

# Wellforce Clinically Integrated Network COVID-19 Update

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**Ben Kruskal, MD**  
January 6, 2022

# Zoom Participation and Etiquette



# This webinar is brought to you by the Wellforce Clinically Integrated Network

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

*Please visit [wellforce.org/physicians](http://wellforce.org/physicians) to learn more.*

# Agenda

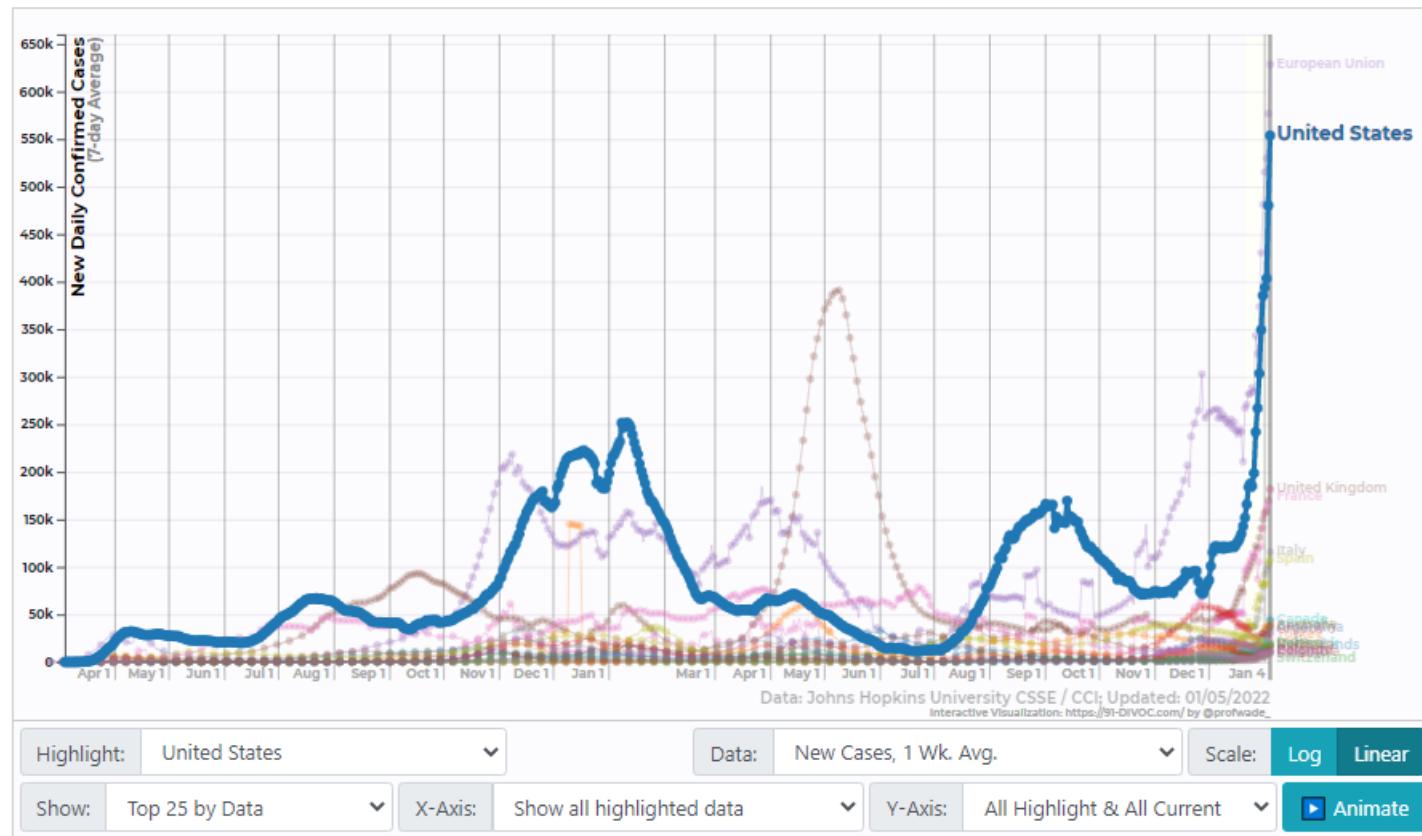
- **Situational Update:** The numbers/the stories
- **Epidemiology:** Omicron variant origin?
- **Sequelae:** Vaccine effects on long Covid incidence
- **Vaccines/Prevention Updates**
- **Clinical management of possible COVID-19**
  - Testing, treatment, quarantine/isolation
- **Pediatric return to sports**
- **Telehealth and Infection Control**
- **Questions and Answers**
- **Helpful Resources**

# Situational Update

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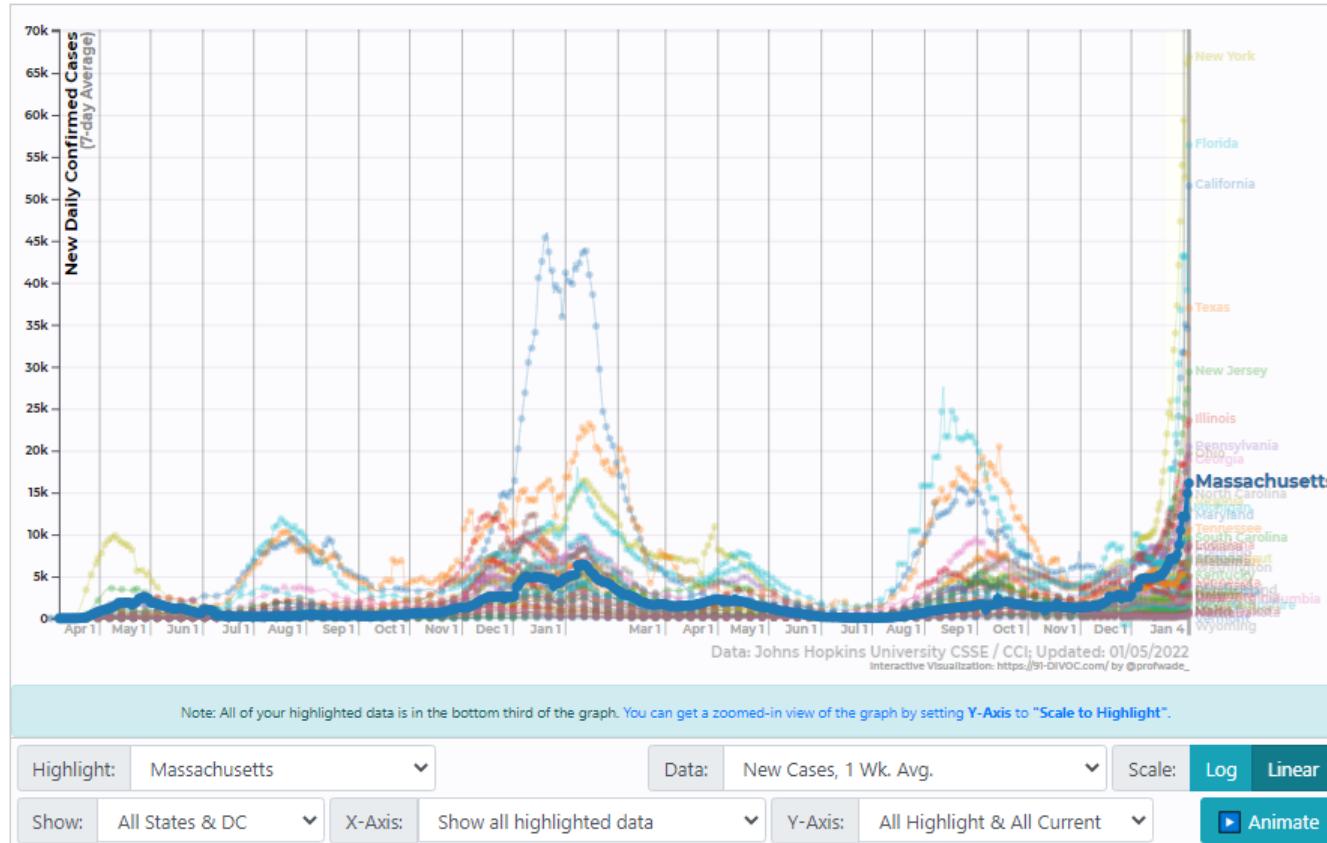
The Numbers

## New Confirmed COVID-19 Cases per Day



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

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

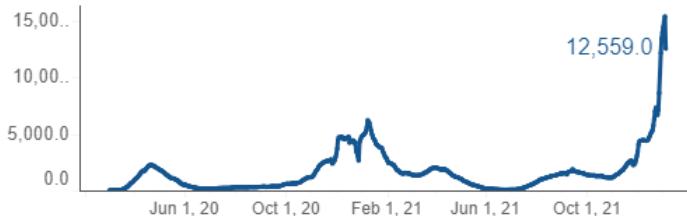


<http://91-divoc.com/pages/covid-visualization/>



## Cases

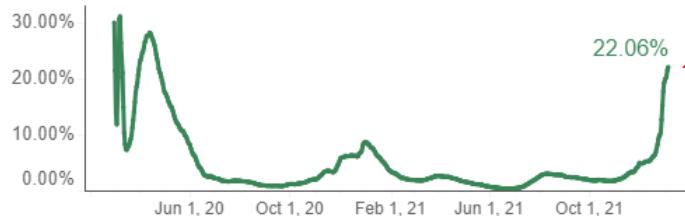
7-day average of COVID-19 confirmed cases



The lowest observed value was 64.1 on 6/25/2021.

## Testing

7-day weighted average percent positivity

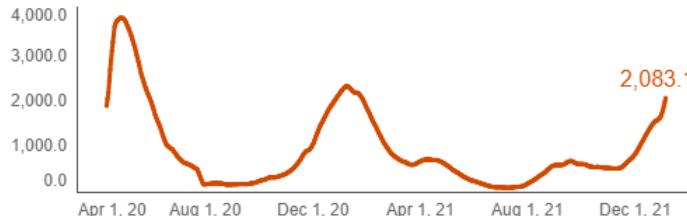


22.06%



## Hospitalizations

7-day average of hospitalizations



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

## Deaths

7-day average of confirmed deaths

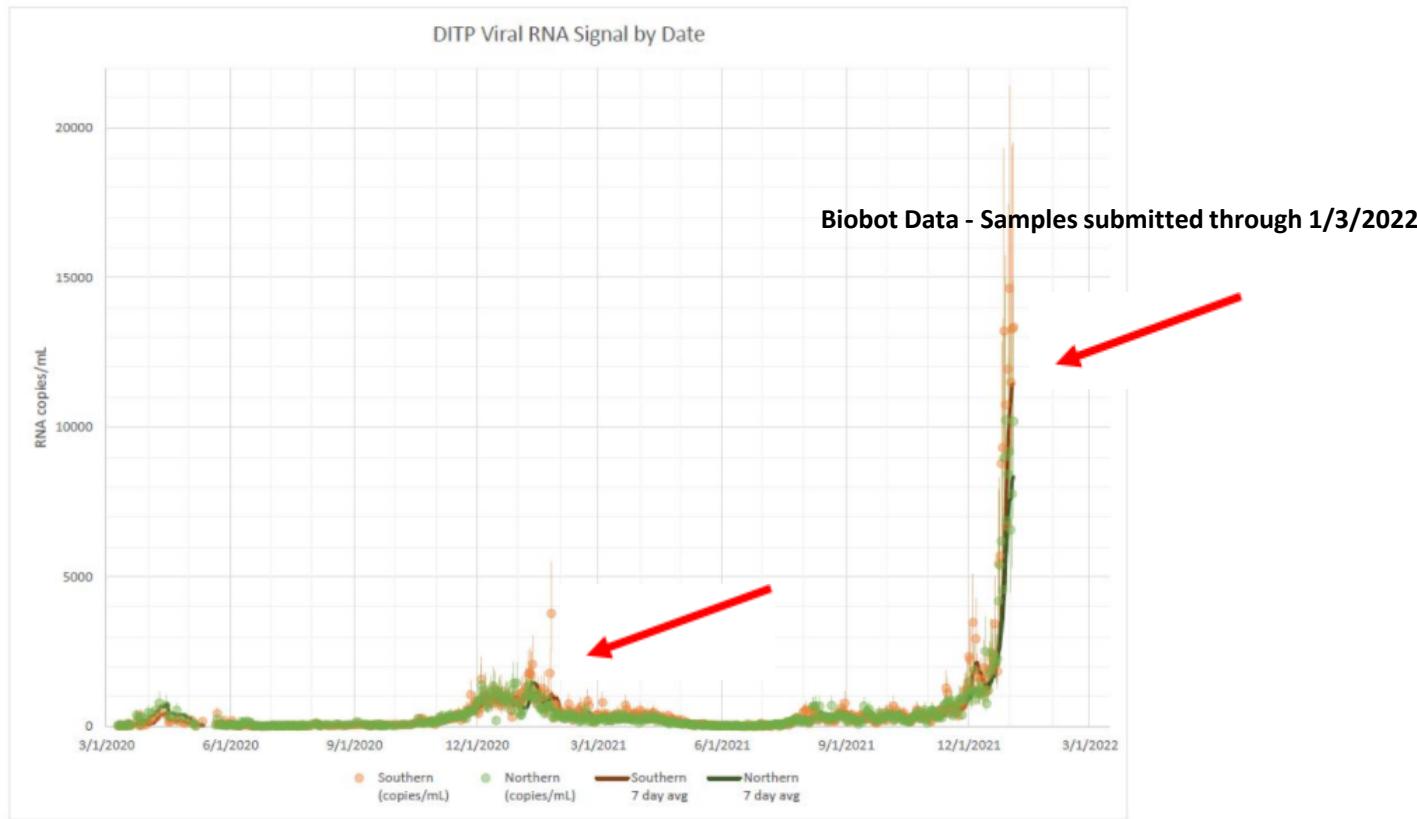


29.9

The lowest observed value was 1.3 on 7/11/2021.

## Wastewater COVID-19 Tracking

Massachusetts Water Resources Authority



[mwra.com/biobot/biobotdata.htm](http://mwra.com/biobot/biobotdata.htm)

# Massachusetts residents wait in cold for hours to get COVID tests, officials seek more testing sites amid omicron 'log jam': 'We have to do better'



## Boston Herald

PUBLISHED: January 3, 2022 at 7:27 p.m. | UPDATED: January 4, 2022 at 10:20 a.m.

## 'No ICU beds left': Massachusetts hospitals are maxed out as COVID continues to surge

January 4, 2022 [All Things Considered](#)



# Epidemiology

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Omicron Origin

# Omicron Origins: Theories from Haseltine

Controversy

Forbes

- Immunocompromised patient
  - Patients with severe immunocompromise cannot eliminate the virus and have persistent infection; over time, mutations accumulate
- Reverse zoonosis
  - (Animal ?--->) human --->animal (selects for mutations) ?--->human
- Molnupiravir
  - Mechanism of action is mutagenesis: when enough mutations accumulate, virus can no longer replicate.
  - What happens if you don't take a full course? Or take a lower dose?

CORONAVIRUS | Dec 2, 2021, 03:07pm EST | 35,740 views

## Omicron Origins



William A. Haseltine Contributor @  
Healthcare

# Sequele

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Vaccine and Long Covid

# Effect of Covid vaccine given before or after Covid diagnosis on Long Covid incidence: Simon, Luginbuhl, Parker (Arcadia)

Preprint <https://doi.org/10.1101/2021.11.17.21263608>

- Observational study of >240K US pts with + COVID-19 tests or ICD10 dx
  - Roughly one year of COVID-19, 6 months of vaccine, and before delta variant emerged in the US
  - Long Covid defined as >=2 sxs presented 12 - 20 wks after dx (Long Covid sxs defined by external multi-institutional COVID-19 study group)
  - Vaccinated was defined as at least 1 dose of any of the 3 US licensed COVID-19 vaccines
- Risk of Long Covid in vaccinated vs unvaccinated pts
  - Vaccine before dx: 7-10x LOWER risk
  - Vaccine <4 wks after dx: 4-6x LOWER risk
  - Vaccine 4-8 wks after dx: 3x LOWER risk

# Vaccines/Prevention

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Booster Mandates, Vaccine Safety Updates, Monoclonal Abs for PrEP and PEP

# Major hospital systems mandate COVID-19 boosters for staff

The Boston Globe

By [Felice J. Freyer](#) and [Amanda Kaufman](#) Globe Staff. Updated January 4, 2022, 2:15 p.m.



- Wellforce
- Mass General Brigham
- Beth Israel Lahey Health
- Boston Children's Hospital
- Dana-Farber Cancer Institute

# COVID-19 Prevention Updates

- Vaccine Safety
  - Risk of myocarditis with COVID-19 Vaccine (max is 16/Million) vs Covid disease (40/Million)  
Nature Medicine <https://doi.org/10.1038/s41591-021-01630-0>
  - Risk of recurrent thromboembolism with AZ: 40 pts with event after AZ#1; Zero of 8 had recurrences after a 2<sup>nd</sup> vaccine dose (5 had AZ#2, 2 had Moderna, 1 had Pfizer)
- Monoclonal antibody as pre-exposure prophylaxis for severely immunocompromised not expected to respond to vaccine
  - EvuShield (tixagevimab/cilgavimab, AZ) 1 dose every 6 mos, 2 IM injections per dose.
- Post-exposure prophylaxis for high risk pts with known exposure--not fully vaccinated or immunocompromised not expected to respond to vaccine
  - Regeneron and Lilly products (not expected to work against Omicron)
- Booster dose of Pfizer for 12-15 y/o: EUA from FDA; RECOMMENDED FOR ALL by ACIP/CDC

# Clinical Management of Possible COVID-19 and Exposures

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Testing, treatment, quarantine and isolation

# Why test, who to test, what tests can be used?

- Why test?
  - To protect contacts (both pre- and post-diagnosis contacts)
  - To decide on whether to treat high-risk patients to prevent progression to severe disease
  - (To clear a patient to end isolation)
  - Don't test if it won't change anything—test availability limited. Given high prevalence here and now, with typical symptoms can assume Covid is the dx.
- What tests are available?
  - PCR (high sensitivity; positive earlier in course, remains positive long beyond infectious stage)
    - Mostly done in lab, mostly many hours or 1 day; May be required in some settings
    - Rapid point-of-care and home tests exist but are rarely used
  - Rapid antigen (Lab, point-of-care (office), home) Lower sensitivity especially with asymptomatic pts, but correlates fairly well with infectiousness

# Which test to use?

- For symptomatic patients
  - For protection of contacts (school, work, social), antigen is generally appropriate
    - Given omicron rapid course, should be done twice with 24 hour interval—only if negative both times can you clear the patient as likely not being contagious
  - For treatment decisions for HIGH RISK pts, positive antigen may be enough, but if antigen is negative, PCR is needed
  - Remember that pts with symptoms likely have SOME respiratory viral infection, even if not Covid
    - Most high risk individuals are high risk for ANY respiratory viral infection, so patients with symptoms and negative tests should stay away from high risk people and be scrupulous about masking if they go out
    - Don't forget flu testing for high-risk pts, when a flu antiviral (eg Tamiflu) may be indicated
  - For exposure without symptoms: PCR at day 3-5 after exposure

# Where to test?

- Your office?
  - Rapid antigen tests are inexpensive and easy to perform
  - There are also rapid PCR devices that are CLIA-waived
- Testing sites
  - [DPH](#) and [Castlight](#) have website locators
- Urgent care sites
- PLEASE DO NOT SEND patients to EDs just for testing
  - Please explicitly tell patients NOT to go to ED just for testing—safer for them as well as not overloading an already stressed system!

# Who to treat?

- Why treat?
  - For patients at HIGH RISK of progression to severe disease
  - Given limited supplies of medication and limited capacity to administer (many IV), needs to be strictly limited
- Who is high risk for progression to severe disease?
  - Age >65
  - DM, type 1 & 2
  - Heart disease
  - Chronic lung, liver or kidney disease
  - Immunocompromise (Ca, Tx, HIV, Meds)
  - Severe mental health or SUD
  - Cerebrovascular disease
  - Neurologic disease including dementia
  - Down syndrome
  - Obesity and overweight
  - Smoking (including former)
  - Hemoglobinopathies
  - TB
- Unclear risk: Asthma, HTN

# What drugs are available? Which to use?

- Available via Tufts Respiratory Infection Clinic 617-636-3164
  - Monoclonal antibodies
    - Two of the 3 available products are unlikely to be effective against omicron
    - The third is in short supply
    - Requires a single IV infusion
  - Remdesivir
    - Requires IV infusion daily for 3 d
    - Similar effectiveness to monoclonals
- Oral antivirals (Short supply; initiate within 3-5 d of symptom onset, both are twice daily for 5 d)
  - **Paxlovid (nirmatrelvir-ritonavir):** 90% effective; many drug interactions
  - **Molnupiravir:** 30% effective; may be inadvisable due to possibility of viral mutations; contraindicated in children, pregnancy and lactation
- Which to use? Whichever you can get! Prioritize by pt risk

## If You Test Positive for COVID-19 (Isolate)

Everyone, regardless of vaccination status.

- Stay home for 5 days.
- If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- Continue to wear a mask around others for 5 additional days.

*If you have a fever, continue to stay home until your fever resolves.*

## If You Were Exposed to Someone with COVID-19 (Quarantine)

**If you:**

Have been boosted

**OR**

Completed the primary series of Pfizer or Moderna vaccine within the last 6 months

**OR**

Completed the primary series of J&J vaccine within the last 2 months

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

*If you develop symptoms get a test and stay home.*

**If you:**

Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted

**OR**

Completed the primary series of J&J over 2 months ago and are not boosted

**OR**

Are unvaccinated

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you can't quarantine you must wear a mask for 10 days.
- Test on day 5 if possible.

*If you develop symptoms get a test and stay home*

# Isolation (infected) and Quarantine (exposed): General public

**Controversy**

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>

# Isolation (infected) and Quarantine (exposed): Health care workers

## Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test*, if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

### Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 <sup>†</sup> and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 <sup>‡</sup> , 2, 3, & 5–7	No work restrictions (test if possible)

\*Negative test result within 48 hours before returning to work

†For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



ES208864 | December 21, 2021 3:21 PM

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

# Pediatric Return-to-Sports after COVID-19 infection

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## COVID-19 Interim Guidance: Return to Sports and Physical Activity

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

# Considerations/Principles

- Prevention of transmission to others (Isolation)
- Severity of general Covid symptoms (asymptomatic, mild, moderate or severe, or MIS-C)
- Presence of possible cardiac-specific symptoms
- Current symptom status (and time from resolution if applicable)
- Gradual resumption of activity over 7 days (specific regimen from AAP)
- AAP Interim Guideline on Return to Sports and Physical Activity after Covid-19 Infection (as of 12/1/2021)
  - <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

# Prevention of Transmission to Others (Isolation)

## If You Test Positive for COVID-19 (Isolate)

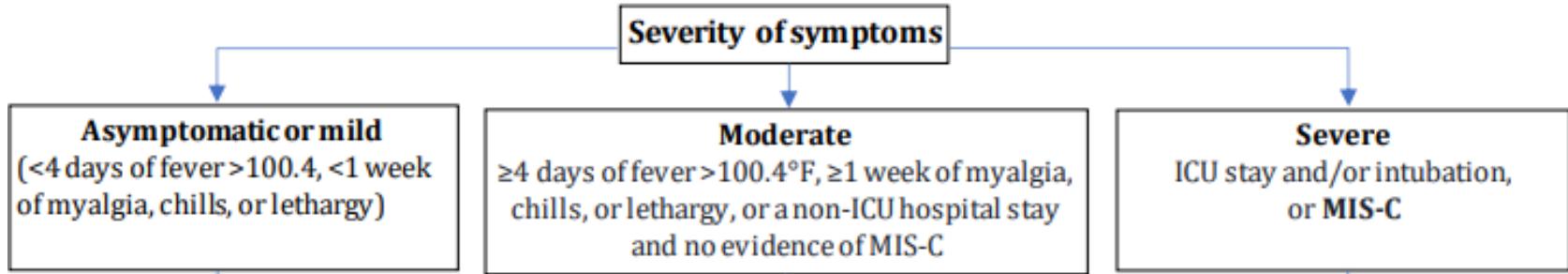
Everyone, regardless of vaccination status.

- Stay home for 5 days.
- If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- Continue to wear a mask around others for 5 additional days.

*If you have a fever, continue to stay home until your fever resolves.*

- Exertion is not addressed in this CDC or the AAP guideline with regard to isolation.
- We know that exertion increases the viral load of expired air.
- I would recommend no sports for at least 10 days after symptom onset (or date of positive Covid test for patients with no Covid symptoms) to reduce risk of transmission to others.

# Severity of General COVID-19 Symptoms



# Presence of possible cardiac-specific symptoms: AHA 14-element screening evaluation

Personal History	Family History	Physical Examination
<ul style="list-style-type: none"><li>• Chest pain/discomfort/tightness/pressure related to exertion</li><li>• Unexplained syncope/near-syncope*</li><li>• Excessive exertional and unexplained dyspnea/fatigue or palpitations, associated with exercise</li><li>• Prior recognition of a heart murmur</li><li>• Elevated systemic blood pressure</li><li>• Prior restriction from participation in sports</li><li>• Prior testing for the heart, ordered by a physician</li></ul>	<ul style="list-style-type: none"><li>• Premature death (sudden and unexpected, or otherwise) before age 50 attributable to heart disease in <math>\geq 1</math> relative</li><li>• Disability from heart disease in close relative <math>&lt; 50</math> y of age</li><li>• Hypertrophic or dilated cardiomyopathy, long-QT syndrome, or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of certain cardiac conditions in family members</li></ul>	<ul style="list-style-type: none"><li>• Heart murmur**</li><li>• Femoral pulses to exclude aortic coarctation</li><li>• Physical stigmata of Marfan syndrome</li><li>• Brachial artery blood pressure (sitting position)***</li></ul>

# Current symptom status (and time from resolution if applicable)

- Is the patient currently suffering from any general COVID-19 symptoms or cardiac-specific symptoms?
- If not, how long has it been since symptoms resolved?

# Gradual Resumption of Activity Over 7 Days

## BOX B: Gradual Return to Play

(Adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020; copied from AAP Policy statement)

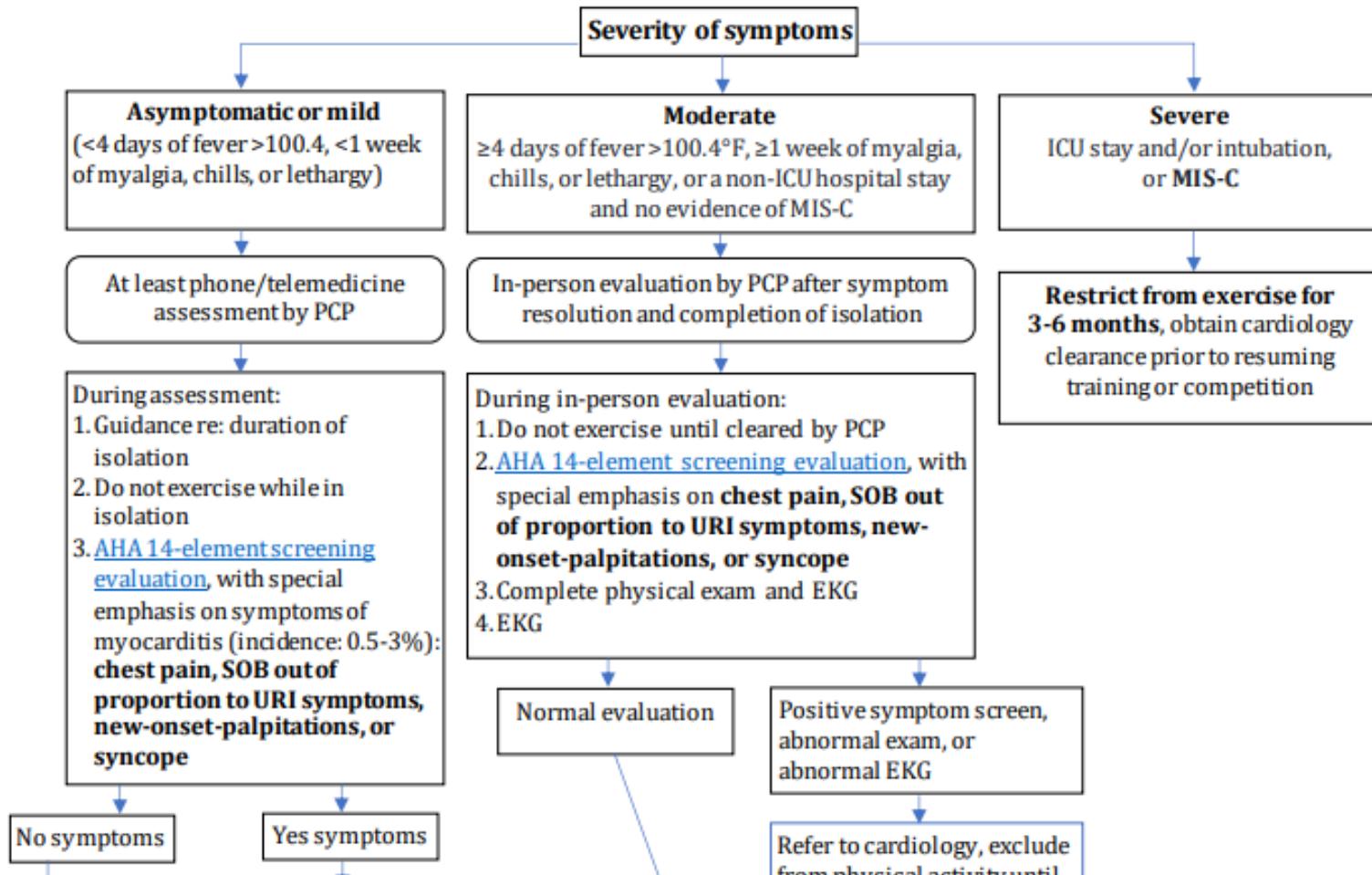
**Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less:** Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

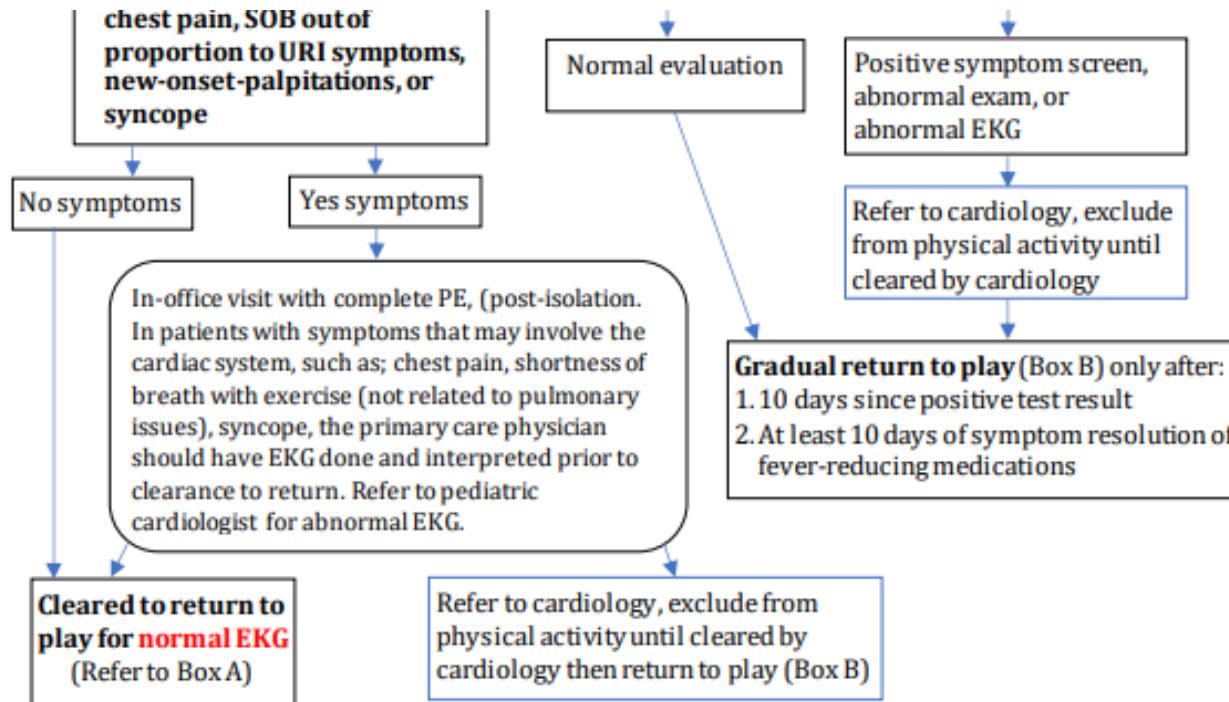
**Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less:** Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

**Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less:** Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

**Stage 4: Day 5 and Day 6 - 2 Days Minimum) - 60 minutes:** Normal training activity - intensity no greater than 80% maximum heart rate.

**Stage 5: Day 7 - Return to full activity/participation (ie, contests/competitions).**





**Additional note:** if the patient has already advanced back to physical activity on their own and is without abnormal cardiovascular signs/symptoms, then no further evaluation is necessary. COVID19 disease history should be documented.

**Abbreviations:** *PCP*: primary care physician; *SOB*: shortness of breath; *URI*: upper respiratory infection; *PE*: physical exam; *EKG*: electrocardiogram; *MIS-C*: multisystem inflammatory syndrome in children.

# Keeping Everyone Safe: Telehealth and Infection Control

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# PPE

- Masks
  - In the healthcare setting:
    - Surgical mask with fit improver (mask fitter or brace, or cloth mask over surgical mask)
    - N95, KN95, KF94: needs to fit tightly, with a good seal to the skin around the entire perimeter; if it's easy to breath, you're not wearing it right
    - Surgical mask alone (must cover nose and chin, minimize gaps around edges)
- Gloves and hand hygiene
- Eye protection
- Gowns prn

# Telehealth/infection control to keep everyone safe

- Remember, ANY VISIT can begin as telehealth, and transition to in-person, or you can schedule in-person follow up as needed
- Consider re-instituting infection control precautions as earlier in the pandemic
  - Do everything possible in the exam room or remotely
  - Stagger appointment times so patients don't run into each other
  - Have patients wait someplace safe and be called to come in when a room is ready for them.
  - Consider blocking or distancing chairs in waiting room
  - Staff should remain masked when within 6 feet of any other person, and should not eat/drink at the same time if possible, and not within 6 feet of each other
  - Reassure patients that they are safe in the office (Safe With Us)—website/social media, email, outgoing phone messages, etc

# Questions and Answers

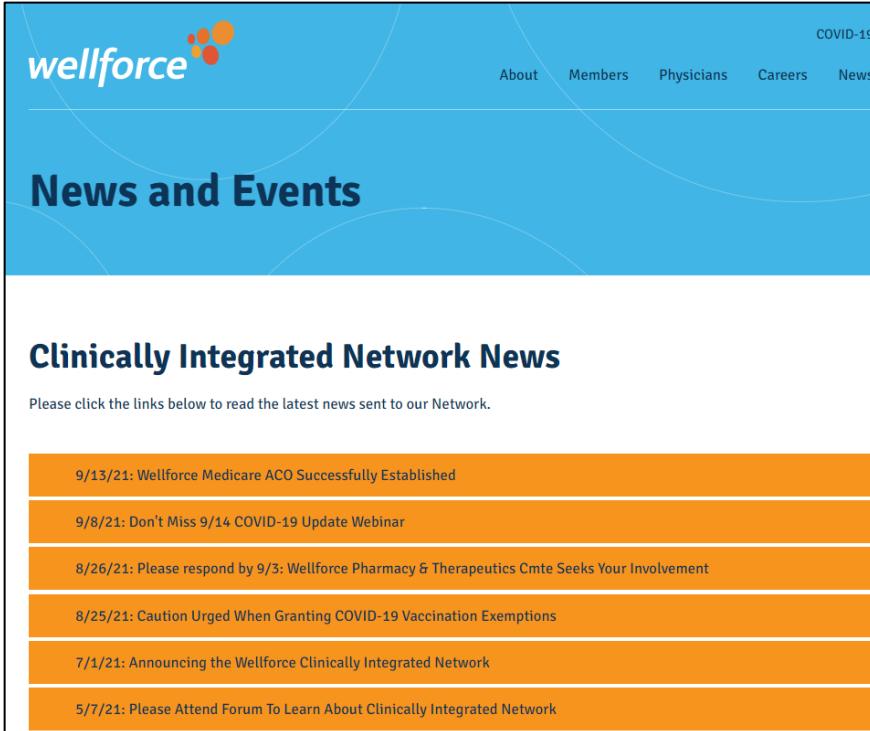
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# Helpful Resources

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# Learn About The Latest Network Developments

<https://www.wellforce.org/physicians/clinically-integrated-network/news>



The screenshot shows the Wellforce website's news section. The header features the Wellforce logo with three orange dots, a navigation bar with links for About, Members, Physicians, Careers, News, and a COVID-19 section, and a large blue header banner with the text "News and Events". Below the banner, the section title "Clinically Integrated Network News" is displayed in bold blue text. A sub-instruction "Please click the links below to read the latest news sent to our Network." is followed by a list of six news items, each with a date and a brief description, presented in orange rectangular boxes.

9/13/21: Wellforce Medicare ACO Successfully Established
9/8/21: Don't Miss 9/14 COVID-19 Update Webinar
8/26/21: Please respond by 9/3: Wellforce Pharmacy & Therapeutics Cmte Seeks Your Involvement
8/25/21: Caution Urged When Granting COVID-19 Vaccination Exemptions
7/1/21: Announcing the Wellforce Clinically Integrated Network
5/7/21: Please Attend Forum To Learn About Clinically Integrated Network

# COVID-19 Vaccine Answer Center

## CIN Central Support For Your Practice

Wellforce CIN clinicians and practice personnel are invited to use this [webform](#) to ask question(s) about COVID-19 vaccine availability, efficacy, safety, administration, education and related matters.

The central team will do its best to answer questions as soon as received.

- Inquiries received **after 5 p.m. on Mondays through Fridays** (or on weekends/holidays) will be answered the next business day.
- Call **(781) 664-5705** on **Mondays-Fridays between 8:30 a.m. and 5 p.m.** to speak with a Central team member. (Note: Voicemail will pick up after 9 rings.)

# Upcoming Events

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# Mark Your Calendar!

## EpicCare Link Orientation(s)

**Audience:** For private practice physicians and staff members *not* implementing the Wellforce instance of Epic, but interested in learning more about EpicCare Link.

**Tuesday, January 11:** Noon – 1:00 p.m. [Register here.](#)

**Tuesday, January 18:** Noon – 1:00 p.m. [Register here.](#)

**Thursday, January 20:** 5:15 p.m. – 6:15 p.m. [Register here.](#)

**Tuesday, January 25:** 5:15 p.m. – 6:15 p.m. [Register here.](#)

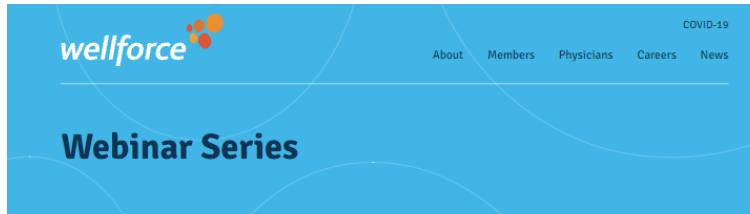
# Mark Your Calendar!

Risk Adjustment Coding Webinar:  
New Year Risk Coding Refresher

Wednesday, January 19  
Noon-1 p.m.

# Missed a Webinar?

Continue to access Webinar recordings at:  
[wellforce.org/physicians/webinar-series](https://wellforce.org/physicians/webinar-series)

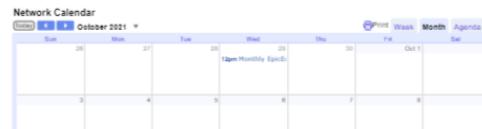


## Supporting our physician community

We are committed to offering our physician community the most up-to-date resources, tools and education. Please see below for upcoming webinars as well as the most recent presentations on Coding, Telehealth and COVID-19.

## Join your colleagues

View the Calendar below for details on upcoming events. Check this page regularly to access recordings for Wellforce Webinars.



### PHYSICIANS

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[Practice Management Services](#)

[Webinar Series](#)

## COVID-19 Update Webinars

Expand the accordion to get details about each webinar, including the presenters and links to the recordings and presentations.

August 11, 2021: NEQCA COVID-19 Update

July 15, 2021: NEQCA COVID-19 Update

May 20, 2021: NEQCA COVID-19 Update

April 7, 2021: NEQCA COVID-19 Update

December 16, 2020: Understanding the role of vaccines

September 9, 2020: COVID-19 Update: Testing, Re-infection, Protecting Health Care Workers in the Ambulatory Setting, and More

Private Practice Recession Survival Guide

## Coding Webinars

Expand the accordion to get details about each webinar, including the presenters and links to the recordings and presentations.

July 22, 2021: Risk Adjustment Coding Mid-Year Check-In

March 18, 2021: The Medicare Annual Wellness Visit

February 18, 2021: It's a New Year: Top 10 Areas of Focus for Risk Adjustment Coding for 2021

January 6, 2021: Coding Changes Now in Effect

December 12, 2020: Preparing for 2021 E/M Office Visit Coding Changes

Joining Amwell Medical Group

Insights into the CARES Act – Employer and Employment Considerations

## Telehealth Webinars

Expand the accordion to get details about each webinar, including the presenters and links to the recordings and presentations.

July 22, 2021: Telehealth Laws and Regulations: What You Need to Know

October 12, 2020: Telehealth: Innovative Approaches to Physical Exams, Best Practices and Common Coding Issues

Tips for Telehealth Success