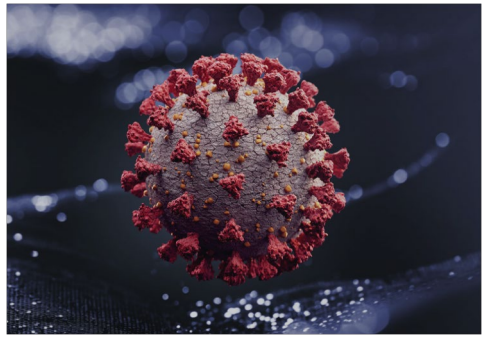
Virtua Health

# COVID-19 Wave 2 Webinar

## *Outpatient Focus*

Nov. 18, 2020



# Housekeeping

- All participants already on mute
- Session will be recorded
- Use Chat to sign in with name & practice name
- Hold questions until Q & A session

Virtua Health

# Agenda and Panelists

| | |
|---|---|
| • Welcome | Dr Jen Khelil |
| • Numbers/Trends | Dr Andy Cohen |
| • Projections | Dr Tarun Kapoor |
| • What We Know; Outpatient Screening and Treatment | Dr Eric Sztejman |
| • Exposures and Quarantining; Evolving Therapies | Dr Marty Topiel |
| • Testing Locations | Dr Sam Weiner |
| • Remote Monitoring | Dr Andy Cohen |
| • Support for Patients and Clinicians | Dr Jen Khelil |
| • Q&A | |

Virtua Health

# Numbers and Trends

Dr. Andrew Cohen
Medical Director, Virtua Integrated Network

JOHNS HOPKINS UNIVERSITY & MEDICINE | CORONAVIRUS RESOURCE CENTER

Home | Tracking | Testing | Tracing | Vaccines | By Region | News & Resources | About

Tracking Home | Critical Trends | Global Map | U.S. Map | Data in Motion

# COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

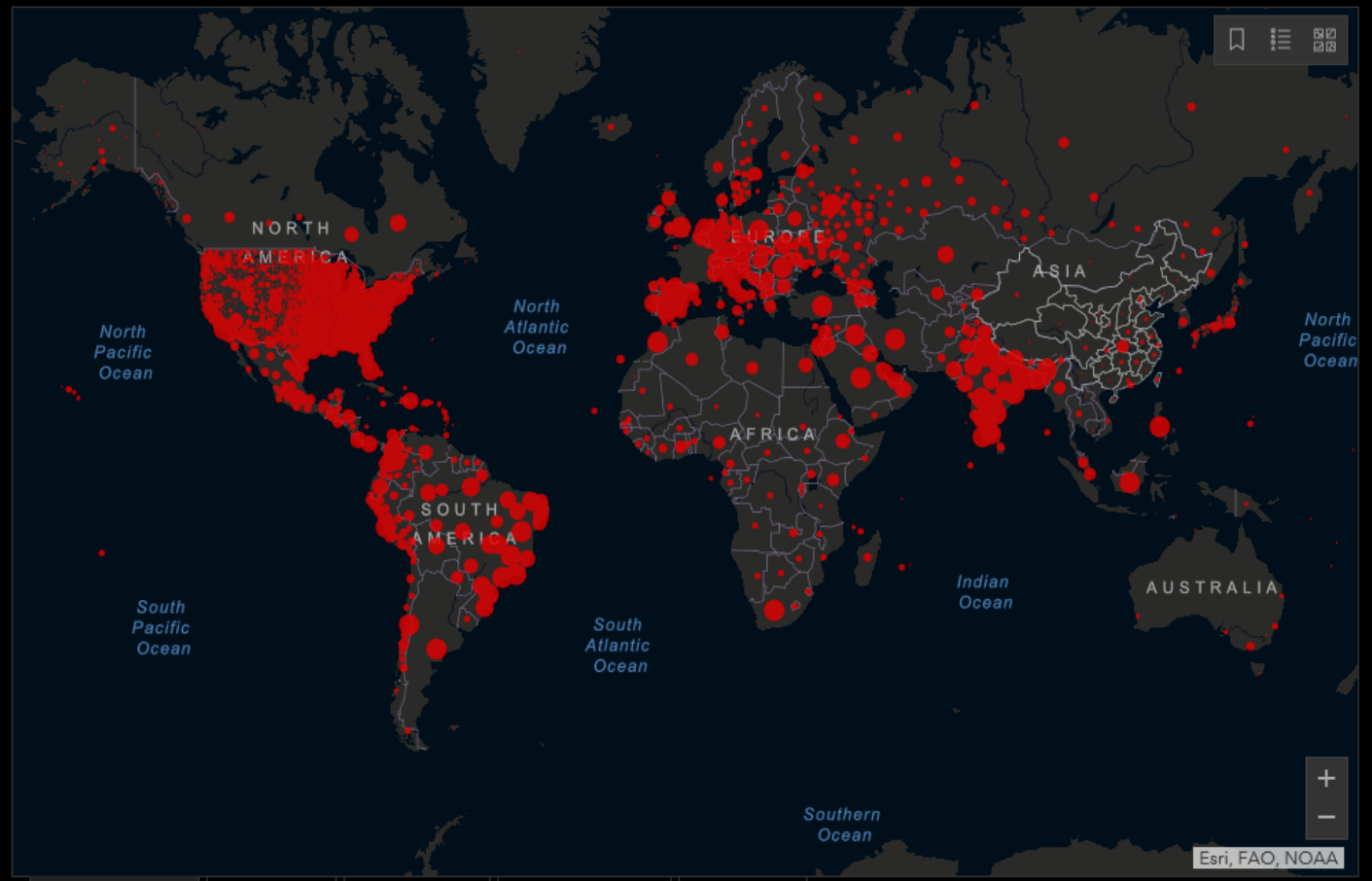
## Global Cases
**55,554,249**

### Cases by Country/Region/Sovereignty

- 11,343,509 US
- 8,874,290 India
- 5,911,758 Brazil
- 2,087,183 France
- 1,954,912 Russia
- 1,510,023 Spain
- 1,414,359 United Kingdom
- 1,329,005 Argentina
- 1,238,072 Italy
- 1,211,128 Colombia
- 1,009,396 Mexico
- 938,268 Peru
- 833,732 Germany
- 788,473 Iran
- 754,256 South Africa
- [illegible] Poland

Admin0 | Admin1 | Admin2

Last Updated at (M/D/YYYY)
**11/17/2020, 9:25 PM**




Cumulative Cases | Active Cases | Incidence Rate | Case-Fatality Ratio | Testing Rate

**191** countries/regions

*Lancet Inf Dis* Article: Here. Mobile Version: Here. Data sources: Full list. Downloadable database: GitHub, Feature Layer. Lead by JHU CSSE. Technical Support: Esri Living Atlas team and JHU APL. Financial Support: JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: Slack, Github and AWS. Cases and Deaths to the CSSE dashboard are probably (when reported) Research Efforts. FAQ. Read more in this blog. Recovered cases are estimates based on local media reports, and state and local reporting when available, and therefore may

## Global Deaths
**1,336,892**

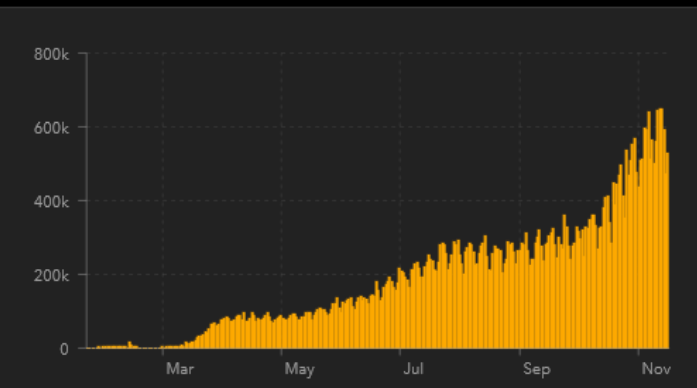
- 248,555 deaths US
- 166,699 deaths Brazil
- 130,519 deaths India
- 98,861 deaths Mexico
- 52,839 deaths United Kingdom
- 46,464 deaths Italy
- 46,346 deaths France

Global Deaths

## US State Level
**Deaths, Recovered**

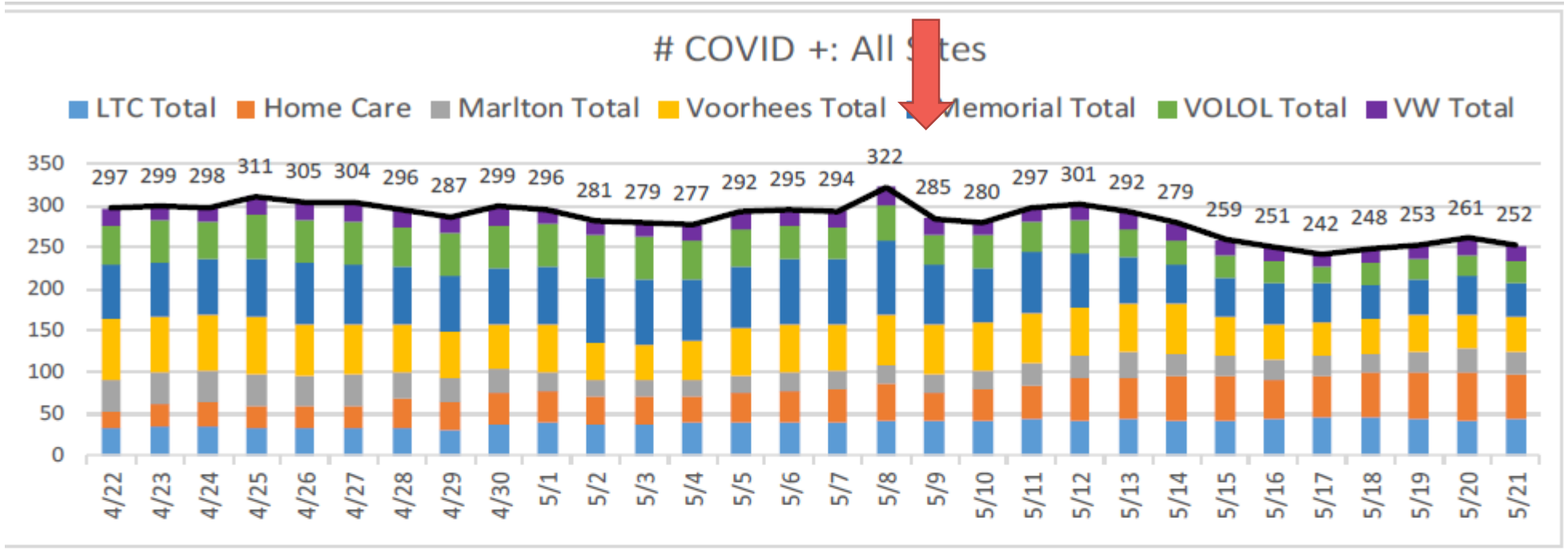
- 34,156 deaths, 82,022 recovered New York US
- 20,147 deaths, 883,223 recovered Texas US
- 18,323 deaths, recovered California US
- 17,644 deaths, recovered Florida US
- 16,618 deaths, 39,800 recovered New Jersey US
- 11,317 deaths, recovered Illinois US

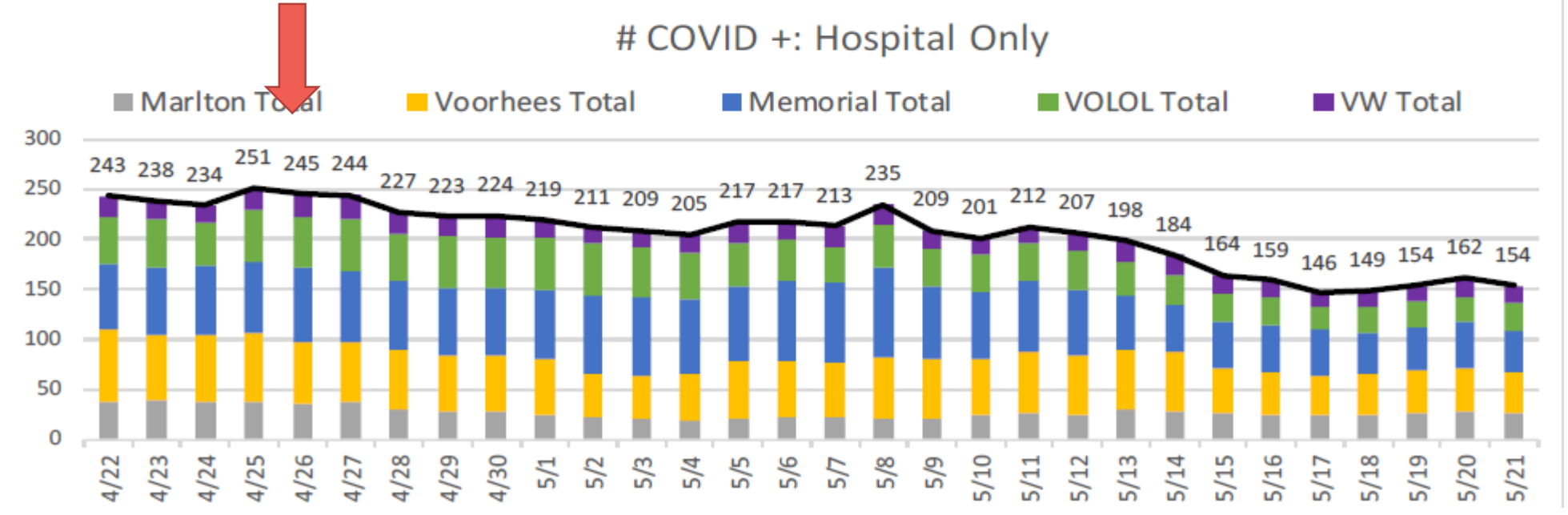
US Deaths, Recovered



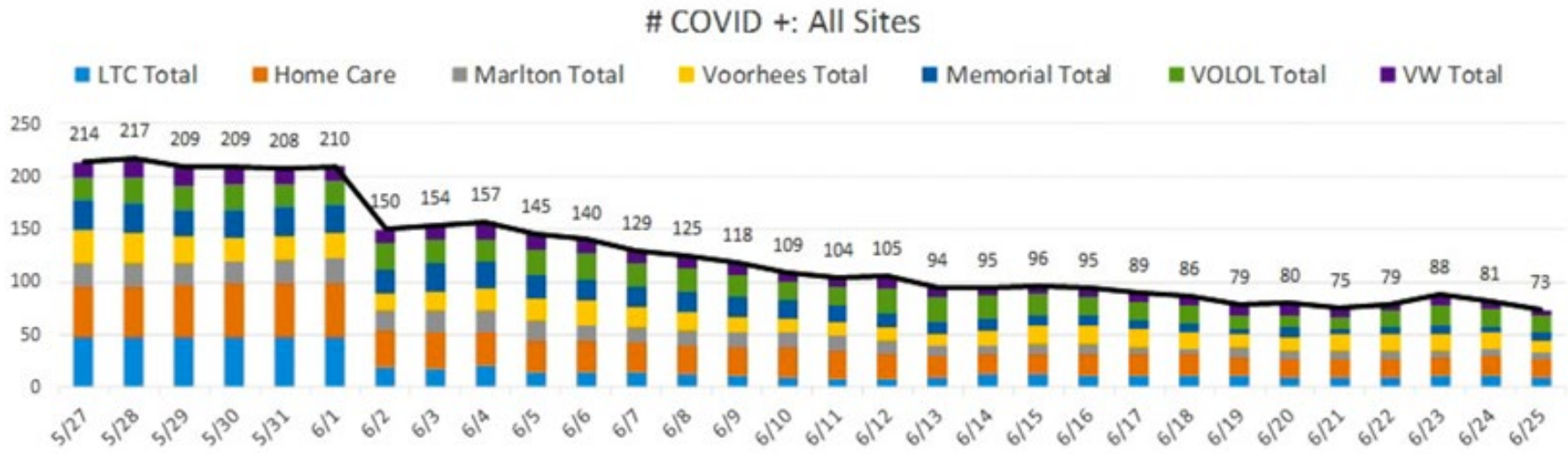

Daily Cases

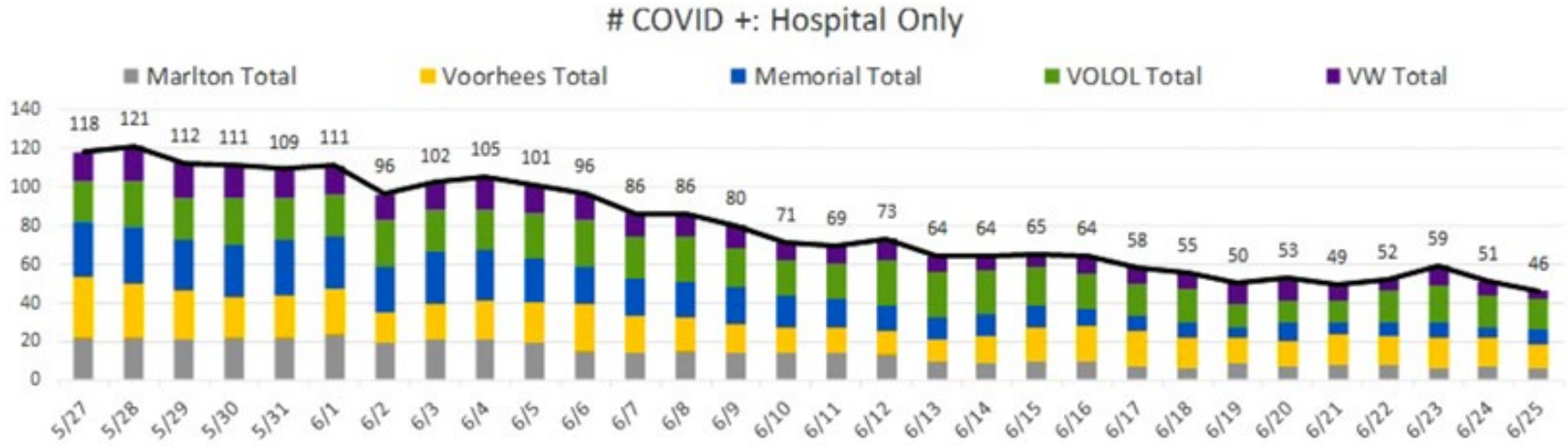
# Wave 1
## Spring 2020



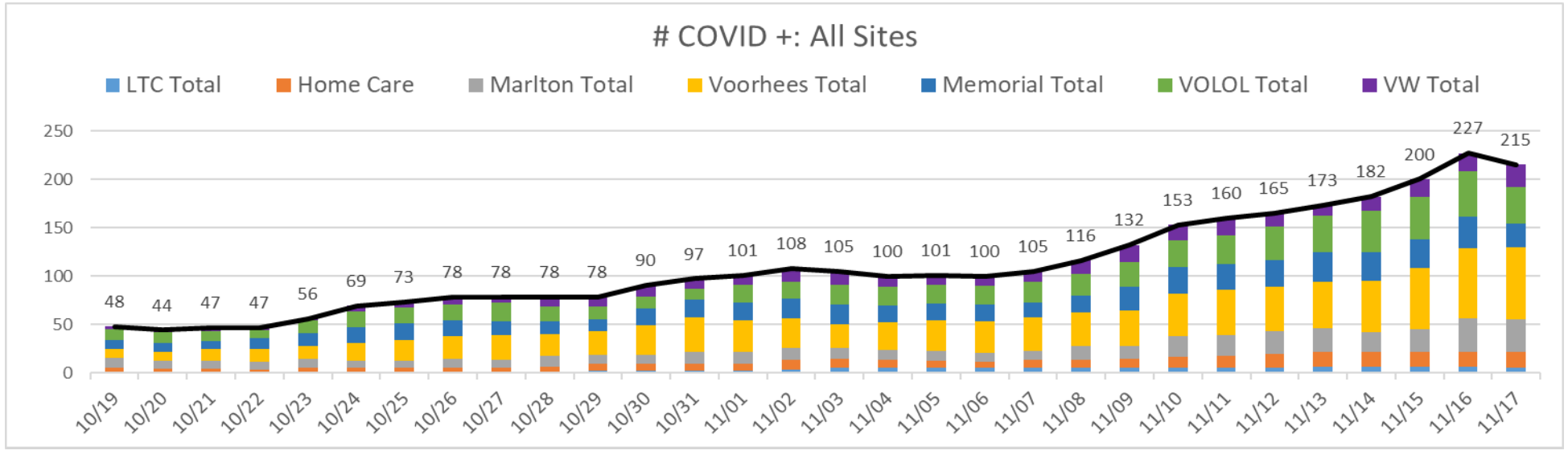



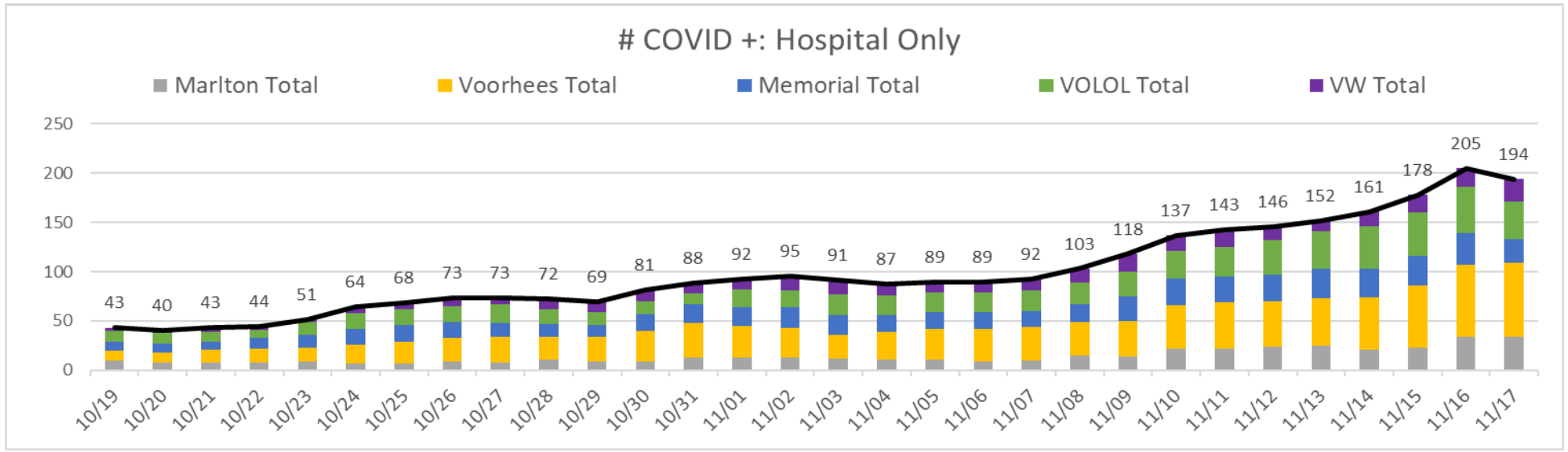
# Summer Lull


# COVID +: All Sites
LTC Total
Home Care
Marlton Total
Voorhees Total
Memorial Total
VOLOL Total
VW Total
250
200
150
100
50
0
214 217 209 209 208 210 150 154 157 145 140 129 125 118 109 104 105 94 95 96 95 89 86 79 80 75 79 88 81 73
5/27 5/28 5/29 5/30 5/31 6/1 6/2 6/3 6/4 6/5 6/6 6/7 6/8 6/9 6/10 6/11 6/12 6/13 6/14 6/15 6/16 6/17 6/18 6/19 6/20 6/21 6/22 6/23 6/24 6/25


# COVID +: Hospital Only
Marlton Total
Voorhees Total
Memorial Total
VOLOL Total
VW Total
140
120
100
80
60
40
20
0
118 121 112 111 109 111 96 102 105 101 96 86 86 80 71 69 73 64 64 65 64 58 55 50 53 49 52 59 51 46
5/27 5/28 5/29 5/30 5/31 6/1 6/2 6/3 6/4 6/5 6/6 6/7 6/8 6/9 6/10 6/11 6/12 6/13 6/14 6/15 6/16 6/17 6/18 6/19 6/20 6/21 6/22 6/23 6/24 6/25

# Wave 2
## Fall 2020

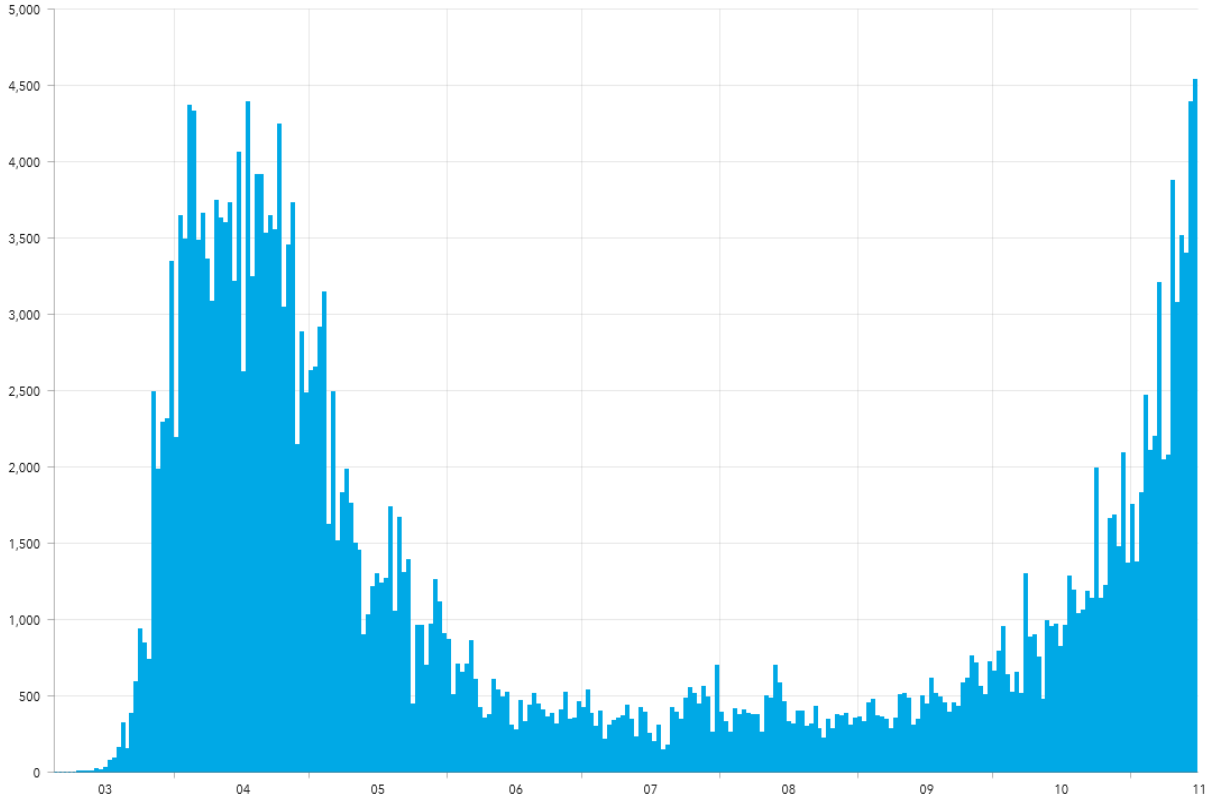





Virtua Health

# New Jersey
# New Daily Cases



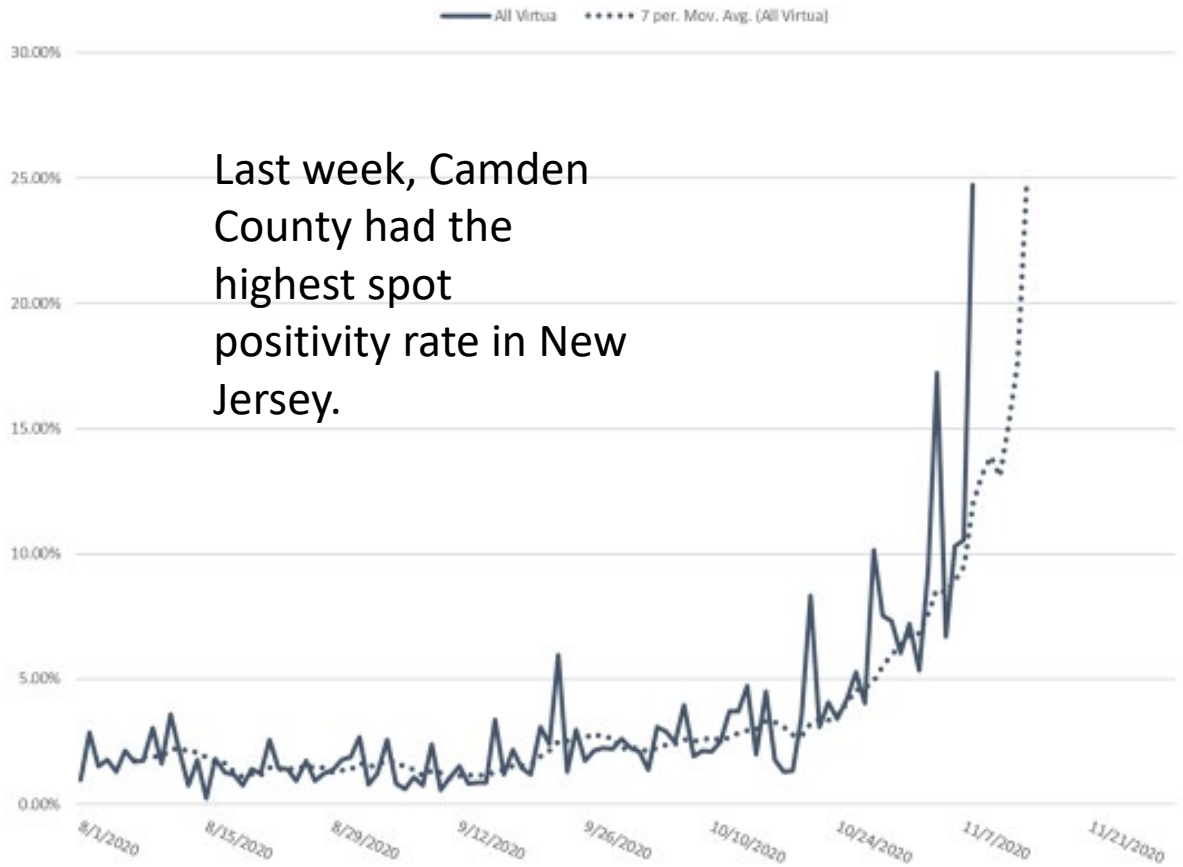

New Cases

4,060

Rate of Transmission (Rt)

1.42

# Virtua Testing Positivity Rate




Last week, Camden County had the highest spot positivity rate in New Jersey.



Virtua Health

# Fundamental Difference Wave 1 v Wave 2:

*Most cases can be categorized as community exposures, brought on by gatherings of family and friends and relaxed vigilance in safety precautions.*



Virtua Health

# Virtua COVID-19 Projections

Dr. Tarun Kapoor
Chief Digital Transformation Officer

# Points to Consider About Projections

- Doesn't take accurate social distancing into consideration as its hard to get the effective rate of social distancing
- Parameters of model are best estimate
- Epidemiologists do not recommend using any model to predict out more than 2 weeks
- The model needs to be frequently recalibrated to get accurate results
- Winter hospitalization rate unclear if it matches experience from the spring
- Admits and LOS for Virtua system is still need to be reconciled.

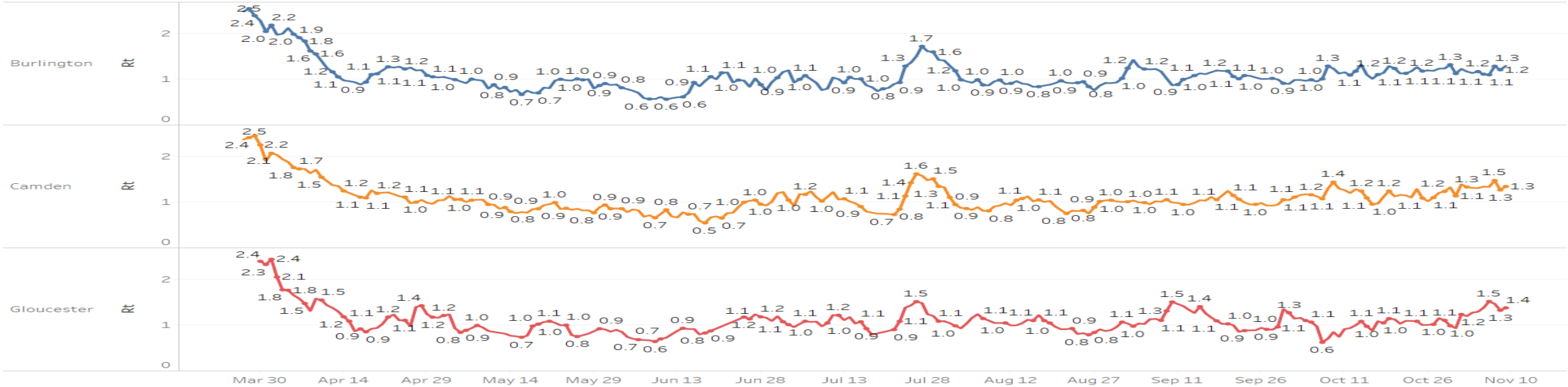


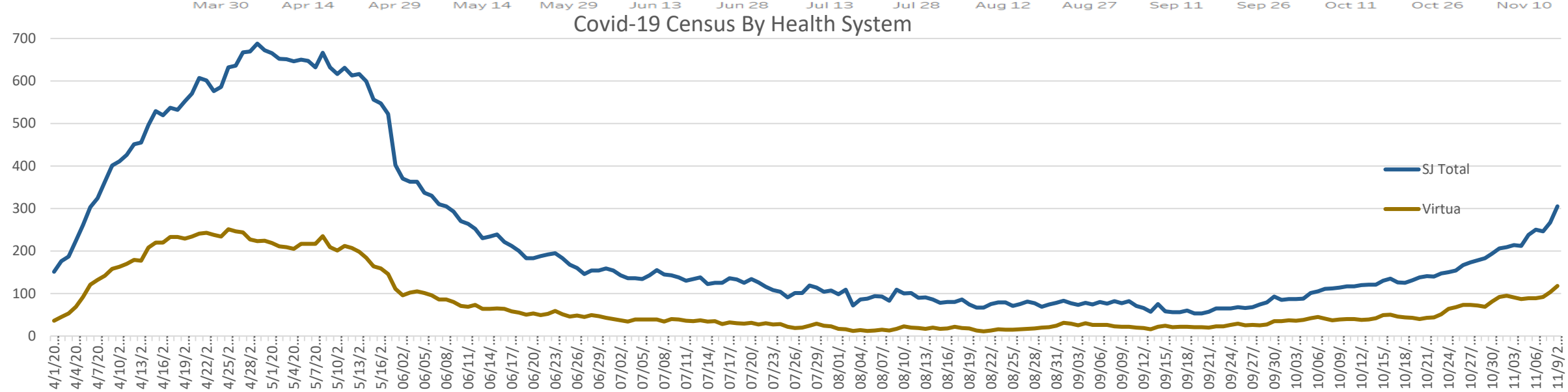
Virtua Health

# Regional Data Trends

The Rt is moving in similar range as in April.

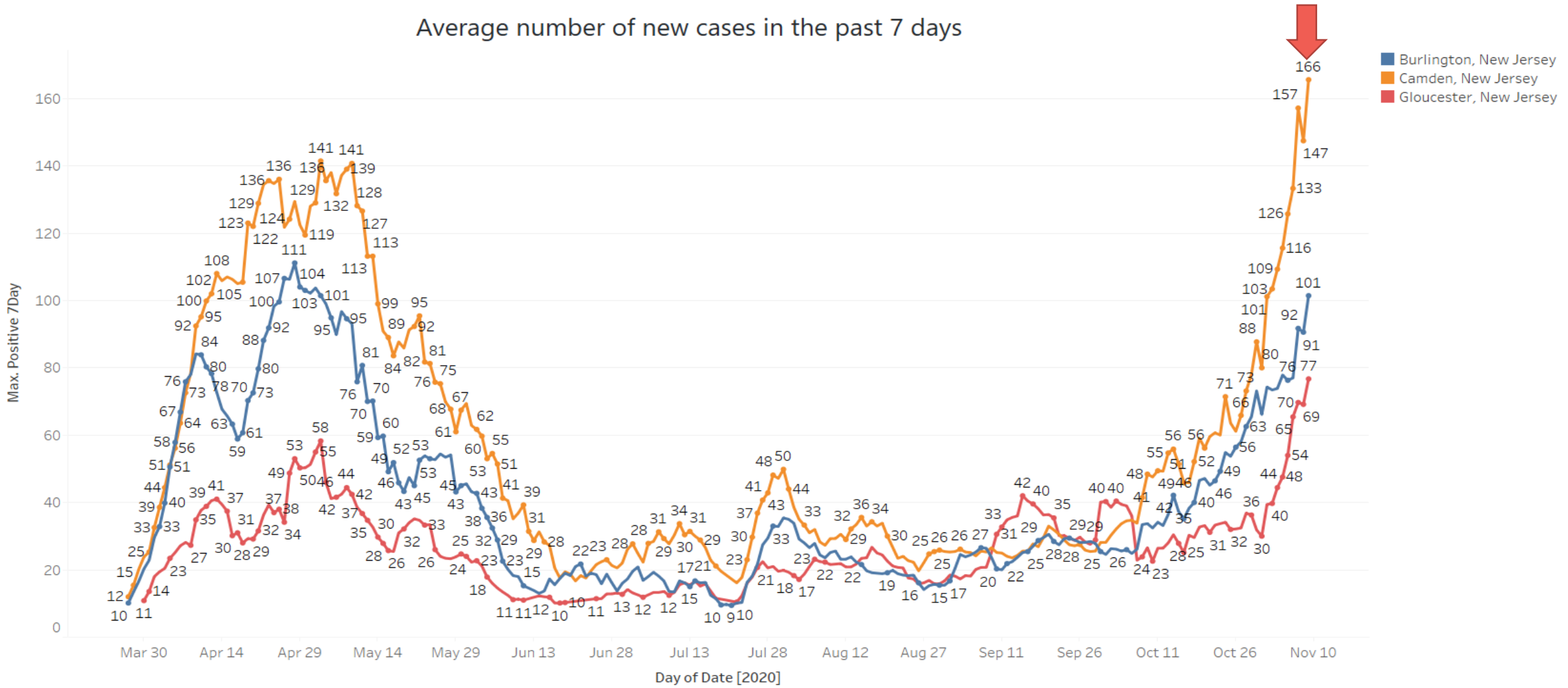
**If Rt > 1, the virus will spread out and the disease will become an epidemic; if Rt = 1, the virus will spread locally and the disease is endemic; if Rt < 1, the virus will stop spreading and the disease will disappear eventually.**



# SJ Cases by Week

7 days avg. for Camden county is higher than wave 1(Mar/April)



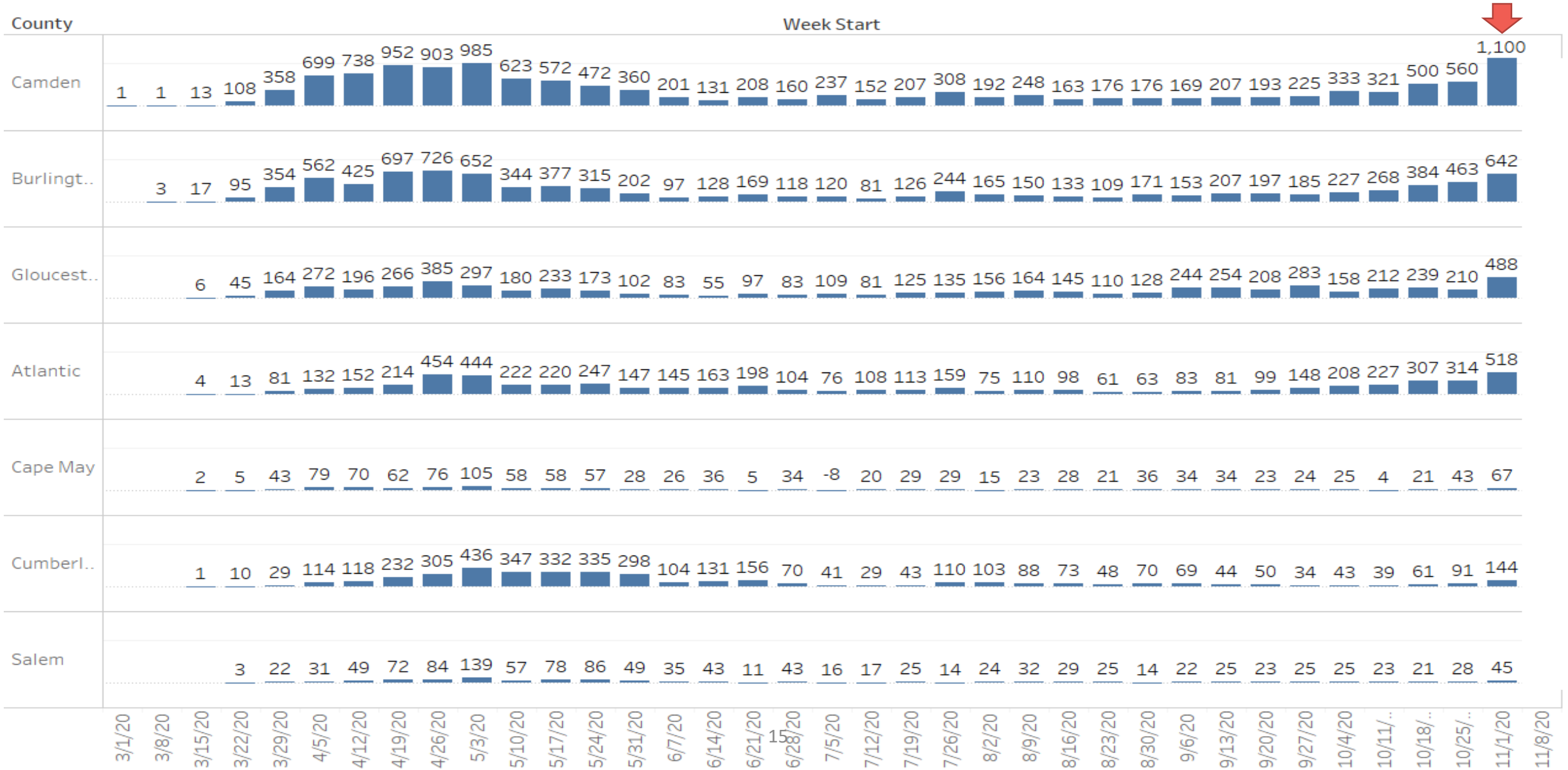



Virtua Health

# SJ Cases by Week

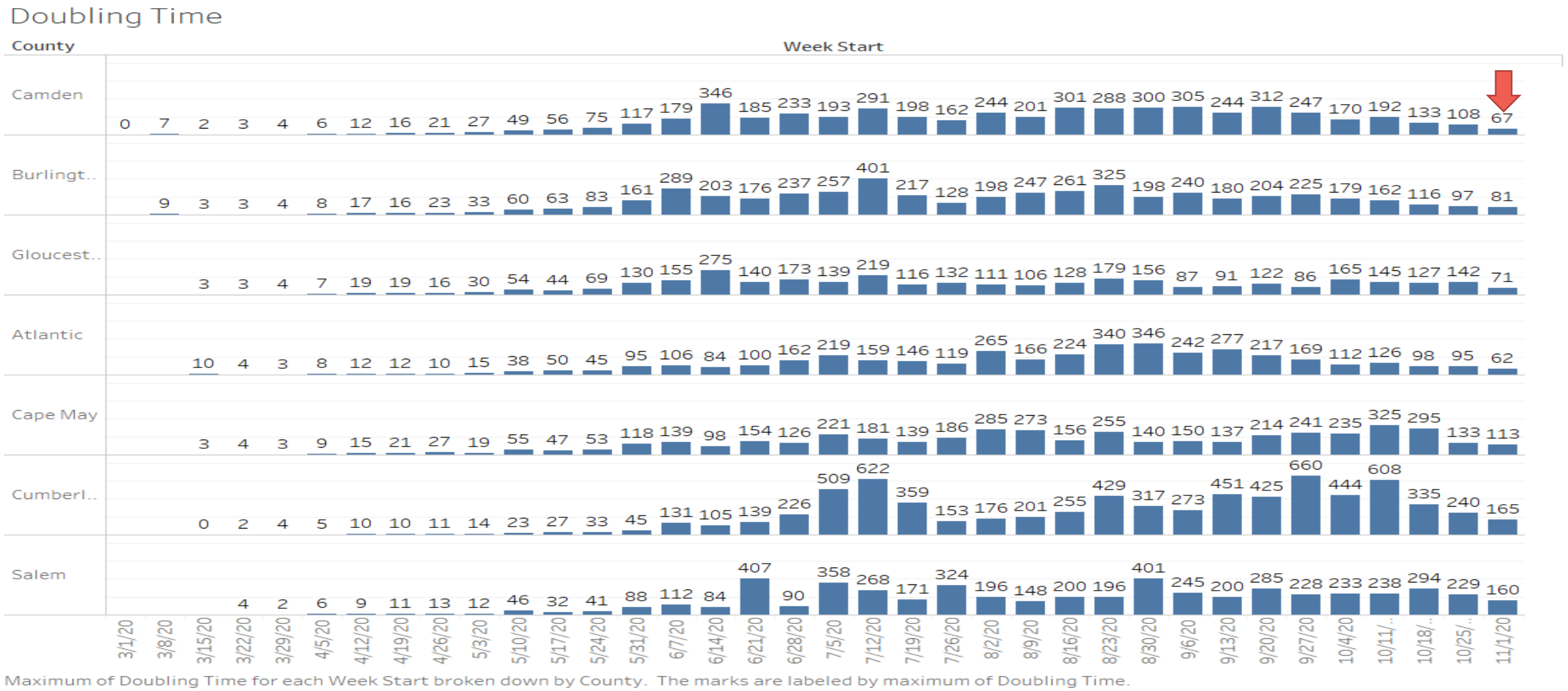
## # of Positive Cases for Covid-19

Cases have drastically increased in week of 11/1.



# SJ Doubling Time

Doubling time by week has decrease drastically






Credit: NJDOH

Virtua Health

# Best Estimate Based on Models

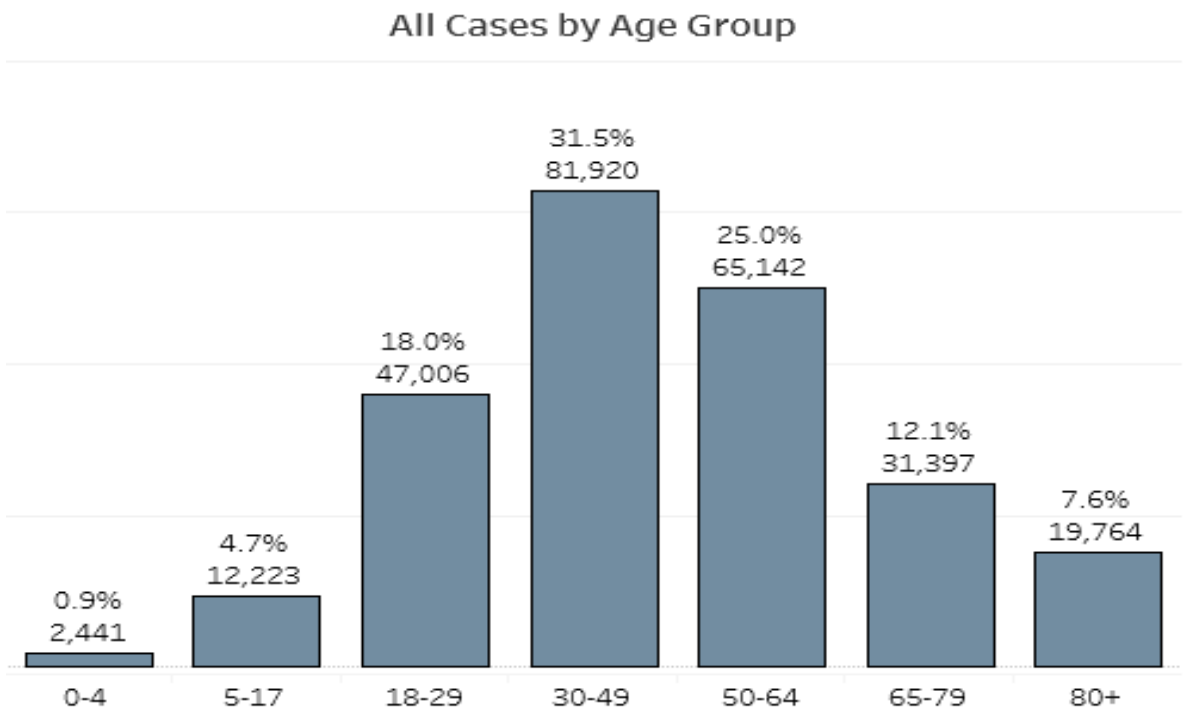
| | SIR Model ( More Likely) |
|---|---|
| **Arrival of Peak Volume or Spikes** | Nov27th –Dec 2nd<br>Jan 06th –Jan 12th |
| **First Peak Daily Admissions** | 35-50 (Nov27th –Dec 2nd ) |
| **First Peak Census**<br>**Max Peak Census** | 180-250(Nov27th –Dec 2nd )<br>TBD (Jan 6th – Jan 12th ???) |

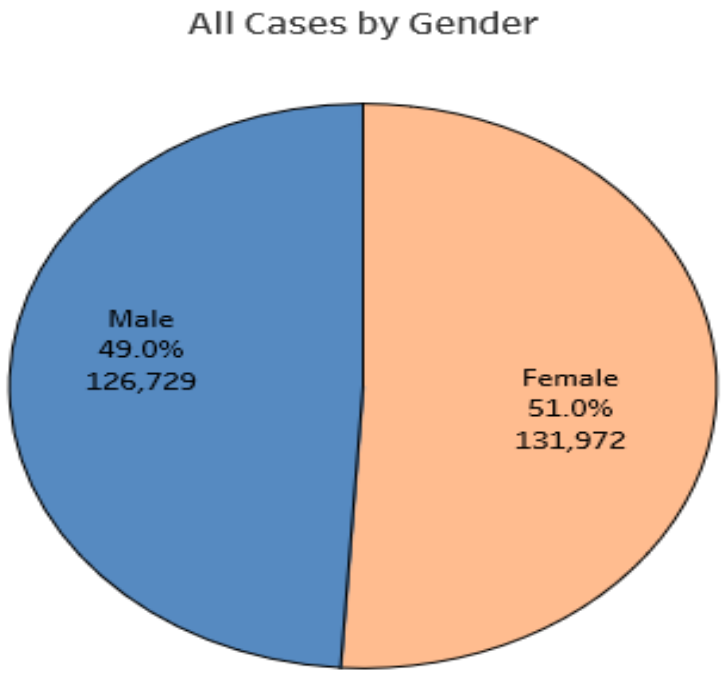
Similar to Virtua's peak census in late April 2020



Virtua Health

# Tri County (Cam.,Burl.,Glou.)




Unclear how this translates into hospitalization rates



Virtua Health

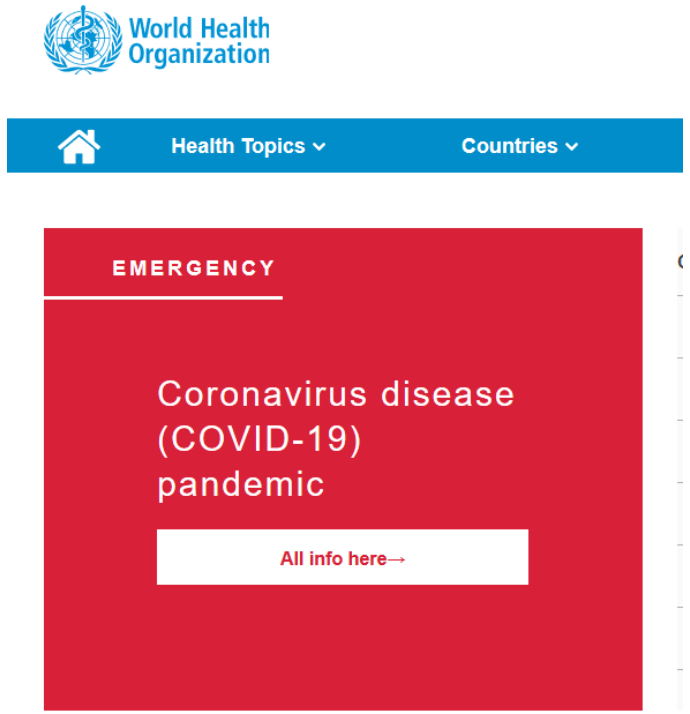
# What We Know

# Outpatient Screening and Management

Dr. Eric Sztejman
Medical Director

# COVID 19

- SARS-CoV-2
  - Initially reported in Wuhan, China 12/2019
  - Global Pandemic – March 11, 2020  WHO Declaration
    - 114 Countries
    - 118,000 cases
    - 4,291 death




Virtua Health

JOHNS HOPKINS UNIVERSITY & MEDICINE | CORONAVIRUS RESOURCE CENTER

Home | Tracking | Testing | Tracing | Vaccines | By Region | News & Resources | About

Tracking Home | Critical Trends | Global Map | U.S. Map | Data in Motion

# COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

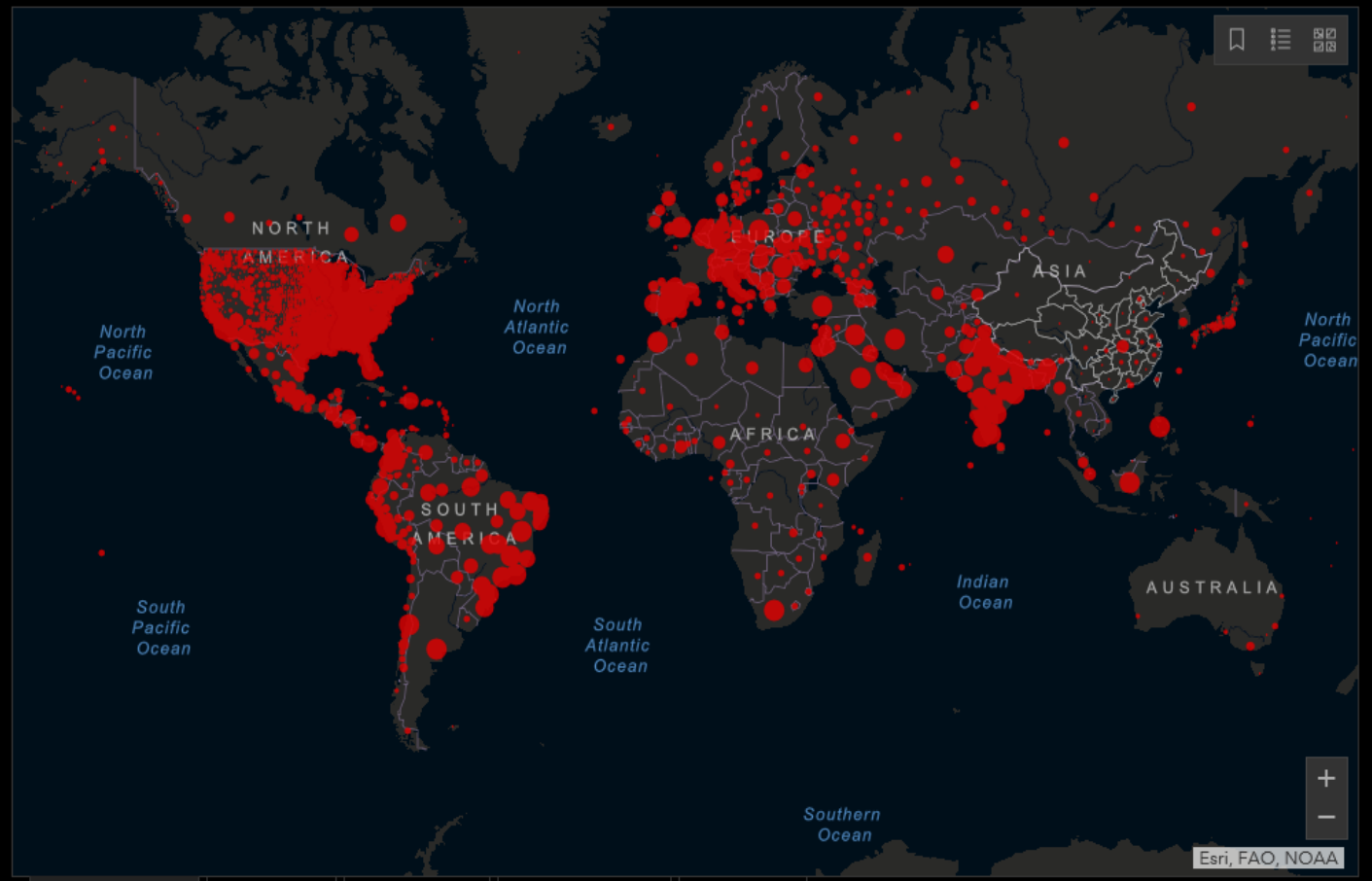
## Global Cases
**55,554,249**

### Cases by Country/Region/Sovereignty

- 11,343,509 US
- 8,874,290 India
- 5,911,758 Brazil
- 2,087,183 France
- 1,954,912 Russia
- 1,510,023 Spain
- 1,414,359 United Kingdom
- 1,329,005 Argentina
- 1,238,072 Italy
- 1,211,128 Colombia
- 1,009,396 Mexico
- 938,268 Peru
- 833,732 Germany
- 788,473 Iran
- 754,256 South Africa
- [illegible] Poland

Admin0 | Admin1 | Admin2

Last Updated at (M/D/YYYY)
**11/17/2020, 9:25 PM**




Cumulative Cases | Active Cases | Incidence Rate | Case-Fatality Ratio | Testing Rate

**191** countries/regions

*Lancet Inf Dis* Article: Here. Mobile Version: Here. Data sources: Full list. Downloadable database: GitHub, Feature Layer. Lead by JHU CSSE. Technical Support: Esri Living Atlas team and JHU APL. Financial Support: JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: Slack, Github and AWS. Cases and Deaths to the CSSE dashboard are probably (when reported) Research Efforts. FAQ. Read more in this blog. Recovered cases are estimates based on local media reports, and state and local reporting when available, and therefore may

## Global Deaths
**1,336,892**

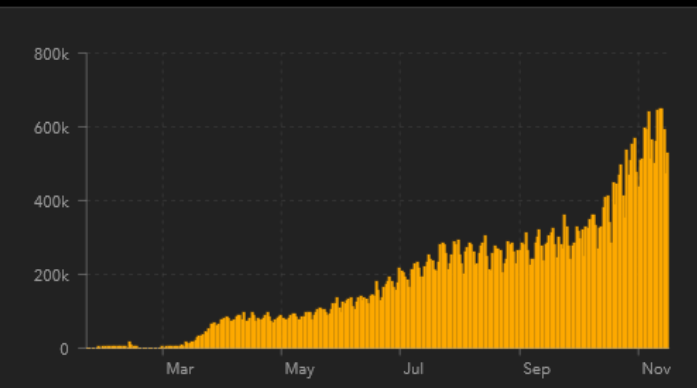
- 248,555 deaths US
- 166,699 deaths Brazil
- 130,519 deaths India
- 98,861 deaths Mexico
- 52,839 deaths United Kingdom
- 46,464 deaths Italy
- 46,346 deaths France

Global Deaths

## US State Level
**Deaths, Recovered**

- 34,156 deaths, 82,022 recovered New York US
- 20,147 deaths, 883,223 recovered Texas US
- 18,323 deaths, recovered California US
- 17,644 deaths, recovered Florida US
- 16,618 deaths, 39,800 recovered New Jersey US
- 11,317 deaths, recovered Illinois US

US Deaths, Recovered




Daily Cases

# DATA Dashboard

## New Jersey COVID-19

NJ COVID-19 Hub

Cases and Trends | Hospital Census | Schools | Case and Mortality Summaries | Contact Tracing | Hospital Discharges | Long Term Care

## COVID-19 Dashboard

### Stage 2: Moderate Risk Activities Restarted with Safeguarding

THE ROAD BACK

Updated: 11/16/2020

Comments about this dashboard: Covid.Dashboard@doh.nj.gov

*Please note that due to the high volume of email this mailbox receives, not all messages can be addressed individually. For general questions please call 211 or text NJCOVID to 898-211*

*Last update: a day ago*

### COVID-19 Cases by County

Data is provisional and subject to revision.

**Camden County**
263 New Positives — 597 Confirmed Deaths
15,295 Positive Test Results — 53 Probable Deaths

**Burlington County**
216 New Positives — 487 Confirmed Deaths
10,849 Positive Test Results — 41 Probable Deaths

**Mercer County**
205 New Positives — 612 Confirmed Deaths
11,409 Positive Test Results — 36 Probable Deaths

**Ocean County**
204 New Positives — 1,023 Confirmed Deaths
18,954 Positive Test Results — 66 Probable Deaths

**Morris County**
155 New Positives — 705 Confirmed Deaths
11,428 Positive Test Results — 146 Probable Deaths

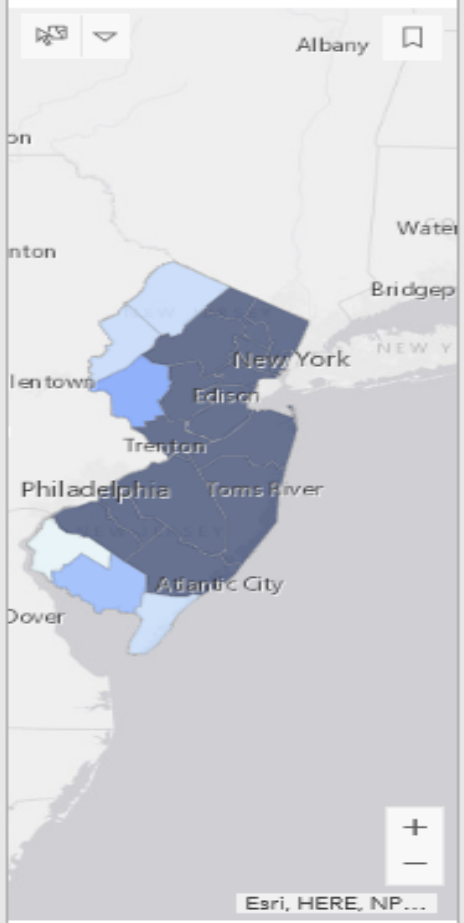
**Gloucester County**
134 New Positives — 250 Confirmed Deaths
7,321 Positive Test Results — 7 Probable Deaths

**Somerset County**

Cases with Unassigned County: 669

Deaths with Unassigned County: 0

Cases by County:




Click county to see details.

Map (scroll for more con...

Total Cases
281,493

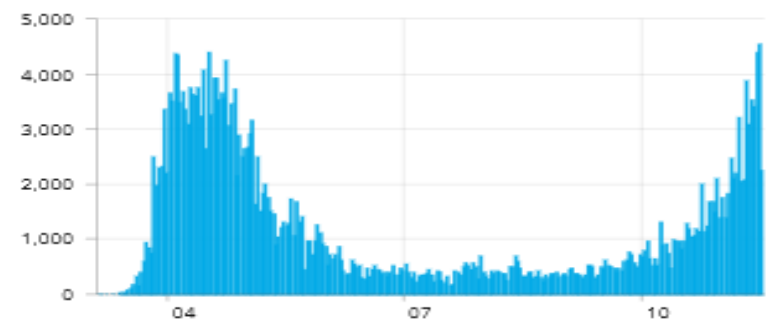
Total Confirmed Deaths
14,817

Total Probable Deaths*
1,801
*Updated Wednesdays

Total PCR Tests Reported
5,339,070

Cumulative | Daily

New Cases Over Time




Data are provisional and subject to revision with further

esri A Story Map

## New Cases

**4,060**

*Last update: 6 minutes ago*

## Rate of Transmission (Rt)

**1.42**

## New Lab-Confirmed Deaths

**38**

## Hospital-reported Deaths (last 24h)

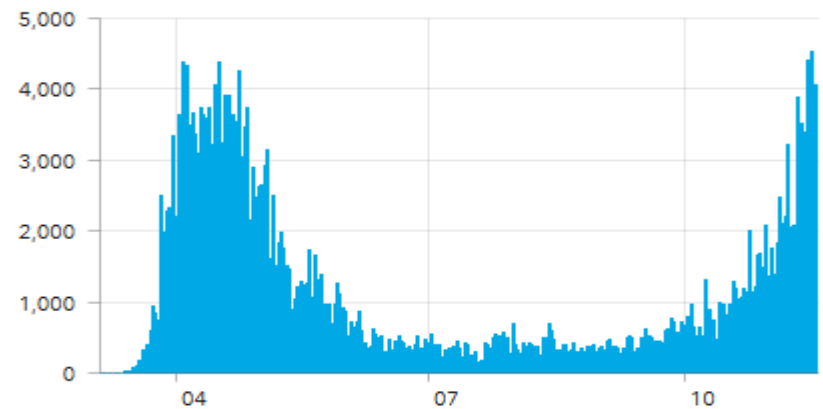
**26**

Source: CDRSS

Note: Data as-reported from NJHA facility survey, deaths are not yet confirmed to be COVID-19 related

Cumulative | Daily

### New Cases Over Time




Data are provisional and subject to revision with further investigation.

# COVID 19 – What we know

- Incubation period
  - Median time of 4-5 days from exposure to symptoms
    - Can extend to 14 days
    - Variable presentation
- Presentation
  - Fever / Chills
  - Cough
  - Shortness of breath
  - Fatigue
  - Muscle or body aches
  - Loss of taste or smell
  - Sore throat
  - Congestion /runny nose
  - GI Symptoms – N/V/D

Virtua Health

# COVID 19 – What we know

- Hospitalized patients – more commonly presented with SOB
- 1,099 hospitalized patients 44% had fever on admission

- Fatigue, headache, and muscle aches  most common complaints of non-hospitalized patients.

- GI complaints typically come before fever, cough, or shortness of breath
- 1/3 patients loose taste or smell

Virtua Health

# COVID 19 Asymptomatic/Pre-symptomatic

- We don’t know the prevalence
  - Not tested
  - Most likely greater than the number of cases reported
- Pre-symptomatic
  - **Can spread the disease**
  - **Virus is found in secretions/body fluids**

Virtua Health

# SARS-CoV-2 Transmission According to Stage of Infection

RT Gandhi et al. N Engl J Med 2020;383:1757-1766.

| Stage of Infection* | RNA Detectable in Respiratory Samples, Blood, and Feces | Viable Virus Detectable in Respiratory Samples | Transmission Can Occur | Mechanism of Transmission† | | | | | | Minimum Recommended Level of Precautions |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Droplet | Natural Aerosol | Aerosol-Generating Procedure | Direct Contact | Indirect Contact | Enteric Route | |
| Presymptomatic or asymptomatic‡ | Yes | Yes | Yes§ | Yes | Strongly suspected | Strongly suspected | Suspected | Suspected | Unknown | Protection from droplet and contact transmission during routine care<br>Protection from airborne and contact transmission during aerosol-generating procedure |
| Symptomatic | Yes | Yes | Yes | Yes | Yes | Yes | Strongly suspected | Suspected | Unknown | Protection from droplet and contact transmission during routine care<br>Protection from airborne and contact transmission during aerosol-generating procedure |
| Post–acute symptomatic | Yes, often prolonged | No | No | No | No | No | No | No | No | Accordance with updated standard precautions, including use of eye protection (goggles or face shield) and medical mask |

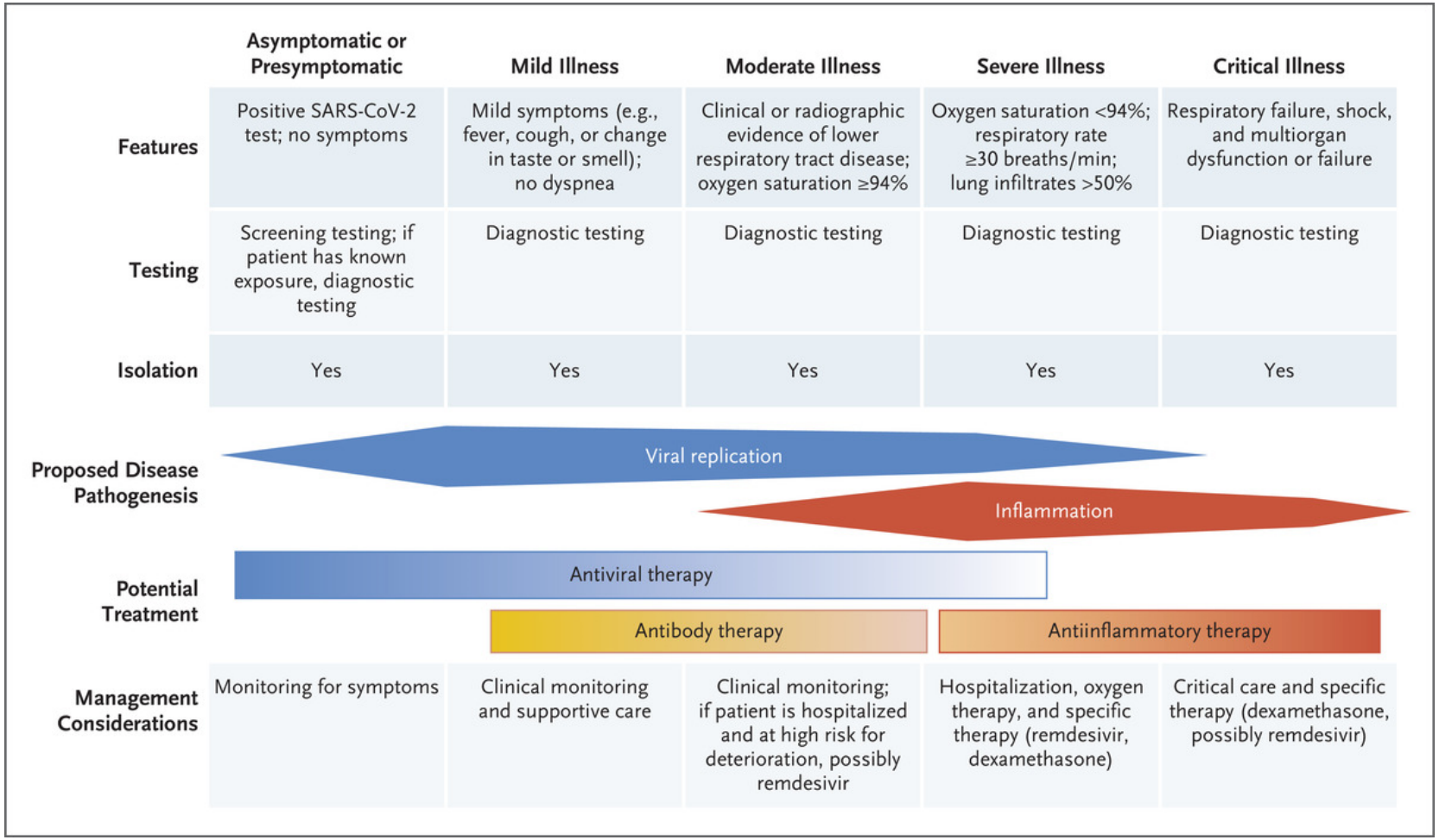
* The incubation period of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), from exposure to symptom onset, ranges from 2 to 14 days. The infectious dose is unknown. The presymptomatic stage occurs 1 to 3 days (or possibly longer) before symptom onset. In immunocompetent people with mild-to-moderate Covid-19, the post–acute symptomatic stage occurs 10 days after symptom onset and at least 1 day after the resolution of fever and a decrease in respiratory symptoms.

† In transmission by droplet, large (≥5 μm) respiratory particles that are released by coughing, sneezing, or speaking land on surfaces or mucosal membranes. In transmission by natural aerosol, small (<5 μm) respiratory particles that are generated by human activities (e.g., singing) are inhaled; this does not necessarily indicate long-distance airborne transmission. In transmission by an aerosol-generating procedure, small respiratory particles that are generated by clinical procedures (e.g., intubation, extubation, use of nebulizers, or bronchoalveolar lavage) are inhaled; this does not necessarily indicate long-distance airborne transmission. In transmission by direct contact, the virus is transferred by body-surface contact. In transmission by indirect contact, the virus is transferred from a contaminated surface to a mucosal surface (e.g., eyes, nose, or mouth). In enteric transmission, the virus is transferred by the fecal–oral route; SARS-CoV-2 RNA has been detected in stool but fecal–oral spread has not been documented.

‡ Testing of patients without symptoms may be performed for close contacts of a person with documented SARS-CoV-2 infection, for preoperative screening, during pregnancy at the time of delivery, when they are unable to provide a medical or exposure history, when they live in a high-risk setting (e.g., congregate settings, including long-term care facilities), or during community surveillance activities.

§ This information is based on case reports or case series.

# Diagnosis, and Management of Covid-19 Stage or Severity




RT Gandhi et al. N Engl J Med 2020;383:1757-1766.

THE NEW ENGLAND JOURNAL of MEDICINE

# Virtua Medical Group COVID-19 Screening Process

*Please refer to service line specific exclusions when applying this algorithm.*

**Has the patient or any of their household contacts traveled outside the Delaware Valley, to one of the identified hot spots*?**

YES

**Convert to Telemedicine**
If patient is not willing to engage in telemedicine:
- Cancel patient appointment (code COVID-19)
- Reschedule according to 14 day quarantine criteria.

NO

**Known COVID exposure** or tested positive for COVID *** within 14 days of appointment?**

**Contact defined as within 6 feet for > 10 minutes without proper PPE. Being in contact with someone who had contact with a case is not a risk factor unless your patient's contact is currently symptomatic.
*** If patient confirms that they received a positive test result skip to criteria box below.

NO

**Is patient *currently* experiencing any of the following symptoms?**
- Fever or Chills
- *NEW* Cough
- *NEW* Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose
- *NEW* loss of taste or smell
- Nausea or vomiting
- Diarrhea

NO

**Keep Face to Face Appointment**
- Remind patient to wear a mask to appointment.
- Repeat screening questions during check-in.

YES

**Has the patient been tested for COVID-19?**

YES

**Did patient have a positive result or are they still waiting for the result?**

YES

Does the patient meet the following **criteria**?
- 24 hours without fever (without use of anti-pyretic meds), **AND**
- Respiratory symptoms almost entirely resolved, **AND**
- At least **10 days** from date of confirmed COVID-19 diagnosis.
  - ***Clinician may determine that patient needs to be seen sooner.***

YES

**Keep Face to Face Appointment**
- Remind patient to wear a mask to appointment.
- Repeat screening questions during check-in.

NO

**During Appointment Confirmation:**
**Convert to Telemedicine**
If patient is not willing to engage in telemedicine:
- Cancel patient appointment (code COVID-19)
- Advise patient to reschedule once they meet the above criteria.

**During Check-in:**
- **If face to face**: Ensure patient is masked and instruct them to return to their vehicle and await further guidance. If not possible, place patient in designated exam room. Consult with clinician on how to proceed with visit.
- **If checking in via phone from car:** Patient should remain in car. Staff will consult with treating clinician to determine if the appointment should be converted to telemedicine or if the patient needs to be seen face to face.

NO (Negative)

**Is patient *currently* experiencing ANY of the following symptoms?**
- Fever or Chills
- *NEW* Cough
- *NEW* Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose
- *NEW* loss of taste or smell
- Nausea or vomiting
- Diarrhea

NO

**Keep Face to Face Appointment**
- Remind patient to wear a mask to appointment.
- Repeat screening questions during check-in.

YES

**During Appointment Confirmation:**
***Primary Care:* Convert to Telemedicine**
- Primary Care Clinician to assess need for testing.
- If patient is not willing to participate in telemedicine visit:
  - Cancel patient appointment (code COVID-19)
  - Advise patient to self-quarantine for 14 days and reschedule patient.
  - Reference CDC website for self-quarantine guidelines or call the NJ Department of Health hotline 1-800-222-1222.

***Non-Primary Care:* Convert to Telemedicine**
- Refer to Primary Care or COVID-19 On-Demand Center for evaluation and to determine need for COVID-19 testing.
- If patient is not willing to participate in telemedicine visit:
  - Cancel patient appointment (code COVID-19)
  - Advise patient to self-quarantine for 14 days and reschedule patient.
  - Reference CDC website for self-quarantine guidelines or call the NJ Department of Health hotline 1-800-222-1222.

**During Check-in:**
- **If face to face**: Ensure patient is masked and instruct them to return to their vehicle and await further guidance. If not possible, place patient in designated exam room. Consult with clinician on how to proceed with visit.
- **If checking in via phone from car:** Patient should remain in car. Staff will consult with treating clinician to determine if the appointment should be converted to telemedicine or if the patient needs to be seen face to face.

* Refer to the most recent list of hot spot locations included in the *Coronavirus Update* at: https://employee.virtua.org/coronavirus.cfm or https://covid19.nj.gov/ 11.4.2020

## Evaluating Symptomatic Outpatients

*All symptomatic patients should be tested and remain in strict isolation until tests return.*

| SYMPTOMS | ACTION |
|---|---|
| **MILD**<br>• SpO2 ≥95% *and* mild symptoms in low-risk patient | • Virtual visit<br>• Complete COVID-19 triage<br>• Order COVID-19 PCR |
| **MODERATE**<br>• SpO2 90–95% or dyspnea limiting ADLs<br>• high-risk* patient with SpO2 90–97% *or any* dyspnea | • In-person evaluation and testing in isolation-equipped outpatient clinic |
| **SEVERE**<br>• SpO2 <90%<br>• high-risk* patient with SpO2 < 95%, severe dysnea, AMS, orthostasis, chest pain | • Send to the Emergency Department |

COVID Hotline

**Table 1. Risk Factors for Severe Covid-19.***

| |
|---|
| Older age |
| Chronic obstructive pulmonary disease |
| Cardiovascular disease (e.g., heart failure, coronary artery disease, or cardiomyopathy) |
| Type 2 diabetes mellitus |
| Obesity (body-mass index, ≥30) |
| Sickle cell disease |
| Chronic kidney disease |
| Immunocompromised state from solid-organ transplantation |
| Cancer |

* Data are adapted from the Centers for Disease Control and Prevention (CDC).[25] Of note, there has been a disproportionate burden of Covid-19 on racial and ethnic minorities and the poor. Studies indicate that the risk of severe disease increases with age. Male sex is not currently included on the CDC list of risk factors but has been noted in some reports to be associated with severe disease. Additional conditions that may confer an increased risk but for which the data are unclear include asthma (moderate to severe), cerebrovascular diseases, cystic fibrosis, hypertension, other immunocompromised states or use of immunosuppressive therapy, neurologic conditions such as dementia, liver disease, pregnancy, pulmonary fibrosis, smoking, thalassemia, and type 1 diabetes mellitus. The body-mass index is the weight in kilograms divided by the square of the height in meters.

# Treating COVID 19 Outpatients

- Supportive Care
- Counsel on home isolation
- Video visit follow up
  - Low risk – Day 5 of symptoms
  - Moderate Risk  3, 5, and 7 of symptoms
  - **Post hospital**
    - Remote Patient Monitoring
    - Discharge Day 2

Virtua Health

# Exposures and Quarantining

# Emerging Treatment

Dr. Marty Topiel
Virtua Chief Infection Control Officer

# Illness / Infection

- Separate yourself from other people
- As much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a mask.



Virtua Health

# Community Exposure / Close Contact

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you



Virtua Health

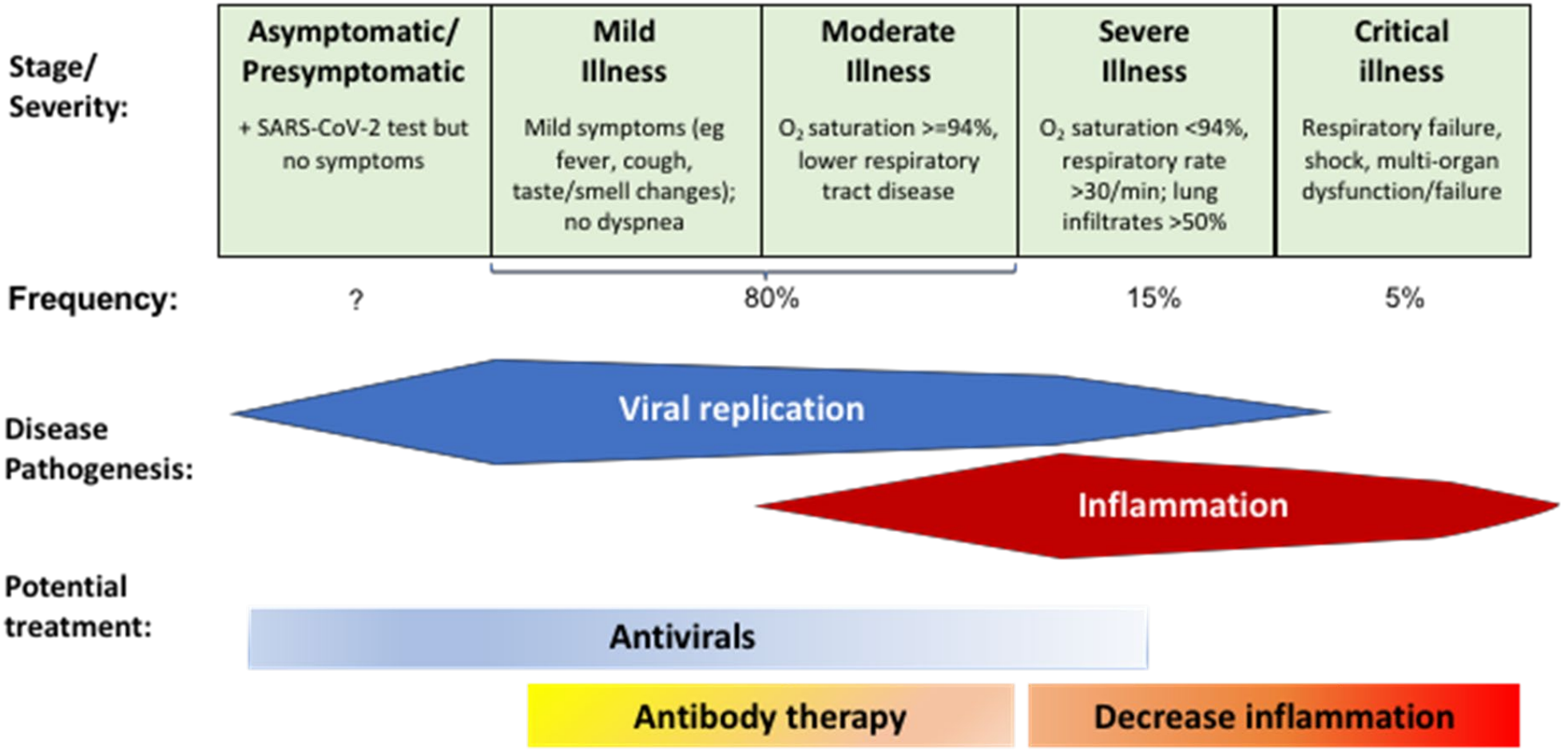
# Self Quarantine / Home

- Stay home and monitor your health
- Stay home for 14 days after your last contact with a person who has COVID-19
- Watch for fever (100.4◦F), cough, shortness of breath, or **other symptoms** of COVID-19
- If possible, stay away from others, especially people who are at **higher risk** for getting very sick from COVID-19



Virtua Health

# Treatment Across the COVID-19 Spectrum




Challenge → Severity → Interventions

Gandhi RT, CID, 2020
Gandhi RT, Lynch J, del Rio C. NEJM 2020

Virtua Health

# LY-CoV555 (Bamlanivimab)

**Boost immune responses**

- ED visit or hospitalization:
  - 1.6% in antibody group, 6.3% in
    - placebo group
    - >65 year old, BMI >35: 4% in antibody group, 15% in placebo group
- Median time to symptom improvement: 6 days for participants who received bamlanivimab and 8 days for those who received placebo.
- Safety profile of bamlanivimab and placebo similar

**Hospitalization/ED Visit: All Participants**

| Treatment | N | Events | Proportion |
|---|---|---|---|
| **Placebo** | 156 | 9 | 6% |
| **700 mg** | 101 | 1 | 1% |
| **2800 mg** | 107 | 2 | 2% |
| **7000 mg** | 101 | 2 | 2% |
| **Pooled antibody** | 309 | 5 | 2% |

**Hospitalization/ED Visit: Participants at Higher Risk of Hospitalization**

| Treatment | N | Events | Proportion |
|---|---|---|---|
| **Placebo** | 69 | 7 | 10% |
| **700 mg** | 46 | 1 | 2% |
| **2800 mg** | 46 | 1 | 2% |
| **7000 mg** | 44 | 2 | 5% |
| **Pooled antibody** | 136 | 4 | 3% |



Virtua Health

# Expanded Use Authorization Criteria: Ambulatory Patients with Mild to Moderate COVID-19 at High Risk for Progression - 1

- Body mass index (BMI) ≥35
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or receiving immunosuppressive treatment
- ≥65 years of age
- ≥55 years of age AND have cardiovascular disease, OR hypertension, OR chronic obstructive pulmonary disease/other chronic respiratory disease
- Criteria also listed for those who are 12 – 17 years of age



Virtua Health

# Virtua Testing Sites

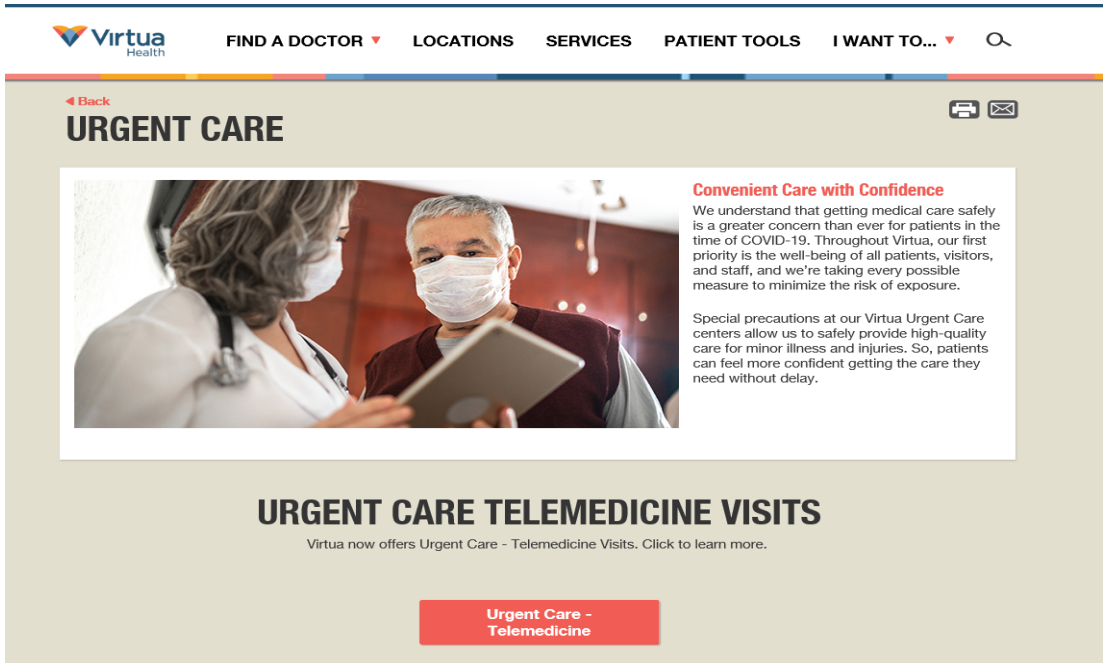
Dr. Sam Weiner
Medical Director – Primary Care, Urgent Care, Occupational Health

# Outpatient Testing

- PCR, 24-72 hr turnaround time
- 2 Testing Centers – PRE-OP, SYMPTOMATIC, and 1st Responders
  - **Voorhees**: Barry Brown Health Education Center (HEC)
    - 7 days a week, 8 am to 4 pm
    - Appointment only
    - 12 year old and up for symptomatic testing
  - **Moorestown**:  Virtua Health & Wellness
    - Thursday to Monday (closed Tues, Wed), 8 am to Noon
    - Appointment and walk-ups (Burlington Co. residents)
    - 12 year old and up
- VMG Clinician Hotline 856-246-4117

# Virtua Telehealth Urgent Care

- 7 days a week, 9 am to 9 pm
- Flu like symptoms + much more
- COVID-suspect patients will be referred for testing at HEC or Moorestown testing centers
- Virtua.org/services/urgent-care



# Virtua Urgent Care

- 7 days a week, 9 am to 9 pm
- PCR, 24-72 hour turnaround time
- Walk-ins
- FULL URGENT CARE VISIT - SYMPTOMATIC TESTING ONLY
  - Mt. Holly
  - Moorestown
  - Medford
  - Marlton
  - Westmont
  - Washington Township

# Remote Monitoring

Dr. Andrew Cohen
Medical Director, Virtua Integrated Network

# Remote Patient Monitoring (RPM) for COVID-19

- Using Vivify cloud-based technology – PO2, BP, Scale, Tablet
- 28 day long program - recently reduced to 14 days
- Starts immediately post hospital discharge
- Once-twice daily monitoring overseen by a team of Virtua RNs
  - Video Visits plus as needed
  - Any issues needing escalation will be sent to the digital health team or PCP
- Physician Visits
  - Digital health team has 3 scheduled telehealth visits
  - Primary Care involvement for continuity of care (OV within first 1-2 weeks post discharge)
  - Pulmonary involvement within first 3-5 days post discharge



Virtua Health

# Timeline COVID RPM

Nursing Video Visits with Patient

Day of hospital d/c

Once daily COVID Pathway, 2x daily ambulatory pulse ox pathway, RN review, clinical escalation if needed

Day 14*. Patient d/c'd to PCP

Initial Extensivist visit

Initial Pulmonary visit

2nd Extensivist visit

Initial PCP visit

3rd Extensivist visit

*Patient eligible for discharge from RPM after 14 days if:

- No red alerts for 5 days
- RN Clinical assessment deems patient is appropriate for discharge

If patient remains on RPM beyond 14 days, add another Extensivist visit if needed.



Virtua Health

# Results

- 143 COVID Patients enrolled to date
- Inpatient LOS reduction 0.87 days
- 30 day readmission rate reduction 41% compared to baseline
- 97% felt more comfortable knowing a nurse was checking on them
- 92% would recommend program to others.  8% felt neutral.  0% would not recommend
- Oldest patient on technology – 95

Virtua Health

# What About the ED?

- System looking into resuming ED discharge program with Pulse Oximetry guidelines and clinician follow up
- More to come…



Virtua Health

# Patient Support

Dr. Jen Khelil
Virtua Chief Medical Officer

# Patient Support

## Virtual COVID-19 Emotional Support Group

Register today!

Staffed by CIN Social Workders

Virtua has started a free support group for South Jersey residents who have recovered from or are currently experiencing COVID-19. The group will provide a safe space for individuals to speak openly and share their experiences with others.

If you or a loved one is facing ongoing physical and emotional challenges caused by COVID-19 and would be interested in group support, please register.

**Thursday | Oct. 29**
**Mondays | Nov. 9, Nov. 16, Nov. 30,**
**Dec. 14, Dec. 28**
**Time: 7 - 8 p.m.**

A Zoom link will be sent upon registration.

TO REGISTER, PLEASE EMAIL:
ACSupport@virtua.org
Space is limited.

Virtua Health

# Clinician Support

Virtua Health

# Questions & Answers