NEQCA COVID-19 Update

New England Quality Care Alliance

December 22, 2020

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Affiliated with Tufts Medical Center

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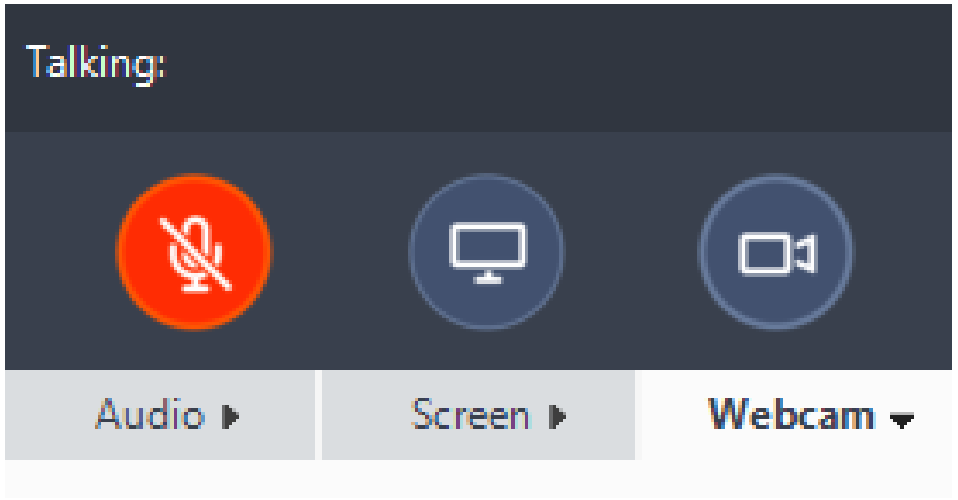

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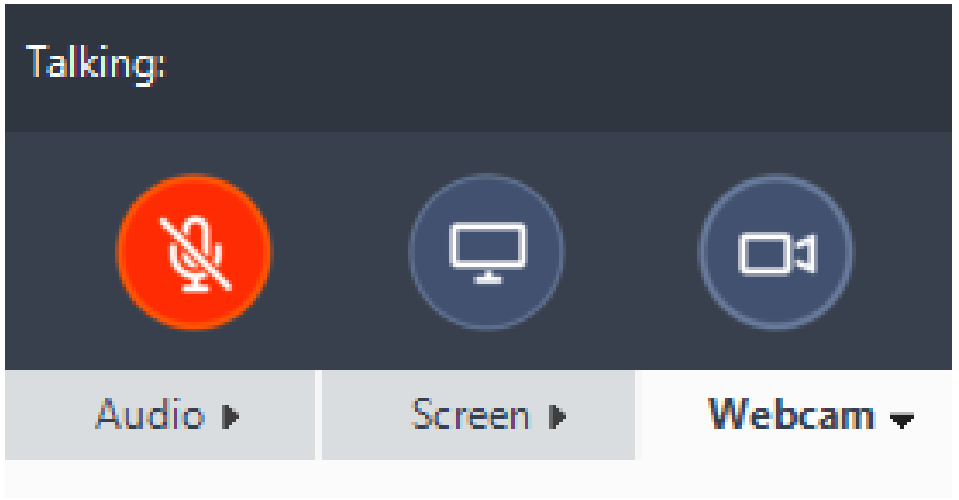
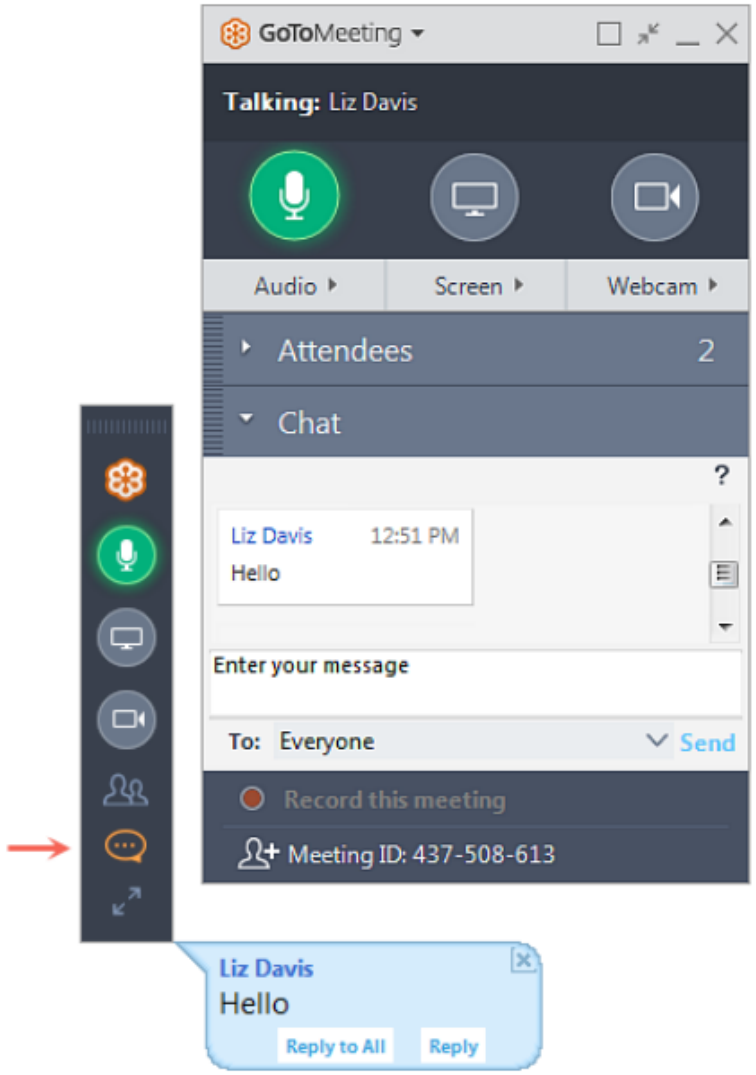


To Ask A Question

- 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

Agenda

- Situational update
  - The numbers
- Clinical updates
  - Epidemiology and transmission: new variant strains
  - Diagnosis (testing): home testing
- Prevention (vaccines)
- How to use telehealth vs in-office visits in the present moment
- Transmission and safety: Safe holiday behaviors
- Summary: What should I be doing now?

COVID-19 Situation Update

Ben Kruskal, MD

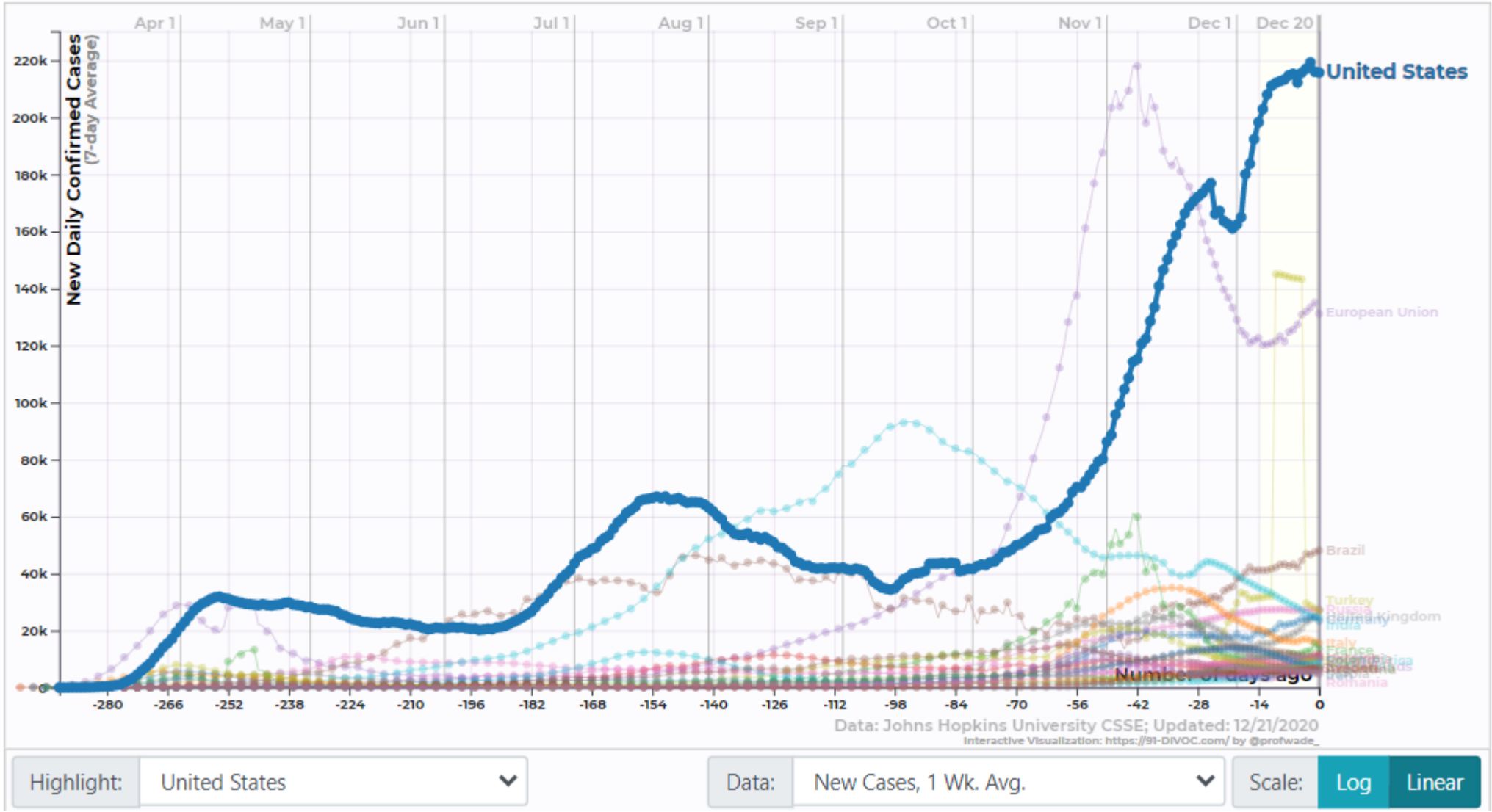
Senior Medical Director

Situation as of Monday, 12/21/2020

- **U.S.**
  - Cases/deaths: 17.8 M/311K
  - Daily new cases: ~180,000
  - Daily new deaths avg over the past 7 d : 2650 (compared to 9/11 deaths 2977)
  - Number currently hospitalized: ~115,000

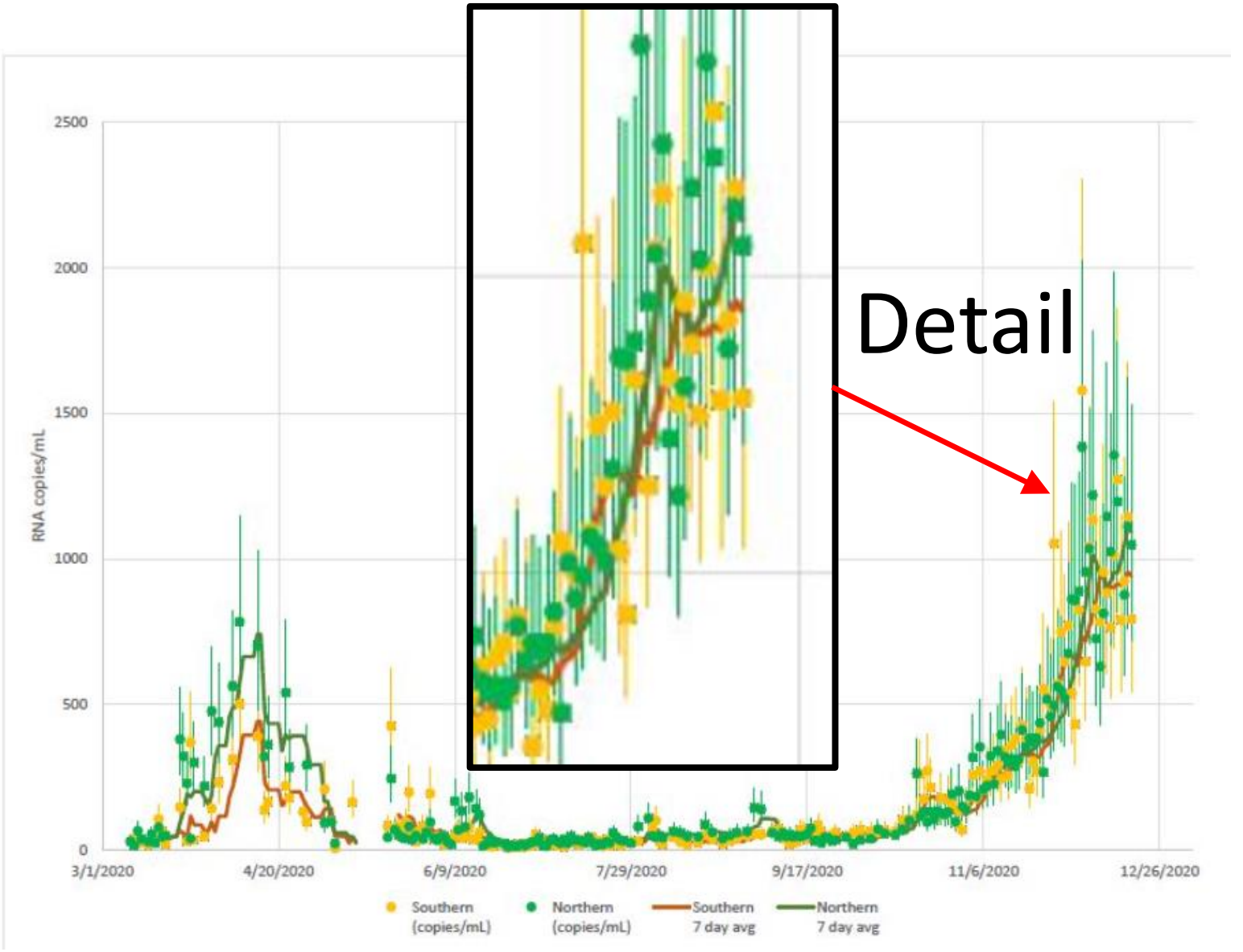
- **Mass.**
  - Cases/hospitalizations/deaths: 327K/15.4K/11.8K
  - Daily new cases: ~3800
  - Number currently hospitalized: ~1900

New Confirmed COVID-19 Cases per Day



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

Surveillance for SARS-CoV-2 in wastewater (sewage)

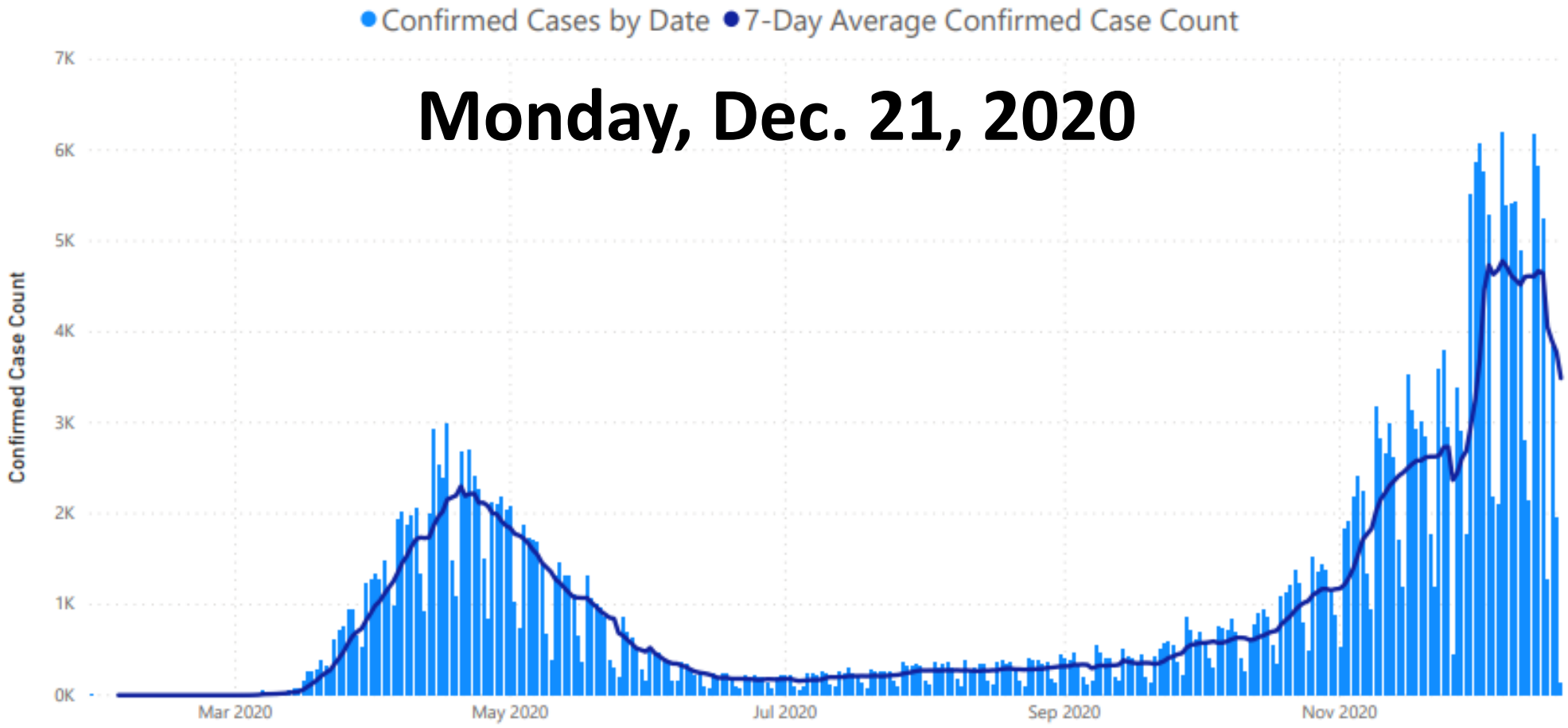


http://www.mwra.com/biobot/biobotdata.htm

Massachusetts Department of Public Health COVID-19 Dashboard-

Daily Confirmed Cases (Since March)

Confirmed COVID-19 Cases To Date by Date Individual Tested

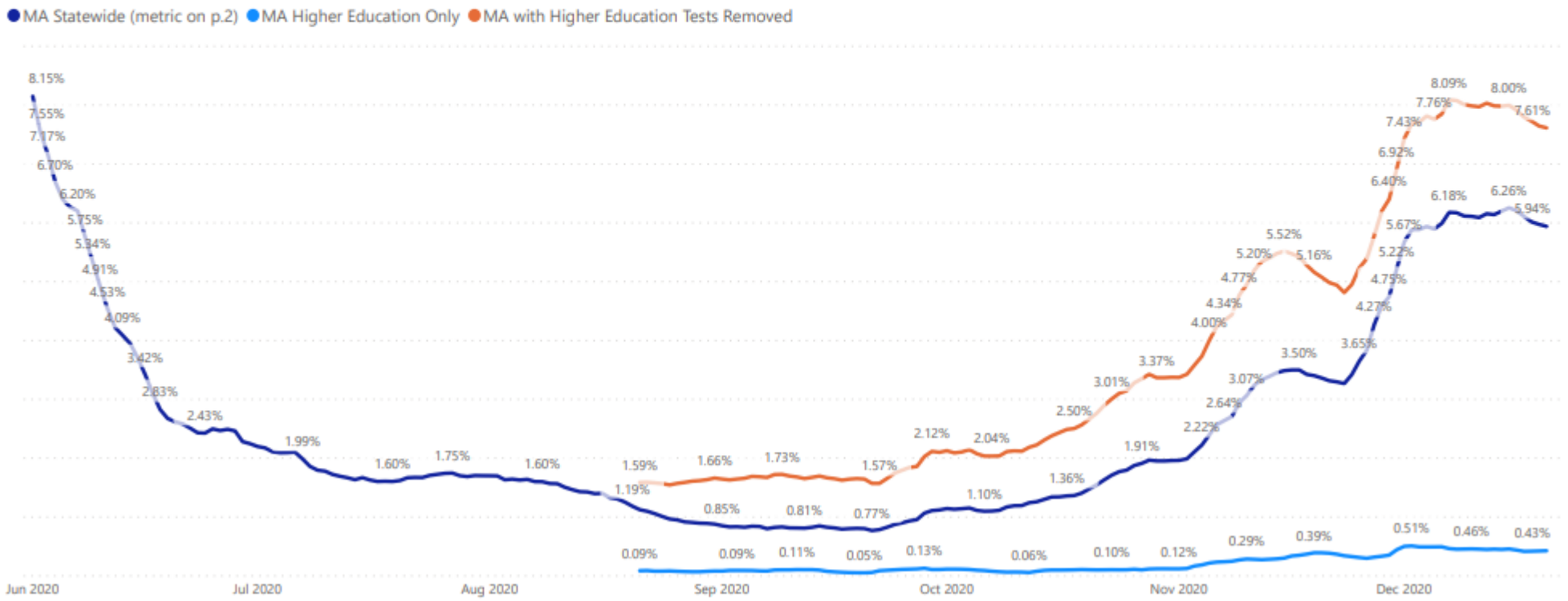


Monday, Dec. 21, 2020

Massachusetts Department of Public Health COVID-19 Dashboard- Monday, December 21, 2020

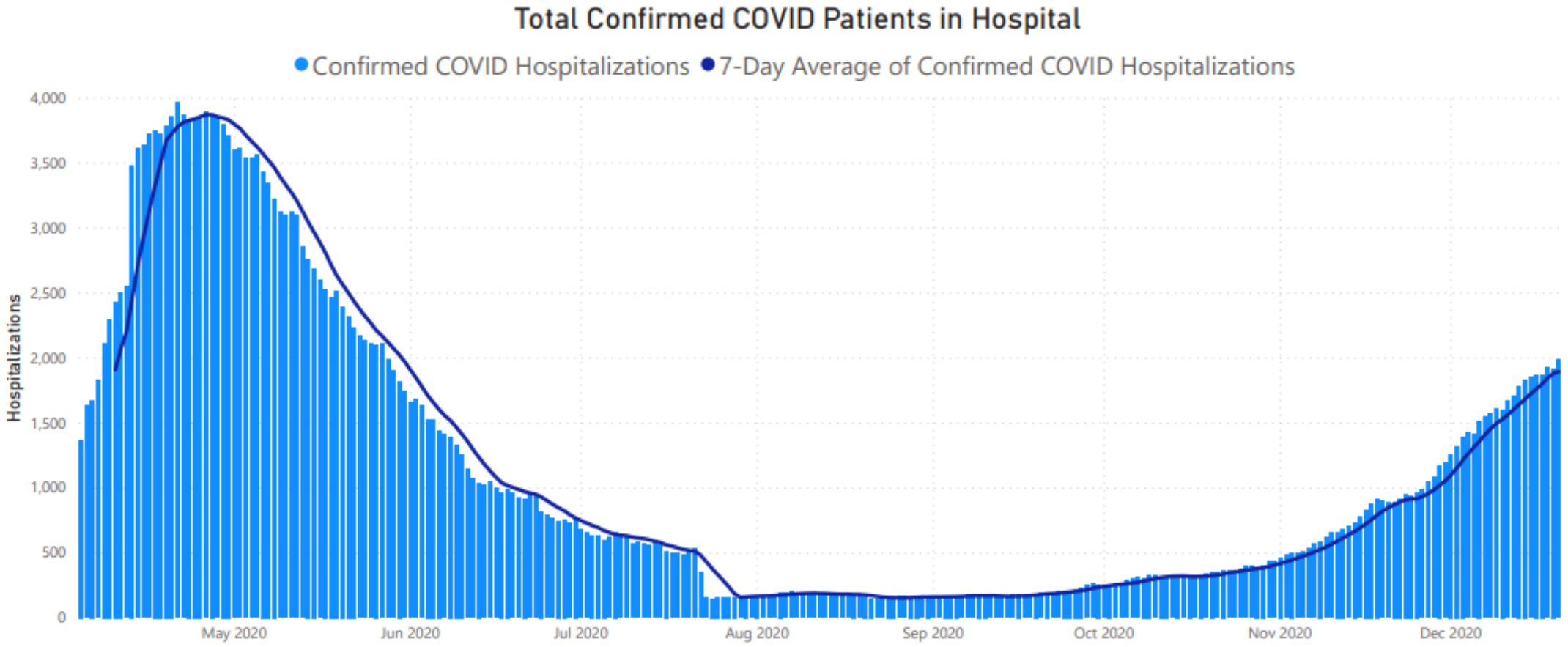
Testing by Date - Molecular (Percent Positive)

7-Day Weighted Average of Percent of Tests By Molecular Method that are Positive by Test Date



Massachusetts Department of Public Health COVID-19 Dashboard- Monday, December 21, 2020

Daily Confirmed Hospitalizations



COVID-19 Clinical Updates

Clinical updates: Epidemiology & Transmission

Strain B.1.1.7: First seen in SE England (Kent); 23 mutations; spreading rapidly, ?intrinsic transmissibility OR just human behavior? Mathematical modeling of structure suggests it might be more transmissible. Virulence unchanged.

Variant Viral Strains: B.1.1.7 and 501.V2

- Strain 501.V2: Spreading across South Africa; also appears to have increased transmissibility. Shares one mutation with B.1.1.7

- Virulence of both strains seems unchanged
- Current diagnostic tests recognize these strains
- Current vaccines are expected to be effective against these strains; confirmatory studies are in progress

Clinical Updates: Diagnosis—Home Testing

Brand	Population	Availability/ TAT	Cost	Specimen	Methodology	Analytical Sensitivity	Analytical Specificity
Lucira	Sx only Age> 13 yrs	Rx only 30 min	$50	Nasal self-collected	Nucleic acid amplification test (NAAT) (PCR-like)	94%	98%
Ellume	Sx or Asx Age >16 yrs (self), 2-15 yrs (parent)	No restriction 15 min	$30 (also requires a smartphone)	MT Nasal Self collected	Antigen	95%	97%
BinaxNow	Sx only (14 yrs, self), 3-13 yrs (parent)	Rx only 15 min	$25	Ant. Nasal self-collected	Antigen	97%	98.5%

COVID-19 Vaccines

The first vaccine candidate looked promising …

Pfizer's Early Data Shows Vaccine Is More Than 90% Effective

and the second….

Moderna Applies for Emergency F.D.A. Approval for Its Coronavirus Vaccine

and the third….

What We Know About AstraZeneca's Head-Scratching Vaccine Results

What do we need vaccines to do?

- Vaccine goals
  - Decrease severity (mortality and serious morbidity from COVID-19)
    - Reduce expense and free-up hospital/health care resources
  - Decrease number of people infected
    - Prevent infection
    - OR reduce transmission even if infection occurs
- Vaccines can work for an individual patient by preventing infection, or by reducing symptom severity and duration (and admissions and mortality)
- BUT from a public health point of view, reducing onward transmission is most important (includes preventing infection as well as reducing transmission from infected patients)

Current leading vaccine candidates

	Pfizer	Moderna	AstraZeneca
Platform	mRNA	mRNA	Live repl.-defect. chimp adeno vector
Effectiveness-Mild symptoms	95%	95%	62% intended dose *90% unintend. 1/2 dose*
Effectiveness-Severe symptoms	100%	100%	100%
Safety	Good	Good	Good
Regulatory status	US EUA	US EUA	???
Comments	Requires -80 deg C freezer; Fridge stable for <5 days *Prevent infection?*	Fridge stable for 30 days *Prevent infection?*	*Prevent infection?*

Vaccine Safety

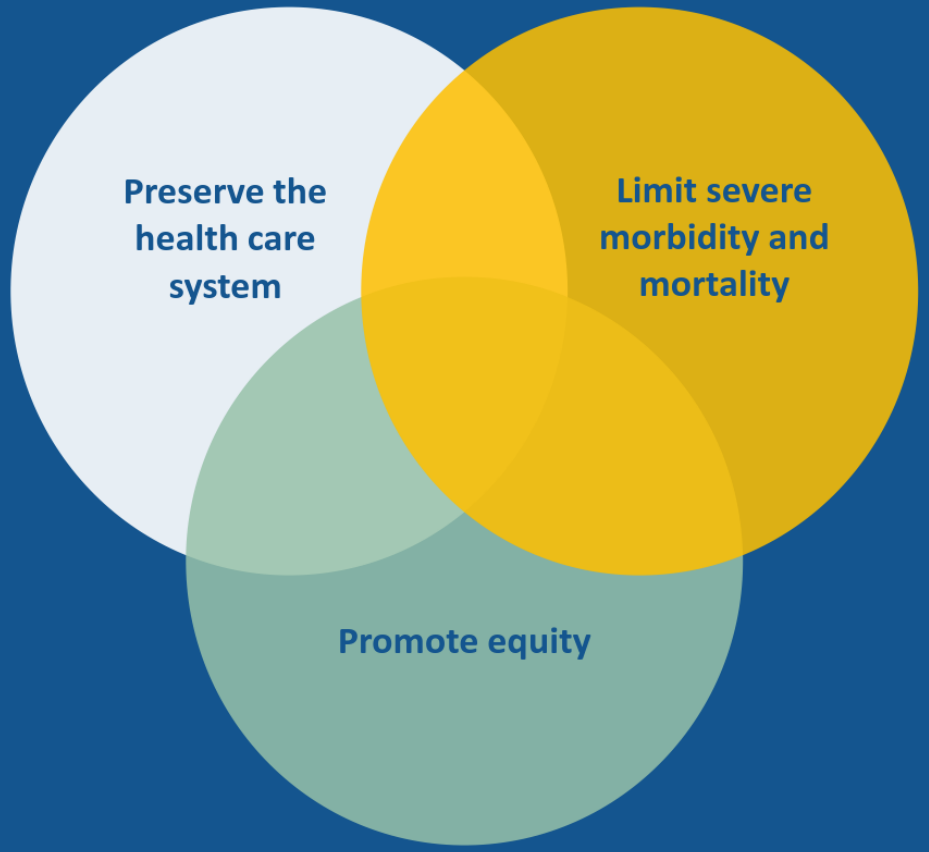
- Rare anaphylactic/anaphylactoid reactions with Pfizer vaccine
  - All patients should be observed for 15 min post-vaccine
  - FDA recommends no vaccine for people with history of such a reaction in the past to any injected or infused medication; if they insist, observe for 30 min
- Local injection-site reactions
- Systemic "flu like symptoms" – NOT RESPIRATORY
  - Fever, fatigue, headache, myalgias, arthralgias
- Bell's palsy?

Which vaccine should I get?

- **The one you can get first.**
- **Individuals and vaccinators are unlikely to have a choice.**

Pfizer and Moderna are 2-dose vaccines (minimum interval 3 weeks for Pfizer, 4 weeks for Moderna); you cannot switch between them from Dose 1 to Dose 2

Equitable Distribution of COVID-19 Vaccine



The Advisory Group took a strong stance on equity:

- Prioritizes all COVID-facing individuals in healthcare settings, including food service and environmental (not just doctors and nurses) as well as home health workers
- 20% additional vaccine allocated to communities that have experienced disproportionate COVID burden and high social vulnerability

When can I get a COVID-19 vaccine in MA?

PHASE ONE

In order of priority

- Clinical and non-clinical healthcare workers doing direct and COVID-facing care
- Long term care facilities, rest homes and assisted living facilities
- Police, Fire and Emergency Medical Services
- Congregate care settings (including corrections and shelters)
- Home-based healthcare workers
- Healthcare workers doing non-COVID-facing care

December - February

Estimated timeframes

PHASE TWO

In order of priority

- Individuals with 2+ comorbidities (high risk for COVID-19 complications)
- Early education, K-12, transit, grocery, utility, food and agriculture, sanitation, public works and public health workers
- Adults 65+
- Individuals with one comorbidity

February - April

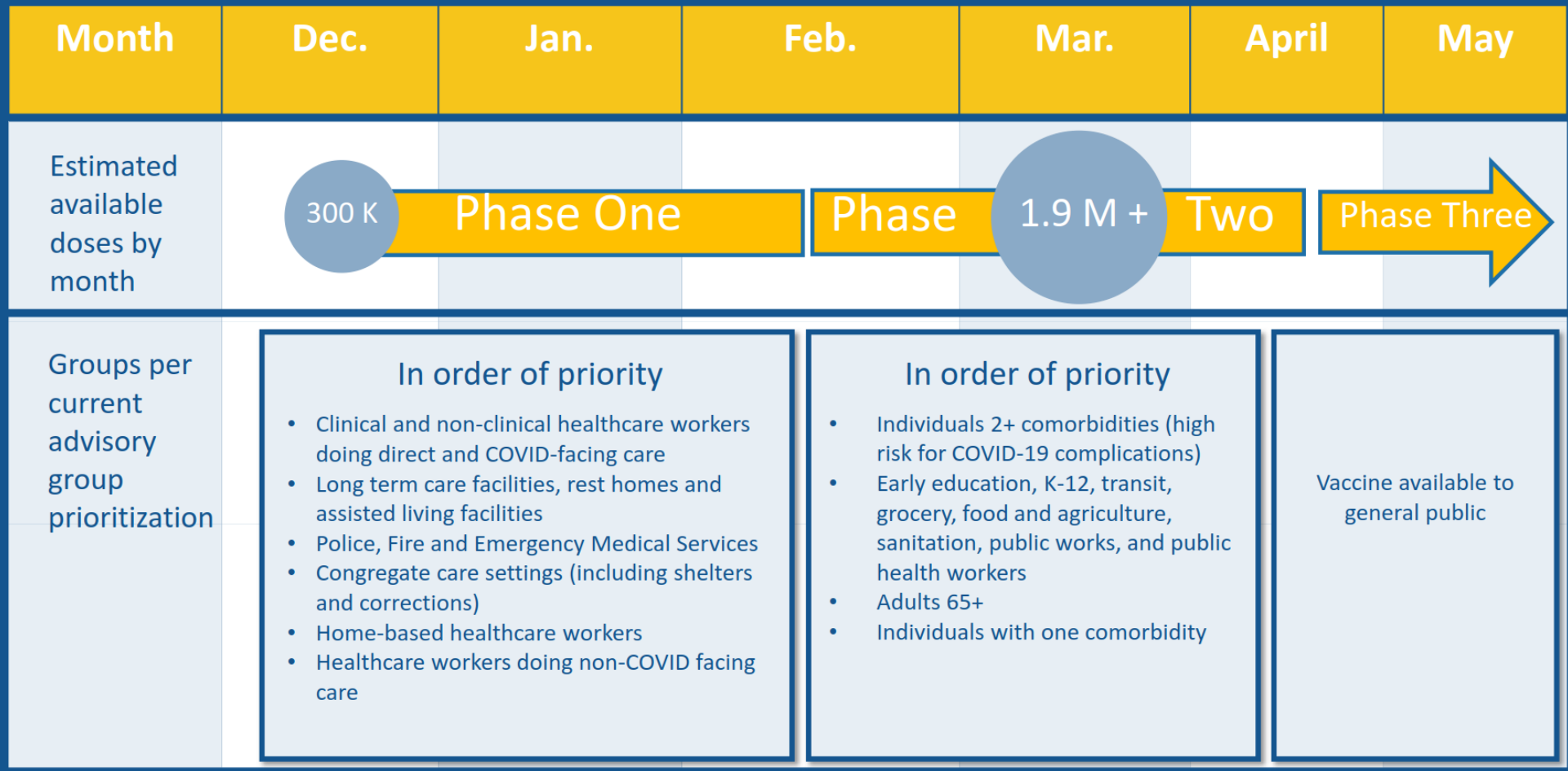
PHASE THREE

Vaccine available to general public

April - June

For more information on vaccine distribution visit **Mass.gov/COVIDvaccine**

Estimated COVID-19 Vaccine Timeline



Practical Questions: Billing and Finances

- The vaccine will have no cost to the patient or the practice

- Health plans in Mass. are required to pay providers an administration fee without patient cost-sharing.

- CMS is planning to do the same for Medicare and Medicaid throughout the country.

Practical Questions: Vaccine side effects and health care personnel work restrictions: DPH instructions

Post Vaccination	Recommendation for SARS-CoV-2 NAAT (i.e. PCR) Testing	Work restrictions
Local site reaction only	No	No restrictions
Mild allergic symptoms such as rash (not hives) or itching	No	No restrictions
Hives or more severe allergic reaction	No	No restrictions
< 3 days post-vaccination with one or more of the following: • mild symptoms < 101F • mild headache • mild fatigue characterized by sense of tiredness • mild myalgias (muscle aches) • mild arthralgias (joint pains)	Yes	Able to work wearing appropriate PPE while PCR test is pending.
< 3 days post-vaccination, with any of the following: • fever ≥ 101F *or* • severe headache *or* • severe fatigue characterized by sense of exhaustion leading to curtailment of daily activities *or* • severe myalgias (muscle aches) *or* • severe arthralgias (joint pains) *or* • any other symptoms consistent with COVID-19	Yes	Restricted from working onsite pending COVID-19 test results and suggest follow up with health care provider.
≥ 3 days post-vaccination, any symptoms consistent with COVID-19	Yes	Restricted from onsite work pending COVID-19 test results and 24 hours post-symptom resolution.

Administering COVID-19 vaccine in your practice: Key considerations

- Does your office administer other injected vaccines (especially flu vaccine)?
- Do you have a reliable refrigerator?
- Are you prepared to do meticulous temperature monitoring and recording of your fridge twice daily?
- How many patients does the practice have in the priority groups?

How to sign-up your practice to get vaccines

- You MUST be registered with the Massachusetts Immunization Information System (MIIS).
- Practices that are registered with MIIS will get an invitation from DPH to join the Massachusetts Covid Vaccine Program (MCVP) which the practice must accept
- Allocations will be based on:
  - Practice's number of patients in priority groups
  - Ability to manage appropriate and reliable cold storage
  - Ability to report vaccines administered
  - Throughput

Using Telehealth vs. In-Person Visits In the Present Moment

Telehealth vs. In-office Visits: Considerations

- Infection risk to patient
  - Travel from home to your office may involve exposure
- Infection risk to you and your staff
  - If patient is infected—whether they present with Covid symptoms or an entirely different problem but have asymptomatic Covid infection—you are potentially exposed. WITH APPROPRIATE PRECAUTIONS, YOU CAN SAFELY SEE A PATIENT IN THE OFFICE, but the more patients you see, the higher the risk of a slip.
- Does that patient require something that can't be done by telehealth?
  - Hands-on physical exam, procedure, specimen collection, measurements
- How likely is it that you can avert an ED visit or bad clinical outcome?

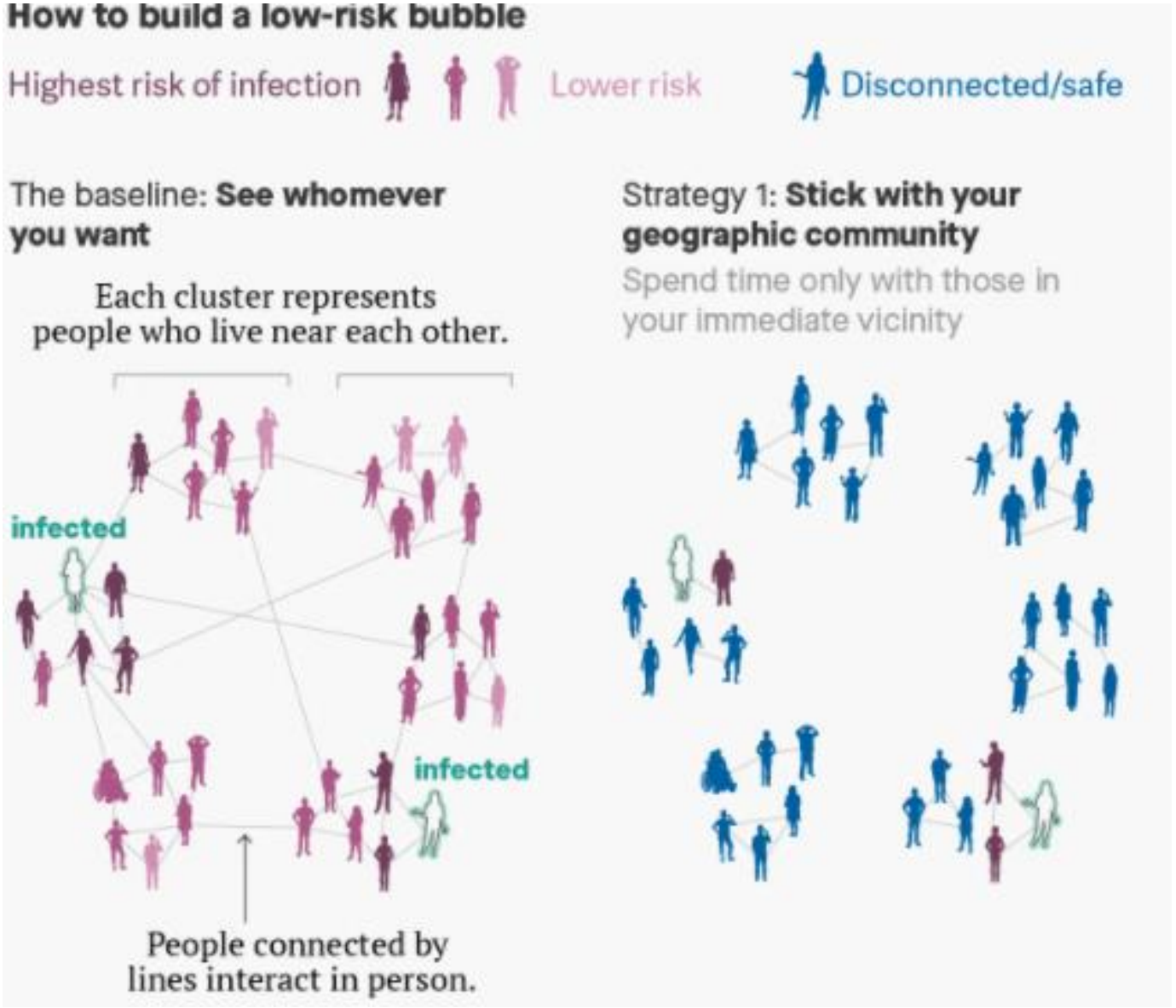
Adding it all up

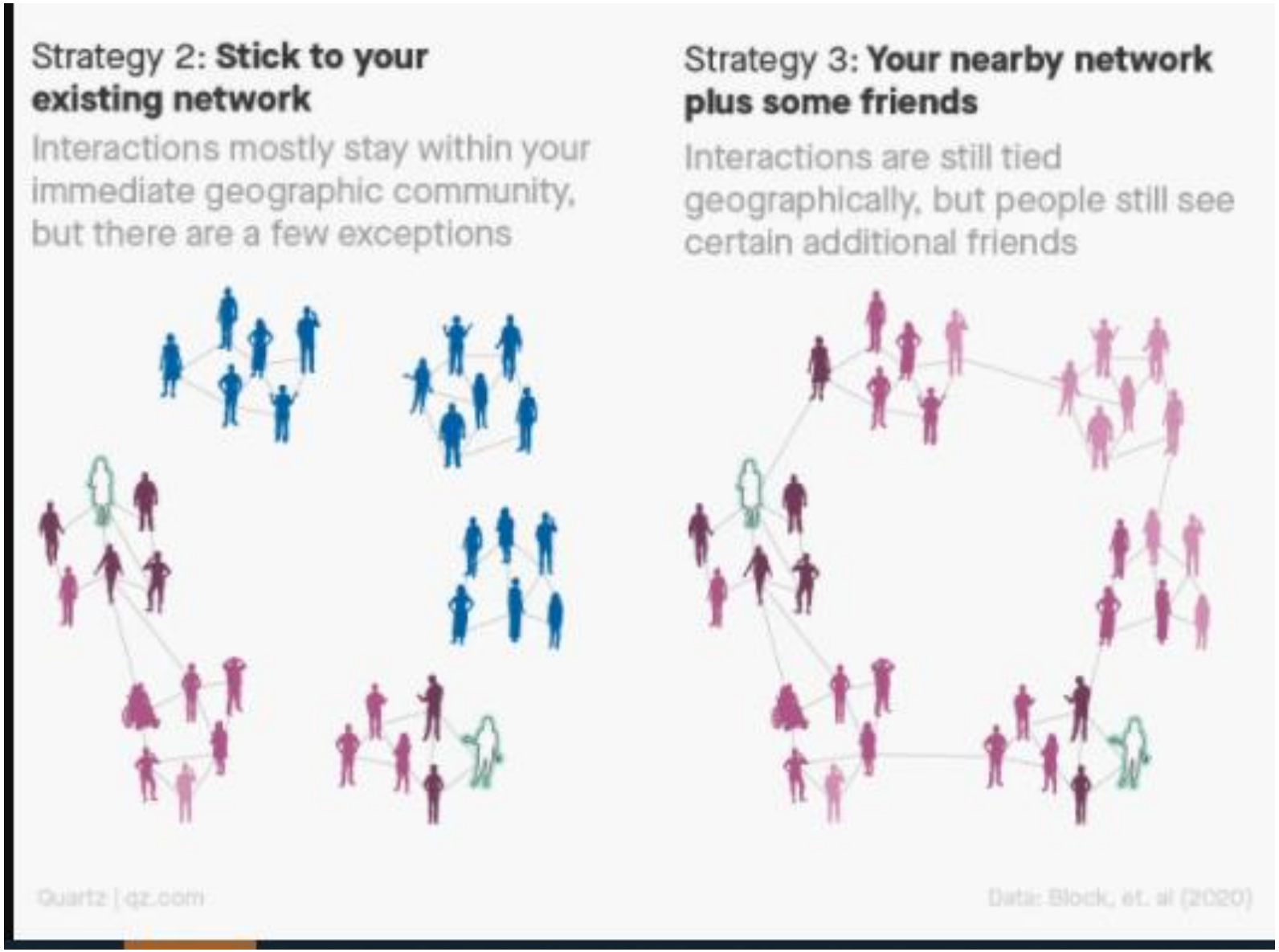
- With the second surge and higher prevalence, starting with telehealth first for all visits is recommended
- NEQCA has created a workflow template for telehealth visits done when the provider is not physically in the office, which is posted on our website
- However, with proper PPE and infection control precautions, patients who do need to be seen in the office can be brought in safely.
  - Modify scheduling so visits are staggered and fewer people are in the office at once
- The health and safety of our patients and our colleagues is paramount. You can minimize unnecessary exposure by pivoting to more telehealth visits and only seeing patients in the office that need a hands-on exam or procedure
- Seeing this small subset of patients in the office will reduce avoidable urgent care or ED visits

Staying Safe During the Holidays and Beyond

What is a COVID Pod or Bubble?

- A household or other group who agree to avoid close contact with people outside the Pod, in order to be able to be close to people within the Pod.
- To be effective, a Pod must be exclusive; everyone has to agree who is in it, and people in it must not have close contact with people outside of it. Pods MUST NOT overlap.
- If anyone has an exposure to someone outside the Pod – accidental or intentional — they must be honest in telling the others in the Pod.
- A Pod doesn't work if a member is in close contact with other people regularly (e.g. essential workers, health care workers, teachers or students with face to face contact0.


How to build a low-risk bubble
Highest risk of infection
Lower risk
Disconnected/safe
The baseline: See whomever you want
Each cluster represents people who live near each other.
infected
infected
People connected by lines interact in person.
Strategy 1: Stick with your geographic community
Spend time only with those in your immediate vicinity




THE BUBBLE YOU THINK YOU HAVE
THE BUBBLE YOU ACTUALLY HAVE

Helpful Programs and Resources

NEQCA.org/Resources/COVID-19

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Holiday Musical Selections for 2020

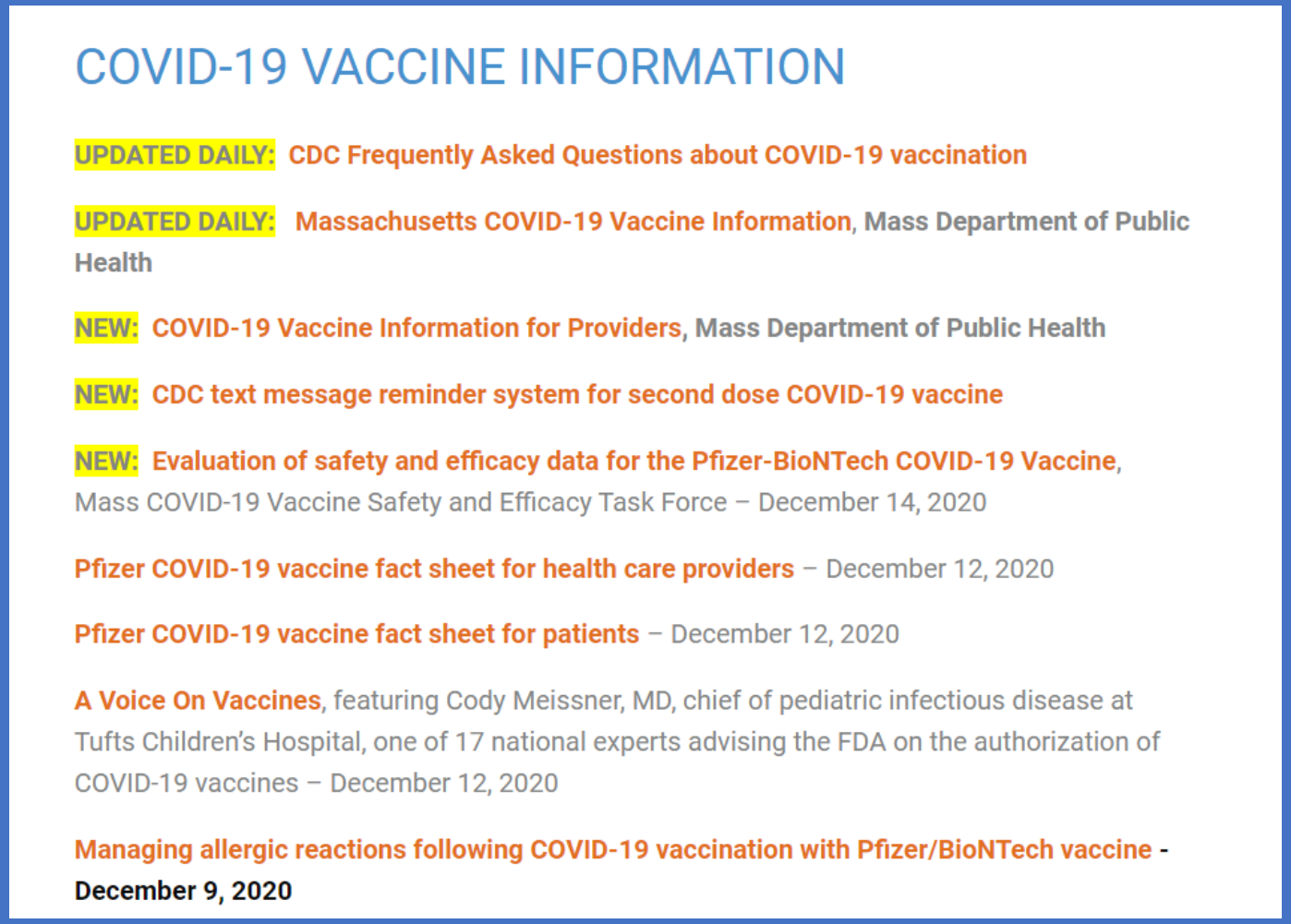
Inspired by Shira Doron's hit, "I'll Stay Home for Christmas"…

- *I'm Dreaming of a Safe Christmas*
- *Wear Masks, Ye Merry Gentlemen*
- *Santa Claus is Washing His Hands*
- *We Wish You Safety at Christmas*
- *Microbes Growing on Your Unwashed Hands (Chestnuts….)*
- *Have Yourself A Disinfected Christmas*

Now available on YouTube:

https://www.youtube.com/watch?v=qDmFkyhVJvg&feature=youtu.be

Visit NEQCA's COVID-19 website for updates and late-breaking developments



COVID-19 VACCINE INFORMATION

UPDATED DAILY: **CDC Frequently Asked Questions about COVID-19 vaccination**

UPDATED DAILY: **Massachusetts COVID-19 Vaccine Information**, Mass Department of Public Health

NEW: **COVID-19 Vaccine Information for Providers**, Mass Department of Public Health

NEW: **CDC text message reminder system for second dose COVID-19 vaccine**

NEW: **Evaluation of safety and efficacy data for the Pfizer-BioNTech COVID-19 Vaccine**, Mass COVID-19 Vaccine Safety and Efficacy Task Force – December 14, 2020

Pfizer COVID-19 vaccine fact sheet for health care providers – December 12, 2020

Pfizer COVID-19 vaccine fact sheet for patients – December 12, 2020

A Voice On Vaccines, featuring Cody Meissner, MD, chief of pediatric infectious disease at Tufts Children's Hospital, one of 17 national experts advising the FDA on the authorization of COVID-19 vaccines – December 12, 2020

Managing allergic reactions following COVID-19 vaccination with Pfizer/BioNTech vaccine - December 9, 2020

NEQCA.org/Resources/COVID-19

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Prepare for E/M Coding Changes

Webinar: Wednesday, January 6, 5:30 - 6:30 p.m.

Coding Changes now in effect

Following the go-live of the office-visit coding changes, we ask that you join us in January for a recap of the changes that are in effect, what you need to continue to do and time for Q&A.

NEQCA.org/Resources/COVID-19

Be on the lookout for our COVID-19 Briefings and *NEQCA Connection* e-Newsletter

Dr. Ben Kruskal, NEQCA <neqca@neqca.ccsend.com> on behalf of Dr. Ben Kruskal, NEQCA

[EXT] *** THIS WEEK: Vaccine Update at 12/9 NEQCA COVID-19 Webinar ***

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Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some picture

EXTERNAL MESSAGE - TREAT LINKS/FILES WITH CARE

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December 7, 2020

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

PLEASE ATTEND COVID-19 WEBINAR:
Wednesday, December 9, 5:30 - 6:30 p.m.

New England Quality Care Alliance <neqca@neqca.ccsend.com> on behalf of New England Quality Care Alliance

[EXT] NEQCA Connection December 3, 2020

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EXTERNAL MESSAGE - TREAT LINKS/FILES WITH CARE

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NEQCA connection

Connecting NEQCA colleagues to important information—and each other

December 3, 2020

In this Issue...

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Appendix

Clinical Updates: Epidemiology and Transmission

- New CDC Quarantine options (if 47, after stopping quarantine, it is essential to watch for symptoms until 14 days after exposure.
- If symptoms occur, patient should immediately self-isolate and contact provider.

Table 1: Epidemiologic Risk Classification[1] for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations			
Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was wearing a cloth face covering or facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves[a]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None

Table 1: Epidemiologic Risk Classification[1] for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations			
Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was not wearing a cloth face covering or facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection[b]	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves[a,b]	Low	Self with delegated supervision	None

Refresher:
Safe Office Practice In a COVID-19 Era

Safe Office Practice in a COVID-19 Era

- Infection Control
  - Hand Hygiene
  - Personal protective equipment (PPE)
  - Cleaning and disinfection
  - Provider and staff health
- Office Space Reconfiguration and Workflows
- Reassuring Staff, Patients, and Families

Infection Control: Hand Hygiene

- BEFORE and AFTER every patient contact
- BEFORE and AFTER gloves
- BEFORE and AFTER using the toilet
- BEFORE and AFTER putting things in the mouth (food and drink, gum, candy, smoking, etc)

- SOAP and WATER is highly effective done well
- HAND SANITIZER is in most cases as good as soap and water when done well, and is easier to do well

Infection Control: PPE — Droplet Precautions

- Surgical mask
- Gloves
- Gown only needed for splash/splatter/direct torso-to-torso contact
- Eye protection

Infection control: Cleaning and disinfection

- Surface transmission is less important than droplets
- SARS-CoV-2 (the Covid virus) is easily killed by most cleaning and disinfection agents
- Likely contaminated surfaces (high touch surfaces) should be disinfected after every patient and all surfaces at least twice daily in addition
- Disinfection doesn't work well on dirty surfaces, so clean first
- Effective surface disinfectants include a wide variety of commercial products certified by the EPA, as well as appropriate homemade solutions of alcohol OR hydrogen peroxide OR chlorine bleach

Staff and Provider Health Yopics

- Daily symptom screen and attestation
  - Management of symptomatic HCWs
- HCW exposure management
- Managing infected HCWs without symptoms

Management of symptomatic HCWs

- May not work regardless of test result given low sensitivity of test
- Return to work per CDC/DPH guidelines
  - Mild-moderate illness and NOT severely immunocompromised: at least 10 d since symptom onset

    AND
    - at least 24 hours afebrile (without antipyretic) and improved respiratory symptoms
    - **OR** PCR results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

  - Severe illness OR severely immunocompromised: 10-20 d d since symptom onset (consider ID consult on duration)

    AND
    - at least 24 hours afebrile (without antipyretic) and improved respiratory symptoms
    - **OR** PCR results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

HCW exposure management

- **If patient was wearing a mask**, and HCW was wearing mask (= Low-risk exposure): Self-observe for symptoms x 14 d, no work restrictions (beyond universal masking)
- **If patient was not wearing a mask**, and HCW was wearing mask and eye protection, (=Low risk exposure): self-observe for symptoms x 14 d, no work restrictions (beyond universal masking)
- **In any other case** (medium-high risk exposure): active symptom monitoring by daily outreach, exclude from workplace for 14 d from last exposure
- See Appendix for more details

HCWs with + test but no symptoms at any time

- Return to work per CDC/DPH guidelines
  - Mild-moderate illness and NOT severely immunocompromised:
    at least 10 d since + test result

    OR

  - Severe illness OR severely immunocompromised:
    10-20 d since + test result

Office Space Reconfiguration and Workflows

- **Office Space Reconfiguration**
  - Masks and hand sanitizers for patients in key locations
  - Social distancing built-in
  - Signage
- **Scheduling**
  - Separate possible COVID vs other visits in time or space
  - Stagger appointment times to reduce risk of patients face to face with other patients
- **Visit Workflows**
  - Contactless check-in and check-out, possibly done remotely
  - Decrease total time in the office
  - Make it possible to do entire visit in one (exam) room

Reassuring Staff, Patients, and Families

- If patients don't feel safe, they will not come/come back.
- You may not get a chance to explain or reassure
- Everything has to shout out "You're safe! We're doing it right!"
- Everyone, including staff, has to know how to DO it and how to EXPLAIN it
- Use every channel and opportunity: website, social media, portal message boilerplate, on hold phone message