Preferred Provider Network Weekly Broadcast

- **COVID-19 Update**
- **Sep 2, 2020**

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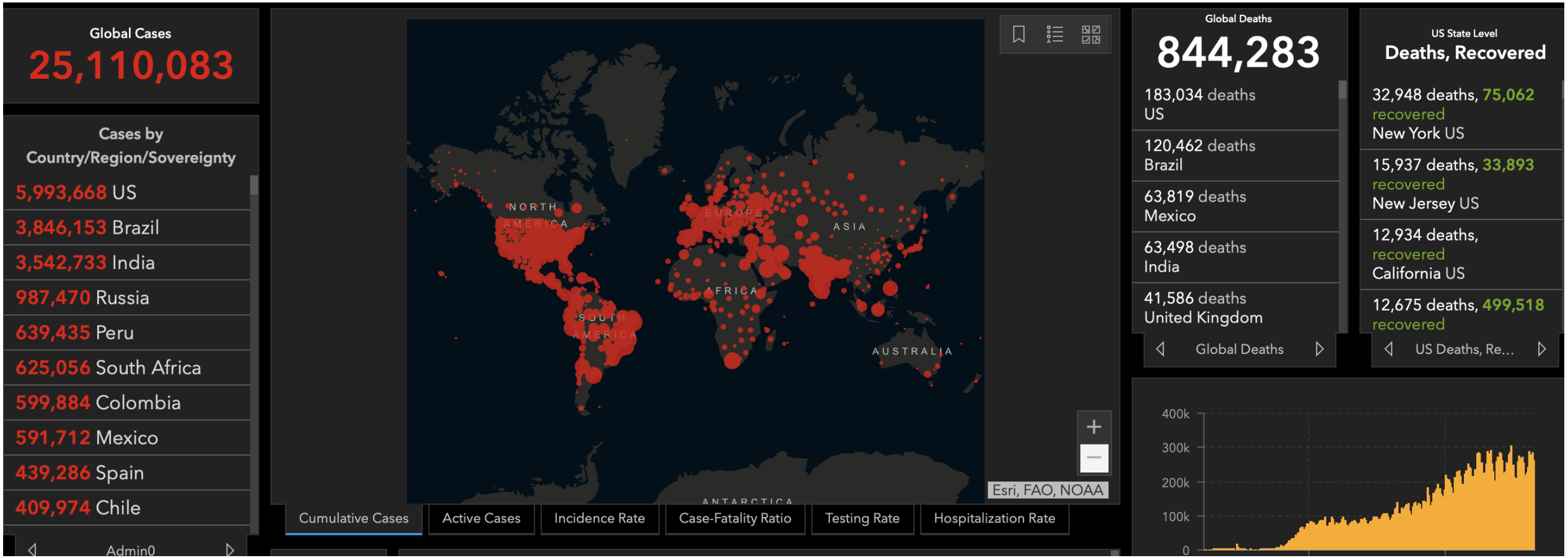
COLLABORATING FOR CARE

Agenda

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

Johns Hopkins tracker – Global Map of COVID-19



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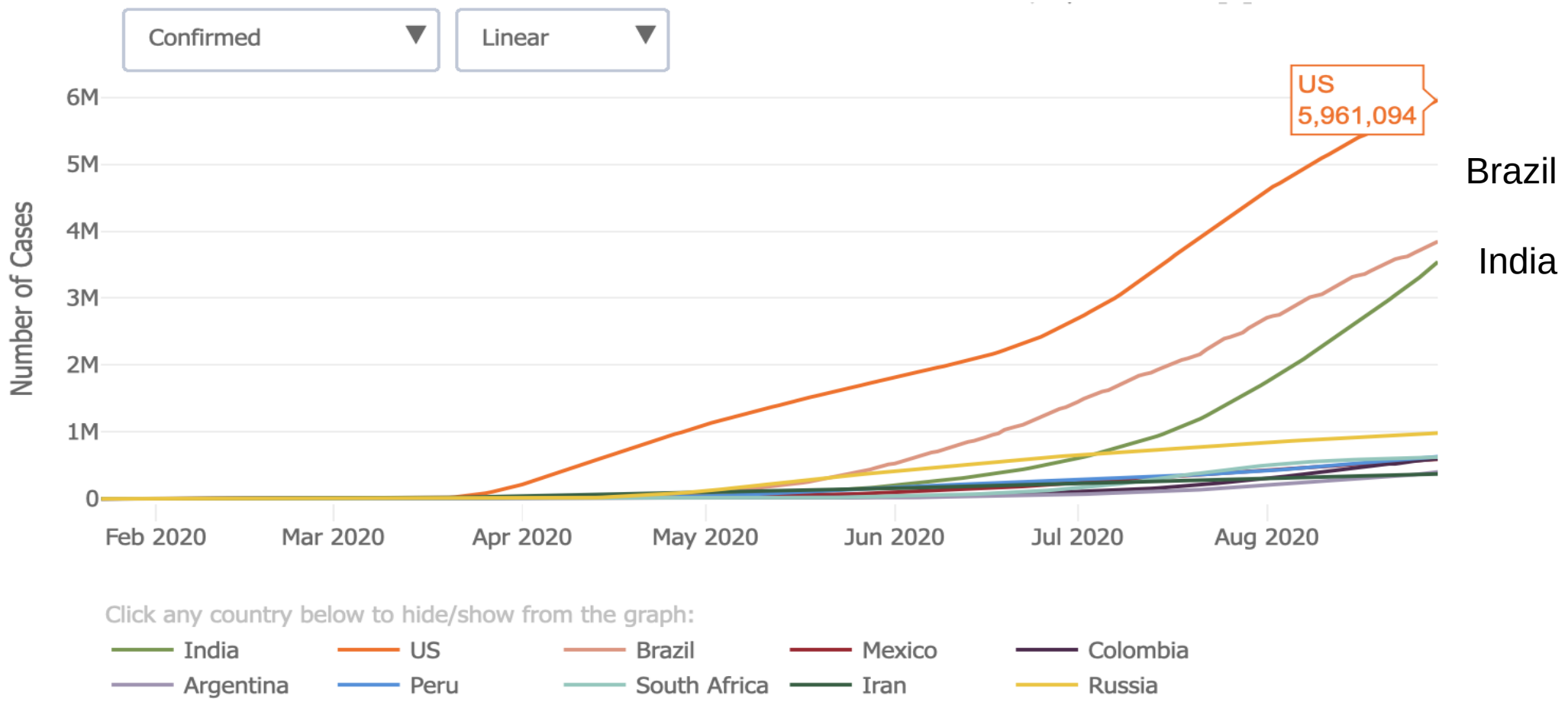
Uploaded on 8/30/2020

COVID-19 Confirmed Cases by Country



Brazil

India

World 25.1 m cases, 844K deaths
US 5.9 million cases, 183K deaths
Arizona 201,661 5,030 deaths

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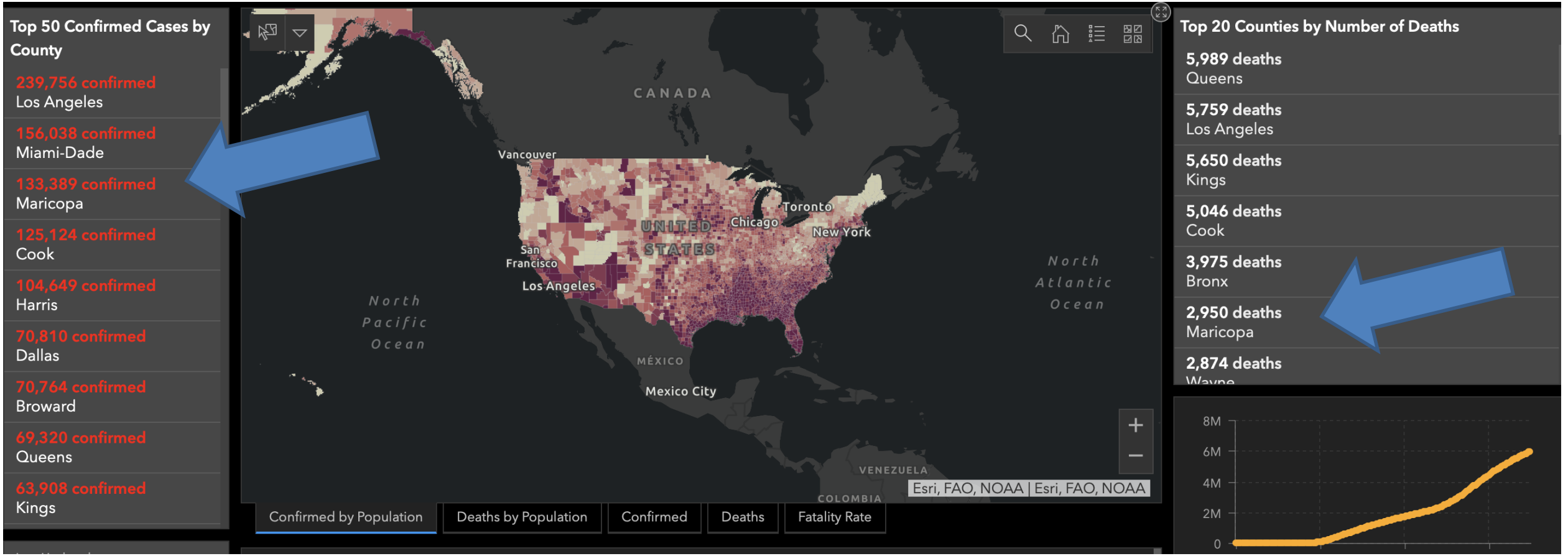
Johns Hopkins tracker – US Cases by County



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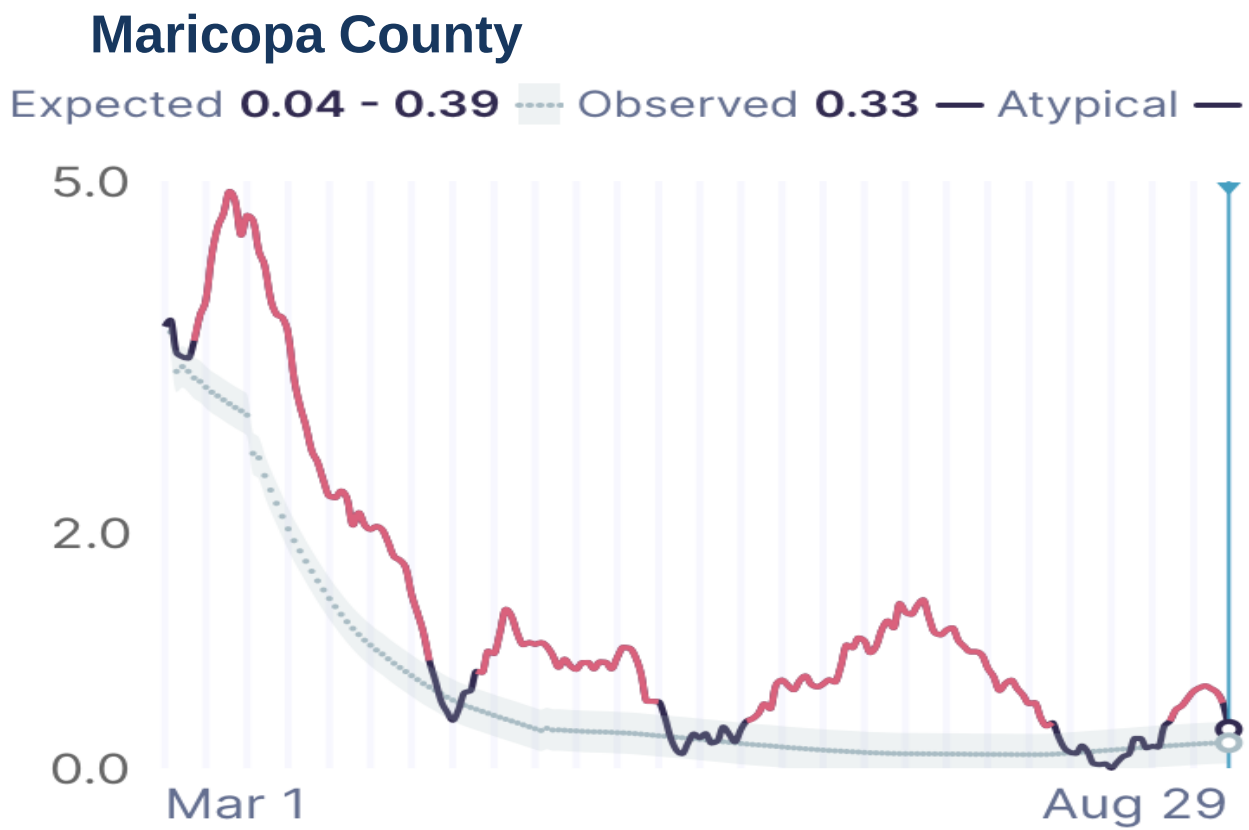
Atypical illness transmission thermometer tracking

- Illness transmission Rt is rising again in many parts of the country
  - Not due to policy change, likely false sense of security, fatigue, letting down their guard
- States to watch:
  - Texas, Kansas, Florida, Missouri, Oklahoma, Tennessee, Kentucky, Alabama, Washington, Nebraska, Louisiana, California (Bay area)



*aggregated data from consumer thermometer devices

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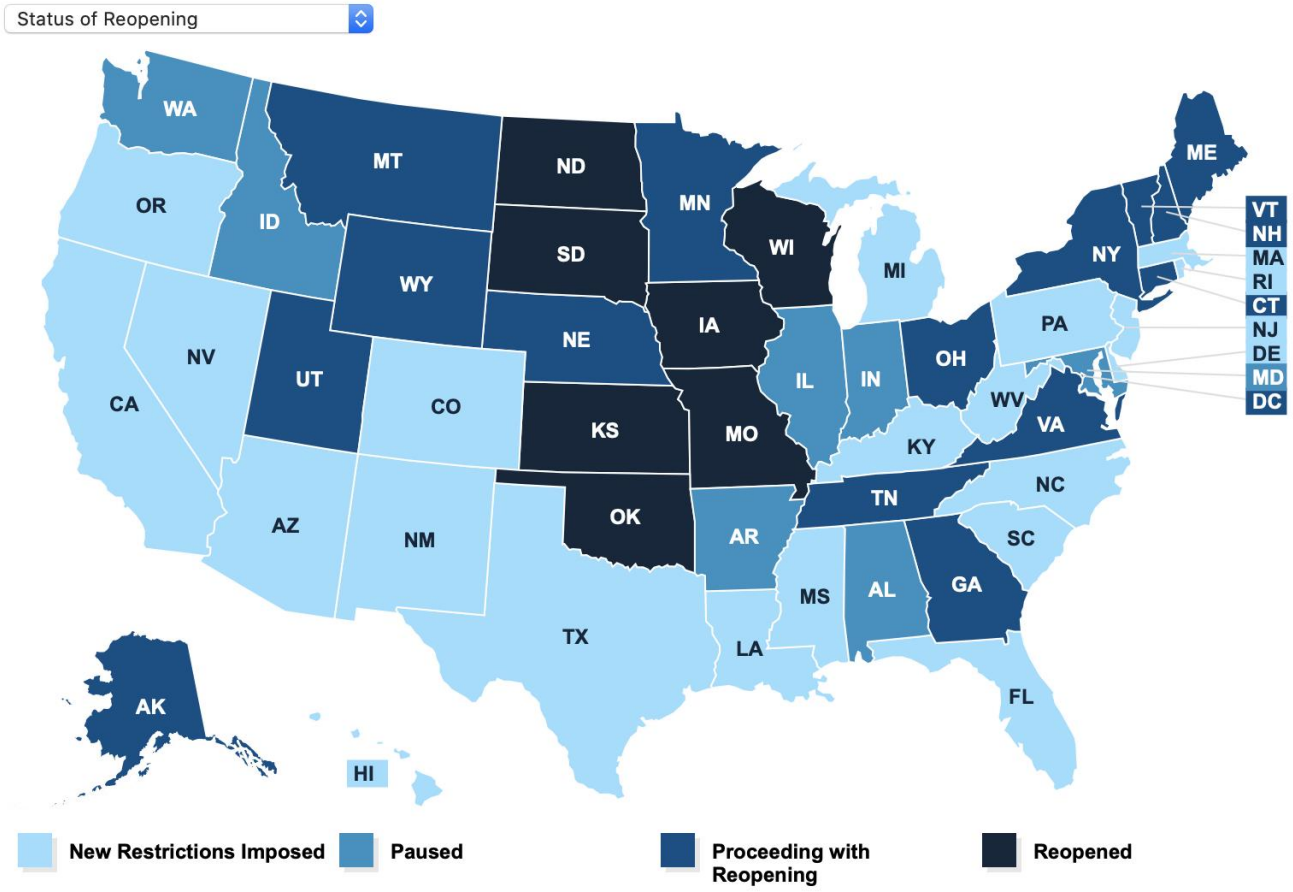
Social Distancing by State



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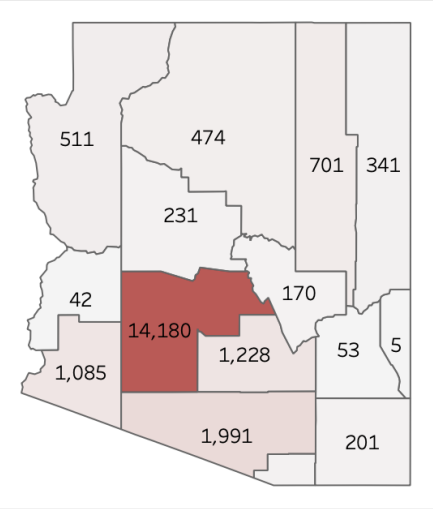
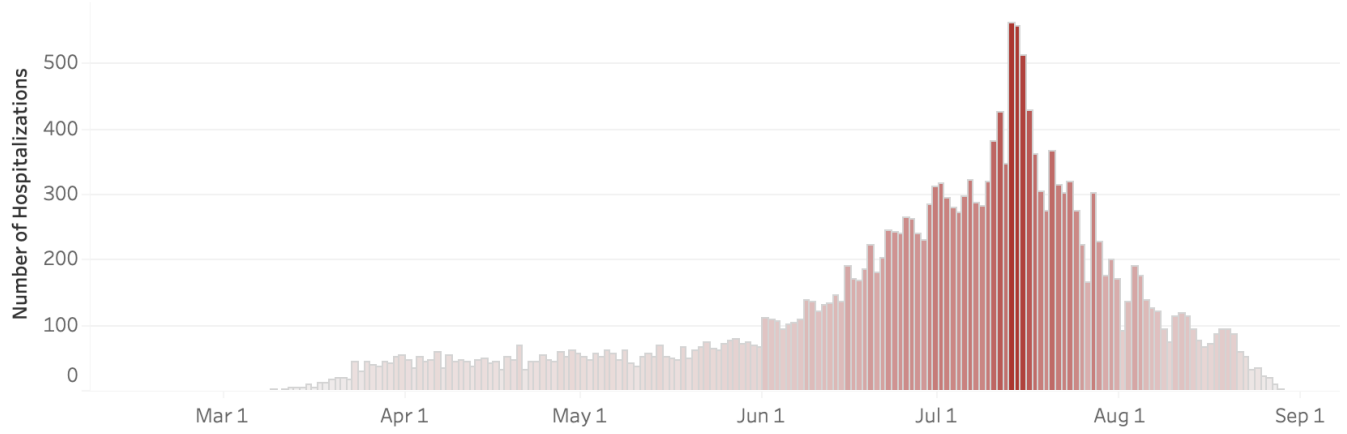
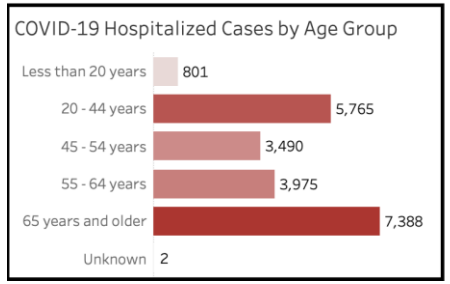
Arizona COVID-19 Overview

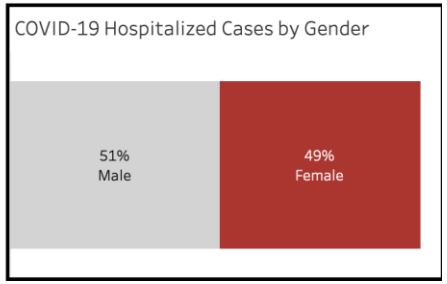
Number of Cases Hospitalized	Percent of Cases Hospitalized
21,421	11%



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







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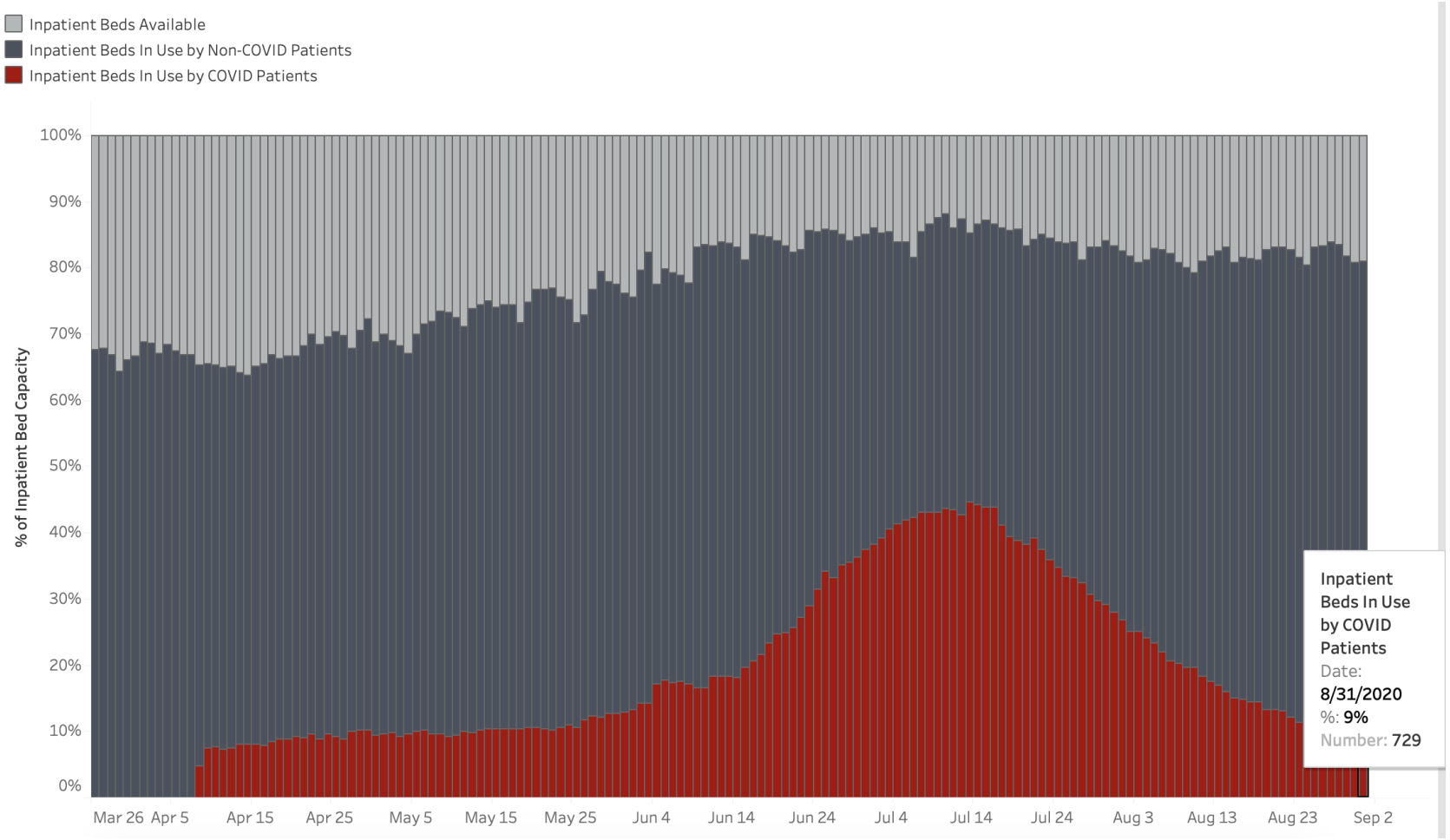
AZ Hospital Bed Usage & Availability



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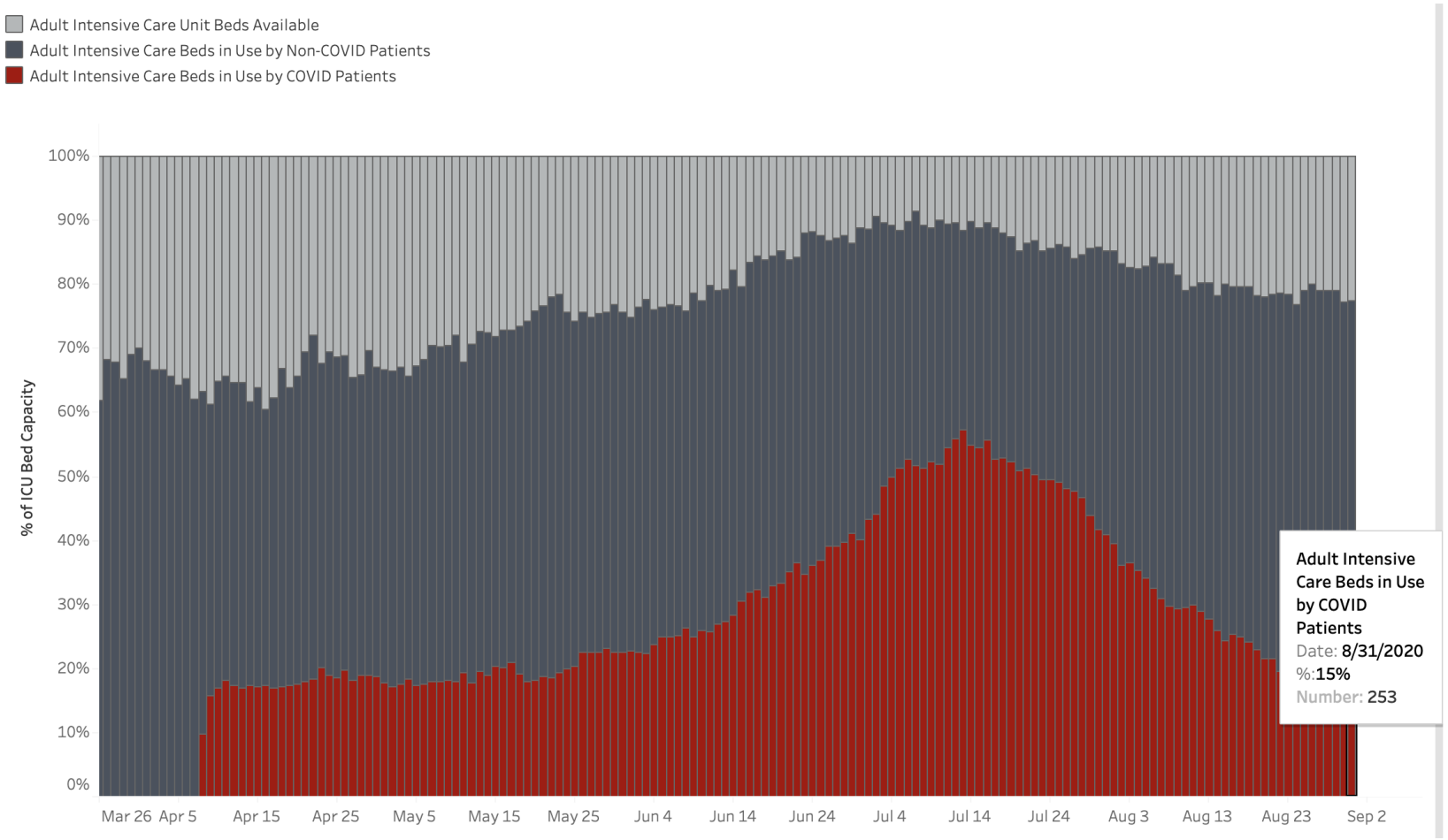
AZ ICU Bed Usage & Availability



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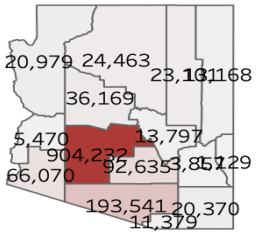
% positive PCR tests are dropping

 # tests/day

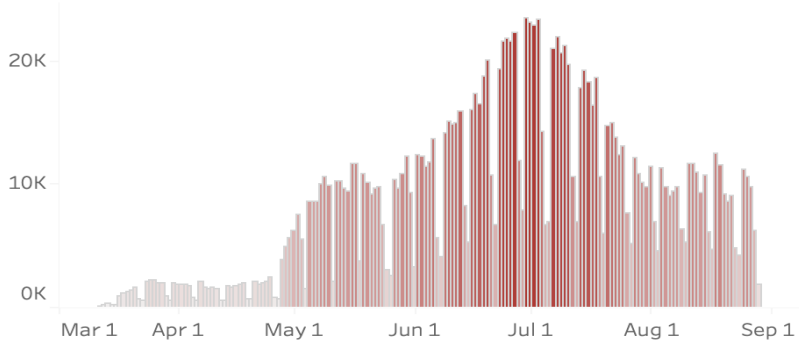
All tests completed for COVID-19	All tests reported yesterday in Arizona	Total % Positive COVID-19 All Tests
1,464,384	8,174	11.5%

All tests by county

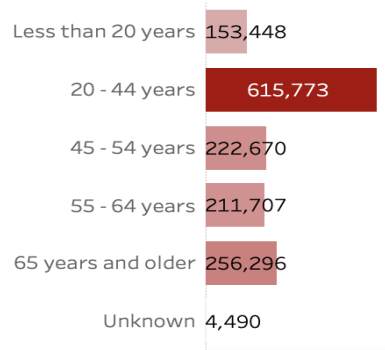
Select a county to filter the data.



All tests by date of collection



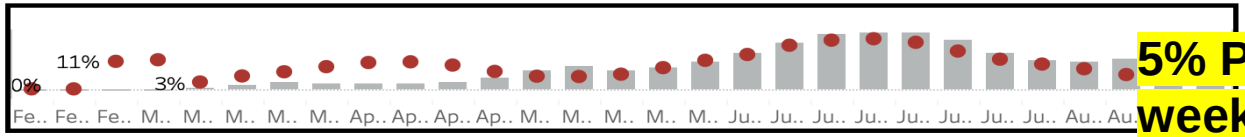
All Testing by Age Group



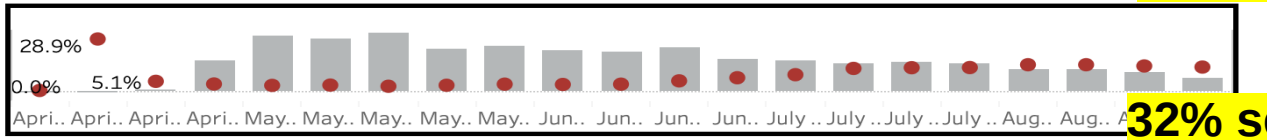
COVID-19 tests completed and percent positive by week

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

Total % Positive COVID-19 PCR Tests	Total % Positive COVID-19 Serology Tests
12.7%	6.3%



5% PCR weekly+



32% serology weekly+

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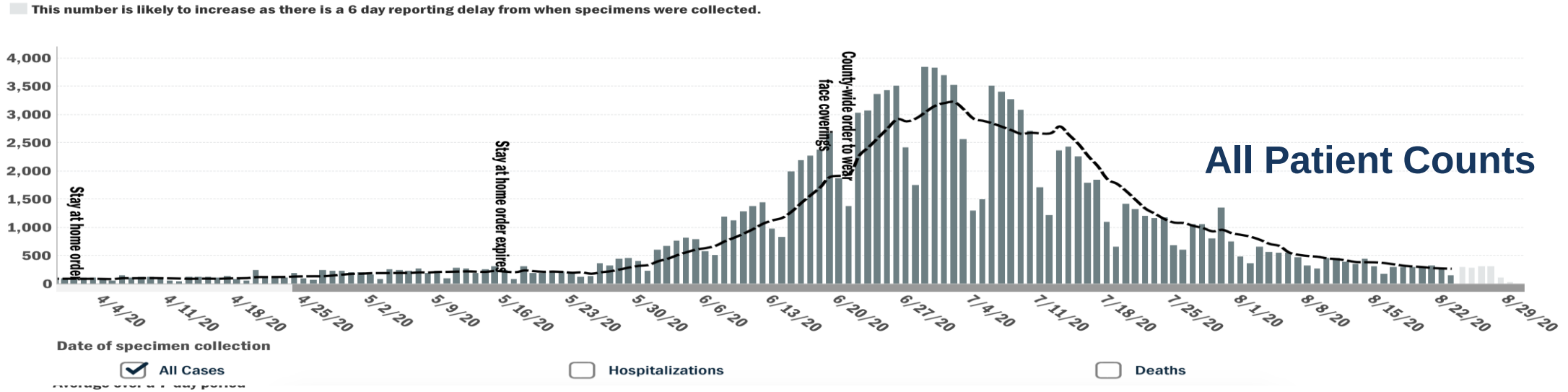
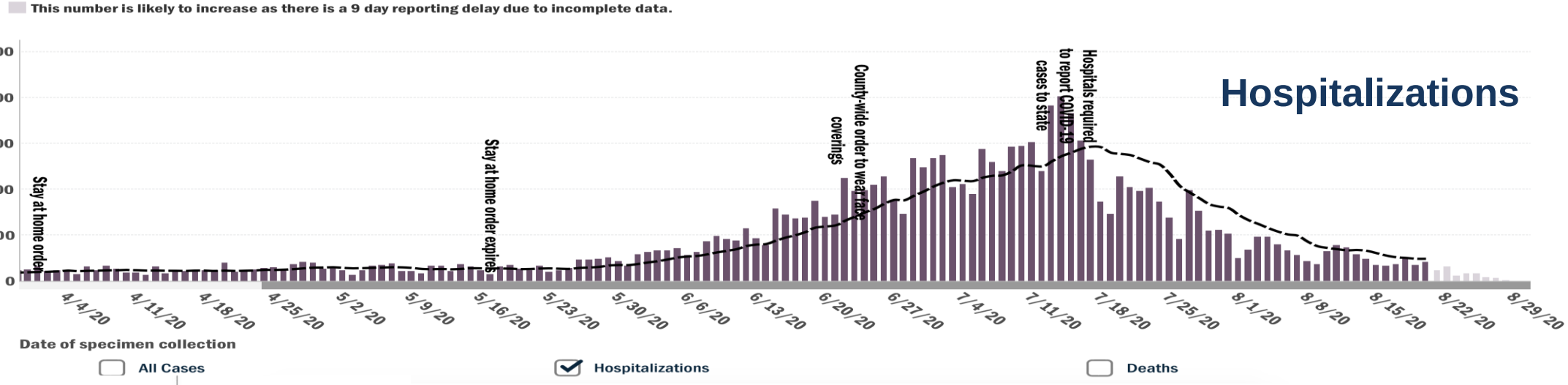
Maricopa EPI Curve



All Patient Counts



Hospitalizations

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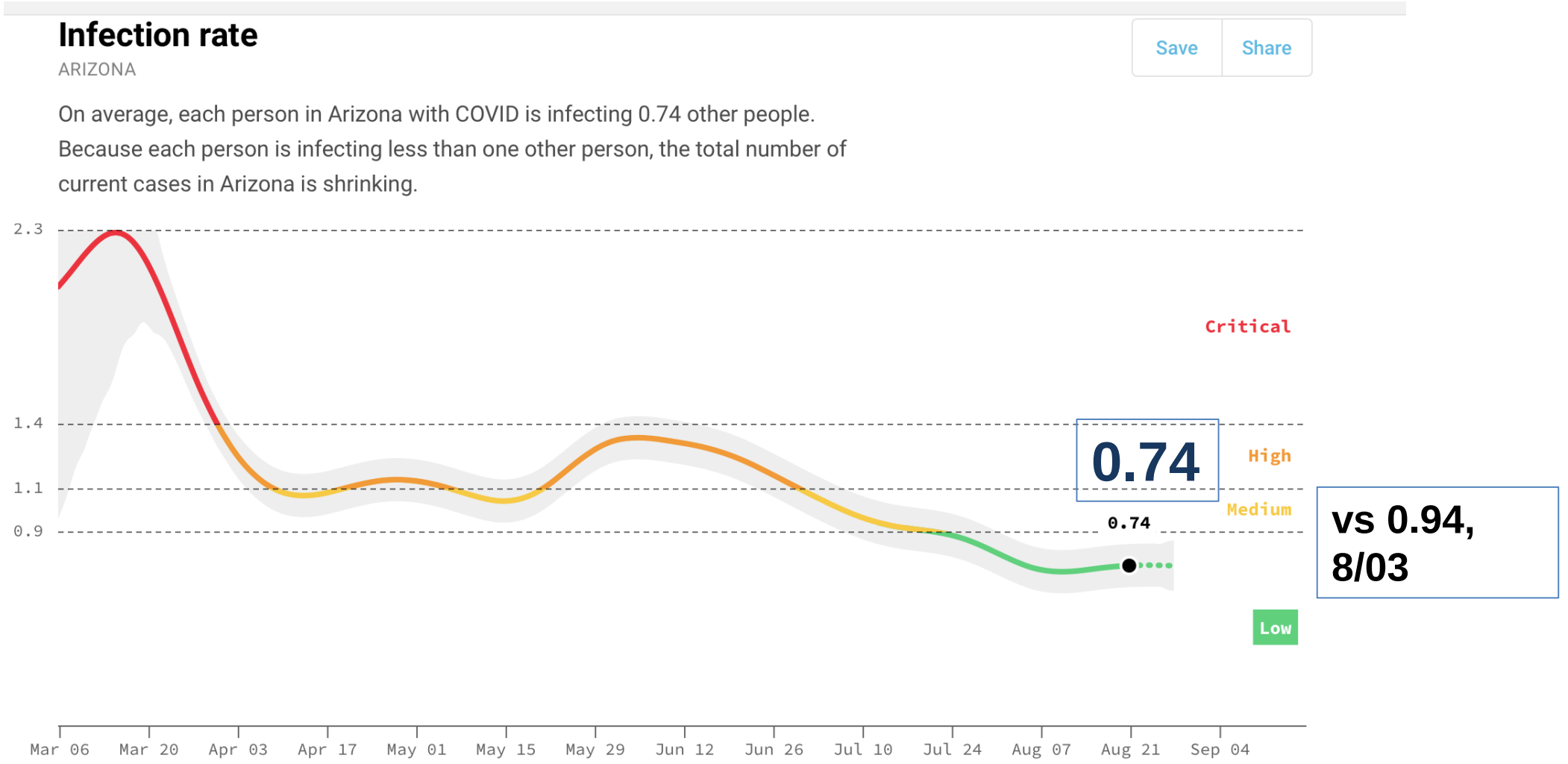
Arizona Infection Rate



vs 0.94, 8/03

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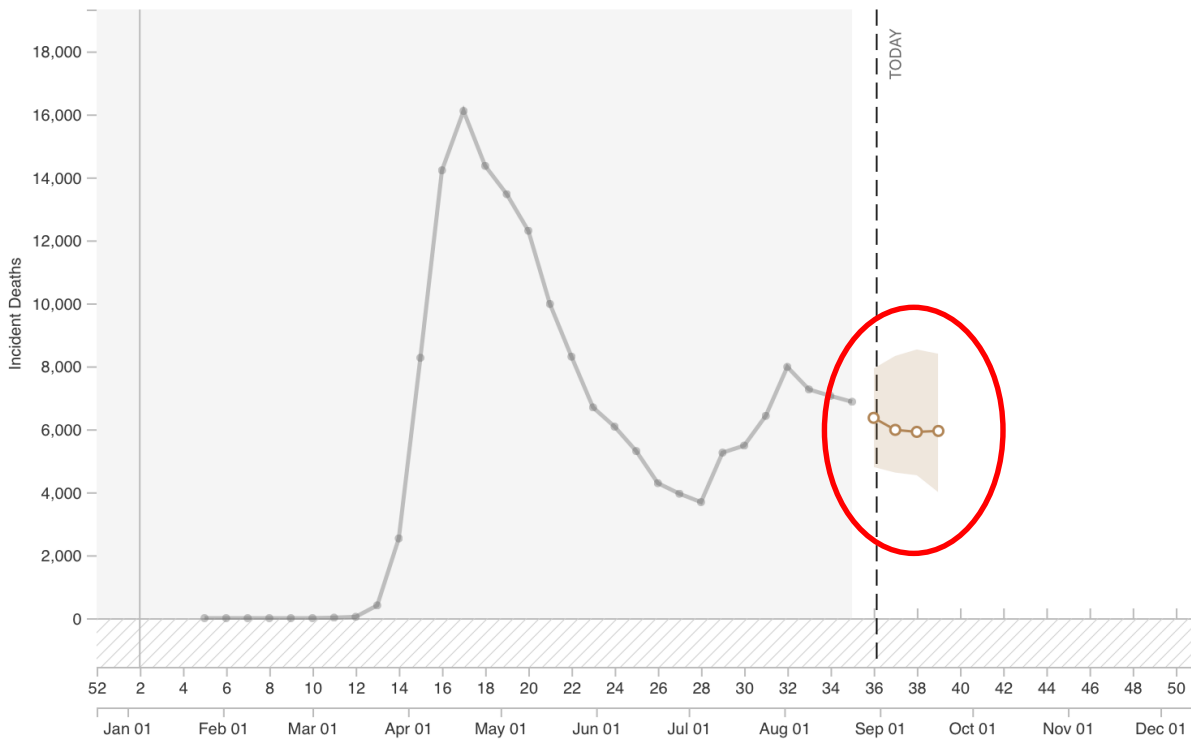
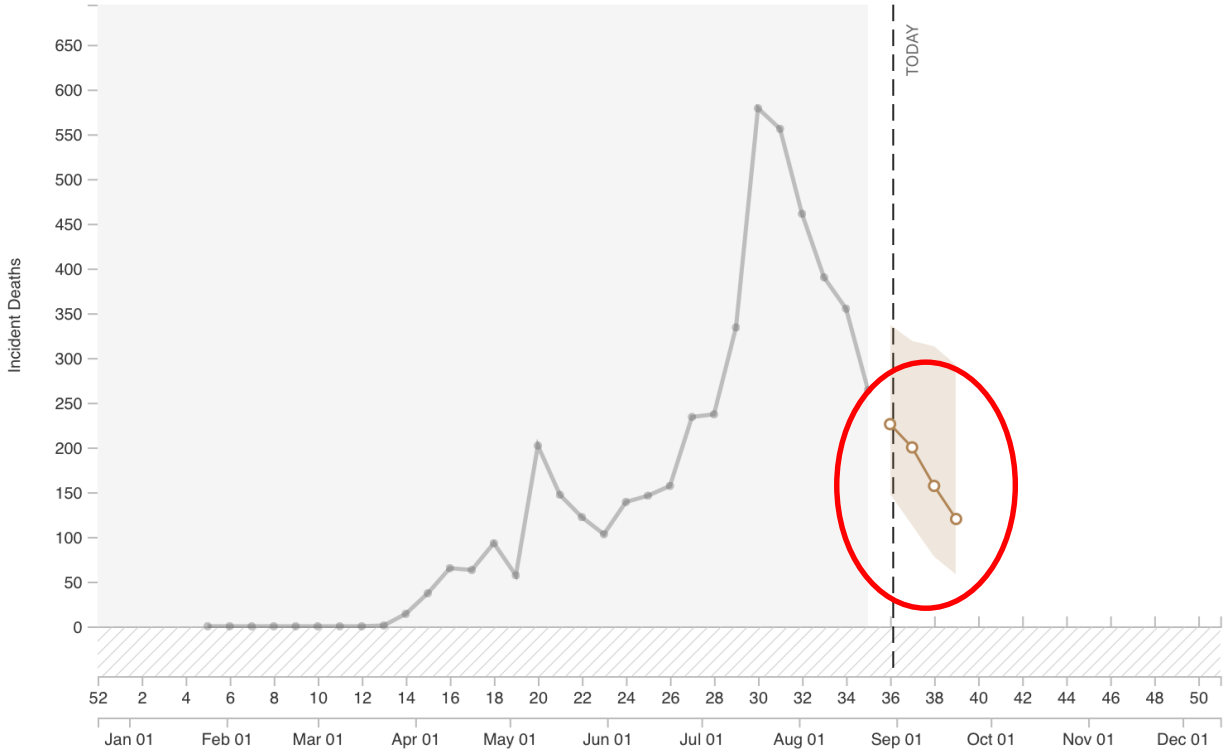
Forecast Hub – Incidence of Death is Improving

US National



Arizona



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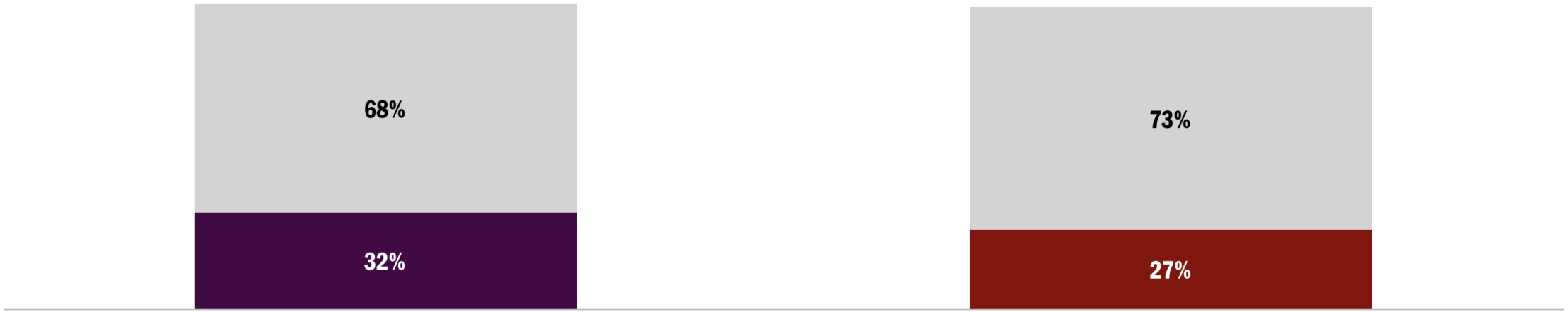
COVID-19 in LTC

392 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 3,674 COVID-19 cases among residents, **1,161 (32%) have been hospitalized** and **979 (27%) have died.**



Of 2,045 COVID-19 cases among staff, 164 (8%) have been hospitalized and 8 (0%) have died.

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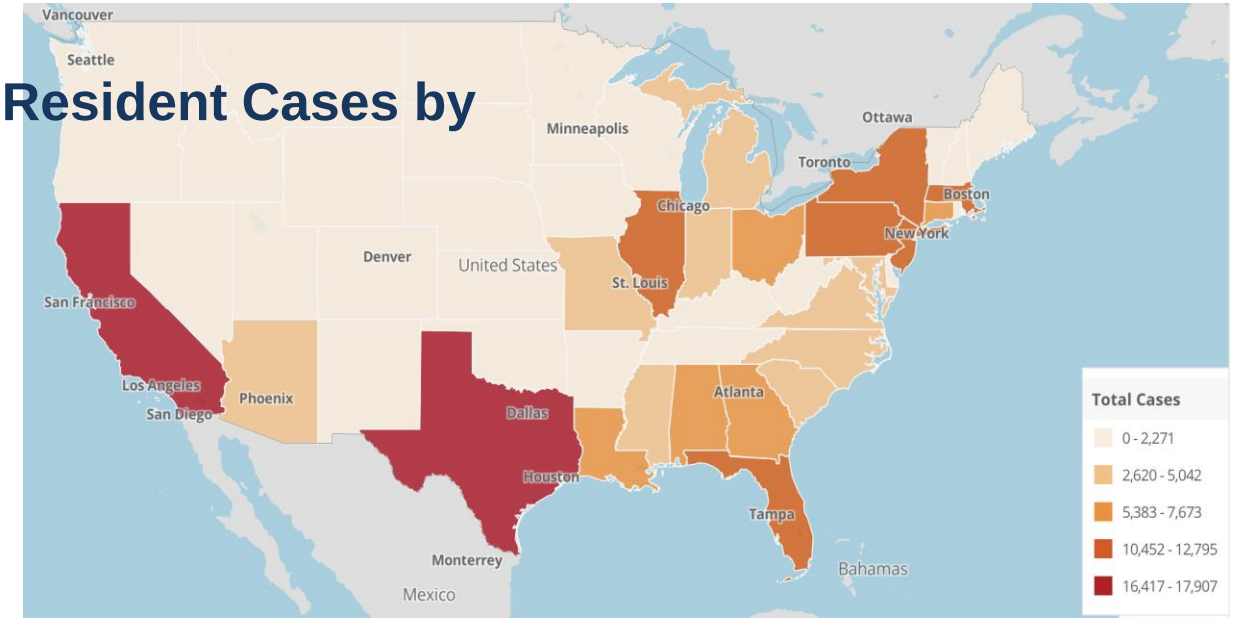
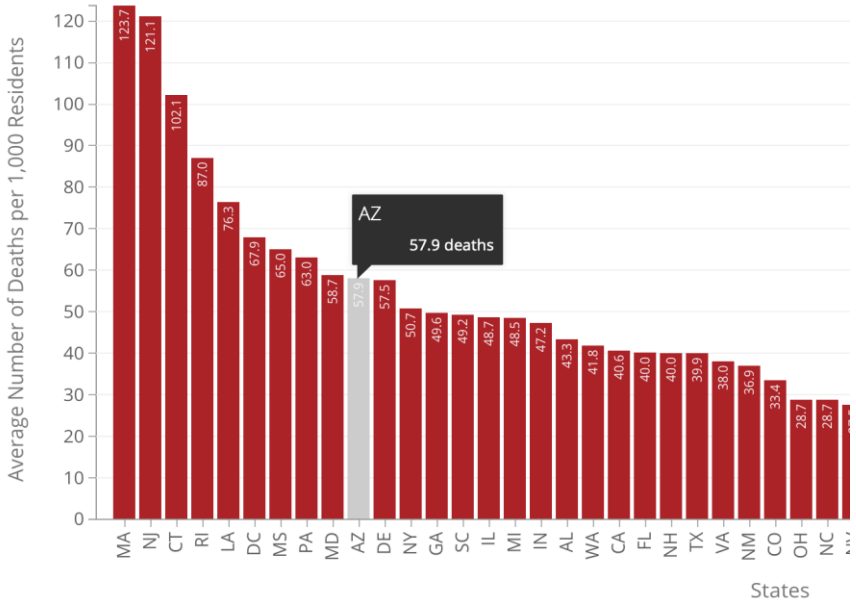
CMS COVID-19 Data Reporting for LTCF

TOTAL COVID-19 CONFIRMED CASES	TOTAL COVID-19 SUSPECTED CASES	TOTAL COVID-19 DEATHS
198,153	119,701	49,871

Total Resident Cases by State



Death Rate per 1,000 Residents



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IN THE NEWS

CMS Testing Guidelines, Aug 25th

Testing of Nursing Home Staff and Residents

- Recommend use of rapid point-of-care (POC) diagnostic testing devices or through an arrangement with an offsite laboratory
- Laboratories process large numbers of tests with rapid reporting of results (e.g., within 48 hours) should be selected
- SNFs should continue to screen all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors, for signs and symptoms of COVID-19.

CMS Testing Guidelines, Aug 25th

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs and symptoms must be tested	Residents with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff that previously tested negative until no new cases are identified*	Test all residents that previously tested negative untilno new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

CMS Testing Guidelines, Aug 25th

- *For outbreak testing, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 days to 7 days
  - until testing identifies no new cases of COVID-19 infection among staff or residents
  - period of at least 14 days since the most recent positive result.

“Facility staff” includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions

CMS Testing Guidelines, Aug 25th

- **Staff** with symptoms or signs of COVID-19 must be tested and are expected to be restricted from the facility pending the results of COVID-19 testing

- **Residents** who have signs or symptoms of COVID-19 must be tested. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions

CMS Testing Guidelines, Aug 25th

Testing of Staff and Residents in Response to an Outbreak

- An outbreak is defined as a new COVID-19 infection in any healthcare personnel or any nursing home resident
- Rapid identification and isolation of new cases is critical in stopping further viral transmission
- All staff and residents should be tested, and all staff and residents that tested **NEGATIVE** should be:
  - retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents
  - period of at least 14 days since the most recent positive result

CMS Testing Guidelines, Aug 25th

Testing of Staff and Residents in Response to an Outbreak

- For individuals who test **positive** for COVID-19, repeat testing is not recommended. A symptom-based strategy is intended to replace the need for repeated testing
- Facilities should follow the CDC guidelines:
  - Test-Based Strategy for Discontinuing Transmission-Based Precautions
  - Criteria for Return to Work for Healthcare Personnel with SARS-CoV2 Infection.

CMS Testing Guidelines, Aug 25th

Routine Testing of Staff

- Should be based on the extent of the virus in the community
- Reports of COVID-19 county-level positivity rates will be available on the following website by August 28, 2020
  - https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg (section titles “COVID-19 Testing”)
- If the 48-hour turn-around time cannot be met the facility should have documentation of its efforts to obtain quick turnaround test results
  - identified laboratory (laboratories) and contact with the local and state health departments.

CMS Testing Guidelines, Aug 25th

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

***This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.**

Facilities should monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table above

CMS Testing Guidelines, Aug 25th

- Facilities may consider other factors:
  - Positivity rate in an adjacent (i.e., neighboring) county to test at a frequency that is higher than required.
  - For example, if a facility in a county with low a positivity rate has many staff that live in a county with a medium positivity rate, the facility should consider testing based on the higher positivity rate
- State and local officials may also direct facilities:
  - To monitor other factors that increase the risk for COVID-19 transmission
  - Emergency Department visits of individuals with COVID-19-like symptoms.

CMS Testing Guidelines, Aug 25th

Refusal of Testing

- Facilities must have procedures in place to address staff who refuse testing.
- Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return to work criteria are met.
- If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been complete

CMS Testing Guidelines, Aug 25th

Refusal of Testing

- Residents may decline COVID-19 testing in accordance with the requirements under 42 CFR § 483.10
- Facilities must have procedures in place to address residents who refuse testing.
  - Residents who have signs or symptoms of COVID-19 and refuse testing are placed on TBP until the criteria for discontinuing TBP have been met.
  - Asymptomatic resident refuses testing, the facility should be extremely vigilant, implement additional monitoring, maintains appropriate distance, wears a face covering, and hand hygiene

CMS Testing Guidelines, Aug 25th

- Facilities must demonstrate compliance with the testing requirements
- Compliance will be assessed through the following process using the COVID-19 Focused Survey for Nursing Homes
- Non-compliance may face enforcement sanctions based on the severity of the noncompliance, such as civil money penalties in excess of $400 per day, or over $8,000 for an instance of noncompliance

COVID-19 Relief Funding

- On Aug 27th U.S. Department of Health and Human Services announced it has distributed almost $2.5 billion of a planned $5 billion (Support increased testing, staffing, and PPE needs)
- Rest of the funding will be distributed later this fall
- Allocation will be based on certain nursing home performance indicators
  - The facility's ability to minimize the spread of the disease and COVID-related deaths among residents

COVID-19 Relief Funding

- Agency for Healthcare Research and Quality (AHRQ) will be partnering with SNFs to create the National Nursing Home COVID Action Network.
- AHRQ Network will offer training, and mentorship to supplement efforts aimed at protecting residents and staff
  - Help prevent COVID-19 from entering SNF via staff, visitors, and patients
  - Prevent greater spread among patients, staff, and visitors if the virus is already present.
  - Best-practice care and treatment for patients who test positive for COVID-19; and protect staff from infection

COVID-19 Relief Funding

- A pilot test of the program has already been established with the University of New Mexico's Extension for Community Healthcare Outcomes (ECHO) Institute
- CMS Administrator Seema Verma also announced "unprecedented national training program for nursing home staff and management to deliver all the practical knowledge that nursing homes need to keep the virus out, and stop its spread"
- AZ is to receive $24,324,350

Ref: https://www.hhs.gov/about/news/2020/08/27/trump-administration-announces-2-5-billion-to-nursing-homes-for-covid-19-relief-funding.html

HHS Press Office, Aug 25th

- Trump Administration to Release 1.5 Million N95 Respirators from the Strategic National Stockpile for Distribution to SNFs
- Beginning Aug. 28, 2020, the Defense Logistics Agency will direct shipments of N95 respirators to select nursing homes
- The quantity of respirators distributed to each nursing home will be based on the number of medical staff employed at the facility

Ref: https://www.hhs.gov/about/news/2020/08/25/trump-administration-release-1-5-million-n95-respirators-from-strategic-national-stockpile-distribution-nursing-homes.html

Nursing Home PPE Shortages

Table 1: Nursing Homes PPE Shortages by Type and Shortage Severity as of July 5, 2020 and August 9, 2020

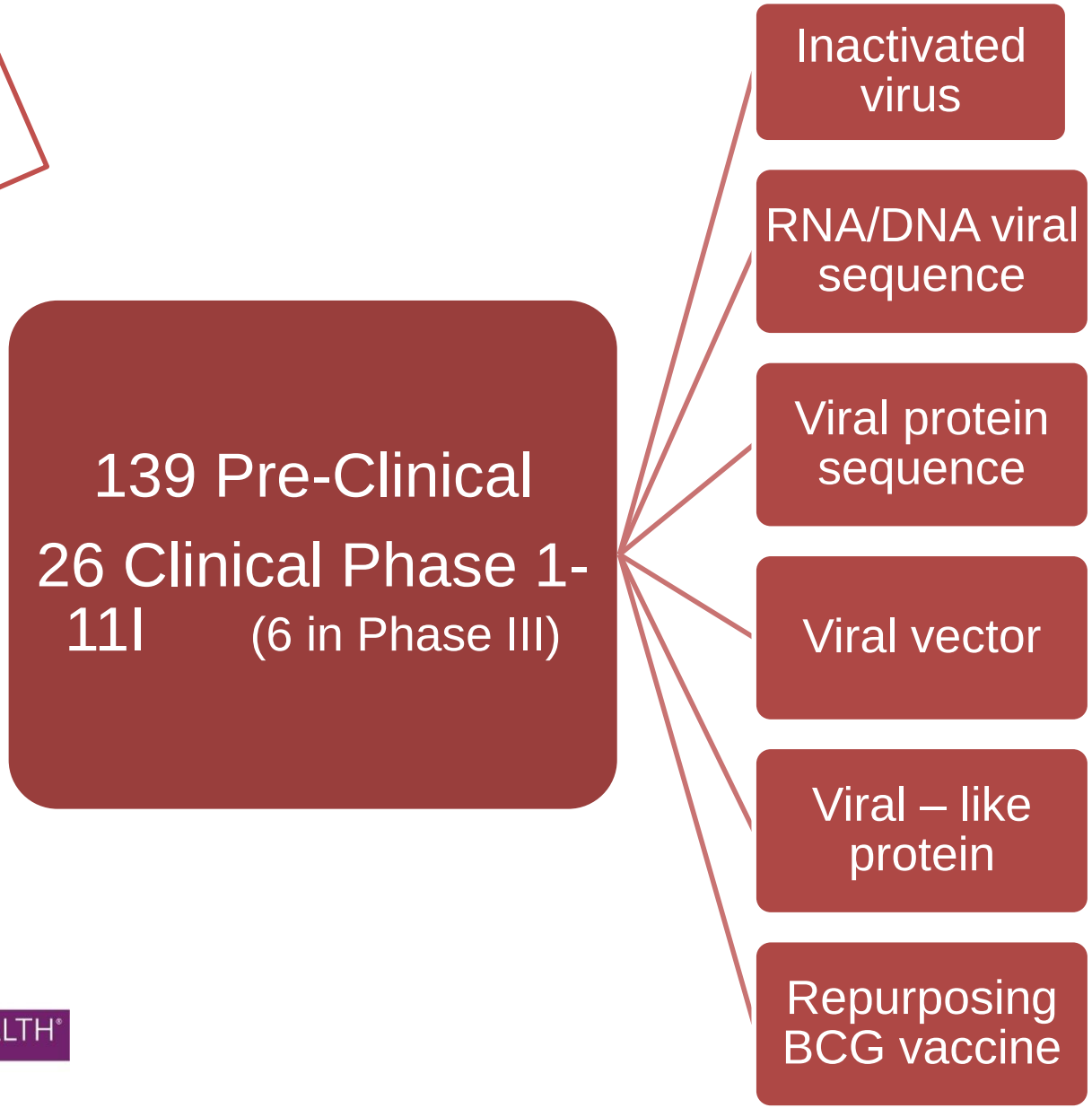
Type of PPE	No Current Supply of PPE		No One-Week Supply of PPE	
	July 5, 2020	August 9, 2020	July 5, 2020	August 9, 2020
N95 Respirators	344	1,210	1,865	2,571
Eye Protection (e.g. goggles or face shields)	126	647	873	1,387
Surgical Masks	91	736	808	1,332
Disposable Gowns	160	745	1,532	1,758
Medical Gloves	90	153	615	688
Hand Sanitizer	96	170	655	631

Source: CMS.

- CMS data showing that more than 3,200 facilities had less than a one-week supply of at least one type of necessary PPE as of August 9, an increase from the nearly 2,700 in the same situation on July 5

Ref: https://skillednursingnews.com/2020/08/as-nursing-home-ppe-shortages-intensify-senators-demand-answers-from-pence/?itm_source=parsely-api

Worldwide Vaccine Trials



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OPERATION WARP SPEED VACCINE DEVELOPMENT RECIPIENTS

Company	Trial Phase	Vaccine Type	Doses	Ages in trial	Study Location
Moderna	Phase III	RNA	2	18-85	US
AstraZenica	Phase III	Viral vector (adenovirus)	1	18-55	Brazil
J&J	Phase I	Viral vector (adenovirus)	1	>18	US, Belgium
Pfizer	Phase 1/11/11	RNA	2	18-85	US
Merck	Pre-clinical	Viral vector (measles)	1-2 IM	≥18	?
Vaxart	Phase 1	Viral vector (adenovirus)	1 PO	18-49	?
Inovio	Phase I/II	DNA	1-2 ID	≥18	?
Novavax	Phase I/II	Viral protein	2	18-59	Australia

Vaccine updates

- Johnson & Johnson – phase 3 in September of 60K adults
  - Projects vaccine available early 2021

- Pfizer Inc and BioNTech SE – on track to submit for regulatory review as early as October

COVID Vaccine

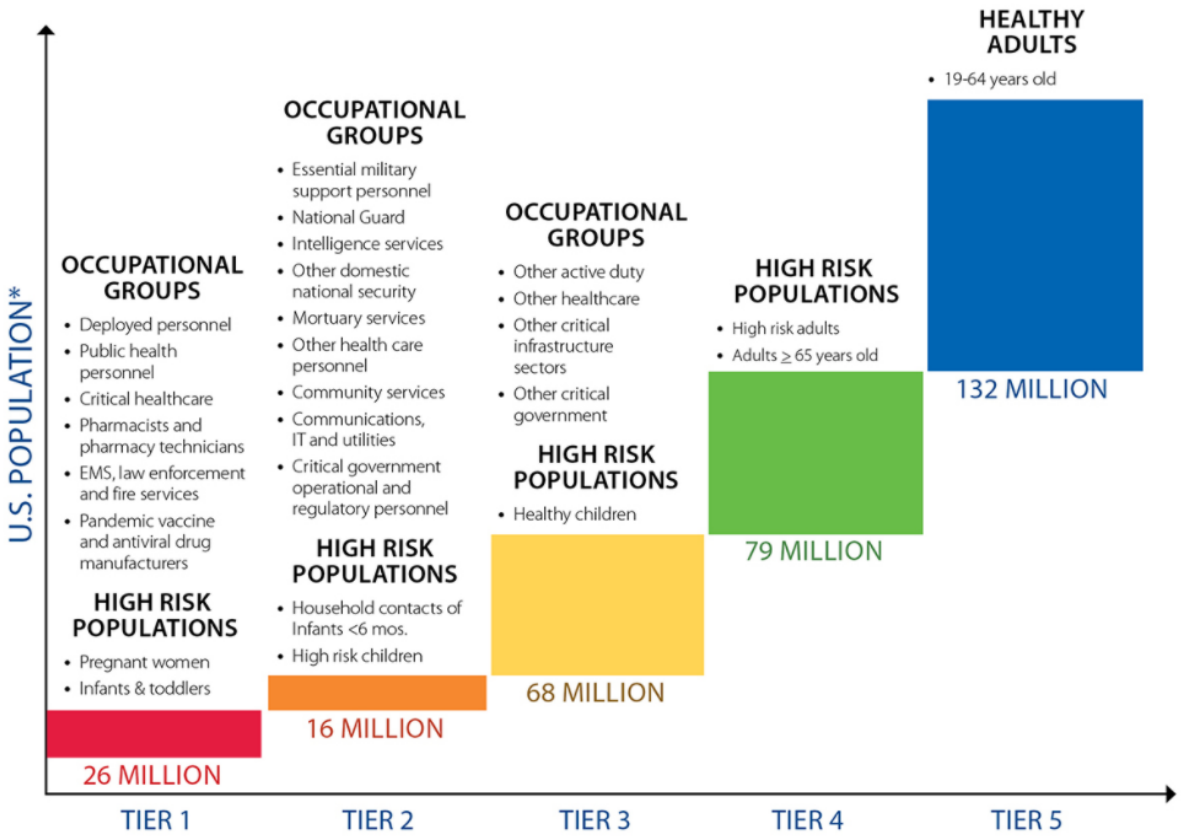
- Unknown when the first doses will be available
- Some may be available as early as November
- The first doses will be limited to populations identified by CDC

1st
- **Advisory Committee on Immunization Practices (ACIP)**
- **Makes vaccine recommendation**

2nd
- CDC Director
- Incorporates into the overall strategy

3rd
- Arizona Vaccine and Antiviral Prioritization Advisory Committee (VAPAC)
- Make recommendations to counties

Figure 1. Vaccination tiers and population groups for a high/very high level of pandemic severity



Guest Speakers

David Voepel
CEO

AHCA
Arizona Health Care Association
Since 1953

Karen Barno
CEO

ARIZONA ALFA
THE VOICE OF ASSISTED LIVING

- How have Assisted Living Communities done during the pandemic?
- How did Assisted Living Communities prepare for a COVID-19 outbreak?
- What preventative measures have been implemented to keep COVID-19 out your AL?
- Are communities screening staff before work ?
- How have communities combated any outbreaks?
- What concerns has your patient population expressed during this pandemic?
- Are AL communities allowing family visitation?
- Any patient who leaves the AL (appointments or travel into the community) are they required to isolate for 14 days when going back on the campus?
- Are you able to accept patients from hospital who were diagnosed with COVID-19, or recovered from COVID-19 infection?
- Have you encountered any staffing issues at your AL?
- How are the communities dealing with social isolation?
- What lessons can you pass on to our audience that you learned during this pandemic?
- Discussion surrounding how to strengthen communication between AL, Hospital, SNF, etc.

NEXT BROADCAST:
OCTOBER 14th, 2020
2PM-3PM

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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