

# NEQCA COVID-19 Update

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May 6, 2020

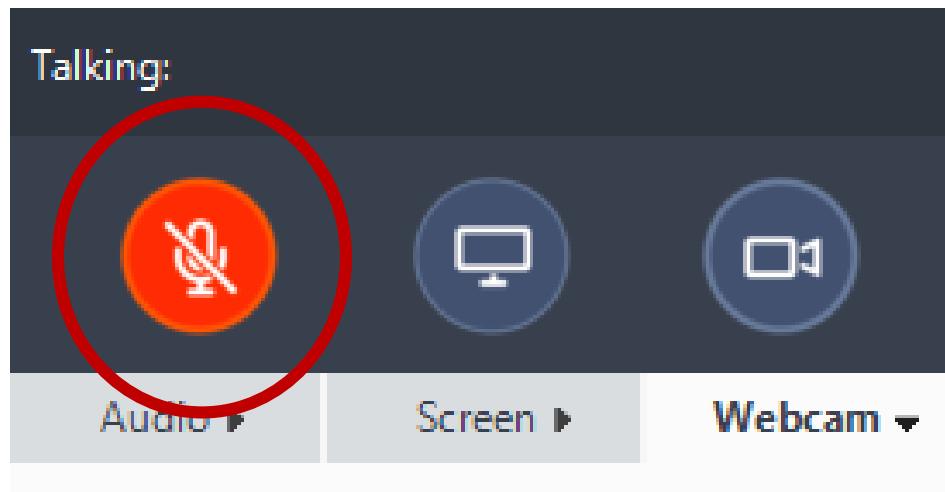
# About This Presentation

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.

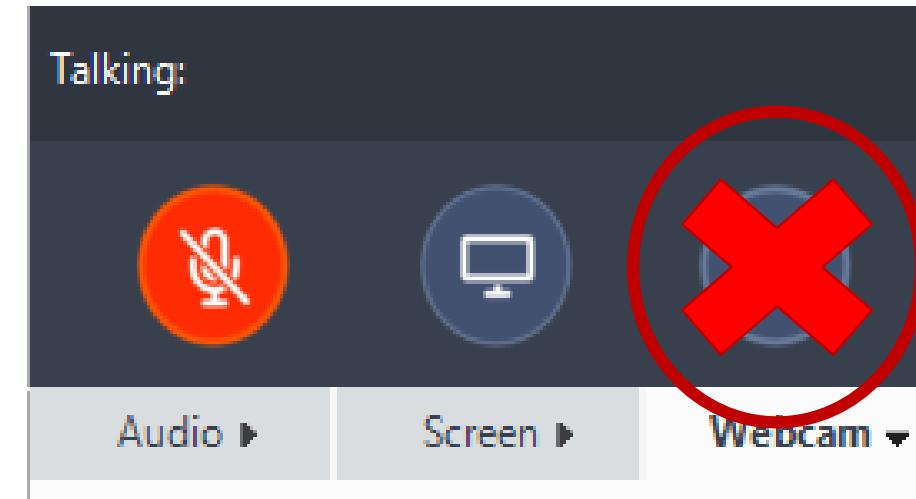
**Disclaimer:** The information in this presentation is relevant as of 5/6/20. The situation, however, is changing rapidly. To ensure you have the latest information on COVID-19, use the resources below:

- **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

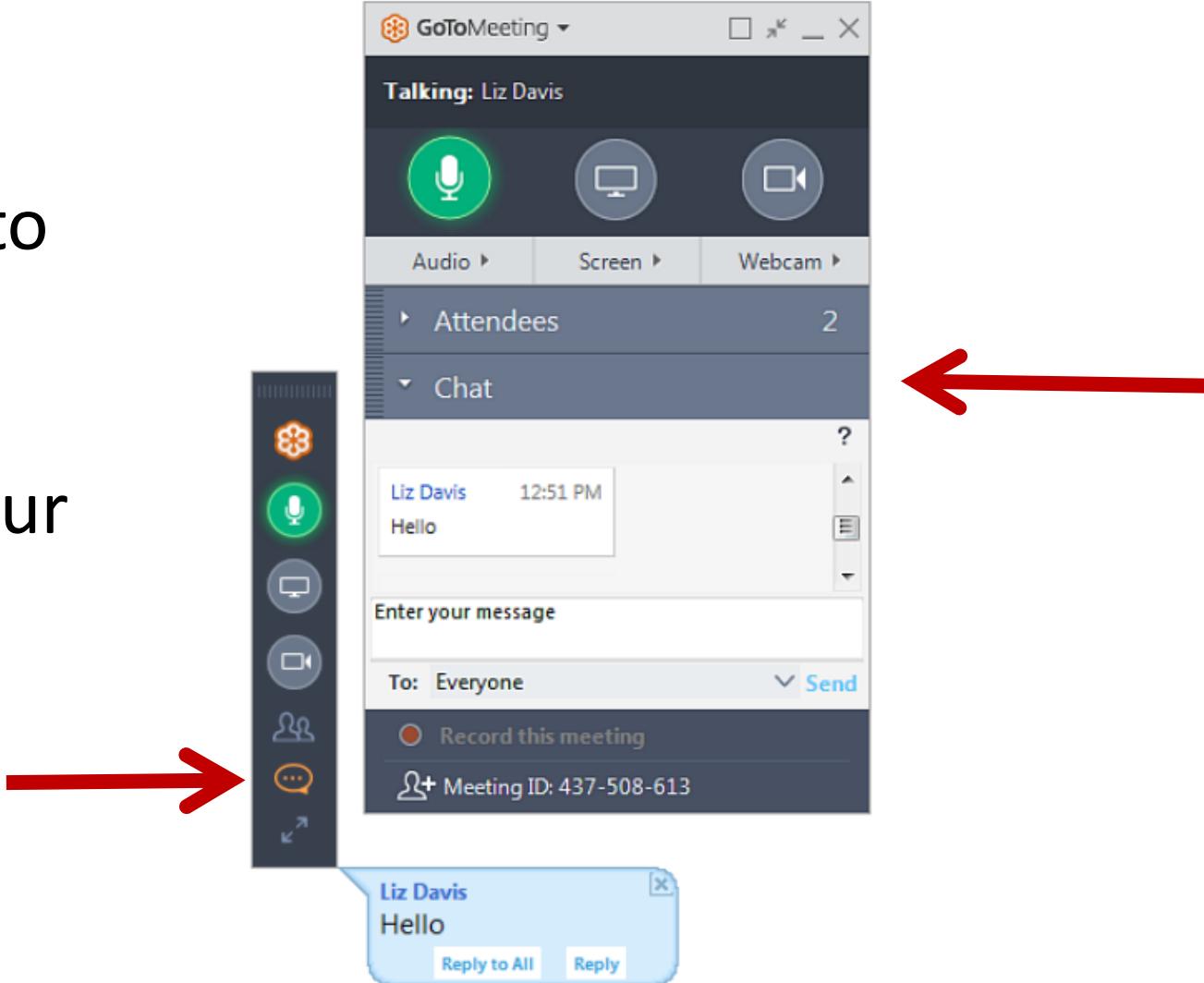


# No Webcam



# 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

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**Joseph Frolkis, MD, PhD**

**CEO and President**

# Agenda

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

# COVID-19 Situational Update

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**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

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**Peg Holda**

**Chief of Staff / Head of Communications**

# People are anxious

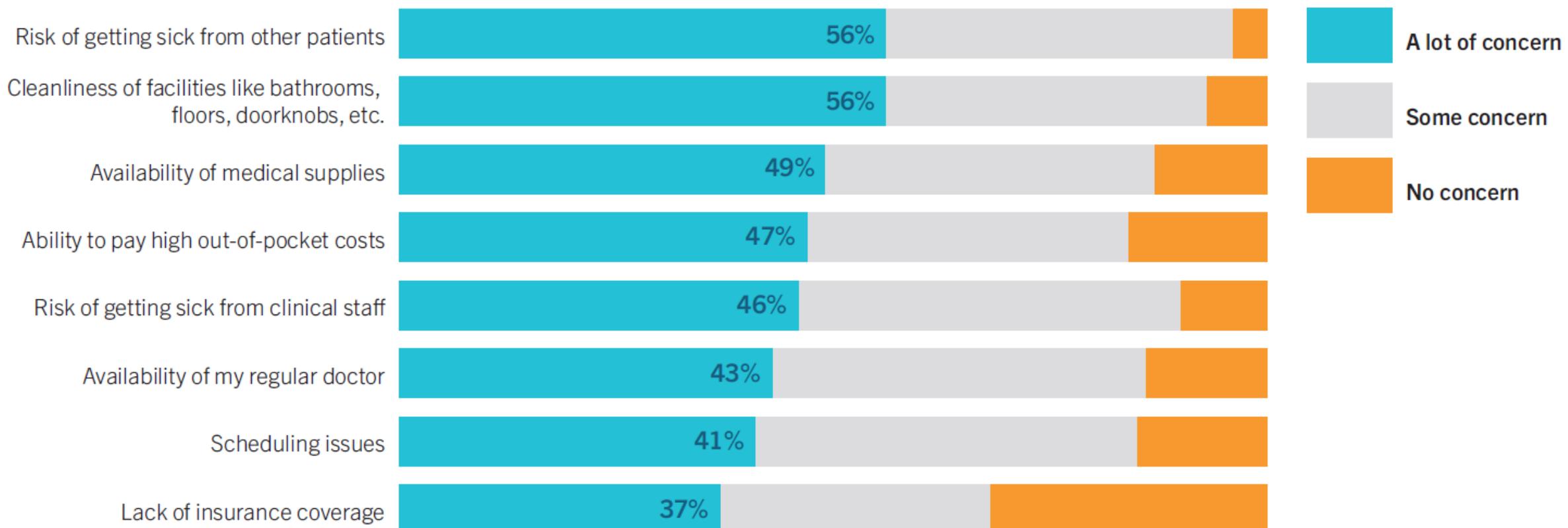
In the months after COVID-19 restrictions are lifted, which statement best describes the way you will seek care?



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
- 2 CDC saying it is safe
- 3 My local hospital saying it is safe
- 4 My health insurance saying it is safe
- 5 Friends and family saying it is safe
- 6 Media reporting it is safe

Source: ReviveHealth Consumer Perception Study, April 14, 2020

# **Sustaining A Safe Environment**

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**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

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Questions.

# Practice Restoration Considerations

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**Meg Costello**  
Chief Operating Officer

# Phases for Restoring Patient Care in NEQCA Practices

Now

Non-Deferrable Care and COVID

As Early As 5/4/20  
Initial Restoration

Likely Mid June/Early July

Full Restoration with Insights/Innovations from COVID Acute Phase

- Clinical, Operational and Financial Considerations to each phase of restoring patient care
- Restoration will happen over time, but likely patient/provider schedules will need long term modifications to allow for physical distancing and space cleaning

# 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

Weekly Webinars  
NEQCA Website

LCO Pod meetings  
LCO Practice Admin Meetings  
Possibly Ad hoc MD workgroups

Individual Practice

Continuously Monitor  
(volume, finances,  
feedback)

# Practice Restoration Considerations

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## Questions

# Helpful Resources

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**Ben Kruskal, MD**

**Medical Director**

# Now Available



## Reopening Your Practice Checklist

# Coming Soon

## Practice Restoration Guidelines

- Clinical
- Operational
- Economic
- Emotional Wellbeing

*Resources from the Wellforce Private Practice Financial Sustainability Work Group*

**wellforce**

### Reopening Your Practice

#### What you can do now – Top 10 Checklist

- Stay informed.** Continue to stay informed on the latest local, state and federal guidelines as you begin to consider a phased opening based on patient demand, staffing and supplies.
- Determine which patients need to be seen in person.** Using your existing schedule, determine which appointments should remain in person, and which ones can safely be delivered using telehealth. Review list of patients that cancelled or postponed visits and need to be seen in person after several weeks of waiting.
- Assess the supply of PPE.** Determine supply chain for PPE and cleaning supply availability.
- Consider the role telehealth will play.** Many of our practices have either implemented or expanded the use of telehealth to continue seeing patients. Practices who have not yet implemented telehealth may want to consider how it can support safe patient care during reopening.
- Address accounts payable.** Organize your accounts payable and develop a plan to repay any vendors in which you deferred payment including rent, utilities and vendors.
- Develop a monthly budget.** This will help on a go forward basis as things move to normal business. Practices can identify what costs the most on a monthly basis and adjust as necessary.
- Talk to vendors.** If vendors know that the office is reopening, and will have revenue again, they may be willing to negotiate reduced rates, deferred payments or other considerations. Practices should contact vendors and see what they are offering to help.
- Plan to bring furloughed or laid off staff back and pay attention to staff wellbeing.** Based on volume of in person care, and need to manage patient flow differently, evaluate the staff needed on weekly basis as operations ramp up. The pandemic has taken a toll on everyone, especially health care workers. Practices should pay extra attention for signs of exhaustion, depression, stress and other similar issues in their staff.
- Gauge your practice's readiness.** All practices are unique and require different needs. Begin to assess your practices readiness, including finances and staffing availability.
- Stay in touch with your physician leader.** Our team is here help. If you have questions, concerns or feedback, please reach out to your physician leader. We want to hear from you.

*Under the direction of Dr. Michael Wagner, Chief Physician Executive at Wellforce, the Private Practice Financial Sustainability Work Group is focused on supporting Wellforce providers during the unprecedented COVID-19 outbreak. More information is available by visiting [Wellforce.org](http://Wellforce.org).*

# 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!

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