6 hours at room temperature once vial is punctured (up to 77°F)
Temperature must be continuously monitored!
Cannot be refrozen!

Steps for Sourcing Vaccine

1. Sign up for the [Massachusetts Immunization Information System](#) (MIIS)
2. Enroll in the [Massachusetts COVID-19 Vaccination Program](#) (MCVP Agreement)

Please note: **Not all MCVP-enrolled providers may be able to request vaccine while supply is limited.** State allocation decisions are based on number of priority patients in your practice, weekly throughput, storage capacity and openness to people who are not patients within your practice.

Vaccine Redistribution

The MIIS has been enhanced to allow providers to transfer vaccine to other providers who have completed the MCVP agreement.

- Transfer Vaccines functionality in MIIS allows the user to transfer excess inventory or receive excess inventory that is expiring soon from other providers
- All staff handling vaccines must read, sign, and adhere to the protocols described in the [SOP template](#) to ensure the vaccine cold chain is maintained for optimum potency.
 - Critically important that cold chain is maintained during transport!
- Can arrange for transfer with known entity – another provider in your LCO
- MIIS has made a [guide](#) for completing this transfer – Practices considering this should contact DPH @ DPH-VaccineManagement@massmail.state.ma.us

Important Regulatory Requirements for Administering the COVID-19 Vaccine

Providers already administering vaccine must abide by the following requirements to *remain eligible* to receive vaccine:

- ✓ Complete MCVP weekly survey by Tuesday at 5PM
 - ✓ Must have used at least 85% of doses already supplied when responding to MCVP survey (new)
 - ✓ All vaccine must be used within 10 days
 - ✓ Request 1st and 2nd doses via weekly MCVP Survey
- ✓ Report vaccinations to MIIIS within 24 hours (new – used to be 72 hours)

Operational Guidance - NEQCA is Here to Help

Regulatory requirements are dynamic and change – sometimes daily
NEQCA has operational and clinical resources dedicated to continuously monitoring all things COVID-19 Vaccine related

- [Webinars](#)
- [Email Briefings](#)
- [NEQCA COVID-19 Vaccine Resource Center](#) (website)
- [Answer Center](#) (781) 664-5705 on Mondays-Fridays between 8:30 a.m. and 5 p.m.

COVID-19 Update

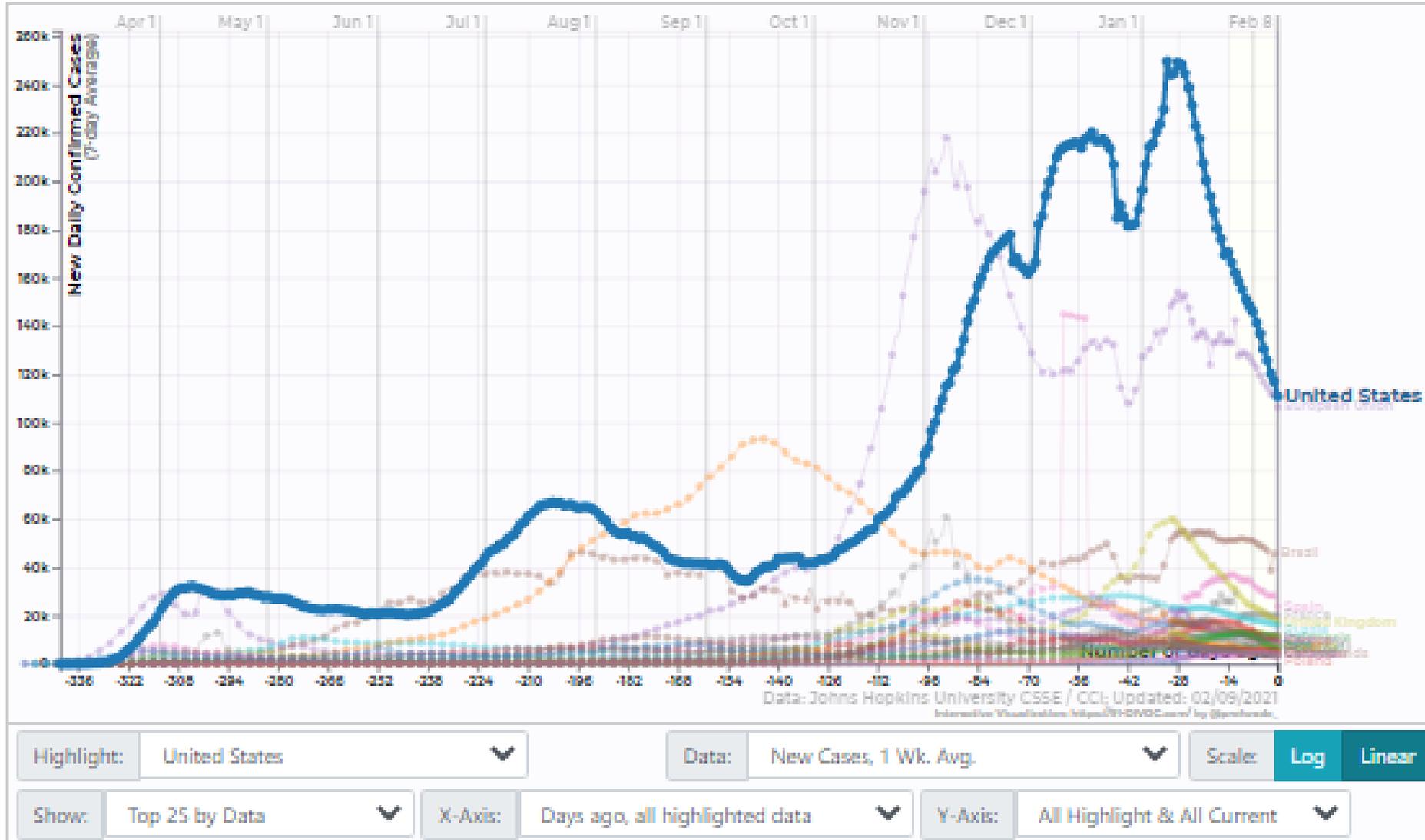
Ben Kruskal, MD

Senior Medical Director

Agenda

- Situational Update: The Numbers
- Brief Updates
 - News
 - Testing
 - Immune markers and immunity
- Talking to your patients about COVID-19 vaccine
- Helpful Resources

New Confirmed COVID-19 Cases per Day

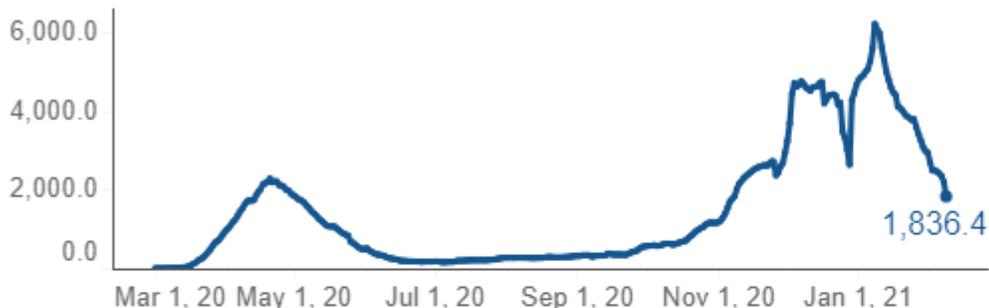


<http://91-divoc.com/pages/covid-visualization/>



Cases

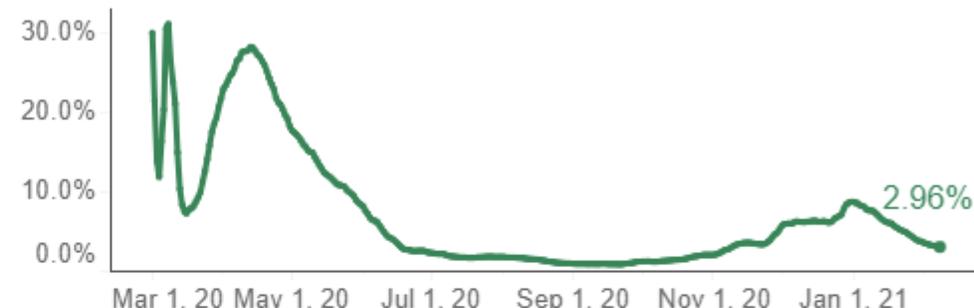
7-day average of COVID-19 confirmed cases



The lowest observed value was 156.7 on 7/4/2020.

Testing

7-day weighted average percent positivity



The lowest observed value was 0.8% on 9/21/2020.

Hospitalizations

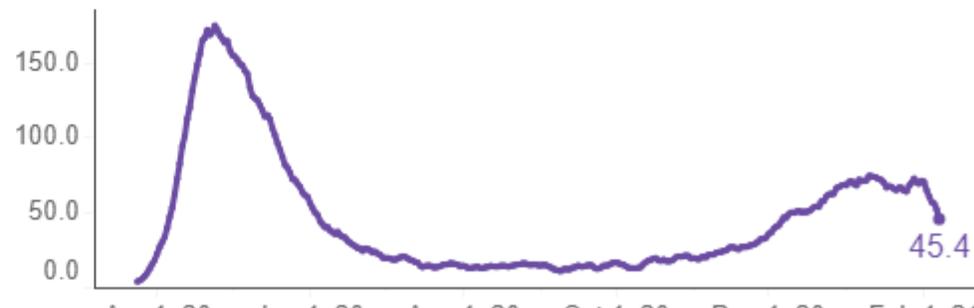
7-day average of hospitalizations



The lowest observed value was 155.3 on 8/26/2020.

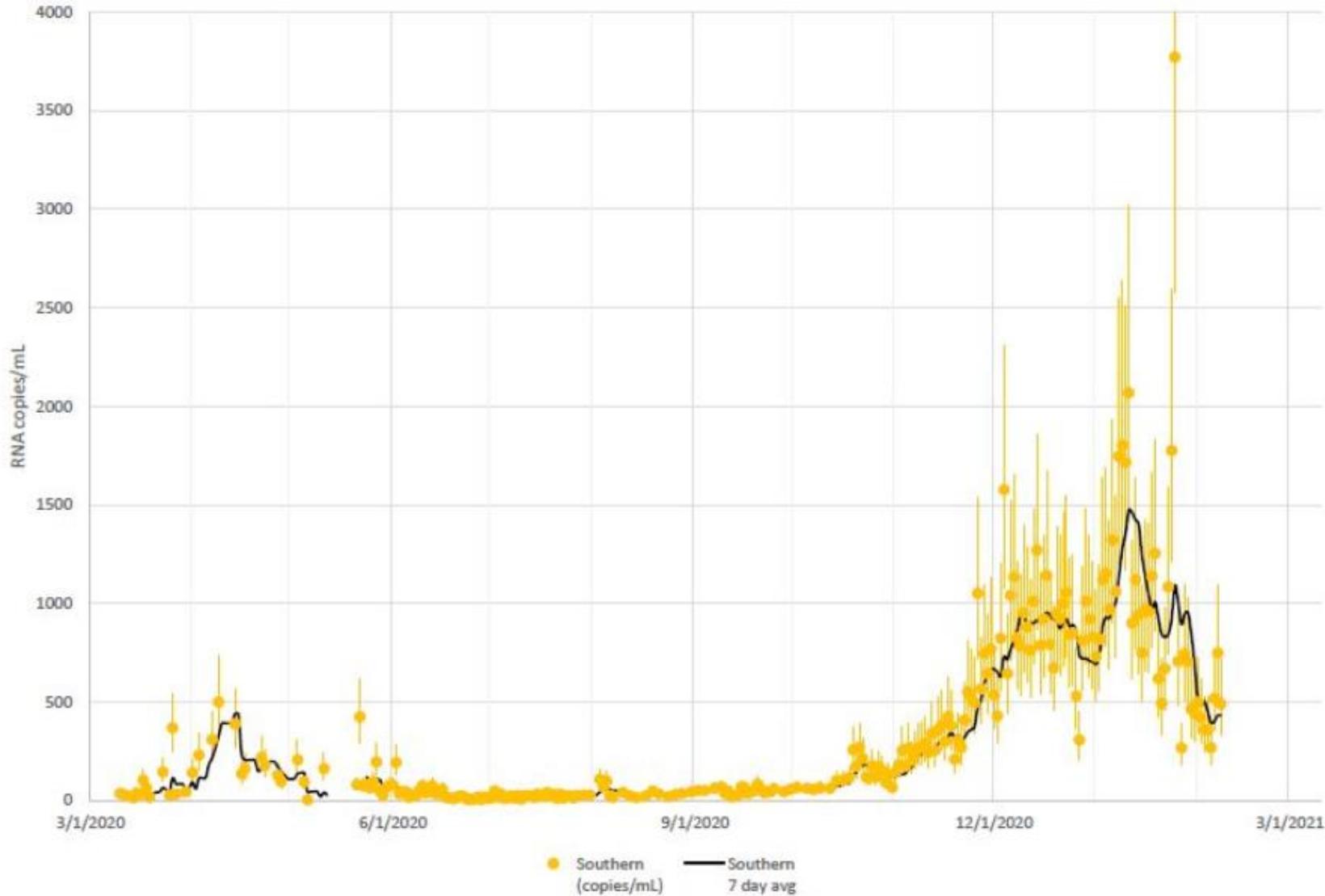
Deaths

7-day average of confirmed deaths



The lowest observed value was 3.7 on 9/9/2020.

South System Viral RNA Signal by Date



COVID-19 viral RNA in MWRA wastewater

Doses of COVID-19 vaccine shipped to Massachusetts



Total COVID-19 vaccine doses administered



Up from 111K
Last week

% of doses shipped that have been administered
681K/896K=76% (up from **68%** last week)

COVID-19 Updates

COVID-19 Vaccine Coding/Billing Guide Now Available

- NEQCA has developed a COVID-19 Vaccine Coding and Billing Guide to assist providers in billing properly when they administer vaccines.
- Before establishing your fees for the vaccines, please be aware of the recent Mass Division of Insurance (DOI) [Bulletin 2021-01 Additional Guidance Addressing COVID-19 \(Coronavirus\) Vaccines](#), which states in part that *“Carriers are expected to reimburse providers at a rate that is always higher than the MassHealth reimbursement for the same service for any vaccine administered from January 1, 2021 onward.”*
- Currently, MassHealth is reimbursing **\$33.88** for the first Pfizer and Moderna vaccines, and **\$56.78** for the second vaccines, which is double the rates set by CMS for Medicare patients. (Rates have not yet been released by MassHealth for any other vaccines.)
- Carriers under the jurisdiction of the Mass DOI include Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, and Health Maintenance Organizations. (Self-funded plans, government payors and out of state BCBS plans are not regulated by the Mass DOI.)

Nov. 27, 2020



PERSONAL FINANCE

Evictions have led to hundreds of thousands of additional Covid-19 cases, research finds

PUBLISHED FRI, NOV 27 2020 10:58 AM EST | UPDATED FRI, NOV 27 2020 2:29 PM EST

Jan. 21, 2021



Biden extends eviction moratorium until March 31: What renters should know

The extension gives Congress more time to come up with a long-term solution to the looming eviction crisis that could happen when protections finally do get lifted.

Leifheit et al, PREPRINT (not yet peer reviewed): in states lifting the eviction moratorium, increases in incidence of COVID-19 and mortality from COVID-19 followed lifting of the moratorium by predictable intervals

Communities of color devastated by COVID-19: Shifting the narrative

POSTED OCTOBER 22, 2020, 10:30 AM



Joseph R. Betancourt, MD, MPH

Contributor

[NATION](#)

Medical school applications surge as COVID-19 inspires Black and Latino students to become doctors

[Marco della Cava](#) USA TODAY

Published 4:02 a.m. ET Jan. 30, 2021 | Updated 10:27 p.m. ET Jan. 31, 2021

Antigen-Based Testing but Not Real-Time Polymerase Chain Reaction Correlates With Severe Acute Respiratory Syndrome Coronavirus 2 Viral Culture

Clinical Infectious Diseases,
ciaa1706, <https://doi.org/10.1093/cid/ciaa1706>

Table 1. Performance of the BD Veritor Antigen Test and the Quidel Lyra Real-Time Polymerase Chain Reaction Assay Compared to Severe Acute Respiratory Syndrome Coronavirus 2 Viral Culture Using Specimens Collected Within 7 Days of Symptom Onset

Performance Values	Antigen Test Performance	rt-PCR Performance
PPA	96.4 (82.3–99.4)	100 (87.7–100)
NPA	98.7 (96.1–99.7)	95.5 (91.1–97.8)
PPV	90.0 (76.3–97.6)	73.7 (60.8–85.3)
NPV	99.5 (97.7–100)	100 (98.4–100)
OPA	98.4 (96.0–99.4)	96.0 (92.8–97.8)
Culture (+)/test (+)	27	28
Culture (-)/test (+)	3	10
Culture (+)/test (-)	1	0
Culture (-)/test (-) ^a	220	213

Prevalence was 11.2%.

Antigen testing correlates better with infectivity than PCR does?

Immunity and immune markers

- **Some immune markers persist >6 months post acute COVID-19, 188 pts**
 - Anti SpikeProtein IgG stable for >6 mos
 - SpikeProtein memory B cells increased from 1 to 6 mos
 - Virus-specific CD4+ and CD8+ T cells decreased; $t_{1/2}$ = 4 mos
 - J. M. Dan et al ., Science 10.1126/science.abf4063 (2021)
- **Antibody dynamics**
 - Specific IgGs delayed 1 wk but higher peaks in pts with severe COVID-19 vs mild-mod
 - **Lower titers associated with longer duration of viral shedding**
 - NATURE COMMUNICATIONS | (2020) 11:6044 | <https://doi.org/10.1038/s41467-020-19943-y>
- **Serological f/u after asymptomatic infection**
 - Never symptoms, pts with PCR+
 - **80% of pts had NO circulating Covid antibody after 8 weeks**
 - **40% had NO circulating antibody at any time**
 - Scientific Reports | (2020) 10:20048 | <https://doi.org/10.1038/s41598-020-77125-8>

Immunity and immune markers, continued

- **Neutralizing antibody potency correlates with survival**
 - Severe disease associated with higher titers
 - Garcia-Beltran et al., 2021, Cell 184 , 1–13 January 21, 2021 ^a 2020 <https://doi.org/10.1016/j.cell.2020.12.015>
- **History of infection (based on PCR+ or Ab+) assoc with 83% lower risk of RE-infection over 5 months [UK SIREN study PREPRINT (not yet peer reviewed)]**
- **Seropositivity reduced incident COVID-19 /+PCR test by 80% in Marine recruits**
 - Lower viral loads, shorter period PCR+, lower freq of symptoms
 - Reinfection correlated with lower baseline antiSpike IgG and neutralizing antibody titers
 - medRxiv preprint doi: <https://doi.org/10.1101/2021.01.26.21250535>

Talking to your patients about COVID-19 vaccines

PRIMARY DRIVERS OF HESITANCY



Concerns about **safety and side effects** from COVID-19 vaccination, driven by the speed of the clinical development process and the vaccines' novelty.



Lack of **knowledge**.



Distrust in the **political and economic motives** of the government and corporations.

- Facts about safety
 - Trials went fast because of high frequency of disease—not because of shortcuts
- Acknowledge hesitancy and that it comes from place of wanting to do the right thing
- Powerful motivator: “protecting myself, my loved ones, etc.”
- Citing your own willingness or experience in getting vaccinated (along with family members or other loved ones)

“But I heard of someone who died a couple of days after getting the vaccine....”

If we vaccinate 10 million people...

- Over the following 2 months, we can expect that
 - 4,025 will have a heart attack
 - 3,975 will have a stroke
 - 9,500 will have a new diagnosis of cancer
 - 60 will be diagnosed with multiple sclerosis
 - 14,000 will die*

Unrelated to the vaccine—would have happened anyway if unvaccinated

** These numbers are based on average risk across the U.S. population. They are likely underestimates since the Phase 1 populations, particularly older people and those with preexisting conditions, have a higher-than-average risk for most of these illnesses and of death.*

Other key messages

- Back to normal? Not for a while despite vaccine. Don't raise false hope.

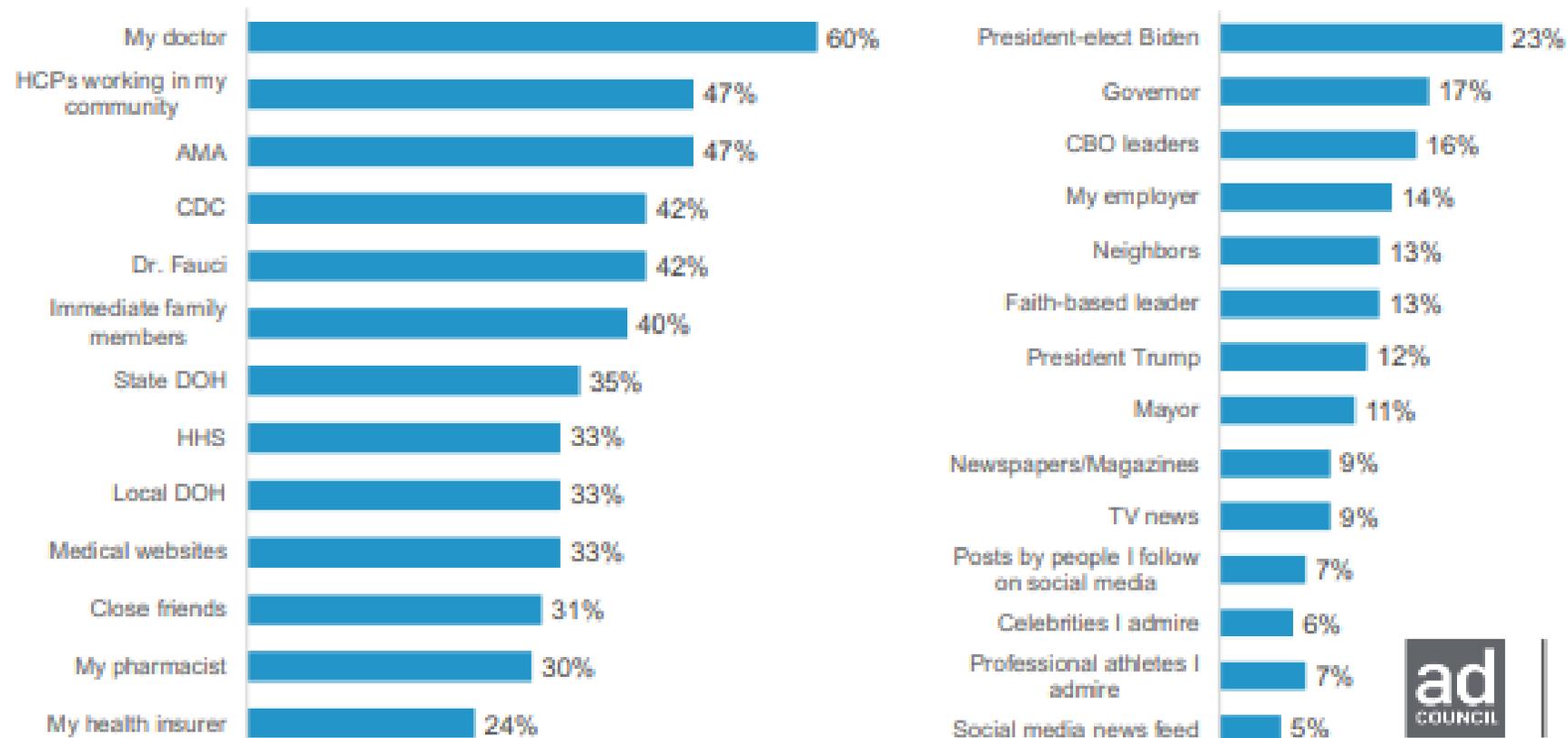
Vaccine is important and necessary, but not sufficient by itself.

- Don't focus on differences between different brands of vaccine; emphasize commonality. Both vaccines currently in use in the US, and the other two likely to be authorized soon, share the most important characteristics:
 - **Nearly 100% protection against severe disease, hospital admission, and death**
 - **Nearly zero serious reactions (NO DEATHS related to vaccine)**

DOCTORS AND SCIENTIST ARE THE MOST LIKELY TO INFLUENCE VACCINATION BEHAVIOR

If you heard a strong recommendation to get the COVID-19 vaccine from the following, do you think you would be more or less likely to get the COVID-19 vaccine?

% More Likely – General Population (Vaccine Hesitant)

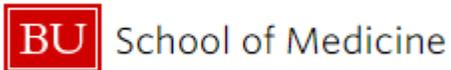


COVID Collaborative

The Boston Globe

BMC's Dr. Thea James is working to persuade communities of color to get the vaccine

By [Adrian Walker](#) Globe Columnist, Updated January 31, 2021, 5:19 p.m.



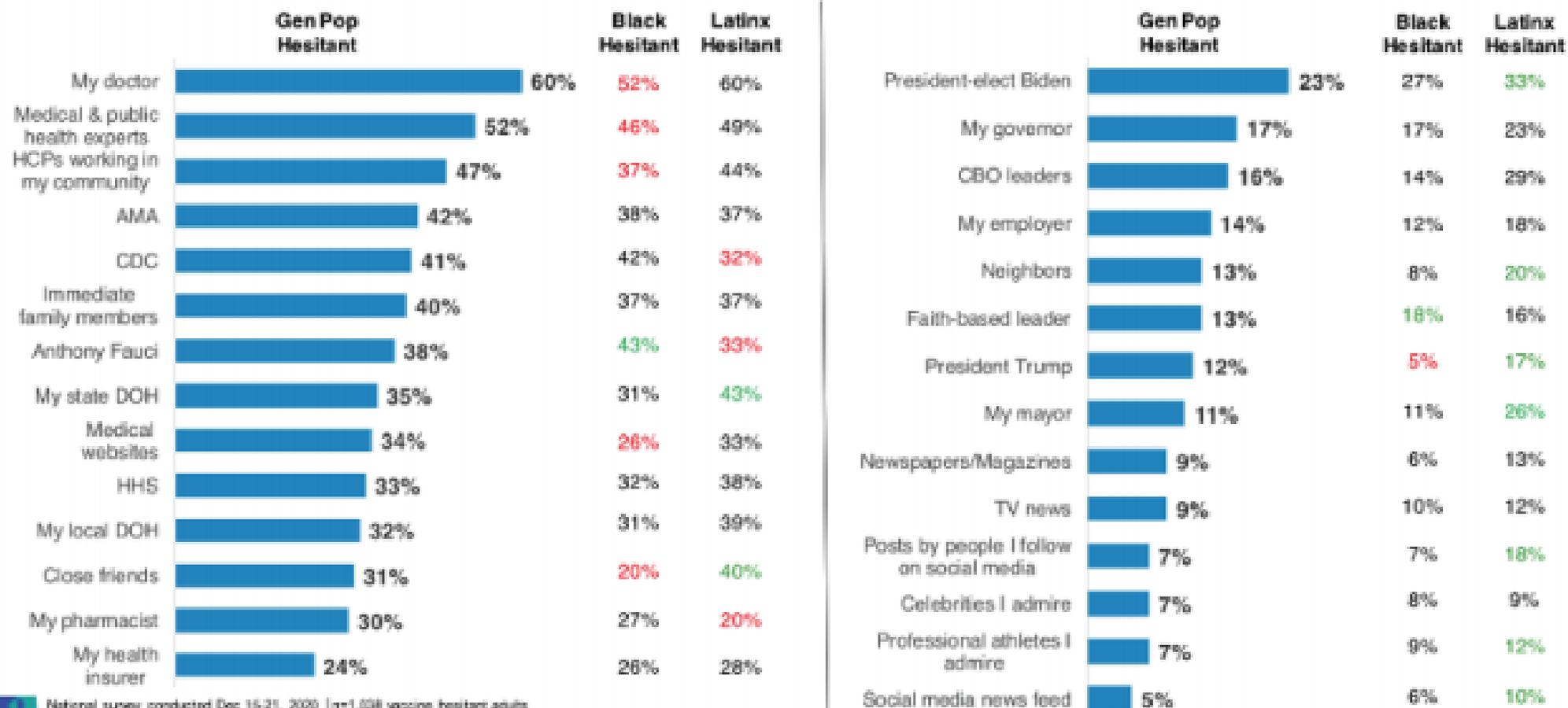
Thea James

- Vice President of Mission and Associate Chief Medical Officer
- Associate Professor of Emergency Medicine
- Director of the Violence Intervention Advocacy Program

Boston Medical Center

DOCTORS AND MEDICAL EXPERTS ARE MOST LIKELY TO BE INFLUENTIAL

If you heard a strong recommendation to get the COVID-19 vaccine from the following, do you think you would be more or less likely to get the COVID-19 vaccine?
% More Likely



© Ipsos
National survey conducted Dec 15-31, 2020 | n=1,038 vaccine hesitant adults
Higher and lower statistically significant differences, compared to gen pop, noted.

Vaccine Voices www.wellforce.org/covidvaccine

Hear from Wellforce employees on why they chose to be vaccinated and what they say to others who are considering it.

- **Dr. Rothsovann Yong** from Lowell General Hospital, offering her thoughts in [Khmer](#) and [English](#)
- **Dr. Jose A Caro** from Tufts Medical Center, offering his thoughts in [Spanish](#) and [English](#)
- **Dr. Suriya Jeyapalan** from Tufts Medical Center, offering her thoughts in [English](#)
- **Dr. Sbardella** from MelroseWakefield Healthcare, offering his thoughts in [English](#) and [Italian](#).
- **Chief Diversity, Equity and Inclusion Officer Rosa Colon-Kolacko**, PhD asking Infectious Diseases specialist Dr. Jose Caro questions about the vaccine. The [entire video](#) is conducted in Spanish.
- **Stephanie Chan**, a board-certified music therapist with Merrimack Valley Hospice, offers her thoughts in [Mandarin](#) and [English](#).
- **Dr. Jenny Ruan**, Tufts Medical Center OB/GYN, shares her experience in [Cantonese](#) and [English](#) and also speaks about pregnancy and the vaccine in [Cantonese](#) and [English](#).

Helpful Resources

COVID-19 TREATMENT STUDY

Study Title: Niclosamide for Patients with Mild to Moderate Disease from Novel Coronavirus (COVID-19)

Principal Investigator: Harry Selker, MD, MSPH (Tufts Medical Center)

Study objectives:

- To evaluate the efficacy of niclosamide in **shortening contagious period as determined by time to viral clearance.**
- To evaluate the efficacy of niclosamide in **shortening duration of symptoms resulting from COVID-19 infection.**

Eligibility:

- Potential participants must contact the study team and enroll within 72 hours of receiving a positive COVID-19 PCR test result.
- Not require hospitalization
- Not using supplemental oxygen at home

How can NEQCA help?: Assist in distributing IRB approved study materials to patients presenting for COVID-19 testing. [Promotional Brochure](#) [Poster](#)

What participants need to know:

- Study is fully remote, using a combination of telehealth and home delivery of study materials; e.g., oral thermometer, fingertip pulse oximeter
- Niclosamide has few side effects and is known to be well-tolerated. It is safe for use by pregnant women and nursing mothers.
- No travel required.
- No costs to participate.
- A small stipend (\$20) is given to the participant each time they self-collect a viral shedding sample.

Version: 12/11/2020 Please visit [this page](#) for the most up to date study information

NEQCA COVID-19 Vaccine Resources Webpage

- Updated nearly daily

Some Highlights include:

- Example scripts to notify your patients about what you're doing to help get them vaccinated, whether in the office or elsewhere
- Where to go for COVID-19 vaccine: The DPH site has been streamlined to help patients find publically available vaccine locations



The screenshot shows the NEQCA website header with the logo and navigation links: ABOUT NEQCA, PROGRAMS & SERVICES, RESOURCES (highlighted), and CAREERS. The main heading is "COVID-19 VACCINE RESOURCES". Below this is a dark blue banner with a shield icon containing a white checkmark and the text "Get the vaccine. Wear a mask. Save lives." with the wellforce logo. The content area includes the text "Last updated 1/12/2021", a paragraph stating it is a top priority for NEQCA to make the COVID-19 vaccine available, and a "PLEASE NOTE" section with information for members of the NEQCA Network and individuals seeking health information. The final section is titled "COVID-19 Vaccine For Network Providers and Practice Staff" and describes the registration process for providers and staff at Tufts Medical Center and MelroseWakefield Hospital.

COVID-19 Briefings

COVID-19 VACCINE RESOURCES

Other COVID-19 Resources



Last updated 2/3/2021

NEW: 2/2 NEQCA COVID-19 Vaccine Briefing (Click here for archived issues)

NEW: 1/28 Mass DPH: Weekly Provider Bulletin on COVID-19 Vaccination.



NEQCA Email Briefings and Mass DPH Weekly Bulletins are posted at top of the NEQCA COVID-19 Vaccine Resources website

February 2, 2021

A Message for
All NEQCA Primary Care and Specialty Providers
LCO Presidents, Administrators and Medical Directors
Practice Office Managers
NEQCA Board of Trustees
NEQCA Central

Don't Miss Wednesday, Feb. 3, COVID-19 Vaccine Webinar

Wednesday, February 3
5:30 - 6:30 p.m.
Click [here](#) to join the meeting.

Topics will include:

- Updates on testing and immunity
- Long-haul COVID: persistent or new long-term symptoms even in those who may have had asymptomatic infections
- Masks

Now On Demand: NEQCA COVID-19 Update [Presentation](#) and [Webinar](#)

Upcoming NEQCA COVID-19 Update Webinars:

- Wednesday, February 10, 5:30-6:30 p.m. Click [here](#) to join the meeting.
- Wednesday, February 24, 5:30-6:30 p.m. Click [here](#) to join the meeting.
- Wednesday, March 10, 5:30-6:30 p.m. Click [here](#) to join the meeting.

Stay Informed Through Mass Department of Health and Senior Services

- Mass DPH publishes a [weekly bulletin](#) with vital information on COVID-19 vaccine. The most recent bulletin is [available on our website](#).
- The Mass DPH [website](#) has been streamlined to help patients find a vaccination location, and prepare for the appointment.

Mass DPH steps to get your vaccination:

1. Check your eligibility below or [use this tool](#)
2. [Book an appointment](#)
3. [Prepare for your appointment](#)

NEQCA COVID-19 Briefing Archive

NEQCA distributes weekly COVID-19 briefings to our Network of Providers via email to keep them informed on upcoming webinars, website updates and the latest information on COVID-19 vaccination. Below is an archive of recent issues.

- Tuesday, February 3: [TOMORROW, Wednesday 2/3: Webinar With Latest COVID-19 News](#)
- Friday, January 29: [CRITICAL ITEMS from most recent DPH weekly bulletin for practices giving COVID-19 vaccine](#)
- Thursday, January 28: [COVID-19 Vaccine: Answers To Your Questions](#)
- Tuesday, January 26: [Tomorrow 1/27: Webinar On COVID-19 Vaccine Administration](#)
- Thursday, January 21: [Jan. 27 Webinar To Focus On COVID-19 Vaccine Administration](#)
- Tuesday, January 12: [Tomorrow \(1/13\): Don't Miss COVID-19 Update For Vaccine Guidance](#)
- Friday, January 8: [An Update on Vaccine Administration to NEQCA Providers, Practice Staff](#)
- Wednesday, January 6: [COVID-19 Vaccine Guidance, Webinars and Resources](#)

Save the Date:

PPP Phase II

Presented by Morgan Nighan, Esq., Partner at Nixon Peabody

Tuesday, February 16: 5:30 p.m. - 6:30 p.m.

[Access the Zoom Link Here](#)

ZOOM PASSCODE (If Needed): NP0216

Save the Date:

It's a New Year: Top 10 Areas of Focus for Risk Adjustment Coding for 2021

*Presented by Lowell General PHO, NEQCA and Tufts Medical Center PO
Risk Adjustment Experts*

Thursday, February 18: 12:00 p.m. - 1:00 p.m.

[Access the Zoom Link Here](#)

ZOOM PASSCODE (If Needed): 758029

Save the Date:

NEQCA COVID-19 Update

Wednesday, February 24

5:30-6:30 p.m.

PROGRAMS FOR OUR NETWORK

The screenshot shows a Google Calendar interface for January 2021. The calendar grid displays dates from Sunday, January 24 to Saturday, February 6. Two events are highlighted: '5:30pm NEQCA C' on Wednesday, January 27, and '5:30pm NEQCA C' on Wednesday, February 3. Other events visible include '12:30pm Wellforce' on Tuesday, January 26, and 'Strategies to At 8pm Wellforce CC' on Wednesday, January 27. The interface includes navigation arrows, a 'Print' button, and view options for 'Week', 'Month', and 'Agenda'.

Upcoming Programs:

NEQCA COVID-19 Update Webinars

NEQCA will host two webinars this month to keep our Network updated about vaccine safety, efficacy and availability, as well as how to successfully navigate the COVID-19 surge.

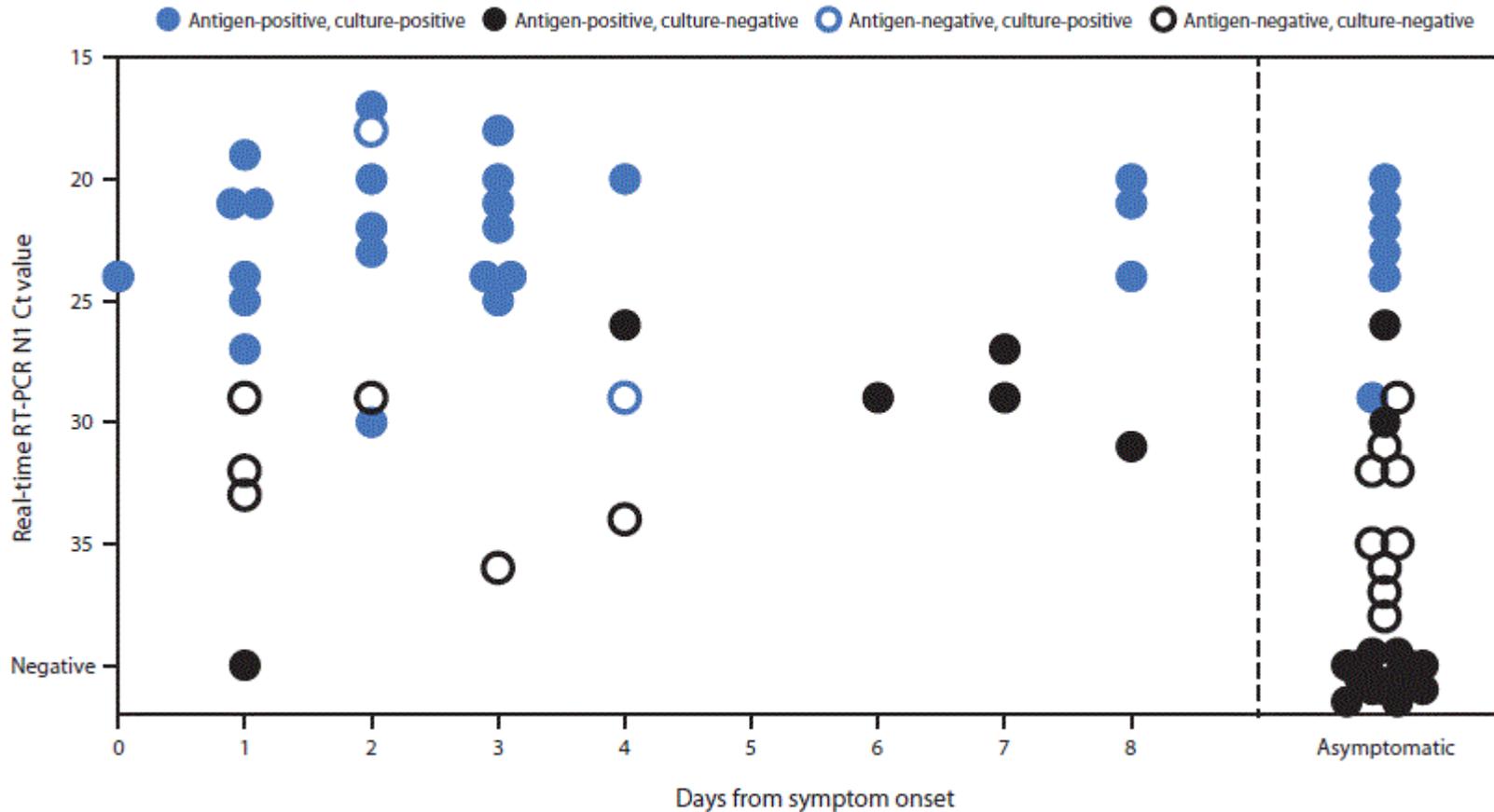
- Wednesday, January 27, 5:30-6:30 p.m. Click [here](#) to join the meeting.
- Wednesday, February 3, 5:30 - 6:30 p.m.
- Wednesday, February 10, 5:30-6:30 p.m.



Get the vaccine. Wear a mask. Save lives.

Appendix

Antigen testing compared to viral culture



Symptomatic patients

- n = 30 Ag+/Cx+
- n = 22 Ag+/Cx -
- n = 15 Ag -/Cx -
- n = 2 Ag -/Cx+

NPV=88%

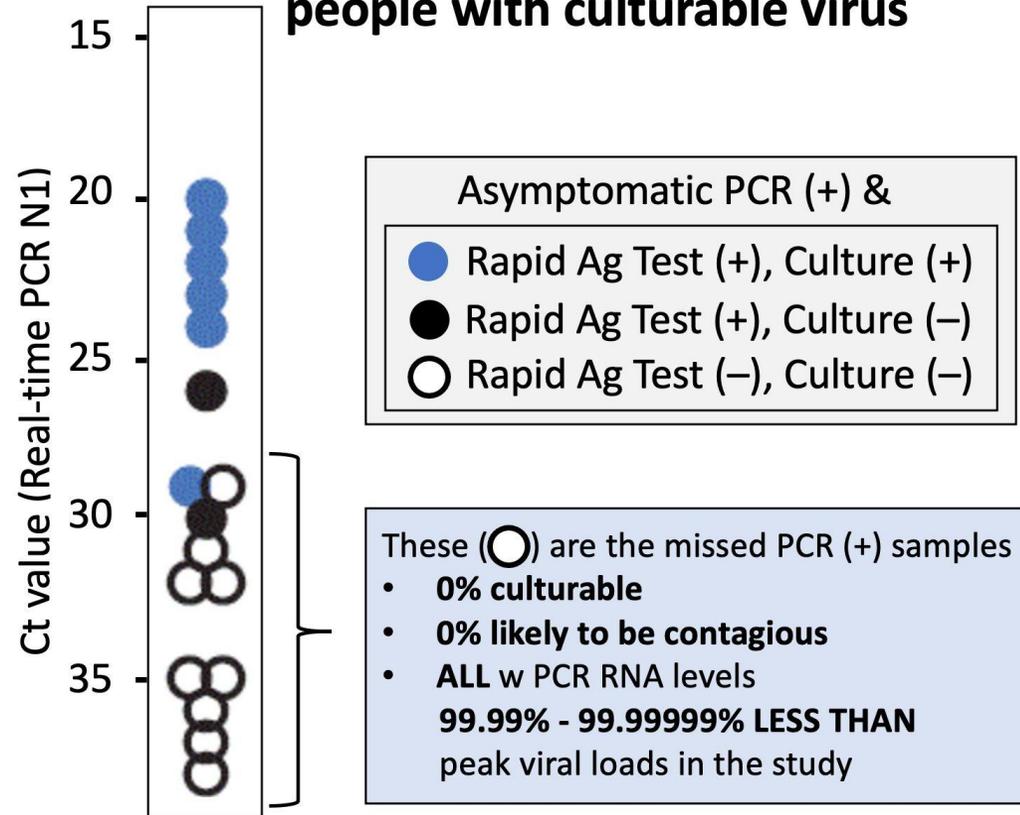
PPV=58%

Sensitivity=94%

Specificity=41%

Pray IW, Ford L, Cole D, et al. Performance of an Antigen-Based Test for Asymptomatic and Symptomatic SARS-CoV-2 Testing at Two University Campuses — Wisconsin, September–October 2020. MMWR Morb Mortal Wkly Rep 2021;69:1642–1647. DOI: <http://dx.doi.org/10.15585/mmwr.mm695152a3external icon>.

Rapid Antigen tests detected 100% of PCR Positive Asymptomatic people with culturable virus



Adapted from Pray et al. CDC MMRWR. Jan 1 2020
<https://www.cdc.gov/mmwr/volumes/69/wr/mm695152a3.htm>