



# CATALYST COVID-19 STRATEGY

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

*Updated: 04/15/2020*

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## GENERAL UPDATES

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Join us on tomorrow's webinar for a **special guest. Dr. Wayne Jonas**, author of *How Healing Works* will be joining us to discuss important topics about **patient care during the COVID-19** pandemic. Dr. Jonas will draw from research and his experience, sharing tips and tactics designed to **keep our patients and ourselves healthy**.

## SHARE YOUR STORY

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Our mission is to **help communities thrive**. We are working hard to provide you with the resources you need to help *your* communities. We have been amazed with the way you have all adapted during this time and hope that our team has been able to serve as a guide.

Thank you [Darla Kincaid, MD and the MD Pediatrics team](#) and [Greg Fuller, MD and Joe Lambert, MD of the North Hills Family Medicine](#).

We would love to hear from you. *Just a quick message from your phone would be great*. How are we doing? Let's share it with our community! If you would like to send a message to the Catalyst Team, please send a video to [info@catalysthealthnetwork.com](mailto:info@catalysthealthnetwork.com).

## CDC/HHS UPDATES

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### NEW RETURN-TO-WORK GUIDELINES FOR EXPOSED HEALTHCARE WORKERS

**NOTE: Exposure** is defined as **contact** with a COVID-19 positive person, **including the 48 hours before** that person became symptomatic, under the following situation:

- **Within 6 feet** of a COVID-19 positive person for a period of 10 minutes or longer
- A **household contact** with a COVID-19 positive person

As a **healthcare worker**, or any critical infrastructure worker (e.g. law enforcement, first responders, food/agricultural vendors, 911 personnel), the **CDC recommends** the following practices **for asymptomatic, exposed** workers:

- **Prior to each shift**, employer should **assess** employee or the presence of **symptoms** and **elevated temperature**
- Employee should **wear a face mask**, surgical or cloth mask, for **14 days** after last exposure
- Employee should **maintain a social distance** of 6 feet whenever possible
- Employer should **disinfect all shared areas and equipment** (e.g. restrooms, computers, workspaces)
- Employee **should not share objects** that are used near the mouth, nose (e.g. headsets)
- Employee should **avoid sharing space** when possible (e.g. stagger lunches and breaks)
- Should the **employee become symptomatic**, they must be **sent home**. Additionally, employer should **assess the other employees for potential exposure** to the symptomatic employee, including the 48 hours prior to the employee becoming symptomatic

## CLINICAL CONSIDERATIONS

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### SAME DAY DELIVERY FOR ACUTE MEDICATION - EXPANDING PILOT

**Catalyst Health Rx**' pharmacy pilot program delivering acute or chronic medications same or next day to patients' homes after virtual visits with their PCP has been showing promising results. **This week**, we **continue to test** the model and learn by expanding our pilot program. It will be available in some network geographies before others. Once rolled out to you, the home delivery program allows you the ability to:

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

### COVID-19 ANTIBODY TESTS

Some experts believe a significant number of unaware Americans may have already been **infected** by coronavirus but had **minimal symptoms**. **Antibody testing** is seen as the path to gaining a **better understanding** of the number of people who have been infected across the country as well as the number who have developed immunity. **Higher numbers of people**

**with immunity** increases the country's opportunity to return to a somewhat **normal life**. To date, **one antibody test** has received **Emergency Use Authorization (EUA)** and 70 more are rushing for the same.

**More information is still needed.** Because there are **several types of antibodies**, the presence of antibodies alone doesn't necessarily indicate a patient can safely reenter the world. Patients need the presence of a subset of antibodies known as **neutralizing antibodies** which **can block the virus**. An **NIH study** is underway to **gain insight** into which antibodies are neutralizing and **convey immunity**.

## TESTING POSITIVE AFTER TESTING NEGATIVE

The **World Health Organization (WHO)** reported a number of COVID-19 patients who **initially tested negative** during an evaluation to determine eligibility for discharge from South Korean hospitals **later tested positive again**.

The director of the **Korea Centers for Disease Control and Prevention**, Jeong Eun-kyeong, stated the repeat positives **may represent a reactivation rather than a re-infection**.

**Patients were assessed using PCR (polymerase chain reaction) testing.** To better understand clinical implications, **investigation into collection methodology** as well as **systematic collection of samples** from recovered patients to **determine the duration of live viral shedding** will be required.

## CLINIC IMPACT

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### DRIVING VOLUME BACK TO YOUR PRACTICE

Catalyst, we hear you! **Decreased visit volume continues to be a major pain point for many of you.** There are several operational strategies to consider when looking for ways to drive patients back to **YOU**.

#### Targeted Patient Outreach Strategies

Below are a few reports that can be run in many EHR systems to help identify patients who could benefit from a visit with their PCP. Consider outreach strategies that are specific to certain variables such as diagnosis or age.

<b>Follow Up</b>	
Follow Up Appointment	All patients that had a "Return to Clinic" date but did not satisfy with an appointment
Medication Management	All patients that need medications renewed that haven't been seen in X days (90-120 days)
Medication Renewal Lab Follow Up	All patients that need to have labs done for medication management
Weight Management	All patients with BMI > 30; last appointment > 365 days
<b>Diagnosis Based</b>	
Anxiety	All patients with a diagnosis of Anxiety that hasn't been seen in X days (90-120)
Diabetes	All patients with a diagnosis of diabetes; Last A1C > 7; last appointment > X (90) days
Depression	All patients with a diagnosis of Depression; last appointment > X (90) days
High Blood Pressure	All patients with a diagnosis of Hypertension; taking a blood pressure medicine; last appointment > X (6 months)
Diabetic Foot Exam	All patients with a diagnosis of Diabetes without a documented Diabetic Foot Exam
<b>Procedure Reports</b>	
Pellets	All patients; procedure = Testosterone pellets; date of last pellet appointment > 3 mos
<b>Vaccines</b>	
Pneumococcal Vaccine	All patients > 65 yrs that haven't had a pneumococcal vaccine
HPV Vaccine	All patients age > 11 yrs < 26 yrs without documentation of the HPV vaccine
<b>Wellness/Preventive</b>	
Breast Cancer Screen > 50	All female patients aged 50-54 without a documented mammogram > 1 yr
Breast Cancer Screen >55	All female patients aged 55 > without a documented mammogram > 2 yrs
Colon Cancer Screen	All patients > 50 yrs and < 75 yrs without a documented colon cancer screening > 1 yr
Medicare Annual Visit	All patients > 65 yrs that have not been in for their Annual Medicare Wellness Visit
Pap Smear over 30	All female patients > 30 yrs < 65 yrs; last pap > 5 years or haven't had HPV
Pap Smear under 30	All female patients > 21 yrs < 29 yrs; last pap > 3 years
Physical Exam	All patients where last physical > 365 days
Welcome to Medicare Visit	All patients aging into Medicare (65 yrs) that will need a Welcome to Medicare Visit

"Personal Touch"	
Birthday	All patients with upcoming birthdays or special milestone birthdays
COVID-19 Education	Run a COVID-19 Education campaign/group
Lives Alone	All patients that have been documented to Live Alone
Physical Activity in Older Adults	All patients > 65 yrs
Spring Allergies	Send a campaign out to All patients to come in for Spring Allergies
Tobacco Cessation	All patients counseled to quit smoking
Unsatisfied Orders	Using current EMR technology, report on any outstanding orders > 30 days

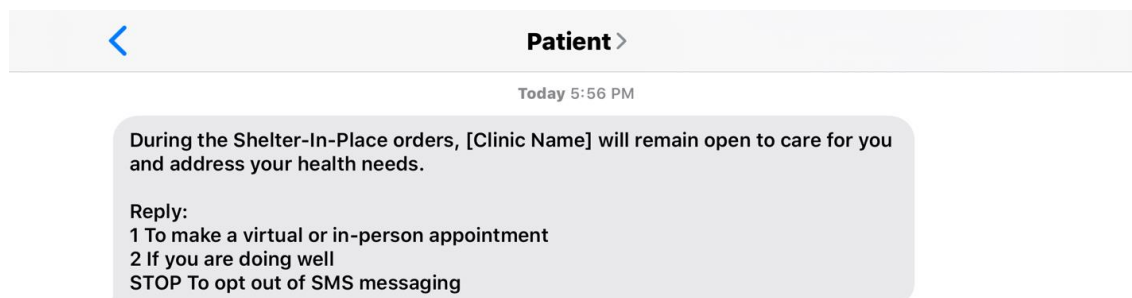
Our Applications team is ready to support your reporting needs! Contact [appsteam@stratifihealth.com](mailto:appsteam@stratifihealth.com) today if you need guidance on how to run reports that can help with targeted patient outreach strategies to support visit volume.

### Building Outreach Messaging

We continue to offer **patient SMS campaigns** for practices needing support with letting your patients know you are still open!

Additionally, your **appointment reminder software**, EMR's **practice management software** or **reputation management software** may have **text campaign capabilities**. Consider **building custom messaging** to orient your patients to understand what you CAN offer them during the COVID-19 Pandemic.

Even without text campaign capabilities, you can reach a lot of patients and drive visit volume by **manually texting** your patients. Consider **repurposing staff** to tackle this project.



## Broad Audience Outreach

- **COVID-19 related campaigns** to reduce anxieties and uncertainties surrounding exposure to the virus... “Concerned about COVID-19? We can help...”
- **Stress Management Campaigns...** “Increased stress due to home isolation? We can help...”
- **Advanced Care Planning** Campaigns (see the [Advanced Care Planning Webinar](#))

## Targeted Audience Outreach

- **ADHD patients** who may need extra touches and medication adjustments during at home learning... “Home-schooling a child with ADHD? Time for a tune-up...”
- **Depression patients** who may **need extra support** during the stay-at-home order... “
- Current **Smoker** status... “It doesn’t take a pandemic to stop smoking. We can help...”
- Patients with **2+ Chronic Conditions...** “Diabetes doesn’t stop for a pandemic...”  
Enroll patients in **Chronic Care Management** programs (e.g. CPT 99490, 99492). These time-based codes **do not require in-person** encounters.

## Initiating Patient Outreach

There is no one-size fits all approach to getting patients in the (virtual) door. Consider **exploring new “marketing” strategies** to initiate patient outreach. Under non-pandemic circumstances, **many established clinics do not rely on marketing** and can remain operational by simply relying on patients to contact the office to schedule appointments. These, however, are not normal times. **Marketing efforts should be ramped up** wherever possible.

Consider some of the following patient outreach methods that are being utilized by clinics across the network:

<b>Email</b> Communicate with patients via email or implement email campaigns	<b>Text Messaging</b> (automated campaigns)	<b>Phone Calls</b> (automated or not)
<b>Social Media</b> - Post regular updates - Consider paid advertising - Share education material	<b>Mail Letters/Flyers</b> to your patients	<b>Patient Portal</b> messaging



<p><b>Update clinic website</b></p> <ul style="list-style-type: none"> <li>- Consider adding key words and search tags (virtual visits)</li> <li>- Add verbiage about telehealth visit capabilities</li> <li>- Include service offerings</li> </ul>	<p><b>Update Location Apps/Websites regularly</b></p> <ul style="list-style-type: none"> <li>- Google Maps</li> <li>- Yelp</li> <li>- Google Profile (add virtual visits)</li> </ul>	<p>Contact <b>local community groups</b> to let them know you are accepting new patients</p>
<p><b>Contact your specialists</b> and let them know you are still accepting new patients</p>	<p><b>Update doctor profiles</b> on provider search engines.</p>	<p>Consider using <b>GoogleAds</b> to reach new patients. <a href="#">Read more here</a></p>

## Scheduling Strategies

Implementing **scheduling strategies for telehealth appointments** is just as **important** as scheduling strategies for in-office appointments. Strategically approaching how appointments are scheduled can **improve overall practice efficiencies** and drastically impact the flow of patients throughout the clinic—virtual or not.

Examples of Scheduling Strategies being utilized across the network:

- **Decrease visit length** for telehealth visit. They typically do not take as long as an in-person visit
- **Utilize a virtual MA to check in** virtual visits and work out tech issues prior to provider engagement
- **Schedule “smart” recall campaigns** that drive a single patient type. For example, recall all your diabetics and then develop a **‘well-oiled machine’** approach to check-in, appointment data collection and treatment plan creation.
- **Utilize combo visits** where the virtual visit is used for all things that do not require in-person interactions, then utilize drive-up services for required testing, immunizations, etc.
- Designate **specific time blocks** on your schedule that **telehealth** visits will be offered
- If offering **group visits**, consider a set, scheduled time block for group visits also
- Administer **vaccines in-office on a designated day** of the week or only during certain times, e.g. mornings from 8-11am
- **Wellness exams** preformed in-office on designated days or shifts
- Limit scheduling in-office visits with telehealth visits back to back (in-office, telehealth, in-office). This **increases the likelihood of workflow inefficiencies**.

## Making the most of a Telehealth Visit

Telehealth visits can be just as effective as an in-office visit.

- **Schedule a follow-up appointment** prior to the end of the patient visit and/or during your virtual 'check out' to encourage patient compliance
- Set a **"return to office" reminder** in your EMR (if capable)
- Look for opportunities to **support patients** with their chronic condition
  - **Refer patients** with chronic conditions to the Catalyst Care Team for **Comprehensive Care Support services**
- Remember **depression or other mental health screening**. A rise in mental illness is expected.
- **Close outstanding quality gaps**

## UPDATE ON SBA PPP LOAN PROGRAM

Yesterday's webinar focused on **maximizing loan forgiveness** under the SBA **Payroll Protection Program**. The highlights are below:

### **Payroll costs that qualify for forgiveness under the PPP loan (if paid during the covered period)**

- All salary and wages including commissions (subject to \$100K pro-rated annual limit for each staff)
- Employer paid retirement benefits paid to employees
- State unemployment tax paid
- Employer paid group health benefits

**Other included costs** (*may not exceed 25% of the total loan amount or the excess above 25% will impact the forgiveness*)

- Rent costs under an agreement prior to Feb 15, 2020
- Utility costs for services beginning prior to Feb 15, 2020 (electricity, gas, water, transportation, telephone, internet)
- Mortgage interest paid on mortgages incurred before February 15, 2020.

### **Rules on how much of my PPP loan will be forgiven**

Forgiveness can be affected by reducing workforce or salaries. This may be offset by rehiring.

## Workforce Reduction

- The amount of the loan forgiveness is reduced by the quotient of the following: Monthly average full time equivalent (FTE) employees during the Covered Period\* divided by the monthly average FTE employees of either February 15, 2019 – June 30, 2019 [or] January 1, 2020 – February 29, 2020.

**Example:** ABC Company receives a PPP loan. After the Covered Period, ABC Company determines its potential loan forgiveness amount is \$100,000. The average number of FTEs during the Covered Period (the 8 weeks post-loan origination) is 100. The average number of FTEs from February 15, 2019 – June 30, 2019 is 200. The quotient of 50% (calculated as:  $100 / 200$ ) is multiplied by the loan forgiveness amount of \$100,000. In other words, the amount of loan forgiveness is \$50,000.

## Salary Reduction

- In addition to workforce reduction, a salary reduction may also cause a reduction in the loan amount forgiven.
- The amount of loan forgiveness is reduced by any reduction in the salary of certain employees (only employees that earned less than an annualized rate of \$100,000 a year during 2019 are counted) that is in excess of 25% of the total salary of the employee during the most recent full quarter during which the employee was employed.

**Example:** XYZ Company receives a PPP loan. After the Covered Period, XYZ Company determines that its potential loan forgiveness amount is \$100,000. Employee A worked for XYZ Company last year. Employee A has a salary of \$80,000. During the first quarter of 2020, Employee A's salary was \$20,000. If XYZ Company reduces Employee A's salary by more than \$5,000 a quarter (more than 25% based on most recent full quarter salary, calculated), the amount in excess of \$5,000 must reduce the loan forgiveness.

## Relief for Re-Hiring

- If the business is able to re-hire employees and restore salaries by June 30, 2020, the business is not required to reduce the loan forgiveness.
- It is important to note that furloughing or laying off employees prior to the PPP does not prohibit a business from applying or receiving a loan. However, the amount of the forgiveness may be substantially diminished.

Definitions:

\*Covered Period – the 8-week period after receiving the PPP loan

## MEDICARE ACCELERATED PAYMENT

Under the CARES Act, providers who accept and care for Medicare patients can receive an accelerated payment. Upon request, Medicare will distribute a portion of the initial \$30B (provided for through the CARES Act) based on the providers share of the total 2019 Medicare FFS reimbursements. *Total FFS Payments were approximately \$484B in 2019.*

**Example: A local practice billed Medicare FFS \$250,000 in 2019. To determine how much they would receive, use this equation:**

$$(\$250,000/\$484,000,000,000) \times \$30,000,000,000 = \$15,495.87$$

### Program Details

**Payments will be sent** to the employer organization at the **Taxpayer Identification Number** (TIN) under which Medicare claims are Filed.

- **Employed and Individual physicians in a group practice** are unlikely to receive individual payments directly. The group practice will receive the relief fund payment as the billing organization.
- **Within 30 days** of receiving the payment, providers must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment.
- The attestation will be made on a portal on the [HHS page](#), which is expected to be **available the week of April 13, 2020.**

**Appropriations from the act may not be used in whole or part for:**

- Payment to reimburse expenses or losses that have been reimbursed from other sources including:
  - Loan forgiveness provisions through the Paycheck Protection Program
  - Balances related to SBA loans
- Executive Pay greater than \$197K

Additional statutory limitations are provided in the relief fund payment [terms and conditions](#)

## WAYS TO REPURPOSE STAFF

**Clinics** across the network are **struggling** with **business viability** and huge **shifts in where and how we care for our patients**. This has led to subsequent **shifts in staffing needs, roles and responsibilities**. The table below provides suggestions for a number of ways to **repurpose staff** based on typical skillsets associated with traditional staff roles.

Current Reality	Repurposing Staff Solutions	Positive Outcomes
Decreased call volume?	<p><b>Front Desk Staff:</b> Consider having the front desk contact patients with outstanding balances. Taking time to set up payment plans for outstanding patient balances can be an extra step to show your patients that you care!</p> <p><b>MA/Nursing Staff:</b> Consider having the back-office outreach to patients who are due to return to the clinic. This could involve designating an MA to assist with a "patient recall" strategy to target certain patient populations who are due for follow up appointments</p>	Increase cashflow, patient outreach, increase visits volume
Technical difficulty with virtual visits?	<p><b>Scheduling Staff:</b> Consider developing a step-by-step "How-to guide for accessing your Virtual Appointment" and have the scheduling staff make available to patients prior to their appointment.</p> <p><b>MA/Nursing Staff:</b> Consider developing a pre-visit check list to ensure the patient is able to connect and is ready to see the provider once the visits starts</p>	Increase user experience, increased efficiencies
No in-office patients?	<p><b>MA/Nursing Staff:</b> Consider developing a "virtual" rooming process. By mirroring your current process for in-office appointments, virtual visits will run far more efficient</p> <p><i>Also consider having clinical staff assist with reviewing clinical supplies that are typically ordered. What cost savings can be uncovered?</i></p> <p><b>Phlebotomist:</b> Consider drive-up lab collection similar to the CHN COVID-19 testing sites.</p>	Increase efficiencies, appropriate documentation
Not as many referrals?	<p><b>Referral staff:</b> Consider tasking referral staff with leading a quality outreach programs. This could involve contacting patients who are due for a colonoscopy or mammogram and then initiating a referral, sending Cologuard, scheduling lab draws. This same person could assist with sending Catalyst Care Team referrals-- "take inventory" of your patients and identify who could benefit from the support services offered by your Catalyst Care team.</p>	Increase patient engagement, Proactively close quality gaps, drive volume, decrease overhead

Current Reality	Repurposing Staff Solutions	Positive Outcomes
	<p><b>Document Management staff:</b> Decreased referrals or delayed treatment by specialists will lead to decreased incoming specialist reports/documents- consider having staff who would typically assist with document management assist with reviewing Office Supplies ordering habits, looking for cost savings opportunities, managing recall campaigns, etc.</p>	
<p>Not as many claims to process?</p>	<p><b>Billing staff:</b> This is a crucial role. Consider having billing staff deep dive into outstanding balances and unsolved claim issues. Tighten insurance verification process to prevent claim issues on the back end. Create a process to monitor and manage billing issues for virtual visits.</p> <p><b>Front desk staff:</b> Consider training front desk staff to assist with billing processes such as</p> <ul style="list-style-type: none"> <li>• Patient outreach to collect outstanding balances</li> <li>• Contact patients who have had a denied claim due filing to the incorrect insurance</li> <li>• Collecting at the time of service</li> <li>• Set up payment plans</li> <li>• Correcting invalid addresses</li> </ul>	<p>Decrease outstanding A/R, Enhance billing processes for long term success</p>

Current Reality	Repurposing Staff Solutions	Positive Outcomes
Seeing less patients?	<p><b>MA/Nursing Staff:</b> Consider having clinical staff assist with patient outreach. Invite patients in who are due for follow-up appointments. Consider building outreach campaigns for long term success.</p> <p><b>Front Desk Staff:</b> The front desk is usually generally the first impression a patient has of a clinic, consider repurposing this staff to focus on marketing efforts such as social media posts, website updates, google map updates, etc.</p> <p><b>Advanced Practitioners:</b> Consider building long overdue EMR templates. Documentation templates can allow for more opportunity for higher level coding of visits</p> <p><b>Any Staff:</b> Let your specialists know you are open and are still seeing patients</p>	Increase visit volume, improve efficiencies
Less visit types/service offerings?	<p><b>All clinical staff:</b> Consider adopting new visit types and rethinking the "traditional appointment". What ways can you increase your service offering to patients?</p> <ul style="list-style-type: none"> <li>• COVID-19 Preparedness visit</li> <li>• Advanced Care Planning visit</li> <li>• Group COVID-19 Visit</li> <li>• Smoking Cessation Visits</li> </ul>	Increase visit volume, increase clinical outcomes increase patient engagement
General decrease workload	<p>What back burner projects can be worked on?</p> <p>Now is the best time take evaluate clinic inefficacies and improve upon them.</p> <ul style="list-style-type: none"> <li>• Patient rooms need re-organizing?</li> <li>• What features are not being utilized in your EMR?</li> <li>• What is being done on paper that could electronic?</li> <li>• How is your phone system? Could there be updates made to improve patient experience?</li> <li>• Evaluate pain points and solve for them</li> <li>• Are you using GroupSource through Catalyst?</li> </ul>	Create current and future operational efficiencies

## NETWORK EXPERTS

In yesterday's webinar, we were joined by guest speaker Dr. Scott Conard of GOH Medical, who shared his tips on **Group Virtual Visits**. GOH Medical has been utilizing Group Visits **to provide preventive and educational information around COVID-19**. For guidance on Group Visit billing, view our Payer Grid [HERE](#) and Telehealth Billing Cheat Sheet [HERE](#).[HERE](#) and Telehealth Billing Cheat Sheet [HERE](#).

Watch the webinar [HERE](#) to learn more. ***Many thanks to Dr. Conard for sharing his knowledge and experience!***

## PAYER UPDATE

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

Medicare has approved many [CPT Codes](#) for telemedicine. The [Medicare Coding Opportunity quick reference](#) guide can be utilized to explore enhancing service offerings for your Medicare patient population.

This [E/M Coding Elements reference guide](#) can be used as a refresher to avoid under-coding or over-coding telehealth visits.

**Reminder:** The [Telehealth Coding Quick Reference Guide](#) can be found on the [Catalyst Health Network Resource Website](#) along with many other telehealth clinic resources.

## TELEHEALTH PRACTICE SURVEY

***We want to know more about your telehealth experience!*** Our brief survey will only take a few minutes of your time and helps us shape our resources to better support and advocate for you. You can complete the brief survey [HERE](#).



## CATALYST CENTRALIZED TESTING SITES (NORTH TEXAS)

Care Alert 20 on Monday, April 13<sup>th</sup>, was a **Special Edition**, dedicated to compiling **all things related to COVID-19 testing**. You can reference it [HERE](#).

Cumulative CHN COVID-19 Testing Report		
Testing Sites	Tests Performed	Positive Test Results
Questcare*	598	37
MaxHealth	822	69
Village Health Partners*	243	72

\*Multiple locations  
Data as of 4/15/2020

## 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! 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.

### 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!**

**Thursday, April 16<sup>th</sup>, from 12pm – 1pm:**

- **COVID-19 Webinar #14 – Patient Self Care During COVID-19**  
– *With Special Guest Dr. Wayne Jonas*

**Join Zoom Meeting**

<https://stratifi.zoom.us/j/96326573322?pwd=ZEgxYmZlWGViVGpLbFQ0SS9PSkV3UT09>

**Meeting ID:** 963 2657 3322

**Password:** 06151107

**One tap mobile**

+13462487799,,96326573322#,,#06151107# US (Houston)

+16699006833,,96326573322#,,#06151107# US (San Jose)

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!