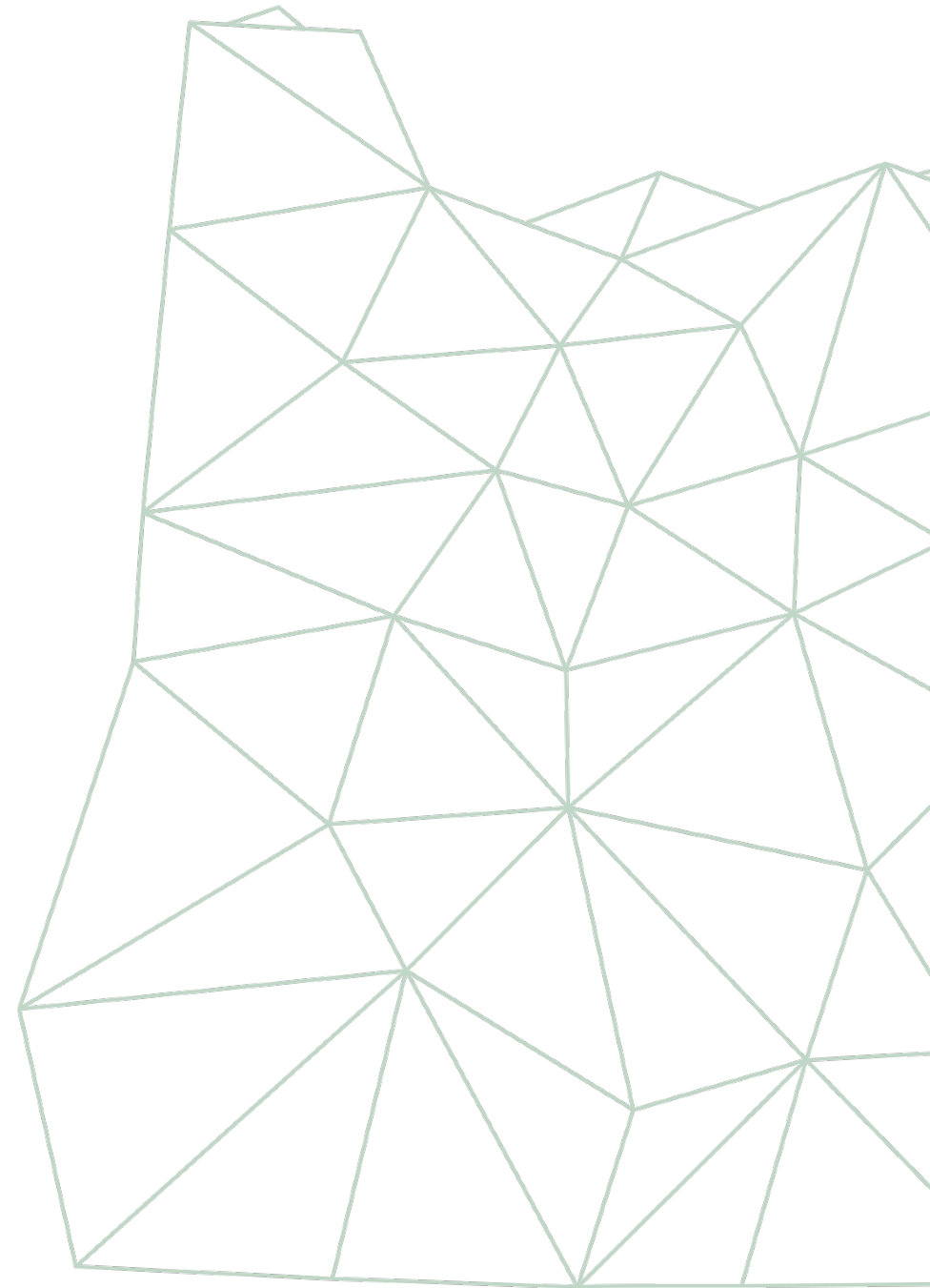




SPECIAL Part 2

**COVID-19 Response ECHO for
Oregon Clinicians**

Session 4 July 23, 2020



Housekeeping

- Everyone is muted
- Use the Chat Box to submit questions/comments/share links & resources
 - We will strive to select questions directly relevant to the presentations for asking during the session, but will not be able to address all questions
 - Questions not directly answered will be collated and used in the planning of future sessions
- All sessions will be recorded and available for viewing after the session within 24 hours
- Resources and transcript of today's chat box, powerpoint slides, and video recording will be posted on our ECHO Network website at www.connect.oregonechonetwork.org (where you registered)
- PLEASE fill out the post-session survey that you'll receive by email today

Part 2 COVID-19 ECHO Series Goals

- 1) Share the latest information on COVID-19 impact in Oregon and amplify the public health response;
- 2) Provide guidance on evidence-based management of COVID-19 and its clinical, behavioral & care delivery consequences;
- 3) Create a forum to share clinical, community, and system cases to improve quality and inform 'best practice'

COVID-19 ECHO Part 2 Expert Presentation Topics

- Covid-19 Clinical Course and Prognostic Factors
- Social determinants of SARS-CoV2 infection and suboptimal outcomes in vulnerable populations
- Catching Up and Keeping Up on Routine Immunizations as COVID-19 Continues
- Proactive outreach for high risk populations/population-based care in the time of COVID
- **August 13: Update on Medical Therapeutics- Stone Doggett MD, OHSU Infectious Disease**
- **August 27: COVID-19 Diagnostics- Ellie Sukerman MD, OHSU Infectious Disease**
- **September 10: Vaccine Development Update- Mark Slifka PhD, Virologist, OHSU**

Today's Agenda

- COVID-19 Update: Oregon Health Authority/Tri-County PH
- Expert presentation: Tanya Kapka MD MPH, Senior Medical Director CareOregon, “COVID-19 and Beyond: Supporting High Risk Populations”
- Community Presentation: Charlene Maxwell/ Debbie Powers, Multnomah County Health Centers, “Engaging Our Clients During COVID19”
- Q & A

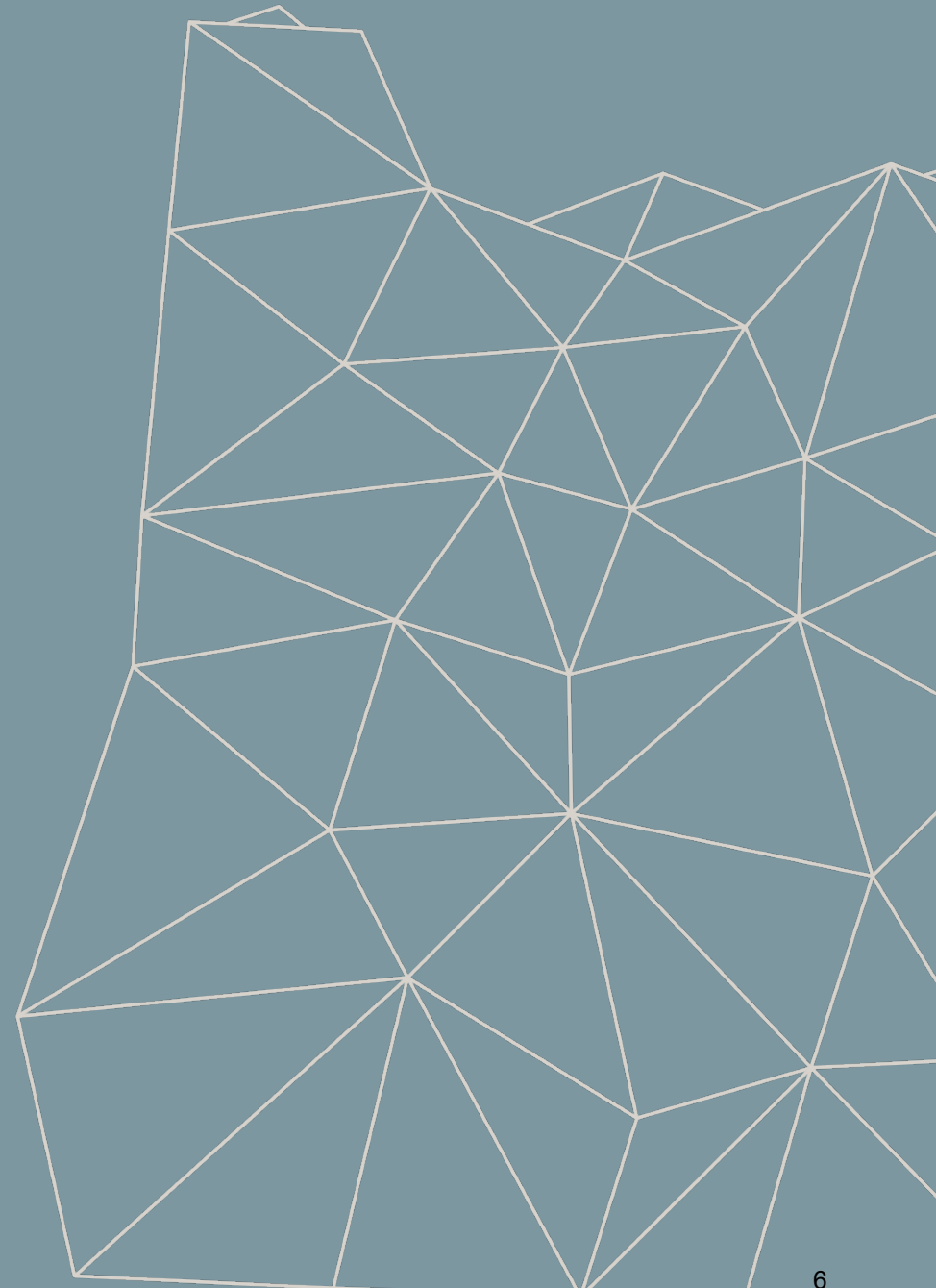


Oregon Health Authority

COVID-19 Update, July 23, 2020

Dana Hargunani, MD, MPH

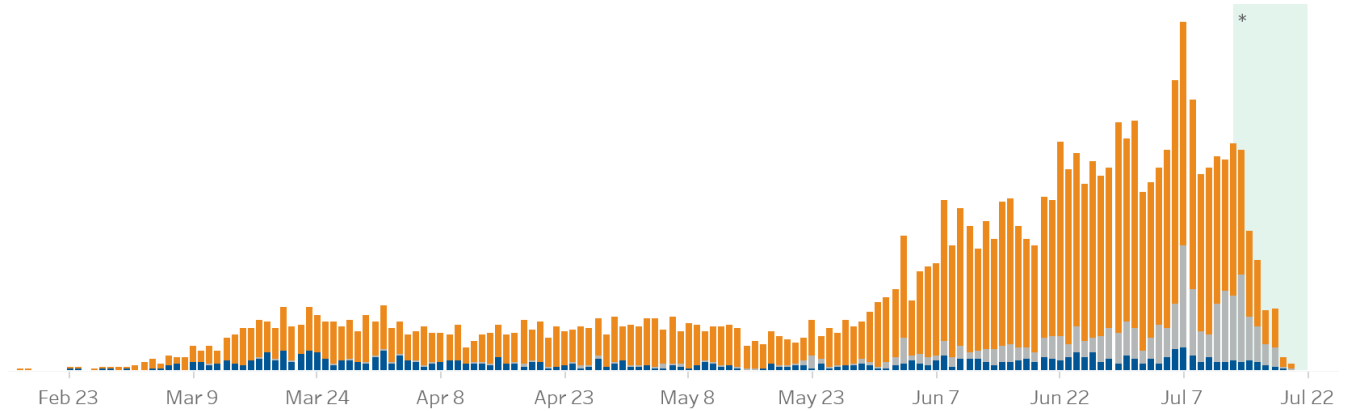
Tom Jeanne, MD, MPH



The COVID-19 Pandemic Update in Oregon

As of **July 22**:

- 15,393 Total Cases
 - 14,586 Positive Tests
 - 807 Presumptive Cases
- 271 Deaths
- Continued disproportionate impacts, especially for Black, American Indian/Alaska Native, Pacific Islander and LatinX communities



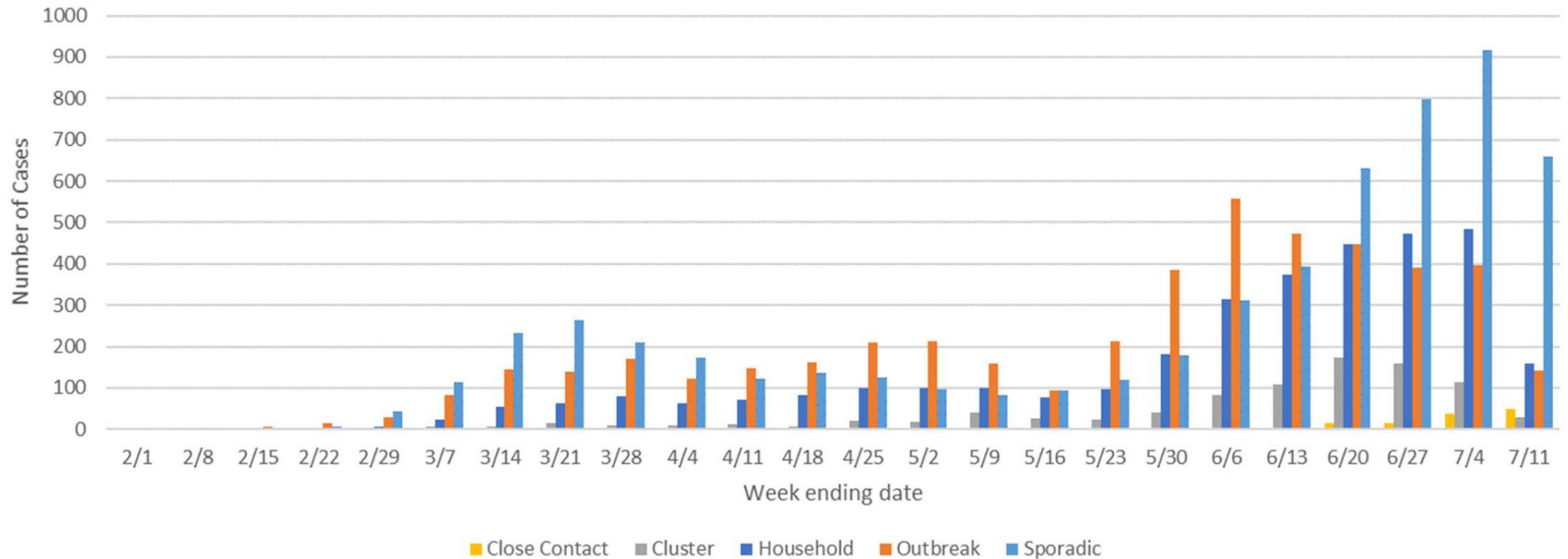
The COVID-19 Pandemic Update in Oregon

*For the week of **July 13-19:***

- >37,000 tests completed
- 6.6% of those tests were positive
- 2,409 new cases recorded, a 26% increase from prior week
- Continued rise in sporadic cases; outbreaks have been a smaller contribution recently

Epi Link Trends by Week

Figure 1. Epidemiologic link of COVID-19 cases by week of onset

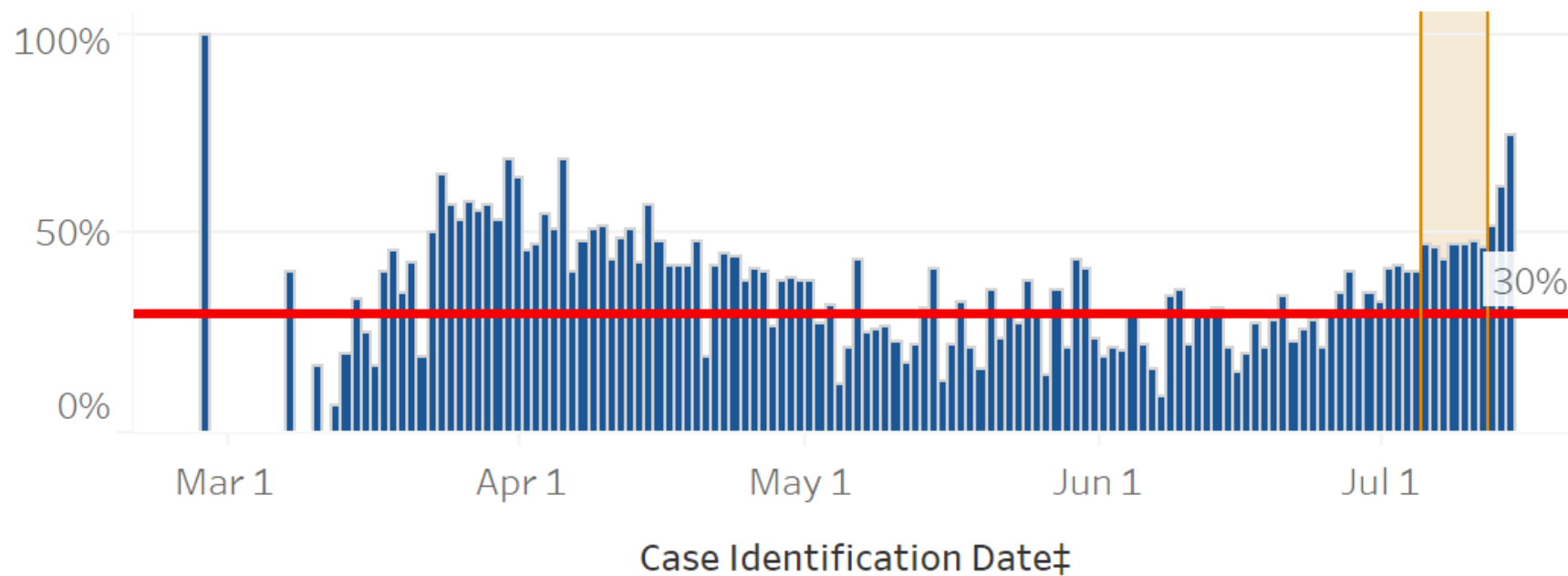


Public health metrics

Percent of COVID-19 cases not traced to a known source

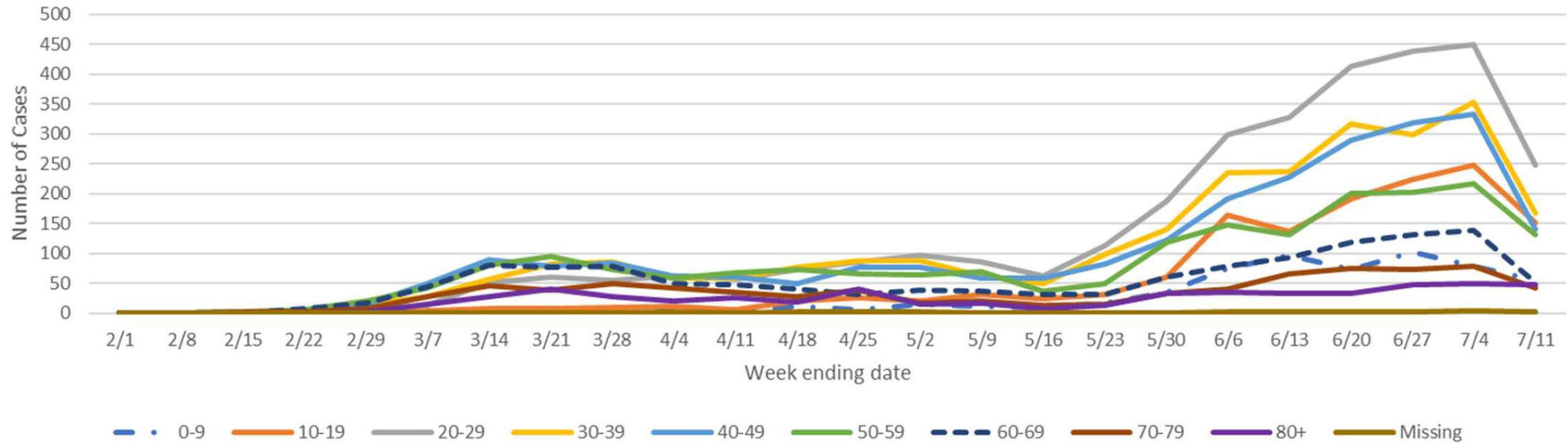
The chart below shows the percent of new cases that could not be traced to a known source of COVID-19. We want to keep this percent below 30% in the past 7 days.

Lower is better on this indicator



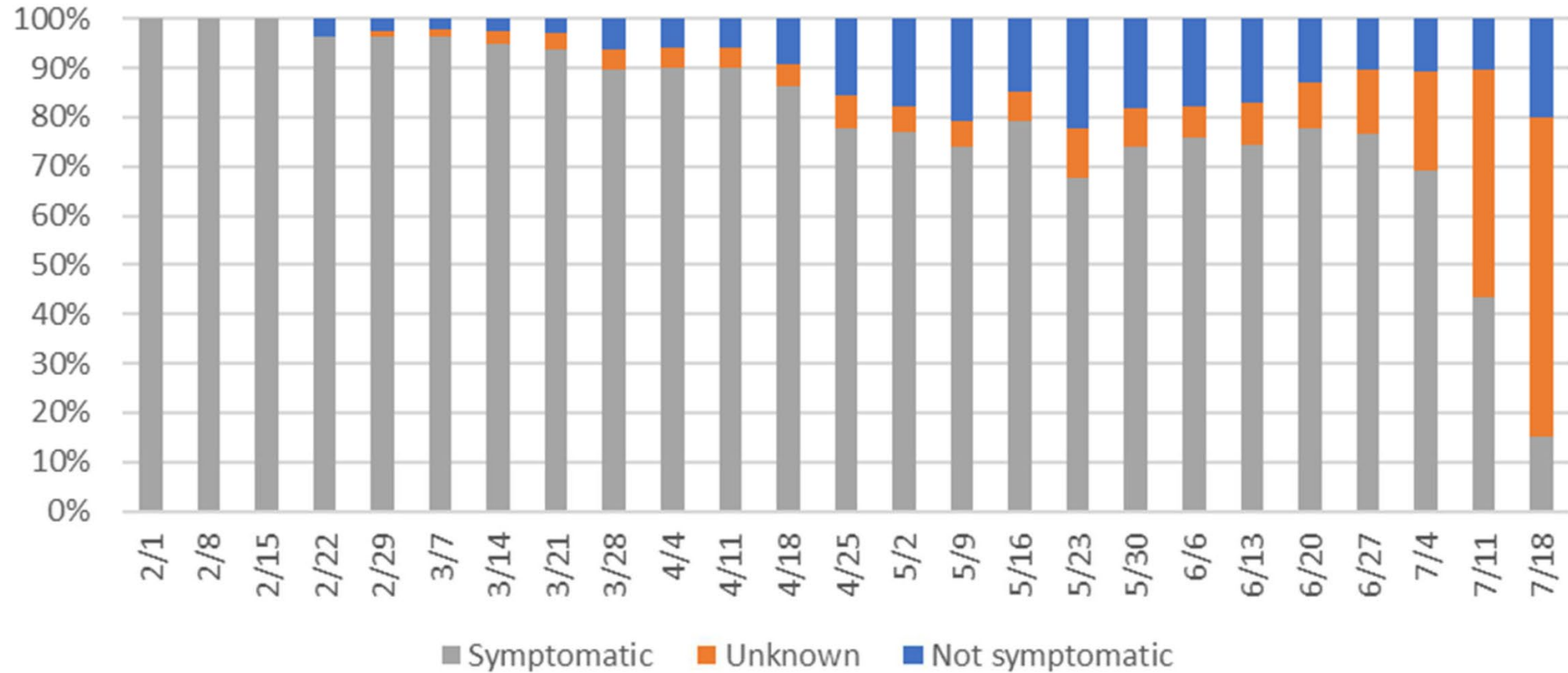
COVID-19 cases by age group and week of onset

Figure 6. COVID-19 cases by age group and week of onset



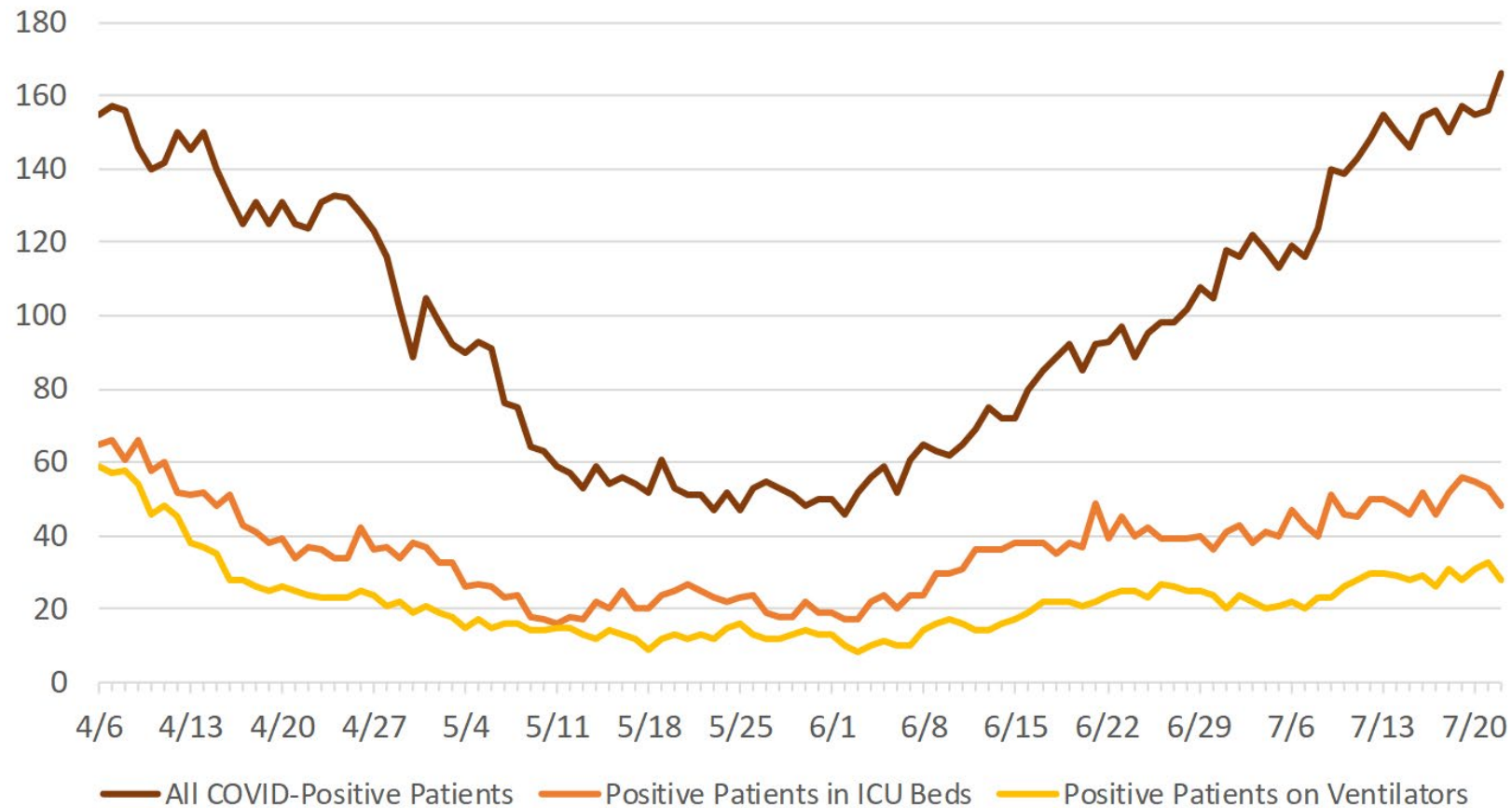
Reported Symptoms Among COVID-19 Cases

Figure 3. Reported symptoms among COVID-19 cases



Currently Hospitalized COVID-19 Patients- Trends

Hospitalized COVID-19 Positive Patients by Acuity



News

CDC

- For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset* and resolution of fever for at least 24 hours

Governor Brown

- Expanded masking requirements: children age 5 and up, exercising indoors, plus outdoors when you can't physically distance
- All phases: restaurant/bar service ends at 10pm, indoor venue size down to 100 max

OHA

- New mask requirements website launched: www.healthoregon.org/masks
- New interactive testing location website: healthoregon.org/covid19testing

ODE

- Updated guidance for school year 2020-2021: <https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Planning-for-the-2020-21-School-Year.aspx>

Questions



Considering COVID-19 state of emergency and beyond

As we all experience and contemplate a broad “re-set”, what does that mean for health care in the short/intermediate term, and beyond?
Is there any silver lining?

Tanya Kapka, MD, MPH
Sr Medical Director, Clinical Services
kapkat@careoregon.org

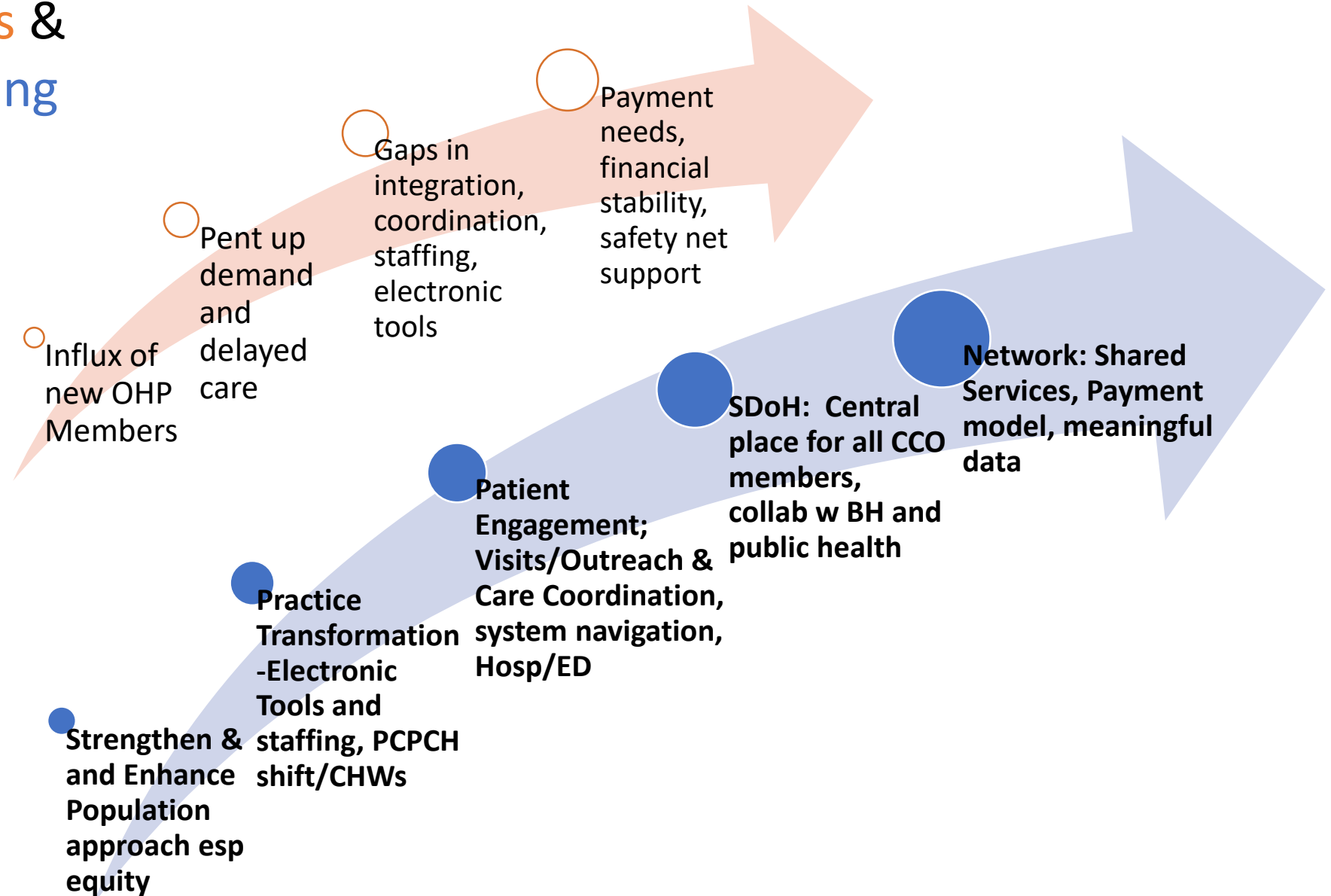
Barn's burnt down --
now
I can see the moon.

-Mizuta Masahide



Health plan/CCO + primary care

Identifying needs & Response/planning



“A time of crisis is not just a time of anxiety and worry. It gives a chance, an opportunity, to choose well or to choose badly.”

-Desmond Tutu



Priority Flag Definitions: grouping for staffing and urgency

Why: Risk of severe complications to COVID-19; goal to ensure they have what they need to safely stay home. Offer telehealth visits, medication support, social services and care coordination, etc.

****Please consider prioritizing communities of color first**

Priority 1

1a. 60 years and older with 3+ conditions that put patients at risk for COVID complications

1b. 18-59 years old with 3+ conditions that put patients at risk for COVID complications

Priority 2

2a. Any Age with hypertension only

2b. Any age with asthma only or COPD only

2c. 60+ with 1-2 conditions that put patients at risk for COVID complications

2d. 18-59 yrs with 1-2 conditions that put patients at risk for COVID complications

Priority 3

3. 60+ years and no conditions

All Others

o Anyone else on the list that isn't in the 3 Priorities above

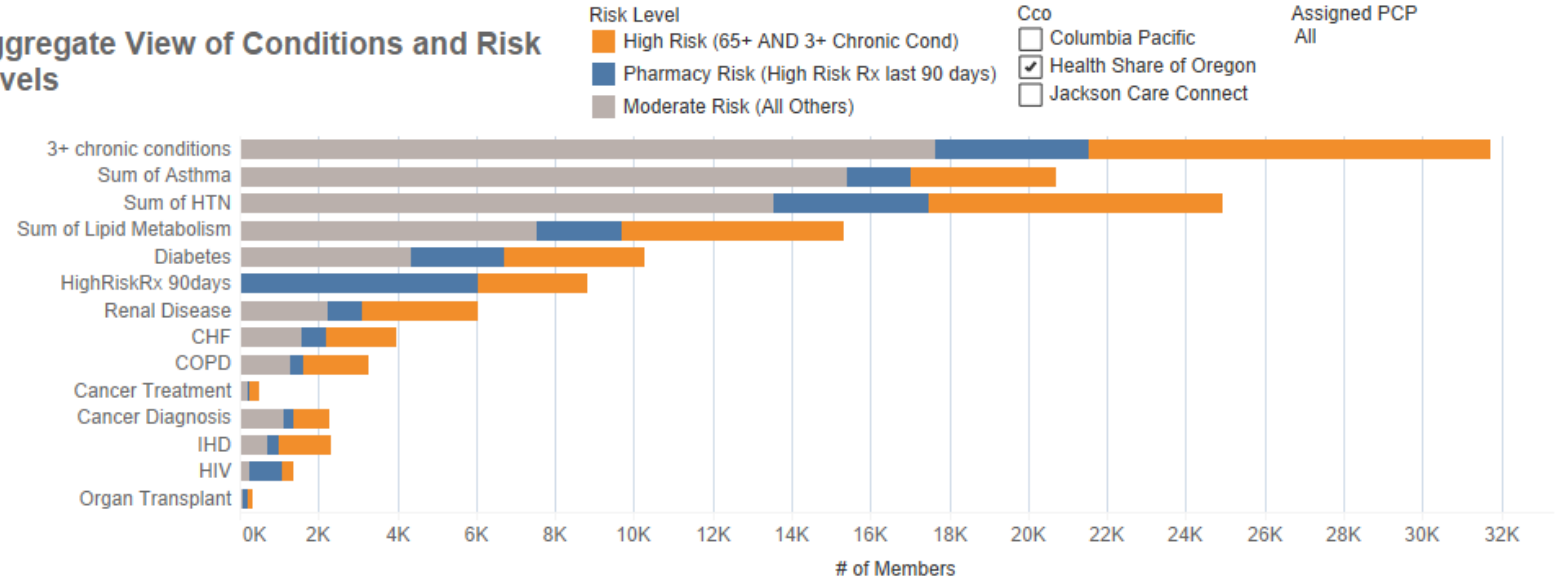


CCO Regional data:

- Health Share
- Jackson Care Connect
- Columbia Pacific

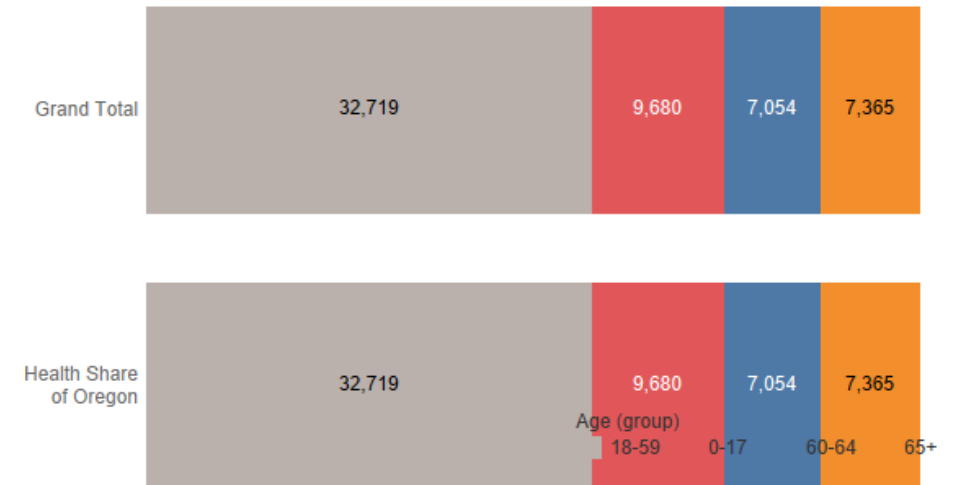
(data shown is for Health Share region/metro)

Aggregate View of Conditions and Risk Levels



Total High Risk Membership by Age Group - Two Views

Age (group)	Health Share of Oregon	Grand Total
0-17	9,680	9,680
18-59	32,719	32,719
60-64	7,054	7,054
65+	7,365	7,365
Grand Total	56,818	56,818



High Risk Member Outreach

- Patient list emailed to clinical and quality leadership
- Outreach assessment/script mailed out with lists (*use as is, or modify as needed for your organization*)
- Resource info also mailed out with lists (*information on pharmacy, DME, NEMT, care coordination with regional care teams, and SUD support*)
- Clinics decided about implementation approach

Below is example of primary care clinic data for Virginia Garcia Memorial Health Center (CareOregon data).

Count of Member ID Row Labels	Column Labels									Grand Total
	1a: 60+ w/ 3+ CC	1b: 18-59 w/ 3+ CC	2a: HTN Only	2b: Asthma Only	2c: 60+ w/ 1-2 CC	2d: 18-59 w/ 1-2 CC	3: 60+ w/ no CC	All Others	(blank)	
Virginia Garcia Beaverton	136	227	369	581	169	595	198	358		2633
Virginia Garcia Hillsboro	72	118	147	243	68	257	86	118		1109
Virginia Garcia Cornelius	52	72	115	265	51	206	89	136		986
Virginia Garcia Newberg Clinic		2	2	2	2	7	1	1		17
Virginia Garcia McMinnville		2		4	1	5				12
Virginia Garcia Willamina School Based Health Center (blank)		1				2				3
Grand Total	260	422	633	1095	291	1072	374	613		4760



Equity and telemedicine adoption

UCSF study during COVID-19: telemedicine implementation can increase disparities in health care access for vulnerable populations with limited digital literacy or access:

- rural residents
- racial/ethnic minorities
- older adults
- low income
- limited health literacy
- limited English proficiency

Recommendations:

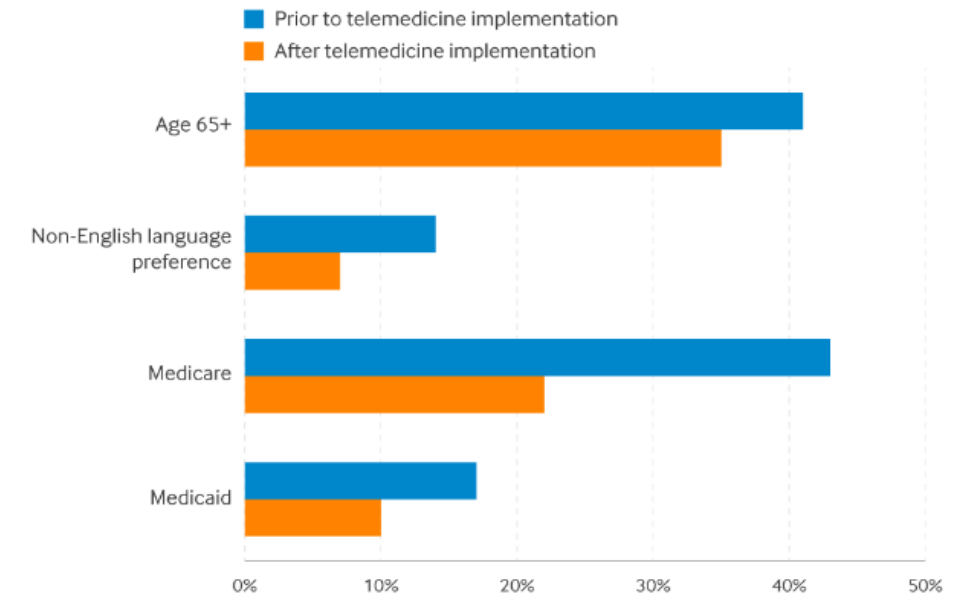
1. Proactively explore potential disparities in telemedicine access (use whatever data you have)
2. Develop solutions to mitigate barriers to digital literacy and resources needed for engagement in video visits
3. Remove health system–created barriers to accessing video visits (technology, interpreters, etc)
4. Advocate for policies and infrastructure that facilitate equitable telemedicine access (free broadband, pay parity)

Addressing Equity in Telemedicine for Chronic Disease Management During the Covid-19 Pandemic (NEJM Catalyst):

<https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0123>

Patient Visits by Age, Language, and Insurance Before and After Telemedicine Scale-Up

This chart shows the proportion of patient visits seen by age, language preference, and insurance type prior to (2/17–2/28/2020) and after (3/23–4/3/2020) scaled-up telemedicine implementation to address the Covid-19 pandemic at the UCSF General Internal Medicine Primary Care Practice (P=0.002 for age ≥65 and P<0.001 for other comparisons). A significantly smaller proportion of visits after scaled-up telemedicine implementation were with vulnerable patients.



Source: The authors
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Guiding principles for population-based outreach/support

Consider your whole population (whether or not they are engaged in care):

- Which patients have barriers for meaningful engagement with services?
- Who on your team can outreach to the most vulnerable? What does your medical home staffing model need to do to meet the needs of your population over the next 6-12 months?
- How do you coordinate with hospitals and EDs for high risk patients? Do you use Collective (PreManage/EDiE) platform?
- What data and metrics do you already have that can be prioritized and tracked to identify high risk patients? (kids need vaccines, diabetics need medications, people with OUD need bupe/MAT, people with MH need support/meds)

Prioritize equity: who is being missed by the systems disruption, who is at risk?

- Who is highest risk for COVID complications and are they aware of risk and have what they need?
- Do you have data on BIPOC populations, language/disability, and medical conditions/utilization?
- What are your strategies for support (eg prioritized testing, interpreter use, services for disabled)?

Social and behavioral health needs during the pandemic/economic recession:

- Who is highest risk for complications of medical conditions without access to health system and supports?
- What are behavioral health needs for those who are socially isolated? What are their social needs (food, housing, etc)?
- Do people know how to access telemedicine? Do they have a smartphone or computer and know how to use it? Do you have staff and resources who can help them if not?
- What is your relationship to community-based orgs, CHWs, etc?



Additional Resources

Better Care Playbook (for people with complex needs including social needs): nicely organized information, resources, and links prioritizing management of population, data, telehealth, social supports for complex populations

https://www.bettercareplaybook.org/addressing-complex-care-needs-amid-covid-19?utm_source=CHCS+Email+Updates&utm_campaign=ea1b86b1b3-CHCS+-+PB+Chernof+blog+04%2F02%2F20&utm_medium=email&utm_term=0_bbced451bf-ea1b86b1b3-157172221

Identifying Patients with Increased Risk of Severe Covid-19 Complications: Building an Actionable Rules-Based Model for Care Teams (NEJM Catalyst), CityBlock Health. Very similar to CareOregon; nice tables and data, with outreach materials, detailing identification and outreach to high risk populations including social risk factors:

<https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0116>

Connecting to High Risk Patients When In-Person Visits are Not Possible: A tool developed in Vermont between a payer and health care system. Includes links to workflows and scripts.

<https://www.chcs.org/resource/connecting-with-high-risk-patients-when-in-person-visits-are-not-possible/?ct=t%28OneCare+VT+profile+06%2F18%2F20%29>

Bonus read: New York Times article featuring Virginia Garcia's Latinx-focused outreach (thank you Dr Eva Galvez!)

<https://www.nytimes.com/2020/05/07/us/coronavirus-latinos-disparity.html>





Multnomah County Health Centers

Engaging our clients
during COVID19

Public Entity Federally Qualified Health Center located in the Portland, OR Metro area, largest in Oregon



7 full scope Primary Care Centers and 10 student health centers. 1 specialty HIV clinic.

Serve about 60,000 clients annually

- **Our Response**

- Quickly shifted to 80% telemedicine visits
- Consolidated sites
- Staff rotation between in clinic vs teleworking

- **What this gave us**

- Less access for office visits
- More resources for outreach (staff teleworking)



Looking at our population through multiple lenses

- Age
- Clinical complexity
- Race/Ethnicity



**What data do we need?
What data do we have?**

Don't re-invent the wheel!



What: Outreach call

Who: Health Center Clients in order of priority

When: Timing and strategy is key!

How:

- **Trauma informed:** Introduce ourselves, briefly explain the reason for the call, and ask permission to continue.
- **Equitable:** Outreach to both insured and uninsured clients
- **Who might go unseen?**



Goals of outreach

- How to receive care, MyChart
- Medications/medical supplies
- Community resources
- Insurance coverage questions
- Behavioral health needs
- Education



Any identified needs were met with a warm hand off or appointment scheduled with a member of our care team

This approach was successful!

- Almost too successful.
- Helped our clients understand the services we have always provided
- Allowed us to take a look at our current data resources and launch plans quickly



Questions?



- Please complete the post-session survey in order to receive CME
- 1st and 3rd Thursdays, 12-1 p.m.: Oregon Health Authority COVID-19 Informational Session for All Providers: next OHA session is July 30
- 2nd and 4th Thursdays, June 11-Sept. 24, 12-1:15 p.m.: Project ECHO COVID-19 Response for Oregon Clinicians - Part 2
- **Next COVID ECHO session is Thursday August 13 and the topic is “Update on Medical Therapeutics- Stone Doggett MD, OHSU Infectious Disease**

“All Teach, All Learn”

- Clinicians learn from specialists
- Clinicians learn from each other
- Specialists learn from practicing clinicians

oregonechonetwork.org

The screenshot shows a web browser window with the address bar displaying 'oregonechonetwork.org'. The website header features the Project ECHO logo on the left and a navigation menu on the right with items: Home, All About ECHO, Programs, About Oregon ECHO Network, ECHO IT, Partners, Contact Us, and Log In. The main content area has a light beige background with the heading 'WELCOME TO THE OREGON ECHO NETWORK' in red. Below this is the large text 'Connect and Learn' in black. To the right of this text is a red button with white text that says 'Log In or Create Your Account'. Underneath the main heading, there is a paragraph of text: 'ECHO is an interactive educational and community-building experience that allows healthcare professionals throughout the state of Oregon to create a case-based learning environment through the convenience of video connection.' Below that is another line of text: 'Click for [Oregon ECHO Network's current programs](#) or scroll down to learn more.' At the bottom of the main content area is a photograph of a rocky coastline with waves crashing against the shore.

