

THE COVID-19 PANDEMIC DIGEST

Volume 2 / Issue 1

Dear Colleagues,

As our climb steepens, the AAFP recognizes that “Family Physicians are rising to the occasion, all over the country”. We are so proud of your valor, skills, sense of duty, and sacrifice.

We also have some good news to share as you prepare for the upcoming two weeks - predicted to be our hardest yet. Advocacy efforts have resulted in:

- More projections and disease tracking measures
- Enhanced testing capabilities
- Increased containment and suppression efforts
- Infusion of PPE supplies from the Strategic National Stockpile
- Improved telehealth reimbursement for audio-only calls

We know this support could not come soon enough. Rest assured that the **MassAFP** continues to listen to your concerns. Our advocacy efforts have been better guided by your first round of survey inputs, the results of which will be shared soon. We are still working towards:

- Broader availability of more rapid testing
- Safer social distancing policies
- Better guidance on telemedicine
- Quicker distribution of more PPE, medications and equipment
- Adding protections for recently licensed or re-licensed physicians
- Enhanced resiliency support
- Expedient funding and reimbursements

We still believe you deserve more. That's why we will be releasing a second survey in the coming days to further tailor our advocacy efforts in the upcoming weeks. Please also consider [providing firsthand COVID-19 accounts](#) or using the [COVID-19 Speak Out tool](#). Alongside the Academy's detailed analysis of the CARES bill, your input will help ensure lawmakers understand our concerns.

We thank you for helping provide stronger medicine for America.

Michelle Prentice, MD MSc
mprentice@mcw.edu | [LinkedIn](#)

“Family Physicians are rising to the occasion, all over the country.”

Shawn Martin,
Senior Vice President, Advocacy

American Academy of
Family Physicians

April 2, 2020



April 7, 2020 Edition

*A special thanks to Marie Prentice,
Prentice Communications Inc.,
for her editorial support.*

The COVID-19 Pandemic Digest

SURVEILLANCE & DETECTION STRATEGIES.....	2
CONTAINMENT & SUPPRESSION STRATEGIES.....	3
MITIGATION STRATEGIES	4
Reducing Health Care Exposures	4
Personal Protective Equipment	4
Therapeutic Protocols.....	4
Health Care Facility Shortages	5

ELIMINATION & ERADICATION STRATEGIES	5
WORKFORCE STRENGTHENING	5
Family Medicine Trainees.....	5
Volunteers, Retirees & Licensing.....	6
Resiliency Support	6
Financial Support.....	7

SURVEILLANCE & DETECTION STRATEGIES

GLOBALLY, over 1.4 million cases of COVID-19 have now been confirmed, the distribution of which can be seen on the Johns Hopkins University’s COVID-19 Global Cases Map.

Notably, 94% of cases reported are outside of mainland China. U.S. Intelligence warns, however, of gross underreporting by China, whose cases have curiously stagnated. Global incidence continues to rise, with April 3 adding 102,000 cases. The world’s eyes turn to England as its Prime Minister Boris Johnson was hospitalized and is now in the ICU. Fatalities have passed 80,000, with Italy and Spain contributing the largest portions. The WHO reports that over 95% of deaths in Europe were in those over age 60, 80% of whom had an underlying chronic condition; but they emphasize that the young are still not immune to the effects of the novel coronavirus.

The WHO still recommends a gold standard of broad testing. There are reports of at least eight strains of the novel coronavirus circulating around the world; genome sequencers are uploading their data to a website called NextStrain.org to determine how the virus is evolving. Currently, there is doubt that severity of illness is related to the strain of the COVID-19 virus.

NATIONALLY, the U.S. still has the highest recorded prevalence of COVID-19 with over 350,000 cases – over 25% of all cases, and double that of the next leading country, Spain.

Fatalities have reached 12,000. New York serves as the epicenter, with 20% of all cases in the U.S., 40% hospitalization rate, and over 4,000 deaths with a three day doubling rate. New York City now has refrigerated morgue trucks lining its streets to prepare for a death surge. The U.S. Surgeon General advised us to brace for

the hardest and saddest week of most Americans lives. Health care providers as well as experts, including former CDC Director Jennifer Nuzzo, hold the White House accountable for its tardy efforts to support detection.

Simultaneous upswing of transmission and testing have led to the highest U.S. incidence yet: over 30,000 new cases on April 4.

Actual cases remain grossly underestimated. Despite enhanced financial and regulatory support from the CARES Act, amplification of testing capabilities has not outpaced that of the virus. Testing material shortages thus persist across the nation and are delaying detection and containment. The FDA has been issuing emergency use authorizations, first for the five-minute point-of-care COVID-19 test by Abbott, and more recently for a COVID-19 antibody test by Cellex Inc. The CDC is working to develop an antibody test as well. The sensitivity and specificity of current COVID-19 PCR tests are not well reported even on the CDC website, though there is concern of poor sensitivity; chest CTs may have more diagnostic value in epidemic areas.

The CDC now posits that around 25% of cases are asymptomatic or “pre-symptomatic”, and play a significant role in transmission. Because of testing material shortages, however, stringent testing criteria remains in place. The CDC recommends screening based on exposure “risk level” and symptoms, and offer a priority list for COVID-19 testing. They now recognize that people of all ages with certain underlying medical conditions are at higher risk for severe illness. In partnership with FEMA, the White House and Apple Inc., they have released a COVID-19 Screening App, to increase public awareness of COVID-19 risk factors and symptoms that could warrant testing.

HERE IN MASSACHUSETTS, confirmed cases have multiplied to over 13,800, with the largest portions in

Middlesex and Suffolk; this is still the 6th highest case load across all states.

Much of these numbers reflect the state's enhanced testing capabilities. We have seen over 260 deaths from COVID-19 but note also that most of our cases are in the non-elderly population, ages 20-60. With at least 831 cases amongst long-term care facility patients and workers, however, we are seeing a growing portion of patients older than 70 years. At least 119 facilities have reported cases, leading to heavy surveillance. Two of the largest outbreaks include **Adavinia long-term care** in Wilmington, Massachusetts (44 cases) and **Soldier's Home in Holyoke** (16 cases). Notably, the Biogen conference in Boston has racked a total of 109 cases already.

Massachusetts state testing guidelines can be found **here**, and are notably far more permissive than many other states due to our enhanced testing capacity. Both private and public labs have joined in the testing process, allowing us to test at a rate of at least 3000 – 5000 specimens daily. Abbott has **already shipped** its 5-minute tests into Massachusetts, which should improve turnaround time.

CONTAINMENT & SUPPRESSION STRATEGIES

GLOBALLY, rapid dispersion of the virus has necessitated more extreme containment and suppression measures. Now, over 3 billion people (1/3 of the world's population) are on some form of "lockdown".

Some **evidence** suggests that enforced containment and suppression measures are working. Taiwan boasts one of the most **impressive strategies** to date: despite a population of 23 million and adjacency to China, it reports only 350 cases. A **handful of countries** have been able to completely escape the pandemic. Amongst certain countries, desperation has led to a rise in autocratic enforcement: President Duterte of the Philippines has **threatened to shoot down** any violators of COVID-19 lockdown; Hungarian parliament voted for Prime Minister Orban to **'rule by decree'** indefinitely. Geopolitics remain an important area of reflection as we continue to tailor our response to this evolving pandemic.

NATIONALLY, the U.S. has had increasing buy-in to social distancing as the most effective strategy to 'flatten the curve' - but this did not come soon enough, necessitating longer enforcement.

As of this week, 311 million Americans (over 90%) are under state-wide lockdowns. Only **nine states** have refrained from giving state-wide "Stay at Home" orders, all of which are Republican. Another **study at the IHME**, which awaits peer review, already suggested earlier that right-leaning governors have been 42% less likely to mandate social distancing measures than those leaning left.

In terms of social permissions, with Easter approaching, we note that at least 14 states are exempting religious gatherings from "Stay at Home" orders. While grocery store trips are allowed under "Stay at Home" orders, vendors are becoming stricter. Even Walmart **announced** it will regulate store entry, limiting the total amount of customers in the store at any given time, in addition to numerous other measures it is taking to ensure safety of associates and the public. Notably, the new CDC **recommendation** is for all Americans to now wear cloth face coverings for public outings, both for protection, and as a social distancing symbol.

President Trump has decided to extend his social distancing guidelines until April 30.

This was heavily urged by the **plight** of more than 40 organizations including the AAFP, as well as projections by the **Institute for Health Metrics & Evaluation (IHME)** predicting an eight day national countdown remaining until peak hospital resource use. For those not abiding by these guidelines, the White House still warns that social distancing provides an opportunity to reduce projected fatalities **from 1-2 million to around 100,000 - 240,000**. The IHME is updating its projections daily, and now predicts closer to 81,000 fatalities, plateauing around June of this year. The AAFP is still advocating for nationwide social distancing orders, rather than guidelines.

HERE IN MASSACHUSETTS, Governor Baker extended his advisory to "Stay at Home" until May 4th, 2020.

The Baker-Polito Administration's COVID-19 Response Command Center projects a peak of 47,000 to 172,000 cases (0.7% to 2.5% of the total population). Despite this, the Governor has not changed his position that a "Stay at Home" **order** is unrealistic. The administration classifies **many businesses** as essential, which can thus remain

open; some physicians believe this is preventing social distancing from being appropriately upheld.

MITIGATION STRATEGIES

REDUCING HEALTH CARE EXPOSURES

NATIONALLY, telehealth remains our critical mitigation strategy, reducing health care exposures to COVID-19 by keeping both patients and providers “carefully” distanced.

The [AAFP townhall on March 25](#) discussed telehealth implementation issues in depth, including adjustments to billing codes and reimbursement. The [AAFP COVID-19 Telehealth Guidance page](#) has been updated to reflect important recent changes as an answer to [our advocacy efforts](#), including the [CARES Act](#) changes, and the relaxation of CMS guidelines to include audio-only encounters for E/M visits. The AMA is offering further webinars on telehealth use for certain cases.

HERE IN MASSACHUSETTS, Governor Baker already released an [order](#) earlier last month to expand telehealth services and coverage, with rates comparable to traditional in-person visits.

With respect to general outpatient medicine for COVID-19, the University of Michigan's Dept. of Family Medicine has developed and shared a “live” [guidance document](#). The AAFP additionally offers guidance on how to conduct a [parking lot visit](#) for cases suspected of COVID-19. The American Academy of Pediatrics released their own [guidance](#) on infants born to mothers with suspected or confirmed COVID-19.

PERSONAL PROTECTIVE EQUIPMENT

NATIONALLY, PPE shortages are the greatest source of fear and frustration - all-the-more so as they are about to nadir in a week as caseloads surge.

Yes, the infusion of financial and regulatory support by the [CARES Act](#) to the strategic national stockpile (SNS) has led to some increased distribution of masks, gloves and ventilators, amongst other supplies - but not quickly enough. Reports of health care worker exposures span the country. The FEMA supply of PPE is also running out as it gets divided across states. Colorado, which is now

becoming a COVID-19 hotspot of its own, is upset over its [supplies being diverted by FEMA](#). There are even [reports](#) of the U.S. intercepting equipment or precluding shipment of equipment to other nations. Important also to the U.S. economy, domestic manufacturing companies large and small alike have pivoted to help quickly replenish PPE stores.

While awaiting further supply, FEMA urged physicians to reuse PPE due to national shortages. CDC continues to provide [guidelines on PPE use](#) and endorses [strategies to increase longevity of PPE](#) until more supplies become available. Further explanations can be found on the recordings of their [COCA call on March 25](#). Importantly, there has been emergency [FDA authorization](#) for the [Battelle Critical Care Decontamination System™ \(CCDS\)](#) that allows health care workers to sterilize and therefore re-use their masks. These machines can disinfect 120,000 masks each day. Notably, NIOSH and NPPTL standards for face masks, respirators and self-contained breathing apparatuses are under review by the CDC, who are also considering banning sub-par equipment from certain countries.

HERE IN MASSACHUSETTS, Governor Baker also reported that the arrival of PPE from the Strategic National Stockpile, and more than one million N95 masks from China - courtesy of the New England Patriots' team plane.

His administration has also put together an online [portal](#) where Massachusetts residents can donate or sell personal protective equipment. While awaiting distribution, the State offers [guidance](#) for prioritization of PPE.

THERAPEUTIC PROTOCOLS

Protocols for milder cases of COVID-19 typically recommend following the CDC's [stay at home](#) approach. Prescribing azithromycin is a standard consideration.

What is new, however, is that based on lab tests and small, limited human trials, the FDA has granted [emergency use authorization](#) for chloroquine and hydroxychloroquine. They are being added to the Strategic National Stockpile.

Importantly, this is not an official determination that the drugs are effective against COVID-19. President Trump

suggests to “try Hydroxychloroquine if you like”. Notably, the CDC and the FDA’s [health alert about chloroquine phosphate](#) remains in effect. The CDC guidelines on discontinuing home isolation after treatment can be found [here](#).

For more severe cases, the CDC is vigilantly reviewing its [clinical care guidelines](#). Treatment strategies remain experimental, and other than those above, are mostly based on compassionate use. Remdesovir remains limited to use for pregnant women and children. Further details for “Clinical Management of Critically Ill Adults” were described on the April 2 CDC [Webinar](#).

A newer therapeutic strategy is offered by the National COVID-19 Convalescent Plasma Project, which has been approved by the FDA to launch [clinical trials](#).

Evidence for this approach comes from [Chinese research earlier in the COVID-19 outbreak](#). A similar blood-based therapeutic option approved by the FDA is hyperimmune globulin. Now, more than 170 researchers across 50 large hospitals in 20 states collaborating with the American Red Cross, blood banks, Amazon and Federal Express to acquire convalescent plasma and antibodies to treat ongoing COVID-19 infections.

HEALTH CARE FACILITY SHORTAGES

NATIONALLY, the medical system would suffocate if the projections of 2.4 million to 21 million hospitalizations rely on our [924,000 staffed hospital beds](#). Even with (1) [U.S. troops, as well as naval and military field hospitals are deployed](#) to NYC, Seattle and LA, (2) the promise of \$250 million from the [CARES Act](#) for surge capacity, (3) state-initiated re-openings of old hospitals, hotels, sporting arenas, and (4) full social distancing measures, the IHME [still predicts](#) the country will be drowning in COVID-19 cases. Note that the IHME national and state-wide projections are being updated daily.

HERE IN MASSACHUSETTS, **there have been 1241 hospitalizations for COVID-19.**

We started with an estimated [68,000 beds, 15,000 of which are staffed](#) in our hospitals. Governor Baker and Lt. Governor Polito’s [Command Center projections](#) suggest the Commonwealth is preparing for peak hospitalizations between April 10th – 20th. The IHME [projects](#) this date to be April 18th, with an 8400 hospital bed deficit, and 2700 ICU bed deficit. A [Harvard](#)

[University study](#) has also predicts that Boston will need 4.4 times its available beds in the next 12 months, in only a moderate infectivity (40%) scenario where 8% of adults need hospitalization. The Command Center [intends to reduce pressure on healthcare system](#) by adding 1000 beds in Field Medical Stations for lower acuity cases, and 1000 beds in dedicated skilled nursing facilities for stabilized older adults to have continued support in their healing process. Following CDC guidelines, the state has chosen the [Landry Arena](#) in Fitchburg as a temporary morgue site.

ELIMINATION & ERADICATION STRATEGIES

Currently, there are no FDA-approved medications or vaccines for the prophylaxis of COVID-19. Suppression and mitigation strategies thus must remain somewhat in place until there are viable agents to support elimination of the virus amongst the population.

Johnson & Johnson have announced a [lead vaccine](#) for clinical trials, and boast a \$1 billion investment. Meanwhile, the investigational vaccine called mRNA-1273 is already in [phase one of human clinical trials](#). It was developed by Massachusetts-based biotech company, Moderna in conjunction with the National Institute of Allergy and Infectious Diseases and is being studied over a six-week period in 45 participants at Kaiser Permanents Washington Health Research Institute in Seattle. With the passing of the [CARES Act](#) on March 27 however, and strong collaboration from the [FDA](#), we anticipate quicker turnaround from investigational trials.

WORKFORCE STRENGTHENING

FAMILY MEDICINE TRAINEES

With the [AAMC](#) strongly suggesting medical students not be involved in direct patient care, many rotations have been cancelled, leaving medical students an underutilized contingent of the health care workforce. The AAMC has offered [further recommendations](#) to medical colleges as they govern alternative supporting roles by medical students. [NYU, four Massachusetts medical schools](#) including Harvard Medical School, [Oregon Health & Science University](#), and the [University of Arizona – Tucson](#) meanwhile have taken more

extreme action, allowing 4th-year medical students to graduate three months early, and to be involved in local clinical practice prior to starting their internship. The ACGME released a [statement](#) highlighting serious ramifications of early graduation such as CMS reimbursements and legalities of their internship contracts. Governor Cuomo nonetheless intends to sign an [executive order](#) that encourage [four more New York medical schools](#), including Columbia and Weil Cornell to do the same. As it is expected for more medical schools to follow suit, including the [Michigan State University College of Human Medicine](#), the Liaison Committee on Medical Education released [guidelines](#) for early graduation of medical students.

The ACGME has also released [considerations](#) on resident physician training during the COVID-19 pandemic. Notably, in [NYC](#), residents and board-certified physicians in the fields of cardiology, neurosurgery, orthopaedics, dermatology and plastic surgery are being pulled into ICUs and emergency departments. At [University of Southern California](#), surgery residents are being trained in nursing duties. We have been mourning at least three resident deaths from COVID-19 that were reported over the weekend: two in New York City, and one in [Detroit](#).

Third year family medicine residents in the U.S. still await updates on rescheduling opportunities for their board certification exams. The [ABFM](#) is working to have supervised board exams in the summer. Notably in [Canada](#), physicians are pleading to reinstate the cancelled residency board exams in an online format. There has yet to be any mention of early graduation of medical residents.

VOLUNTEERS, RETIREES & LICENSING

With existing and anticipated physician shortages in relation to surging caseload, quarantine, and even fatalities, swift measures have been taken to expand and strengthen our workforce. To assist and expedite physician recruitment, many states have waived licensing fees and accelerated license reactivation. The Federation of State Medical Boards provides a [list](#) of state-specific physician licensing permissions, with links to local guidance documents.

Citing a critical need well beyond volunteerism, Mayor de Blasio is [calling for an Essential Draft of Private Medical Personnel by the Federal Government](#). Many physicians across the country are eager to help. [In fact](#),

over 40,000 health care workers, including retirees, have volunteered to be part of New York state's pandemic health care workforce.

Many others wish to do the same both locally and in New York, but have legitimate concerns about reimbursement, insurance and liability protections. Increased liability protections do exist for volunteers per the new CARES Act. Particularly concerning in the recruitment of retired and more senior physicians to the frontline is their higher risk of COVID-19 complications due to age and comorbidities, and both the physical and insurance protections for their health. The American Medical Association has released a [Senior Physician Resource Guide](#) to consider for their involvement in the COVID-19 pandemic. The AAFP has also released a [guidance document](#) for retired physician volunteers, and has relaxed CME deadlines for currently licensed physicians.

HERE IN MASSACHUSETTS, **Governor Baker has made an executive order allowing an Emergency Reactivation from Retirement License for those who retired within 1 year prior to March 17, 2020.**

License renewal dates have been extended to 90 days after the end of our state of emergency. It also allows interstate reciprocity for health care licenses in good standing. There have also been provisions made to expedite onboarding for healthcare volunteers too, who have been signing up through the Administration's new [MA Responds volunteer portal](#).

RESILIENCY SUPPORT

GLOBALLY, we have already seen from a [JAMA study](#) set in China that frontline health care workers directly involved in COVID-19 diagnosis, treatment and care had higher levels of depression, anxiety, insomnia, and distress than other health care workers; the effects worsened among the women.

NATIONALLY, the sad truth is that even before the COVID-19 outbreak, [nearly half](#) of physicians were showing signs of "burnout", though the well-known media personality Dr. Zubin Damania is moving to rename this phenomenon as "[moral injury](#)". Now, with the pandemic's unprecedented physical, psychological, emotional and even spiritual strain, we need resiliency support more than ever.

Many public and private industries are coming together to build resilience in our health care community. In some ways, it's as simple as offering workers **free coffee** from Starbucks, **discounted gas** at BP, or free meals. In others, members of industry and research have partnered to create direct resiliency support for frontline workers. For example, the **#FirstRespondersFirst** initiative, led by **Thrive Global** (a behavioral change technology company founded by Ariana Huffington), in partnership of Johnson & Johnson, the **Harvard T.H. Chan School of Public Health**, and the Creative Artists Agency Foundation, aims to "provide access to actionable Microsteps, online workshops, virtual training, and coaching that support and sustain our frontline care providers". **Talkspace**, an app gaining great popularity for its mental health counseling services, is giving 1,000 months of free virtual therapy to frontline health care workers.

Amongst the health care community, the Substance Abuse and Mental Health Services Administration has released **guidance and a resource list** for health care providers to cope with grief during this period. The CDC has also published **resiliency tips** for health care providers, including how to develop a buddy system, self-care techniques, and support for your families. The AAFP would also like to highlight its **Physician's Health First** website. Here we offer a **well-being self-check**, general tips on self-care, and on how to get **crisis help**. On the full AAFP website, we also offer advice from nation-wide consultations on how to **limit your family's exposure** to the virus and on making **self-care** a priority during this national emergency.

HERE IN MASSACHUSETTS, **the Massachusetts Emergency Services Program** is available to all.

Massachusetts General also offers a **resiliency program**. The Harvard T.H. Chan school provides support through their **#firstprovidersfirst** initiative as discussed above. We here at MassAFP are looking for ways to continue to support you as well.

telephone-only visits. The AAFP has provided a **document** outlining key provisions to family physicians from the CARES Act. We urge you to pay attention to **deadlines related to funding from the CARES Act** and are working to help support you in this regard.

Again, the Academy is currently undertaking a detailed analysis of the CARES bill and how it will impact family physicians. We aim to show lawmakers that workforce resilience, and thus the health of the nation, depends on more tailored support for family physicians. State-level advocacy efforts for COVID-19 legislation can also be tracked on our **website**.

HERE IN MASSACHUSETTS, **Governor Baker issued an order providing the Executive Office of Health and Human Services administrative flexibility to offer additional financial relief to critical health care providers, including those at MassHealth.**

The relief may include temporary rate adjustments, supplemental payments, and alternative rates or payment methods for telehealth services. Prioritization will be made for providers facing extraordinary demand and primary care providers essential to keeping patients in the community, and out of the hospitals.

Questions? Comments? Email mprentice@mcw.edu

FINANCIAL SUPPORT

We want to help your practices remain viable during the COVID-19 pandemic. We applaud lawmakers for acting quickly to infuse practice funding and loans through the federal **CARES Act**, as well as through significant changes to **CMS reimbursements**, especially **parity for telehealth encounters** to in-person encounters, including for