CATALYST COVID-19 STRATEGY

This is an evolving health alert and protocols will be continually updated

Updated: 3/23/2020

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GENERAL UPDATES

SHELTER IN PLACE ORDER

Dallas County Judge Clay Jenkins issued a countywide **shelter-in-place order** that takes effect at 11:59 p.m. on March 23 and will continue through April 3, unless extended.

During the order, **people are to stay in their homes** with a few exceptions:

- **Exercise** outdoors (e.g. walks, jogging, bike rides – must maintain a physical distance of 6 feet)
- Obtaining necessary items like **medicine and groceries**
- **Care for sick relatives**

Essential businesses may continue to operate with physical distancing between employees and the public. **Essential businesses** include:

- **Medical Facilities (clinics, hospitals, etc.)**
- **Pharmacies**
- **Grocery stores**
- Senior **residential care** centers
- **Childcare** for essential business employees

Non-essential businesses cannot continue to operate from their facilities and must transition their employees to **working from home,** if possible.

SHOUT-OUT CORNER

Kid Care Pediatrics: Donated COVID-19Testing Kits (delivered to MaxHealth 3.23.2020)

Modera Clinic, Dr. Trevor Huber's Fellowship Church church community: Donated Coveralls and Booties (delivering to MaxHealth 3.24.2020)

Sunset Clinic, Dr. Valadez: Donated N-95 Mask, Booties, Mask w/face shields, and Gowns (delivered to MaxHealth 3.23.2020)

T&R Clinic: Donated COVID-19 Testing Kits (delivered to MaxHealth 3.23.2020)

CDC/HHS UPDATES

> An update is expected from the CDC regarding **Healthcare Worker Quarantine** post exposure. Stay tuned…
> Until then, we anticipate some alignment with strategies from other countries.

LESSONS FROM HONG KONG AND SINGAPORE

Note: Singapore has no reports of healthcare worker transmission and both countries have demonstrated success in 'flattening the curve'.

Hong Kong and Singapore took an aggressive approach to managing the COVID-19 outbreak in their countries to **flatten the curve and preserve their healthcare workforce**. Methods being used include:

- **All healthcare workers** wear regular surgical masks **for all patient** interaction
- Proper use of **gloves**
- Proper **hand hygiene**
- **Disinfect all surfaces** in between patient consults
- Patients with symptoms or exposure history are **treated by separate staff** in an **isolated location** in the clinic
- **Social distancing** is practiced in the **clinics**
    - **Waiting room** chairs 6 feet apart
    - Staff practiced physical distancing
    - **Provider and patient are 6 feet apart** except when required by exam
- **N95, face-shields, goggles, gowns are reserved for aerosolized procedures**

One big challenge in the hardest hit areas is maintaining enough healthcare staff due to illness, exposure and **questionable quarantining.** The **Hong Kong and Singapore strategy** kept more workers at work.

Hong Kong and Singapore **healthcare quarantine policy** are as follows:

- **Only** those with **"Close contacts"** were home **quarantined**. Close contact was defined as:
    - Hong Kong **≥ 15 minutes at 6 ft or less** without the use of a mask

- **Singapore ≥ 30 minutes at 6 ft or less** <u>without a mask</u>
- If exposure was **within six ft and ≥ 2 min**, but less than that defined by "close contact", then the worker could **remain at work but** was required to:
    - Wear a surgical **mask**
    - **Monitor** temperature twice a day

More info can be found in the March 21ˢᵗ New Yorker article "Keeping the Coronavirus from Infecting Health-care Workers" by Atul Gawande

CLINICAL CONSIDERATIONS

A **new normal** in our COVID-19 pandemic world is one where every day we learn more, recommendations change, our inboxes get flooded with COVID related reports and protocols and social media is a non-stop, **firestorm of information**. We appreciate rapid changes in recommendations create **uncertainty**. To help, **see the following highlights**:

MEDICATION

NSAIDs and COVID-19?

There have been scattered posts and reports questioning the safety of **ibuprofen** use for **treating symptoms of COVID-19**.

QUICK FACTS

- **Some** French doctors **advise against** using ibuprofen based on reports of otherwise healthy people developing severe illness, especially pneumonia
- These are **only observations** and **not based on scientific studies**
- **WHO states** that either acetaminophen or ibuprofen can be used to treat symptoms
- Until more is known, **if you have concerns** choose acetaminophen first, with a total dose not exceeding 3,000 milligrams per day
- If a patient cannot take acetaminophen or has reached max dose, OTC **ibuprofen does not need to be specifically avoided**

https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center

COVID-19 TREATMENTS UNDER INVESTIGATION

Remdesivir - In-vitro activity against SARS-CoV-2

- **Investigational IV medication** that has broad antiviral activity.

Hydroxychloroquine - In-vitro activity against SARS-CoV, SARS-CoV-2, and other coronaviruses, appears more potent against SARS-CoV-2.

- **Small study** looked at hydroxychloroquine alone, or in combination with azithromycin.
  - The **results showed reduction in SARS-CoV-2 RNA levels** in upper respiratory tract specimens compared with a non-randomized control group.
  - **Clinic benefit was not assessed**.
- Based on limited evidence, hydroxychloroquine has been approved for use in COVID-19 patients in several countries.
- **Main concern** with extended use is **cardiotoxicity** in patients with hepatic or renal dysfunction and immunosuppression.
- Even greater concern when combined with azithromycin, which also has **QT prolongating** effects
- Has been well tolerated in COVID-19 patient thus far
- **Currently being investigated** for use in **pre-exposure and post-exposure prophylaxis**
- Currently being **investigated for treatment** of COVID-19 of all severity levels.
- In the **United States** specifically, several trials are being planned or beginning enrollment to look at hydroxychloroquine for use in pre-exposure prophylaxis and treatment of SARS-CoV-2 infection
- **Optimal dosing** and duration still **unknown**, regimen may be:
  - 400mg BID on day one, then daily for 5 days
  - 400 mg BID on day one, then 200mg BID for 4 days
  - 600 mg BID on day one, then 400mg daily on days 2-5

Chloroquine - In-vitro activity against SARS-CoV, SARS-CoV-2, and other coronaviruses.

- **One study** in China showed clinical and virologic benefits of chloroquine against COVID-19
- Based on limited evidence, chloroquine has been approved for use in COVID-19 patients in several countries

RISK FACTORS

ACE and ARB impact on COVID-19

- **COVID-19** has been shown to **enter human cells via** angiotensin converting enzyme (ACE) 2 **receptors**.

- While **not seen in humans**, ACE inhibitors and angiotensin II receptor blockers (ARBs) have been shown **(in animals)** to upregulate the expression of these ACE 2 receptors in the heart.

- This upregulation has been **postulated** to increase the risk of becoming infected with COVID-19

- **ACE inhibitors and ARBs** have also been shown to **reduce severe lung injury** in certain viral pneumonias in experimental studies. This could lead them to actually be beneficial in COVID-19 patients.

- **No current experimental or clinical data** demonstrating beneficial or adverse outcomes with background use of ACE inhibitors, ARBs or other RAAS antagonists in COVID-19 or among COVID-19 patients with a history of cardiovascular disease treated with such agents

- HFSA, ACC, and AHA recommend:

    o **Continuation of RAAS antagonists** for those patients who are currently prescribed such agents

    o In the event patients with cardiovascular disease are diagnosed with COVID-19, **individualized treatment decisions** should be made according to each patient's hemodynamic status and clinical presentation

    o **Not recommended to add or remove any RAAS**-related treatments, beyond actions based on standard clinical practice

https://www.acc.org/latest-in-cardiology/articles/2020/03/17/08/59/hfsa-acc-aha-statement-addresses-concerns-re-using-raas-antagonists-in-covid-19

Blood type impact

- **A preliminary trial** in China shows **higher incidence** of infection among patient with **Type A** blood and **lower** incidence in **Type O**
- Coincidence cannot be excluded
- **No causal relationship** has been **determined** and further research is needed

https://www.medicalnewstoday.com/articles/is-blood-type-linked-to-covid-19-risk#Conclusion-might-be-purely-coincidental

Animal vector impact on COVID-19

There have been **no reports** to the CDC of pets or other animals being infected with COVID-19. More research is needed

https://www.cdc.gov/coronavirus/2019-ncov/prepare/animals.html

*** A special thanks to Jeremy Lind, Pharm D. for providing clinical content for today's Care Alert. Jeremy is one of your Catalyst Health RX Clinical Care Pharmacists.

CATALYST CENTRALIZED TESTING SITE UPDATE (NTX)

Since opening our centralized COVID-19 testing sites to all North Texas members on Friday, 3/20/20, our **Performance Advocates have been busy** training on how to refer a patient for testing. The below **training resources** are included to provide clarity, simplicity, and support the many teams included in the process as things change so quickly.
Much of this material has been edited based on your feedback so **THANK YOU!**

Please ensure you and your team have the most up-to-date training material:

- CHN COVID-19 Testing – PCP Practice Overview
- CHN COVID-19 Testing – LeadingReach PCP Referral Training
- PUI Form
- Completing a PUI Form
- Guidance for Testing: Next Steps (Patient Handout)

If you need training on this process **and are a North Texas Catalyst member, contact your Catalyst Performance Advocate.**

Cumulative CHN COVID-19 Testing Report		
Testing Sites	**Tests Preformed**	**Positive Test Results**
Village Health Partners	156	12
MaxHealth	146	12
Questcare Arlington	40	1

CLINIC IMPACT

PAYER UPDATE

We are **communicating** with the payers **daily** to get the most up-to-date information surrounding COVID-19 Testing, Treatment, and Virtual Visit Coverage. Reference this [Payer Grid](#) for updates.

BUSINESS FINANCIAL CONTINUITY

Financial and Resource Allocations

The impact related to **financial stability** and resource utilization are far reaching during the COVID-19 pandemic. Practice viability is our number one concern for Catalyst physician practices and **operational and financial awareness** are the main keys to continuity. Below are some of the variables that will affect cashflow during a difficult time

Fixed Expenses

- Rent, Payroll, Utilities, etc.
- Typically make up 50-70% of the total clinic expense
- Any fluctuations in revenue will have a large impact on cashflow and managing these fixed expenses during difficult times is necessary to survival

Variable Expenses

- Office Supplies, Clinic supplies, etc.
- Expected to decrease during transition period to Telehealth-based visits

Recommendations from the Catalyst Health Network and StratiFi Health Finance Team:

- During this time where variability in revenue can be expected, strategically shifts in **personnel use are essential.** As clinic business models change to more telemedicine, staff may need repurposed.
- Explore opportunities to **begin decreasing your fixed expense**
- Anticipate a new normal even AFTER the pandemic ends. It is unlikely your practice will return to a pre-pandemic state. Virtual visits will likely remain a significant part of your business. **Re-evaluate recurring supply orders, medical and office supply** ordering, current job positing and FTE ratios, etc.
- Consider extending the runway of **cashflow** through

- o Change the approach of traditional conveyance of service delivery
- o **Strategically scheduling** high cost resources,
- o Work with vendors to take advantage of **credit terms**

THE SMALL BUSINESS ASSOCIATION

The Small Business Association (SBA) has started to offer low interest COVID-19 disaster relief loans that can be used to finance your organization.

Recommendations from the Catalyst Health Network and StratiFi Health Finance Team:

You can start an application now, https://disasterloan.sba.gov/ela/, and many should to ensure they are able to get help before it is needed.

If you feel you may need a loan, where to start?

- First and foremost: **Start with your existing banking relationship**
  - This can often be your **quickest path** to additional financing
  - Many banks prefer working with physician lead organizations because they are often low credit risks and often live up to their agreements
- Explore **Express Loan** opportunities with your existing bank relationship
- If your banking relationship does not have a connection to the SBA, explore **Emergency Loan opportunities** by reaching out to SBA directly for an emergency relief loan up to $350k
  - These funds are made available in **5-7 business days** and typically **move quickly**
  - The SBA often serves as the credit risk default on these financial instruments.
  - The **current disaster relief efforts** provided by the government are designed to speed approval make SBA loans more readily available.
  - Some of these funds are eligible for **principle and interest deferment** up to six months to help ease cashflow shortages

The **financial viability** of healthcare practices is a **primary topic** at the federal level. There is a significant amount of fluidity on Capitol Hill with updates occurring daily. **We will continue to monitor it closely** and advocate for this support through every channel available to us. Please know that our team is working diligently around the clock for you and we are committed to supporting you during this time.

If you need help implementing a better financial management strategy we are here to help, please contact us at info@catalysthealthnetwork.com.

TELEHEALTH CORNER

Payer and legislative guidelines related to telehealth visits are changing rapidly. **Guidelines have been modified**, legislation has been passed and regulations have been waived. Look here for Telehealth information and updates to help your clinic remain operational during COVID-19 and beyond…

What appointment type/CPT codes can I bill for Telehealth?

To better understand the CPT codes to use when billing for Telehealth, follow this link for a list of CMS approved CPT codes to bill for Tele-visits: CMS Telehealth CPT List

QUICK LOOK

Coding guidance for Visit types:

- **Routine exams**
  - 99201-99205, 99211-99215 – **should be covered** by virtual visits at same rate per CMS. Could vary with self-funded payers
- **Physical Exams**
  - 99381-99397 – **NOT COVERED** with Telehealth and not on CMS approved Tele-visit CPT code list
- **Preventative and screening exams**
  - G0101 Screening Pelvic and Breast exam—**NOT COVEVERED** with Telehealth
  - Q0091 Pap Test collection—**NOT COVERED** with Telehealth
- **COVID-19 related ICD-10 coding**
  - The COVID-19 related diagnosis codes are:
    - Z03.818-concern of possible exposure
    - Z20.828-confirmed contact exposure
    - **Utilize these codes when possible**. This will increase the likelihood patients will have zero cost sharing.
- **Medicare - CMS approved**
  - G0438 & G0439— **should be covered** for virtual visits at same rate per CMS
- **Medicare Advantage** – (includes Wellmed)
  - G0438 & G0439 -- **should be covered** (included addressing HCC)

See Payer Grid for granular details

Quick Reference CPT Code list for Primary Care:		
CPT Codes		
99201-99205	E/M codes for new patient visits	Bill these visits like you normally would but pay attention to modifier changes Most often used Modifier: 95 Place of service: 02
99211-99215	E/M codes for established patient visits	Bill these visits like you normally would but pay attention to modifier changes Most often used Modifier: 95 Place of service: 02

How to Document the visit:

To better understand the clinical documentation component of billing for Telehealth, consider these resources:

- Progress Note Template: Encounter Template for Documenting Telehealth Visits
- Telehealth Consent Template: Telehealth Consent form

How to Bill the visit:

To better understand how to bill a Televisit, consider these resources:

- Telehealth Billing/Reimbursement Policies: Billing/Reimbursement Telehealth Polices
- Telehealth CMS Claim form Example: Telehelath CMS Claim Form

How to choose a "billable" telehealth Platform:

The applications team at Catalyst Health Network and Stratifi Health has **explored over 16 Telehealth platforms** available in today's market! With ease of use at the top of their list, below is a grid showing the comparison of Catalyst recommended Telehealth Platforms: **Zoom Health** & **Doxy.me.**

These platforms have proven to be low-cost, "Quick & Dirty" options for clinics wanting a Quick Start Telehealth Solution. **We are here to help!**

Features	Doxy.Me	Zoom Health
Cost	Free $35 Per Month Per Provider $50 Per Month Per Provider	$200 Per month/Per provider (up to 10 provider)
Unlimited Audio/Video	Free	included
Support Browser Connection (Chrome, Firefox, Edge & Safari)	Free	included
Supports Mobile Connection (iOS, Android)	Free	included
HIPAA Compliant	Free	Included
BAA	Free	Included
Virtual Waiting Room	Free	included
Real Time Chat	Free	included
Text & Email Notifications	Paid-Pro	included
Screenshare	Paid-Pro	included
File Transfer	Paid-Pro	included
Branding	Paid-Clinic	included
Consents	Paid-Clinic	Included

Demo Video of **Doxy.me**: Doxy.Me Clinic Demo Video

For additional support adopting Zoom Health or Doxy.me inside of your clinic, contact **appsteam@stratifihealth.com**

COVID-19 HIPAA & Telehealth Reminder:

Consider the following guidance in the wake of the 3/17/2020 announcement from the Office for Civil Rights and the HHS to lift the HIPAA regulations surrounding Virtual Visits:

- The guidance **only applies to provider-patient communication**, and the communication must be about the provision of telehealth (i.e., treatment).
- The communication **need NOT be about treatment of COVID-19**; use Skype to treat a sprained ankle. *Enable social distancing and keep patients out of the waiting room.*
- **Provider-to-provider communications continue to be subject to existing standards and rules.**
- **Providers should get the consent of patients before using the technology.** Advise the patient you are using less-secure technologies (FaceTime) and document the consent.
- The decision to use the technology must be in good faith. **Use a safer technology if available.**

- The technology **must be private**, **not public facing**; Facebook Live, Twitch, TikTok, and the like are **not covered** by this enforcement discretion.
- **Use the highest privacy** setting and enable encryption where possible.
- **BAA requirements are waived** but still obtain a BAA if available.
- The enforcement discretion **will expire** when the pandemic threat has passed.

NEED TO KNOW

NEW CATALYST RESOURCE WEBSITE

This **NEW** Catalyst Resource Page will be updated every day with all the resources you have been finding inside of the Care Alerts. This includes the **Catalyst Care Alerts, Catalyst Coronavirus Webinars, practice and patient handouts, and the wellness resources**. This exciting addition is the first step towards enhancing the way we communicate updates with the Network.

*Please note: You will need to enter the **password "catalystcares"** to access the resource page*

CATALYST HEALTH & WELLNESS SERIES

Tune in for our **NEW** health and wellness series led by Sean Terwilliger: Catalyst Health & Wellness Videos. These videos can be shared with your staff or patients. Please share other ideas about ways we can help our communities thrive during the COVID-19 Pandemic.

ZOOM CORNER

The next scheduled Zoom Webinar is on **Tuesday, March 24th, 12 – 1 PM**.

We will be hosting **Live Webinars** every **Tuesday and Thursday** to continue bringing important updates to the Network and foster a learning environment during this time of need.

Webinars have space for up to 300 participants. To increase access, please consider viewing in groups. Connection details are below, and topics will include:

- o ***Telehealth***

- *CHN Centralized Testing Site Q&A*

Zoom Meeting
https://stratifi.zoom.us/j/573208462

Meeting ID: 573 208 462

One tap mobile
+16699006833,,573208462# US (San Jose)
+16468769923,,573208462# US (New York)

Dial by your location
  +1 669 900 6833 US (San Jose)
  +1 646 876 9923 US (New York)

Here are some resources to help you navigate Zoom Meetings:

How to Join a Zoom Meeting: Joining a Meeting

(Follow the blue link to access easy Step-by-step instruction guides & video on how to Join a Zoom Meeting from every scenario)

Zoom Help Center: https://support.zoom.us/hc/en-us

(Contains how-to guides and information on all things Zoom)

(Almost) Pro-Tip: "Join a Test Meeting" to ensure your computer or smartphone can support Joining a Zoom Meeting—if you can master joining a meeting, you've got this!