Preferred Provider Network

· Jan 6, 2021





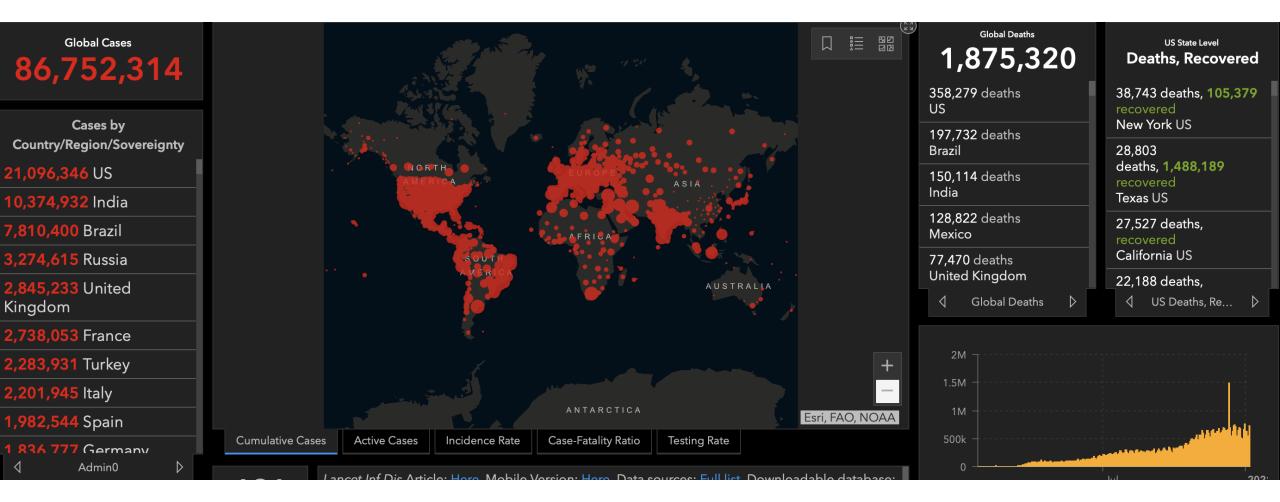
Agenda

- Overview of COVID-19 statistics
- Arizona progress with COVID-19
- Updates from CMS, and Community
- Updates from HonorHealth
- Guest speaker





Johns Hopkins tracker



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CORONAVIRUS STATUS 1/3/2021

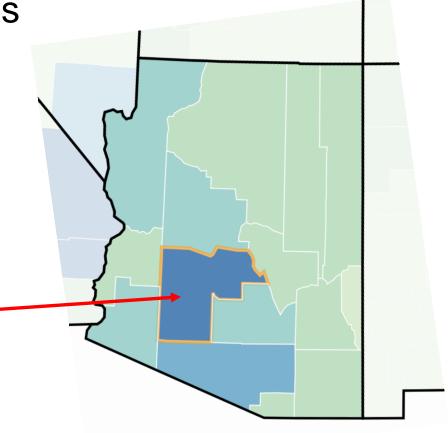
• World 86.0 million cases, 1.8 million deaths

• US 21.0 million cases, 358K deaths

Arizona 574 K cases, 9,444 deaths

7 Day Average for Maricopa County

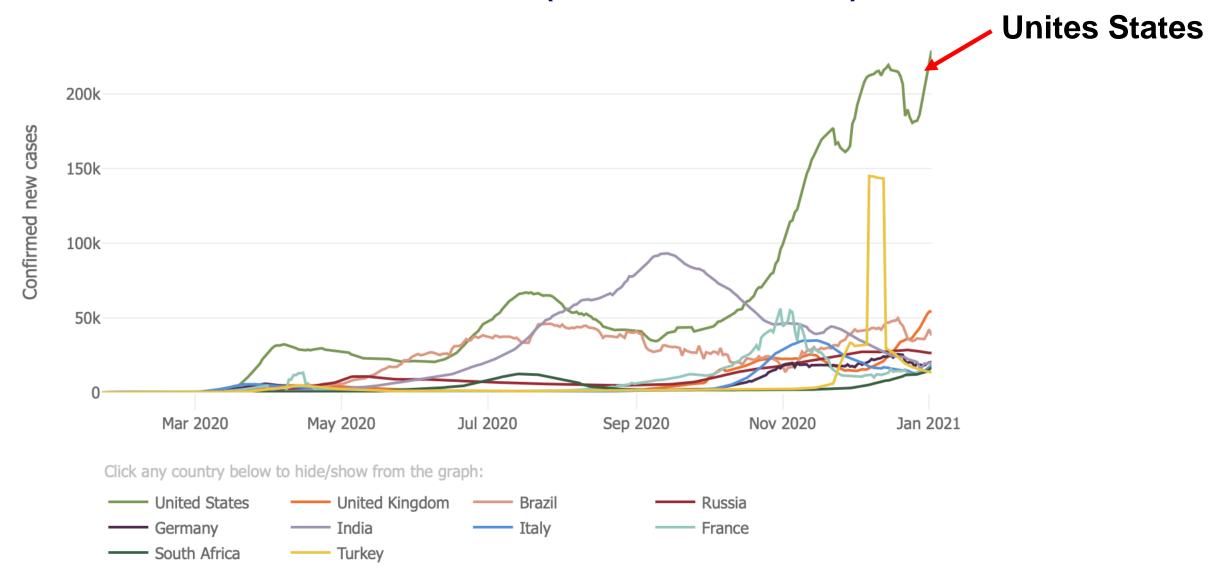
- 1. Cases # up 5.27%
- 2. Deaths # up 7.8%
- 3. % Positivity up 5.32%



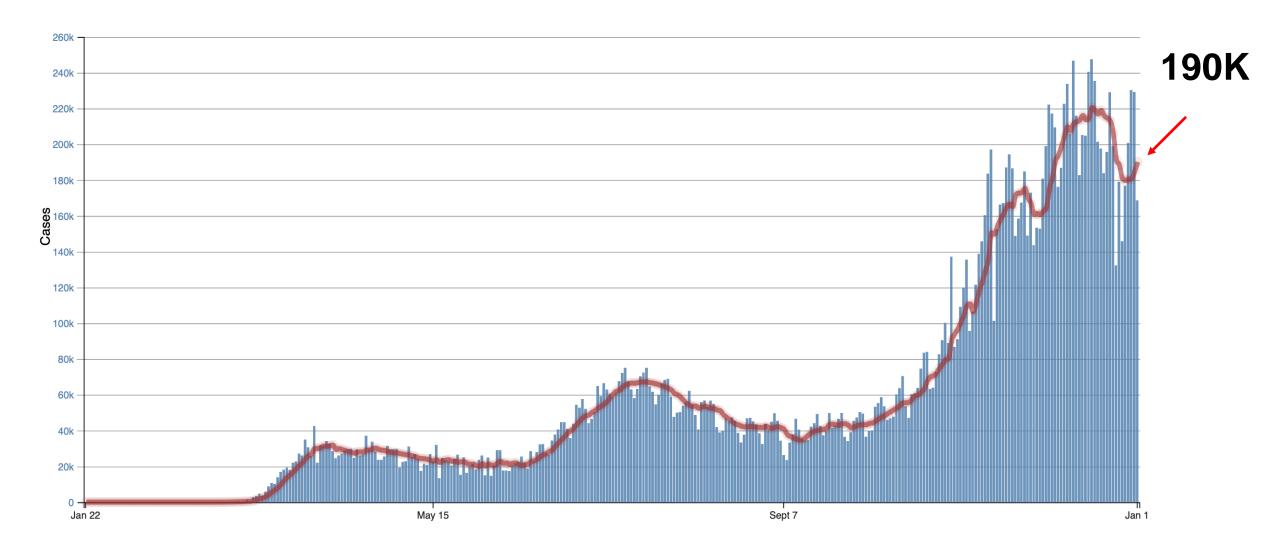
As of 1/6/2021



DAILY CONFIRMED NEW CASES (7-DAY MOVING AVG)



National Case Count by Date Reported to CDC

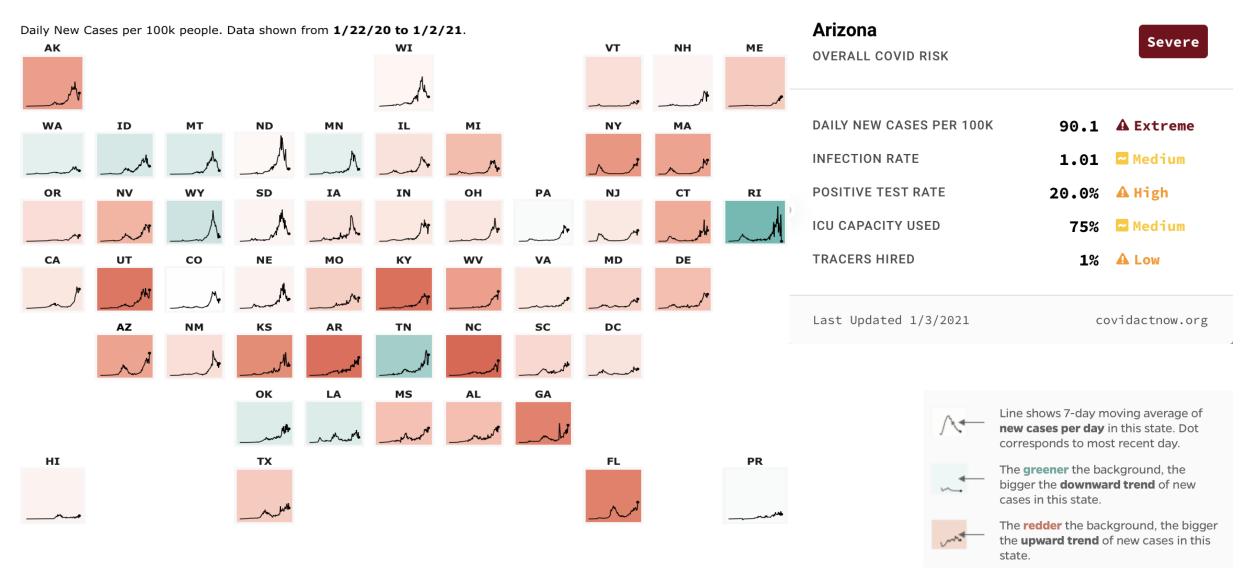




As of 1/3/2021

Daily New Cases per 100k People

As of 1/3/2021

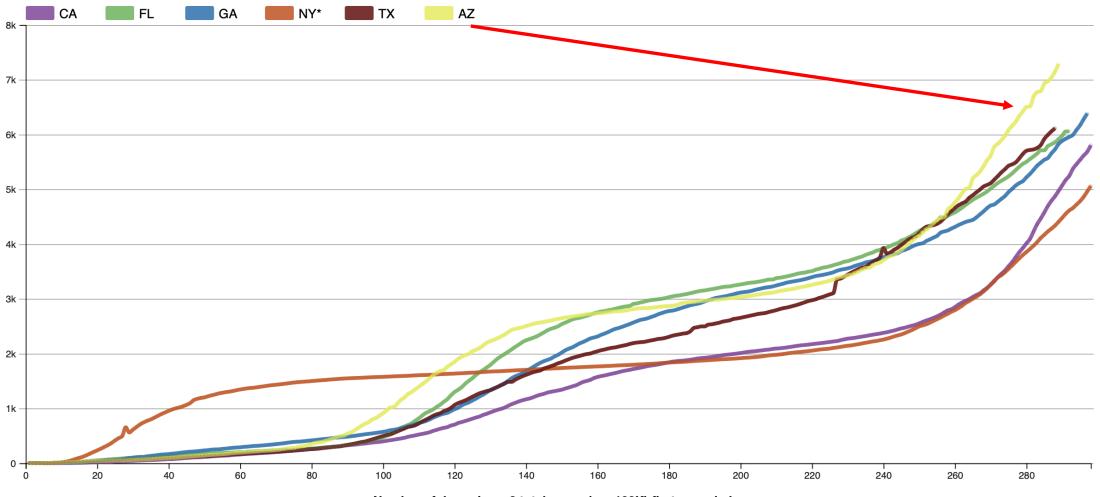




Trends in COVID-19 Cases and Deaths in the US

As of 1/3/2021

Cumulative Case Rate per 100k



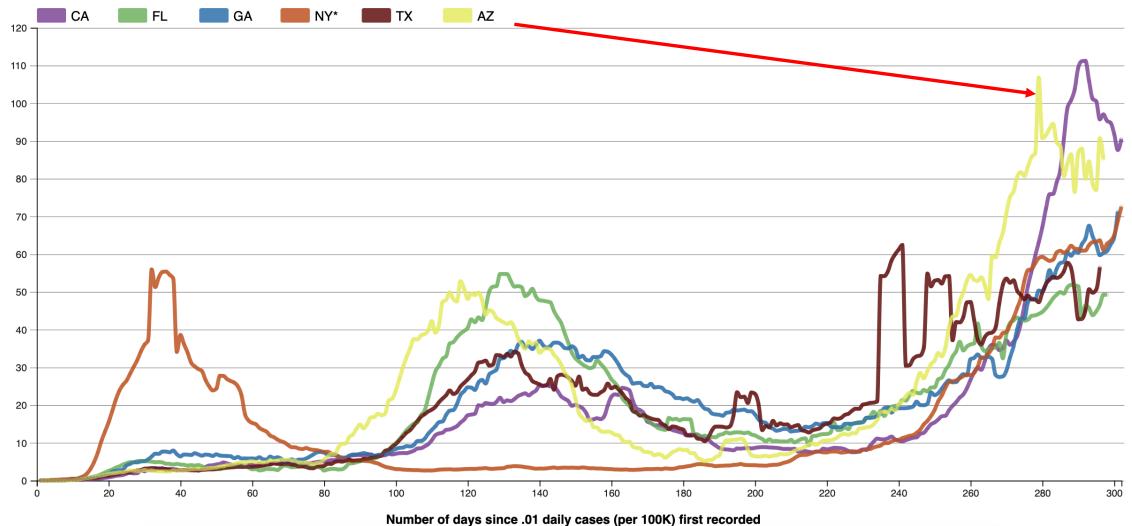
Number of days since .3 total cases (per 100K) first recorded



Trends in COVID-19 Cases and Deaths in the US

As of 1/3/2021

Daily Case Rate per 100k

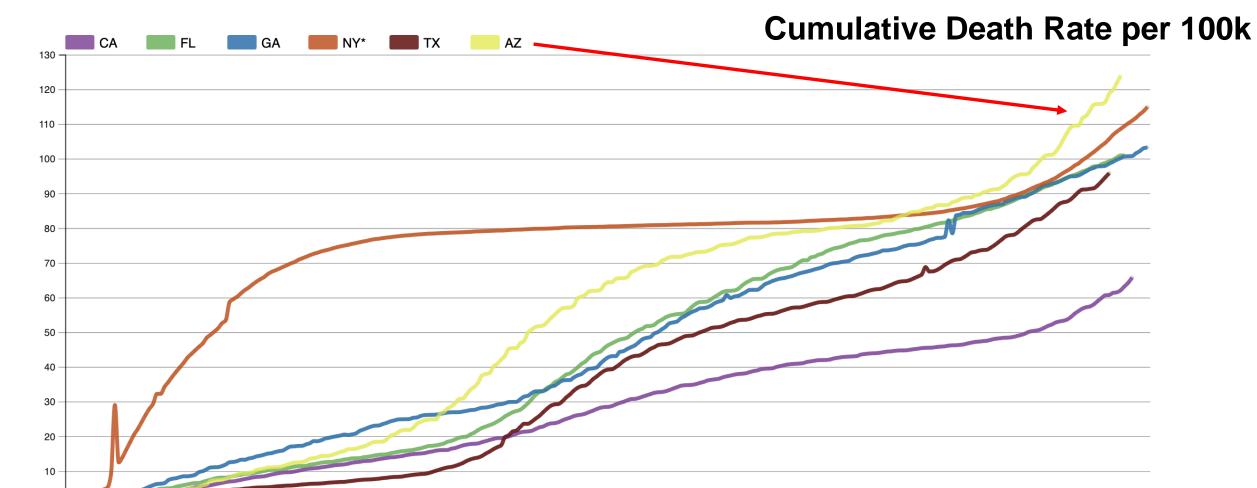


Trends in COVID-19 Cases and Deaths in the US

100

120

As of 1/3/2021



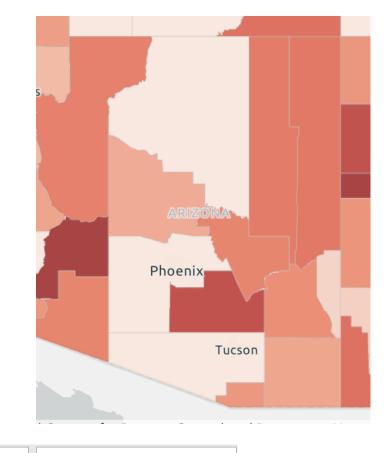
Number of days since .3 total deaths (per 100K) first recorded



220

Chronic Conditions In Maricopa County

- People of any age with certain underlying medical conditions are at increased risk for severe COVID-19 illness.
- County-level, model-based estimates of the prevalence for any of five underlying medical conditions that increase the risk for severe COVID-19-associated illness



Maricopa, AZ Chronic kidney disease

estimated number: 105,112

estimated number: 222,293

Maricopa, AZ Heart disease

estimated number: 214,586

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Maricopa, AZ Diagnosed diabetes

estimated number: 321,467

Maricopa, AZ Obesity (BMI>=30) 29.8 % estimated number: 1,000,695

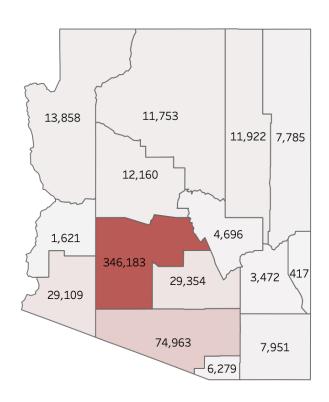


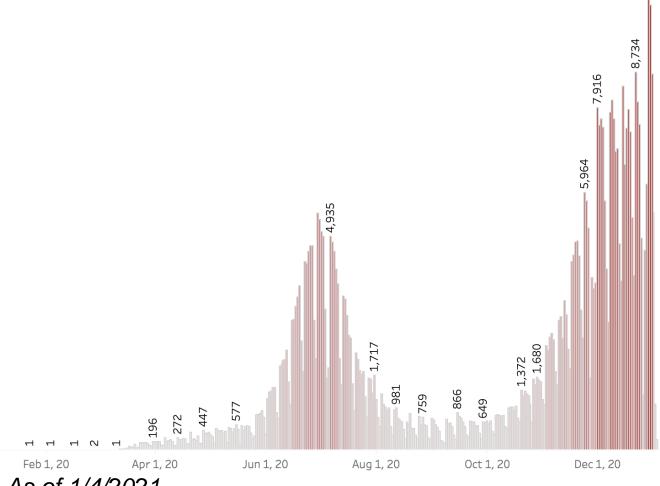


Maricopa, AZ

Arizona Daily Case Counts

Select a county to filter the epi curve.





Dec 28th, 20 documented 10,709 cases





Arizona COVID-19 Deaths

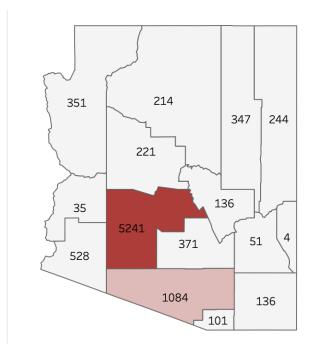
COVID-19 Deaths (total)

65+: 6,673

9,064

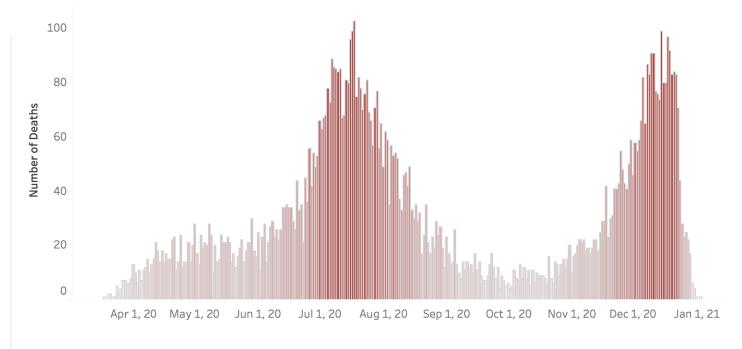
COVID-19 Deaths by County

Data will not be shown for counties with fewer than three deaths.



Date 1/4/21

COVID-19 Deaths by Date of Death



Recent deaths may not be reported yet. Cases missing the date of death are excluded from the graph above, but are included in all other numbers.

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Share

Save

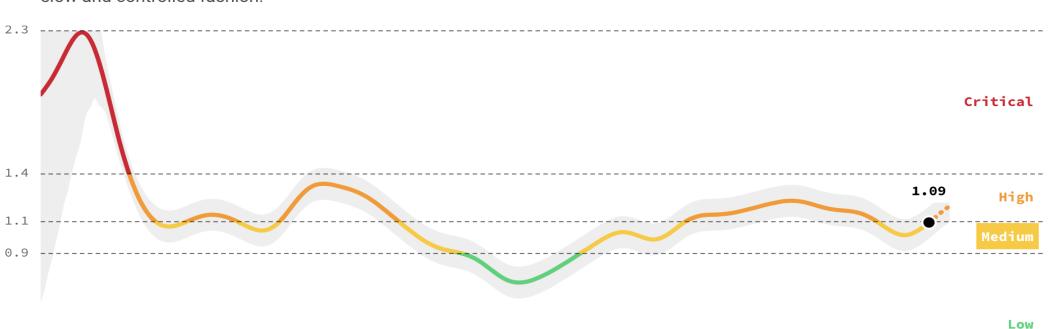
R_t is 1.09 in Maricopa County

Infection rate

ARIZONA

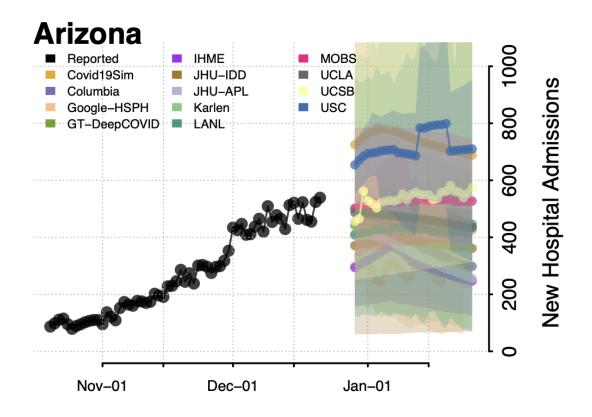
On average, each person in Arizona with COVID is infecting 1.09 other people. Because this number is around 1.0, it means that COVID continues to spread, but in a

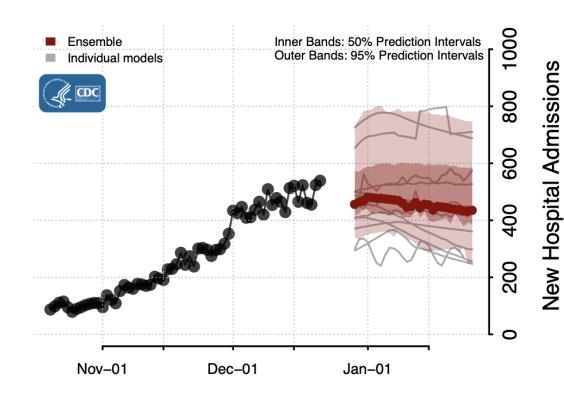
slow and controlled fashion.





COVID-19 Forecasts for Arizona







As of 1/4/2021

% Positive Diagnostic Tests increasing

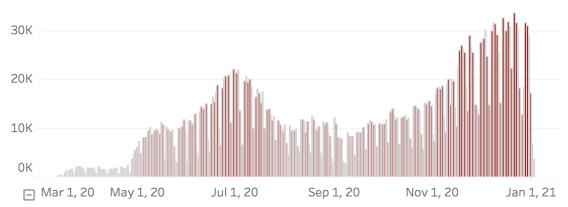
tests/day

People tested using All tests by county

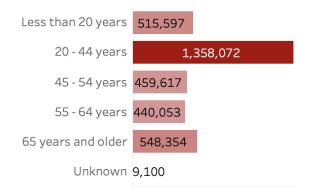
Select a county to filter the data.



People tested using All tests by date of collection



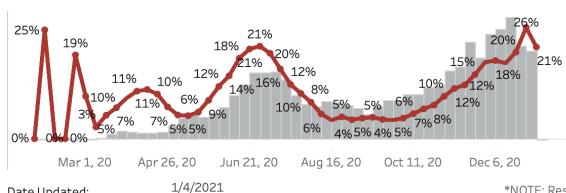
People tested using All Testing by Age Group



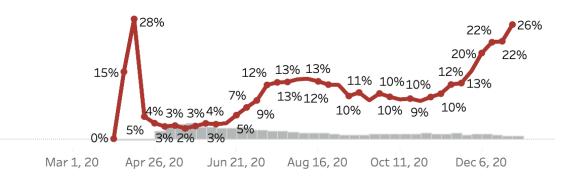
■ People tested for COVID-19 and ■ percent positive by week

Percent positive is the number of people with a positive result in Electronic Laboratory Reporting (ELR), out of all people with COVID-19 testing reported via ELR in AZ. Diagnostic tests include PCR

Total % Positive COVID-19 Diagnostic Tests: 13.2%



Total % Positive COVID-19 Serology Tests: 8.4%



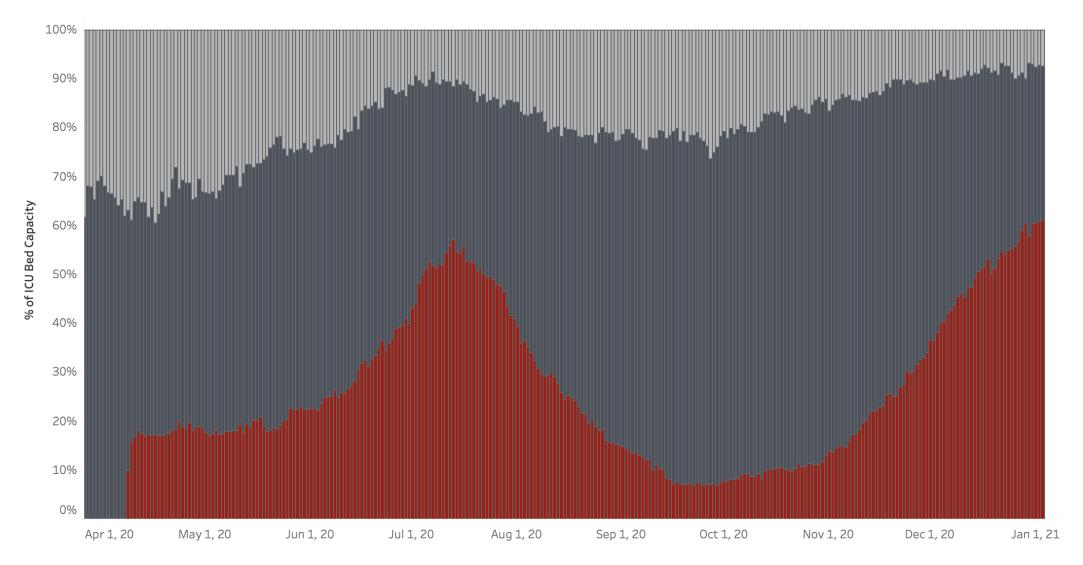
*NOTE: Results from the last 4-7 days may not be reported yet.



Date Updated:



ICU Beds in use in Arizona – 61% COVID occupied

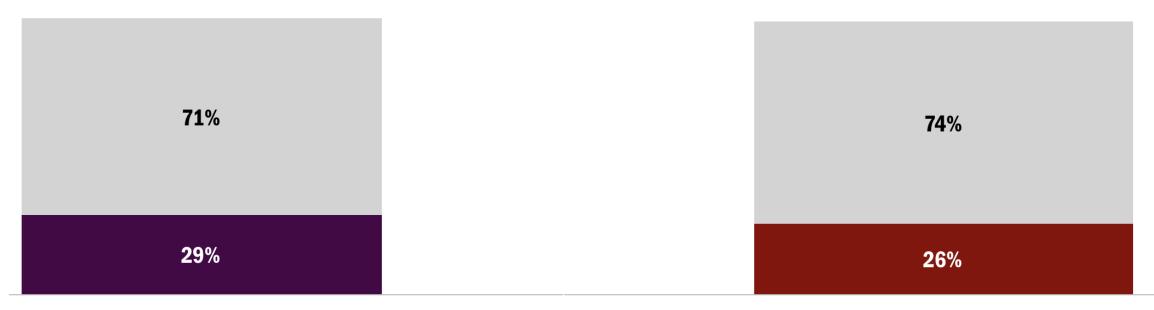


93% Of ICU Beds are Occupied



COVID-19 in the Long-Term Care Facilities

Of 5,900 COVID-19 cases among residents, 1,709 (29%) have been hospitalized and 1,530 (26%) have died.



Of 4,115 COVID-19 cases among staff, 205 (5%) have been hospitalized and 12 (0%) have died.

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As of 1/4/2021



CMS COVID-19 Data Reporting for LTCF

Total Resident COVID-19 Cases and Deaths

Total Staff COVID-19 Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES

471,953

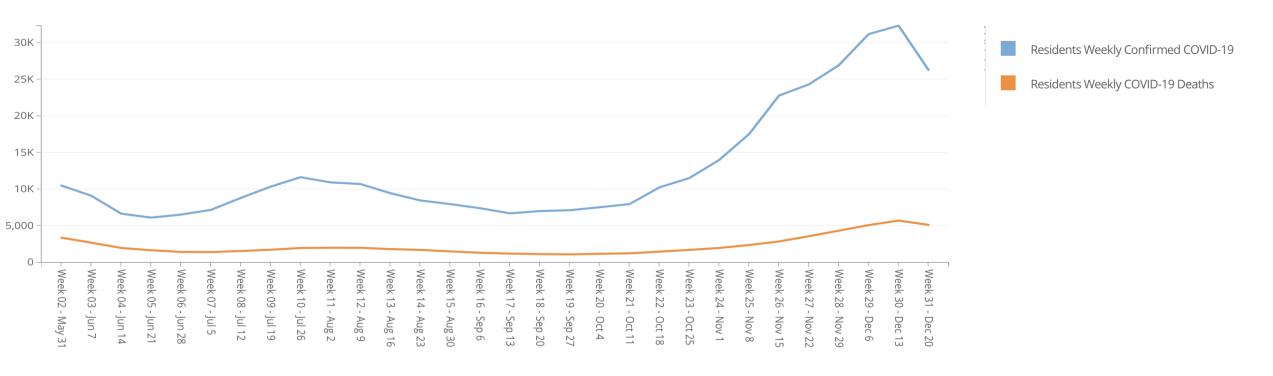
TOTAL RESIDENT COVID-19 DEATHS

92,373

TOTAL STAFF COVID-19 CONFIRMED CASES 402,956

TOTAL STAFF COVID-19 DEATHS

1,268







IN THE NEWS

COVID-19 Vaccinations in the United States

Total Doses Distributed

17,020,575

Total Number of People Initiating Vaccination (1st Dose Received)

4,836,469

CDC | Updated: Jan 05 2021 As of 9:00am ET

Federal Pharmacy Partnership for Long-Term Care Program (Subset of Overall Numbers)

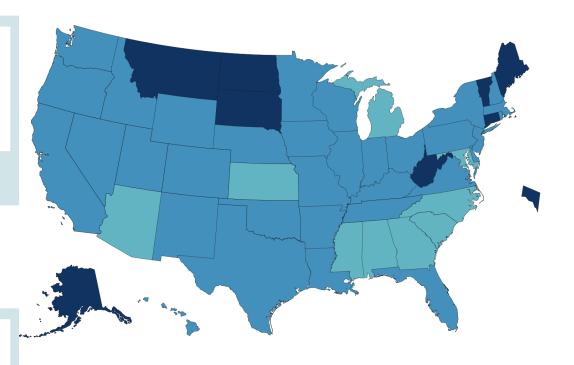
Doses Distributed for Use in Long-Term
Care Facilities

3,260,775

Number of People Initiating Vaccination (1st Dose Received) in Long-Term Care Facilities

429,066

CDC | Updated: Jan 05 2021 As of 9:00am ET



Arizona

Total distributed: 270,250 (3,371per 100K)

Total vaccinated: 36,901 (507 per 100k)

https://covid.cdc.gov/covid-data-tracker/#vaccinations





Advisory Committee on Immunization Practices (ACIP)

- December 20, ACIP updated interim vaccine allocation recommendations
- In Phase 1b, COVID-19 vaccine should be offered to persons aged ≥75 years and non-health care frontline essential workers
- In Phase 1c, to persons aged 65–74 years, persons aged 16– 64 years with high-risk medical conditions, and essential workers not included in Phase 1b
- Federal and state jurisdictions should use this guidance for COVID-19 vaccination program planning and implementation.

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https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm



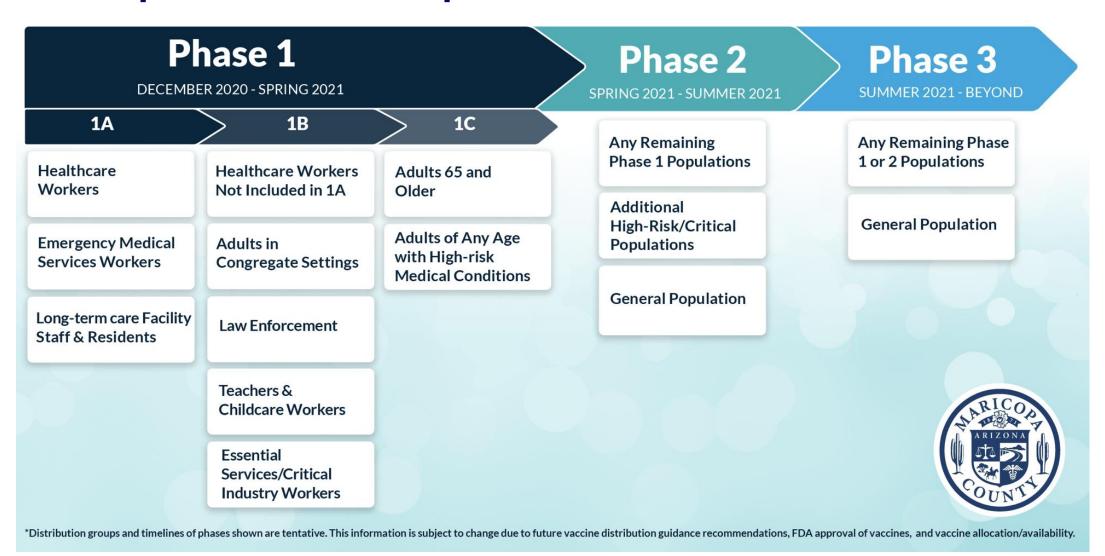
Advisory Committee on Immunization Practices (ACIP)

TABLE. Advisory Committee on Immunization Practices recommendations for allocation of COVID-19 vaccines to persons aged ≥16 years — United States, December 2020

Phase	Groups recommended to receive COVID-19 vaccine	No. (millions)			
		Total persons in each group*	Unique persons in each group [†]	Unique persons in each phase	
1a	Health care personnel Long-term care facility residents	21 3	21 3	24	
1b	Frontline essential workers [§] Persons aged ≥75 years	30 21	30 19	49	
1c	Persons aged 65–74 years Persons aged 16–64 years¶ with high-risk medical conditions Essential workers§ not recommended for	32 110 57	28 81 20	129	
2	vaccination in Phase 1b All persons aged ≥16 years¶ not previously recommended for vaccination	All remaining	All remaining	All remaining	



Maricopa Public Health Updates





Maricopa Public Health

- MCDPH received first dose of Moderna COVID-19 vaccine, 12/22
- Total of about 18,000 doses
- MCDPH will earmark doses of Moderna's vaccine for LTCF that are NOT part of CDC's Pharmacy Partnership
- Maricopa County LTCF that has not signed up for that partnership and wants vaccine for their staff and residents can go to https://www.maricopa.gov/5641/COVID-19-Vaccine

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Vaccination in LCTF

- Vaccination to begin 12/27
- Estimated 27,000 residents and staff at SNF and 67,000 in assisted-living facilities
- CVS teams overseen by pharmacists will head out in separate cars to nursing homes, with Moderna vaccines packed into coolers.
 - The Moderna vaccine, unlike a similar one made by Pfizer, does not need to be stored at ultra-low temperatures before use.

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 A pharmacist from CVS will be on site along with nurses, pharmacy technicians and pharmacy interns wearing full protective gear.



Vaccination in LCTF

- Each facility will get three visits: once to give the first vaccine, a second time to administer a booster 28 days later and a third visit to tie up loose ends.
- In Maricopa County, more than 9,400 residents and staff have been infected at nursing homes and assisted-living facilities since March. More than 1,400 people have died.
- The vaccine has already arrived at nursing facilities on the Navajo Nation. Indian Health Services distributed 3,900 doses to several health care facilities, including a nursing home in Chinle.

Vaccination in LCTF

 David Voepel, executive director for the AHCA, expects the process to go "pretty quick" for the approximately 145 skilled nursing facilities in the state

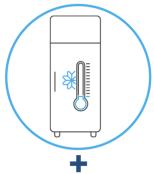
https://www.azcentral.com/story/news/local/arizona-health/2020/12/27/covid-19-vaccinations-start-arizona-nursing-homes/4016014001/



- On December 18, 2020, the U.S. Food and Drug
 Administration issued an emergency use authorization (EUA)
- AZ is to obtain total of 201k doses
- Formulated mRNA vaccine
 - mRNA-1273 mRNA encodes the SARS-CoV-2 full-length spike protein
- Vaccine reported to have efficacy of 94.1% overall at preventing symptomatic disease
- Full immune response is expected to peak around 14 days after the second dose (42 days from 1st dose) of the vaccine



Storage Conditions*



Freezer: -20°C/-4°F for 6 months



Fridge: 2°-8°C/36°-46°F for up to 30 days



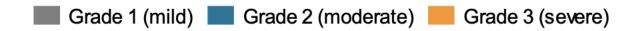
Room temperature: 12 hours post thaw

Flexible and adaptable supply chain

Uses standard existing vaccination infrastructure

No dilution required

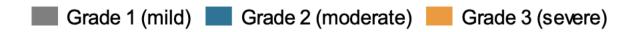
Currently anticipate production of mRNA-1273 will be ~20 million doses by end of 2020



Symptom	Age grou	Jp ² Vaccination 1	Vaccination 2
Any systemic symptom	18-55 56-70 71+		
Arthralgia	18-55 56-70 71+		
Fatigue	18-55 56-70 71+		
Fever ¹	18-55 56-70 71+		=
Chills	18-55 56-70 71+	_	
Headache	18-55 56-70 71+		
		0 20 40 60 80 1 Percentage of severit	00 0 20 40 60 80 100 y Percentage of severity



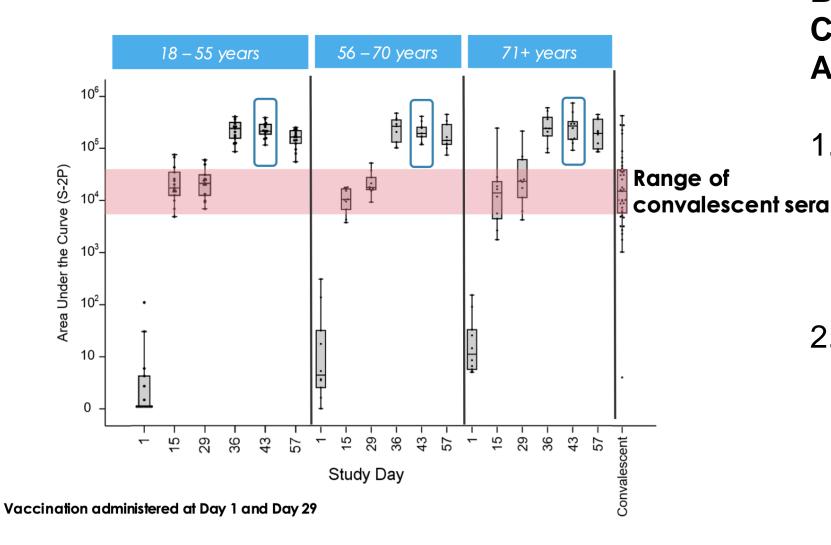




Symptom	Age group	² Vaccination 1	Vaccination 2
Myalgia	18-55 56-70 71+	<u> </u>	
Nausea	18-55 56-70 71+		
Any local symptom	18-55 56-70 71+		
Erythema, redness measurement	18-55 56-70 71+		
Induration/ swelling measurement	18-55 56-70 71+	_	
Pain	18-55 56-70 71+	0 20 40 60 80 100	0 20 40 60 80 100
	Percentage of severity		Percentage of severity







Binding antibodies Comparable Across Age Groups

- After the first vaccination, AUC for all age groups exceeded the median of convalescent sera
- 2. After two vaccinations, all age groups are equivalent to high-titer convalescent sera

https://www.modernatx.com/sites/default/files/content_documents/mRNA-1273-Update-11-16-20-Final.pdf

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Vaccinations Questions

Arizona Health System COVID-19 Vaccine Safety Task Force

- Pfizer-BioNTech and Moderna COVID-19 vaccines carry the risk of mild to moderate side effects consistent with the immune system activation
- These side effects generally last 1-2 days and over the counter medications can help alleviate the symptoms of these side effects
- Health care personnel should receive the vaccine within the language of the emergency use authorizations for each COVID-19 vaccine

Vaccinations Questions

Arizona Health System COVID-19 Vaccine Safety Task Force

- Recommend immunocompromised hosts receive the vaccine if no other contraindications exist
- Recommend pregnant and breastfeeding/lactating women receive the vaccine after a discussion of the risks and benefits with their provider if no other contraindications exist
- No appreciable differences between the two vaccines
- Timing of the 2nd dose of the vaccine is different: Pfizer-BioNTech (day 1 and day 21) and Moderna (day 1 and day 28) COVID-19 vaccine. Either vaccine is **NOT be interchanged** with each other

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Vaccinations Questions

- When can you expect to see the protection of the vaccine?
 - Pfizer-BioTech vaccine: full immune response is expected to peak around 7 days after the second dose (28 days from 1st dose) of the vaccine
 - **Moderna:** full immune response is expected to peak around 14 days after the second dose (42 days from 1st dose) of the vaccine.
 - Partial effects can occur before that time for both vaccines, but we do not know the strength of that protection.

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Vaccinations Questions

Will the vaccine stay with you forever?

- The mRNA that makes up the vaccine will be gone within 2 months
- The length of the protective effects are unknown currently. The vaccine does produce both an antibody and T cell response
 - It is believed that the T cell response may confer longer lasting immunity and be able to activate upon re-exposure as seen with other vaccines
- Data beyond 2 months is more limited given the trial length, but the data available beyond this time point continues to show the vaccine being significantly protective compared to the placebo

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Vaccinations Questions

- I am immunocompromised or have a weaken immune system, should I receive the vaccine?
 - The Arizona Health System COVID-19 Vaccine Safety Task Force recommends that immunocompromised patients receive the vaccine.
 - The vaccine does not contain a live virus and cannot cause an infection.
 - The efficacy of the vaccine might be reduced in this patient population but its potential benefits outweigh the risks

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- In general, viruses constantly change through mutation, and new variants of a virus are expected to occur over time
- New variant strain of SARS-CoV-2 that contains a series of mutations has been described in the United Kingdom (UK)
 - Highly prevalent in London and southeast England
 - Since November 2020, a variant strain of SARS-CoV-2, reportedly accounting for 60% of recent infections
 - Variant has a mutation in the receptor binding domain (RBD) of the spike protein at position 501, where amino acid asparagine (N) has been replaced with tyrosine (Y).



- Uncertain why the variant emerged in the UK
- There is no evidence that this variant causes more severe illness or increased risk of death
- At present, the variant is referred to as "SARS-CoV-2 VOC 202012/01" (i.e., the first variant of concern from 2020, December), or "B.1.1.7." or N501Y
- New variant has been identified in several states in US per news reports
 - Per CDC: VOC 202012/01 variant has not been identified through sequencing efforts (Updated end of Dec)



- Prior work on variants with N501Y suggests they may bind more tightly to the human angiotensin-converting enzyme 2 (ACE2) receptor
 - It is unknown whether that tighter binding, if true, translates into any significant epidemiological or clinical differences
- SARS-CoV-2 mutates regularly, acquiring about one new mutation in its genome every two weeks.

- What POTENTIAL implications of the new variant
 - Ability to spread more quickly in humans
 - Ability to cause either milder or more severe disease in humans
 - Ability to evade detection by specific diagnostic tests
 - Decreased susceptibility to therapeutic agents such as monoclonal antibodies
 - Ability to evade vaccine-induced immunity / The virus would likely need to accumulate multiple mutations in the spike protein to evade immunity induced by vaccines or by natural infection.
 - At this time is felt this is very UNLIKELY

https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-emerging-variant.html



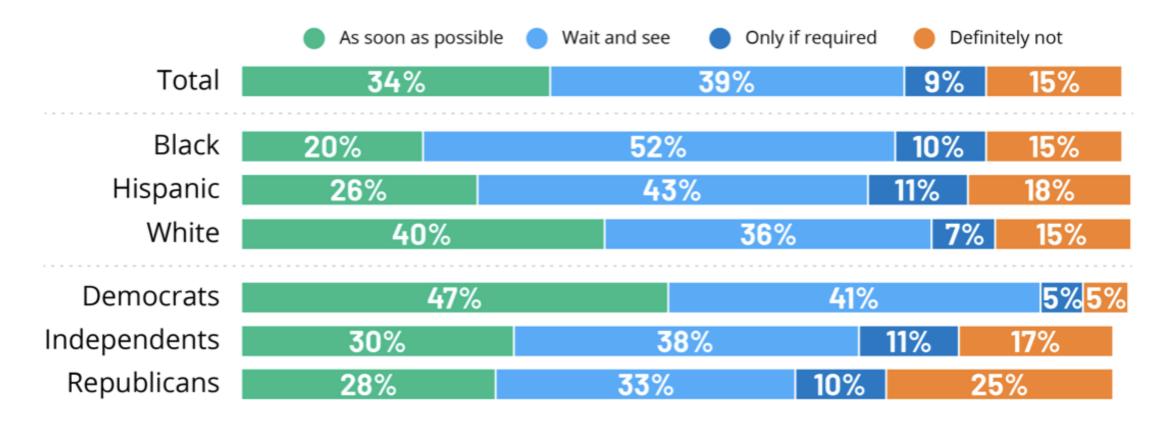
Travelers from the United Kingdom

- December 24, 2020
- Passengers are required to get a <u>viral test</u> within the 3 days before their flight from the U.K. to the U.S. departs, and provide written documentation of their laboratory test result (in hard copy or electronic) to the airline.
- Airlines must confirm the negative test result for all passengers before they board.
 - If a passenger chooses not to take a test, the airline must deny boarding to the passenger.

https://www.cdc.gov/media/releases/2020/s1224-CDC-to-require-negative-test.html



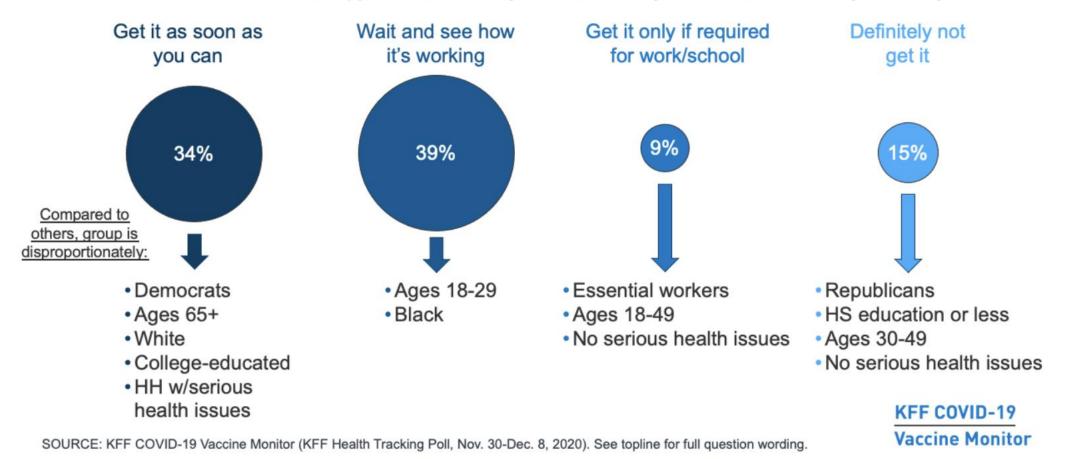
COVID-19 Vaccine Public Enthusiasm Has Increased





COVID-19 Vaccine Public's Confidence Profile Of Groups By Vaccine Enthusiasm

When a vaccine for COVID-19 is approved and widely available to anyone who wants it, do you think you will...?

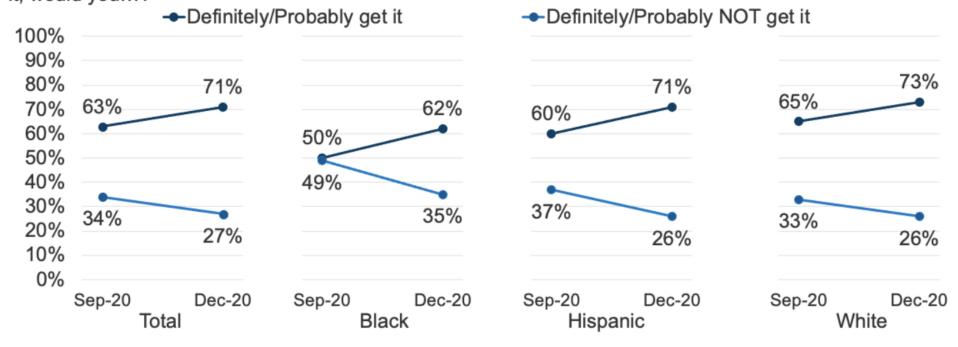


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Willingness To Vaccine Has Increased Across Racial/Ethnic Groups

If a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, would you...?

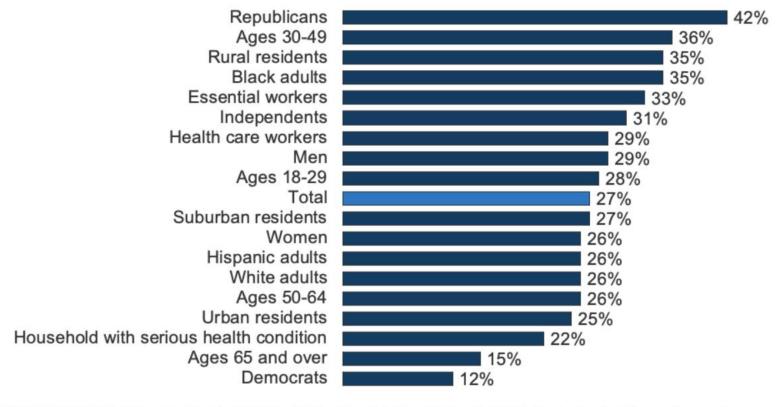


SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020); KFF/The Undefeated Survey on Race and Health (conducted Aug. 20-Sept. 14, 2020). See topline for full question wording.

KFF COVID-19 Vaccine Monitor



Which Groups Are Most Likely To Be COVID-19 Vaccine Hesitant?



KFF COVID-19
Vaccine Monitor

SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020). See topline for full question wording.



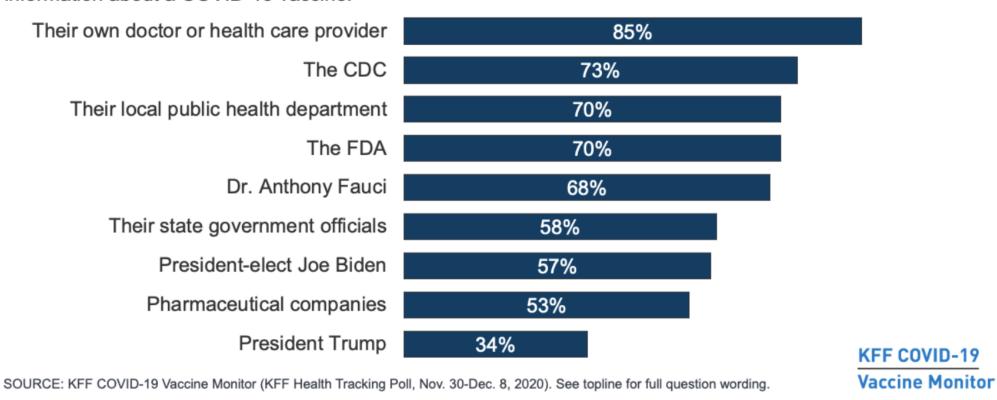
Reasons For Vaccine Hesitancy

AMONG THOSE WHO WOULD DEFINITELY NOT OR PROBABLY NOT GET VACCINATED: Percent who say each of the following is a major reason why:	Total	Party ID		Age		Race/Ethnicity	
		Independent	Republican	18-49	50+	Black	White
Worried about possible side effects	59%	59%	54%	58%	63%	71%	56%
Do not trust the government to make sure the vaccine is safe and effective	55	52	56	55	53	58	54
Vaccine is too new and want to wait and see how it works for other people	53	54	41	57	46	71	48
Politics has played too much of a role in the vaccine development process	51	46	53	47	59	54	49
The risks of COVID-19 are being exaggerated	43	40	57	40	51	33	49
Don't trust vaccines in general	37	43	31	37	38	47	36
Do not trust the health care system	35	34	36	32	42	28	36



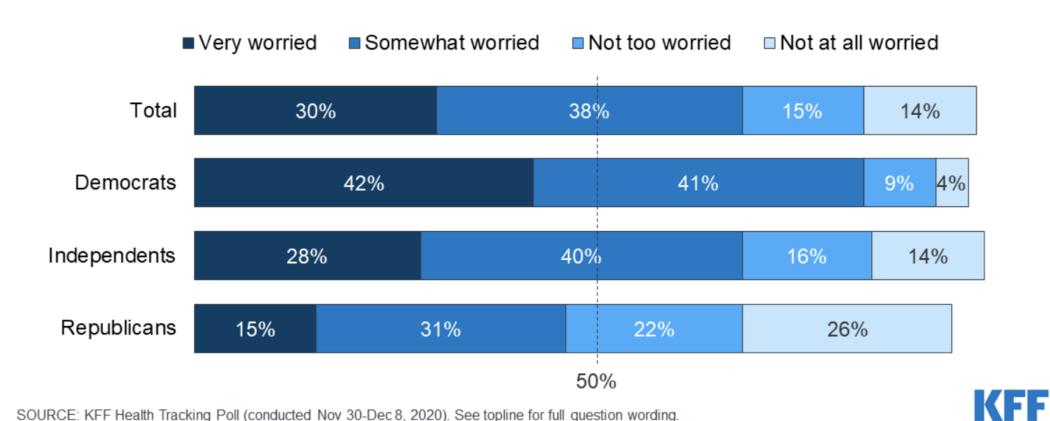
Most Trusted Source Of Information On COVID-19 Vaccine

Percent who say they have a great deal or a fair amount of trust in each of the following to provide reliable information about a COVID-19 vaccine:



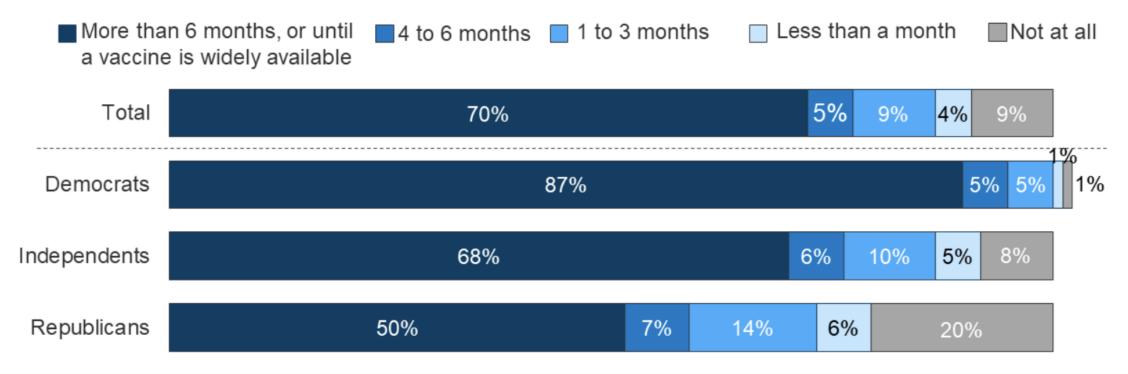


Concern About Someone In Your Family Getting Sick From COVID-19





Keep Up Social Distancing Guidelines

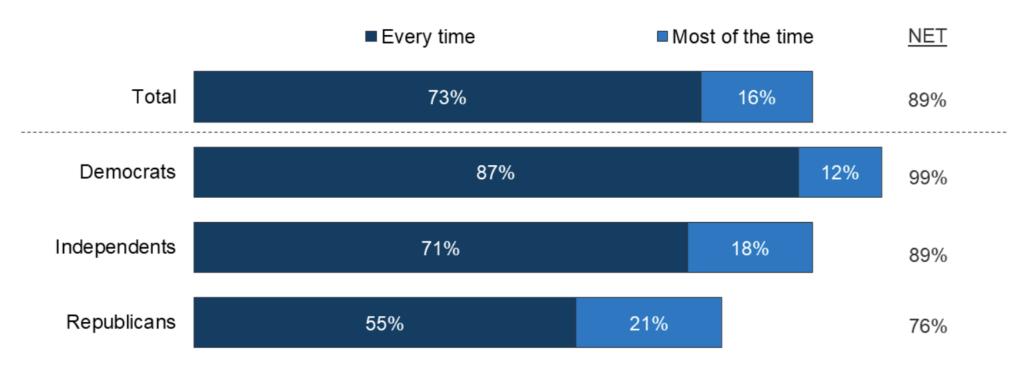


SOURCE: KFF Health Tracking Poll (conducted Nov 30-Dec 8, 2020). See topline for full question wording.





Wear A Protective Mask Every Time You Leave Their House

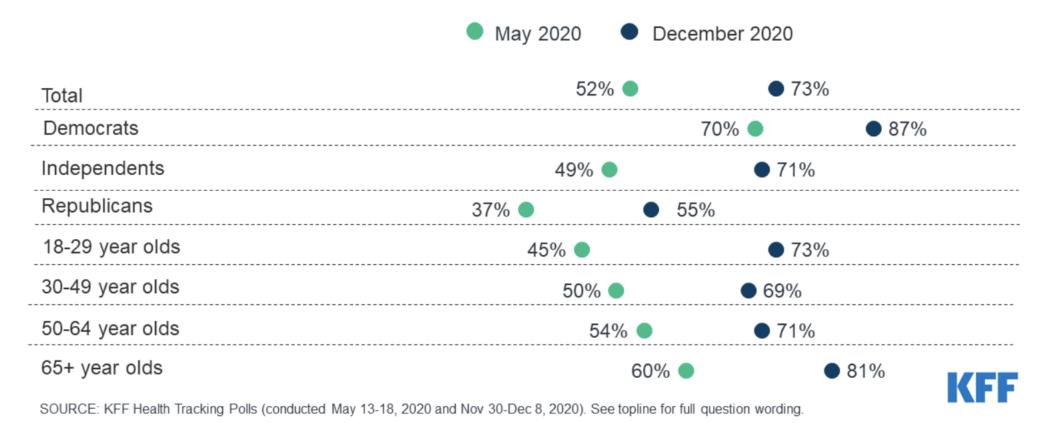


SOURCE: KFF Health Tracking Poll (Nov 30-Dec 8, 2020). See topline for full question wording.





Decision to Wear A Mask Every Time You Leave Home Over Time - IMPROVED



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HonorHealth Updates

- Census is very high in HonorHealth, including COVID-19 patients numbers
- Stable COVID-19 patients can be managed at the skilled nursing facility
- If you are not able to cohort this patient population, and the patient is appropriate, use the Surge Line to transfer the patient to a facility with a COVID-19 unit

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GUEST SPEAKER

SAFE HOME CARE COALITION (SHCC)

Started as a local initiative where 5 Maricopa County based homecare companies came together with a common purpose to educate consumers and health care professionals on best practices to help a patient remain at home...safely.





Today's conversation

The Difference

- Home Health vs. In Home Care

- In Home Personal Care vs. Independent Contractor/Registry

Home Care Association of America (HCAOA)

National Standards

COVID-19

Protecting clients and making sure Caregivers are prepared





Models of Home Care Service Delivery

1. In-Home Care Provider – Employer/Employee

2. Independent Contractor (Registry)

3. Private Caregiver – Direct Hire





Home Care Agency vs Independent Contractors

Quality Measures	Home Care	Independent Contractors		
Bonded & Insured	Bonded, insured with liability and workers' comp; Coverage for accidents in the home	None; Patient must cover all liability		
Background Checks	Federal and state background checks	None		
Training & Education	Dementia care, CPR, transfers, First Aid Certification and hands on training	Varies		
Caregiver Backup & Satisfaction	Backups always available; Focus on personality match	Varies		
Customization	Flexible to client needs	Varies		
Quality Assurance	Care monitored by Care Coordinator; family given daily updates	None; Patient's responsibility		



Homecare Choices Consumer Cost Comparison

	In-Home Agency	Independent Contractor/Registry
Employer	Agency is employer	YOU are the employer
Hourly Rate	\$28.00	\$20.00
Payroll Taxes	Included in the rate	You pay
Workers' Comp	Included in the rate	You pay
Agency Fee	None	\$25 per shift
5-hour shift	\$140.00	<mark>\$125.00</mark>
8-hour shift	\$224.00	<mark>\$185.00</mark>

^{*}quotes rates are for illustrative purposes. Actual rates vary by provider.

^{**}Employer based agencies are supplying PPE for our clients and caregivers in addition they are providing infection control training.





COVID-19 has forever changed Elder Care

So how are we going to care for our aging loved ones now? and into the future?





Employer Based Home Care Agencies – What are they doing to protect their Clients and their Caregivers

- Supply of PPE Equipment
 - Masks
 - Gloves
 - Googles
 - Face Shields
 - Gowns
- Training Donning and Doffing PPE
- Testing regularly adhering to the long term care facility/community policies



Questions – Type in Q & A Section

Post-Acute Website: https://innovationcarepartners.com/postacutecommunications



- If you have further questions or issues you would like to discuss
- Please contact: Francisco Gonzalez – Preferred **Network Coordinator**
- fgonzalez@icphealth.com





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