

Preferred Provider Network

- Oct 14, 2020

Agenda

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

Johns Hopkins tracker – Global Map of COVID-19



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

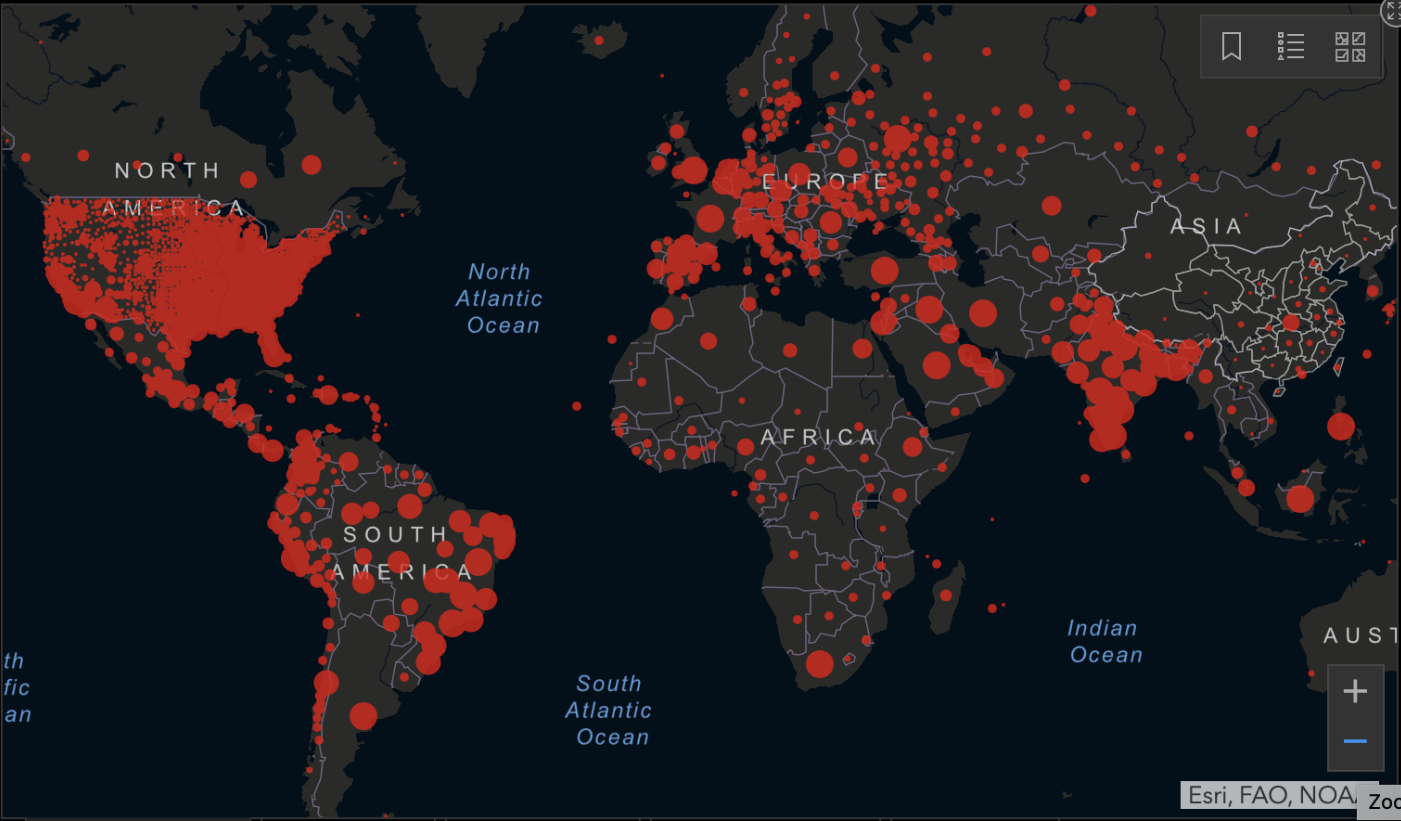


Global Cases

38,046,018

Cases by
Country/Region/Sovereignty

- 7,856,042 US
- 7,175,880 India
- 5,103,408 Brazil
- 1,318,783 Russia
- 924,098 Colombia
- 917,035 Argentina
- 896,086 Spain
- 853,974 Peru
- 825,340 Mexico
- 798,257 France



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

Global Deaths

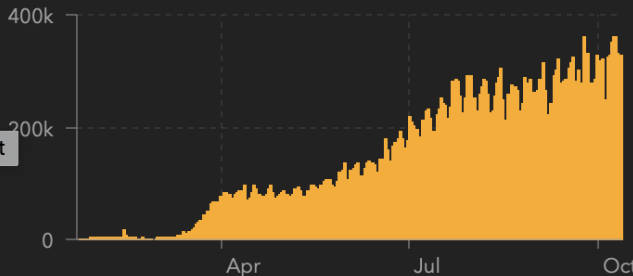
1,085,015

- 215,882 deaths US
- 150,689 deaths Brazil
- 109,856 deaths India
- 84,420 deaths Mexico
- 43,108 deaths United Kingdom

US State Level

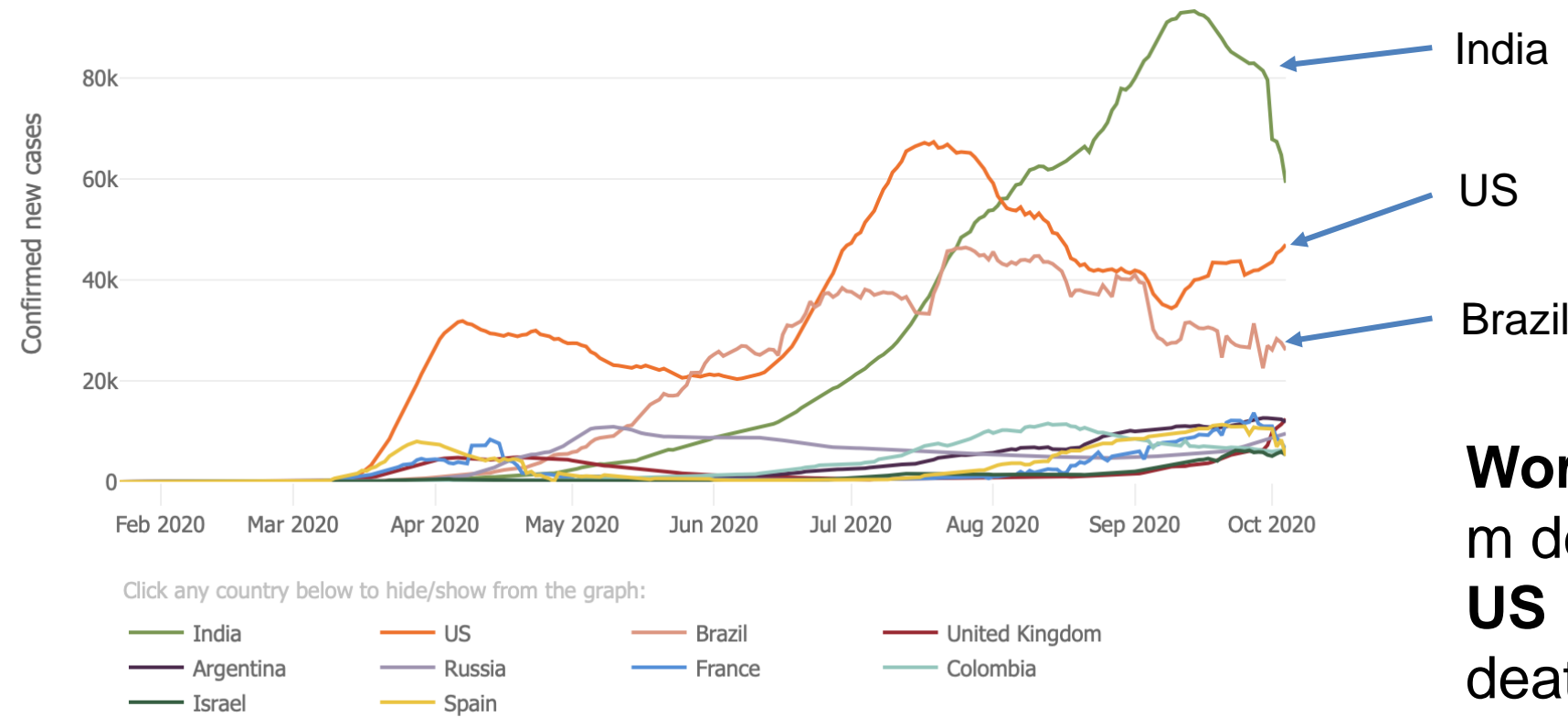
Deaths, Recovered

- 33,306 deaths, 77,755 recovered New York US
- 17,078 deaths, 708,349 recovered Texas US
- 16,644 deaths, recovered California US
- 16,182 deaths, 35,509 recovered



COVID-19 Confirmed Cases by Country

Outbreak evolution for the current 10 most affected countries



India

US

Brazil

World 38.0 m cases, 1.08 m deaths

US 7.8 m cases, 215 K deaths

Arizona 226,734 K cases, 5,767 deaths

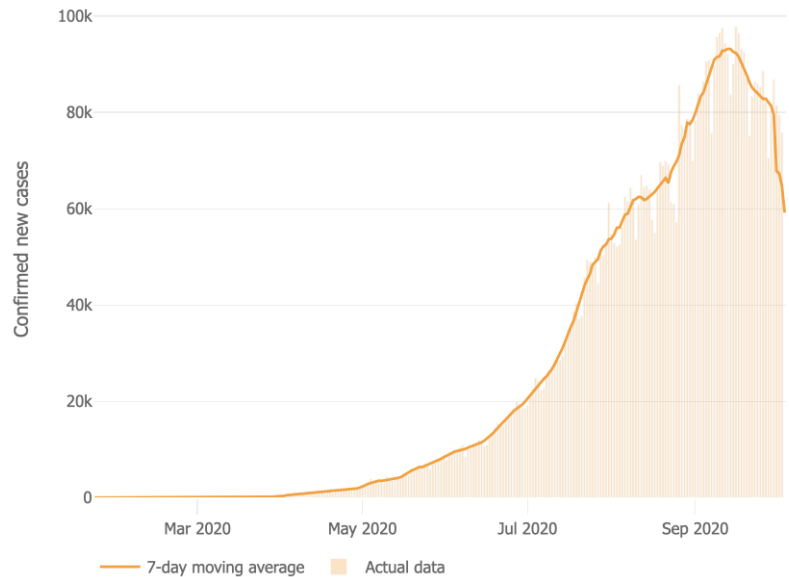
NEW CASES OF COVID-19

INDIA

New cases confirmed each day (7-day-average)

▼ DOWN

The first case of COVID-19 in India was reported 248 days ago on 1/29/2020. Since then, the country has reported 6,549,373 cases, and 101,782 deaths.

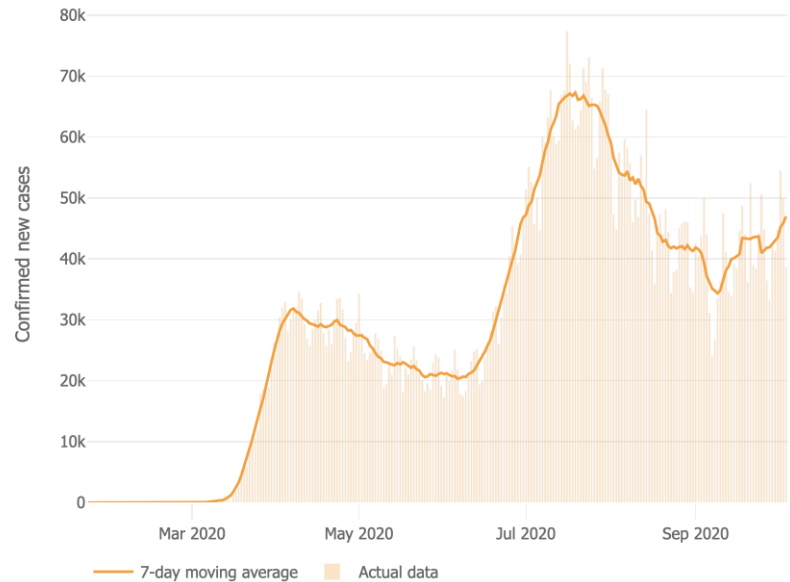


US

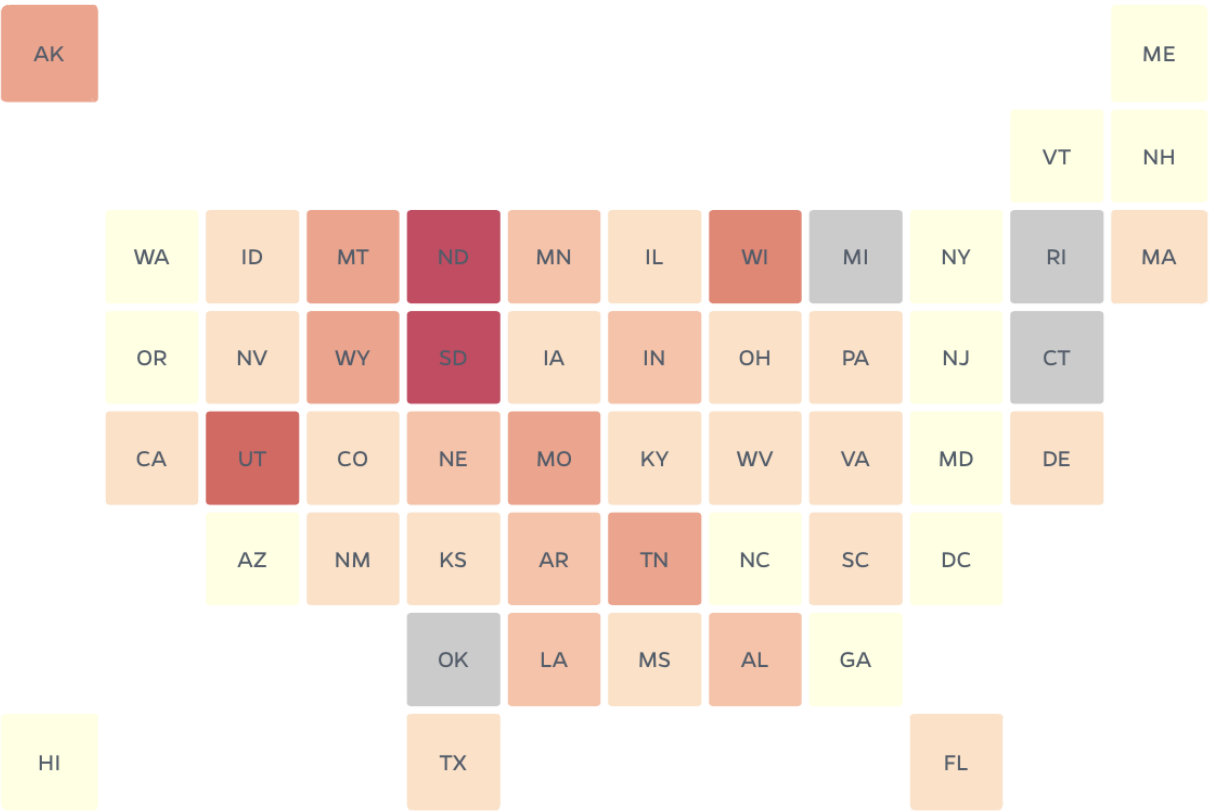
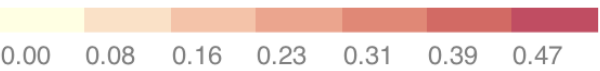
New cases confirmed each day (7-day-average)

▲ UP

The first case of COVID-19 in US was reported 256 days ago on 1/21/2020. Since then, the country has reported 7,420,971 cases, and 209,721 deaths.



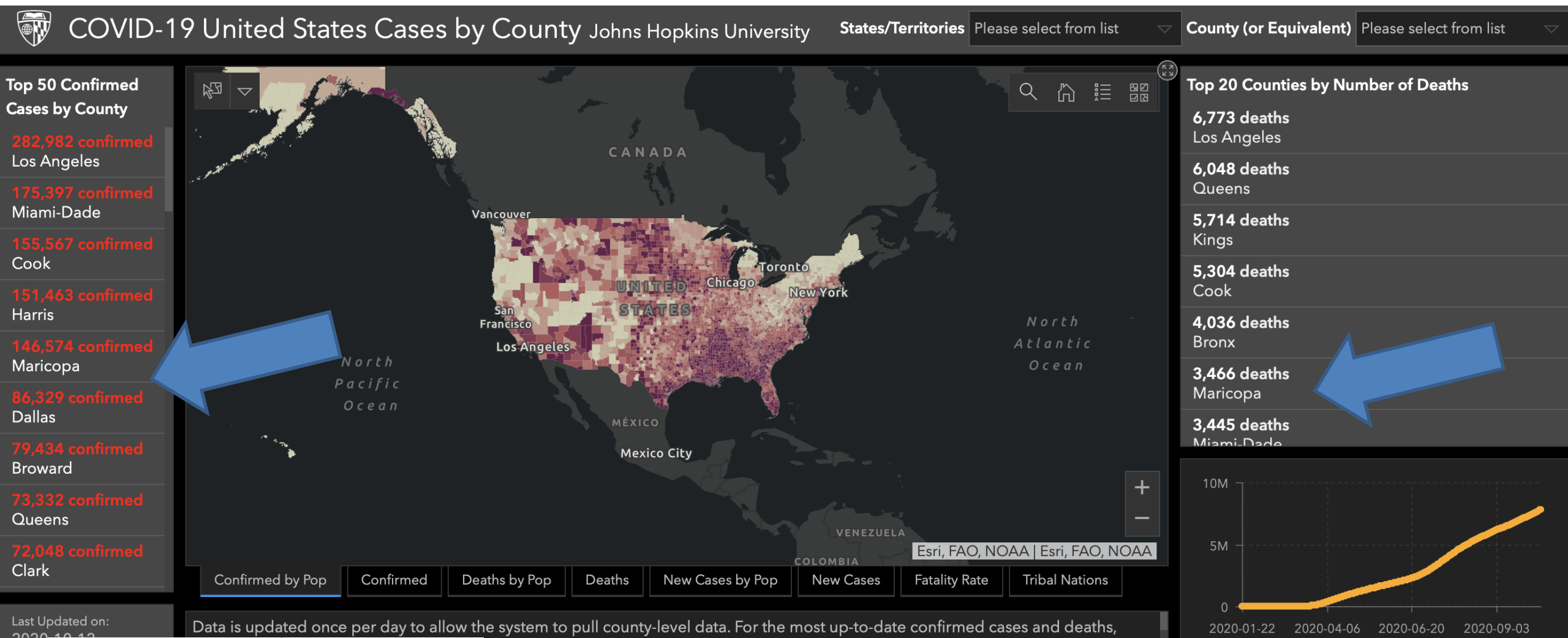
New confirmed cases per 1,000 people



ARIZONA:
0.05 case

North Dakota
0.55 cases

Johns Hopkins tracker – US Cases by County



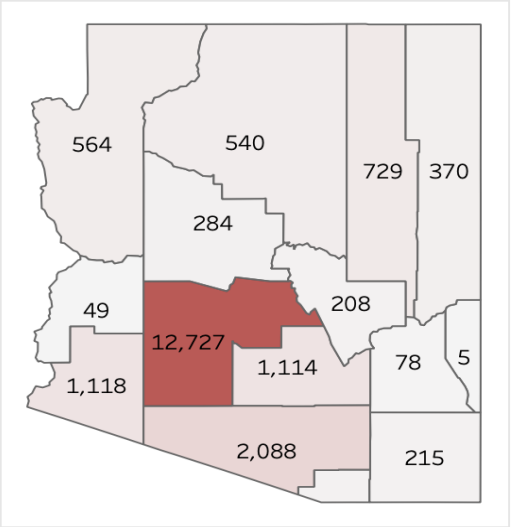
Arizona COVID-19 Overview

Number of Cases Hospitalized

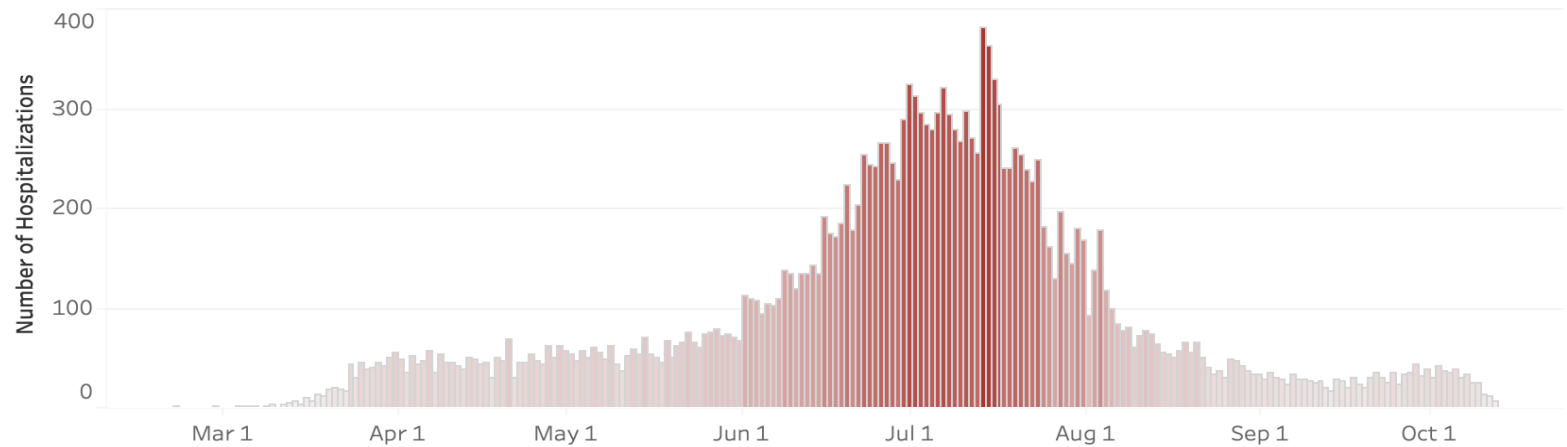
20,312

Percent of Cases Hospitalized

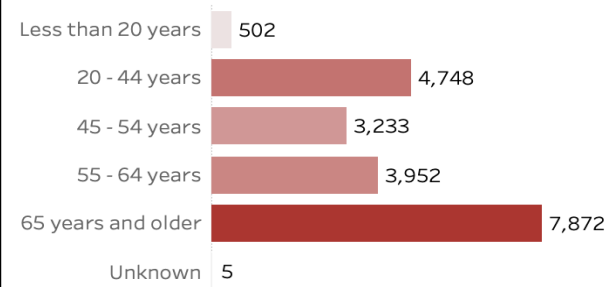
9%



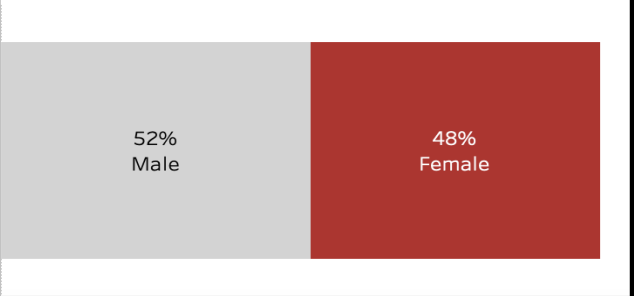
Number of COVID-19 Cases that are Hospitalized by Date of Hospitalization



COVID-19 Hospitalized Cases by Age Group



COVID-19 Hospitalized Cases by Gender



tests/day

All tests completed for COVID-19

1,883,906

All tests reported yesterday in Arizona

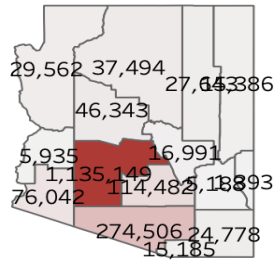
7,476

Total % Positive COVID-19 All Tests

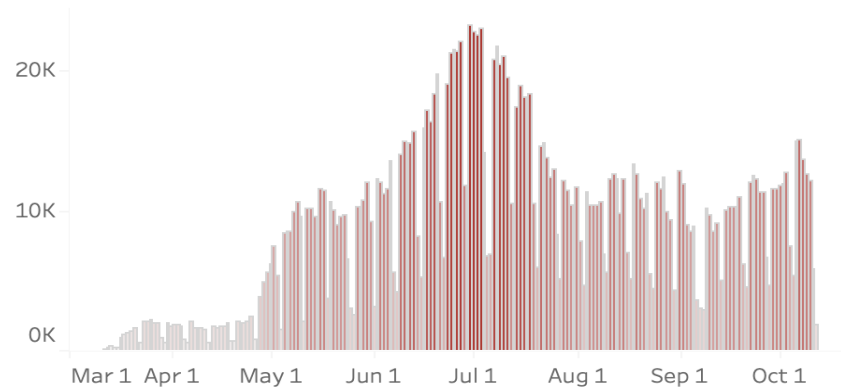
10.0%

All tests by county

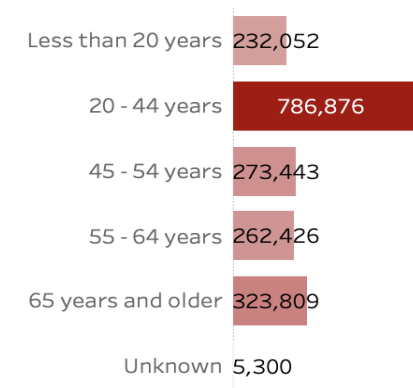
Select a county to filter the data. Hover over a county for more details.



All tests by date of collection



All Testing by Age Group

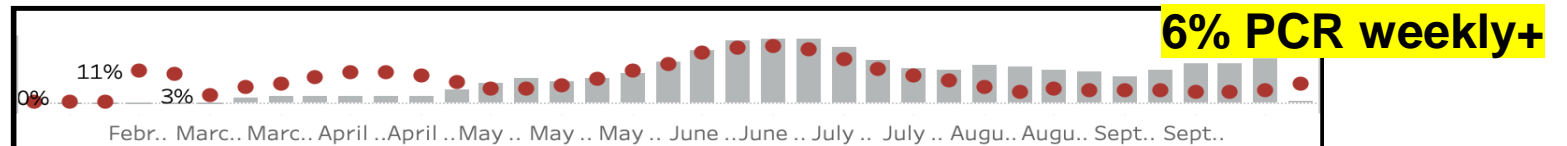


COVID-19 tests completed and percent positive by week

Percent positive is defined as number of people with a positive test result, reported electronically out of all people with COVID-19 testing reported electronically completed in AZ. Diagnostic tests include PCR and antigen testing.

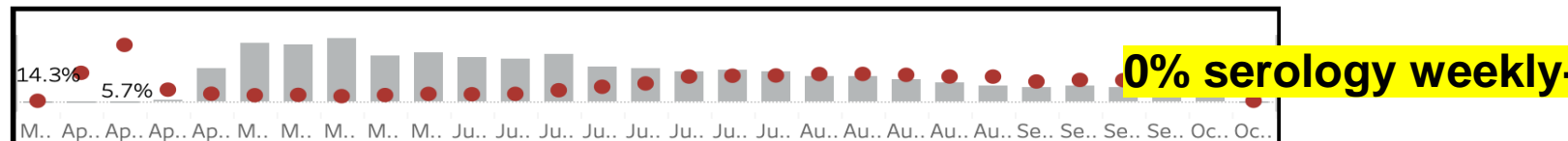
Total % Positive COVID-19 Diagnostic Tests

10.6%



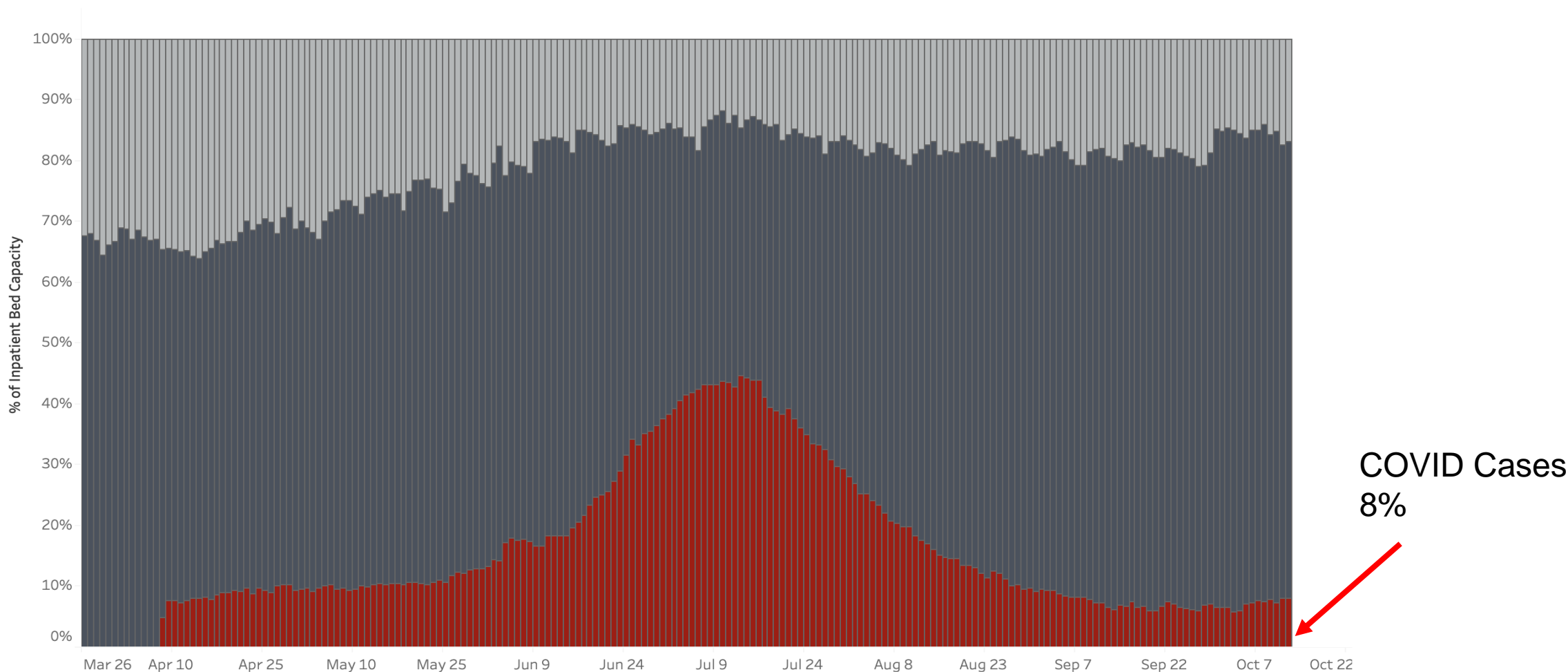
Total % Positive COVID-19 Serology Tests

6.9%



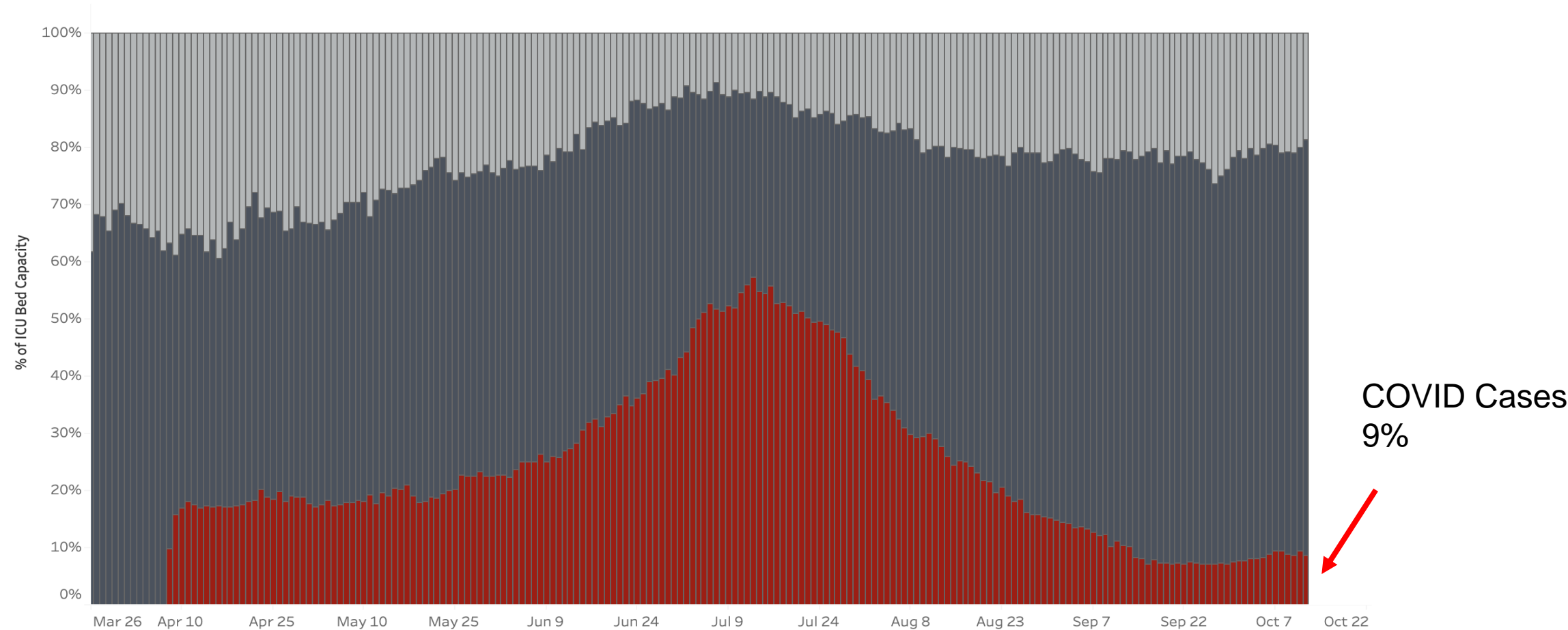
AZ Hospital Bed Usage & Availability

- Inpatient Beds Available
- Inpatient Beds In Use by Non-COVID Patients
- Inpatient Beds In Use by COVID Patients



AZ ICU Bed Usage & Availability

- Adult Intensive Care Unit Beds Available
- Adult Intensive Care Beds in Use by Non-COVID Patients
- Adult Intensive Care Beds in Use by COVID Patients



Arizona Infection Rate

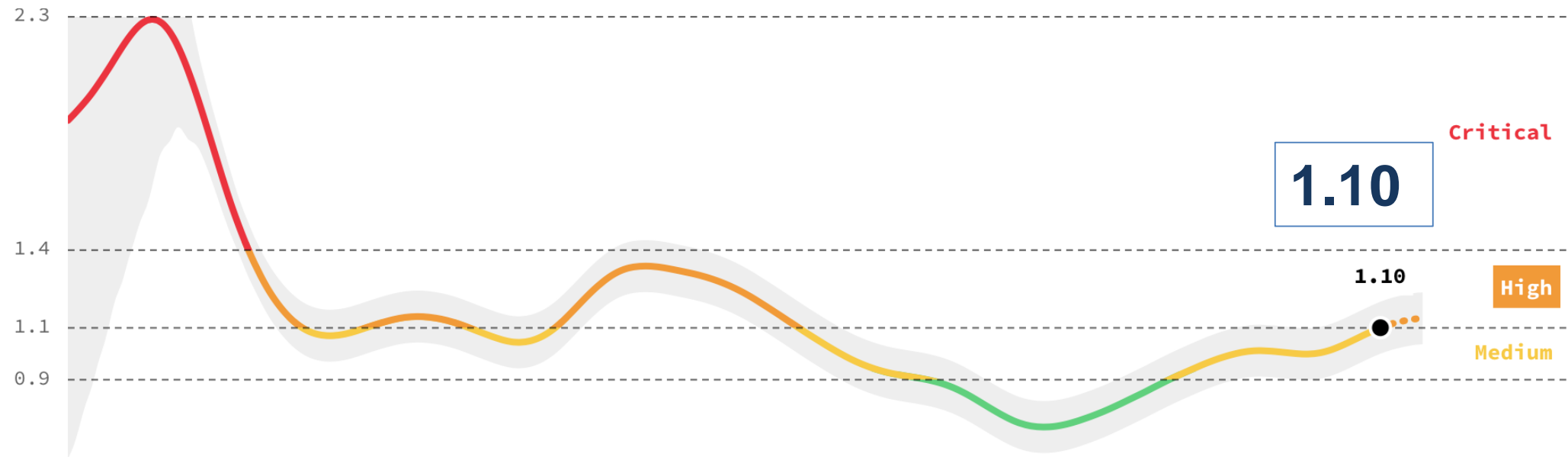
Infection rate

ARIZONA

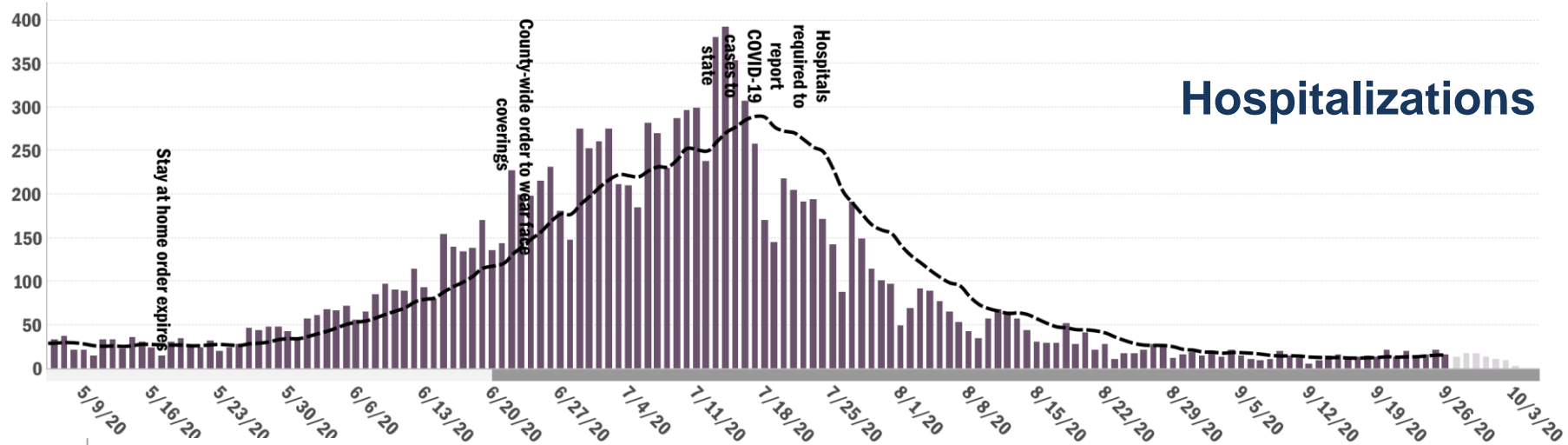
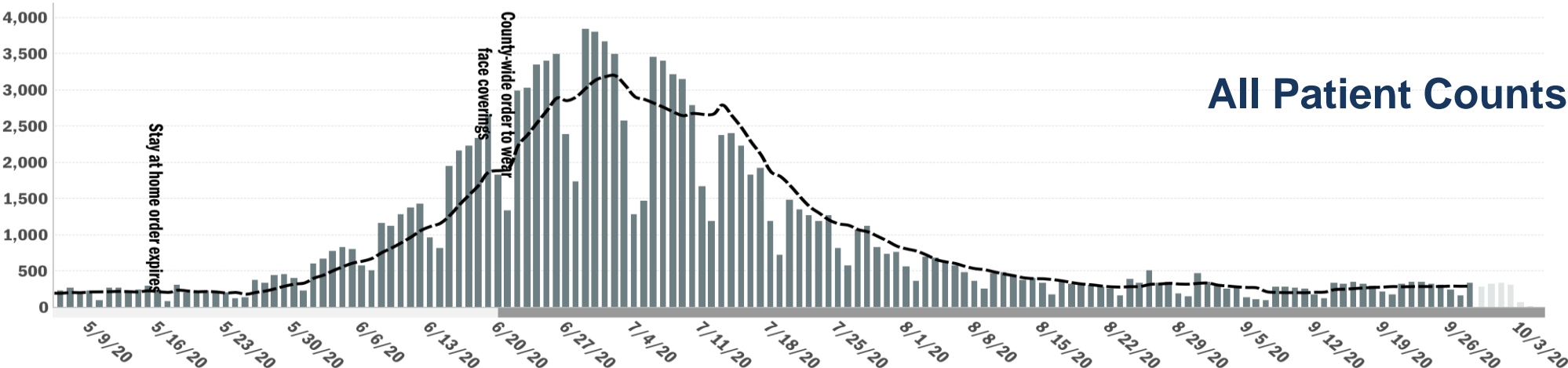
Save

Share

On average, each person in Arizona with COVID is infecting 1.10 other people. As such, the total number of active cases in Arizona is growing at an unsustainable rate. If this trend continues, the hospital system may become overloaded. Caution is warranted.



Maricopa EPI Curve



COVID-19 in LTC

423 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 4,192 COVID-19 cases among residents, **1,250 (30%) have been hospitalized** and **1,195 (29%) have died.**



Of 2,561 COVID-19 cases among staff, **168 (7%) have been hospitalized** and **9 (0%) have died.**

CMS COVID-19 Data Reporting for LTCF

TOTAL COVID-19 CONFIRMED CASES

238,283

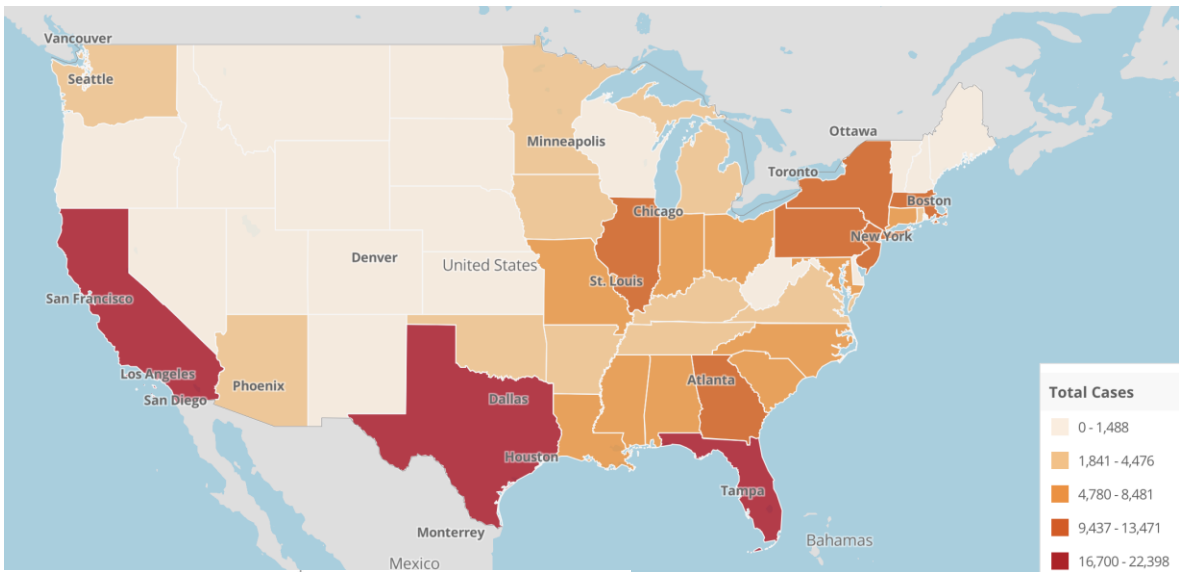
TOTAL COVID-19 SUSPECTED CASES

138,783

TOTAL COVID-19 DEATHS

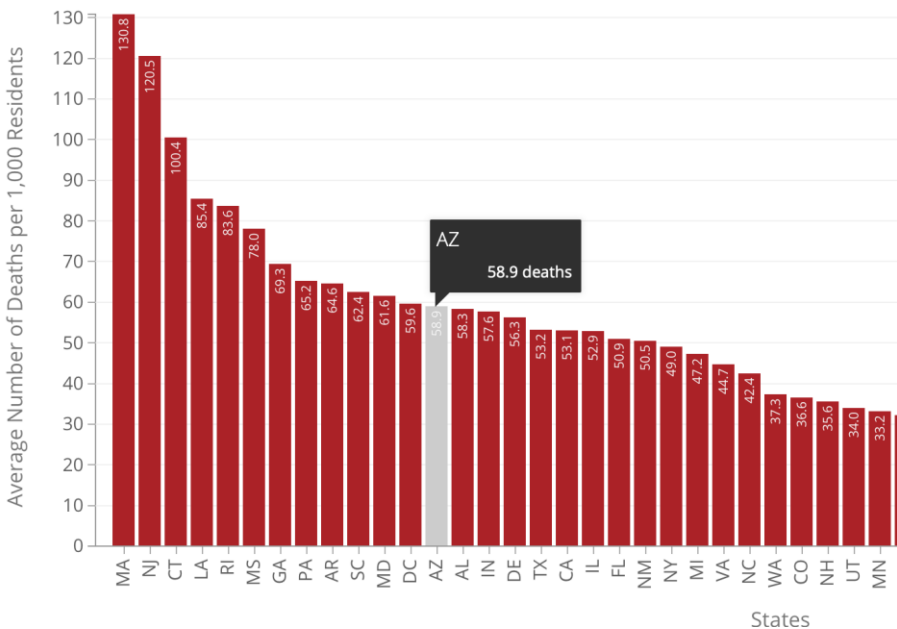
57,008

Total Resident Cases by State



Death Rate per 1,000 Residents

Resident Average Deaths per 1,000 Residents



IN THE NEWS

CDC: Multisystem Inflammatory Syndrome in Adults

- Multisystem inflammatory syndrome in children (MIS-C) have been increasing in Europe and the United States
 - Symptoms include - shock, cardiac dysfunction, abdominal pain, and elevated inflammatory markers (CRP, ferritin, DD, and interleukin-6)
- Several case reports have described a similar syndrome in adults (MIS-A)
- 27 patients had cardiovascular, gastrointestinal, dermatologic, and neurologic symptoms without severe respiratory illness
- pathophysiology of MIS in both children and adults is currently unknown

CDC: Multisystem Inflammatory Syndrome in Adults

- SARS-CoV-2 has been identified in multiple organs including the heart, liver, brain, kidneys, and gastrointestinal tract
- Treatment options, corticosteroids, and two with the interleukin-6 inhibitor, tocilizumab
- "Further research is needed to understand the pathogenesis and long-term effects of this condition. Ultimately, the recognition of MIS-A reinforces the need for prevention efforts to limit spread of SARS-CoV-2."

CDC: Airborne transmission of SARS-CoV-2

- These transmission events appear uncommon
 - typically involved the presence of an infectious person producing respiratory droplets for an extended time (>30 minutes to multiple hours) in an enclosed space
- Enough virus was present in the space to cause infections in people who were more than 6 feet away or who passed through that space soon after the infectious person had left
- The epidemiology of SARS-CoV-2 indicates that most infections are spread through close contact, **NOT** airborne transmission

CDC: Airborne transmission of SARS-CoV-2

- **Enclosed spaces** within which an infectious person either exposed susceptible people at the same time or to which susceptible people were exposed shortly after the infectious person had left the space.
- **Prolonged exposure to respiratory particles**, often generated with expiratory exertion (e.g., shouting, singing, exercising) that increased the concentration of suspended respiratory droplets in the air space.
- **Inadequate ventilation or air handling** that allowed a build-up of suspended small respiratory droplets and particles.
- <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html>

LTC Guidance on Expansion of Visitation During COVID-19

- ADHS requirements apply to congregate living settings, including:
 - Nursing Care Institutions
 - Residential Care Institutions
 - Nursing-Supported Developmental Disability(DD) Group Home
 - Intermediate Care Facilities for Individuals with Intellectual Disabilities
- The type of visitation allowed depend on the level of community spread in the county in which the facility is located.
- Level of community spread is defined by ADHS using three measures **at the county-level:**

LTC Guidance on Expansion of Visitation During COVID-19

Benchmarks	New Cases per 100,000	Percent-Positivity	COVID-Like Illness
MINIMAL	Less than 10	Less than 5%	Less than 5%
MODERATE	From 10 to 100	From 5% to 10%	From 5% to 10%
SUBSTANTIAL	Greater than 100	Greater than 10%	Greater than 10%

- Thresholds must be met for all three measures for the previous **two consecutive weeks** to achieve the corresponding benchmark.
- ADHS provides an online data dashboard showing the weekly level of each benchmark **by county**:
 - The data are updated on Thursdays each week

LTC Guidance on Expansion of Visitation During COVID-19

Visitation Permitted During Each Level of Community Transmission <i>when required mitigation measures and other restrictions are met</i>			
Visitation Type	MINIMAL	MODERATE	SUBSTANTIAL
Compassionate Care, Healthcare, Clergy, and Ombudsman Visits ¹	YES	YES	YES
Designated Essential Visitor Visits ²	YES	YES	YES

Visitation Permitted During Each Level of Community Transmission <i>when required mitigation measures and other restrictions are met</i>			
Visitation Type	MINIMAL	MODERATE	SUBSTANTIAL
Limited Outdoor Visits ³	YES	YES	no
Limited Indoor Visits ⁴	YES	YES	YES
Limited Indoor Visits ⁵ <i>to a Resident's Living Space</i>	YES	YES	YES

LTC Guidance on Expansion of Visitation During COVID-19

Facilities may set their own policies on:

- Day and time of visit
- Location of visit
- Number of visitors per visit
- Total number of visitors per day
- Visits by appointment only
- Duration of visit
- Visitor log for contact-tracing purpose
- Additional precautions determined by the facility

LTC Guidance on Expansion of Visitation During COVID-19

- **During ALL visits during ANY level of community spread, facilities must enforce:**
- Appropriate face coverings are worn by residents (cloth), visitors (cloth), and staff (cloth or surgical, depending on the situation) at all times.
- Screening of all visitors for symptoms on arrival to the facility.
 - This should not apply for emergency situations or if health care personnel
- Limiting the number of visitors per resident at one time and limit the number of visitors in the facility at one time

Coronavirus Commission: Report on Safety and Quality in Nursing Homes

- 27 Recommendations:
- Ongoing supply and affordability dilemmas related to testing, screening, and PPE
- Tension between rigorous infection control measures and quality of life issues that exist in cohorting and visitation policies
- A call for transparent and accessible communications with residents, their representatives and loved ones, and the public
- Urgent need to train, support, protect, and respect direct-care providers
- Outdated infrastructure of many nursing-home facilities

Coronavirus Commission: Report on Safety and Quality in Nursing Homes

- Opportunities to create and organize guidance to owners and administrators that is more actionable and to obtain data from nursing homes that is more meaningful for action and research
- Insufficient funding for quality nursing home operations, workforce performance, and resident safety.
- “CMS will need to assume a greater leadership role working with its federal partners and state, local, tribal and territorial”
- <https://sites.mitre.org/nhcovidcomm/wp-content/uploads/sites/14/2020/09/FINAL-REPORT-of-NH-Commission-Public-Release-Case-20-2378.pdf>

Antigen tests False Positivity Rate

- About 20 to 25% of SNFs have received false positive results from their COVID-19 point-of-care antigen testing devices
- It is important for all providers to double check they are following the manufacturer's protocols and have staff appropriately trained on the use of each analyzer
- AHCA and LeadingAge encouraged providers to continue using the point-of-care testing systems and to follow federal guidance on when to conduct confirmation testing with PCRs after receiving positive antigen results.
- <https://www.mcknights.com/news/about-one-fourth-of-snfs-reported-false-positives-from-antigen-tests-industry-study-finds>

CMS Visitation Guidelines in SNFs during the COVID-19 pandemic

- Indoor visitation is allowed if there's no new cases in the previous two weeks and if certain core principals apply
- SNFs will continue to use that COVID-19 county positivity rate to determine the degree to which indoor visitation can take place
- Visitation can be conducted through different means based on a facility's structure and residents' needs
 - resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations

CMS Visitation Guidelines in SNFs during the COVID-19 pandemic

- Core Principles of COVID-19 Infection Prevention
 - Screening of all who enter the facility for signs and symptoms of COVID-19
 - Hand hygiene, face covering or mask
 - Social distancing at least six feet between persons
 - Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions
 - Cleaning and disinfecting high frequency touched surfaces, designated visitation areas after each visit
 - Appropriate staff use of Personal Protective Equipment
 - Effective cohorting of residents
 - Resident and staff testing conducted as required

CMS Visitation Guidelines in SNFs during the COVID-19 pandemic

Indoor Visitation Facilities

- a) There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
- b) Visitors should be able to adhere to the core principles
- c) Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time
 - Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and
- d) Facilities should limit movement in the facility.
 - Visits for residents who share a room should not be conducted in the resident's room.

CMS Visitation Guidelines in SNFs during the COVID-19 pandemic

- Facilities should use the COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site as additional information to determine how to facilitate indoor visitation:
- **Low (<5%)** = Visitation should occur according to the core principles of COVID19 infection prevention and facility policies (beyond compassionate care visits)
- **Medium (5% – 10%)** = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- **High (>10%)** = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies

CMS Visitation Guidelines in SNFs during the COVID-19 pandemic

Required Visitation

- SNFs may not restrict visitation without a reasonable clinical or safety cause
 - For example, if a facility has had no COVID-19 cases in the last 14 days and its county positivity rate is low or medium, a nursing home must facilitate in-person visitation consistent with the regulations
 - Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, facility would be subject to citation and enforcement actions.

<https://www.cms.gov/files/document/qso-20-39-nh.pdf>

HonorHealth Hospital Update

- No revisions to current liaison restriction
 - Still not allowing liaisons at any campus
- When the change occurs, communication will be sent out

Guest Speaker- Dispatch Health

**Micheal Phillips, BS, EMT
Clinical Integration Specialist**



1. When is the best time to call your services
2. Tell us about interventions Dispatch Health is able to provide to COVID-19 patients at home (IVF, IV diuretics, Abx....)
3. How quickly are you able to see patients at home after being consulted
4. Tell us about some of your success stories
5. What type of patients is Dispatch able to see (illness level, symptoms directed)
6. How do you determine who needs to be hospitalized vs provide at home interventions
7. How often do you provide follow up for patients after you see them at home
8. Do you provide any education to family members at home
9. Are you able to see patients via TeleHealth
10. Are you having any PPE or staffing issues
11. Have you had any challenges with your HCP seeing COVID-19 patients at home
12. Are you and if so, how often, do you test your HCP?

DispatchHealth

Transforming Our Facility-Based Care Model



Differentiated Treatment Capabilities

Nearly all an ER brought directly to the patient



Diagnostics:

- EKG
- Ultrasound (in select markets)
- X-Ray (partner with free standing and mobile imaging partners)

CLIA Certified Lab:

- C8, lactate
- Urinalysis
- Culture send outs
- Integration with external labs
- Rapid infectious disease poc testing

Procedures:

- Laceration/wound kit
- Catheter placement
- G-tube replacement
- Epistaxis treatment

Pharma:

- IV abx
- Antiemetics
- Lasix
- Nebulizers
- Steroids
- Iv fluids

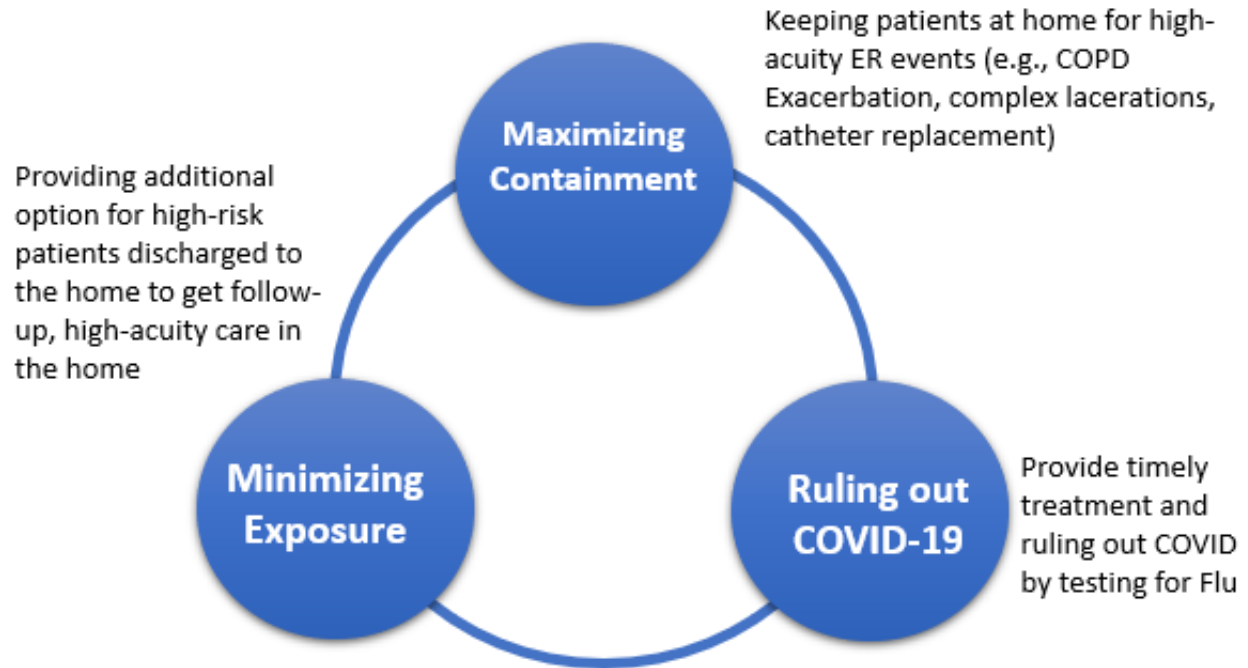
dispatch
HEALTH

COVID-19

Prevention Protocols and Procedures in place today

- Up front screening for all care requests to identify patients with high risk COVID-19 factors (e.g., travel, exposure.)
- Internal task force with daily meetings to respond and plan promptly to change COVID-19 information.
- Appropriate PPE (e.g., surgical masks, N95s, gloves, gowns) to keep clinical team and patients safe and support containment
- Testing and treatment for those patients who are high risk.

How We Can Support Your Teams



dispatch
HEALTH

Bridge Care Value Proposition

DispatchHealth Bridge Care Visits ensure patients **receive focused medical interventions within 24 - 72 hours of discharge** from the hospital or post acute nursing settings. This is designed to help patients avoid readmission and successfully recover at home.

INCREASE



- Care plan compliance
- Visibility into the home setting
- Coordination of care
- Patient satisfaction
- Access to timely care

DECREASE



- Length of hospital stay
- Subsequent ED visits
- Observation stays
- Readmissions

dispatch
HEALTH

4

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