CATALYST COVID-19 STRATEGY

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

Updated: 4/17/2020

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GENERAL UPDATES

COVID-19 RESOURCES

We have all made it through another week of adjusting to a new COVID-19 normal. It's been a busy week with things like testing a **new same-day pharmacy delivery model**, learning how to **maximize SBA PPP loan forgiveness** and our first official "Zoom Bombing".

Next week will be packed as well. We have had many continued questions around telehealth. Our webinar on **Tuesday the 21st** will be **focused on telehealth**, and will:

- Take a deep look into the **current** state of **reimbursement**
- Explore **parity issues**
- Propose processes for **claim reconciliation**
- Rules around **corrected claim processing**

As coronavirus continues to evolve, so will we! *Starting next week, we will transition to the following schedule:*

- **COVID-19 Webinars on Tuesdays and Thursdays**
- **Care Alerts on Tuesdays and Fridays**

Our goal is to provide you with timely, valuable content. We hope this new schedule will help you to digest the information you need to know and make the complex simple.

NETWORK SHOUTOUTS

SHARE YOUR STORY

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 inspired 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 to all of those who shared your experience with our team. We are honored to hear that Catalyst has been able to serve as a resource and guide, and wanted to share some of the feedback we received:

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If you would like to send a message to the Catalyst Team, please send a note or a video to **info@catalysthealthnetwork.com.**

NORTH FACE – HEALTHCARE WORKERS DISCOUNT

As a show of gratitude **for their dedication and bravery in the face of COVID-19,** North Face announced healthcare workers will receive **50% off online purchases, and 10% off in-store purchases at a North Face Outlet**. These discounts apply through December 31st, 2020.

CDC/HHS UPDATES

MESSAGE FROM THE ADMINISTRATION – UPDATED 4/17/2020

> Notes from Dr. Bullard's call with **CMS Administrator Seema Verma.**

Administrator Verma highlighted:

- Telehealth continues to be the main route for minimizing risk to patients and healthcare workers. CMS will be adding additional E&M codes to support this effort and to address healthcare provider requests
- To help add clarity to the quickly changing landscape in telehealth policy, a new website, telehealth.cms.gov, will launch soon

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STRIKE FORCE TO OPEN TEXAS

Today, Governor Greg Abbott unveiled the ***Strike Force to Open Texas.*** The Strike Force will consist of medical and business experts from across Texas tasked with reopening the state. Here is what we know so far:

2019-2020 School year: Schools statewide will remain closed

April 20th: State parks will begin reopening. Visitors should still wear face coverings

April 22nd: **Healthcare facilities** can begin to perform **non-emergency surgeries** if:

- Facilities agree to **keep 25% of their capacity open** for COVID-19 patients

  AND

- Facilities **do not request PPE including** masks, gowns or other personal protective equipment **from government sources**

April 24th - Retail businesses can offer "retail to go"

CLINICAL CONSIDERATIONS

PEDIATRIC CHALLENGES

The phenomenon of summer, unhealthy weight gain is not new. **Pandemic related weight gain**, however, is a new and **growing health concern**. **Childhood obesity** already **threatens many children** in the United States and, according to experts, the pandemic driven **school closures is likely adding to difficulties** in battling this disease.

It is estimated that the **time spent out of school will double** this year for most children. That combined with shelter-in-place **inactivity and unhealthy eating** is adding fuel to the obesity fire. **Challenges to overcome:**

- Playground closures
- Social distancing related decreased opportunities for exercise, especially in urban areas
- Temporary pauses on team sports
- No physical education classes
- **Increased screen time** as parents working from home attempt to entertain and occupy their children
- **Unhealthy snacking** (related to increased screen time and parent driven distraction)
- **Stress or boredom** related eating

Possible solutions:

- Parents can make **physical education** class **part of** their child's **homeschool** curriculum
- Steer children to **activity related video games** (e.g. Wii fit, Nintendo Ring Fit, Switch)
- Family **daily walk**
- Online **yoga** for both exercise and as a way of introducing **mindfulness**
- **Challenge children** to prepare the family a **healthy meal**. Children can be assigned the role of meal preparation on certain days of the week. Have a "Chopped" like cooking competitions where parents provide the healthy ingredients and the children create a dish
- Parents can **prepare health snacks** in advance. This way, they have something healthy to offer children during their next Zoom work meeting
- Utilize school district '**grab-and-go meals',** where needed and available, instead of packaged food

PHARMACY UPDATE

Medication Adherence

The exponential increase in **furloughs and layoffs** will likely lead to an **increase** in **medication non-adherence**. It is well understood, medication non-adherence results in **poorer outcome** and generates **hundreds of billions of dollars** in health care **costs** every year. Learn more HERE.

Solutions to consider:

- For patients on higher cost therapies, consider **switching to less expensive therapies**, even if short-term
- Encourage patients to contact their pharmacists, or even better, **refer patients** to **Catalyst Health Rx** for help with formulary alternatives and prescription assistance programs
- Contact patients with chronic medications, schedule a **virtual visit** and ensure patients have a **90-day supply** of medication prior to loss of insurance

Spike in Drug Prices

- The surge in demand for **hydroxychloroquine** as led to a **spike in price** of up to 350 percent and a **shortage** in chemicals. Learn more HERE.
    – Increased demand is driving patients to **compounding pharmacies**
    – Lupus and RA patients having difficulty obtaining the drug may need to look for compounded solutions

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Drug Shortages

- Heavy reliance on foreign sourcing of drugs is leading to increased drug shortages in the wake of the pandemic. Learn more HERE Many of these are acute care drugs already been on backorder status:
    - Albuterol
    - Metoprolol
    - Lisinopril
    - Warfarin
    - Some insulin products
    - The full list is available HERE

Ivermectin

- News is spreading about the potential for the anti-parasitic drug Ivermectin to kill COVID-19. Learn more HERE
    - The tests have **only been in vitro**
    - Ivermectin is widely available over the counter in various veterinary medication forms

EUA – Saliva Test for COVID-19

- A **saliva-based collection method** SARS-CoV-2 (COVID-19) assay has been granted EUA approval by the FDA. Studies are underway to determine the accuracy of this method compared to nasopharyngeal and oropharyngeal samples. *This test is **not currently available** outside the research setting.* **If proven accurate**, the collection method may open the door for home-based, **self-collection** testing.

CASE STUDIES

STUDY ONE

Findings - Age, Obesity and Chronic illness are Leading Risk Factors for COVID-19 Related Hospitalization and Critical Care

- **Obesity** alone is a risk factor for those ≤ 60
- **Factors associated with the highest risk for hospitalization**:
    - Age ≥75 years
    - BMI >40
    - History of heart failure
- **Factors most highly associated with critical illness:**
    - Admission SaO2 <88%
    - First d-dimer >2500
    - First ferritin >2500
    - First C-reactive protein (CRP) >200

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NOTE: *There was a **strong association** with i**nflammatory markers** and **critical illness**. Early elevations in CRP and d-dimer had the s**trongest association** with the need for mechanical **ventilation and death**.*

- **Strongest associations** that increased the risk for required hospitalization:
  – Older age
  – Obesity
  – Heart failure
  – Chronic kidney disease

- **Less influential associations**:
  – Race
  – Smoking status
  – Chronic pulmonary disease
  – Other forms of heart disease

*This is the **largest US study to date**. It was performed as a cross sectional analysis of all patients with confirmed COVID-19 at an academic health system in NYC between March 1 and April 2, 2020. The final analysis included 4103 cases.*

STUDY TWO

Finding – BMI >30 in Patients <60 Years of Age is Associated with Increased Acute and Critical Care Hospitalization

Obesity increased the risk of hospitalization in patients <60

- BMI 30-34 were:
  – 2.0 times more likely to be admitted to acute care
  – 1.8 times more likely to be admitted to critical care

- BMI >35 were 2.2 and 3.6 times more likely to be admitted to acute and critical care
  – 2.2 times more likely to be admitted to acute care
  – 3.6 times more likely to be admitted to critical care

NOTE: *40% of American adults have a BMI >30*

*The study was conducted by the Department of Pediatrics, Division of Pediatric Infectious Diseases and the Department of Infection Prevention and Control and Division of Infectious Diseases at NYU and included data from **3615 patients**.*

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PATIENT RESOURCES

Public Transportation During COVID-19

While the current need for transportation is not as pressing, **some patients still require assistance for necessary trips**, such as medical care. For a list of public transportation resources in North Texas, click HERE.

CLINIC IMPACT

BUSINESS CONTINUITY PLANNING

Medical Group Management Association (MGMA) **reported** this week:

- **97% of physician practices** have experienced COVID-19 related **negative financial impact**
- 55% of practices have **decreased revenue**
- 60% have **decreases in patient volume**
- 48% of practices have **furloughed staff**
- 22% have **laid off staff**
- **Many more are considering layoffs or furloughs** in the next 30 days if things do not change

REMINDER: Our **Practice Resources** page has many tools to help you evaluate your long-term financial plan. We've also created a **SBA PPP Loan Forgiveness Calculator** for additional assistance.

NETWORK EXPERTS

Dr. Joe Lambert of North Hills Family Medicine has shared **patient outreach tips** that North Hills has found beneficial during the pandemic. North Hills has created processes to **help patients with their pandemic needs and ongoing health issues**, while taking consideration of the **type of visit and efficiency** for the practice. See the tips below to learn more about these processes:

Virtual Visits

- Schedules are **time blocked** to accommodate virtual visits with **staggered** acute and med checks
- Use multiple exam rooms as **virtual rooms**, switching back and forth between preloaded virtual exams
- Time virtual visits to see patients 24/7 if necessary, using **repurposed team members**
- Use our **Catalyst Care Team** and **Catalyst Health Rx pharmacy services** for virtual med check visits to avoid or close potential disruption of routine care and to further assist our patients
- Applications we use for virtual visits are doxy.me, zoom, or Updox
- *Impact:*
  - We are seeing a positive impact of virtual visits, like getting to know many of our patients in their own surroundings
  - Virtual visits extend the geography and scope of our services. As an example, patients that move but still want to be under our care
- **Care Alert Note:** *Current medical board rules allow physicians to establish new patient relationships via virtual visits. Network practices are reporting new patients account for 30%-40% of their virtual visits*
- *Going forward:*
  - Assuming payment of services, we are **organizing a *very real* permanent place for virtual care** as we evolve into a new normal and move to prospective payments.
  - We will use ALL [Catalyst Care Alert and webinar information](#) to guide appropriate charting, charges, and coding
  - We will continue to use Catalyst virtual visit protocols for our COVID-19 patients or high-risk patients

"Clean" Space

- Patents that should not be treated virtually who need ongoing care are seen in the office. This is a clinical judgement call
- Use Catalyst recommended **precautions and stagger teams to minimize risk.** Our patients that need us here appreciate the service.

Respiratory Sick Space

- Use a separate office to see patients with respiratory symptoms who have failed virtual visits, maybe have negative COVID-19 tests, or have likely non-COVID-19 related cough, like asthma, COPD, CHF, etc, again based on clinical judgement
- Only three staff are allowing in this area and all have PPE and use extreme. (PPE is a limiting factor here). There is a risk, but we limit exposure, and the space is isolated from other areas

Outdoor/Drive Thru

- Refer all appropriate patients to **Catalyst testing centers** through Leading Reach for Covid-19 testing. This has been a life saver!
- To prepare the rapid testing or serologic texting as they, hopefully become widely available sooner rather than later, we are developing a plan with a team and an operational flow to provide drive-by testing in our parking lot.

Pumping Up the Volume

- In addition to efficiency, **"pump up the volume"** by repurposing staff time to reach out to patients by all means! Our staff has been incredible here. We have some fun marketing stuff on social media like a hand-washing video to the song "I will Survive". Something we recognize is that our entire team has so much to offer when challenged, just like our network!

In general, we use all Catalyst information to ready ourselves for the challenges that each day brings. As a network, we together are strong enough to weather this storm and come out on the other side better suited to respond to our patient's needs.

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. The most current version of this grid, along with many other resources can be also be found on the Catalyst Health Network Resource Website.

CS Modifier: Medicare now urges providers to us modifier CS (in addition to modifier 95) for COVID-19 related visits so that cost-sharing is waived.

TELEHEALTH CORNER

Join us for Tuesday's Telehealth webinar that will be covering all things telehealth and learn about the resources we are working on to help your clinic manage telehealth claim denials and reimbursement discrepancies.

REMINDER: If you have questions about **billing for telehealth visits**, go to our Catalyst Health Network Resources Page to view the Telehealth Coding Quick Reference Guide , along with many other telehealth clinic resources such as this Medicare Coding Opportunity quick reference guide and this E/M Coding Elements reference guide.

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TAKE NOTE: **Telehealth-Security**

Concerned about the **privacy of Telehealth**? Instances of **'Zoom Bombing'** have become more prevalent during the COVID-19 crisis where uninvited participants join and disrupt virtual meetings. This is also a risk for telehealth visits depending on the platform that is used to conduct the telehealth visit.

Most products/platforms used for Telehealth are secure because they were designed to be HIPAA compliant which offers data privacy and security provisions. The HIPAA Security Rule stipulates the following guidelines for electronic personal healthcare information (ePHI):

- Only authorized users should have access to ePHI.
- A system of secure communication should be implemented to protect the integrity of ePHI.
- A system of monitoring communications containing ePHI should be implemented to prevent accidental or malicious breaches.

Tools such as **FaceTime and Skype** are currently **allowed for telehealth** purposes, this however should be considered a **short-term solution** during the relaxed regulations period. *There is higher risk of a data breach when using tools that are not HIPAA compliant.*

Clinics who rely too heavily on tools such as FaceTime should begin preparing for a long-term solution. There are many cost-efficient options ranging from $0-$100 per month (per provider). **HIPAA compliance and ease of use** are two major factors to consider when investigating a long-term telehealth solution. Some **products to consider**:

- Doxy.Me
- Zoom Health
- Updox
- Mend
- Integrated partner with your EMR

It always important to **obtain a patient's consent**. This informs your patient of potential risk and protects your practice. **CMS requires** patients are notified when using a **non-HIPAA compliant technology** like FaceTime.

NOTE: Verbal consent is allowed but should be documented in your visit note.

Lastly, if you are using a teleconferencing package such as the free version of Zoom, some of the **suggested ways to prevent this cyber-attack** are:

- Don't use the same Personal ID number for all of your meetings
- Enable the Waiting Room features and 'admit' participants into your meeting
- Disable the option to allow users to connect before the host

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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

Care Alert 20 on Monday, April 13th, 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*	658	39
MaxHealth	882	72
Village Health Partners*	244	76
Multiple locations *Data as of 4/17/2020*		

NEED TO KNOW

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.

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.

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Responses required by **Monday, April 20, 11:59 PM PST** and is refreshed and repeated every Friday.

Click HERE to take the survey.

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!**

Tuesday, April 21st, from 12pm – 1pm:

- Telehealth: Billing & Collections Strategies

Click this link to join the webinar: https://stratifi.zoom.us/j/94733166312
Password: 4m!#s6X2

Or iPhone one-tap :
 US: +13462487799,,94733166312#,,#,159254# or +16699006833,,94733166312#,,#,159254#

Or Telephone:
 Dial(for higher quality, dial a number based on your current location):
  US: +1 346 248 7799 or +1 669 900 6833 or +1 253 215 8782 or +1 301 715 8592
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