



office of the governor of the commonwealth of virginia

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

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May 7, 2020

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

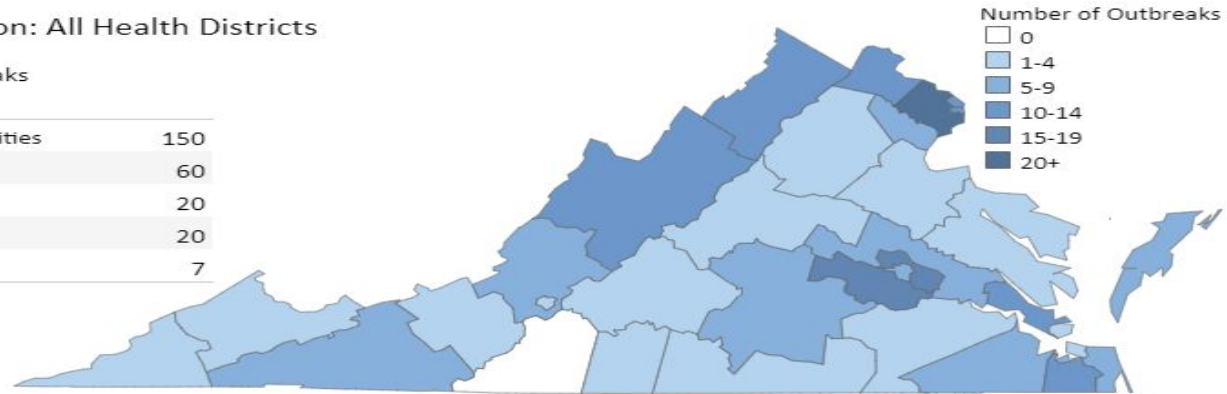
- LTCF Task Force Updates
- LTCF Resource Playbook Discussion
- Project ECHO and COVID-19 Overview
- Discussion
- Next Steps

COVID-19 Outbreaks in Virginia

Current Selection: All Health Districts

Number of Outbreaks
by Facility Type

Long Term Care Facilities	150
Congregate Setting	60
Correctional Facility	20
Healthcare Setting	20
Educational Setting	7



Cases and Deaths by Outbreak Facility Type - State Totals

Long Term Care Facilities	Cases	3,109
	Deaths	452
Congregate Setting	Cases	860
	Deaths	13
Correctional Facility	Cases	826
	Deaths	1
Healthcare Setting	Cases	98
	Deaths	0
Educational Setting	Cases	37
	Deaths	0

Data Collection Systems

Surveillance System (VOSS) Virginia Outbreak

- 1 record per outbreak
- Includes aggregate number of cases, hospitalizations, deaths
- Record added upon first hearing of outbreak
- Can be difficult to keep real-time during investigation
- Updated once outbreak over

Virginia Electronic Disease Surveillance System (VEDSS)

- 1 record per case
- Includes ability to link back to outbreak
- Requires case investigation before up-to-date
- Better data completeness during outbreak investigation
- Outcome data more complete

Outbreak Data Reporting

- Because VOSS is more up-to-date at the beginning of an outbreak investigation but VEDSS is more complete in the middle of the investigation, VDH is combining the two data sources by using the larger number of cases associated with each outbreak.
- This change was made on 5/1, and resulted in an increase in the number of cases associated with outbreaks overall, especially outbreaks in LTCFs.
- Because individual case outcomes are more complete in VEDSS, the number of outbreak-associated deaths also increased dramatically.
- **The new data structure is more complete and better describes the impact of COVID-19 in Virginia and in LTCFs**

Congregate Setting Reporting

- There are fields in VEDSS to identify that a case is outbreak-associated
- Also fields for cases in LTCFs, correctional facilities, and other congregate settings
- The data included here come from LTCF residents and employees
- Future insights will distinguish between residents and employees, but we are unable to do so at the current moment.

New Federal LTCF Reporting Requirements

- Effective May 1, 2020
- LTCFs must file weekly reports with the CDC that include:
 - suspected and confirmed COVID-19 infections, total deaths, and COVID-19 deaths among residents and staff
 - availability of PPE, hand hygiene supplies, COVID-19 testing in the facility
 - ventilator capacity and supplies
 - resident beds and census
 - staffing shortages
- CMS will publicly post information from the reports, though it is unclear what will be in the postings
- LTCFs must inform residents, their representatives, and their families by 5 p.m. the next calendar day following the occurrence of either:
 - a single confirmed infection of COVID-19 in resident or staff; or
 - three or more residents or staff with new onset of respiratory symptoms that occur within 72 hours of each other.
- LTCFs to provide cumulative updates at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either of the above
- LTCFs' updates cannot include personally identifiable information and must include mitigating actions implemented to prevent or reduce transmission

Financing

- DMAS received approval on the second submission of the Appendix K for home and community based services. This allows DMAS to pay retainer payments for day support and Adult Day Health Care providers. DMAS and the Medicaid MCOs will pay these providers 65% of the current payment rate for the services that they would have normally billed. This will be retro to March 12 and go through June 30, 2020.

Testing

- Point Prevalence Survey (PPS) Update
- Testing Priorities
- CDC Guidance on COVID-19 Testing in Nursing Homes

Point Prevalence Surveys: Between 4/21 and 5/6

31 Requests Received:

- 1 On Hold
- 4 Received
- 6 Scheduled for this week
- 6 Specimen Collection
- 11 Results
- 2 Withdrawn
- 1 Closed

By Setting:

- 16 Skilled Nursing
- 5 Correctional Facility/Jail
- 7 Assisted Living
- 2 Other/Meat Processing
- 1 Rehabilitation Facility

Average # specimens: 198

Point Prevalence Survey (PPS) Project

- On May 1, 2020 VDH changed its strategy from a facility requesting a PPS to VDH using data to identify facilities that would most benefit from a PPS
- VDH Outbreak Control Team has developed prioritization guidance and will proactively reach out to those facilities to determine interest:
 - Priority #1: Skilled nursing facilities/nursing homes, assisted living facilities
 - Priority #2: Targeted units of state correctional facilities and local jails
 - Priority #3: Other congregate living facilities (e.g., homeless shelter, group home, rehabilitation facility, or residential behavioral health facility)
- Facilities are NOT required to participate
- PPS will be complimented by increased community based testing

VDH Testing Priorities

Private/Commercial Lab Testing

Public Health Lab Testing

High Priority

- Hospitalized patients*
- Healthcare workers and first responders with COVID-19 symptoms*
- Un- or underinsured persons with COVID-19 symptoms*
- Workers and residents with COVID-19 symptoms* in, or newly arriving to, congregate settings (e.g., long-term care facilities, prisons, group homes, or jails)

- Outbreak investigations
- Selected contact investigations
- Un- or underinsured persons with COVID-19 symptoms*
- Workers and residents with COVID-19 symptoms* in, or newly arriving to, congregate settings (e.g., long-term care facilities, prisons, or jails)

Priority

- Persons with COVID-19 symptoms*
- Persons without symptoms who are prioritized by clinicians based on their best clinical judgment (e.g. for medical procedures)

- Public health monitoring
- Sentinel surveillance
- Community testing clinics

CDC Guidance: Testing for Coronavirus (COVID-19) in Nursing Homes:

- Testing should not supersede existing infection prevention and control (IPC) interventions.
Testing should be used when results will lead to specific IPC actions.
- The first step of a test-based prevention strategy should ideally be a point prevalence survey (PPS) of all residents and all HCP in the facility.
- Repeat testing may be warranted in certain circumstances.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

Personal Protective Equipment (PPE)

- Requests for publicly-provided PPE will be coordinated and sent to the Virginia Emergency Support Team (VEST) through the following entities:
 - **Regional healthcare coalitions**: healthcare facilities (skilled nursing facilities, dialysis centers, hospitals)
 - **Virginia Department of Social Services**: assisted living facilities
 - **VDH local health districts**: community providers offering care for COVID-19 patients (urgent care centers, free standing clinics, dental health clinics, Federally Qualified Health Centers, free clinics, pharmacies, nurse mid-wives, home health and hospice, and/or other community providers)
 - **Local emergency managers**: local government agencies and first responders, courthouses, local/regional jails, funeral homes, veterinary services, community services boards, group homes, higher education/community colleges, and non-health outreach workers
 - **Other state agencies**: Department of Corrections, Virginia State Police, Department of Motor Vehicles, Department of Elections, Division of Capitol Police, etc. will make direct requests to the VEST

Virginia National Guard PPE Support for LTCFs

- Capabilities
 - Donning/doffing training
 - Qualitative fit testing for N95 respirators
 - Infection control training
- Request Process
 - Facilities should coordinate with their local health district to initiate a request for Virginia National Guard assistance. The local health district will work with the locality emergency management coordinator to submit the request to the VEST through WebEOC.

FEMA PPE Distribution to Nursing Homes

- The Federal Emergency Management Agency (FEMA) will coordinate two shipments totaling a 14-day supply of PPE to nursing homes in Virginia.
- These supplies from FEMA will supplement the Commonwealth's existing efforts to ensure nursing homes have PPE during the COVID-19 pandemic.
- FEMA will ship PPE to Medicaid- and Medicare-certified nursing homes based on input from the American Health Care Association to serve as a bridge between other PPE shipments.
- Each nursing home in Virginia will receive an allotment of surgical masks, gloves, gowns and eye protection based on the staffing size of the facility.
- Shipments of the first seven-day supply are expected to begin later in May.
- Shipments of an additional seven-day supply will begin in June.

Infection Control

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Guidance and Resources

- The playbook for LTCFs and partners to be utilized during an outbreak has been distributed. This document supports LTCF efforts to:
 - Request staffing support
 - Secure testing supplies/conduct Point Prevalence Surveys (PPS)
 - Request Personal Protective Equipment (PPE)
 - Receive training on PPE and infection control protocols
 - Communicate outbreaks to staff, residents, and their families

A companion guide for Local Health Departments to help coordinate responses to COVID-19 Outbreaks in LTCF has been distributed.

Spotlight: Project ECHO®

Interactive telementoring for clinicians to share best practices (<https://echo.unm.edu/>)

Consists of didactic presentation by subject matter expert, followed by interactive case-based discussion. Small groups (25-50 clinicians); recorded and archived.

VDH Project ECHO: COVID-19

Session 1 - Infection Control, Office Practices, Healthcare Worker Considerations

Session 2 - PPE, Testing

Session 3 - Telehealth

Session 4 - Microbiology of COVID-19, Medication Management

Session 5 - Special Populations (Obstetrics, Pediatrics, Dentistry)

Session 6 - Special Considerations in Mental Health and Substance Abuse

Session 7 - Older Adult Populations, Congregate Settings



First Session: May 21st (subject to change)

Discussion

Next steps