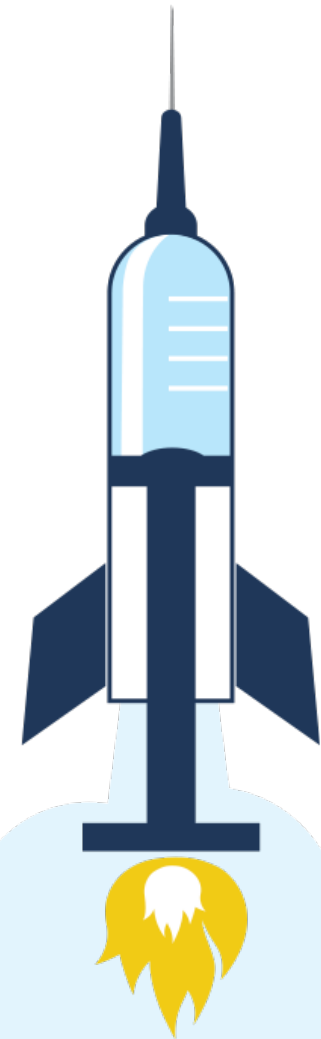


Omicron Outbreak: Current State and Treatments

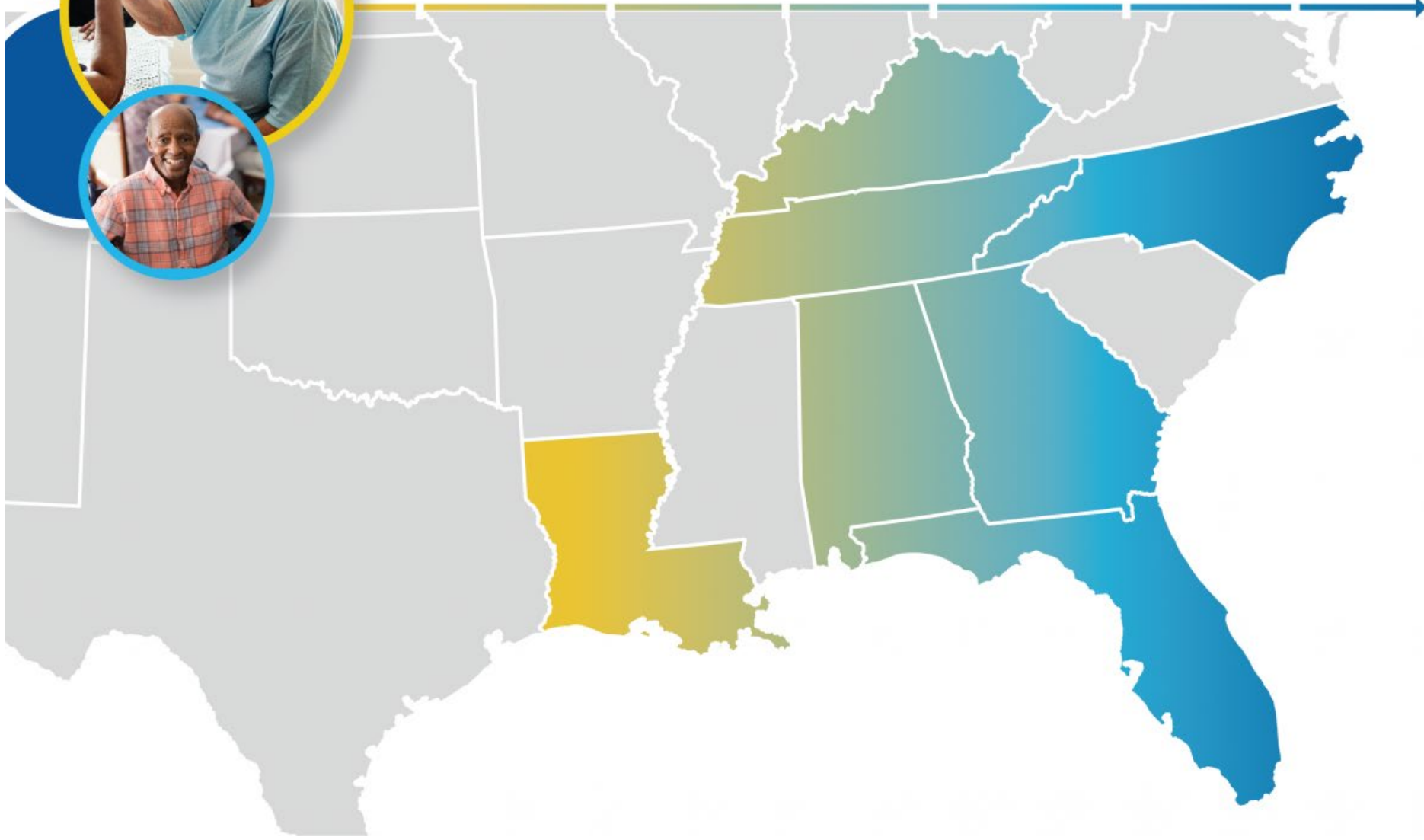
Swati Gaur, MD, MBA, CMD, AGSF
Medical Director, Post Acute Care
Northeast Georgia Health System

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About Alliant Health Solutions

Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST ACUTE CARE NORTHEAST GEORGIA HEALTH SYSTEM

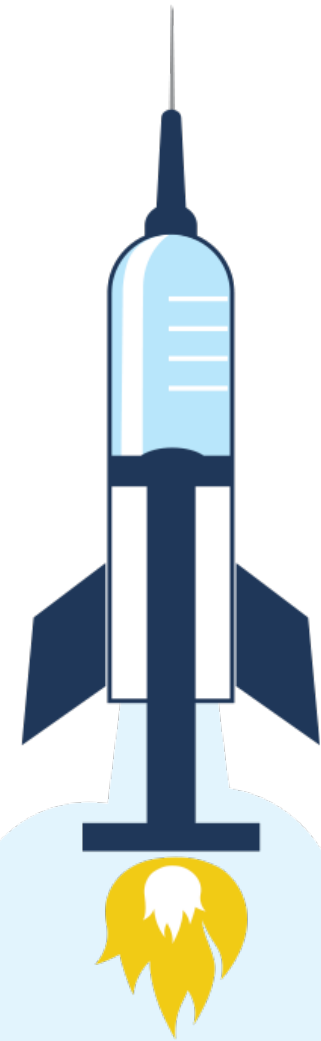
Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, she is on the EMR transition and implementation team for the Health System, providing direction to EMR entity adaption to the LTC environment.

She has also consulted with post-acute long-term care companies to optimize medical services in PALTC facilities, integrate medical directors and clinicians into the QAPI framework and create frameworks of interdisciplinary work in the organization. In addition, she established the palliative care service line at the Northeast Georgia Health System. She also is an attending physician in several nursing facilities. Previously, Dr. Gaur was a medical director at the LTC in Carl Vinson VA Medical Center and a member of the G&EC for VISN 7.

Dr. Gaur attended medical school in Bhopal, India and started her residency in internal medicine at St Luke's–Roosevelt Medical Center in New York. She completed her fellowship in geriatrics at the University of Pittsburgh Medical Center and is board-certified in internal medicine, geriatrics and hospice and palliative medicine. She earned her master's in business administration at Georgia Institute of Technology with a concentration in management of technology.



COVID-19: What's Happening Now?



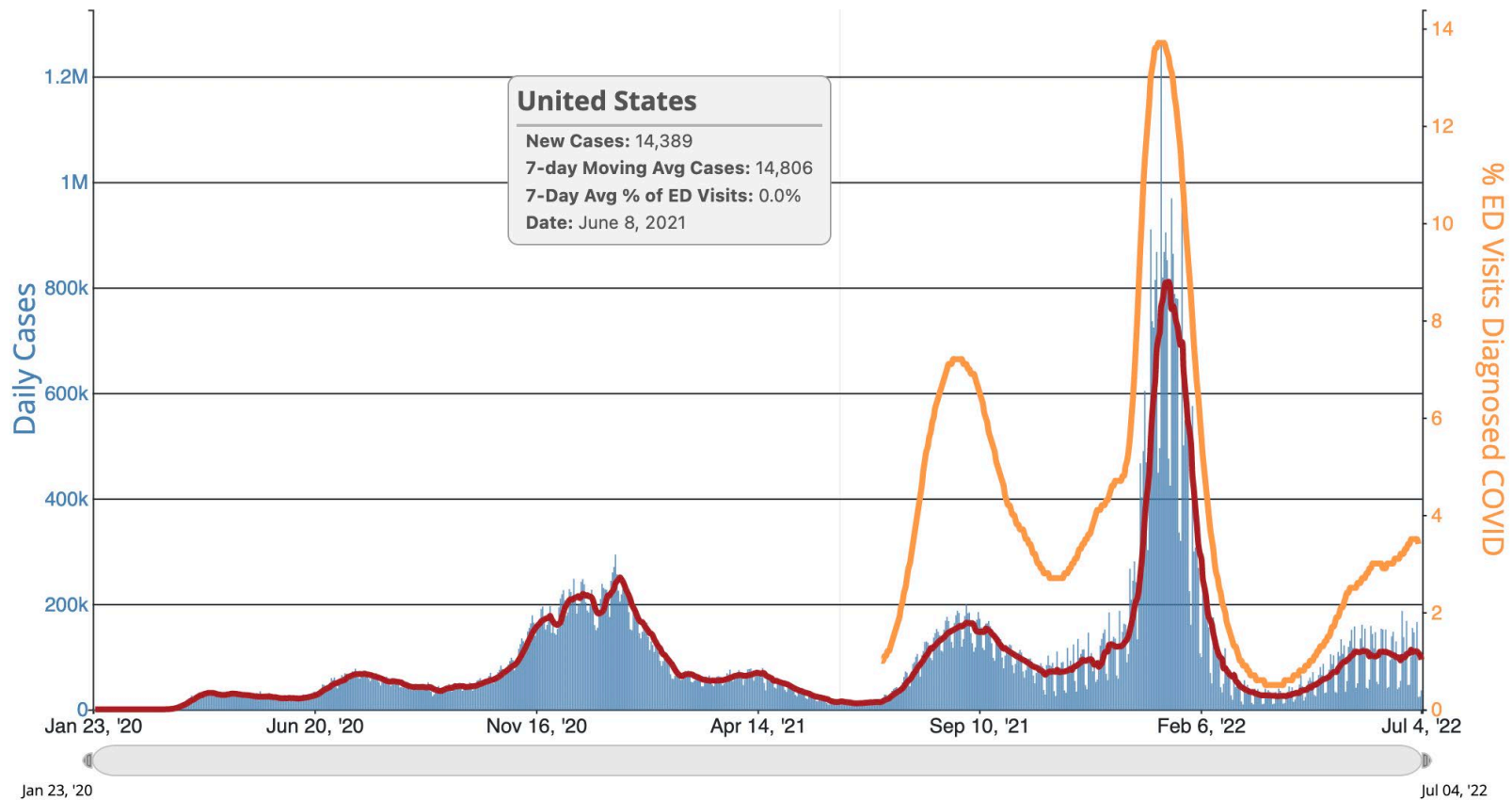
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Current State: COVID-19

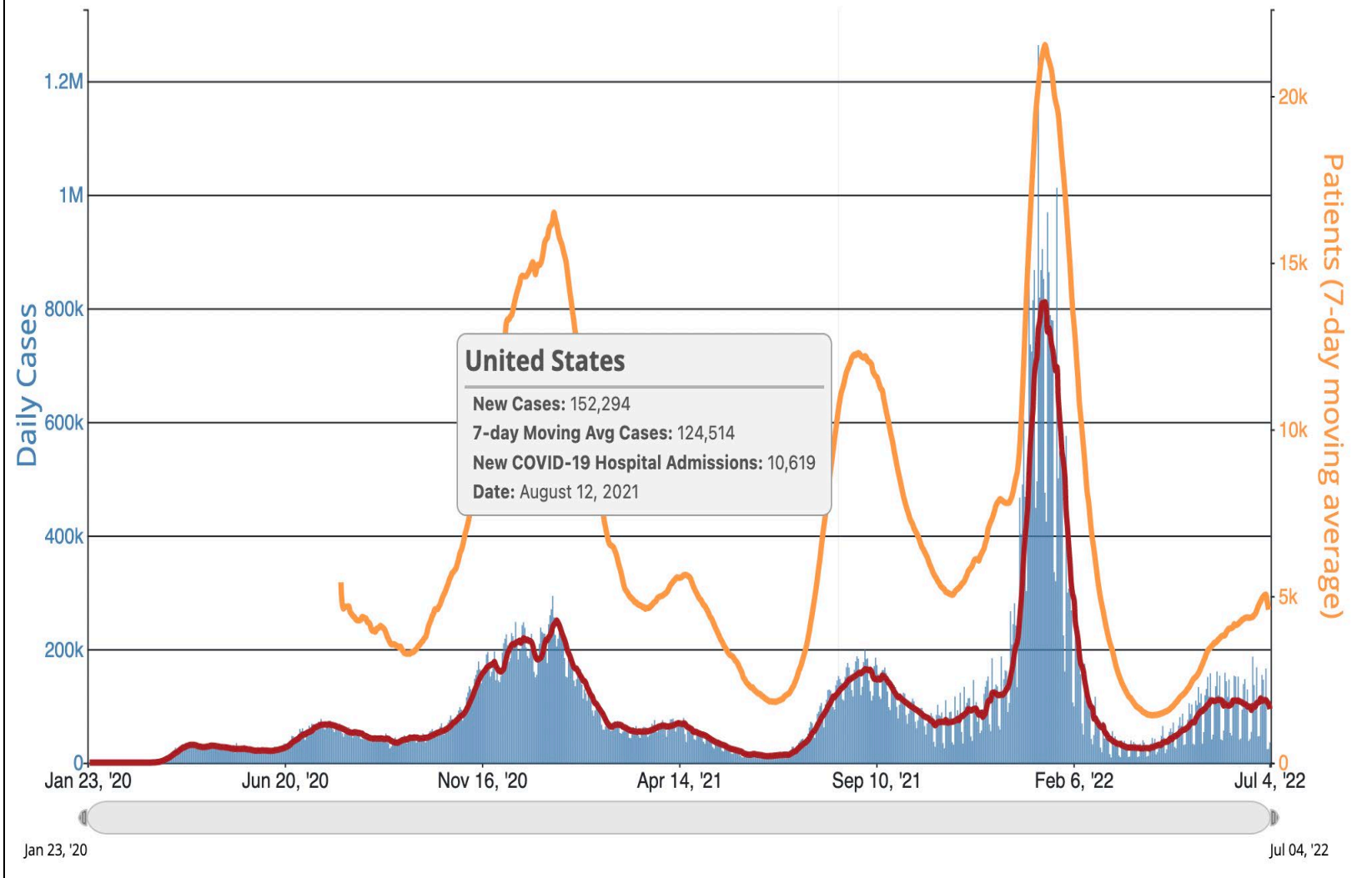
The blue bars show daily cases. The red line is the 7-day moving average of cases. The orange line represents the percentage of Emergency Department (ED) visits with diagnosed COVID-19.

Daily Trends in Number of Cases and Percentage of ED visits with Diagnosed COVID-19 in The United States Reported to CDC

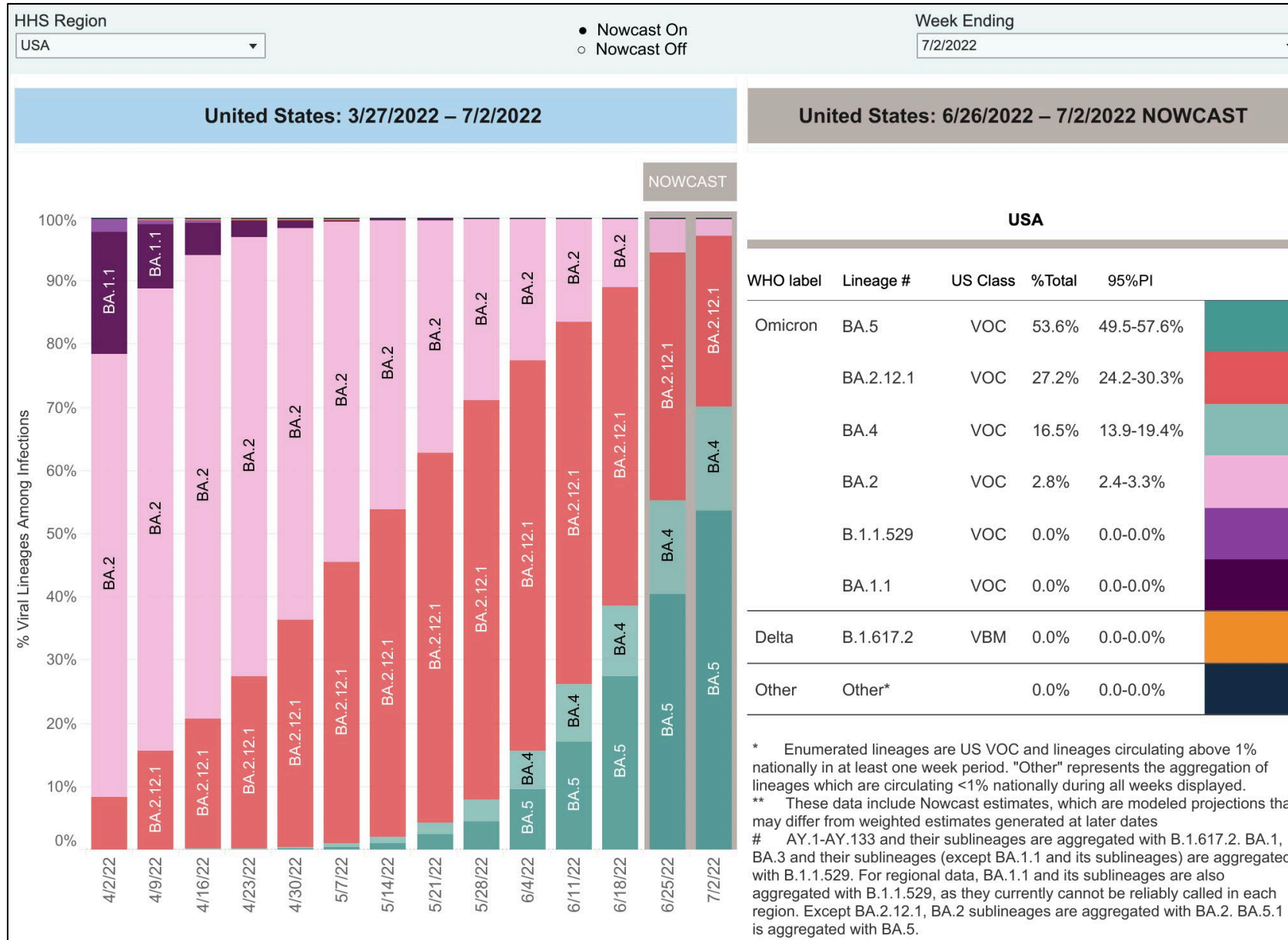


Current State: COVID-19

Daily Trends in Number of Cases and 7-day Average of New Patients Admitted to Hospital with Confirmed COVID-19 in The United States Reported to CDC



Current COVID-19 Variant



Resident Cases of COVID-19

Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

 Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

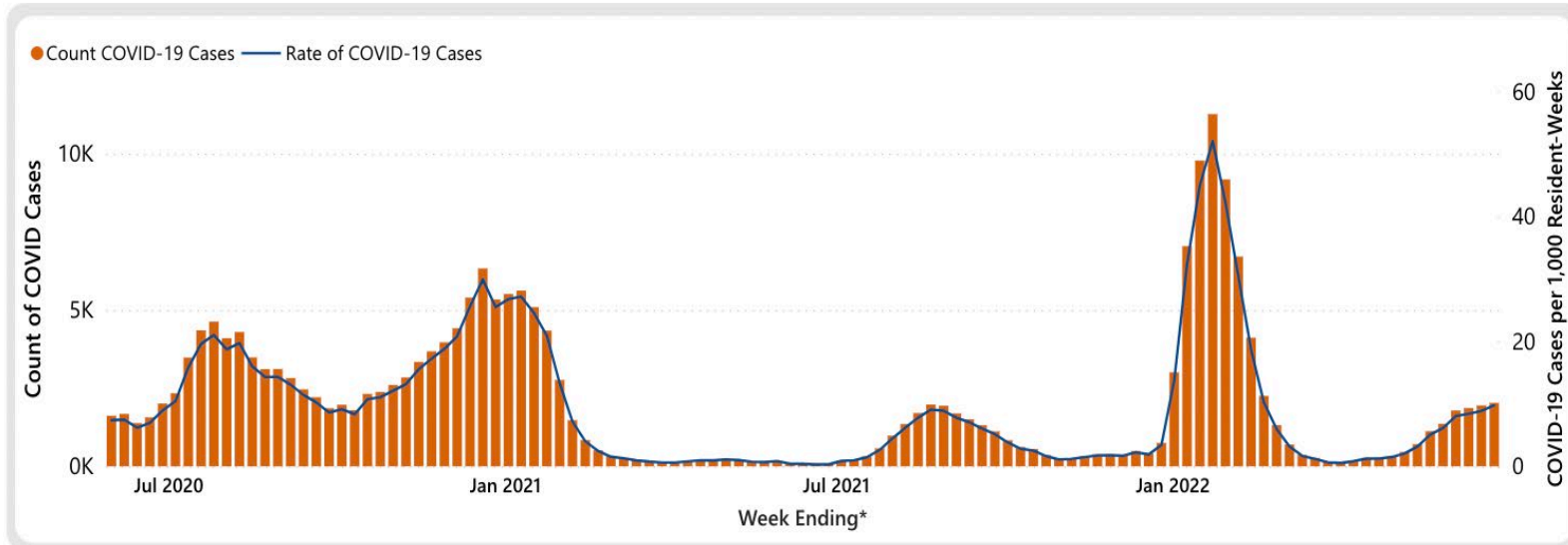


Display by State

All

Display by FEMA/HHS Region

Region 4



* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network

For more information: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Accessibility: [Right click on the graph area to show as table]

Data as of 6/27/2022 5:30 AM



Staff Cases of COVID-19

Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week— United States

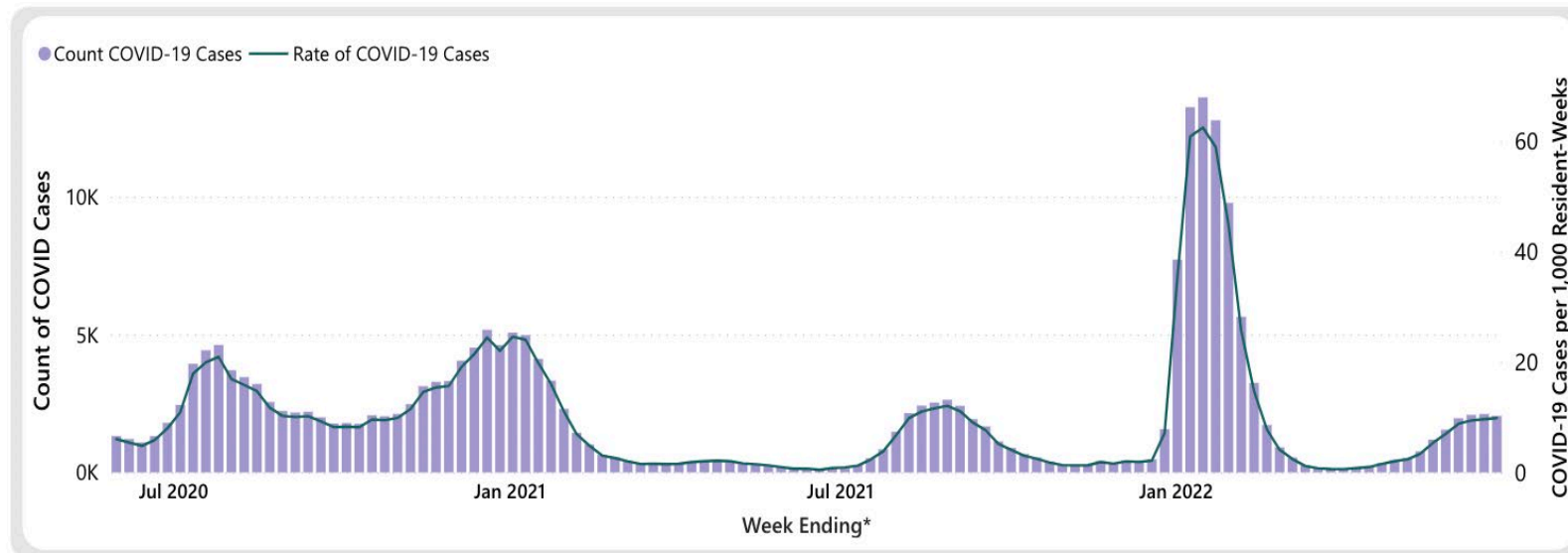


Display by State

All

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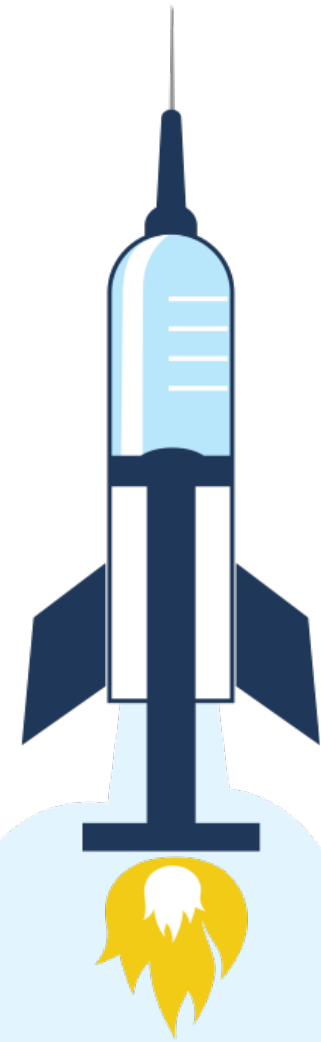
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Data as of 6/27/2022 5:30 AM



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No Protection Against Omicron Without Booster

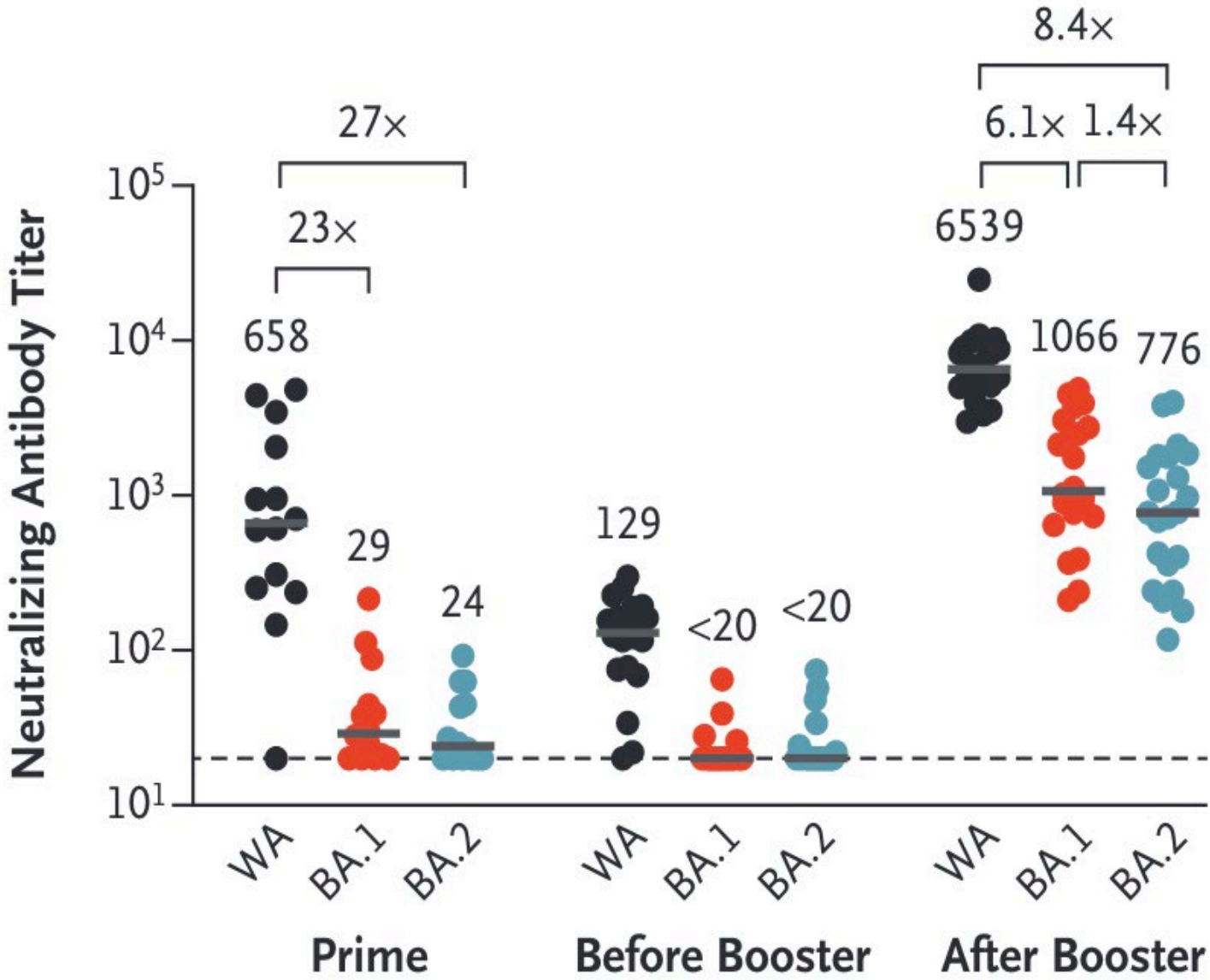


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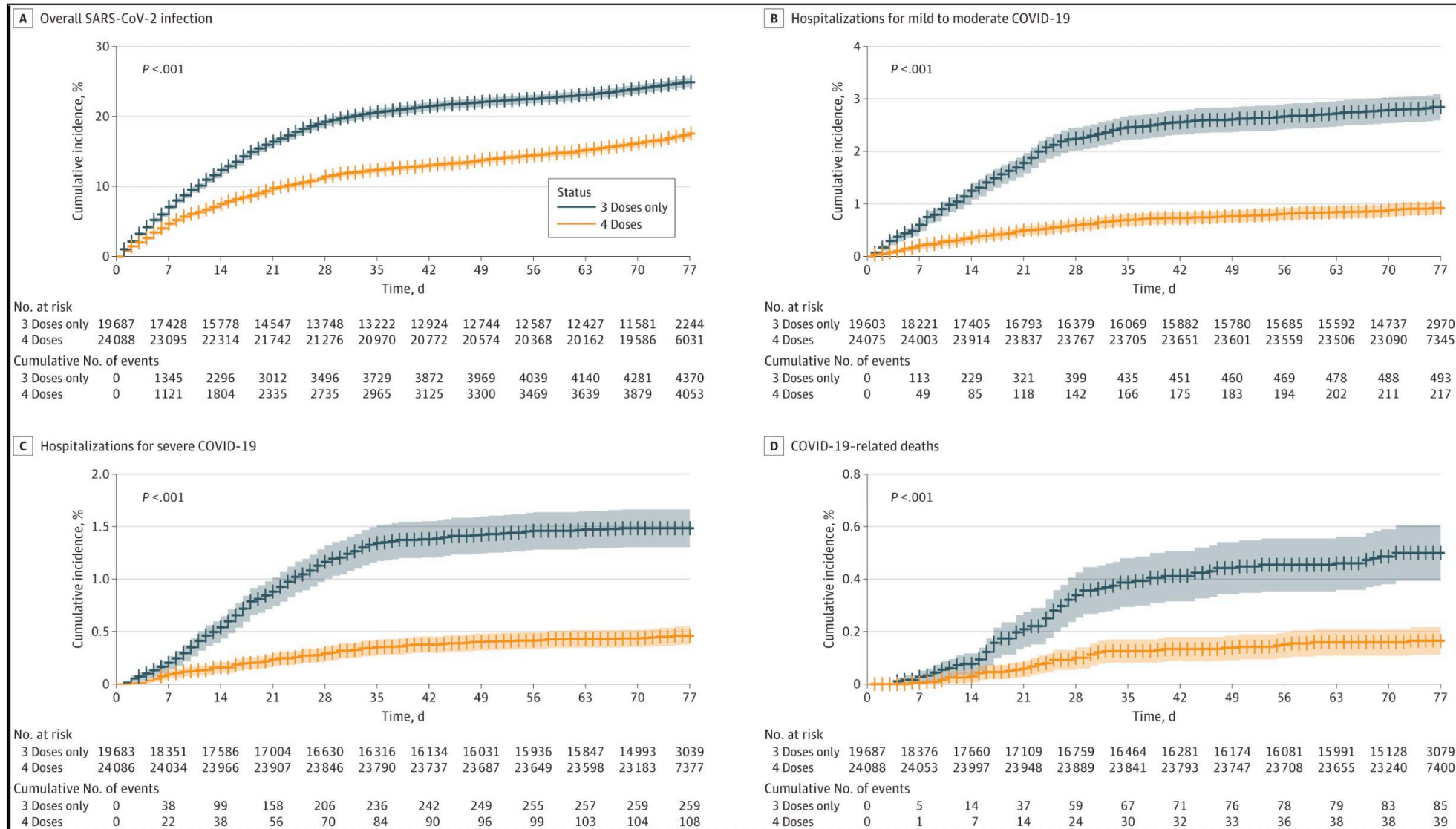
Neutralization of the SARS-CoV-2 Omicron BA.1 and BA.2 Variants

B Responses among Vaccinated and Boosted Persons

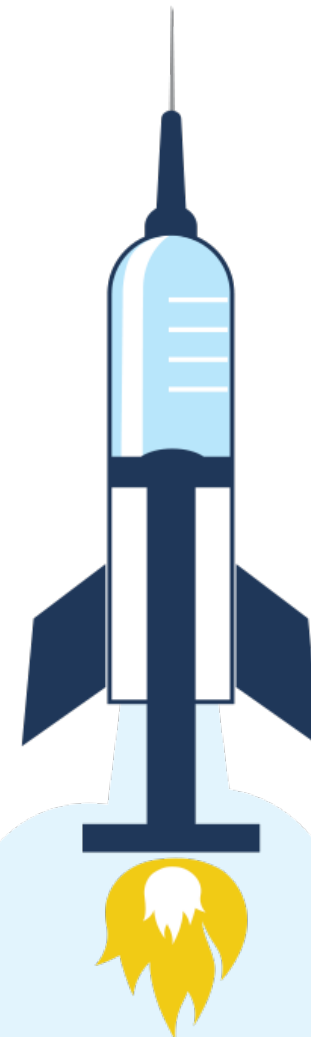


<https://www.nejm.org/doi/full/10.1056/NEJMc2201849>

Effect of 3rd vs. 4th dose against Omicron (6.23)



Therapeutics for COVID-19



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Therapeutic Considerations

PATIENT DISPOSITION

Does Not Require
Hospitalization or
Supplemental Oxygen

PANEL'S RECOMMENDATIONS

All patients should be offered symptomatic management **(AIII)**.

For patients who are at high risk of progressing to severe COVID-19,^a use 1 of the following treatment options:

Preferred Therapies

Listed in order of preference:

- Ritonavir-boosted nirmatrelvir (Paxlovid)^{b,c} **(AIIa)**
- Remdesivir^{c,d} **(BIIa)**

Alternative Therapies

For use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:

- Bebtelovimab^e **(CIII)**
- Molnupiravir^{c,f} **(CIIa)**

The Panel **recommends against** the use of **dexamethasone^g** or **other systemic corticosteroids** in the absence of another indication **(AIII)**.

Therapeutic Considerations

Discharged From ED Despite
New or Increasing Need for
Supplemental Oxygen

*When hospital resources are limited,
inpatient admission is not possible,
and close follow-up is ensuredⁱ*

The Panel recommends using **dexamethasone** 6 mg PO once daily for the duration of supplemental oxygen (dexamethasone use **should not exceed** 10 days) with careful monitoring for AEs (**BIII**).

Since remdesivir is recommended for patients with similar oxygen needs who are hospitalized,ⁱ clinicians may consider using it in this setting. As remdesivir requires IV infusions for up to 5 consecutive days, there may be logistical constraints to administering remdesivir in the outpatient setting.

Dosing

Drug Name	Dosing Regimen	Time From Symptom Onset ^a
Ritonavir-Boosted Nirmatrelvir (Paxlovid)	<p>eGFR ≥60 mL/min:</p> <ul style="list-style-type: none"> • Nirmatrelvir 300 mg with RTV 100 mg PO twice daily for 5 days <p>eGFR ≥30 to <60 mL/min:</p> <ul style="list-style-type: none"> • Nirmatrelvir 150 mg with RTV 100 mg PO twice daily for 5 days <p>eGFR <30 mL/min:</p> <ul style="list-style-type: none"> • Not recommended <p>Severe Hepatic Impairment (Child-Pugh Class C):</p> <ul style="list-style-type: none"> • Not recommended 	≤5 days

Dosing

Remdesivir	RDV 200 mg IV on Day 1, followed by RDV 100 mg IV once daily on Days 2 and 3. ^{b,c} Each infusion should be administered over 30–120 minutes. Patients should be observed for ≥1 hour after infusion as clinically appropriate.	≤7 days
Bebtelovimab	BEB 175 mg as a single IV injection, administered over ≥30 seconds. Patients should be observed for ≥1 hour after injection.	≤7 days
Molnupiravir	Molnupiravir 800 mg PO twice daily for 5 days	≤5 days

Therapeutics Logistics

PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers

This checklist is intended as an aid to support clinical decision making for prescribers. However, use of this checklist is not required to prescribe PAXLOVID under the EUA.

Medical History

- Positive SARS-CoV-2 test (Confirmation of a positive home rapid SARS-CoV-2 test result with additional direct SARS-CoV-2 viral testing is not required.)
- Age ≥ 18 years OR ≥ 12 years of age and weighing at least 40 kg
- Has one or more risk factors for progression to severe COVID-19¹ (Healthcare providers should consider the benefit-risk for an individual patient.)
- Symptoms consistent with mild to moderate COVID-19²
- Symptom onset within 5 days (Prescriber is encouraged to include a note to the pharmacist in the prescription stating: Please fill prescription by [insert date]. This prescription fill by date is within 5 days from symptom onset and complies with the patient eligibility criteria under the EUA.)
- Not requiring hospitalization due to severe or critical COVID-19 at treatment initiation
- No known or suspected severe renal impairment (eGFR ≤ 30 mL/min)
 - Note that a dose reduction is required for patients with moderate renal impairment (eGFR ≥ 30 - <60 mL/min); see the Fact Sheet for Healthcare Providers.
 - Prescriber may rely on patient history and access to the patient's health records to make an assessment regarding the likelihood of renal impairment. Providers may consider ordering a serum creatinine or calculating the estimated glomerular filtration rate (eGFR) for certain patients after assessment on a case-by-case basis based on history or exam.
- No known or suspected severe hepatic impairment (Child-Pugh Class C)
- No history of clinically significant hypersensitivity reactions [e.g., toxic epidermal necrolysis (TEN) or Stevens-Johnson syndrome] to the active ingredients (nirmatrelvir or ritonavir) or other components of the product

<https://www.fda.gov/media/158165/download>

NOTES: _____

Questions?



Nursing Home and Partnership for Community Health: CMS 12TH SOW GOALS



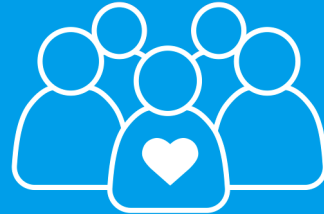
OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
-
- Reduce opioid adverse drug events in all settings



PATIENT SAFETY

- Reduce hospitalizations due to c. diff
-
- Reduce adverse drug events
-
- Reduce facility acquired infections



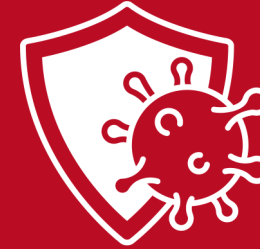
CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
-
- Increase use of cardiac rehabilitation programs
-
- Reduce instances of uncontrolled diabetes
-
- Identify patients at high-risk for kidney disease and improve outcomes



CARE COORDINATION

- Convene community coalitions
-
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
-
- Identify and promote optimal care for super utilizers



COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
-
- Provide virtual events to support infection control and prevention
-
- Support nursing homes and community coalitions with emergency preparedness plans



IMMUNIZATION

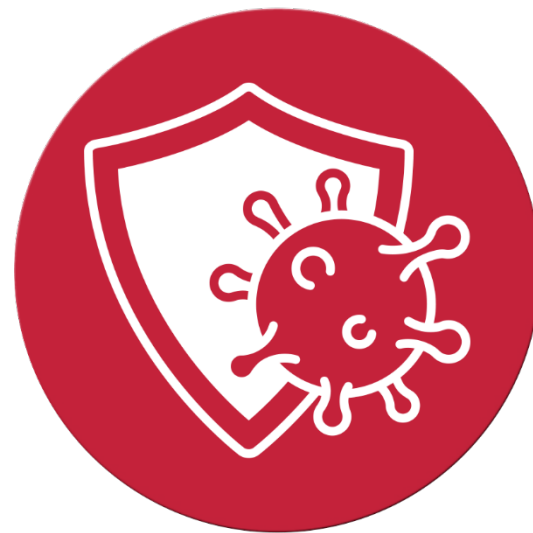
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



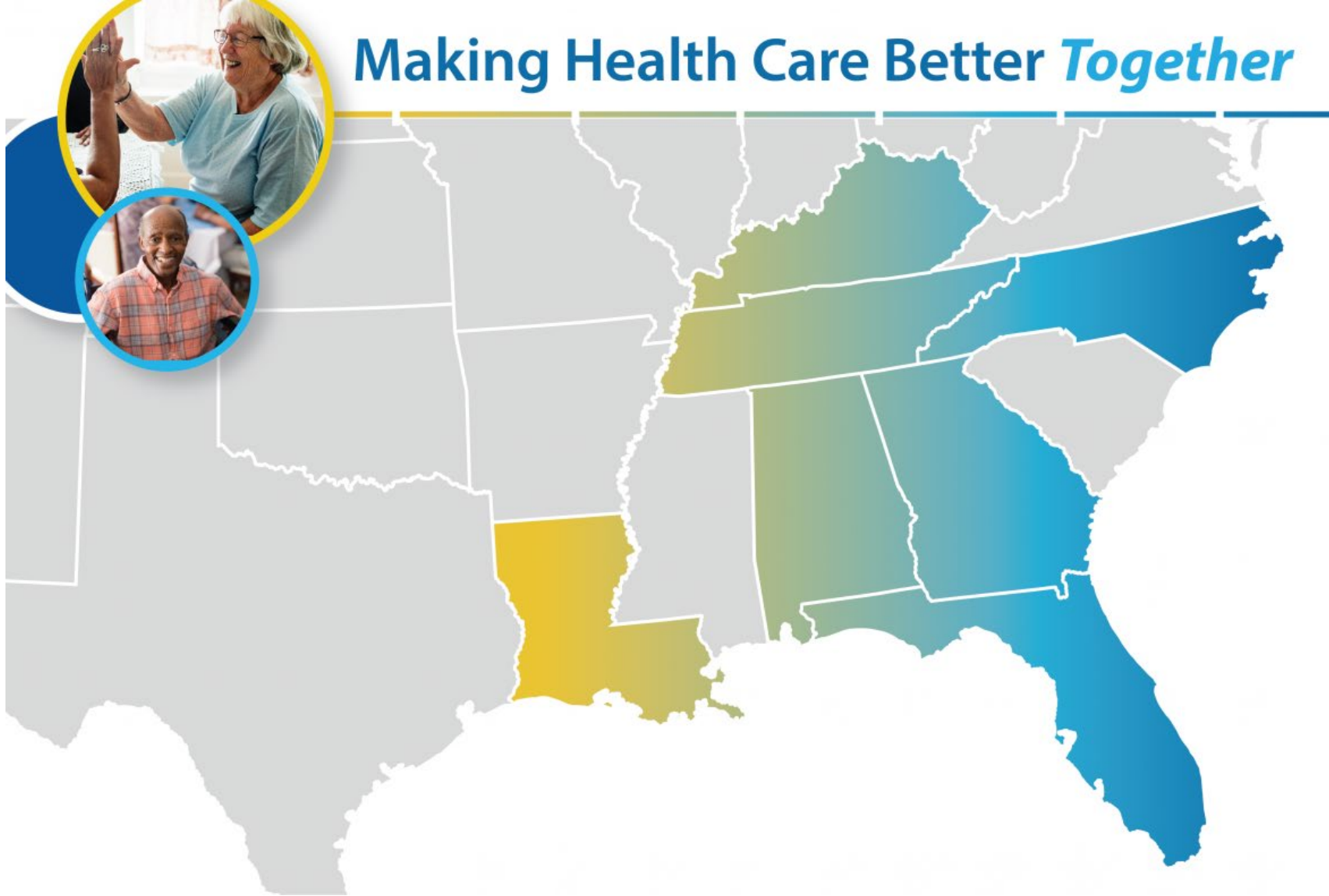
TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

Nursing Home and Partnership for Community Health: CMS 12TH SOW GOALS ICONS FOR USE



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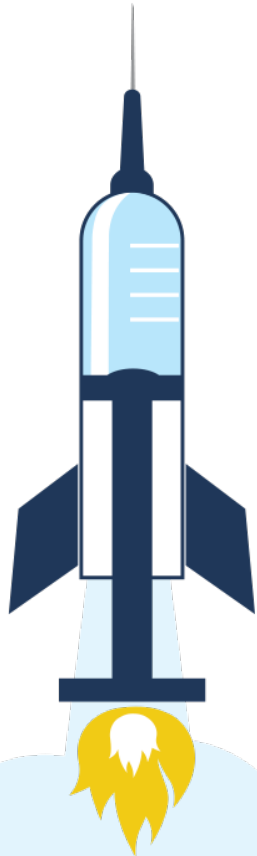


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Program Directors



Thank you



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