

NEQCA COVID-19 Update

May 6, 2020

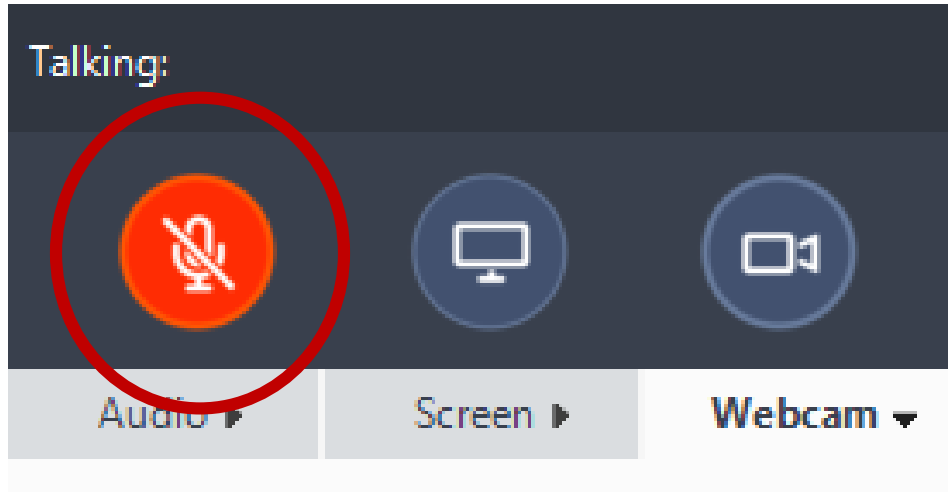
About This Presentation

On **Wednesday, May 6**, 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.

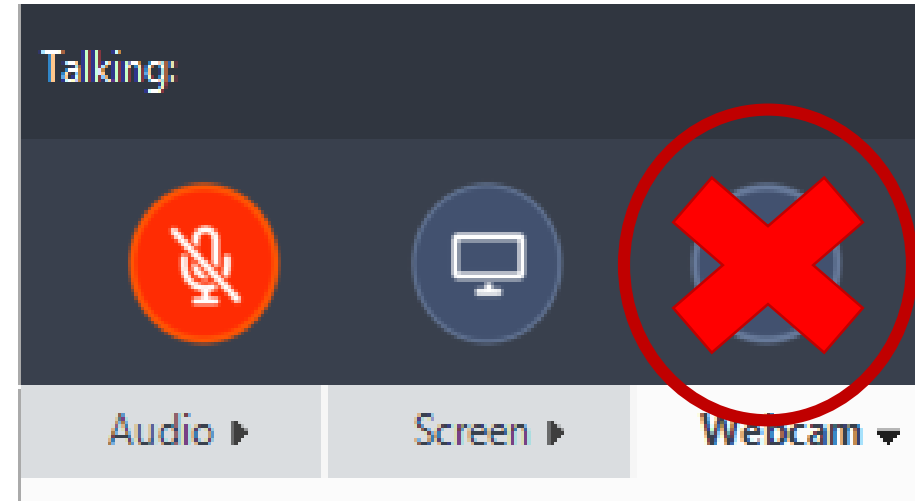
Disclaimer: The information in this presentation is relevant as of 5/6/20. The situation, however, is changing rapidly. To ensure you have the latest information on COVID-19, use the resources below:

- **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](#)

Please Mute

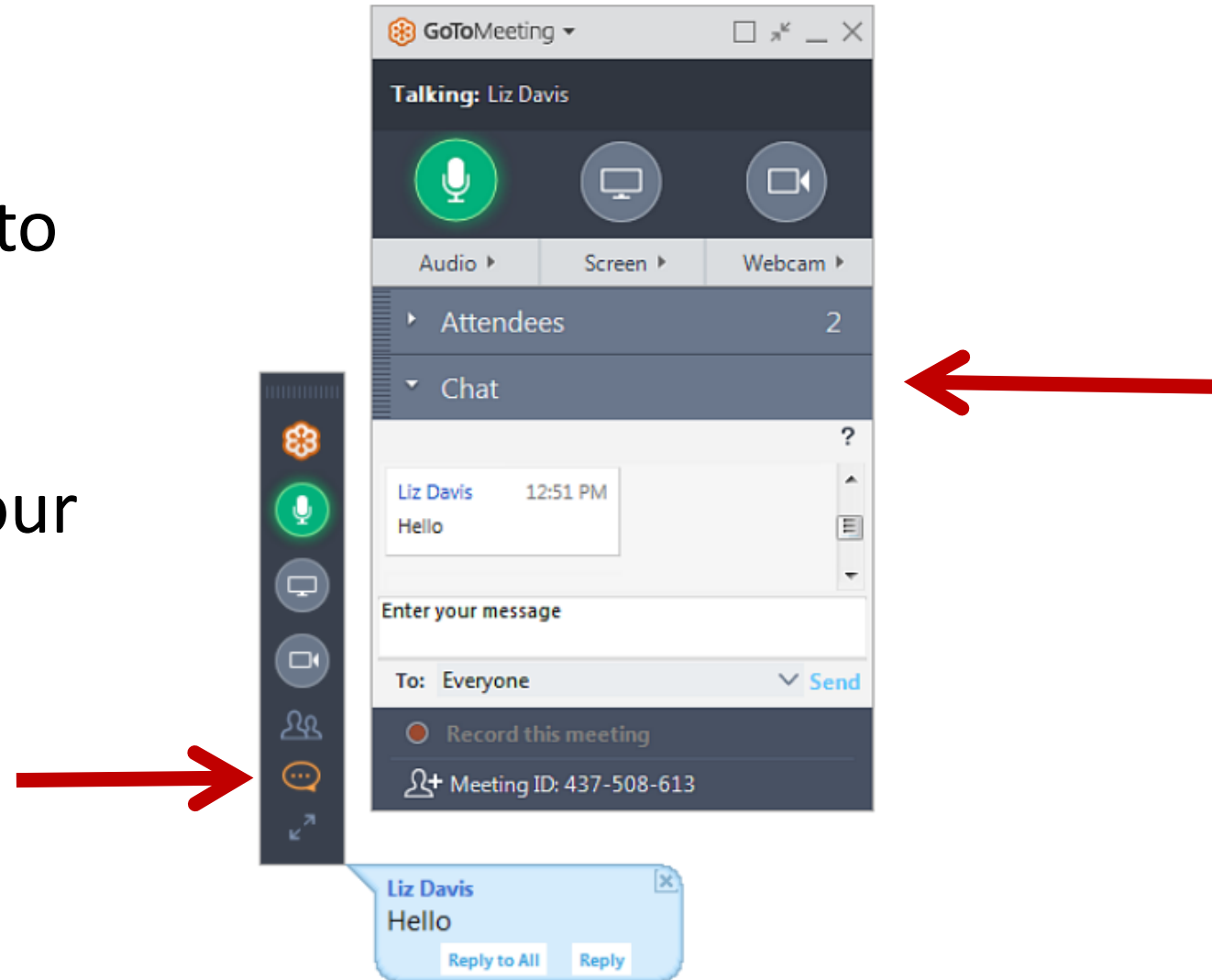


No Webcam



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

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Agenda

- COVID-19 Situational Update
- Consumer Perception Research
- Sustaining a Safe Environment
- Practice Restoration Considerations
- Helpful Resources
- Q&A

COVID-19 Situational Update

Ben Kruskal, MD

Medical Director

Current Situation (as of 8 a.m., 5/5/20)

Tests/hospitalizations/deaths

- US 1.2M//63K
(doubling time, 3+ wks)
- NY 319K//19K
- NJ 128K//7.9K
- Mass 69K/6.6K/4.1K
 - Clearly slowing: cases, admissions, deaths

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?

- **As social distancing restrictions are eased....**
 - Recurrent wave of disease?
 - Summer lull? [if virus is temperature-sensitive; unlikely, given Brazil activity]
- **Longer-term...**
 - Almost certainly recurring waves of illness until there is widespread population immunity, due to infection, or vaccine (likely 1-2 years away)
- **We can't do nothing while we wait it out**
 - Either we do less in the way of social distancing, allowing the illness to spread faster, overwhelm our hospital/ICU/ventilator capacity, and cause preventable deaths

OR

- We slow it down by continuing or intensifying social distancing, allowing the spread of illness to be maintained within a range we can handle until we can come up with an effective vaccine (or antiviral)

Immunity and antibody testing

- **We don't know yet if protective immunity occurs after infection with SARS-CoV-2/COVID-19**
 - Even if it does, is antibody protective or does its presence correlate with protection? (Compare Lyme and HIV with tetanus, diphtheria)
- Serology (antibody) testing starting to be available: **DON'T KNOW HOW TO INTERPRET YET**
 - Whitman et al preprint
 - Compared 12 different antibody tests; agreement ranged from 75-95%
 - Demonstrated unequivocal false positive

Potential uses of antibody testing

- ✓ Population prevalence studies
 - (May be accurate enough for public health use for this now)
- Individual patient use
 - Not covered by most payers, not recommended by professional societies, liability risk
 - ✗ Diagnosis
 - ✗ Immunity testing

We must plan to continue to provide care

- For all the usual acute and chronic conditions

AND

- For COVID-19 and all of its complications

... against a backdrop of constantly-shifting circumstances related to COVID-19 and its consequences for the functioning of our society

Consumer Perception Research

Peg Holda

Chief of Staff / Head of Communications

People are anxious

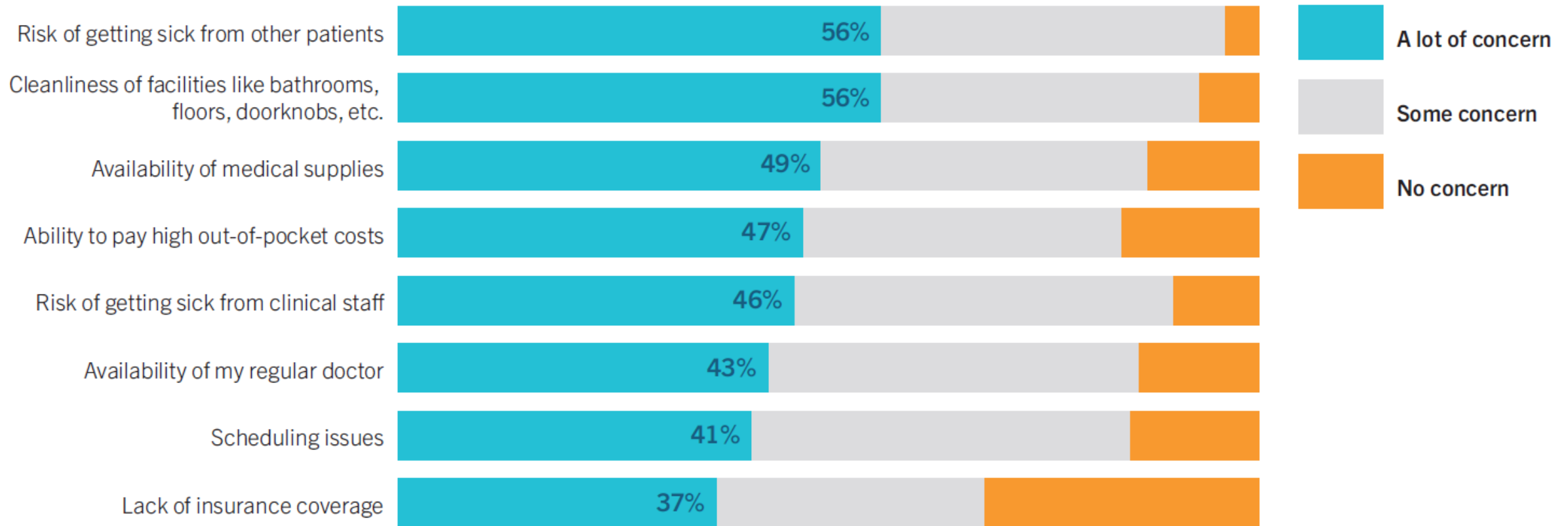
In the months after COVID-19 restrictions are lifted, which statement best describes the way you will seek care?



Source: ReviveHealth Consumer Perception Study, April 14, 2020

Understanding the causes of concern

When you think about seeking care after COVID-19 restrictions are lifted, how concerned will you be about each of these factors?



Source: ReviveHealth Consumer Perception Study, April 14, 2020

Doctors are pivotal to restoring trust

What would make you feel more comfortable about going back to a medical facility? Please rank from 1-6, with 1 being the highest.



1

Your doctor saying it is safe

4

My health insurance saying it is safe

2

CDC saying it is safe

5

Friends and family saying it is safe

3

My local hospital saying it is safe

6

Media reporting it is safe

Source: ReviveHealth Consumer Perception Study, April 14, 2020

Sustaining A Safe Environment

Ben Kruskal, MD

Medical Director

Patients must feel safe coming to the office and staff must feel safe working in the office

- We must address their perceptions of risk as well as the reality of the risk
- We have to reassure them – beyond just DOING what is necessary
- Have to demonstrate KNOWLEDGE/EXPERTISE, as well as appropriate care in actual use of precautions; have to be able to EXPLAIN why
 - Not just providers, but ALL STAFF
 - Everyone will need to become an infection control mini-expert
- **Will need to lead/influence patient perception of risk as well as accommodate it**

Infection Control in the era of COVID-19

- **Universal precautions**

- Analogous to development of standard precautions driven by HIV (which also protects against other blood-borne pathogens)
 - [These will protect against many pathogens transmitted by respiratory droplets and contact (e.g. flu, strep, RSV)]
- “Enhanced respiratory droplet precautions”
 - Surgical mask
 - Eye protection
 - Gloves (with hand hygiene before and after)
 - “Bare below elbows”
 - Gown/body protection
 - Nothing dangling: eliminate ties, necklaces

Infection Control in the era of COVID-19: 2

- **Ongoing shortages of various PPE**
- **Hand hygiene**
 - Alcohol-based sanitizer vs soap and water
 - Pathogen
 - Time available
- **Avoiding unnecessary contact with other patients and staff**
 - Stagger appointments?
 - Have patients wait someplace safely isolated until ready to bring them in (contact via cell phone or staffer meeting them)
 - Meet patients with mask if needed?
 - Check with other staff before bringing patient into common areas

What care can be delivered without infection risk?

(In other words, telehealth is here to stay)

- **What can you do via telehealth?**

- Acute care & triage
- Follow-ups for chronic disease
- Preventive care/Annual wellness visits
- Remember creative physical exam via telehealth
 - Inspection
 - Self- or family member-palpation; jumping up and down to assess abd pain

Doctors must communicate this reality to patients:

- COVID-19 is going to be a major presence for 1-2 years, perhaps waxing and waning
- Most care cannot be deferred until COVID-19 is controlled
- We can – and will – minimize the risk of infection during the delivery of care in a variety of ways

Sustaining a Safe Environment

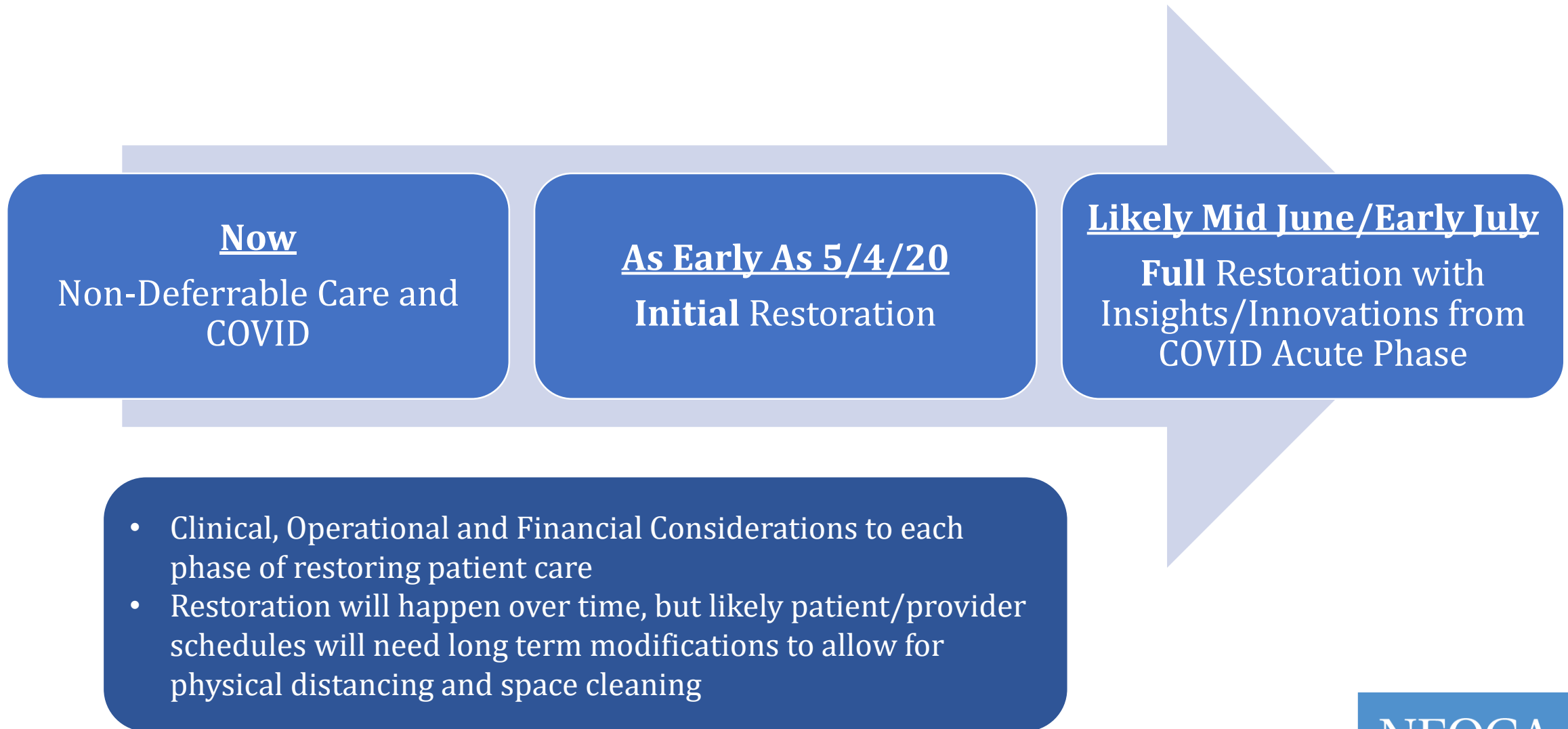
Questions.

Practice Restoration Considerations

Meg Costello

Chief Operating Officer

Phases for Restoring Patient Care in NEQCA Practices



What must happen to successfully restore practices:

- **Secure reliable access to PPE** and COVID-19 testing
- **Redesign office workflows and protocols** to limit COVID-19 exposure such as prescreening guidelines, worksite adaptations to support physical distancing and enhanced office sterilization
- **Segment patients** based on risk and patient preference and implement triage protocols to route them to the right channel to limit risk exposure and optimize practice capacity
- **Proactively communicate** with patients about how they will be kept safe and the importance of chronic care continuity
- Execute a **pipeline conversion plan** to reschedule appointments/procedures that have been postponed/cancelled

What must happen to successfully restore practices (continued)

- Fully integrate the permanent use of **telehealth** into patient care delivery and reimbursement
- **Adjust practice staffing models** based on volumes of in-person care and the need to manage patient flow differently
- **Support staff emotional wellbeing**, paying extra attention for signs of exhaustion, depression, stress and other similar issues and putting mitigation strategies in place
- **Optimize revenue** in new environment; introduce tracking systems to **meet advance payment and loan provisions**
- Develop **contingency plans** to navigate upcoming COVID-19 surges (rapid-cycle relapse/recovery)
- Continue to evolve the Network's capability to **effectively and proactively manage population health**

NEQCA Proposed Support/Implementation Framework



Practice Restoration Considerations

Questions

Helpful Resources

Ben Kruskal, MD

Medical Director

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Now Available



Reopening Your Practice Checklist

Coming Soon

Practice Restoration Guidelines

- Clinical
- Operational
- Economic
- Emotional Wellbeing



Mark Your Calendars

Private Practice Economic Sustainability Drop-In Q&A Sessions

- **Tonight:** May 6, 5-6 p.m.
- May 12, 5-6 p.m.

NEQCA COVID-19 Updates

- **Thursday, May 14:** 5:30 - 6:30 p.m.

Help us set the agenda: What do you want to know more about?

Additional Q&A

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Stay Safe ... and THANK YOU!