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Help Save Lives – Five Steps to Help Stop the Spread of COVID-19

As there is currently no vaccine to protect people against the Coronavirus, nor a proven cure for the illness that it causes, President Trump and the Centers for Disease Control (CDC) as well as the World Health Organization (WHO) are focused on preventing the spread of the disease. This is important because it means that if fewer people become sick at one time, the healthcare system will not be overwhelmed and anyone who does become sick can be cared for appropriately.

First and foremost, remember that most people recover from the illness with little or no lasting ill effect. That being said, many do become sick, especially those with particular risk factors including being elderly.

There is an incubation period for the disease so people cannot know whether they are currently carrying the virus and, therefore, able to transmit it to others. Testing kits are currently available only by the recommendation of a physician. We must all behave as though we are potential carriers. In other words, we can help stop the spread of the virus and contain the disease by protecting ourselves and others by minimizing contact. The WHO has a five- step reminder to stop the spread:

1. **STAY** Home as much as you can – Limit the number of trips to the grocery store. Do not go to visit friends or family. If you have an elderly, disabled, or otherwise challenged family member or neighbor who needs help getting food or other necessities, certainly help. However, leave the package at the front door. Avoid contact. Yes, we need to be compassionate and caring. Nevertheless, in today’s environment, doing so by *calling* to check on the person is actually more compassionate and caring than “stopping in”. Protect both the person and yourself.



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**KEEP
CALM
AND
STAY
HEALTHY**

2. **KEEP** a safe distance. The recommended distance is six feet, but the further the better. For example, if it's windy out, the air, and anything in it, can be blown well past six feet. If you're not sure how far you can stay from others, refer back to #1 – STAY home.
3. **WASH** hands often and correctly. ALWAYS when coming home from outdoors. ALWAYS after being in a public place. ALWAYS for a minimum of 20 seconds with soap, being sure to wash fingers, thumbs wrists, and under nails. Hand sanitizer should only be used if there is no soap and water available.
4. **COVER** your cough. DON'T use your hand. Either cough into your elbow or, preferably, into a tissue which you then immediately discard in a secure (not in the reach of children or where others might mistakenly touch the contents) trashcan. Then – refer back to #3 – wash your hands!
5. **CALL AHEAD** if you feel sick. Do not go to your doctor or urgent care. If you do not have COVID-19, you might be exposing yourself to it at the clinic. If you are sick, you could transmit it to others. Your doctor can evaluate you by an audio/visual telemedicine visit or by telephone.



The CDC has a six step program, reminding people to also avoid touching their faces to reduce the possibility of transferring the virus from the hands to the nose or mouth and, thereby, to the lungs. In addition, they remind everyone to clean and disinfect frequently touched objects and surfaces

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But We're the Clinic – What do WE do?

Silver State ACO recently conducted a short survey to learn how our practices are adapting to the new COVID-19 world. The results of the survey told us one thing that we already knew – our Participants truly care about their patients and their wellbeing. Nearly all are still open and “seeing” patients, albeit mostly remotely and with modification to their previous protocols.

Calderon Medical Group has been an SSACO Participant since 2016. Dr. Benito Calderon and practice manager James Lee worked hard to develop a system for allowing the clinics to stay open in order to ensure the health and wellbeing of their patients. They were kind enough to share the following protocols and decision tree which they have implemented:

- Office hours have been reduced. Additional disinfecting protocols and guidelines as per the CDC are followed carefully.
- Staff temperature is checked every morning before starting work.
- NO patient is seen in the clinic unless he/she calls ahead and has been “screened” (by telehealth visit or telephone).
- Staff can review decision tree but Provider always makes the final decision whether to have the patient come to the clinic or not.
- Companions who are non-essential to care of patient during in-office visit are not permitted to accompany patient during face-to-face visit.
- Patient body temperature is checked by use of no-contact infrared thermometer before entering facility. If such device is not available, thermometer is sanitized after every use.
- If a patient should be tested for coronavirus, it will be ordered by the attending physician and sent to appropriate testing center. Tests are not conducted in the office.
- Any patient with fever, respiratory distress, or history of travel or exposure to the virus, is seen via a telehealth visit. If necessary tests, such as an EKG, cannot be done remotely, provider may direct patient to an urgent care facility/ER if they cannot be accommodated in the clinic.
- Always presume patient is infected and direct patient to begin total isolation.
- If the doctor feels that a patient should and can safely be seen in the office, social distancing rules are strictly

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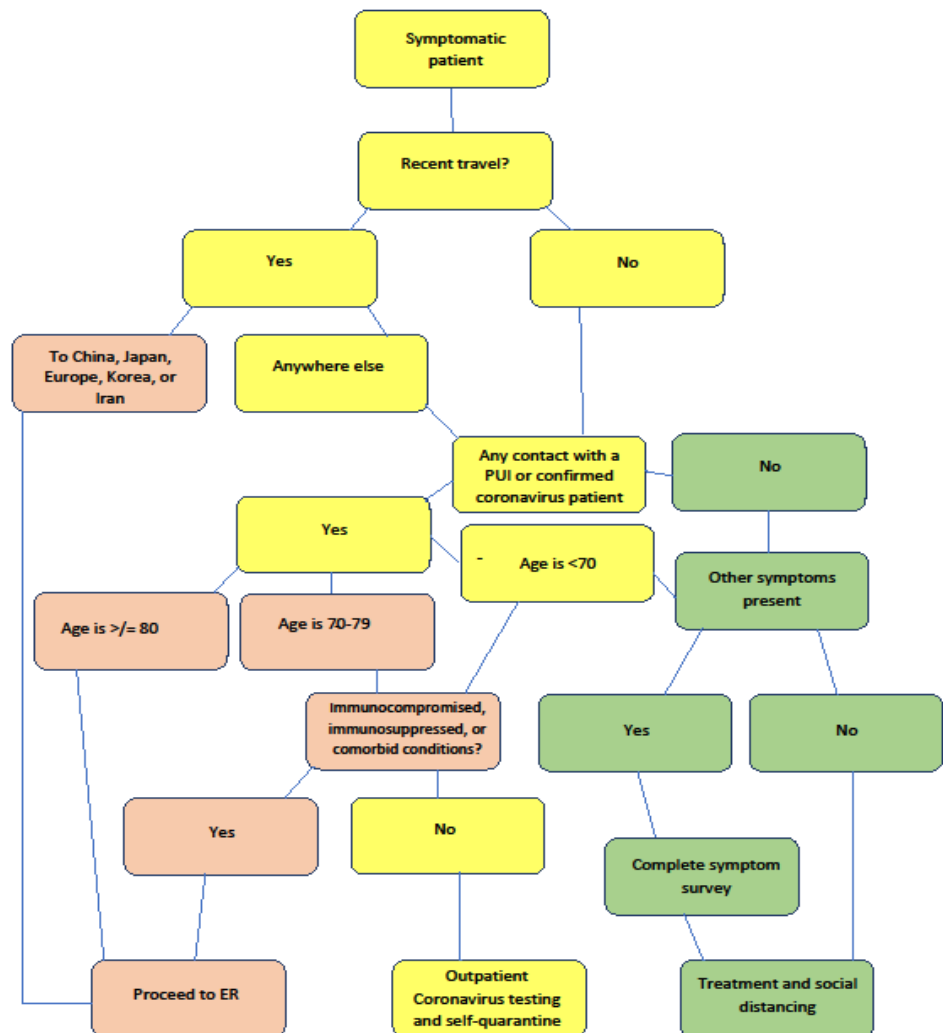
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enforced. Minimum space between any people in the waiting room is six feet.

- Guidelines for isolation of patients who are asymptomatic, with or without exposure, and symptomatic patients based on CDC guidelines AND clinical judgement due to wide variety of possible symptoms and risk level: most recommend at least fourteen days.
- Maintenance Medication refills have been increased to 90 or 100 days if provider feels it's appropriate and insurance allows it.
- Periodic campaigns to remind patients of guidelines for self-isolation.



WORKING REMOTELY – Extra Focus Needed on Security for all Technology Based Systems

As The Centers for Medicare and Medicaid (CMS) has made it easier for providers to assess and treat patients remotely, the “bad guys” have seen this as an opportunity to compromise the security of systems. Telehealth is providing the ability for patients to be treated, but is also challenging the security and privacy of patient data.



SPOTLIGHT

In order to maintain control of your data and the security of your practice, remember to:

- Keep your security and firewall software strong. Update regularly.
- Give employees specific guidelines as to how and when they may access, share or store sensitive files.
- Immediately remove any employees who should no longer have access, when they leave the practice or are transferred to a position where they do not need access to the data.
- Take swift and decisive action to limit damage if a breach comes to your attention.
- Use strong authentication, preferably two-factor, for log-on.
- Limit access to remote desktop management only to top administration.
- Make sure that you have data backup practices in place.
- Review and update you incident response plan.

Experian Notification System -TAGS

Many Silver State ACO practices have reported their appreciation for the Experian notification system that lets them know when their patient has been admitted to - or discharged from – the hospital. This allows them the ability to reach out to the patient to schedule a post-acute follow up visit.

It recently came to our attention that some practices had an issue with identifying who had taken responsibility for the follow up. Sometimes the issue was with being able to identify whether US Health Systems, SSACO’s care coordination team, had already reached out to the patient. In some cases, where there were multiple people in the clinic handling calls, it was difficult to know

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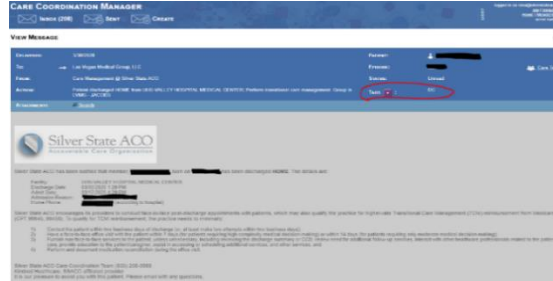
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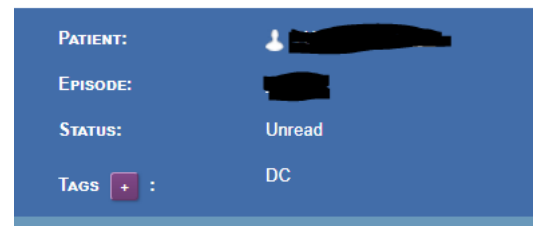
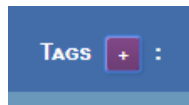
which one had initially reached out to the patient. That staff member should, therefore, have taken responsibility to follow up with the patient to be sure that contact was made and an appointment set.

We're pleased to let you know that there is a very easy way to track this and it's already built into the system. Nothing new to download, no new passwords!

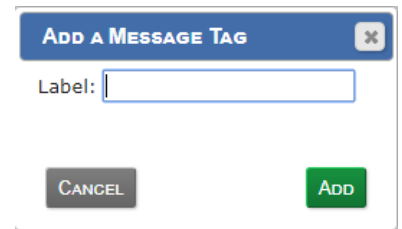


Pay particular attention to the top right hand corner of the Experian message screen. (PHI has been blacked out).

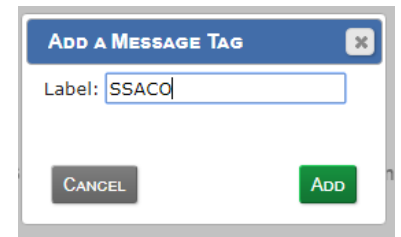
Note "TAGS" with a purple box to the right. Also note where it designates "DC". This is the tag attached to all discharges.



Click on the + in the purple box and an "ADD A MESSAGE TAG" box will pop up. Type in your identifier if you are taking responsibility for this patient. Tag may be up to 15 digits, can be a person's name or any "tag" you choose to create. Click "ADD".



For this example, I chose to type in SSACO. Then I clicked ADD.



Now the Tag reads "DC, SSACO". This tells me that this was a discharge message and that SSACO has taken responsibility for the patient.

A few things to note:

- a. Once you add a tag, you can't "detach" it, so be sure that you are willing to take responsibility for the patient.
- b. The DC tag identifies this as a discharge (and is, in a sense, unrelated to the tag you are creating).

Utilizing this system will also allow a practice to use the FILTER feature to view a list of the patients who have been "tagged" by a

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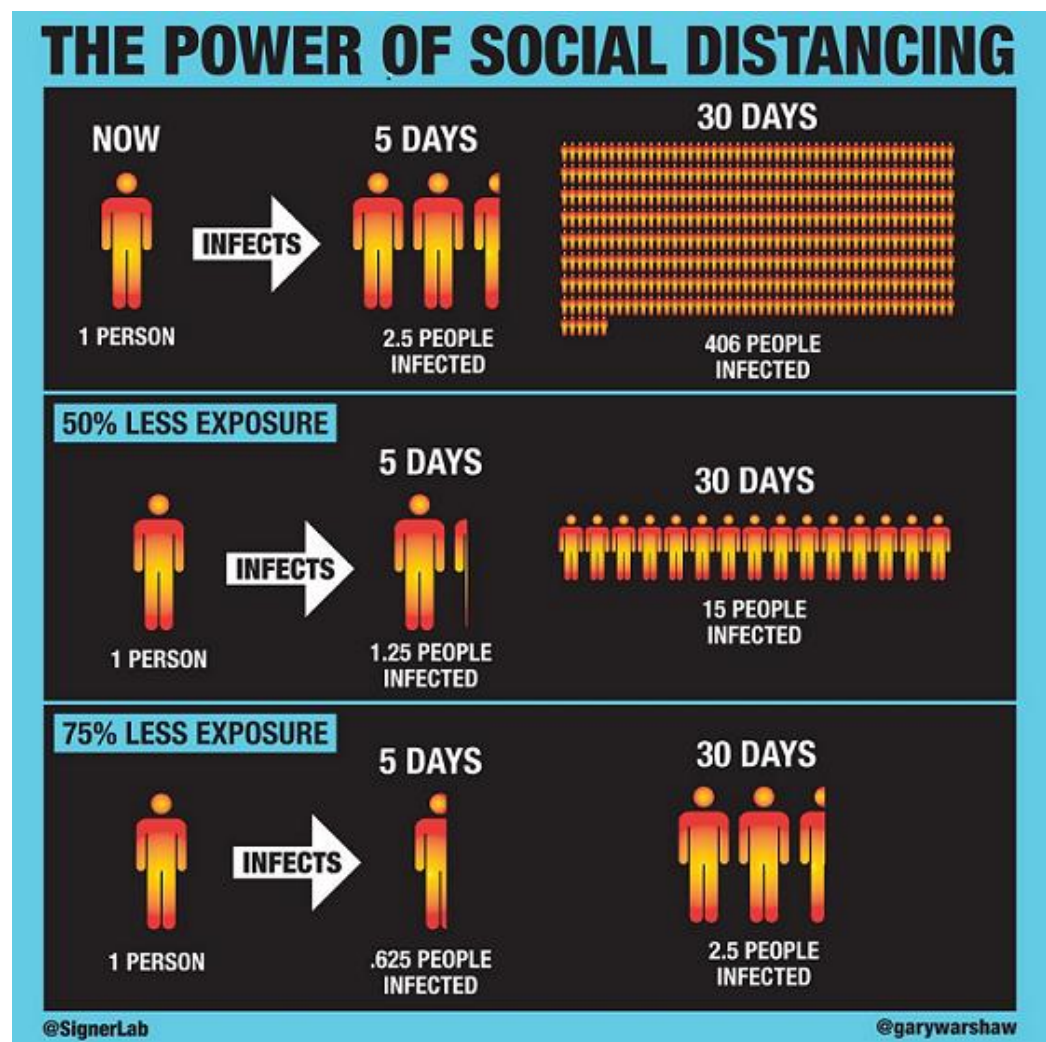
particular staff member. We are working with Experian to allow one to easily download the list.

We should note that knowing that one or the other party has accepted responsibility for a patient does not preclude the need and expectation that staff members will work with each other and with US Health Systems to deliver the best results to the beneficiary, with maximum efficiency and minimum duplication.



If you have questions about the tags, how best to utilize them, or generally about the Experian notification system, please call Rena, SSACO Director of Operations at 702-751-0945.

Social Distancing –The Power is in YOUR Hands



Masks – Or Not?

Every day, we are apprised of new findings and recommendations based on those findings. Most of our Participant Practices report having all staff wear mask and gloves. But how about when staff leaves the office? Are masks required? Recommended?

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Current directives recommend that everybody wear a mask when in public. That being said, keep the following in mind;

- Use medical grade N-95 masks only when necessary - in the office. These are vital for healthcare workers and are in short supply.
- Masks are worn in public more to protect the public from you than to protect you from the public. Masks cannot necessarily protect you from all airborne or droplet viruses, but they can certainly help slow the spread of the virus. (See graphic, below).
- Therefore, don't get a false sense of security when wearing the mask. It helps slow the spread but, to protect yourself, continue to follow CDC guidelines, washing your hands (often and properly) and maintaining "social" distancing.

Shouldn't it be called "UN-Social Distancing"?

There are those who recommend changing the terminology from "social distancing" to "physical distancing" as that's what it really is. Behavioral health specialists are specifically requesting that people *not* distance themselves socially. When quarantined – self or imposed – many people feel lonely and disconnected, which can lead to or exacerbate depression.



On a personal level, we can all undertake to reach out to those who might need our help, if even only to "lend an ear". Or, perhaps, we can leave food or other necessities on the doorstep of an elderly person who can't leave their home at all. As healthcare

providers, we have to be particularly understanding and compassionate. This is an opportunity to show how much you care and to teach your patients to carefully *listen* to what you are saying. Remember that telephonic medicine can be conducted via video/audio platforms or, for those who are "technologically challenged", solely by telephone.

Also keep in mind that one of the rules that has been relaxed is the need to conduct the telephonic medicine visit from a specific clinical location, such as your office. A provider may now furnish the telephonic visit



from home, for example, when it's that's providers turn to "babysit". (What are naps for, anyhow?).

REMINDERS:

UHS – The Valley Health System - Offers Silver State ACO Participants Access to Telehealth Services

Just a reminder that UHS, Silver State ACO partner and preferred hospital network, has graciously offered to help practices implement Telehealth quickly, efficiently and economically. Please contact Sharon@silverstateaco.com for additional information.



US Health Systems ("USHS") *(NOT related to – or to be confused with – UHS* *(Universal Health Systems, known in Las Vegas* *as the Valley Health System)*

[833-208-0588](tel:833-208-0588)

US Health Systems is Silver State ACO's care coordination team. Please help them by accepting their call – so that they can help you and, thereby, help Silver State ACO to be successful. That benefits everyone! Also, call them for help with patients for whom you'd appreciate an extra set of eyes or hands.

Final Word: Given the current situation, we don't know when our next practice meetings will be. However, we do know that the meetings will be interesting, informative and have great prizes. To enter to win a prize at the next meeting, please respond to the email to which this newsletter was attached with the words "Wishing much love and good health to the world".



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