

Preferred Provider Network Weekly Broadcast

- **COVID-19 Weekly Update**
- **April 15, 2020**

Agenda

- COVID-19 update
- Arizona and COVID-19
- PAC community trends
- Telemedicine logistics
- Healthcare personal and PPE
- COVID-19 Discharges
- COVID-19 Resources
- JOC Update
- Home Health Guest Speakers

Johns Hopkins Tracker – link on ICP site as of 4/15/20 08:30am



COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)



Total Confirmed

2,000,984

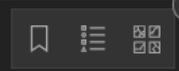
Confirmed Cases by
Country/Region/Sovereignty

- 609,995 US
- 177,633 Spain
- 162,488 Italy
- 132,553 Germany
- 131,365 France
- 99,455 United Kingdom
- 83,355 China
- 76,389 Iran
- 65,111 Turkey

Admin0

Last Updated at (M/D/YYYY)

4/15/2020, 7:54:23 AM



Esri, FAO, NOAA

- Cumulative Confirmed Cases
- Active Cases
- Incidence Rate
- Case-Fatality Ratio
- Testing Rate
- Hospitalization Rate

185
countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#).
Lead by JHU CSSE. Automation Support: [Esri Living Atlas team](#) and [JHU APL](#). [Contact US](#). [FAQ](#).

Total Deaths

128,886

- 21,067 deaths Italy
- 18,579 deaths Spain
- 15,729 deaths France
- 12,107 deaths United Kingdom
- 7,905 deaths New York City, New York US

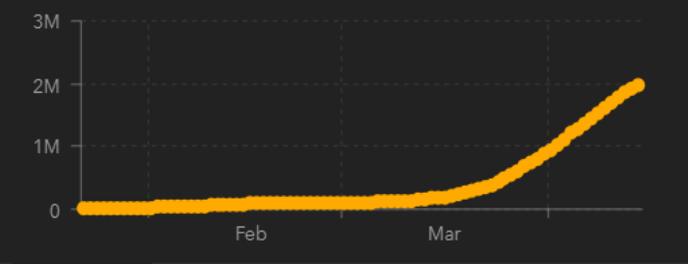
Deaths Recovered

Total Tested in the US

3,120,381

- 499,143 tested New York US
- 205,322 tested Florida US
- 202,208 tested California US
- 146,467 tested Texas US
- 139,774 tested New Jersey US

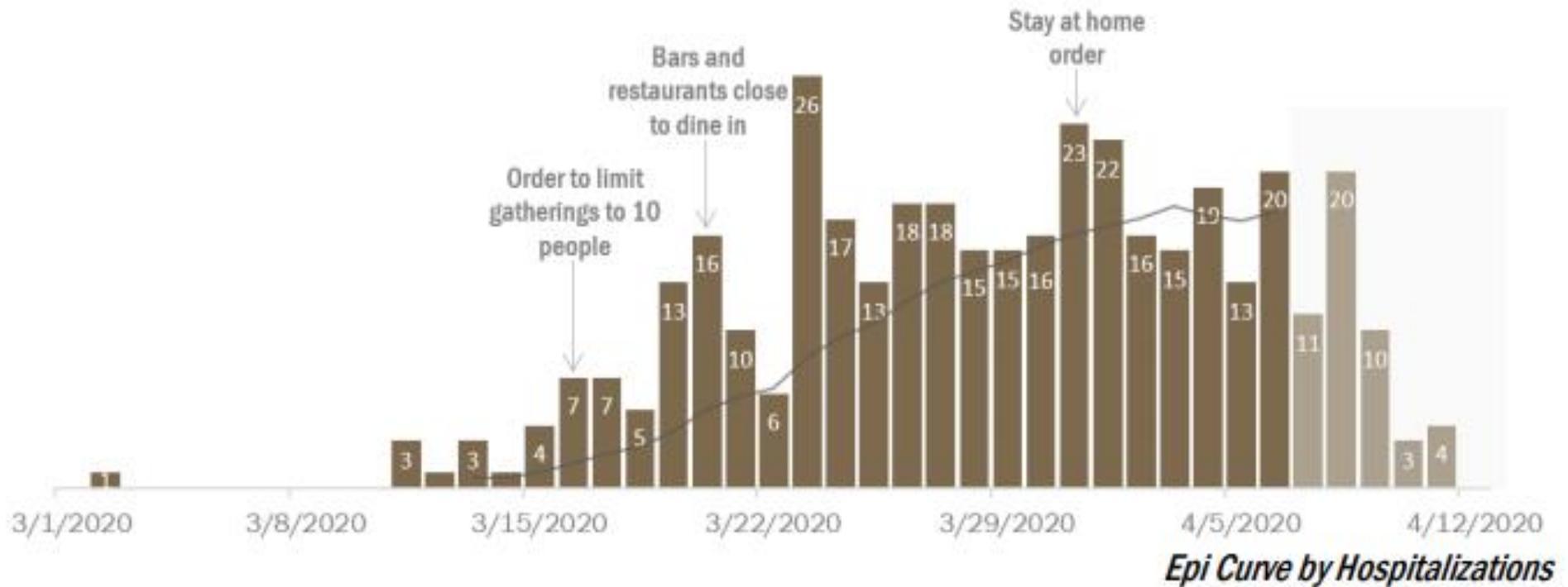
US Tested



Confirmed Logarithmic Daily Cases



The best way to track COVID-19 trends is to follow the number of **people hospitalized with COVID-19** because it does not change based on testing availability. **COVID-19 hospitalizations** are increasing but are starting to level off, which tells us that we need to keep doing what we are doing.



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As of 4/12/20- Maricopa County Department of Health

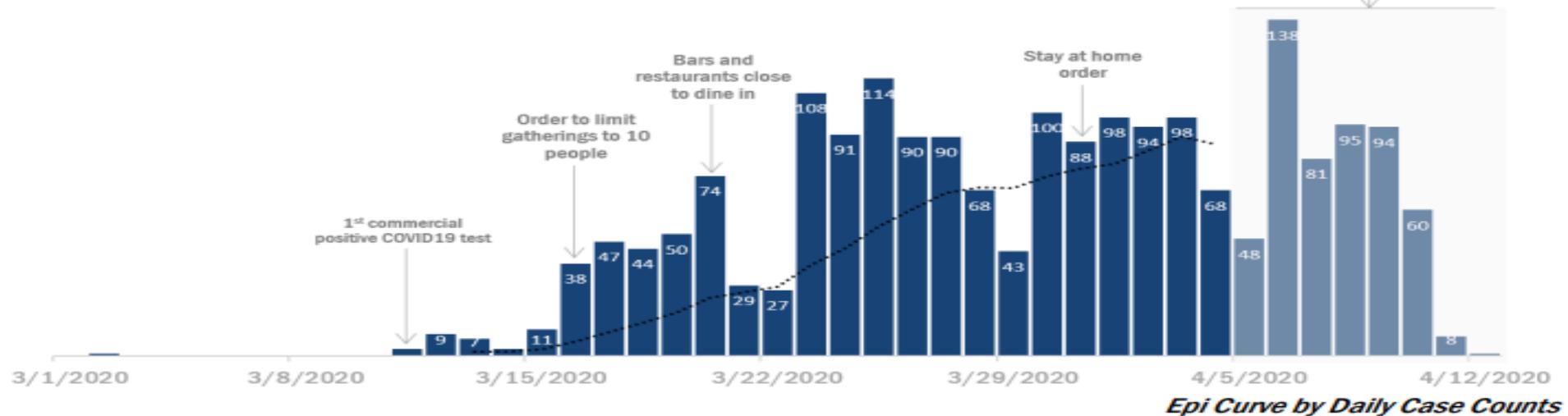
COVID-19 Daily Report Sunday April 12, 2020



Maricopa County Department of Public Health

The number of **people diagnosed with COVID-19** in Maricopa County per day is increasing, which might be partially attributed to increased testing availability.

This number is likely to increase as there is an **8 day reporting delay** from when specimens were collected.



Due to a lack of testing availability, case counts only represent people who seek care and get diagnosed.

Most people with severe disease get tested.

Not everyone with mild disease is able to get tested.

These numbers present a more severe picture than what is actually happening in the community.

	Total number of cases		Cases as of yesterday	
	number	(%)	number	(change)
Cases	2019	(100%)	1957	(+62)
Sex				
Female	1008	(50%)	981	(+27)
Male	1011	(50%)	976	(+35)
Age group				
0-19 years	54	(3%)	52	(+2)
20-44 years	794	(39%)	776	(+18)
45-64 years	690	(34%)	675	(+15)
65+ years	481	(24%)	454	(+27)
Hospitalized	391	(19%)	381	(+10)
ICU	125	(6%)	123	(+2)
Deaths	52	(3%)	48	(+4)

Total Counts to Date

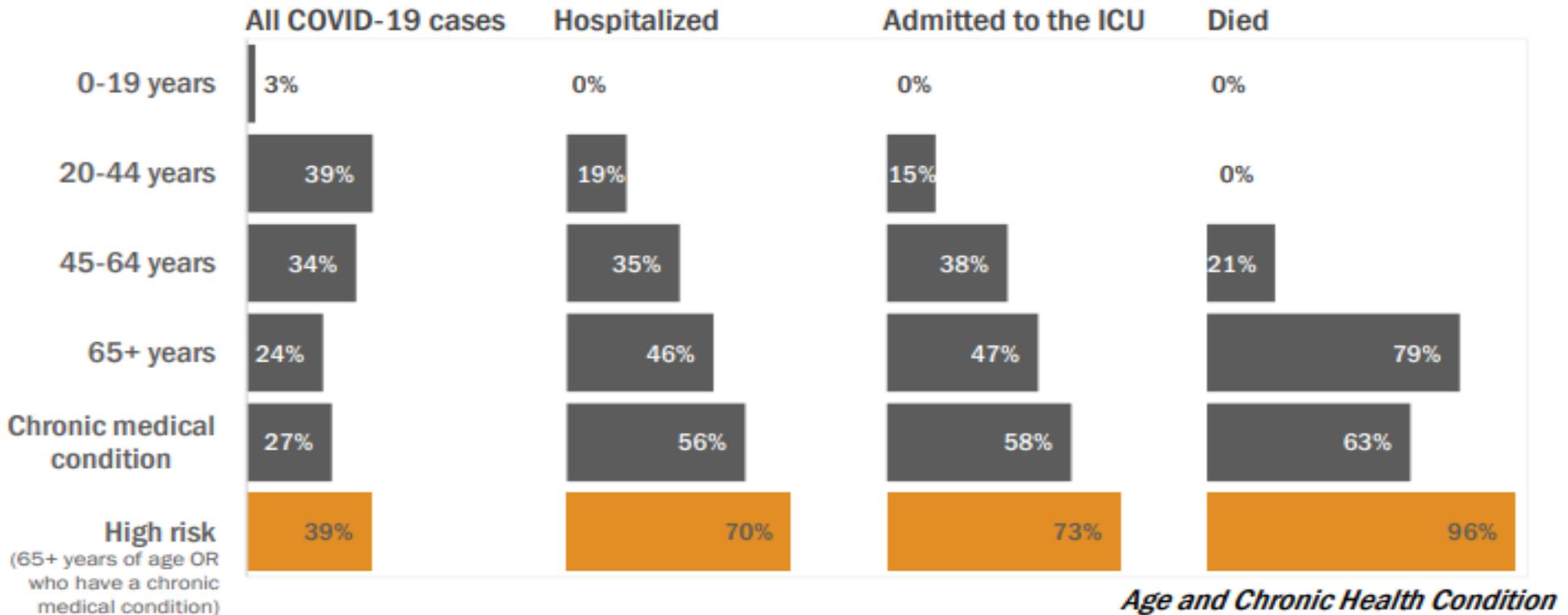
The risk of being admitted to a hospital, Intensive Care Unit (ICU), or dying due to COVID-19 infection increases with **age**.

	0-19 Years		20-44 Years		45-64 years		65+ years	
	Total=54	(%)	Total=794	(%)	Total=690	(%)	Total=481	(%)
Hospitalized	1	(2%)	73	(9%)	138	(20%)	179	(37%)
ICU	0	(0%)	19	(2%)	47	(7%)	59	(12%)
Deaths	0	(0%)	0	(0%)	11	(2%)	41	(9%)

Risk Severity by Age



People who are 65+ years of age OR who have a chronic medical condition are at **highest risk** for severe disease.



COVID-19 in Long-term Care Facilities

30 long-term care facilities have had at least one resident with COVID-19.

Residents of long-term care facilities (including skilled nursing facilities, assisted living facilities, rehabilitation facilities, and hospice facilities) are at **highest risk for severe outcomes from COVID-19 infection** because they live in a communal setting and tend to be older with chronic medical conditions.



Long Term Care Facilities To-Date

Of **169** COVID-19 cases in a long-term care facility,
32% of residents have been
hospitalized and **14%** have died.



PAC Community trends

- **Facilities opening separate wings for patients admitted from the hospital**
- **COVID-19 positive and COVID-19 unknown patient cohorts**
- **14 day isolation of patients admitted to facility away from other residents**
- **Dedicated staff for each patient cohort**
- **Other means of communication with patients**



Medicare Telehealth temporary changes

- Suspension of requirement that physician be licensed in the state where the patient is located
- Elimination of patient originating site and location restrictions
- Relaxation of requirement of prior relationship with patient (HHS will not conduct audits)
- Relaxation of HIPAA-compliant audio/video equipment – can use FaceTime, Google Hangouts, Skype

Telehealth Platform Vendors

- **Doxy.me** (doxy.me): Has a free option, but would recommend the paid option of \$35-\$50/physician/month
 - **eVisit** (evisit.com): Approximately \$50-\$150/month
 - **SimpleVisit** (simplevisit.com) – Approximately \$150/month
 - **Vsee** (vsee.com) – May cost up to \$250/month
- *With relaxed CMS rules, you can temporarily use FaceTime, Google Duo, Skype, Facebook Messenger video chat*

Telehealth Logistics

- iPad, iPhone or tablet with WIFI capabilities
- Dedicated staff to round with physician
- Disinfecting device protocol between visits
- Doxy.me
 - Easy, fast, convenient
 - No need for any software downloads
 - Positive reviews by patients and staff



Telehealth Visit – Doxy.me

The screenshot displays the Doxy.me Pro interface. On the left is a dark sidebar with navigation options: PATIENT QUEUE (No one has checked in yet), ACCOUNT, Your Dashboard, Edit Waiting Room, Account Settings, Meeting History, Help Center, Upgrade, and Logout. The main content area shows a welcome message for Dr. Miernik and a sharing link: <https://doxy.me/drmiernik>. A 'Copy' button and an 'Invite via' dropdown menu are visible. The dropdown menu is circled in blue and contains options: Email, Calendar, Text message, Website badge, and Prints. A red double-headed arrow points from this menu to the bulleted list on the right. In the top right corner, a notification states 'Your webcam isn't enabled yet.' with a 'Turn on webcam' button.

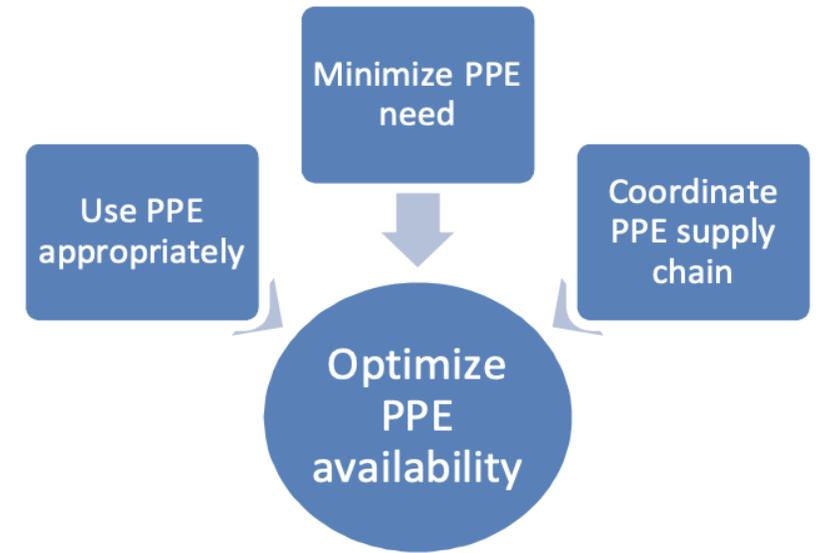
- Different ways to send an invite
- Patients can request visits as well
- Waiting room for patients
- Asses patient needs / issues – future benefits

Telehealth visit – Doxy.me

The screenshot displays the Doxy.me telehealth interface. On the left is a dark sidebar with the Doxy.me logo and 'PRO' label. Below the logo, it says 'AVAILABLE' and 'No one is available yet'. At the bottom of the sidebar is a 'Pre-call Test' button and the text '5 tips for a great call'. The main content area is light gray and contains a white box with a 'Welcome!' message: 'Welcome! I will start the video call in a moment.' Below this is another white box titled 'Tips for a great video call:' with three items: 'Use strong wifi or an ethernet cable' (with icons for Wi-Fi and an ethernet cable), 'Close unused programs (or restart computer)' (with icons for a close button and a refresh button), and 'Update to latest browser version' (with icons for Chrome and Firefox). On the right side, there is a dark card with a camera icon and the text 'Your webcam isn't enabled yet.' and a 'Turn on webcam' button. Below that is a white card for 'Dr. Miernik' with an 'OFFLINE' status and the text 'Waiting for your provider to come online'.

Telehealth Key Points

- Consider doing video communication instead of in-person visits
- Minimize patient and HCP exposure
- Conserve on PPE
- Medicare is covering all telehealth visits without location restrictions
- TCM visits can be done via telemedicine

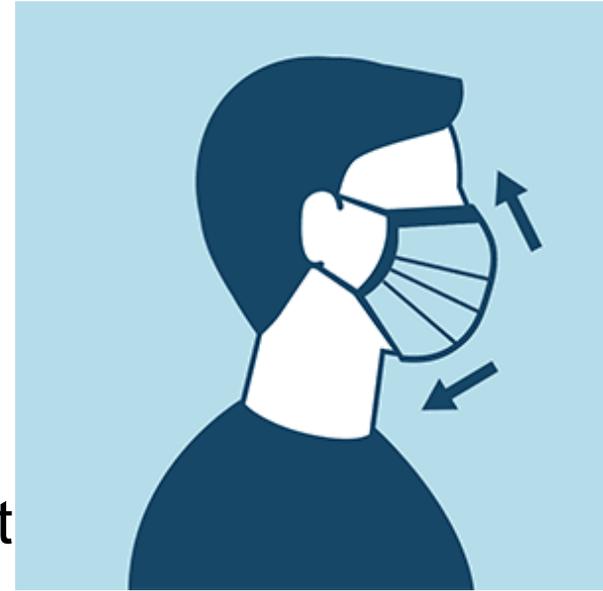


STOP COVID-19

- Virus is thought to mainly spread person to person who are include contact
- Respiratory droplets produced when an infected person coughs, sneezes or talks
- Recent studies suggests that COVID-19 may spread by asymptomatic people
- It may be possible that person can get COVID-19 by touching a surface or object that the virus is on and then touching their mouth, nose or eyes
- COVID-19 may spread more efficiently than influenza

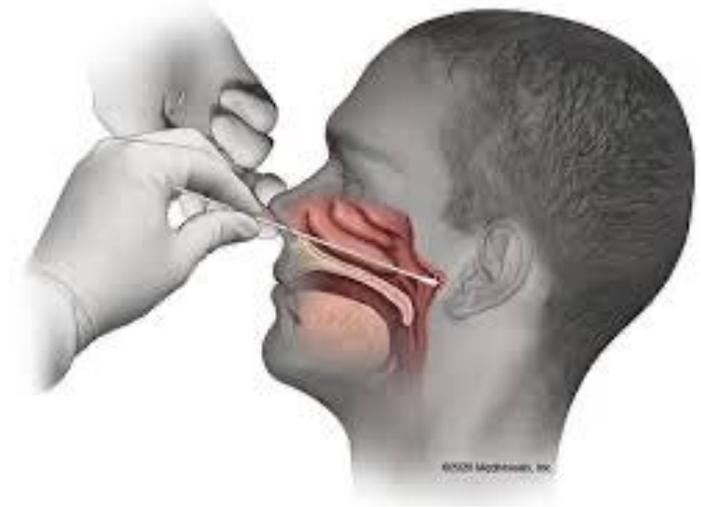
STOP COVID-19 - Cloth Face Covering

- Mask should fit snugly but comfortably against the side of the face
- Be secured with ties or ear loops
- Include multiple layers of fabric
- Allow for breathing without restriction
- Be able to be laundered and machine dried without damage or change to shape
- ***Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted***



STOP COVID-19 – Specimen Collection Guidelines

- Collecting diagnostic respiratory specimen:
 - Specimen collection be performed in room with closed door
 - HCP in the room should wear a N95 or higher-level respirator
 - Limit number of HCP in the room
 - Clean and disinfect procedure room surfaces promptly



COVID-19 PUI Guidelines

For all patients who meet COVID-19 PUI criteria:

- 1) Healthcare personnel entering the room should **use droplet, contact, and standard precautions, plus eye protection** (e.g., goggles or a face shield) and **patients can be evaluated in a private room** with the door closed (unless performing aerosol-generating procedures, which should be performed in an AIIR);
- 2) Immediately **notify your healthcare facility's infection control personnel**;
- 3) If you are seeking approval for COVID-19 testing through the state public health laboratory **only, notify Maricopa County Department of Public Health** at (commercial testing does not require public health notification):
 - a. **Monday–Friday 8AM–5PM** — call **(602) 506-6767** and ask for a Surveillance Nurse or;
 - b. **After 5PM and on weekends** — call **(602) 747-7111** to speak with the Disease Reporting Line.
- 4) **Collect specimens for testing** for COVID-19:
 - a. **Preferred specimen** - nasopharyngeal [NP] swab in universal/viral transport medium (**if transport medium is not available**, the NP swab can be placed in a sterile tube filled with sterile saline)
 - b. Acceptable alternative specimens **if the patient is hospitalized** – oropharyngeal [OP] swab, lower respiratory specimen (e.g., BAL, tracheal aspirate)
 - c. **The preferred method of shipment is frozen at -70 °C or below**. However, samples can be shipped refrigerated at 2-8 °C and are stable at this temperature up to 72 hours.

Healthcare Personal Guidelines

If healthcare personnel develop any symptoms consistent with COVID-19 (fever or respiratory symptoms) they must:

- **Cease contact** with patients.
- **Put on a facemask** immediately (if not already wearing).
- **Notify** their supervisor or occupational health services prior to leaving work.

What to do if healthcare personnel have had a known exposure to COVID-19:

- Allow **asymptomatic** employees to continue to work after consultation with their occupational health program. Use your monitoring system to **ensure exposed healthcare personnel are monitored daily** for the 14 days after the last exposure.
- If the healthcare facility has a sufficient supply, healthcare personnel **who were not wearing recommended PPE** during the COVID-19 exposure could be asked to wear a facemask while at work for the 14 days after the exposure.

COVID-19 Testing Guidelines

Criteria to Guide Evaluation of Persons Under Investigation (PUI)

Clinical Features	Plus	Epidemiologic Risk
Fever ¹ OR signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization	AND	Any person, including health care workers ² , who has had close contact³ with a laboratory-confirmed⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ OR signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization in a person with a critical/high-risk infrastructure occupation* OR who lives in a congregate setting [†] OR a child in foster care	AND	No source of exposure has been identified
Fever ¹ AND severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization, radiographic confirmation of pneumonia of unknown etiology⁵	AND	No source of exposure has been identified

COVID-19 POSITIVE Patient Guidelines

- Patients who are COVID-19 **negative OR untested** should be quarantined in their rooms for 14 days after transfer from a higher acuity facility to a long-term care facility with COVID-19 isolation precautions per the Governor's Executive Order.
- **However, if there is active transmission of COVID-19 in the long-term care facility, the discharged patient should be placed and maintained in isolation** in accordance with guidelines stating all patients/residents should be in isolation.

COVID-19 POSITIVE Patient Guidelines

- Patients should be discharged from higher acuity care based on their clinical needs, **NOT** based on the isolation period for COVID-19.
- Patients diagnosed with COVID-19 should remain in isolation for:
 - **7 days** after their COVID-19 test was collected **AND**
 - Until they have been free of fever and symptoms of acute infection* for **72 hours**

COVID-19 POSITIVE Patient Guidelines

- If a patient is discharged from a higher acuity facility **after they have completed their isolation period**, the receiving long-term care facility does **NOT** need to place that patient in isolation.
- **However, if there is active transmission of COVID-19 in a receiving long term care (LTC) facility**, the discharged patient **should be placed in isolation** in accordance with the LTC facility guidelines stating all patients/residents should be in isolation.

COVID-19 POSITIVE Patient Guidelines

- If a patient is discharged from a higher acuity facility **before they have completed their isolation period**, the receiving long-term care facility needs to place that patient in isolation **until they have completed their isolation period**.
- **If there is no active transmission of COVID-19 in the receiving long-term care facility**, only the discharged patient/resident needs to be placed in isolation.
- **However, if there is active transmission of COVID-19 in the receiving long-term care facility**, the discharged patient **should be placed and maintained in isolation** in accordance with guidelines stating all patients/residents should be in isolation.

Aunt Bertha- Findhelp.org

Resources specific to COVID-19- Searchable by zip code

The screenshot shows the Aunt Bertha Findhelp.org website interface. At the top, there is a search bar with the text "Zip or keyword or program name" and a search icon. Below the search bar is a navigation bar with icons for various services: FOOD, HOUSING, GOODS, TRANSIT, HEALTH, MONEY, CARE, EDUCATION, WORK, and LEGAL. The main content area shows search results for "covid - 19" in Scottsdale, AZ (85258). The results are sorted by RELEVANCE and show 1 - 25 of 140 results. There are filters for Personal Filters, Program Filters, and Income Eligibility. A map on the left shows the location of Scottsdale, AZ. The search results list includes:

- COVID-19 Screening and Testing by Banner Health**
 - COVID-19 Response Program
 - Banner Health is providing COVID-19 Screening and Testing, including phone screening and online screening, as well as in person testing for high risk individuals experiencing symptoms. Services...
 - Main Services: checkup & test, disease screening
 - Serving: anyone in need , all ages , covid19 , Individuals
 - Next Steps: Call 844-549-1851. Serves your state. Open Now: 7:00am - 5:00pm
 - Buttons: MORE INFO, SAVE, SHARE, NOTES, SUGGEST, CONTACT ON THEIR SITE
- COVID-19 Hotline by Arizona Department of Health Services**
 - COVID-19 Response Program
 - Arizona Department of Health Services' COVID-19 Hotline is available to answer questions from Arizona providers
 - Next Steps: Call 844-549-1851
 - Buttons: MORE INFO, SAVE, SHARE, NOTES, SUGGEST, CONTACT ON THEIR SITE

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Upcoming JOCs

- For Post-Acute Providers part of ICP/HH Network:
 - April JOCs have been cancelled
 - Will evaluate for May and notify currently scheduled providers of outcome
 - Weekly broadcast in place of JOC

Home Health Discussion

Darlene Kaminski MBA, BSN, RN
Executive Director



Joseph Furtado, RN, COS-C
Director of Business Development



- PPE conservation plan/usage
- Telehealth/Medicine usage
- Current practice of seeing new patients discharged from hospital
- Following up on COVID-19 PUI cases from hospital
- Process for screening employees for symptoms
- Any plans for potential staffing shortage
- Process for staff who have tested positive

Questions – Type in Q & A section and we will respond and/or post Q & A on the website



- If you have further questions or issues you would like to discuss Please contact:

Elysha Lucero – Preferred
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