

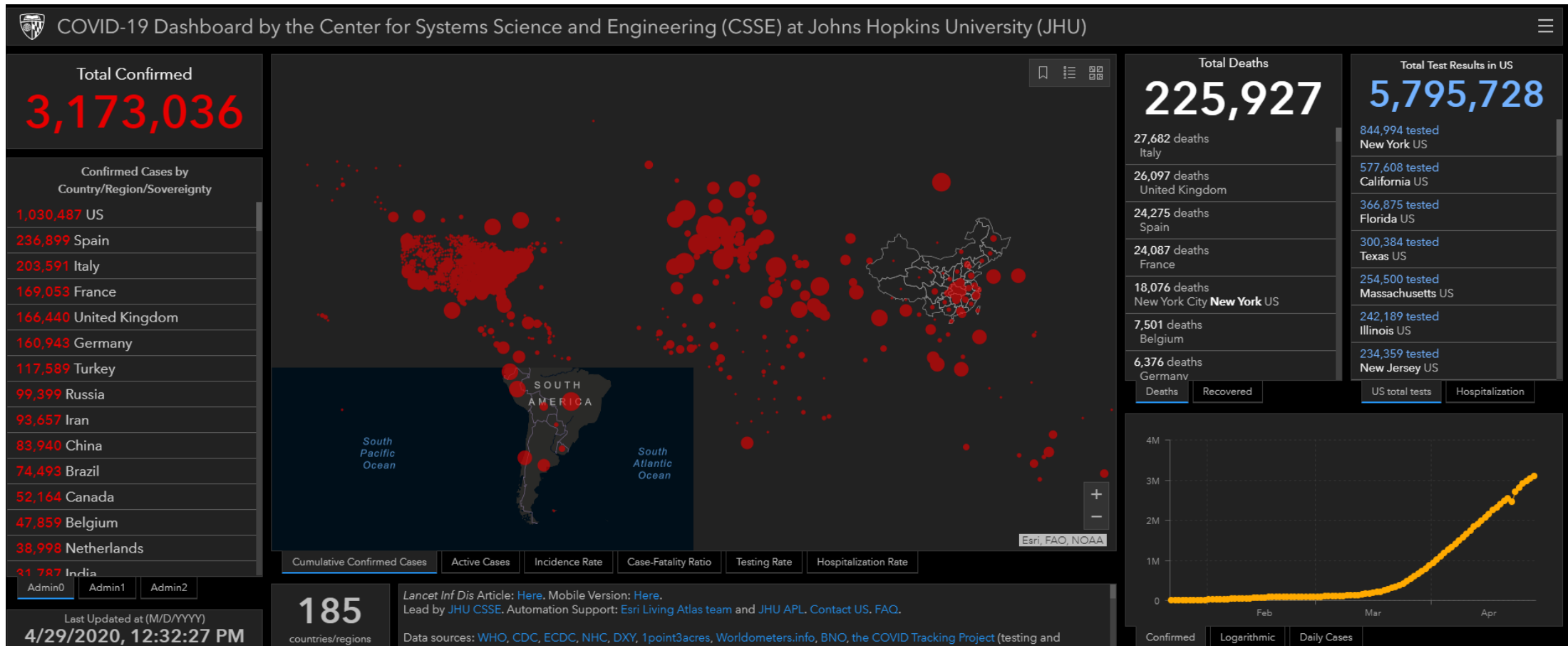
Preferred Provider Network Weekly Broadcast

- **COVID-19 Weekly Update**
- **April 29, 2020**

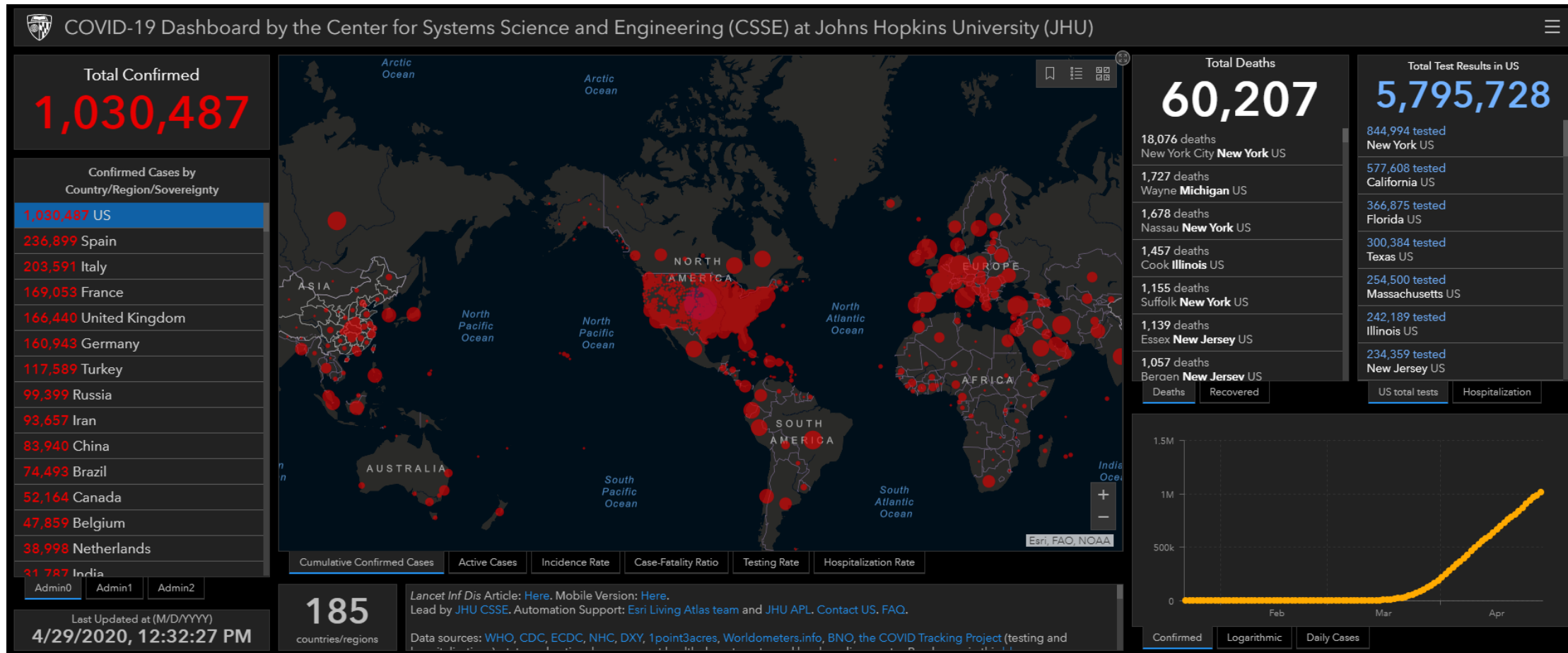
Agenda

- COVID-19 updates
- PPE
 - Proper usage
 - ICP/HH PPE Assistance for Post-Acute Network Preferred Providers
- Governor's Executive Order-4/22
- HonorHealth update: Testing Algorithms for Post-Acute Transfers and information on elective surgeries
- What is new is community?
- TigerTouch usage within ICP Care Management
- JOC Update for May 2020
- Guest speakers: Mobile Services
















Johns Hopkins tracker – link on ICP site



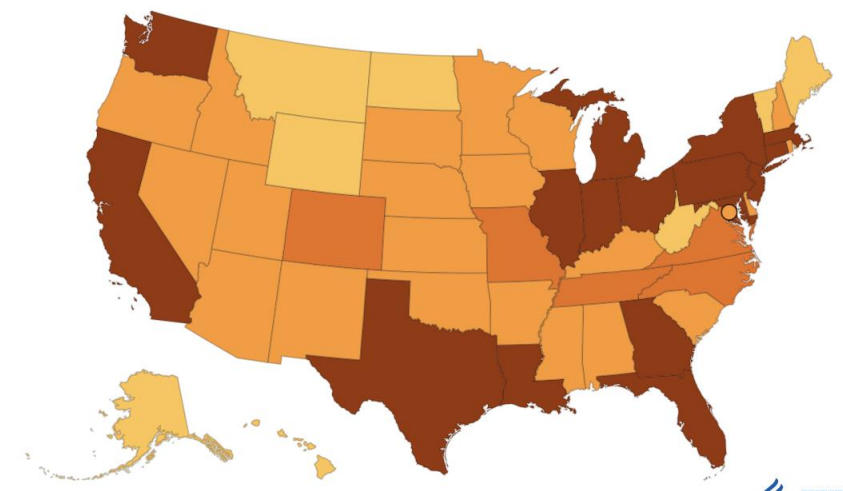
Johns Hopkins tracker – link on ICP site



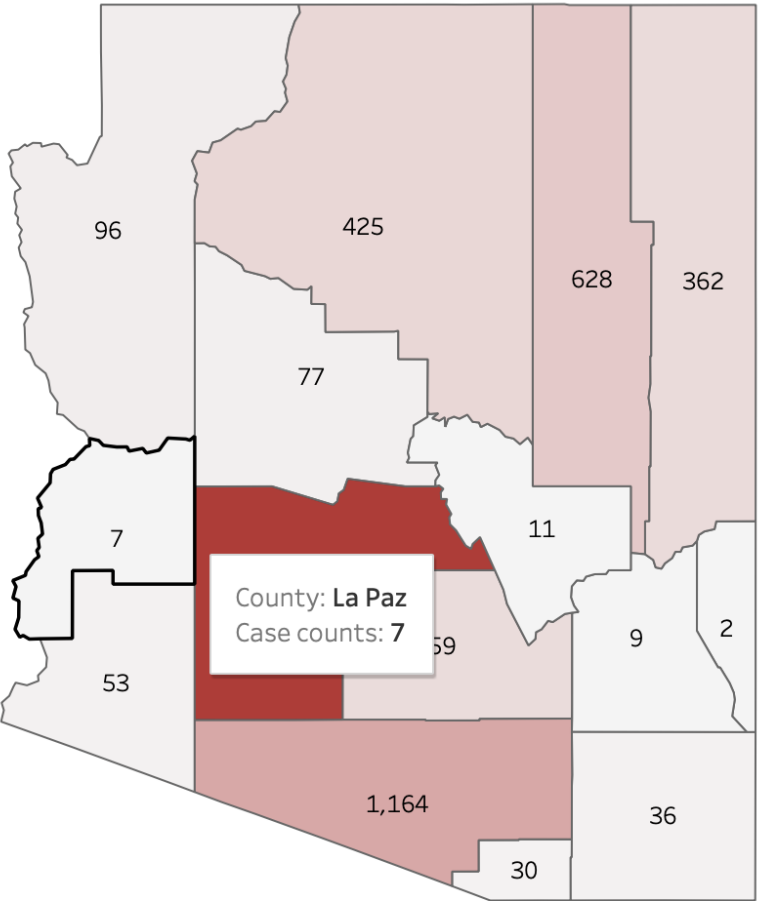
As of 4/29/2020

● New York 	10,001 or more	282991
● New Jersey 	10,001 or more	109038
● Massachusetts 	10,001 or more	54938
● Illinois 	10,001 or more	43903
● California 	10,001 or more	42164
● Pennsylvania 	10,001 or more	41165
● Michigan 	10,001 or more	37778
● Florida 	10,001 or more	30680
● Louisiana 	10,001 or more	26832
● Connecticut 	10,001 or more	25269
● Texas 	10,001 or more	24631
● Georgia 	10,001 or more	23410
● Maryland 	10,001 or more	19487
● Virginia 	10,001 or more	13535
● Washington 	10,001 or more	13521

COVID-19 by Volume in Each State



Arizona COVID-19

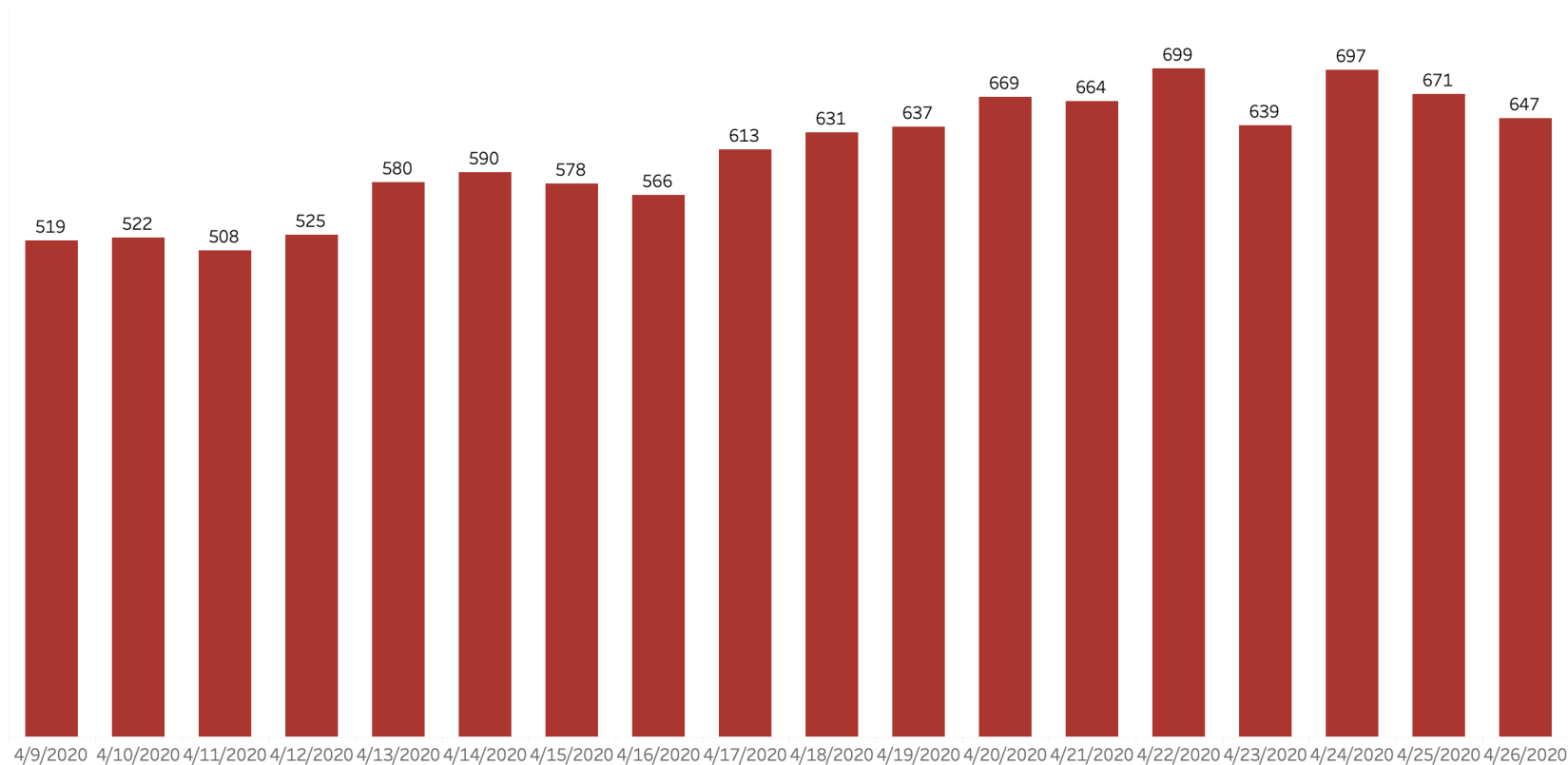


Number of Cases	Number of Deaths	Number of COVID-19 Tests
6,716	275	66,543
Number of New Cases reported today*	Number of New Deaths reported today*	Number of New Tests reported today*
190	0	1,732
Rate of cases, per 100,000 population	Rate of fatalities, per 100,000 population	Total Percent Positive**
93.4	3.83	9%

Arizona COVID-19 Positive or Suspected Patients

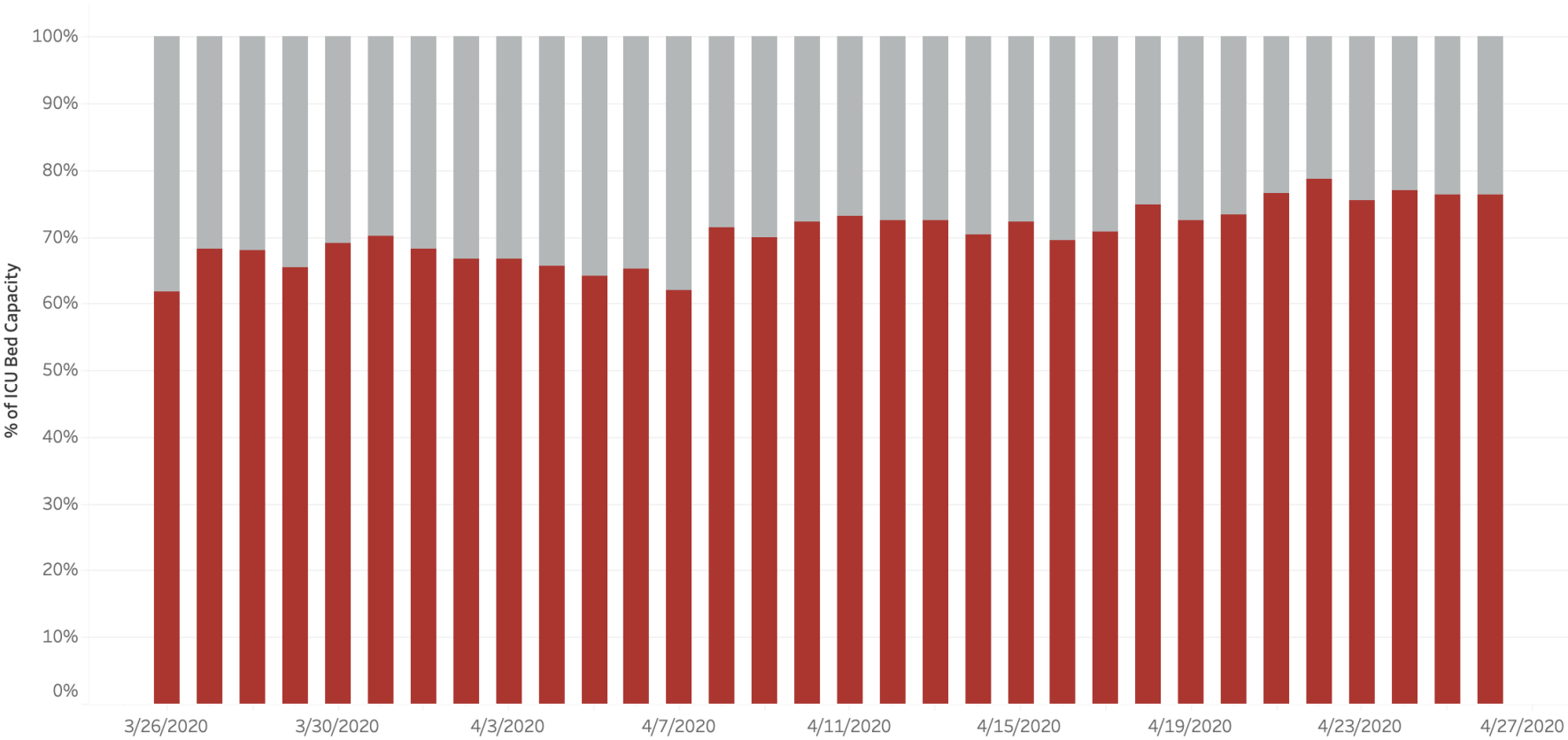
Number of Positive or Suspected **Inpatient COVID-19 Patients**

Hover over the icon to get more information on the data in this dashboard.

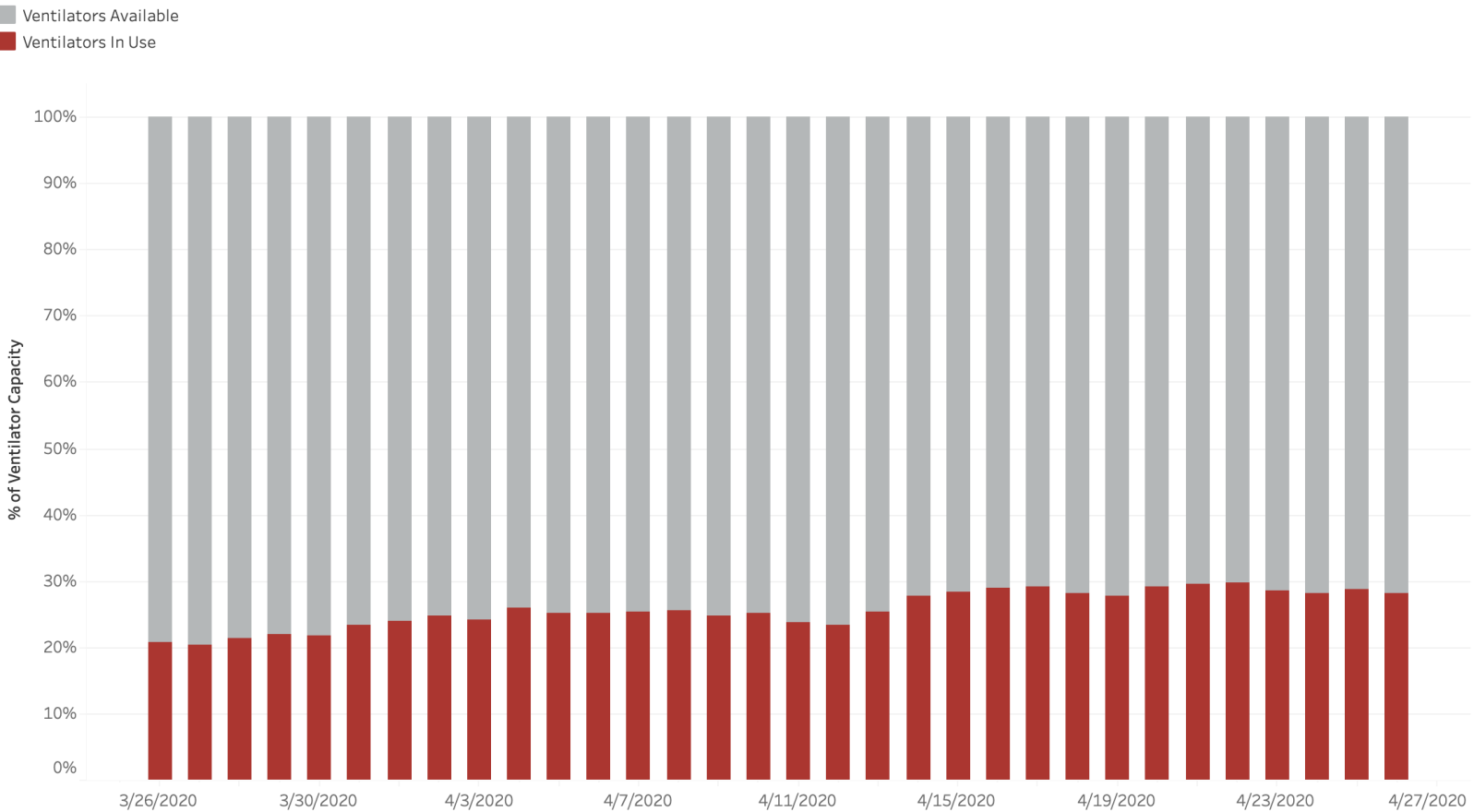


Arizona ICU Bed Availability

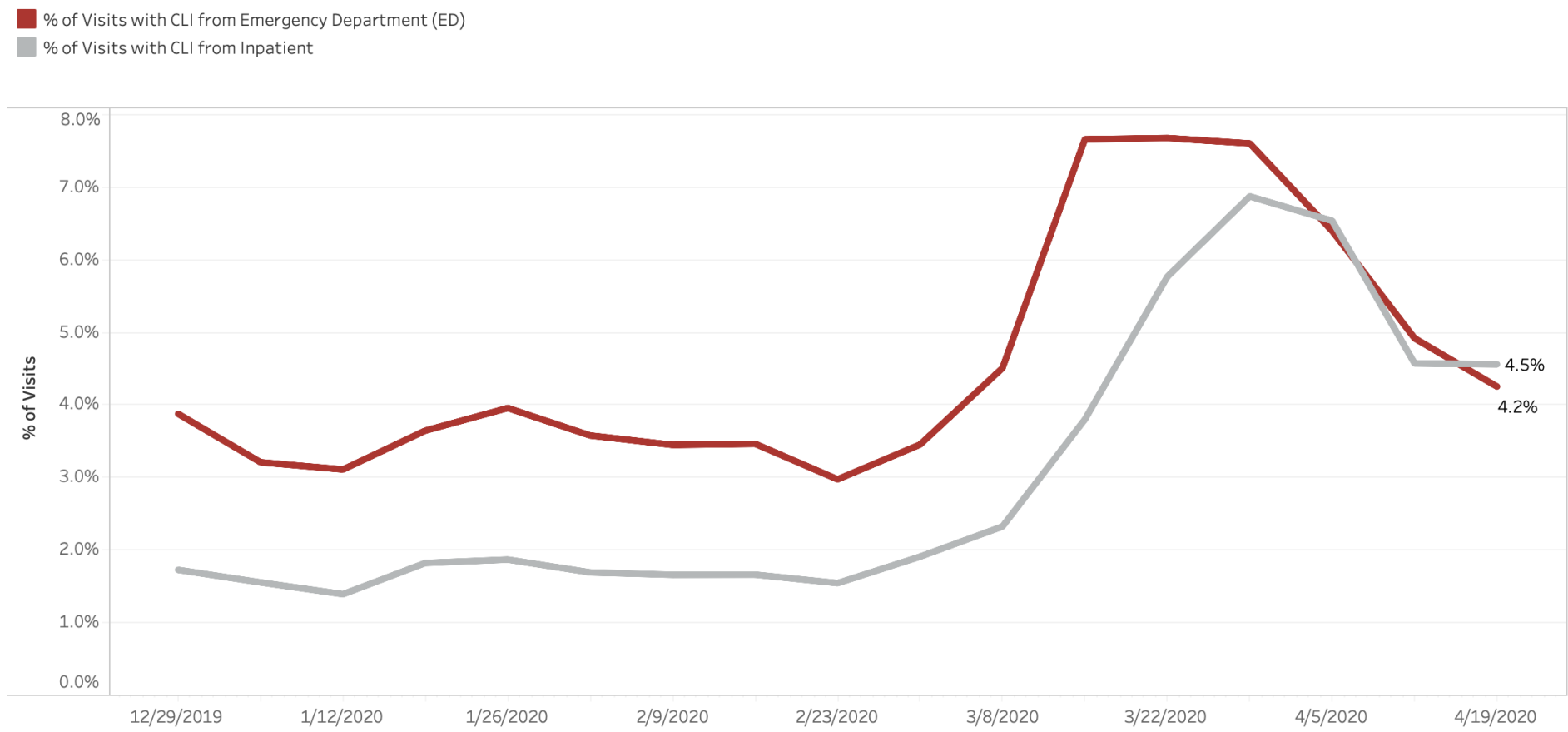
■ Adult Intensive Care Unit Beds Available
■ Adult Intensive Care Unit Beds In Use



Arizona ICU Ventilator Availability and Use



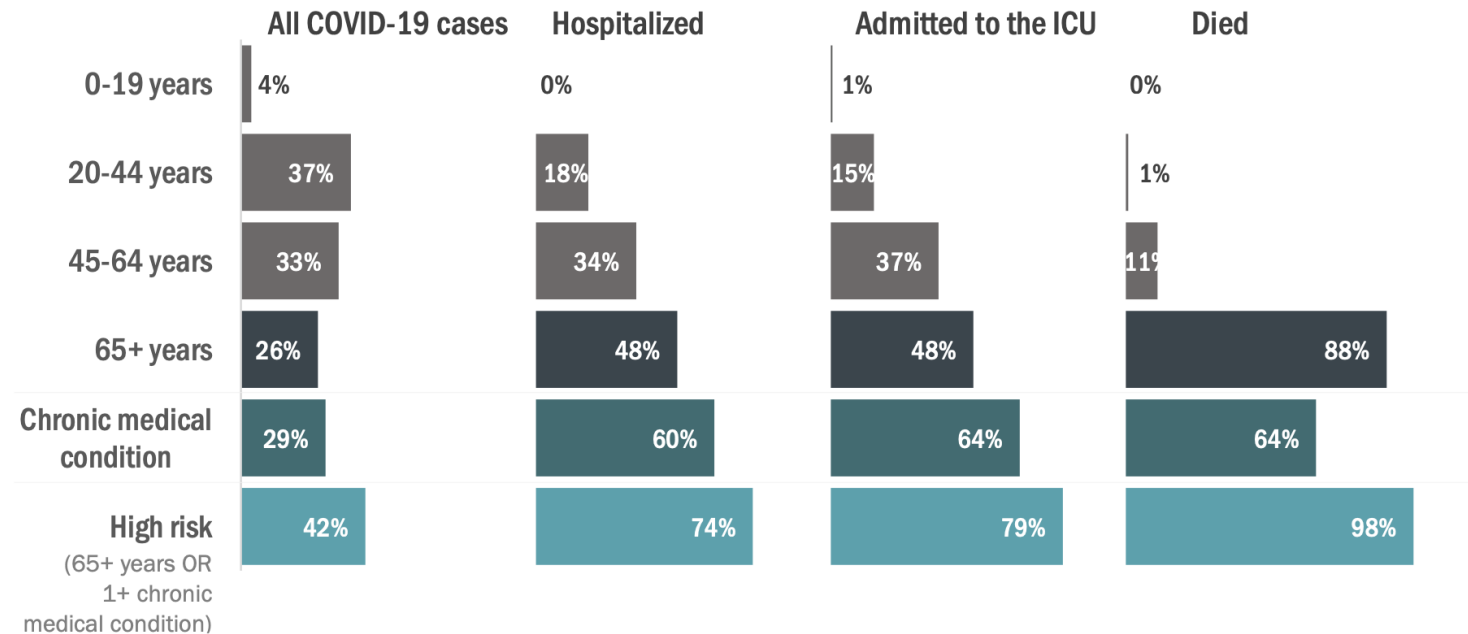
Arizona COVID-like and Influenza-like illness



Arizona COVID-19 Disease Severity

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

Age and Chronic Health Condition

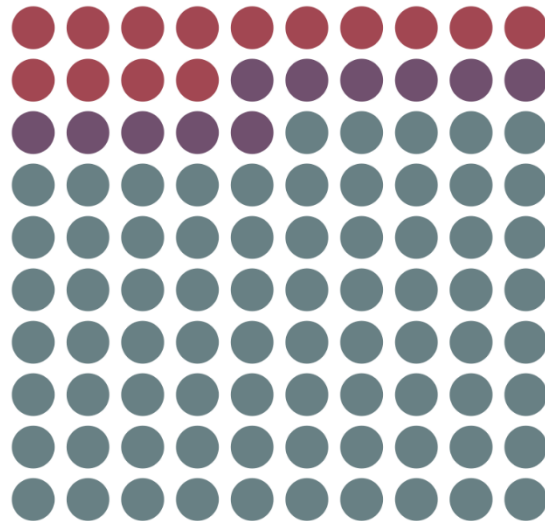


COVID-19 in Long-term Care Facilities

94 long-term care facilities have had at least one resident or staff 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 533 COVID-19 cases among residents,
135 (25%) have been hospitalized and 74 (14%) have died.



Of 233 COVID-19 cases among staff,
12 (5%) have been hospitalized and 1 (0.4%) has died.

CDC Updates COVID-19 Symptoms

- CDC adds additional symptoms to screen for:
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
- Please note that elderly patient population may not show classic COVID-19 symptoms

Updates from Maricopa County Health Dept: New Healthcare Facility Guidance

- **Actively screen everyone** for fever and symptoms of COVID-19 before they enter facility
- **To protect others in case of asymptomatic or pre-symptomatic transmission**, everyone entering facility should wear a mask or cloth face covering, regardless of symptoms
 - Patient facing health care workers should wear face mask
 - Non-HCP should wear cloth face covering

<https://www.maricopa.gov/5460/Coronavirus-Disease-2019>

As of 4/23/2020

COVID-19 Spread in PAC facilities

- Study in NEJM: Pre-symptomatic SARS-CoV-2 infection and Transmission in Skilled Nursing Facility, 4/24/20
- CDC epidemiologic analysis of COVID-19 spread
- **Findings:**
 - Twenty-three days after first positive case 57 of 89 residents (64%) tested positive for SARS-CoV-2
 - 76 residents participated in the survey, 48 (63%) tested positive
 - 27 (56%) were asymptomatic at time of testing
 - 24 subsequently developed symptoms (median time to onset, 4 days)
 - 11 residents hospitalized (3 in the ICU)

COVID-19 Spread in PAC facilities

- **Findings:**

- Mortality rate was 26%

- **Conclusion:**

- More than 50% of residents with positive test result were asymptomatic at time of testing
- High concern that asymptomatic residents likely contribute to transmission of infection

- **Recommendations:**

- Once there is COVID-19 case at facility all residents should go on isolation with HCP using full PPE
- Infection-control strategies that focus on solely on symptomatic residents is NOT sufficient to prevent transmission

PPE Distribution

- **ICP PPE Requests:**

- ICP able to assist PAC providers with PPE needs
- Already delivered supplies to our PAC providers
- Need to submit a request form of what is needed
- Please request what is absolutely needed till next vendor shipment arrives / 2 weeks supply
- Able to provide N95 respirators, surgical face masks, face shields, gowns and hand sanitizers
- Provide your conservation plan in the request form

- **MCPH**

- Distributing PPE (prioritization to PAC facilities with COVID-19 pts)

PPE Donning (putting on the gear)

- Identify and gather proper PPE to don
- Perform hand hygiene using hand sanitizer
- Put on the isolation gown, tie all ties on the gown
- Put on N95 respirator or face mask:
 - Do not bend nosepiece, both mouth and nose should be protected
 - Do not wear respirator under your chin between patients
 - Respirator straps should be placed on the crown of head and base of the neck
- Put on face shield or goggles
- Perform hand hygiene before putting on gloves. Gloves should go over the cuff of the gown

PPE Doffing (taking off the gear)

- Remove gloves (glove-in-glove removal)
- Remove gown.
 - Untie all ties. Roll the gown down
- HCP may now exit the patient room
- Perform hand hygiene
- Remove face shield or gloves
 - Do not touch the front of the shield
- Remove the respirator / face mask
- Perform hand hygiene after removing respiratory / face mask



Mask Adaptors

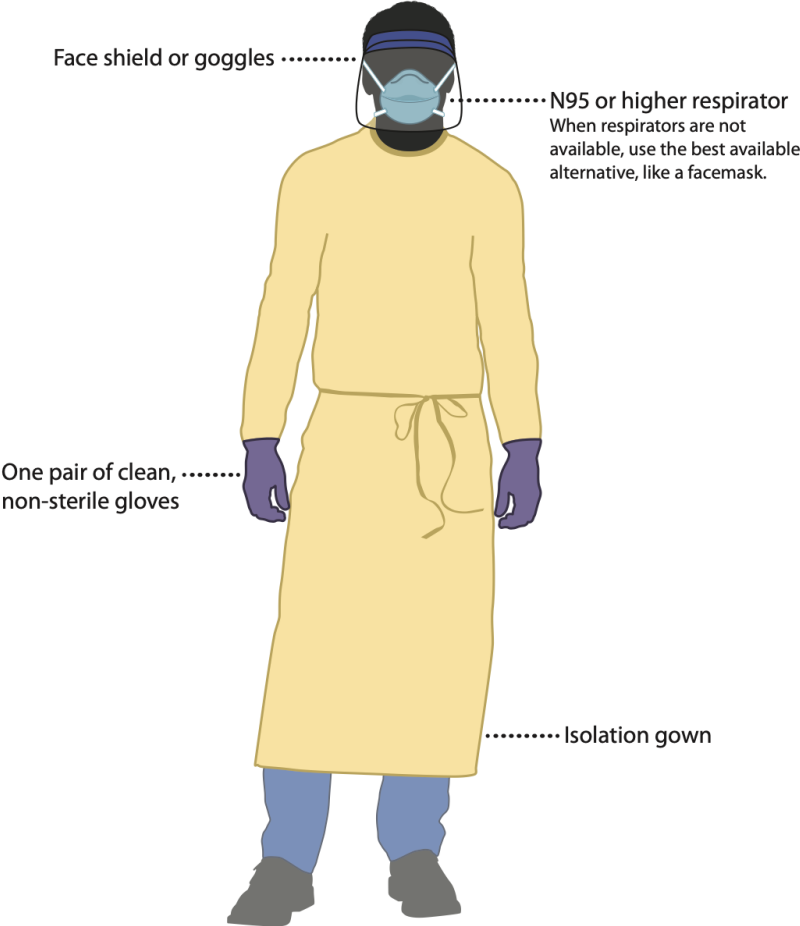
- Provide better fit and more comfortable fit to masks
- 3D printed
- KN95s – passed fit testing with adaptors
- ICP received donation of adaptors

As of 4/23/2020



CDC Approved PPE for COVID-19 / PUI Patient

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



PPE Updates – Mask Fit testing

- Mask Fit Testing – series of steps used to determine the suitability of a respirator mask for specific user
- In order for ICP practices to receive N95 masks, they need to have mask fit testing. If needed, ICP is able to assist with Mask Fit testing
- ICP is able to perform fit testing, we will reach out to those that received N95s for urgent scheduling
 - 15 minute test per person
 - You will be tested with your own N95, we do not provide additional masks
 - Paperwork to be completed prior to ICP tester arrival
 - If you fail fit testing, cannot be certified but may still use in same manner as surg mask

Arizona Executive Orders 4/22/2020

Guidance on Elective Surgeries

Hospitals, health care facilities and providers may resume elective surgeries on May 1st with the following:

- Greater than 14 days supply of PPE, not reliant on the State or County Health Department
- Adequate staffing and bed availability
- Testing of each patient prior to surgery and all at-risk health care workers
- Implementation of a process to identify, inventory and document the availability of PPE test collection kits and labs that can run COVID-19 tests
- Universal screening process for staff, patients, visitors
- Prioritizing the restart of elective surgeries based on urgency

Arizona Executive Orders 4/22/2020

Guidance on Elective Surgeries

Hospitals and facilities may resume elective surgeries on May 1st with the following:

- Implementation of policies and procedures for appropriate discharge planning including pre-discharge Dx COVID-19 testing for patients transferring to nursing homes, group homes, developmentally Disabled and residential care institutions.

HonorHealth Updates – Response to COVID-19 Testing

- Per governor's office this direction was intended for **inpatients** discharging to SNFs and group homes.
- Inpatient hospital case managers will **coordinate the testing** and will **include the results of the test** to the receiving facility with the other clinical information that is sent prior to admission in **NaviHealth** (or **CareLink** in lab section)
- Prior statement that patient does not meet criteria for COVID-19 testing will be removed from Discharge Navigator

HonorHealth Updates

- HonorHealth request resuming elective surgeries beginning 5/1/2020
- Perioperative Committee will prioritize elective, nonessential surgeries based upon urgency
- Surgeons and proceduralists to review cases that have been postponed
- Anticipate increased volume in the hospital and potentially in PAC facilities

NIH – COVID-19 Treatment Guidelines

- COVID-19 is rapidly evolving situation, recommendations change on regular basis
- At present, **NO drug** has been proven to be safe and effective for treating COVID-19
- ❖ **Insufficient clinical data** to recommend either for or against use of
 - Chloroquine, hydroxychloroquine
 - Monitor for side effect (prolonged QT)
 - Remdesivir
 - Currently under investigation, also available for compassionate use for certain patient population

NIH – COVID-19 Treatment Guidelines

❖ **Insufficient clinical data** for or against the use of:

- Convalescent plasma or hyperimmune immunoglobulin
- Interleukin-6 inhibitors
- Interleukin-1 inhibitor
- Broad spectrum Antibiotic therapy
 - Rationale: There are no reliable estimates of the incidence or prevalence of co-pathogens with COVID-19 at this time.
 - With influenza, empiric antibacterial treatment is strongly recommended for patients with initial severe disease

NIH – COVID-19 Treatment Guidelines

❖ Guidelines recommends **AGAINST** use of following drugs:

- Combination of Hydroxychloroquine plus Azithromycin
 - Small randomized trials and some case series had conflicting study reports revealed (no benefit)
- Lopinavir / ritonavir (HIV protease inhibitors)
- Interferons
- Systemic steroids
 - Potential exception include patients with ARDS or Adrenal insufficiency
- HMG-CoA Reductase Inhibitors (Statins)
 - Unless statin is ALREADY used by the patient to treat underlying CV disease

CMS Regulatory Waivers

- Key provisions that Case Managers and Utilization Review clinicians need to be aware of:

❖Telehealth:

- People with Medicare can now get telehealth services from anywhere in the country, including their homes.
- Telehealth services have been expanded to include 85 additional services including emergency department visits, initial nursing facility visits, rehabilitation therapy, and group psychotherapy

CMS Regulatory Waivers

❖ Homebound Definition:

- Patients with confirmed or suspected COVID-19 who are instructed to “self-isolate” are considered to be “confined to the home” or “homebound” for purposes of home health eligibility.
- If a physician has determined that travel outside the home is medically contraindicated, due to a patient’s susceptibility to COVID-19, that patient would also be considered “confined to the home” or “homebound.”
- Persons who are exercising “self-quarantine” for their own safety would not be considered “confined to home.”

CMS Regulatory Waivers

❖ **National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs):**

- The clinical indications found in NCDs and LCDs (including articles) regarding respiratory equipment, home anticoagulation management, and infusion pumps will not be enforced during the public health emergency
- This means the current policies that restrict these services to patients with specific clinical characteristics do not apply.

CMS Regulatory Waivers

❖ Virtual Visits (E-Visits):

- Virtual check-in services, which had previously been limited to established patients, have been expanded to include new patients.
- Licensed social workers, clinical psychologists, physical therapists, occupational therapists, and speech-language pathologists can now provide e-visits.
- A broad range of clinicians (e.g., physicians, nurse practitioners, psychologists) will now be able to provide services via telephone.

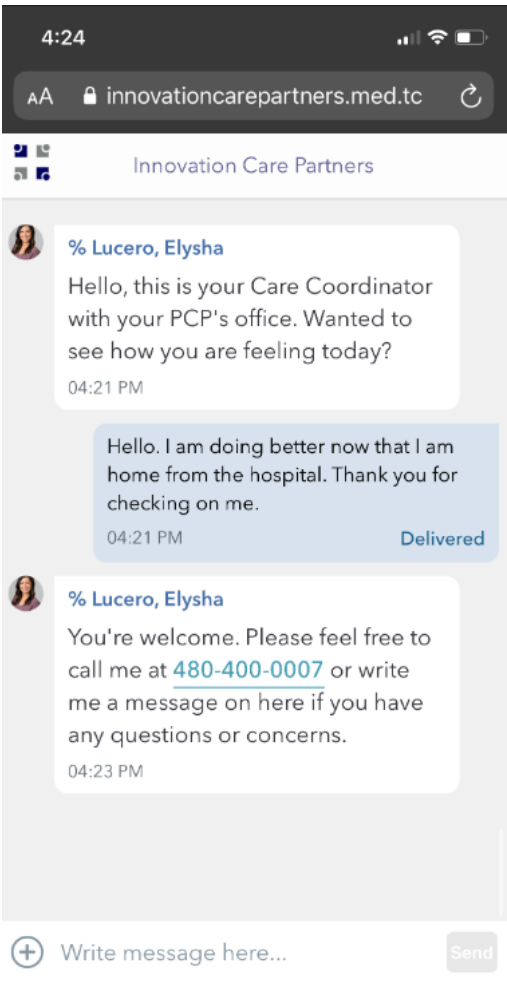
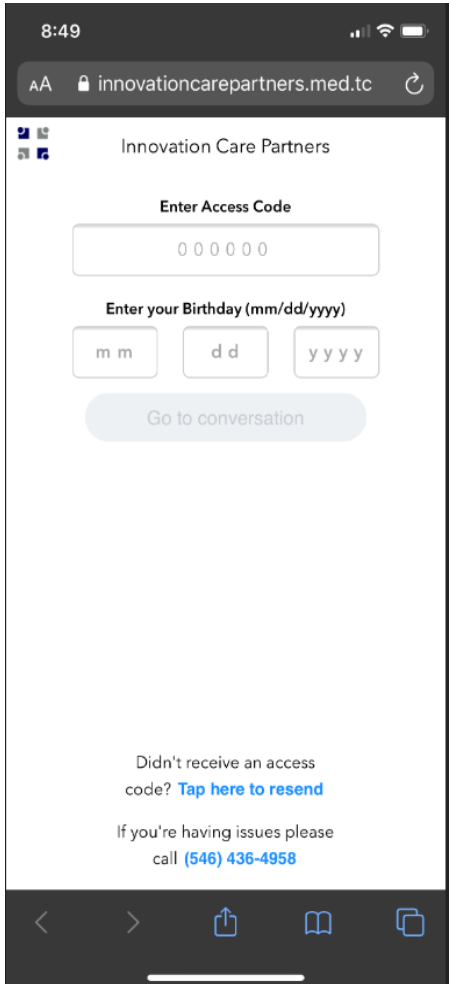
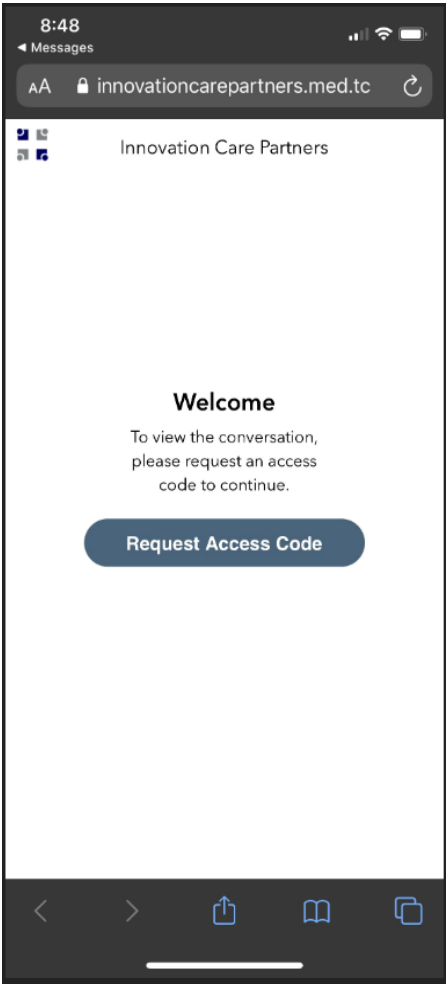
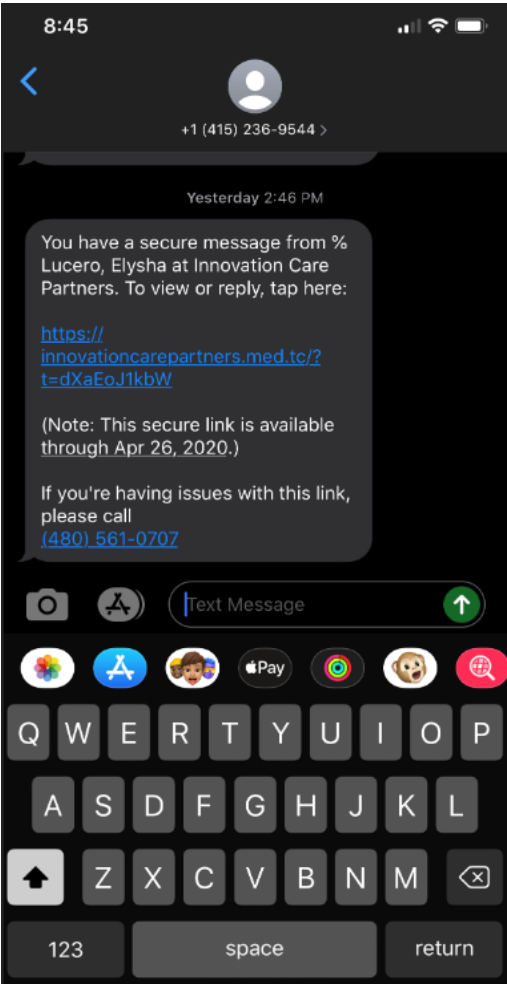
TigerConnect: TigerTouch Usage

- Innovation Care Partners is BETA site for this technology
- TigerTouch is a powerful yet easy way for our Care Team to communicate with patients and two family members using secure text.
 - Secure, encrypted patient conversations in easy-to-use text format
- Built in to the TigerConnect app, TigerTouch lets us converse with patients 1-on-1 or loop in other Care Team members
- Easy for patients – no portals, apps, or login credentials needed

Care Team Implementation

- Goal: Maintain communication with patients as the Care Team is not able to see patients face-to-face due to COVID-19
- Data from 3/31-4/27:
 - 214 patients & 73 patient contacts have been messaged
 - Total of 644 messages sent
 - Total of 386 messages received

Patient Experience



May JOC Update

- May JOCs have been cancelled
 - Send questions or concerns to elucero@icphealth.com
- JOCs tentatively will resume in June with already schedule providers
- Will not reschedule cancelled April and May JOCs
 - Will schedule for Q3
 - Q3 scheduling will begin end of May/ early June.

Guest Speakers: Mobile Health Services

Rebecca Rocho
Market Director-Arizona



Amanda Brown
Director of Operations



1. Tell us about your service line, best time to call for your services, abilities and patient that you can care for
2. How has COVID-19 effected your work flow, seeing patients
3. Have you encountered any barriers to seeing patients during COVID-19 pandemic
4. Have you had patients or family members being resistant to having your providers coming to their homes
5. PPE conservation plan/usage
6. any new technology or review current telehealth platform
6. Current practice/protocol of seeing new patients discharged from hospital or new patients from the community
7. Following up on and the handling of COVID-19 PUI cases from hospital or from community
8. Process for screening employees for symptoms
9. Process for staff who have tested positive
11. Any plans for potential staffing shortage?
10. What or have you had any challenges that you encountered during this time?
11. Do you any staff expressing fears about caring for patient at home?
12. As a mobile service, are you able to do any in-home COVID-19 testing?

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:
Elysha Lucero – Preferred
Network Coordinator
elucero@icphealth.com