

COVID-19 Health System, Testing, and Practice Reopening Updates

Tuesday, June 2, 2020



**Mount
Sinai
Health
Partners**

Today From Dr. Davis (CEO MSHS), Dr. Charney (Dean of ISMMS), Dr. Gary Butts (Chief Diversity and Inclusion Officer) To All Mount Sinai Health System

Mount Sinai Health System stands firmly for diversity, inclusion, and empathy, and against all forms of bias, discrimination, and hatred. Our faculty, staff, students, and patients include people of all backgrounds, races, religions, nationalities, sexual orientations, gender identities, and more. We are proud of that. In these times, it is important to be as clear as possible in expressing and demonstrating our values. Which is why today, we unequivocally state: Black Lives Matter.

For far too long, minorities, particularly African Americans, in this country have been persecuted, abused, and killed for no reason other than the color of their skin. That is why these recent protests are happening. And that is why we stand in solidarity with these protests.

So today, at 3 pm, we will show support for our community; support for our Black colleagues, family, friends, and neighbors; and support for those who are peacefully protesting the killing of George Floyd, and so many others before him. If your patient care duties permit, please join us outside each of our hospitals. At 3:05 pm, we will begin nine minutes of silence, representing how long Mr. Floyd was unable to breathe. Please follow proper masking and social distancing rules during this event.

All of us must together say: Enough is enough. Discrimination is like dust in the air; it is always present, but you don't notice how prevalent it is until you shine a light on it. It is time we do our part to shine the light.

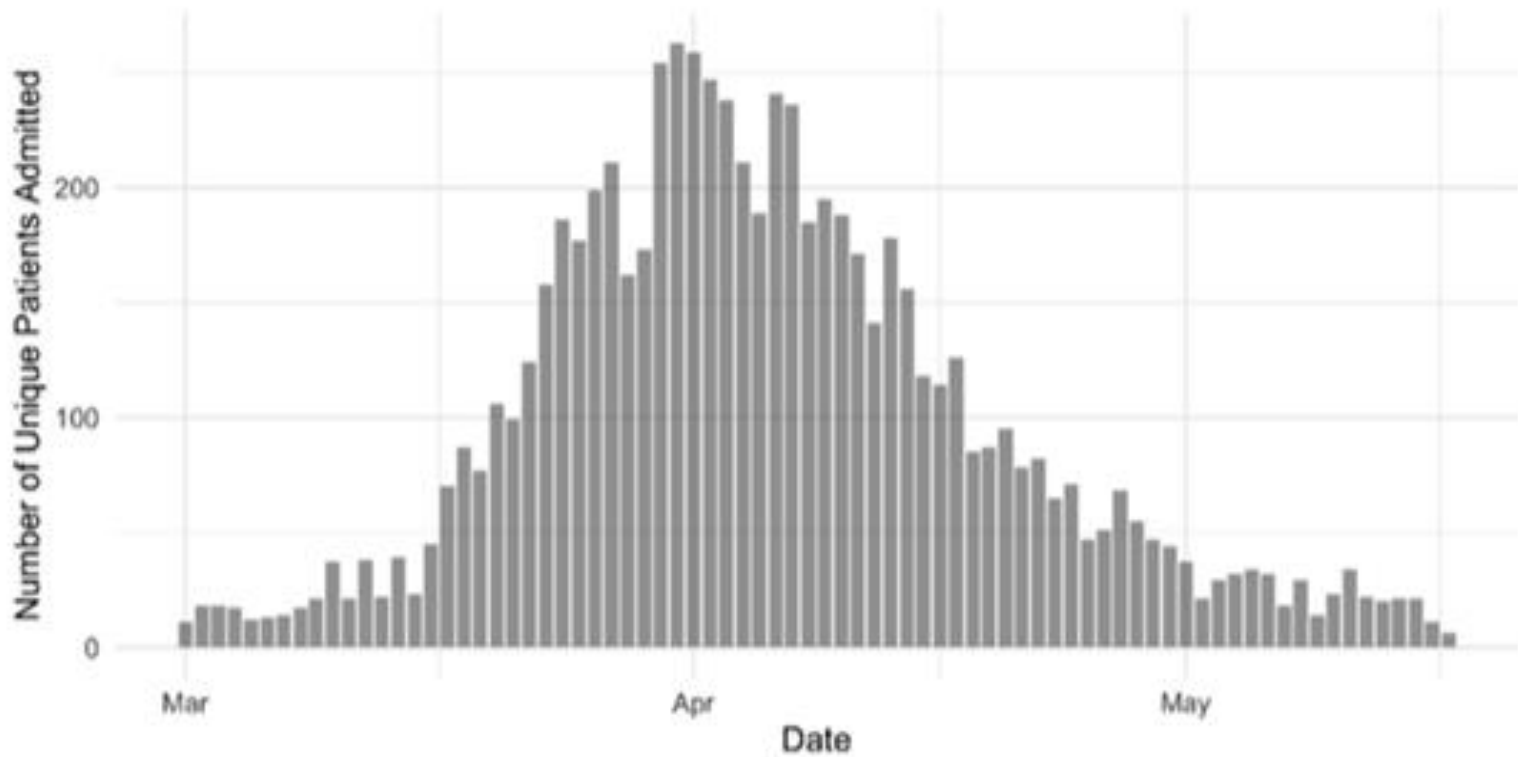
Tonight's Agenda

- ▶ Key Updates:
 - COVID-19 Mount Sinai System Update
 - COVID-19 Mount Sinai Testing and Treating
 - Telemedicine Payer Update
 - Reopening Practices including Patient and Staff Safety
- ▶ Marketing Your Practice During COVID-19 with Lisa Bloch, MS
- ▶ Demo of the MSHP COVID-19 Web Hub with Jade Bettine, MA
- ▶ Emotional Health Update with Anitha Iyer, PhD
- ▶ Q & A, Comments, and Discussion At End Today

Key Updates:

- Mount Sinai Health System
- Testing, Management, Treatment
- Telemedicine
- Federal Stimulus

MSHS Daily Covid-19 Inpatient Admissions from March-May 23, 2020: From 250 daily at peak, to < 10 patients currently



Mount Sinai Health System COVID-19 Update- May 23

- ▶ As of **June 1**, more than 6000 patients with COVID-19 infection have been treated and discharged from Mount Sinai Health System hospitals.

	MSHS COVID+ Inpatients	MSHS COVID+ ICU Patients	PUI*	% of MSHS Capacity-Covid+
April 7	1,917	412	140	~ 92%
April 22	1,606	395	150	< 80%
May 6	769	226	145	< 40%
May 26	292	85	151	<15%

*PUI= Patients Under Investigation for COVID-19

Patient and Family Proactive Education and Outreach

Why it is critical right now?

- ▶ **Even after restrictions are lifted, consumers may need coaxing to seek the care they need**
 - One in three patients won't feel comfortable returning until over three months after restrictions are lifted.
 - One in five people won't feel comfortable going to their hospital for a procedure until over six months have passed.
- ▶ **In the months after COVID-19 restrictions are lifted, only 38% of consumers reported they would seek care normally.**
 - 57% said they would only seek care for a very serious condition or chronic disease management.
- ▶ **When consumers were asked what they were most concerned about, their top three concerns were:**
 - *Risk of getting sick from other patients (56%)*
 - *Cleanliness of facilities like bathrooms, floors, doorknobs, etc. (56%)*
 - *Availability of medical supplies (49%) (assuming this meant proper ppe for patient, staff, doctor)*

Will getting care make me sick or make me worse?

- ▶ **When asked: What would make you feel more comfortable about going back to a medical facility? The top three answers were:**
 - *Your doctor saying it is safe*
 - *CDC saying it is safe*
 - *My local hospital saying it is safe*

Mount Sinai Health System Approach to Patient Management re COVID-19 :

▶ Pre-Procedure Protocol Summary:

- Positive COVID-19 PCR test within 90 days of the procedure, do not retest.
- Without a history of COVID-19 pre-procedural testing should have a SARS-CoV-2 PCR test sent within 2-3 days of procedure.
- If the patient has a **positive COVID-19 PCR test**, with or without symptoms:
 - Delay the procedure until 14 days from the PCR test with last 3 days of being afebrile (temperature <100 F) off antipyretics and significant resolution of respiratory symptoms.
 - Do not retest.
- If the patient has a **negative COVID-19 test**, but has concerning sx-s- fever/respiratory difficulty:
 - Delay the procedure until 14 days from the PCR test with last 3 days of being afebrile (temperature <100 F) off antipyretics and significant resolution of respiratory symptoms. Do not retest.

▶ Discharge from Hospital to Nursing Home Summary:

- Discharge to Nursing Home requires ONE negative SARS-CoV-2 PCR test, this can be from any time during hospital stay.

COVID-19 Antibody Testing Sensitivity & Specificity, and PPV/NPV

TEST	IG/Target	Sensitivity	Specificity	PPV at 5%	NPV at 5%
Abbott Alinity	IgG/Nucleocapsid	100	99	84	100
Abbott Architect	IgG/Nucleocapsid	100	99.6	92.9	100
Autobio Rapid Test	IgG IgM Combined Spike	99	99	84.4	99.9
BioRad Platelia	Pan IgG Nucleocapsid	92.2	99.6	91.7	99.6
Cellex	Comb - Spike & NC	93.8	96	55.2	99.7
Chembio	Comb - Nucleocapsid	93.5	94.4	46.8	99.6
Diasorin Liaison	IgG Nucleocapsid	97.6	99.3	88	99.9
Euro Immun	IgG Spike	90	100	100	99.5
Mount Sinai	Combined Spike	92.5	100	100	99.6
Ortho Clinical Vitros Spike	IgG Spike	87.5	100	100	99.3
Ortho Clinical Vitros Total	Pan IgG Spike	100	100	100	100
Roche Elecsys	Pan IgG Nucleocapsid	100	99.8	96.5	100
Wadsworth	Pan IgG Nucleocapsid	88	98.8	79.4	99.4

- ▶ **Most FDA EUA tests perform very well**
- ▶ **Other tests may as well, but some may not (unknown)**
- ▶ Prevalence in sub populations may impact false positives and false negative test results
 - Test in lower prevalence groups will have lower Positive Predictive Value (more false positives), higher Negative Predictive Value: ex. Person who has been always asymptomatic, no high risk exposures.
 - Test in higher prevalence groups will have higher PPV, lower NPV (more false negatives): Front line worker

Source: <https://www.fda.gov/medical-devices/emergencysituations-medical-devices/emergency-use-authorizations>

COVID Related Management Recommendations

- ▶ For non-hospitalized patients with COVID-19, anticoagulants and antiplatelet therapy should not be initiated for prevention of venous thromboembolism (VTE) or arterial thrombosis unless there are other indications (A III- Strong, Expert Opinion)*.
- ▶ Patients with COVID-19 who experience an incident thromboembolic event or who are highly suspected to have thromboembolic disease at a time when imaging is not possible should be managed with therapeutic doses of anticoagulant therapy as per the standard of care for patients without COVID-19 (A III)*
- ▶ Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)*:
 - Persons with COVID-19 who are taking NSAIDs for a co-morbid condition should continue therapy as previously directed by their physician (A III).
 - The Panel recommends that there be no difference in the use of antipyretic strategies (e.g., with acetaminophen or NSAIDs) between patients with or without COVID-19 (A III).

Telemedicine Services Rule Change

- ▶ Telemedicine Rule Changes: Requirements for reimbursement and Increased reimbursement for Telemedicine services (video and phone) compared with pre-COVID rates
- ▶ Driven by Federal Law, can also be extended by HHS Secretary Discretion
- ▶ **CMS Administrator alluded to many of the changes becoming permanent to continue the expansion and reach of telemedicine**
 - **Note: Congressional action would be needed to extend most changes beyond PHE**
- ▶ **Rule Changes will be extended for several payers, if not most (TBD):**
 - **Medicare FFS telehealth related changes are in effect for as long as the public health emergency (PHE) is in effect**
 - The PHE declaration was effective 1/27/20 and then renewed on 4/26/20 to 7/24/20.
 - May be a renewal on 7/24/20 for another 90 days. Stay tuned.

Telemedicine Services Rule Change Continuation

- ▶ **CMS telehealth related changes are in effect for as long as the public health emergency (PHE) is in effect.** The PHE declaration was effective 1/27/20 and then renewed effective 4/26/20. Per the PHE website, “The declaration lasts for the duration of the emergency or 90 days, but may be extended by the Secretary.”
 - **Medicare Advantage Plans follow CMS guidance.**
 - Cigna extends all services/waives all cost sharing through 12/2020
 - UHC extends all services/waives to 9/30/2020.
 - Emblem Health “till the end of the Public Health Emergency”
 - Empire extends services for 90 days or “as long as the Public Health Emergency lasts”
 - **For Individual and fully insured Group Market health plans dates may vary but the payers have extended continuation of existing coverage:**
 - Cigna extends services as long as the Public Health Emergency is in effect
 - UHC extends through July 24, 2020; subject to review
 - Emblem Health “till the end of the Public Health Emergency”
 - Empire extends services for 90 days or “as long as the Public Health Emergency lasts”

Financial Update

CARES Provider Relief Fund Update – Action Needed by June 3

- These are not loans and do not have to be repaid
- There are restrictions on how the funds can be used and reporting requirements for some providers. The terms and conditions can be found here: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/terms-conditions/index.html>
- Providers who receive the funds **must agree to the terms and conditions within 45 days of receipt of funds and no later than June 3, 2020 via the General Distribution Portal:** <https://covid19.linkhealth.com/docuSign/#/step/1>
- Two distributions: \$30 billion and \$20 billion with different actions needed

1st Distribution: \$30 billion

- Distributed automatically between April 10 and April 17
- Amount based on Medicare FFS revenue
- Only action needed is to attest to terms and conditions

2nd Distribution: \$20 billion

- Must submit revenue information via the [General Distribution Portal](#) **no later than June 3, 2020**
- Payments began April 24 and will go out weekly as revenue information is validated

Recommendation:

If you are eligible, submit revenue information by June 3 to

<https://covid19.linkhealth.com/docuSign/#/step/1>

Personal Protective Equipment (clarifying email sent on May 14th 2020)

Many of you have asked whether MSHP could assist you in identifying sources to purchase personal protective equipment (PPE) for you and your staff. We have identified **iRemedy** to support your needs.

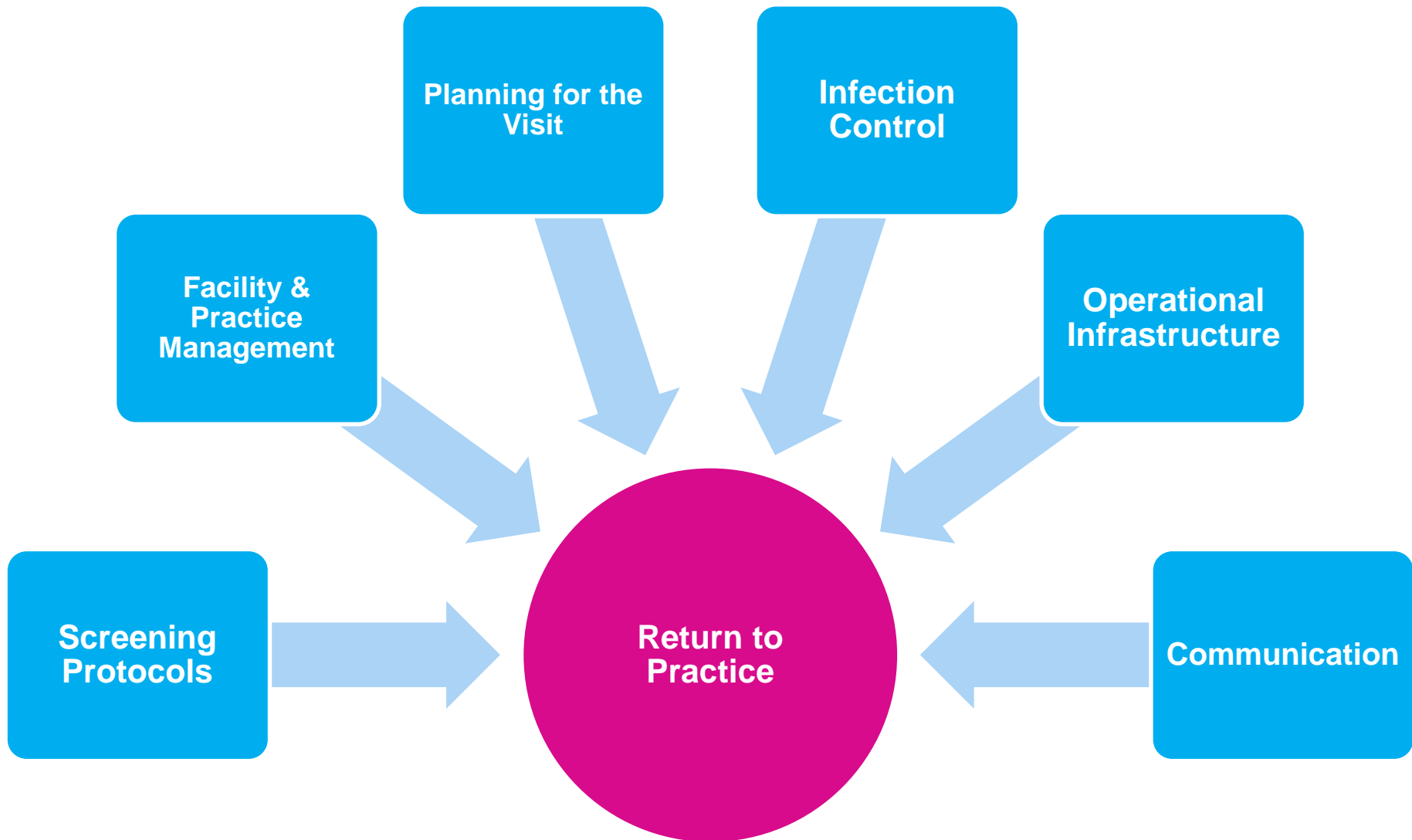
- ▶ The following items are available at this time for purchase online through iRemedy. To place an order, visit <https://iremedysupply.com/medical.html/ppe.html>

Product	Description	Pricing
N95	Sanqi	\$2.91
Gowns	Level 1 apron	\$2.76
Masks	3 ply	\$0.49
Face Shield	Disposable	\$2.65

- ▶ Shipping and handling charges apply and are not included in the product pricing.
- ▶ If you have any questions on the products or placing an order, please contact Marcus Allen, Sales and Service Manager, iRemedy by email Marcus@iRemedy.com or his direct phone number at 772-333-8694.

Reopening and Staying Open

Return to Practice – Key Components



Ex: Screening Protocols

- ▶ To ensure at all entry points patients are screened for symptoms of COVID-19 in the ambulatory setting to reduce the potential spread of infection, and ensure the provision of safe care as we return to full practice operations.

Pre-Visit Screening

Phone Screening Tool

Last updated: 5.5.2020

This screening tool should be used to triage patients as we phase into bringing patients back into the practices. These questions can also be utilized for appointment reminder calls for practices not using [ClientTell](#).

Greeting: Thank you for calling Mount Sinai. We know you may have concerns about COVID-19 and, in order to protect you, we are asking all of our patients a few questions. We are here to help get you the answers and next steps that you need.

Screening questions

- Have you been diagnosed with COVID-19 in the past 14 days?
 - If YES, only schedule video visit or in-person visit no earlier than 21 days
 - If No, proceed to next question
- Do you have any of the following symptoms?
 - Recent onset of fever
 - Recent cough
 - Shortness of breath or difficulty breathing
 - Chills and shaking with chills
 - New loss of taste or smell
 - Muscle pain
 - Headache
 - Sore throat
 - **Pediatrics Only** – Child(ren) 2 months or younger with a fever must be directed to a provider or nurse in the practice.

Lobby and Practice Screening



Abbreviated Lobby COVID-19 SCREENING

Please answer all of the below questions.

This information will help us keep our patients and staff safe.

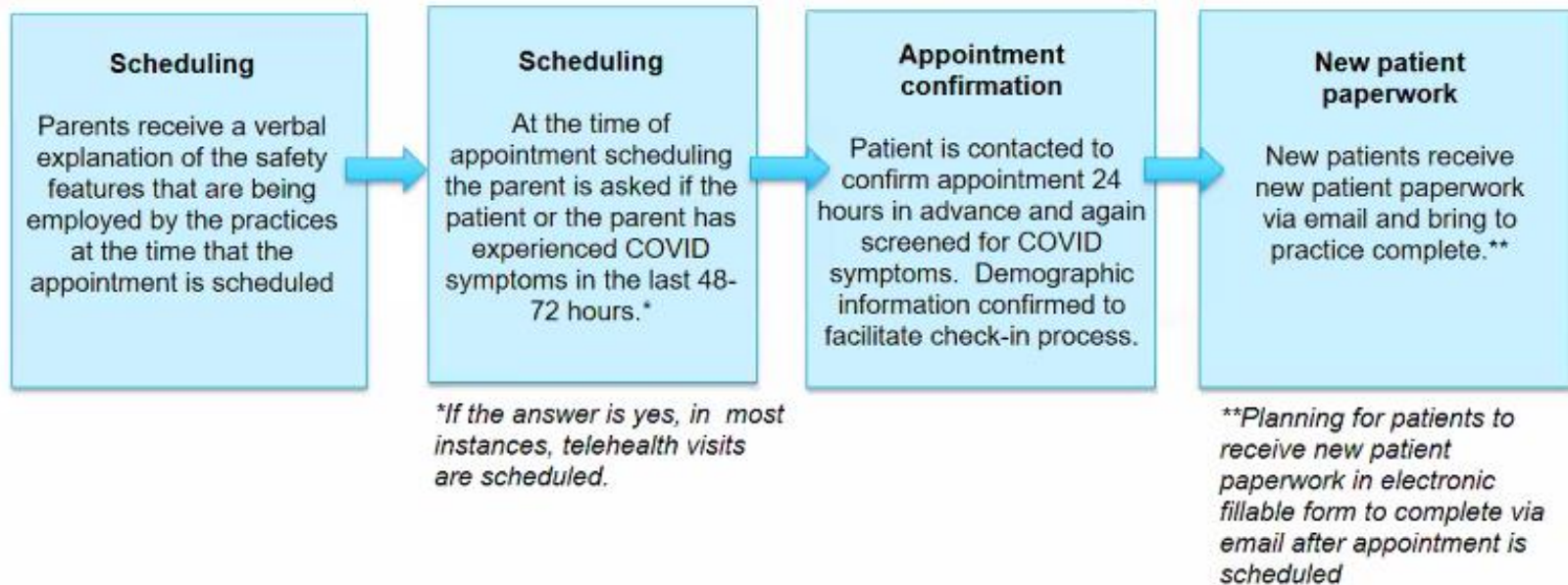
1. Please check temperature, is it above 100° F?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you been diagnosed with COVID-19 in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have a fever or chills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have cough, shortness of breath or sore throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have body / muscle aches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a new loss of taste or smell?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have loss of appetite, vomiting or diarrhea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer "yes" to Question 1, 2 or 3 please alert a staff member immediately

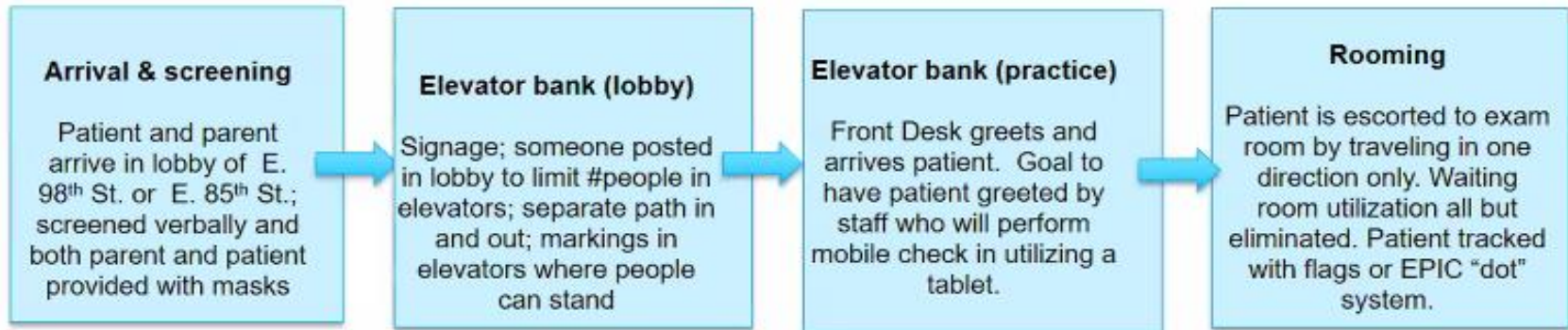
*Full Infectious Disease Screening Tool needs to be completed at clinic level

Example Face to Face Visit Patient Flow: Mount Sinai Pediatric Ambulatory

Pre-appointment & Scheduling



Sample: Mount Sinai Sample Arrival



Also Consider:

- Temperature check when entering (cutoff 100°F)
- If patient enters with a face covering that is not a surgical mask (e.g. homemade face covering, bandanas, scarves), please provide a surgical mask (Updated 5.18.20)
- Ensure hand sanitizer is available

Mount Sinai Sample: Clinical Experience Complete in Rooming



Please note that we are awaiting the arrival of materials such as “circles,” way-finding signage, tablets, and other supplies, which should arrive by next week.

Infection Control for Staff- Guidelines

Focus Area	Guidelines & Recommendations
Clinical Staff	<ul style="list-style-type: none">– UNIVERSAL MASKING with a surgical mask required– Standard practice of hand hygiene– Symptomatic patients: gloves may be worn for escorting patient to room/isolation room– No gowns required unless noted below– Adhere to all universal Precautions protocol– For any other information on the PPE needed for special situations, please see PPE Guidelines link
Administrative Staff	<ul style="list-style-type: none">– UNIVERSAL MASKING with surgical mask required– Standard practice of hand hygiene– No gloves required unless disinfecting high touch areas
Patient	<ul style="list-style-type: none">– If patient enters with a face covering that is not a surgical mask (e.g. homemade face covering, bandanas, scarves), please provide a surgical mask (not N-95) (Updated 5.18.20)– No gloves required; if patient has own gloves, advise to remove and perform hand hygiene

Definitions

- ▶ Universal Mask = Surgical mask
- ▶ Full PPE is considered N95 mask, gown, gloves, face shield or goggles
 - Only worn in exam or procedure rooms for examining symptomatic (fever, respiratory sx's, possibly GI sx's) or swab testing or during aerosolizing procedures

Operational Infrastructure

Focus Area	Guidelines & Recommendations
Scheduling Template	<ul style="list-style-type: none">– Optimize templates for staggered schedules– Establish criteria for telehealth visits
Hours of Operation	<ul style="list-style-type: none">– Consider expanding hour of operations to include early morning, evening and weekend to allow for increased volume while maintaining safe social distancing– Consider blocked time for elderly or pediatrics
Employee Considerations	<ul style="list-style-type: none">– Staff must be masked at all times and adhere to social distancing when possible while working and during breaks– Consider for work to be done remotely (non-patient facing tasks) while maintaining productivity and accountability– Employees should self monitor for COVID-19 symptoms daily

Marketing Your Practice During COVID-19

Lisa Bloch, MS
Senior Director,
Provider Communications
Mount Sinai Health Partners

Email marketing benefits your practice and your patients



- Keep patients **informed** on practice operations, openings/closings, and other changes



- Offer patients **telemedicine services**, appointment booking



- Nurture your **relationships** with your patients



- Educate patients when **(not) to visit the ED** for COVID-19 symptoms



- Remind patients of the importance of routine and **preventive care**

Email marketing delivers value

61%

of patients trust information on COVID-19 they've received from their local provider but **57%** would like to receive info more often¹

48%

of adults report that they or a family member have skipped or postponed care due to COVID-19²

34%

of patients don't know how to get care for non-COVID-19 symptoms¹

25%

of patients think they should seek emergency/urgent care for COVID-19 symptoms²

References:

1. Geonetric
2. Kaiser Family Foundation

Email tools make email creation easy



- Simple-to-use email templates & contact importing
- Email Marketing tutorials available at www.constantcontact.com/email-marketing
- **Free trial available** for 60 days (no credit card required) at www.constantcontact.com/free-email-marketing-trial
- Paid plans start at \$20 per month – visit www.constantcontact.com/pricing

Go to www.constantcontact.com



- Easy user interface and analytics dashboard
- Online tutorials available www.mailchimp.com/resources/mailchimp-101/
- **Free plan** includes templates, websites, surveys, domains
- Paid plans start at \$9.99 per month, visit www.mailchimp.com/pricing

Go to www.mailchimp.com

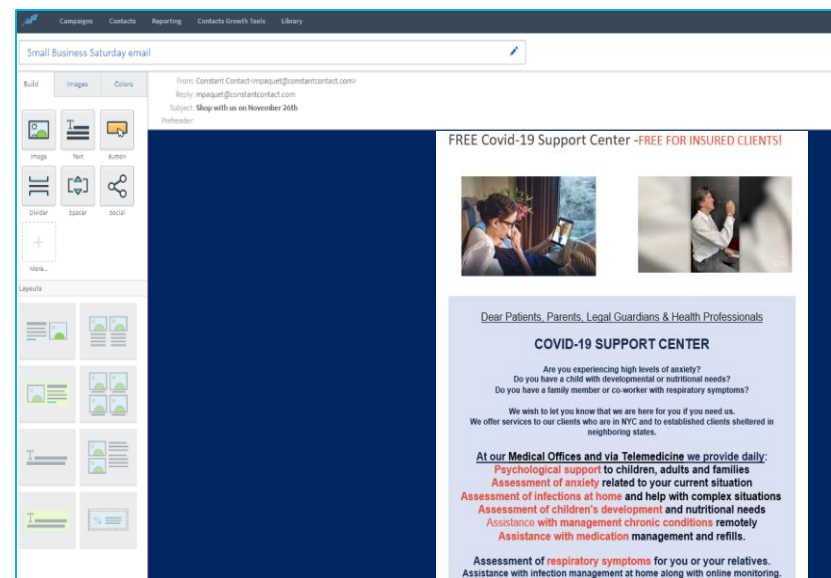
Reassure patients that you're available throughout the crisis

How to **ACE** your emails

- ▶ **Announce** operational updates
 - Hours
 - Safety guidelines if your office is open for in-office visits
 - Don't forget to update your social channels and Google My Business
 - Contact information
- ▶ **Confirm** available services
- ▶ **Explain** how to book an appointment
 - Provide clear and detailed instructions



If sending PHI, make sure the email is secure and encrypted



Marketing That Works

- ▶ Write effective subject lines
 - Make them **clear**, **concise**, and **relevant**
 - Keep an eye on your open rates; declining open rates = time to rethink your subject lines
 - <https://www.subjectline.com/>
- ▶ What is a CTA and how do I use it?
 - Call to action → use **action verbs**
 - Every email should have a concrete goal – **what do you want the patient to do now?**
 - Use CTAs to **convince** the patient to convert (complete the goal)
- ▶ Measure your success to identify **trends** and **areas of improvement**
 - Open rates
 - Click rates
 - Conversion rates

Example email from

The Bodhi Medical Team and Apple Pediatrics



Dear Patients, Parents, Legal Guardians & Health Professionals

COVID-19 SUPPORT CENTER

We wish to let you know that we are here for you if you need us.
We offer services to our clients who are in NYC and to established clients sheltered in neighboring states.

At our Medical Offices and via Telemedicine we provide daily:

Psychological support to children, adults and families

Assessment of anxiety related to your current situation

Assessment of infections at home and help with complex situations

We aim to do it in the safest way for you as well as for our healthcare staff. **Our providers will first assess each patient with a telemedicine visit** and, based on the severity of symptoms and social situation, determine if, best monitoring options or when, and how testing should be done. To initiate an evaluation please schedule a telemedicine visit using

[Click Here to Make a Telemedicine Appointment for an adult](#)

Telemedicine appointment in 3 easy steps:

1. **Schedule** an appointment (telemedicine type / location/ 15 minutes)
2. Receive an email and **complete pre-registration**
3. Receive a video link and **be ready 1-5 minutes** prior to your appointment time

Cost of Covid test should be fully covered by your insurance as well.

For uninsured: Telemedicine visit \$50

Covid -19 test through Quest Diagnostics- approx cost \$53

Approximate turn around time for Covid-19 results is at present 4-7 days.

Subject to change.

Sincerely,

The Bodhi Medical Team and Apple Pediatrics.

Drs. Rebecca Farber, Carol Senkler, Amish Nishawala, Victoria Pertubal, Julia Katsuura, Suparna Patcha, Danijela Zotovic and Martin Malachovsky

Example email from Mount Sinai



Mount
Sinai

Department of Otolaryngology

HEAD AND NECK SURGERY

How We're Keeping You Safe

When you come to see us for care you'll notice the [rigorous protocols](#) we've put in place to ensure everyone's safety, such as:

- **Symptom Screening:** All patients will be screened for COVID-19 symptoms, including temperature checks. Patients showing symptoms will be referred for appropriate care.
- **Mandatory Masking:** Throughout your visit at Mount Sinai, all patients and staff are required to wear face coverings, as well as appropriate protective equipment. Patients and visitors will be provided with a mask, if needed.
- **Social Distancing:** We're minimizing contact between patients by spacing furniture, minimizing the number of patients in waiting areas, and scheduling more time between appointments.
- **Continuous Cleaning:** All areas are rigorously disinfected, including waiting rooms, patient rooms, operating rooms, and high-touch surfaces.
- **Staff Screening:** Staff are monitoring themselves for signs and symptoms of COVID-19 twice daily and being tested for exposure to COVID-19.
- **Separation of COVID-19 Patients:** All of our patients who are being treated for COVID-19 are isolated from others.

Sample email template

SUBJECT: ABC Medical Associates is Open and Ready to Serve You

To our valued patients,

We appreciate the trust you place in us and want to inform you about how we are addressing the coronavirus (COVID-19) situation. We continue to follow the recommendations established by public health authorities to keep all of us safe.

Two Ways to Visit Your Doctor

1. Our telemedicine services make it possible to be able to continue to serve you from the safety and comfort of your own home. All you need is a smartphone or computer with internet access and audio/video capability
2. We will be taking well visits and well-visit follow-ups from our office in the morning hours only. All sick patients will be seen in the afternoon hours.

Next Steps

Book a virtual or in-person appointment! Call us at _____ or visit our website at _____ to schedule.

Important Note: We are not testing for Coronavirus in our office at this time. If you need additional information or advice on how to get tested, please contact us at _____.

Beyond the Inbox

- ▶ Mail

- Letters
- Postcards



- ▶ Phone

- Call
- Text



- ▶ Social Media



- ▶ Neighborhood publications

5 actions to consider doing in the next week ...

- ✓ Conduct timely **patient outreach** to high-risk patients by phone
- ✓ Contact all other patients by preferred method of contact
 - Phone
 - Text
 - Mail
 - Email
- ✓ Make **patient appointments** (telemedicine / in-person visits)
- ✓ Send **reminder emails** (ex: appointments and practice updates)
- ✓ Continue to follow-up and **connect** with your patients regularly



Appendix

Email encryption:

- [Microsoft Office How to Encrypt Email Messages](#)
- [Gmail encryption security tips](#)
- [Mac email encryption instructions](#)
- [AOL email security](#)
- [Yahoo email security](#)
- [iPhone email encryption instructions](#)
- [Android email encryption instructions](#)
- [Constant Contact Privacy Practices](#)
- [Mail Chimp Data Security and Privacy](#)

MSHP COVID-19 Web Hub Demo

Jade Bettine, MA
Associate,
Provider Communications
Mount Sinai Health Partners ³⁵

Emotional Health in the Time of COVID-19 Follow Up

Anitha Iyer, PhD

Director, Behavioral Health Population
Management

Mount Sinai Health Partners

Associate Professor of Psychiatry

Icahn School of Medicine at Mount Sinai

anitha.iyer@mountsinai.org

Ongoing Emotional Health Discussion

- ▶ 45% of attendees indicated they would like **all of the following** support options from MSHP to help with their patients' emotional distress:
 - Town Hall meeting focused on the continuum of behavioral health needs and services
 - Consultation for practice on behavioral health needs and services
 - Access to telepsychiatry appointments
- ▶ 34% of attendees indicated they would like **none of the above** support for their **own** emotional distress (while **25%** indicated they would like **all of the above** support for their own emotional distress)
 - Town Hall meeting focused on the topic
 - Access to facilitated support group for network providers facing similar challenges
 - Access to individual support with a mental health provider

Resources for Patients—Low Risk

1

- Refer to integrated behavioral health provider (If available)

2

- Refer to Social Work Care Management team

3

- Outpatient Telepsychiatry is Available
- Accepting New Referrals!

Emotional Health Workgroup

- ▶ MSHP aims to provide meaningful, customized solutions and discussions **that are useful to you**
- ▶ Focused workgroup comprised of providers interested in ongoing discussion
- ▶ If you are interested in participating, please indicate this preference in the post-town hall survey under the associated question
- ▶ Town Hall discussions on the topic will be maintained on a regular basis

Questions, Comments and Discussion

- ▶ To unmute yourself:
 - **If you dialed-in via phone:** Select *6
 - **If you dialed-in via computer audio:** Click on the microphone icon on the lower left of your screen

APPENDIX

2020 Clinical Integration Program Requirements - Status Updates

- ▶ **2020 CIN Overview/Covid-19 Sustainability Town Hall:** The below topics were covered during MSHP Practice Specific Town Hall. 2020 Training Attestation submitted for approval and return by groups Chief Medical Officer
 - Privacy Training: 2020
 - Care Coordination (First Year Only)
 - Program Engagement - Introduction to CIN (First Year Only)
- ▶ **Practice Engagement:** 15 Provider Engagement Encounters to date, the requirement is up to ten visits for PCP's and 2 for Specialists and PCP's to attend at least 1 in-person or virtual Meeting per year.
- ▶ **Quality Performance:** MSHP Providers will not be required to submit quality reporting data in 2020.
- ▶ **Promoting Interoperability:** Pending form return which attests that the specialist within group use a MIPS Certified EMR in 2020.
 - Form received for PCP's as a combo Form with PCP Direct EMR Addresses on 3/2/2020
- ▶ **Patient Access:** Received a signed form on 3/9/2020 to cover the entire group for 2020
- ▶ **EMR Direct Address:** Received form detailing the direct EMR addresses for each of PCP's in the group to satisfy requirement on 3/2/2020

MSHP Care Management Goals: Connectivity (to you), Crisis Support, Comprehensive Care for Complex Needs

▶ Increasing connectivity to you:

- We are actively engaging your patients being discharged from hospitals, SARs, + calling a target group of patients at risk for COVID
- As you determine who needs to be seen, call on us to support the patient's connectivity to you - in person or via video visit
 - Transportation, tech support

▶ Continuous support for patients in crisis:

- Outreach to patients at risk for developing COVID-19 and anyone hospitalized with the disease is ongoing. Our focus is on ensuring patients are able to remain safely at home and have access to food, medication, mental health resources, home care and to you if an urgent need arises during the day as well as to SinaiNow if needed on off hours/weekends

▶ Comprehensive, interdisciplinary care management:

- Goal-focused disease management by nurses
- Identification and amelioration of needs stemming from the social determinants of health by social workers

We partner with you around patients' needs and barriers to health stabilization...

- ▶ Help address underutilization
 - Do patients know how to reach you and your practice?
 - When did they last come in to be seen?
 - Would they benefit from an in-person, video, or telephone visit?
 - Might we assist with appointment scheduling? Transportation to appointment?
 - If attributed but never seen, how are they currently receiving primary care?
- ▶ Complete Covid-19 emergency preparedness crisis intervention assessment (addressing food, medication, formal support, mental health and PCP connection needs)
- ▶ Provide support around disease management (understanding illness, symptom management etc.)
- ▶ Assess for needs stemming from social determinants of health (e.g. housing, health literacy, financial insecurity, community safety, linguistic and cultural alignment, substance misuse, interpersonal violence)

NY State study to assess how many NY State residents were infected

- ▶ Per Cuomo 27,000 healthcare workers across 25 downstate facilities were tested for antibodies.
- ▶ In New York City, 20% of the general public had antibodies, compared to about 12% of healthcare workers.
- ▶ In Westchester, near the state's first coronavirus outbreak, nearly 14% of the general public had antibodies, while just about 7% of healthcare workers had them.
- ▶ Nearby Long Island tested at roughly the same rate: 11.4% of the general public tested for antibodies while healthcare workers were at 11.1%.

- It is critical to maintain access to health care services during the COVID-19 public health emergency, including routine preventive care and follow-up services.
- Healthcare providers should continue to ensure infection prevention and control measures are in place to prevent the spread of COVID-19.
- Healthcare providers should contact patients who may have missed routine preventive care or follow-up appointments during the COVID-19 public health emergency, including ensuring children, adolescents, and adults receive doses of recommended vaccines they may have otherwise missed.

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Strategies to Safely Ensure Access to Health Care During the COVID-19 Public Health Emergency

Healthcare providers must continue to ensure infection prevention and control measures are in place to prevent the spread of COVID-19. This requires deploying multiple strategies, include

- ▶ Strategies to separate well individuals from sick individuals. Strategies may include:
 - Scheduling well visits in the morning and sick visits in the afternoon;
 - Scheduling visits based on patient-risk factors for COVID-19 severe outcomes, and schedule those at highest risk earlier in the day;
 - Separate patients spatially, such as by placing patients with sick visits in different areas of the clinic or another location from patients with well visits;
 - Collaborate with providers in the community to identify separate locations for holding well visits;
 - Request that patients remain in their cars while waiting for their appointment and call them directly into an exam room once ready;
 - Implementing triage before entrance into facilities (e.g., phone triage, parking lot triage, front door triage);
 - Provide patients who screen positive for symptoms or COVID-19 risks factors with a facemask to cover their nose and mouth; and
 - Bring such patients to a private room immediately.
 - Restricting or limiting individuals that accompany patients based upon need to support the patient during the in-person evaluation (e.g., pediatric patient, patient with dementia, patient with developmental disabilities, patient with limited ability to walk) to reduce transmission;
 - Providing necessary infection prevention supplies in patient accessible areas (e.g. tissues, waste receptacles, alcohol-based hand sanitizer containing at least 60% alcohol);
 - Placing waiting room chairs 6 feet apart when possible. Consider use of physical barriers such as screens;
 - Removing any toys, reading materials, or other communal objects, or clean and sanitize such items between each use.
 - Designating staff who will be responsible for caring for suspected or known COVID19 patients and ensure they are trained on infection prevention and control recommendations for COVID-19 and the proper use of personal protective equipment.

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▶ Best Practices to Contact Patients

- Identify patients who have missed routine preventive care or follow-up services in the previous 2 months, using your practice's electronic health record and call or send letters requesting them to reschedule these appointments as soon as possible.
- Identify patients who have missed immunizations due to the public health emergency, using your practice's electronic health record or the NYSIIS Reminder/Recall function. The Reminder/Recall function in NYSIIS can be used to generate standard or custom reminder letters, mailing labels, or lists of patients in your practice due or overdue for vaccines.

▶ Resources

- NYSDOH COVID-19 Guidance for Healthcare Providers:
<https://coronavirus.health.ny.gov/information-healthcare-providers>
- American Academy of Pediatrics COVID-19 Clinical Guidance Q&A:
<https://services.aap.org/en/pages/covid-19-clinical-guidance-q-a/>
- American Academy of Family Physicians COVID-19: Guidance for Family Physicians on Preventive and Non-Urgent Care:
https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/AAFP-COVID-Non-Urgent-Care-Statement.pdf

Facility & Practice Management

- ▶ To ensure all are familiar with space planning guidelines in the ambulatory setting to reduce the potential spread of infection, and ensure the provision of safe care as we strive towards high reliability (zero harm).
- ▶ **Entrance/Lobby Protocol**
 - Temperature check when entering (cutoff 100°F)
 - If patient enters with a face covering that is not a surgical mask (e.g. homemade face covering, bandanas, scarves), please provide a surgical mask (Updated 5.18.20)
 - Ensure hand sanitizer is available
- ▶ **Elevator Policy**
 - Face masks must be used at all times
 - Please use proper hand hygiene
 - Signage to promote social distancing
 - Encourage employees to use stairs, if available
 - When possible, limit number of people as needed
- ▶ **Front Desk & Waiting Room**
 - Screen patients at front desk
 - Remove or separate chairs so that they are 6 feet apart to promote safe social distancing
 - Place stickers on chairs that should remain unoccupied
 - Plexi-glass or barriers in testing areas are not recommended for front desk or waiting area spaces
 - Ensure hand sanitizer is available

Mount Sinai Health System Patient Communication Examples



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Planning for the Visit

- ▶ To maximize efficiencies and limit movement during a visit to the ambulatory practices. To complete all testing and transactions including checkout in the exam room when possible.

- ▶ **Pre-Visit Planning**
 - Confirmation of Demographics, Pharmacy, Clinical and Regulatory Form signatures, Insurance Eligibility on the telephone or through your practice management system
 - Testing clearance required before visit for specific specialties/populations

- ▶ **Registration and Check-In**
 - Promote use of patient portal or telephone use including collection of copay
 - Limit unnecessary forms for completion
 - Ask patient to wait in the car until they can be taken directly into exam room

- ▶ **Day of the Visit**
 - In order to limit patient movement throughout the practice provide lab/EKG services in exam room
 - Simple checkout to be provided in the exam room
 - Provider follow up- utilize telemedicine where appropriate

Environmental & Cleaning Guidelines

To ensure and maintain a clean and safe environment in all ambulatory care facilities.

Focus Area

Guidelines and Recommendations

General Information

- The following should be disinfected with disinfectant wipes between each patient: kiosks, iPads/tablets, pens and allow for appropriate wet time (consult the label on the canister)
 - Electronic devices: alcohol pads, Sani wipes-OK
- Standard protocol of disinfecting rooms in between patients
- Designated symptomatic patient exam room should have paper curtains
- If there is a known COVID-19 positive patient, contact EVS for terminal cleaning
- [Cleaning products recommendations](#)
- If the following aerosol generating procedures have been performed in the room with a laboratory-confirmed COVID-19 patient or a patient under investigation, wait **30** minutes after the procedure before commencing terminal disinfection:
 - BIPAP, CPAP, and high flow (for the duration of therapy)
 - Intubation and bronchoscopy
 - Sputum induction or endotracheal aspirate collection
 - Nebulized treatment
 - Tracheostomy
 - Chest physiotherapy
 - Trach and airway suctioning
 - Bronchoalveolar lavage

COVID-19 Antigen & Antibody Testing (as of May 4, 2020)

- ▶ **60 RT-PCR tests (Antigen) and Interpretation with FDA EUA**
 - Sensitivity and Specificity: Variable and not validated - No gold standard; **most RT-PCR based tests have 70% sensitivity**
 - Higher pre-test probability improves accuracy (i.e., better in healthcare workers and symptomatic individuals)
 - Negative rate in symptomatic person may reflect sampling error.
 - Consider obtaining alternate source or antibody testing.
 - Persistent positive after symptoms have resolved may reflect RNA fragments
 - Active research to determine if true infectivity vs fragment
- ▶ **12 Serology Antibody tests (IgG & IgM or IgG only) with FDA EUA**
 - 21 days from sxs provides best IgG yield
 - Unclear what level of immunity IgG+ provides, still follow local protective guidelines
 - Mount Sinai IgG positive if titer is $>1:50$, Plasma donation eligible if titer is $> 1:320$