

# Catalyst

## Care Alert

## CATALYST COVID-19 STRATEGY

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

*Updated: 04/13/2020*

## SPECIAL EDITION: COVID-19 TESTING

### Table of Contents

COVID-19 TESTING: SPECIAL EDITION.....	3
SCREENING .....	4
<b>PHONE TRIAGING — SCRIPTING RESOURCE .....</b>	<b>4</b>
<b>CORONAVIRUS 24-HOUR PATIENT HOTLINE – (214) 964-0319.....</b>	<b>4</b>
<b>CORONAVIRUS AND CHILDREN.....</b>	<b>4</b>
INITIAL VISIT .....	6
<b>ASSESS THE PATIENT WITH A VISIT .....</b>	<b>6</b>
<b>WHAT IF OUR STAFF IS EXPOSED?.....</b>	<b>5</b>

ORDERING TESTING .....	8
<b>CDC TESTING CRITERIA .....</b>	<b>8</b>
<b>REFERRING PATIENTS FOR COVID-19 TESTING .....</b>	<b>8</b>
TESTING.....	10
<b>CATALYST CENTRALIZED TESTING SITES (NORTH TEXAS) * .....</b>	<b>10</b>
<b>CENTRALIZED TESTING SITE OVERVIEW.....</b>	<b>10</b>
<b>EAST TEXAS &amp; CENTRAL TEXAS COMMUNITY TESTING SITES .....</b>	<b>11</b>
POST-TESTING .....	12
<b>RESULTS .....</b>	<b>12</b>
<b>ADDITIONAL POST-TESTING RESOURCES .....</b>	<b>12</b>
FOLLOW-UP VISIT FOR NEGATIVE TEST RESULTS .....	13
FOLLOW-UP VISIT FOR POSITIVE TEST RESULTS .....	14
NEED TO KNOW .....	17
<b>CATALYST WELLNESS SERIES.....</b>	<b>17</b>
<b>ZOOM CORNER .....</b>	<b>17</b>

# SPECIAL EDITION: COVID-19 TESTING

---

Care Alert 19 is a ***Special Edition***, dedicated to **all things related to COVID-19 testing**. We've compiled resources released over the past month, so you have **ONE place** for the information you've asked for and need! You will find the following topics included:

- Testing screening and criteria
- Testing options
- Testing procedures
- Patient testing instructions
- Post-testing care and home isolation instructions
- Quarantine recommendations
- Guidelines for discontinuing quarantine, return to work
- Re-testing guidance

# SCREENING

---

## PHONE TRIAGING — SCRIPTING RESOURCE

To support clinic staff **trialoging incoming calls** from increasingly anxious patients with concerns about having COVID-19, this [scripting template](#) aims to **de-escalate the patient's anxious state**.

- Focus on asking **open-ended questions**, not leading questions
- Use **calming verbiage**
- Help conserve testing resources

## CORONAVIRUS 24-HOUR PATIENT HOTLINE – (214) 964-0319

Patients can access a 24-hour hotline dedicated to addressing patient concerns:

- Afterhours patient triage
- Addressing questions from the worried well and those experiencing stress, anxiety and sleep issues related to coronavirus
- Managing your overflow of triage calls during working hours

*The hotline will be **nurse staffed**. In the event a patient needs to, or requests to speak with a physician, patients will be **forwarded to their primary care provider**.*

## CORONAVIRUS AND CHILDREN

As of February 22, the CDC reported 2.4% percent of 75,465 confirmed and suspected cases in China had occurred among patients younger than 19 years old. Of these cases, most children had exposure to household members with confirmed COVID-19 diagnosis.

### Symptoms in Pediatric Patients

According to the CDC, **pediatric cases appear to be mild**, with most cases presenting with:

- Symptoms of respiratory infection
- Cough
- Nasal congestion
- Rhinorrhea
- Sore throat

Though symptoms and disease course may be milder, it is **unknown if children with underlying medical conditions** are at **increased risk** of severe disease. Find the **latest CDC recommendations** for pediatric healthcare providers [HERE](#). Find updated CDC tips on keeping children healthy [HERE](#).

## **Testing Consideration in the Pediatric Population**

The decisions to test pediatric patients may include:

- Patient has an **underlying medical condition**
- **Patient's caretaker or housemate** is considered high-risk, is a critical infrastructure worker (healthcare worker or first responder)

# INITIAL VISIT

---

## ASSESS THE PATIENT

Following the initial phone screen, patients may require a virtual visit with a provider to have their symptoms further assessed. **Virtual visits should be utilized** as part of the triage process for suspected COVID-19 patients. Virtual visits are recommended by the CDC as a way of containing spread and limiting public and healthcare worker exposure.

*NOTE: If you have not already implemented a telehealth platform into your practice, please view the [Catalyst Telehealth Toolkit](#) for a guidance on how to get started quickly.*

In the preceding weeks there have been rapid changes in payer policies regarding virtual visits. As of the week of April 6<sup>th</sup>, **all commercial payers require the same documentation for billing purposes.**

The following resources on our Network Resources Page can be utilized when billing for telehealth visits:

- View our [Payer Grid](#) to view the **most up-to-date information** surrounding COVID-19 Testing, Treatment and Virtual Visit Coverage.
- View the [List of Medicare Telehealth Services CY 2020](#) for detailed billing codes

In today's Care Alert, we are pleased to **debut our billing quick reference guide.**

- Use this [Telehealth Coding Quick Reference Guide](#) for quick look up.

## GUIDANCE ON HEALTHCARE WORKER EXPOSURE

**The CDC recommends symptomatic patients be assessed virtually to avoid the risk of exposing patients and health care personnel. In the event of exposure** inside your office, however, below is the most current recommendation from the CDC regarding **work restrictions for healthcare workers** according to level of exposure.

Epidemiologic Risk Factors	Exposure Category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
<b>Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)</b>			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves <sup>a</sup>	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
<b>Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e. no source control)</b>			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection <sup>b</sup>	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPR: Not wearing gown or gloves <sup>a,b</sup>	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPR (except wearing a facemask instead of a respirator) <sup>b</sup>	Low	Self with delegated supervision	None

*HCP=healthcare personnel; PPE=personal protective equipment*

<sup>a</sup>*The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).*

<sup>b</sup>*The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.*

[Reference the CDC's website here for the most up to date information](#)

# ORDERING TESTING

---

## CDC TESTING CRITERIA

According to the CDC, **providers should use their judgment** to determine if a patient has signs and symptoms compatible with COVID-19 and **whether the patient should be tested**. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).

**NOTE: Catalyst Testing Sites** will do testing for **Priority 2** and **Priority 3** patients. (Priority 1 patients pertain to hospitalized patients and hospital workers)

### Priorities for testing include:

- **Priority 1:** Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system
  - *Hospitalized patients*
  - *Symptomatic healthcare workers*
- **Priority 2:** Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged
  - *Patients in long-term care facilities with symptoms*
  - *Patients 65 years of age and older with symptoms*
  - *Patients with underlying conditions with symptoms*
  - *First responders with symptoms*
- **Priority 3:** As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers
  - *Critical infrastructure workers with symptoms*
  - *Individuals who do not meet any of the above categories with symptoms*
  - *Health care workers and first responders*
  - *Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations*
- **Non-Priority:** Individuals without symptoms

## REFERRING PATIENTS FOR COVID-19 TESTING

After screening the patient and ensuring they qualify for testing, COVID-19 tests can be ordered through the Catalyst Testing Sites. Each patient will need a PUI form and Leading Reach referral ordered to secure a testing appointment. Steps to refer for COVID-19 testing are as follow:

- Confirm the **patient’s email address and phone number** – this will be important in order to **avoid delay** for the patient to receive additional instructions and appointment details.
- **Inform the patient** on next steps and what to expect during testing  
The following **scripting** is available for your use to **set patient expectations** and continue a smooth process once they arrive at the testing site.
- Tell the patient:
  - “You will need **to stay home** until it is time for your lab test appointment. If you can, separate yourself from others at home.”
    - *Reference Handout: [“Guidance for Testing: Next Steps”](#) for further details (This will be included in the patient’s email from Catalyst)*
  - “You will receive **an email with instructions and appointment details**. Please watch your email for this. **If you do not receive the email** within an hour, contact their Coronavirus hotline at (214) 964-0319.”
  - “**When you get to the testing site**, you will see a tent in the parking lot where you can drive up. The staff there is very prepared for this and will have all of your information when you arrive. They will walk you through the whole process, but I want you to be prepared for a few things.”
  - “When you drive up, **you do not need to exit your vehicle**. They will give you instructions on what to do as you go.”
  - “These tests will require **self-swabbing**. The team there will show you how to do this and can answer any questions or concerns you have.”
  - “We should receive your **results in about 3 days** from the day you get tested. They may take longer, but usually are back within 3 days. We will contact you as soon as we receive them.”
  - “Until we get your results, it’s very important that you **STAY separated** from others to limit the potential spread of illness.”
- **Next, complete the patient’s PUI Form** – this is a CDC form currently required for all patients receiving testing.
  - *Reference Practice Handout: [PUI Form](#)*
  - *Reference Practice Handout: [Completing a PUI Form](#)*
- **Send a referral through LeadingReach** to “CHN Infectious Disease”
  - The LeadingReach referral serves as your lab order and initiates the patient being scheduled at the testing site
  - Just as a lab cannot test your patients without an order, **patients will not be tested without a referral** at the COVID-19 testing sites
  - The following items **must be attached** to your LeadingReach referral
    - *Patient **demographics** – including **email address***
    - *PUI Form*
  - *Reference Practice Handout: [CHN COVID-19 LeadingReach PCP Referral Training](#)*

**[Training Material Reference: COVID-19 Testing Site Procedure – PCP Practice Overview](#)**

# TESTING

---

## CATALYST CENTRALIZED TESTING SITES (NORTH TEXAS) \*

Site	Locations
Questcare Medical Clinic	McKinney
Questcare Medical Clinic	Coppell
Questcare Medical Clinic	Burleson
Questcare Medical Clinic	Arlington
MaxHealth Family & Sports Medicine	Colleyville
Village Health Partners – Independence	Plano

*\*Hours and location vary by day and are subject to change without notice due to supply and staffing availability*

## CENTRALIZED TESTING SITE OVERVIEW

- LeadingReach referrals are required
- Hours of operation: Mon – Fri, 10AM – 4PM\*
- Locations are updated daily based on supplies and volume, so it is important for your patients to look to their email for appointment location and time
- Limited number of tests can be done at each site daily
  - Limitations due to availability of staff, PPE, test kits, and lab processing capability
- Patients will be directed to sites based on geography and testing/schedule availability
- Patients will “self-swab” under supervision by testing site staff
- Testing slots are limited. **No shows or late arrival will result in forfeited appointments.**

*\*Hours and locations are subject to change without notice to PCP.*

## **EAST TEXAS & 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*

# POST-TESTING

---

## RESULTS

- Lab results take **3 days on average**
- Results will be communicated to patient **by referring PCP**
- Patients **should STAY at home and separated** from others to limit the potential spread of illness until results are received.

**All test results will be delivered to the PCP within the LeadingReach referral.**

- PCP contacts patients with test results
  - *For positive test results, PCP contacts the Health Department and should document all actions in a patient's chart to reflect instructions and care plan*

Current testing done through the Catalyst testing sites is thought to be up to 90% accurate. Unfortunately, that means that possibly 1 out of every 10 people tested may have a negative test but still have a COVID-19 infection. For this reason, in an effort to limit the risk of spread, patients should:

- Follow the guidance given in the [Guidance for Care and Isolation After Testing Fact Sheet](#) until symptoms resolve

During home isolation, patients should monitor their symptoms. Ask patients to utilize the [COVID-19 14-Day Symptom Monitoring Log](#) to obtain a clear picture of the patients' progress.

- Notify their healthcare provider when they are symptom free to get further direction about next steps

## ADDITIONAL POST-TESTING RESOURCES

- [How to Care for Someone Who is Sick](#) – The CDC recommends caregivers should follow these protocols when taking care of someone who has tested positive
- [How to Clean Your Home During COVID-19](#) – The CDC recommends households with a COVID-19 positive patient should follow these extra cleaning steps

## FOLLOW-UP VISIT FOR NEGATIVE TEST RESULTS

---

Following COVID-19 testing, the PCP should closely monitor patients for worsening of symptoms. Recommended conservative approach to follow up:

- **Two-day, post testing follow-up**
  - **Check on patient symptoms**
  - Re-enforce **14-day tracker use**
  - Re-enforce **home isolation compliance**
  - **Results** will likely be **pending**
- **Third or 4th-day, post testing follow-up**
  - **Discuss test results**
  - **Check** on patient **symptoms**
  - Re-enforce **14-day tracker use**
  - Re-enforce **home isolation compliance**
  - Re-enforce need to **call PCP with any worsening of symptoms**
- **Clearance virtual visit, post-symptom resolution or 14-day post-exposure follow-up**
  - For simplicity in guiding symptomatic patients for clearance from isolation, consider asking patient to **schedule** a virtual visit **follow-up no sooner than:**
    - 3 days after resolution of fever **AND** Improved respiratory symptom
  - For **asymptomatic patients** with a **known exposure**, patients should follow up no sooner than **14 days**

**NOTE:** Review the [COVID-19 14-day Symptom Monitoring Log](#) with patient for either scenario above

## RECOMMENDATIONS FOR RELEASING NON-COVID-19 PATIENTS FROM HOME ISOLATION (4/13/2020)

Patients with **negative** test results should meet the following criteria prior to **release from home isolation**:

### **Asymptomatic patient with known exposure to a COVID-19 positive patient:**

- 14 days after exposure if patient never developed symptoms

### **Symptomatic patients:**

- $\geq 3$  days (72 hours) *since recovery* = resolution of fever and improved respiratory symptoms (to account for false negative results)

# FOLLOW-UP VISIT FOR POSITIVE TEST RESULTS

---

Following COVID-19 testing, the PCP should closely monitor patients for worsening of symptoms. Recommended conservative approach to follow up:

- **Two-day, post testing follow-up**
  - **Check on patient symptoms**
  - Re-enforce **14-day tracker use**
  - Re-enforce **home isolation compliance**
  - **Results** will likely be **pending**
  
- **Third or 4th-day, post testing follow-up**
  - **Discuss test results**
  - **Check on patient symptoms**
  - Re-enforce **14-day tracker use**
  - Re-enforce **home isolation compliance**
  - Re-enforce need to **call PCP with any worsening of symptoms**
  
- **Fourteen-day, post symptom onset follow-up**
  - For simplicity in guiding patients for clearance from isolation, consider asking patient to schedule a virtual visit follow-up no sooner than:
    - **3 days after resolution of fever**

**AND**

  - **Improved respiratory symptom**

**NOTE:** If you haven't already, share the [COVID-19 14-Day Symptom Monitoring Log](#) with your patient so you can review their symptoms before or during their appointments.

## RECOMMENDATIONS FOR RELEASING COVID-19 PATIENTS FROM HOME ISOLATION (4/13/2020)

Many factors affect the **decision to discontinue home isolation**. Patients should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions is **made on a case-by-case basis**, in consultation with healthcare providers and state and local health departments. The **most recent recommendations** from the CDC are as follows:

### Current Options (Last Updated 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.

## OPTIONS FOR WHEN REPEAT TESTING IS POSITIVE

**Two options** currently exist to clear COVID-19 positive patients from home isolation if their repeat tests are positive. One option is to convert to a Non-Test based strategy:

**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

A second option is to perform serial testing at least 24 hours apart until the patient has:

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

**NOTE:** *This section will be updated when antibody testing become readily available.*

# NEED TO KNOW

---

## CATALYST WELLNESS SERIES

**NEW WELLNESS VIDEO!** Tune in for the Mindful Monday 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.

## ZOOM CORNER

We currently host Webinars weekly – **every Tuesday and Thursday!** To increase the security and functionality of them, we are introducing **NEW connection details below!**

**Tuesday, April 14<sup>th</sup>, from 12pm – 1pm:**

- **COVID-19 Webinar #13 – Finance Deep Dive:** SBA PPP Loan Forgiveness & Group Virtual Visits
  - *Maximize SBA PPP Loan Forgiveness*
  - *Group Virtual Visit Coding*

**Topic:** Finance Deep Dive: Maximize SBA PPP Loan Forgiveness & Group Virtual Visits

**Time:** Apr 14, 2020 12:00 PM CST

### Join Zoom Meeting

<https://stratifi.zoom.us/j/301001158?pwd=TlRYWkVwdXNmbW9DcXdwbUtib21LUT09>

**Meeting ID:** 301 001 158

**Password:** 52880206

### One tap mobile

+13462487799,,301001158#,,52880206# US (Houston)

+16699006833,,301001158#,,52880206# US (San Jose)