

Preferred Provider Network

- October 27th, 2021



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COLLABORATING FOR CARE

Innovation Care Partners & HonorHealth – Confidential Information

As of 10/27/2021

Agenda

COVID-19 Overview

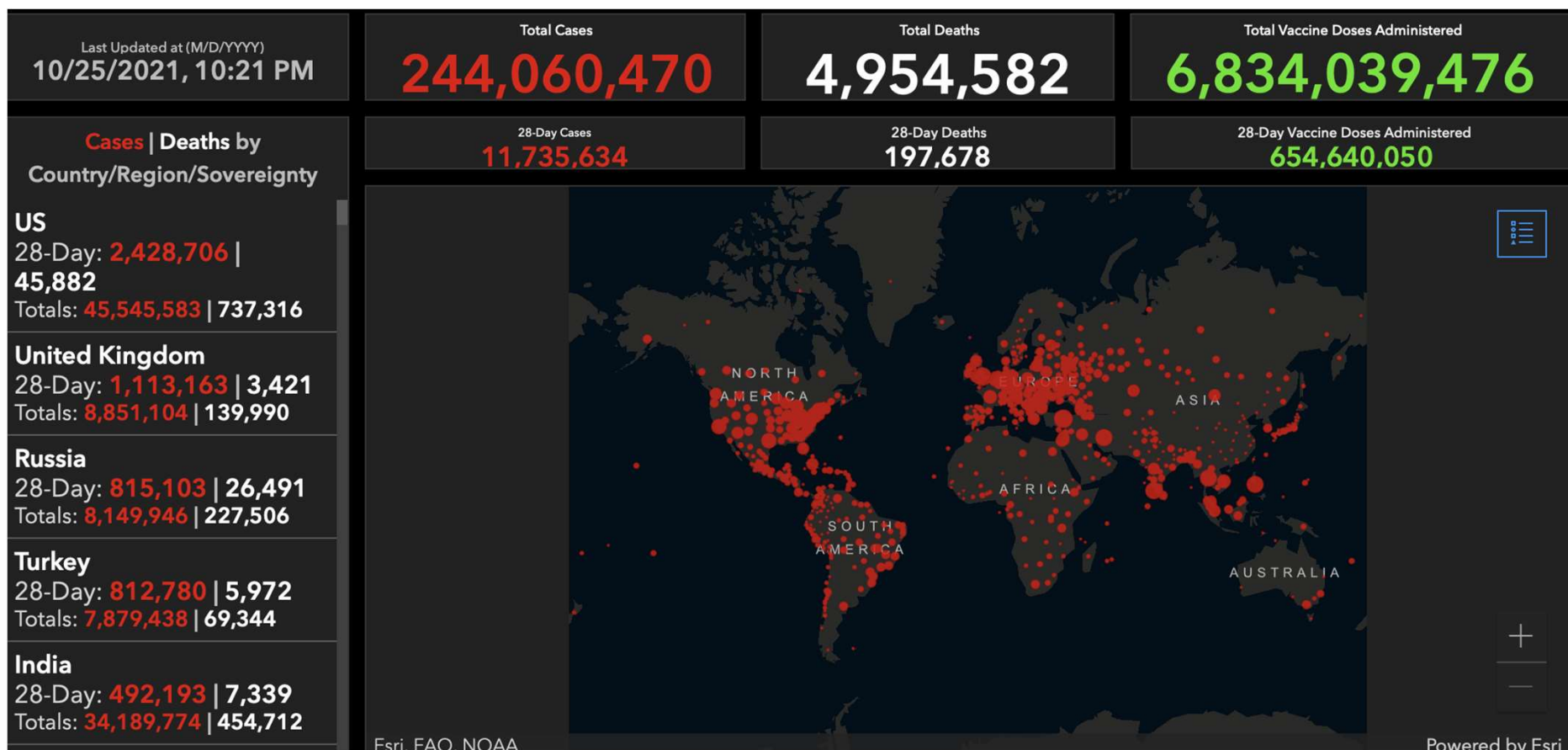
COVID-19 in Arizona

Vaccine related topics

New updates

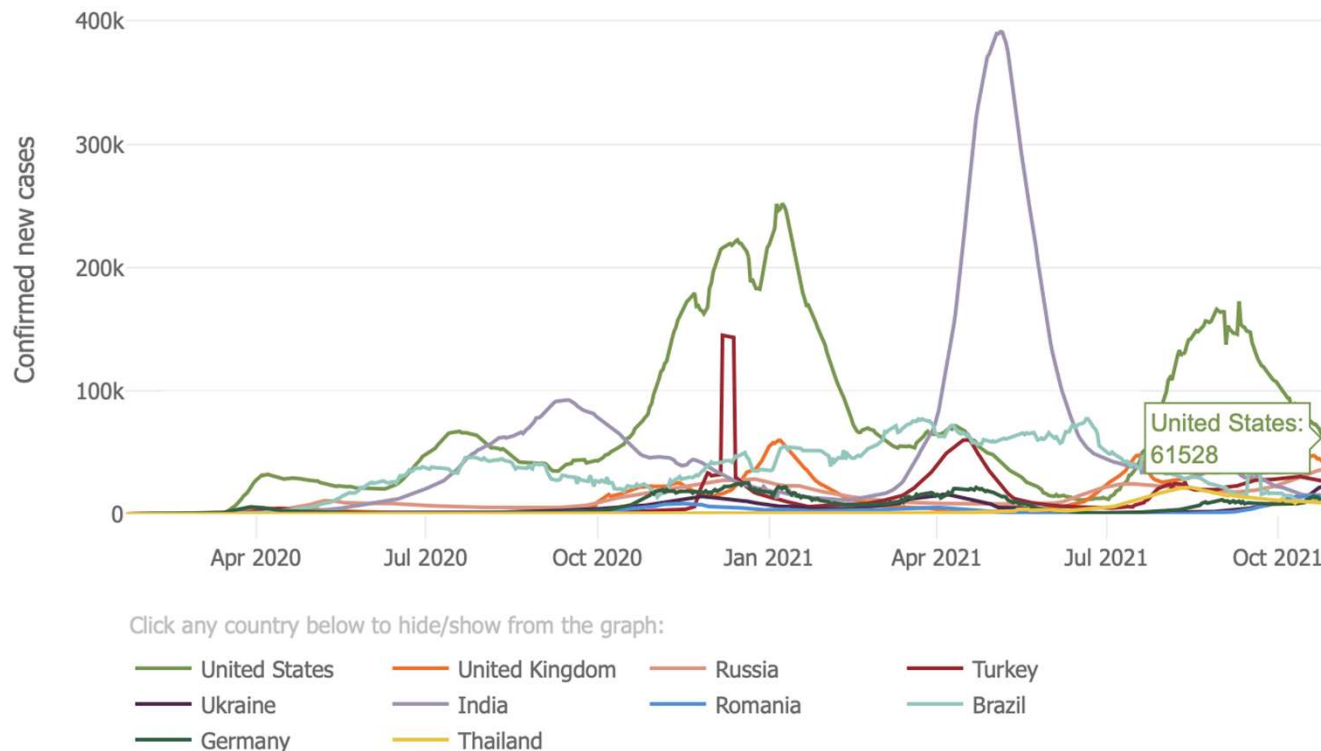
Guest speaker

Johns Hopkins Tracker



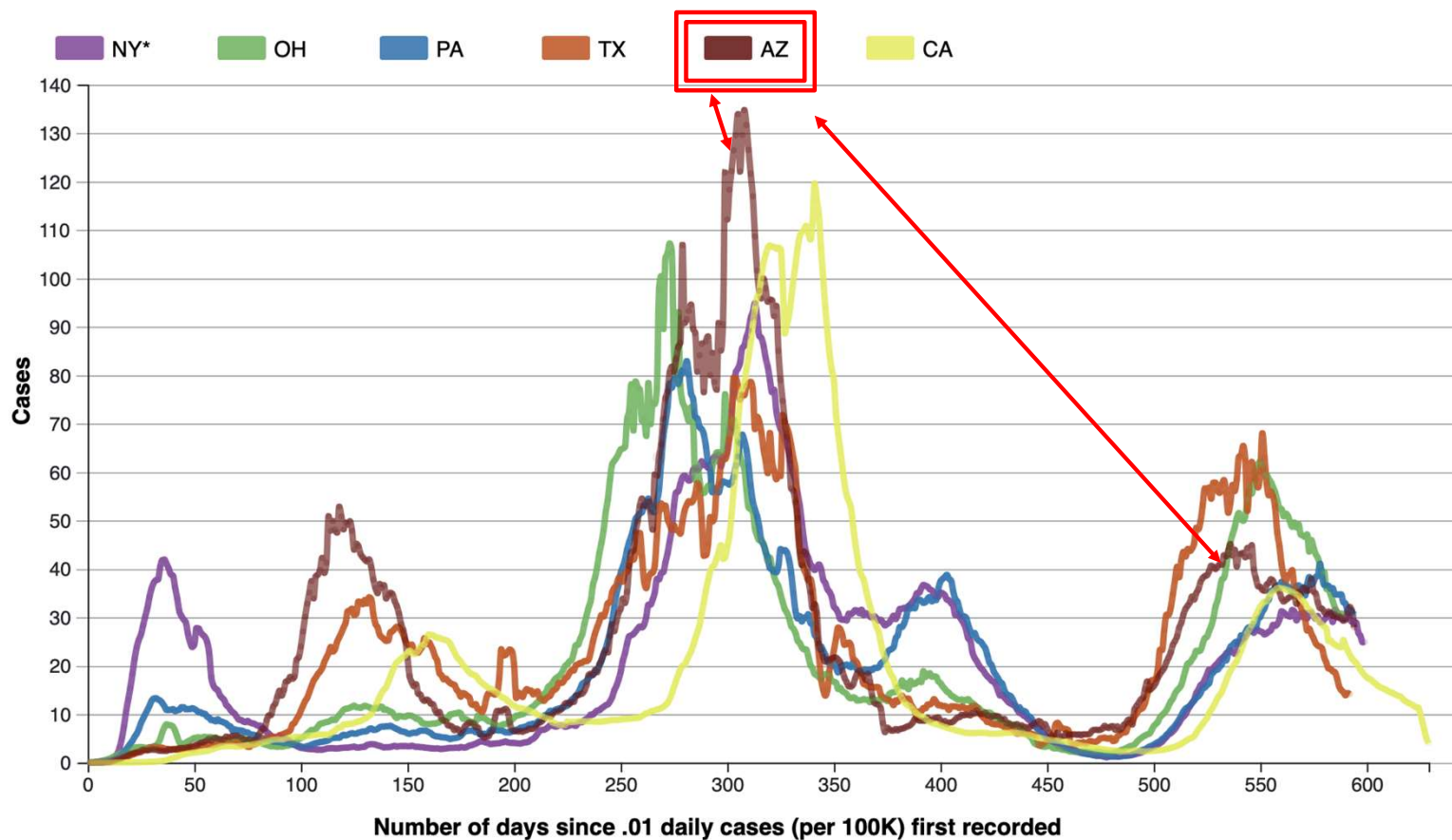
As of 10/26/2021

DAILY CONFIRMED NEW CASES WORLDWIDE



Globally, COVID-19 cases are trending down

Compare Trends, New COVID-19 Cases (per 100K)



AZ Case count improved time, likely related to increased vaccination efforts

Hospitalized COVID Cases by Age, US

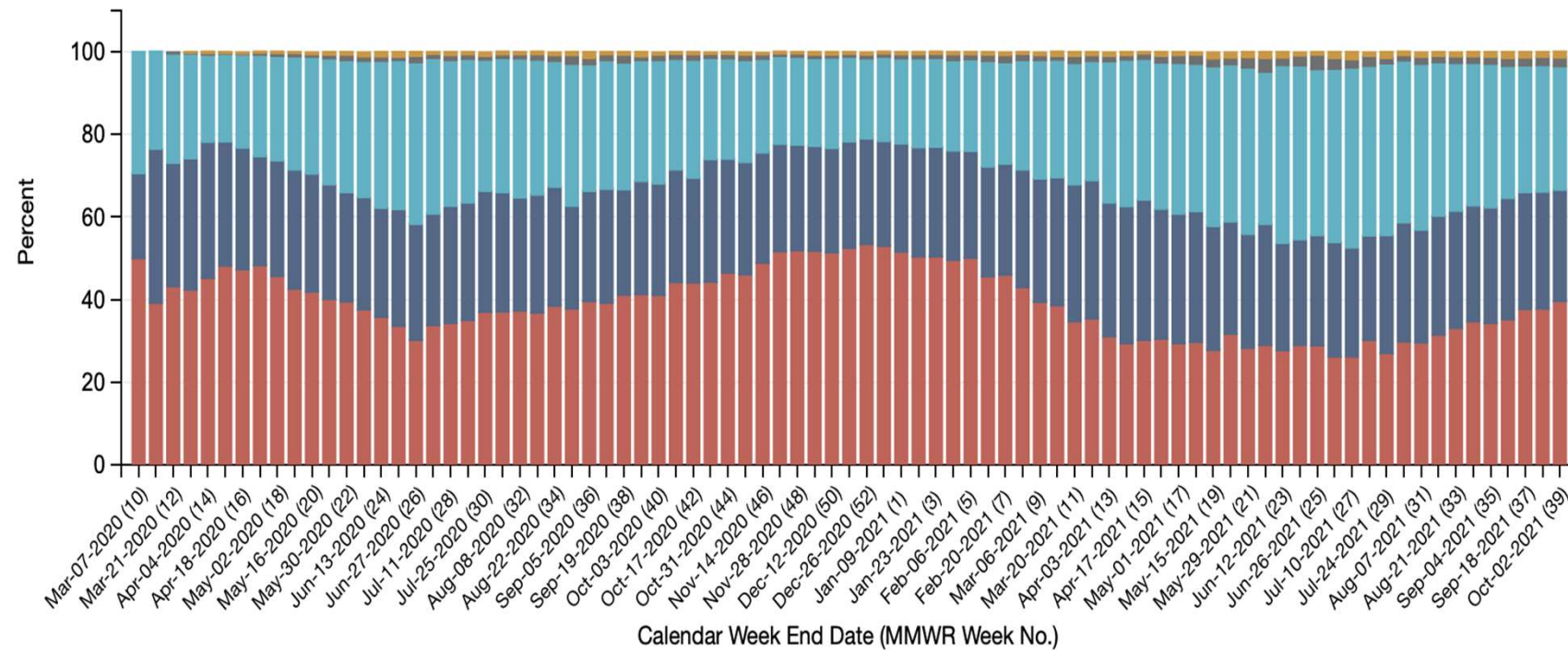
Case Percent

Week Ending: Oct-02-2021

MMWR Week: 39

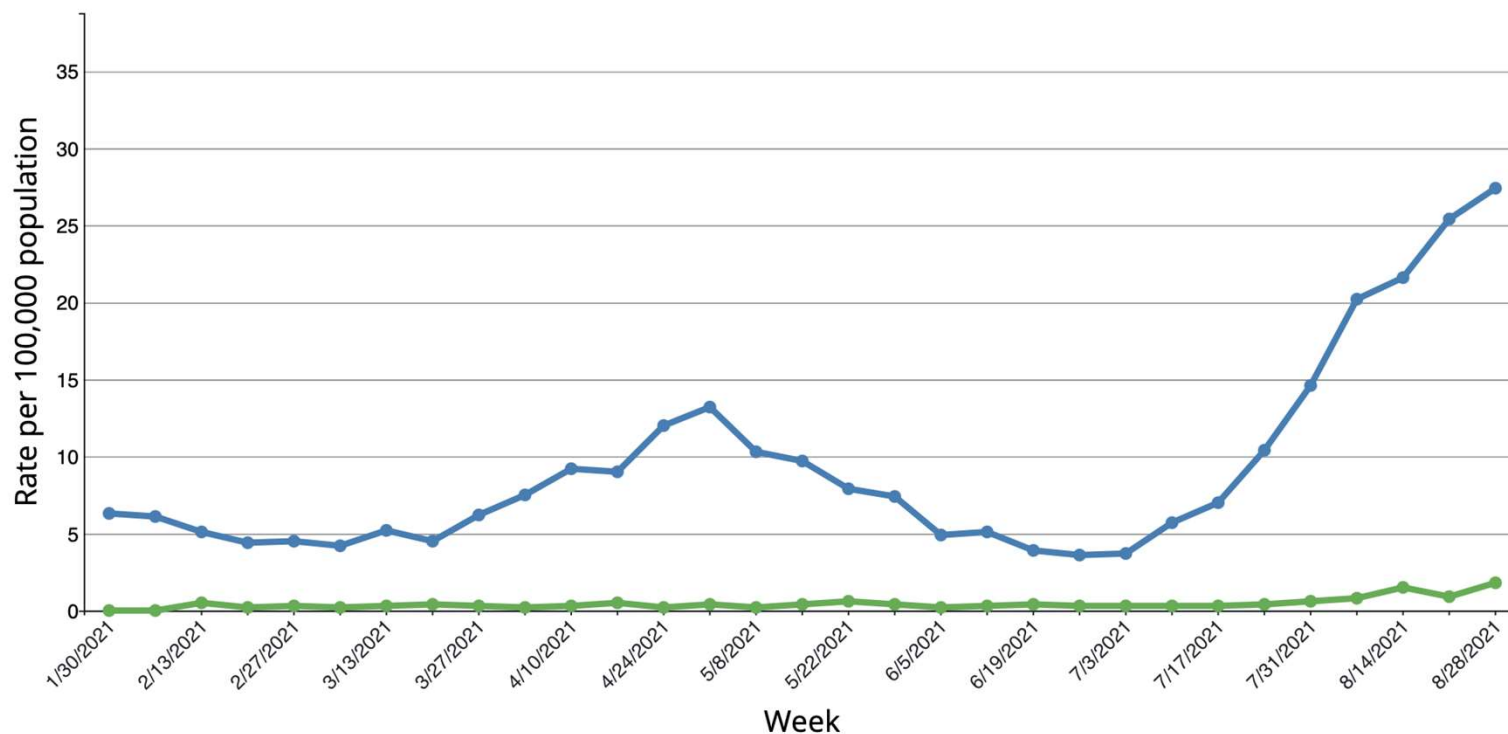
0-4 yr: 1.5
5-17 yr: 2.1
18-49 yr: 29.9
50-64 yr: 27
65+ yr: 39.6

0-4 yr 5-17 yr 18-49 yr 50-64 yr 65+ yr



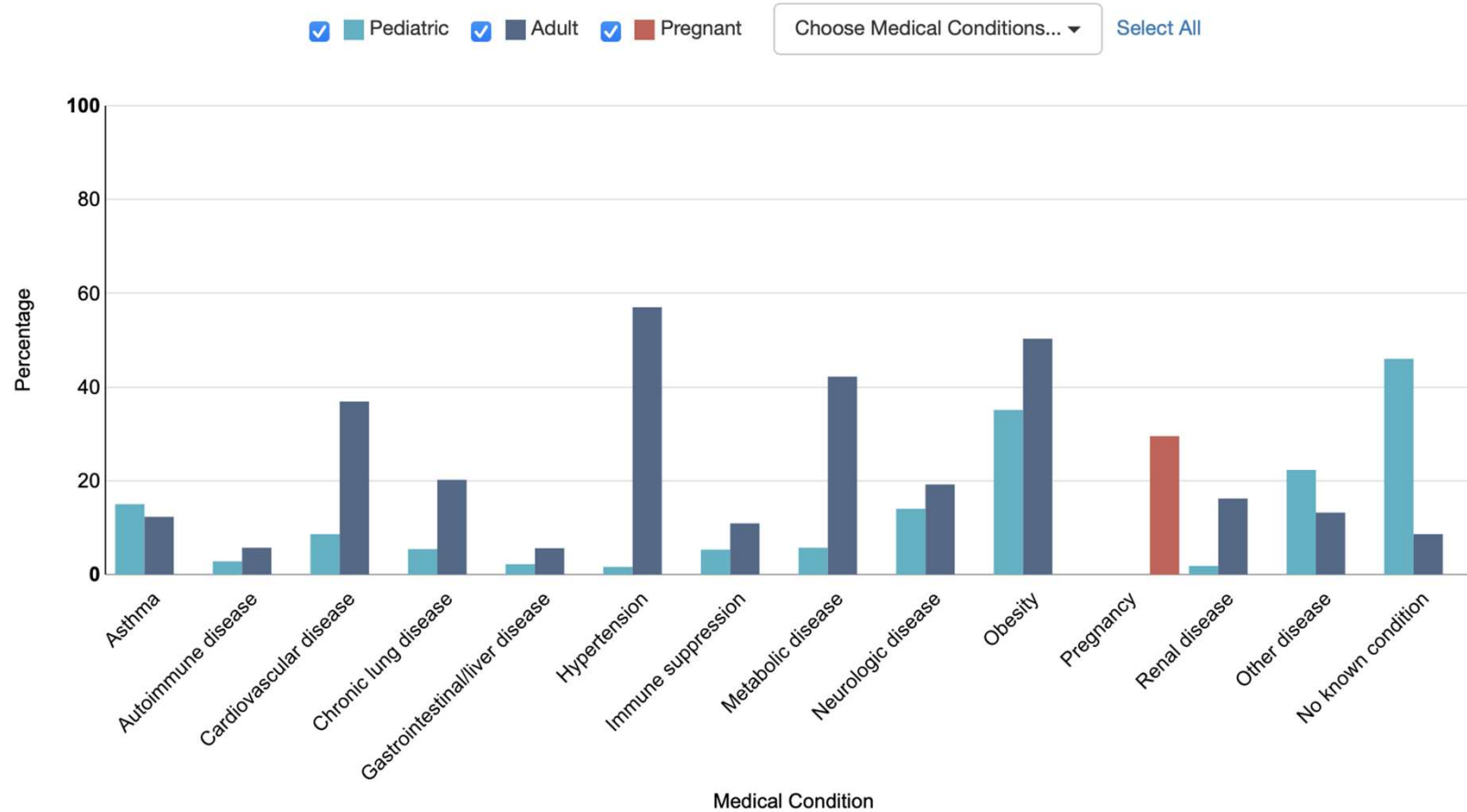
Rates of COVID-19-Associated Hospitalizations by Vaccine Status in Adults Aged 18–49 Years, January–August 2021 – US

Rate in Fully Vaccinated Persons Rate in Unvaccinated Persons



Correlation between the unvaccinated and the rate of hospitalized patients

Hospitalized COVID Cases by Medical Condition, US

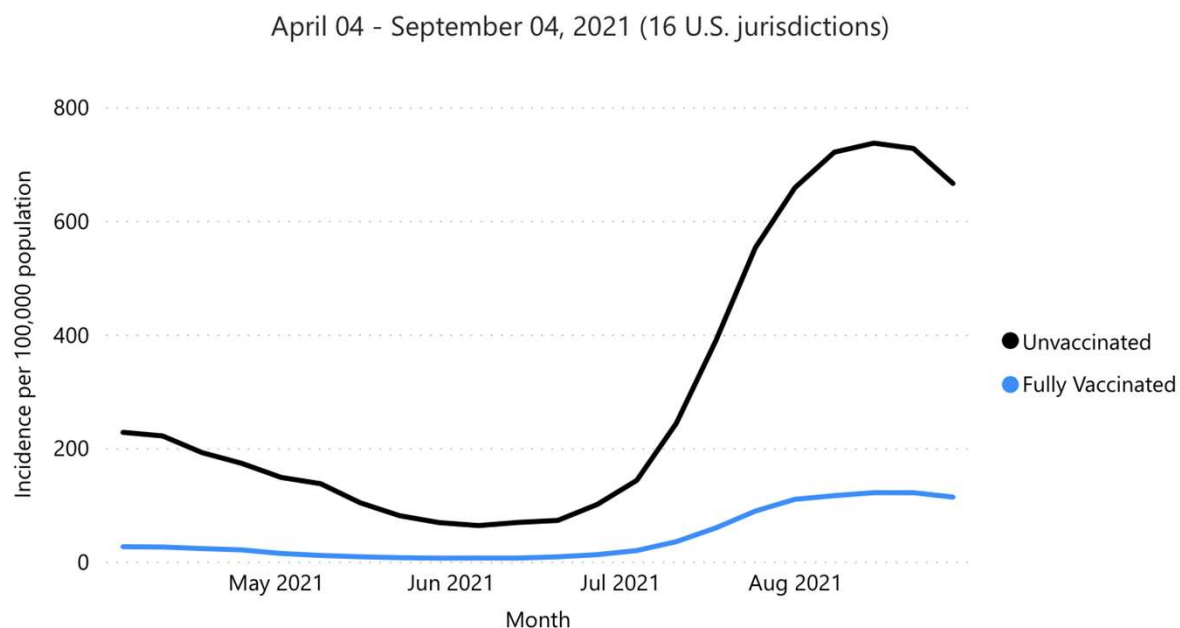


Rate of COVID Cases by Vaccination

Outcome

■ Cases

□ Deaths

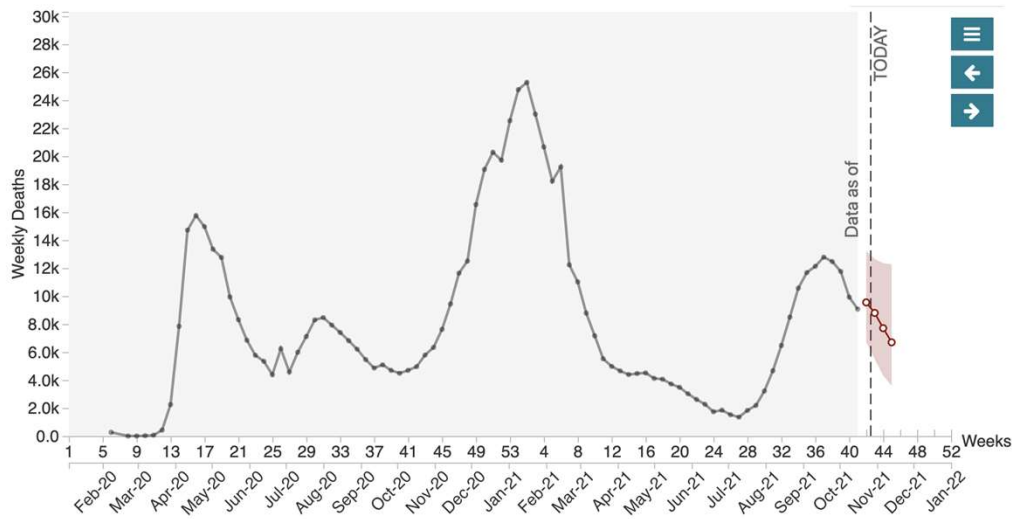


In Aug unvaccinated persons had:

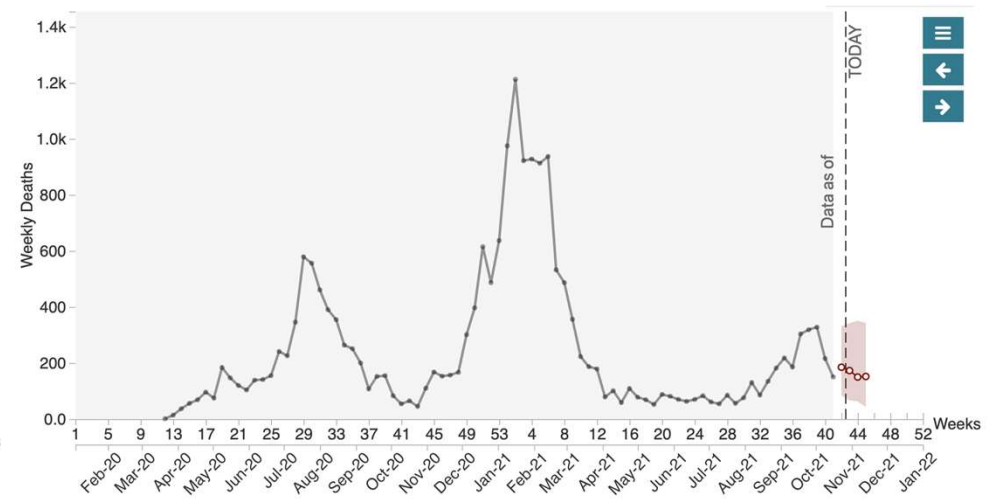
- 6.1x greater chance of testing positive for COVID
- 11.3. greater risk of dying from COVID

COVID-19 Forecasting US and AZ

As of 10/26/21



US



AZ

Arizona Case Counts

Number of Cases 1,150,432	Number of Deaths 20,963	Number of Vaccine Doses Administered † 8,108,829
Number of New Cases reported today*	Number of New Deaths reported today*	Number of New Vaccine Doses reported today* † 18,130
450	102	

COVID-19 Deaths (Last 6 Months)

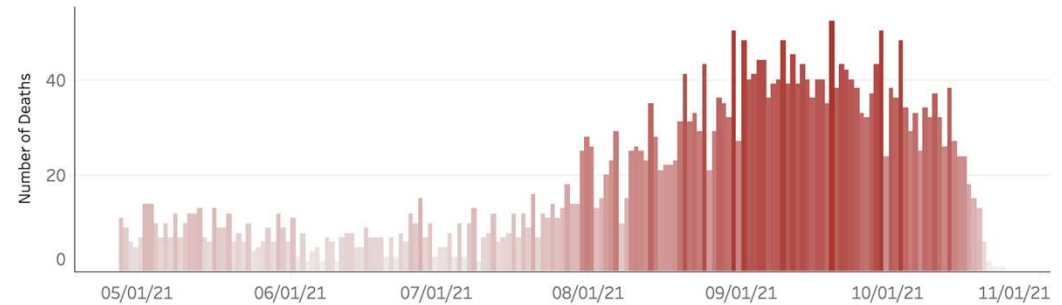
3,458

New COVID-19 Deaths Reported Today

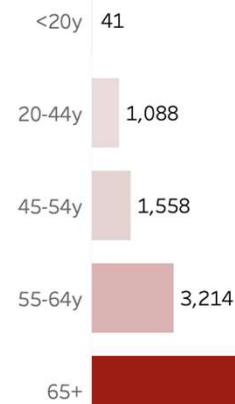
102

As of 10/26

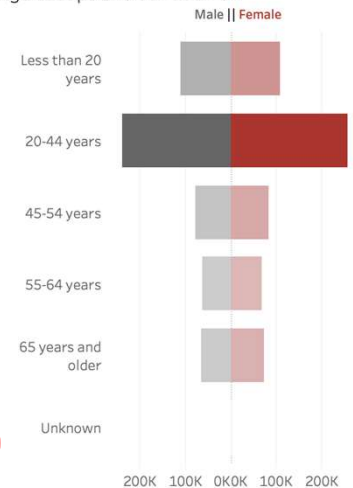
COVID Deaths over time



COVID-19 Deaths by Age Group



Age Groups and Sex at Birth



Arizona Diagnostic Tests

As of 10/26/2021

Diagnostic tests completed for
COVID-19

13,484,778

Diagnostic tests reported today
in Arizona

62,810

Total % Positive COVID-19
Diagnostic Tests

9.7%

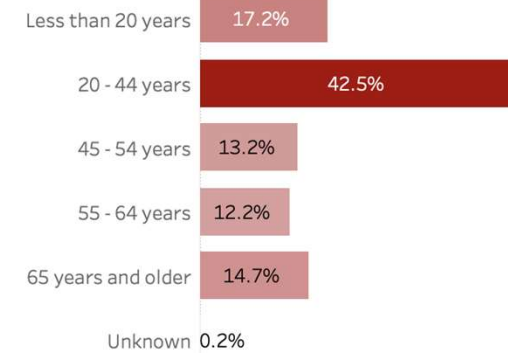
Total % Positive COVID-19 Diagnostic Tests: **9.7%**

■ COVID-19 tests completed and ■ Percent positive by week

Percent positive is the number of positive tests in Electronic Laboratory Reporting (ELR), out of all COVID-19 tests reported via ELR. Diagnostic tests include PCR and antigen testing.



Diagnostic Testing by Age Group



COVID-19 in the 1,225 Long-Term Care Facilities – AZ

Of 9,714 COVID-19 cases among residents, **2,778 (29%)** have been hospitalized and **2,574 (26%)** have died.



Of 6,644 COVID-19 cases among staff, **290 (4%)** have been hospitalized and **20 (0%)** have died.

As of 10/26/2021

Arizona Vaccine Demographics

As of 10/26/2021

Doses in Arizona

Total number of COVID-19 vaccine doses administered: **7,581,341**

Total number of COVID-19 vaccine doses ordered: **5,387,440**

Percent of COVID-19 vaccine doses utilized: **140.7%**

People in Arizona

Total number of people who have received at least one dose of COVID-19 vaccine: **4,127,406**

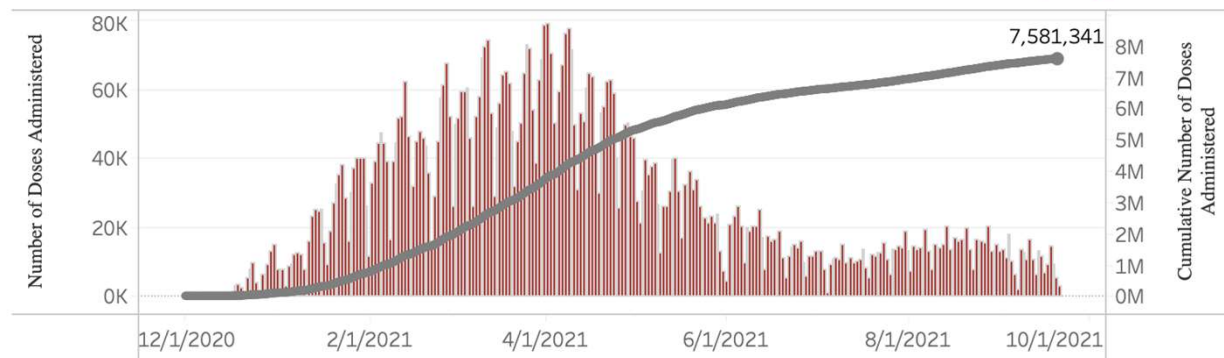
Percent of people vaccinated: **57.4%**

Number of people who are fully vaccinated against COVID-19: **3,649,311**

People who have received at least one dose by race/ethnicity

White, non-Hispanic	1,889,128 (45.8%)
Hispanic or Latino	710,953 (17.2%)
Other Race	690,708 (16.7%)
Unknown	442,051 (10.7%)
Asian or Pacific Islander, non-Hispanic	153,084 (3.7%)
American Indian or Alaska Native, non-Hispanic	123,559 (3.0%)
Black or African American, non-Hispanic	114,692 (2.8%)

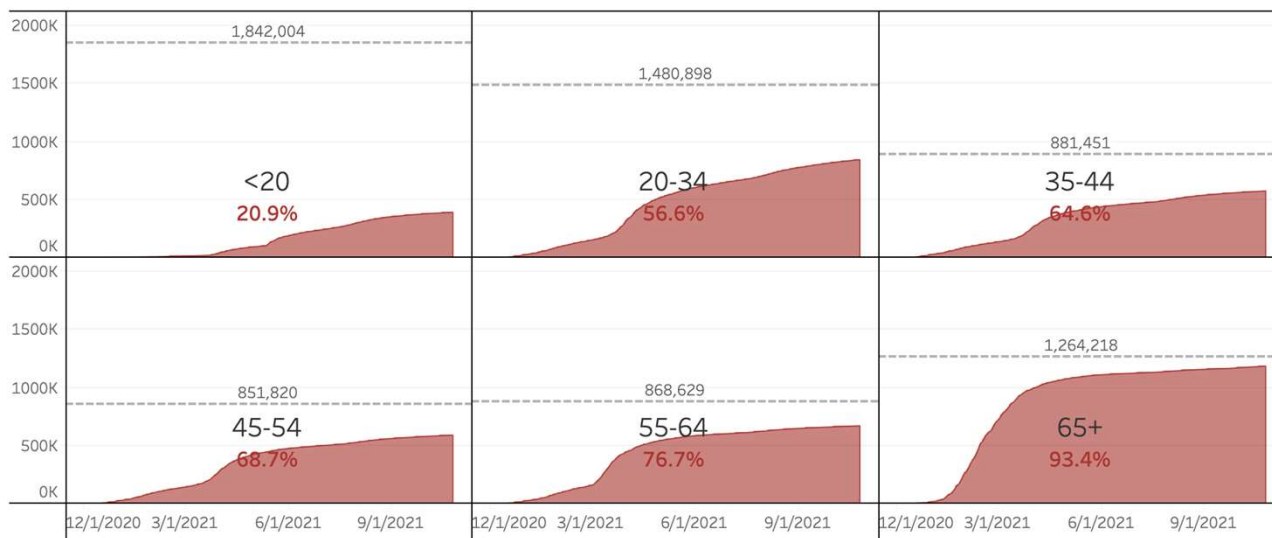
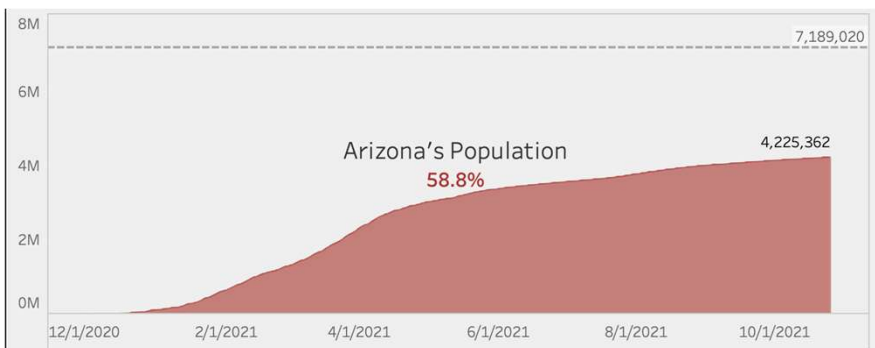
The number of doses administered by administration date (■ cumulative sum ■ doses by day)



Click below to filter data by county of residence.



Vaccination Rate
0.0% 100.0%



AZ Vaccination Efforts

**AZ Vacc %
Total: 58.8%**

**Age Group:
65+: 93.4%
55-64: 76.7%
45-54: 68.7%**

People who have received at least one dose
by race/ethnicity

White, non-Hispanic	1,898,719 (44.9%)
Hispanic or Latino	747,832 (17.7%)
Other Race	681,441 (16.1%)
Unknown	465,180 (11.0%)
American Indian or Alaska Native, non-Hispanic	158,869 (3.8%)
Asian or Pacific Islander, non-Hispanic	153,452 (3.6%)
Black or African American, non-Hispanic	119,869 (2.8%)

CMS COVID-19 Data Reporting for LTCF - US

By the numbers

85.8%

National Percent of Vaccinated Residents per Facility

70.6%

National Percent of Vaccinated Staff per Facility

710,264

Total Resident COVID-19 Confirmed Cases

138,205

Total Resident COVID-19 Deaths

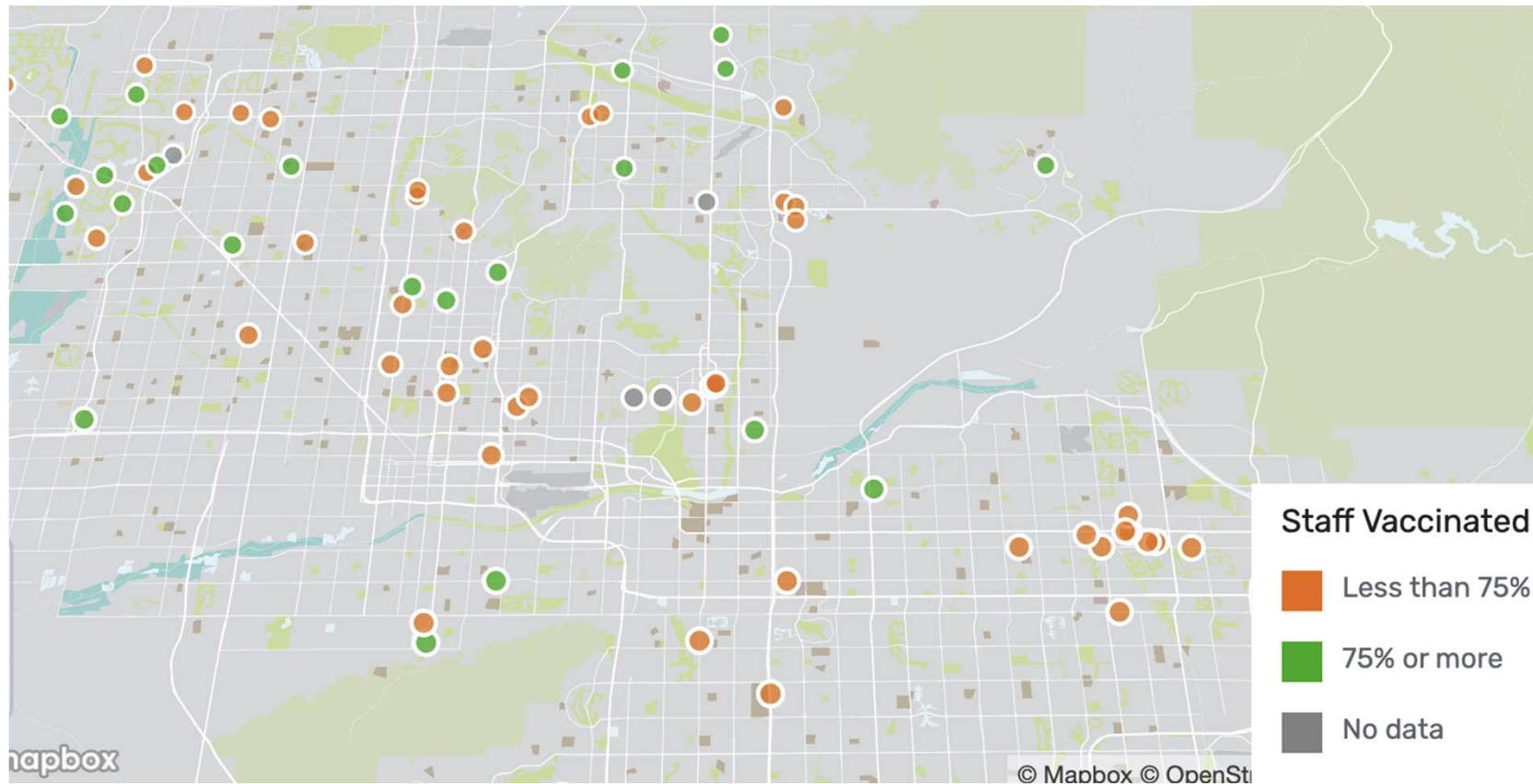
659,751

Total Staff COVID-19 Confirmed Cases

2,133

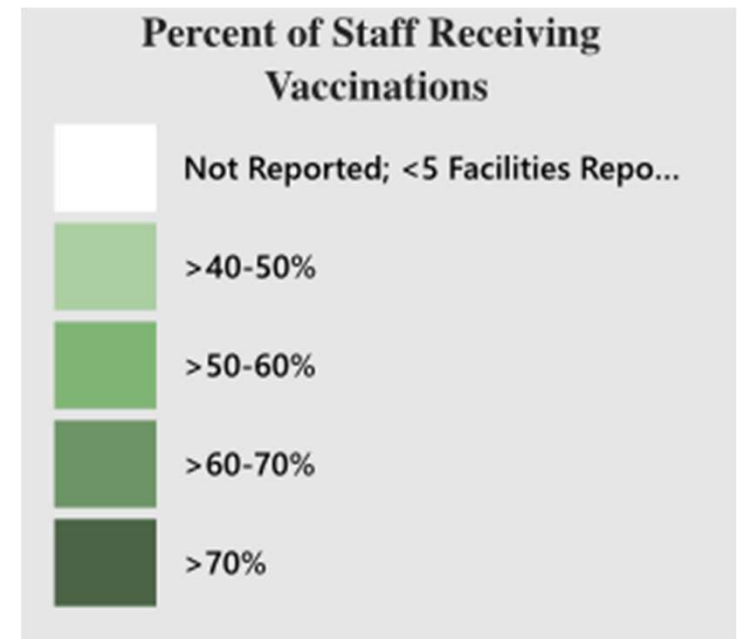
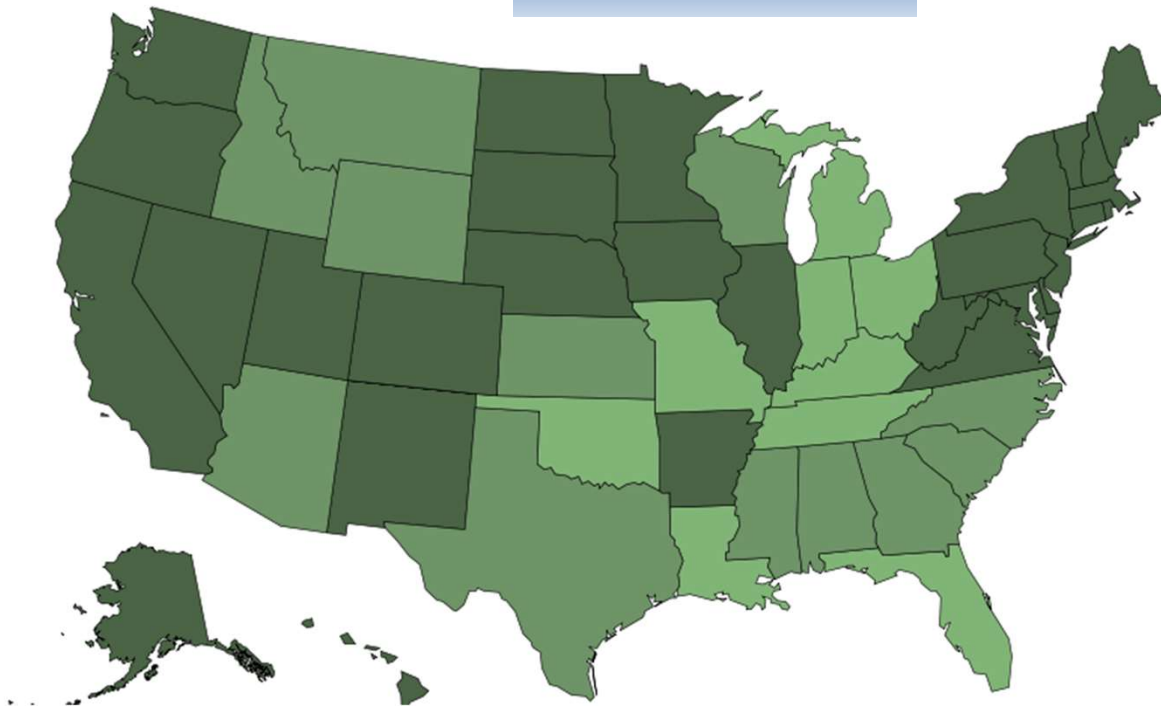
Total Staff COVID-19 Deaths

CMS - Nursing Home Vaccination Rate in AZ



As of 10/26/21

AZ - 66.2%



IN THE NEWS

As of 10/27/2021

Merck and Ridgeback Biotherapeutics

- Investigational oral antiviral medicine, molnupiravir, to treat patients with mild-to-moderate Covid-19 infection
 - Action: Introduction of copying errors during viral RNA replication
 - Indication: Patients at risk for progressing to severe infection or hospitalization
- Phase 3 MOVE-OUT clinical trial
 - Evaluated molnupiravir in non-hospitalized adult patients with mild-to-moderate COVID-19
 - At risk for progressing to severe COVID-19 and/or hospitalization.



Merck and Ridgeback Biotherapeutics

- Molnupiravir reduced the risk of hospitalization or death by approximately 50%, through Day 29
 - Mortality Rate: 7.3% (treatment group) vs 14.1% in hospitalized
 - 8 deaths in patients who received placebo
 - Incidence of any adverse event was comparable:
 - molnupiravir vs. placebo groups (35% and 40%, respectively).
 - drug-related adverse events (12% and 11%, respectively)
 - molnupiravir group discontinued therapy LESS due to an adverse event vs. placebo group (1.3% and 3.4%, respectively).



STUDY – Vaccine Booster against COVID-19 in Israel

• BACKGROUND

- July 30, 2021, administration of a third (booster) dose of the BNT162b2 messenger RNA vaccine was approved in Israel for persons who were 60 years of age or older and who had received a second dose of vaccine at least 5 months earlier
 - 1,137,804 persons who were 60 years of age or older and had been fully vaccinated

• Methods

- Primary analysis: Rate of confirmed Covid-19 and severe illness between patients with booster vs non-booster group
- Secondary analysis: Rate of infection 4 to 6 days after the booster dose as compared with the rate at least 12 days after the booster



STUDY – Vaccine Booster against COVID-19 in Israel



- **RESULTS**

- Primary Analysis:

- Rate of confirmed infection was lower in the booster group than in the non-booster group by a factor of 11.3
- Rate of severe illness was lower by a factor of 19.5

- Secondary analysis:

- Rate of confirmed infection at least 12 days after vaccination was lower than the rate after 4 to 6 days by a factor of 5.4

STUDY – Vaccine Booster against COVID-19 in Israel



Conclusion

- Booster dose of the BNT162b2 vaccine reduced the rates of both confirmed infection and severe Covid-19 illness in a large Israeli population of participants who were 60 years of age or older

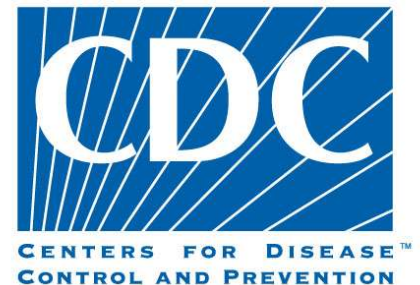
Pfizer Phase 3 Trial Data Booster Efficacy

- On October 21, 2021:
 1. First results from randomized, controlled COVID-19 vaccine booster trial demonstrate a relative vaccine efficacy of 95.6% against disease during a period when Delta was the prevalent strain
 2. In trial with more than 10,000 participants 16 years of age and older, COVID-19 booster was found to have a favorable safety profile



CDC: Reduced Risk of Reinfection with After COVID-19 Vaccination

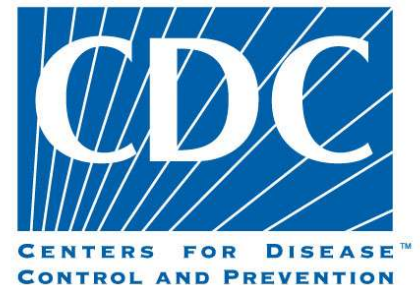
- People should be offered vaccination regardless of their history of symptomatic or asymptomatic SARS-CoV-2 infection
- Data from clinical trials indicate that the currently approved or authorized COVID-19 vaccines can be given safely to people with evidence of a prior SARS-CoV-2 infection
- Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection is not recommended



<https://www.cdc.gov/mmwr/volumes/70/wr/mm7032e1.htm#suggestedcitation>

CDC: Reduced Risk of Reinfection with After COVID-19 Vaccination

- While there is no recommended minimum interval between infection and vaccination, [current evidence](#) suggests that the risk of SARS-CoV-2 reinfection is low in the period after initial infection, BUT may increase with time due to waning immunity.
- A primary vaccination series decreases the risk of future infections in people with prior SARS-CoV-2 infection



CDC: Reduced Risk of Reinfection with After COVID-19 Vaccination

STUDY:

- Case-control study in Kentucky during May–June 2021 among persons previously infected with SARS-CoV-2 in 2020
 - 246 case-patients (matched by age, sex, date of initial infxn)/ 492 controls

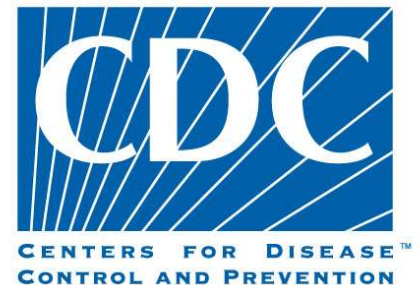
RESULTS:

- Residents who were NOT Vaccinated had **2.34** times the odds of reinfection vs. fully vaccinated patients
 - These findings suggest that among persons with previous SARS-CoV-2 infection, full vaccination provides additional protection against reinfection

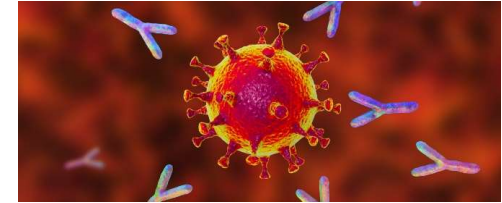
CDC: Reduced Risk of Reinfection with After COVID-19 Vaccination

CONCLUSION:

- Among Kentucky residents who were previously infected with SARS-CoV-2 in 2020, those who were unvaccinated against COVID-19 had significantly higher likelihood of reinfection during May and June 2021
- This finding supports the CDC recommendation that all eligible persons be offered COVID-19 vaccination, regardless of previous SARS-CoV-2 infection status



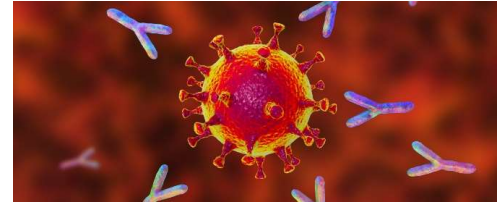
Natural Immunity vs Vaccine-Induced Immunity



STUDY:

- Retrospective observational study comparing three groups
 - 1. SARS-CoV-2-naïve individuals who received a two-dose regimen (Pfizer vaccine)
 - 2. Previously infected individuals who have not been vaccinated
 - 3. Previously infected *and* single dose vaccinated individuals
- In all models we evaluated four outcomes:
 - SARS-CoV-2 infection, symptomatic disease, COVID-19-related hospitalization and death
 - The follow-up period of June 1 to August 14, 2021 (Delta variant was dominant in Israel)

Natural Immunity vs Vaccine-Induced Immunity



- **Conclusions:**
- Natural immunity confers strong / long lasting protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2 vs BNT162b2 two-dose vaccine-induced immunity
- Individuals who were both previously infected with SARS-CoV-2 and given a single dose of the vaccine gained additional protection against the Delta variant.

<https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

What Do Know Thus Far

- Vaccines provide immunity against COVID infection
- Over time vaccines immunity wanes
- Re-infections have been documented in COVID recovered patients
- It is uncertain how long natural immunity lasts (up to 8 months)
- Risk and complications from COVID infxn vs. vaccinations
- COVID recovered patients who received vaccination had added protection

CDC's Advisory Committee on Immunization Practice

- Oct. 21 meeting, CDC had following recommendations:
 - COVID-19 Vaccine booster shots are available for the following Pfizer-BioNTech vaccine recipients who completed their initial series at least 6 months ago and are:
 - 65 years and older
 - Age 18+ who live in [long-term care settings](#)
 - Age 18+ who have [underlying medical conditions](#)
 - Age 18+ who work in [high-risk settings](#)
 - Age 18+ who live in [high-risk settings](#)

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html#HighRisk>

FDA Booster Recommendations



- FDA granted emergency use authorization for booster doses of both the Moderna and the J&J vaccine
- Under the authorization, ½ Moderna dose can be given at least 6 months after the primary vaccine series:
 - Individuals ≥65 years old
 - People ages 18-64 at high risk for severe Covid infection
 - Individuals ages 18-64 with frequent institutional or occupational exposure to SARS-CoV-2
- "Single Johnson & Johnson COVID Vaccine booster given least 2 months after completion of the single-dose primary regimen to individuals 18 years of age and older."

'Mix and Match' Dosing, FDA Recommendation 10/20



- The FDA also authorized "use of each of the available Covid-19 vaccines as a heterologous (or 'mix and match') booster dose in eligible individuals following completion of primary vaccination with a different available Covid-19 vaccine."
 - Allowing people to get booster shots that differ from their initial vaccine series

COVID Vaccinations Religious Exemption

- U.S. Equal Employment Opportunity Commission (EEOC)
 - Employees and applicants must inform their employers if they seek an exception to an employer's COVID-19 vaccine requirement due to a sincerely held religious belief, practice, or observance.
 - Title VII requires employers to consider requests for religious accommodations but does not protect social, political, or economic views, or personal preferences of employees who seek exceptions to a COVID-19 vaccination requirement.
 - Employers that demonstrate “**undue hardship**” are not required to accommodate an employee's request for a religious accommodation




<https://www.eeoc.gov/newsroom/eeoc-issues-updated-covid-19-technical-assistance-0>

COVID Vaccinations Religious Exemption

- Leading authorities do not feel “Long-term care providers shouldn’t read too much into updated COVID-19 vaccination guidance”
 - “federal workers have been allowed them”
- Still awaiting final CMS rule regarding mandatory vaccination that will influence all healthcare providers and Medicare contracted acute / post acute care facilities
 - “CMS anticipates issuing this combined regulation in mid- to late-October”





PLEASE
GET
VACCINATED

GUEST SPEAKERS

As of 10/27/2021

Phoenix Mountain Post-Acute

Doug Bowen

- Administrator
- **Email:**
dobowen@ensignservices.net

Angeline Seddon

- Director of Nursing



Our Best Practices



EDUCATION

**STRONG
SYSTEMS**



COMMUNICATION

**EARLY
RECOGNITION
CHANGE OF
CONDITION**



**Discharge
Planning**

PROPRIETARY AND CONFIDENTIAL PROPERTY OF BANDERA HEALTHCARE. DO NOT DISTRIBUTE OR REPRODUCE WITHOUT PERMISSION OF BANDERA HEALTHCARE.

Telling your Readmission Story POINT CLICK CARE (PCC) Transfer Log Recording

**TELL YOUR
STORY**

- Tracking reason why the patient was transferred to the hospital
- Tracking the outcome of the patient
 - **Emergency Room**
 - **Observation**
 - **Inpatient Admission**

When Are Your Patients Transferring Out

- When do your providers round?
- Are your providers accessible after-hours?
- Does your evening staff feel confident in managing changes in condition?
- Do your teams practice strong hand over of care at shift change?



Interact Tools to Prevent Readmissions



- **QUALITY IMPROVEMENT TOOL**
 - **Reviewing acute transfers and identifying opportunities to improve and prevent**
- **NURSING HOME TRANSFER FORM**
 - **Communication to the hospital about the status of the patient and why they are being transferred**
- **SBAR**
 - **Communication form to enhance communication to provider partners**
- **Stop and Watch**
 - **Early warning tool for high risk patients**

Provider Summits



- **Bring your providers together**
 - **Provide performance data**
 - **Identify opportunities**
 - **Share best practices**
 - **Create accountabilities and commitments**

Readmission Analysis



Quality Improvement Tool
For Review of Acute Care Transfers

INTERACT
Version 4.0 Tool

The INTERACT QI Tool is designed to help your team analyze hospital transfers (including ER visits, observation stay and admissions) and identify opportunities to reduce transfers that might be preventable. Complete this tool for each or a representative sample of hospital transfers in order to conduct a root cause analysis and identify common reasons for transfers. Examining trends in these data with the INTERACT QI Summary Tool can help you focus educational and care process improvement activities.

Patient/Resident: _____ Age: _____
Date of most recent admission to the facility: _____
Primary goal of admission: ☐ Post-acute care ☐ Long stay ☐ Others: _____

SECTION 1: Risk Factors for Hospitalization and Readmission

Conditions that put the resident at risk for hospital admission or readmission:

☐ Cancer, on active chemo or radiation therapy ☐ Fracture (frag)
☐ Heart Failure (HF) ☐ High Risk Medications
☐ Cognitive/Obstructive Pulmonary Disease (COPD) ☐ Anticoagulant ☐ Diabetic Agent ☐ Opioids
☐ Dementia ☐ Multiple active diagnoses and/or co-morbidities
☐ End-stage renal disease ☐ Age 85+ (COPD and Diabetes in the same patient/resident)
☐ Polypharmacy (e.g. 8 or more medications) ☐ Surgical complications

b. Was Patient/Resident hospitalized in the 30 days before their most recent admission to the facility? ☐ No ☐ Yes (list dates and reasons)
 (Other than the one being reviewed in this tool)

c. Other hospitalizations or emergency department visits in the past 12 months?
 (Other than the one being reviewed in this tool)


SECTION 2: Describe the Acute Change in Condition and Other Non-Clinical Factors that Contributed to the Transfer

a. Date the change in condition first noticed: _____
 b. Briefly describe the change in condition and other factor(s) that led to the transfer and then check each item below that applies

- Bring your clinical and leadership team **TOGETHER**
- **ANALYZE** the transfer
- Identify **WHY** the patient transferred
- Recognize the **OPPORTUNITY** to have avoided the transfer
- Create a **PLAN** to prevent future transfers


Best Practice Program

**GET AHEAD
OF SEPSIS**
KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.



AT LEAST 1.7 MILLION ADULTS IN THE U.S. DEVELOP **SEPSIS EACH YEAR, AND NEARLY 270,000 DIE AS A RESULT.**

**GET AHEAD
OF SEPSIS**





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 & Clinical Development Supervisor
fgonzalez@icphealth.com