



office of the governor of the commonwealth of virginia

GOVERNOR'S COVID-19 LONG-TERM CARE TASK FORCE

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Sarah Lineberger, HAI Program Manager, Office of Epidemiology, VDH
Brenden Rivenbark, Senior Policy Analyst, Office of the Commissioner, VDH

December 16, 2021

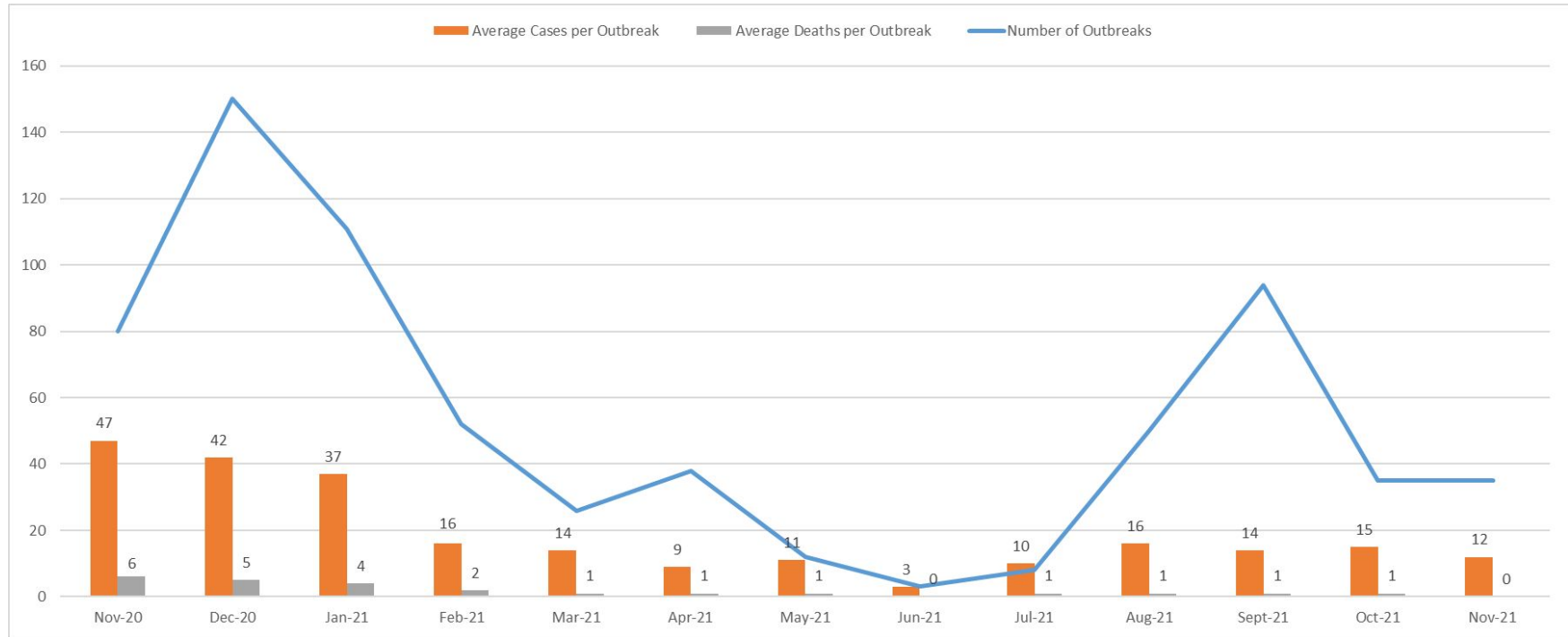
Welcome and Housekeeping Items

- Please mute your phone (do NOT put us on hold) if you are not speaking
- We prefer to take questions/comments at the end of each agenda item
 - Feel free to utilize the chat box

Overview of Agenda

- Data Update (10 min)
- Omicron Check-In (5 min)
- Long-Term Care Data Monitoring - Virginia Health Information (10 min)
- Visitation Check-In (5 min)
- Testing Check-In (5 min)
- CMS Vaccine Requirement for Health Care Staff (5 min)
- Monoclonal Antibody Update (5 min)
- Influenza Check-In (5 min)
- Strike Team Planning (5 min)
- Long-Haul COVID-19: An Impending Dementia Crisis (Dr. Aravich, 15 min)
- Next Steps (5 min)
- Discussion

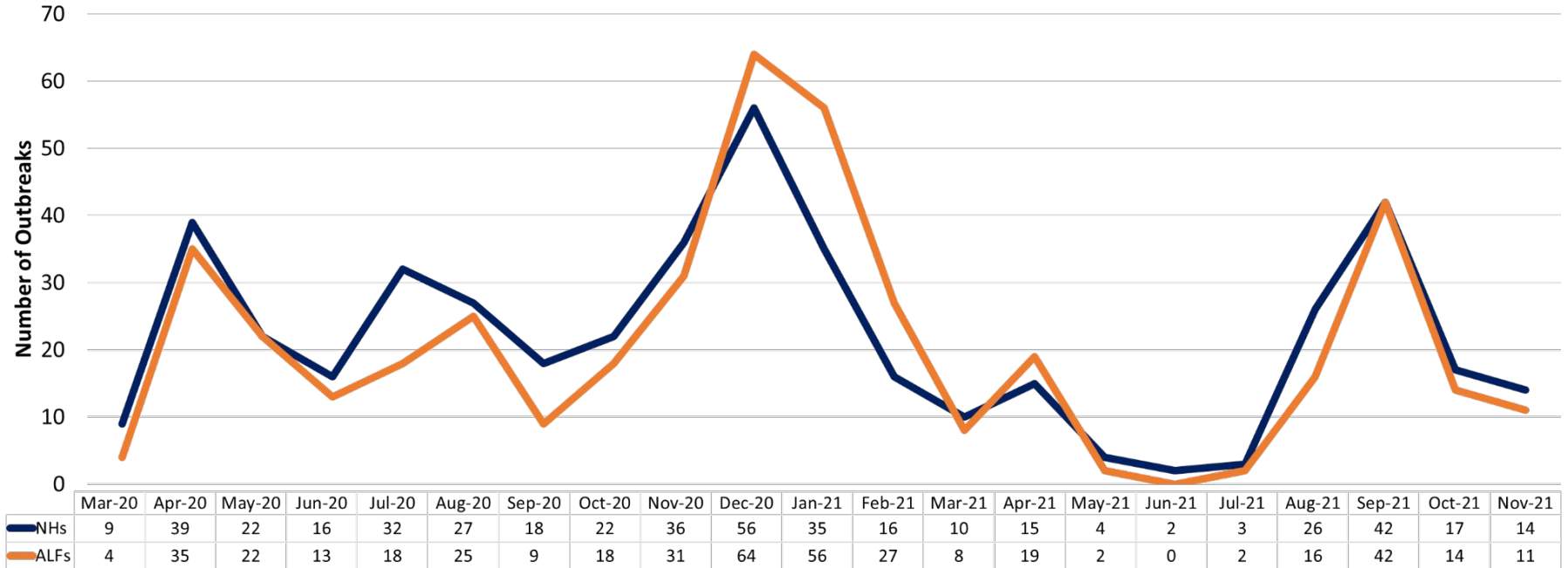
COVID-19 Outbreaks in Long-Term Care Facilities^{*^†}



↑ LTCF Federal Pharmacy
Partnership Program Begins
(12/28)

(Updated 12/7/2021)

COVID-19 Outbreaks Reported in NHs vs. ALFs

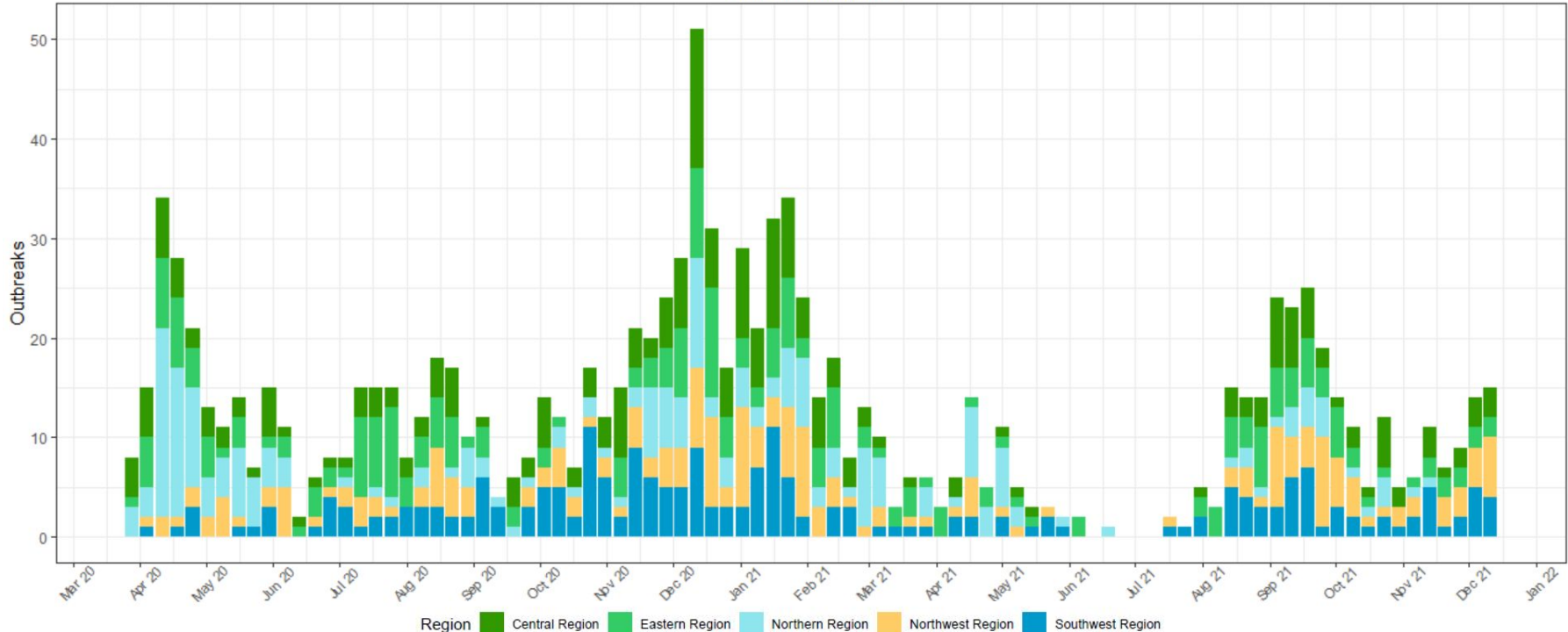


Data from VOSS and VEDSS are subject to change.

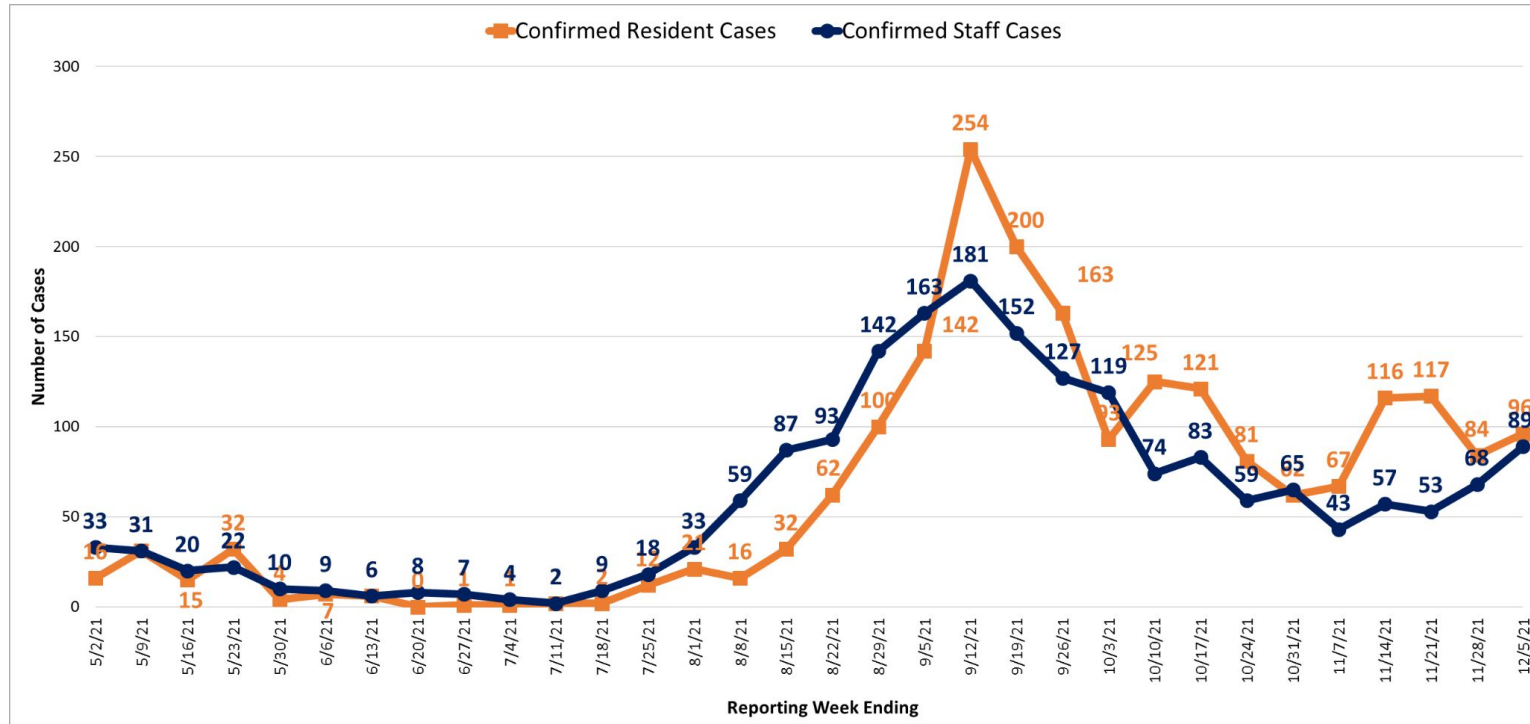
Months are from the date that VDH was notified. Outbreaks may have occurred in previous months and were retroactively reported to VDH.

Trend: Number and Region of LTCF COVID-19 Outbreaks

by date VDH notified; includes outbreaks reported from assisted living facilities, nursing homes, and multicare facilities to VDH with a confirmed or suspected etiologic agent of SARS-CoV-2

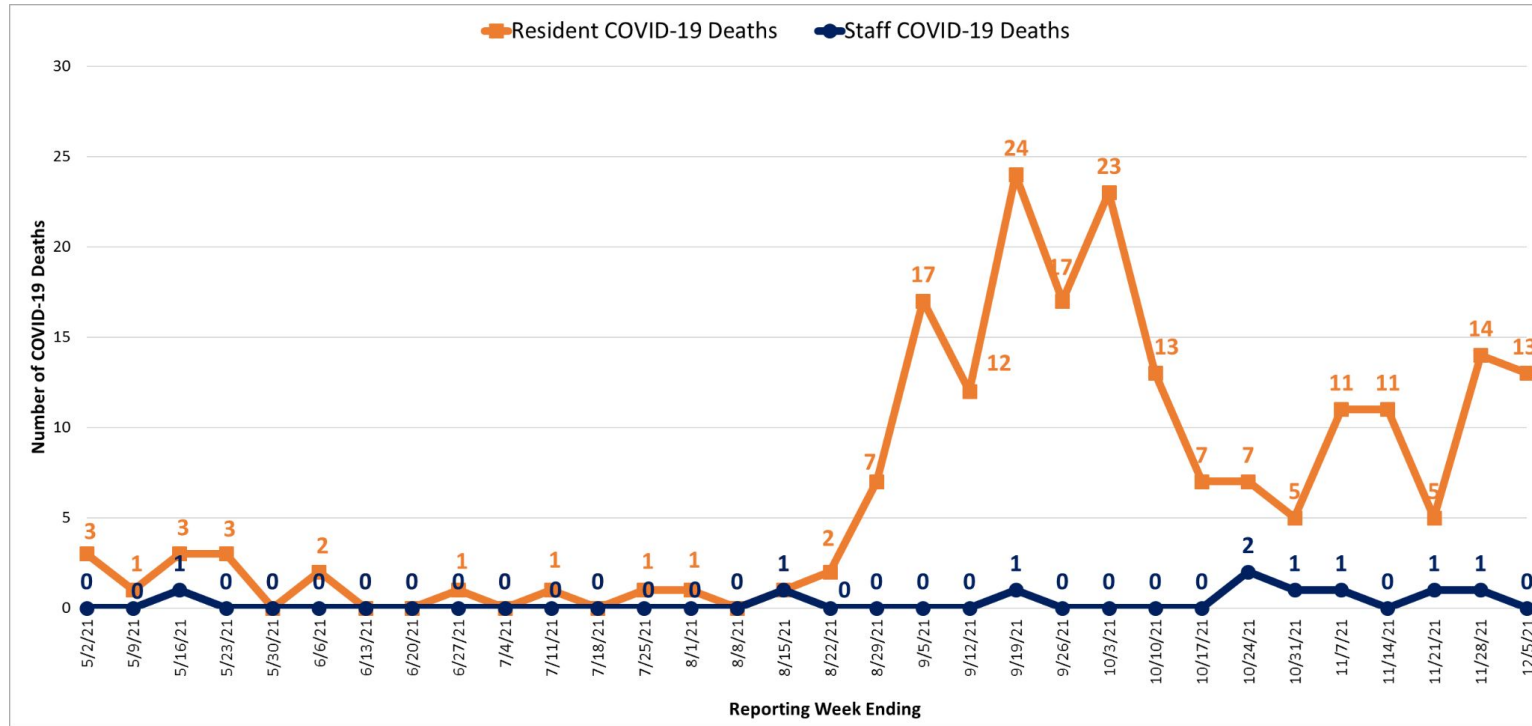


Nursing Home Resident and Staff COVID-19 Cases



Data are from NHSN as of 12/14/21 and are subject to change. Data include PCR and antigen test results.

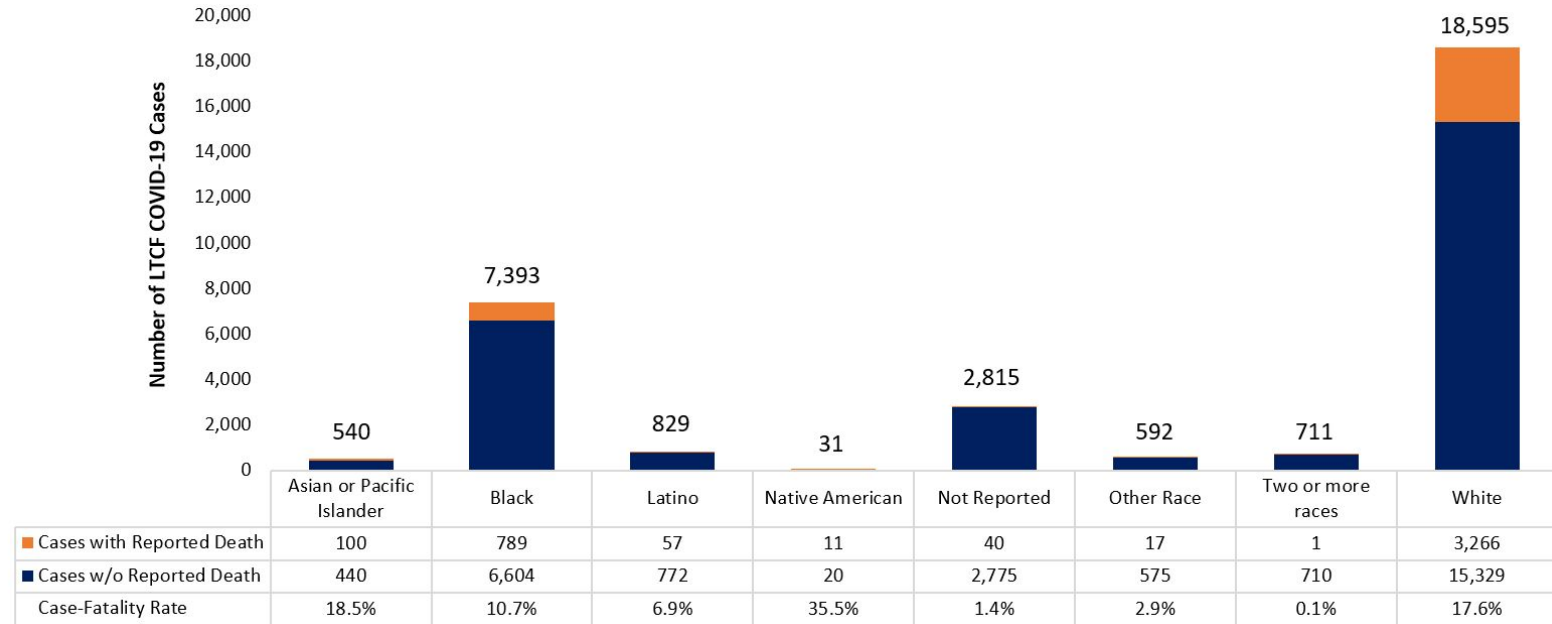
Nursing Home Resident and Staff COVID-19 Deaths



Data are from NHSN as of 12/14/21 and are subject to change. Data include PCR and antigen test results.

COVID-19 Cases and Deaths in LTCFs* by Race/Ethnicity^

N=31,506

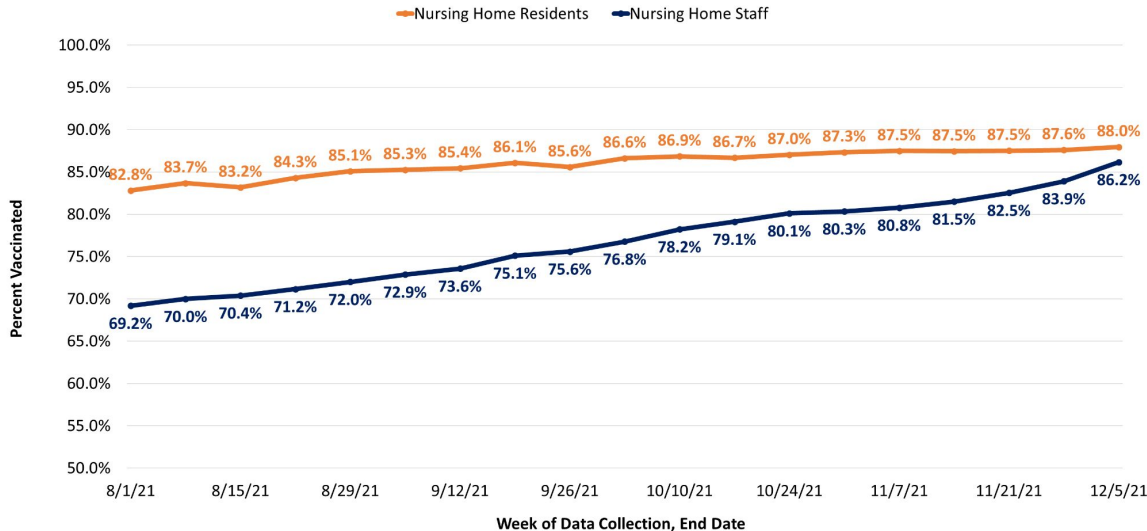


*Long-term care facility includes nursing homes, assisted living facilities, multicare facilities, group homes, and behavioral health residential facilities. Includes residents and staff.

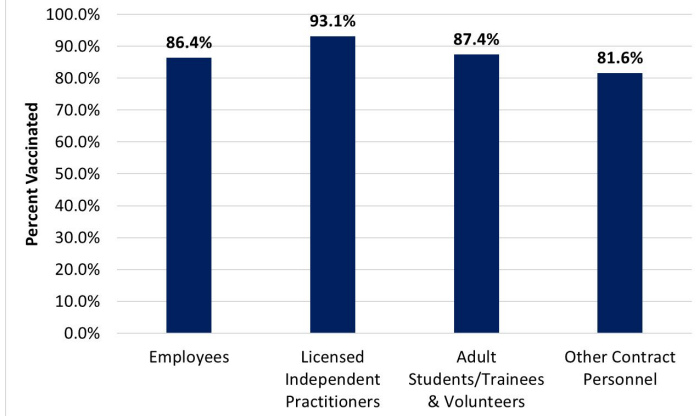
^Data from VOSS and VEDSS are subject to change

COVID-19 Vaccination in Nursing Homes

Virginia Nursing Home Vaccination Rates for Residents and Staff by Reporting Week



Vaccination by Nursing Home Staff Type



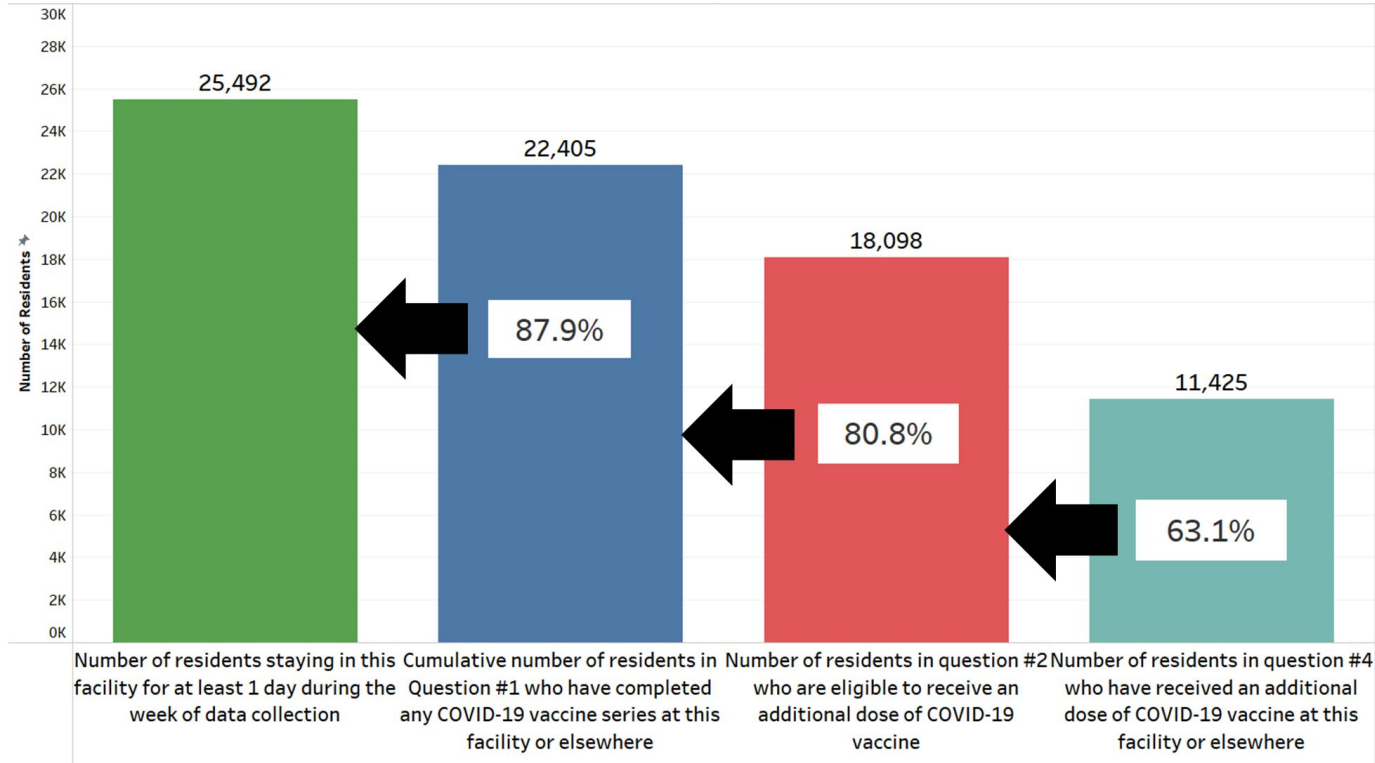
Data are from NHSN as of 12/14/2021.

In Virginia, 281 nursing homes reported resident vaccination data for the reporting week ending 12/5/2021;

281 nursing homes reported staff vaccination data for the reporting week ending 12/5/2021.

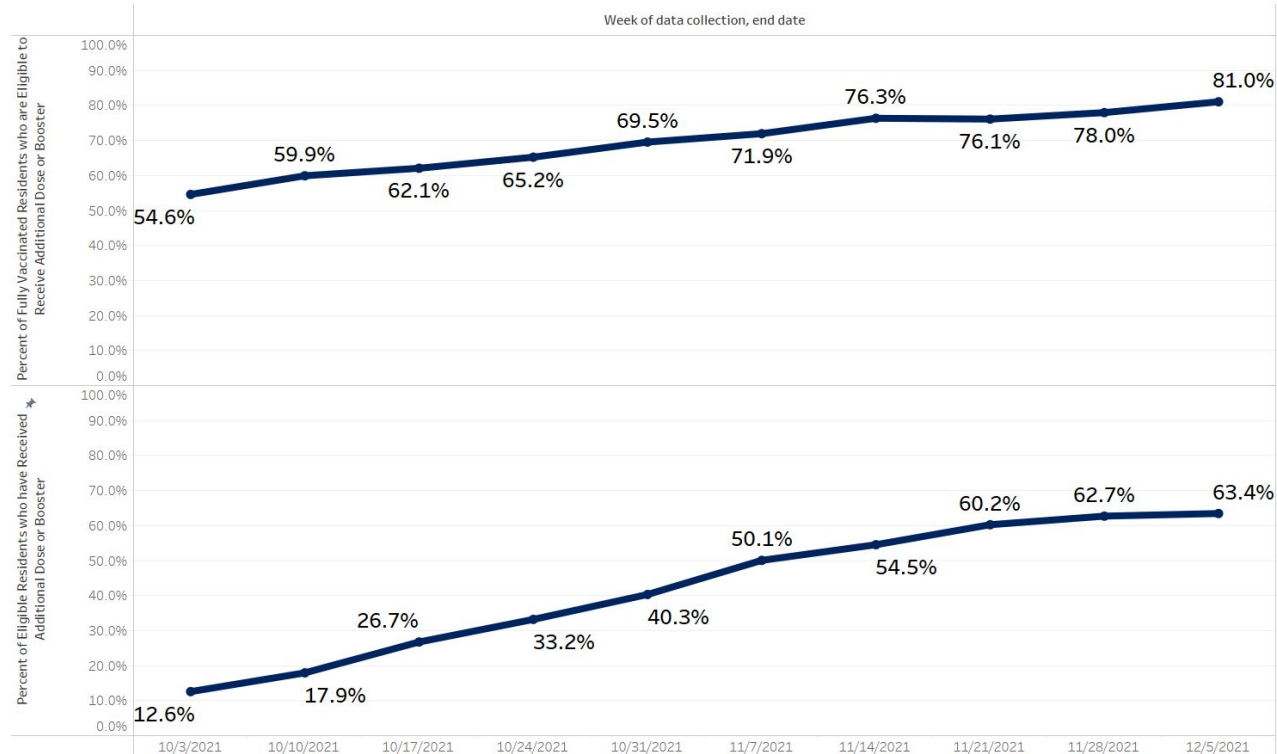
For staff type definitions, please refer to the [NHSN Table of Instructions](#).

Resident COVID-19 Vaccination - Additional or Booster Doses

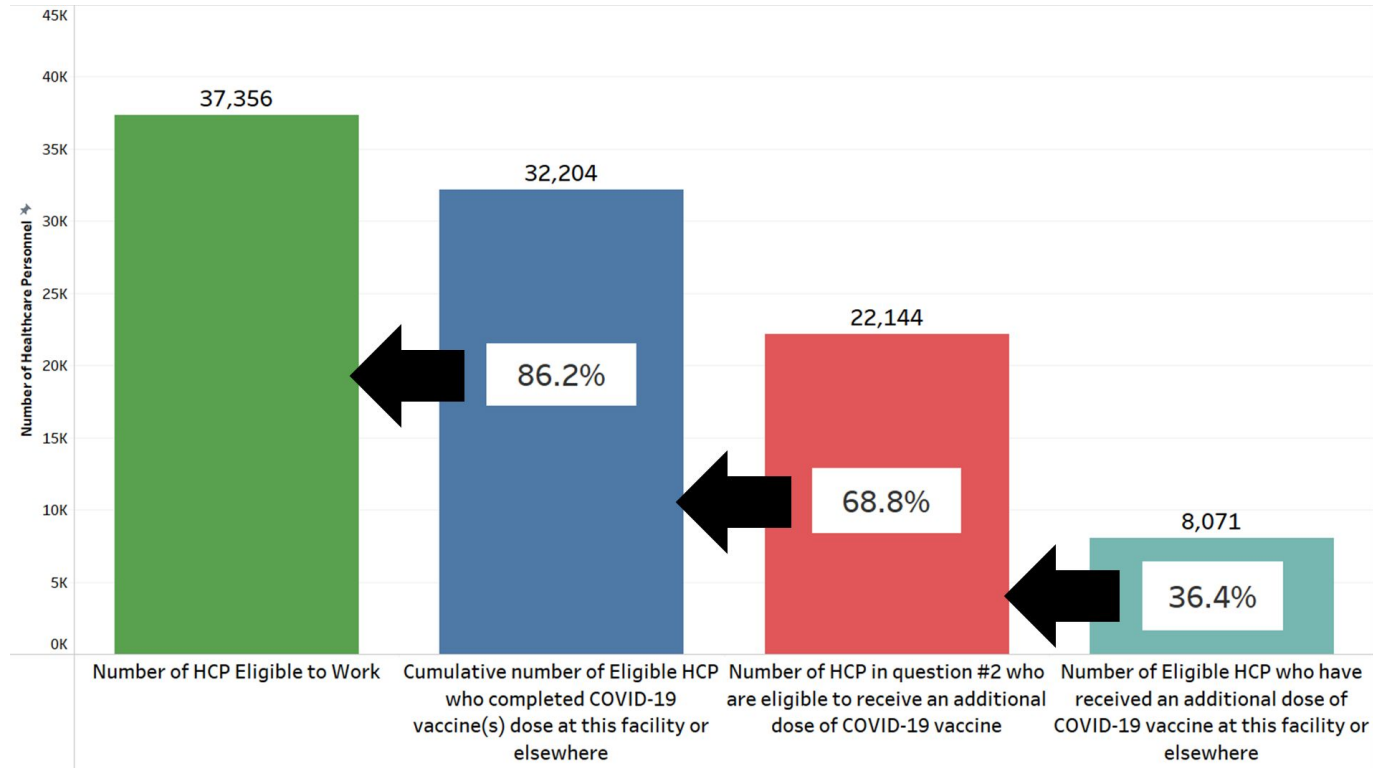


Resident COVID-19 Vaccination - Additional or Booster Doses

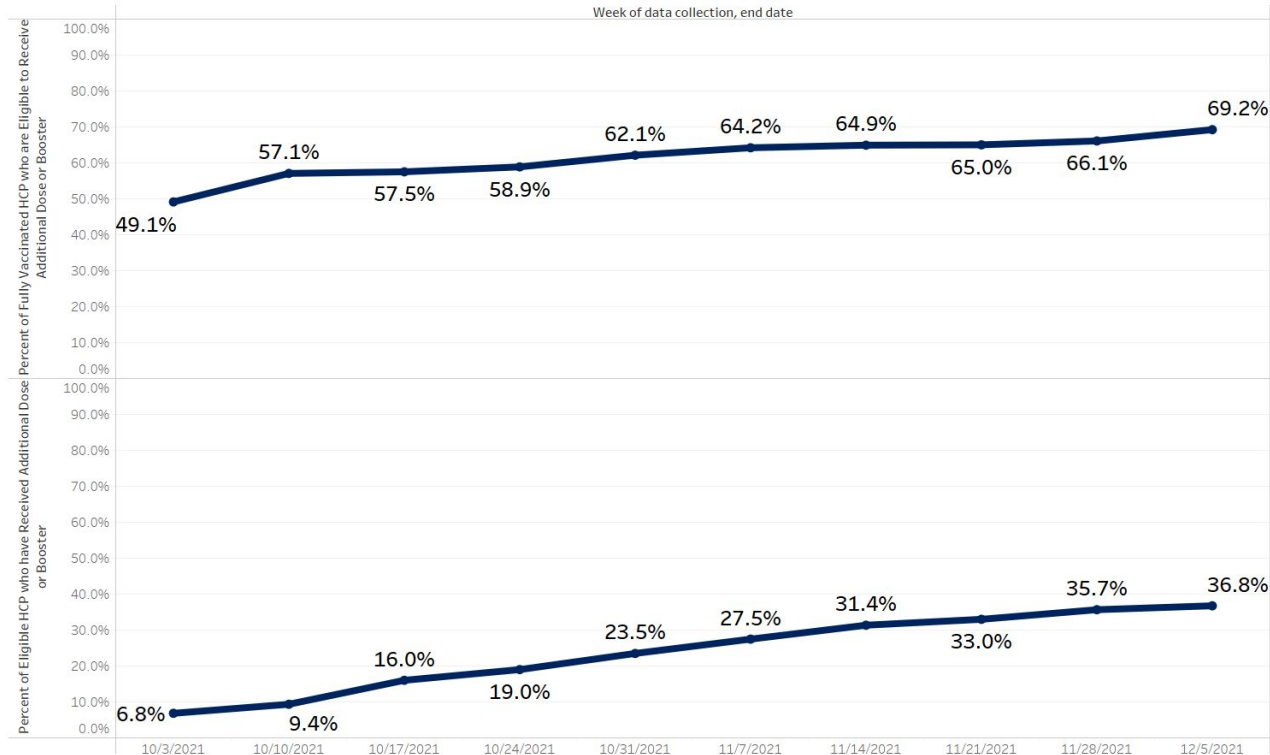
- **Twenty-five** nursing homes reported in NHSN that **no** eligible residents have received an additional dose or booster of COVID-19 vaccine at the time of reporting
- VDH is prioritizing reaching out to those facilities to offer assistance with connecting them to pharmacies and planning booster clinics



Staff COVID-19 Vaccination - Additional or Booster Doses

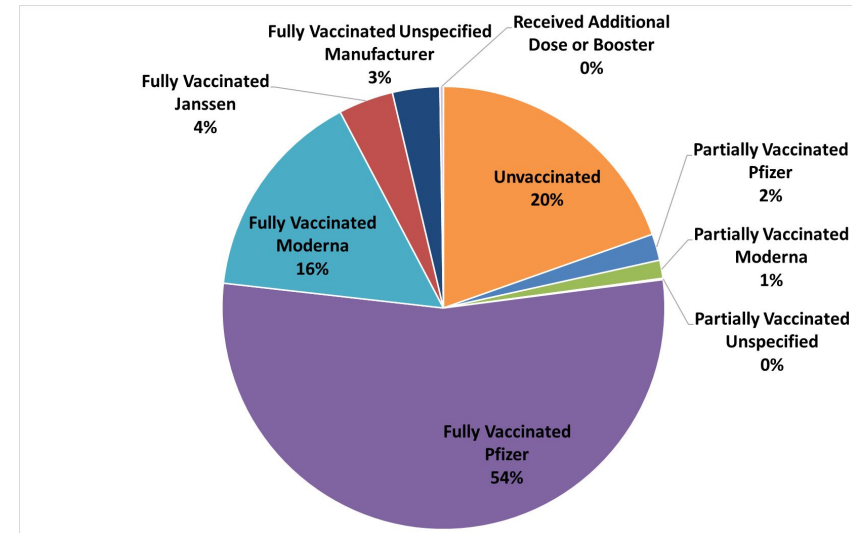


Staff COVID-19 Vaccination - Additional or Booster Doses

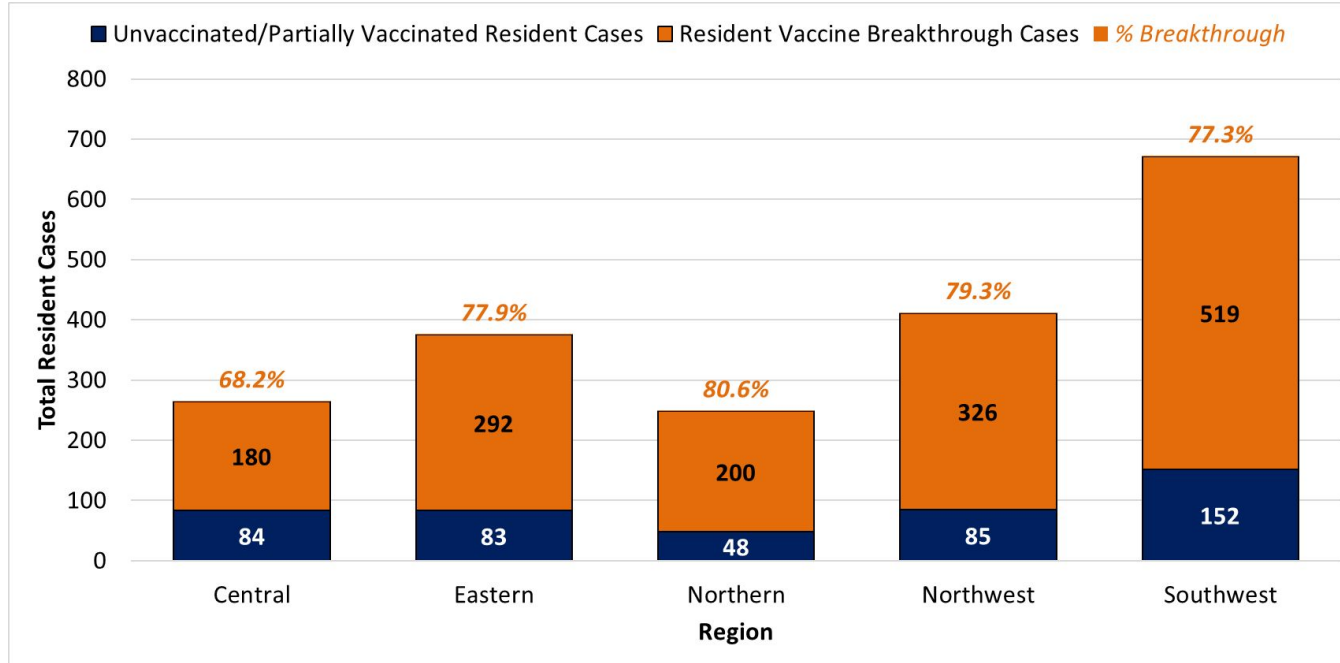


Vaccine Breakthrough Cases in Virginia Nursing Homes, July 19, 2021 - December 5, 2021

- From July 19, 2021 - December 5, 2021, 172 Virginia nursing homes (60% of all nursing homes in Virginia) reported at least 1 confirmed resident case of COVID-19
 - Among these outbreaks, there were an average of 11 cases
 - There were a total of 1,969 cases across all 172 nursing homes during this time period
- Among all cases reported during this time period, **77% of resident cases had been fully vaccinated** (n=1,517 vaccine breakthrough cases)
 - 23% of cases were unvaccinated or partially vaccinated (n=386 unvaccinated, n=66 partially vaccinated)
 - 17 facilities (10%) reported no vaccine breakthrough cases and 155 (90%) reported at least one vaccine breakthrough case
- Most vaccine breakthrough cases occurred among residents who had been fully vaccinated with the Pfizer-BioNTech vaccine (70%)



Vaccine Breakthrough Cases in Virginia Nursing Homes, July 19, 2021 - December 5, 2021



Data are from NHSN as of 12/14/2021. [Resident vaccine breakthrough cases](#) are reported when a resident had completed an FDA-authorized COVID-19 vaccine series at least two weeks prior to testing positive for COVID-19.

COVID-19 Variants Check-In

- CDC [Variants of Concern](#)
 - Delta - continues to be the main variant circulating in the U.S.
 - Omicron - confirmed in Virginia
 - [VDH clinician letter 12/14/2021](#)
 - [VDH Variants Dashboard](#) updated weekly on Fridays
- VDH and DCLS response
 - Case interviews and contact tracing
 - Communication with CDC and other jurisdictions
 - CDC call for cases - Omicron in LTCF residents and staff
 - Whole Genome Sequencing (WGS)
 - Performed on all positive samples submitted to DCLS that are good candidates for WGS

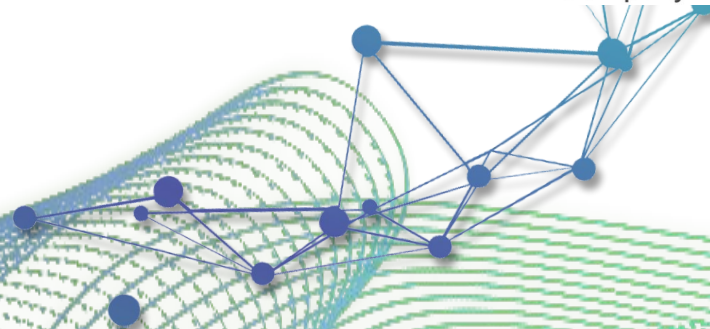
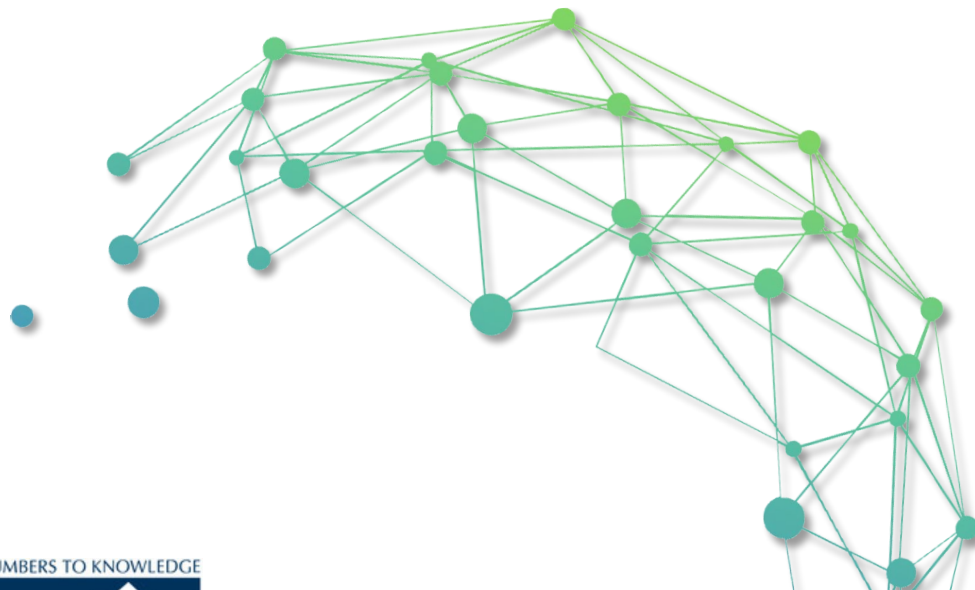
Outbreak Testing

Respiratory outbreak testing at DCLS, state public health lab:

- For each suspect outbreak, collect 3-5 specimens on any new onset cases
 - Coordinate specimen collection with your [local health department](#)
 - LHDs have collection kits
 - Specimens will be sent to DCLS ([testing instructions](#))
 - Specimens will be tested using CDC flu/SARS-CoV-2 multiplex test
 - If negative for both flu and COVID, will reflex to RVP (respiratory viral panel)

EDCC Program Overview for Long-Term Care Providers

December 16, 2021



Agenda

EDCC Program Overview

How does the technology work?

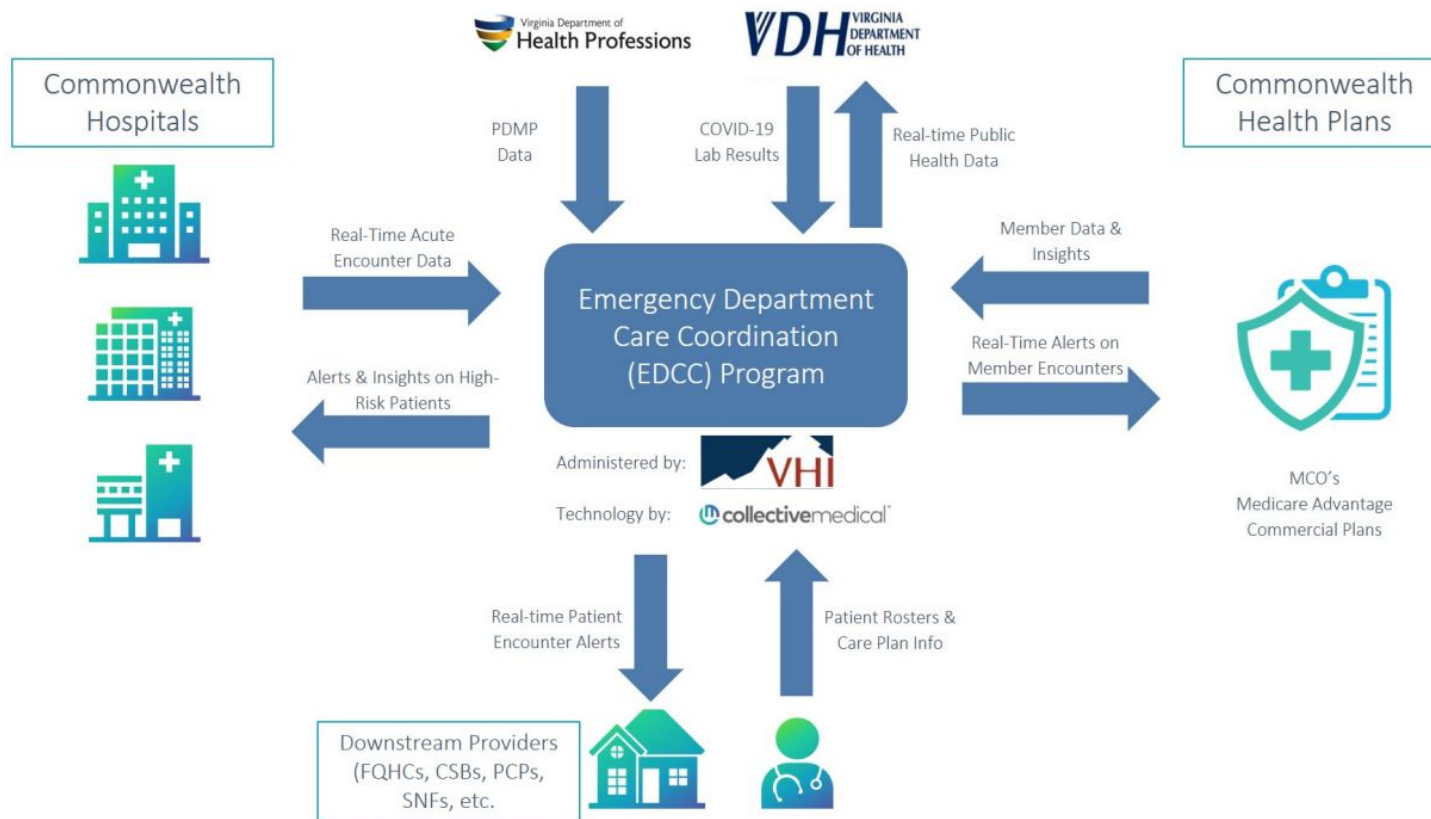
VDH Data for COVID-19 & MDRO

Success Stories and Collaboration

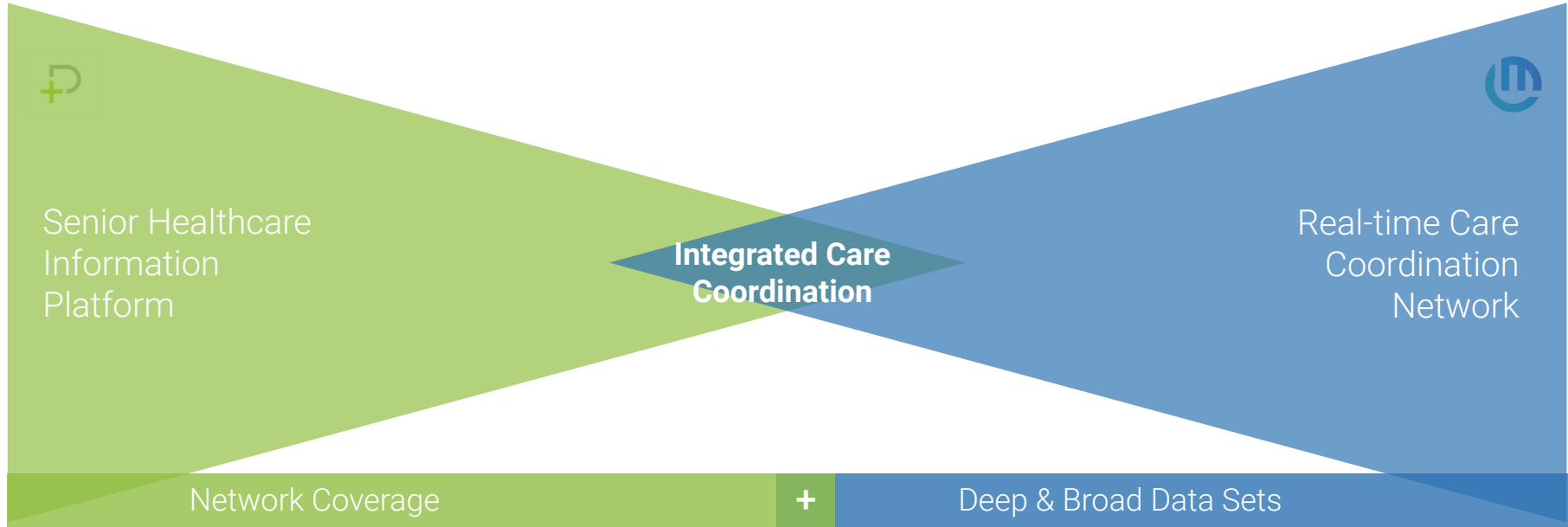
Onboarding

Next steps

Key functions and stakeholders of the EDCC Program



PointClickCare + Collective Medical



- 2.3+ million LTPAC admissions processed in 2018
- 750 million medications administered monthly
- 1.7 million patient records managed daily
- 15,000+ skilled nursing facilities

- 3,000+ hospitals & >6,200 total nodes
- Data ingestion & normalization, insights and notifications
- Last-mile workflow integration
- 8 real-time care coordination programs

Health systems & Hospitals

ACOs

Health Plans

Public Health

Post Acute Care

Ambulatory



Who's participating in the EDCC?

FQHCs

Central Virginia Health Services, Inc.
Clinch River Health Services, Inc.
Eastern Shore Rural Health System, Inc.
Horizon Health Services, Inc.
Johnson Health Center
Loudoun Community Health
New Horizons Healthcare
Rockbridge Area Free Clinic
Southwest Virginia Community Health Systems, Inc
Piedmont Access to Health (PATHs)

ACOs/MCEs

AdvantagePoint Health Alliance-Blue Ridge
Aledade
Augusta Care Partners
Heartbeat Health
JenCare
HealthBridge
Carilion – Doctors Connected
Mid-Atlantic Collaborative Care, LLC

106 Hospital
Emergency Departments

All Health Plans in Virginia

3.8 million lives

CSBs

Colonial Behavioral Health
Henrico Area Mental Health and Developmental Services
Horizon Behavioral Health
Rappahannock Area CSB
Richmond Behavioral Health Authority
Region Ten CSB
Danville-Pittsville Community Services

Clinics

Dominion Youth Services
Family Insight
General Internal Medicine Group
Lansdowne Travel & Family Medicine
Sentara Quality Care Network
PRS, Inc
Patient First
Trusted Doctors & Health Connect IPA
Capital Caring Health
Lighthouse Behavioral Health

Home Health, Hospice and Palliative Care in EDCC Program

Ata&Ana Home Health Agency

Hospice of the Piedmont

Kindred at Home - Christiansburg

Kindred at Home - Lynchburg

Kindred at Home - Richmond

Kindred at Home - Roanoke

Kindred at Home - Virginia Beach

Riverside - Regional Medical Home Health

Riverside - Tappahannock Home Health

Riverside - Walter Reed Home Health

Live SNF Participants in EDCC Program

Consulate Health Care - Ashland Nursing & Rehab Center
Consulate Health Care - Augusta Nursing and Rehab Center
Consulate Health Care - Bonview Rehab & Healthcare
Consulate Health Care - Envoy at the Meadows
Consulate Health Care - Envoy at the Village
Consulate Health Care - Envoy of Alexandria
Consulate Health Care - Envoy of Lawrenceville
Consulate Health Care - Envoy of Staunton
Consulate Health Care - Envoy of Westover Hills
Consulate Health Care - Envoy of Williamsburg
Consulate Health Care - Envoy of Winchester
Consulate Health Care - Envoy of Woodbridge
Consulate Health Care - Grayson Rehab & Health Care Center

Consulate Health Care - Kings Daughters Community Health & Rehab
Consulate Health Care - Newport News Nursing & Rehab
Consulate Health Care - Pheasant Ridge Nursing & Rehab
Consulate Health Care - Skyline Nursing & Rehab Center
Consulate Health Care of Norfolk
Consulate Health Care of Williamsburg
Consulate Health Care of Windsor
Consulate Health Care of Woodstock
Piedmont Care
Riverside Rehabilitation

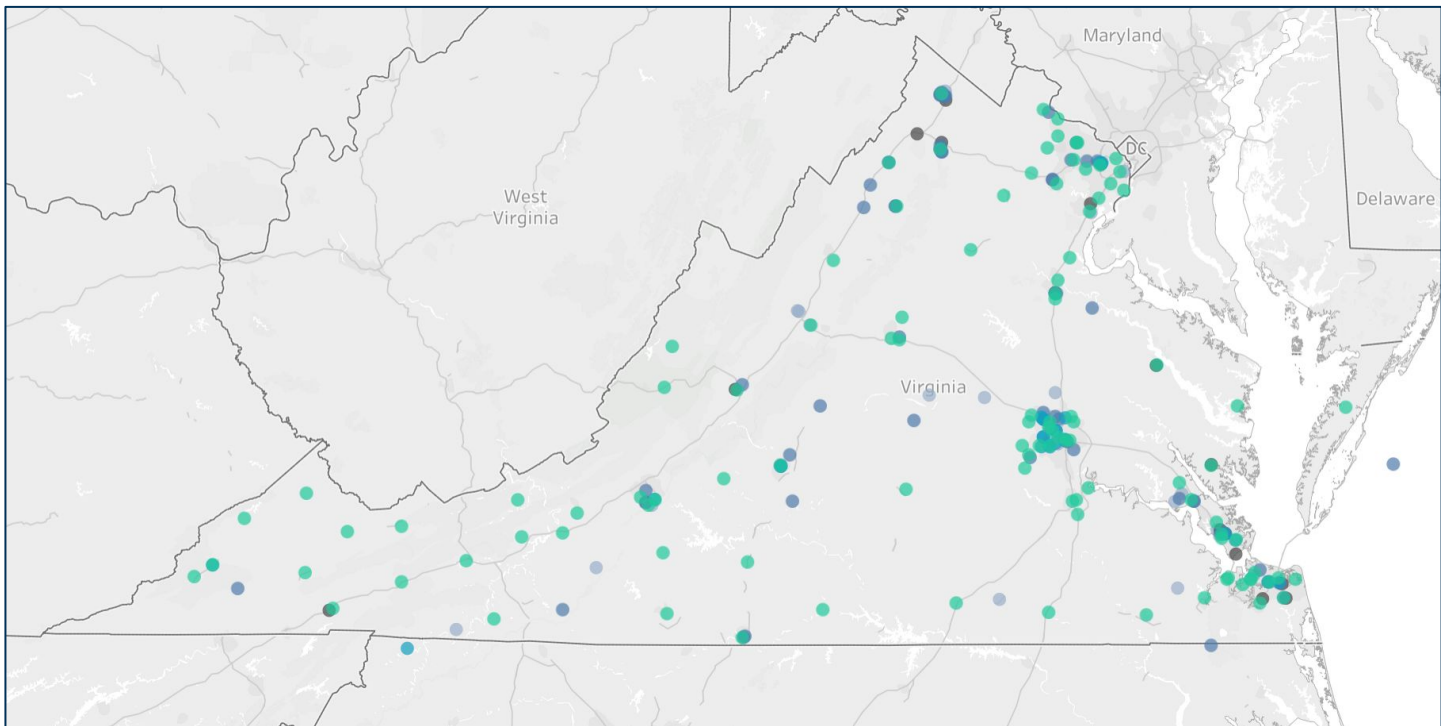
Data Live SNFs/PCC Users in EDCC Program

Accordius Health at Abingdon
Accordius Health at Bay Pointe LLC
Accordius Health at Greene County
Accordius Health at Harrisonburg LLC
Accordius Health at Lynchburg LLC
Accordius Health at Nansemond Pointe LLC
Accordius Health at River Pointe LLC
Accordius Health at Roanoke
Accordius Health at Waynesboro LLC
Autumn Care of Altavista
Autumn Care of Chesapeake
Autumn Care of Madison
Autumn Care of Mechanicsville
Autumn Care of Norfolk
Autumn Care of Portsmouth
Autumn Care of Suffolk
Berry Hill Nursing Home
Chatham Health and Rehabilitation Center
Clarksville Health & Rehab Center
Colonial Health & Rehab Center

Dockside Health and Rehabilitation
Falls Run Nursing and Rehabilitation
Farmville Rehabilitation and Healthcare Center
Forest Health and Rehab Center
Fountains at Washington House SN
Greensville Health and Rehabilitation Center
Hampton Health & Rehab Center
Hillsville Rehabilitation and Healthcare Center
Iliff Nursing and Rehabilitation
Karolwood Gardens Richmond
Kempsville Health & Rehab Center
Laurels of Bon Air
Laurels of Charlottesville
Laurels of University Park
Laurels of Willow Creek
Leewood Healthcare Center
Liberty Ridge
Monroe Health & Rehab Center
Nova Health and Rehab Center
Oak Grove Health & Rehab Center

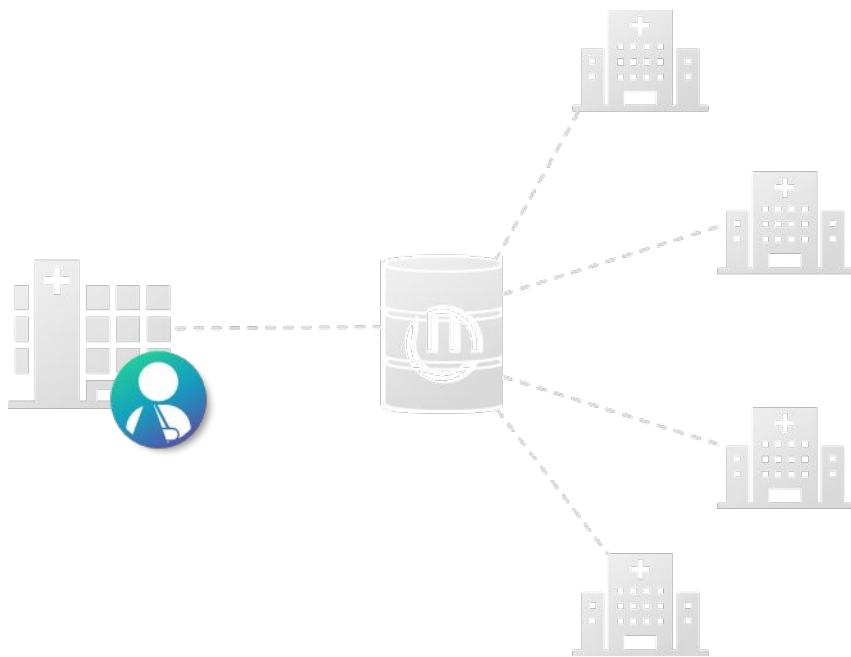
Pelican Health Norfolk
Pelican Health Virginia Beach
Portside Health and Rehab Center SNF
Ridgecrest Manor Nursing and Rehab
Rocky Mount Health & Rehab Center LLC
Rosemont Health & Rehab Center
Shenandoah Nursing and Rehab
Shore Health & Rehab Center
South Boston Health & Rehab Center
Stratford Rehabilitation Center
The Citadel at Nassawadox
The Citadel Virginia Beach
Tylers Retreat at Iron Bridge
Waddell Nursing and Rehab Center
Waterside Health & Rehab Center SNF
Wayland Nursing and Rehabilitation Center

EDCC Care Collaboration Across Virginia



- Major Type**
- Hospitals
 - Payers/Risk Bearing
 - PC Clinics
 - Behavioral Health
 - Other
 - Post Acute

Collective notifications – Workflow and Process

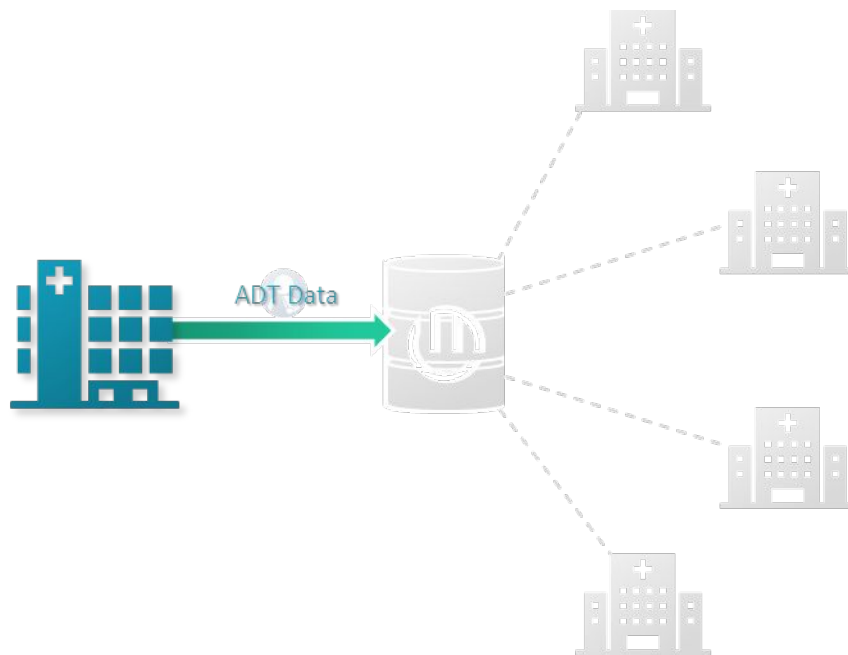


Step 1 – Patient Encounter

The patient presents in the emergency department of a hospital with a connection to the Collective network.

Basic demographic and triage information about the patient is entered into the hospital's EHR.

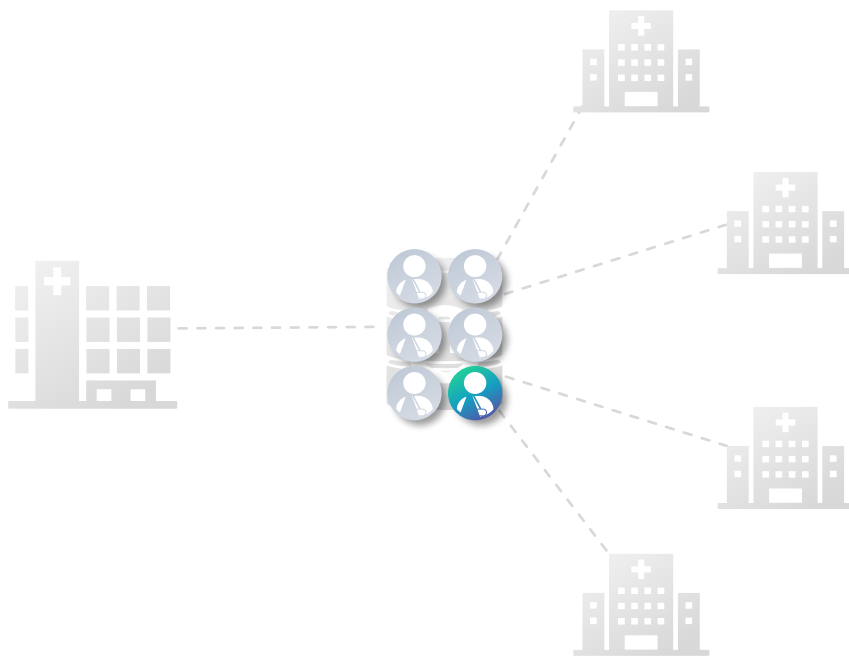
Collective notifications – Workflow and Process



Step 2 – ADT Transmission

Within moments, the hospital's EHR sends the important information about the encounter to Collective in the form of an ADT message.

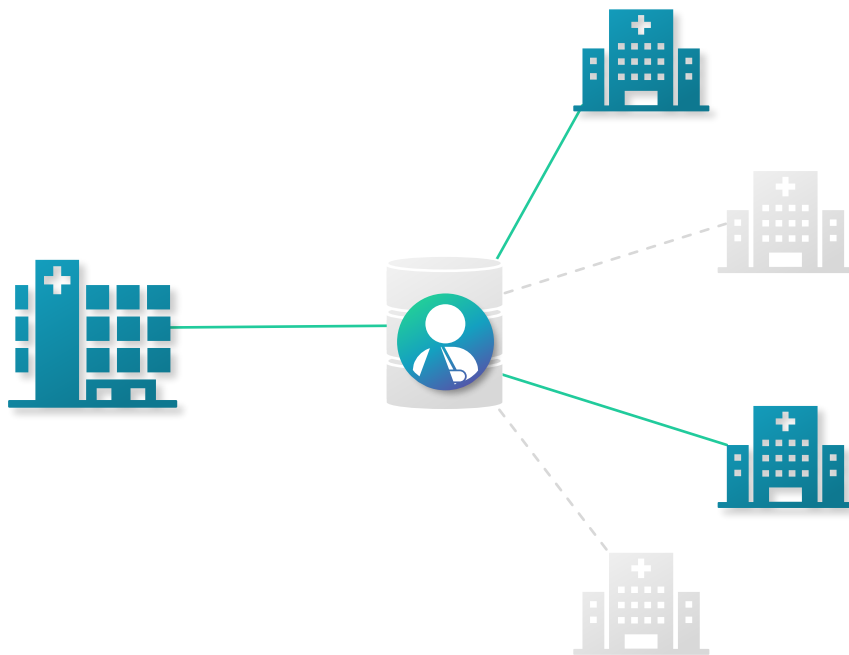
Collective notifications – Workflow and Process



Step 3 – Patient Identification

The Collective platform normalizes the new encounter information, identifies the patient's aggregate *profile on the network* as well as identifies patient's aggregate profile existing through *Carequality* or *CommonWell*, and merges the new data in.

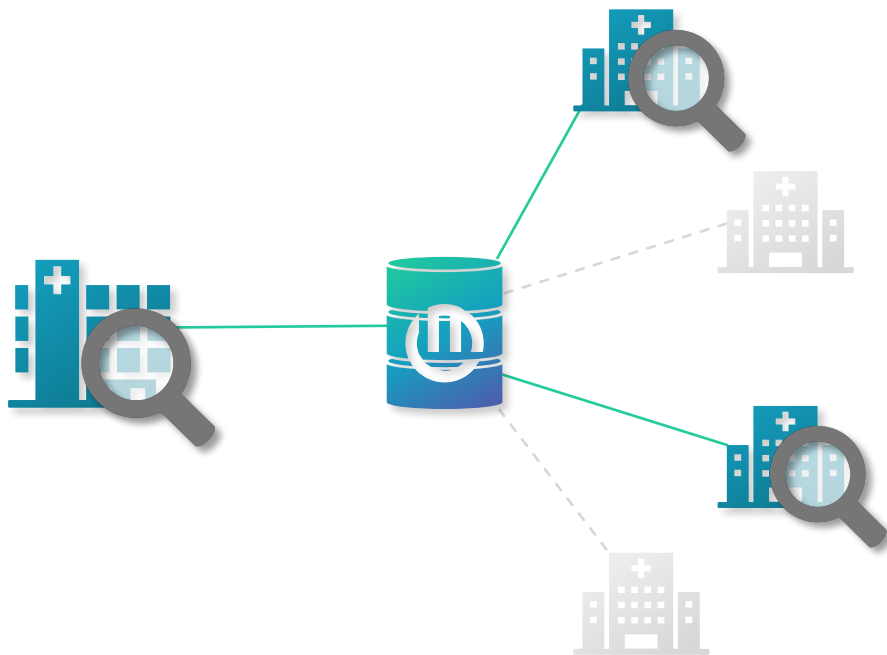
Collective notifications – Workflow and Process



Step 4 – HIPAA Verification

Collective analyzes its network, and all entities showing a verified HIPAA relationship with the patient are identified, including the facility at which the patient is currently experiencing the triggering encounter.

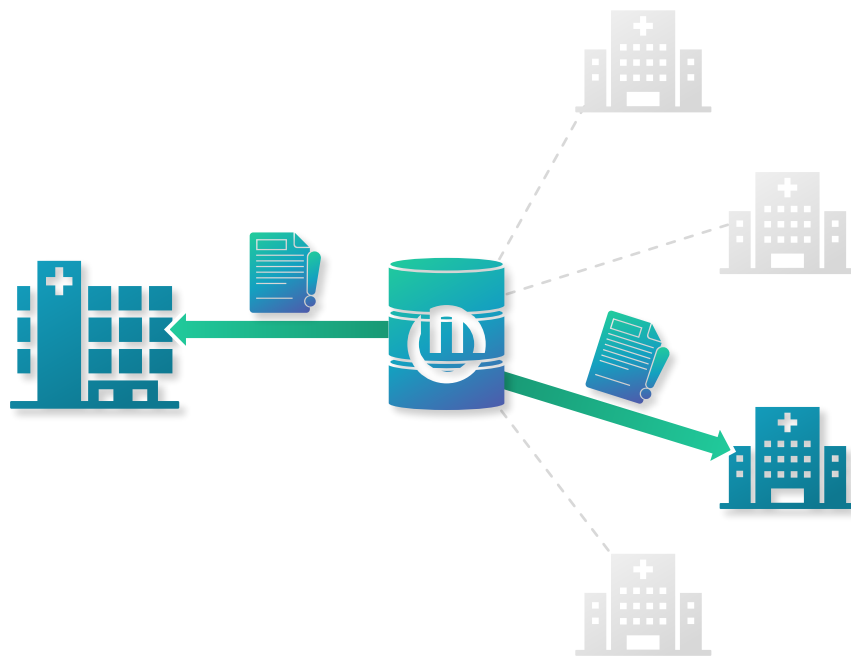
Collective notifications – Workflow and Process



Step 5 – Criteria Analysis

Each of these entities' Collective profiles are analyzed to identify which—if any—of the members of the patient's care team should receive notification of the encounter, and curated specifics about the patient's needs.

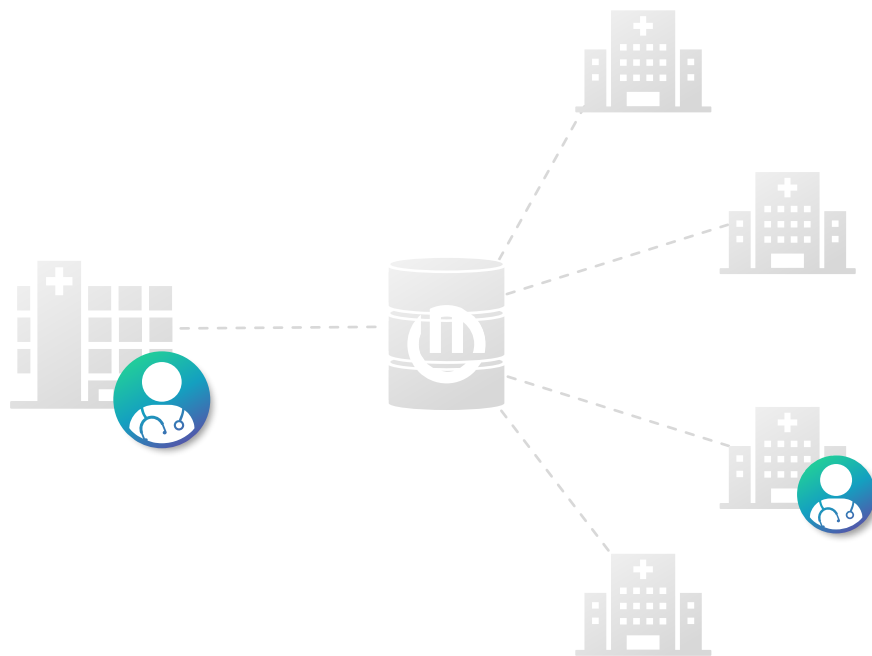
Collective notifications – Workflow and Process



Step 6 – Care Team Notification

Within seconds of the patient's initial presentation at the triggering facility, real-time notifications are delivered to the members of the patient's care team identified as being best placed to intervene and impact outcomes.

Collective notifications – Workflow and Process



Step 7 – Provider Action

All members of the patient's care team are now empowered to take action to influence better outcomes for the patient.

- ED providers are empowered to act quickly from a position of knowledge
- primary care and specialists can proactively involve themselves when necessary

Collective Medical EMR Integration – Epic Example

ard In Basket My Reports My Dashboards ED Chart Telephone Call Patient Lists Up To Date

Log Out

Center) - Last Refresh Time: 9/24/2015 10:59:37 PM

ers Discharge Transition Transfer A/S Sign In Edit Shifts Tx Team Comments Tracking Initial Provider Exam

Waiting for Provider ER North (17) ER Central ER South Central-South Serenity Waiting Room Consults To Be Admitted

	GH/MC/CH...	EDIE	Age	Complaint	A	TT	RN	Provider	Unack	Med Due	Lab Stat	Img Stat	Dispo	Bed...	Reg	Co...
	MC	✓	79 y.o.	Dizziness	2	10:18					[9/17]	✓ [2/2]	Transfer to An...		✓	RM...
	GH		42 y.o.	Diarrhea	3	07:00	SH...	DE OLI...			[6/8]	✓ [1/1]			✓	
	MC	✓			3	05:42	BRI...	WIENS, N			[9/11]	[0/1]			✓	Pt ...
	MM		34 y.o.	Ectopic Pregnancy	2	05:22	JAC...	DE OLI...			[6/7]		Discharge		✓	
	MC		67 y.o.	Groin Swelling	2	04:53	JAC...	HOLT, S			[9/10]	[0/1]			✓	@US
	GH,MC	✓	82 y.o.	Fall	2	04:40	ME...	HOLT, S			[4/4]	✓ [8/8]			✓	
	MM	✓	41 y.o.	Alcohol Problem; Suicidal	2	04:08	KAT...	HOLT, S			[8/10]				✓	Met...
		✓	29 y.o.	Suicidal	2	03:31	KAT...	HOLT, S			[3/6]				✓	
			63 y.o.	Abdominal Pain	3	02:46	KAT...	HOLT, S			[8/10]	✓ [1/1]			✓	
	MM	✓	40 y.o.	Hyperglycemia	2	02:33	ME...	HOLT, S			[10/11]				✓	
	MM	✓	40 y.o.	Chest Pain	2	01:49	BRI...	DE OLI...			[5/9]	✓ [1/1]			✓	pls ...
		✓	48 y.o.	Chest Pain	2	01:31	LAR...	HOLT, S			[5/10]	✓ [1/1]			✓	
	MM	✓	19 y.o.	Back Pain	4	01:17	PAL...	SIBLEY, T			[1/1]	[0/1]			✓	
	MM		47 y.o.	Headache	3	00:56	ME...	WIENS, N			[0/4]	[0/1]			✓	Ct r...
	MM		37 y.o.	Toe Injury	4	00:40	KAT...	WIENS, N				[0/1]			✓	
	MM		59 y.o.	URI	4	3-Urgent									✓	
			20 y.o.	Urinary Tract Infection	3	00:11		SIBLEY, T			[0/2]				✓	

ED
Trackboard in
Epic

Collective Alert

When Does the ED Receive Notifications?

EDIE ALERT 05/27/2016 05:04 AM Cruz, Oswaldo (DOB: 05/02/1993)

This patient has registered at the Henry Medical Center Emergency Department. You are being notified because this patient has recommended Care Guidelines. For more information please login to EDIE and search for this patient by name.

Care Providers

Provider	Type	Phone	Fax	Service Dates
Carolina Esposito MD	Primary Care	(206) 555-1213	(206) 555-1212	Current
Sheila Patterson MSW	Case Manager	(206) 231-3125	(206) 231-3126	Current
Lucien Fried MD	Psychiatry	(206) 782-2342	(206) 782-2343	Current

Last Updated: Fri May 3 11:13:30 MDT 2016

ED Care Guidelines from Alliance Health Plan

Care Recommendation:

Patient is Spanish speaking only.

Patient is under psychiatric care, with a new diagnosis of Bipolar Disorder Type I, with Psychotic features. Recommend the following treatment cascade for acute mania and/or psychosis:

1. Valproic Acid 250 mg PO
2. then Olanzapine, 10 mg IM

Additional Information:

1. Patient has been physically abuse to caregivers in the past when not on medication. Recommend protective measures, restraints may be necessary.
2. Spanish speaking Psychiatrist is available on call at number above.
3. History of Lithium toxicity.

These are guidelines and the provider should exercise clinical judgment when providing care.

Care Histories

Behavioral

Henry Medical Center
4/18/2016
New Diagnosis, Bipolar Disorder, Type I

Security Events

Date	Location	Type	Specific	Security Events (18 Mo.) Count
5/2/2016	Henry Medical Center	Verbal	• Patient needed sedatives due to agitation.	2
3/3/2016	Henry Medical Center	Physical	• Patient needed restraints due to agitation.	2
4/25/2016	Henry Medical Center	Physical	• Patient needed restraints due to agitation.	2
4/29/2016	Henry Medical Center	Verbal	• Patient needed sedatives due to agitation.	4

Prescription Monitoring Program

Narcotic Use Score: 410 - All Scores range from 000-999 with 75% of the population scoring < 200 and only 1% scoring above 650
Sedative Use Score: 240 - The last digit of the narcotic, sedative, & stimulant score indicates the number of active prescriptions of that type
Stimulant Use Score: 000 - Higher Use Scores correlate with increased prescribers, pharmacies, mg equiv & overlapping prescriptions
Overdose Risk Score: 700 - Higher Overdose Risk Scores correlate with increased risk of unintentional overdose death

Concerning or unexpectedly high scores should prompt a review of the PDMP record; this does not constitute checking the PDMP for prescribing purposes.

Recent Visit Summary

Visit Date	Location	Type	Diagnoses
05/24/2016	Henry Medical Center	Inpatient	- Bipolar, Manic episode
05/03/2016	Henry Medical Center	Inpatient	- Psychosis

ED Visit Date	Location	Type	Diagnoses
05/24/2016	Henry Medical Center	Emergency	- Agitation
05/03/2016	Henry Medical Center	Emergency	- Pressured Speech
04/25/2015	Henry Medical Center	Emergency	- Agitation - Shortness of breath
04/20/2015	Henry Medical Center	Emergency	- Agitation

E.D. Visit Count (1 Yr.)

	Visits
Sisters of Mercy Centralia Hospital	4
St. Patrick's	6
Henry Medical Center	4
Total	14

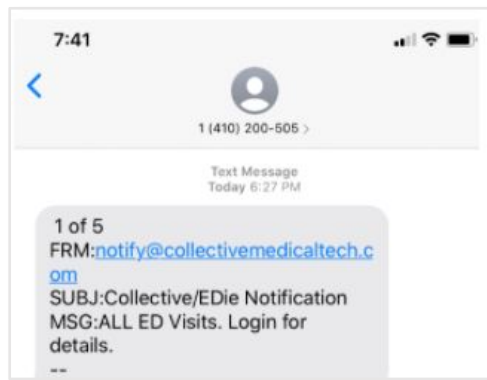
Note: Visits indicate total known visits.

The above information is provided for the sole purpose of patient treatment. Use of this information beyond the terms of this Sharing Memorandum of Understanding and License Agreement is prohibited. In certain cases not all visits may be represented. Consult the above mentioned facilities for additional information.
 © Mon May 27 04:12:35 MDT 2016 Collective Medical Technologies, Inc. - Salt Lake City, UT - info@collectivemedtech.com

1. High-Utilization
Standard: 5 ED visits within 12 months
2. Traveling Patients
Standard: 3 Different EDs within 90 days
3. Patients with ED Care Guidelines (Insights) entered into the network
4. History of Security Events: entered into the network
5. Advance Directive
6. Prescription Monitoring Program Information**
(NarxScore >= 500 for either sedatives, narcotics or stimulants)
7. Previous Opioid Overdose Dx (12 mo.)
8. COVID Positive or Pending Lab Result

**Health Systems contracted with PMP vendor Appriss

Collective Notification Formats



Information regarding a patient meeting Notification Criteria is available on the Collective portal.

To view the patient's encounter information, please visit:

<https://secure.collectivemedical.com/notify/7cfs7304-bf41-425e-ad06-7553a7a5f215>

This message is intended for the use of the individual and entity to whom it is addressed. If you believe you have received this email in error, or are no longer an authorized recipient, please contact support@collectivemedical.com for more information.

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COLLECTIVE NOTIFICATION 09/09/2020 16:31 Patient, Sample MRN: 1122334455

Criteria Met

- History of Suicide or Self Harm (12 Mo.)
- 5+ ED Visits in 12 Months

Security and Safety

Date	Location	Type	Specifics
6/11/20 6:47 AM	Albuquerque Hospital	Verbal	Patient was verbally abusive towards care providers, staff or patient.
11/13/19 9:37 AM	Cottonwood Clinic	Self-Harm	Details: Pt threatened self-harm if she did not receive narcotics.

Security Events (18 Mo.) Count

Self-Harm	1
Verbal	1
Total	2

ED Care Guidelines from New Mexico Hospital
Last Updated: 6/21/20 10:11 PM

Care Recommendation:

- Pt presents often with disorientation and early signs of dementia and is not consistent when providing historical information
- Triage and treat emergent medical needs and instruct patient to seek services at PCP (extended hours available)

Pain Management:

- Defer to PCP for pain management - avoid opioid pain medications in ED unless medically necessary
- Review PDMP for up to date information
- Hx of med seeking and opioid abuse

These are guidelines and the provider should exercise clinical judgment when providing care.

E.D. Visit Count (12 mo.)

Facility	Visits
New Mexico Hospital	4
Albuquerque Hospital	2
Southwest Medical Center	2
Total	8

Note: Visits indicate total known visits.

Recent Emergency Department Visit Summary

Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Jul 12, 2020	Albuquerque H.	Albuq.	NM	Emergency	Unspecified fall, subsequent encounter
Jun 21, 2020	New Mexico H.	Albuq.	NM	Emergency	Pain in left hip Pain in left shoulder
Jun 11, 2020	Albuquerque H.	Albuq.	NM	Emergency	Generalized abdominal pain
Jun 2, 2020	New Mexico H.	Albuq.	NM	Emergency	Disorientation, unspecified Dehydration
May 27, 2020	Southwest M.C.	Santa.	NM	Emergency	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter Insomnia, unspecified Unspecified fall, initial encounter
Apr 22, 2020	New Mexico H.	Albuq.	NM	Emergency	Chest pain, unspecified
Jan 6, 2020	New Mexico H.	Albuq.	NM	Emergency	Unspecified fall, initial encounter Pain in right shoulder Unspecified injury of right shoulder and upper arm, initial encounter
Nov 12, 2019	Southwest M.C.	Santa.	NM	Emergency	Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider Chest pain, unspecified

Cohorts Page

Enables care team members to identify patients with a 'visit of interest' based on a specified criteria

The screenshot displays the 'Cohorts' page in the Collective application. On the left is a dark blue sidebar with navigation options: Cohorts (selected), Census, Scheduled Reports, Groups, Notifications, Manage Facility, and Madeline's Skilled Nursing. The main content area has a header with the 'Collective' logo, a search bar, and filters for '0 Selected', 'Fri 10:27AM - Now', and 'Sorted By: Count'. Below the filters is a list of cohorts, each with a chevron icon, name, event count, change percentage, activity status, and a small bar chart.

Cohort Name	Events	Change	Activity
> ED Admit Post SNF Discharge	15	↑67%	Activity
> New Admissions	8	↑700%	Activity
> 2+ ED Visits 6 Months Prior to SNF	7	0%	Activity
> Security Event	6	↑500%	Activity
> IP Admit Post SNF Discharge	1	0%	Activity
> Care Guidelines	1	0%	Activity

COVID-19 EDCC Update

Additionally, the Positive, Pending, Negative, and Inconclusive COVID-19 Lab Results will display within the portal's Flags feature. Any user viewing the patient portal page will see information.

COVID-19 Flags become automatically inactive after 6 weeks (42 days) on the Collective network, if not updated.

Patient, Sample
DOB: 07/15/1940 Age: 79 Male ID: 88440011

Phone
(206) 627-1001

Address
1230 State St.
Seattle, WA 98144

Tags

+

 No Tags

Positive COVID-19 Lab Result

Care Team

▼

 Care Team 0 - 2 years

Positive COVID-19 Lab Result

Description: A specimen collected from this patient was positive for COVID-19 on the date below (see "Attributed on" date).
Attributed on: 03/25/2020
Attributed by: Department of Health

COLLECTIVE NOTIFICATION 03/25/2020 14:39 Patient, Sample MRN: 425376RBG

Criteria Met
COVID-19 Positive Lab Results

Flags

- Positive COVID-19 Lab Result - A specimen collected from this patient was positive for COVID-19 on the date below (see "Attributed on" date). Please refer to the Department of Health webpage for clinical and infection control guidelines. | Attributed By: Department of Health
Attributed On: 03/25/2020

Multidrug-Resistant Organisms (MDRO) VDH

This MDRO project will leverage the Emergency Department Care Coordination (EDCC) program to inform care team members immediately about MDRO Insights for individual patients to improve the care and safety of all patients and staff within a facility. The EDCC program provides a single, statewide technology network to connect every ED in the Commonwealth and facilitates real-time communication among healthcare providers, plans and patients.

Candida auris - Healthcare facilities in several countries have reported that a type of yeast called *Candida auris* has been causing severe illness in hospitalized patients. In some patients, this yeast can enter the bloodstream and spread throughout the body, causing serious invasive infections, entering their body, or have previously received antibiotics or antifungal medications, appear to be at highest risk of infection with this yeast.

www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html

Multidrug-Resistant Organisms (MDRO)

Case, Justin
DOB: 12/20/1988 Age: 32 Female ID: 7777777

Phone
(505) 222-3333

Address
1234 GALAXY WAY
ALBUQUERQUE, NM 87114-3545

edit

Tags

+ No Tags MDRO - MRSA Exposure - New Mexico

Care Team

Care Team 0 showing all ▾ - 2 years

+ Add Provider

MDRO - MRSA Exposure - New Mexico
Description: This patient has been identified in the state of New Mexico as experiencing exposure to Methicillin resistant Staphylococcus aureus by a licensed healthcare entity.
Attributed on: 10/11/2021
Attributed by: Collective Medical

COLLECTIVE NOTIFICATION 02/24/2021 11:51 CASE, JUSTIN MRN: 7777777

Criteria Met

Flags

- MDRO - MRSA Exposure - New Mexico - This patient has been identified in the state of New Mexico as experiencing exposure to Methicillin resistant Staphylococcus aureus by a licensed healthcare entity. | Attributed By: Collective Medical | Attributed On: 02/24/2021
- History of Sepsis - Patient has received a diagnosis of Sepsis from an acute or post-acute setting. Apply appropriate clinical planning practices; to learn more visit [cdc.gov/sepsis/clinicaltools](https://www.cdc.gov/sepsis/clinicaltools) | Attributed By: Collective Medical | Attributed On: 01/02/2020

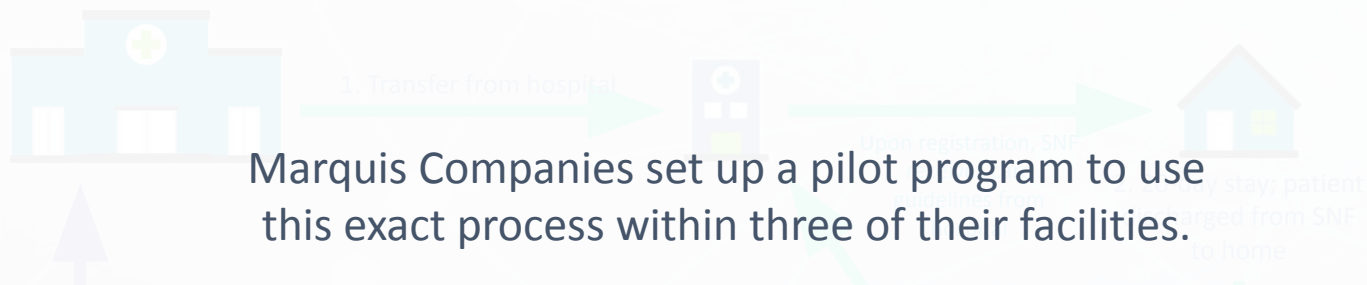
E.D. Visit Count (12 mo.)

Facility	Visits
Lovelace Westside Hospital	2
Presbyterian Espanola Hospital	1
UNM Hospital - Adult & Peds ED	1
Presbyterian Hospital	1
Total	5

Note: Visits indicate total known visits.

Success Stories and Collaboration

Patient Scenario: SNF 30-Day Readmission Alert



Marquis Companies set up a pilot program to use this exact process within three of their facilities.

Readmissions were consistently reduced by 60% after only six months

- The facilities started with an average readmission rate as high as 19%
- From April to October of 2018, that rate was reduced to only 6.3%

EDCC Program Onboarding Process

The screenshot shows a web form titled "EDCC Program Enrollment Collective Platform Discovery Form". It includes logos for VDH, Connect Virginia, and collective medical. The form contains various sections for organizational information, including a table for "Organizational Information" with columns for "Organization Name", "Organization ID", "Organization Type", "Organization Address", "Organization Phone", "Organization Email", and "Organization Website". There are also checkboxes for "I am a provider" and "I am a provider (not a provider)".

Initial contact
with the
organization



EDCC Program
Demonstration



Exchange Trust
Agreement



IT
Implementation
with Collective

Next Steps

Contacts

**Onboarding Questions: Kelly Richards, VHI Program Support Specialist,
Kelly@vhi.org**

**Technical Questions: Kelly Butler, Collective Medical Senior Customer Success
Manager, Kelly.Butler@collectivemedicaltech.com**

Stay up-to-date by following us!



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LinkedIn – [Virginia Health Information](https://www.linkedin.com/company/VirginiaHealthInformation)



www.collectivemedical.com



Twitter - [@CollectiveMed](https://twitter.com/CollectiveMed)



Facebook - [@CollectiveMedical](https://www.facebook.com/CollectiveMedical)



LinkedIn – [Collective Medical Technologies](https://www.linkedin.com/company/CollectiveMedicalTechnologies)

Visitation Check In

- New resource available from VDH on the COVID LTC Task Force Website: [Visiting a Loved One in a Nursing Home](#)
- Best practices and tips for visitation in alignment with recent CMS changes
- Covers general tips for visitation as well as what to do if visiting someone in quarantine or with suspected/confirmed COVID

Testing Updates

NOTE: The state (VDH) no longer receives the Federally supplied test kits (BinaxNow Ag) for distribution. HHS ships directly to agencies-alternative test kits are shipped directly to:

- FQHCs
- Rural Hospitals and Health Clinics
- Food Banks

Resources: The state/VDH has Federal Grants to *acquire* testing resources for support in congregate care, jails, shelters and other at-risk populations. There are now over 25 FDA approved tests. LHDs no longer have a supply of BinaxNow ag test kits.

Chat: What tests kits are being shipped directly to LTC facilities from HHS? Does it meet the need? Do you need assistance finding vendors to purchase tests?

<https://chs.asu.edu/diagnostics-commons/connect-to-test> Email questions to:
testinginfo@vdh.virginia.gov

Emergency Regulation Requiring COVID-19 Vaccination for Health Care Workers

- [Updated FAQs: CMS Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule](#)
- On November 29 & 30, 2021, two preliminary injunctions were issued against the Interim Final Rule.
- CMS has appealed and filed motions for stays of these orders. In the meantime, CMS has suspended activities related to the implementation and enforcement of this rule pending future developments in the litigation.

Monoclonal Antibody Update - 1

- EVUSHELD (AstraZeneca) = new monoclonal antibody; received FDA Emergency Use Authorization (EUA) on December 8, 2021
- A combination of two monoclonal antibodies (tixagevimab and cilgavimab) used together - given as an intramuscular injection of each drug
- EVUSHELD is authorized for pre-exposure prophylaxis against Covid-19
- **Eligibility criteria:**
 1. Patient \geq 12 years old who weighs at least 88 lbs.
 2. Patient is not currently infected with SARS-CoV-2, **AND** patient has not been recently exposed to a person with SARS-CoV-2 infection
 3. Patient with moderate to severe immunocompromise (due to medical conditions, medications, or treatment of illness) and may not be able to mount an adequate immune response to COVID-19 vaccination **—OR—**
- Patient has a history of **severe** adverse reaction to a COVID-19 vaccine (or a component of the vaccine) and, therefore, vaccination is medically contraindicated [Note: very few people fall into this category] – for example, a patient who had a severe allergic reaction from a COVID-19 vaccine
- Medication lasts for about 6 months. If patient continues to meet eligibility criteria, another course of medication can be 6 months after first doses.

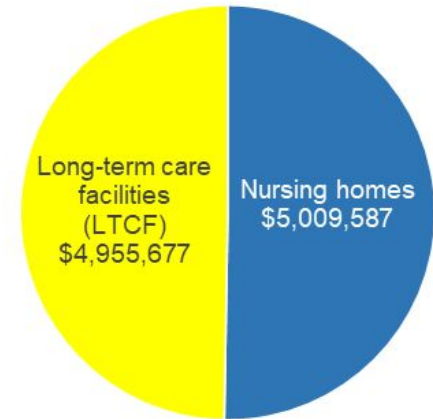
Monoclonal Antibody Update - 2

- VDH Monoclonal Antibody Team continues to strongly encourage the use of monoclonal antibodies for the treatment of patients in nursing home and assisted living facilities who have mild to moderate COVID-19 and do not require hospitalization
- VDH holds weekly webinars about monoclonal antibodies - future webinars to be held on December 21, 2021; January 5, 2022; January 13, 2022; January 18, 2022, and January 26, 2022
- Please encourage long-term care facility medical director, administrator, director of nursing, nurses and any staff to attend webinars. Monoclonal antibody therapy is currently underused for long-term care residents
- Monoclonal antibody and therapeutics newsletter will come out this Friday = Dec 17, 2021 – will have information about mAbs and upcoming webinars
- Please feel free to contact me with any questions about mAbs → brooke.rossheim@vdh.virginia.gov

Federal STRIKE Team Funding

- In October 2021, Virginia received \$9.9M under a CDC Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement for a *Nursing Home and Long-Term Care Facility Strike Team and Infrastructure Project (STRIKE)*.
- Funding will support facilities to bolster the COVID-19 response and build/maintain infection prevention infrastructure necessary to support residents in the longer-term. There is a focus on sustainability.
- Funding can be utilized for personnel, laboratory equipment, PPE, technology, and training development to enhance data-driven facility training, procedures, and reporting.
- VDH issued an external call for ideas in November to identify suitable projects that address these objectives and program the available funding.

Available STRIKE Funding, 2021-2024



Federal STRIKE Team Funding

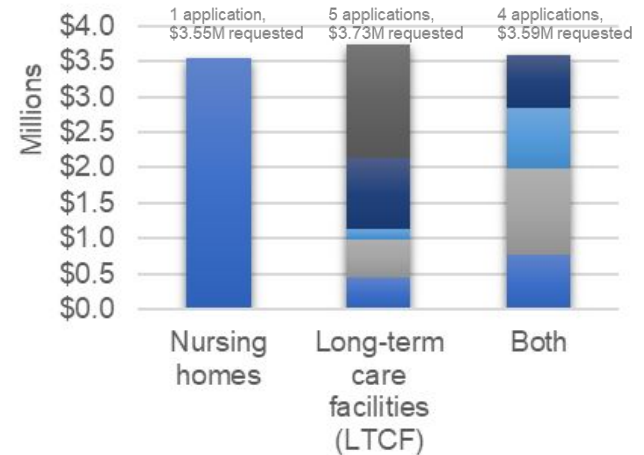
Steps to date:

- To utilize the \$9.96M available, VDH received 10 applications representing a total \$10.87M in requests for project funding (see right)
- An internal review panel comprised of subject matter experts convened on December 10 to evaluate the technical merit and objective fit of each [blinded] application
- Selected projects will augment, not duplicate, existing efforts by VDH and MOU partners underway

Next steps:

- Dec 18 - Jan 14: VDH HAI team will engage successful applicants to refine project plans and collect additional budget details
- Early to mid Jan: Release of formal request for proposals (RFPs)
- Jan 27: VDH will submit overall STRIKE workplan and budget, inclusive of selected projects, to CDC
- ~Mar-Jun: VDH will issue funded awards, and subsequently evaluate project progress on a regular basis

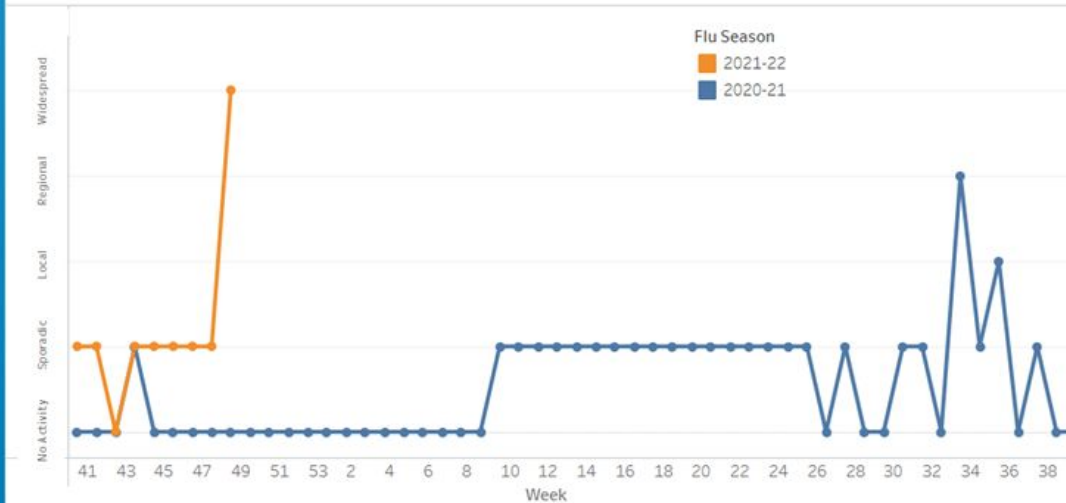
Applications for Project Funding (\$), by Target Group



Influenza Check In

What does the current geographic spread of influenza look like?

Geographic Activity Level by Week, Last Two Flu Seasons



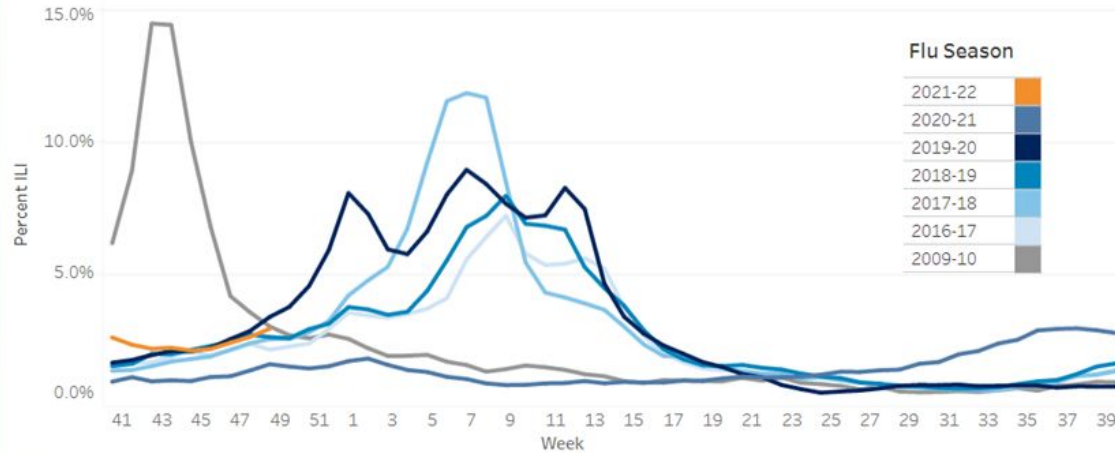
During the week ending on December 4, 2021 (week 48), Virginia was at the **Widespread** level.

During the 2021-22 flu season, Virginia has spent **1** week at Widespread.

Influenza Check In

How many people are seeking care for an influenza-like illness (ILI)?

Percent of Medical Visits for Influenza-like Illness by Flu Season

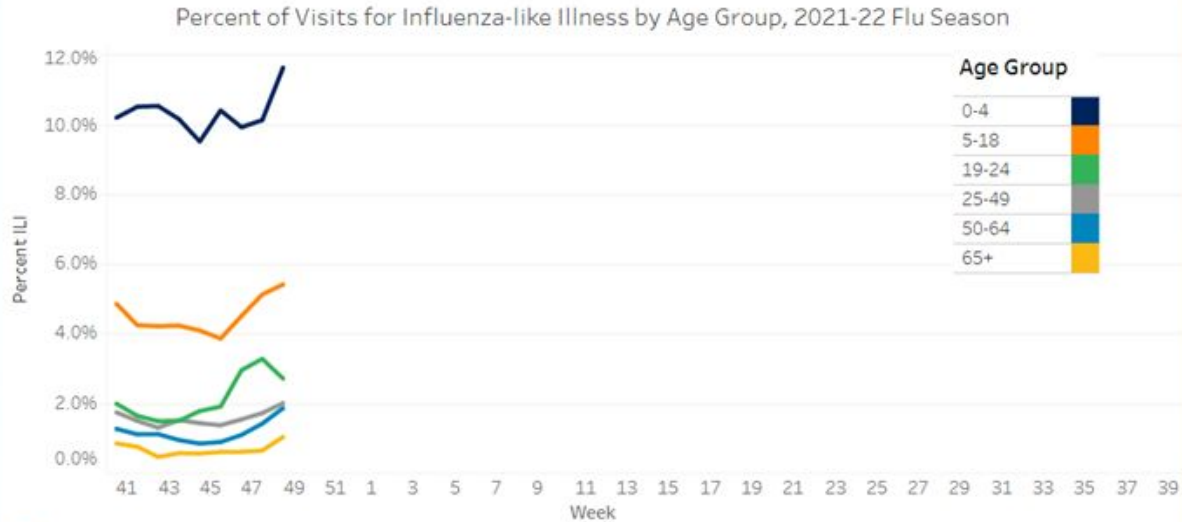


During the week ending December 4, 2021 (week 48), Virginia reported **2.9%** of ED and UCC visits were for ILI.



During the week ending December 4, 2021, the highest ILI intensity level observed in any region was **2 (Minimal)**.

Influenza Check In



- During the week ending December 4, 2021 (week 48), there were **0 regions** above threshold for ILI visits.
- The largest proportion of visits by age group for ILI during the week ending December 4, 2021 (week 48) was observed in the 0-4 years age group with **11.6%** of total visits.

Long-Haul COVID-19 and Dementia: A Call to Arms

Paul F. Aravich, Ph.D.

Virginia Center on Aging Adv. Com. Rep. to the Gov's COVID-19 LTCF Task Force

Virginia Dementia Services Work Group

Former Head, Virginia Brain Injury Council

Former Head, Virginia Public Guardian and Conservator Advisory Board

AOA Glasser Distinguished Teacher Awardee

Professor of Pathology/Anatomy, Geriatrics and PM&R

Eastern Virginia Medical School

aravicpf@evms.edu

Governor's COVID-19 LTC Facility Task Force Meeting

12/16/21

"The Universe Between Our Ears"

Brain: The Last Great Frontier of Science*



*Alzheimer's brain.
Aravich*

Behavioral Neuroscience:
The Last Frontier of the Last Frontier of Science

Andromeda Galaxy (M31) two billion light years away visible by unaided eye

*See Aravich, TEDx You Tube Channel
<https://www.youtube.com/watch?v=-SfJsqnMRVc> on

Hubble Telescope

<http://pics-about-space.com/hubble-the-galaxy-pictures?p=1>

Prior to COVID-19: Epidemic of Psychiatric & Neurological Disorders

- 3.1 Billion persons, globally
- 50 Million Americans overall
- 971 Million American w/ serious mental illness
- 176 Million Americans w/ substance use disorders

- \$1.5 Trillion US dollars per year

Virtual Congressional Briefing by the American Brain Coalition with the Congressional Neuroscience Caucus and the Congressional Brain Injury Caucus: "The Case for a Neuroscience Center of Excellence." 12/7/21
https://www.youtube.com/watch?v=LYtYmh4_oqQ

Prior to COVID-19: Epidemic of fatal dementia

2017 Death Rates/100k

1. Heart disease (165.0) (ref. 1)
2. Cancer (152.5) (ref. 1)
3. **All dementias (66.7)** (ref. 2 integrated into ref. 1)
4. Unintentional injury (49.4)* (ref. 1)
Includes overdoses, motor vehicles, falls, burns etc.

1. Murphy et al. Mortality in the United States, 2017. NCHS Brief. 2018 328. <https://www.cdc.gov/nchs/data/databriefs/db328-h.pdf>

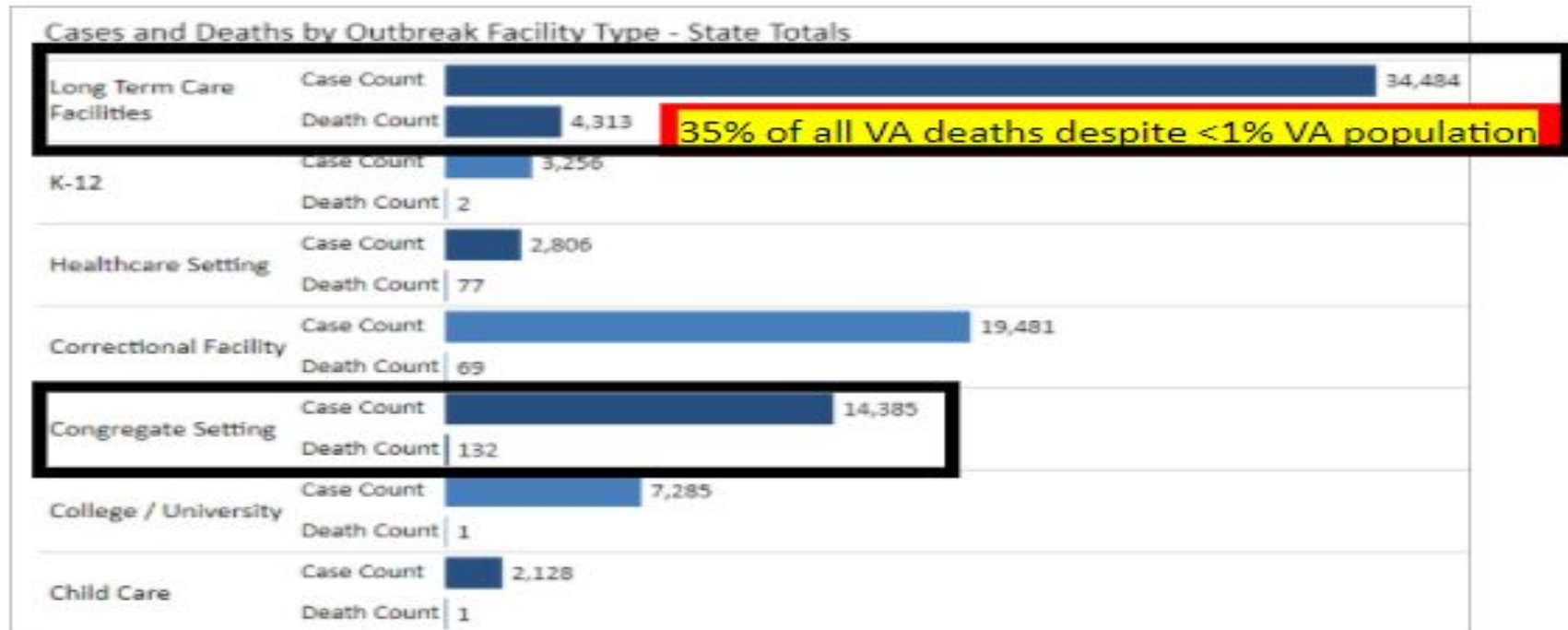
2. Kramarow and Tejada-Vera. Dementia Mortality in the United States, 2000–2017. National Vital Statistics Report. 2019 68:2
https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_02-508.pdf

Prior to COVID-19: Dementia a LTC Facility “giant”

- 48% Nursing home residents
- 42% Residential facility residents, including ALFs

<https://www.alz.org/news/2020/death-count-continues-to-grow-in-nursing-homes-and>

LTC Facilities: COVID-19 Epicenter for Death



<https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/> accessed 9/20/21

COVID-19 and the Dementias^{1,2}

- **Major risk factor for COVID-19 death**

- Stress. Cachexia. Pneumonia vulnerability
- Older age. Co-morbidities (diabetes, CAD)
- Unable to follow hygiene & social distancing instructions
- Wandering. Impulsive behaviors
- ApoE4: ↑ COVID severity; ↑ Alzheimer's; ↑ CAD; proinflamm.²
- Diversion of resources/social engagement

- **Major risk factor of Challenging behaviors:**

- Care provider illness/burnout.
- Staffing shortages
- Prediction: Increased antipsychotic Rx use b/c of staff shortages

1. Brown et al. Anticipating and Mitigating the Impact of the COVID-19 Pandemic on Alzheimer's Disease and Related Dementias. *Am J Geriatr Psychiatry*. 2020 Apr 18 [Epub ahead of print]

2. Numbers and Brodaty. The effects of the COVID-19 pandemic on people with dementia. *Nat Rev Neurol*. 2021 Jan 6 : 1–2

COVID-19:

↑ Behavioral health disorders

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021

Impact on facilities as well general population



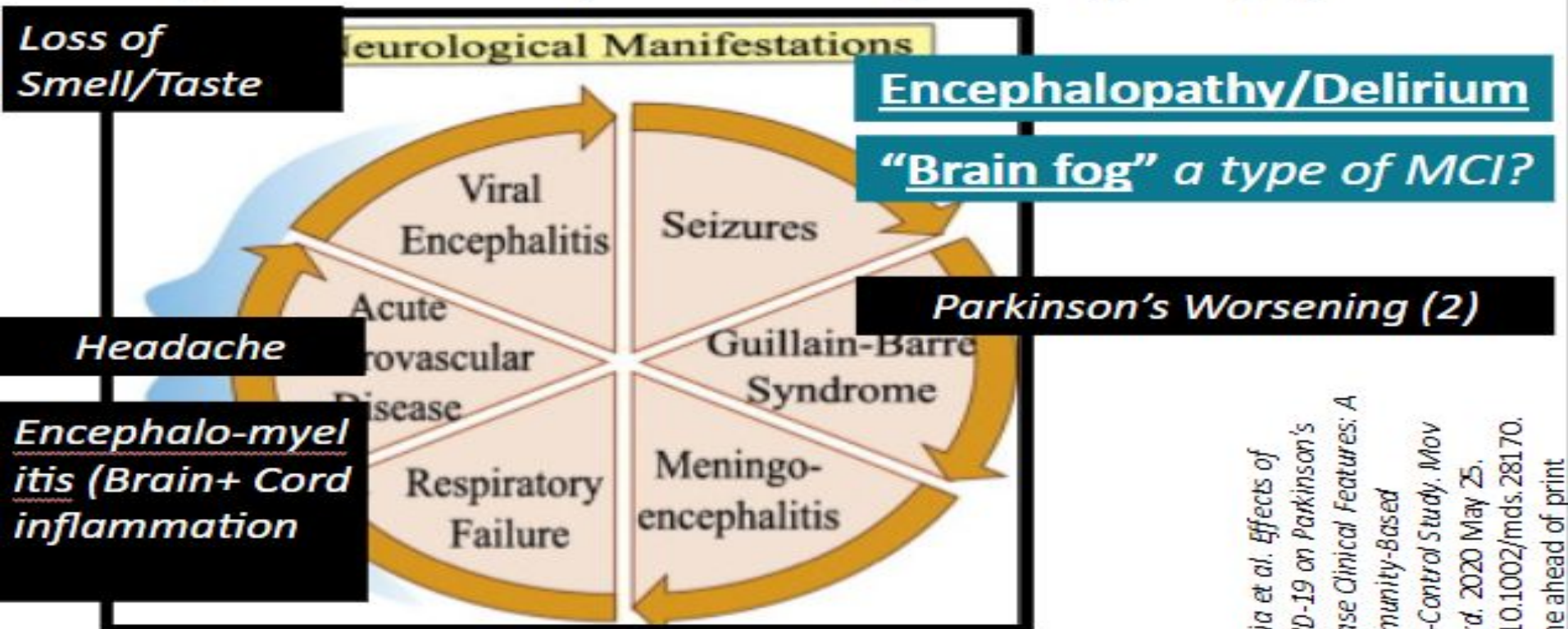
NOTES: Percentages are based on responses to the GAD-7 and PHQ-9 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>

KFF

<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

Covid-19 directly/indirectly affects Brain/nervous system: >1/3 of pts (1)



Satarker and Shaji. Involvement of the nervous system in COVID-19: The bell should toll in the brain. *Life Sci* 2020 Dec 1;262:118568

2. Cilia et al. Effects of COVID-19 on Parkinson's Disease Clinical Features: A Community-Based Case-Control Study. *Mov Disord*. 2020 May 25. doi: 10.1002/mds.28170. Online ahead of print

Delirium “Acute Metab. Encephalopathy”

- “...alarming COVID prognostic indicator” in older persons (2)
- “...under-recognised” (1)
 - Point prevalence study, *n*=71 hospitalized pts, mean age 61
 - 72% men, 9% w/ dementia
 - Outcome measures determined 30 days later
 - 42% had delirium yet only a fraction were otherwise Dx (39%)

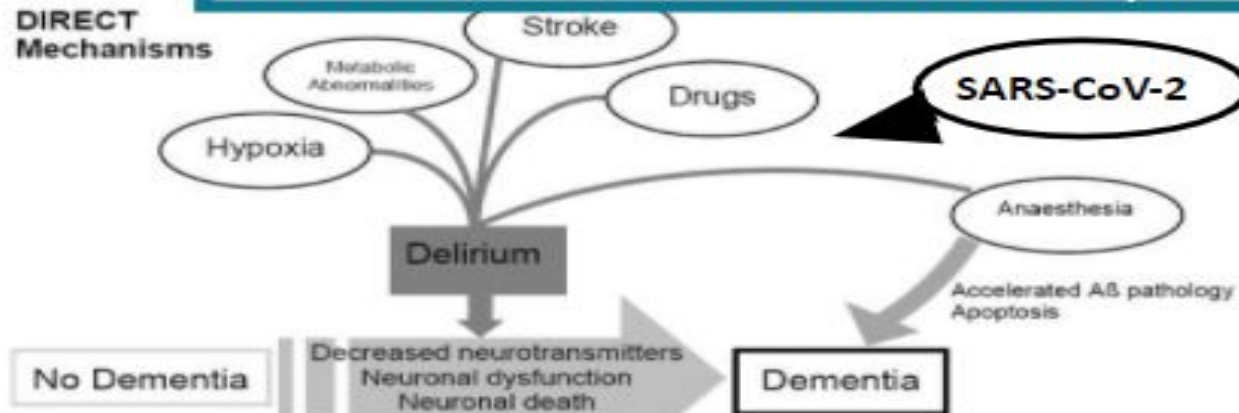
1. Mcloughlin et al. Functional and cognitive outcomes after COVID-19 delirium *Eur Geriatr Med.* 2020 Oct;11(5):857-862.

2. Marengoni et al. The impact of delirium on outcomes for older adults hospitalised with COVID-19. *Age Aging.* 2020 Oct 23;49(6):923-926

Delirium: 8 fold ↑ dementia risk

Predicts ↑ dementia risk in COVID pts w/ delirium

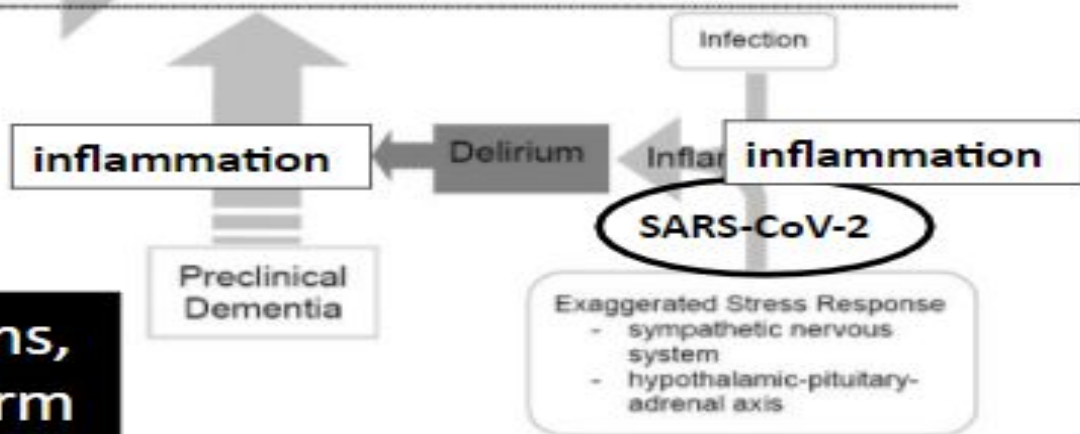
DIRECT
Mechanisms



**Direct brain
insult**

From Fig. 1. Fong et al. The interface between delirium and dementia in elderly adults. *Lancet Neurol.* 2015 Aug;14(8):823-832. SARS-CoV-2 added.

**Or indirect mechanisms,
including cytokine storm**



Long-Haul COVID-19

Global consortium

CDC: Symptoms persisting >4 weeks after 1st infected
<https://www.cdc.gov/washington/testimony/2021/t20210428.htm>

- The “Global Consortium Study of Neurologic Dysfunction in COVID-19 (GCS-NeuroCOVID)”
- Includes AD. Assoc (AKA ADRD Association), WHO etc.
- Early stages of data collection; more research needed
Chou et al. JAMA Netw Open. 2021 May 3;4(5):e2112131
- Concerns for long-haul in kids as well as adults
Ludvigsson. Acta Paediatr. 2021 Mar;110(3):914-921
- 1918 influenza epidemic: Long-lasting effects for decades:
 - Higher: adult mortality/heart disease/diabetes. M>F
Helgertz et al. Demography. 2019 Aug; 56(4): 1389–1425

Non-Hospitalized “Long Haulers”

1. “**brain fog**” (81%)
-Concentration and Working Memory. A type of mild cognitive impairment?
2. headache (68%)
3. numbness/tingling (60%)
4. taste loss (59%)
5. smell loss (55%)
6. myalgias (55%)
7. dizziness (47%)
8. pain other than chest (43%)
9. blurred vision (30%)

85% also experienced fatigue.

Graham et al. *Ann Clin Transl Neurol*. 2021 May; 8(5): 1073–108

Long-haul COVID: 6 months post COVID

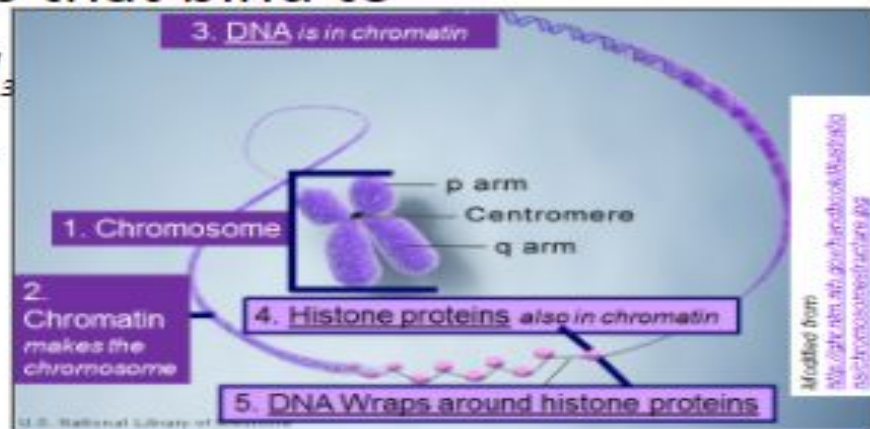
Intensive care pts.

Retrospective cohort study vs influenza; global health record of 236, 379 pts. Hazard ratios:

- ↑ Dementias
- ↑ Parkinsonism
- ↑ Stroke
- ↑ Anxiety disorders
- ↑ Mood disorders
- ↑ Substance use disorders
- ↑ Insomnia

Long-Haul Brain COVID-19: an Epigenetics effect?

- Epigenetics: regulation of gene expression
 - by factors outside genome:
 - e.g., infections, dementia, stress, depression, nutrition, exercise
- These factors release molecules that bind to
 - DNA itself like Methyl groups $-CH_3$
 - Histones, like Acetyl groups $-COCH_3$
uncoil/uncover/expose



LTC Facilities & Modifiable Risk Factors: focus on those ↓ global dementia by 40%.

Lancet Commission, 2020

LTC facility Call to Arms

Problem

- Poor Nutrition
- Physical Inactivity
- Less Education
- Low Social Contact
- Depression
- Traumatic brain injury
- Hearing impairment
- Hypertension, Diabetes
- Air pollution, Smoking, Excess Alcohol

Intervention (if possible)

- MIND diet *Mediterranean + DASH diet*
- More exercise, even if just a little
- Cognitive stimulation
- Small grant program for ideas?
- Earlier diagnosis/treatment
- Better fall prevention
- Better hearing assessments
- Benefit of the DASH diet

[https://www.thelancet.com/article/S0140-6736\(20\)30367-6/fulltext](https://www.thelancet.com/article/S0140-6736(20)30367-6/fulltext)

LTC Facilities: Behavioral Training

LTC facility Call to Arms

- Mental Health First Aid Ambassadors for burnout
- Crisis Intervention Team Training and other positive behavioral controls for:
 - Staffs and
 - Strike Teams (Guard, MRC, Outside pharmacists)
- Family-centered as well as person-centered care
- Platforms: Virginia Nursing Home ECHO training
- Platforms: Updated VMRC
- Platforms: Freely available YouTube training

Figure 1

Social Determinants of Health

Star rating, Geography,
Race/Ethnicity

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

Finally, LTC Facility Call to Arms, cont.

- Greater emphasis on Dementia Prevention and on Positive Behavioral Controls for:

- The Dementia State Plan and
- “Brain Health Virginia”

Part of CDC/AD Assoc. Healthy Brain Initiative Road Map. Va. Partners: AD & Related Disorders Commission, VDH, AD Associations of VA & DARS

Conclusions: LTC Facility Call to Arms

- When the COVID-19 infection ends, some problems just begin
- Expect ↑ in long-haul dementia
- Expect a further ↑ in:
 - Resident/Staff serious mental illness and
 - Staff substance use disorders
- Respond accordingly/immediately for the sake of:
 - Residents
 - Staff
 - Strike Teams
 - All residential facilities, not just NHs/ALFs

Discussion

Next Steps

- LTC Task Force Newsletter
- [LTC Task Force website](#)
- Future Meetings

Selected COVID-19 Dashboards

- [COVID-19 in Virginia Summary](#)
- [COVID-19 Vaccine Summary](#)
- [COVID-19 Cases by Vaccination Status](#)
- [COVID-19 Level of Community Transmission](#)
- [COVID-19 Outbreaks in Virginia](#)
- [COVID-19 Outbreaks by Setting](#)
- [COVID-19 Variants of Concern](#)
- [VDH PCR Test Positivity Rates](#)
- [VHHA COVID-19 Hospitalizations](#)
- [Equity in Action](#)
- [Equity at a Glance](#)