3.19.2020 DOH/DOHMH 1 pm Call Notes

Significant regional differences in outbreak response; will proceed with distinct webinars, NYC DOH will reach out with distinct guidance.

Webinar materials will be posted on:

[www.health.ny.gov/Diseases/communicable/coronavirus/providers.htm](http://www.health.ny.gov/Diseases/communicable/coronavirus/providers.htm)

191,127 Globally, 7,807 deaths

Travel: Leven 3 two variations – widespread transmission and some also have US entry restriction (Malaysia, South Korea)

Level 2 Global Outbreak

US over 7,000 cases; total deaths 97

NYS most highly affected state in the country

NYC: 1,339 Nassau 183 – 32 counties affected

14,597 have been tested

549 currently hospitalized statewide

108 have been discharged post hospital

**TELEHEALTH UPDATE**

* Will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency
* A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients Acceptable examples: apple facetime, Facebook messenger video chat, etc.
* Medicaid Telephonic Communication services – reimburse telephonic evaluation and management services to members who are established patients or the legal guardian of an established patient in cases where face to face visits may not be recommended and it is medically necessary.
* The NYS telehealth parity law requires commercial insurers (under the jurisdiction of the Division of Financial Services) and the Medicaid program to provide reimbursement for services delivered via telehealth, if those services would have been covered if delivered in person.

**Getting medication in quarantine times**

* Medicaid covers a 90-day supply for most prescriptions and over the counter maintenance medications.
* Medicaid ensure that cost-sharing is not a barrier to testing, NYS Medicaid will cover services including testing.

**Testing**

* Molecular testing for SARS-CoV-2 is available under FDA emergency use authorization at the Wadsworth Center, the NYC PHL and the Erie County
* Commercial or hospital clinical laboratories are also coming on board
* NYS is expanding testing capacity and now has 28 public and private labs that are testing

**Guidance for Testing**

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.

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 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-confirmed4 COVID-19 patient, or who have a history of travel from affected geographic areas(see below) within 14 days of their symptom onset.

**Testing Sites**

* NYSDOH alternate specimen collections sites are available in areas with significant community transmission with plans for expansion
* Call hotline for information on sites
* Health systems may choose to set up their own alternative specimen collection sites to serve their patient population and community
* Specimens essential for public health response, or other timely patient concerns, may be approved by public health for expedited transport to the Wadsworth Center for testing
* Discuss testing for Wadsworth with public health officials for transport to the lab. Call LHD or NYSDOH
* Nasopharyngeal swab for initial diagnostic testing for COVID-19 placed in a Viral Transport Medial (VTM) vial. Guidance for specimen collection and testing on their website
* Drive-thru locations available

**If COVID-19 suspected, HCP should immediately implement infection control precautions as directed by CDC’s recommendations**

* Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy).

After returning to work, HCP should:

* Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
* Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
* Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC’s interim infection control guidance](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
* Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

**Additional Things to Keep in Mind**

* Healthcare providers must advise patients undergoing testing to self-isolate until testing is resulted and COVID-19 is ruled out
* If COVID-19 testing results are positive, patients must be continued on mandatory isolation
* Mandatory vs Precautionary Quarantine guidance online
* Visitors restriction – “no visitors allowed at this time” poster on site that could be used

**Continued aggressive containment strategies and case-based control measures**

* Implementing community-based mitigation measures and non-pharmaceutical interventions are required at this time aimed at slowing down the spread and minimizing the burden providing more time for preparations
* Social distancing, even if you feel well stay at home as much as possible, keep distance, wash hands, cover cough, avoid touching mouth, nose, and eyes, take caution with at-risk individuals
* Bill guaranteeing job protection and pay for New Yorkers who have been quarantined as a result of COVID-19
* Comprehensive paid sick leave
* EO mandating businesses that rely on in-office personnel to decrease their in-office workforce by 75%
* Theaters, bowling-alleys, bars, movie theaters – closed; restaurants for take out only
* Deployment of the USNS Comfort to NY to enhance healthcare capacity with 1,000 beds
* Partnering with the private sector to require that nonessential employees to work from home effective Friday march 20th
* Call for provider pool - School of public health, medical schools, schools of nursing, retired professionals

**Mental health population**

* guidance for managing stress and anxiety
* COVID-19 telehealth guidance for mental health

**Resource**

Medical Matters Webinar Series from Medical Society of the State of New York

April 1, 7:30 am

**Q&A**

**Who should wear a mask in the office?**

* Best way to protect patients is to control the source. Have patients call ahead – communicate to call before they enter.
* Staff to wear gowns, gloves, eye protection and mask when interacting with a COVID-19 patient
* Aerosol generating procedure – N95 mask must be used
* Nursing home guidance – healthcare workers should be wearing a mask when dealing with a COVID-19 patient – residents should also wear a mask when in close proximity to healthcare worker.

**Exposed staff in health care setting.**

* Non-essential health care practice – regular guidance on response to exposure
* Test-based strategy. Exclude from work until
* Resolution of fever without the use of fever-reducing medications **and**
* Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
* Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)[[1]](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html#f1). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV](https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html)).
* Non-test-based strategy. Exclude from work until
* At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
* At least 7 days have passed since symptoms first appeared

**Requirement on two negative tests – is it still necessary?**

* For health care workers who must go back (furlough vs not in critical need) – once clinically improved or resolved to near resolution and it’s been at least 7 days from initial symptom onset then those individuals can proceed to work with a facemask if in critical need of workforce.

**Drive thru – do you need an appointment?**

* Depends on operations; might require appointment; check with individual site – sites might have different ability and requirements

**More questions can be submitted to:**

[covidproviderinfo@health.ny.gov](mailto:covidproviderinfo@health.ny.gov)