Preferred Provider Network Weekly Broadcast

- **November 2020**

COLLABORATING FOR CARE

Agenda

- COVID-19 updates
- Analytics
- Maricopa updates
- What's in the news
- BPCI-A Sepsis Pilot
- Fit Testing/PPE
- Post-Acute Facility Survey
- TCM Assignment at Acute Hospitals
- Updated CC Assignments
- Preferred Provider Process
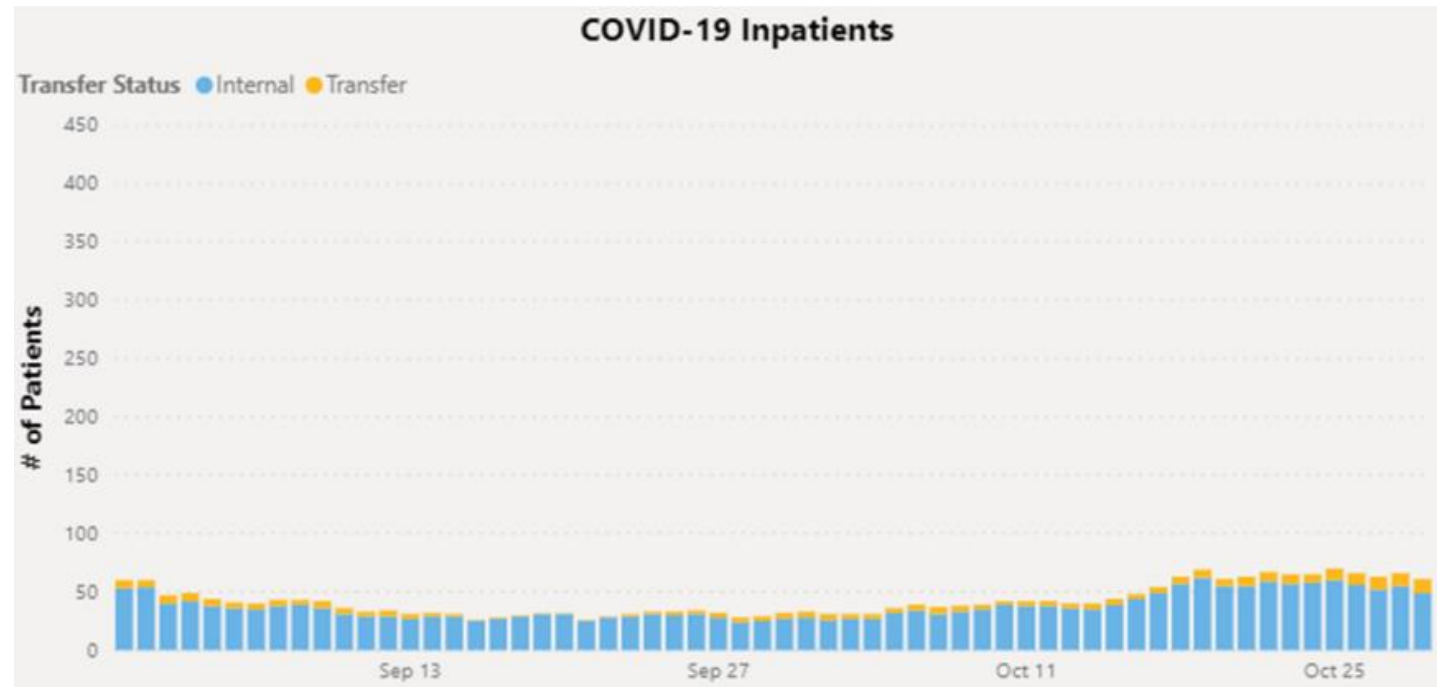- Scorecard Metrics
- Guest Speaker

COLLABORATING FOR CARE

Johns Hopkins tracker

As of 11/5/2020

CORONAVIRUS STATUS 11/8/2020

- **World** 50.3 million cases, 1.2 million deaths
- **US**   9.9 million cases,   237K deaths
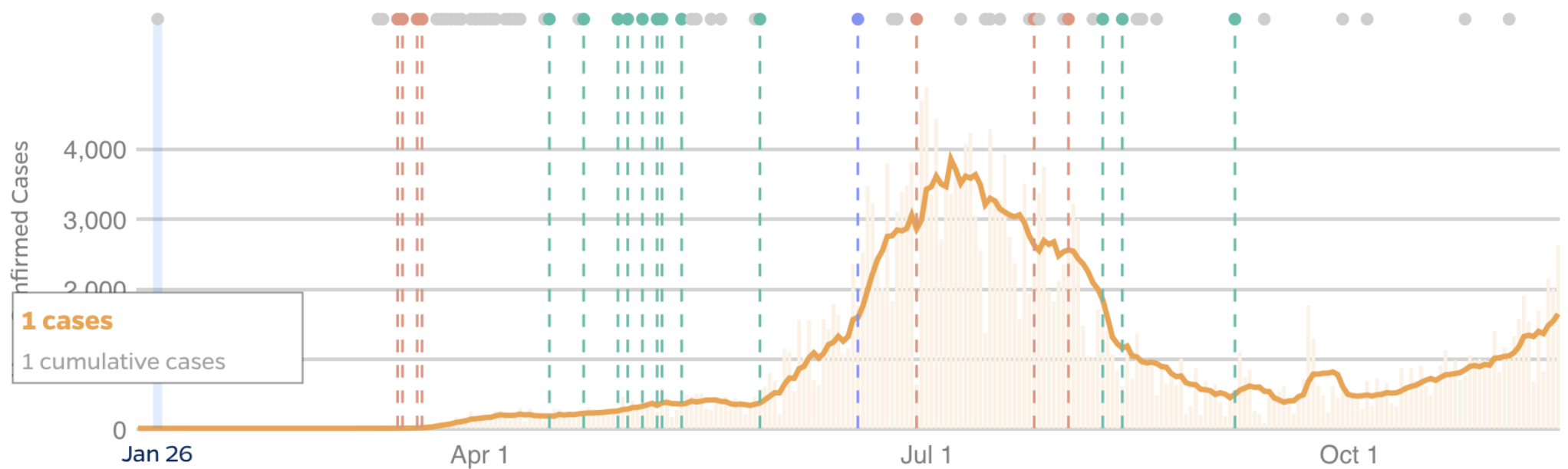- **Arizona** 259K cases, 6,164 deaths

COVID-19 Inpatients

Transfer Status ● Internal ● Transfer

COLLABORATING FOR CARE

Az Opening Policy and COVID Cases

National Total Cases and Case Rates

Case Rate per 100,000

- 0 - 761
- 1,005 - 1,764
- 1,849 - 2,331
- 2,385 - 2,848
- 2,974 - 3,609
- 3,657 - 5,031
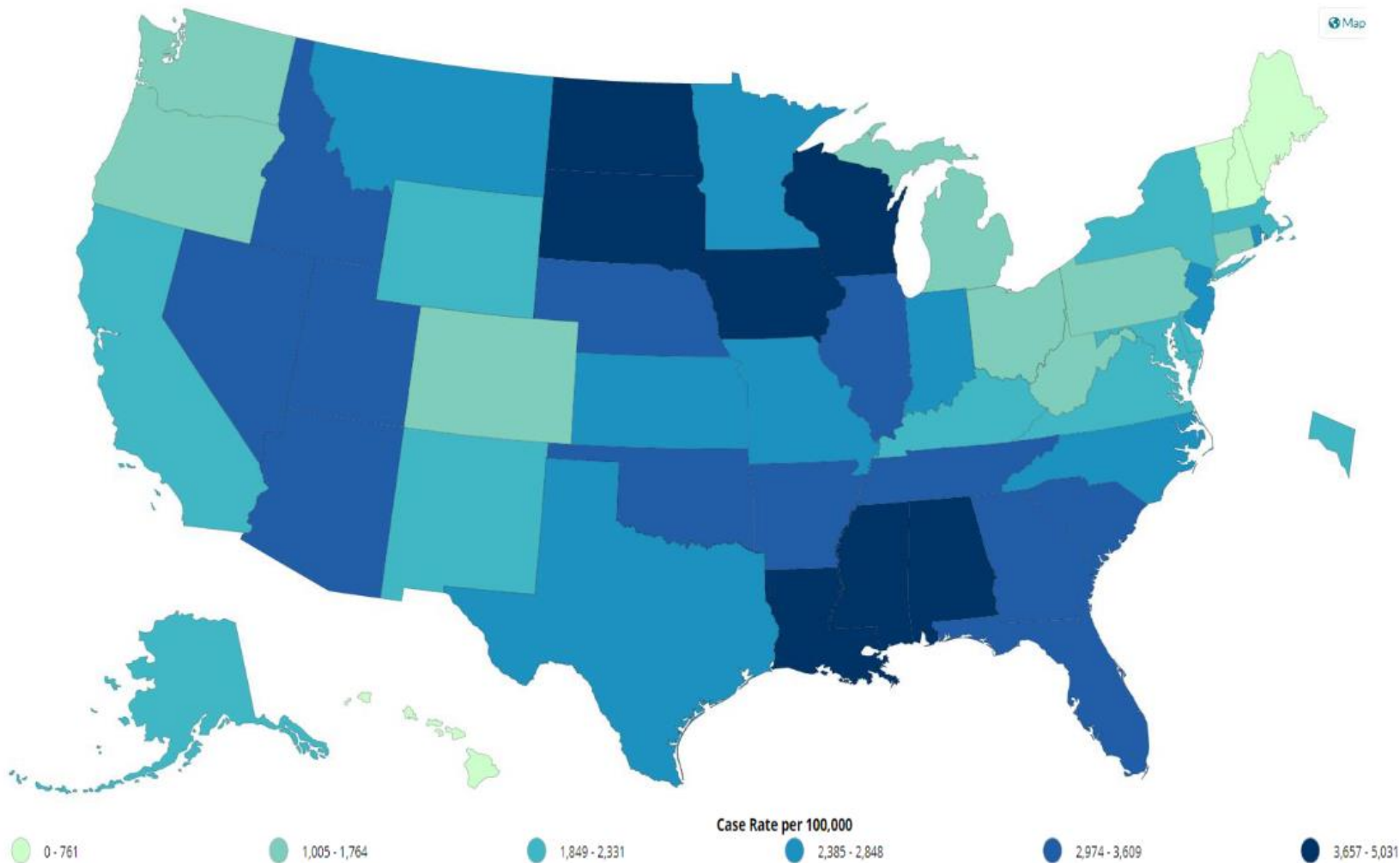
USA
9,182,628
TOTAL CASES
+77,398 New Cases
CDC | Updated: Nov 2 2020 12:23PM

USA
230,383
TOTAL DEATHS
+451 New Deaths
CDC | Updated: Nov 2 2020 12:23PM
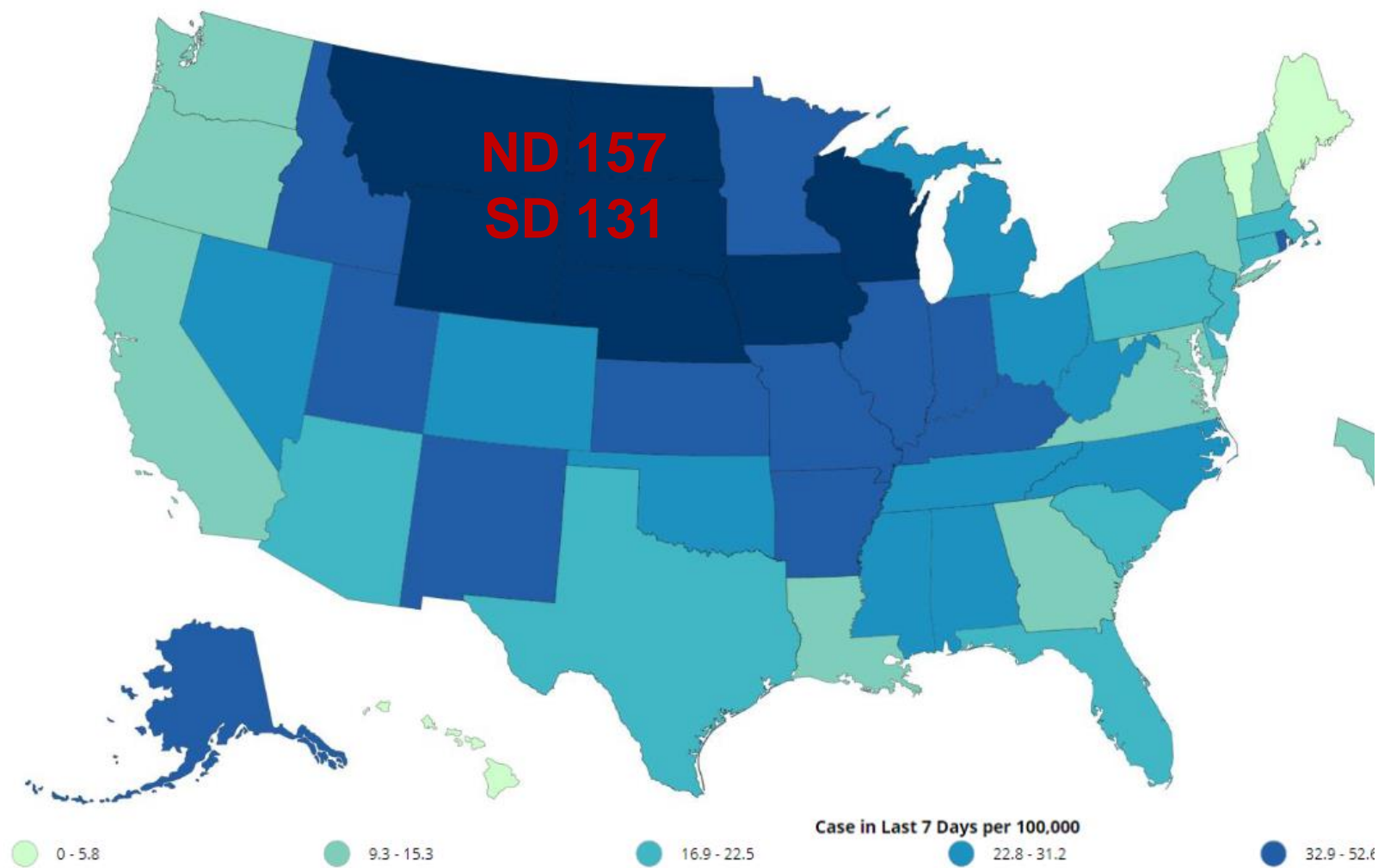
USA
2,775
Cases per 100,000 People
CDC | Updated: Nov 2 2020 12:23PM

Data updated: 11/2/20

INNOVATION
CARE PARTNERS

HONORHEALTH®

COLLABORATING FOR CARE

Presented on 11/11

National 7-day Case Rates

ND 157
SD 131

US
24.4
Cases per 100,000
ARIZONA
19.3
Cases per 100,000

Case in Last 7 Days per 100,000

| 0 - 5.8 | 9.3 - 15.3 | 16.9 - 22.5 | 22.8 - 31.2 | 32.9 - 52.6 |

INNOVATION
CARE PARTNERS

HONORHEALTH®

Presented on 11/11

National Case Count by Date

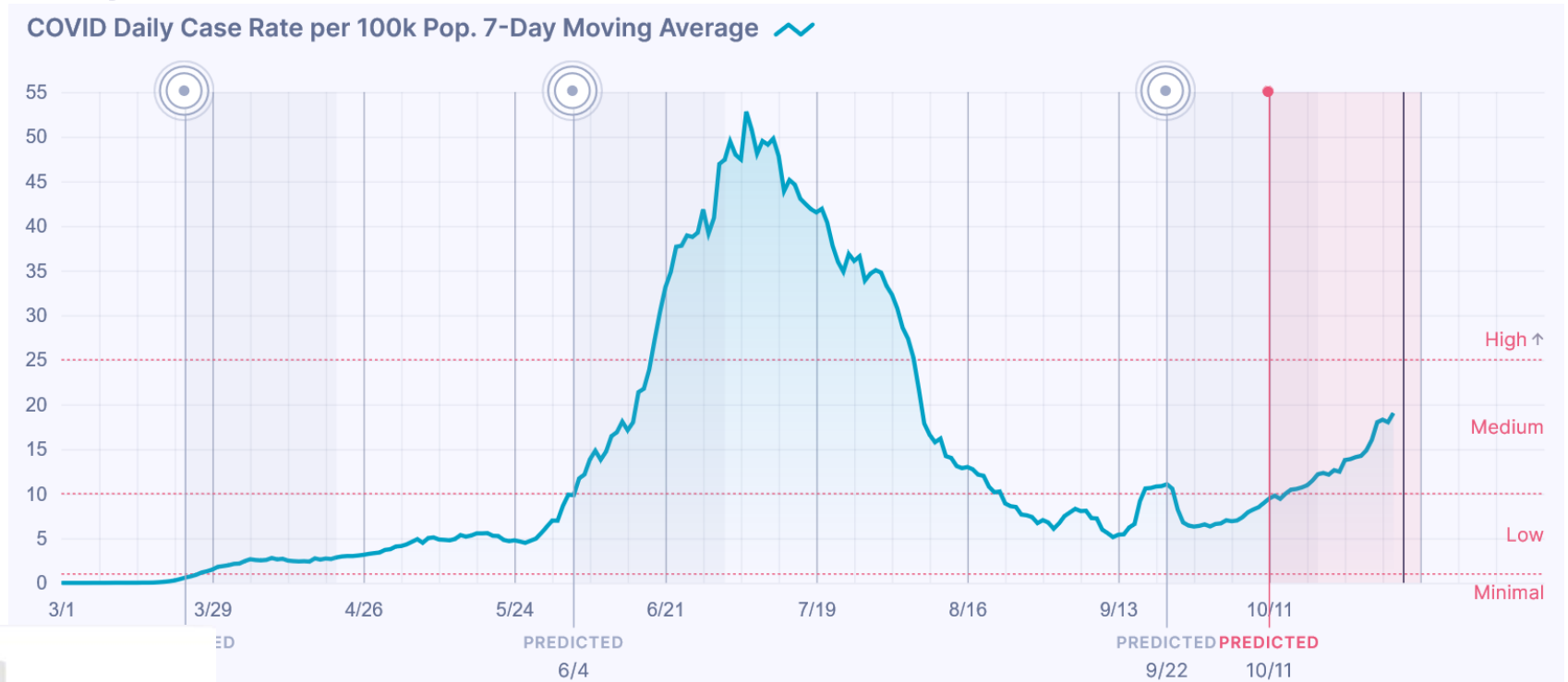Presented on 11/11
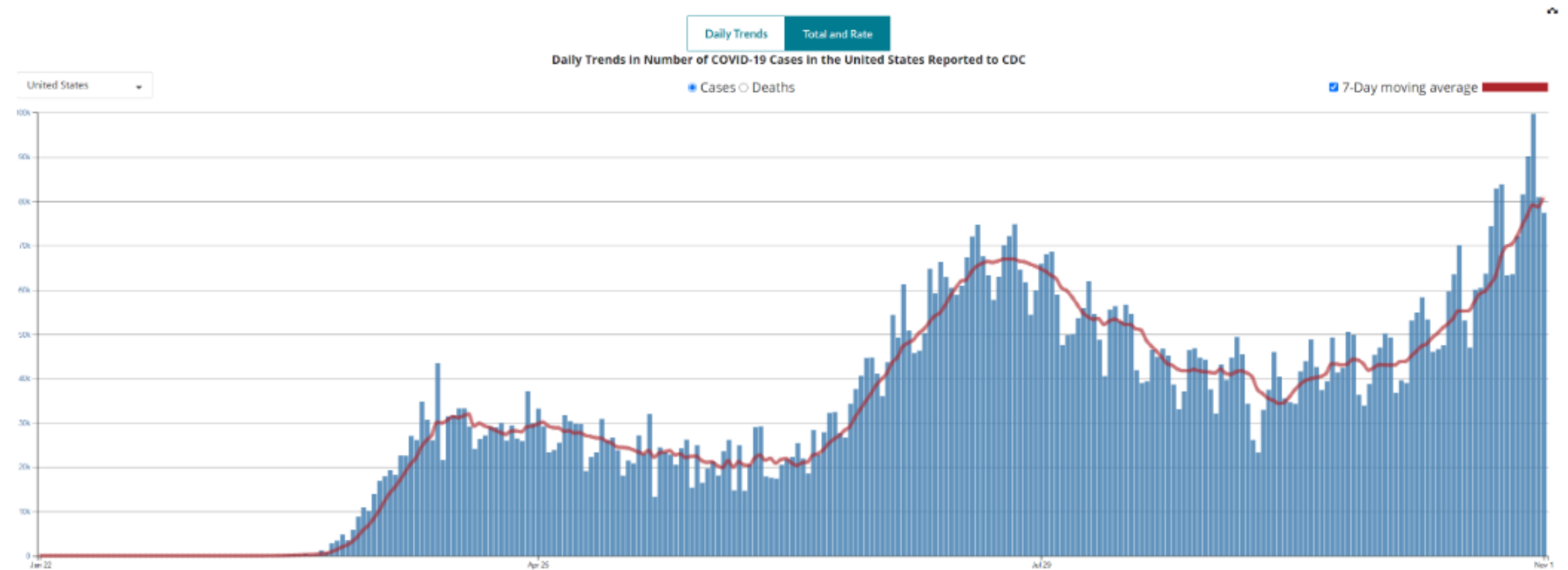
KINSA Predictive Modeling

- New predictive model identifies rapid COVID growth 14 days in advance
- Uses smart thermometers, R_t, atypical influenza-like illness data

COVID Daily Case Rate per 100k Pop. 7-Day Moving Average

PREDICTED

PREDICTED
6/4

PREDICTED PREDICTED
9/22   10/11

High ↑
Medium
Low
Minimal

Inactive Indicator

Influenza-Like Illness Levels (ILI)

Kinsa's ILI measures tell us how much febrile illness is present in a population.

Source: Kinsa

Inactive Indicator

Effective Reproduction Number (Rt)

Kinsa's Rt measures tell us how quickly febrile illness is spreading through a population.

Source: Kinsa

INNOVATION
CARE PARTNERS

HONORHEALTH®

https://healthweather.us/state/AZ/

R$_t$ is 1.15 in Maricopa County
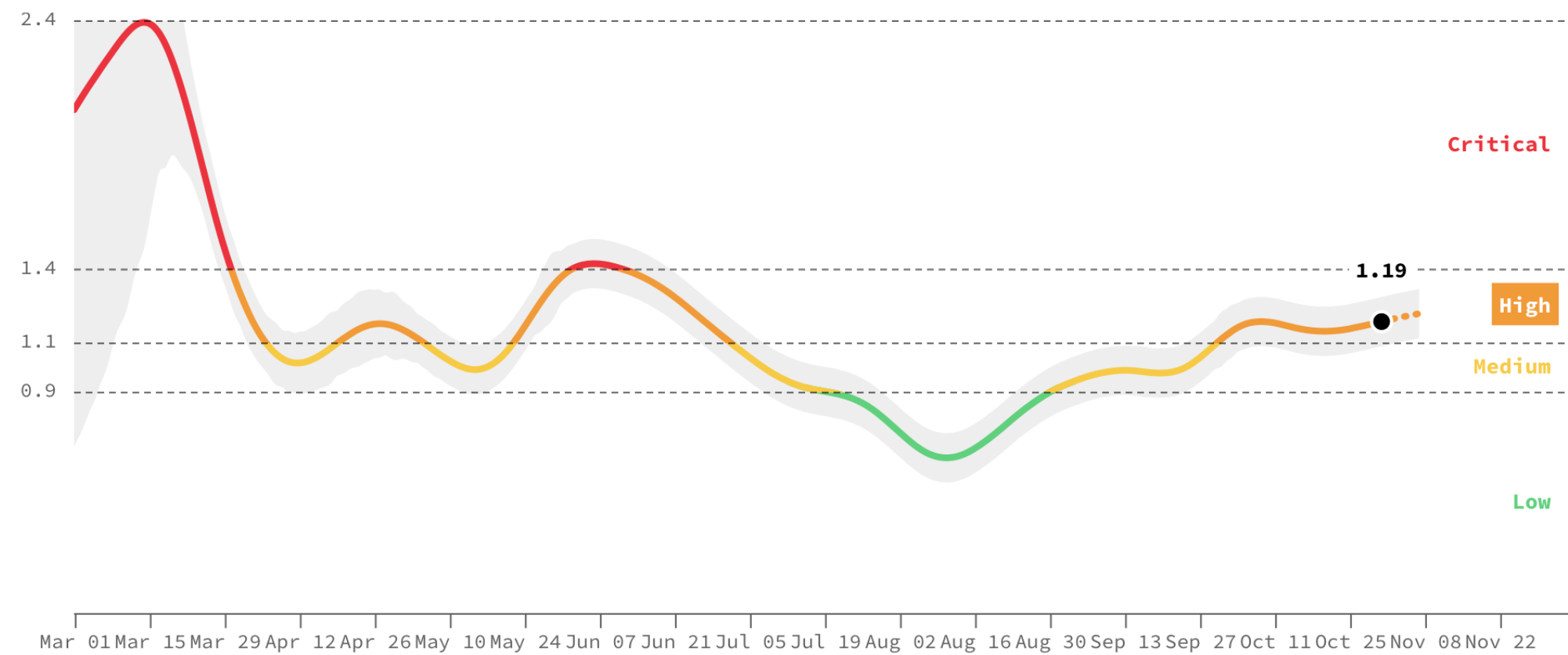
- Low of 0.63 on Aug 11th

- High of 2.4 on March 13th

https://covidactnow.org/

Presented on 11/11

R$_t$ is increasing in outlying counties

Effective Reproduction Number (Rt)

Presented on 11/11
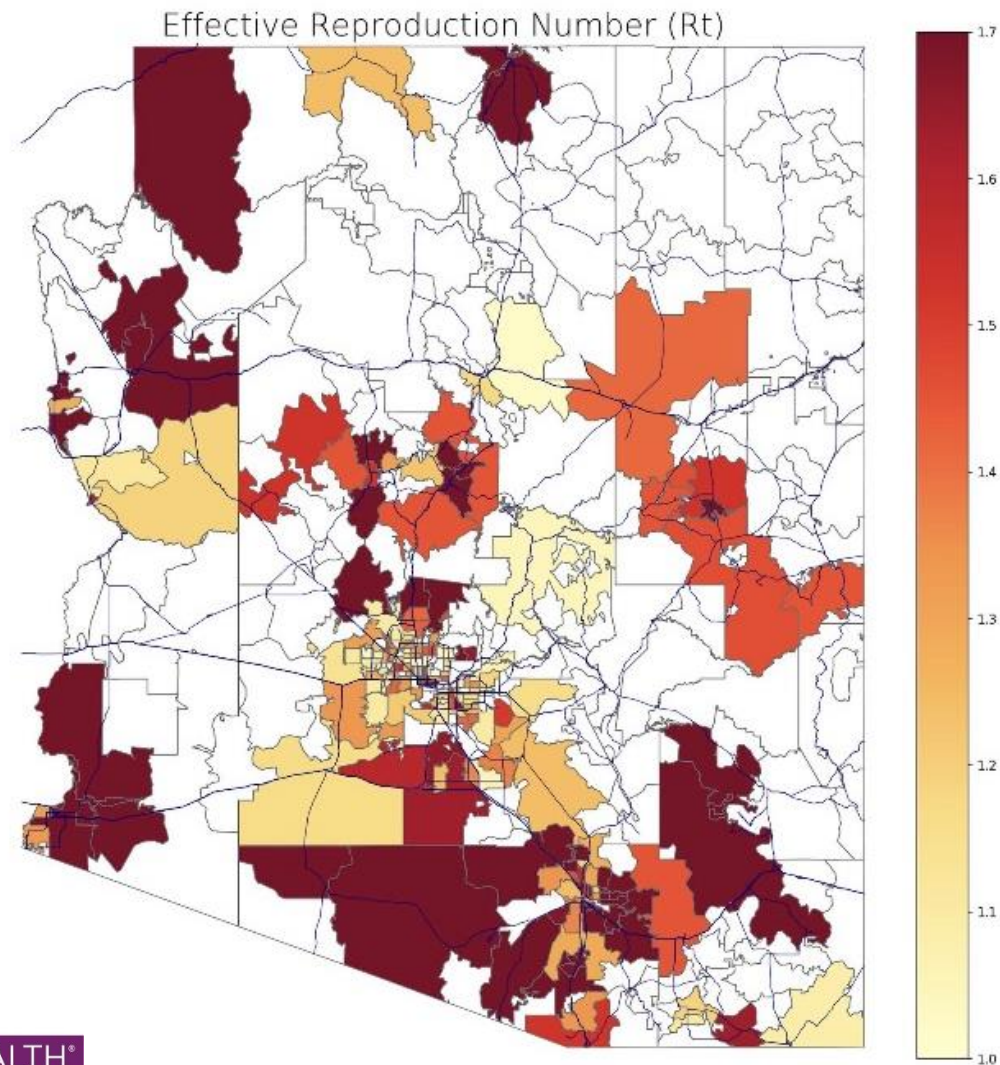
Arizona Daily Case Counts are Rising

Select a county to filter the epi curve.

COLLABORATING FOR CARE
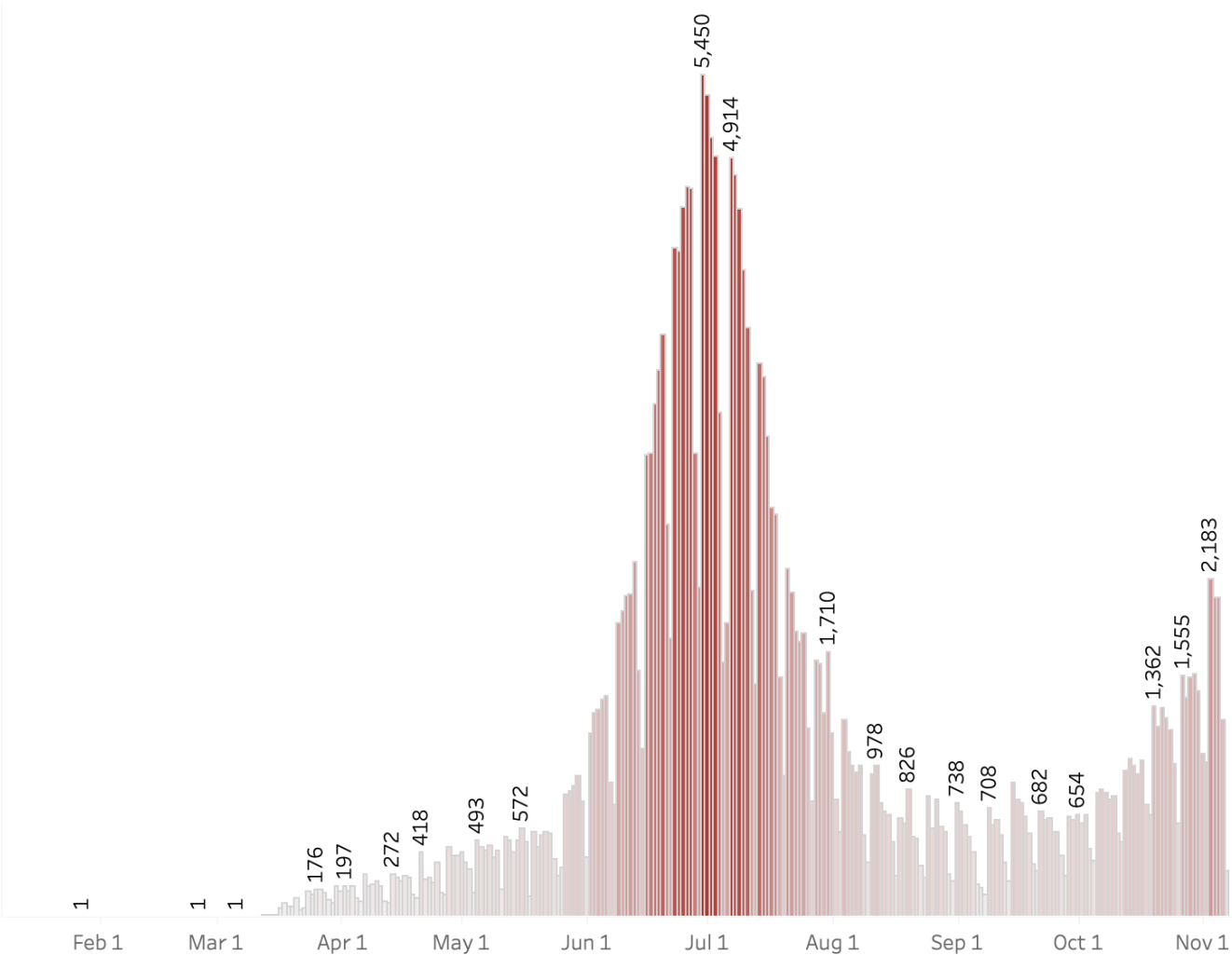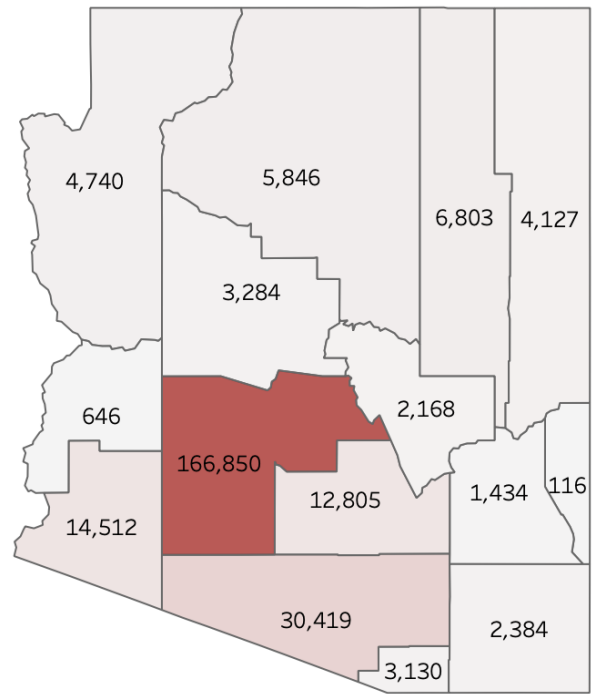
% Positive Diagnostic Tests increasing

 # tests/day

All tests completed for COVID-19	All tests reported yesterday in Arizona	Total % Positive COVID-19 All Tests
2,208,796	11,134	9.6%

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

35,695 47,768 31,875 322
53,227
6,223 19,756
1,329,498
83,859 134,073 5,457
324,376 27,946
17,083

All tests by date of collection

Date of Specimen Collection: July 24, 2020
Number of tests: 12,824

Apr 1   May 1   Jun 1   Jul 1   Aug 1   Sep 1   Oct 1   Nov 1

All Testing by Age Group

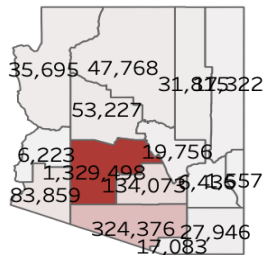|	
Less than 20 years	301,514
20 - 44 years	910,519
45 - 54 years	313,368
55 - 64 years	300,831
years and older	375,031
Unknown	7,533
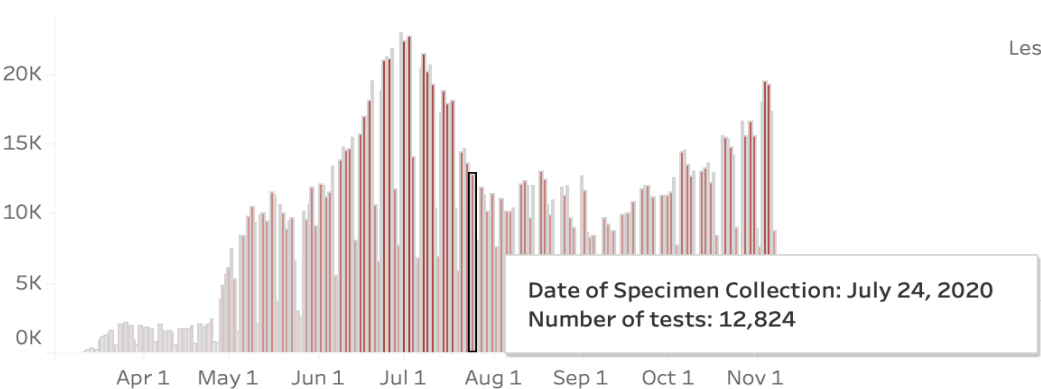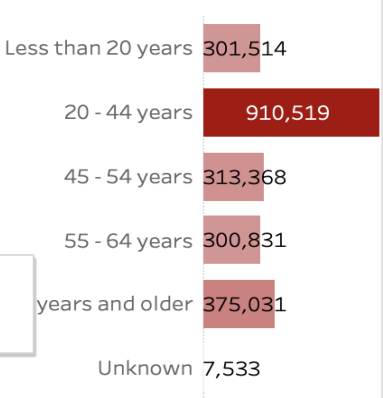
COVID-19 tests completed and **percent positive** by week

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

Total % Positive COVID-19 Diagnostic Tests
10.1%

==9% Diagnostic test weekly+==

17%
0% 3%

Febr.. Mar.. Mar.. Apri.. Apri.. May.. May.. May.. Jun.. Jun.. July ..July .. Au..

==11.5 % serology weekly+==
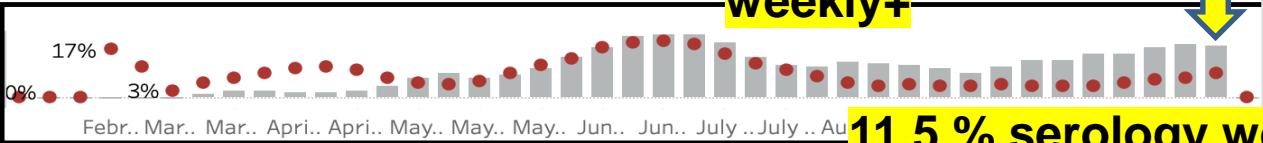
Total % Positive COVID-19 Serology Tests
7.1%

14.3%
5.3%

M.. A.. A.. A.. M.. M.. M.. M.. M.. Ju.. Ju.. Ju.. Ju..Ju.. Ju.. Ju.. Ju.. A.. A.. A.. A.. A.. Se..Se.. Se..Se.. O.. O.. O.. O.. N..

As of 11/9/2020
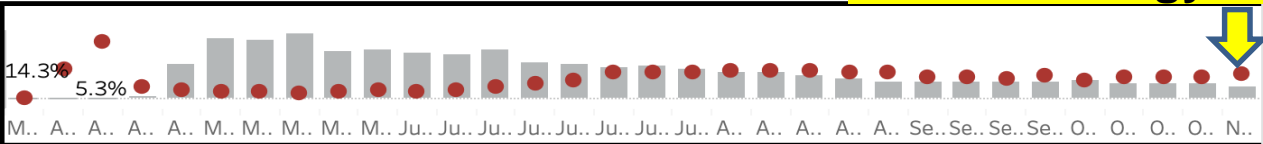
Arizona Central Region inpatients & ED rising

COVID-19 Positive Hospital Patients
EMResource AZ Central Region - Daily Mean (AM+PM/2) - Since April 12

Legend:
- COVID-19 Positive Inpatients
- COVID-19 Patients Seen in ED
- COVID-19 Positive Admissions
- COVID-19 Positive Inpatients (7-day)
- COVID-19 Patients Seen in ED (7-day)
- COVID-19 Positive Admissions (7-day)

Data updated: 11/02/20

Presented on 11/11
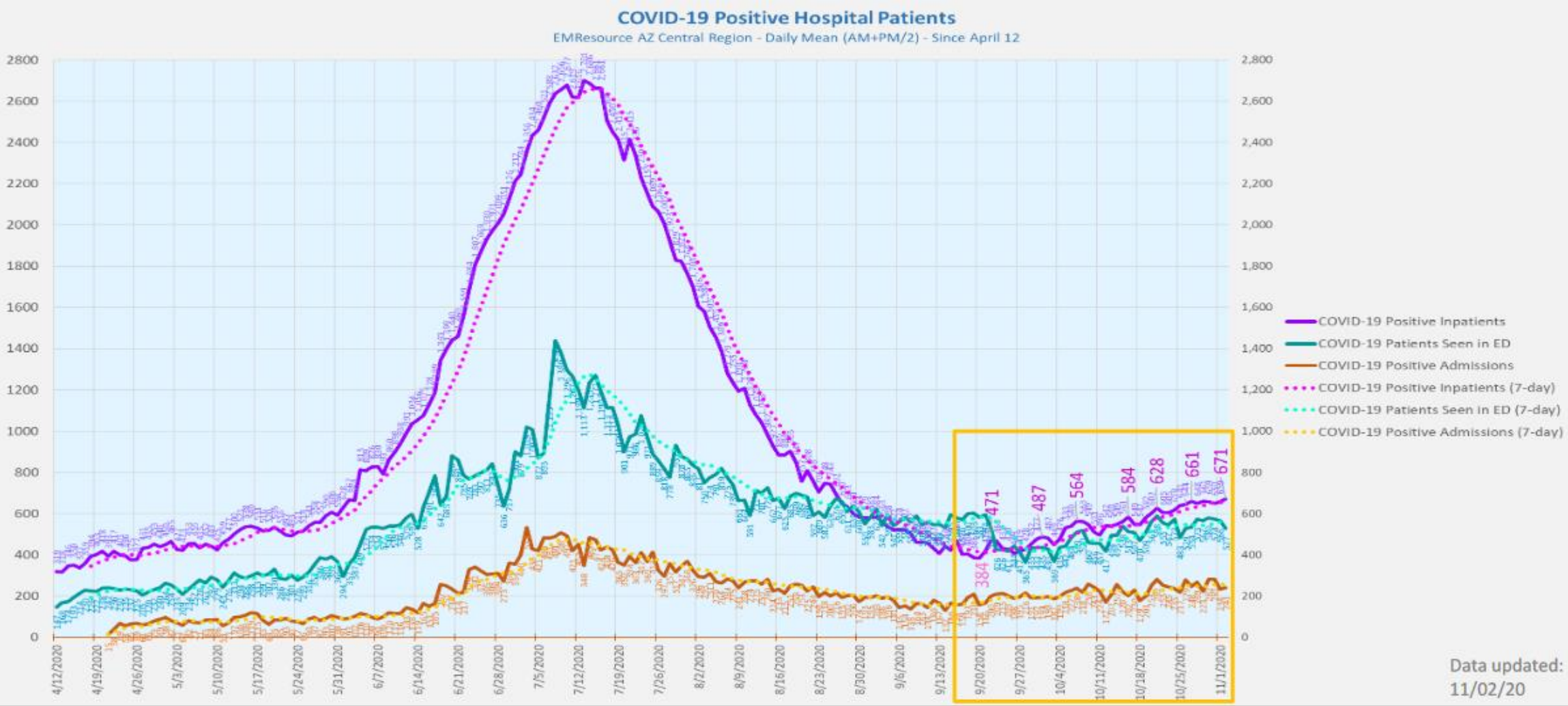
ICU Beds in use in Arizona – 18% COVID occupied

% of ICU Bed Capacity
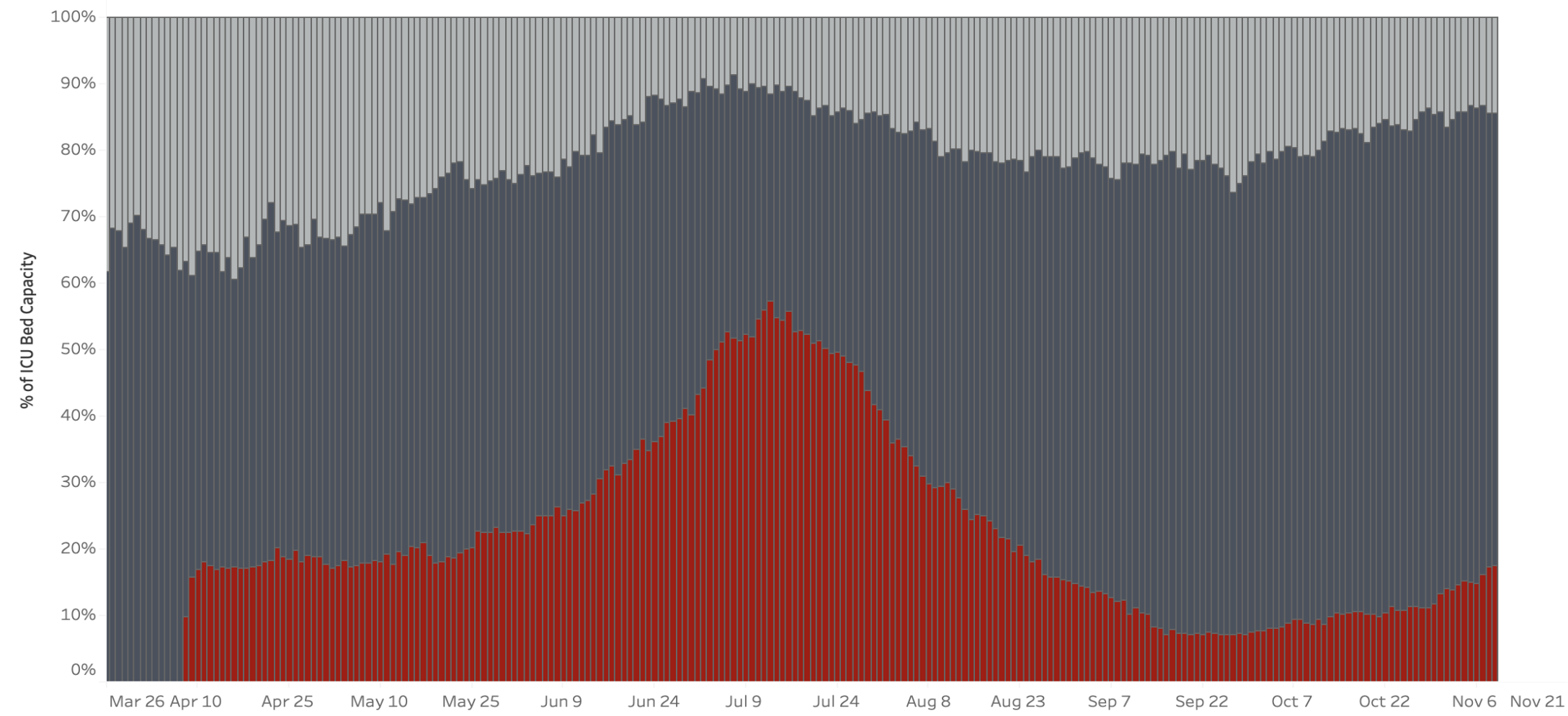
COVID Use of ICU Beds not reported until 4/10

INNOVATION CARE PARTNERS

HONORHEALTH®

COLLABORATING FOR CARE

Presented on 11/11

Arizona COVID-19 deaths by day (6-week lag in change in Maricopa)

COVID-19 Deaths by County
Data will not be shown for counties with fewer than three deaths.
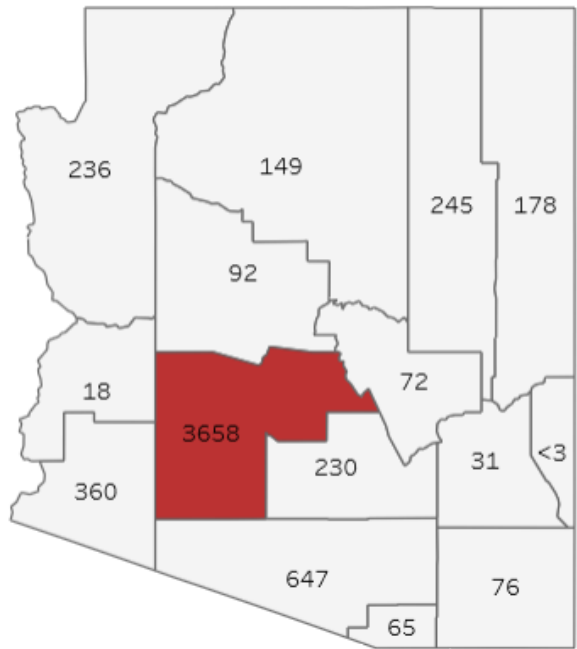
COVID-19 Deaths by Date of Death
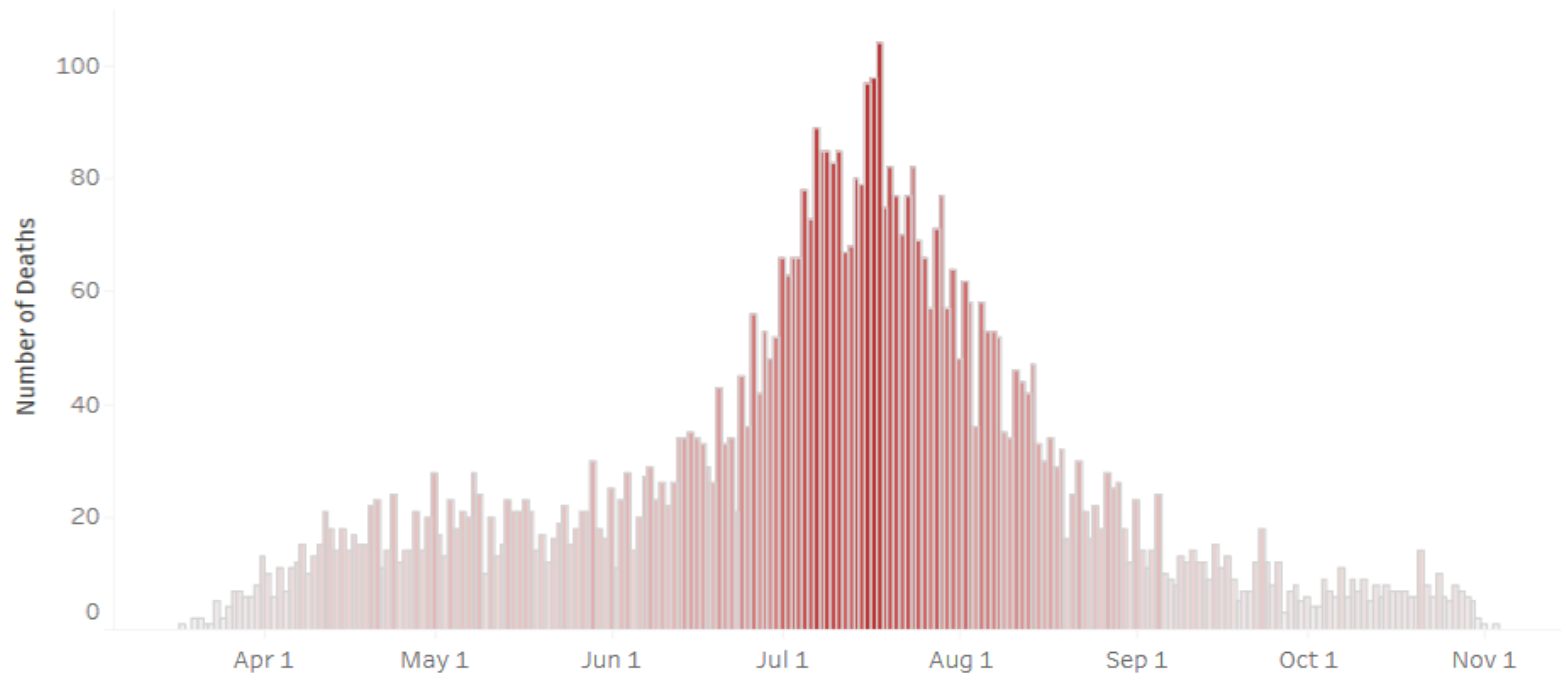
Recent deaths may not be reported yet.

Analytics Summary

- Clinical Leading indicators:
  - R_t remains above 1 but stable
  - UC tests volumes are rising
  - KINSA model still predicts increasing cases
- HonorHealth trends: increasing COVID admissions and ventilated patient, stable ICU counts
- Maricopa County and AZ cases rising
- Arizona Inpatient ICU and inpatient COVID censuses are up ~10%

As of 11/5/2020

Presented on 11/11

CMS COVID-19 Data Reporting for LTCF

TOTAL COVID-19 CONFIRMED CASES
281,110

TOTAL COVID-19 SUSPECTED CASES
153,951

TOTAL COVID-19 DEATHS
63,617

Total Resident Deaths by State

Total Cases
- 0 - 596
- 648 - 1,417
- 1,624 - 2,388
- 3,356 - 3,713
- 4,082 - 4,735
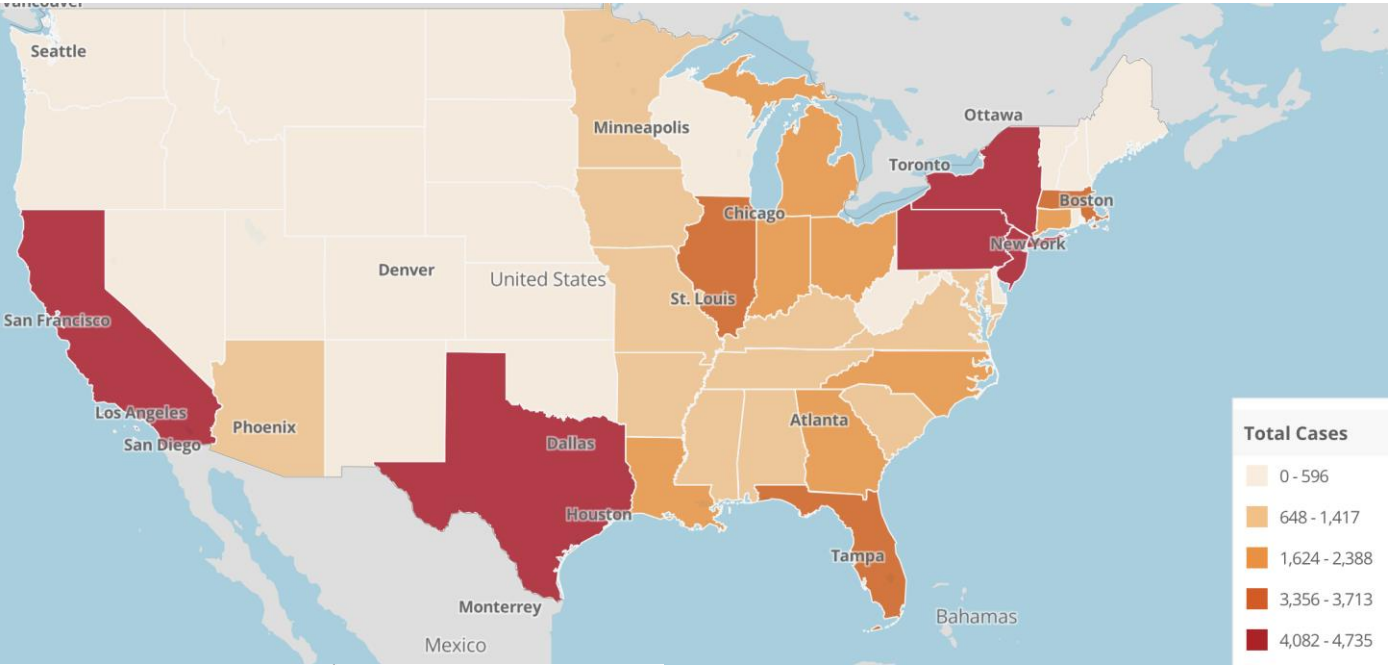
Death Rate per 1,000 Residents

AZ
60.4 deaths

States

Average Number of Deaths per 1,000 Residents

121.2, 120.5, 102.0, 88.6, 79.6, 77.7, 74.5, 73.5, 71.3, 68.7, 68.1, 66.4, 65.1, 63.9, 61.5, 61.5, 60.6, 60.4, 59.8, 55.0, 54.9, 53.3, 53.0, 49.9, 49.6, 46.2, 44.9, 44.5, 43.7, 42.2, 41.9, 41.0, 40.4

MA, NJ, CT, RI, MS, LA, GA, IN, TX, SC, AR, PA, AL, DC, MD, IL, FL, AZ, DE, NC, CA, MI, ND, NY, VA, NM, KY, NV, SD, IA, NH, WA, MO
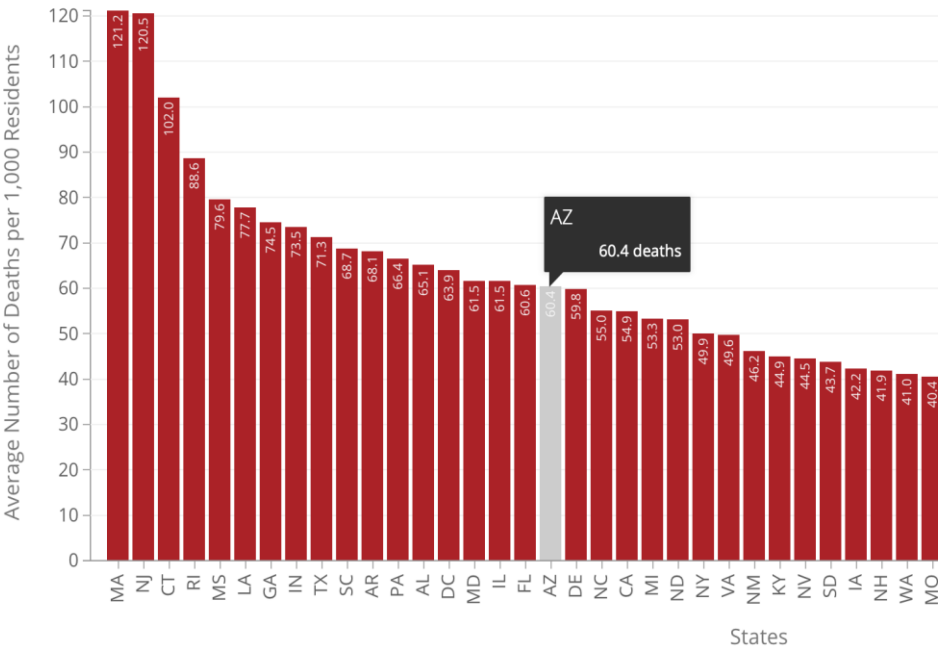
FROM MCDPH

CMS/ADHS Requirements for Visitation

- **Key differences in CMS guidance include:**
  - Not allowing for indoor visitation, except during compassionate care situations, during the **SUBSTANTIAL** level of community spread.
  - **Broadening the definition** of "compassionate care" visitation.
  - Not "distinguishing between [designated essential visitors] and other visitors."
  - Using the Public Health **outbreak definition**
  - Not allowing in-person visitation, except during compassionate care situations, **during an outbreak** or for a **resident who is in transmission-based precautions for COVID-19.** They recommend allowing visits that are virtual or through windows during these periods.

CMS/ADHS Requirements for Visitation

- Type of visitation allowed depends on the level of community spread in the county in which the facility is located.
- Thresholds must be met for **all three measures** for the previous **two consecutive weeks of posted data** to achieve the corresponding benchmark.

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%

INNOVATION CARE PARTNERS

HONORHEALTH®

COLLABORATING FOR CARE

Presented on 11/11

CMS/ADHS Requirements for Visitation

Visitation Permitted During Each Level of Community Transmission *when required mitigation measures and other restrictions are met*			
Visitation Type	**MINIMAL**	**MODERATE**	**SUBSTANTIAL**
(1) Compassionate Care, Healthcare, Clergy, and Ombudsman Visits	**YES**	**YES**	**YES**
(2) Designated Essential Visitor Visits	**YES** *with testing*	**YES** *with testing*	**YES** *outdoors only with testing*
(3) Limited Outdoor Visits	**YES**	**YES**	**YES** *with testing*

CMS/ADHS Requirements for Visitation

Visitation Permitted During Each Level of Community Transmission *when required mitigation measures and other restrictions are met*			
Visitation Type	**MINIMAL**	**MODERATE**	**SUBSTANTIAL**
(4) Limited Indoor Visits	YES	YES *with testing*	NO
(5) Limited Indoor Visits *to a Resident's Living Space*	YES	YES *with testing*	NO

INNOVATION CARE PARTNERS | HONORHEALTH®

COLLABORATING FOR CARE
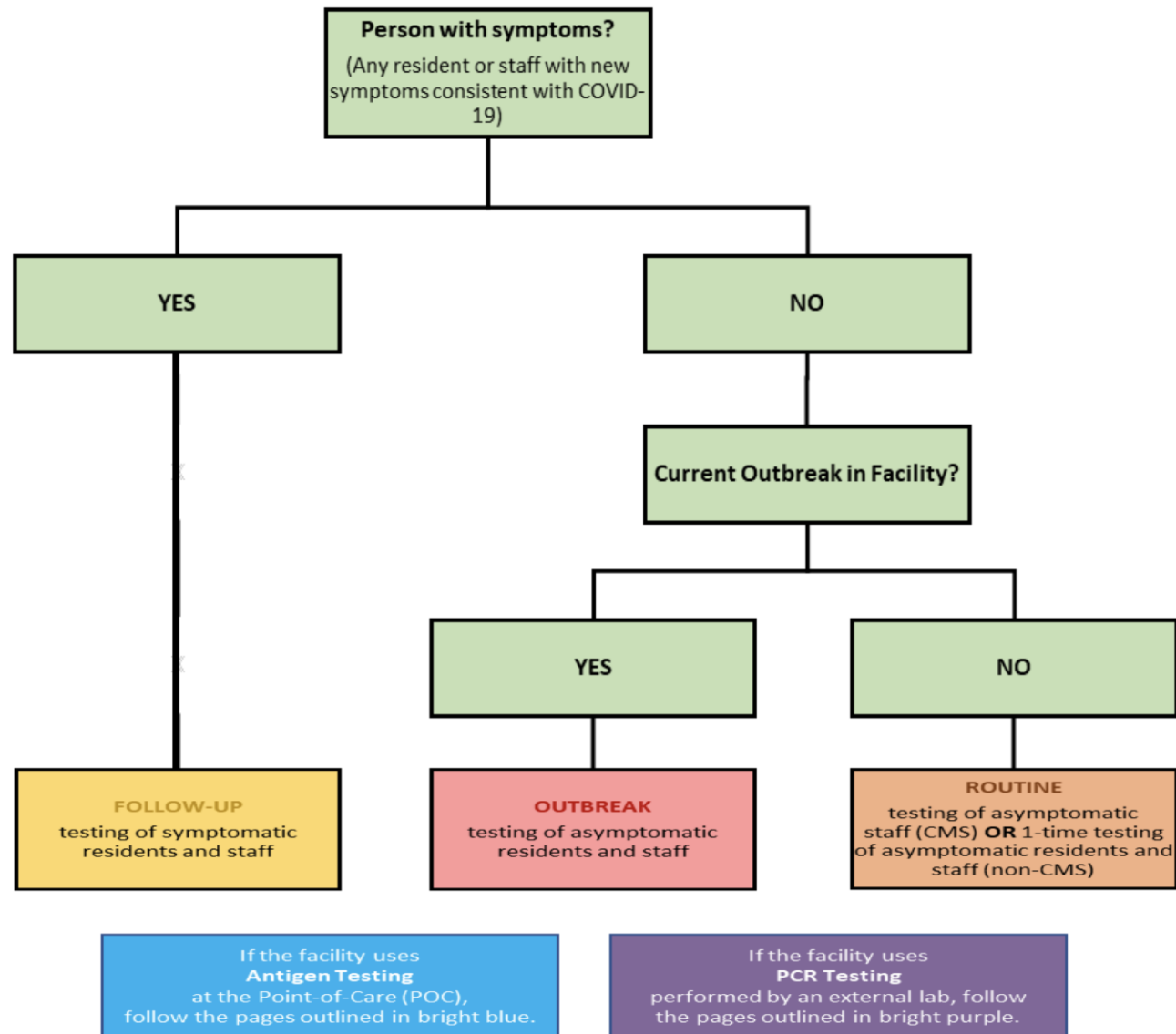
CMS COVID-19 Testing Guidelines

- **Always includes**:
  - **EVERYDAY** screening of residents and staff for symptoms of COVID-19 *with* **FOLLOW-UP** testing of any <u>symptomatic</u> individuals found.

- **plus, either:**
  - **ROUTINE** serial testing of asymptomatic **staff** at time intervals determined by the level of COVID-19 activity in the County.

- **or (depending on circumstances):**
  - **OUTBREAK** serial testing of asymptomatic **residents and staff** every 3-7 days when a case of COVID-19 has been identified in the facility within the past 14 days

INNOVATION CARE PARTNERS   HONORHEALTH®

COLLABORATING FOR CARE

COVID-19 Testing Guidelines

Recommended COVID-19 Testing Strategies for LTCFs Based on Facility Type & Access to Frequent Testing			
COVID-19 TESTING SCENARIOS	**FOLLOW-UP TESTING**	**ROUTINE TESTING**	**OUTBREAK TESTING**
CMS Facilities, Facilities with POC Testing, and Facilities with Access to Frequent Testing	All <u>symptomatic</u> residents & staff identified during EVERYDAY symptom screening	All asymptomatic staff based on % positivity in CMS data (consistent with CMS requirements) OR 1-time testing of all residents & staff by MCDPH/ADHS vendors	All residents & staff after identifying an outbreak, followed by serial testing COVID-negative residents & staff every 3-7 days until no new cases are identified for <u>14</u> consecutive days
Non-CMS Facilities without Access to POC or Frequent Testing	All <u>symptomatic</u> residents & staff identified during EVERYDAY symptom screening	1-time testing of all residents & staff by MCDPH/ADHS vendors	All close contacts of COVID-19 case(s) until no new cases are identified for <u>28</u> consecutive days

INNOVATION CARE PARTNERS   HONORHEALTH®

COLLABORATING FOR CARE

COVID-19 Testing Guidelines

County's COVID-19 Activity Level	County's Positivity Rate in Past Week	Minimum Testing Frequency of Staff
Low	Less than 5%	Once a month
Medium	5% to 10%	Once a week
High	Greater than 10%	Twice a week

IN THE NEWS

Presented on 11/11

INNOVATION
CARE PARTNERS

HONORHEALTH®

COLLABORATING FOR CARE

Quidel's Sofia Rapid Antigen Test Falters in Asymptomatic

- Pre-published U of A study found that when Quidel antigen used for asymptomatic:
  - Only 32% positive compared to PCR
  - More false positives
  - 80% concordance in symptomatic people
  - Study: 2,500 people June – August
  - Overall >40,000 Sofia tests done at UofA, can process 2000 per day
- Quidel's Sofia is authorized for use only in people with symptoms, can detect 96.7% of infections that PCR detects when used in first 5 days of their illness
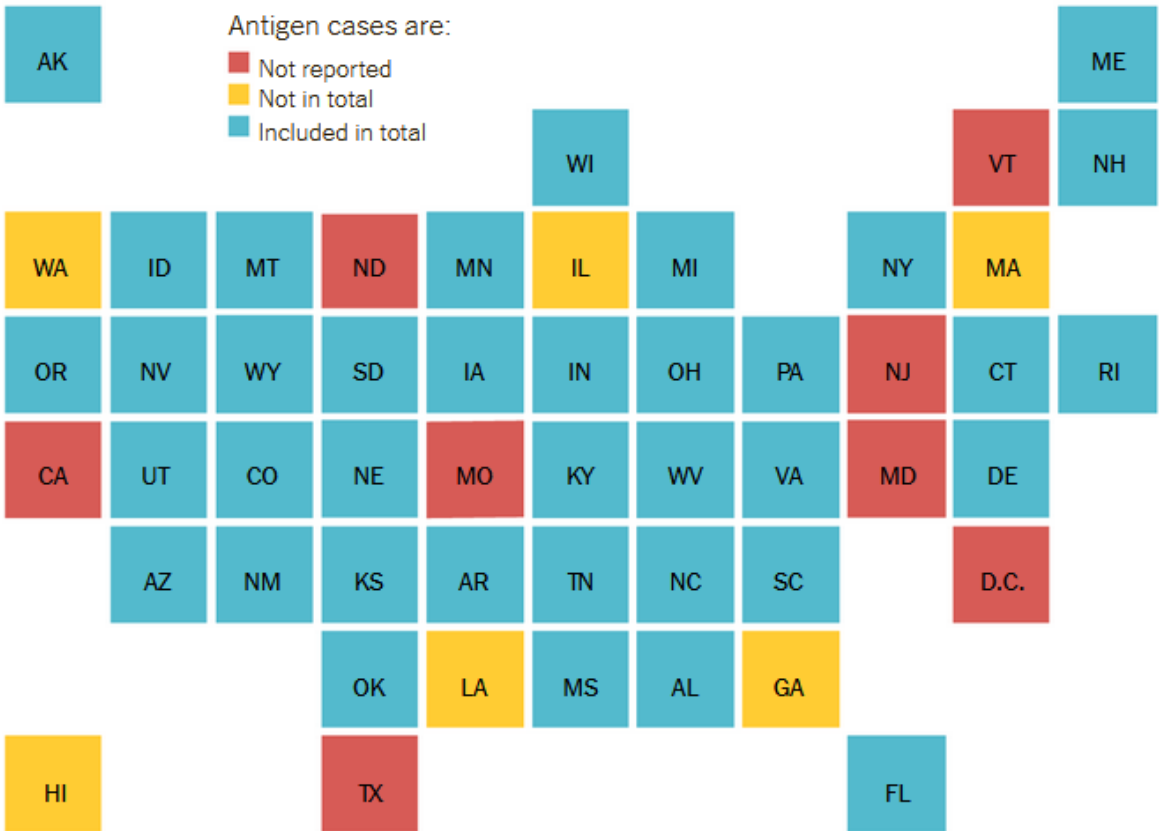- Our government has distributed 150 million rapid antigen tests for asymptomatic screening

https://www.nytimes.com/2020/11/02/health/coronavirus-testing-quidel-sofia.html

As of 11/5/2020

COVID Breath Test in development

- Results in the Lancet, trials in Scotland and Germany lead by Loughborough University

- Developers Imspex Diagnostics – say it will be ready in 6 months

- 80% of cases accurately identified COVID-19, distinguished from other breathing problems

- Patients with possible COVID-19 presenting to hospitals, gave a single breath-sample for VOC analysis by GC-IMS, identified transcription PCR of oral/nasal swabs together with clinical review and identified COVID-19 breath-biomarkers

- 98 patients, 23/33 (63.6%) and 10/65 (15.4%) had COVID-19

- Differentiation of patients with definite diagnosis possible with 80% and 81.5% accuracy in Edinburgh and Dortmund (sensitivity 82.4-90%, specificity 75-80%)

- Cautions: patients in different stages of COVID may have different breath biomarkers, diet may influence exhaled VOCs, other artefacts unknown

https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30353-9/fulltext

As of 11/5/2020

Presented on 11/11

Public Reporting of Antigen Positive Cases

Public reporting of antigen positive cases

Antigen cases are:
- Not reported
- Not in total
- Included in total

Note: Data as of Oct. 29. Texas and Missouri publish antigen testing data but not cases. Local health agencies may report antigen cases in states where the health department does not. • Source: State health agencies

As of 11/5/2020

COVID-19 Mortality Per Capita

Select OECD countries, mortality rate per 1 million people, data from Feb. 13 to Sept. 19, 2020

High mortality Greater than 25 deaths per 1m	Since the start of the pandemic	Since May 10	Since June 7
Belgium	86.8	12.4	4.2
Spain	65.0	8.6	4.6
United Kingdom	62.6	16.3	5.0
United States	60.3	36.9	27.2
Italy	59.1	9.1	3.1
Sweden	57.4	23.5	10.3
France	46.6	7.5	3.2
Netherlands	36.2	5.2	1.5

Source: Reproduced from Bilinski, et al., 2020, "COVID-19 and Excess All-Cause Mortality in the US and 18 Comparison Countries"; via Axios

As of 11/5/2020

President Joe Biden SNF and LTCF Vision

- Plan to expand community based senior services, $775 billion
- Ensure effective point-of-care testing and contact tracing
  - Available at every facility, ensure updated public health guidance
- Require an infectious disease specialist in every regulated setting
- Ensure that all workers and residents in LTCF have PPE
  - Invoking the Defense Production Act to increase production of PPE, transparent and effective medical supply chain so this equipment is distributed to frontline essential workers and at risk populations expeditiously.

President Joe Biden SNF and LTCF Vision

- Ensure adequate staffing and staff training
  - Including in-person training on the proper use, donning and doffing of PPE. A new study in 8 states found that there is a correlation between levels of nursing staff and high COVID-19 cases in nursing homes.

- Treat LTC workers with respect and dignity
  - Ensure they have a choice to organize a union and collectively bargain free from management interference, and give them the pay, paid leave, career ladders, and other benefits they deserve.

- Direct the Occupational Safety and Health Administration to promulgate and enforce an Emergency Temporary Standard to ensure safe workplaces.

President Joe Biden SNF and LTCF Vision

- In the event facilities are closed to visitors, require facilities to conduct regular open sessions with residents and family members
  - Implement **Ombudsman programs**
- Increase the frequency and scope of surveys and data collection
- Enhance protections against inappropriate discharge
- Conduct adequate numbers of surveys and restore levels of penalties

President Joe Biden SNF and LTCF Vision

- Reject limitations of liability
- Reinstate the Obama-Biden Administration's ban on forced arbitration agreements
  - Limit residents' ability to seek recourse in the case of harm or death resulting from facility negligence.
- Require OIG audits of nursing home cost reports and ownership data
- Reauthorize the Elder Justice Act, which includes important provisions and protections related to preventing abuse and exploitation of elderly Americans.

https://joebiden.com/wp-content/uploads/2020/10/Nursing-Home-Policy.pdf

INNOVATION CARE PARTNERS

HONORHEALTH®

COLLABORATING FOR CARE

ICP INFORMATION

N95 Fit Testing

- What is it: Fit testing is a critical component to a respiratory protection program whenever workers use tight-fitting respirators. OSHA requires an initial respirator fit test to identify the right model, style, and size respirator for each worker. Annual fit tests ensure that users continue to receive the expected level of protection. A fit test confirms that a respirator correctly fits the user.

- ICP can provide fit testing for our Preferred Network Providers and/or also train your licensed staff to be a Certified Fit Tester

- Information needed :
  - Does your facility have 3M Fit Testing kit?
  - How many staff do you need tested/trained?
  - Is this a training to certify licenses staff or is this to fit test your staff
  - Do you have access to N95 supply? **You will need this. ICP does not provide the N95s
  - How soon do you need this done by?

- Please email Elysha Lucero (elucero@icphealth.com) with questions regarding Fit Testing

Three Key Factors Required for a Respirator to be Effective
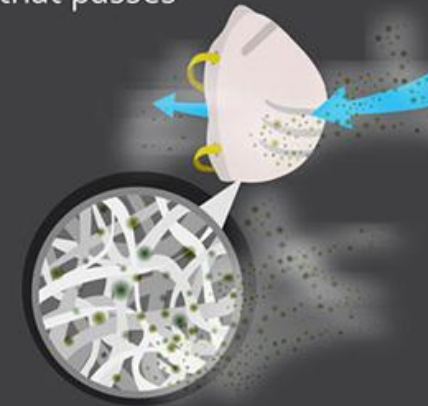
Correct*   Incorrect

① The respirator must be put on correctly and worn during the exposure.

② The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal.

③ The respirator filter must capture more than 95% of the particles from the air that passes through it.

*If your respirator has a metal bar or a molded nose cushion, it should rest over the nose and not the chin area.

PPE

PPE donated since March 2020

- **Total of:**
  - 17,300 Surgical Masks
  - 770 N95s
  - 112 Face shields
  - 1070 Isolation Gowns
  - 5 gallons of Hand Sanitizer

- Please reach out to ICP if you have any questions or needs regarding PPE.

Presented on 11/11

Post-Acute Facility Survey

- ## Survey regarding facility visitation process
  - Name of Facility/Location
  - Will your facility allow an ICP Transitional Care Manager to come on site for Transitional Care Management services for an ICP and/or BPCI-A patients?
  - If yes, can they come on sight to conduct Care Conference with the CM team?
  - If yes, can they come on site to conduct face-to-face visits with patients?
  - Would you accept a WEEKLY COVID-19 test result from the HonorHealth Hospital System?
  - What is your testing requirement?

- ## Thank you to all our Post-Acute Facilities who completed this survey!
  - As of 11/6, 31 out of 44 have completed.
  - If not done, Elysha Lucero will send out another email request

NEW SURVEY EXPECTED TO BE SENT OUT WITHIN THE NEXT WEEK OR SO!

INNOVATION CARE PARTNERS | HONORHEALTH®

COLLABORATING FOR CARE

TCM Assignment at Acute Hospitals

- **What is a Transitional Care Manager (TCM)?** A TCM providers assistance coordinating healthcare transitions between care facilities and home. TCMs follow patients from the time they are admitted to after they are discharged to ensure a safe transition to the next site of care or home.

- **TCM Leadership:**

  Deanna Grey

  Manager, Transitional Care Management

  dgrey@icphealth.com

  Magda Humphries

  Supervisor, Transitional Care Management

  mhumphreys@icphealth.com

Post-Acute TCM by Facility

Acute Transitonal Care Managers by Facility					
Shea	**Osborn**	**Thompson Peak**	**Deer Valley**	**North Mountain**	**Sonoran**
Jo Richmond RN	Barbara Pritchard RN	Jill Havlik RN	Jennifer Cruse RN	Vicki Stevenson LMSW	Jennifer Cruse RN
Sharee Whitson RN	Andrea Baylog RN	Julia Morrison LMSW - ED	Darin Yoder RN	Joanne Sacramento RN	
Theresa Vinsick LMSW	Kathleen Reynolds, RN	Gina Bowser LMSW	Kerry Burke RN	Dorothy Eldred RN	
Meredith Connor LMSW	Sarah Ayers LMSW		Suzanne Uhl LMSW		

Updated Care Coordination Assignments

- **Care Coordinator Supervisors**
  - Jasmen Erwing
  - Jessica Peckenpaugh
  - Colleen Morris
  - Steven Flores
  - Marlana Dinsmore
  - Sophia Loiacono

- **Clinical Leadership E-mail:** clinicalleadership@icphealth.com
- **Clinical Leadership Phone #: 480-400-0001**
- **ICP External Care Management Directory:** Distributed by Elysha Lucero to all Preferred Providers.

Presented on 11/11

COLLABORATING FOR CARE

Guest Speaker

Tina Bute
SPG VC- Chronic Complex Virtual Care Solution
Director of Business Development/Admissions

1. Tell us about your service line, best time to call for your services, abilities and patients that you can care for
2. How has COVID-19 effected your workflow and seeing patients
3. Have you encountered any barriers to seeing patients during COVID-19?
4. Have you had patients or family members being resistant to having your technicians coming to their homes?
5. Any new technology or review of 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
10. Any plans for potential staffing shortage?
11. What or have you had any challenges that you encountered during this time?
12. Do you any staff expressing fears about caring for patient at home?
13. As a mobile service, are you able to do any in-home COVID-19 testing?

SERVICES WE OFFER :

- MEDICAL APPOINTMENTS IN THE COMFORT OF YOUR HOME
- PORTABLE TRANSPORT EXAM STAION
- COVID -19 TESTING/ANTIBODY TESTING
- FLU SHOTS
- MEDICATION REFILLS
- PCP/REFERRAL SERVICES

INNOVATION CARE PARTNERS **HONOR**HEALTH®

COLLABORATING FOR CARE

Presented on 11/11

Tina Bute

Director of Business Development/Admissions

SPG Virtual Care

7975 North Hayden Road Suite D354

Scottsdale, AZ 85258

Direct: 480-404-7218

Mobile: 480-980-9313

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

COLLABORATING FOR CARE