

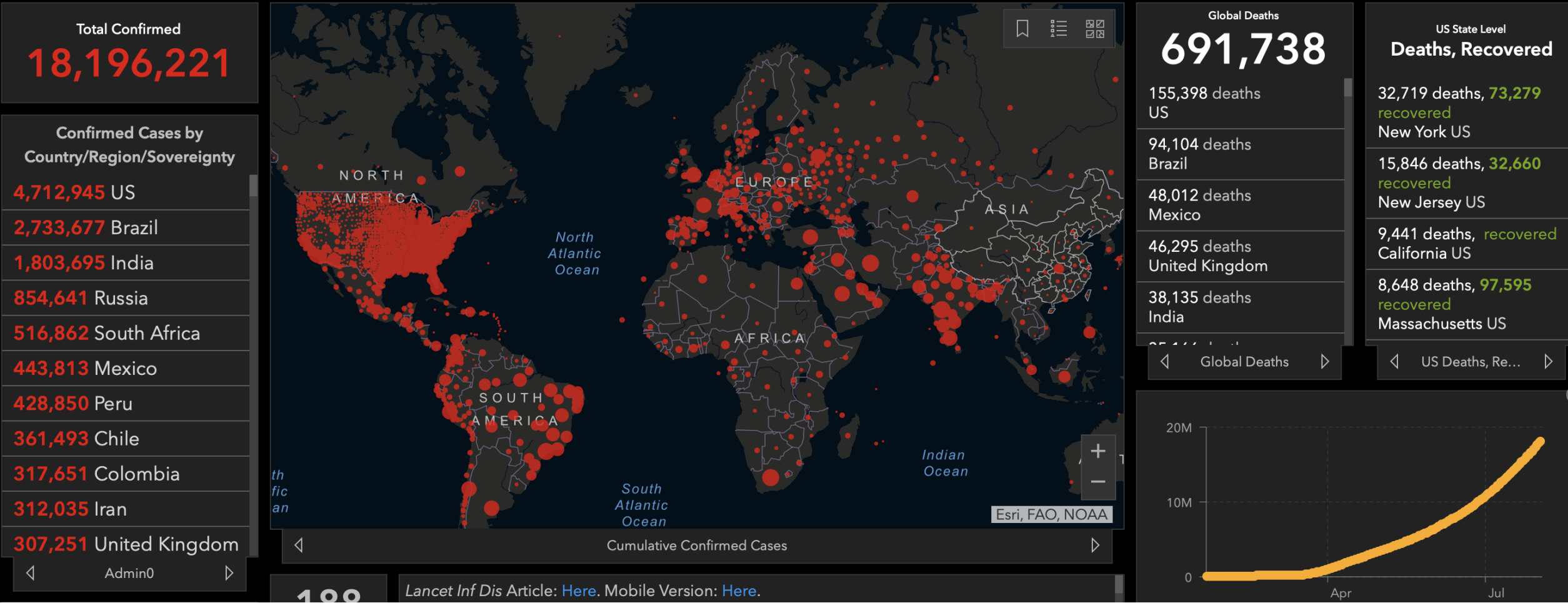
Preferred Provider Network Weekly Broadcast

- COVID-19 Update
- Aug 5, 2020

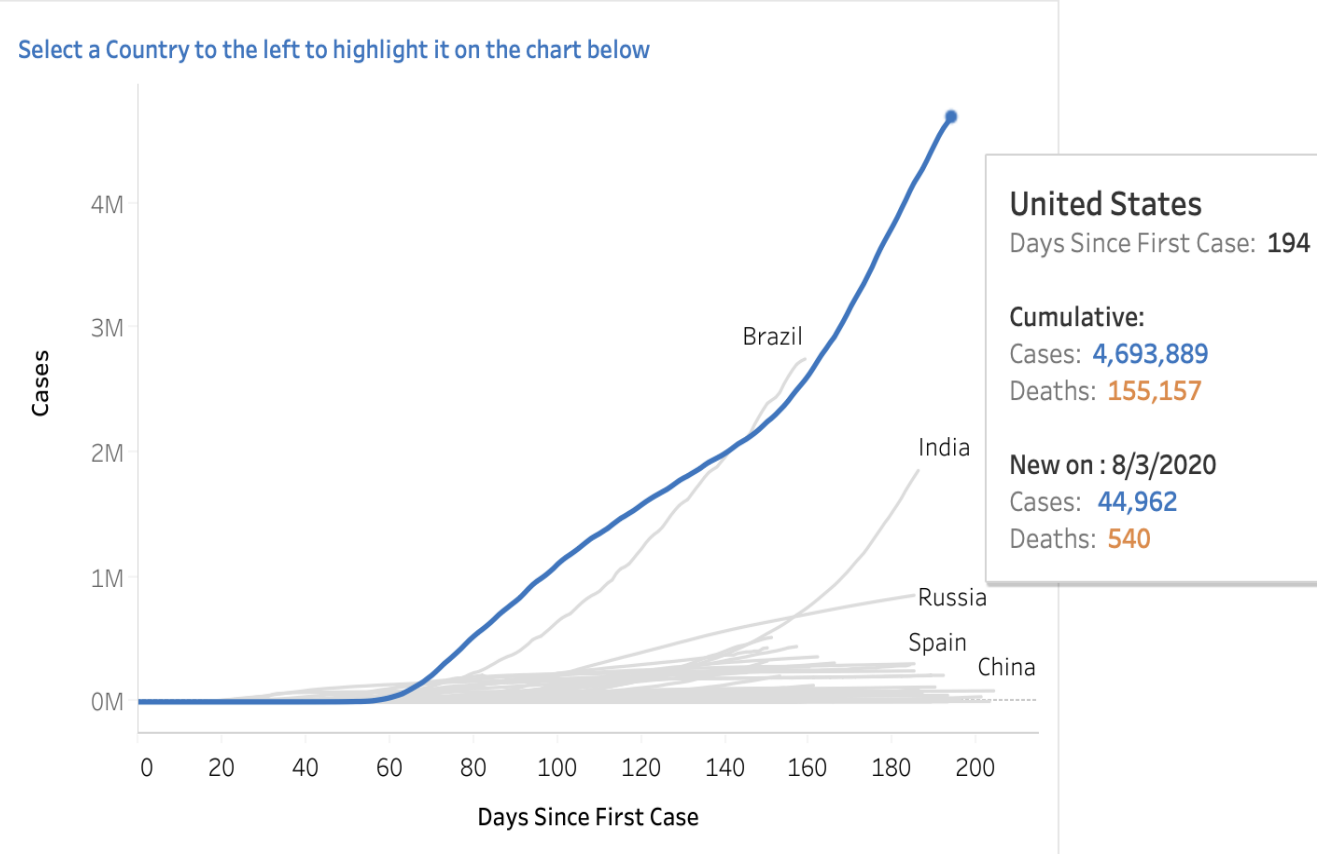
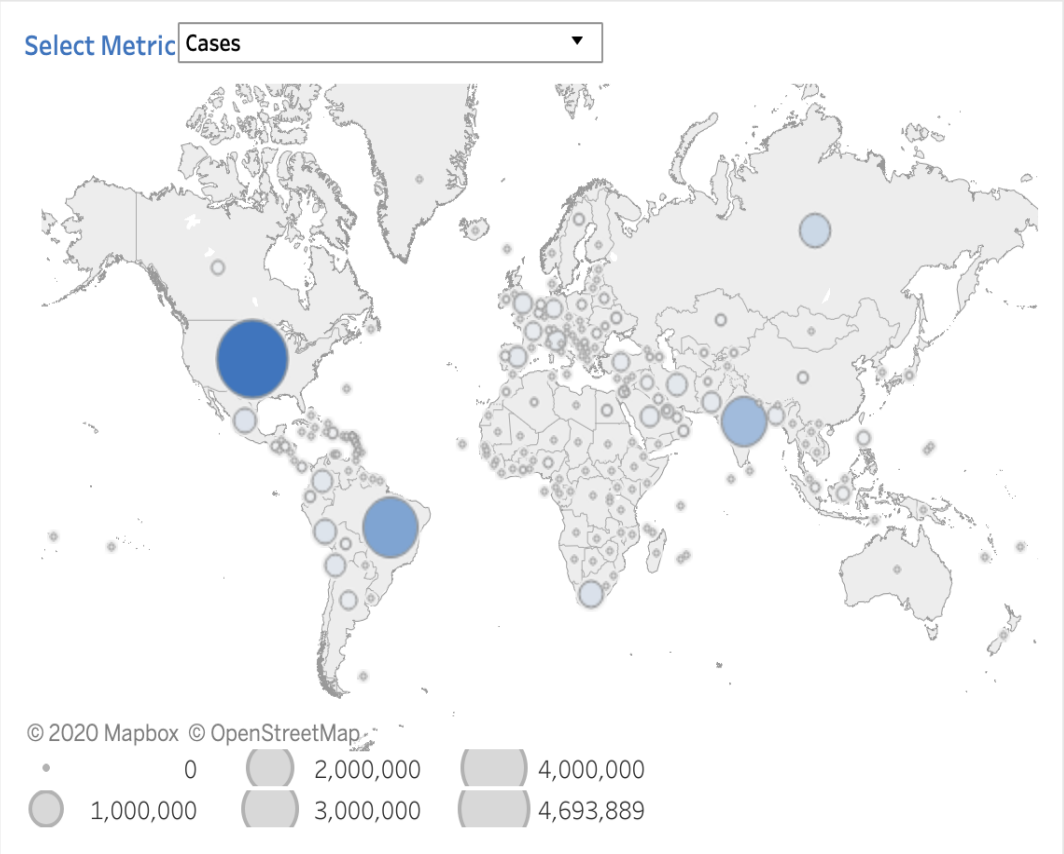
Agenda

- Overview of COVID-19 statistics
- Arizona progress with COVID-19
- Updates from CMS, CDC and Community
- HonorHealth updates
- Guest speaker

Johns Hopkins tracker – Global Map of COVID-19

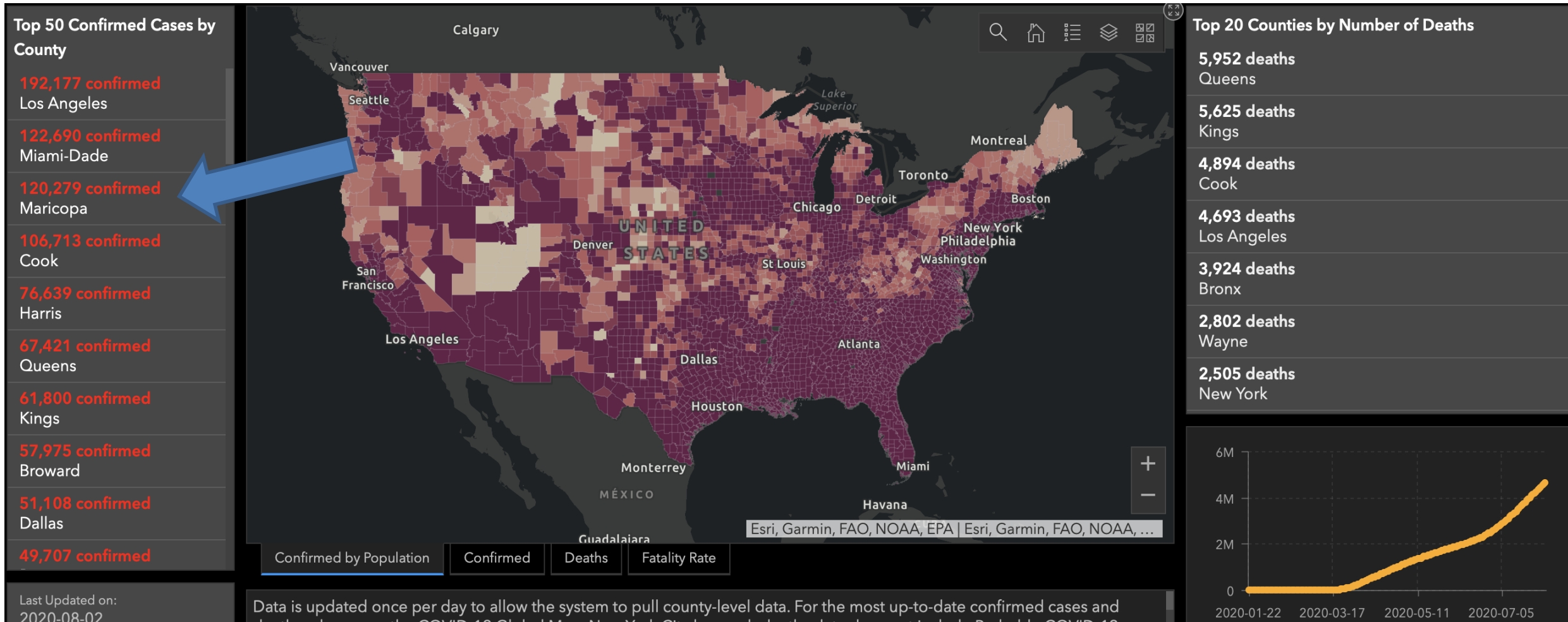


COVID-19 Confirmed Cases by Country



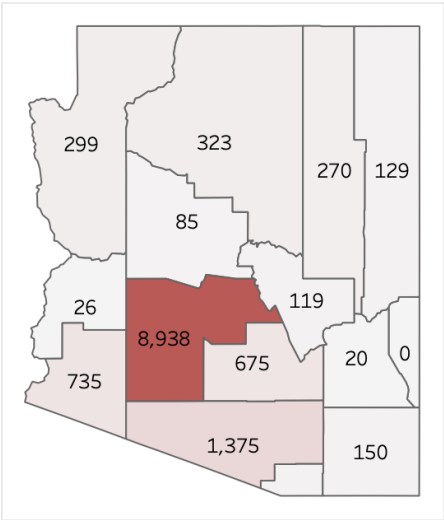
World 18.5 m cases, 701K deaths
US 4.7 million cases, 156K deaths
Arizona 180,505 3,845 deaths

Johns Hopkins tracker – US Cases by County

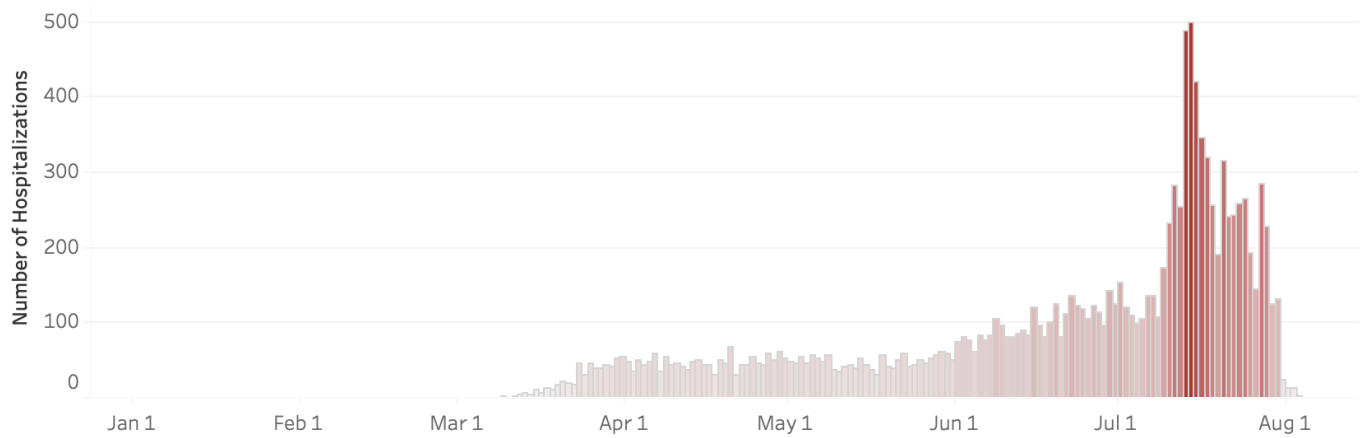


Arizona COVID-19 Overview

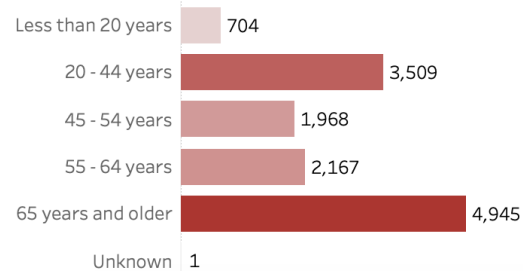
Number of Cases Hospitalized	Percent of Cases Hospitalized
13,294	7%



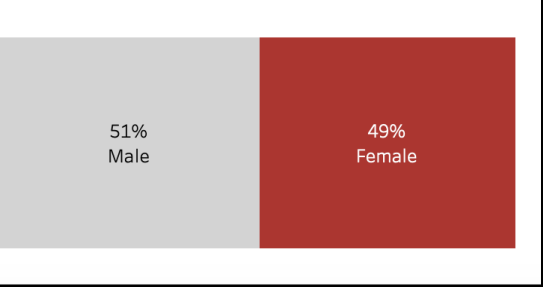
Number of COVID-19 Cases that are Hospitalized by Date of Hospitalization



COVID-19 Hospitalized Cases by Age Group

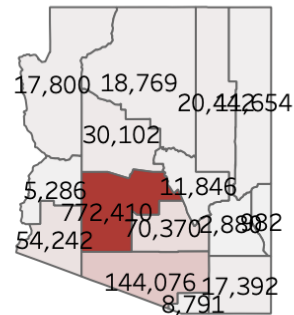


COVID-19 Hospitalized Cases by Gender

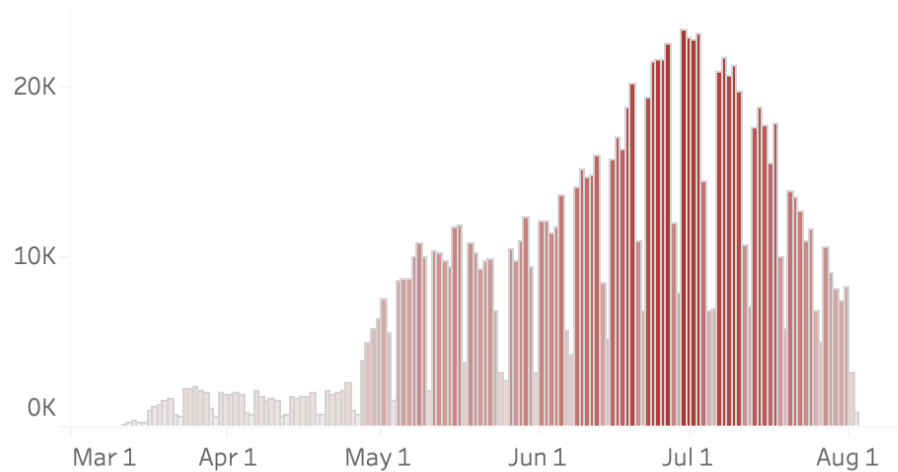


% positive PCR tests are dropping

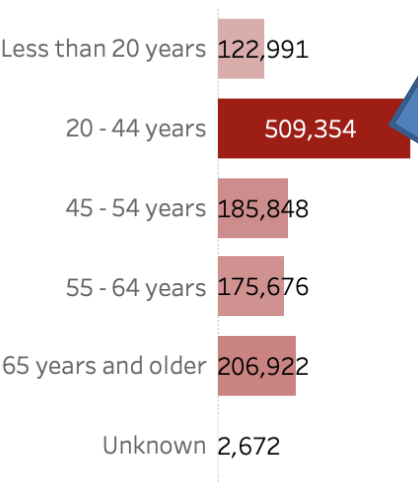
All tests by county
Select a county to filter the data.



All tests by date of collection



All Testing by Age Group

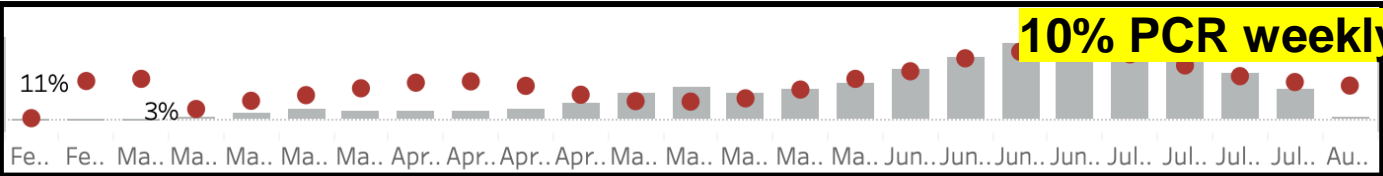


COVID-19 tests completed and percent positive by week

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

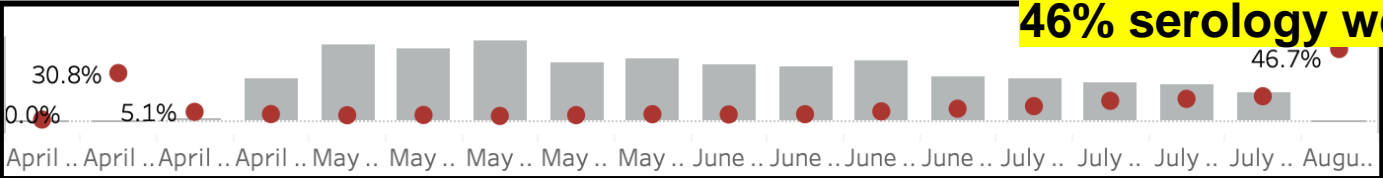
Total % Positive COVID-19 PCR Tests

14.4%

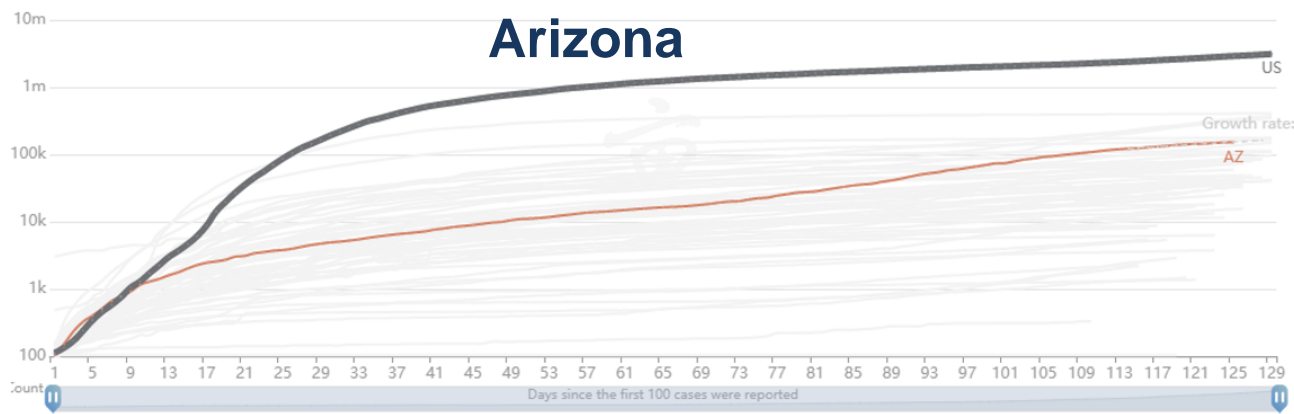


Total % Positive COVID-19 Serology Tests

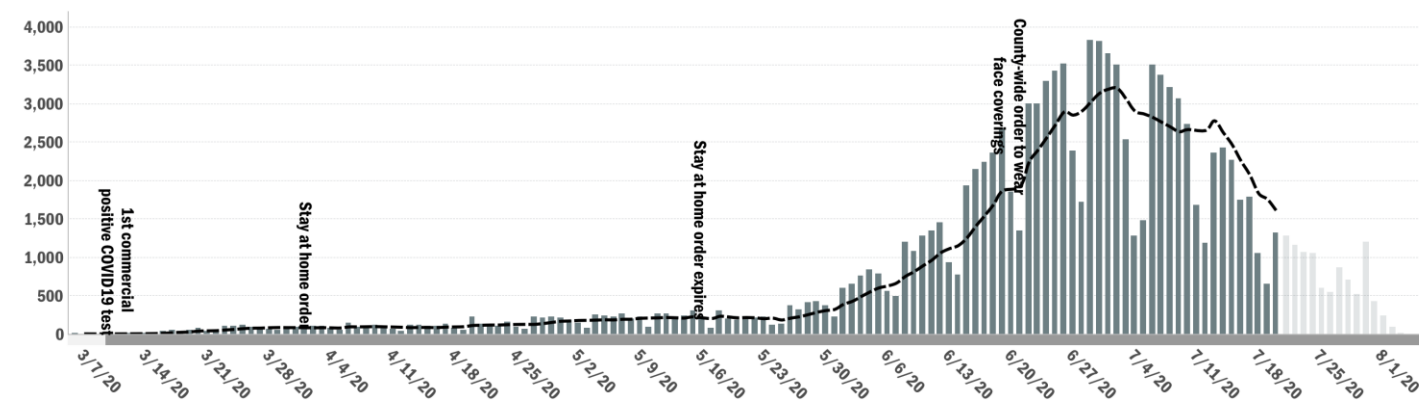
5.3%



AZ and Maricopa Case Growth Rate fell to 2%, (US at 2%)



Maricopa COVID-19 Patient #s



Arizona COVID-19 Inpatients – reducing significantly

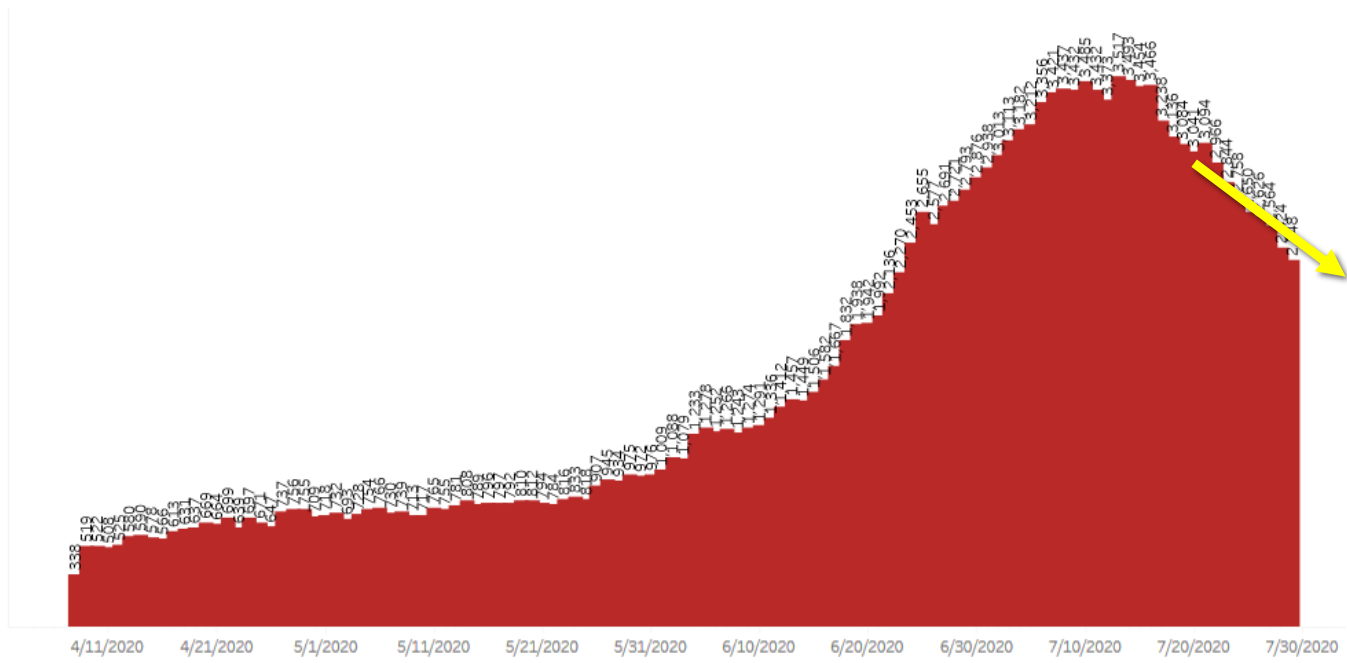
Arizona

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

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



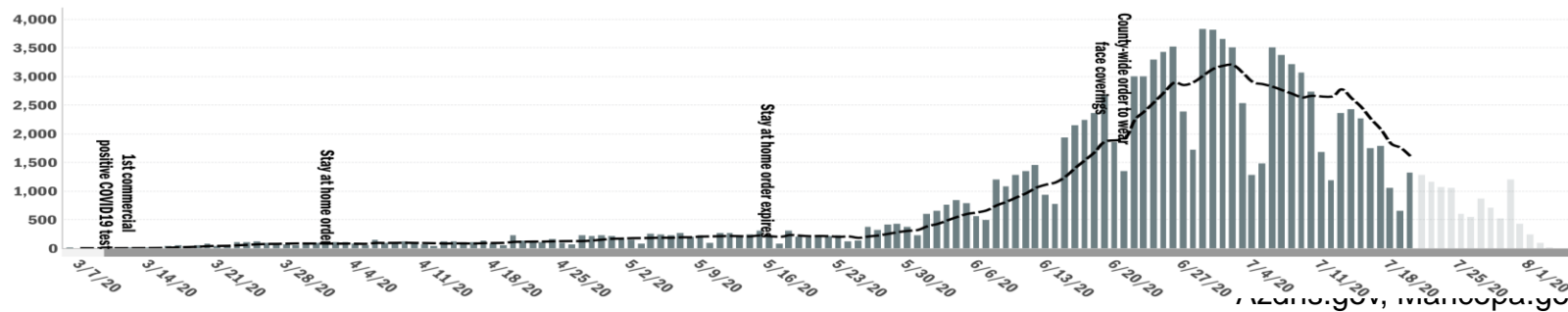
As of 8//2020



**Maricopa County hospitalizations do not include non-Maricopa residents*

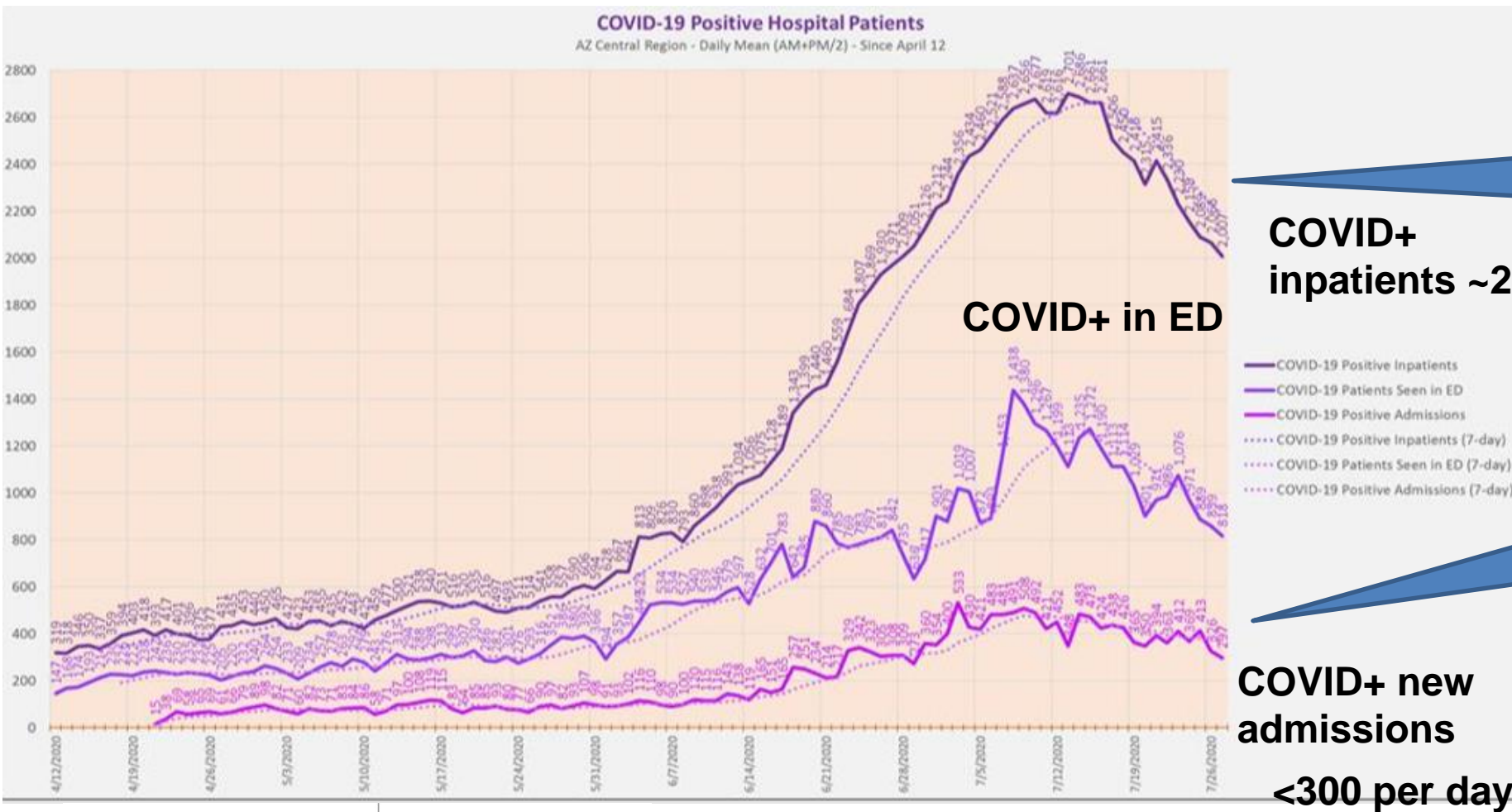
Maricopa County

**Hospitalization #s lag by about 2 weeks compared to case count*



AZ Central Region COVID-19 Positive Patients: inpatients, ED & daily admissions are dropping

As of 7/28/2020

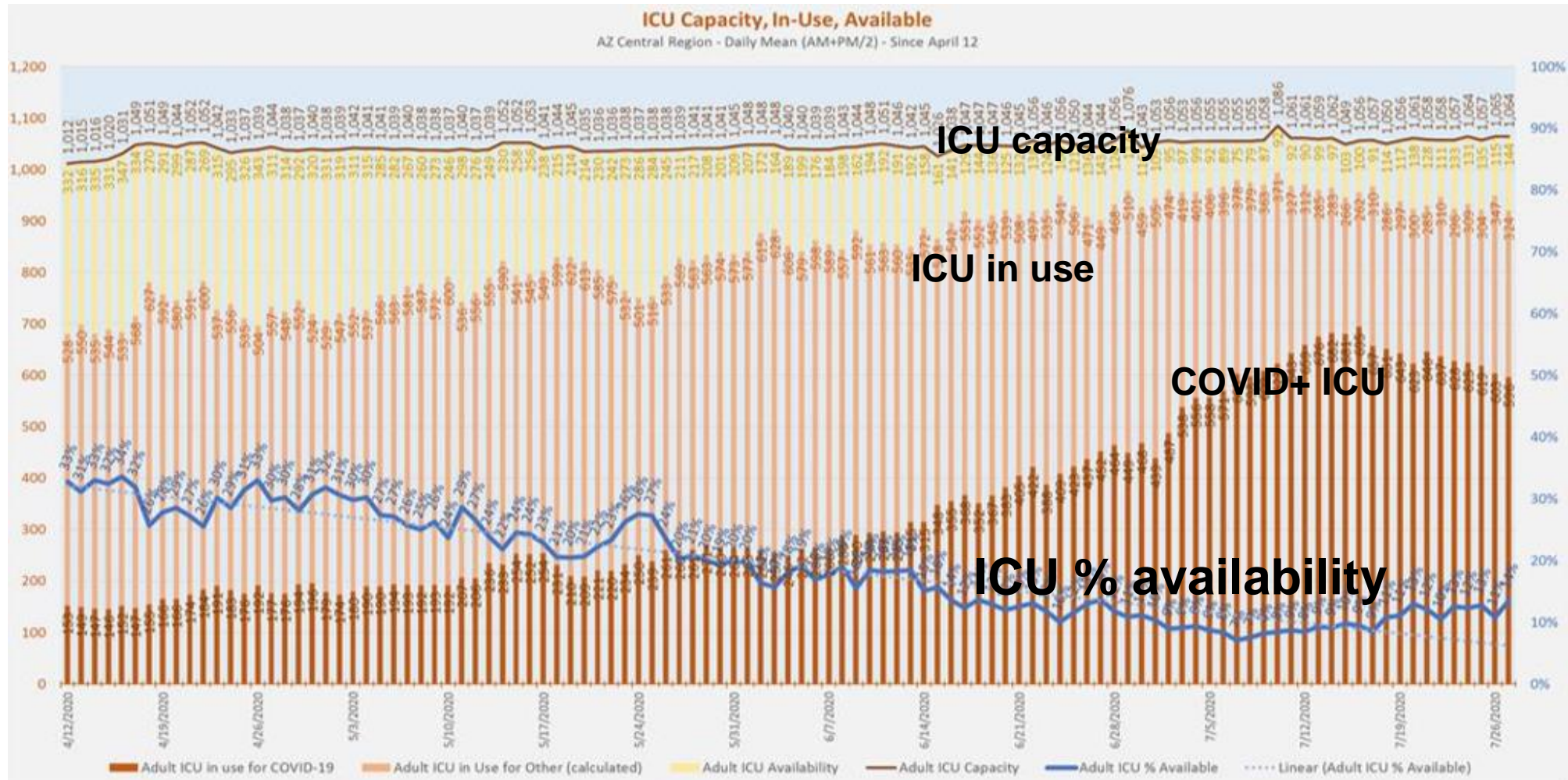


Inpatient growth is steeper due to longer length of stay

New patient admissions per day is flatter

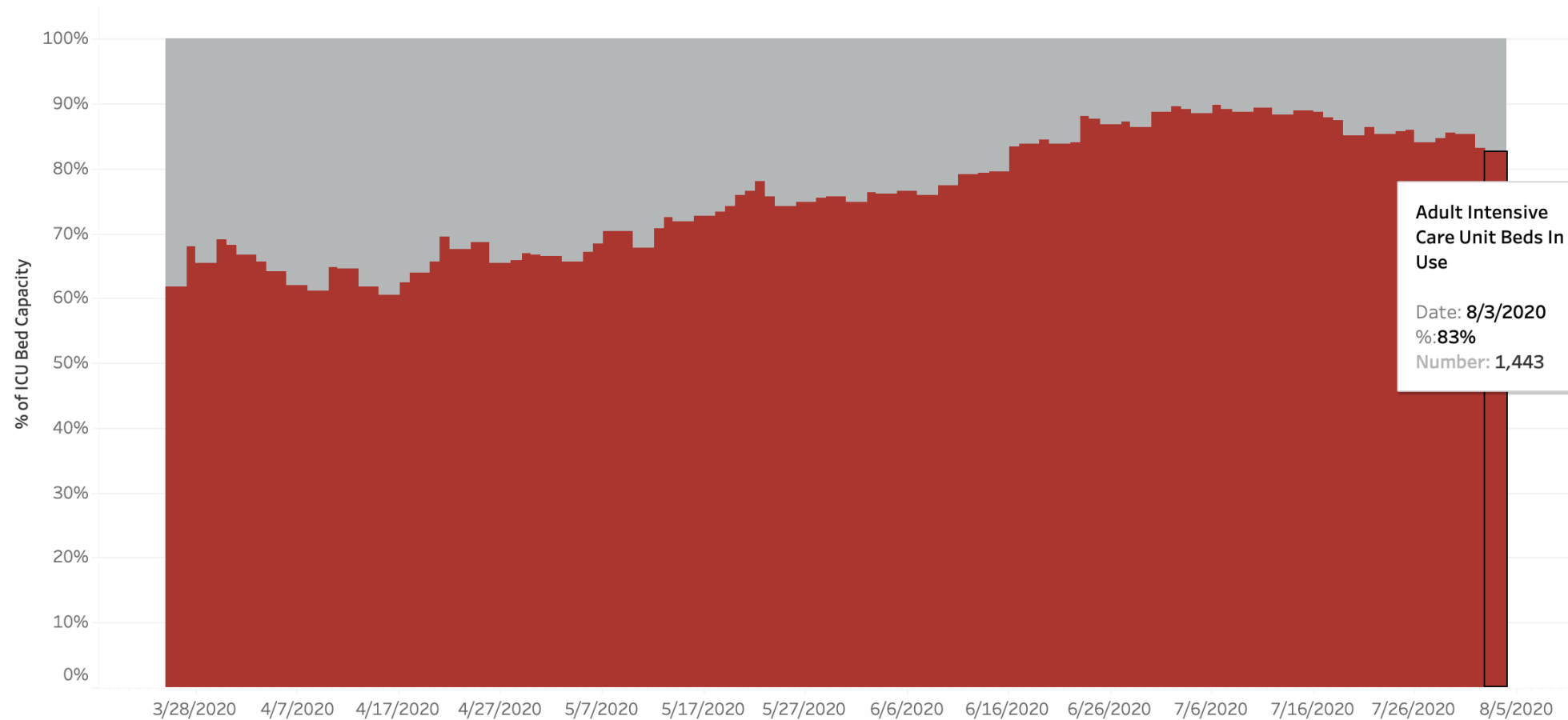
*AZ Central Region: Maricopa, Pinal and Gila counties

AZ Central Region: ICU Capacity is improving



Arizona ICU Bed availability is improving

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



R_0 is 0.90 – much improved

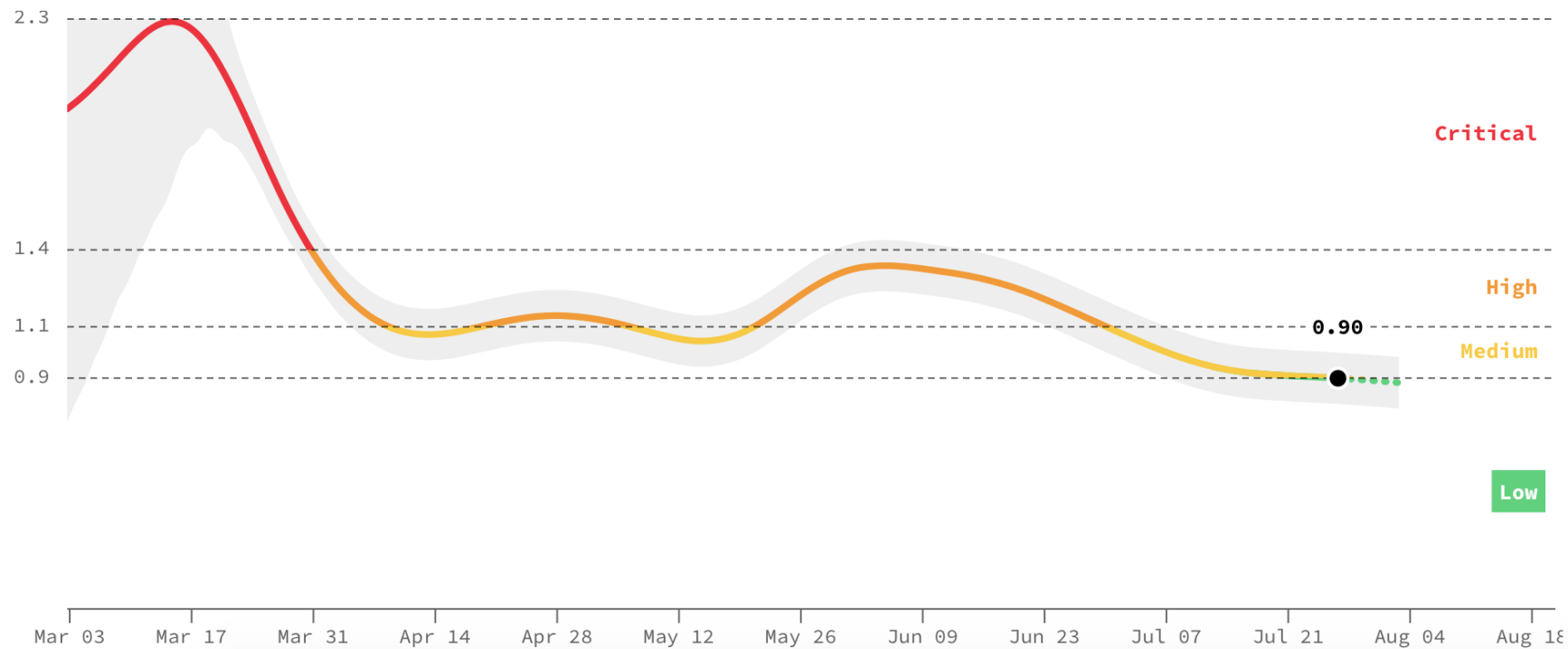
Infection rate

ARIZONA

Save

Share

On average, each person in Arizona with COVID is infecting 0.90 other people.
Because each person is infecting less than one other person, the total number of current cases in Arizona is shrinking.

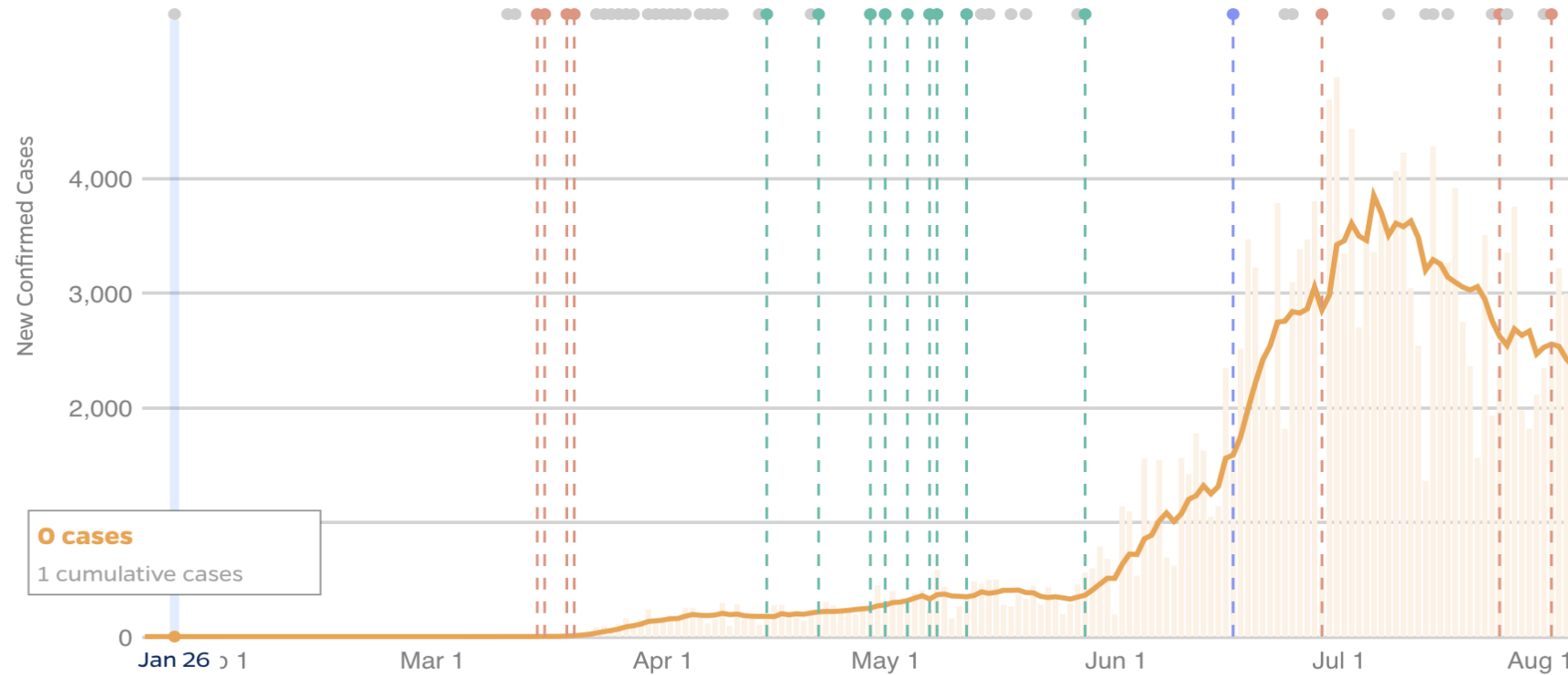


Johns Hopkins tracker – Opening and Closing Policy Decisions

RECENT OPENING AND CLOSING POLICY DECISIONS

● Restriction/closing ● Opening ● Deferring decisions to county ● Other

← Previous 🔍 Next →



Jan 26, 2020

1 CUMULATIVE CASES | 0 CUMULATIVE DEATHS

COVID-19 in LTC

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

Residents of long-term care facilities* are at **highest risk for severe outcomes from COVID-19 infection** because they tend to be older and have chronic medical conditions.

*Long-term care facilities include nursing homes, assisted living facilities, and hospices. As of 7/17/20 this no longer includes other congregate settings.

Of 3,143 COVID-19 cases among residents, **875 (28%) have been hospitalized** and **735 (23%) have died.**

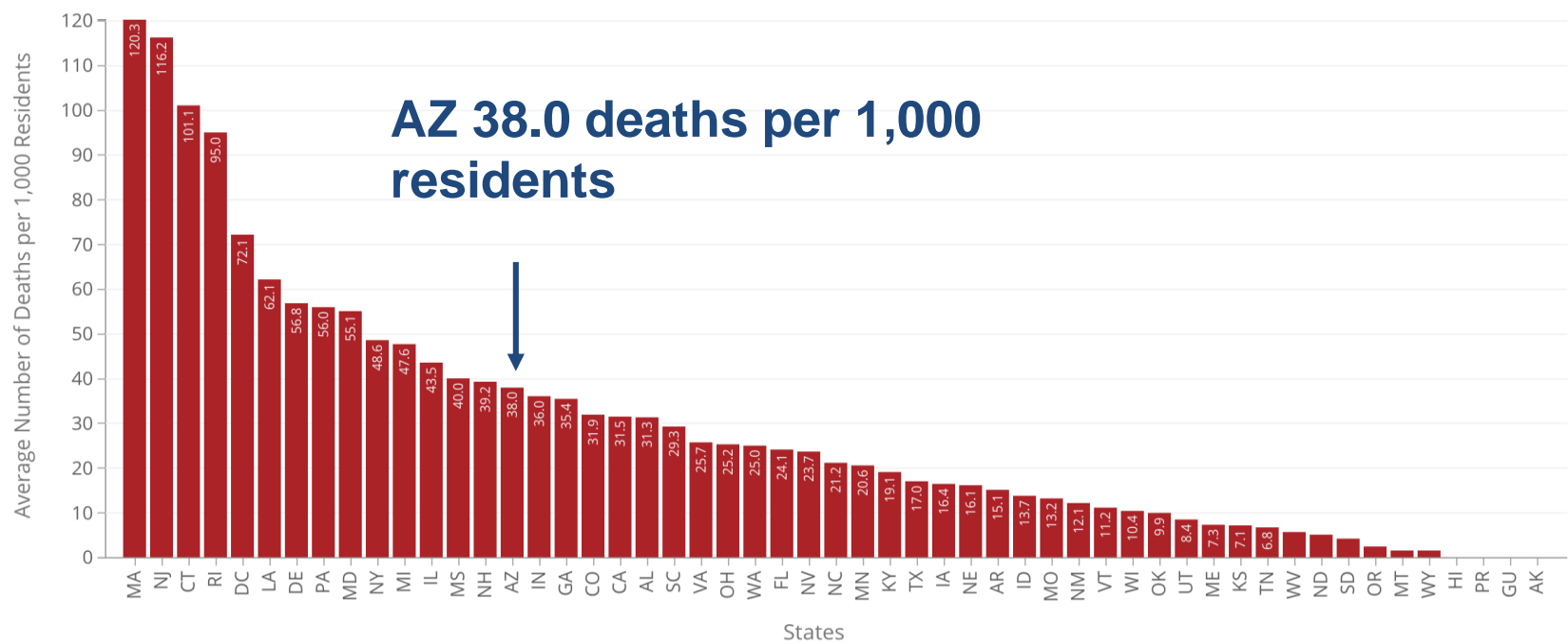


Of 1,739 COVID-19 cases among staff, **114 (7%) have been hospitalized** and **6 (0%) have died.**

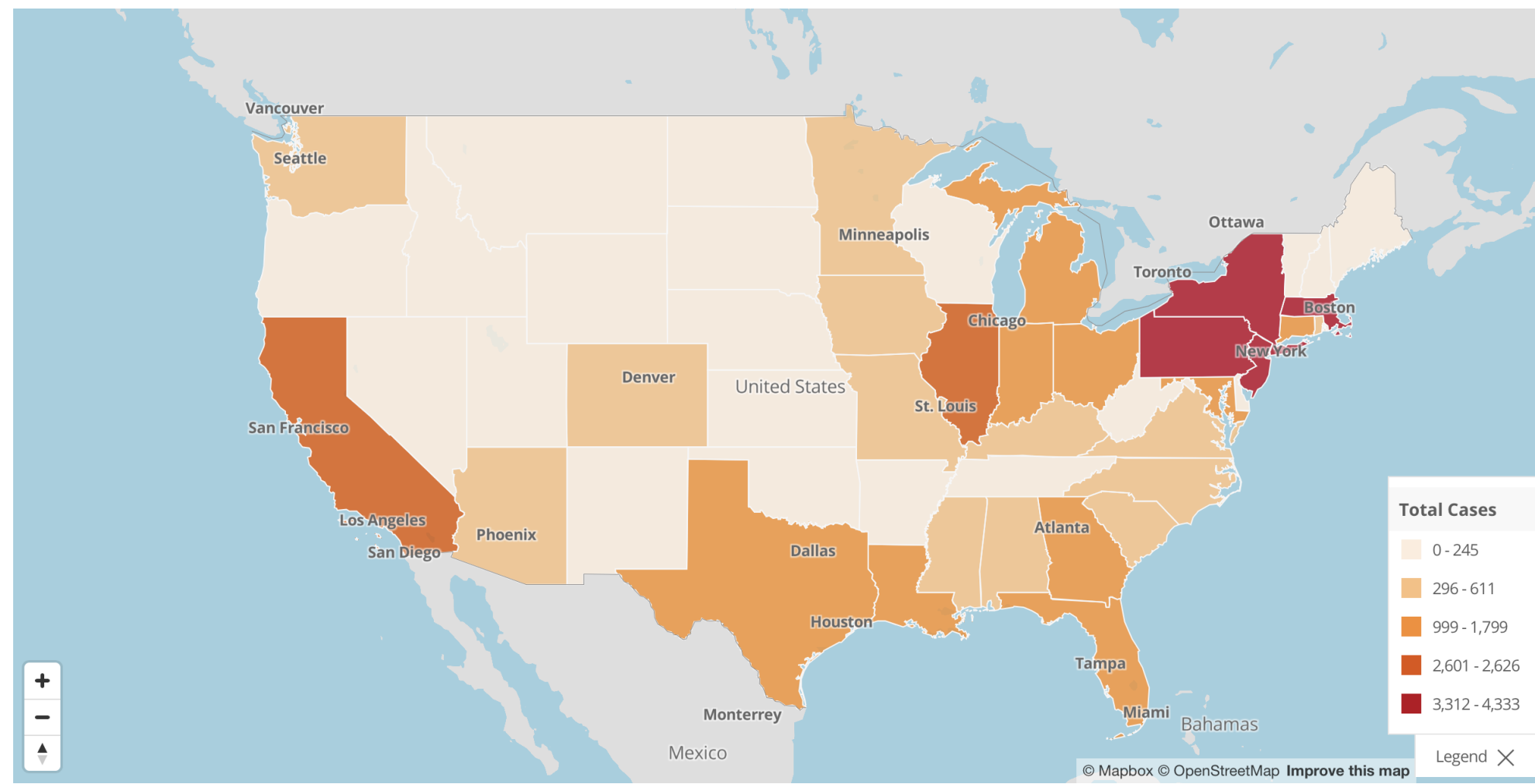
CMS COVID-19 Data Reporting for LTCF in US



Resident Average Deaths per 1,000 Residents



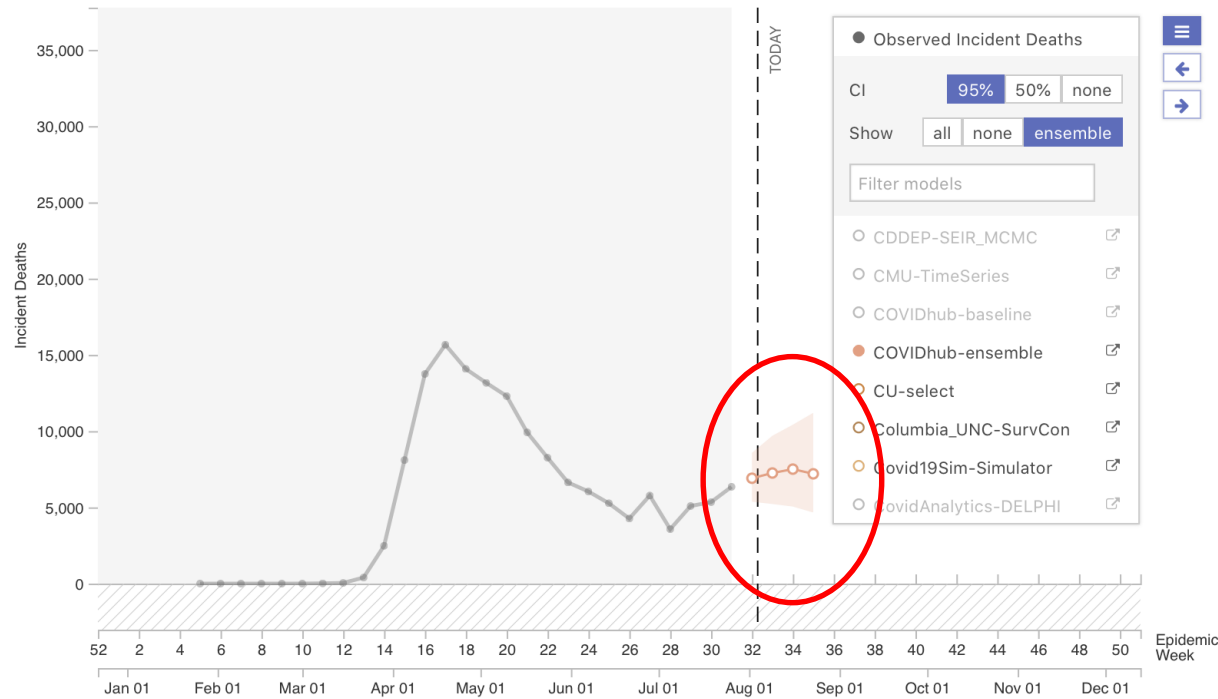
Total Residents Cases by State



Forecast Hub – Incidence of Death is Improving

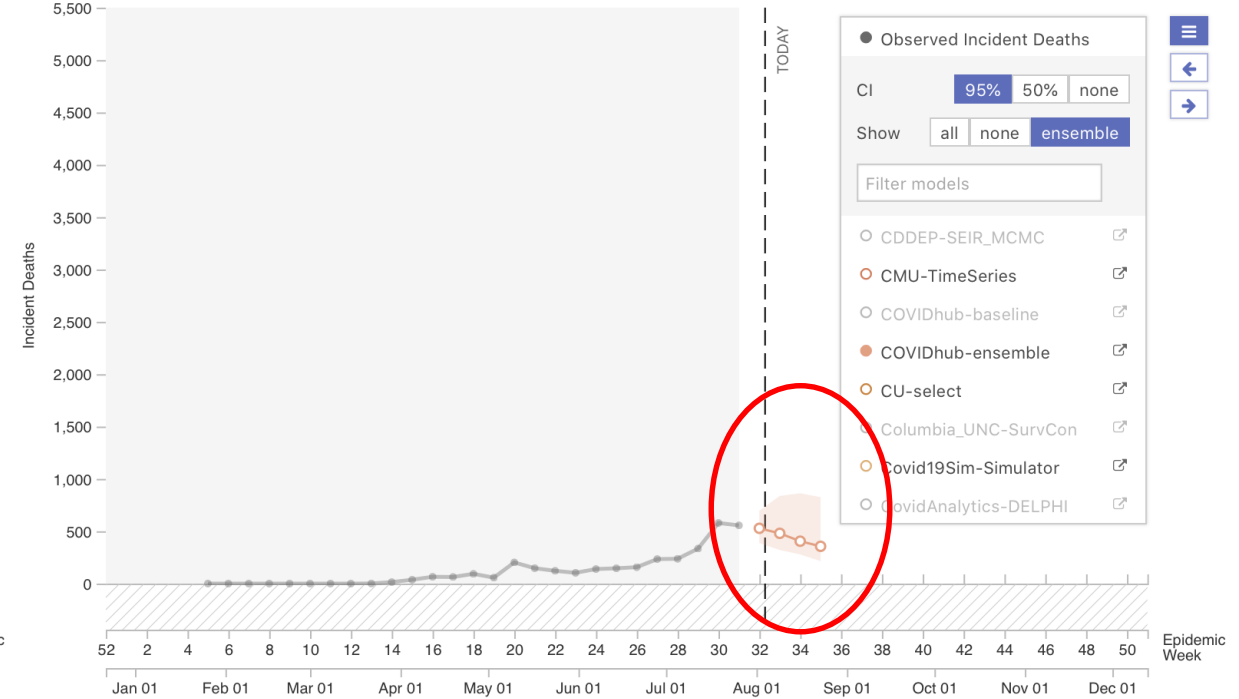
US National

The **ensemble** forecast combines models unconditional on particular interventions being in place with those conditional on certain social distancing measures continuing. To ensure consistency, only models with 4 week-ahead forecasts ahead are included in the ensemble.



Arizona

The **ensemble** forecast combines models unconditional on particular interventions being in place with those conditional on certain social distancing measures continuing. To ensure consistency, only models with 4 week-ahead forecasts ahead are included in the ensemble.



MARICOPA COUNTY UPDATES

From 7/28/2020

CDC Changes for Discontinuing Transmission-Based Precautions

- **Symptom-based criteria (for mild-mod illness):**
 - 10 days from onset of symptoms
 - **CHANGE** from “at least **72 hours**” to “at least **24 hours**” have passed since last fever without the use of fever-reducing medications
 - **CHANGE** from “improvement in *respiratory symptoms*” to “improvement in symptoms”
- CDC also emphasized symptom-based release rather than retesting

COVID positive with severe to critical illness OR who are severely immunocompromised

- Isolate for **20 days (rather than 10 days)** from symptom onset AND at least 24 hours since resolution of the last fever AND other symptoms have improved

7/30/2020

CDC's definition of severity of illness

- **Mild Illness:**

- signs and symptoms of COVID-19 (fever, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging

- **Moderate Illness:**

- evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen $\geq 94\%$ on room air at sea level

- **Severe Illness:**

- respiratory frequency >30 breaths per minute, $SpO_2 < 94\%$ on room air (or, for patients with chronic hypoxemia, a decrease from baseline of $>3\%$), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO_2/FiO_2) < 300 mmHg, or lung infiltrates $> 50\%$

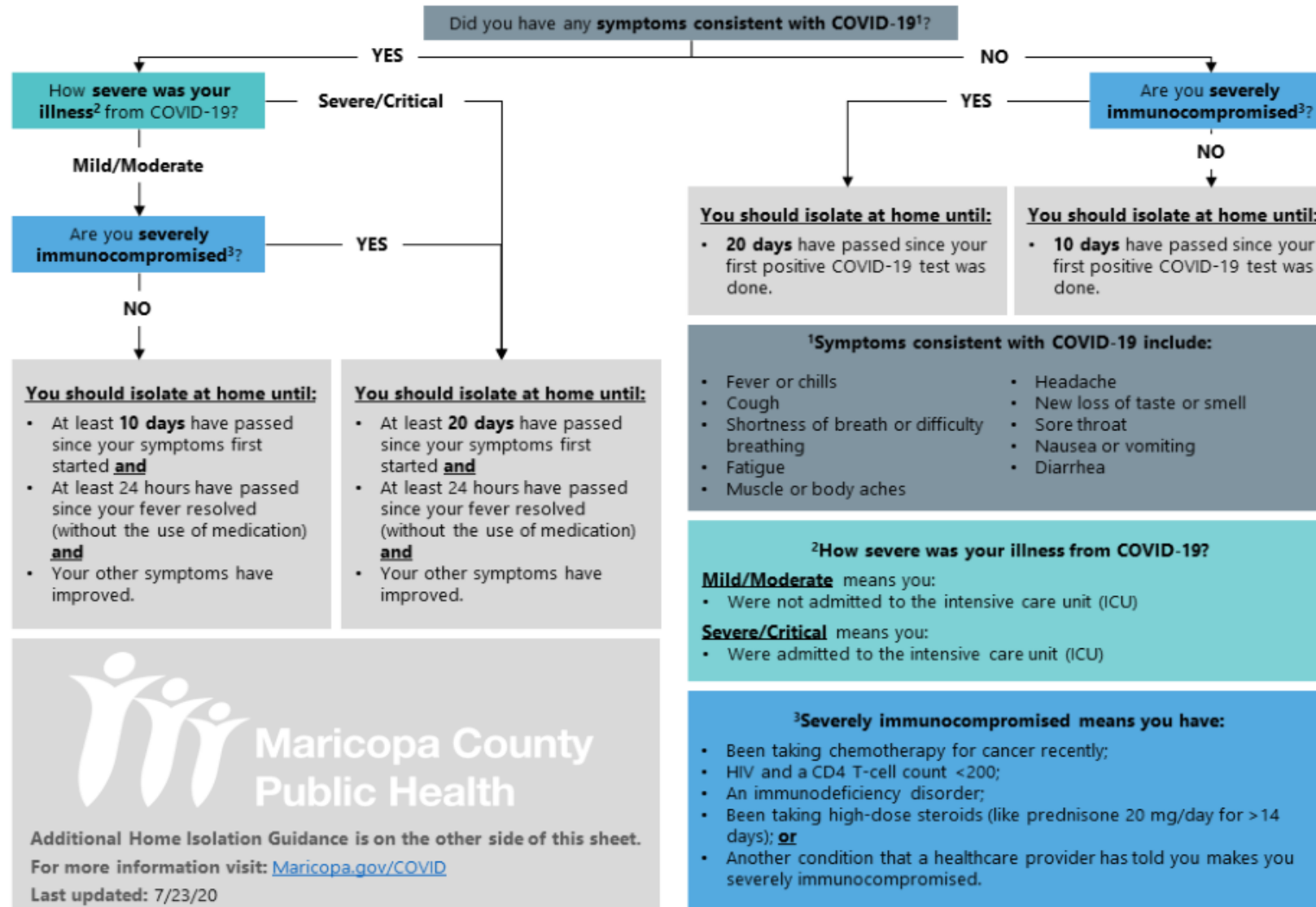
- **Critical Illness:**

- Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction

Who is Immunocompromised?

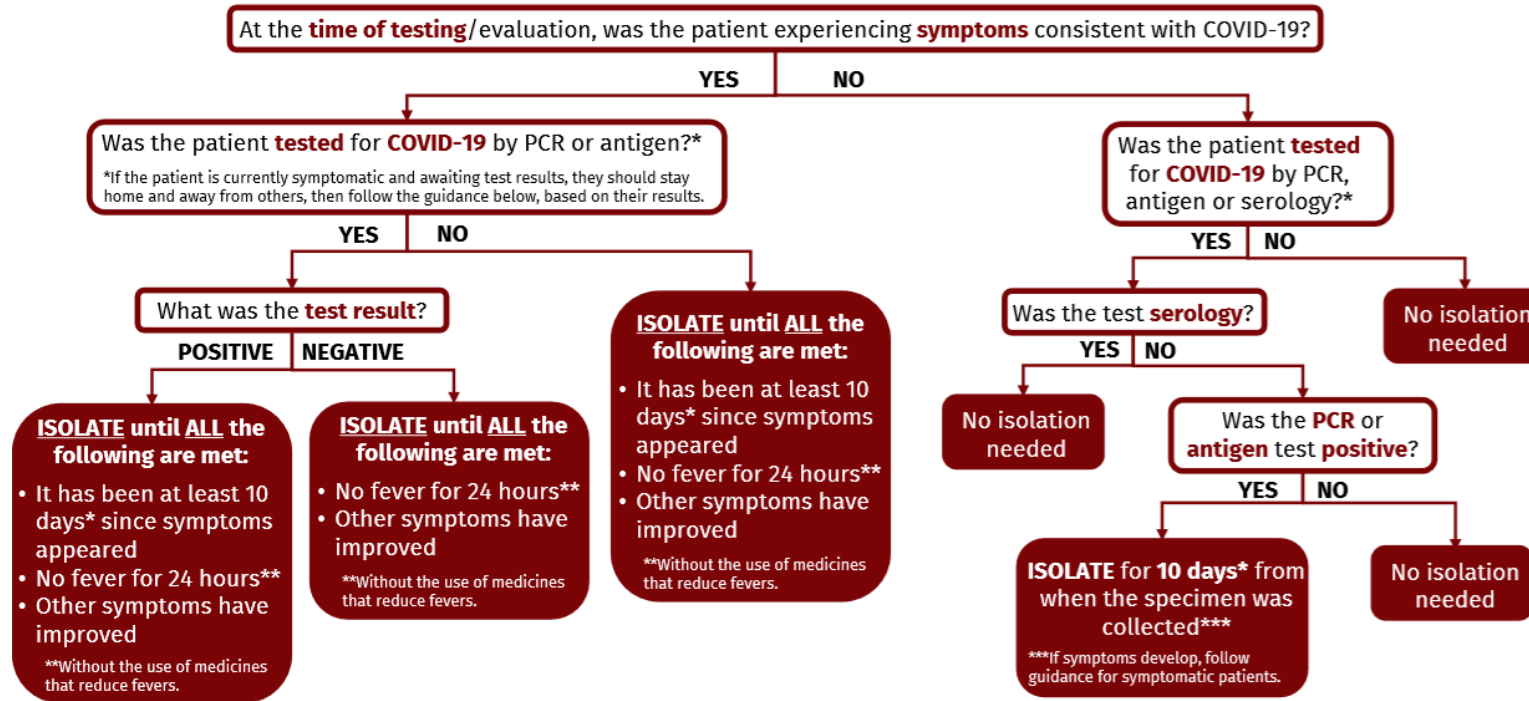
- **Per CDC:**
- Chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days
- Other factors such as advanced age, DM, ESRD may pose a much lower degree of immunocompromised and not clearly affect decisions about duration of Transmission-Based Precautions
- Ultimately, the degree of immunocompromise is determined by the treating provider

How long should I isolate at home if I tested positive for COVID-19?



Length of isolation for COVID-19 positive

Arizona COVID-19 Guidance 'Release from Isolation' Flow Chart



Release from Isolation Flow Chart (includes PCR, antigen, and antibody results)

*A person who had **severe/critical illness** or is **severely immunocompromised** should:

If symptomatic, stay home away from others or under isolation precautions until:

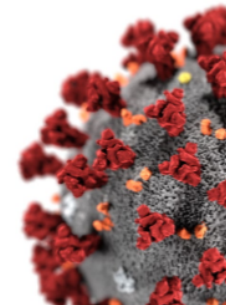
- At least **20 days** have passed since symptoms first appeared; AND
- At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
- Other symptoms have improved.

If asymptomatic, stay home away from others or under isolation precautions until:

- At least **20 days** have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.

Outside of these criteria above, **extension of isolation is not routinely** recommended if an individual is retested **within 3 months** of onset of symptoms or date of first positive test while asymptomatic.

Updated: July 27, 2020

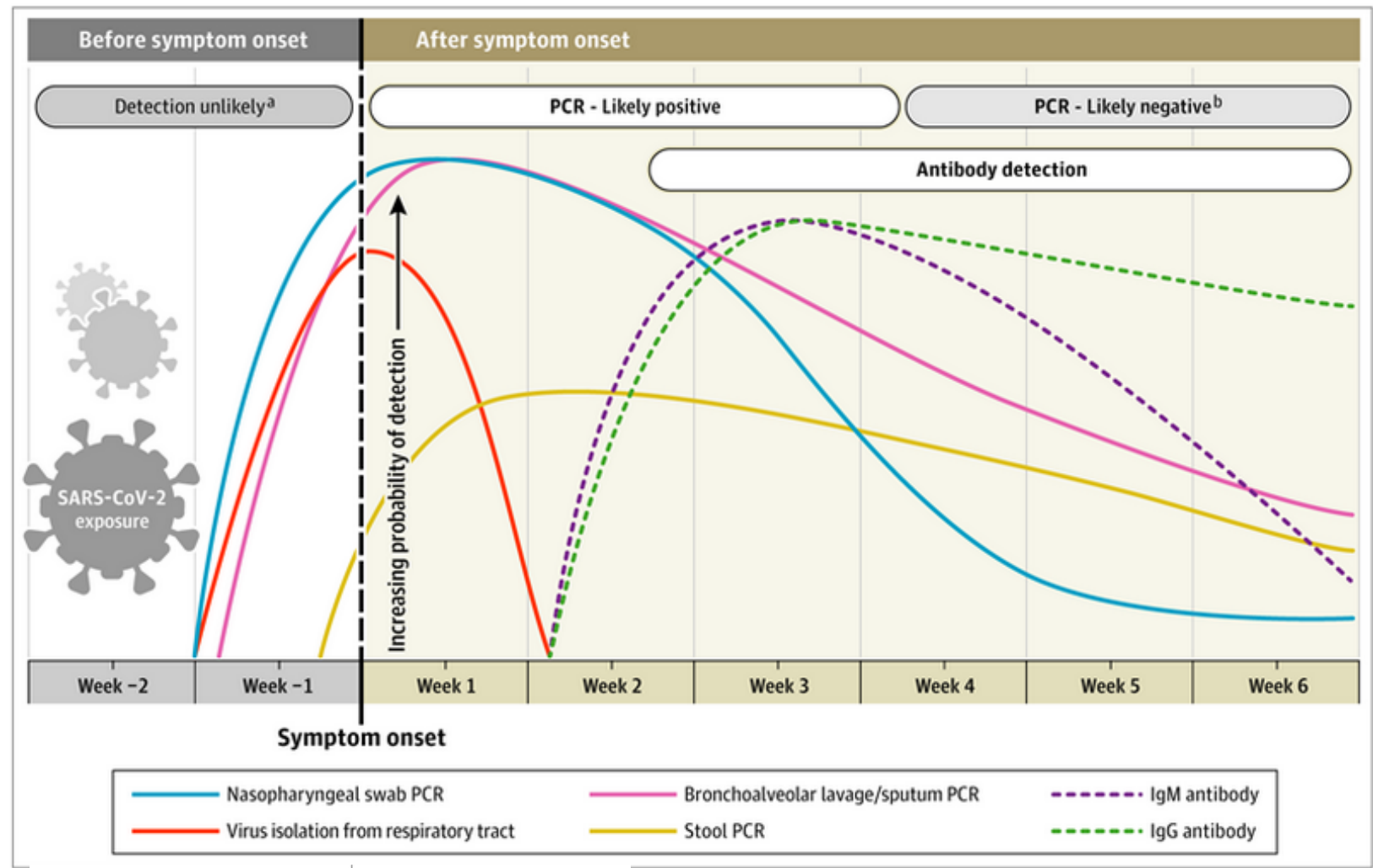


Why isolate 20 days?

- SARS-CoV-2 RNA can be detected in upper respiratory specimens for up to 12 weeks, but not replication-competent
- Replication-competent virus
 - Able to replicate virus from seriously ill or immunocompromised up to 20 days
 - 10 days for mild-moderate without ability to replicate recovered virus

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Figure. Estimated Variation Over Time in Diagnostic Tests for Detection of SARS-CoV-2 Infection Relative to Symptom Onset



Timing of Diagnostic tests – adults who are not immunocompromised

IN THE NEWS

CMS - Fiscal Year 2021 Payment and Policy Changes, July 31st

- CMS issued final rule for Fiscal Year (FY) 2021 that updates the Medicare payment rates and the value-based purchasing program for SNFs
- This is in recognition of the significant impact of the COVID-19 public health emergency
- Medicare commitment to shifting payments from volume to value, with the continued implementation of the Patient Driven Payment Model (PDPM) and the SNF VBP, and to improve program interoperability, operational quality and safety.

CMS - Fiscal Year 2021 Payment and Policy Changes, July 31st

- CMS projects that aggregate Medicare program payments to SNFs will increase by \$750 million, or 2.2 percent, for FY 2021 compared to FY 2020
- CMS will also finalizing changes to the ICD-10 code mappings, effective October 1, 2020, used under PDPM
- SNF VBP program:
 - CMS to reduce the adjusted Federal per diem rate fiscal year by 2 percent, and then redistribute between 50 to 70 percent of that total reduction as incentive payments based on SNF performance

CMS Updates Medicare Payment Policies, July 31

Hospices

- For FY 2021, hospice payment rates are updated by the market basket % increase of 2.4 percent (\$540 million)
- Hospices that fail to meet quality reporting requirements receive a 2 % point reduction to the annual market basket % increase for the year
- Hospice payment system includes a statutory aggregate cap
 - Final cap amount for the FY 2021 cap year is \$30,683.93

Trump Administration Proposes to Expand Telehealth Benefits Permanently, Aug 3rd

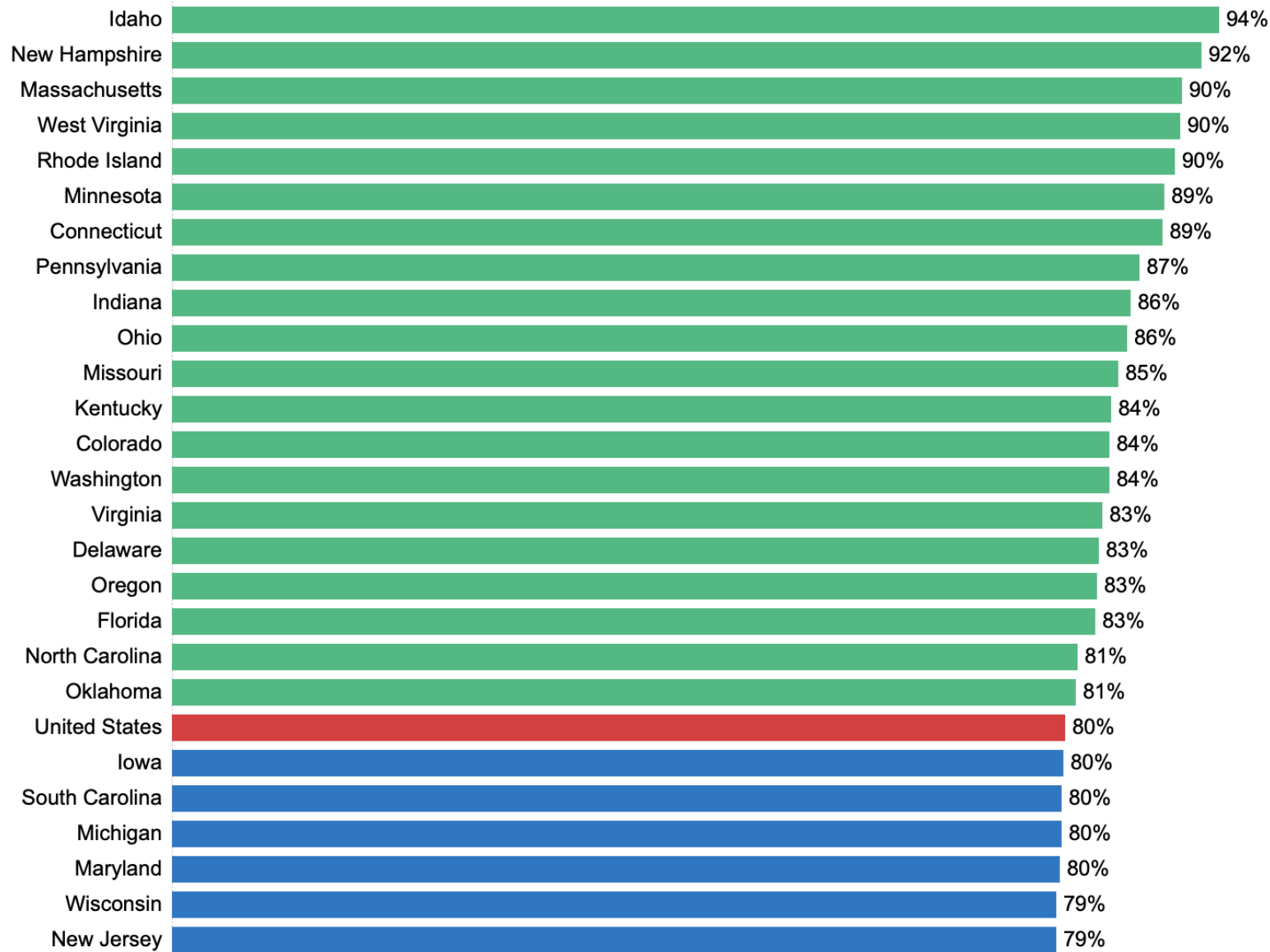
- CMS is proposing changes to expand telehealth permanently
- Efforts to improve access and convenience of care for Medicare beneficiaries, particularly those living in rural areas
- Before the public health emergency, only 14,000 beneficiaries received a Medicare telehealth service in a week while over 10.1 million beneficiaries have received a Medicare telehealth service from mid-March through early-July
- Simplified coding and billing requirements for E/M visits will go into effect January 1, 2021, saving clinicians 2.3 million hours per year in burden reduction

Fiscal Year 2021 Inpatient Rehabilitation Facility Prospective Payment System (PPS), Aug 4th

- Eliminate the requirement for physicians to conduct a post admission visit - much of the information is included in the pre-admission screening documentation
- CMS is finalizing that a NPP may perform one of the three required visits in lieu of the physician in the second and later weeks of a patient's care (NPP's state scope of practice)
- IRF Payment Rates overall update of 2.4 percent for FY 2021, relative to payments in FY 2020

COVID-19 Death Rate for Patients 65yrs and Older

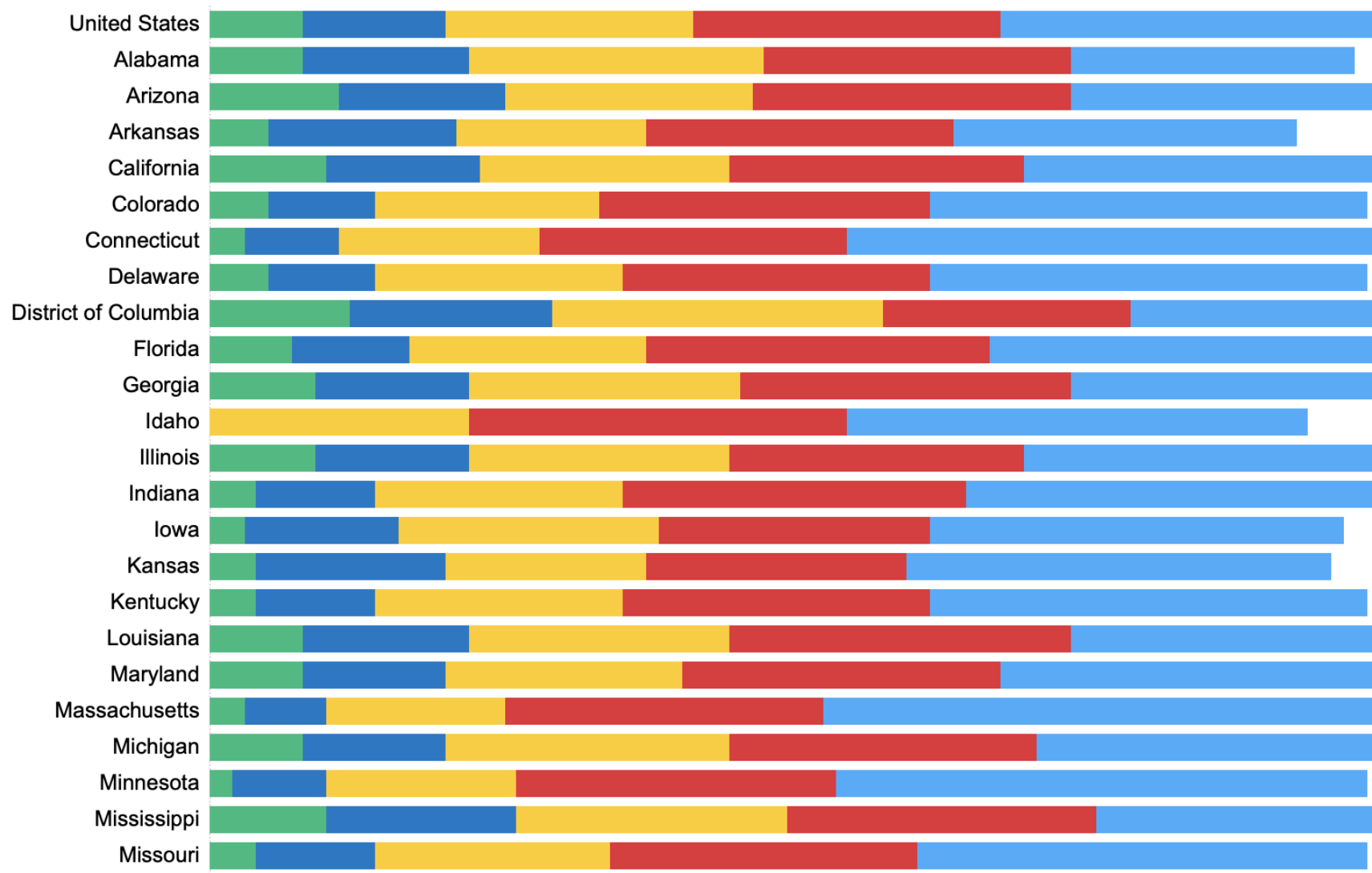
- Adults 65 and older account for 16% of the US population but 80% of COVID-19 deaths in the US
 - Higher than their share of deaths from all causes (75%) over the same period
- Variation can be accounted by several factors:
 - Variety of policies regarding COVID-19, on different timetables
 - Prevalence of different medical conditions
 - Racial make up of each state population
- Percent of COVID-19 deaths accounted for by people 65 and older is consistently high - ranges 94% in Idaho to a low of 70% in the District of Columbia



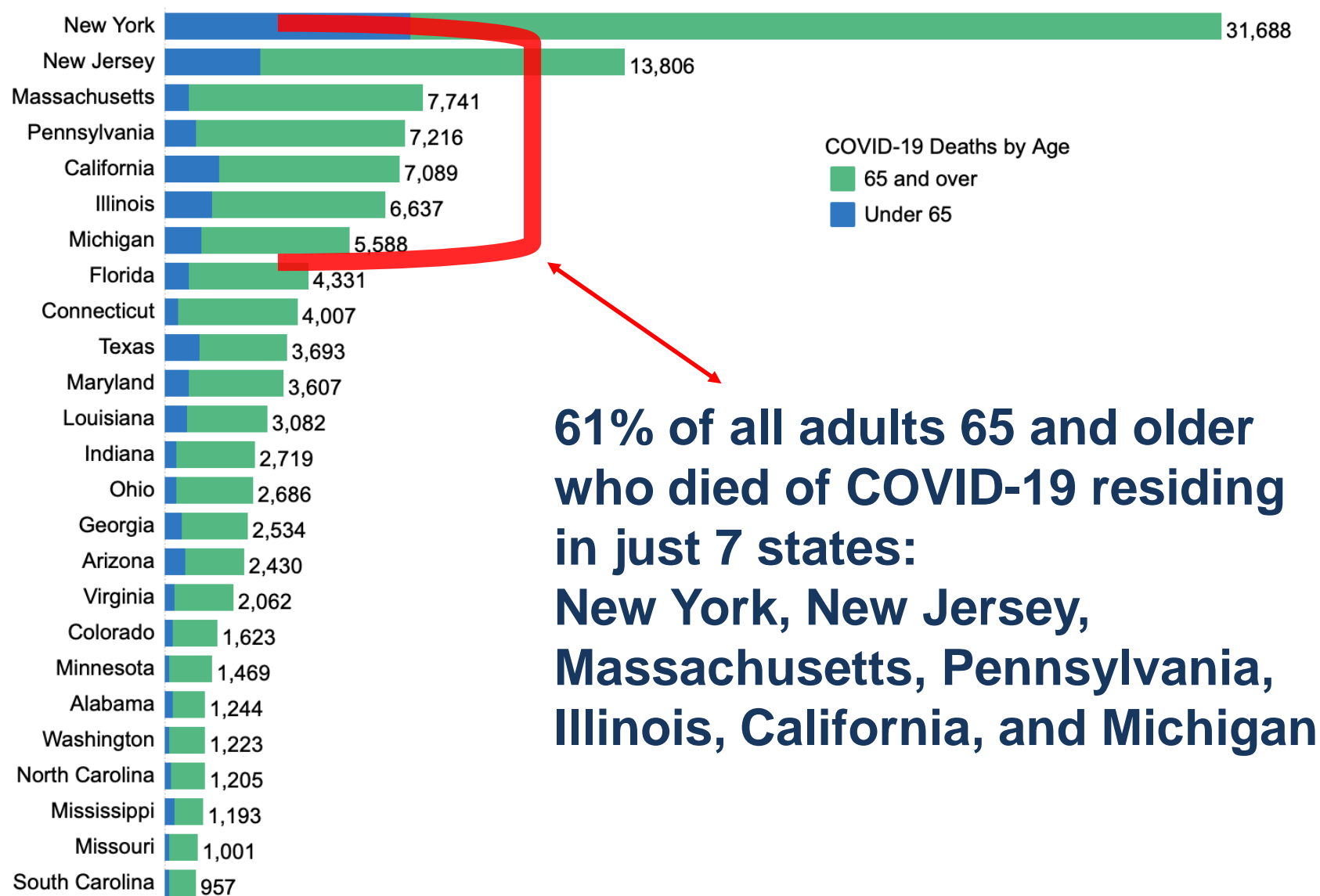
**Share of COVID-19
Deaths for People
65 and Older, By
State, As of July
22, 2020
- AZ: 74%**

Age Group

■ Under 55
 ■ 55-64 years
 ■ 65-74 years
 ■ 75-84 years
 ■ 85 years and over



States that have experienced a large % of deaths at LTCF are also more likely to have a larger share of COVID-19 deaths in the oldest age cohort, those 85 and older



61% of all adults 65 and older who died of COVID-19 residing in just 7 states:
New York, New Jersey, Massachusetts, Pennsylvania, Illinois, California, and Michigan

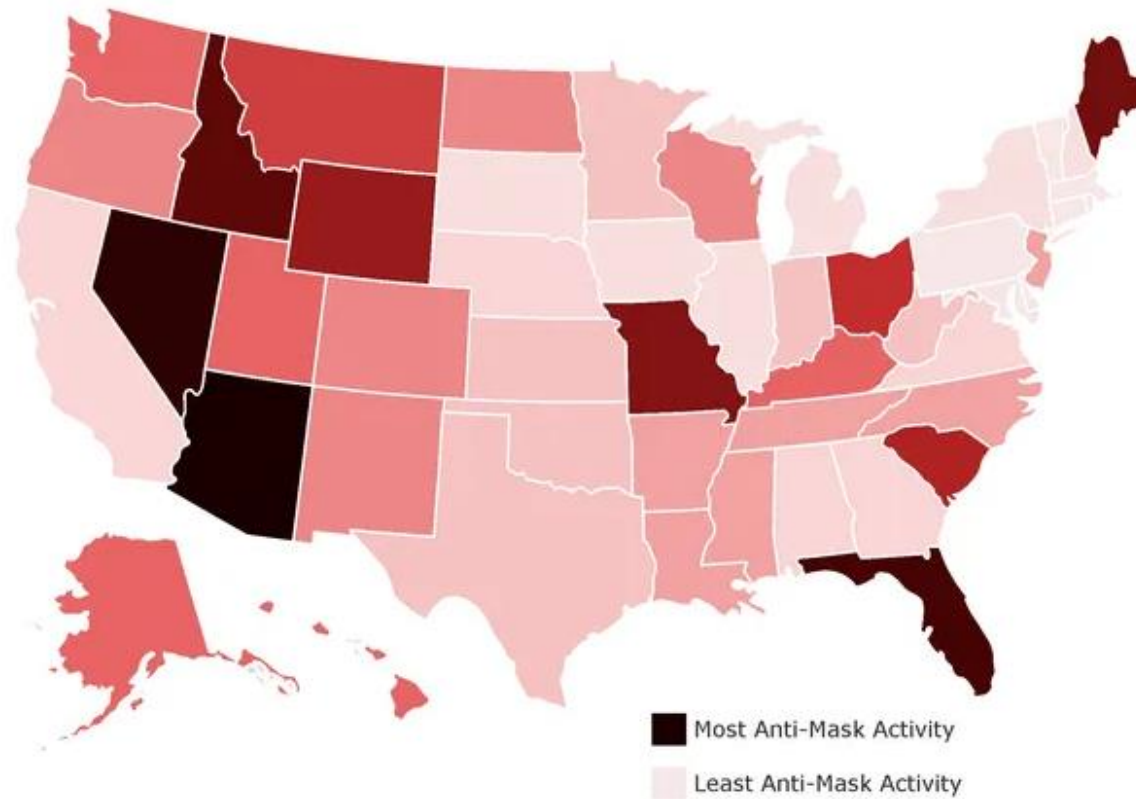
The number of adults 65 and older who have died of COVID-19 is considerably higher in some states than others

COVID-19 Death Rate for Patients 65yrs and Older

- There is a fair amount of variation across states.
- Differences may reflect a number of factors:
 - Patient demographic characteristics
 - Other state-specific factors
 - Timing of outbreaks
- States that were affected earlier, older adults tend to account for a higher share of deaths
- States that have experienced more recent outbreaks have a smaller share of deaths accounted for by people 65 and older, but as the pandemic progresses, the share of deaths among older people in these states may rise,

Arizona has the most anti-mask activity in US

Tracking Anti-Mask Sentiment Across The US (Based On Geotagged Twitter Data & Hashtags)



Using geotagged Twitter data, this map shows anti-mask sentiment on the social media platform by state. *Courtesy Ryan Taylor*

CDC Updates – Cloth Face Covering

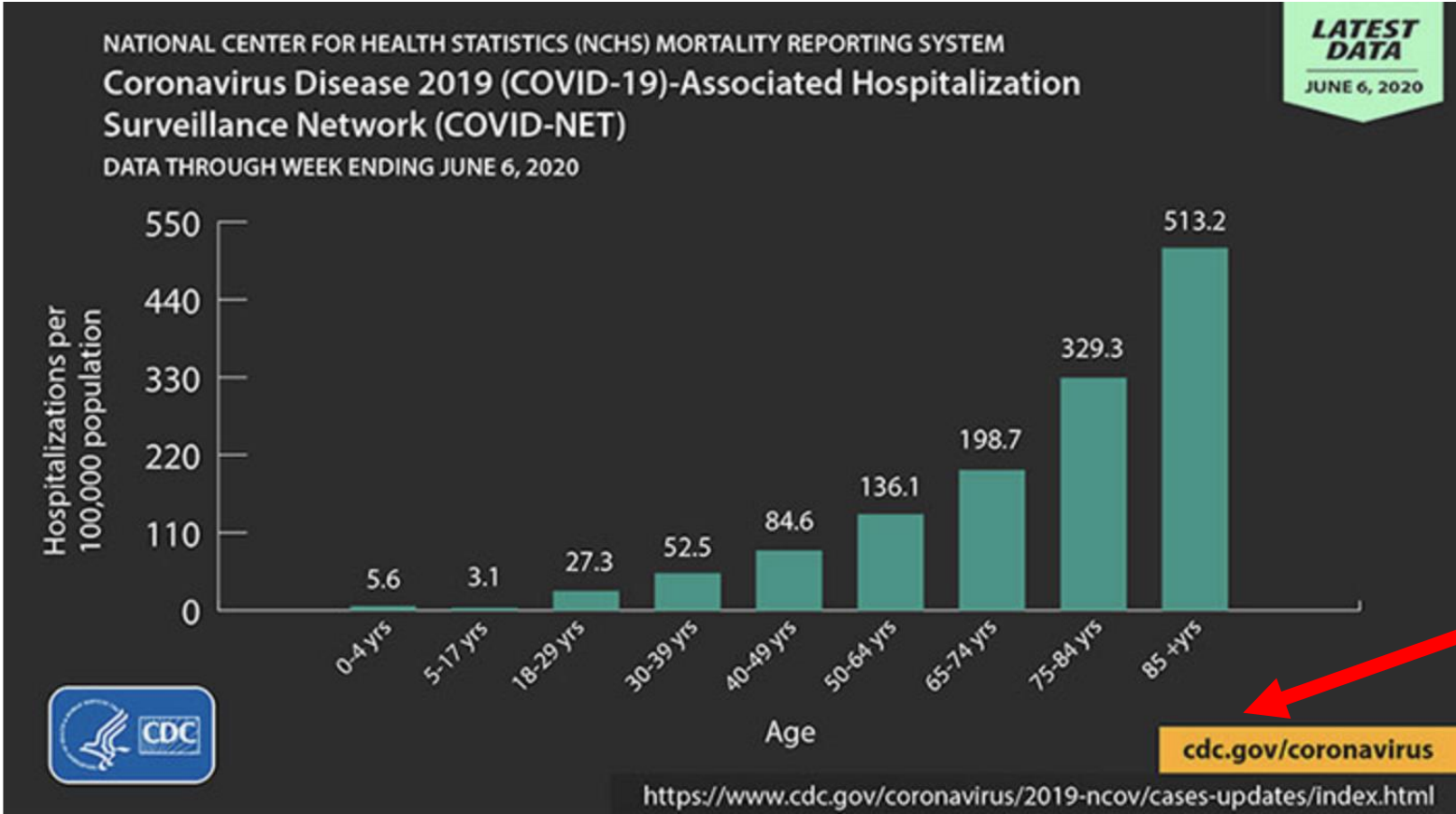
- CDC recommends cloth face coverings in **public settings**:
 - When around people who do not live in your household
 - Especially when social distancing measures are difficult to maintain
- Help prevent COVID-19 spreading the virus to others
 - Asymptomatic infected persons
- Data supports reduced 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
- COPD
- Obesity (BMI of 30 or higher)
- Sickle Cell dis
- DM 2
- Immunocompromised state from solid organ transplant
- Serious heart conditions, CHD, CAD or CM

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

Executive orders this week

- **Continuation of Executive Order 2020-43**

- Continuing closure of bars, gyms, water parks and limiting gathering to under 50; this will be reevaluated every 2 weeks

- **Arizona: Open for Learning**

- ADHS shall develop public health benchmarks for the safe return of in-person, teacher-led classroom instruction by August 7th
- Schools should restart distance learning the first day as usual
- Each school district and charter schools shall begin offering free on-site learning opportunities and support services for students who need a place to go during the day – by August 17
 - “The only mandate is that you provide it, there’s no mandate for who has to be first or who has to be guaranteed” – likely children of health care workers

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:
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Network Coordinator
elucero@icphealth.com