



**April 9, 2020**

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

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**From:** "Morris, Kenneth MD" <[kmorris@rchsd.org](mailto:kmorris@rchsd.org)>

**Date:** April 8, 2020 at 6:22:46 PM PDT

**Subject:** CPCMGRCPMS COVID-19 NIGHTLY UPDATE 4.8.2020

Good Evening:

*These are nightly updates for all CPCMGRCPMS staff. Other valued community members which includes all CPMG affiliates and Radys Executives, as asked, have been included for the sake of collaboration.*

Today marks my 1 year anniversary with CPCMGRCPMS. My transition in the beginning was a little challenging only because of my internal feelings of guilt having left a great organization with wonderful staff, colleagues and patients (that I continue to miss). While this was a blip on my radar that most of you did not see, I want to take the time to express my sincere gratitude to all of my RCPMS and CPCMGRCPMS colleagues for being so welcoming and for being receptive to my ideas to move the group forward. I honestly wasn't sure what to expect being the first physician leader brought in from the outside and I expected more "heel digging" (please don't take that as an open invitation ☺). While initially conflicted, I know that I made the right decision and all of you have helped reinforce that I made the right decision. While the past 5+ weeks has tested our internal resolve, I continue to see positives and opportunities that will change the way that we deliver healthcare when we emerge from this crisis. Let's continue to take CPCMGRCPMS from great to greater!

More gratitude:

- Courtesy of Dr. Gina Rosenfeld: During the Whitehouse briefing today, Dr. Deborah Birx, the White House coronavirus task force coordinator, gave a big "thank you" to the pediatricians who continue to see patients and talk with all the worried moms and grandmothers!
- Team El Cajon got a nice food donation from Chipotle of El Cajon (photo **attached**).  
*"Thank you for all that you've done and continue to do during these uncertain times! You are true heroes!!"*

From the humor department: one of our doctors passed along this “NEJM Original Article” entitled *Interminable Meetings Found Ineffective for Treatment of COVID-19*...Conclusions were reached that they should be minimized if favor of actual medicine... Photo **attached**. I found the document both funny and poignant. During a time of crisis, it is important to have meetings. However, it is critical to gather the data, formulate an assessment and make decisions in real time while course correcting when necessary. Thank you for your patience as we navigate these turbulent waters!

### **RISK LEVEL**

We remain at **Risk Level 3**.

- Access:
  - All sites remain open and all sites continue to see well and sick visits in a modified format.
- Self-monitoring: For fever twice daily for all staff and providers.
- Incident Command: No changes.

### **CASES**

#### **CPCMG/RCPMS:**

- Staff/Providers: No positive cases for providers that have been tested. 2 previous presumptive positive cases in staff (acquired from direct contacts)
- Patients: We have one new positive patient case in a 4 y/o in Riverside County.
  - The patient and his 5 m/o sibling developed some new cough and congestion symptoms. Neither has had fever. A grandfather living in the house had recently tested positive and is currently hospitalized in the ICU with PNA. The 5 m/o tested negative. In all likelihood, there may be a couple of viruses going on here with the infant testing negative and having some symptoms. The 4 y/o had a hx of persistent asthma having transitioned to IM asthma and was noted to be reading frequently with the affected grandparent.
  - Some might ask why testing was performed. The 4 y/o had a higher risk condition and there is another uninfected grandmother living in the house. As was pointed out to me by Dr. Murphy, testing the children was important as the parents may be in a situation where the grandparents are providing some of the daycare while the parents work.

#### **Riverside County:**

- Monday Evening 4/6: 15.5% increase-946 total cases with 11 cases in children 5-17 y/o (1.2%)
- Tuesday Evening 4/7: 6.9% increase-1016 total cases with 12 cases in children 5-17 y/o (1.2%)
- Wed Evening 4/8: 13.8% increase-1179 total cases with 17 cases in children 5-17 y/o (1.4%)

### San Diego County:

- Monday Evening 4/6: 5.5% increase-1404 total cases with 25 confirmed cases in children 0-19 y/o age range (1.8%)
- Tuesday Evening 4/7: 3.4% increase-1454 total cases with 26 confirmed cases in children 0-19 y/o age range (1.8%)
- Wednesday Evening 4/8: 5.0% increase-1530 total cases with 26 confirmed cases in children 0-19 y/o age range (1.7%)
  - The positive case detection rate is still running around 7% of the 21,000+ tests run in San Diego County

### San Diego County Flu Watch:

- Newly reported influenza cases decreased substantially in Week 14 in San Diego County. This week will be the last issue of the Influenza Watch for the 2019-20 season. There were only 21 cases reported County wide. While viral activity reduces significantly in the summer months, please remember that every year we see a smattering of flu positive cases in the summer.

### Statewide:

- Monday Evening 4/6: 6.3% increase-14,336 positive cases with 1.2% of the TOTAL cases being in children 0-17 y/o.
- Tuesday Evening 4/7: 9.6% increase-15,865 positive cases with 1.2% of the TOTAL cases being in children 0-17 y/o.
- Wednesday Evening 4/8: 9.4% increase-16,957 positive cases with 1.3% of the TOTAL cases being in children 0-17 y/o.

### **WCC's & ACCESS TO CARE**

We continue to receive positive reinforcement for maintaining in-office access

Visits at our CPEC clinics are historically low. Two nights ago, Dr. Robbins had a single patient. Some might argue to why do we stay open for a single patient. That one patient was diagnosed with early appendicitis and had his appendix removed prior to it being ruptured. While it was only one patient, it likely would have been the most important patient of the night.

From our Vista site, a teenager had mild abdominal pain and didn't want to bother her mother who was recovering from surgery herself. Mom thought that she felt a lump in her daughter's stomach and she scheduled an appointment and was seen in 30 minutes. Dr. Castro evaluated the patient and determined that the patient needed urgent attention. She was seen initially at Tri-City Medical Center and had the identified mass removed with it ultimately being deemed cancerous. The pathology returned as Burkitt's lymphoma and the patient was admitted to Rady and is undergoing her cancer therapy. With social distancing, we have been able to beat back a number of infectious diseases. Cancer though, has no rules and takes no breaks. It doesn't decide to take PTO while we figure out a way to work through the pandemic. Great job Dr. Castro and Team Vista.

From Dr. Bazyani at our Murrieta office: It was a very light afternoon in the office. I saw a 9 years old male with a chief complaint of weight loss and tongue pain. We ended up diagnosing him with new onset DM with a POC glucose of 595. I have an extensive ER and hospitalist experience. A weight loss complaint is common, but this is the first time with a chief complaint of tongue pain with a final IDDM diagnosis. It was a fulfilling day and I feel privileged that we could make a difference and serve our patients. It is not all COVID-19.

Lastly, while our video visit program has been a resounding success, there are limitations. Recently, one of our doctors while reviewing their video visits schedule had to have 3 of their visits changed. One of the patients was scheduled for a vaccine only appointment, another was scheduled for the diagnosis of constipation and a request for manual dis-impaction while the last patient was scheduled for impacted cerumen and a request to ear lavage the patient. We are good, but not that good. These are patients that require some level of an in-office visit.

### **LEGAL EAGLE (from the desk of Steve Lewis)**

New to our desks today is the scenario of separated parents with shared custody agreements where one parent tests positive for COVID-19 and a letter is requested.

“If one parent tests positive for COVID-19, the child(ren) should stay with the other parent until the positive parent’s provider has cleared them to return to work/public. If the child(ren) had recent close interaction with the positive parent, then the child(ren) should self-isolate with the other parent for 14 days or until the positive parent is cleared by their provider. However, if the child(ren) exhibit symptoms consistent with COVID-19, then they should be presumed positive and testing should be considered. The Public Health Department should be consulted to determine where the child(ren) should be recommended to stay presuming a positive test result. If the positive parent has recovered sufficiently, it may be recommended that the child(ren) stay with this parent.”

### **TESTING & TESTING LOCATIONS (repeated to drive the point home)**

*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.*

**More important than testing is the message that if a patient has mild symptoms, is to self-isolate.**

Testing of patients should be reserved for those that are symptomatic and for which management will change. The following are groups for testing consideration:

- Healthcare workers
  - Please note that this does not include testing of symptomatic children or family members of healthcare workers except for unusual scenarios.
- Parents with direct care of an elderly person or other patients/persons at significant risk (testing to be done by their PCP’s direction)
- A symptomatic child with significant risk factors

- *Another non-public health directed, but growing in consideration indication is as follows: If a child has become symptomatic and is being direct cared for by an older grandparent or caregiver with significant risk factors, it may be helpful to know that a caregiver is not being put in harm's way.*

### Testing Locations/Testing Supplies:

- Quest Testing:
  - Samples can be kept at room temperature for 5 days if needed. This allows for specimens to be kept in the lock boxes or batched at testing centers and not worrying about whether a specimen has made the pick-up time.
  - Additionally, they are allowing a mid-turbinate swab or anterior nasal swab. Please note that our ID folks still feel that the gold standard is a NP swab so unless we get to a point down the road having staff or PPE shortages, I am not sure I would advocate for the anterior nasal or mid-turbinate swab at this time. On the plus side, if your NP swabbing is less than optimal, it is likely that you will still get enough viral copies to turn a test positive.
    - In case you are wondering, anterior nasal swabs can be performed by MA's and by patients themselves.
- Radys Testing:
  - Saving the best news of the day, Radys laboratory has increased COVID-19 testing capacity such that they have "*lots of testing capacity*" and they are opening up testing to CPCMG and Affiliates. Their testing is done in 2 hour batches and earlier this week we tested a provider whose test result came back to us in < than 4 hours. We are committed to testing all of our front line staff and providers should they become symptomatic in addition to qualifying patients. We are confident that we will get results back the same day unless the specimen is sent late in the day.
    - In order to be good stewards, please continue to use the general testing considerations above as a guide.
    - For ordering, the COVID-19 Smart Set has been updated and you can order the Radys option from there. Note: I believe that Infection Control no longer needs to be contacted for prior authorization (I am waiting to confirm this with Chris Abe).
      - For testing of staff/providers: those are being run through the Quality Team first as several other steps must be taken.
    - Testing Media/Swabs: Radys has been using BD viral transport media, but they have been working on making their own swabs and media using 3D printing technology in concert with partners at UCSD. As soon as I have information on how and where to obtain the transport media/swabs, I will include that in the next update.

## **INFECTION PREVENTION & CONTROL-Contact & Droplet Precautions**

- **Masks for CPMG Affiliates:** Kathy Poulin from RCPMS/CPCMG was able to obtain a donation of surgical masks for affiliates. CPMG administration will be reaching out to small office affiliates that have had trouble procuring masks on their own. A big thank you to Kathy and her connections!

**The following section is submitted by Dr. Michael Jacobson, CMIO**

### **CPVC SESSIONS**

As our individual sites are going-live with PCP Video Visits (hopefully all by next Friday), patients are starting to see their PCP or someone from that CPCMG location for their Video Visits. As a result, patient demand for CPVC visits is declining, so we are “over-provided” for most weekday sessions. Currently we have the following template **Monday-Friday:**

**7am-11am:** 4 providers

**11am-1pm:** 4 providers

**1pm-5pm:** 4 providers

**5:30pm-9pm:** 3 providers

Starting next Monday, we anticipate needing only three providers per session on weekdays. I’m asking for volunteers to remove themselves from any weekday session that currently has four providers. Everyone on the sign-up has a SignUp Genius account, meaning you can log on and remove yourself. If you are willing to give up a session, please do so. If your session has only three providers signed-up, please do not remove yourself. By this weekend, we will need to manually remove a provider signed-up for any session that still has four providers. We will do our best to NOT remove anyone who self-removed themselves from another session.

### **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  $\geq 100.0$ ), please do not come to work! If you are not feeling quite right, it is best to stay home. Sometimes it is a matter of sleeping wrong and sometimes it is the start of something more ominous. Besides taking care of yourselves, we need to keep co-workers and patients healthy.**



Thanks,

-KM

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