



Coronavirus Updates for  
Virtua Health Affiliated Practices

Webinar #9

*Updated 4/9/2020*



# Agenda & Panelists

- Introductions
- Latest Numbers
- VPP/LHN during the Covid surge
- Coronavirus and Virtua Laboratory Services

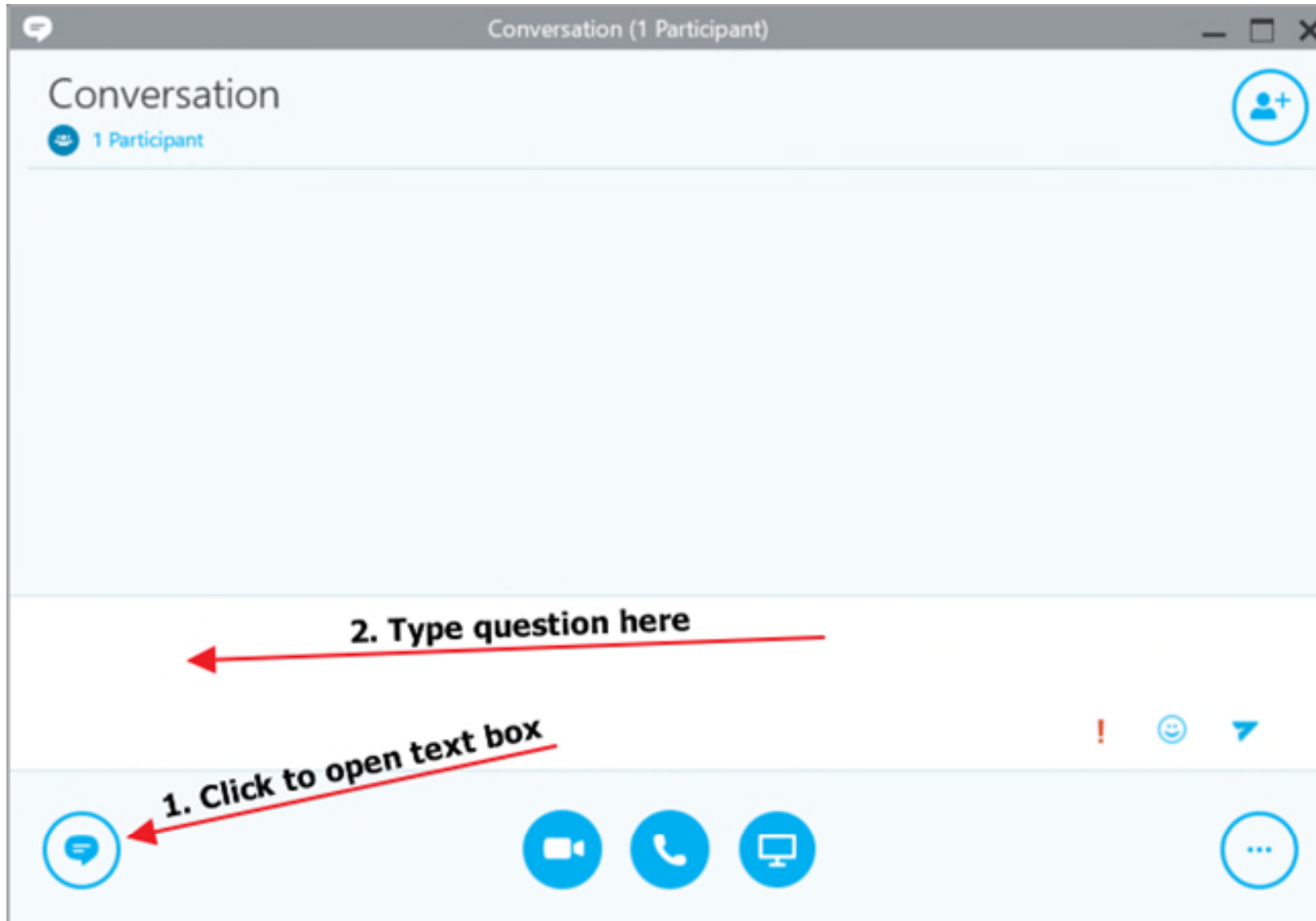
## Panelists:

Andrew Cohen, MD – Medical Director VPP, LHN  
Donna Antenucci, RN - VP Operations, President, LHN  
Gina Pimentel, MSW/LSW – Manager, Social Work  
Erica Schetter – Director, Provider Relations

## Leadership Support on Phone:

Kevin McCrea – Director, Analytics  
Rachael Perritt, PharmD – Manager, Ambulatory Clinical Pharmacy  
Judy Low, RN – Manager, Care Coordination

# Best Way to Ask a Question



# Over the Last Week

JOHNS HOPKINS  
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CORONAVIRUS RESOURCE CENTER

## Global

3/23	351,731
3/30	720,117
4/5	1,270,069
4/9	1,503,900

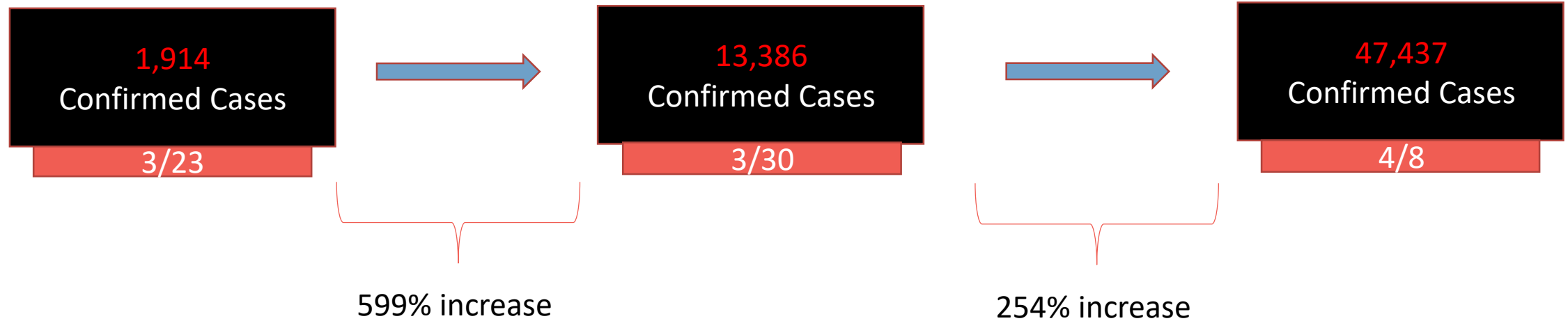
108% increase

## National

3/23	35,241
3/30	140,886
4/5	335,524
4/9	432,579

207% increase

# Over the Last Week – New Jersey



## Are We Starting to See a Levelling Off?

Recent Growth appears linear and not exponential

4/1	3649
4/2	3489
4/3	4372
4/4	4331
4/5	3381
4/6	3663
4/7	3361
4/8	3088

# Regardless of Growth (linear vs exponential)...

There is an Escalating Number of Patients Occupying Beds...and a Fixed Amount of Beds/Equipment Available

## Regional

As of 3/23/2020

Confirmed Cases:

56

As of 3/29/2020

Confirmed Cases:

377

As of 4/6/2020

Confirmed Cases:

1979

## Virtua

Virtua Confirmed CoVid  
Cases Currently Admitted:

9

Virtua Confirmed CoVid  
Cases Currently Admitted:

45

Virtua Confirmed CoVid  
Cases Currently Admitted:

157



What  
Can  
We  
Do?

# Possibility 1 - Brace for the Wave

- Command Center Calls
- Masking Guidelines
- Social Isolation – work from home
- CMS and State Waivers
- Community Partners – webinars
- Access Center Redesign
- Shifting of Resources

Problem:  
Wave Still Comes



# Possibility 2 – Take the Water Out of the Wave

## (How Do We Make the Wave Smaller?)

Mrs Smith is 88 years old. Diabetes, COPD. She had been practicing social isolation as best she could but was running low on groceries and went to Wegman's last Sunday. She feels feverish, weak, and unable to catch her breath now.

What are her options today?

What will her options be 10-15 days from now at the peak surge?

This is Our Role:  
Preventing Mrs Smith from getting sick

# Work Done To Date

- Population identified as most at risk for needing the inpatient setting
- Departmental Leaders tasked with Brainstorming, along with their teams, as to what tactics they could perform to potentially decrease use of the inpatient environment
- Presidents/Medical Director reviewed recommendations and held impact/effort exercise with managers/directors
- Recommendations presented to Virtua Chief Clinical Officer and approved
- Shared with Front Line Team
- Go Live Date is Tuesday 4/7/2020

# Identified Population Summary

High Touch Cohort	
Virtua Employees > 65	305
Virtua Dependents > 65	275
Employees 50-64 with Multiple CC	594
Dependents 50-64 with Multiple CC	386
LHN population (recommendation is for any patient older than 65 with Multiple CC AND meets HS criteria)	2822
Total # of High Touch Patients	4382

If we use standard methodology with Top 5% being high risk  
And we know there are 200,858 lives > 65 in South Jersey  
 $5\% \text{ of } 200,858 = 10,043$   
LHN high risk + Virtua Employees and Dependents > 65 = 3402  
 $3402/10,043 = \mathbf{33.9\%}$

**Take Away: We will be managing 33.9% of high risk >65 yr old lives in South Jersey  
PLUS the 50-64 Employees/Dependents with Multiple CC**

# Tactics

Care Coordination Initiatives for High Touch Cohort									
<u>Major Initiatives to be completed by Care Coordinators</u>									
1	Ensuring 90 day med supply/home delivery								
2	Assessing for food insecurity						<u>Food Insecurity (if applicable)</u>		
3	Clinical pharmacy touch point (Med rec, fall risk, medication concerns)						Develop in home food delivery process (vs pick up centers)		
4	Make sure patients have scheduled appt upcoming with provider via telemedicine						Transform Bistro into meal planning for delivery/pickup		
5	Polst forms completed						Partner with community restaurants that are hurting for business		
6	Mental Health Screening - PHQ2/9, GAD 7								
7	Use COVID-19 screening questions and directives to assess current clinical status/risk								
<u>Major Initiatives to be completed by Virtua</u>									
8	Use marketing to help teach patients cures for social isolation (how to use Skype, FT, Facebook)								
9	Set up Jabber for all care coordinators								
10	Change Webinar Series from informational to Action-specific								
11	Continue to maintain excellent clinical quality - set up mobile mammogram, stool card process								

# Resources

<b>Pulling in All Clinical Staff and Social Workers</b>	
RNs available if ALL RNs pulled into this process (forgoing BPCIA/TCM)	16
Clin Pharm available if ALL Clin Pharm pulled into this process (forgoing BPCIA)	4
Social Workers available	5.5
Total clinical available	21
Total clinical and SW staff available	25.5
Current Clinical Team Total # of Outreaches / day	477
Number of Days for Clinical Team to Outreach to Entire High Touch Population	9.2
Target # of days for all initial outreaches to be completed for optimal surge preparedness	10
Number of Clinical Staff needed to accomplish task by target date	24.3
Number of Additional Clinical Staff Needed	-1.2

Supportive Care and Post Acute are not factored into these numbers as we will need these resources to provide ancillary support for the surge



# What Your Patients Will Be Hearing

Gina Pimentel, MSW/LSW  
Manager, Social Work

# Focused Assessment - Scripting

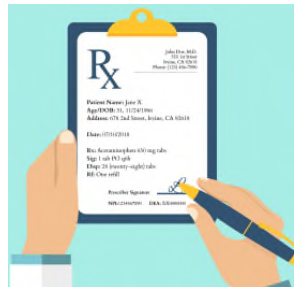
## Food Access

- 2-week supply of food
- Shelter in place - no shopping
- Identifying patients interested in food delivery or pick up at a centralized location



## Medication and Fall Risk

- 90-day supply of medications or delivery options
- Are any medications due for refill?
- Medication questions or concerns including affordability
- Falls related to medication
- Symptom control



# Focused Assessment - Scripting

## **Chronic Disease Management**

- Appointments in the last 90 days
- Telemedicine options

## **Mental Health**

- Social isolation
- Coping skills
- GAD-7 & PHQ-9





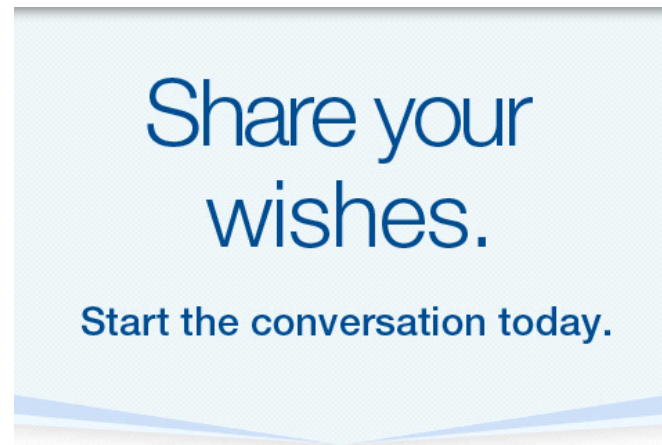
# Focused Assessment - Scripting

## Advanced Care Planning

- Current risk for older adults/chronic disease patients
- Advanced Directive POLST
- Supportive Care Team

## Additional Resources

- Technology to connect with others
- Email address





## Maintaining Quality Excellence

*Erica Schetter*  
*Director, Provider Relations*

## Cancer Screenings

- ☐ Develop educational materials with applicable Virtua/Virtua-friendly services
- ☐ Investigate mobile mammogram bus
- ☐ Consider alternative colon screening options like FOBT and Stool DNA tests

## Diabetic Metrics

- ☐ Develop educational materials with applicable Virtua/Virtua-friendly services
- ☐ Telephonic visits with nephrologist
- ☐ Investigate mobile eye-exam bus
- ☐ Explore at-home testing with lab partners

## Ambulatory Metrics

- ☐ Conduct routine and sick visits telephonically, ensuring ambulatory metrics are covered
- ☐ Work with payor partners on acceptance of self-reported metrics
- ☐ Partner with CVS pharmacy to offer special influenza event for CIN patients

## Medication Management

- ☐ Ensure 90-day supply of medications
- ☐ Non-adherent telephonic check-ins with CIN pharmacists
- ☐ Request mail-order prescriptions
- ☐ Refer to CIN social work team



# What We Need From You

Donna Antenucci, RN  
VP Operations  
President, LHN

# What Can YOU Do?

*CIN Team  
Collaboration*



*POLST Form  
Completion*



*Chronic Condition  
Remote Visits*



*Explore Quality  
Alternatives*






# Questions and Answers




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