

# Wellforce Clinically Integrated Network COVID-19 Update

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**Ben Kruskal, MD and Adam Weston, MD**

January 19, 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](https://wellforce.org/physicians) to learn more.*

# Agenda

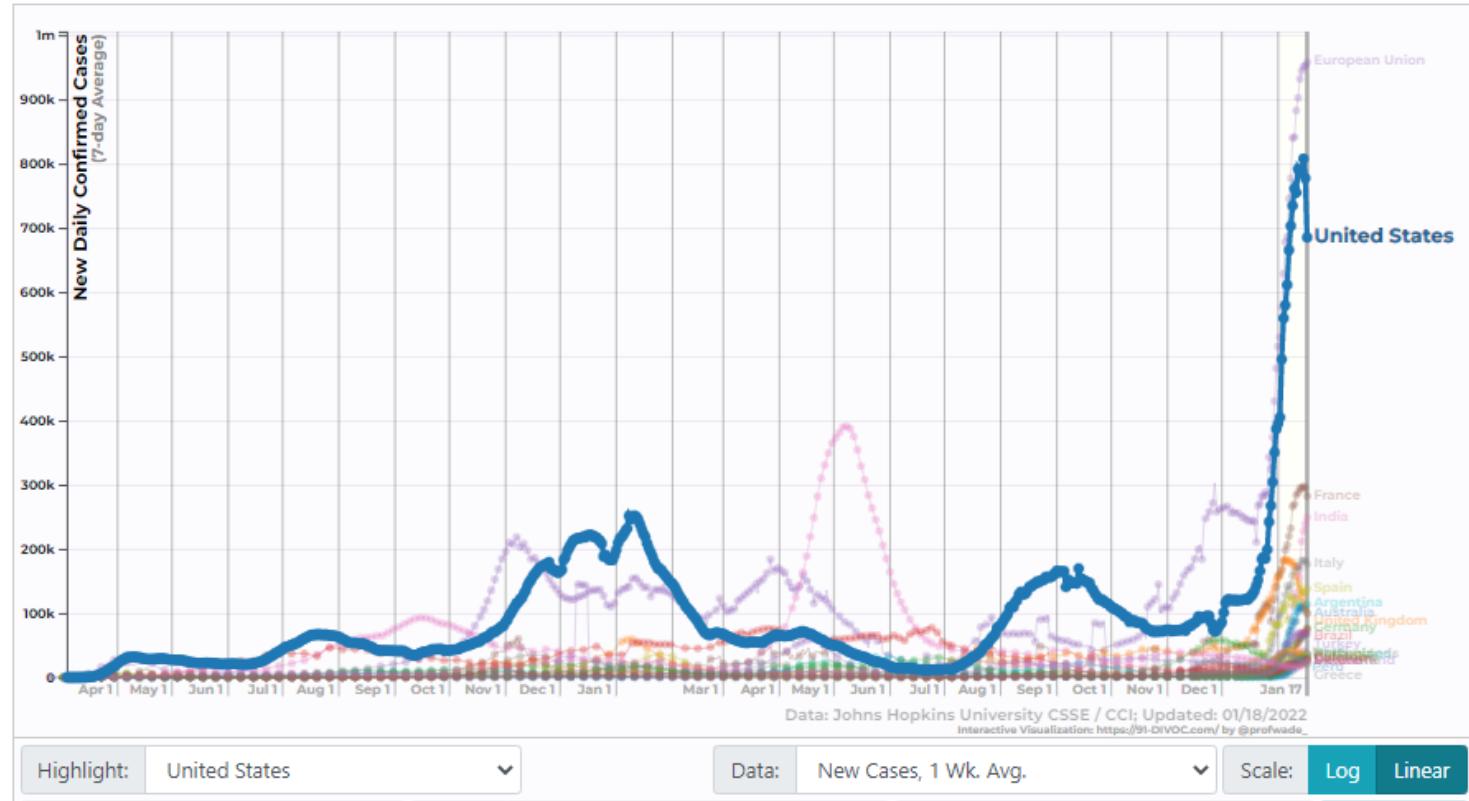
- **Situational Update:** The numbers/the stories
- **Epidemiology/Transmission:** what kind of masks?
- **Diagnostic Testing:** practical issues in antigen testing
- **Treatment:** clinical and practical issues
- **Vaccines/Prevention Updates**
- **Telehealth**
- **Covid Resources including New CIN Covid Website**
- **Questions and Answers**

# Situational Update

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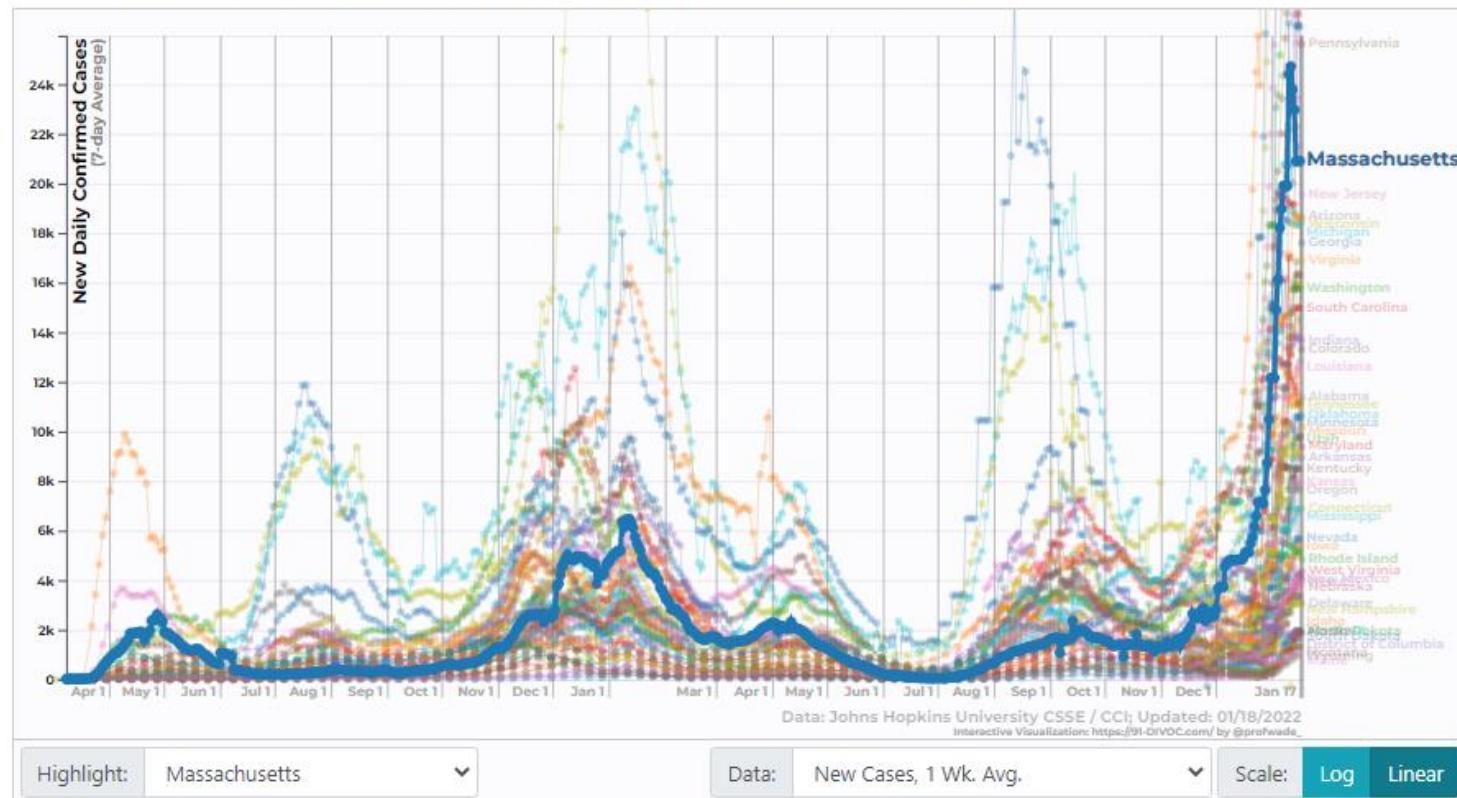
The Numbers

## New Confirmed COVID-19 Cases per Day



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

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

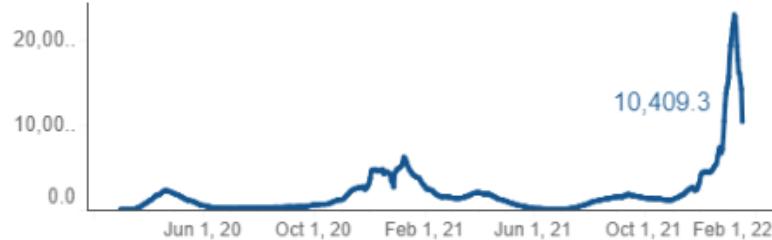


<http://91-divoc.com/pages/covid-visualization/>



## Cases

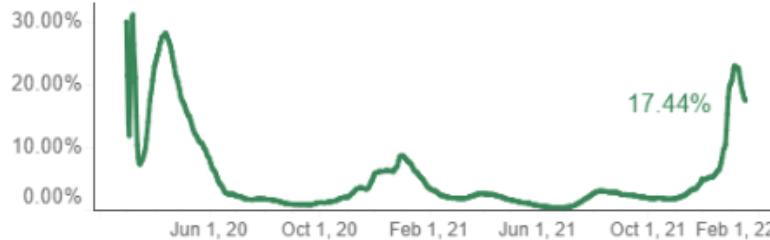
7-day average of COVID-19 confirmed cases



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

## Testing

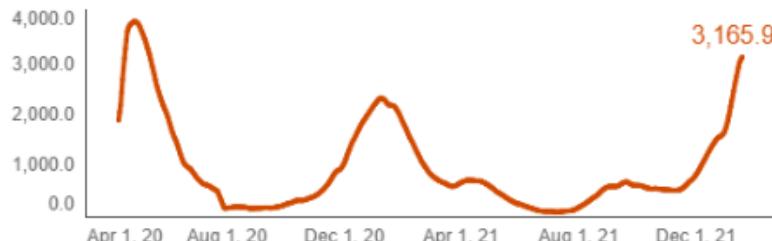
7-day weighted average percent positivity



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

## Hospitalizations

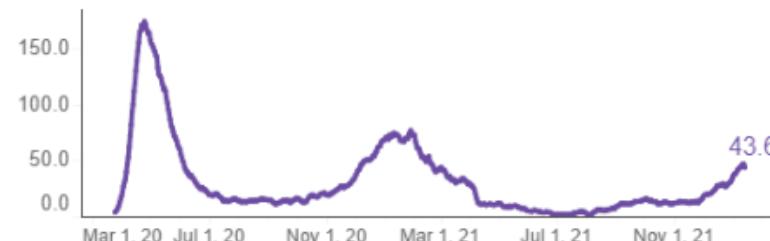
7-day average of hospitalizations



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

## Deaths

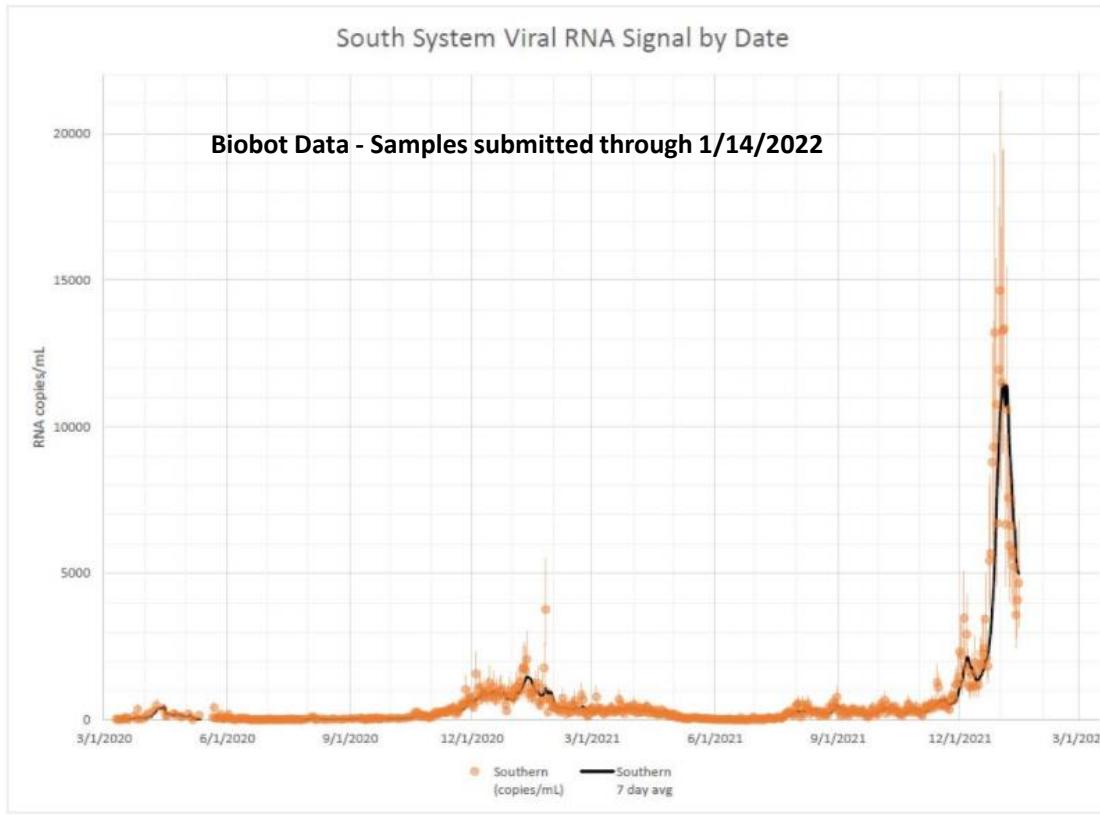
7-day average of confirmed deaths



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

## Wastewater COVID-19 Tracking

Massachusetts Water Resources Authority



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

**Remember that decreasing  
is NOT THE SAME as low**

**Remember that  
hospitalizations and deaths  
lag behind cases**

# Nearly a quarter of hospitals are reporting a critical staff shortage as Omicron drives a rise in Covid-19 cases

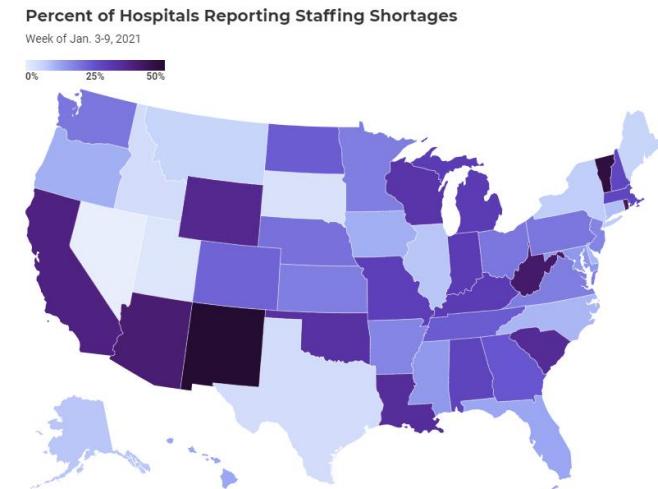
By [Dakin Andone](#) and [Susannah Cullinane](#), CNN

🕒 Updated 7:38 PM ET, Sun January 9, 2022

## States With the Biggest Hospital Staffing Shortages

Half the hospitals in New Mexico have reported staffing shortages.

By [Sharon Lurye](#) | Jan. 13, 2022, at 2:01 p.m.



# Epidemiology/Transmission

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What kind of masks?

# The C.D.C. concedes that cloth masks do not protect against the virus as effectively as other masks.

Risk factors and protective measures for healthcare worker infection during highly infectious viral respiratory epidemics: A systematic review and meta-analysis

Infection Control & Hospital Epidemiology (2021), 1-12

doi:10.1017/ice.2021.18

N95 respirator and surgical mask effectiveness against respiratory viral illnesses in the healthcare setting: A systematic review and meta-analysis



Results: Eight studies (9164 participants) were included after screening 153 articles. Analyses showed statistically significant differences between N95 respirator versus surgical mask use to prevent influenza-like-illness (risk ratio [RR] = 0.81, 95% confidence interval [CI] = 0.68–0.94,  $P < 0.05$ ), non-influenza respiratory viral infection (RR = 0.62, 95% CI = 0.52–0.74,  $P < 0.05$ ), respiratory viral infection (RR = 0.73, 95% CI = 0.65–0.82,  $P < 0.05$ ), severe acute respiratory syndrome coronavirus (SARS-CoV) 1 and 2 virus infection (RR = 0.17, 95% CI = 0.06–0.49,  $P < 0.05$ ), and laboratory-confirmed respiratory viral infection (RR = 0.75, 95% CI = 0.66–0.84,  $P < 0.05$ ). Analyses did not indicate statistically significant results against laboratory-confirmed influenza (RR = 0.87, CI = 0.74–1.03,  $P > 0.05$ ).

Physical interventions to interrupt or reduce the spread of respiratory viruses (Review)

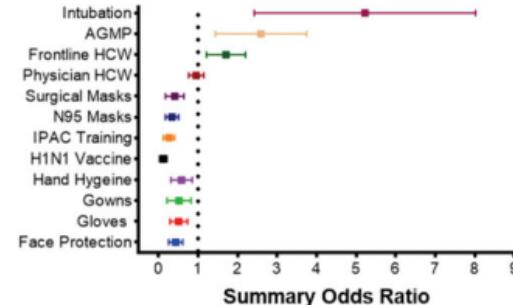


Fig. 4. Forest plot of all the summary odds ratios for meta-analysed risk factors.  
\*Represents the overall odds ratios for meta-analysed risk factors on healthcare worker infection during all included viral respiratory pandemics. Comparator groups: intubation versus no intubation; AGMP versus no AGMP; frontline HCW versus non-frontline HCW; physician versus nurse; surgical mask versus no surgical mask; N95 mask versus no N95 mask; IPAC training versus no IPAC training; hand hygiene versus no hand hygiene; gowns versus no gowns; gloves versus no gloves; face protection versus no face protection.

Compared with wearing medical or surgical masks, wearing N95/P2 respirators probably makes little to no difference in how many people have confirmed flu (5 studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (5 studies; 8407 people) or respiratory illness (3 studies; 7799 people).

# Diagnostic Testing

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Practical issues in antigen testing

- If prevalence is high, pt with typical symptoms probably has COVID-19, may not need test. Sensitivity of RADT usually compared to PCR
- For prior strains, RADT correlated well to infectivity which usually started around the time of symptom onset;  
For Omicron, symptom onset may precede RADT+ by 24 hours; ? infectivity
- What about throat swabs?
  - No data comparing throat and nasal swabs for antigen testing
  - Antigen tests are validated for specific specimen types, most for nasal specimens only, and thus throat swabs may produce false results (either positive or negative)
  - Throat swab should only be done if a test instructions say acceptable

## Symptomatic Patient

- One negative antigen test is moderately reassuring.
- Repeat in 24-48 hrs, if still negative COVID-19 is unlikely.
- If there is strong reason to be concerned, can perform PCR.

## Asymptomatic Patient

- Negative antigen test less reassuring; if known significant exposure, repeat in 24-48 hours.
- In low probability situation (asymptomatic, no known exposure, low prevalence), positive antigen test has significant likelihood of being false positive. Repeat with a different brand ASAP, if negative likely pt uninfected. Confirm with PCR if important.

# Outpatient Treatment

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# Who to Treat?

- **Why treat?**

- For patients at HIGH RISK of progression to severe disease with DOCUMENTED COVID-19 infection (may require PCR+)
- 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**

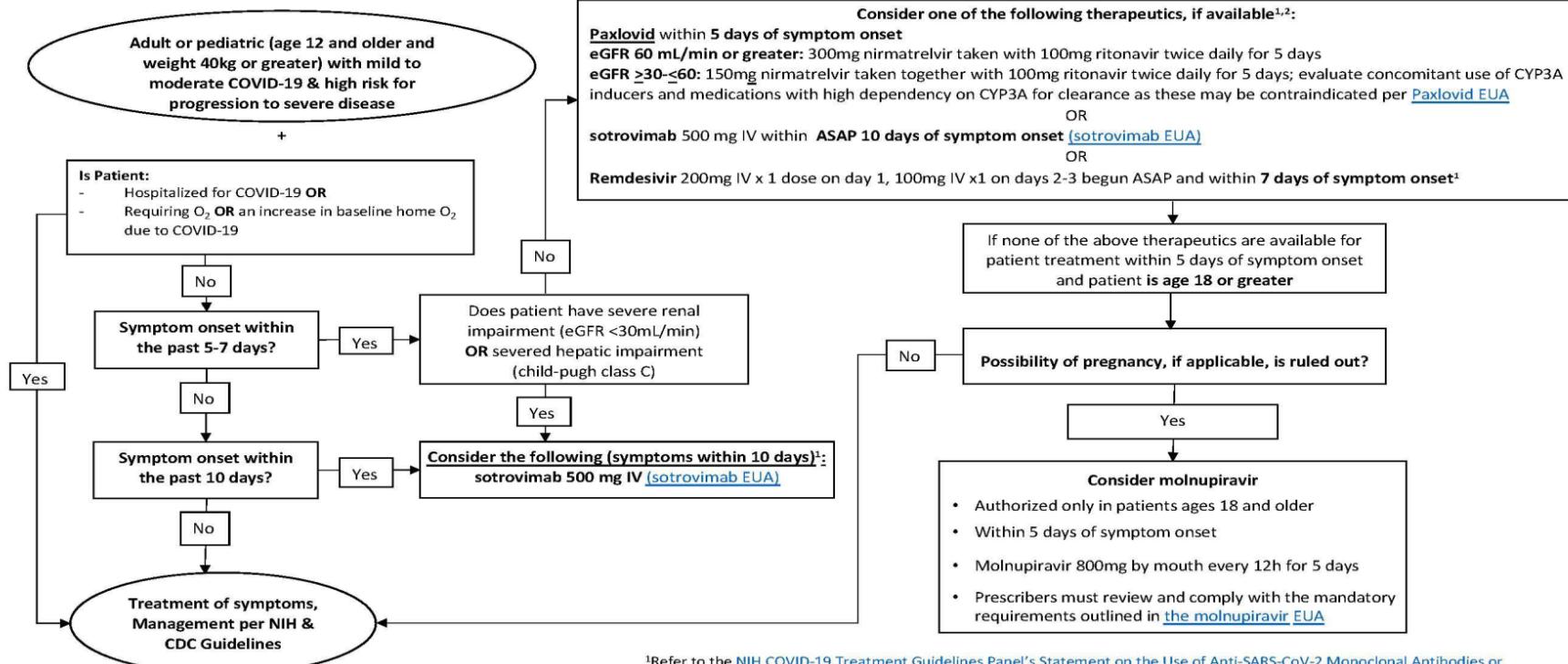
# What Drugs are Available? Which to Use?

- Monoclonal antibodies
  - Two of the 3 available products are unlikely to be effective against omicron
  - The third (Sotrovimab) is in short supply
  - Requires a single IV infusion
- Remdesivir
  - Requires IV infusion once 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! Sites will prioritize by pt risk

		Recommendation	
Tier	Patient characteristics*	Within 5 days of symptom onset***	Between 5 – 10 days of symptom onset
1	Moderate to severe immunosuppression	Monoclonal antibody or remdesivir or nirmatrelvir/ ritonavir. If not available, molnupiravir may be used.	
	Not fully vaccinated and age $\geq$ 75 years		
	Not fully vaccinated and age $\geq$ 65 years plus additional risk factor		
2	Not fully vaccinated and age $\geq$ 65	Remdesivir.	Monoclonal antibody
	Not fully vaccinated and age $<$ 65 plus additional risk factor		
3	Vaccinated** and age $\geq$ 75	If remdesivir not available, molnupiravir may be used****	
	Vaccinated and age $\geq$ 65 years plus additional risk factor		
4	Not fully vaccinated and age $\geq$ 65 years		
	Vaccinated and age $<$ 65 plus additional risk factor		

**Table: Treatment recommendations for mild to moderate COVID-19 when supplies of sotrovimab and oral antivirals are limited.**

# COVID-19 OUTPATIENT THERAPEUTICS DECISION GUIDE



**Limited use of bamlanivimab/etesevimab and REGEN-COV as they are not expected to be active against the Omicron variant<sup>2</sup>**

<sup>1</sup>Refer to the [NIH COVID-19 Treatment Guidelines Panel's Statement on the Use of Anti-SARS-CoV-2 Monoclonal Antibodies or Remdesivir for the Treatment of Covid-19 in Nonhospitalized patients when Omicron is the Predominant Circulating Variant](#); Remdesivir is only approved for hospitalized individuals with COVID-19. Outpatient treatment is based on information from the literature ([Dec 22, 2021 Early Remdesivir to Prevent Progression to Severe Covid-19 in Outpatients](#); DOI: 10.1056/NEJMoa2116846)

<sup>2</sup> COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies is authorized for the treatment of COVID-19 in patients with immunosuppressive disease in either the outpatient or inpatient setting ([COVID-19 Convalescent Plasma EUA](#))

# How and where to get outpatient treatment for COVID-19 for high-risk patients?

- All treatments
  - Tufts Medical Center
  - Other AMCs
  - State contracted sites (Gothams): Athol, Everett, Holyoke, Fall River, Lowell, Pittsfield and Plymouth
- Oral antivirals only
  - Community health centers (own patients only)
- Referral required for IV agents
- Prescription, and indications form, both required for oral agents outside of Tufts, BUT....

# Tufts Respiratory Infections Clinic (run by the ID service)....

- Will accept referrals of patients who are high risk for progression according to the criteria on slides 18 and 20
  - Need a copy of the COVID-19 test result, most recent note documenting the pt's COVID-19 symptoms, up to date problem list, meds and allergies
  - For pts with could potentially become pregnant, please do a pregnancy test with result in hand before the Tufts Resp Inf Clinic visit.
- Will do a telehealth visit with the patient, collect necessary history, and choose the appropriate treatment (if eligible and if medication is available) and counsel the patient about it
- Will administer/prescribe/dispense as needed.

# Vaccines/Prevention

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# All the other vaccines....

- Adenoviral vector
  - AstraZeneca: efficacy between mRNA vaccines and J&J Adenoviral vector; rare thromboembolic side effect very similar to J&J
  - Sputnik V: not totally consistent
- Inactivated virus vaccines: Sinopharm, Sinovac-Coronavac, Covaxin
  - Low efficacy, short duration? Poor protection against variant strains
- Protein/peptide vaccines: Novavax, Corbevax (Becov2A)
  - Efficacy between AZ and mRNA vaccines

# Telehealth: Safety for everyone, superior ease of access

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- Telehealth reduces risk for you, your staff, and your patients
- Remember, any visit can begin as telehealth, and transition to in-person immediately if required, or you can schedule later in-person follow up as needed
- A little bit of work on schedule templates and with your staff to ensure effective support goes a long way
- Patients go to stand-alone urgent care and retail clinics for convenience; telehealth is one arena in which we can offer patients “convenient care” which might enable us to compete

- Payment parity persists for primary care
  - Commercial insurance until **at least Dec. 2022**
  - Medicare for the duration of the Federal public health emergency; administration says probably remainder of 2022
- As long as Federal public health emergency is in effect, CMS says they won't enforce rules against non-HIPAA compliant platforms such as FaceTime and non-medical Zoom
  - Commercial payers starting to require HIPAA compliant telehealth
- Legally, can only provide care for patients when they are physically located in a state where you are licensed

# Telehealth Coding

- CPT codes have not changed
- There are some changes in *place of service codes* and modifiers, which will not be in use until **April, 2022**
  - Unfortunately, these changes are not being deployed uniformly across the commercial payers

# Questions and Answers

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# Helpful Resources

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# COVID-19 information from the CIN

1. Email briefings
2. These webinars
  - Recordings and slides available on the website next day
3. Brand new [COVID-19 webpage](#) on the Wellforce CIN webpage
  - Tour!
4. COVID-19 Answer Center

**Clinically Integrated Network Briefing** 

[1.18.22: 1/19 COVID-19 Update Webinar](#) | [COVID-19 Webpage for Practices](#) | [COVID-19 Answer Center](#)

A Message for the Wellforce Clinically Integrated Network, including primary and specialty care physicians, practice administrators, Network leaders (Presidents, Administrators, and Medical Directors) and Network staff

**\*TOMORROW (1/19): COVID-19 Update Webinar\***

Join Dr. Ben Kruskal, senior medical director and infectious disease specialist, to learn about:

- COVID-19 situational update
- Strategies to sustain practice operations in light of increased patient volumes and reduced staffing
- Latest guidance regarding telehealth platforms, use and reimbursement
- Updates about testing, treatment, quarantine/isolation
- Clinical management of possible COVID-19
- Vaccines and prevention updates

**Wednesday**  
**January 19, 2022**  
**5:30 p.m. - 6:30 p.m.**  
[Click here to join](#)

**Now Available: COVID-19 [Webpage](#) for Practices**

A new Wellforce CIN COVID-19 [webpage](#) for practices is now available on [wellforce.org](#). Check often for updated templates, resources and the latest guidelines on testing, treatment, vaccines and more.

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**COVID-19 Resources for Ambulatory Practices**

**Latest Updates**

# COVID-19 Answer Center for Wellforce CIN Clinicians and Practice Personnel

Wellforce CIN Clinicians and practice personnel may use this [form](#) (OR call (781) 664-5705) to ask question(s). This is NOT a resource for patients to use directly. Our Pharmacy team will do its best to answer questions as soon as received.

- Hours: Monday-Friday; 8:30 a.m. and 5 p.m.
- Weekends/holidays will be answered the next business day

[Click here to access form.](#)

## Prescribing Oral Antivirals through Tufts Medical Center Atrium 3 Outpatient Pharmacy

*A Message from Dr. Mike Wagner:*  
[Prescribing through Tufts Medical Center Atrium 3 Outpatient Pharmacy](#)  
[Oral COVID 19 Antivirals | Tufts Medical Center](#)

[Learn more →](#)



## Wellforce System COVID-19 Update



### How to prescribe molnupiravir and nirmatrelvir/ritonavir (Paxlovid™) for treatment of high-risk COVID-19 patients through Tufts Medical Center Atrium 3 Outpatient Pharmacy

Visit our all-new [COVID-19 website](#) for updated resources for ambulatory practices.

January 14, 2022

*A Message for the Wellforce Clinically Integrated Network, including primary and specialty care physicians, practice administrators, Network leaders (Presidents, Administrators, and Medical Directors) and Network staff*

Dear Wellforce Clinicians and Leaders:

The purpose of this update is to provide guidance about how to prescribe two oral COVID-19 treatments – molnupiravir and nirmatrelvir/ritonavir (Paxlovid) – through Tufts Medical Center's Atrium 3 Outpatient Pharmacy in Boston.

**[www.tuftsmedicalcenter.org/Referring-Physicians/Oral-COVID-19-Antivirals](http://www.tuftsmedicalcenter.org/Referring-Physicians/Oral-COVID-19-Antivirals)**

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

Wednesday, January 26: Noon – 1:00 p.m. [Register](#)

Monday, January 31: Noon – 1:00 p.m. [Register](#)

# Missed a Webinar?

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

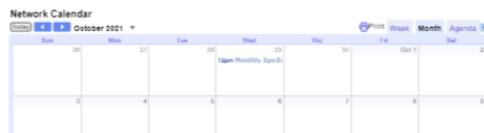


## Supporting our physician community

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.



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