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Stay Prepared
Stay Informed
CALTCM.org**

Webinar Series COVID-19: CALTCM Weekly Rounds

August 31, 2020

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Thank you to our Planning Committee!

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Ashkan Javaheri, MD

Albert Lam, MD

Jay Luxenberg, MD

Karl Steinberg, MD, CMD, HMDC

Michael Wasserman, MD, CMD



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ACAD-0123 4/20



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Webinar Faculty

Kathleen "Suki" De Jesus, BSN, RN
Regional Director of Clinical Operations;
Mariner Health Care



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Webinar Faculty

Ashkan Javaheri, MD, CMD
Geriatrician, Mercy Medical Group–Dignity
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Geriatric Division, Associate Clinical Professor,
UC Davis School of Medicine



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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

Noah Marco, MD

Chief Medical Officer, Los Angeles Jewish
Home; Executive Director, Brandman
Research Institute; Medical Director, IPA LAJH
Medical Associates



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Webinar Faculty

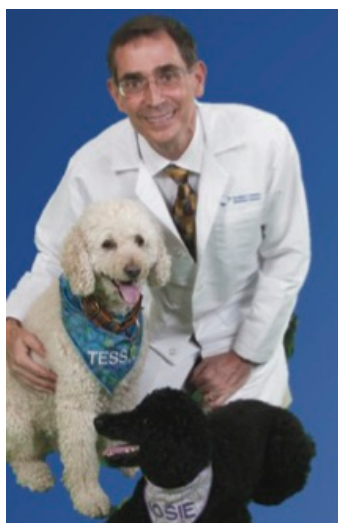
KJ Page, RN-BC, LNHA

Administrator; Chaparral House



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Webinar Moderator & Faculty

Karl E. Steinberg, MD, CMD, HMDC

President-Elect, AMDA: The Society for Post-Acute and Long-Term Care Medicine;
CALTCM BOD Member; Chief Medical Officer,
Mariner Health Care; Past Chair, Coalition for
Compassionate Care of California



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Webinar Faculty

Michael Wasserman, MD, CMD

Geriatrician, President, CALTCM,
Medical Director, Eisenberg Village,
Los Angeles Jewish Home



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Ask the Experts



Questions are the path to learning

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Antigen Tests for COVID-19

NOAH MARCO, M.D.
CMO
LOS ANGELES JEWISH HOME



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Tests for COVID-19



	Molecular Test	Antigen Test	Antibody Test
Also known as...	Diagnostic test, NAAT, RT-PCR, LAMP test	Rapid test, point of care test, Quidel, BD	Serological, or serology test
How sample is taken	Nasal, NP, oral, saliva (NP best for PCR)	Nasal or NP	Finger stick or blood draw
Typical turn around time	Rarely same day. Ave is 2-7 days	< 1 hour	Same day to 3 days
Is another test needed?	No	Yes, for negative results	Often repeated to track levels
What it shows	Diagnoses active infection if positive	Diagnoses active infection if positive	Shows infection occurred
What it can't do	Show prior or resolved infections	Definitively rule out active infection	Determine if immune or if contagious



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HHS Supplied P.O.C. Test Devices



	Quidel	BD
Technology	FIA	FIA
Sample options	NP, nasal	NP, nasal
Cost per kit	\$25	\$35
Printer	Dymo	Epson
Wireless	De-identified data only	If additional option purchased
EHR connectivity	Flash drive	Cable or wireless
Required options	None	Barcode scanner
Challenges	Pipette	1 month to get required option
Accuracy	Higher false negatives	Higher false positives
Kit availability	> 6 months	In stock



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Government Regulations This just in



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HHS announced today that it is extending coverage for prescribing or administering point-of-care COVID-19 tests to screen for the illness in congregate settings such as skilled nursing facilities. The move overrules state directives that restrict or ban outright the use of such tests.

The extension of coverage under the Public Readiness and Emergency Preparedness Act (PREP Act) is designed to expand the use of rapid point-of-care antigen tests for COVID-19.

The new guidance from HHS overrules this, allowing SNFs to use point-of-care antigen tests for COVID-19 even in states that enacted laws otherwise banning the test, a spokeswoman for HHS confirmed.

“This PREP Act coverage preempts any State or local provision of law or legal requirement that prohibits or effectively prohibits such licensed health-care practitioners from administering or prescribing FDA-authorized COVID-19 tests to symptomatic or asymptomatic individuals at congregate facilities,”

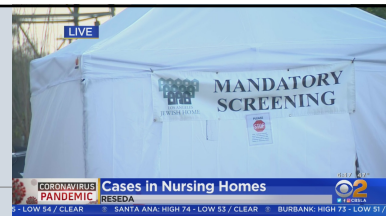
CMS will “temporarily exercise enforcement discretion for the duration of of the COVID-19 public health emergency under CLIA for the use of SARS-CoV-2 POC antigen tests on asymptomatic individuals,”



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Clinical Testing Scenarios



- ☐ Symptomatic staff on entry?
- ☐ Symptomatic visitor on entry?
- ☐ Staff becoming symptomatic at work?
- ☐ New symptoms of resident in green cohort?
- ☐ Asymptomatic visitors, vendors, surveyors, non-staff healthcare professionals on entry?
- ☐ Asymptomatic staff for response testing?
- ☐ Asymptomatic staff for surveillance testing?
- ☐ Asymptomatic residents for response testing?
- ☐ Asymptomatic residents for surveillance testing?


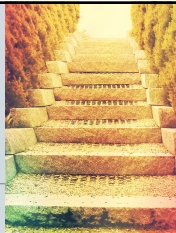


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Possible Next Steps


- ☐ Reduce the burden facilities have on reporting
- ☐ Work out supply chain issues of reordering kits
- ☐ Determine if it could be used as an additional tool to screen “visitors” to SNFs
- ☐ Analyze data needed to improve accuracy on asymptomatic by testing serially
- ☐ All users (Urgent Cares, Doctor’s offices) should be required to report data
- ☐ Billing questions addressed
- ☐ Facilities should be supplied influenza kits and standards created for use




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Submitted Question



- 80% of our total patient population is recovered COVID.
- We are now considering increasing socialization opportunities for these patients.
- Do you have any advice?



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Submitted Question

- How often, and when, do you recommend retesting of residents who tested positive?



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Submitted Question

- Hi, so I have a questions about testing guidance.
 - The metrics that CMS is using does not line up with LA's public health.
 - Which metrics do we use to determine if we are testing weekly or monthly?



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CMS IFC: Ref: QSO-20-38-NH

Published: August 26, 2020, Table 2, Page 5

<https://www.cms.gov/files/document/qso-20-38-nh.pdf>

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.



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Submitted Question

- Has anyone in the LA area opened visiting stations for residents?



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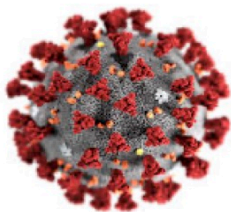
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Join us

September 14, 21 & 28

No webinar on 9/7- Labor Day Holiday



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SAVE A LIFE!**



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