



## COVID-19 Weekly Compendium #1

### Stay informed:

Weekly Maine CDC Briefing – Mondays 1:00-2:00 pm: <https://zoom.us/j/544261659>

MPCA Compendium – emailed on Tuesdays

MPCA hosts CHC Network Office Hours – Thursdays 4:00-4:30 pm: <https://mepca.zoom.us/j/394295081>

Updates related to COVID-19 cases and screening criteria are available in real-time through the [Maine Health Alert Network](#) as well as the [US CDC Health Alert Network](#). FQHC providers and personnel should ensure they are subscribed to these important alerts.

### Criteria to Guide Evaluation of Patients Under Investigation (PUI) for COVID-19 - Updated March 8, 2020

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

**Providers may test any patient suspected to have COVID-19 based on presenting symptoms and history, irrespective of travel. According to CDC guidance, asymptomatic patients should not be tested.**

The Maine CDC lab in Augusta is now processing COVID-19 tests on-site. Ordering providers should call Maine CDC (**1-800 821-5821**) to notify them of all Persons-Under-Investigation (PUIs) and intent to test. Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza and RSV as well. All PUIs must maintain isolation, at home or in the hospital, until test results are confirmed.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel within 14 days of symptom onset.

### Which patients are at risk for severe disease for COVID-19?

Priorities for testing may include:

- Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
- Other symptomatic individuals such as, older adults (age  $\geq$  65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
- Any persons including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas (see below) within 14 days of their symptom onset.

While relatively few cases have been reported in children, US CDC recommends the same screening considerations for all ages.



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### Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19)

#### Be Prepared:

**Stay informed about the local COVID-19 situation.** Know where to turn for reliable, up-to-date information in your local community. Monitor the CDC COVID-19 [website](#) and your [state and local](#) health department for the latest information. [Sign up](#) to receive Health Alert Notifications.

- *The CDC will absorb all lab-related costs of testing for COVID-19*
- *CDC will not cover additional respiratory viral panels if ordered*
- *Clinic-level charges should be processed normally*

- **Develop, or review, your facility's emergency plan.** A COVID-19 outbreak in your community could lead to staff absenteeism. Prepare alternative staffing plans to ensure as many of your facility's staff are available as possible.
- **Establish relationships with key healthcare and public health partners in your community.** Make sure you know about healthcare and public health emergency planning and response activities in your community. Learn about plans to manage patients, accept transfers, and share supplies. Review any memoranda of understanding (MOUs) with affiliates, your healthcare coalition, and other partners to provide support or assistance during emergencies.
- **Create an emergency contact list.** Develop and continuously update emergency contact lists for key partners and ensure the lists are accessible in key locations in your facility. For example, know how to reach your local or state health department in an emergency.

#### Communicate with Staff and Patients:

- **Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19, the potential for surge, and your facility's preparedness plans.
- **Communicate about COVID-19 with your patients.** Provide updates about changes to your policies regarding appointments, providing non-urgent patient care by telephone, and visitors. Consider using your facility's website or social media pages to share updates.

#### Protect your Workforce:

- **Pre-Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility.** Communicate infection control policy to all patients prior to their visit by phone or text.
- **Ensure proper use of personal protection equipment (PPE).** Healthcare personnel who come in close contact with confirmed or possible COVID-19 patients [should wear](#) the appropriate [personal protective equipment](#).
- **Conduct an inventory of available PPE.** Consider conducting an inventory of available PPE supplies. Explore strategies to [optimize PPE supplies](#).
- **Encourage sick employees to stay home.** Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.



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### Protect your patients:

Stay up-to-date on the best ways to [manage patients with COVID-19](#).

- **Separate patients with respiratory symptoms so they are not waiting among other patients seeking care.** Identify a separate, well-ventilated space that allows waiting patients and visitors to be separated.
- **Consider the strategies to prevent patients who can be cared for at home from coming to your facility potentially exposing themselves or others to germs, such as:**
  - \* Using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with COVID at home.
  - \* Adjusting your hours of operation to include telephone triage and follow-up of patients during a community outbreak.
  - \* Leveraging telemedicine technologies and self-assessment tools.

### HIT-Related Recommendations

While there will be many ongoing developments as the Coronavirus situation unfolds, we want to remind you that **your prevention and response measures can be supported and strengthened by leveraging your existing health information technology (HIT) tools.**

US CDC is the primary and regularly-update source of knowledge for healthcare providers and organizations seeking [recommendations](#) for responding to coronavirus. Also, please refer to the following [memo](#) from the Centers for Medicare and Medicaid Services. While the majority of the language targets hospitals, many of the recommendations (including the following) are easily applied to the primary care setting:

- **Which patients are at risk for severe disease for COVID-19?**  
Based upon CDC data, older adults and those with underlying chronic medical conditions or immunocompromised state may be most at risk for severe outcomes. This should be considered in the decision to monitor the patient as an outpatient or inpatient.
- **How should facilities screen visitors and patients for COVID-19?**  
[Facilities] should identify visitors and patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility. They should ask patients about the following:
  1. Fever or symptoms of a respiratory infection, such as a cough and sore throat.
  2. International travel within the last 14 days to restricted countries (Currently China, Iran, Italy, South Korea, Japan. For updated information on restricted countries [click here](#).)

Contact with someone with known or suspected COVID-19.

**NOTE:** These screening questions should be asked of patients who call the health center with concerns about their condition, not just individuals who arrive on-site in your facility.



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### HIT-Related Recommendations (cont'd)

Screening details and other response measures should be captured within your EHR. The following are some of the publicized steps that your EHR Vendors are taking, but **we suggest you reach out directly to your EHR Vendor with any questions or concerns** you have, especially to make sure that you are receiving appropriate platform updates and any new features that will help your response to coronavirus.

#### athenahealth/GE Centricity

- New travel related screening questions available directly within athenaClinicals customers' workflows.
- New diagnostic test order sets containing CDC-recommended testing and specimen collection-code-backed to ensure reportability and interoperability.
- Detailed client communications and recommendations to leverage screening questions and diagnostic tests, as well as direct links to the latest CDC guidance [Learn more from athenahealth](#).

#### eClinicalWorks

- Capturing patients' travel history:  
There is a Miscellaneous section under Social History- labeled "TRAVEL OUTSIDE THE UNITED STATES." Mark this as "structured" data for a yes/no answer but have a free text field next to the answer for date. Ex: If a patient was on one of the cruise ships that was in news recently, they would answer "YES," and note Date of Feb-2020, etc. This would show in the patient's chart and progress note. That is why it would be important to notate the date because you wouldn't want it constantly showing they had been outside the US without knowing "when."

#### EPIC

- On Wednesday, January 22nd, Epic sent an update to its standard travel screening questionnaire to remind clinicians and other front-line staff to ask patients about recent international travel. [Learn more from EPIC](#).

#### NextGen

- At this time, we are unable to find specific measures that apply to the NextGen EHR Platform. Please contact your NextGen representative directly to inquire about how to leverage functions and features to best supplement coronavirus response measures.

**Clinicians should immediately implement [recommended infection prevention and control practices](#) if a patient is suspected of having COVID-19 and immediately notify Maine CDC (1-800 821-5821.)**

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