Preferred Provider Network Weekly Broadcast

- **COVID-19 Update**
- **July 8, 2020**

INNOVATION CARE PARTNERS | HONORHEALTH

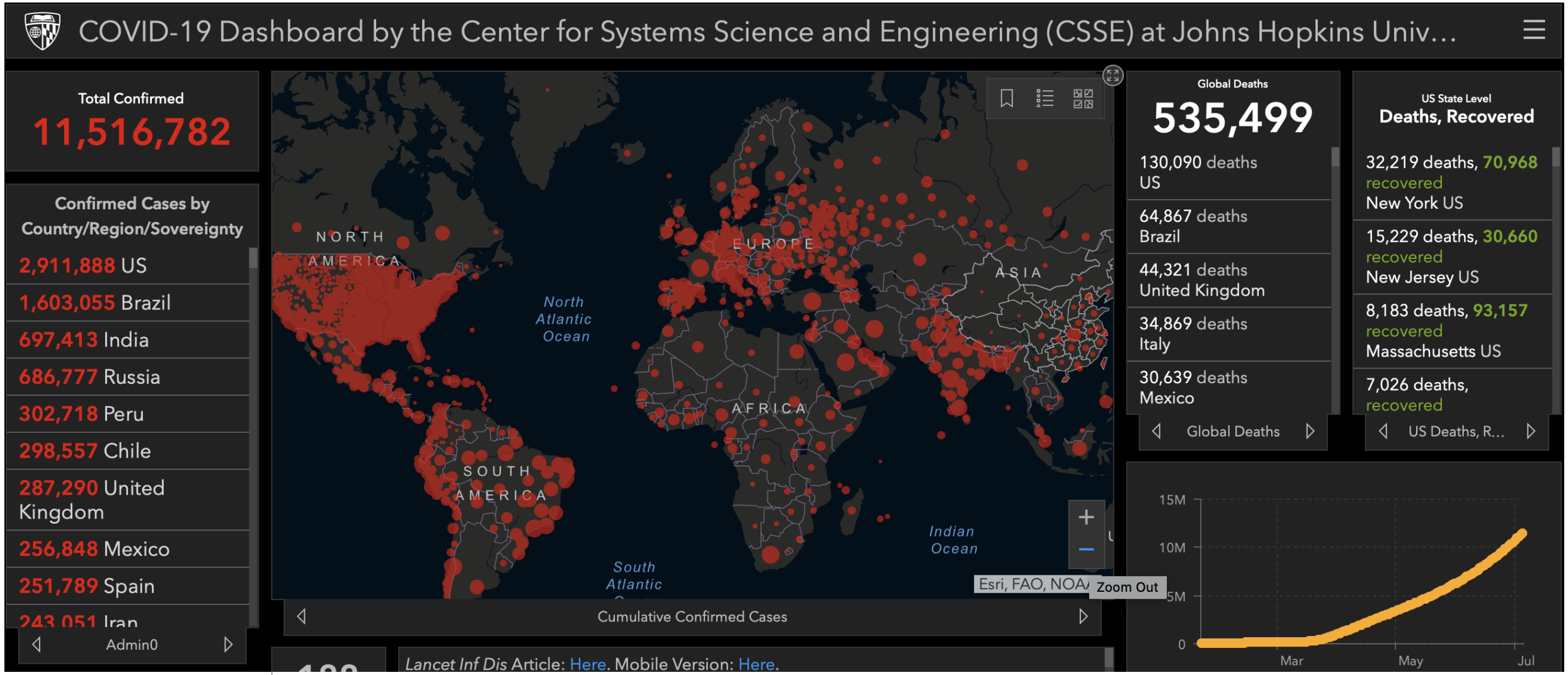
COLLABORATING FOR CARE

As of 7/7/2020

Agenda

- COVID-19 updates
- CMS updates
- HonorHealth updates
- Guest speaker

Johns Hopkins tracker – link on ICP site



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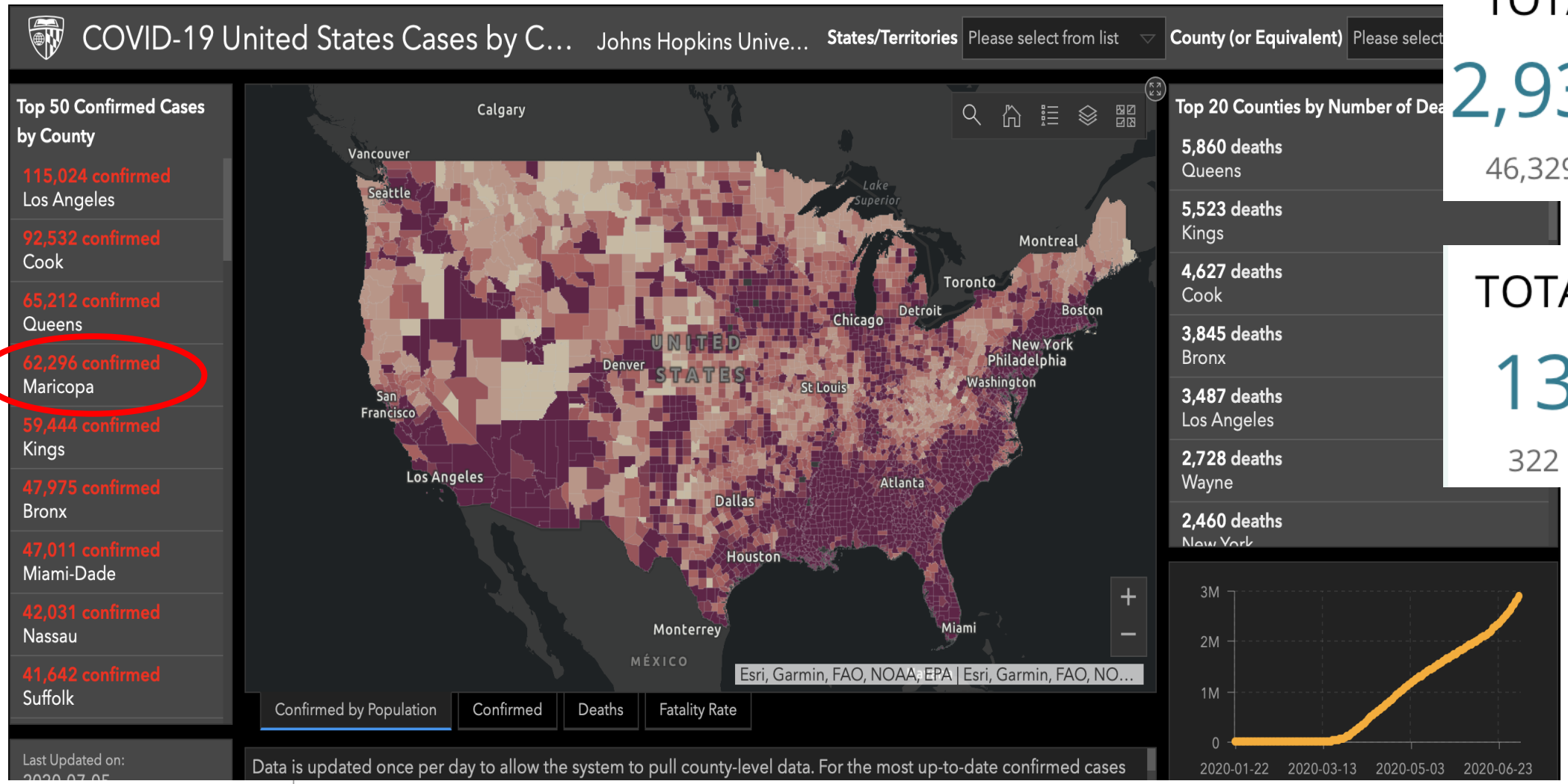
Johns Hopkins tracker



TOTAL CASES

2,932,596

46,329 New Cases*

TOTAL DEATHS

130,133

322 New Deaths*

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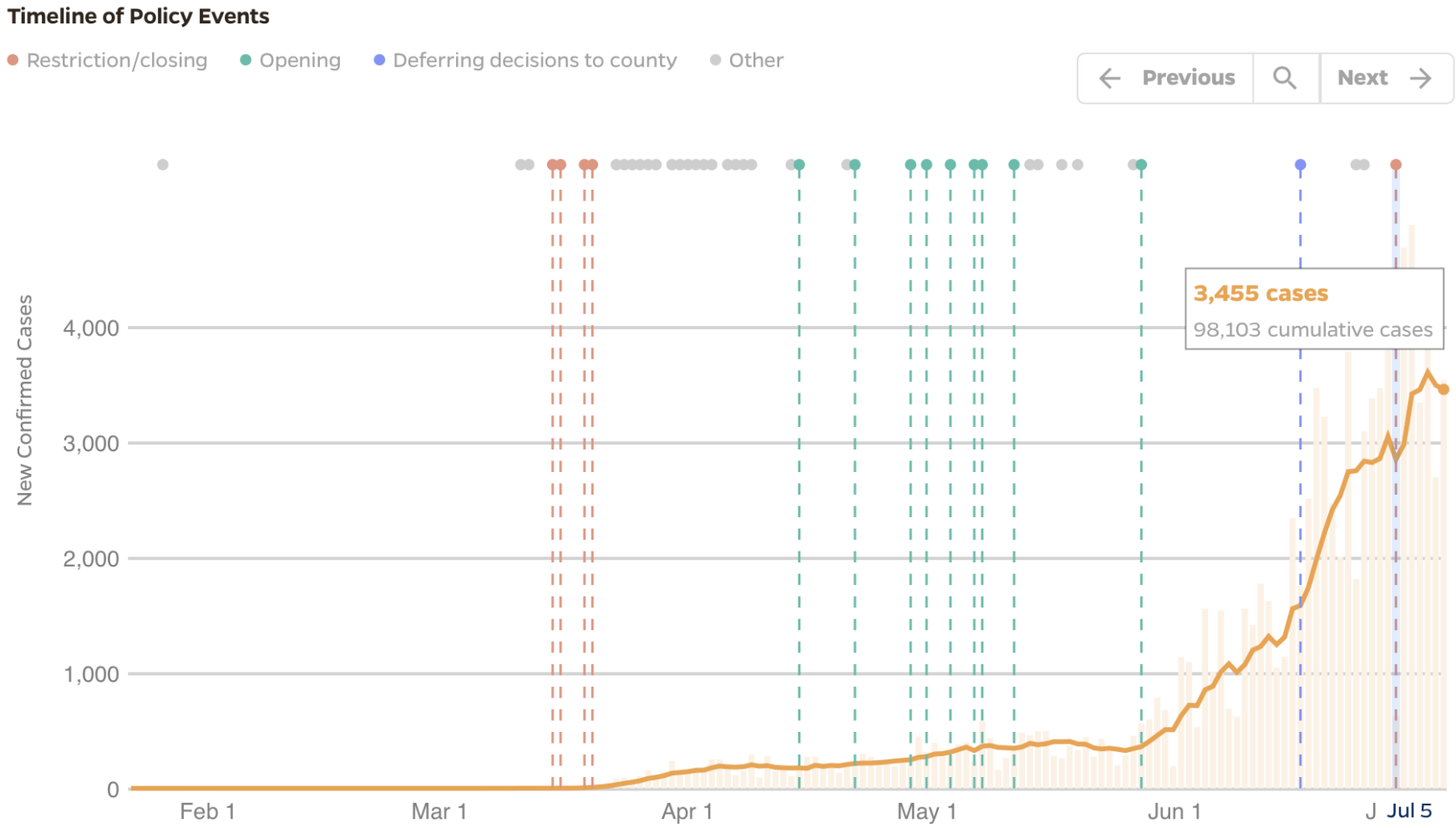
Arizona COVID-19 Cases with Policy Events



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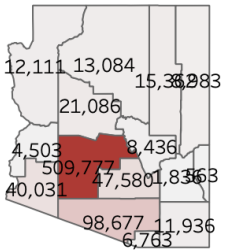
Arizona Number of Positive Tests Continues to Rise

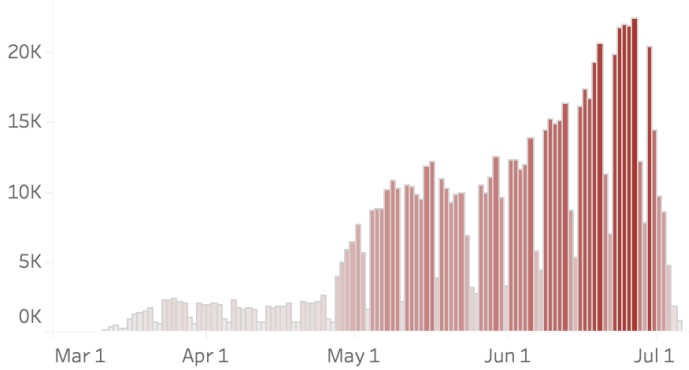
All tests completed for COVID-19	All tests reported yesterday in Arizona	Total % Positive COVID-19 All Tests
811,870	11,418	11.3%

All tests by county

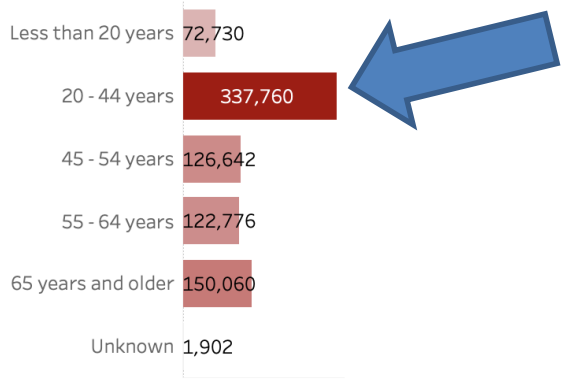
Select a county to filter the data.



All tests by date of collection



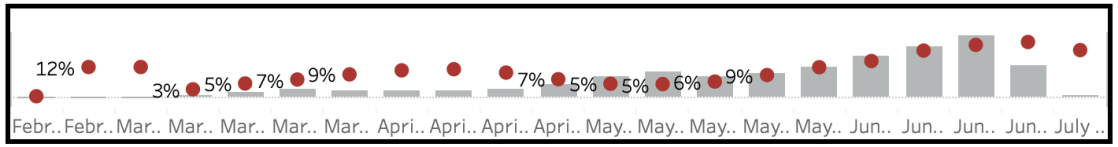
All Testing by Age Group



COVID-19 tests completed and percent positive by week

Percent positive is defined as number of people with a positive test result, out of all people with COVID-19 testing completed in AZ.

Total % Positive COVID-19 PCR Tests	Total % Positive COVID-19 Serology Tests
13.6%	3.4%



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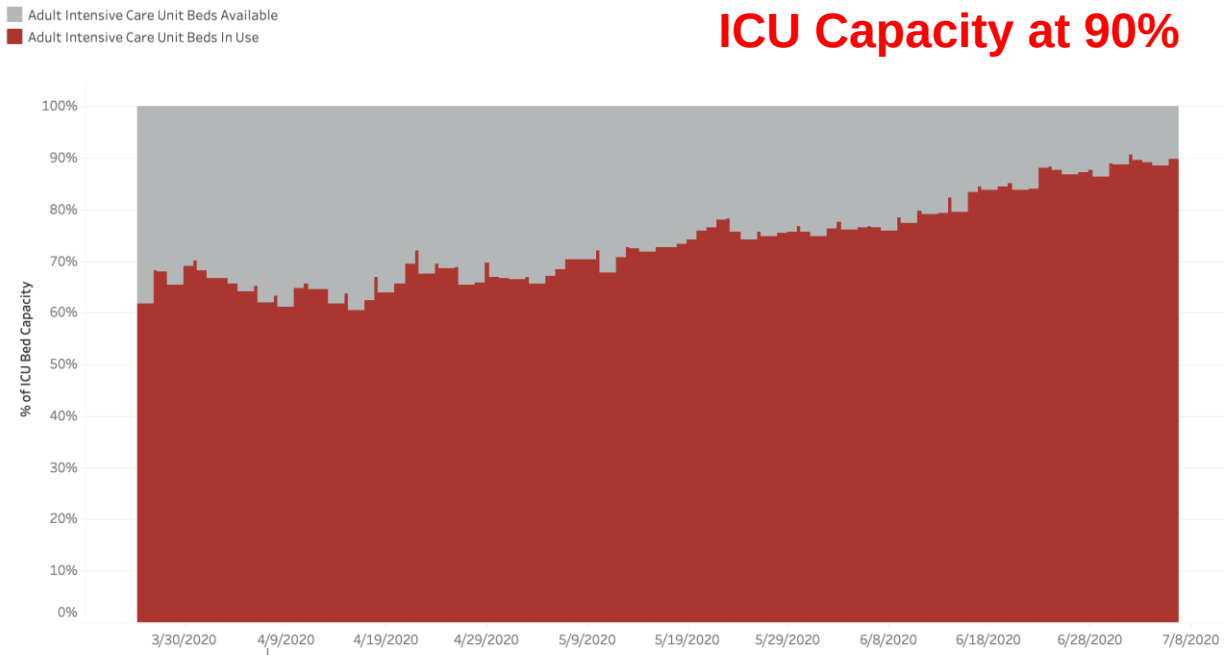
Arizona COVID-19 Overview

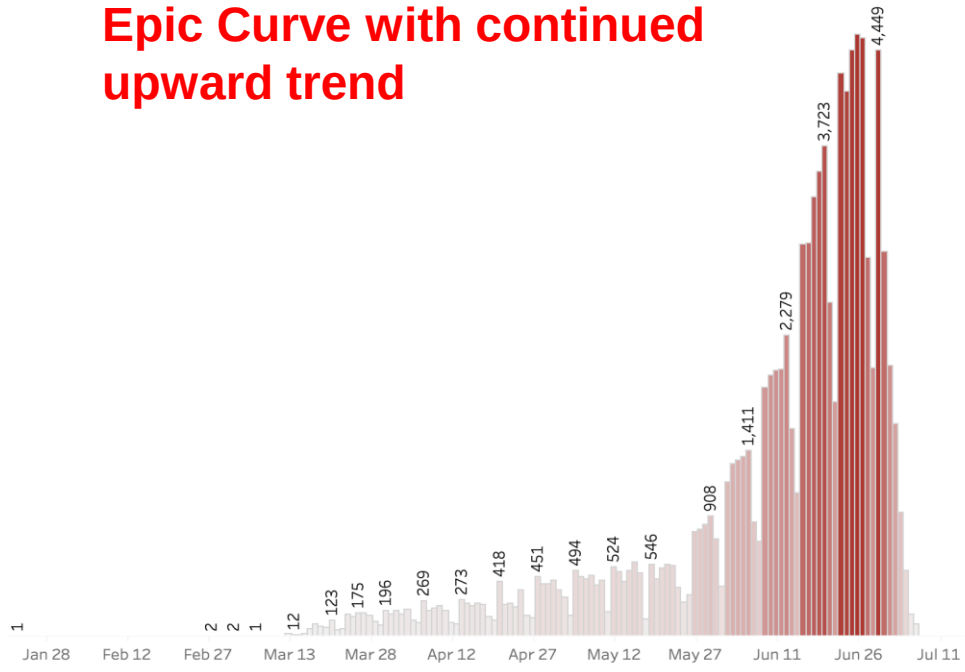
As of 7/7/2020

Number of Cases	Number of Deaths	Number of COVID-19 Tests
105,094	1,927	811,870



ICU Capacity at 90%

Epic Curve with continued upward trend



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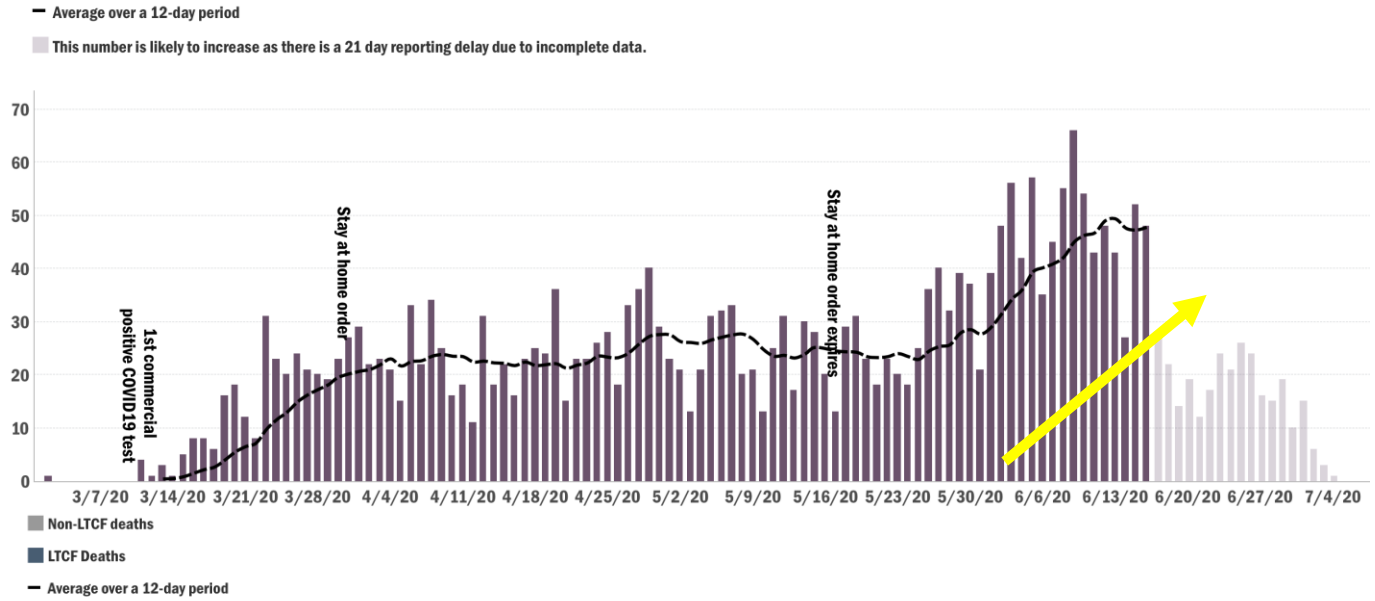
COVID-19 Cases in Maricopa County



Hospitalized Cases have progressively increased since social interactions have increased

The Majority of COVID-19 deaths in Maricopa have occurred among LTC residents.
-> 54% occurred in LTCF

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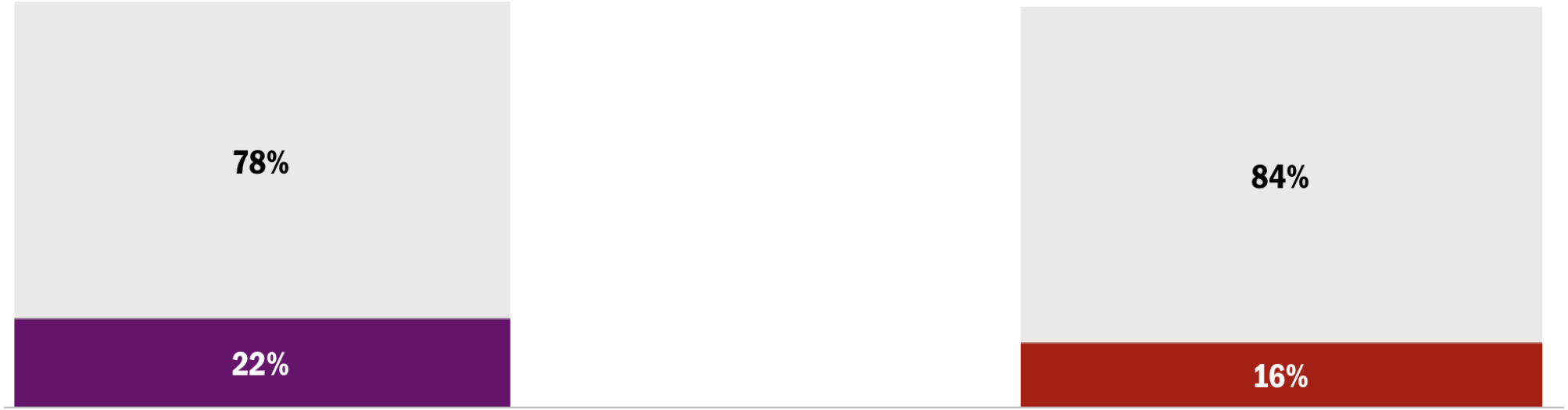
COVID-19 in Long-term Care Facilities

346 long-term care facilities have had at least one resident or staff with COVID-19.

Of 2,657 COVID-19 cases among residents, **574 (22%) have been hospitalized** and **423 (16%) have died.**



Of 1,338 COVID-19 cases among staff, 79 (6%) have been hospitalized and 4 (0%) have died.

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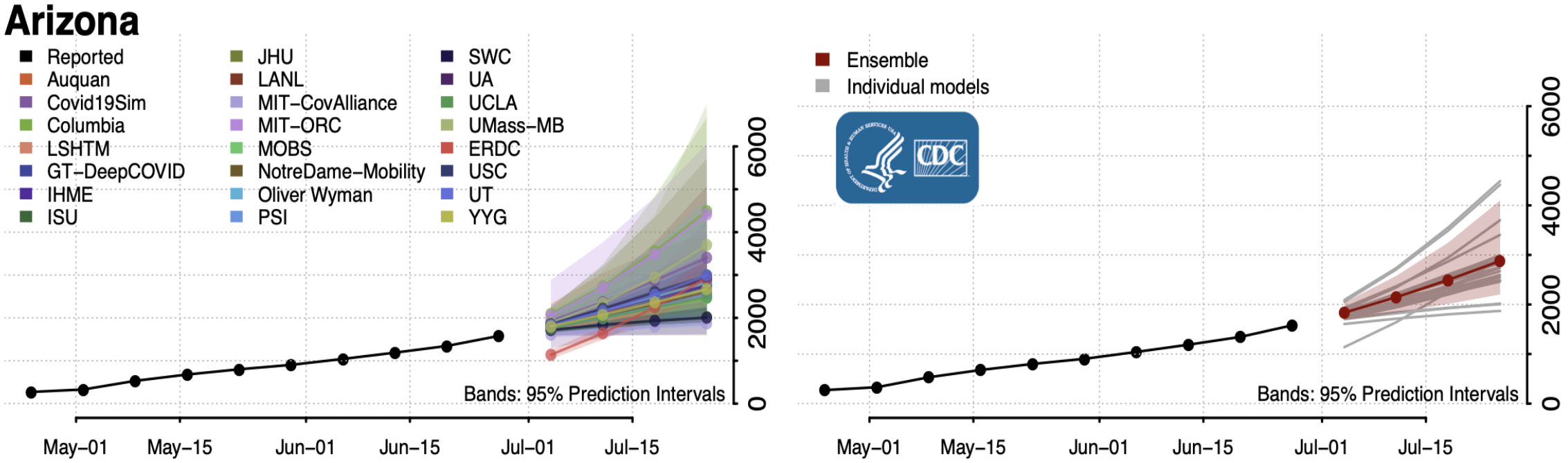
CDC COVID-19 Predicting Models for Az



Current projections forecast continued uptrend of COVID-19 cases

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Governors Executive Order 2020-43

- Effective June 29th, public events of more than 50 people are prohibited
  - Nothing in the order shall inhibit person from engaging in constitutionally protected activities (religion, court process though physical distancing is advised as feasible)
- Following establishments shall pause operations:
  - Bars, indoor gyms, indoor movie theaters, waterparks, tubing
- Pools may continue to operate with restrictions
- Law enforcements may take action against business that fails to comply with the executive order

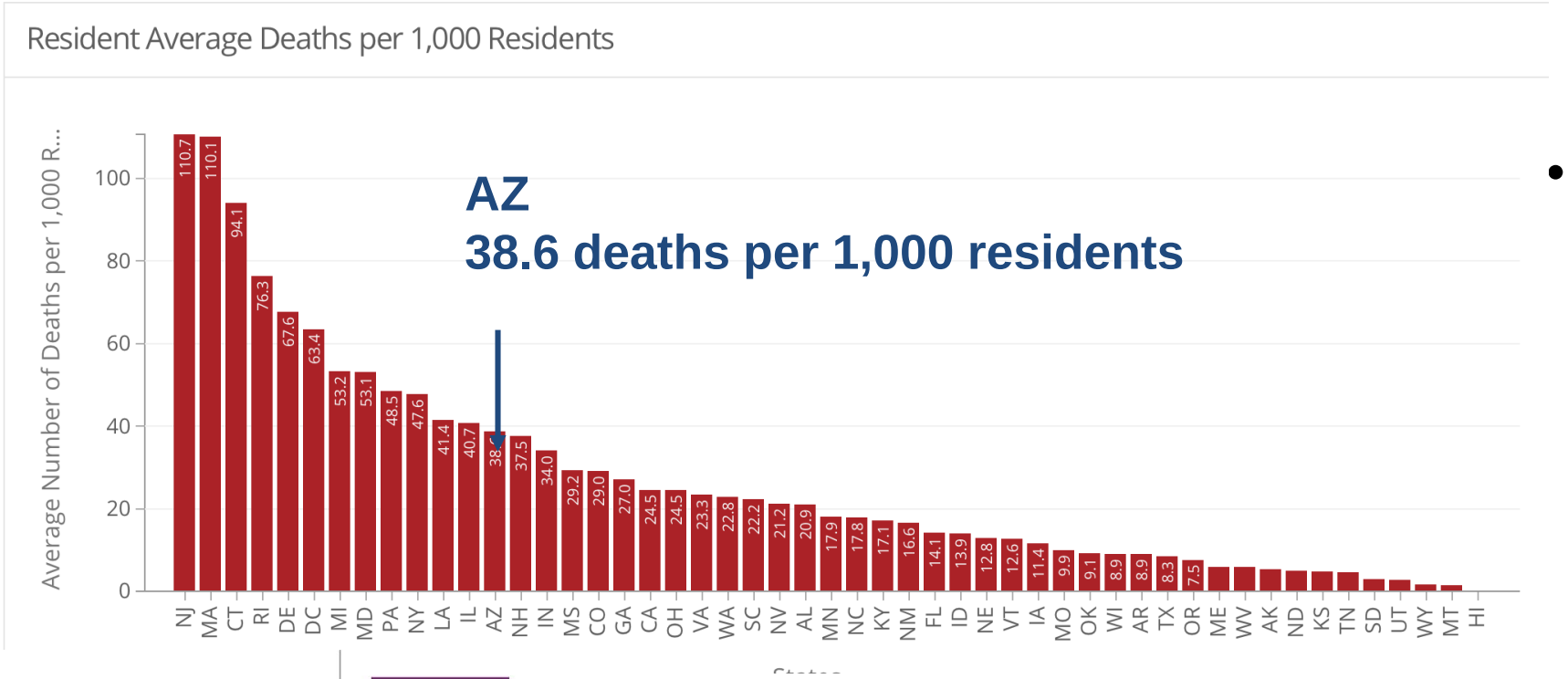
CMS COVID-19 Data Reporting for Nursing Homes

Data.CMS.gov

https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

CMS COVID-19 Data Reporting for LTCF

TOTAL COVID-19 CONFIRMED CASES	TOTAL COVID-19 SUSPECTED CASES	TOTAL COVID-19 DEATHS
118,120	74,561	33,509



- **Rehabs have reported inaccurate statics being posted on the website**
- **Please log in and validate the data is accurate**

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CMS Updates for SNFs

- CMS orders resumption of nursing home staffing data collection
- This will end the emergency waiver and resume requirements for all nursing homes to submit staffing data through the Payroll-Based Journal (PBJ) system by **Aug. 14**
- On July 29, staffing measures and star ratings will be held constant, and be based on data submitted by Dec. 31, 2019
- This also means that CMS will remove the automatic one-star staffing rating downgrade that many facilities experienced

CMS Updates for SNFs

- Facilities may have received an automatic star downgrade to 1 star due to missing a submission deadline or for having four or more days in a quarter with no registered nurse.
- Now, they will be able to correct and improve their rating in this domain since the ratings will be held constant

- Ref: https://www.cms.gov/files/document/qso-20-34-nh.pdf

CMS Updates for Home Health Agencies (HHAs)

- On June 25th, CMS proposed a rule for Calendar Year (CY) 2021 that updates Medical payment rates for HHAs
- The rule also provisions telecommunications technologies to provide care beyond the expiration of Public Health Emergency for COVID-19 pandemic
  - Telecommunication technologies must be related to the skilled services being furnished, is outlined on the plan of care and is tied to specific goals to facilitate treatment outcomes
  - Technology may not substitute for an in-person home visit that is ordered on the plan of care

CMS Updates for Home Health Agencies (HHAs)

- CMS payment to HHAs would increase in aggregate by 2.6% or $540million
  - 2.7% payment update ($560 million increase)
  - 0.1% decrease in payment reduction made in the rural add-on mandated by the Bipartisan Budget Act of 2018 ($20million decrease)
  - Update the home health wage index to no more that 5% in CY 2021 as per Office of Management and Budget statistical analysis

Ref: https://www.cms.gov/newsroom/fact-sheets/cms-proposes-calendar-year-2021-payment-and-policy-changes-home-health-agencies-and-calendar-year

CDC Guidelines – Discontinuation of Isolation

- Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings
- Two approach system:
  - '**symptom-based strategy**' for those with symptoms
  - '**time-based strategy**' for those without symptoms
- Extend the duration of Transmission-Based Precautions to at least 10 days since symptoms first appeared
  - This time period will capture a greater proportion of contagious patients

CDC Guidelines – Discontinuation of Isolation for + COVID-19

- **Symptomatic patients with COVID-19** should remain in Transmission-Based Precautions until **either**:
- *Symptom-based strategy*
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  - At least 10 days have passed *since symptoms first appeared*

CDC Guidelines – Discontinuation of Isolation for + COVID-19

- **Symptomatic patients with COVID-19** should remain in Transmission-Based Precautions until **either**:
- *Test-based strategy*
  - Resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

CDC Guidelines – Discontinuation of Isolation for + COVID-19

- **NOT Symptomatic patients with laboratory confirmed COVID-19** should remain in Transmission-Based Precautions until **either**:
- *Time-based strategy*
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test (assuming they have not subsequently developed symptoms since their positive test)
    - Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

CDC Guidelines – Discontinuation of Isolation for Suspected COVID-19

- Discontinue empiric Transmission-Based Precautions can be made based upon having negative results from at least one FDA Emergency Use Authorized COVID-19 molecular assay
  - If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2 RTNA.
  - If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *symptom-based strategy* described above.

COVID-19 Release from Isolation Guidance

	Symptomatic		Asymptomatic	
	Positive	**Negative**	**Positive**	**Negative**
PCR	Isolation*	Isolation**	Isolation*	No isolation
Serology (without reflex to PCR)	Isolation*	Isolation**	Enhanced precautions†	No isolation
Serology reflexed to PCR	Isolation*	Isolation**	Isolation*	No isolation

*Stay at home or under isolation precautions until at least 10 days have passed since symptoms first appeared AND at least 3 days (72 hours) have passed since resolution of COVID-19 symptoms

**Stay at home or under isolation precautions until at least 3 days (72 hours) have passed since resolution of of COVID-19 symptoms

CDC Guidelines - COVID-19 Patients Discharges to SNFs or LTCF

- Transmission-Based Precautions *are* ***still required***
  - they should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. Preferably, the patient would be placed in a location designated to care for COVID-19 residents.
- Transmission-Based Precautions ***have been discontinued****,* but the patient has **persistent symptoms** from COVID-19 (e.g., persistent cough)
  - they should be placed in a single room, be restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline.

CDC Guidelines - COVID-19 Patients Discharges (SNFs or LTCF)

- Transmission-Based Precautions *have* ***been discontinued*** and the patient's **symptoms have resolved**,
  - they do not require further restrictions, based upon their history of COVID-19.

HPC Work Restriction After Exposure to Pt COVID-19

- "Prolonged" exposure refers to a time period of 15 or more minutes
  - **ANY** duration exposure during aerosol-generating procedure
- Close contact is defined as:
  - Being within 6 feet of a person with confirmed COVID-19
  - Having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19
- HCP higher-risk exposures:
  - Exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2
  - HCP present in the room for an aerosol-generating procedure

HCP Work Restriction After Exposure to Pt COVID-19

Exposure	HCP PPE Used	Work Restriction
HCP who had prolonged, close contact with a patient, visitor, or HCP with confirmed COVID-19	• Not wearing a respirator or facemask • Not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • Not wearing all recommended PPE while performing an aerosol-generating procedure	• Exclude from work for 14 days after last exposure • Monitor symptoms consistent with COVID-19 • HCP with Sx / Si consistent with COVID-19 should arrange for medical evaluation and testing

HCP Work Restriction After Exposure to Pt COVID-19

Exposure	HCP PPE Used	Work Restriction
HCP other than those with exposure risk described above	NA	• No work restrictions • Wear a facemask at work • Monitoring for Sx/Si of COVID-19, NOT work when ill, undergoing screening beginning of shift. • HCP with Sx/Si consistent with COVID-19 should arrange for medical evaluation and testing

CDC Updates – Cloth Face Covering

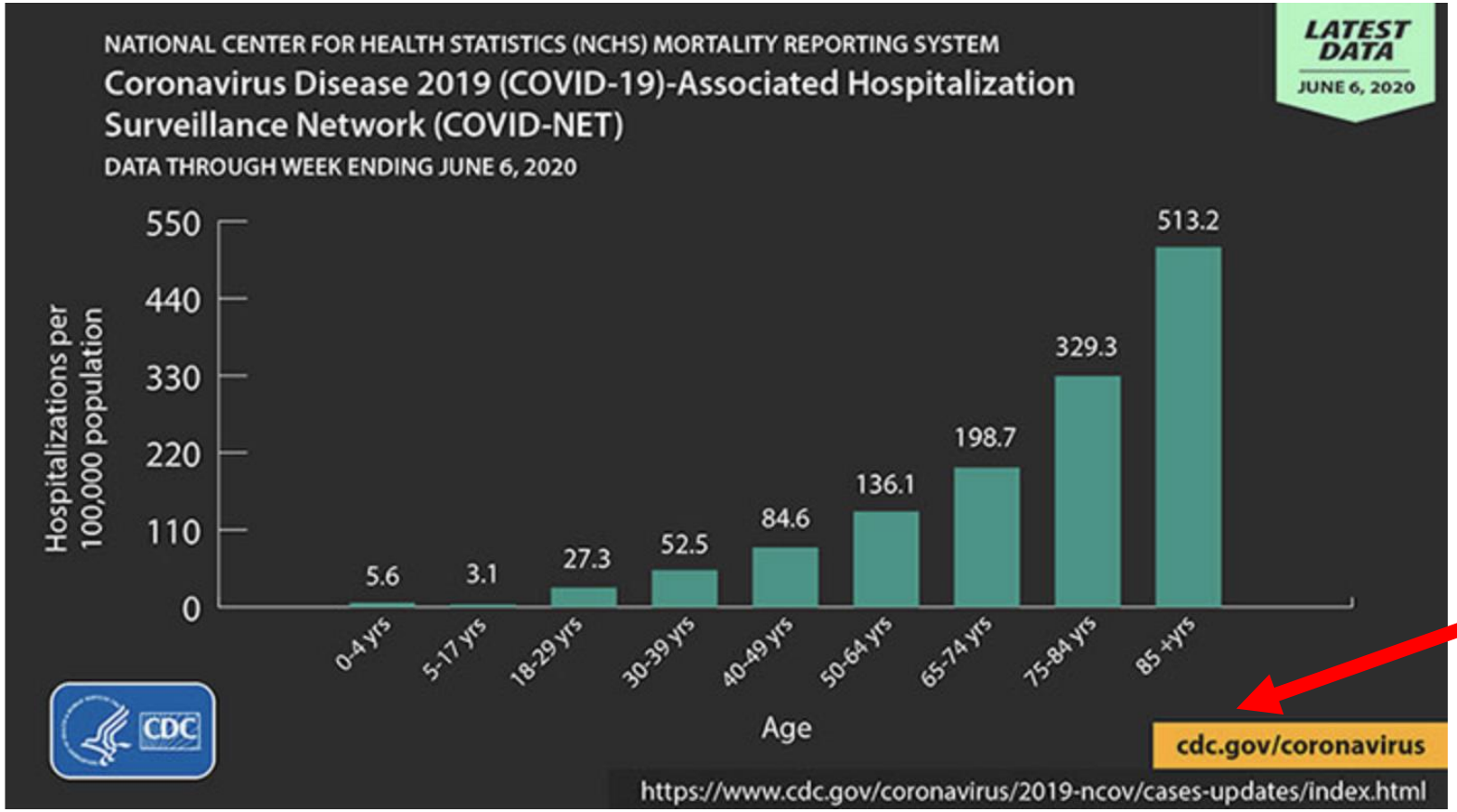
- CDC recommends cloth face coverings in **public settings**:
  - When around people who do not live in your household
  - Especially when social distancing measures are difficult to maintain
- Help prevent COVID-19 spreading the virus to others
  - Asymptomatic infected persons
- Data supports reduced spread of COVID-19 when they are widely used by people in public settings.
  - NOT be worn by children under the age of 2
  - Anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

CDC Updates – Cloth Face Covering

- Who Should Wear A Cloth Face Covering?
  - General public (as discussed on previous slide)
  - People who know or think they might have COVID-19
  - Caregivers of people with COVID-19 (avoid close contact, avoid touching your face; frequently clean hands and disinfect surfaces)
- Face Shields
  - It is unknown if they protect others from the spray of respiratory particles
  - CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings
- Ref: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html

CDC Updates – High Risk Patient Population

- **Risk for Severe Illness Increases with Age**



Patients 85 or older are at greatest risk for severe illness from COVID-19

CDC Updates – High Risk Patient Population

- **Risk for Severe Illness Increases with Age**
  - Greatest risk for severe illness from COVID-19 is among those aged 85 or older
- People of any age with **certain underlying medical conditions** are at increased risk for severe illness from
  - Chronic kidney disease
  - Obesity (BMI of 30 or higher)
  - DM 2
  - Immunocompromised state from solid organ transplant
  - Serious heart conditions, CHD, CAD or CM
  - COPD
  - Sickle Cell dis

CDC Updates – High Risk Patient Population

- People with the following conditions **might be at an increased risk** for severe illness:
  - Asthma
  - Cerebrovascular disease
  - Cystic fibrosis / Pulmonary fibrosis
  - Hypertension
  - Immunocompromised state (transplant, HIV, use of corticosteroids, or use of other immune weakening medicines
  - Neurologic conditions, such as dementia
  - Thalassemia
  - Type 1 diabetes mellitus
  - Liver disease
  - Pregnancy
  - Smoking

SNF Best Practice for COVID-19 Pandemic

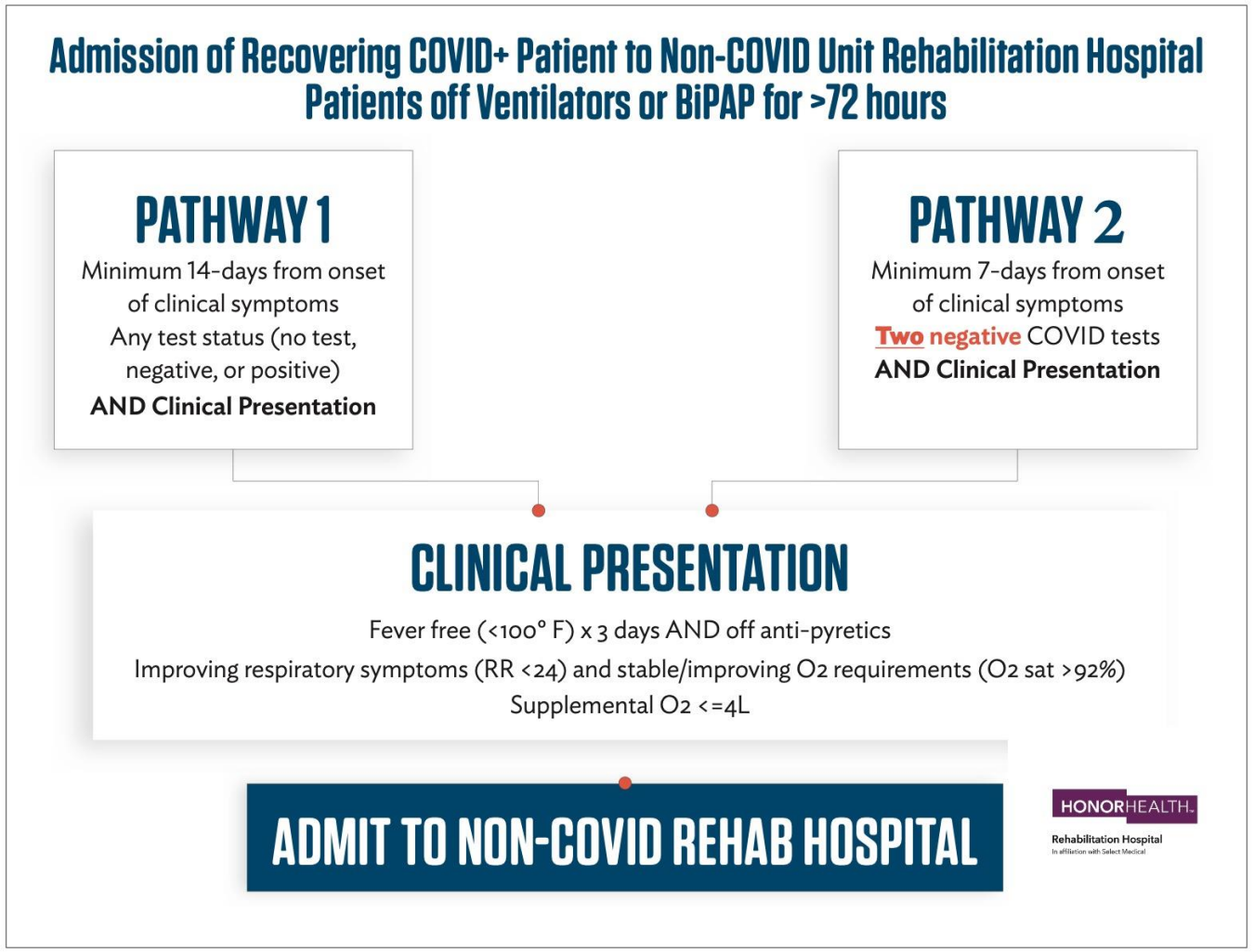
- **Among the recommendations (further detailed in the report):**
- Creating COVID-specific units
- Twice-daily residents screenings
- Discontinuation of drug delivery modes that might spread the virus (such as nebulizers)
- Reviewing do-not-intubate and do-not-hospitalize advance directives with patients and families

SNF Best Practice for COVID-19 Pandemic

- **Protocols for staff include:**
- Serial COVID-19 testing (three tests, one week apart) to enable identification of newly infected staff
- Assignments to specific units to permit easier contact tracing
- Staff assigned to COVID-19 should not work elsewhere in the facility

Ref: https://www.jamda.com/action/showPdf?pii=S1525-8610%2820%2930484-9

HonorHealth Update



- HonorHealth algorithm for discharging recovering COVID+ Patients to a NON-COVID rehabilitation Facility
- Two pathways:

1. 14 days from on set of clinical symptoms
2. Minimum of 7days from onset of symptoms, Two neg COVID tests

(+Clinical presentation criteria)

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Guest Speakers: Nod Specialist Infection Prevention Team

Madu Murthy, MD
Founder & Chief Medical Officer

Megan Crosser, MPH, CIC
Infection Prevention Director

- Dealing with PUI, COVID-19 + Patients
- Screening of patients and HCP
- Isolation for patients
- Type of PPE for PUI, COVID-19 + patients, and HCP
- Recommendations for SNFs to ensure they are compliant with current guidelines
- Suggestions on accepting COVID-19 + patients
- Thoughts on current restrictions - should we be tougher?
- Any ideas on vaccine ? Time frame?

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Can you relate?

Long Term Care Facility Scenario:

Long term care facility with high staff turnover, non-compliance in facility with behavioral components, visitors and employees were not being screened, ill staff were working, improper choice and use of disinfectants, lack of PPE and hand hygiene stations, overall lack of resources related to infection prevention.

Result:

Severe COVID-19 outbreak throughout facility affecting residents and staff, with multiple deaths of residents and severe illness in staff requiring ICU hospitalizations

Infection Prevention Consulting:

Implement infection prevention processes throughout the facility, ensure compliance with proper donning/doffing PPE, work with health dept to increase PPE supplies for the facility, implemented hand hygiene program with auditing and real time feedback. Education for staff, routine rounds weekly.

Result:

Halted further transmission of illness. This dramatically decreased deaths of residents and staff illness rate which helped with staffing. Once the facility reached their 28 days of zero transmission, they were able to ease the isolation precautions and follow CMS guidance for slowly re-opening.

Infection Prevention Support & COVID-19

- Ensure compliance with CDC and local health department guidelines for infection prevention during COVID-19
- Provide updates as guidance changes frequently to ensure safe care is being provided
- Enhance infection prevention program to help during regulatory surveys
- Guidance on PPE Use and Isolation Precautions to include Contact & Droplet with Eye Protection
- Universal Masking requirements
- Surface Disinfection
- Correct choice in products and correct use
- Surveillance for Signs & Symptoms of COVID-19
- Mandatory reporting requirements
- Safe processes for accepting COVID positive patients from acute care facilities
- Implement return to work criteria following CDC/health dept requirements
- Develop policies and procedures related to COVID-19

Infection Disease (ID) on Your Team

- Top readmission diagnoses - how many related to infections?
- Why is having ID part of your team important?
  - Avoidance of the ED
- 24/7 service
- Dedicated provider consistently rounding (1 to 2 times per week)
- When should I get ID involved
- Covered 100% by insurance - zero out of pocket cost to the facility
- Telemedicine option available

More Questions for NodMD?

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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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