

# COVID-19 HEALTHCARE PROVIDER UPDATE

JUNE 5, 2020

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Readiness  
NYC Department of Health and Mental Hygiene

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Health Systems Planning and Strategies Special Advisor  
*Expanding Outpatient Practices During COVID-19: Considerations and  
Resources*

## **Neil Vora, MD**

Division of Disease Control  
*Overview of New York City's Trace program*

*Our understanding of COVID-19 is evolving rapidly. This presentation is based on  
our knowledge as of June 4, 2020, 5 PM.*

# OUTLINE



WHERE WE ARE NOW



SURVEILLANCE AND CLINICAL UPDATES



EXPANDING OUTPATIENT PRACTICES DURING COVID-19:  
CONSIDERATIONS AND RESOURCES



OVERVIEW OF NEW YORK CITY'S TRACE PROGRAM



QUESTIONS AND DISCUSSION

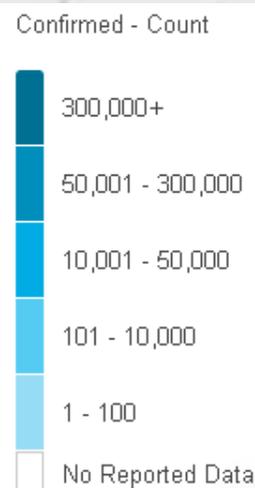
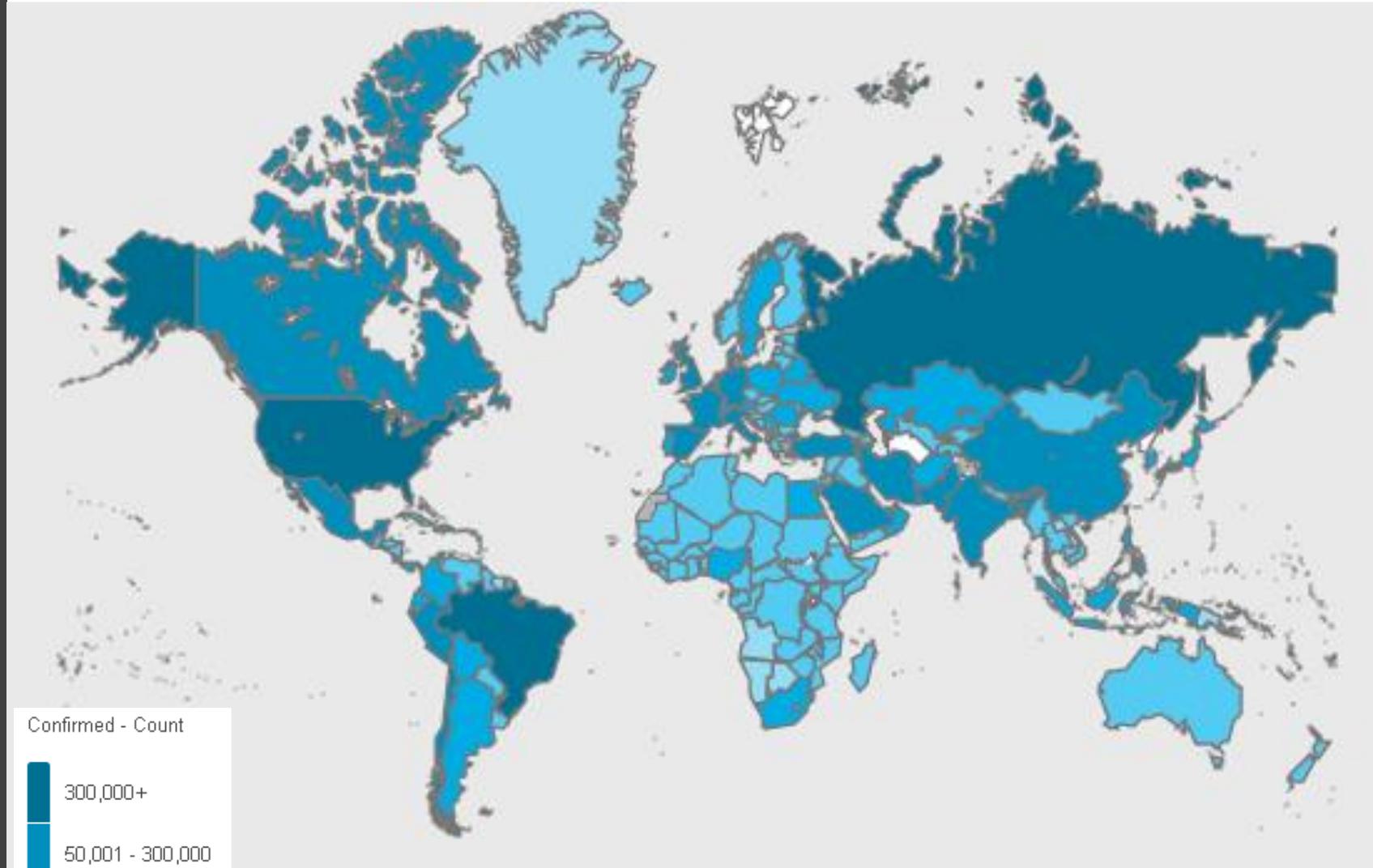
# WHERE WE ARE NOW

- More than 6.5 million cases and 387,000 deaths due to COVID-19 confirmed worldwide
- Outbreaks continue to accelerate in many parts of the world, including in South America, and in parts of the United States
- In NYC, there continues to be a decline in case counts, hospitalizations, and deaths
- Prevention measures must be maintained as we transition to a new stage in the pandemic response: suppression and the use of contact tracing

# CUMULATIVE CASES AND DEATHS REPORTED TO WORLD HEALTH ORGANIZATION 6/4/20

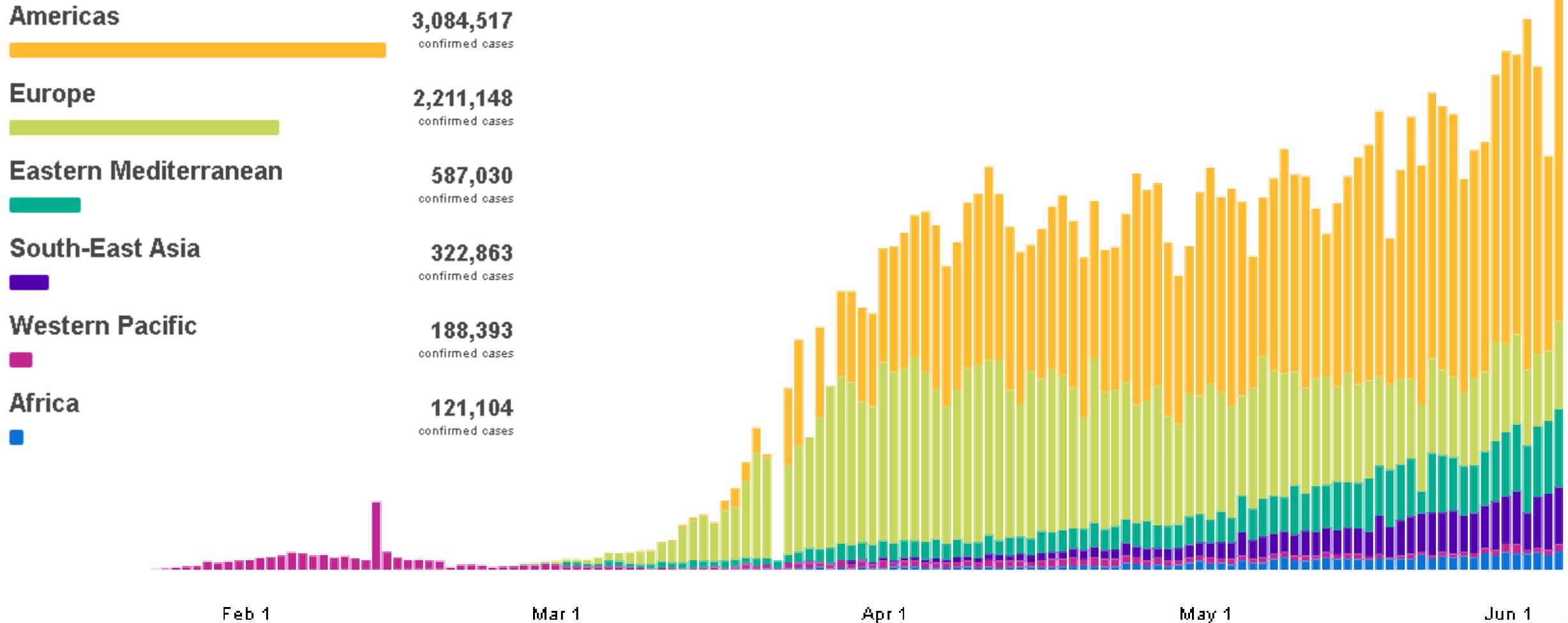
>6,500,000 cases

>387,000 deaths



World Health Organization COVID-19 dashboard: cumulative confirmed cases. <https://covid19.who.int/>

# COVID-19 CASE COMPARISON BY REGION - WORLD HEALTH ORGANIZATION

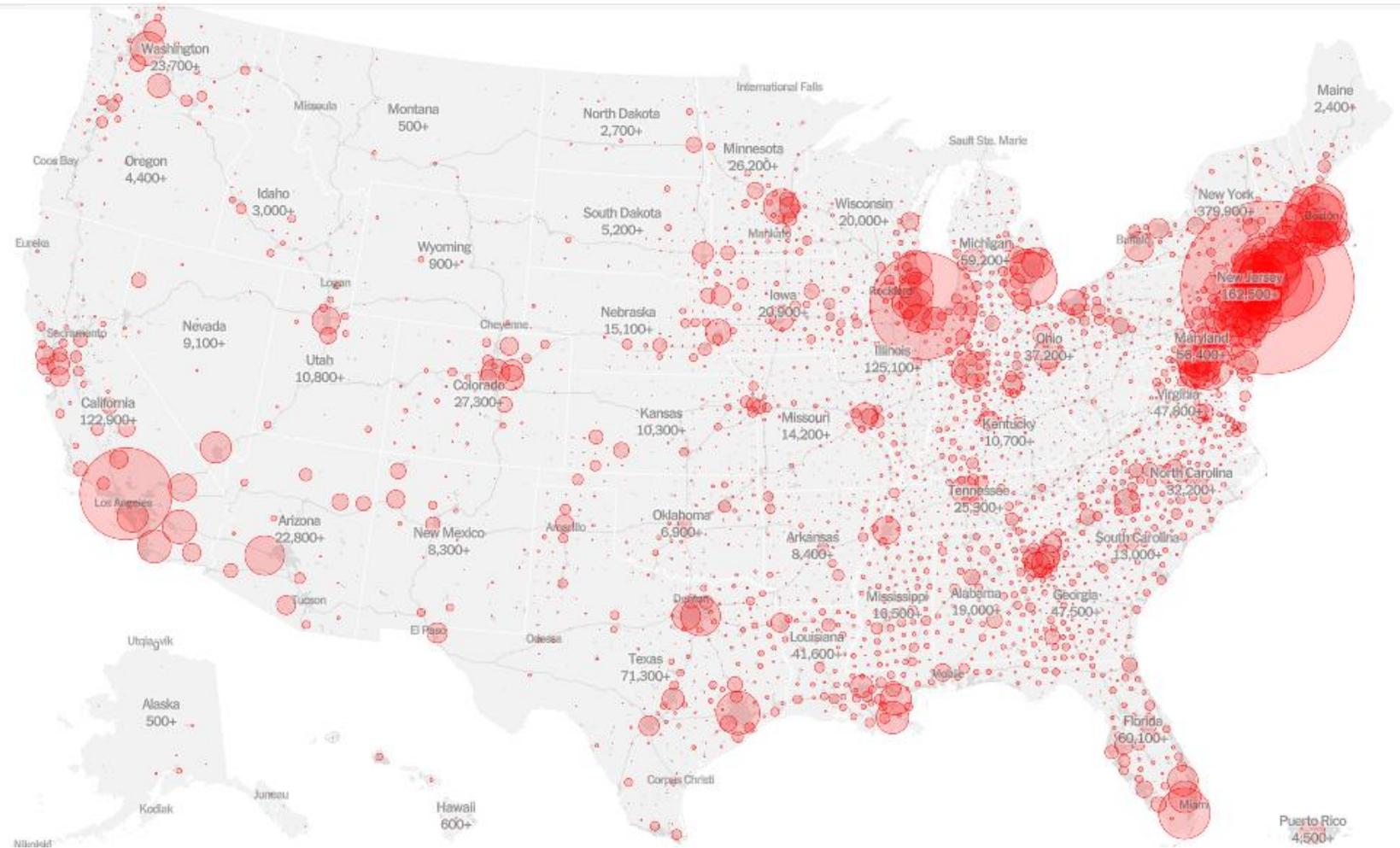


World Health Organization COVID-19 dashboard: cumulative confirmed cases. <https://covid19.who.int/>

# CUMULATIVE CASES AND DEATHS, U.S. 6/4/20

>1,800,000 cases  
(~29% of confirmed global cases)

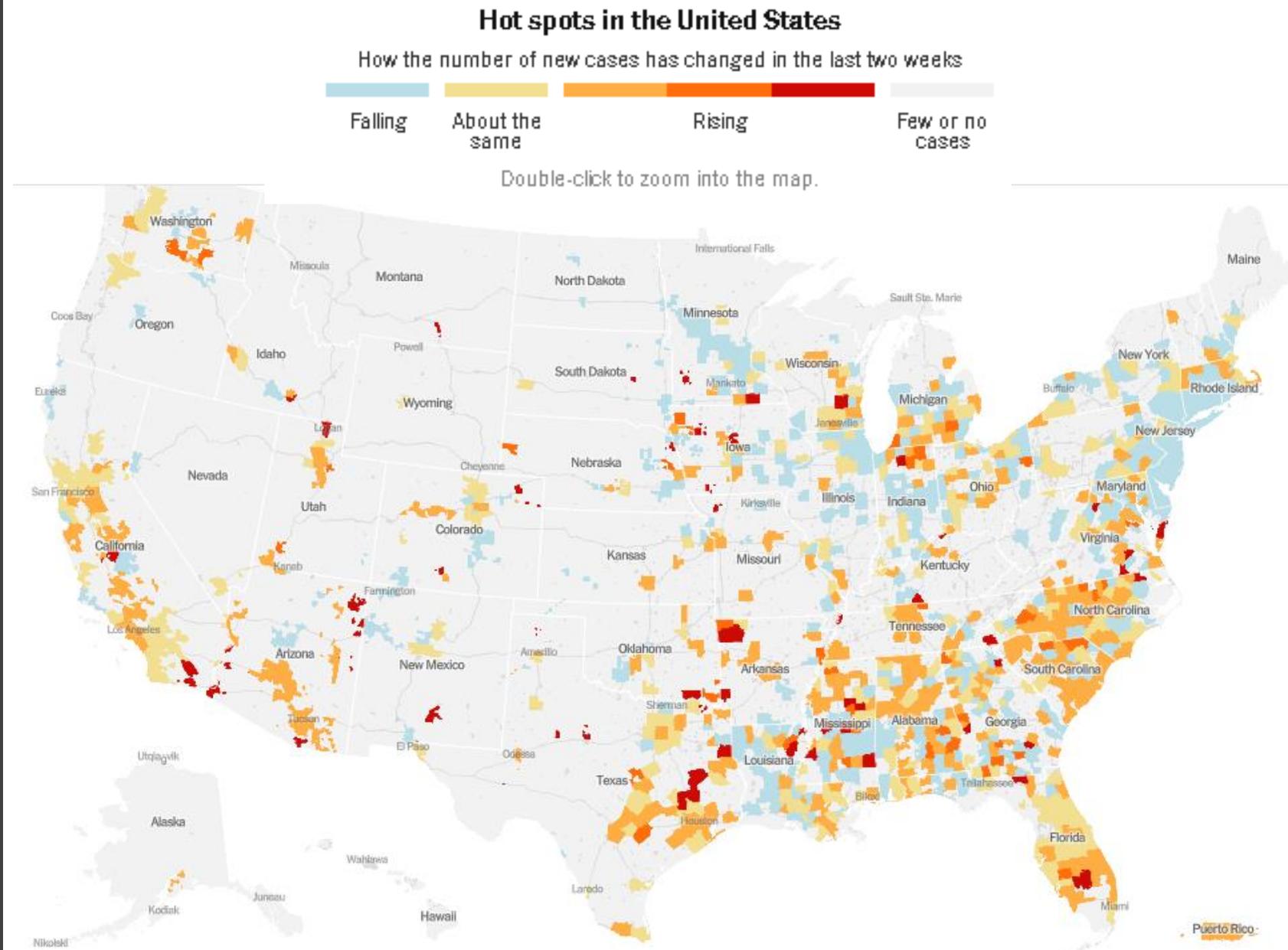
>108,000 deaths  
(~28% of reported global deaths)



*New York Times*. Coronavirus in the U.S.: latest map and case count.

<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

CHANGE IN  
NUMBER OF  
NEW CASES IN  
THE US DURING  
THE PAST 14  
DAYS  
6/4/20



*New York Times*. Coronavirus in the U.S.: latest map and case count.  
<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

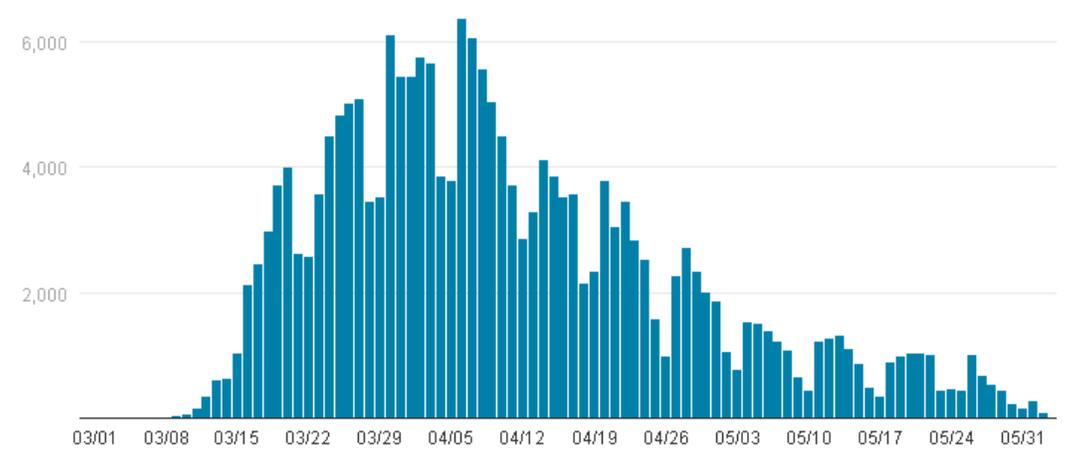
# COVID-19 CASES, NYC

3/3/20 – 6/4/20

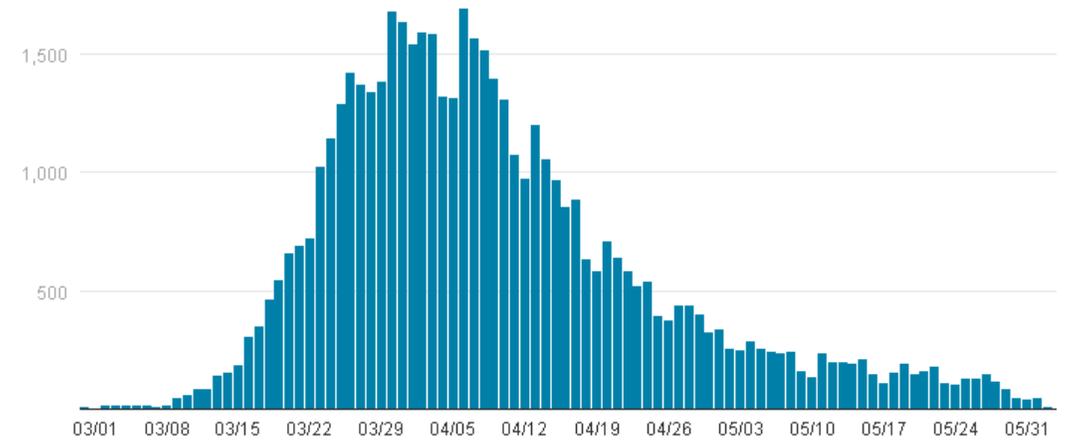
Shows number of daily COVID-19 cases, hospitalizations, and deaths since March 3

Deaths lag 1-2 weeks after hospitalizations

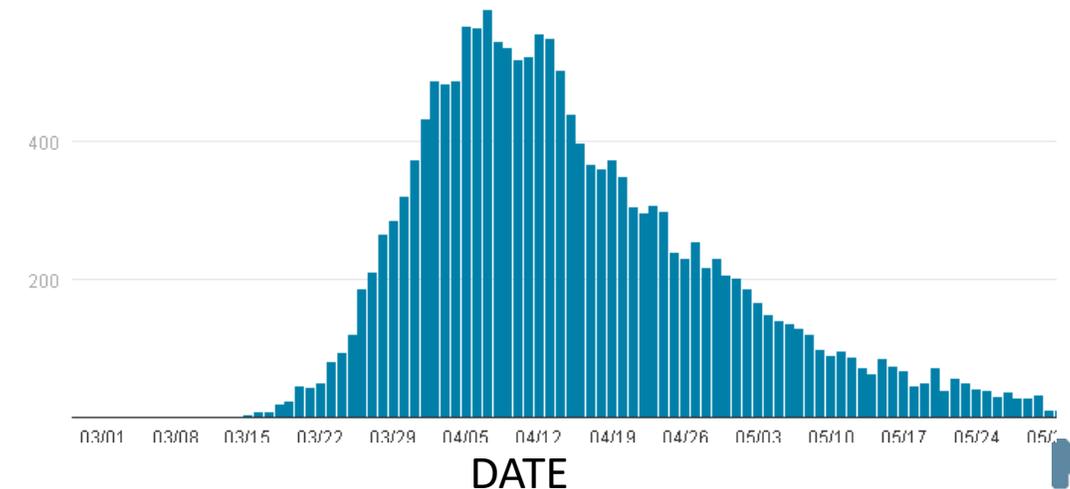
CASES



HOSPITALIZATIONS



DEATHS



CURRENT  
STATUS OF  
OUTBREAK,  
NYC  
6/4/20

Laboratory-confirmed cases	202,319
Hospitalizations	55,528
Deaths	
Confirmed	16,992
Probable	4,760

NYC Health Department. COVID-19: data. Updated daily.  
<https://www1.nyc.gov/site/doh/covid/covid-19-data.page>

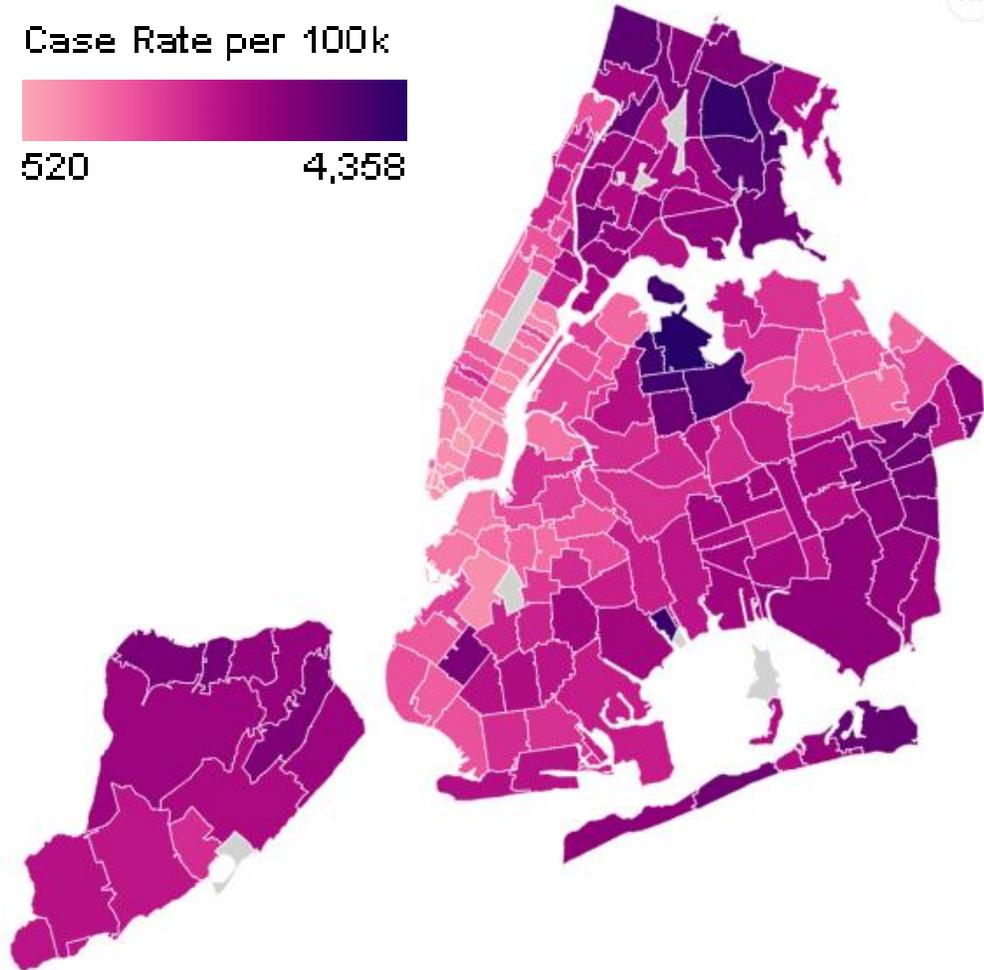
# COVID-19 DATA BY ZIP CODE OF RESIDENCE

Case Rate per 100k



520

4,358



Death Rate per 100k

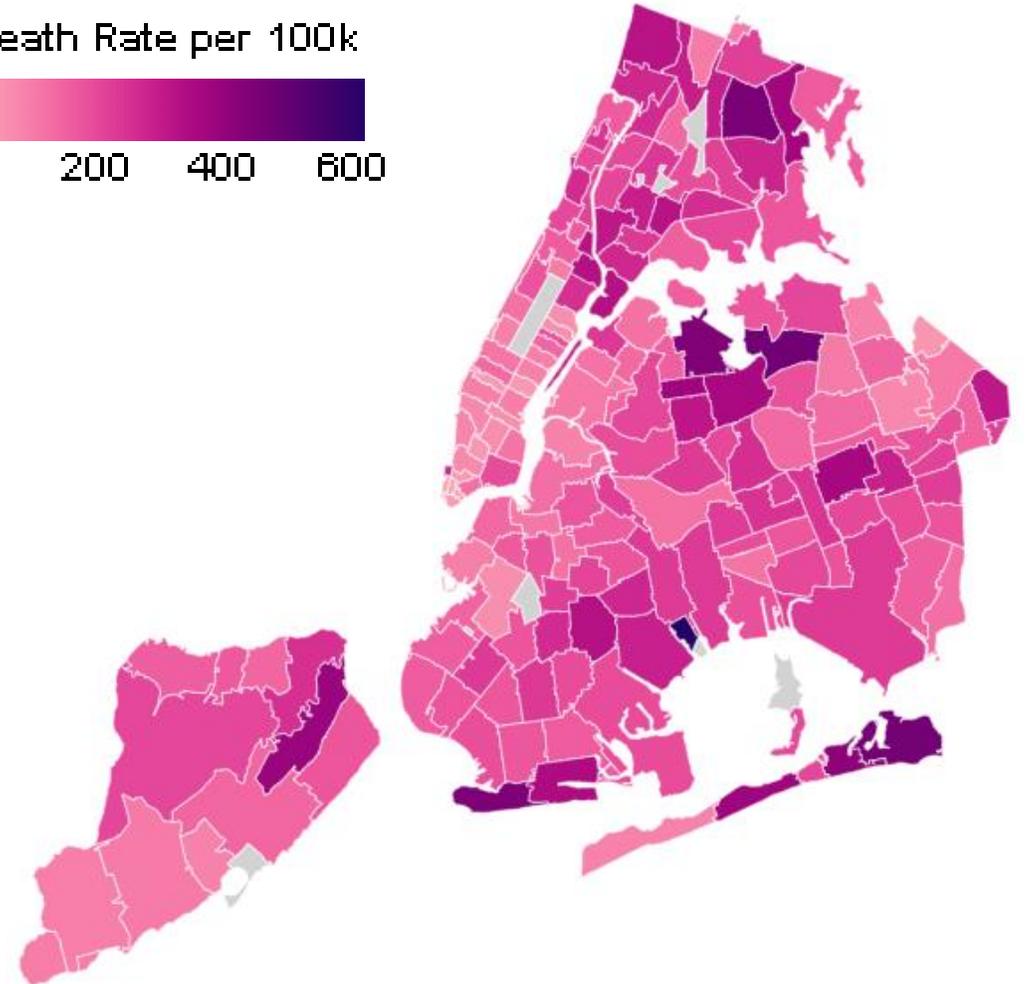


0

200

400

600



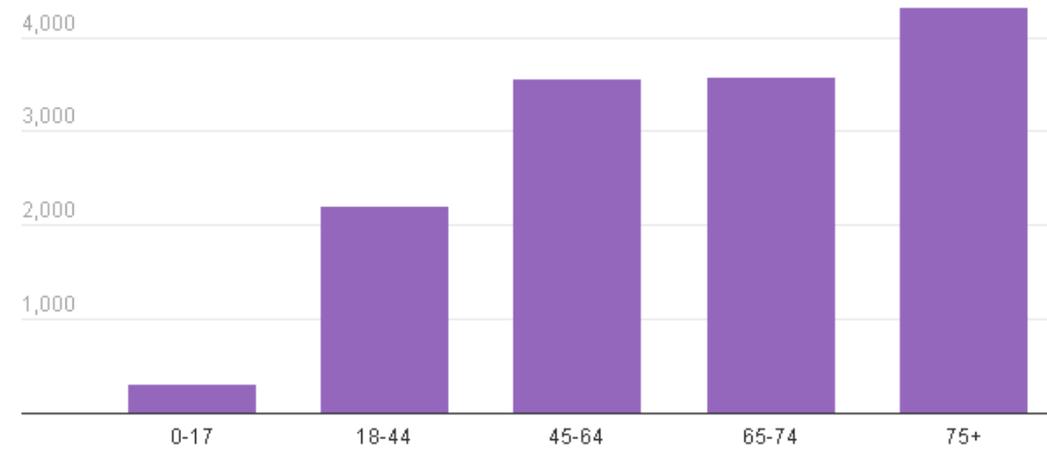
# COVID-19 DEATHS

6/4/20

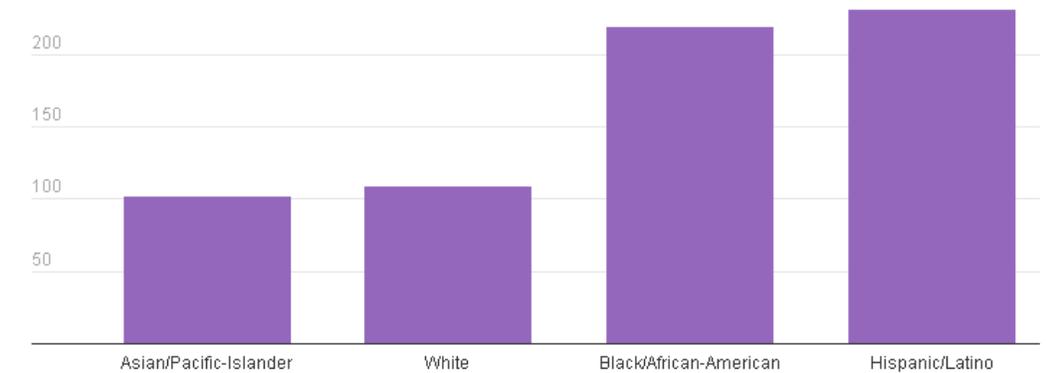
Shows rate of COVID-19-related deaths per 100,000 people according to age group, race-ethnicity,\* and neighborhood poverty level.\*

\*Age-adjusted  
NYC Health Department. COVID-19: data.  
<https://www1.nyc.gov/site/doh/covid/covid-19-data.page>

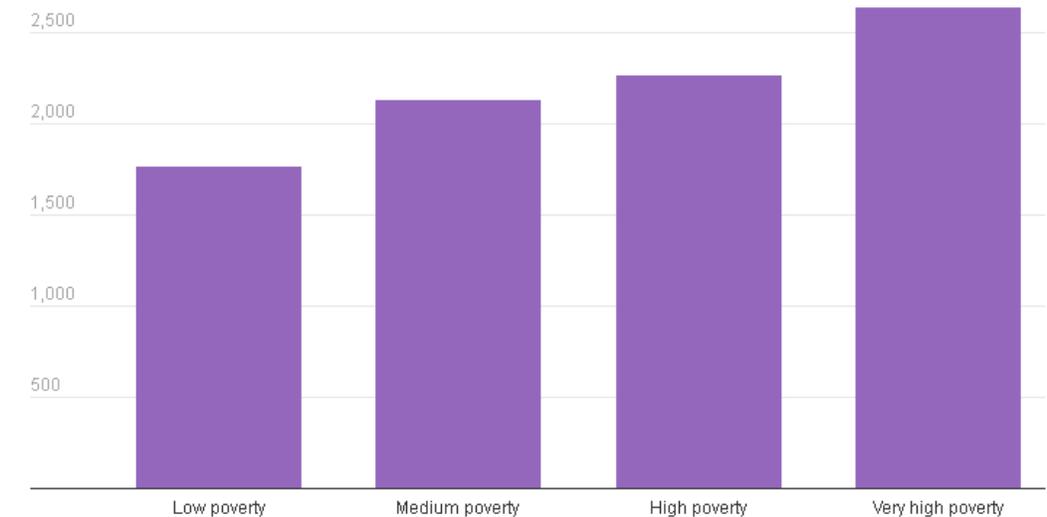
## AGE GROUP



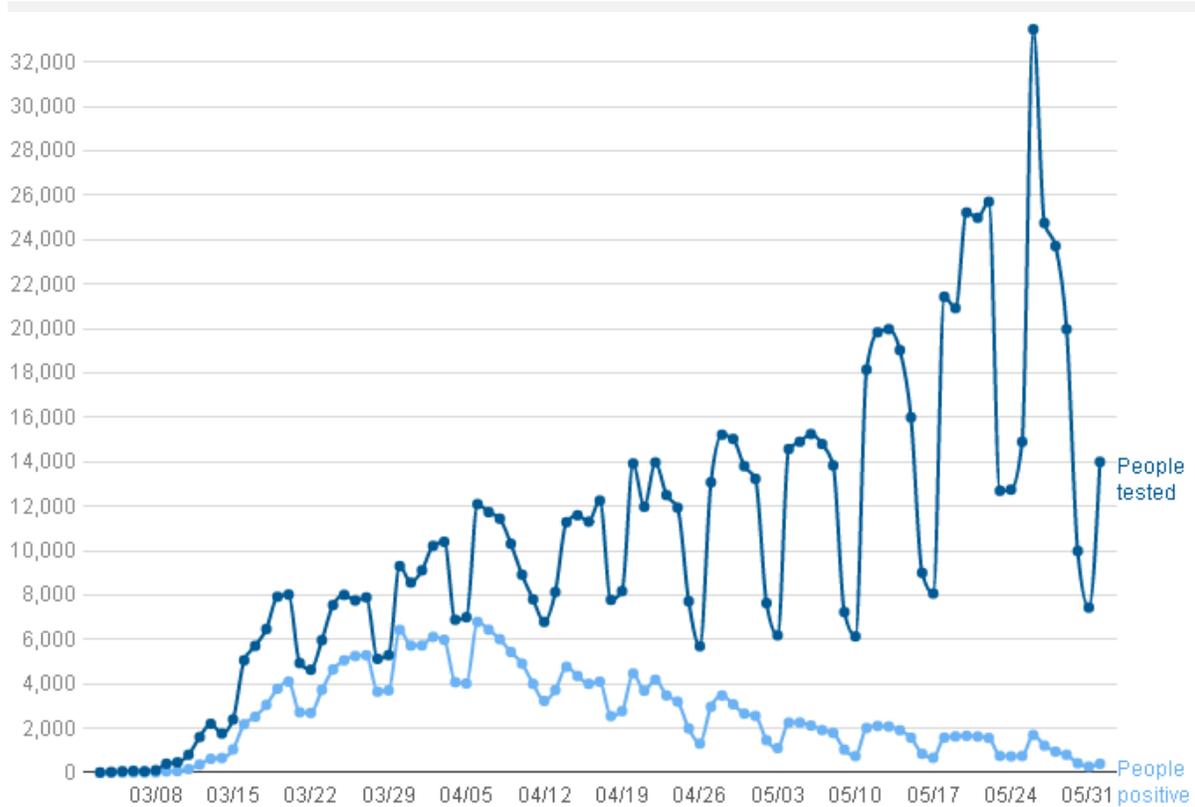
## RACE/ETHNICITY



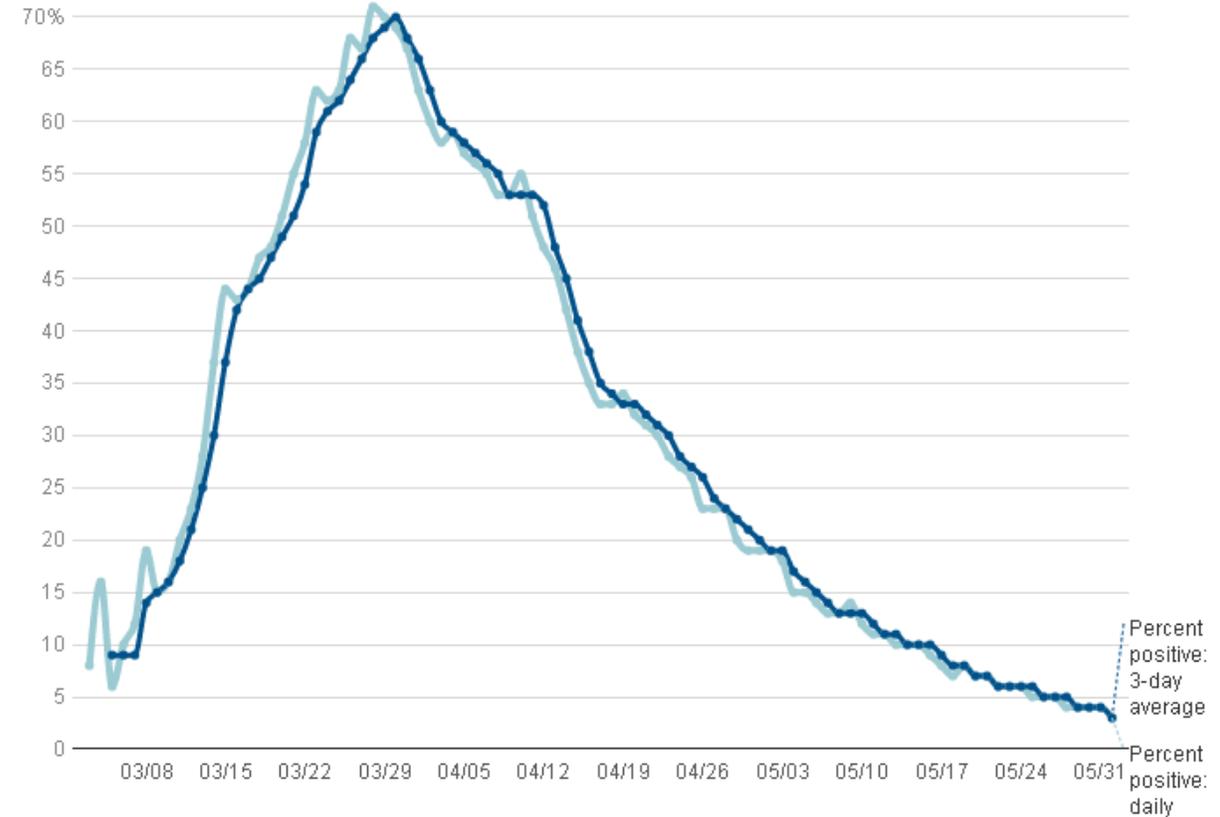
## NEIGHBORHOOD POVERTY



# DAILY TESTING FOR COVID-19



NUMBER OF PEOPLE TESTED DAILY BY DATE



PERCENT OF PEOPLE WITH POSITIVE RESULTS BY DATE

# MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C) REPORTING

- Report all possible cases to the NYC Health Department by calling the Provider Access Line: **(866) 692-3641**
  - Report regardless of laboratory evidence of SARS-CoV-2 infection
  - Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection
- NYC Health Department investigates all reports
- As of June 4, 232 reports were received by NYC Health Department
  - 141 met CDC case definition<sup>1</sup> for MIS-C
  - 44 did not meet case definition
  - 47 still under investigation
  - 1 death reported

CDC Health Alert. 5/14/2020. <https://emergency.cdc.gov/han/2020/han00432.asp>

# NYC HEALTH DEPARTMENT MIS-C REPORTING REQUIREMENTS<sup>1</sup>

(ALIGNED WITH  
NYS REQUIREMENTS<sup>2</sup>)

**ANY INDIVIDUAL AGED <21 YEARS WHO MEETS CLINICAL + GENERAL LABORATORY CRITERIA AND DOES NOT HAVE AN ALTERNATE DIAGNOSIS**

## **CLINICAL CRITERIA (ALL 3 REQUIRED):**

1.  $\geq 1$  day of subjective or measured fever ( $\geq 100.4^\circ$  F/ $38^\circ$  C)
2. Hospitalization
3. Either  $\geq 1$  of the following:
  - Hypotension or shock
  - Features of severe cardiac illness
  - Other severe end-organ involvement (excluding severe respiratory disease alone)

## **OR $\geq 2$ of the following:**

- Maculopapular rash
- Bilateral non-purulent conjunctivitis
- Mucocutaneous inflammatory signs (mouth, hands, or feet)
- Acute GI symptoms (diarrhea, vomiting, or abdominal pain)

## **GENERAL LABORATORY CRITERIA:**

$\geq 2$  markers of inflammation (e.g. neutrophilia, lymphopenia, elevated CRP)

1. NYC Health Alert #16. 5/18/2020. <https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-providers-mis-c.pdf>
2. NYS Health Advisory. 5/13/2020. [https://health.ny.gov/press/releases/2020/docs/2020-05-13\\_health\\_advisory.pdf](https://health.ny.gov/press/releases/2020/docs/2020-05-13_health_advisory.pdf)

EXPANDING  
OUTPATIENT  
PRACTICES DURING  
COVID-19:  
CONSIDERATIONS  
AND RESOURCES

**Hannah Helmy PhD, MPH**

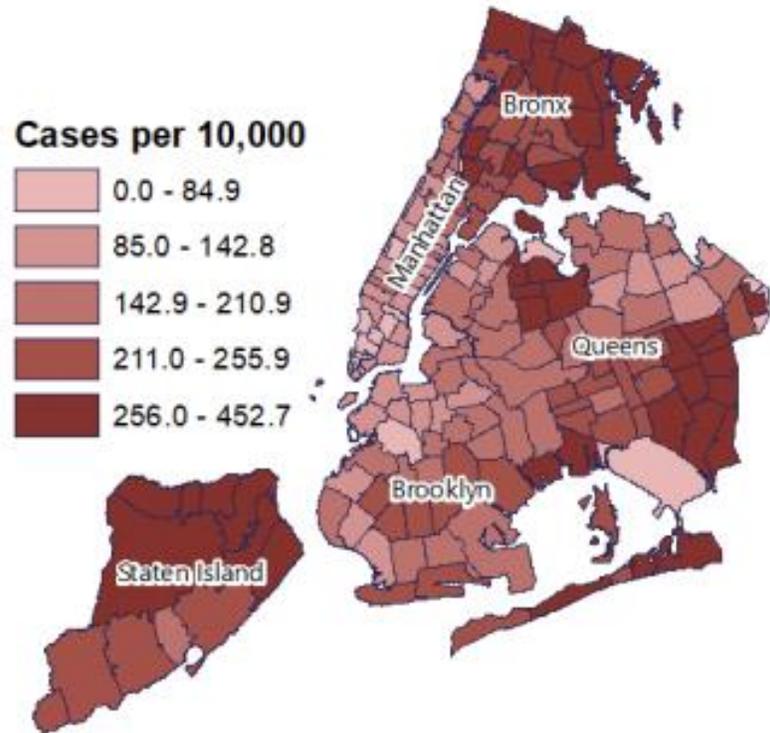
Health Systems Planning and Strategies Special Advisor  
NYC Department of Health and Mental Hygiene

## OUTLINE

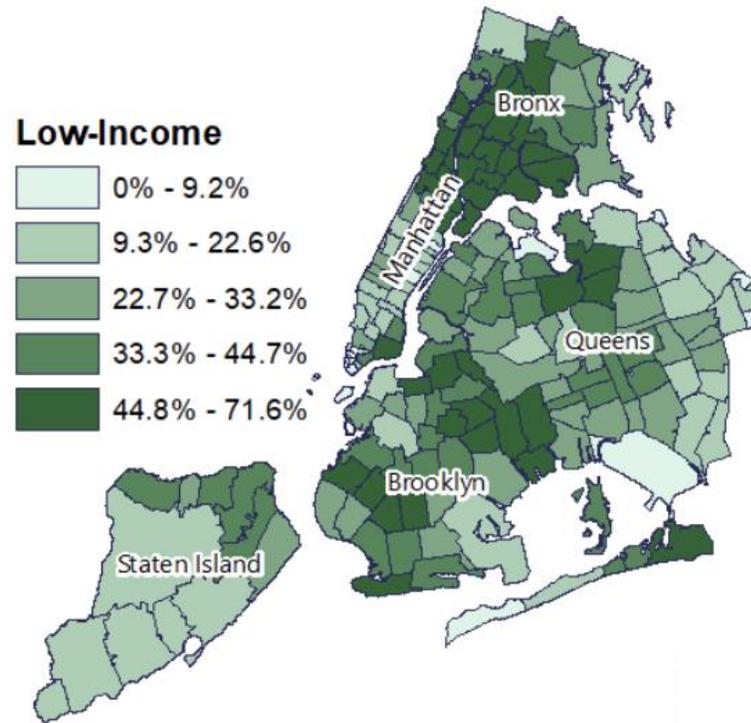
- COVID-19 inequities
- Effects of COVID-19 on health and household economic stability
- Impact of COVID-19 on outpatient practices
- Key considerations for expanding outpatient practices
- Spotlight on optimizing patient care

# SOCIO-ECONOMIC FACTORS AND COVID-19

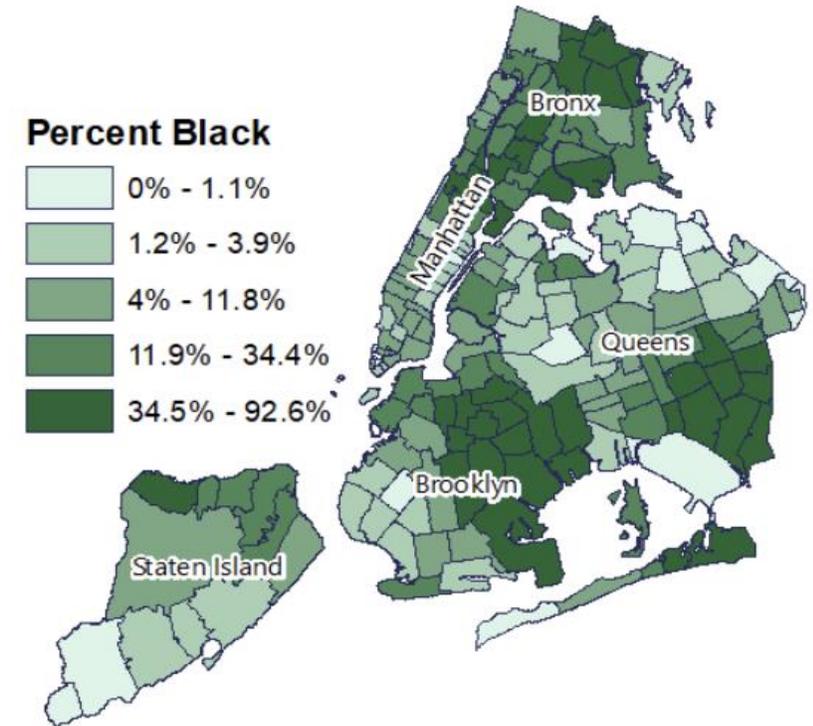
Rate of COVID-19 Cases  
by ZIP code



Percent of Low-Income Residents  
by ZIP code

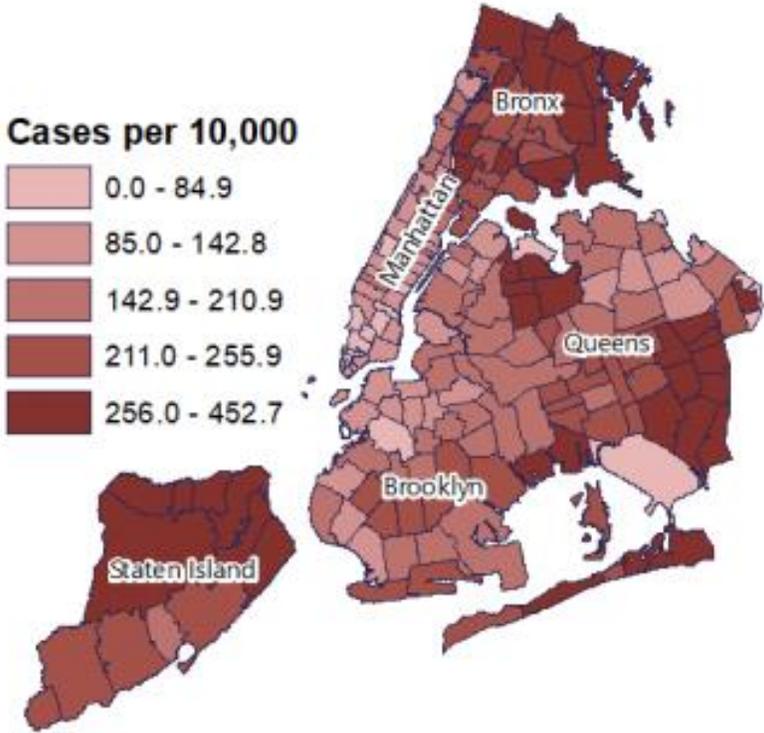


Percent of Black Residents  
by ZIP code

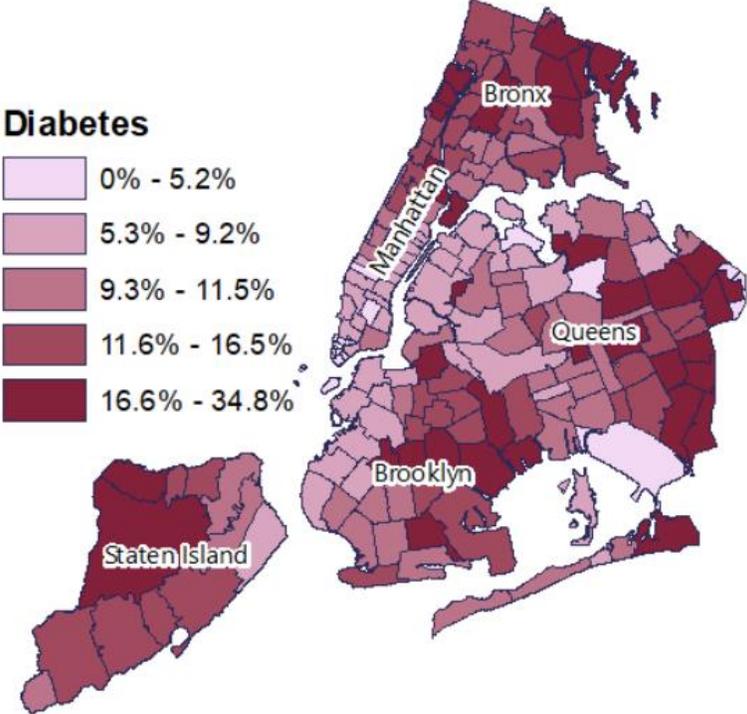


# CHRONIC DISEASE BURDEN AND COVID-19

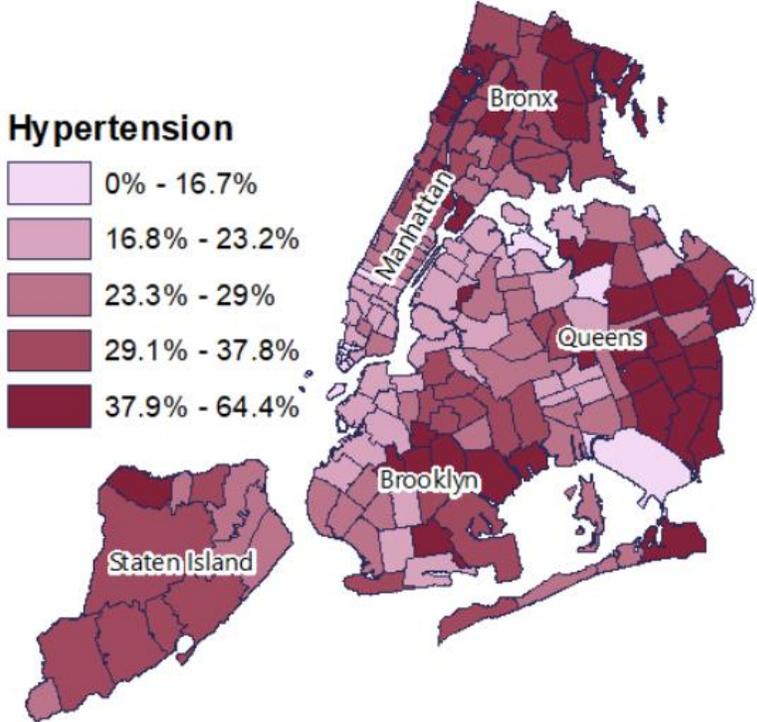
Rate of COVID-19 Cases by ZIP code



Percent of Residents with Diabetes by ZIP code

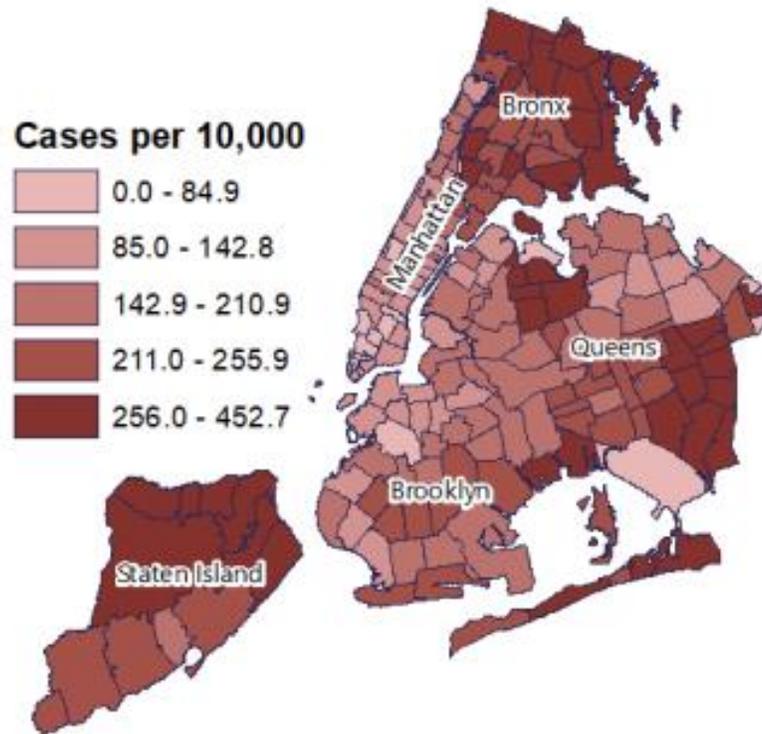


Percent of Residents with Hypertension by ZIP code

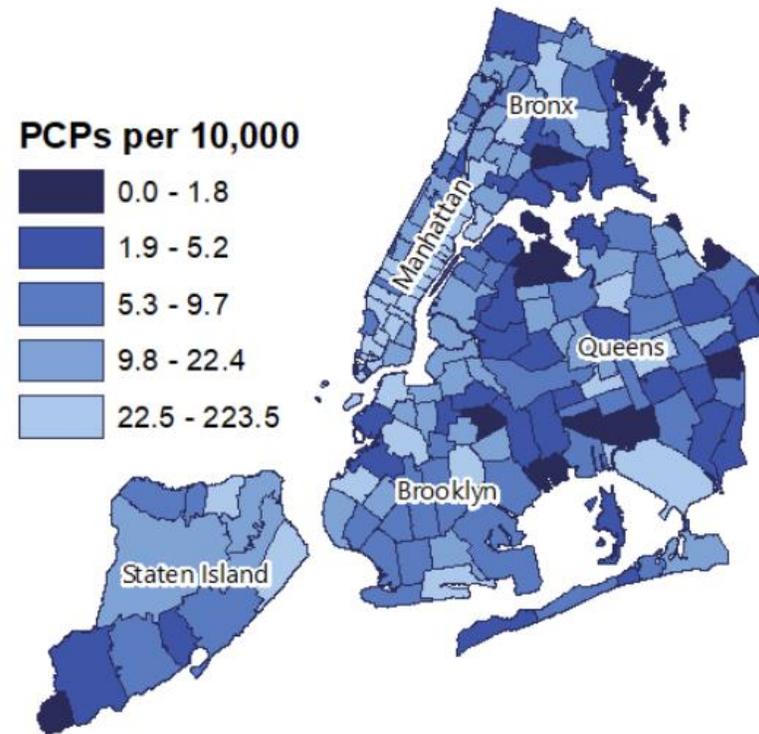


# PRIMARY CARE ACCESS AND COVID-19

Rate of COVID-19 Cases  
by ZIP code

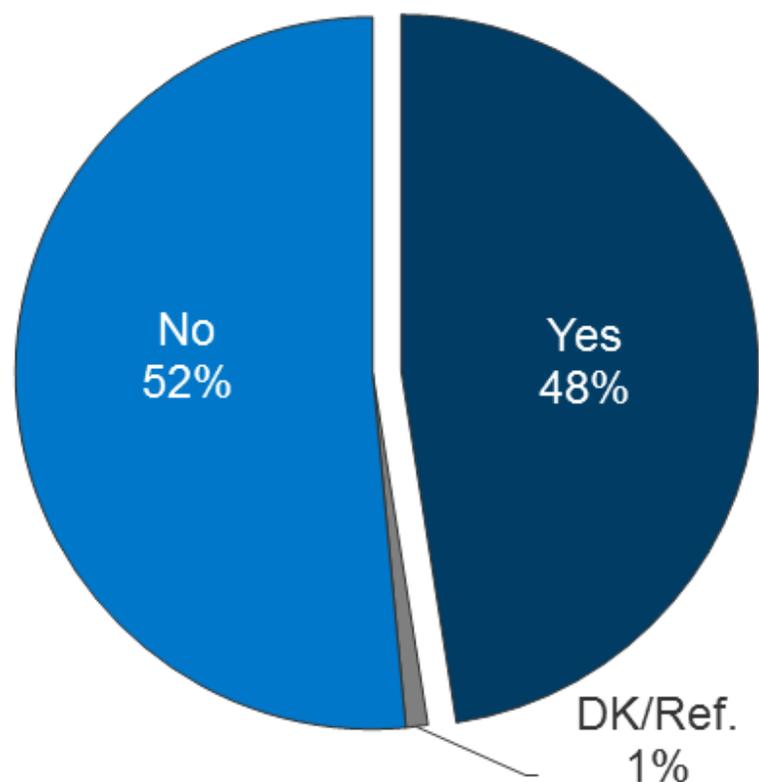


Primary Care Providers  
by ZIP code

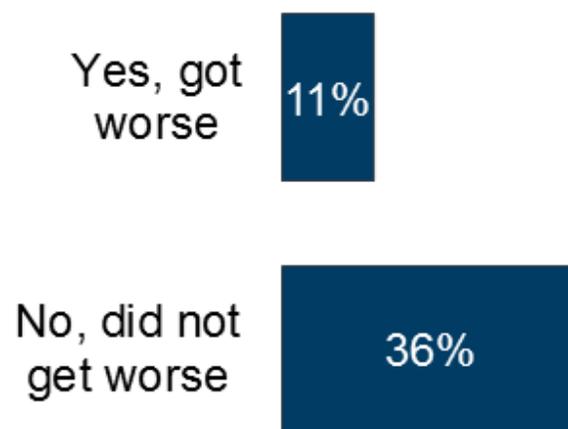


# About Half Of The Public Says They Have Skipped Or Postponed Medical Care Because Of The Coronavirus Outbreak

In the past three months, have you or a family member in your household skipped or postponed any type of medical care because of the coronavirus outbreak?



ASKED OF THE 48% WHO SKIPPED OR POSTPONED MEDICAL CARE: Did your or your family member's condition get worse as a result of skipping or postponing medical care?

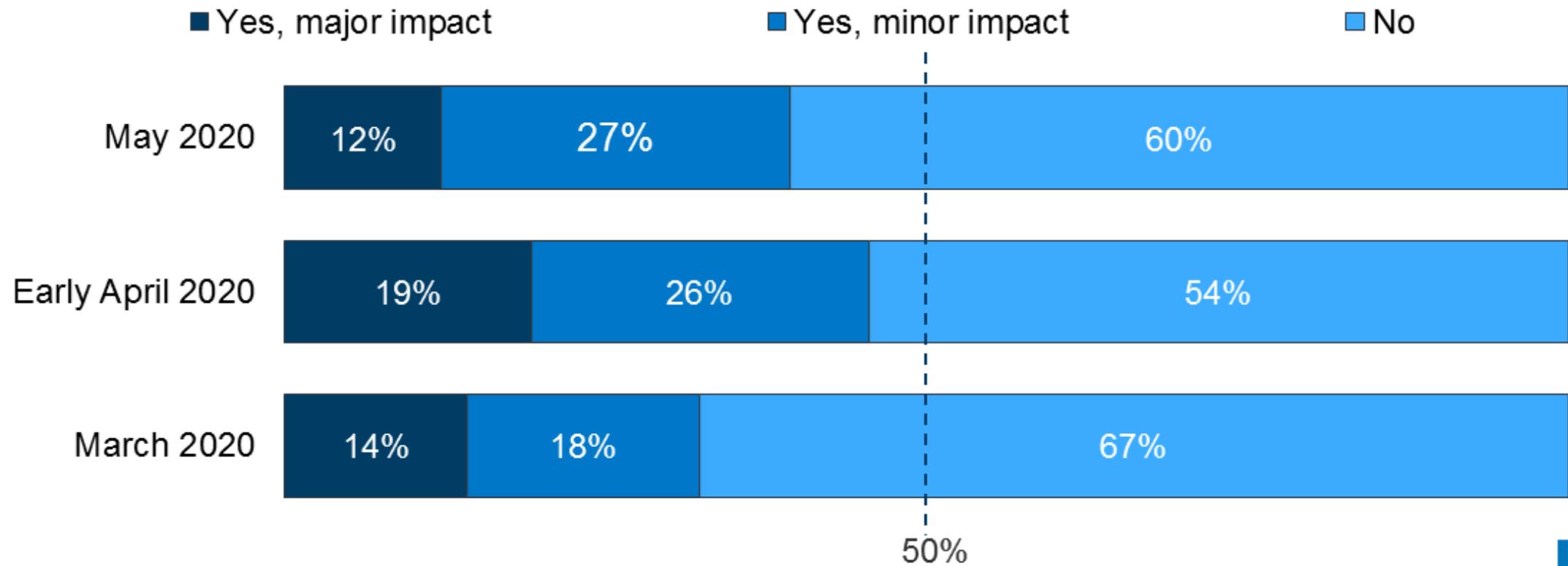


NOTE: For second question, percentages based on total.

SOURCE: KFF Health Tracking Poll (conducted May 13-18, 2020). See topline for full question wording.

# Four In Ten Say Worry And Stress From Coronavirus Has Had A Negative Impact On Their Mental Health

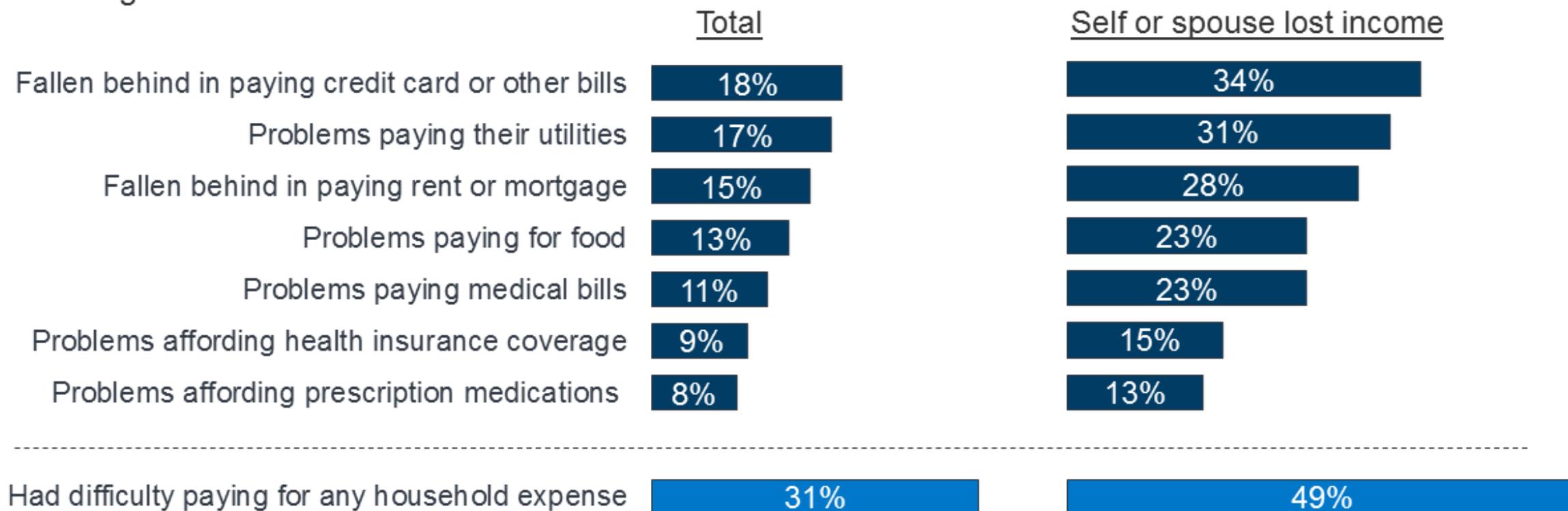
Do you feel that worry or stress related to coronavirus has had a negative impact on your mental health, or not? IF YES: Was that a major or minor impact?



SOURCE: KFF Health Tracking Poll (conducted May 13-18, 2020). See topline for full question wording.

# Large Shares Say They Have Fallen Behind Or Had Difficulty Affording Household Expenses Since February

Percent who say, since February, they or any other adult in their household has experienced each of the following as a result of the coronavirus outbreak:

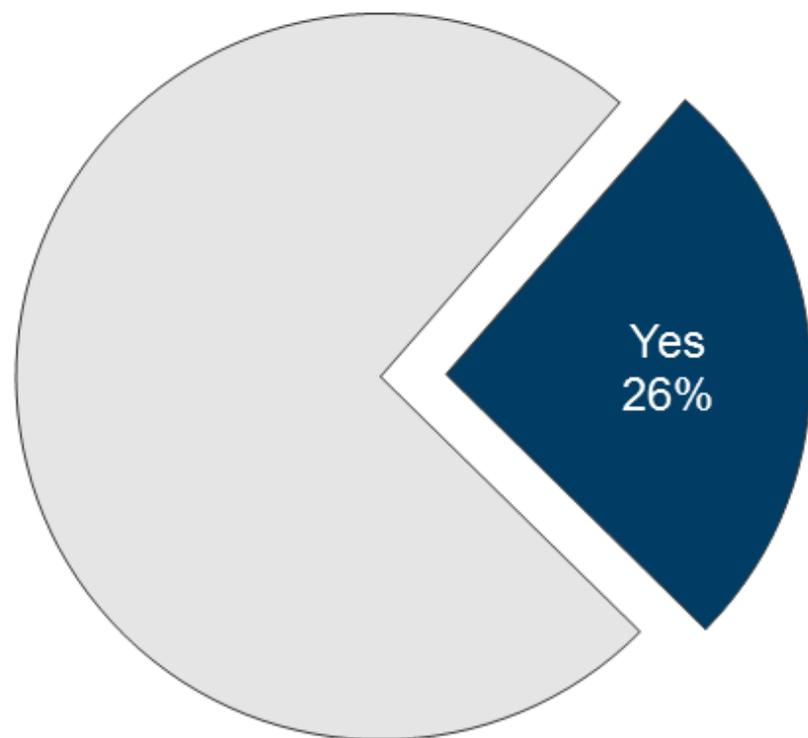


NOTE: 34% of the public said that they or their spouse lost their job or income due to the coronavirus.

SOURCE: KFF Health Tracking Poll (conducted May 13-18, 2020). See topline for full question wording.

# One In Six Say They Have Skipped Meals, Visited A Food Bank, Or Applied For Or Received SNAP Due To Impacts Of Coronavirus

Percent who say, since February, they or someone in their household has had to visit a food pantry, cut back on meals, or applied for or received SNAP:



ASKED OF THE 26% WHO SAY THEY OR SOMEONE IN THEIR HOUSEHOLD SKIPPED MEALS OR RELIED ON CHARITY OR GOVERNMENT FOOD PROGRAMS: Was this because of coronavirus and its impact on your financial situation, or was this something you were already doing before coronavirus?

Because of coronavirus and its financial impact

16%

Already doing this before coronavirus

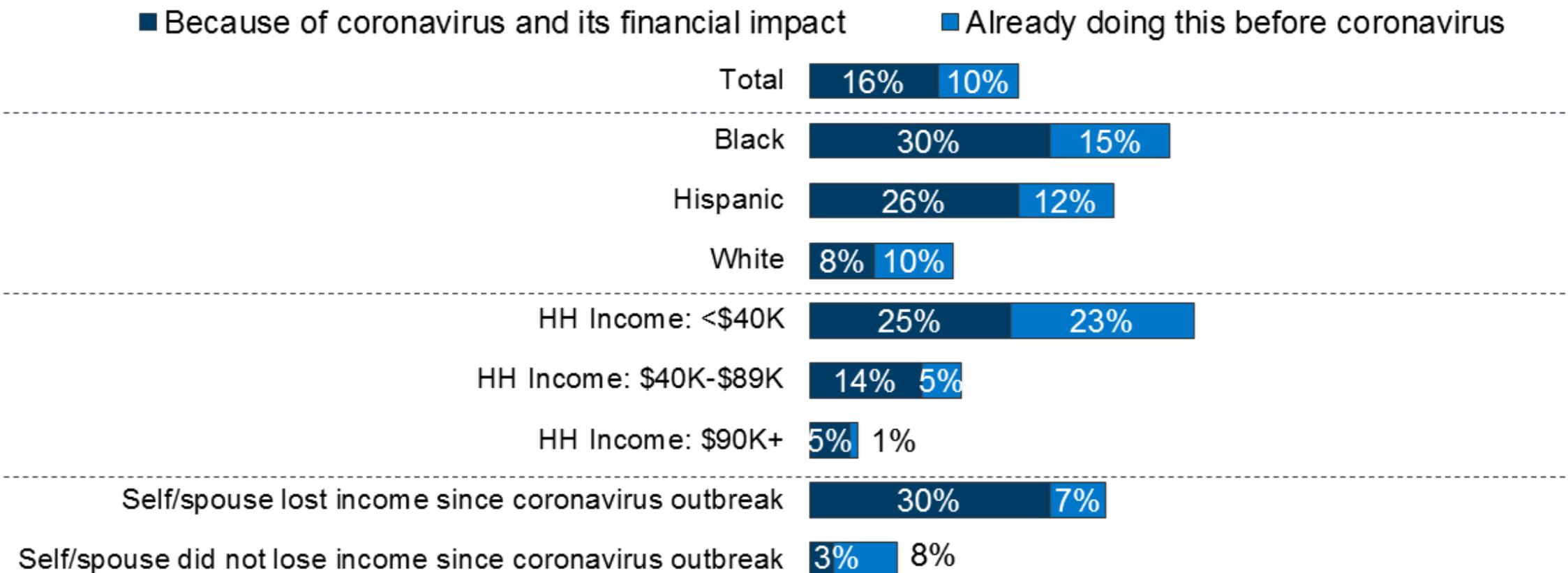
10%

NOTE: For second question, percentages based on total.

SOURCE: KFF Health Tracking Poll (conducted May 13-18, 2020). See topline for full question wording.

# Large Shares Of Blacks, Hispanics, And Lower-Income Households Report Skipping Meals, Relying On Charity Due To The Coronavirus

Percent who say, since February, they or someone in their household skipped meals or relied on charity or government food programs:



NOTE: For second question, percentages based on total. Second question asked of those who reported skipping meals or relying on charity or government food programs.

SOURCE: KFF Health Tracking Poll (conducted May 13-18, 2020). See topline for full question wording.

AAFP NEWS

[Family Doc Focus](#)[Leader Voices Blog](#)[Fresh Perspectives Blog](#)

## MMWR: COVID-19 Has Provoked Drop in Childhood Immunizations

*AAFP President Offers Advice on Communicating With Parents*

## Opportunities and Barriers for Telemedicine in the U.S. During the COVID-19 Emergency and Beyond

[Gabriela Weigel](#), [Amrutha Ramaswamy](#), [Laurie Sobel](#) , [Alina Salganicoff](#) , [Juliette Cubanski](#) , and [Meredith Freed](#)

Published: May 11, 2020

### HEALTH AND SCIENCE

# Doctors face pay cuts, furloughs and supply shortages as coronavirus pushes primary care to the brink

PUBLISHED MON, MAY 25 2020•2:13 PM EDT | UPDATED MON, MAY 25 2020•4:12 PM EDT

## Cancer Screenings and Routine Care Drop During Public Health Emergency

May 12, 2020

## IMPACTS OF COVID-19 ON OUTPATIENT PRACTICES

- Significant decrease in visits
- Significant impact on revenue
- Staff shortages
- Challenges with PPE and supplies
- Challenges with telehealth implementation

## KEY CONSIDERATIONS FOR EXPANDING OUTPATIENT PRACTICES

- Stay up-to-date with the latest information and guidance
- Maintain or resume some preventive care (e.g., childhood immunizations) and care for chronic conditions
- Weigh risks/benefits to your patients
- Balance the use of telehealth and in-person visits
- Leverage health technology

## KEY CONSIDERATIONS FOR EXPANDING OUTPATIENT PRACTICES

- Keep patients and staff educated and updated
- Have adequate supplies on hand
- Optimize infection control, triage, and physical distancing practices
- Support the health and well-being of your staff while planning for potential shortages
- Be prepared for psychosocial and socio-economic challenges facing your patients and staff

NYC HEALTH  
ADVISORY #17,  
5/29/20

- Urge patients with severe symptoms due to any health condition to seek medical care promptly
  - Trouble breathing, signs of a possible stroke or heart attack, newly altered mental status, symptoms of MIS-C

## NYC HEALTH ADVISORY #17, 5/29/20

**Prioritize essential medical care, patients at higher risk for poor health outcomes, and patients who cannot access telemedicine when re-opening or expanding current in-person clinical services**

URGENT	CHRONIC	MATERNAL AND CHILD HEALTH	PRIVACY
<ul style="list-style-type: none"><li>- Severe abdominal pain</li><li>- Sick visits with diagnostic testing</li></ul>	<ul style="list-style-type: none"><li>- Patients with chronic conditions who cannot access telehealth</li></ul>	<ul style="list-style-type: none"><li>- Vaccinations for young children</li><li>- Patients with pregnancy complications</li></ul>	<ul style="list-style-type: none"><li>- Sexually active adolescents needing sexual reproductive health access</li><li>- Patients with intimate partner violence history without telehealth access</li></ul>

NYC HEALTH  
ADVISORY #17,  
5/29/20

- Severe blood shortages nationally and in NYC
- Encourage patients who are not at increased risk of complications from COVID-19 to donate blood

## OPTIMIZING TELEHEALTH ACCESS

- Accommodate audio-only visits
- Refer patients to services to obtain an inexpensive phone line
- Provide additional support to patients uncomfortable with technology
- Plan longer visit times for patients who:
  - Are not familiar with virtual technology
  - Have cognitive and/or physical impairments
- Ask patients if a family member/caregiver can help facilitate telehealth appointments

## ADDRESSING PSYCHOSOCIAL & SOCIO-ECONOMIC CHALLENGES

- NYC's COVID-19 hotel program
- Trauma and resilience-informed approaches
- NYC Health Department and NYC mental health and coping resources
- Integration of social, mental health, and medical services
- EHR to help respond to psychosocial issues and needs
- Advance directive conversations
- Culturally and linguistically appropriate behavioral health resources and social services for patients
- Use a structural vulnerability assessment tool to develop a comprehensive treatment plan which incorporates resources outside the clinic\*

\*Bourgois P, Holmes SM, Sue K, Quesada J. Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care. *Acad Med.* 2017;92(3):299-307. doi:10.1097/ACM.0000000000001294

## COMMUNICATING WITH PATIENTS

- Issues such as housing stability, food insecurity, unemployment, grief, and trauma are compounded by the COVID-19 pandemic
- Prepare to talk
- Engage, using open-ended questions and reflective listening
  - Watch for behaviors that signal mistrust
  - Offer to partner in the way the patient wants
- Respond honestly to questions and concerns
- Offer additional information and resources
- Summarize with teach-back

## CLOSING

- Be proactive – delayed/missed care may create new health crises
- COVID-19 is deepening existing health and socio-economic inequities
  - How can the health and socio-economic impacts of COVID-19 be reduced for the most vulnerable?
  - How can we better address social determinants to improve the health and resiliency of our patients?
- Center equity principles as services are expanded

# COVID-19 RESOURCES FOR OUTPATIENT SETTINGS

- ACCESS NYC Coronavirus Updates
  - <https://access.nyc.gov/coronavirus-covid-19-updates/>
- CAPC COVID-19 Response Resources
  - <https://www.capc.org/toolkits/covid-19-response-resources/>
- CDC Framework for Providing Non-COVID-19 Clinical Care
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html>
- COVID-19: Coping and Emotional Well-Being
  - <https://www1.nyc.gov/site/doh/covid/covid-19-mental-health.page>
- COVID-19 Hotel Program
  - <https://www1.nyc.gov/site/helpnownyc/get-help/covid-19-hotel-program.page>
- COVID-19 Outpatient Infection Control Quick Guide
  - <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-infection-control-outpatient.pdf>
- COVID-19 Resources by Neighborhood
  - <https://www1.nyc.gov/site/doh/covid/covid-19-businesses-and-facilities.page>
- HITE Online Resources Directory
  - <https://hitesite.org>
- NYC Health Dear Colleague Letter with Guidance on Recognizing and Addressing Behavioral Health Concerns During the COVID-19 Pandemic
  - <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-providers-dear-colleague-updates-04212020.pdf>

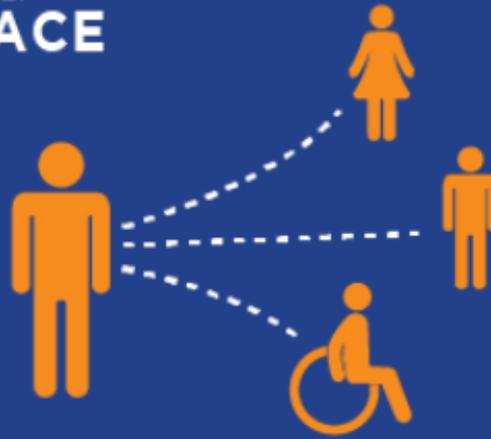
# COVID-19 RESOURCES FOR OUTPATIENT SETTINGS

- NYC Health Department Domestic Violence Homepage
  - <https://www1.nyc.gov/site/dhs/prevention/domestic-violence.page>
- NYCWELL
  - <https://nycwell.cityofnewyork.us/en/>
- NYC REACH – Telehealth and practice transformation resources
  - <http://nycreach.org/>
- PCDC – How to Talk to Patients about COVID-19
  - <https://www.pcdc.org/patients-and-covid-19/>
- Personal Protective Equipment and Medical Supply Companies
  - <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-ppe-suppliers.pdf>
- Resources for New Yorkers
  - <https://www1.nyc.gov/site/coronavirus/resources/resources-for-new-yorkers.page>
- Resources to Support the Health and Well-Being of Clinicians
  - <https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/>
- ENDGVB Resources for Survivors during COVID-19
  - <https://www1.nyc.gov/site/ocdv/get-help/resources-for-survivors-during-covid-19.page>

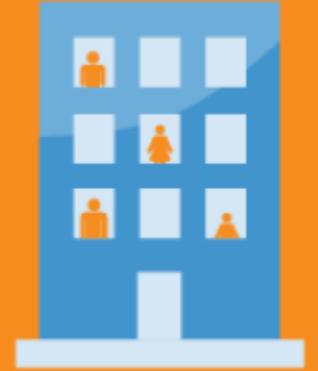
STEP 1.  
**TEST**



STEP 2.  
**TRACE**



STEP 3.  
**TAKE CARE**



NYC  
HEALTH+  
HOSPITALS



NYC

# NEW YORK CITY TRACE OVERVIEW

Dr. Neil Vora, MD

Director of Trace

## NYC TRACE OVERVIEW



The goal is to suppress COVID-19 through interrupting chains of transmission.

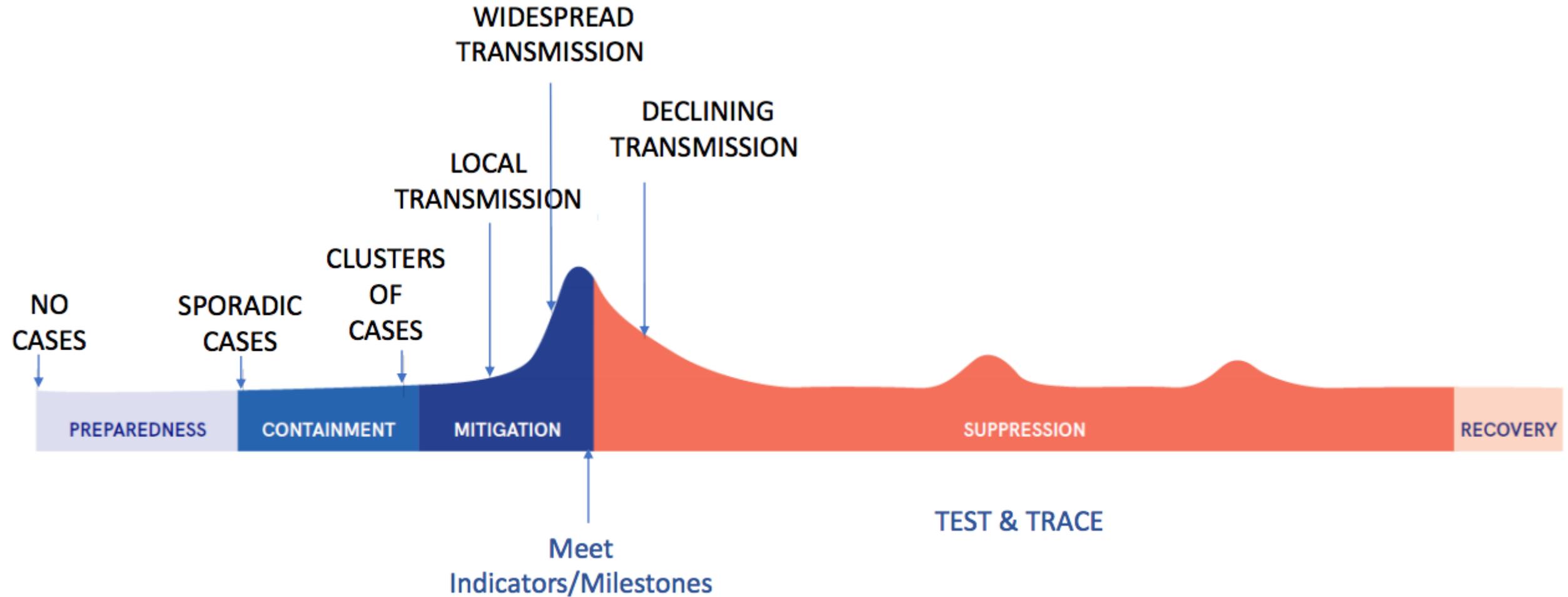


We will be conducting contact tracing at an unprecedented scale in recent history.



This is a tremendous opportunity to do something impactful when the world depends on public health.

# PHASES OF THE COVID-19 RESPONSE



# CASE VS. CONTACT

## CASE

- Confirmed Case: a person with a laboratory-confirmed positive COVID-19 test result
  - Lab-confirmed: a positive diagnostic test that detects the virus' genetic materials through a swab of the nose or mouth; NOT an antibody test from the blood
- Probable Case: a person who is a contact of a COVID-19 case who has any symptom of COVID-19

## CONTACT

- Household members
- Intimate partner (kissing or sex)
- Individuals providing care in the household
- Individuals who spent 10 or more minutes within 6 feet of a person known to have COVID-19 (regardless of wearing a face covering or not)

# ISOLATION VS. QUARANTINE

## **ISOLATION**

- Separation of sick people with a contagious disease from people who are not sick

## **QUARANTINE**

- Separation of people who were exposed to a contagious disease to see if they become sick

## TEST AND TRACE CORPS OVERVIEW

- The Trace team is part of New York City's **Test and Trace Corps (TTC)**
- TTC represents a **multi-pronged approach** to stopping COVID-19:
  - **Testing**: Rapidly expanding COVID-19 testing to detect infections
  - **Tracing**: **Identifying cases, tracing their contacts, and recommending isolation or quarantine**
  - **Take Care**: Connecting New Yorkers to resources to safely isolate or quarantine at home or in a hotel





## CURRENT AND FUTURE STATUS

- Launched on 6/1/2020
- Trace work is mostly done by staff working remotely
- Trace **will evolve with the outbreak**
  - Tasks and protocols may change depending on what the data show
- **Continued input** is critical
- It won't be perfect – need to learn, adapt, and expand together

## HOW WE IDENTIFY CASES

- All COVID-19 tests performed in a laboratory are automatically reported to the NYC Health Department
- Every new laboratory-confirmed case in a NYC resident is therefore automatically enrolled into Trace
- Because Trace already investigates cases that are reported to the NYC Health Department, reports from the public are potentially supplemental but not critical at this time

## HOW WE IDENTIFY CONTACTS

- Persons with confirmed COVID-19 will undergo an interview during which their close contacts will be interviewed
- Identified close contacts will be enrolled into Trace
- With more access to testing, persons who believe they were exposed but who have not been contacted by Trace should consider getting tested and going under self-quarantine

## TRACE TEAM ROLES

- **Case Investigator:**
  - Conducts interviews with people newly diagnosed with COVID-19 and asks about their contacts
- **Monitor:**
  - Follows up with cases and identified contacts for 10-14 days
  - Assesses cases' and contacts' needs during their isolation and quarantine periods
- **Information Gatherer:**
  - Uses various resources to find additional contact information for cases and contacts
- **Community Engagement Specialist:**
  - Goes into the community to find the case or contact in person and encourage them to participate

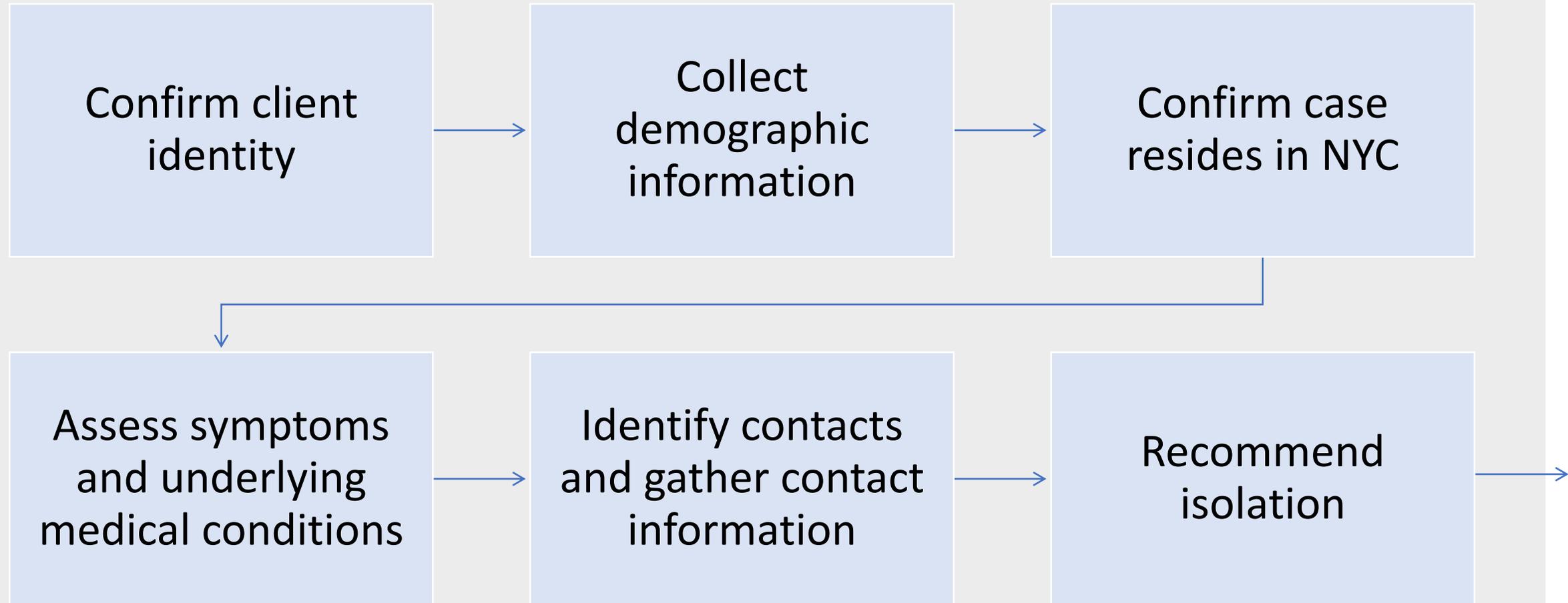
## WHAT WE DO FOR CASES

- Educate about COVID-19 and their diagnosis
- Monitor daily for new or worsening illness
- Identify their contacts
- Recommend and support isolation
- Evaluate need for supportive services
- Inform when they can end isolation

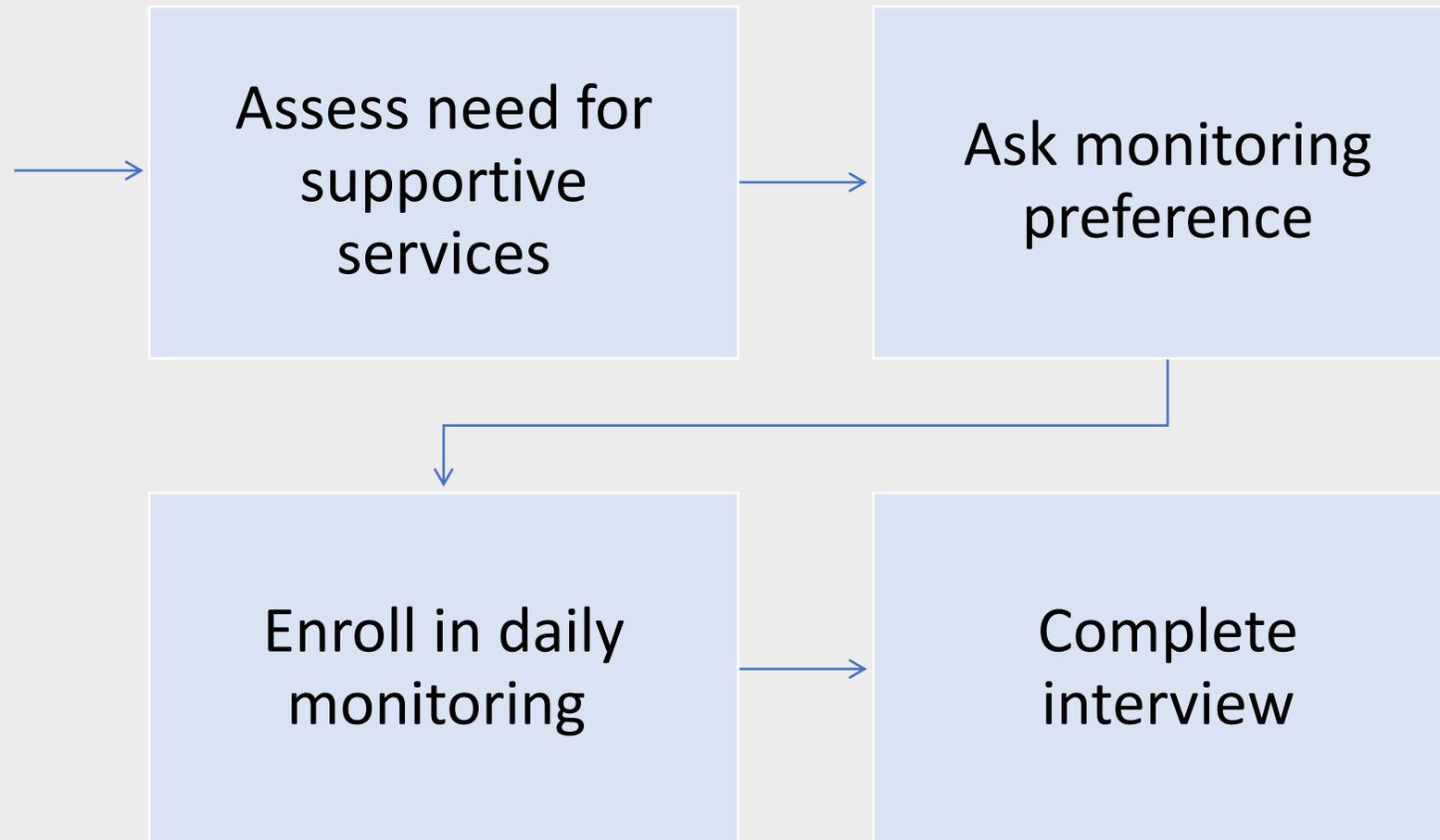
## WHAT WE DO FOR CONTACTS

- Educate about COVID-19 and their exposure
- Monitor daily for new or worsening illness
- Recommend and support quarantine
- Evaluate need for supportive services
- Inform when they can end quarantine

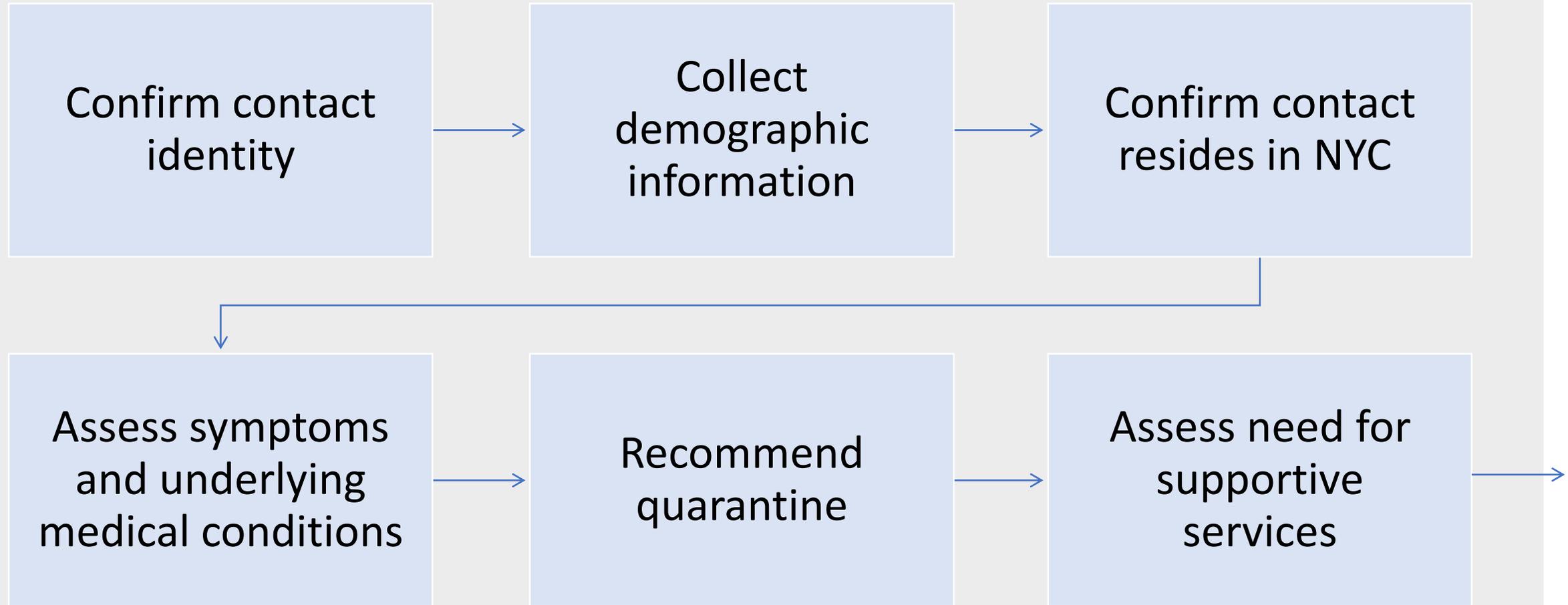
# Case Investigator: Interview Case and Identify Contacts



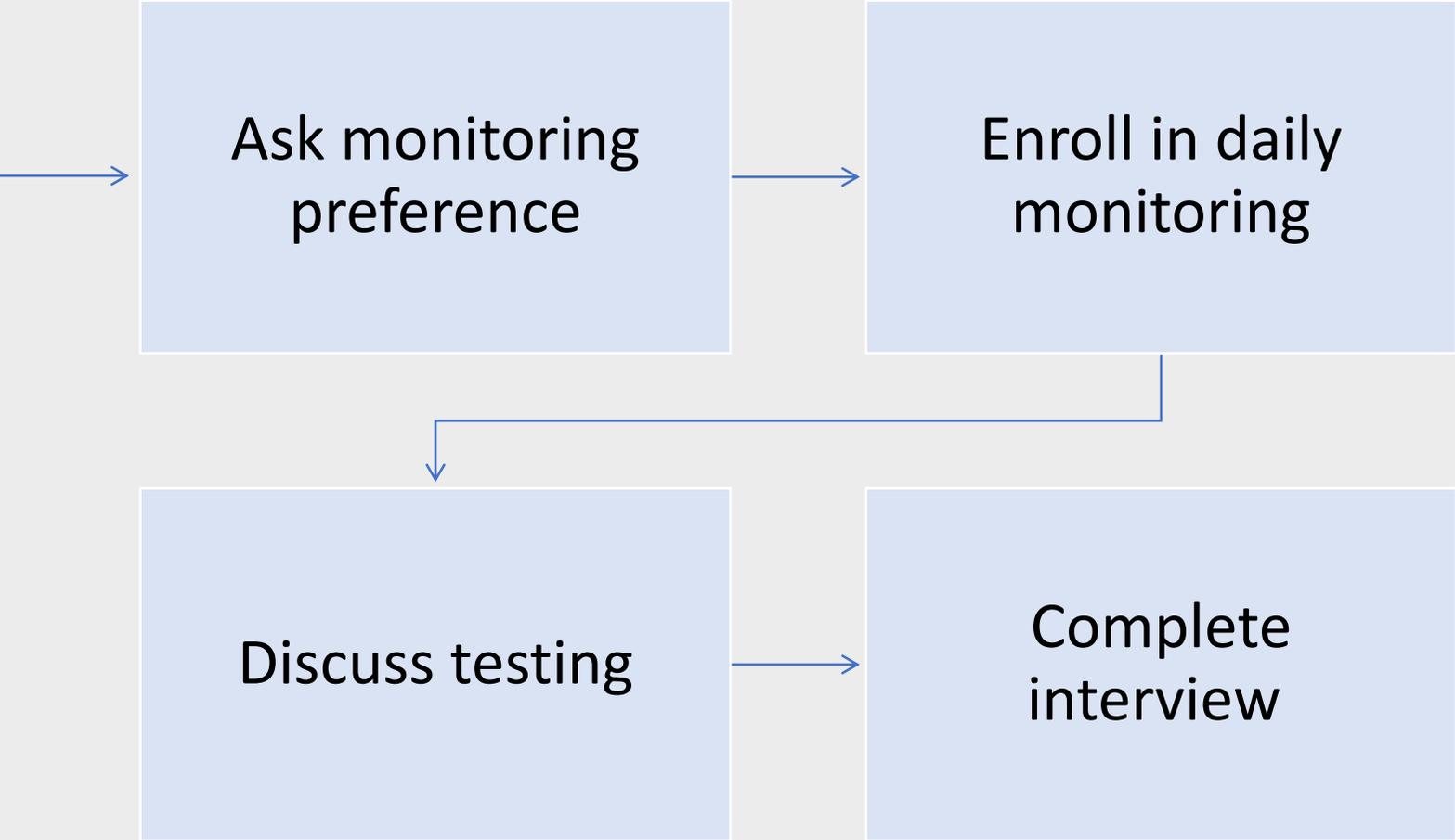
# Case Investigator: Interview Case and Identify Contacts



# Monitor: Interview Contacts



# Monitor: Interview Contacts



## GENERAL INFORMATION FOR COVID-19 TESTING

- Let patients who undergo diagnostic testing for COVID-19 know that they will be enrolled in the Trace program if they test positive
- Collect good phone numbers and addresses on your patients—if we don't have this information, we cannot investigate the case
- If a patient thinks they were exposed to COVID-19 but does not get called by Trace, the patient can still get tested for COVID-19

## COMMITMENTS BY TRACE TEAM

- Use a trauma-informed approach that builds trust and facilitates sharing
- Protect and maintain individual privacy and confidentiality
- Communicate in a clear, professional and compassionate manner
- Ensure that engagement is respectful and informed by cultural humility, gender identity and expression awareness, and an understanding of health inequities
- Ensure services are provided for all New Yorkers, regardless of immigration status, language, or identities
- Promote safe and equitable practices for our staff
- Understand and support populations who may be at higher risk of COVID-19 and its complications

# QUESTIONS?

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# RESOURCES ON COVID-19

## NYC Health Department:

- Provider page: [on.nyc.gov/covid19provider](https://on.nyc.gov/covid19provider)
- Data page: [on.nyc.gov/covid19data](https://on.nyc.gov/covid19data)
- Weekly webinars: Fridays, 2 PM (sign up on provider page)
- Dear Colleague COVID-19 newsletters (sign up for *City Health Information* subscription at: [nyc.gov/health/register](https://nyc.gov/health/register))
- NYC Health Alert Network (sign up at <https://www1.nyc.gov/site/doh/providers/resources/health-alert-network.page>)
- Provider Access Line: **866-692-3641**

## Other sources:

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>