



Catalyst

Care Alert

CATALYST COVID-19 STRATEGY

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

Updated: March 16, 2020

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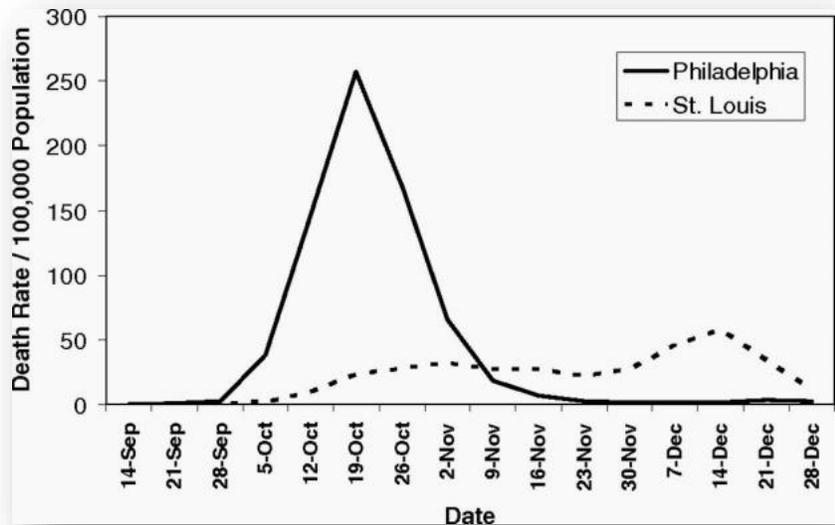
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LESSONS FROM THE PAST

We have, in short order, become a world that is preoccupied with COVID-19. Recommendations about how we can slow the spread of the coronavirus seem to be a part of every conversation. As a community, the health of our coworkers, neighbors and our families must take precedence during this global pandemic.

The harsh reality is this virus cannot be completely stopped. But we can slow the rate of its spread and, in doing so, decrease the likelihood of a sharp increase in the number of cases. The best outcome is a slow spread that allows us to care for sick patients without swamping the healthcare system. Our nation's hospitals and doctors can easily provide top care to our entire nation, so long as the people that get infected do so over a long period, rather than the rapid spread that other countries like Italy have seen.



We need only look at the comparison between St. Louis and Philadelphia during the [1918 Spanish Flu epidemic](#). During the spread of the Spanish Flu, acting quickly, St. Louis enforced social distancing and shutdown all offices and churches that weren't vital to the public. This was a decision that was considered overly cautious by some. Philadelphia, on the other hand, decided to continue business as usual. The infection spread so quickly in Philadelphia that hospitals and doctors were pushed beyond their capacity in the two weeks that it took them to follow St. Louis's lead. This resulted in more than twice the percentage of deaths compared to what was seen in St. Louis.

Our current insight into the number of infected people in our community is low. As more testing becomes available, our national, state and local governments will impose increasingly aggressive measure to limit spread through social distancing. **But will that be too late?** WE can do more, now!

Collectively, we can decrease the speed with which this virus spreads. By staying home, avoiding crowded areas and limiting our interactions with the public to those activities that are necessary, we can do our part to help our country, state, and nation get through this very trying experience.

Together, let's dare to be "overly cautious", like St. Louis, and do our part to ["flatten the curve"](#) for COVID-19.

CDC/HHS UPDATES

NEW CDC GUIDELINES: AS OF 3/15/2020

Large events and mass gatherings can contribute to the spread of COVID-19 in the United States via travelers who attend these events and introduce the virus to new communities. Examples of large events and mass gatherings include conferences, festivals, parades, concerts, sporting events, weddings, and other types of assemblies. These events can be planned not only by organizations and communities but also by individuals.

Therefore, **CDC**, in accordance with its guidance for large events and mass gatherings, **recommends** that for the **next 8 weeks**, organizers (whether groups or individuals) **cancel or postpone in-person events that consist of 50 people or more** throughout the United States.

Events of any size should only be continued if they can be carried out with adherence to guidelines for protecting vulnerable populations, hand hygiene, and social distancing. When feasible, organizers could modify events to be virtual.

This recommendation does not apply to the day to day operation of organizations such as schools, institutes of higher learning, or businesses. This recommendation is made in an attempt to reduce introduction of the virus into new communities and to slow the spread of infection in communities already affected by the virus. This recommendation is not intended to supersede the advice of local public health officials.

GOVERNMENT ORGANIZED TESTING SITES

The federal government announced yesterday (3/15/20) that it has created a model, based on a partnership between the **Public Health and FEMA systems** that can be utilized for public-facing, **drive-through and potentially walk-through testing**. First, patients will utilize a website self-assessment tool to see if testing is recommended. They believe each testing unit can test between 2,000 to 4,000 individuals a day. The initial **intended testing market will be for healthcare workers experiencing symptoms as well as symptomatic elderly with high-risk conditions**.

CLINIC IMPACT

REMINDER — CURRENT CDC RECOMMENDATIONS FOR COVID-19 OUTPATIENT TESTING

Testing Criteria: Current outpatient testing should be reserved for **high-risk patients** until **testing capacity** and **supply availability** increases

1. **Fever or** signs of a **lower respiratory illness with** known *close* contact with a **lab-confirmed** COVID-19 patient within 14 days

OR

2. **Fever or** signs of a **lower respiratory illness** where symptom onset occurred within 14 days of travel from an area with **high levels of COVID-19**
 - *Currently: China, Japan, South Korea, most of Europe and Iran (Monitor for other affected geographic areas. We will post updates in our Catalyst Care Alerts)*

OR

3. **Fever or** signs of a **lower respiratory illness** in healthcare workers

Ultimately, the CDC calls for the clinician to use their judgement to determine if a patient experiencing signs and symptoms of coronavirus should be tested.

WAITING FOR TEST RESULTS

As testing sites become increasingly available over the coming days, you will field more questions from patients asking, “**Now What?**”. We have included **three fact sheets** covering, “[Guidance For Care And Isolation After Testing](#)”, “[Guidance For Care After Test Results Obtained](#)” and “[Guidance For Caregivers And Household Contacts Of Suspected Or Confirmed COVID-10 Patients.](#)”

ACCESS TO MEDICATION

Social isolation may be a solution for slowing the spread of COVID-19 but it comes with **real challenges**. One that heavily impacts our most at-risk population, the elderly with underlying chronic disease, is assuring continued **medication availability and adherence**.

REMINDER: *Catalyst Health Rx can be utilized to deliver medication and monitor adherence.*

Discouraging at-risk elderly from making their usual trips to a retail pharmacy and instead utilizing the Catalyst Health Rx at home delivery model may be the protection they need during this global pandemic.

The Catalyst Pharmacists, Care Managers, Care Coordinators and Pharmacy Technicians continue to be **available to assist you and your patients** with their medication and any additional support they need to thrive during the COVID-19 outbreak.

PERSONAL PROTECTIVE EQUIPMENT

Increasing numbers of network doctors are converting to virtual visits for all patients with complaints of fever or respiratory illness and for those felt to be at risk for COVID-19. This shift could potentially **free up the PPE needed by those testing and treating.**

If you are **doing virtual visits** and can spare much-needed gowns, gloves, masks and face shields, **please consider donating** them to the network.

Access to PPE can convert our mission to launch multiple testing sites across the network to **a reality.** Any donated PPE will be utilized for our patients at the Catalyst/CPL supported centralized testing sites.

CASE STUDIES: CLINICS IMPLEMENTING VIRTUAL VISITS

Hear from some clinics in the Network who have recently implemented Virtual Visits:

[Case Studies – Implementing Virtual Visits](#)

PAYER UPDATE

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

Texas Medical Board Temporary Rule Change

Governor Abbott approved the TMB's request to temporarily suspend regulations that restrict the way telemedicine is delivered in Texas. The temporary measure, in place until reversed by the Governor or until the March 13, 2020 disaster declaration is lifted, will allow:

1. **Allowing Phone Consults:** Telemedicine, including the use of telephone only, may be used to establish a physician-patient relationship. This expanded use of telemedicine

may be used for the diagnosis, treatment, ongoing ordering of tests, and prescribing for all conditions. The standard of care must be met in all instances.

2. For **ALL license and permit holders regulated by the TMB**, the agency will take into account extenuating circumstances surrounding the completion of license/permit renewal requirements such as renewal deadlines and completion of continuing education hours

NOTE: While the TMB now permits tele-visits without video capabilities over the telephone, the payers have yet to make similar changes to their requirements for billing tele-visits.

QUICK FACTS

Most payers are covering COVID-19 testing and Virtual Visits. Virtual visits are not limited to coronavirus related appointments. A list of typical visits you may consider for virtual visits is available [here](#).

Modifiers: 95 (use when submitting virtual visits)

POS: 02 (Leave box 32 on your HCFA as the address of your clinic facility)

Low-cost & Easy start-up solutions for Telehealth Platforms:

Zoom Health: <https://zoom.us/healthcare>

Doyxy.me: <https://doxy.me/>

NEED TO KNOW:

NETWORK EVENT UPDATES:

Member Meeting (4/18): With the goal of ensuring our network practices and staff remain as healthy as possible and are able to focus on caring for patients, we will be **cancelling our Spring Member Meeting** scheduled for April 18th.

We will use the time and resources this returns to continue bringing you updates and resources related to COVID-19. Thank you for your understanding as we take precautions to keep us all as healthy as possible!

Diabetes Education Class (3/17 & 4/21): To prioritize patient health and reduce the spread of Coronavirus, we have **cancelled our March and April Diabetes Patient Education classes**. All patients registered have been notified.

Our Care Team services are still available for your patients. We appreciate your understanding and hope to resume in person classes in May. We will provide updates as they develop.

ZOOM CORNER:

The next scheduled Zoom Webinar is on **Tuesday, March 17th, 12pm-1pm**.

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

- Social distancing
- Care Team support for high risk patients
- Q&A

Join 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)

Find your local number: <https://stratifi.zoom.us/j/adlzVaYPED>

Due to the recent transition for Web-conferencing, here are some resources to help 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!