



July 6, 2020

New Information From Your CPMG Medical Directors... ... always interesting to us – hopefully useful to you!

From: Breslow, Adam MD

Sent: Friday, July 03, 2020 3:05 PM

To: Breslow, Adam MD

Subject: Covid Chronicles Holiday Edition July 3, 2020

Good Afternoon/Evening:

These are nightly (released a bit earlier than usual) updates for all CPCMG and RCPMS staff. Other valued community members which includes all CPMG affiliates and Radys Executives, as asked, have been included for the sake of collaboration. Please note that the information included herein is geared towards CPCMG & RCPMS staff and while generally useful to the broad community, all aspects may not always be applicable to your respective organizations.

Happy Independence Day to one and all. It is important to remember not everyone who lived here on July 4, 1776 was free, nor do all throughout the world, even as of today live free. Let's take some time to reflect on our liberties and how we can keep working to make our nation a more perfect union.

For those who missed it, there was an "Easter Egg" in the Chronicles this past Wednesday. Embedded in the testing section and noted to be "slightly updated" was:

8. Quasi-symptomatic: for the 1st three people to e-mail me a (legally compliant) gift awaits.

Congratulations to Jason Decker, Annemarie Haydel and Samantha Cuomo for their eagle eyes. Each will receive a \$25 Starbucks Gift Card for their compulsiveness in reading the Chronicles. Be ready for the next giveaway, you might be next to win.

Courtesy of the New York Times and reprinted in the U-T business section today is an article describing the bleak summer employment prospects for teens this year. Places like camps, pools, amusement parks and restaurants are unlikely to be hiring in the midst of

their current furloughs and layoffs. Only 23% of teens looking for a job will be expected to get one.

Back in my high school and college days, I had the "pleasure" of working in some pretty awful places. Anyone who wishes, I will challenge you to a "worst job ever" competition, I usually (but not always) win. That said, those experiences helped shape who I am today and make me grateful for the wonderful work we do.

All of us should be concerned for our current cohort of teenagers (patients, family or friends), a group already at high risk for mental health concerns such as anxiety and depression. Not having gainful summer employment is another casualty as a result of Covid-19 pandemic. It's more important than ever that we see our adolescents, screen them for mental health concerns and be willing to listen to their needs. It's with a great source of pride that our group continues to move forward in this direction to make us a more perfect medical group.

RISK LEVEL

We remain at Risk Level 4.

- Access:
 - All sites remain open and all sites continue to see well and sick visits in a modified format.
 - Most sites continue to see WCC's into mid-afternoon and are seeing WCC's of all ages
 - Some sites are piloting a well only format.
- <u>Screening</u>: Conducted on site each morning by a designated screener which includes a temperature check and risk assessment (symptoms and exposure).
- Self-monitoring: Throughout the day by all staff and providers.
- Incident Command: (new)
 - We'll be rolling out guidance for parental request for Covid-19 related return to school/work/sports in the next few days.

SAN DIEGO COUNTY COVID-19 TRIGGERS

- Health Officer Orders will be modified when any of the following three criteria are met: Community Outbreaks, ICU Capacity or PPE Supply.
- Health Officer Orders will also be modified if one or more criteria in at least 2 of the following 3 categories are met:
 - Epidemiology (Surveillance)
 - Healthcare (Hospital Capacity)
 - Public Health (Response)
- Please click the Triggers <u>Scorecard (SD County)</u> to see how we are doing with all 13 of the criteria metrics across the 3 categories.
- As of 6/26/20, we are now meeting the community outbreak metric, but are not meeting the increasing hospitalizations metric (currently 19% increase over the past 3 days with the State benchmark being 10%).

RIVERSIDE COUNTY STATE OF THE STATE (I got lazy; Ken will update this next week)

Riverside County is currently one of several counties on the State's watch list, which could result in stricter restrictions as they are failing several metrics.

- **Positivity Rate**: The county's test positivity rate over the past 7 days is 10% (2% higher than the State's targeted rate of 8%). Note: San Diego's is running at 5%.
- Coronavirus Cases: The county has 164 cases per 100,000 people over the past 14 days (this exceeds the State's guidelines of 100 per 100,000). This is an increase of 126 per 100,000 for the week prior. As with San Diego, the cases are trending higher with younger age groups (20-45 y/o).
- **Hospitalizations**: The % change in hospitalizations over a 3 day rolling period was >10% (the State Benchmark), but then improved over the next several days.
- ICU Bed/Vent Availability: <20% ICU beds and <25% Vents available are both failing the State benchmarks.

CASES (new and important!)

CPCMG/RCPMS:

- Staff/Providers
 - No new positive provider cases (1 total to date-none with confirmed work related exposure).
- Three new positive staff cases (9 total to date-none with confirmed work related exposure) Recent contact tracing revealed a common public venue where it is difficult to maintain social distance and many were noted not to wear face coverings. Per our Quality/Safety Team: 1 Asymptomatic Employee with a negative test result; 3 Symptomatic Employees with a Positive Results; 1 Symptomatic employee with a Negative Result (Presumed positive given that they are presenting with same symptoms: HA, aches, congestion, decreased smell). It behooves us to practice safe behaviors both at the office and in the community. Please stay safe out there this holiday weekend!!!

Patients

- Beginning this week, given the large increase in cases, we are only going to
 present the number of new cases without case descriptions unless there is an
 interesting presentation. Local, regional and state totals have been updated
 below.
- Lots of you have been contacting me with positive cases, thanks for your diligence. As you develop comfort with a positive test, you only need to fill out the Confidential Morbidity Report (CMR). Encouraged would be any routine follow up you deem necessary (a self-scheduled video visit would be most appropriate- see CMIO report below).
- o Of course, feel free to reach out with any questions or concerns.
- I still can't wait for Ken to return!

Riverside County Covid Cases: (updated)

- Tuesday Evening 6/30: 3.8% increase-17,296 positive cases with 7.7% of the TOTAL cases being in children 0-17 y/o
- Wednesday Evening 7/1: 4.1% increase-18,041 positive cases with 7.9% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 7/2: 4.0% increase-18,720 positive cases with 8.0% of the TOTAL cases being in children 0-17 y/o

San Diego County Covid Cases: (updated)

- Monday Evening 6/29: 4.3% increase-14,149 positive cases with 7.9% of the TOTAL cases being in children 0-19 y/o
- Tuesday Evening 6/30: 6.0% increase-14,623 positive cases with 8.0% of the TOTAL cases being in children 0-19 y/o
- Wednesday Evening 7/1: 6.8% increase-15,207 positive cases with 8.5% of the TOTAL cases being in children 0-19 y/o

Statewide Covid Cases: (updated)

- Tuesday Evening 6/30: 4% increase-222,917 positive cases with 7.0% of the TOTAL cases being in children 0-17 y/o
- Wednesday Evening 7/1: 4% increase-231,221 positive cases with 6.5% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 7/2: 4% increase-240,195 positive cases with 6.3% of the TOTAL cases being in children 0-17 y/o

<u>CPCMG PROVIDER FTE CHANGES (updated from Wednesday)</u>

This is for CPCMG providers only. DocuSign documents were sent out Tuesday June 30, 2020 to indicate whether you want to change to 90% or remain at 80% of your previous FTE. As of this morning 110 of 145 have responded. Thank you for your quick turnaround time. For the remainder of providers please complete by Tuesday July 7, 2020, it only takes 1-2 minutes. For shareholders only: please select the work flex down option for your actual clinical shifts. Since the PPP pay period is now closed, you are free to select a compensation draw of your choosing. Please work with our finance team prior to payroll close at the end of the third week of July.

COVID COLLABORATIVE FOR CHILDREN (C3)

The intent of the C3 program is offer testing for those during the course of their <u>visit</u>. Unfortunately, the County through "211" has distributed information to patients that they should just "go to Radys" to get their testing done. This net has encompassed the hospital, specialty offices and CPCMG offices. At this time, we do not have the clinical support staffing bandwidth to accommodate testing requests outside of a visit. If a family wants testing without a visit, Radys drive through/walk in (with an order) or a referral to a County/State testing location are options. Of course, with extenuating circumstances, accommodations can be made.

Visits (either in person or via video visit) should be offered to those requesting testing for both clinical and business considerations. Priority should be given to symptomatic patients > asymptomatic patients with an exposure > asymptomatic patients for surveillance purposes only. In time, we realize that requests for asymptomatic testing will increase and that we may not have the ability or desire to offer a visit. We will be exploring increasing referrals to regional testing centers that have been up staffed in order to accommodate the increasing volumes.

Encounters

- CVC Video Visits: Offer testing at a CPCMG Regional Center or via Radys (Drive Through/WI)
- PCP Video Visits: Offer testing with a site clinical support visit or via Radys (Drive Through/WI)
- In Office Visits: Offer testing during the visit
- No Visit: Order via Radys (Drive Through/WI) or State/County locations

Other C3 Notes (Update in red)

- As described at the beginning of the Chronicles, the lab has amended their turnaround time to 24 or 48 hours for urgent or routine specimens, respectively.
- For those sites that have not gone live, they can use the standard Covid collection swab/media for the anterior nasal collections.
- Dry swabs have been supplied*, buy there have been some challenging breaking off the stick since it is not scored. There is a break the stick video that has been created.
- There is a temporary shortage in dry swabs and if your site has limited swabs, we are suggesting limited scope testing (symptomatic, exposed or based on need). The shortage should be short lived.
- C3 Roll Out Sites: Gateway, 4S Ranch, Scripps Ranch and Children's Campus went live
 last week. CMP, Eastlake, Euclid and Carmel Valley are set to go next followed by
 Santee, Alvarado, El Cajon, La Costa and Fallbrook. We expect that sites going live next
 week will be offering limited scope testing until the swab situation stabilizes.
- Setting Realistic Expectations: Routine surveillance testing will take 24-48 hours (not 2 hours). This is still an improvement over Quest or LabCorp. For samples that need to be fast tracked (symptomatic, clinical concern, provider/staff), please place the green sticker on the bag. For providers/staff: This should be written in on the top of the requisition.
- There have been some supply challenges this week with respect to obtaining swabs. With great diligence from Gillian Ripley, advocating on our behalf, we've been reassured this will be a thing of the past. It that is not the case at your office, please let us know.

COVID ANTIBODY TESTING FOR PROVIDERS/STAFF

I was asked what happens if your antibody test returns positive? Please report this to our Quality Team. If you have a strong history of a Covid like illness, further testing may not be required. If there is not a strong history, we will likely need to have PCR testing ordered to rule out a concurrent infection. If the PCR is negative, hope that you have been given a gift with some longer lasting immunity. If the PCR is positive, you will need to be excluded from work of course.

RCHSD's occupational health is offering COVID IgG antibody testing to any providers or staff (bring your badge). It is located at Building 12 with no appointment needed. Hours are **0700-14:30**, Monday-Friday with no physician orders required for providers/staff.

TESTING LOCATION OPTIONS (updated)

Please refer to the updated testing location options for Riverside and San Diego County in previous Chronicles. Some County/State sites have been added and some have been deleted with some having hours modified. Please note that walk-in testing at Radys will be moving from the MOB 3030 location to the area where the drive-through testing occurs. More details will be forthcoming and is expected to commence on or around 6/30/2020.

TESTING CRITERIA (condensed & repeated for reinforcement)

Clinicians should use their judgment to determine if the patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. If you think a patient needs to be tested, please test them!

With the new rapidly expanding C3 Collaborative at Radys, we now have the ability to test any child for any reason (with parents/caregivers soon to follow). For those practices that still have limited collection ability challenges, the following should be given consideration for testing (from highest to lowest):

Testing Priority

- 1. Symptomatic* Healthcare staff
- 2. Anyone instructed by Public Health to test
- 3. Symptomatic* children with underlying conditions/risk factors
- 4. Symptomatic* children being direct cared for by an older caregiver or caregiver with underlying conditions.
- 5. Asymptomatic children who will be undergoing a hospital procedure requiring preclearance.
- 6. Symptomatic* children having family members who are essential workers.
- 7. Symptomatic* children with a known contact to a person with suspected/proven COVID-19.
- 8. Asymptomatic children with a known contact to a person with suspected/proven COVID-19.
- 9. Symptomatic children with no known contact to a suspected/proven COVID-19 case.
- 10. Asymptomatic children with no known contact to a suspected/proven COVID-19 case (for surveillance purposes).

*Symptoms= fever, cough, shortness of breath/difficulty breathing, sore throat, chills/repeated shaking with chills, nausea, vomiting, diarrhea, muscle aches, fatigue, new loss of taste or smell. Note that elderly people (and children) might not develop fever.

ANTIBODY TESTING CRITERIA (repeated for reinforcement)

Patient referrals to a Quest draw center must be asymptomatic for the previous 10 days AND must have the following testing limitations reviewed with them.

<u>Limitations</u>: When ordering antibody testing, the following limitations should be communicated to patients

- We do not know whether the presence of IgG antibody indicates full, partial or no immunity to COVID 19 and for how long.
- If an IgG antibody result is positive, we cannot rule in or out the positive as COVID-19 versus a non COVID-19 corona virus
- Antibody testing cannot rule out or rule in an active COVID-19 infection and if testing positive, we will need to follow this up with PCR testing.

The following are suggested for testing consideration:

- 1. Patients with a Hx of COVID-19 like illness* AND either have risk factors themselves or contact with other patients/caregivers at risk.
- 2. HCW's:
 - a. With acute suspected COVID-19 symptoms > 7 days, but a negative PCR test*
 - b. Who have recovered from a suspected past history of a COVID-19 like illness*
- 3. "Covid Toes" presentation
- 4. Any suspected KD, MIS-C cases or previous Hx of prolonged fever since March
- *Note: 14 days past onset of sx's is preferable for testing due to increased accuracy.

<u>Risk Management updates from the desk of Steve Lewis (repeated from Wednesday):</u>

Video Visits outside of MyChart

There may be rare occasions when a family is unable to do a video visit through MyChart (e.g., they do not have full proxy access or are having technical difficulties). As a work around, some video visits have been done where the family logs in directly through Zoom rather than through MyChart. From a security perspective, this is a protected video visit since we are using a higher level HIPAA-compliant version of Zoom. However, if you find that you need to use this work around, there are a couple of matters that need to be addressed:

- 1. You must know the family well enough to be able to identify the legal guardian; and
- 2. Since they are not able to acknowledge the "Terms & Conditions", you will need to document their consent to a video visit in the chart.

Fraudulent Mask Exemption Cards

It has recently come out that there are fraudulent "mask exemption" cards people are able to obtain online (see attached). The "FTBA" on the card stands for "Freedom to Breathe Agency", which is obviously not a real government agency. If someone shows one of these cards at an office, it is not legitimate, and they will still need to wear a mask.

CMIO REPORT (from the desk of Dr. Michael Jacobson) (1st part is brand new, 2nd part left over from Wednesday for those who haven't read.)

COVID-19

 Starting Monday, all well-child SmartSets will include an option to order anterior nares swab for 2019-nCoV PCR. This will allow one-click ordering for asymptomatic patients whose families desire testing, if not already ordered through the C3 initiative by rooming staff. Just click the order and it will auto-associate with the correct screening ICD code. Since the C3 initiative is only for testing through the Rady lab, that's the only order we added.

▼ Labs	
▼ COVID Labs	
	ID-19 RNA, QUALITATIVE RT-PCR*RCHSD cted: Today, Expires: 1 Month, Routine, Clinic Collect
☐ Encounter for laboratory testing for COVID-19 virus [Z11.59]	

Video Visits

- The RCPMS Epic analysts are nearly finished with developing the workflow for providers to schedule a Video Visit for a patient with just a few clicks. This will be a game-changer in converting appropriate telephone and MyChart messages into telehealth encounters. I will share details early next week.
- A patient does not need to be present during a Video Visit (or office visit) for it to count as a billable encounter. In these situations, select a billing code by total face-to-face time (10 minutes = 99212 and 15 minutes = 99213) and include documentation such as "15 minutes were spent face-to-face with more than 50 percent of that time discussing with the caregiver the diagnosis, prognosis, risk and benefits, instructions for management, and education." Obviously, you should NOT include any physical exam documentation when a patient is not present.
- Internet bandwidth at all CPCMG locations should now be adequate to allow multiple providers to conduct Video Visits simultaneously. If you experience any connectivity issues, please notify the RCPMS IT service desk.
- Patient demand for Video Visits has increased in the past week, with numerous visits related to concerns and questions about potential COVID contacts or symptoms.
 Many patients are scheduling directly with their PCP via MyChart, and there is still a lot of overflow into Children's Virtual Care (CVC). I encourage you to add a few

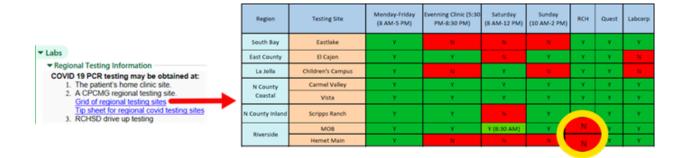
more PCP Video Visit slots into your template anywhere they might fit. Additionally, I will send text messages asking for volunteers to cover last-minute openings as we add individual CVC sessions during peak-demand. These ad-hoc sessions will NOT count towards your work contract FTE. Here are the specifics:

- Associate physicians, NPs, and PAs are compensated for an additional four-hour session based on their contracted shift rate. Please send a message to Mirena Ljoljo (and CC Dr. Jacobson) advising her of the session you worked.
- Shareholders earn wRVUs generated from visits. You do NOT need to notify the finance team of an extra session worked since there is no additional stipend for shareholders.
- Lead physicians do not need to track these additional sessions since they don't count toward contracted FTEs.

COVID-19

- MyChart accounts for parents/guardians of children 12-years and older do not allow viewing of any lab results. Therefore, to release <u>negative</u> 2019-nCoV PCR results (and any other lab results) to this population you must send a MyChart message with a brief note that the result is negative or have clinical staff notify the parent by phone. As a reminder, notification of any <u>positive</u> lab result must occur by telephone, even if it's released to MyChart for a younger child.
- 2019-nCoV PCR tests that are recommended/ordered during Video Visits must follow these guidelines:
 - CVC Video Visits: Offer testing at a CPCMG regional testing site.
 Remember to forward an Epic staff message to the regional site pool and to tell the parent to wait for a call from the regional site staff before heading to the clinic. These sites DO NOT accept walk-ins for testing.
 - PCP Video Visits: Offer testing <u>at your CPCMG site</u> with a clinical support visit. Remember to notify your site's front office (or whoever schedules visits).

Find resources regarding CPCMG regional testing locations in the CPCMG COVID SmartSet (screenshot below). Please note that there is currently no courier service to the Rady lab from Riverside county, so if you send a patient to the Murrieta MOB or Hemet Main regional site you must change the resulting agency in your 2019-nCoV PCR order to LabCorp or Quest.



Knowledge Base

Please visit the CPCMG Knowledge Base for all sign-ups, knowledge articles, and tip sheets.

As a daily reminder to all staff and providers, if you have a fever (Temp ≥ 100.0), please do not come to work! If you are not feeling quite right, it is best to stay home. Besides taking care of yourselves, we need to keep co-workers and patients healthy.

And finally from the "You can't make this stuff up" files: courtesy of CNN

Young adults in Alabama throwing COVID-19 parties with payout for first person infected

Just when you thought the world couldn't get any crazier, well it does. Please stay safe and practice all the appropriate public health interventions: wear a face mask in public, social distance whenever possible, wash your hands regularly and minimize touching your face. Let's all be good role models and lead by example for the others in our community.

It's been a pleasure writing for the Chronicles. It will be more of a pleasure reading them again when they're written by Ken.

Thanks for all your great support, Adam

Adam Breslow, MD, MBA President & CEO



858-636-4300