



July 16, 2020

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

From: "Morris, Kenneth MD" <kmorris@rchsd.org>

Date: July 15, 2020 at 7:00:27 PM PDT

Subject: CPCMG/RCPMS COVID CHRONICLES 7/15/2020

Good Evening:

These are semi-nightly 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.

I would like to kick-off the preamble with a number of notes from key players who made last year's union between CPCMG and Pediatric Partners possible:

Today marks an important and historic anniversary for us at CPCMG. On July 15, 2019 we joined forces with Pediatric Partners Medical Group adding 19 providers and 63 staff to our ranks. To say it has been a success is a massive understatement. We are a stronger, healthier and better medical group due to all the wonderful energy, ideas and clinical excellence they have brought with them to our organization. With all the strife and hardship currently afflicting our society, we have thrived in spite of all that has come our way. We are immensely grateful to all who have joined and stayed with us for the past year, we are truly a unified medical group. Please congratulate all our Riverside and Fallbrook providers on this magnificent achievement. We can't wait to see what year #2 brings. Adam

I can honestly state that the transition was successful beyond expectations due to the shared values of both organizations. I would like to commend the providers, management, and staff from Pediatric Partners, CPCMG and RCPMS for all their dedication to insure a successful integration. They all have gone above and beyond expectations. Hopefully, we can continue to thrive and grow CPCMG, RCPMS and CPMG while impacting pediatric practice with innovation in the coming years. Thank you all, Tom Mohr, MD

Any organization is only as good as the individuals who live in it. It has been our privilege to be part of the union between two medical groups comprised of outstanding providers who are dedicated, above all, to patients and families in their respective communities. We are equally grateful that over 60 talented and can-do-minded administrative leaders and staff joined the RCPMS family in the process. Success this past year is a manifestation of diligence, mutual respect, and trust that permeates across all of our organizations. On behalf of the RCPMS Senior Team, I wish CPCMG and the former Pediatric Partners family a happy 1st anniversary. This is merely the beginning of many great years to come. Reggie Roman

For myself, the experience has been enriching as it has been to all of our CPCMG and RCPMS providers/staff. While transitions can be challenging, the collaborative and easy going nature of our newest providers has made the process go as smooth as one could have hoped. Having to learn a new EHR from scratch after having mastered a previous one is no small ask. I know this personally after only having had a 2 month head start with Epic. Thank you for jumping “all in” with Epic and for integrating yourselves within the group!

On that note, one of our former Pediatric Partners and newer CPCMG colleagues, Dr. Claudia Camacho (Corona office), reminds us that while improved, there is still a segment of the patient population that is fearful of coming into the office because of COVID-19. For the 2nd time in a week, she highlights a 2 y/o coming into a clinic for their WCC with extreme pallor. The mother only decided to come in, because she was concerned about the worsening pallor (she had avoided an earlier visit due to concerns re Covid). In addition to noting more pallor, the patient was noted to be more tired with a decreasing appetite. His Hgb was 3.1 (the twin brother also there for a WCC had a Hgb=14) with the patient being tachycardic, but otherwise stable. After transfer to the ER and subsequently to Radys, it appears that the patient has a new diagnosis of leukemia (like Dr. Cordoba’s patient from CMP last week). As Dr. Camacho reminisced, “*it reminded me that even though we are preoccupied with COVID-19; our patients are still susceptible to other conditions and diseases. I don’t know if the presentation or outcome would have been any different if mom/patient had presented 2-3 weeks earlier.....she would have if COVID-19 wasn’t a factor.*”

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.
- **Screening:** 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.
- **Regional Testing Sites:**

- Our volume has gone up and we are evaluating our staffing and recommendations at incident command

SAN DIEGO COUNTY COVID-19 TRIGGERS

- Please click the Triggers [Scorecard \(SD County\)](#) to see how we are doing with all 13 of the criteria metrics across the 3 categories.
- As of 7/15/20, we are significantly failing the community outbreak metric with 14 outbreaks (>7 outbreaks in a 7 day period is failing), we are failing the case investigation metric at 46% within 24 hours ($\geq 70\%$ is passing) and the Case Rate of 147.2/100,000, which is greater than the baseline of 100/100,000.

CASES

CPCMG/RCPMS:

- Staff/Providers
 - No new positive provider cases (1 total to date-none with confirmed work related exposure).
 - No new positive staff cases (10 total to date-none with confirmed work related exposure)
- Patients (53+ new cases over the past week->189+ total positive cases ending 7/11/2020)
 - For Radys samples, you no longer need to notify us unless there is a break in PPE or Physical Distancing.
 - For Quest/LabCorp samples, please continue to notify the Quality Team.
 - A sample of new cases
 - 1 Symptomatic & Exposed
 - 0 Asymptomatic & Exposed cases
 - 0 Asymptomatic & No Known Exposure Case.

Riverside County Covid Cases:

- Monday Evening 7/13: 0.9% increase-25,748 positive cases with 8.0% of the TOTAL cases being in children 0-17 y/o
- Tuesday Evening 7/14: 2.8% increase-26,481 positive cases with 8.0% of the TOTAL cases being in children 0-17 y/o
- Wed Evening 7/15: 3.3% increase-27,371 positive cases with 8.0% of the TOTAL cases being in children 0-17 y/o
- 7 Day Rolling Average of Positive Tests: 16.9% (trending upward since early May)

San Diego County Covid Cases:

- Monday Evening 7/13: 2.1% increase-20,348 positive cases with 9.8% of the TOTAL cases being in children 0-19 y/o
- Tuesday Evening 7/14: 2.6% increase-20,887 positive cases with 9.8% of the TOTAL cases being in children 0-19 y/o
- Wed Evening 7/15: 2.6% increase-21,446 positive cases with 9.9% of the TOTAL cases being in children 0-19 y/o
- 14 Day Rolling Average of Positive Tests: 6.3% (trending upward from a low of 2.54% on June 19th).

Statewide Covid Cases:

- Monday Evening 7/13: 2.5% increase-329,162 positive cases with 8.3% of the TOTAL cases being in children 0-17 y/o
- Tuesday Evening 7/14: 2.2% increase-336,508 positive cases with 8.4% of the TOTAL cases being in children 0-17 y/o
- Wed Evening 7/15: 3.2% increase-347,634 positive cases with 8.4% of the TOTAL cases being in children 0-17 y/o
- 14 Day Rolling Average of Positive Tests: 7.2% (up 1.1% from 14 days ago)

LEGAL EAGLE (from the desk of Steve Lewis & Ken Morris)

We continue to have isolated cases of family members refusing to wear masks or proper masks despite being advised of our policy. The question has presented itself whether we could be sued for not ensuring a safe environment or for the opposite spectrum, patient abandonment.

I pulled an article from Medscape regarding patients who refuse to wear a mask and whether you can get sued. So far, there are no cases or court decisions to guide us about whether it is negligence to allow an unmasked patient to commingle in a medical practice. Nor do we have case law to help us determine whether patient abandonment would apply if a patient is sent home without being seen

In reviewing the four elements of negligence which a plaintiff would need to prove:

- Duty: Obligation of one person to another
- Breach: Improper act or omission, in the context of proper behavior to avoid imposing undue risks of harm to other persons and their property
- Damage
- Causation: That the act or omission caused the harm

The article goes on to say the following: *“Those who run medical offices and facilities have a duty to provide reasonably safe public spaces. Unmasked individuals are a risk to others nearby, so the “breach” element is satisfied if a practice fails to impose safety measures. Causation could be proven, or at least inferred, if contact tracing of an individual with COVID showed that the only contact likely to have exposed the ill individual to the virus was an unmasked individual in a medical practice’s waiting room, especially if the unmasked individual was COVID-positive before, during, or shortly after the visit to the practice.”*

With regards to refusing to see a patient unless the patient wears a mask *“this is not denying care, in this attorney’s view, but rather establishing reasonable conditions for getting care. The patient simply needs to put on a mask.”*

Translation: we need to continue to stick to our policy and enforce it. We will be refining the policy and will share it with CPCMG/RCPMS.

A second Medscape article entitled *'Doc, can I get a mask exemption?'* also offered some helpful tips. The author of the article used Dr. Albert Rizzo, Chief Medical Officer of the American Lung Association as its expert.

Question: *Is a face shield a reasonable alternative for someone who feels they can't breathe with a mask on?*

Answer: *Yes. I'm surprised that face shields don't get more attention. I've tried them out, and they are actually more comfortable than masks. They do impede the spilling out of droplets into the public, but they are not as close fitting to the face as a mask. If you want to protect others, the face shield should be adequate. It is not as good at preventing you from breathing in viral particles.*

For our quandary above, it might be reasonable to offer a face shield (to be returned after the visit) for a caregiver unwilling or unable to wear a mask or face covering.

Question: *Some of the resistance to wearing masks has come from people with asthma. Is it safe for patients with asthma to wear masks, or should these patients be exempt from wearing masks?*

Answer: *In general, the breathing of people with mild asthma, both young and old, should not be impeded by the wearing of facial coverings. Since younger adults with COVID-19 seem to have fewer or no symptoms and may actually be carrying the virus unknowingly, this should be the main population who should wear masks to prevent transmission to others. Exemptions for mask wearing for mild asthma should be discouraged and dealt with on a case-by-case basis if there is a particular concern for that individual.*

MENTAL HEALTH CORNER (from the desk of Hilary Bowers, MD-Director of BH & MH Services)

Two weeks ago, we published the following regarding the upcoming CICAMH conference:

Friday July 17th, 8:30 – 9:30am *“The Impact of Covid-19: It is a Changed World—Let’s Manage it for the Good”*. Opening plenary for the 5th Annual CICAMH (Critical Issues in Child and Adolescent Mental Health) virtual conference. **Panel discussion about the impact of the pandemic on local health systems in San Diego---** with Nick Yphantides, MD, MPH, Chief Medical Officer, County of San Diego HHS; Wendy Pavlovich, MD, Primary Care Pediatrician, Family Health Centers of San Diego; and Luke Bergmann, PhD, Director, Behavioral Health Services, County of San Diego HHS. as part of the CICAMH live stream webinar (see attached flyer). The panel runs from 8:30-9:30.

Note: *The entire conference runs 8:00-5:00 and covers other topics such as immigration issues, sleep disorders, trauma informed care and multiple breakouts. Click [here](#) for the program and to register for the conference (costs \$100).*

After working with Dr. Chenven from SmartCare (and co-chair of the event), we were able to obtain **FREE** attendance to the above session (8:30-9:30) AND/OR the **“Trauma Informed Care: Implementing the Approach”** session from 1:00-2:00. If interested,

this is open to the first 50 CPCMG providers and/or nursing staff. Please fill out the **attached** registration form with your rchsd email, listing CPCMG as your work place.

Reminder

Wednesday July 22nd, 6:30 – 8:00pm: AAP CA-3 Chapter Town Hall #4 “Adolescent Mental Health during the Covid Pandemic” with Drs. Maya Kumar, Huong Diep, Mark Chenven will explore impacts and health care interventions to support teenagers and their families. *Note: I have worked with Dr. Diep in the past at NCHS. Aside from her skillsets here, she is an expert on transgender education.*

SOME GOOD NEWS-VACCINES

Moderna’s (Massachusetts) experimental COVID-19 vaccine appears to show a promising immune response in the first 45 patients to have received it. All participants showed evidence of antibodies. Time will tell if these antibodies will translate to protection and at what level of protection. All recipients got 2 shots a month apart with some getting a high dose others getting a medium dose and the rest getting a low dose. The small and medium dose recipients had mild symptoms for 24 hours or so not inconsistent with the types of symptoms seen after a flu vaccine is administered. The high dose recipients had more severe reactions after the 2nd dose, but moving forward, the high doses will not be used. Next up, is Phase 3, which will involve approximately 30,000 people beginning July 27th.

CPCMG PATIENT & COMPANION SCREENING

Of recent, there seems to be some confusion as to who can be seen in the clinic and who should be seen outside the clinic. In general, we should never be turning any patients away who present to our clinic sites. The following chart is snipped from our patient and companion screening protocol. Staff are using this protocol when families show up to our sites. It is important that providers are familiar with the screening protocol so that we are consistent with messaging and direction to patients.