Community Care
OF NORTH CAROLINA

Navigating Coronavirus Series

Navigating the New Normal

April 28, 2020

This webinar series brought to you by

Today's Presenters

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Navigating the New Normal

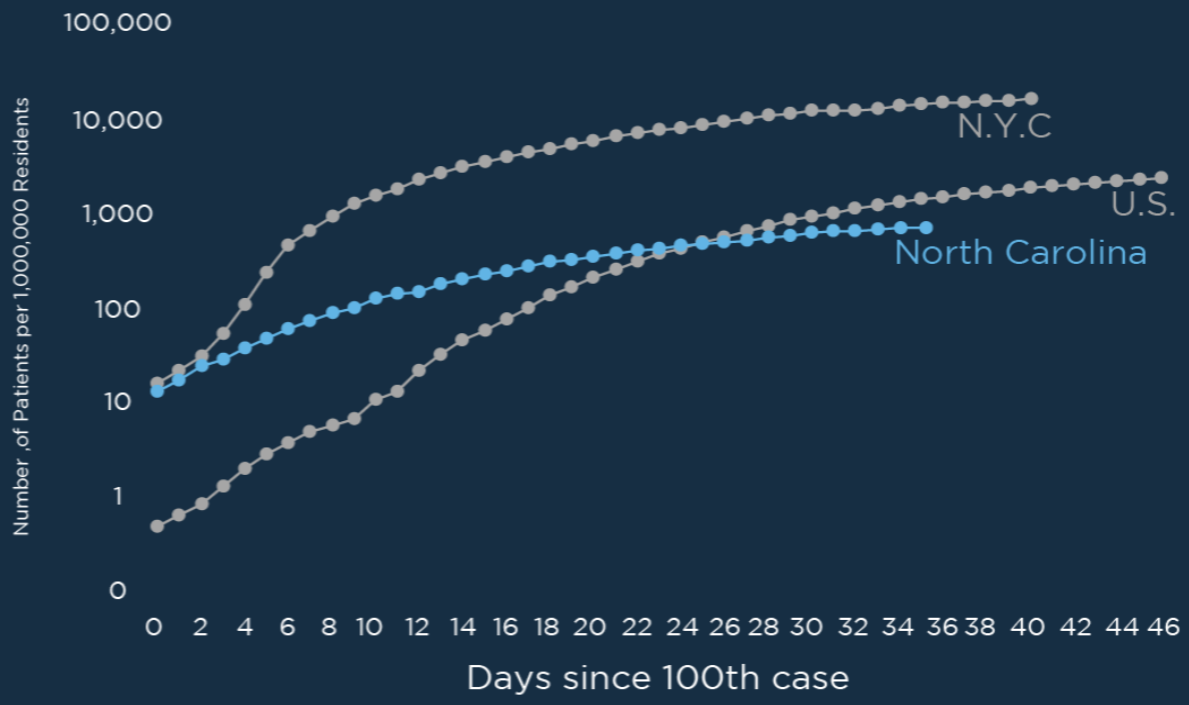
Betsey Tilson, MD, MPH State Health Director, CMO, NC DHHS

Shannon Dowler, MD, CMO NC Medicaid

North Carolina has taken aggressive action to save lives.

Policies were put in place to slow the spread of COVID-19, so fewer people get sick at the same time and our hospitals can care for those who are seriously ill.

And we have **flattened the curve**



Fewer people are getting sick at the same time.

Trends - Our Metrics

We will look at a combination of metrics to inform decisions to ease restrictions.

- COVID-like syndromic cases over 14 days
- Lab-confirmed cases over 14 days
- Positive tests as a percentage of total tests over 14 days
- Hospitalizations over 14 days

Testing and Tracing - Capacity

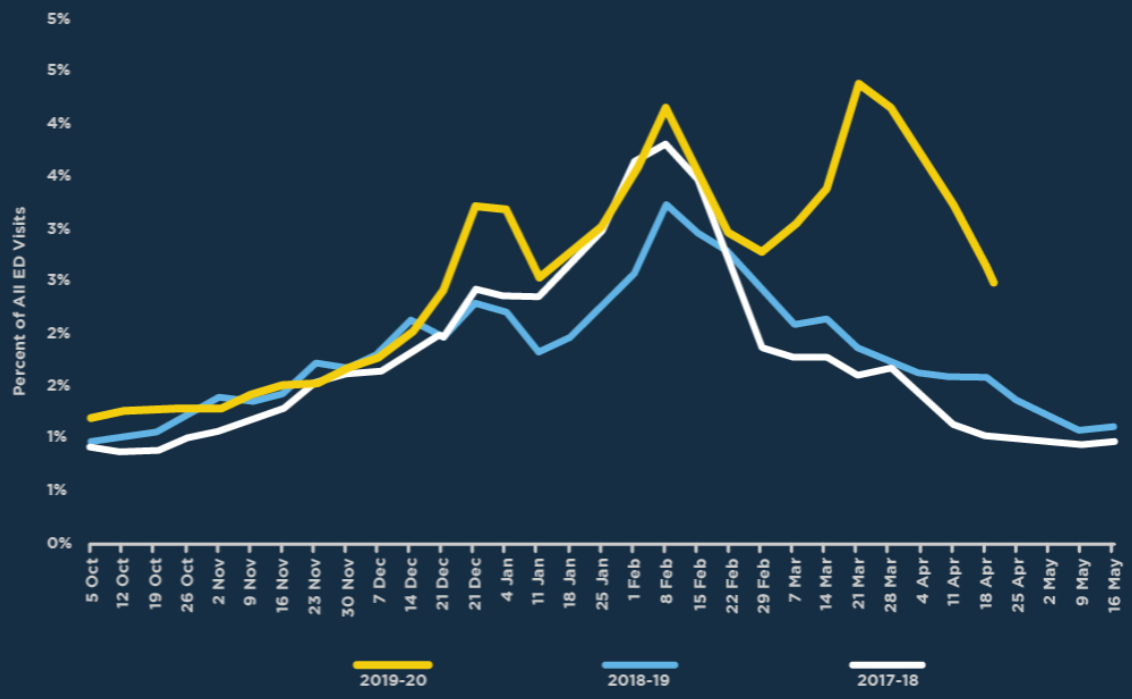
Ensuring that we continue to identify who has COVID-19 and who has been exposed, while keeping our frontline workers safe.

- Tests completed per day
- Ability to conduct widespread tracing
- Supply of personal protective equipment

Trends

Trajectory of COVID-like Syndromic Cases

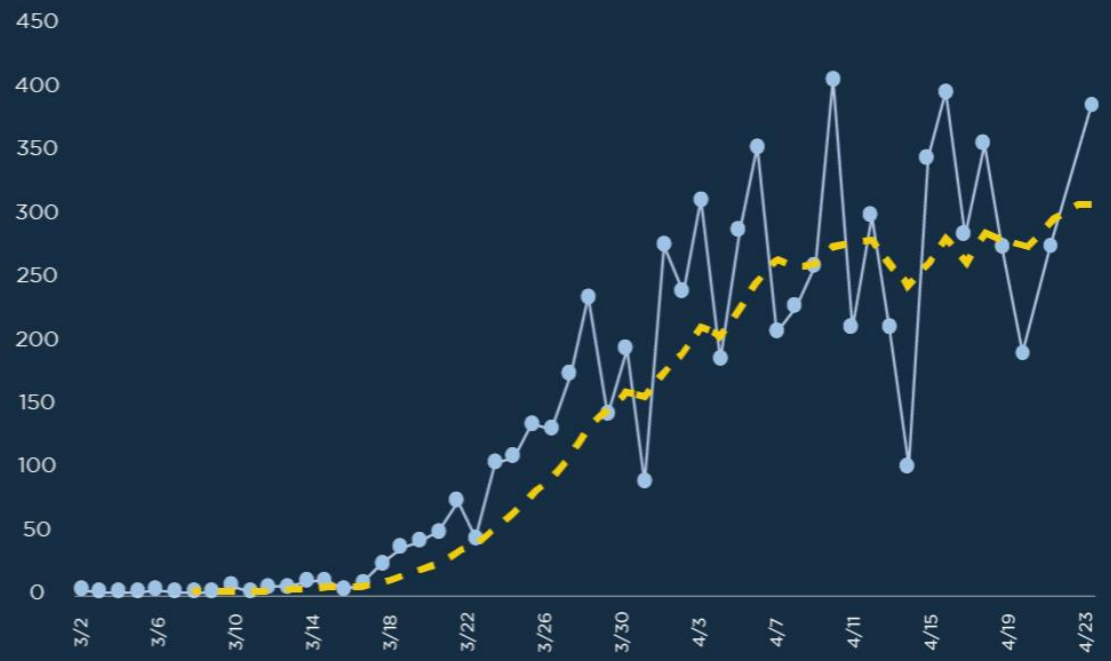
Source: NC DETEC



The percent of visits to the Emergency Department for COVID-like illness **is** declining.

Trends

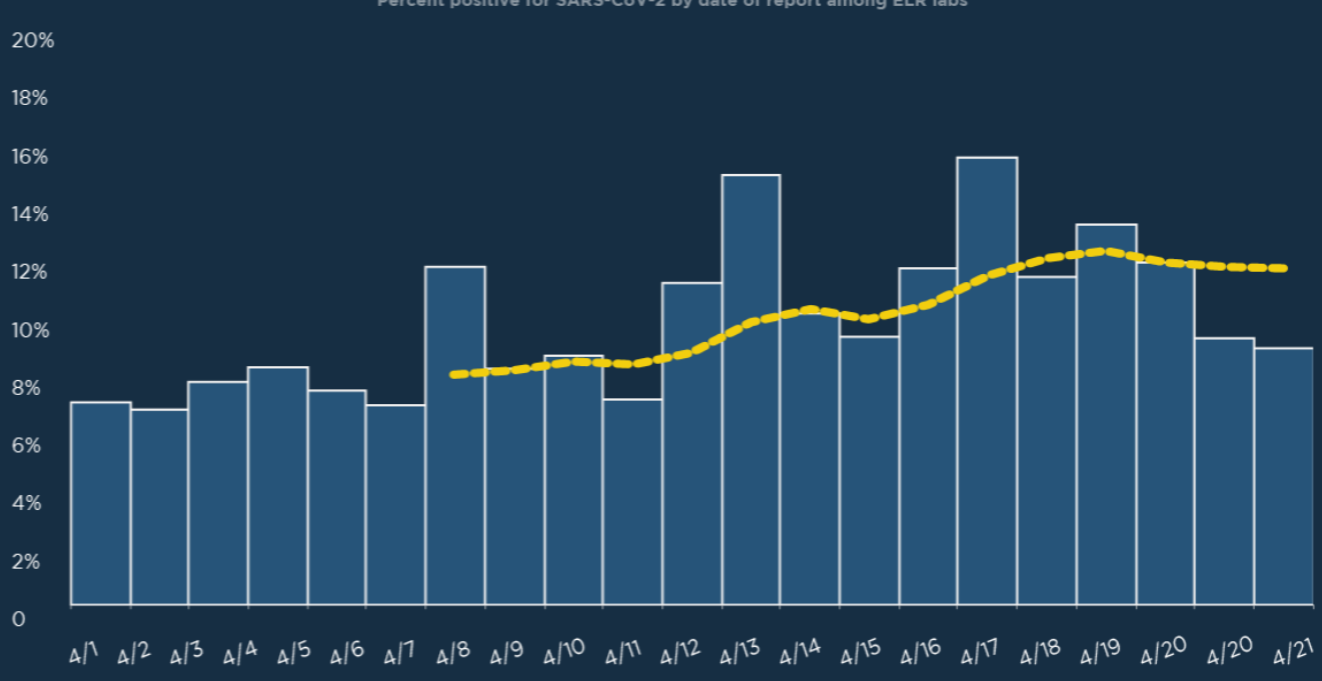
Trajectory of Cases



New cases in North Carolina are still increasing, but more slowly.
There has **not** been a downward trajectory over the past 14 days.

Trends

Trajectory % of Tests that are Positive



The trajectory of positive tests as a percentage of total tests over 14 days is **not** declining.

Trends

Trajectory of Hospitalizations

Daily Bed Census of COVID-19 Patients.

Hospitalizations help us understand ourcapacity to respond.
There has **not** been a downward trajectory over the past 14 days.

Testing and Tracing - Capacity

Testing

- Increase daily testing from 2,500 – 3,000 people per day to 5,000 – 7,000 people per day.

Workforce to Conduct Contact Tracing

- Increase from 250 tracers to 500 tracers.
- Carolina Community Tracing Collaborative https://communitycarenc.org/carolina-community-tracing
- Deploy digital tracing technology.

Availability of Personal Protective Equipment

- Adequate supplies to fill requests for at least 30 days. Currently, have less than 30 days of gowns and N95 masks.

Phase 1

Stay At Home order remains in place, people can leave home for commercial activity

Those retailers and services will need to implement social distancing, cleaning and other protocols

Gatherings limited to no more than 10 people

Parks can open subject to gathering limits

Face coverings recommended in public

Restrictions remain in place for nursing homes and other congregate living settings

Encourage continued teleworking

Phase 2

At least 2-3 weeks after Phase 1

Lift Stay At Home order with strong encouragement for vulnerable populations to continue staying at home

Allow limited opening of restaurants, bars and other businesses that can follow strict safety protocols (reduced capacity)

Allow gathering at houses of worship and entertainment venues at reduced capacity

Increase in number of people allowed at gatherings

Open public playgrounds

Continue rigorous restrictions on nursing homes and congregant care settings

Phase 3

At least 4-6 weeks after Phase 2

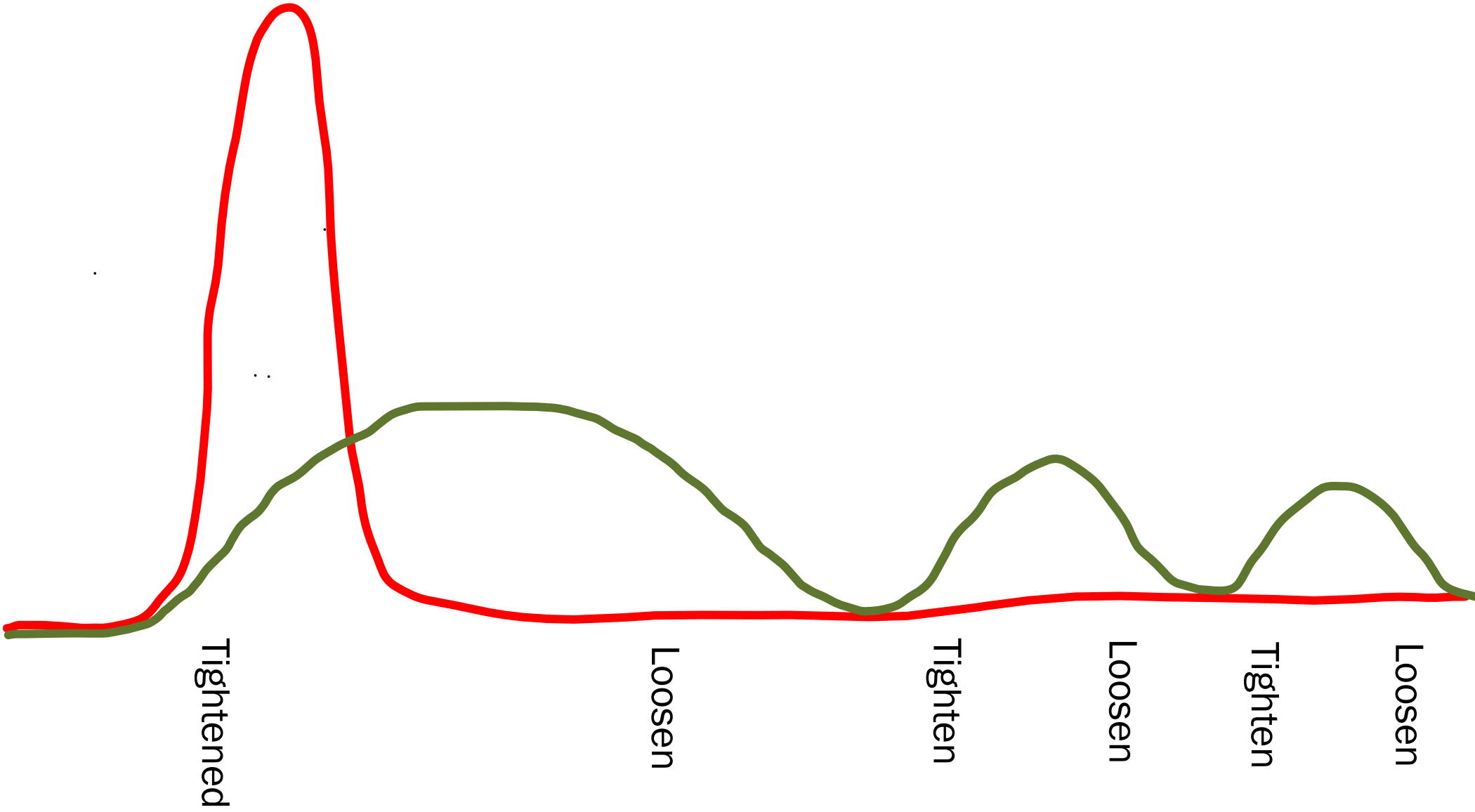
Lessen restrictions for vulnerable populations with encouragement to continue practicing physical distancing

Allow increased capacity at restaurants, bars, other businesses, houses of worship and entertainment venues

Further increase the number of people allowed at gatherings

Continue rigorous restrictions on nursing homes and congregant care settings

May need to dial the dimmer switch up or down depending on Trends



Overall Guiding Principles for the New Normal

Guiding Principles	Objectives
1. Increase social distancing	Structural/physical space modification to enforce distance
	Limit density
	Minimize opportunity for sustained exposure
2. Implement hygiene protocols	Disinfecting surfaces and common spaces
	Systematic hygiene routines
3. Monitor workforce and participant health	Establish and enforce sick policy to support disease suppression
	Implement systematic symptom screening
	Recommend resiliency and support resources
4. Protect vulnerable populations	Identify and protect high risk for severe disease
5. Provide education to build awareness and combat misinformation	Proactive information dissemination Identify and address misinformation

Outpatient and Ambulatory Settings

- Continue some element of Triage and Telehealth
- Infection Prevention and Control Guidance
- Hierarchy of controls and Preservation Strategies – Engineering, Administrative, and Personal Protective Equipment Controls

Infection Prevention and Control Guidance

Table of Contents

Requesting PPE

- https://www.ncdhhs.gov/divisions/public-health/covid19/health-care-providers-hospitals-and-laboratories/requesting-ppe
- Other Health Care Facilities

PPE Request – ReadyOp Survey Tips

- Please make sure to complete the survey in its entirety. Please provide numbers and contacts that can be reached.
- If you hit submit and survey does not give you the below message, then your submission did not record.

Operationalizing some other things

- Well child visits
  - Prioritize well child care/ vaccination through 24 months of age
  - New medicaid well child visit telehealth guidance

- COVID-19 surveillance
  - https://flu.ncdhhs.gov/providers.htm - ILINet provider application in the link at the bottom of the page anita.valiani@dhhs.nc.gov or at erica.wilson@dhhs.nc.gov.

Virtual and Telehealth
NC MEDICAID

WAVE 0
MAR 7-13

Virtual Health Capabilities
Developed codes for ALL Medical and Licensed Behavioral providers to pay for telephonic visits

NO NC CASES

WAVE 1
MAR 14-20

Virtual Health Capabilities
Developed Codes for ALL Medical providers to pay for patient portal (electronic) communication
Developed Codes for ALL Medical providers to pay for MD to MD Consults
Telehealth Capabilities
Developed Parity payments for ALL Medical, Clinical Pharmacy and Licensed Behavioral providers for all telehealth visits

FIRST NC CASES

WAVE 2
MAR 21-27

Telehealth Capabilities
Developed Parity payments for Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, Dental and Expanded Behavioral Health providers

NC Community Spread

WAVE 3
MAR 23-APR 3

Telehealth Capabilities
Developed Parity payments for Diabetes Educators, Local Education Agencies(LEA), Child Development Service Agencies(CDSA), Registered Dieticians, Lactation Specialists and Expanded Behavioral to include Autism Spectrum Disorder specialized therapies and Expanded Dental

NC Widespread

WAVE 4
APRIL

Telehealth Capabilities
Early April: Optometry Services, Remote Patient Monitoring
Mid April: Prenatal Services(combination home nursing/telehealth), BH Expansion
Late April: Well Child Care(combination home nursing/telehealth)

NC Acceleration

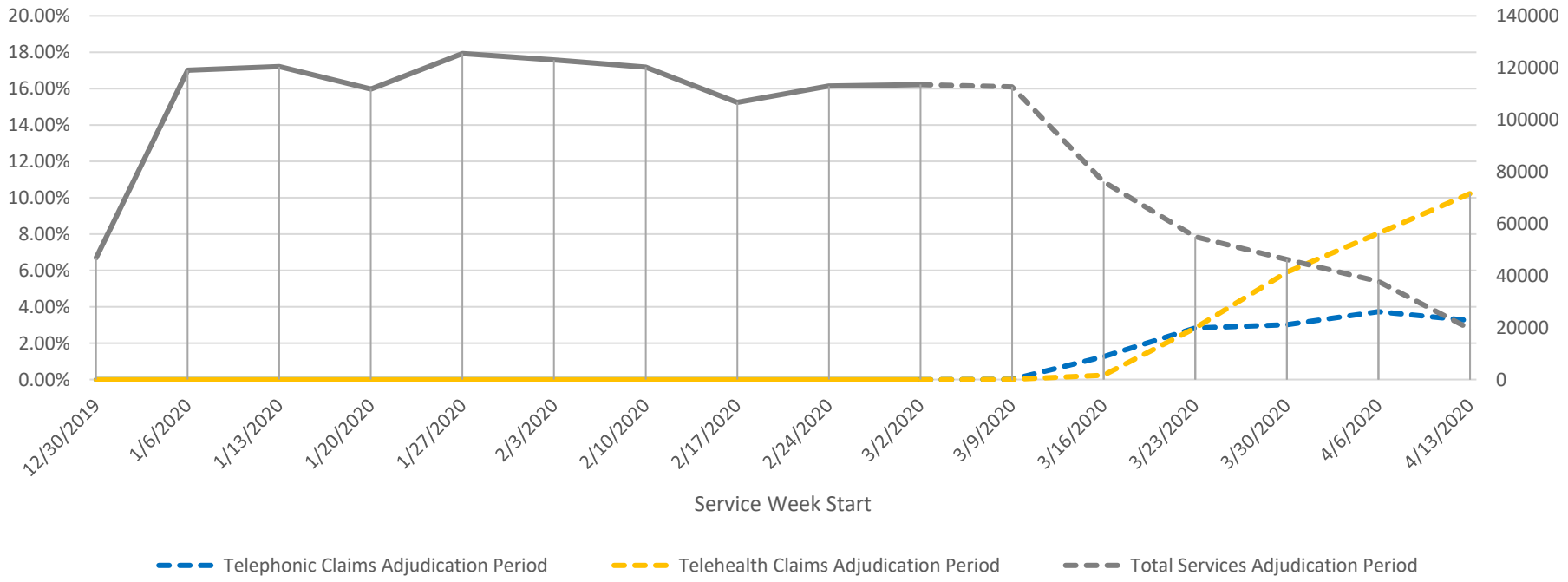
WAVE 5
MAY

Switch Determination
Early May: Identify what financial authority exists to continue COVID capabilities
Mid May: Identify what triggers will indicate the Switch

NC Re-Opening Potential

Telehealth and Telephonic Ratios with Total Services | 12/30/19 – 4/19/20

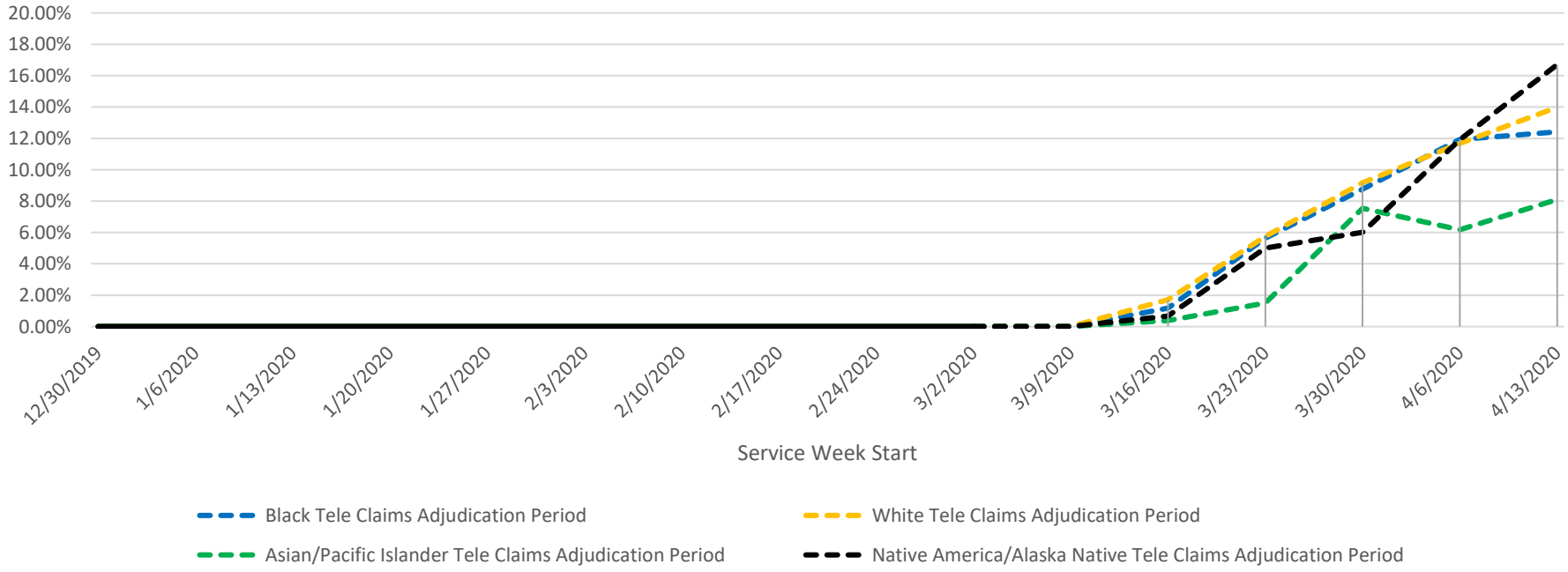
- Telehealth and telephonic service ratios increase in early March coinciding with DHB's telehealth/telephonic policy changes
- Total visits (grey line; numbers on right axis) decreases with claims adjudication
- DHB visit counts (previous slides) and CCNC service counts and ratios vary, but the resulting trends are similar



Data pulled from CCNC dashboard, containing mainly primary care and OB claims

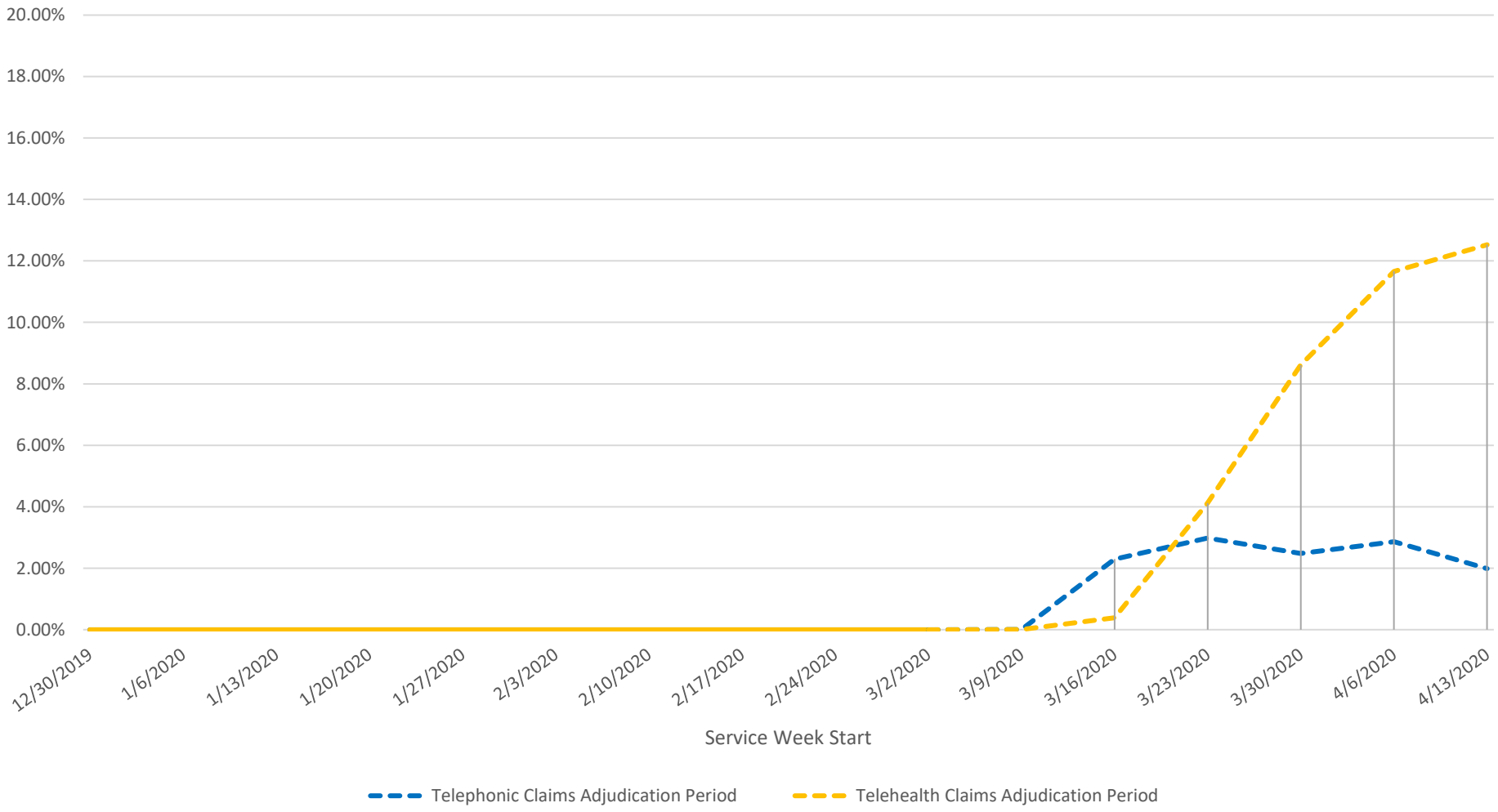
Combined Telehealth/Telephonic to In-Person Ratios by Race | 12/30/19 – 4/19/20

- During the most recent week of the observation period, the ratio of telehealth/telephonic to in-person care delivered to Asians/Pacific Islanders (green line) was 4.3% lower than the next lowest subgroup, Blacks (blue line) and 8.6% lower than the highest subgroup, Native Americans/Alaska Natives (black line). The Asian/Pacific Islander subgroup is relatively small, averaging 1,347 claims per week included in this analysis, compared to the Black (27,581 claims/week), white (58,002 claims/week), and Native American/Alaska Native (1,762 claims/week) subgroups.



Data pulled from CCNC dashboard, containing mainly primary care and OB claims

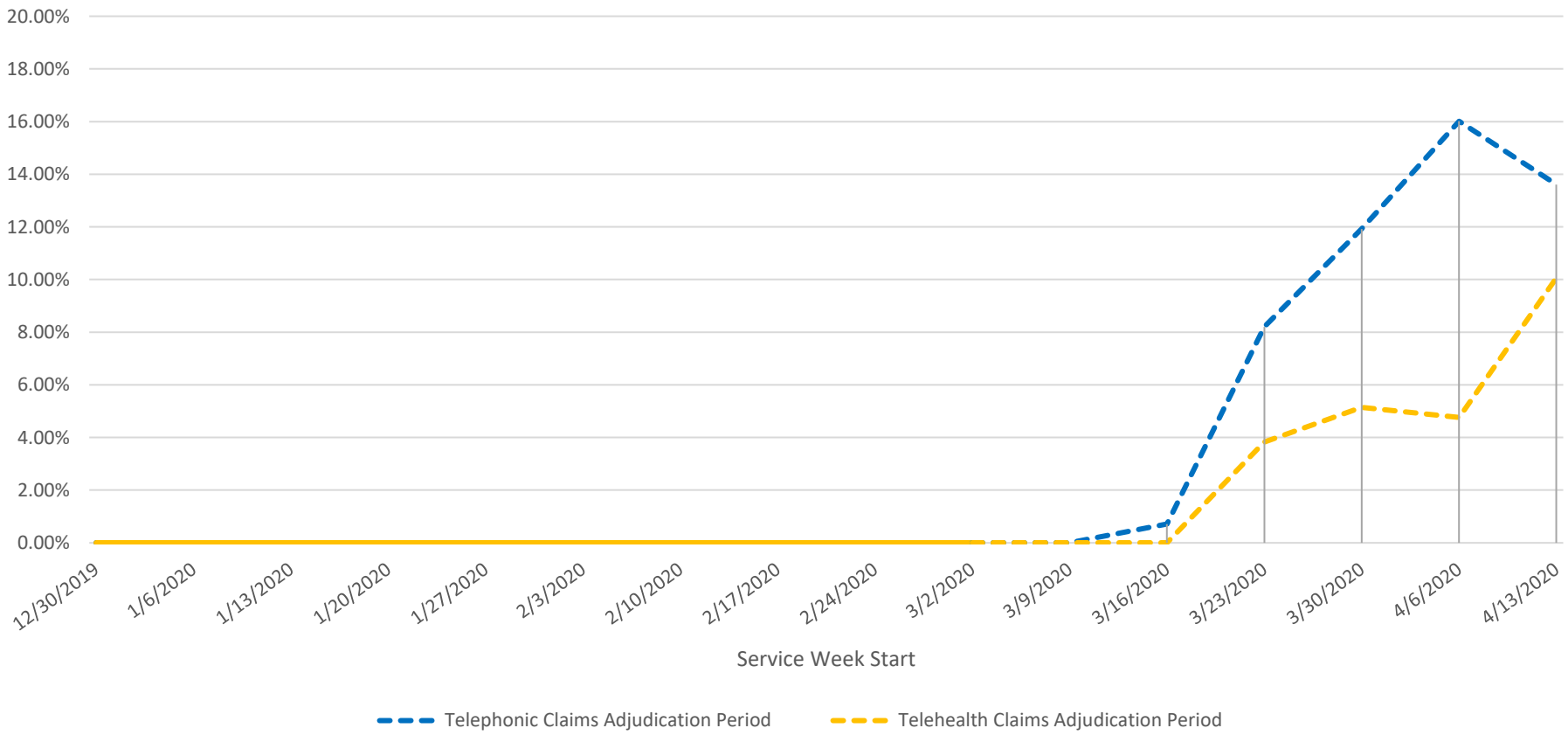
Telehealth and Telephonic Ratios for Peds | 12/30/19 - 4/19/20



Data pulled from CCNC dashboard.

Telehealth and Telephonic Ratios for FQHCs | 12/30/19 – 4/19/20

- Compared to other provider subgroups, the ratio of telephonic to in-person claims for FQHCs is extremely high; 13.61% in the final week of the observation period. Pediatrics, registered the next highest ratio; 2.53% for the week starting 03/23/2020.

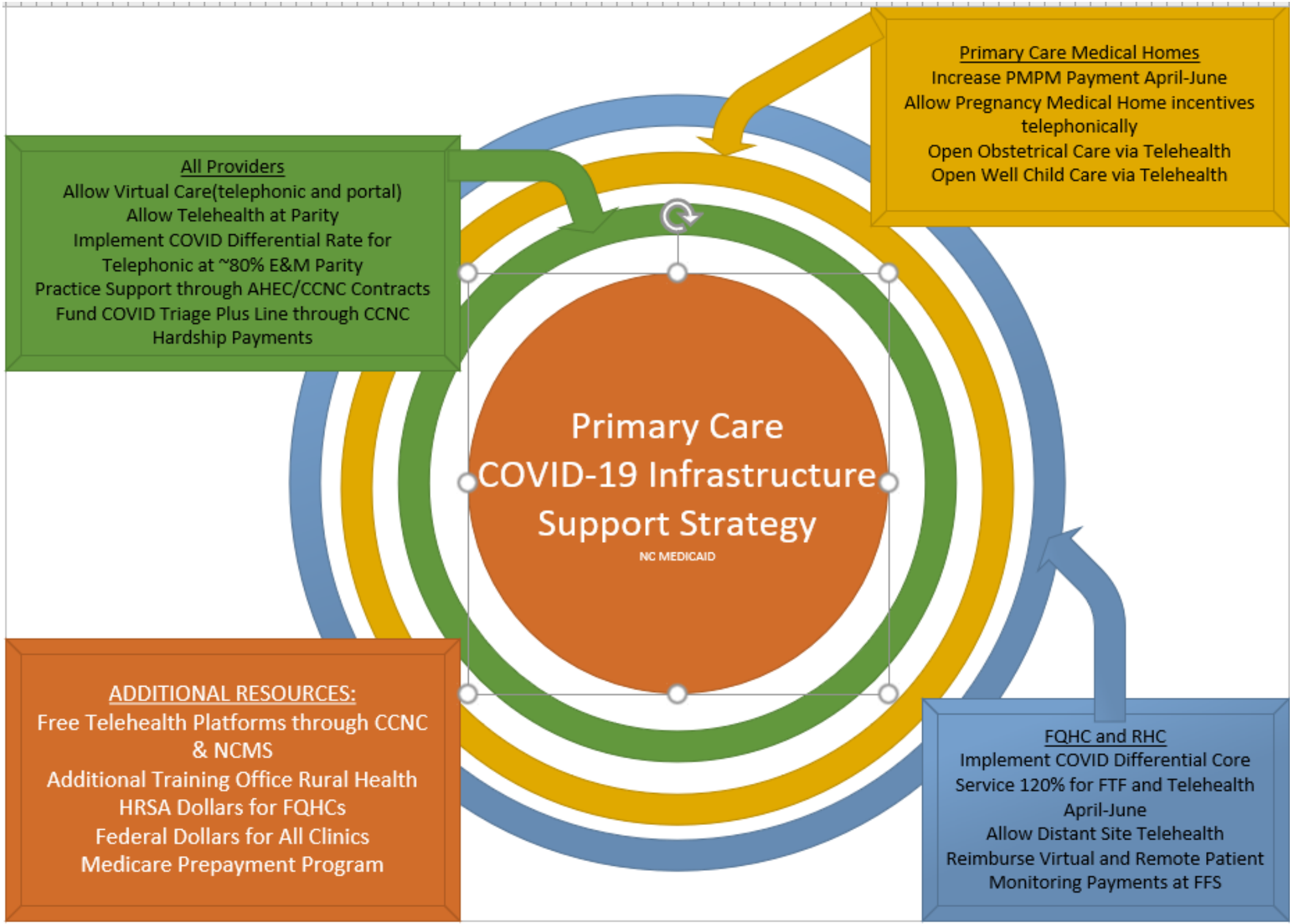


Data pulled from CCNC dashboard.

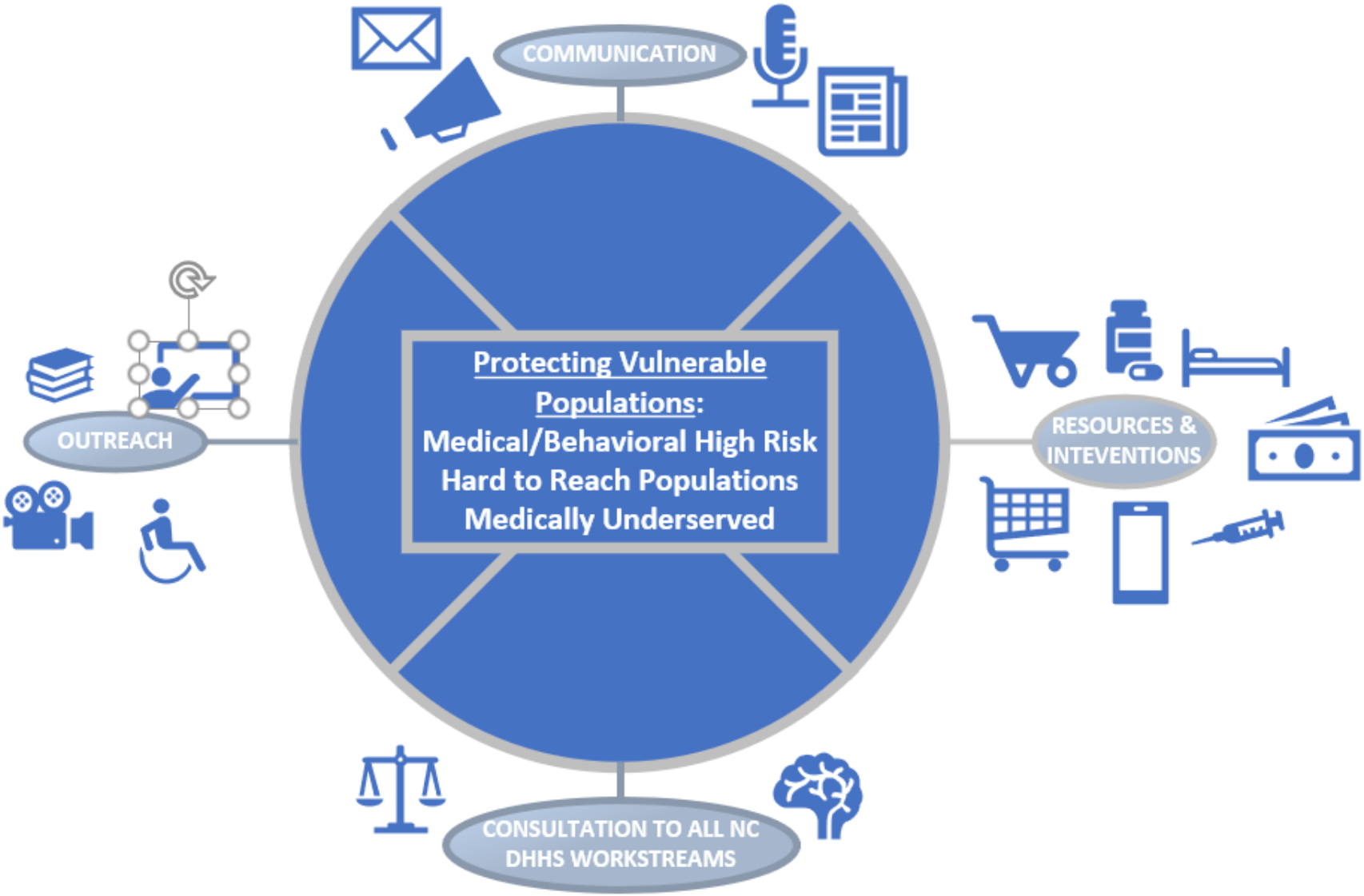
HHS Launches COVID-19 Uninsured Program Portal

On April 27, HHS launched a claims portal to reimburse providers and facilities for COVID-19-related testing and treatment for uninsured individuals.

- As part of the CARES Act and the Families First Coronavirus Response Act, the U.S. Department of Health and Human Services (HHS) will provide reimbursement at Medicare levels to providers and facilities for COVID-19-related testing and treatment of the uninsured.
- Health care providers must register through the COVID-19 Uninsured Program Portal to participate in the program. Once registered, providers may **request claims reimbursement through the portal beginning May 6, 2020** and can bill for qualifying services back to February 4, 2020. Providers can expect to begin receiving reimbursement in mid-May.
- Program and portal training will be available **April 29-30, 2020** (see portal for details).
- More information about the program, including details about covered services, is available here. HRSA also maintains a frequently asked questions (FAQ) page about the program here.


Primary Care Medical Homes
Increase PMPM Payment April-June
Allow Pregnancy Medical Home incentives telephonically
Open Obstetrical Care via Telehealth
Open Well Child Care via Telehealth
All Providers
Allow Virtual Care(telephonic and portal)
Allow Telehealth at Parity
Implement COVID Differential Rate for Telephonic at ~80% E&M Parity
Practice Support through AHEC/CCNC Contracts
Fund COVID Triage Plus Line through CCNC
Hardship Payments
Primary Care COVID-19 Infrastructure Support Strategy
NC MEDICAID
ADDITIONAL RESOURCES:
Free Telehealth Platforms through CCNC & NCMS
Additional Training Office Rural Health
HRSA Dollars for FQHCs
Federal Dollars for All Clinics
Medicare Prepayment Program
FQHC and RHC
Implement COVID Differential Core Service 120% for FTF and Telehealth April-June
Allow Distant Site Telehealth
Reimburse Virtual and Remote Patient Monitoring Payments at FFS

Staying Ahead of the Curve Vulnerable Populations




recognizing
improve
trauma
Equity
approach
often
difference
perceived
NC's
fairness
providing
rectify
health
full
attention
barriers
place
COVID
process
beyond
new
Indian
EXTRA
vulnerable
opportunity
Tribes
improving
measures
governance
reach
Indians
Carolinians
efforts
age
under-served
toward
make
physically
health
means
acting
receiving
will
lasting
assist
live
in-equitable
accordingly
healthy
communities
ensuring
intentionally
populations
Dignity
color
hierarchy
meeting
care
people
everyone
lives
lacking
Addressing
access
understanding
high-risk
equity
basic
historically
removing
emotionally
start
can
gender
including
trying
lens
need
geophraphy
well-being
must
decision-making
possible
sovereignty
potential
creating
moving
just.
opportunities
achieving
focused
understand
resources
North
needs
American
historical
race
paths
get
acknowledging
solutions
consultations
Everyone
outcomes
fair
generational
regardless

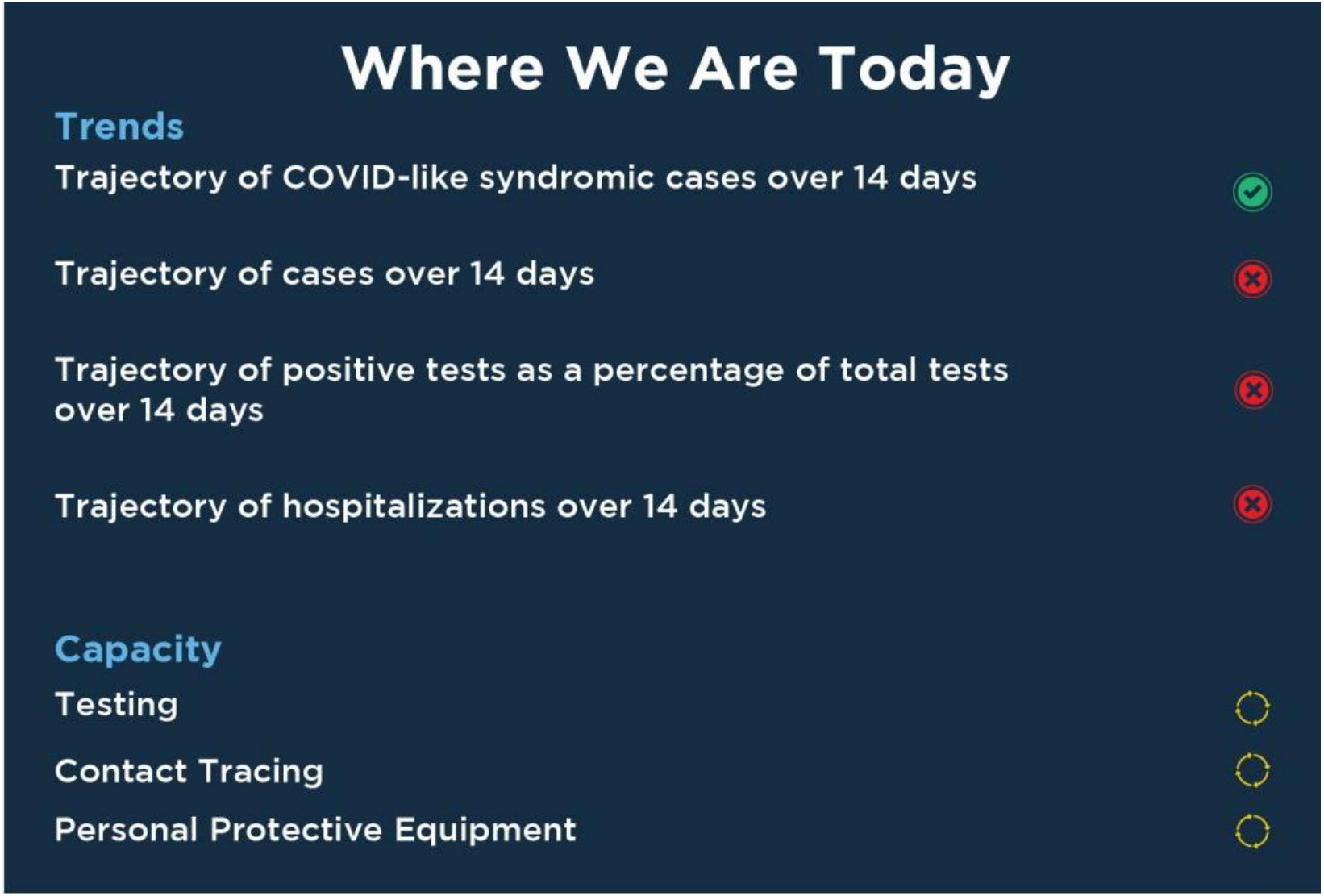
Thoughts about reopening primary care practices

David Rinehart, M.D., FAAFP, President NCAFP
Susan Mims, M.D., MPH, FAAP, President NCPeds

Quick timeline review

- March 3 First COVID-19 case in NC
- March 10 Governor Cooper declares State of Emergency
- March 14 Closure of schools and limiting large gatherings
- March 17 Closure of sit-down restaurants
- March 18 Elective surgeries stopped
- March 24 First NC death from COVID-19
- March 27 Stay at Home order

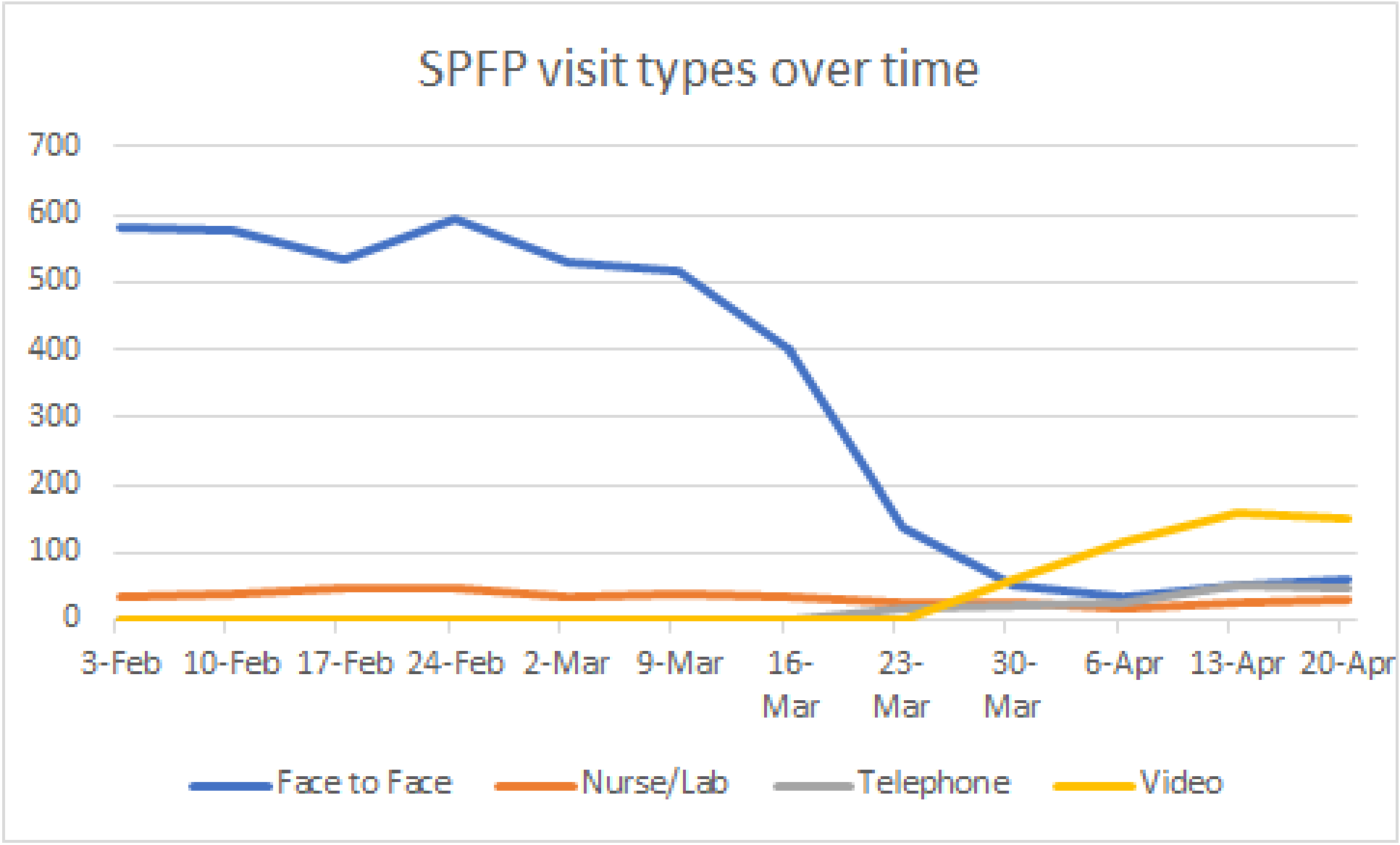
Reopen criteria from Sec Cohen, April 23



Balancing act

- Treat patient's needs, current and preventive
- Protect patients from additional exposure
- Protect staff

Open gradually, thoughtfully


SPFP visit types over time
700
600
500
400
300
200
100
0
3-Feb
10-Feb
17-Feb
24-Feb
2-Mar
9-Mar
16-Mar
23-Mar
30-Mar
6-Apr
13-Apr
20-Apr
Face to Face
Nurse/Lab
Telephone
Video

Environmental Controls

- "Patients will want to smell fresh paint"
- Waiting room? 6 feet apart
- Plexiglas dividers?
- Well and sick areas, separate entrances?
- Separate respiratory/COVID-19 clinics?
- Adequate PPE
- Proper staffing model

Workflow adjustments *before the visit*

- Educate patients, call ahead, plan
- Telehealth, telehealth, telehealth
- Telephone, portal (and combo care)
- No extra visitors
- Space out visits, including lab
- Well visits AM, sick PM?
- Patients bring/wear masks
- Some staff at home on Telehealth, some in office
- Separate well care provider and sick care provider
- Assistants do thorough “rooming” by phone

Workflow Adjustments *at the office*

- Parking lot as waiting and visit area
- Telephone triage, intake and education
- Temperature and questions at the front door or in car
- Masks all around, obvious handwashing, no handshakes
- Make it thorough, do it all in one visit
- Minimize time in office – exams, labs, immunizations
- Minimize # of staff contacts

EMR adjustments

- Online scheduling reflects reality?
- Portal clearly states office situation?
- Telephone visit template
- Telehealth visit template
- Portal visits, asynchronous "E-visits"

Telephone and Telehealth Visits

- Consent to treat
- Patient location
- "synchronous real-time audiovisual communication"
- Length of visit, for telephone (start and end times or total)
- Persons on the visit (spouse, daughter, etc)
- Ensure confidentiality and focus

While you are waiting...

- Flexible and innovative
- Review your patient panel
- Call your elderly patients, check on them
- Run reports of gaps of care
- Proactive practice - well care, chronic dz care, vaccines
- Fix up your EMR templates
- Website and on hold message up to date?
- Communicate via social media

Questions for us all

- Who and how to test for SARS-CoV-2 ongoing?
- Role of serology? Immunity questions.
- Contact tracing workflow
- Acceptance of telehealth over time, payment over time
- Best practices for telehealth vs face-to-face
- Payment model for primary care

L. Allen Dobson, Jr., M.D.
CEO
Community Care of North Carolina

Paycheck Protection Program and Health Care Enhancement Act

- **HR 266 PL 116-139** is 4th stimulus bill from Congress
- Added $310B to PPP
  - Earmarked $60B for community banks and smaller lenders
- Added $60B to SBA's Emergency Economic Injury Loan Program
- Added an additional $75B to the Provider Relief Fund
  - Subject to same conditions as original $100 billion, but no word on how HHS may target the allocation.

Provider Relief Fund

- **First tranche** ($30B) released via direct deposit or mailed by 4/24 based on Medicare FFS reimbursement for 2019
- **Second Tranche** ($20B) released automatically; will be reconciled with initial payment so total allocation is proportional to your share of 2018 net patient revenue. Cannot receive 2nd until attested to first; must sign a second attestation and *submit revenue information for verification*
- ***New emphasis on "limited use and purposes"***
  - [A]ll payments may only be used to prevent, prepare for, and respond to coronavirus, and … shall reimburse the Recipient only for health care related expenses or lost revenues that are attributable to coronavirus.
  - If a recipient does not have lost revenues or increased expenses due to COVID-19 equal to the amount received a recipient **must return the funds**
-

Provider Relief Fund

- "[A]ll recipients will be required to submit documents sufficient to ensure that these funds were used for healthcare-related expenses or lost revenue attributable to coronavirus."
- **Targeted payments to Medicaid providers still possible in Round 3 or with the new $75B in funding.**

Questions?