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CALTCM
COVID-19 Webinar Series

March 22, 2021

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Webinar Planning Committee

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Webinar Faculty

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Webinar Faculty & Moderator

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Webinar Faculty

Jay Luxenberg, MD
Chief Medical Officer, On Lok CALTCM, Wave Editor-in-Chief



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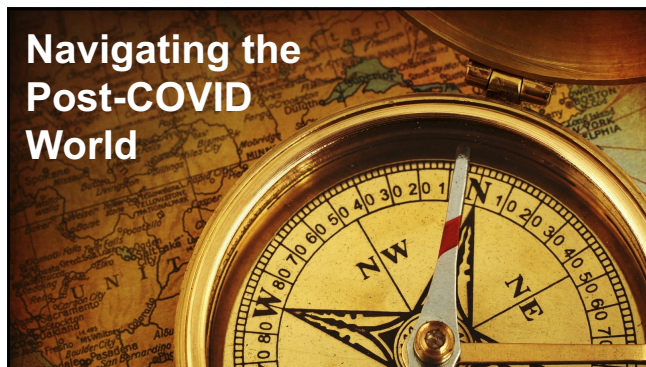
Webinar Faculty

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Geriatrician
Immediate Past-President and Chair, Public Policy Committee
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THE SOCIETY
FOR POST-ACUTE AND
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AMDA 2021 Bylaws Amendments & Resolutions

- General membership in AMDA may be granted to any nurse practitioner, physician assistance, clinical nurse specialist, or a doctorally-prepared clinician who is not a physician (Pharm.D., DPT, Psy.D, etc.)
- Non-physician practitioners can be elected to board of directors by representing the State Presidents' Council or House of Delegates annually



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THE SOCIETY
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Resolutions Passed by AMDA HOD

- AMDA-The Society for Post-Acute and Long-Term Care Medicine will advocate for and collaborate with relevant stakeholders to promote the establishment of interprofessional programs for the training and professional development of certified nursing assistants.



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THE SOCIETY
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Resolutions Passed by AMDA HOD

- Work with Centers for Medicare & Medicaid Services (CMS) to promote healthcare transparency and consumer access to quality healthcare by hosting a public listing of Medical Directors of all Nursing Facilities (NFs) in the country



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THE SOCIETY
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Resolutions Passed by AMDA HOD

- Collaborate with GAPNA, APA, APMA, ADA, ANA and others to advocate for required training of students and trainees in their respective disciplines in Senior Living Communities (to include nursing homes and assisted living facilities) during their clinical rotations.




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Monoclonal Update

- Bamlanivimab monotherapy is unlikely to be active against the B.1.429/B.1.427 variant, which is circulating in relatively high numbers in California, so it is not recommended by CDPH
 - Lilly no longer sending bamlanivimab to California
- On February 9, the FDA issued an EUA for Lilly's bamlanivimab and etesevimab administered together for the treatment of mild to moderate COVID-19 in adults and pediatric patients
- The Regeneron combination (casirivimab and imdevimab) still authorized under EUA for same indications



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Interdisciplinary Post COVID-19 Clinic Program Overview

Lynn Chang, DO, MS
Clinical Director, Interdisciplinary Post COVID-19 Clinic
Physical Medicine and Rehabilitation Department
WLA VA

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Disclosures

- None



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Newsworthy
'I Got COVID 9 Months Ago and Still Have Symptoms'

The New York Times
For Long-Haulers, Covid-19 Takes a Toll on Mind as Well as Body
"It makes you depressed, anxious that it's never going to go away."

The many strange long-term symptoms of Covid-19, explained
Long COVID: An emerging syndrome linked to health, quality and even death
By Lisa Hershner | April 14, 2020 12:00 PM EDT
Updated 12:00 PM EDT

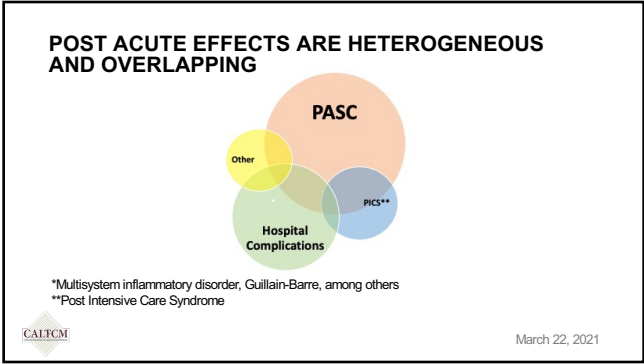
• Post-Acute Sequelae of SARS-CoV-2 infection (PASC)

- **Acute COVID-19:** signs and symptoms of COVID-19 for 4 weeks
- **Ongoing symptomatic COVID-19:** signs and symptoms of COVID-19 from 4-12 weeks
- **Post-COVID 19 syndrome:** signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis

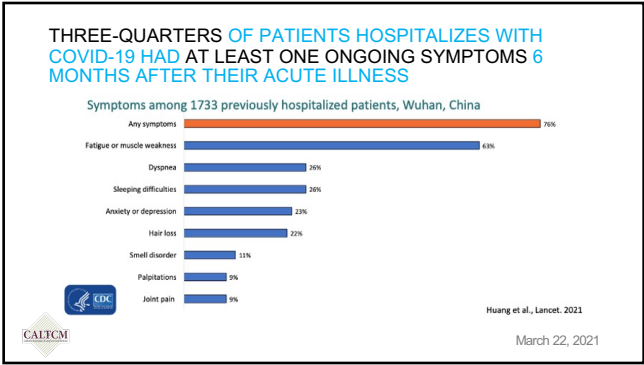


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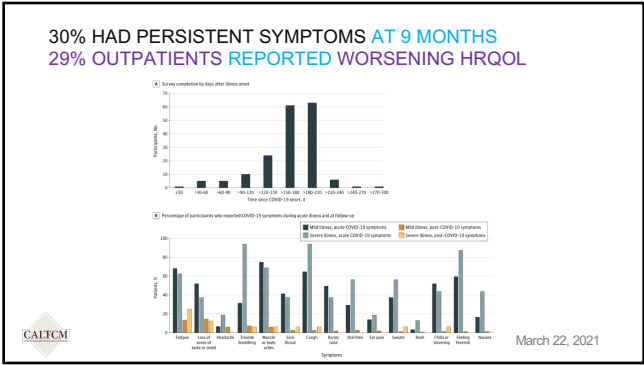
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Many Fundamental Questions Remain Unanswered

- How to define?
- How common?
- Disease profiles and course?
- Predictors?
- Mechanisms?
- Effective interventions?
- Overall burden to patients, healthcare, workforce, society?




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Interdisciplinary Post COVID-19 Clinic

- Start: February 2021
- Location: Virtual Clinic
- Referrals: ARU, HBR C-19, PCP, Pulmonology
- Inclusion Criteria: Prior COVID + at least 6 weeks ago with persistent symptoms
- Used many components existing for TBI clinic (persisting symptoms after concussion)
 - Cognitive impairment
 - Dizziness
 - Anxiety/depression
- Adapted knowledge from Cardiopulmonary rehabilitation as well as complex medical discharges (sepsis, prolonged hospitalization, critical care myopathy, critical care neuropathy)
 - Muscle deconditioning /sarcopenia
 - Cardiopulmonary deconditioning
 - Neuropathies
 - Cognitive fog
 - Autonomic deconditioning
 - Weight loss/malnutrition
 - Anxiety/PTSD




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Interdisciplinary Post COVID-19 Clinic

- Team Members
 - Psychiatrist
 - Physical Therapist
 - Neuropsychologist
 - Psychologist
- Outcome Measures at 0, 3, 6 12 months
 - PROMIS 10 Global Health
 - Modified Medical Research Council Dyspnea Scale (mMRC)
 - 2-minute Step Test
 - 30 second sit to stand test
 - GAD-7
 - PHQ-9
 - Distress Scale
 - MOCA/MOCA-BLIND
 - NSI



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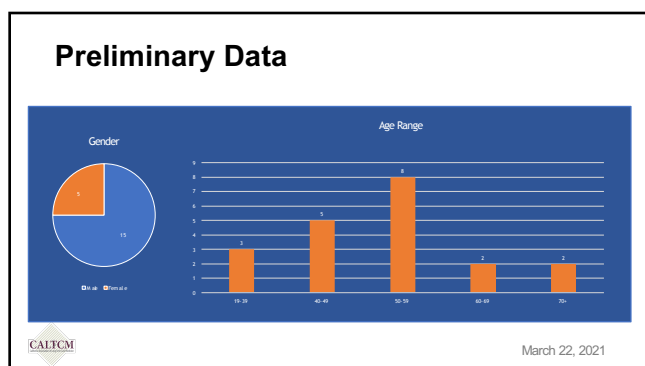
	0800-0820	0820-0840	0840-0900	0900-0920
Physiatrist	Patient 1	Patient 2	Patient 3	Patient 4
Physical Therapist	Patient 2	Patient 3	Patient 4	Patient 1
Psychologist	Patient 3	Patient 4	Patient 1	Patient 2
Neuropsychologist	Patient 4	Patient 1	Patient 2	Patient 3

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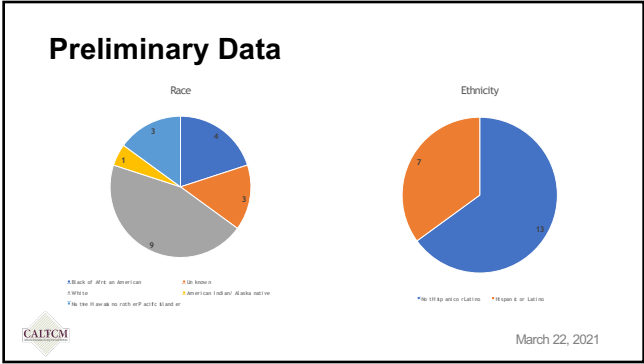
Domain	Month 0	Month 1	Month 2	Month 3	Month 6	Month 12
Physical/QOL	PROMIS Global-10 mMRC 2-MST 30 SSTS	mMRC 2-MST 30 SSTS	mMRC 2-MST 30 SSTS	PROMIS Global-10 mMRC 2-MST 30 SSTS	PROMIS Global-10 mMRC 2-MST 30 SSTS	PROMIS Global-10 mMRC 2-MST 30 SSTS
Cognitive	MOCA/ MOCA-BLIND NSI			NSI	NSI	NSI
Psychological	PHQ-9 GAD-7 Distress scale			PHQ-8 GAD-7 Distress scale	PHQ-8 GAD-7 Distress scale	PHQ-8 GAD-7 Distress scale

PROMIS: PROMIS Global-10
 mMRC: mMRC 2-MST 30 SSTS
 MOCA: MOCA-BLIND
 NSI: NSI
 PHQ-9: PHQ-9 Patient Health Questionnaire-9
 GAD-7: General Anxiety Disorder-7
 mMRC: modified Medical Research Council dyspnea scale
 2-MST: 2-minute step test
 30 SSTS: 30-second sit-to-stand test

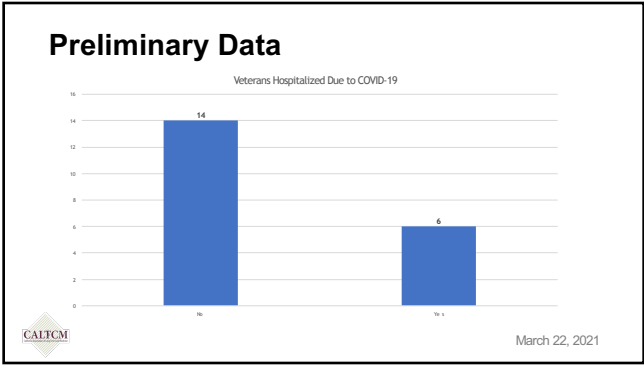
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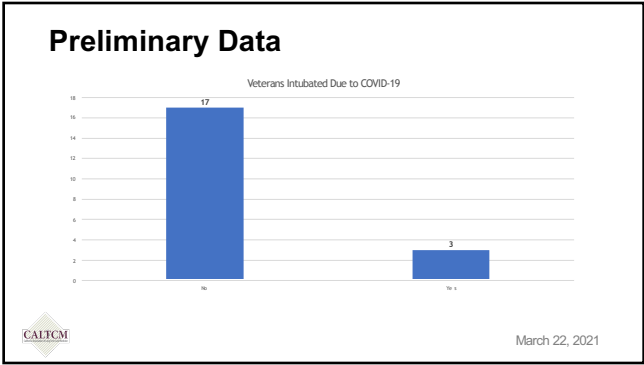
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Components of Multidisciplinary Post COVID-19 Clinic

- Medical Evaluation: functional oxygenation, orthostasis, neuropathy, anxiety/depression/PTSD, referrals
 - Physical Therapy: strengthening, balance, conditioning, pacing
 - Occupational Therapy: activities of daily living
 - Neuropsychology: more extensive neuropsychological evaluation and treatment
 - Speech Therapy: cognitive rehabilitation and strategies
 - Psychology: individual counseling regarding anxiety/depression/PTSD
 - Nutrition: malnutrition and ongoing nutritional needs, anti-inflammatory diet
- Covid Support group: virtual education/self-management group
 - Sleep/rest recovery
 - Exercise and recovery
 - Brain health and recovery
 - Life/community recovery
- Memory Skills group: currently being established

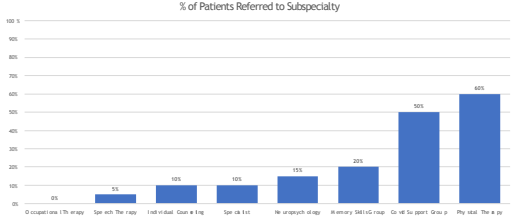


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Preliminary Data

% of Patients Referred to Subspecialty



Subspecialty	% of Patients Referred
Occupational Therapy	0%
Speech Therapy	5%
Individual Counseling	10%
Speech Therapy	10%
Neuropsychology	15%
Memory Skills	20%
Covid Support Group	50%
Physical Therapy	60%

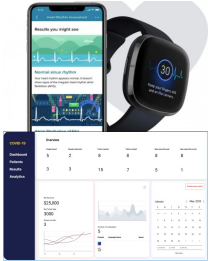



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PASC- Monitoring the Long Term Effects

- Local and National Innovations Team
 - 50 Fit Bit Senses
- Outcome MD
 - Patient reported outcomes
 - Follow up outcome measures
- QI Project
 - Better understand the long-term effects of COVID 19






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California Department of Public Health


- March 11, 2020, CDPH issued AFL 20-22, authorizing LTC facilities to temporarily modify their visitation policies in accordance with CMS and CDC COVID-19 guidance when necessary, to protect the health and safety of residents, staff, and the public.
- On March 8, 2021 CDPH issued the sixth revision, AFL 20-22.6
- Visitation must be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. LTC facilities must also enable visits to be conducted with an adequate degree of privacy and should be scheduled at times convenient to visitors (e.g., outside of regular work hours)
- <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

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California Department of Public Health

- Any visitor entering the facility, regardless of their vaccination status, must adhere to the following:
 - Be screened for fever and COVID-19 symptoms, wear appropriate facial covering, and perform hand hygiene when in the facility
 - If personal protective equipment (PPE) is required for contact with the resident due to quarantine or COVID positive isolation status (including fully vaccinated visitors), it must be donned and doffed according to instruction by HCP
 - If a visitor has COVID-19 symptoms or has been in close contact with a confirmed positive case, they must reschedule their visit
- Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.
- Facilities should follow local public health department guidance when implementing visitation policies.

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CDPH Indoor, In-Room Visitation

- Facilities shall allow indoor in-room visitation for:
 - Fully vaccinated residents (e.g., individual residents who are ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine) in "green" (unexposed or recovered) or "yellow" (exposed or observation status) areas, regardless of the county tier (including Tier 1, Purple) under [Blueprint for a Safer Economy](#)
 - Unvaccinated or partially vaccinated residents in "green" (unexposed or recovered) or "yellow" (exposed or observation status) areas for facilities in Tier 2 (Red), 3 (Orange), or 4 (Yellow) counties



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CDPH Indoor, In-Room Visitation Conditions:

- Visitors in Tier 1 (Purple) counties for fully vaccinated residents must test negative on a POC antigen or PCR test on a sample taken within the prior two days, regardless of the visitor's vaccination status. Facilities may offer POC antigen testing. Fully vaccinated visitors of fully vaccinated residents may have brief, limited physical contact with the resident (e.g., a brief hug, holding hands, assisting with feeding or grooming)
- All visitors and residents should wear appropriate facial covering during their visit and should maintain 6-ft physical distancing. Fully vaccinated visitors of fully vaccinated residents may have brief, limited physical contact with the resident (e.g., a brief hug, holding hands, assisting with feeding or grooming).
- Visits for residents who share a room should be conducted in a separate indoor space or with the roommate not present in the room (if possible), regardless of the roommate's vaccination status.
- Full PPE must be worn for yellow zone visitation.



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CDPH Outdoor and Large Indoor Communal Space Visitation

- All facilities must continue to allow outdoor and communal space visitation options for all residents, regardless of vaccination status or the county tier.
- Outdoor visitation is preferred and should be offered unless the resident cannot leave the facility, or outdoor visitation is not possible due to precipitation, outdoor temperatures, or poor air quality.
- If outdoor visitation is not possible (e.g., inclement weather, poor air quality, resident inability to be moved outside, etc.), facilities shall accommodate visitation in large communal indoor spaces such as a lobby, cafeteria, activity room, physical therapy rooms, etc. where 6-ft distancing is possible.



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CDPH Other Changes:

- Communal dining, group activities, and non-essential personnel/contractor services may resume while adhering to the core principles of COVID-19 infection prevention



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Center for Medicare & Medicaid Services

- On March 10, 2021, CMS issued Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination
- **Indoor visitation could be permitted for all residents except as noted below:**
 - Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated. Indoor visitation should be limited solely to compassionate care situations, for Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met [criteria to discontinue Transmission-Based Precautions](#).
 - Vaccinated and unvaccinated residents in [quarantine](#) until they have met criteria for release from quarantine.
 - Facilities in outbreak status should follow guidance from state and local health authorities and CMS on when visitation should be paused.



<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control-after-vaccination.html>

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Center for Medicare & Medicaid Services

- While not required, they encourage facilities in medium or high-positivity counties to test visitors, if feasible.
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) is still in effect.
 - <https://www.cms.gov/files/document/qso-20-38-nh.pdf>



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Centers for Disease Control and Prevention (CDC)

- CDC recommendations were incorporated in the 3/10/21 CMS recommendations we have just discussed:
<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>



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Visitation Etiquette Guidelines

- Never come empty handed!
- Because of the COVID-19, there may be restrictions on how gifts can be delivered or brought – check beforehand.
- For gifts of food – check with nursing staff about dietary restrictions first.
- Valuables like expensive presents can go missing or cause anxiety – be thoughtful.
- The best gifts for elderly nursing home residents leave them with a bit of extra comfort and enjoyment.



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