

# Catalyst

## Care Alert

## CATALYST COVID-19 STRATEGY

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

*Updated 04/03/2020*

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# ACT: BEFORE IT'S TOO LATE

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## FINANCIAL STRESS

Despite everyone having a different financial situation, **no one will escape this pandemic untouched.** Most **independent medical practices** operate with a maximum of an 8-week cash reserve and at a 10% profit margin. This leaves **little wiggle room** when revenue decreases.

If you are in Catalyst's **North Texas** Market, you are **already experiencing plummeting revenue.** Those in **Central and East Texas** are likely just **a week or two behind.** We do not know the long-term impact of the virus on our economy or our practice, but we do have resources available that **can help NOW.**

**IT IS IMPORTANT THAT YOU APPLY FOR THE SBA AND ACCELERATED CMS PAYMENTS ASAP.**

**[CLICK HERE](#) TO SEE DETAILS IN THIS CARE ALERT.**

Using these government sponsored funds to **supplement practice revenue** will help. Even then, over the next weeks, some of you will still find yourselves in a position of having to consider **difficult decisions** that may involve **laying others off** or **reducing compensation.** Making difficult financial decisions and **acting today** may **minimize the chance you will be making those harder decisions tomorrow.**

**Not sure if this funding is right for you? Schedule a free consult with the Catalyst Finance team today!**

## NETWORK SHOUTOUTS

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**Our communities are stronger when we work together!**

Thank you to **Structure One, Inc., Fellowship Church,** and **City Point Church** for their recent donations of N95 masks, PPE, water and Gatorade!

A HUGE shout out to current members **referring their colleagues and friends** to us – the list is growing daily!

- **AllCare Clinic Family & Urgent Care**
- **Vitality Weight Loss & Wellness Institute**
- **Best Way Clinic of Burleson**
- **Jenkins Medical Associates**
- **Dr. Keith Wilkerson**
- **Legend Internal Medicine**

*If you know primary care practices who may benefit from joining Catalyst, reach out to your Performance Advocate or email [info@catalysthealthnetwork.com](mailto:info@catalysthealthnetwork.com).*

## CDC/HHS UPDATES

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***Dallas County Judge Clay Jenkins** extended the **stay-at-home order until May 20**. Dallas County residents who don't work in "essential" jobs must continue to stay at home except to grocery shop, visit the doctor or pick up medicine.*

## CLINICAL CONSIDERATIONS

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### **SAME DAY DELIVERY FOR ACUTE MEDICATIONS... IN PILOT**

**Catalyst Health Rx** pharmacy is responding to patient needs during the **Shelter-in-Place** order by running a pilot program to deliver medications to patients' homes after virtual visits. Catalyst is testing a model that will allow Catalyst Network PCPs the ability to:

- **E-scribe acute and chronic prescriptions** to Catalyst Health Rx **directly from the EMR**
- Arrange for **home delivery** by simply adding a note to the prescription
- **Support virtual visits** by providing **same day, at home medication delivery**

*Look for updates on the Catalyst Health Rx Home Delivery Pilot Program next week.*

## JAPANESE ANTIVIRAL DRUG MAY TREAT CORONAVIRUS

Chinese medical authorities report patients who received **antiviral drug Avigan (favipiravir)** showed improvement.

- **91% improvement** in lung function (as determined by chest X-ray) compared to 62% in those who did not receive the drug.
- **Viral replication stopped after a median of 4 days**, compared to 11 days in those who did not receive the drug.
- Doctors in Japan are using the drug in those with **mild to moderate symptoms**.
- Health officials are awaiting results of clinical research to make a push for FDA approval of the drug for use against coronavirus.

## POISON PREVENTION

**Poison control centers** across the country are reporting an **increase in calls** since the COVID-19 outbreak, and the recommendations to stay at home.

- **Overdoses of OTC analgesics** are up as individuals try to self-treat symptoms of viral and other illnesses.
- Increased use of **hand sanitizers** is leading to an increase in **alcohol poisoning in children**.
- Use of **non-pharmaceutical formulations of hydroxychloroquine and chloroquine** (such as those used for aquariums) has led to **hospitalization and death**.

## LABORATORY FINDINGS

- **Lymphopenia** is the most common lab finding in COVID-19 and is found in as many as **83% of hospitalized patients**.
- Lymphopenia, neutrophilia, elevated serum alanine aminotransferase and aspartate aminotransferase levels, elevated lactate dehydrogenase, high CRP, and high ferritin levels may be **associated with greater illness severity**.
- **Elevated D-dimer** and **lymphopenia** have been associated with **mortality**.
- **Procalcitonin** is typically normal on admission but **may increase** among those admitted to the ICU.
- Patients with **critical illness** had **high** plasma levels of **inflammatory makers**, suggesting potential immune dysregulation.

## RADIOGRAPHIC FINDINGS

- **CXR** of patients with COVID-19 typically demonstrate **bilateral air-space consolidation**, though patients may have unremarkable chest radiographs early in the disease.
- **Chest CT** typically demonstrates **bilateral, peripheral ground glass opacities**. Because this CT pattern is non-specific and overlaps with other infections, **the diagnostic value of chest CT for COVID-19 may be low** and dependent upon interpretations from individual radiologists.
  - One study found that 56% of patients who presented within 2 days of diagnosis had a normal CT.
  - Other studies identified chest CT abnormalities in patients prior to the detection of SARS-CoV-2 RNA.
  - Given the variability in chest imaging findings, chest radiograph or CT alone is not recommended for the diagnosis of COVID-19.
  - The American College of Radiology does not recommend CT for screening or as a first-line test for diagnosis of COVID-19. ([See American College of Radiology Recommendations](#))

## CLINICAL PICTURE: UPDATE

### Incubation period:

- Currently thought to extend to 14 days
- Median time of 4-5 days from exposure to symptoms onset

**Typical Symptoms:** The signs and symptoms at onset vary. **Over the course** of the disease, **most** COVID-19 symptomatic patients will experience:

- Fever (83–99%)
- Cough (59–82%)
- Fatigue (44–70%)
- Anorexia (40–84%)
- Shortness of breath (31–40%)
- Sputum production (28–33%)
- Myalgias (11–35%)

**NOTE:** Older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms.

**Atypical Symptoms:** The following signs and symptoms are reported less commonly

- Headache
- Confusion
- Rhinorrhea
- Sore throat
- Hemoptysis
- Vomiting
- Diarrhea
- Nausea

**Illness Severity:** The largest cohort of >44,000 persons with COVID-19 from China showed that illness severity can range from mild to critical:

- **Mild to moderate** (mild symptoms up to mild pneumonia): **81%**
- **Severe** (dyspnea, hypoxia, or >50% lung involvement on imaging): **14%**
- **Critical** (respiratory failure, shock, or multiorgan system dysfunction): **5%**

## **MEDICATION**

**ACE inhibitors or ARBs:** There is no data to suggest a link between ACE inhibitors or ARBs with worse COVID-19 outcomes. **The American Heart Association**, the **Heart Failure Society of America**, and the **American College of Cardiology** released statements as recently as 4/2/2020 **recommending continuation of these drugs** for patients already receiving them for heart failure, hypertension or ischemic heart disease.

## **REINFECTION**

There is **no data concerning the possibility of reinfection** with SARS-CoV-2 after recovery from COVID-19. Clinical recovery has been correlated with the detection of IgM and IgG antibodies which signal the development of immunity.

## COMMUNITY RESOURCES

Our purpose is **helping communities thrive**—it will take our entire community to get through the COVID-19 pandemic. We've updated our **community resource handouts** to include additional **medication and food assistance resources, virtual AA and NA meetings, and low-cost Wi-Fi options** for [North Texas](#), [East Texas](#), and the [Texas Hill Country](#).

## ANCILLARY SERVICES

[The Center for Diagnostic Imaging \(CDI\)](#) is **not scheduling screenings or non-emergent exams**. CDI is also temporarily consolidating its operations in North Texas. The Willowbend (Plano), Legacy (Plano) and McKinney locations are temporarily closed. The nearest alternative locations are Independence (Plano) and Richardson.

**NOTE:** CDI's DeSoto, Independence (Plano), Mansfield and Richardson locations remain open.

## CLINIC IMPACT

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### BUSINESS CONTINUITY PLANNING

We have many resources designed to help you and your practice plan for a sustainable financial future:

- **120 Day Financial Plan/Webinar** – Our most recent business continuity webinar is located [HERE](#) and the extensive supporting financial toolkits are located [HERE](#). Additionally, the SBA Paycheck Protection Program (PPP) loan application and supporting documents are located [HERE](#).

**\*\*\*PLEASE NOTE, THIS *MUST BE SUBMITTED THROUGH YOUR BANKING RELATIONSHIP, NOT DIRECTLY WITH THE SBA.***

- **Financial Toolkit** - Our team has designed a “**Financial Toolkit**” for you – an interactive tool supporting business continuity planning. **Download the Excel file found [HERE](#)** to “plug and chug” your financial assumptions in the **YELLOW** boxes to better predict where your clinic could be tightening its belt for the largest financial impact.
- **Webinars/Telehealth** – 3 weeks ago we had 15% of our 800 PCPs on telehealth, we are now approaching 95% telehealth/virtual visits enabled. Our most recent telehealth webinar is located [HERE](#) and the supporting toolkit is located [HERE](#).



- **Care Alerts** – Comprehensive and thorough information that have become a lifeline for our network. There is a lot of information, it is best to start with the most recent Care Alerts. They are located [HERE](#).
- **Catalyst Network Resources** – informative [network resources](#) dedicated to all the resources/tools our network needs during this time. Includes our Catalyst Care Alerts, COVID-19 Resources, and a [link to 20+ media items](#) over the last few weeks advocating for our physicians, patients, and communities.

**REMINDER: Schedule a FREE consultation with the FINANCE TEAM today!**

At **no additional cost for Catalyst Members**, schedule a **30-minute consultation** with one of our Financial Professionals. For more information, contact your Performance Advocate or [info@catalysthealthnetwork.com](mailto:info@catalysthealthnetwork.com) today!

*Existing StratiFi Health Clients will be able to work through their SFH Advisor.*

## **PAYER UPDATE**

### **CDC Introduces New COVID-19 Related Code**

**Beginning April 1**, you should **use U07.1** for confirmed COVID-19 cases. The recommendations from February 20<sup>th</sup> are superseded by this update. **Physicians should no longer use B97.29 (other coronavirus as the cause of diseases classified elsewhere)**

When documenting, **use U07.1** as the **first listed diagnosis** for a patient with confirmed COVID-19 and **then add** an additional diagnosis (e.g. pneumonia or other symptom or condition).

There are also three "**Excludes**" notes. That is, **do not use U07.1 together with:**

- Coronavirus infection, unspecified (B34.2)
- Coronavirus as the cause of diseases classified to other chapters (B97.2-)
- [Severe acute respiratory syndrome](#) [SARS], unspecified (J12.81)

## TELEHEALTH CODING REMINDER:

**Use Z20.828** if the patient has **been exposed to someone who is confirmed** to have had COVID-19 (Z20.828 = contact with and (suspected) exposure to other viral communicable diseases)

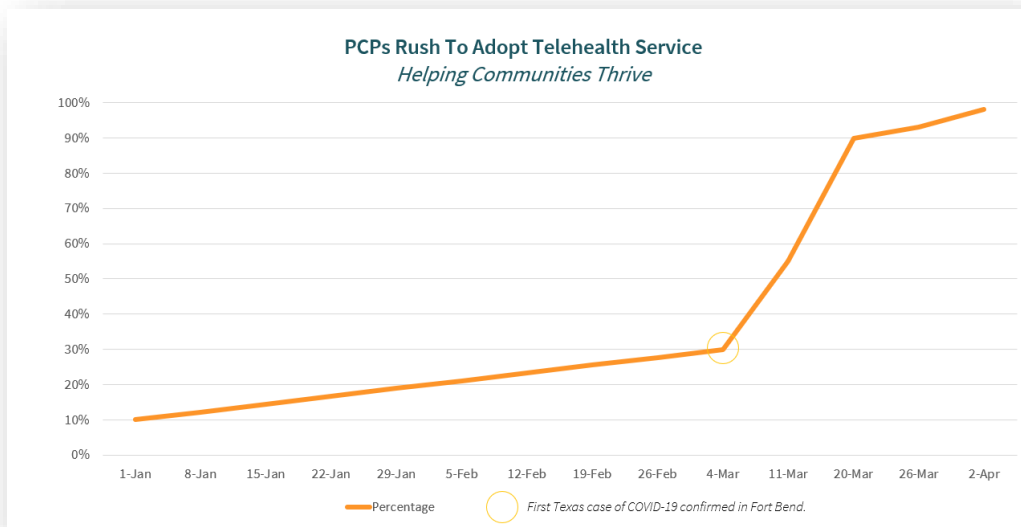
**Use Z03.818** if a patient has **suspected COVID-19 that has yet to be confirmed**. Use the confirmed diagnosis such as bronchitis or use symptoms such as cough (Z03.818 = encounter for observation for suspected exposure to other biological agents ruled out).

We are communicating with the payers daily to get the most up-to-date information surrounding telehealth and COVID-19-related impacts. Reference this [Payer Grid](#) for updates. This grid, along with many other resources can be also be found on the [Catalyst Health Network Resource Website](#).

## TELEHEALTH CORNER

As COVID-19 has continued to develop, so has the adoption of telehealth by PCP's. Within Catalyst alone, **almost 100% of our practices have pivoted to telehealth-centered** business models.

### COVID-19 Impact on Telehealth Adoption



**We want to hear from you!** Give the Catalyst team feedback on your telehealth needs so we can serve as a guide to maintain business continuity and advocate for PCP's everywhere. Take our Practice Telehealth Survey [HERE](#).

## Common Telehealth Billing Themes from RCM

Billing incorrect modifiers: Denials when modifier GT placed on claim. Offices must first appeal to payer before contacting Catalyst to escalate claims issue

### Appealing Telehealth Claims

- **BCBS** if you are not enrolled in eRM you can resubmit corrected claim with updated POS. BCBS is paying the correct Catalyst rate when corrected claims are submitted with POS 11 and Modifier 95
- **UHC** submitted corrected claim via Link with POS 11 and modifier 95
- **Aetna** claims supervisor recommended to fax claims via spreadsheet to 859-455-8650 we are also sending corrected claims via our EMR to test which is faster

**REMINDER:** Our team is working hard to equip you with the Telehealth resources needed see success. Navigate to the [Catalyst Health Network Resource Website](#) to view the [Telehealth Toolkit](#). You'll also find resources already included in the Telehealth Toolkit such as a [Reimbursement and Billing](#) guide, [Telehealth Payer Grid](#), [CMS Telehealth CPT codes](#), [CMS Claim form Template](#), [Telehealth Consent form Example](#), Telehealth [Encounter Template](#), and the [recordings](#) and presentation [slides](#) from past webinars.

## CATALYST CENTRALIZED TESTING SITES (NORTH TEXAS)

Our COVID-19 centralized testing site staff in North Texas are in high spirits and look forward daily to being **prepared and available to serve your patients** who qualify for testing!

Cumulative CHN COVID-19 Testing Report		
Testing Sites	Tests Performed	Positive Test Results
Questcare*	366	22
MaxHealth	537	51
Village Health Partners*	219	17
<i>*Multiple locations Data as of 4/2/2020</i>		

## EAST & CENTRAL TEXAS COMMUNITY TESTING SITES

### East Texas

- Nacogdoches County

- Richard and Lucille Dewitt School of Nursing  
5707 North St., Nacogdoches 75965
- [Strive Express Care](#)  
3205 N. University Drive, Ste. E, Nacogdoches 75965
- Shelby County
  - [Hope Community Medicine](#)  
Testing locations in Center, Tenaha and San Augustine
- Angelina/Polk/San Augustine County
  - Health Department, at the Memorial Express Lab  
118 W. Frank Ave., Lufkin 75904
- Henderson County
  - UT Health-Athens  
2000 S. Palestine St., Athens 75751

### Central Texas

- Austin
  - Baylor Scott & White Medical Center  
5251 W. US 290 Highway Service Rd., Austin 78735
  - [Remedy](#)  
3200 Jones Road, Austin 78735

## SYMPTOM TRACKER FOR HOME ISOLATION PATIENTS

Utilize this tracking tool for patients during home isolation. This [14-day tracker](#) can be used by patients to monitor for onset or worsening of symptoms whether the patient is:

- COVID-19 positive and asymptomatic – would use for 7 days
- COVID-19 positive and symptomatic but safe for home monitoring
- COVID-19 exposed and home isolating for 14 days
- Under home Quarantine due to recent travel to high risk areas.

Visit our Network Resources Page [HERE](#) for a 14-Day COVID-19 Symptom Monitoring Log.

## RECOMMENDATIONS FOR RELEASING COVID-19 PATIENTS FROM HOME ISOLATION

**Current Options (4/3/2020):**

**Non-Test based Strategy** (aka time-since-illness-onset and time-since-recovery strategy):

- $\geq 3$  days (72 hours) *since recovery* = resolution of fever and improved respiratory symptoms

AND

- $\geq 7$  days *since symptoms* first appeared

### Test-based strategy

**NOTE:** *The test-based recommendations have been simplified so that only **one swab** is needed at each sampling:*

- Resolution of fever

AND

- Improved respiratory symptoms

AND

- Negative results from  $\geq 2$  consecutive swabs collected  $\geq 24$  hours apart (total of two negative specimens)

### Asymptomatic Positives

Patients with positive COVID-19 testing who never develop symptoms may discontinue home isolation 7 days after their positive test.

## HEALTHCARE WORKER EXPOSURE

For those of you seeing patients face-to-face, you may be faced with the challenge of **what to do if you are exposed** to a patient who tests positive for COVID-19. The **greatest risk** factor that could lead to 2 weeks of home isolation is the **absence of a mask on your patient** during exposure. Make sure they mask up before entering the clinic. The **CDC guidelines** for post-exposure recommendations can be found [HERE](#).

## NEED TO KNOW

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### CATALYST HEALTH NETWORK IN THE NEWS

The hard work and dedication of Catalyst Health Network is not going unnoticed! This week, Catalyst Health Network was featured in *D Magazine* and *Dallas Business Journal*. Read about all the ways **Catalyst PCPs are showing up to help our communities thrive** in the [Catalyst Health Network News Room](#).

## CATALYST WELLNESS SERIES

**NEW WORKOUT VIDEO!** Tune in for the health and wellness series led by Sean Terwilliger by following [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.

## PRIMARY CARE RESPONSE AND CAPACITY SURVEY

The Larry A. Green Center, in partnership with the Primary Care Collaborative, Catalyst Health Network and the TAFP, are conducting a quick clinician survey to better understand response and capacity of US primary care practices to COVID-19. The survey takes 3 minutes to complete.

Responses required by **Monday, April 6, 11:59 PM PST** and is refreshed and repeated every Friday.

Click [HERE](#) to take the survey.

## ZOOM CORNER

We hold Webinars every Tuesday & Thursday from 12 – 1 pm. The next scheduled Zoom Webinar is on **Tuesday, April 7<sup>th</sup> from 12pm – 1pm.**

Connection details are below, and **topics will be released in our next Care Alert.**

### 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!