

Wellforce Clinically Integrated Network COVID-19 Update

Ben Kruskal, MD and Adam Weston, MD

July 14, 2021

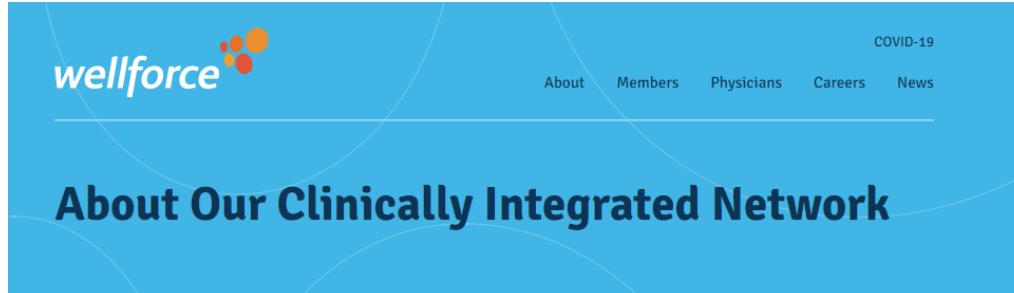
Zoom Participation and Etiquette



This Webinar is brought to you by the Wellforce Clinically Integrated Network:

*A distinctively different population health enterprise
and value-based care contracting entity that
builds upon the best of **Lowell General PHO** and
New England Quality Care Alliance (NEQCA).*

Visit Our New Website to Learn More: wellforce.org/physicians/clinically-integrated-network



We Are *The Physicians' Network*

Our Network was formed in July, 2021 by envisioning what it would take to create a distinctively different population health enterprise. We built upon the legacy of two long-standing, high-performing organizations – Lowell General Physician Hospital Organization and New England Quality Care Alliance (NEQCA) to launch a new Network that is well-positioned for future success.

Mission and Vision

Our Network's mission is to bring together private practice and employed physicians, community-based and academic care providers, and primary care and specialists to [improve care and reduce costs for defined populations](#).

PHYSICIANS

[Clinically Integrated Network](#)

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[Physician Employment Opportunities](#)

Agenda

- **Ben Kruskal, MD**
 - Situational Update: The Numbers
 - Epidemiology and Transmission including Variant Strains
 - Vaccines
- **Adam Weston, MD**
 - Treatment
 - PPE/Infection Control
 - Telehealth Legal changes
- **Helpful Resources**

COVID-19 Update

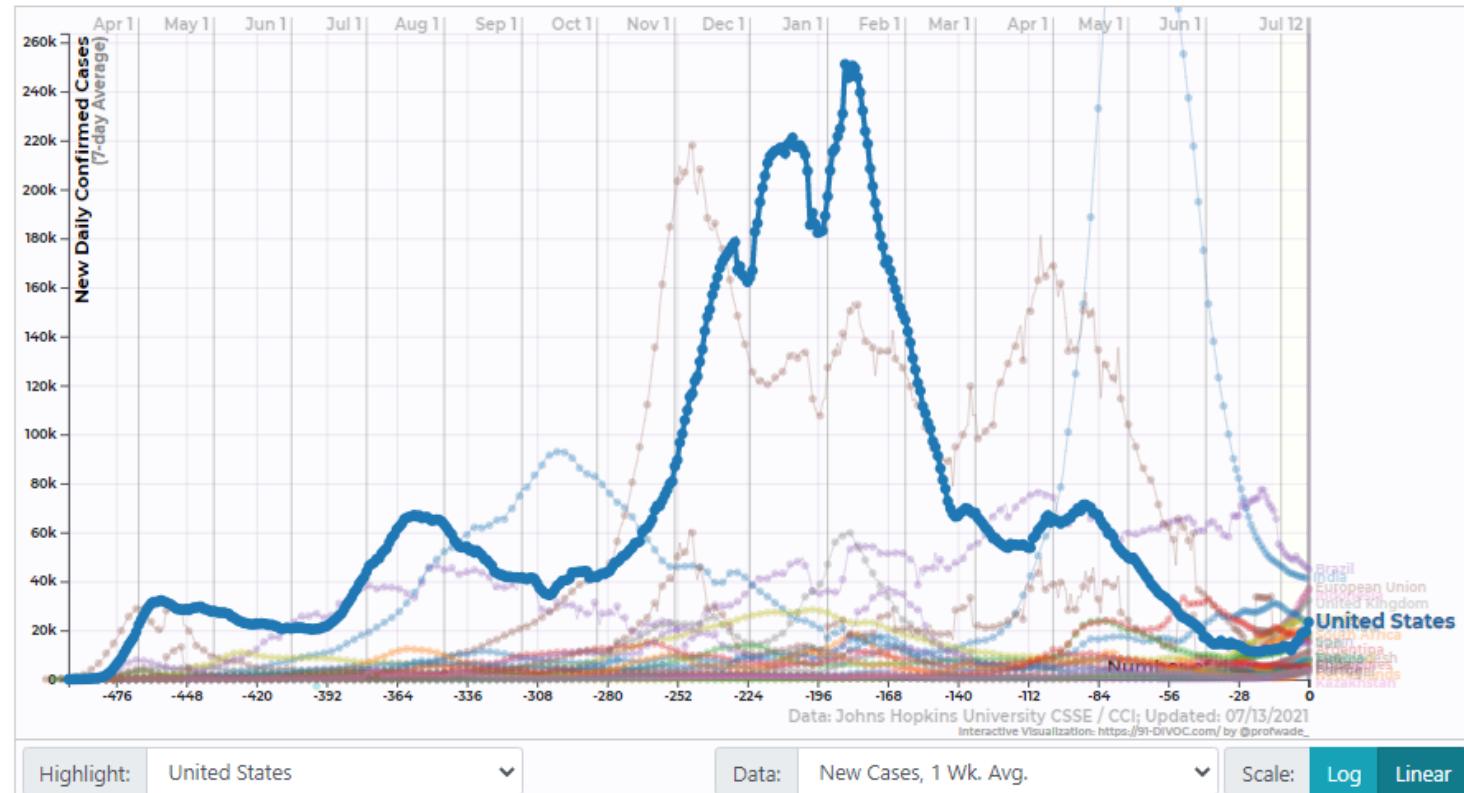
Ben Kruskal, MD

Senior Medical Director

Wellforce Clinically Integrated Network

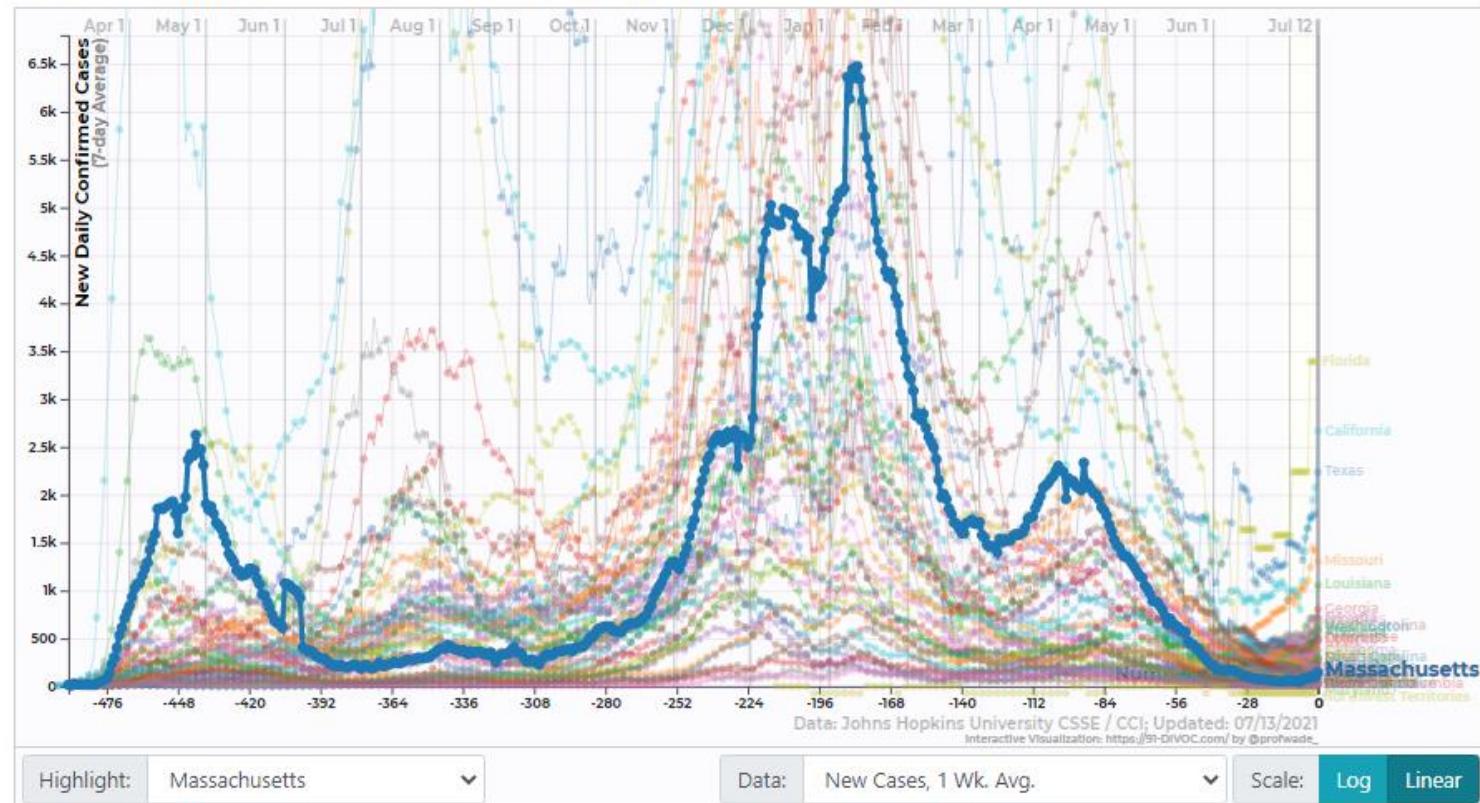
Situational Update: The Numbers

New Confirmed COVID-19 Cases per Day



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

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

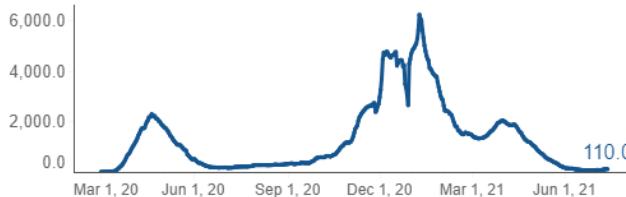


<http://91-divoc.com/pages/covid-visualization/>



Cases

7-day average of COVID-19 confirmed cases



The lowest observed value was 63.9 on 6/25/2021.

Testing

7-day weighted average percent positivity

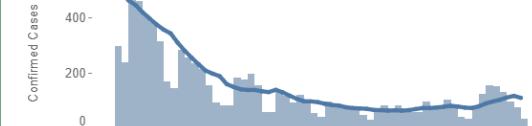


The lowest observed value was 0.31% on 6/25/2021.

COVID-19 Confirmed and Probable Cases

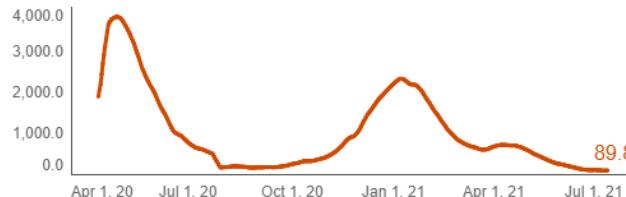
Select dates:

5/15/2021 7/12/2021



Hospitalizations

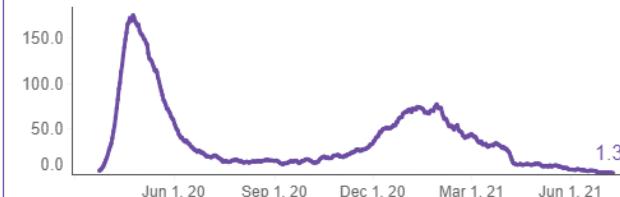
7-day average of hospitalizations



The lowest observed value was 84.8 on 7/9/2021.

Deaths

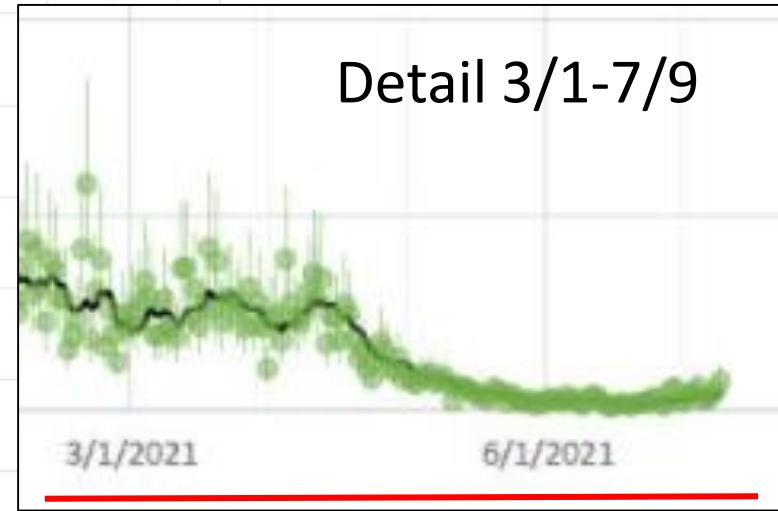
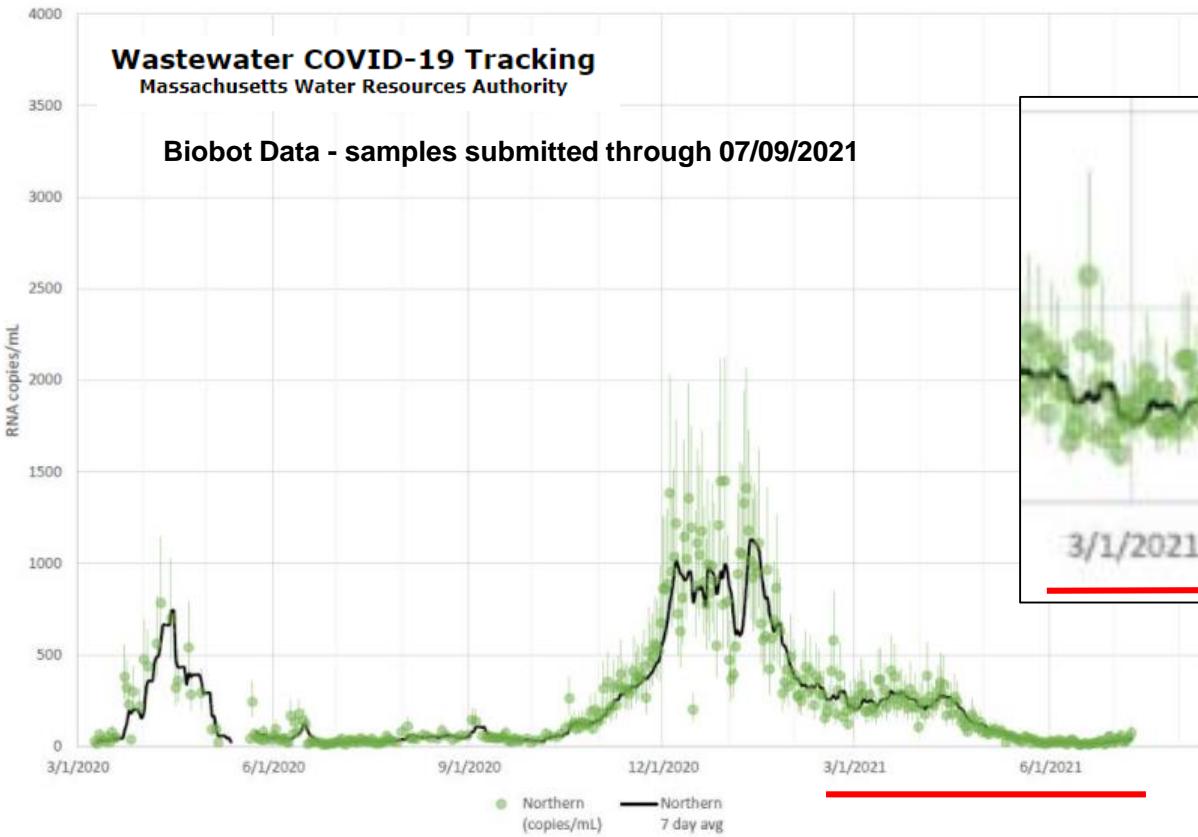
7-day average of confirmed deaths



The lowest observed value was 1.1 on 7/8/2021.

Detail 5/15-7/12

North System RNA Signal by Date



mwra.com/biobot/biobotdata.htm

Updates: Epidemiology and Transmission

SARS-CoV-2 Transmission Risk Among National Basketball Association Players, Staff, and Vendors Exposed to Individuals With Positive Test Results After COVID-19 Recovery During the 2020 Regular and Postseason

- 3648 people (players, staff, vendors) DAILY PCR and ad hoc serology from June to Oct 2020
 - 1% (36) were persistently PCR+ (at least 1 +result post-CDC isolation criteria)
 - All were asymptomatic
 - 91% were sero+
 - There were 1480 person-days of exposure within the cohort; NO transmission detected

Assessing the Association Between Social Gatherings and COVID-19 Risk Using Birthdays

- 2.9M US households with private insurance
 - Birthday in preceding two weeks increased risk of COVID-19 infections by ~ 1/3 in counties with high COVID-19 prevalence.
 - Child birthdays in preceding two weeks increased risk of COVID-19 infections 2.7x more than adult birthdays
 - Milestone birthdays, Saturday precipitation, shelter in place policies not associated with increased risk

SARS-CoV-2 Delta Variant Strains

- **Delta variant: B.1.617.2 (first characterized in India):**
 - More transmissible (2x vs wild-type strain)
 - Currently causing about half of all new cases in the US
 - More severe? Mixed evidence
 - Vaccine protection: All 3 US authorized vaccines provide robust protection against severe illness and death, but probably less effective against milder cases than with wild type or earlier variants
 - In vitro data: Delta is somewhat less susceptible to therapeutic monoclonals, convalescent sera and serum from vaccine recipients

Updates: Vaccines

Vaccine Updates

- Booster doses NOT recommended for fully vaccinated individuals in the US regardless of which US authorized vaccine was received
- Immunocompromised patients have less robust antibody response and lower clinical protection to some extent
 - Solid organ transplant pts on immunosuppression
 - Active chemotherapy for neoplasms
 - AntiCD20 therapies (rituximab, ocrelizumab) for non-neoplastic diseases



Israel starts administering third dose of Pfizer vaccine to at-risk adults

RESEARCH LETTER

Lottery-Based Incentive in Ohio and COVID-19 Vaccination Rates

- Vaccination rates declined faster in Ohio than in rest of US.

Adverse Events Following Immunization (association unclear)

- Myocarditis
 - US Military: 23 young men with dx within 4 d of COVID-19 mRNA vaccine (20/23 2nd dose; 7 Pfizer, 16 Moderna) among 2.8M doses of mRNA vaccine given
 - *JAMA Cardiol.* Published online June 29, 2021. doi:10.1001/jamacardio.2021.2833
 - Duke: 3-month period, 7 pts with acute myocarditis seen; 4 had mRNA COVID-19 vaccine within the preceding 5 days
 - *JAMA Cardiol.* Published online June 29, 2021. doi:10.1001/jamacardio.2021.2828
 - Adolescents: 7 pts with acute myo- or myoperi-carditis within 4 days after 2nd dose of COVID-19 mRNA vaccine
 - *Pediatrics* 2021; doi:10.1542/peds.2021-052478
 - All recovered fully; in the Duke and adolescent series, NSAIDs were given to most; some received corticosteroids, IVIG or colchicine.

Adverse Events Following Immunization (association unclear)

- Guillain-Barre syndrome (GBS) after adenoviral vector COVID-19 vaccine
 - Kerala, India: 7 cases out of ~1.2M AZ vaccine recipients
 - Nottingham, England: 4 cases out of ~700K AZ vaccine recipients
 - Unusual clinical presentation including severe bilateral facial weakness
 - US VAERS series: 279 GBS following COVID-19 vaccine; 8 pts with severe bilateral facial weakness; 5/8 had received the J&J vaccine, 2 Moderna, 1 Pfizer
 - 24 reports of isolated bilateral facial weakness, of which 12 were related to J&J

COVID-19 Update

Adam Weston, MD

Medical Director of Antimicrobial Stewardship Program
Lowell General Hospital

Updates: Treatment

Monoclonal Antibody Treatment

- Bamlanivimab and Etesevimab (Lilly) paused distribution 6/25
 - Not effective against Gamma (P.1) or Beta (B.1.351) Variants
- Casirivimab and Imdevimab (Regen-COV, Regeneron) still being used
 - Data shows good efficacy against all current variants.
- Indications for use remain the same
 - May be less helpful in vaccinated patients but not contraindicated

Updates: PPE/Infection Control

Conflicting PPE/Infection Control Recommendations from US OSHA and MA DPH/CDC

- CDC and MA DPH vs. OSHA Emergency Temporary Standard (ETS)
- MA DPH guidance is more binding and more current/applicable to the current situation with COVID-19 and vaccine efficacy
- OSHA ETS is largely in line with CDC/MA DPH recommendations but under review
- Everybody is following the MA DPH guidance primarily for PPE guidance

OSHA Emergency Temporary Standard (ETS)

- Exempts fully vaccinated workers from masking, distancing, and barrier requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present
- Health care facilities/practices must
 - Have a COVID-19 Plan
 - Screen patients at point of entry
 - HCWs must wear a mask indoors or in vehicle, N95 when around patients with COVID-19
 - Keep 6 feet apart or use barriers
 - Screen employees for symptoms before work every day
 - Provide reasonable and paid time for vaccination
 - Log employee COVID-19 cases

What Has NOT Changed

- All HCWs should be wearing a surgical/procedure mask while in any patient care areas
- Universal Masking for source control under an extended use policy
 - May wear the same mask for multiple patient encounters.
- Healthcare facilities/practices should continue to screen staff daily for symptoms

What Has Changed

- ALL N95s are now back to pre-COVID usage
 - i.e., Discard the N95 after every patient encounter that requires it
- Discard surgical/procedure mask if you see a patient that would normally require droplet precautions (i.e., influenza)
- Fully vaccinated individuals do not need to wear eye protection for patient encounters
 - Recommended that unvaccinated HCWs continue to wear eye protection for all patient encounters to avoid being classified as exposed and quarantined.

What Has Changed

- Fully Vaccinated HCWs may unmask and gather closer than 6 feet in areas that are outdoors or ARE NOT patient areas
 - Your private office or eating area
 - Any area a patient would never be expected to be
- Fully Vaccinated individuals are exempt from quarantine if they are exposed to COVID, as long as they remain asymptomatic
- Fully Vaccinated and asymptomatic patients will no longer be tested prior to procedures or before hospital admission
- Very low risk of them having it
 - Even if they did, low risk of transmission

Updates: Telehealth Legal Changes

Legal Telehealth Changes

- As of August 1, 2021, we recommend you no longer book telehealth visits for patients who will be in a state other than Massachusetts during the virtual visit.
- Indications suggest insurance companies will continue to pay for telehealth visits, at least in the short term
- Licensure presents state/legal issues that are not tied to payment and/or reimbursement. More specifically, treating or diagnosing a patient who is physically located in a state where a physician is not licensed presents personal and professional liability concerns.

Telehealth Continued

- You can continue to respond to telephone calls, portal messages or other periodic, unscheduled communications from established patients who are temporarily out-of-state in order to preserve continuity of care in the same way you managed those communications before the pandemic
- If the question is more involved and requires diagnosis, additional treatment, the prevention of disease or a health condition, or the prescribing new medications or treatments, you should ask the patient to schedule an in-person appointment, either with you in MA or with a local provider in the state where they are currently located

Questions?

News/Helpful Resources

Meet Wellforce's Chief Quality Officer



Lee Kim Erickson, MD, LSSMBB
Chief Quality Officer

EpicEdge Community

neqca.org/Programs-And-Services/Programs/Epic

NOW AVAILABLE:
July EpicEdge Community Program Update

PROGRAMS & SERVICES

EPIC FOR COMMUNITY PRACTICE PROVIDERS



About EpicEdge Community

With the move to Epic, Wellforce has the opportunity to extend the ambulatory module into the community and allow independent providers to implement the Epic EHR product at an affordable cost. This extension of Epic in the community can offer your practice the full benefits of Epic's proven EHR:

- **True Coordination of Care** - Follow your patient's progress across the entire Wellforce continuum as well as from many health care systems in our geographic area and across the United States.
- **Improved Efficiency** - Access and review patient data for your patients who have been seen by other physicians using Wellforce EpicEdge Community without the need to re-

Programs
Referral Management
Practice Advancement
Quality Improvement
Pharmaceutical Care and Cost Management
Care Management
Healthcare Information Services
Risk Adjustment Coding
Epic
Arcadia Population Health
Behavioral Health
Service
Telehealth Services



A message from Lisa Reed, Dawn Nee and Tricia Brisbois

Community Program Update - July 12, 2021

Wellforce continues to advance its EpicEdge Community offering for private practice physicians. The following is our monthly update of progress. We have included some project updates as well as recent FAQs.

Project Summary

- Wellforce is offering private practice members the opportunity to acquire the best-in-class Epic electronic health record (EHR) and practice management system for use in their practice.
- Locally branded as EpicEdge Community, this offering allows private practices to keep their financial and billing information separate while sharing the clinical record with the enterprise.

Project Status and Recent Accomplishments

- **Hardware Vendor Request for Information (RFI)** - As a service of our EpicEdge Community program, Wellforce will be recommending preferred hardware vendors that have been identified as part of an RFI process. The recommended vendors are on-track to be finalized by mid-July. Some practices have existing relationships with hardware vendors that support their practice today, but many practices need to engage a hardware vendor to purchase any needed equipment and support their practice over time.
- **Data Conversion and Archiving** - To migrate to Epic, a practice will ideally need to complete both conversion and archiving of their legacy EHR data. As we reported in [last month's briefing](#), the Wellforce team is actively meeting with vendors who provide these services. Additionally, Wellforce has developed its own data archiving and conversion tool, which has been introduced and will be evaluated as another solution for practices.

Frequently Asked Questions

Q: What will training look like for private practices? Will it be virtual, onsite or both?
A: In person training will be available and is [highly encouraged](#). For those unable to attend in person virtual opportunities will be available as well.

Q: Will Epic have functionality to allow practices to give medical record access to payers for audits?
A: Yes, this can be done through EpicEdge Link where access to specific charts can be provisioned.

Upcoming Webinar: Telehealth Laws and Regulations: What To Know

Thursday, July 15
12:00 p.m. - 1:00 p.m.

OR

Thursday, July 22
5:30 p.m. - 6:30 p.m.

About the Session

With the laws and regulations rapidly changing for telehealth in general, Wellforce is offering two telehealth webinars. The webinars will include clinical, legal, billing, compliance, operations and advocacy information, and a good amount of time for questions and answers.

Upcoming Webinar: Risk Adjustment Coding Mid-Year Check-In

Thursday, July 22
12:00 p.m. - 1:00 p.m.

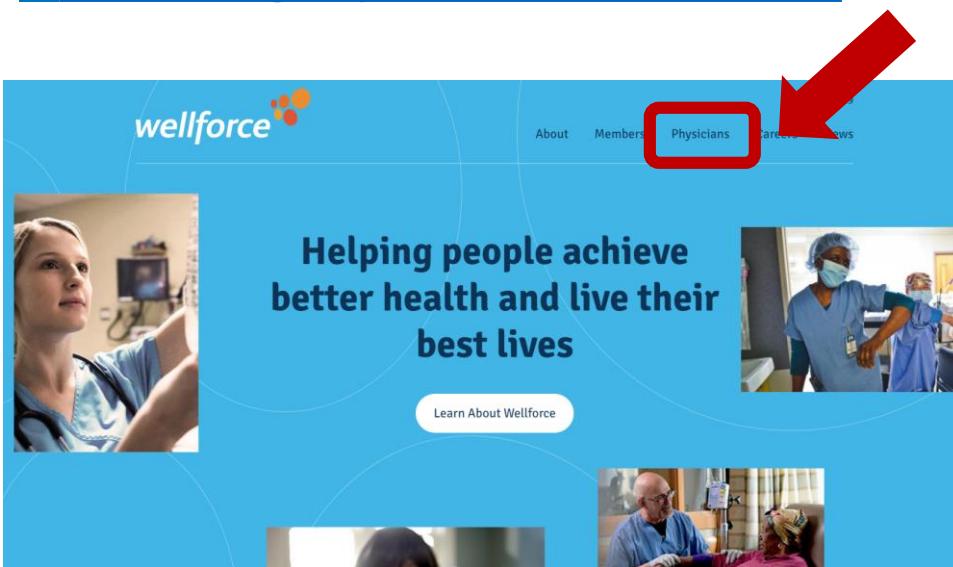
About the Session

Join your Risk Coding Team to stay informed on a variety of coding items, including several important reminders.

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