



April 14, 2020

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

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

Date: April 13, 2020 at 5:41:55 PM PDT

Subject: CPCMGRCPMS COVID-19 NIGHTLY UPDATE 4/13/2020

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.

For those of you that had access to AAP President, Dr. Sally Goza's update last week, she focused on the disproportionate health impacts on minority communities. In particular, with regards to wearing face coverings, one Black male was quoted: "I want to stay alive, but I also want to stay alive." In certain communities, wearing a blue or red bandana can have a completely different meaning than many of us take for granted while trying to protect the public from our potential COVID-19 germs. Kudos to Patricia Lee, PNP who works in El Cajon where there is a large portion of Black and Latino patients. After reaching out on Facebook and through other contacts via social media, she collected over 180+ donated fabric face masks (see **attached photo**) in various youth sizes for the children of our more underserved sites. "It was encouraging to see people eager to help."

Major Kudos to our Marketing Team comprised of Annemarie Haydel and Dr. Jamie Friedman for their award winning production work on the newly launched CPCMGRCPMS video: "We're Here to Keep Kids Healthy." Rumor has it is that there is now a heated 5 way Oscar battle for the Best Supporting Actor/Actresses roles by the following CPCMGRCPMS physicians: Dr.'s Ashvin Shenoy, Dan Robbins, Jamie Jordan, Sarah Lindbäck and Abe Broudy. The video can be found on the Coronavirus/COVID-19 page with the link to the video embedded here: <https://vimeo.com/childrensprimarycare/keepkidshealthy>

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:
 - We are working on finalizing the targeted testing locations and work flow.

CASES

CPCMG/RCPMS:

- Staff/Providers:
 - No positive cases for providers that have been tested.
 - We have been told our affected staff members are feeling tired, but are without respiratory distress.
- Patients:
 - No new patients

Riverside County:

- Saturday Evening 4/11: 5.7% increase-1,431 total cases with 31 cases in children 0-17 y/o (2.2%)
- Sunday Evening 4/12: 11.6% increase-1,619 total cases with 39 cases in children 0-17 y/o (2.3%)
- Monday Evening 4/13: 7.5% increase-1,751 total cases with 44 cases in children 0-17 y/o (2.5%)

San Diego County:

- Saturday Evening 4/11: 3.9% increase-1,761 total cases with 32 confirmed cases in children 0-19 y/o age range (1.8%)
- Sunday Evening 4/12: 2.4% increase-1,804 total cases with 32 confirmed cases in children 0-19 y/o age range (1.8%)
- Monday Evening 4/13: 2.3% increase-1,847 total cases with 34 confirmed cases in children 0-19 y/o age range (1.8%)

Statewide:

- Saturday Evening 4/11: 5.5% increase-20,615 positive cases with 1.5% of the TOTAL cases being in children 0-17 y/o.
- Sunday Evening 4/12: 5.4% increase-21,794 positive cases with 1.5% of the TOTAL cases being in children 0-17 y/o.
- Monday Evening 4/13: 2.5% increase-22,348 positive cases with 1.5% of the TOTAL cases being in children 0-17 y/o.

RADYS INFECTIOUS DISEASE REPORT

I usually report weekly on the local ID report from Radys. Due to the focus on COVID-19, the report has not been published in the last 3-4 weeks. Today, we got a new report and of the 79 total tests run last week, there were no cases of Influenza A or B and only 1 case of RSV.

WCC ACCESS

The AAP's stance on WCC's is as follows: *In the midst of the COVID-19 pandemic, the benefit of attending a well visit and receiving necessary immunizations and screenings should be balanced with the risk of exposure to other children and adults with potential contagious diseases. These recommendations are based on available evidence and should be considered in the context of your patient population and practice environment.* It should be noted that we are a pediatric only practice unlike the majority of major health systems in town. As you know, we have put protective measures in place: advanced phone screening for ill patients/families, door screening, designated well only rooms, direct rooming of patients (in most cases) and separate well and sick entrances (in most cases). Coupled with an extremely low pediatric case rate, our offices are likely much safer than before.

Some have asked (including myself) if we are being irresponsible by continuing to see WCC's of all ages (and not just focusing on children 2 y/o and younger). I think that the same question can be asked if we are being irresponsible by not maintaining access to all of our patient age groups. I think that these questions have been answered and reinforced by the continued non-COVID related pathology that continues to surface.

After review with our Board of Directors this morning, with unanimous approval, we will be "staying the course," continuing to see WCC's for all age groups (while focusing on the most vulnerable). All sites will continue to see WCC's and we will not be moving to well only regional sites at this time. We will continue to map out a process for targeted vaccines & hgb testing at designated regional well hubs where the vaccines/testing can be offered outside in a tent and/or in some cases, in a family car.

TESTING (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.*

Antibody/Serology POCT Testing:

- This morning, we met with our Board of Directors and we unanimously decided not to offer the available antibody/serology testing at this time. After reviewing the scientific data of the test being used by several practices in our community, we do not feel that the data is reliable or accurate enough such that we can feel comfortable with the “first do no harm” part of the Hippocratic oath (there is a potential for a high number of false negatives). Understandably, this puts pressure on our practice, but we are holding ourselves to a higher level of accountability. Our game plan moving forward:
 - Obtain POCT testing once a rapid test with a FDA emergency use authorization (EUA) is available to us and that a clinical case can be built for testing.
 - Educate the public via MyChart/Website/Triage with Specific Language. You can use a version of the following when discussing with patients:
 - *We believe that in the near future there will be some value in performing serology/antibody testing to determine a past infection.*
 - *We are aware of several non-FDA approved serology/antibody tests being used by other community practices.*
 - *After reviewing the scientific data of these tests, we do not believe that the tests are either reliable or accurate enough for our practice to use.*
 - *We are committed to using the best technology while providing you with high quality & responsible healthcare*

Testing Supplies:

- Our quality team was working on getting testing media/swabs out to our sites today.

Testing Sensitivity:

- I received lots of analytical sensitivity data from Quest on their testing assays, but it doesn't necessary equate to clinical sensitivity, which has a number of other variables to consider such as specimen collection, analyte stability, patient immunology and virus biology. Unfortunately, there has not yet been a broad comparison between the Quest assays and the Radys assays using a standard control and it is difficult to draw a conclusion as to whether the Radys assays can detect COVID-19 with a lower number viral copies. I suspect that as the labs enroll in proficiency testing, this might become more measurable.

INFECTION PREVENTION & CONTROL-Contact & Droplet Precautions

- As a reminder, for CPCMG and RCPMS, for the past week, Incident Command has been strongly recommending that all staff wear a face covering when the recommended 6 foot social distancing rule cannot be maintained. All staff should have a face covering in their possession while at work. For Riverside, this is a County requirement and we must honor that requirement. It shall be noted that patient facing staff are already wearing masks.
 - Please note that for Rady Children’s Hospital, they enacted a mandatory face covering policy while at work unless you are in a private office and not visible to others. This went into effect today. We are distinctly different organizations and have chosen not to follow their lead on this one.

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

CARE GAP DASHBOARD

We are finalizing the Epic build and tip sheets for a group-wide roll-out of the Care Gap dashboard and related workflows. This will be provided to all sites to facilitate outreach to patients due for developmental screenings, immunizations, and teen WCC’s among several other areas of care that are overdue (care gaps). By the end of this week, we will provide details to lead physicians on how they can work with local RCPMS staff to harness this tool for outreach, scheduling visits, and closure of the care gaps. Search “care gap” in the KB for related articles.

EPIC CHAT

This secure text messaging feature within Epic will be turned on in the next 5-10 days. RCHSD is finalizing implementation plans and go-live date, and I will provide additional details and guidelines on use before it is turned on. Search “chat” in the KB for a related article.

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.

Thanks,

-KM

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