Preferred Provider Network Weekly Broadcast

- **COVID-19 Weekly Update**
- **May 27, 2020**

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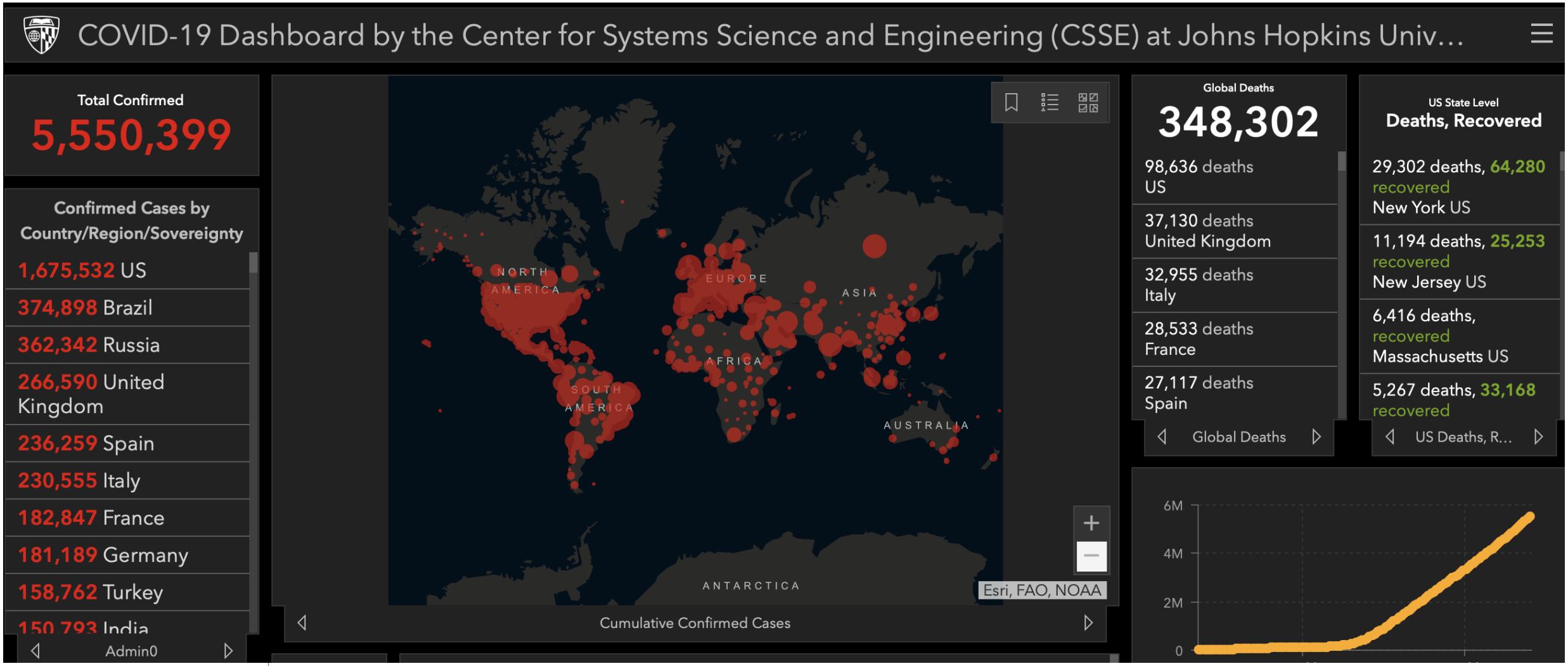
Agenda

- COVID-19 updates
- CDC guideline updates
- CMS updates
- Broadcast Updates for June
- JOC Updates for June & Quarter 3
- CCRC Guest speaker

Johns Hopkins tracker – link on ICP site



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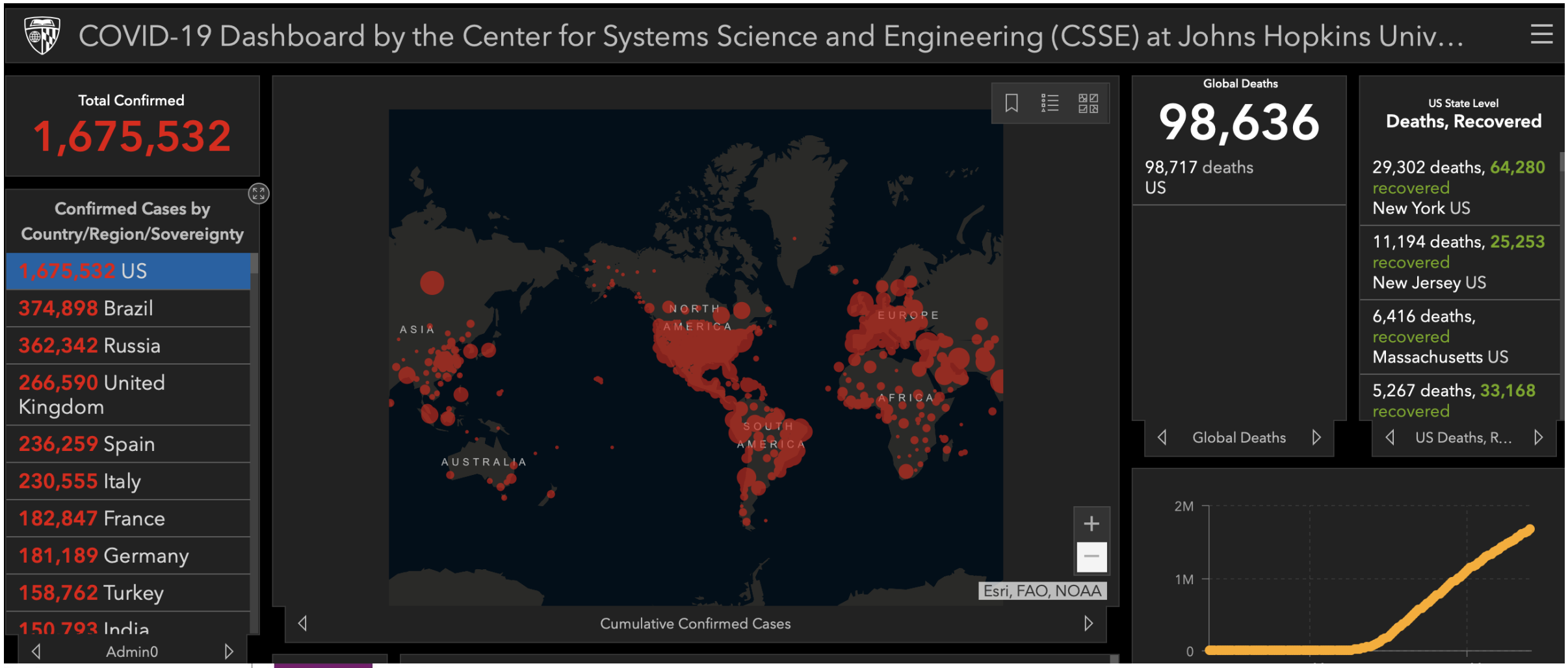
Johns Hopkins tracker – link on ICP site



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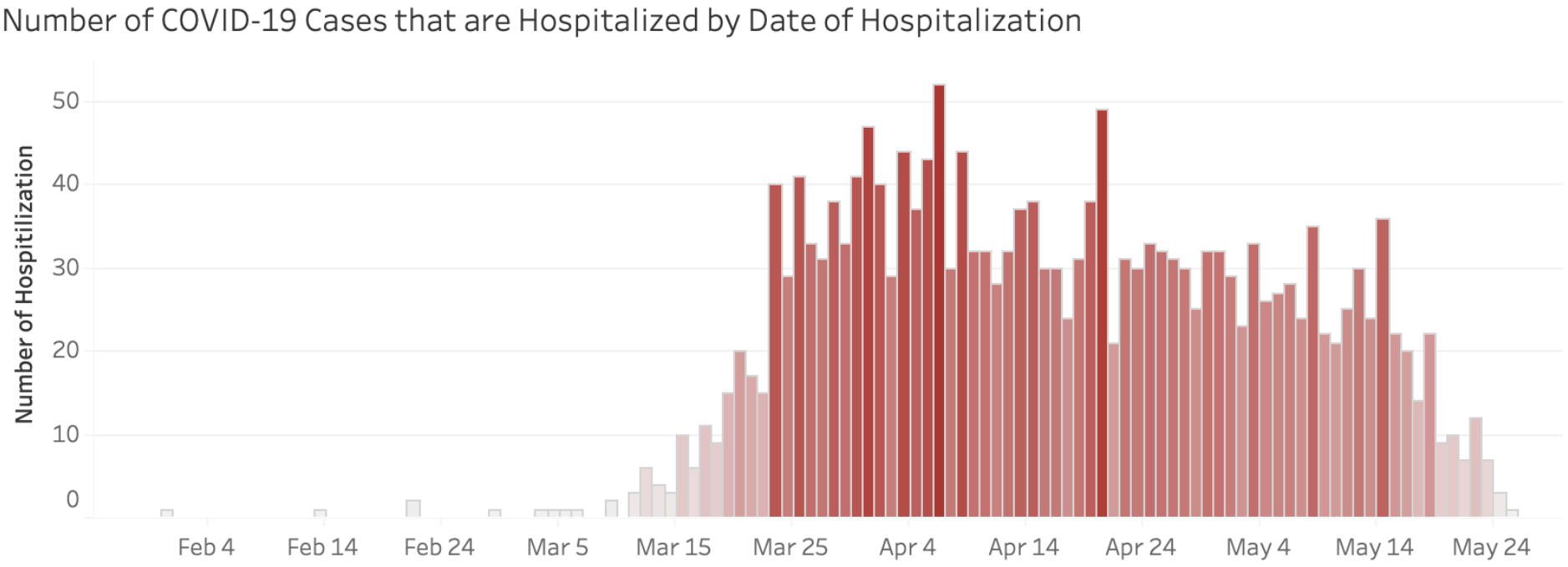
Arizona COVD-19 Hospitalization Trend



Number of Cases	Number of Deaths	Number of COVID-19 Tests
16,783	807	273,070

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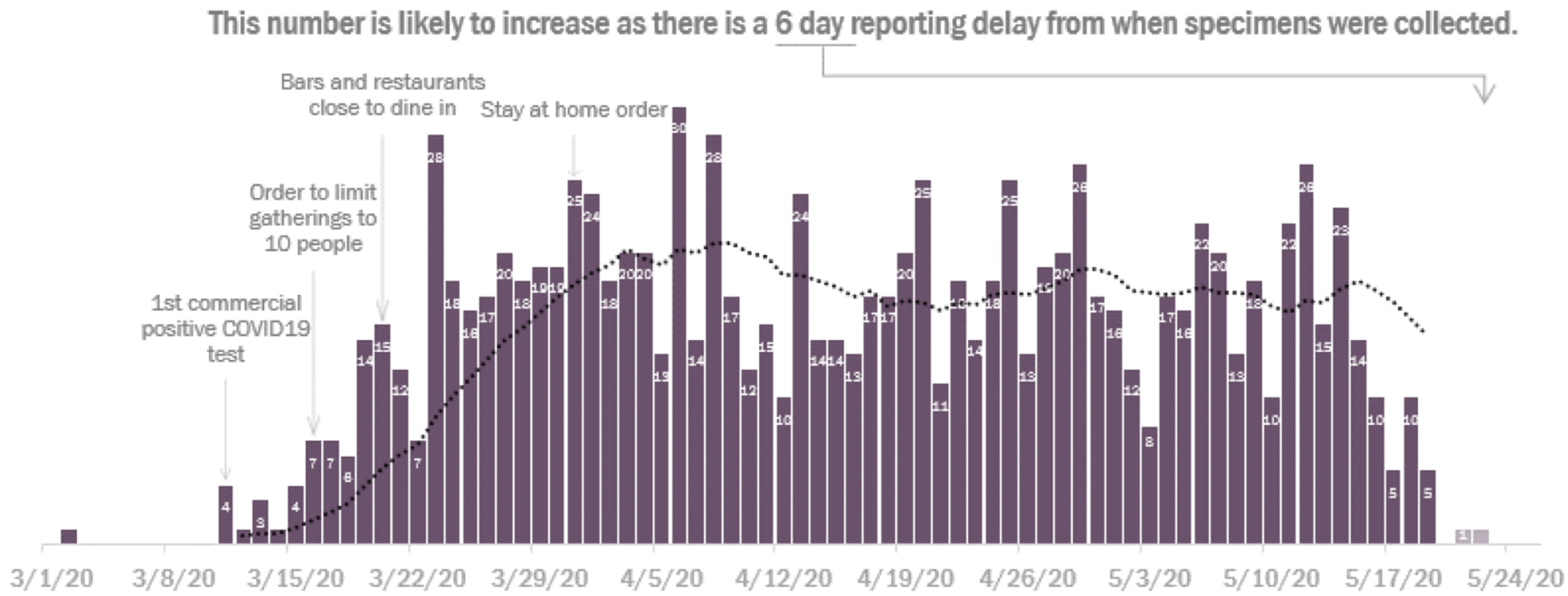
COVID-19 Hospitalization Trend

The best way to track COVID-19 trends in Maricopa County is to follow the number of **people hospitalized with COVID-19.** This is because hospitalizations are not influenced by testing availability or by the addition of new types of tests. **COVID-19 hospitalizations** have leveled off likely due to social distancing efforts.

Epi Curve by Hospitalizations



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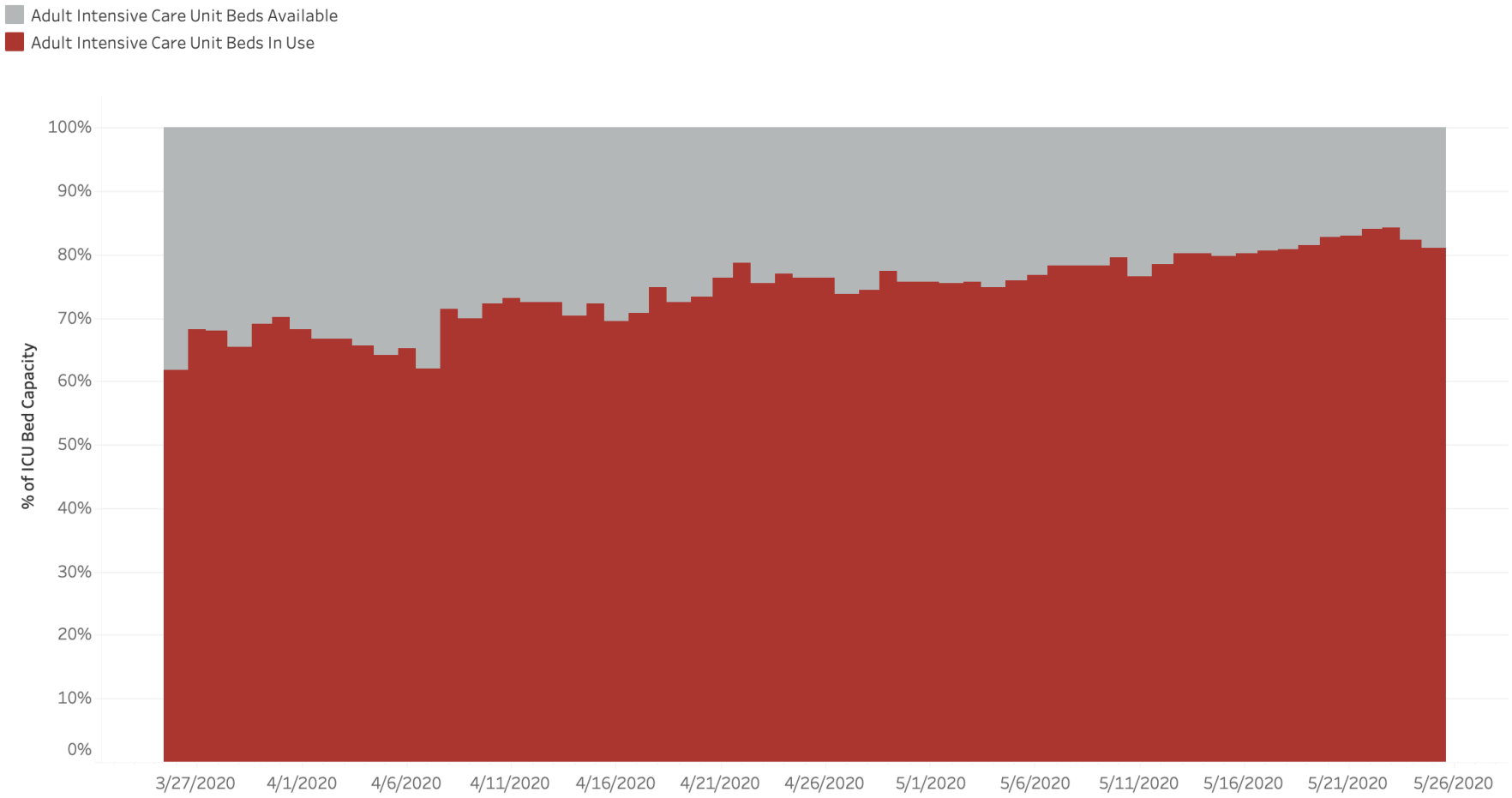
Arizona COVD-19, ICU Capacity



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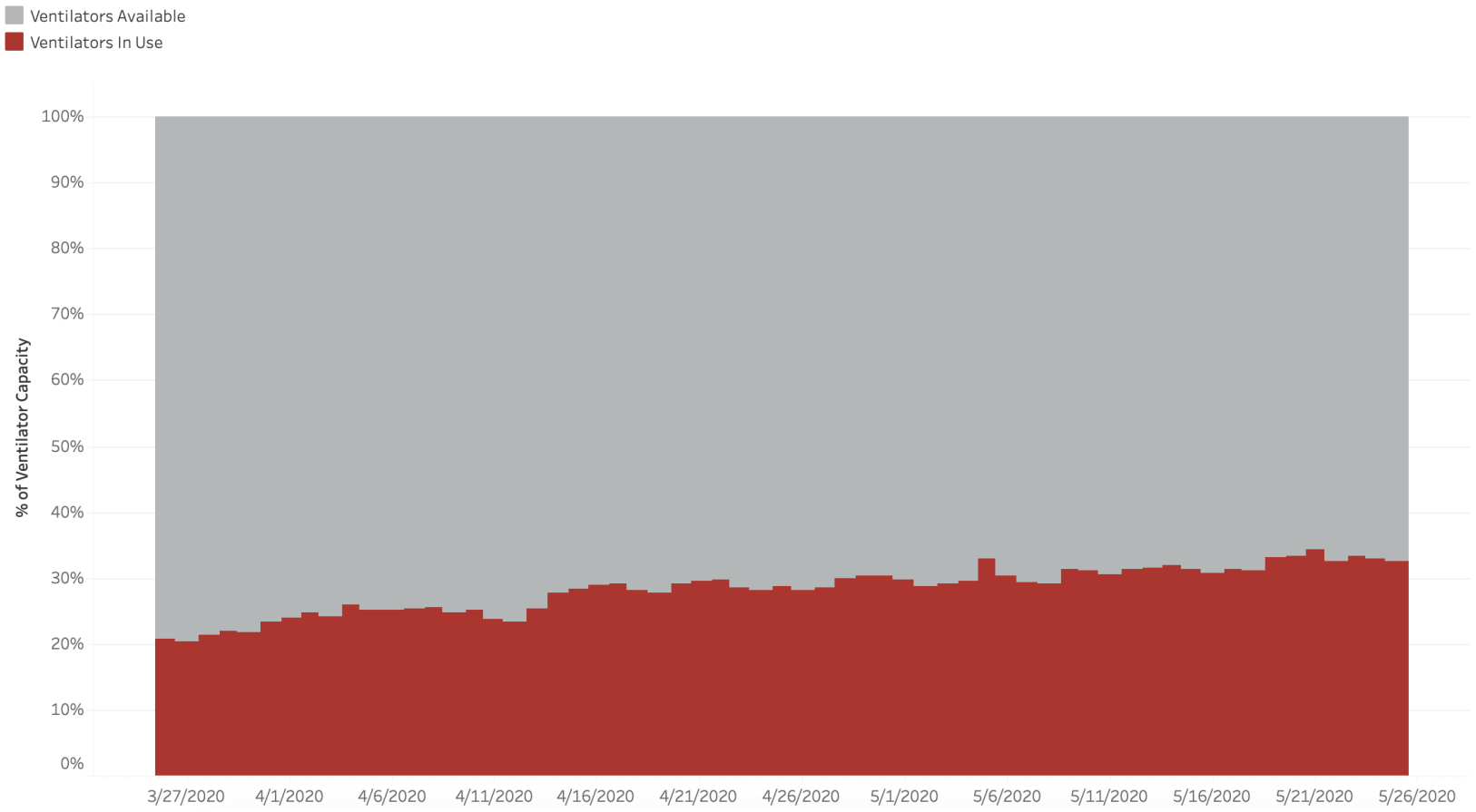
Arizona COVD-19, Ventilator Capacity



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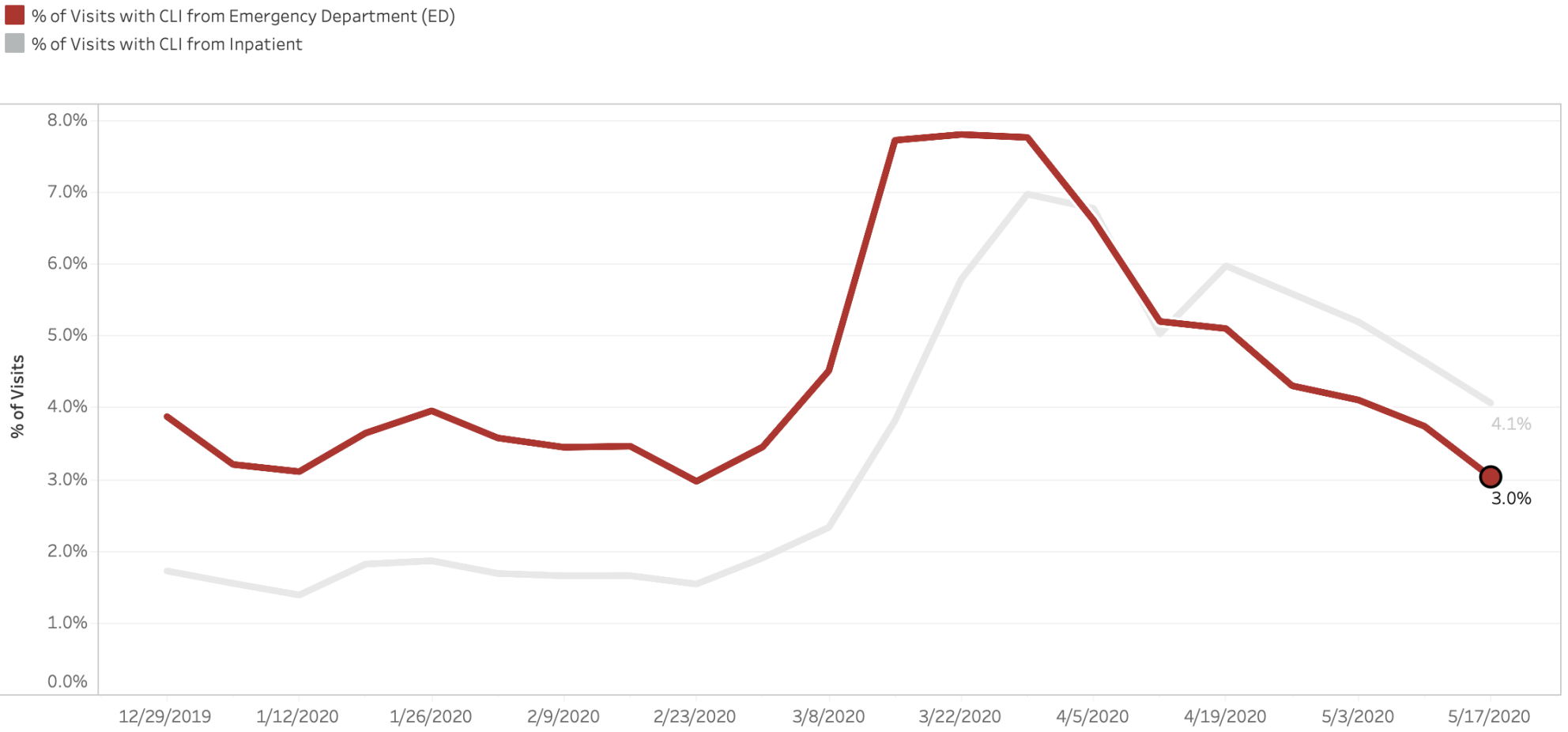
COVID-Like Illness in Arizona trending down
(through 5/17/2020)



Azdhs.gov

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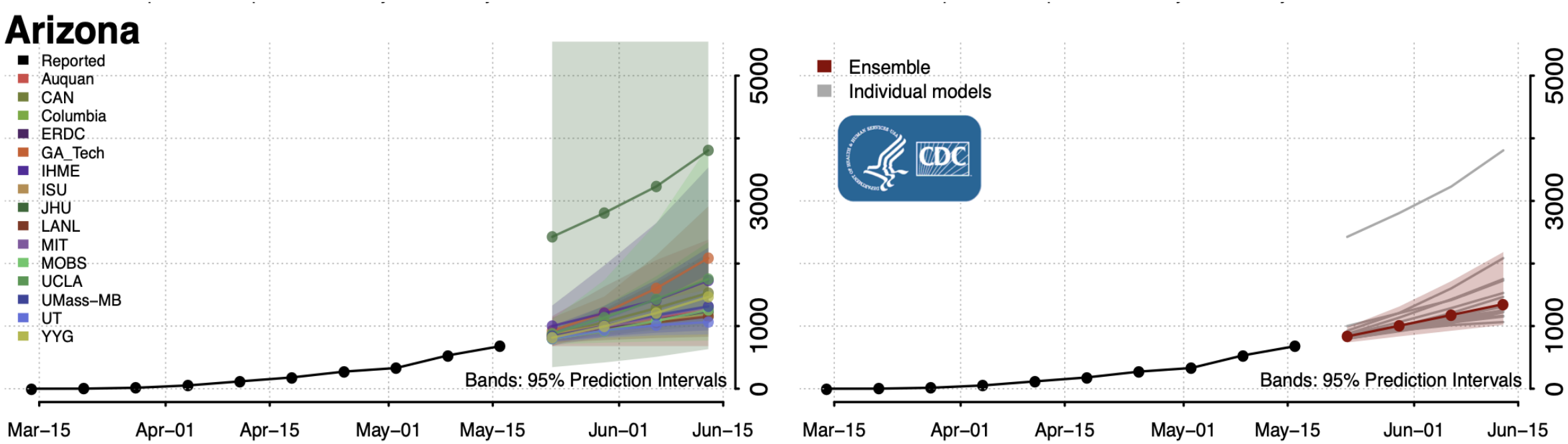
CDC COVID-19 Predictive Model for Az



Arizona case growth rate remains at 3% vs 2% for US

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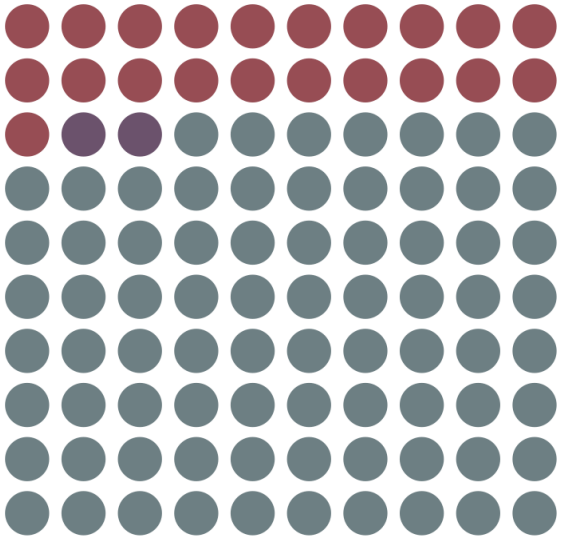
COVID-19 in Long-term Care Facilities

191 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, hospice facilities, group homes, and other congregate settings) 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 1245 COVID-19 cases among residents,
287 (23%) have been hospitalized and 262 (21%) have died.

Of 654 COVID-19 cases among staff,
35 (5%) have been hospitalized and 3 (0.5%) has died.

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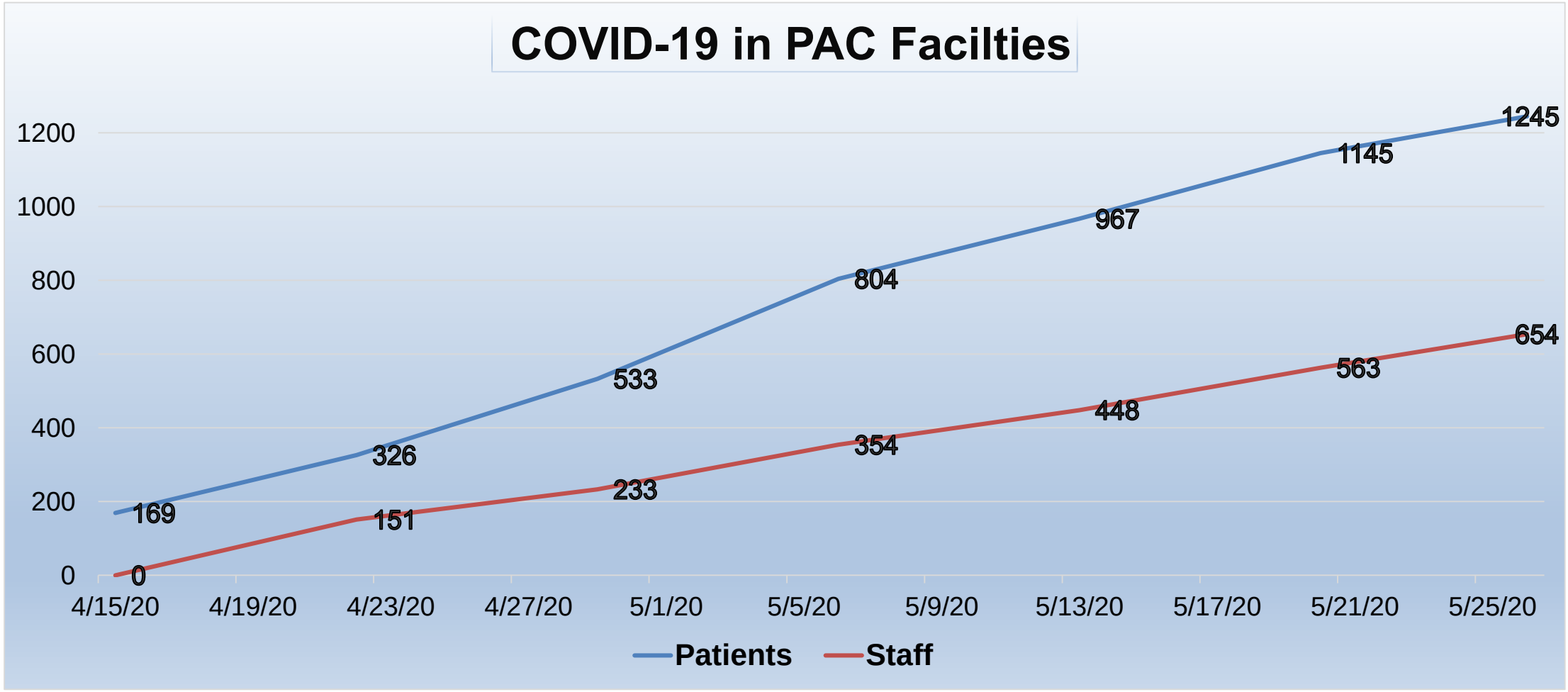
COVID-19 in Long-term Care Facilities



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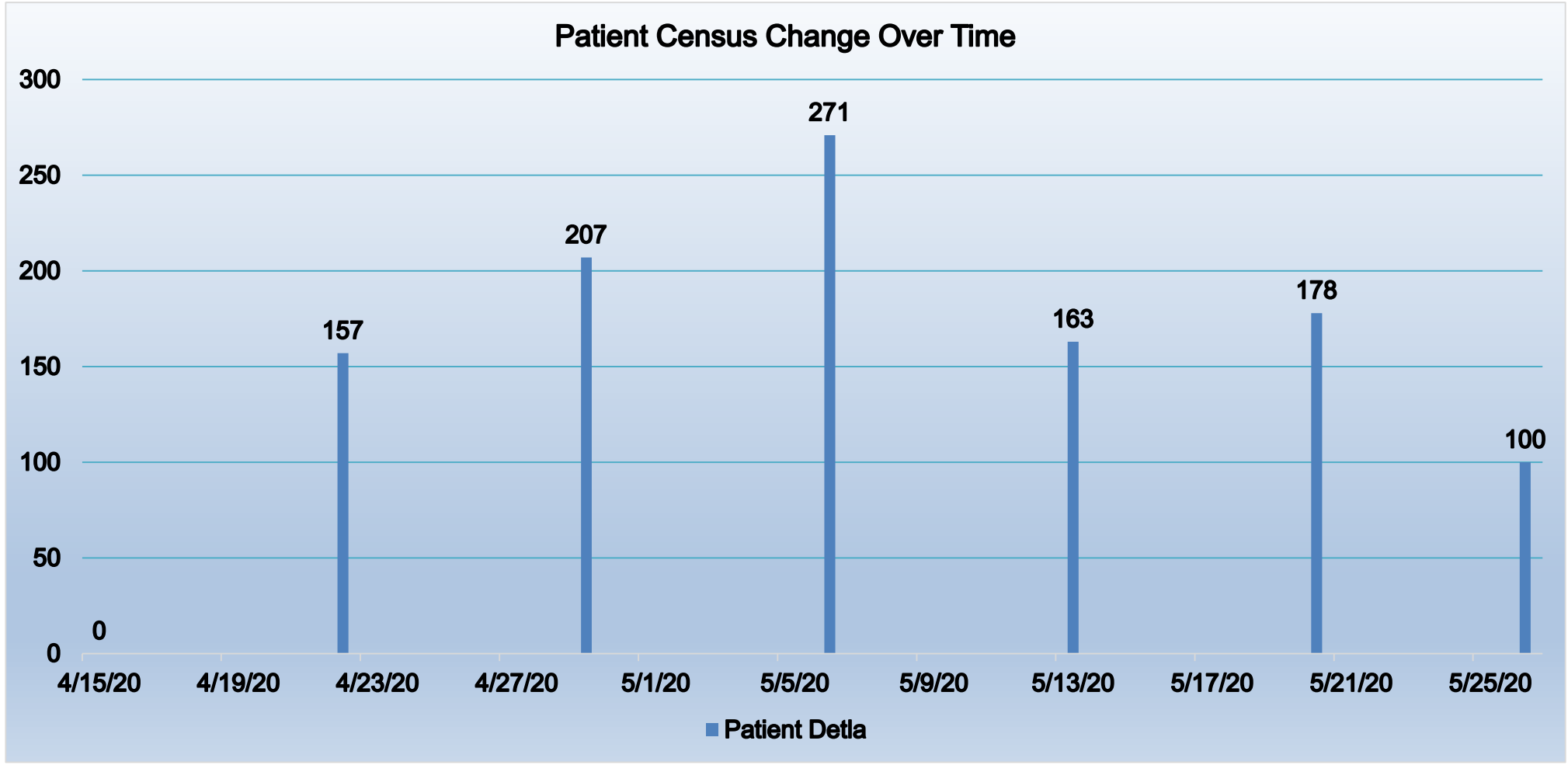
COVID-19 in Long-term Care Facilities



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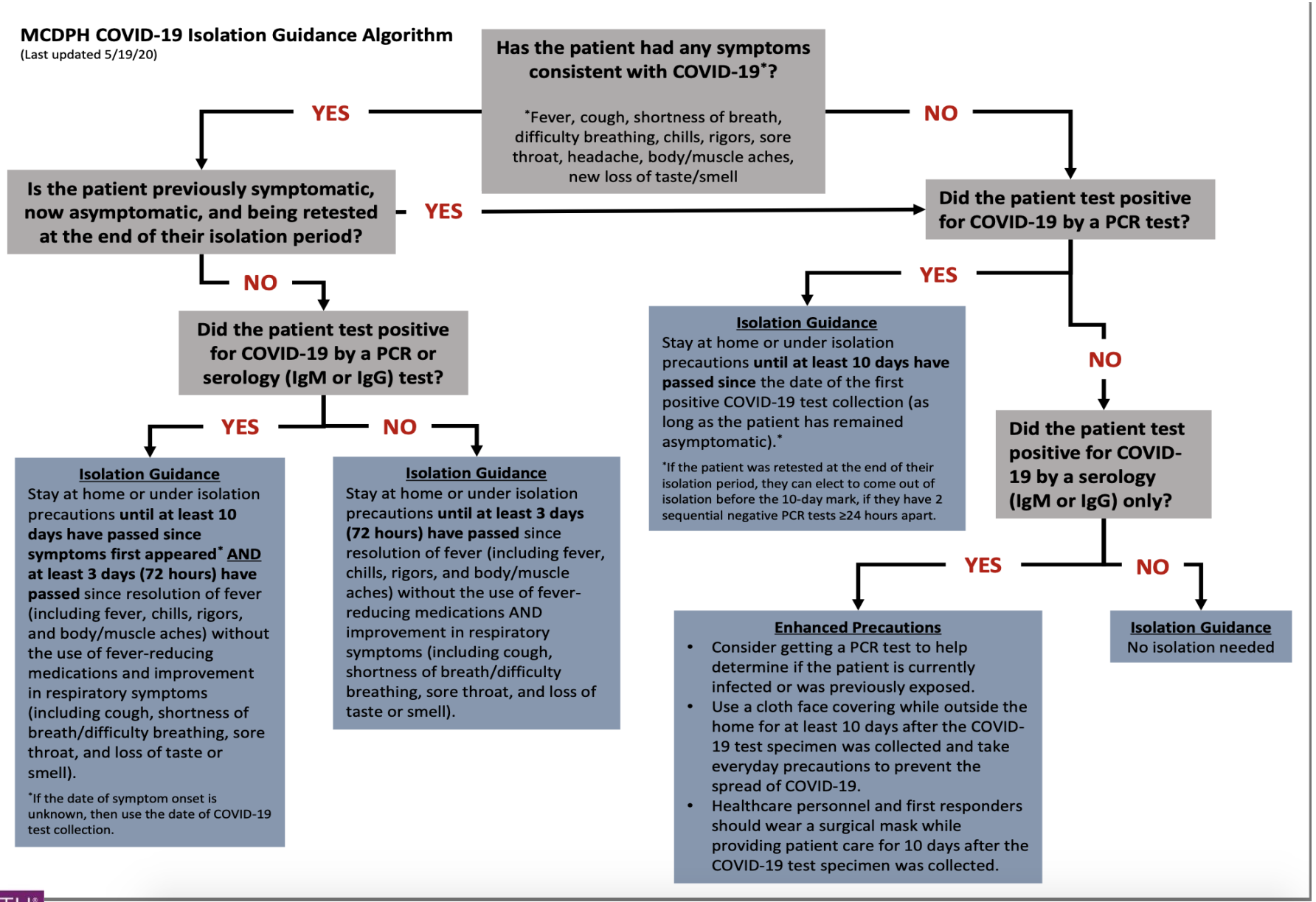
COVID-19 in Long-Term Care Facility Cases

- **Data Reporting Status:** 47 states are reporting COVID-19 data in long-term care facilities
- **Long-term care facilities with known cases**: 7,732 (in 43 states)
- **Cases in long-term care facilities:** 174,381 (in 42 states)
- **Deaths in long-term care facilities:** 35,118 (in 37 states)
- **Long-term care facilities as a share of total state cases:** 16% (across 42 states)
- **Long-term care facility deaths as a share of total state deaths:** 42% (across 38 states)

MCDPH COVID-19 Isolation Algorithm



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HHS Announcement of Nursing Home Funding

- HHS announced distribution of nearly $4.9 billion of Provider Relief Funds to nursing homes
- Each skilled nursing facility in the country will receive a baseline payment of $50,000, plus an additional $2,500 per bed
- Providers must agree to certain terms and conditions in order to accept the cash, and must comply with future audit and reporting rules, according to HHS
- HHS acknowledged the financial stress that nursing home operators face while fighting COVID-19.

HHS Announcement of Nursing Home Funding

State-by-state Breakdown: Skilled Nursing Facilities (SNF) Relief Fund Payment of Nearly $4.9B		
State	**Total # of Payments***	**Total Payment $**
Alabama	204	$ 74,925,000
Alaska	16	$ 2,775,000
Arizona	121	$ 41,432,500
Arkansas	220	$ 72,410,000
California	1,109	$ 356,210,000
Colorado	173	$ 51,830,000
Connecticut	214	$ 73,422,500
Delaware	27	$ 8,915,000
The District of Columbia	16	$ 7,017,500

HHS Announcement of Nursing Home Funding

- Since the beginning of 2020, SNFs have experienced up to a 6 percent decline in their patient population
  - Current and potential residents choose other care settings, or as current residents pass away.
- CMS Reopening LTCF: One-time cost of testing each resident and staff member in the United States at $440 million
  - Per AHCA, current testing cost as “unsustainable” and could run the cost operators $1 billion per month
- Increased PPE cost estimate of 10,000 per month for LTCF
- Authorities estimate $ 10 billion is needed in funds

PPE Packages for Nursing Homes

- Federal Emergency Management Agency (FEMA) is coordinating two shipments totaling a 14-day supply of personal protective equipment (PPE) to nearly 15,000 nursing homes across the nation
- All nursing homes will receive two sets of care packages, for a total of 14 days' worth of PPE, "no later than July 4."
  - Some reports now mention end of June…
- The "care packages" containing seven days' worth of four primary types of PPE — eye protection, masks, gowns, and gloves

PPE Packages for Nursing Homes

- The total estimated amount of PPE includes more than 11.7 million surgical masks, nearly 53.3 million gloves, more than 1.2 million goggles and other eye protection, and nearly 12.9 million gowns.
  - Each facility will receive an allotment of all four items based on the medical staff size of the facility (ranges from fewer than 10 employees to nearly 500)
  - The level 1 medical gowns included in the shipments are intended for use in basic care settings for minimal risk situations. The gowns are durable and can be washed 30 to 50 times

(Fema.gov, update May, 20th)

COVID-19 Diagnostic TESTING- Prioritization

High Priority

- Hospitalized patients **with** symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with** symptoms

Priority

- Persons **with** symptoms of potential COVID-19 infection
- Persons **without** symptoms who are prioritized by health departments or clinicians

COVID-19 ANTIBODY TESTING (Serologic Testing)

- Serologic assays for SARS-CoV-2 can play an important role in understanding the virus's epidemiology in the general population
  - Identifying groups at higher risk for infection
- Unlike viral direct detection methods (nucleic acid amplification or antigen detection tests) that can detect acutely infected persons, antibody tests help determine whether the individual being tested was ever infected
  - Even if that person never showed symptoms

COVID-19 ANTIBODY TESTING (Serologic Testing)

- Serologic tests should **NOT** be used at this time to determine if an individual is immune
- Test can help determine the proportion of a population previously infected with SARS-CoV-2 and provide information about populations that may be immune and potentially protected
- SARS-CoV-2 infection elicits development of IgM and IgG antibodies, which are the most useful for assessing antibody response

COVID-19 ANTIBODY TESTING (Serologic Testing)

- IgM is one of the first types of antibodies produced after infection and is most useful for determining recent infection, while IgG generally develops after IgM and may remain detectable for months or years
- Detection of IgM without IgG is uncommon
  - How long IgM and IgG antibodies remain detectable following infection is not known
  - IgA is important for mucosal immunity and can be detected in mucous secretions like saliva in addition to blood
  - Little is known about IgA response in the blood

COVID-19 ANTIBODY TESTING (Serologic Testing)

- Potential utility of serology in SARS-CoV-2:
  - Detection of PCR-negative cases, especially for patients who present late with a very low viral load below the detection limit of RT-PCR assays, or when lower respiratory tract sampling is not possible;
  - Identification of convalescent plasma donors;
  - Epidemiologic studies of disease prevalence in the community;
  - Verification of vaccine response once antibody correlate(s) of protection identified

COVID-19 ANTIBODY TESTING (Serologic Testing)

- Potential drawbacks if serological tests are not well-validated:
  - False negative risks if performed early in disease course, especially in mild disease;
  - False positive risks, particularly with tests for Immunoglobulin M (IgM) and potential cross-reactivity with common cold coronaviruses (e.g. HKU1, NL63, OC43, 229E).

COVID-19 ANTIBODY TESTING (Serologic Testing)

- SARS-CoV-2 can cause asymptomatic, pre-symptomatic, and minimally symptomatic infections, leading to viral shedding
  - May result in transmission to others who are particularly vulnerable to severe disease and death
- May 25th, CDC does not recommend using antibody testing to diagnose acute infection.
  - It is recommended to use a viral (nucleic acid or antigen) test to diagnose acute infection.

(Source: CDC and IDSA, May 25th)

Other Updates

OPTUMCare Az:

- Prior authorization requirements for post-acute care admissions to long-term acute care facilities (LTAC), acute inpatient rehabilitation (AIR), and skilled nursing facilities (SNF) are scheduled to resume on **Monday June 1st, 2020**.
- For reference, this information can be found online: https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/pa-covid19-updates/prior-auth-updates.html

Broadcast Update: June Schedule

- Broadcasts will be every other week
  - Next scheduled Broadcast is Wednesday, 6/10
  - Elysha will send invite for June broadcasts

- Please send any questions or requests for topics to discuss to Elysha Lucero at elucero@icphealth.com

Post-Acute Network JOC

- Q2 JOCs will resume in June utilizing Skype for Business
  - If you have not had your Q2 JOC or are not scheduled in June, we will not be rescheduling or scheduling anymore providers for this quarter
  - Elysha will send out sign up for Q3 JOCs by 6/5/2020

Continuing Care Retirement Community (CCRC) Guest Speaker

Teresa Borton
Administrator

BEATITUDES CAMPUS

- Tell us about yourself and your role.
- How has COVID-19 effected your PAC work flow, patient care at you facilities?
- Are you using any new technology during this time? (TeleHealth platforms)
- How do your PPE practices differ between levels of care (Independent, Assisted, Skilled)?
- What safety measure have you put in place to manage your new independent or assisted living admissions? How about your skilled admission?
- What has been your biggest challenge during the Pandemic and what best practices are working for you now?
- Process for screening employees for symptoms?
- Do you have any staff expressing fears about caring for patients?

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

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