

HHP/HPH All Chiefs Meeting COVID-19 Updates

Monday, March 23, 2020

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Disclaimer:

- The following is intended as information resource only for HHP/HPH providers, clinicians, administrative and clinical leaders.
- Specific areas may not pertain directly to your clinical practice area and/or may not be applicable to your practice based on your existing workflows, infrastructure, software (e.g. EHR), and communications processes.

COVID-19 Overview

Gerard Livaudais, MD, MPH

Executive Vice President

Population Health and Provider Networks

Hawai'i Pacific Health

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COVID-19 Summary (SARS-CoV-2)

- 14 day incubation
 - 95% symptomatic within 6 days
- Clear droplet transmission, possibly transmitted if asymptomatic. Can be transmitted by minimally symptomatic children.
 - Viral load higher soon after symptoms
 - Virus found in extra pulmonary secretions
 - Transmission reported from asymptomatic patients
- R0 of 2.28 (based on Diamond Princess)
 - (Measles R0 15, SARS 3.0 Flu 1.3)
- ARDS in ~20% of Hospitalized Patients
 - Other complications include arrhythmias, acute cardiac injury and shock
 - If deterioration, usually occurs at about 8 days after symptom onset
- Supportive Treatment
- Treatment in Development
 - Remdesivir (nucleotide analogue), hydroxychloroquine, Lopinavir-ritonavir (protease inhibitor), tocilizumab (IL6 inhibitor)

Mortality

AGE	DEATH RATE confirmed cases	DEATH RATE all cases
80+ years old	21.9%	14.8%
70-79 years old		8.0%
60-69 years old		3.6%
50-59 years old		1.3%
40-49 years old		0.4%
30-39 years old		0.2%
20-29 years old		0.2%
10-19 years old		0.2%
0-9 years old		no fatalities

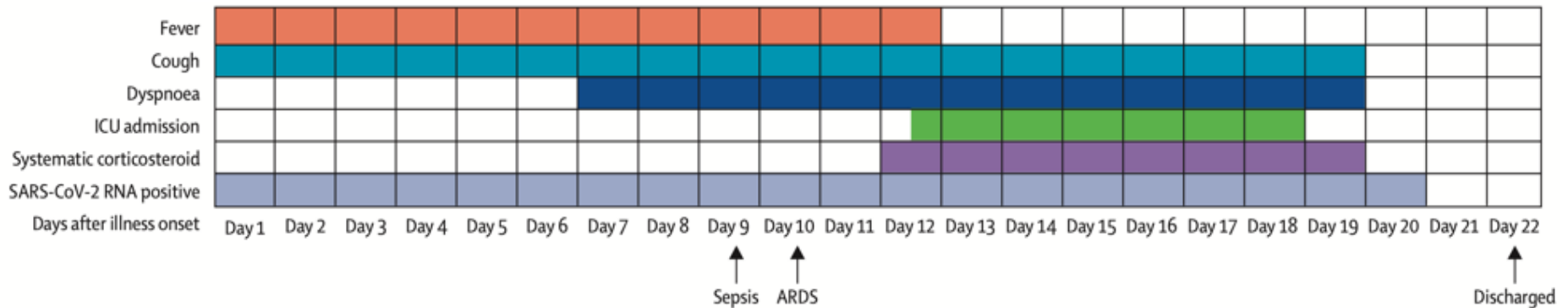
PRE-EXISTING CONDITION	DEATH RATE confirmed cases	DEATH RATE all cases
Cardiovascular disease	13.2%	10.5%
Diabetes	9.2%	7.3%
Chronic respiratory disease	8.0%	6.3%
Hypertension	8.4%	6.0%
Cancer	7.6%	5.6%
<i>no pre-existing conditions</i>		0.9%

SEX	DEATH RATE confirmed cases	DEATH RATE all cases
Male	4.7%	2.8%
Female	2.8%	1.7%

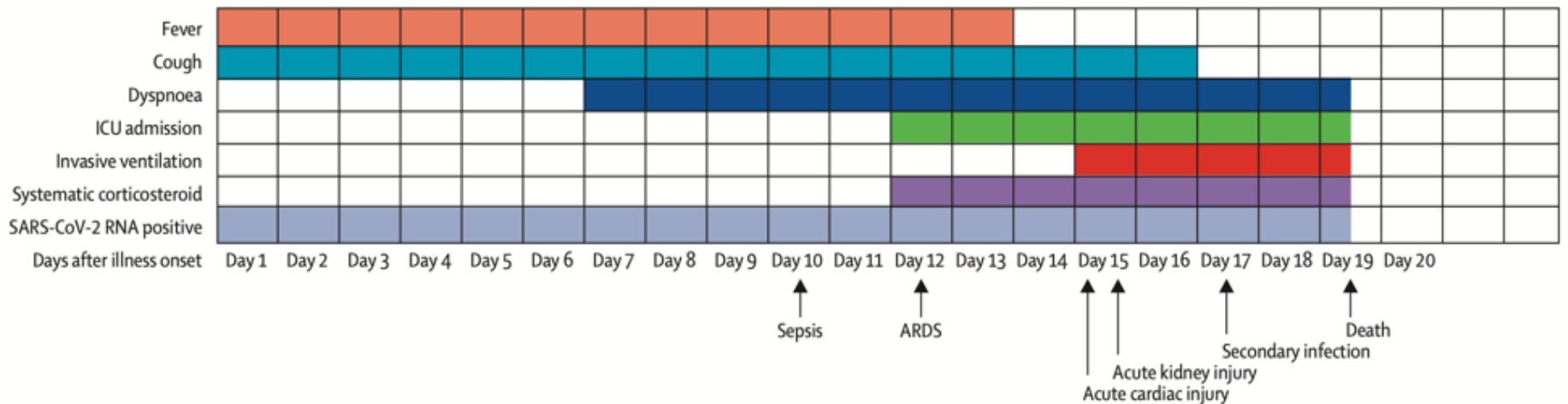
SOURCES – Data is from the Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) – China CCDC, February 17 2020.
Written By Brian Wang, Nextbigfuture.com

COVID-19 Timeline

Survivors



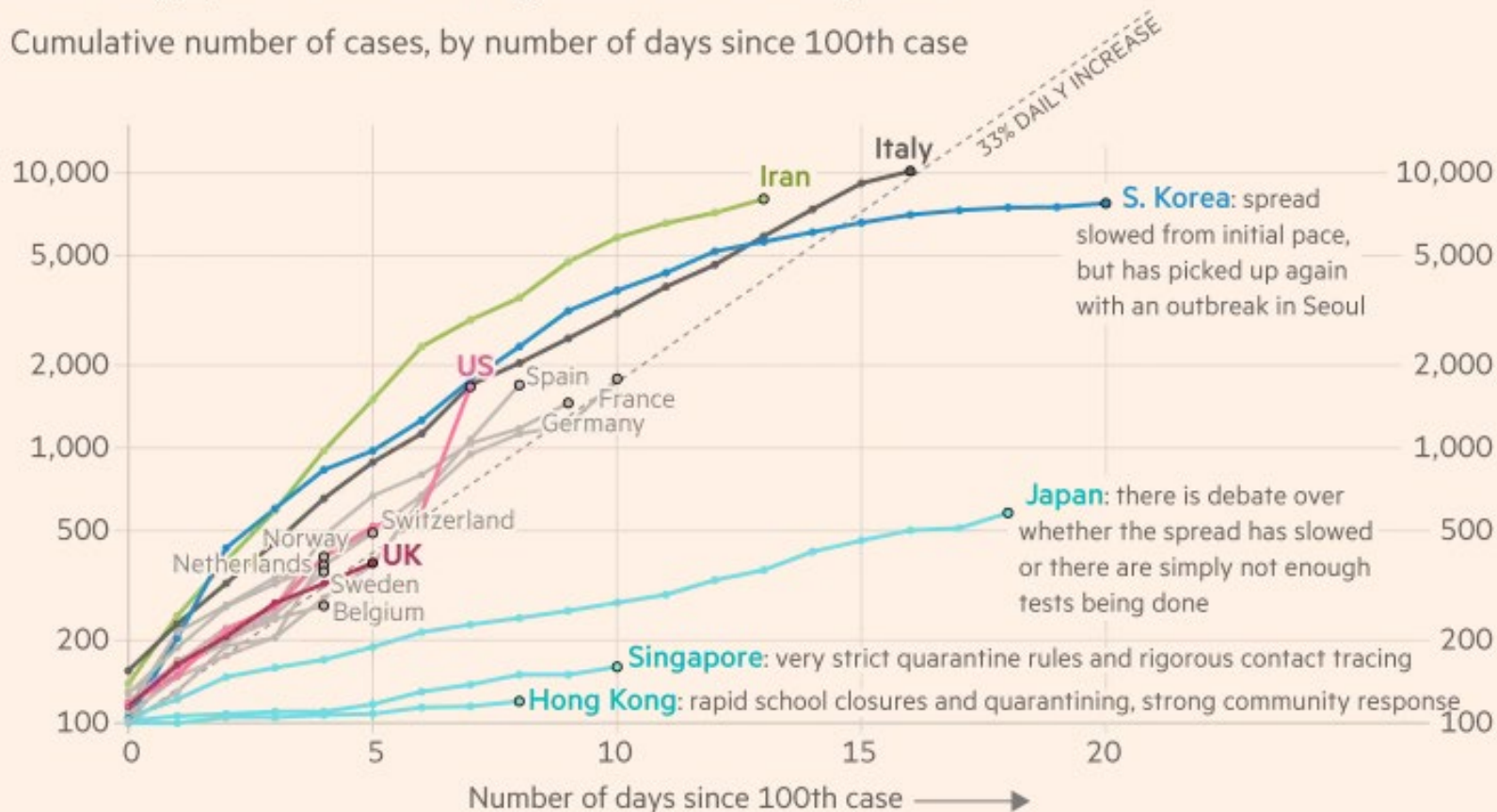
Non-Survivors



Population Health Approach

Most western countries are on the same coronavirus trajectory. Hong Kong and Singapore have managed to slow the spread

Cumulative number of cases, by number of days since 100th case



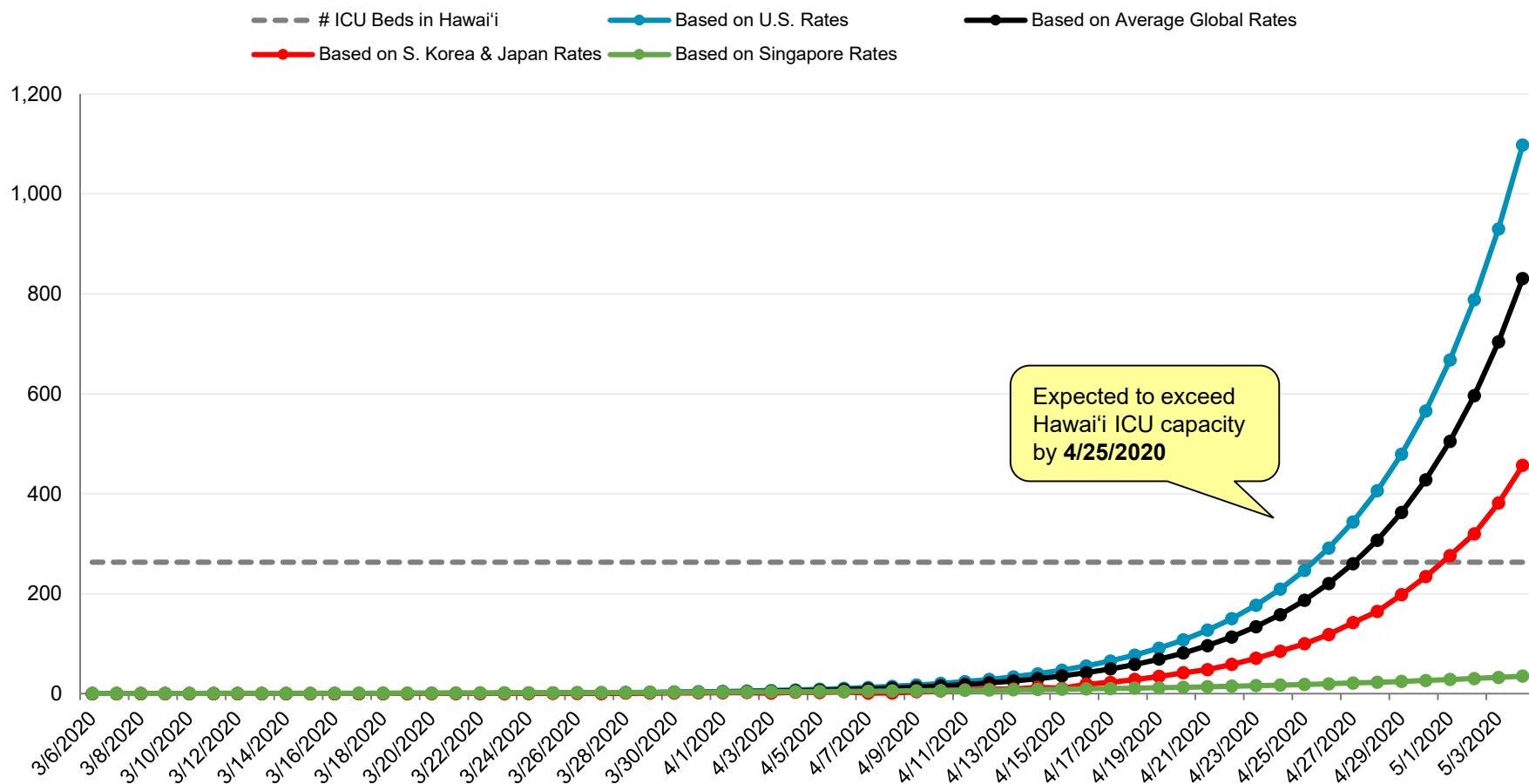
FT analysis of Johns Hopkins University CSSE

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Projected Impact on Hawai'i Hospitals

Projected COVID-19 ICU Patients in Hawaii

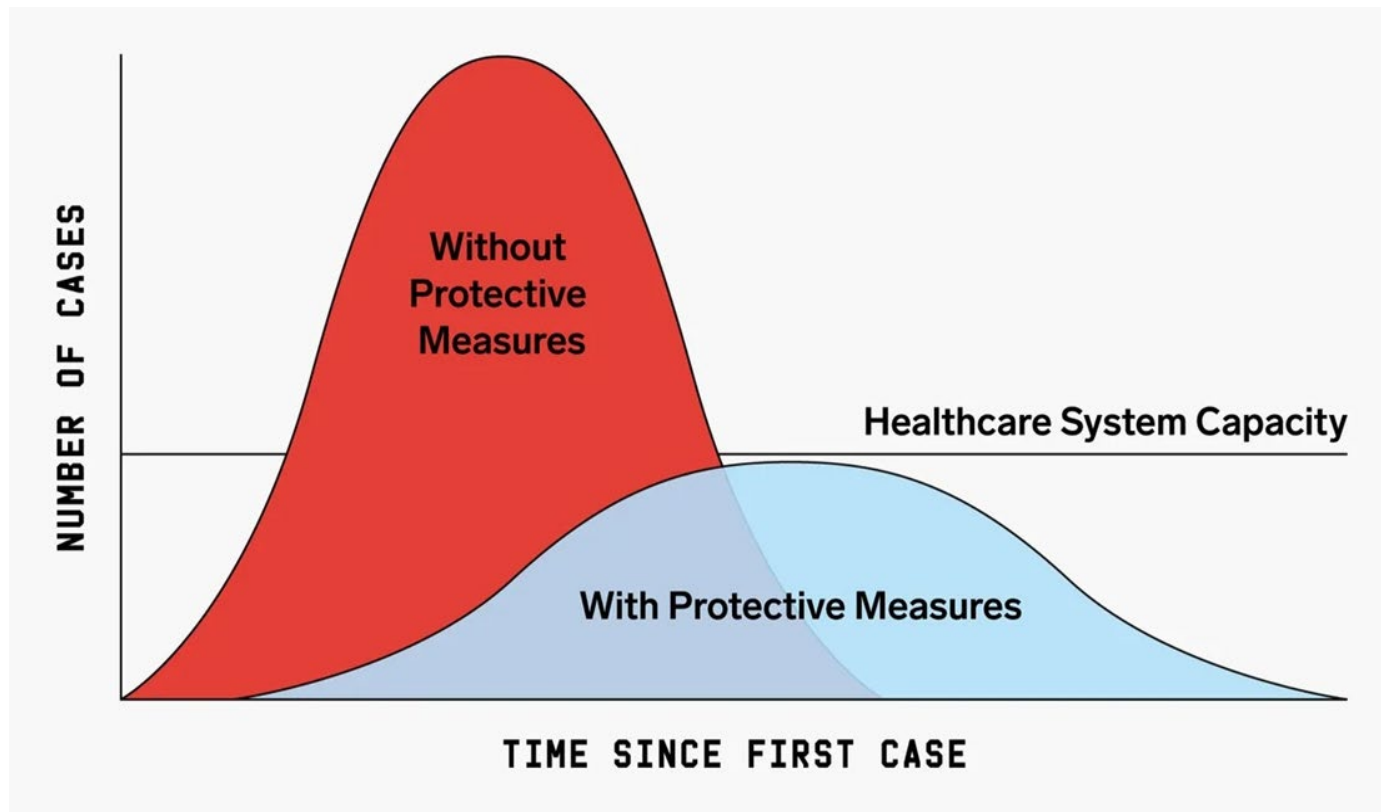


Source: HPH Business Analytics 03/23/20

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Population Health Approach

- Key to preventing massive number of deaths is to not over-run clinical resources and be able to support severely ill.



Flattening the Curve

- Appropriate screen to prevent spreading
- Quarantine (14 days)
- Surface cleaning (persists ~3 days)
- Social distancing (6')
- Stay home
 - Use telehealth or reschedule elective procedures, visits
- Shelter in Place

“Anything said or done before a pandemic seems alarmist. Anything said or done after a pandemic is insufficient.”

– M. Leavitt

Government Support

- **Federal**
 - Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020
 - \$8.3B to State Dept, USAID, NIH, HHS, Small Business Association (Disaster Loans Program)
 - Families First Coronavirus Response Act
 - sick leave, unemployment, WIC, SNAP, food meals waivers, no cost COVID-19 testing, Medicaid
 - “Phase 3” Stimulus Package - \$1.8T
- **CMS waivers**
 - Quality reporting (MIPS)
 - Submission pushed back to 4/30/20 (or allowed to not submit)
 - Waivers:
 - Nursing home 3 days stay
 - Repurposing LTC beds to Acute care beds
 - Telehealth anywhere with existing patient
 - EMTALA: Hospitals permitted to redirect patients for screening
- **Protections being explored with State AG**
 - Good Samaritan
 - Practicing out of scope
 - Consequences of deferred elective care and procedures

Clinical Management

Heidi Hillesland, MD

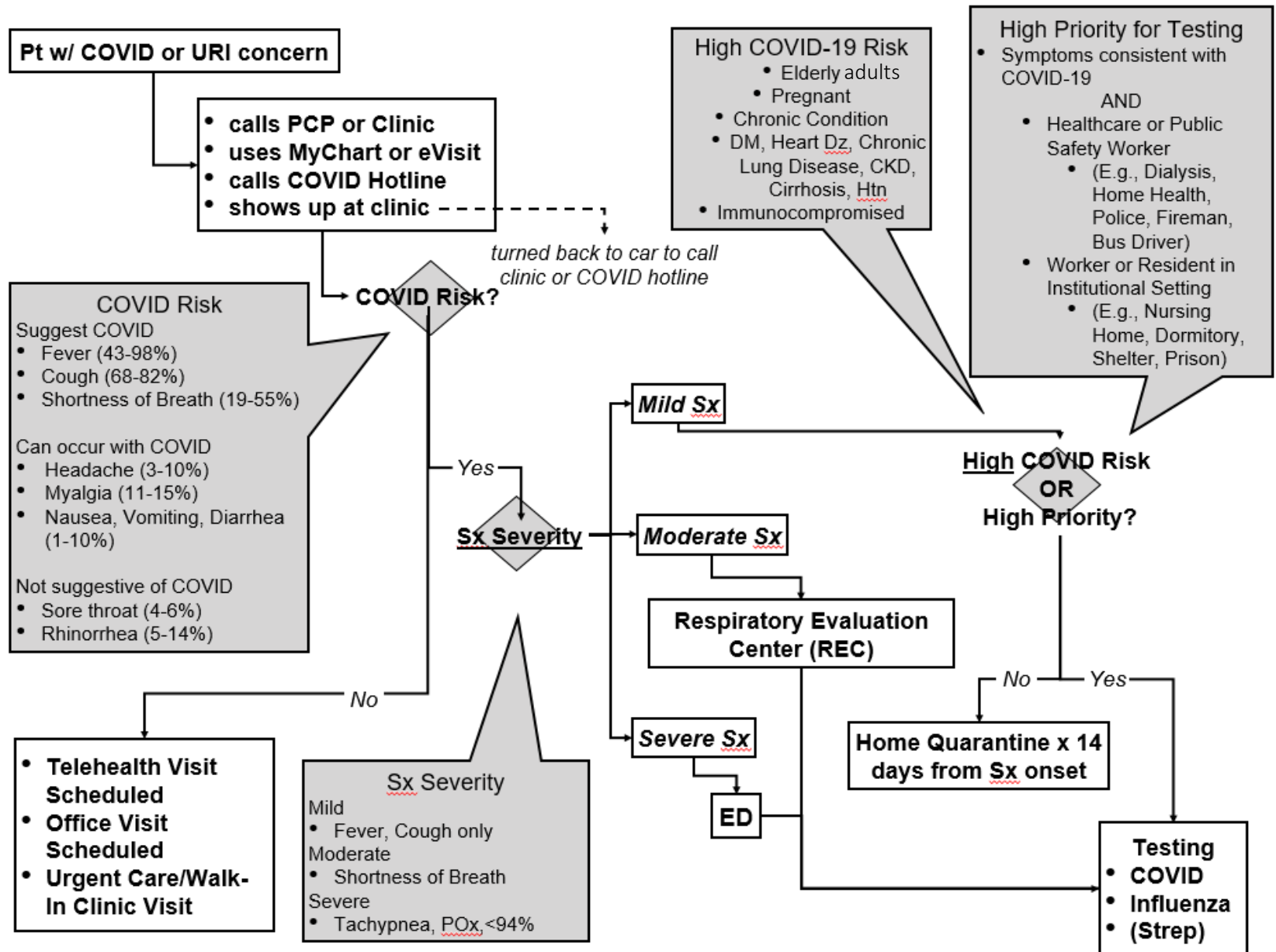
Infectious Disease/Internal Medicine

Kaua'i Medical Clinic

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COVID-19 Ambulatory Workflow



Clinical Management

- Corticosteroids
 - Any use associated with increased need for ICU stay & mortality
 - Improvements when used in already critically ill patients
- Unclear risk vs benefit: NSAIDs, ACE-I, ARBs, IVIG
- Avoid Nebulized medication- Use MDI
- Investigational drug, remdesivir – nucleotide analog
 - For hospitalized pts with severe and moderate disease
 - Only available by enrolling in clinical trial or compassionate use
- Coinfections-multiple cases report coinfections with other Resp Viruses, including influenza
 - Detection of an alternative viral infection makes COVID-19 less likely but does not rule it out
- Advise persons with mild illness to **recuperate at home**

Clinical Management

Mild illness

- Treat with Hydroxychloroquine if high risk for clinical deterioration

Moderate illness

- Treat with Hydroxychloroquine if high risk for clinical deterioration and monitor closely

Severe illness

- Apply for Remdesivir, compassionate drug use
- Treat with Hydroxychloroquine
- Tocilizumab for cytokine release storm

HPH Updates as of 03/23/20

Melinda Ashton, MD

Executive Vice President, Chief Quality Officer

Hawai'i Pacific Health

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Definition of “contact”

- At least 15 minutes
- Within 6 feet
- No PPE
- CDC has defined levels of HCW risk for COVID-19 depending on degree of contact and type of PPE
- Also general concern about potential (but undefined) contacts from travel

What to do about contacts

- Self monitoring
 - Twice daily temperatures, prompt reporting of sx
- Self quarantine
 - 14 days apart from others
- Isolation
 - Continues until criteria for disease clearance are met

Your patient tested positive.....Now What?

FOR

- Confirmed positive COVID-19 cases and
- Those suspected but not confirmed

Isolation should be maintained until:

- 72 hours after resolution of fever and myalgia without the use of antipyretics

OR

- At least 7 days have passed since symptom onset

WHICHEVER IS LONGER

- In both instances, there should be improvement in respiratory symptoms (e.g., cough, shortness of breath).

Your patient is a household contact of a confirmed COVID-19 case

Household members and other close contacts to a laboratory-confirmed COVID-19 case:

- Should remain at home until 14 days after the last contact with the confirmed case
- OR**
- If ongoing contact with the confirmed case, should remain at home until 14 days after the confirmed case was “cleared” according to the above criteria.

Your patient is a healthcare worker

In addition to usual clearance guidance:

For 14 days after illness onset healthcare personnel should:

- Wear a facemask at all times while providing care to patients,
 - or until all symptoms are completely resolved, whichever is longer
- Not have contact with severely immunocompromised patients
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

- Some are being more conservative and using 14 days after symptom onset, or 7 days after clearing sx as the RTW timing.
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
 - <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>
- Consideration may be given to not requiring facemask if the healthcare worker is placed on administrative or non-patient care/contact duties.
 - <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Personal Protective Equipment

- Protection from expelled droplets
 - Surgical mask with face protection
- Protection from aerosolized viral particles
 - Respirator (N95 or CAPR)
 - Surgical mask with face protection
- In each case also protection from contact with gown and gloves
- What to do about shortages/supply differences

Testing for COVID-19:

Owen Chan, MD | Pathology

Andy Lee, MD | Medical Director

Douglas Kwock, MD | CMO, PMMC

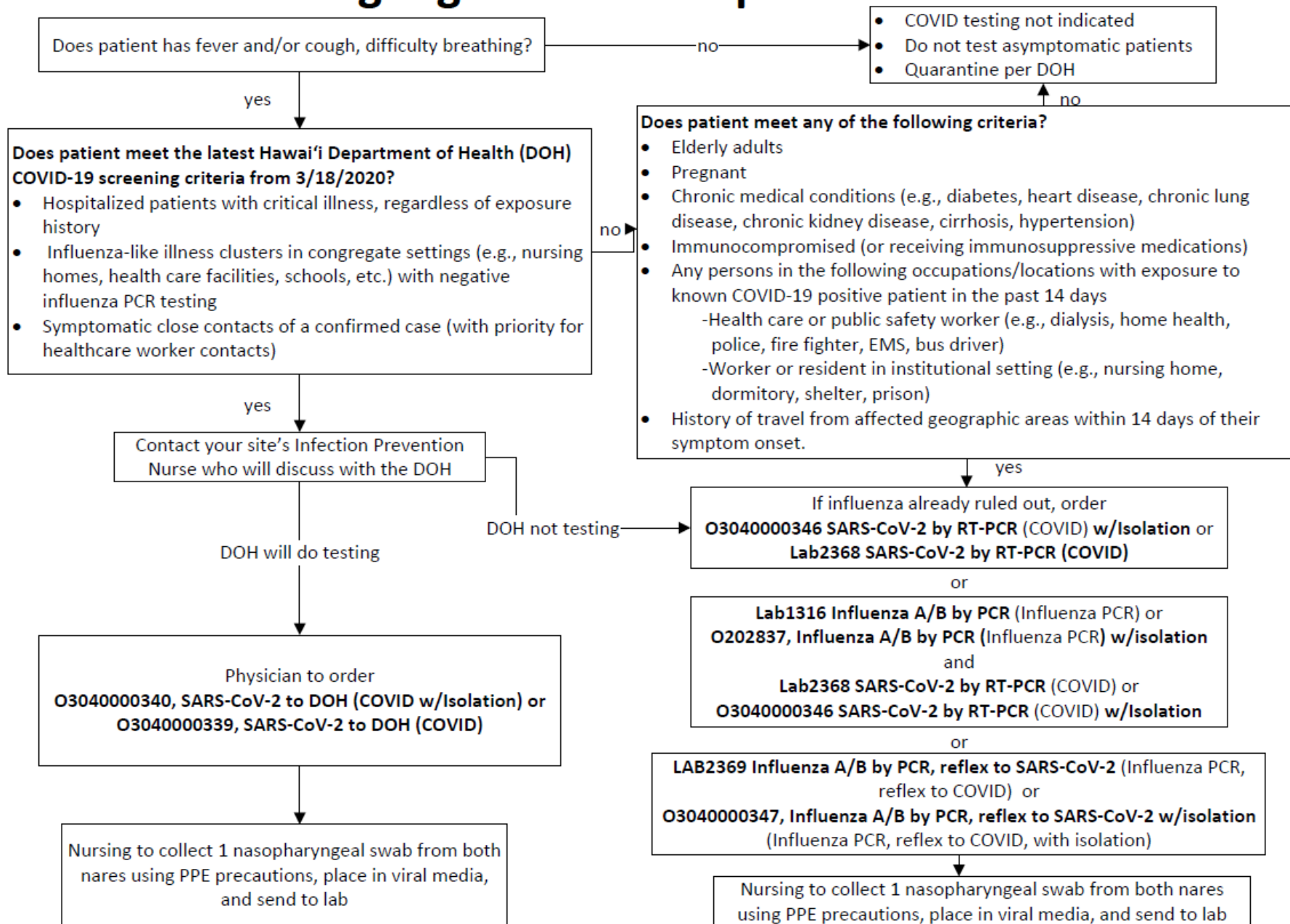
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CLH Updates

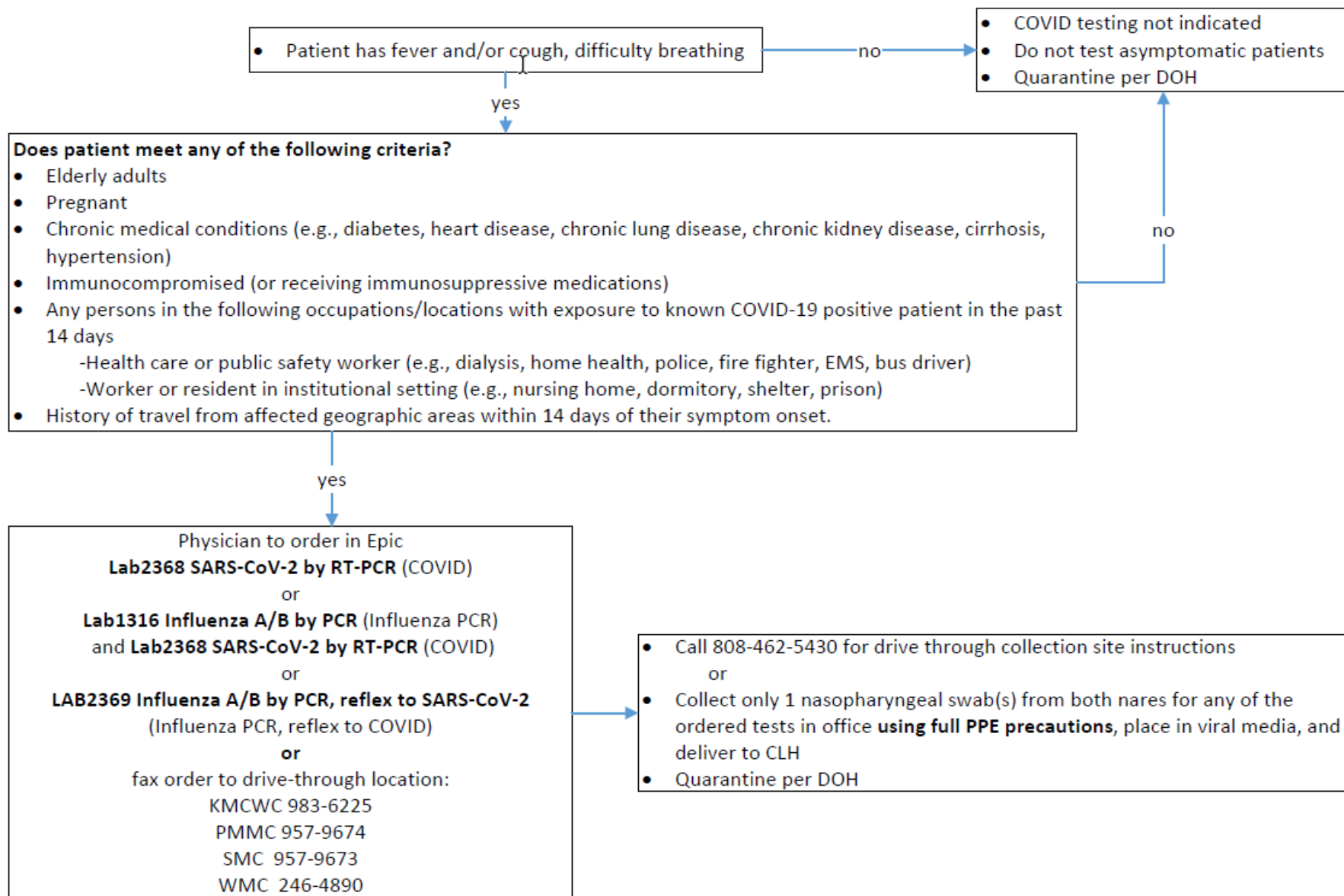
- Samples type: Nasopharyngeal versus Oropharyngeal
- The test for SARS-CoV-2:
 - Real time reverse transcriptase polymerase chain reaction (rRT-PCR)
 - Positive and negative percent agreement: 100%
 - Local testing and sendout sister reference lab: turnaround times

COVID-19 Testing Algorithm – Hospital or ED

Questions? - COVID19Bulletin@kapiolani.org

COVID-19 Testing Algorithm – Clinic CLH Testing

Updated 3/23/20



COVID-19 Drive-up Specimen Collection Sites

Kapi'olani	Pali Momi	Straub	Wilcox
Located in the driveway off of Punahou St. (entrance is first right off of Bingham St.) Fax: 808-983-6225	Located in the roundabout off of Moanalua Rd. Fax: 808-957-9674	Located in Straub Physical Therapy & Occupational Health building's parking lot (800 S. King St.) Fax: 808-957-9674	Located at the back of the hospital under the large white tent Fax: 808-246-4890

All sites open daily from 8am-5pm (*subject to change based on demand*)

- Patients interested in testing must contact their physician. No self-referrals.
- Physician orders test and they (or staff) must call **808-462-5430** (Contact Center)
- Patient required documents to be reviewed and processed:
 - Valid ID (Driver's license, State ID or Passport)
 - Physician's order for the test (entered via faxed Lab requisition form or via EPIC)
 - Insurance Card, if applicable (private lab will handle billing directly with patients/normal copay applies)
- Nasal swab will be obtained (patient can remain in vehicle)
- Results communicated to the ordering physician. Patients should self-quarantine until their results come back

*Per Clinical Labs of Hawai'i, it may now take up to 7 days to get results due to high volume

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Site Specimen Collection Thru 03/22

Location		Ordered	Pending	Indeterminate	Positive
Kapiolani Medical Center	Inpatient	53	18	0	1
Kapiolani Medical Center PSC	Outpatient	266	49	0	5
Pali Momi Medical Center	Inpatient	132	32	0	2
Pali Momi PSCs	Outpatient	316	88	0	3
Straub Clinic and Hospital	Inpatient	65	10	0	0
Straub Clinics	Outpatient	358	125	0	4
Wilcox Memorial Hospital	Inpatient	33	4	1	1
Wilcox Clinics	Outpatient	334	98	0	0
HPH Total		1557	424	1	16

Inpatient = ED and hospitalized (currently all “inpatient” positives are from ED, none are hospitalized)

Outpatient = clinics and specimen collection sites

State of Hawai'i – DOH Reported Cases

Novel Coronavirus in Hawaii

COVID-19 Positive* Cases

Cumulative totals as of 12:00 noon on March 23, 2020

Total (new)	77 (21)
Hawaii	5 (2)
Honolulu	53 (12)
Kauai	3 (0)
Maui	11 (2)
Pending	5 (5)
Required Hospitalization	4 (1)
Deaths	0 (0)

*includes presumptive and confirmed cases, and Hawaii and non-Hawaii residents; note that CDC provides case counts according to states of residence.

HPH Facility Updates

Martha Smith

Executive Vice President, O'ahu Operations

Hawai'i Pacific Health

Jen Chahanovich

President and CEO

Wilcox Memorial Hospital

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Facility Updates

- Command Center
- Managing Corridors
- Visitor Policy
 - Effective March 21st, Obstetric patients (being assessed for labor, admitted in labor for elective or C-section delivery, or postpartum) and pediatric patients are allowed one adult visitor at bedside.
 - **For all other adult patients, no visitors allowed**, unless the attending physician determines that the patient's situation warrants one adult visitor at bedside
- Screening at Entrances
- Elective Procedures
- PPE Supplies Stock

Respiratory Evaluation Clinic – O‘ahu

SMC Respiratory Evaluation Clinic
826 South King Street
Honolulu, HI 96813
808-462-5100 or x25100

7 days a week
8am - 5pm
*hours may change
based on demand

Located at Straub Medical Center in the **former Chart Rehab** location

- Walk-In clinic staffed by physicians for adult (*18 and over*) patients with fever and respiratory symptoms (e.g., cough, difficulty breathing)
- Patients will be evaluated and appropriate tests will be sent, including COVID-19
- Physicians may direct adult patients with fever & respiratory symptoms here for further guidance
- Not an emergency department

Respiratory Evaluation Clinic – Kauaʻi

KMC Respiratory Evaluation Clinic
3-3240 Kuhio Highway, Suite B
Lihue, HI 96766
808-245-1504

5 days a week
8am - 5pm

*hours may change
based on demand

Located at the **Contagious Room** - between Wilcox Medical Center and Kauaʻi Medical Clinic

- Clinic is staffed by physicians and advanced practice physicians for adult (*18 and over*) patients with fever and respiratory symptoms (e.g., cough, difficulty breathing).
- Patients may call to schedule a telephone visit with one of our respiratory clinic physicians
 - Patients will be evaluated over the phone and sent to either the Respiratory Evaluation Clinic for hands-on evaluation OR an order will be placed for a specimen collection through our drive-up collection site (for COVID-19 only)
- Testing may include rapid flu & COVID-19, as appropriate
- Physicians may direct adult patients with fever & respiratory symptoms here for further guidance
- Not an emergency department

IT Updates

James Lin, MD

Vice President, Information Technology

Hawai'i Pacific Health

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General IT updates

- MyChart
 - Suspended PCP direct scheduling for appointments sooner than 4 weeks
 - Login page, home page, mobile app notifications for patient education
 - Making MyChart signup online more apparent (in progress)
 - MyChart and Proxy activation online for all ages (in progress)
- Assisting Marketing with patient notifications.
- COVID-19 test report for tracking (outpatient only)
- Documentation, ordering, patient ed tools
- ED updates for tagging COVID-19 patients

Telehealth – MyChart messages and E-visits

- Patient Advice message with image capture
- E-visits
 - COVID-19 and Cough E-visits – 30-50 per day
 - Rash e-visit in use by Derm since last week
 - Post surgical Wound E-visit for surgical providers coming soon.
- Billing for these encounters without patient copay in progress

Telehealth – Scheduled Telephone visits

- Available to schedule
- Document conversation in Epic
- G codes are primarily accepted

COVID-19 Centralized Virtual Triage Team

- Will provide phone and video visits to patients with COVID-19 symptoms
- Staffed accordingly:
 - RNs – to conduct initial triage
 - PSRs – to schedule patients for phone / video visits
 - NPs / Physicians – to conduct phone and video visits
- Timeline:
 - Week of 3/23: soft go-live with established HPH patients (calls transferred from Contact Center)
 - Week of 3/30: public-facing go-live (services available to the general public via a centralized phone line)

MyChart – Video Visits for COVID-19 screening

- Centralized COVID-19 Screening and Video visit center at First Insurance Center
 - Take phone calls and activate on MyChart if needed
 - Screen for COVID-19 risk factors with a video visit with NP or MD integrated with MyChart
 - Enter in order for COVID-19 testing and refer to Drive-by sites for collection
 - Document in Epic and route to PCP about encounter
 - Owns the result follow up but still keep PCP in close communication

Preview of Video Visits

De-Centralized Video Visits

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Overview

- Video visits:
 - Requires a patient and provider has good home signal and bandwidth
 - Use telephones as backup
 - Requires video platform
 - Epic documentation and billing determined by where patient is being seen (outpatient, inpatient, etc)
 - HHP Health Advantage Connect providers can choose to use HPH video platform or other video platform
 - Generic version of following will be available
 - Prefer MyChart workflow if possible for ease of information collection

Telemedicine video visit for outpatient

- Workflow:
 - Request telemedicine access via intranet
 - Priority given to adult primary care, oncology, geriatrics providers
 - Access to platform, Telemedicine Visit Type granted with training completion

Workflow demo – outpatient scheduled video visit for patient with MyChart

- Applies to:
 - Patients with an existing MyChart Account
 - Patients who set up a MyChart Account with their PSR via Instant Activation
 - Caregivers with established proxy in MyChart
 - Work in progress to expedite proxy access and virtual workflow

High-Level Steps

1. Patient schedules a video-visit with PSR

PSR/Patient complete instant activation if needed

2. Patient completes eCheck-In via MyChart

Patient is linked to a providers' hph.doxy.me account

Meds, allergies, pharmacy, COVID-19 screening questions included.

3. PSR arrives the patient (optional)

4. Provider begins video visit documentation in Epic and logs in to hph.doxy.me via smartphone.

Provider will be notified via hph.doxy.me if/when a patient is in their virtual “waiting room.”

Epic Video Visit Instructions to Provider

Encouraging providers to be consistently signed in on hph.doxy.me on their smart phone devices

The screenshot displays the Epic EMR interface for a patient named Eric Ambtest. The top navigation bar includes tabs for Snapshot, Chart Review, Video Visit (which is currently selected), History, Screens/Flowsheets, Progress Note, Notes, Plan, Wrap-Up, Communications, and Episodes of Care. On the left side, under the 'Video Visit' heading, there is a list of options: PATIENT REVIEW, Telehealth Connection, Questionnaires, Chief Complaint, Pt Clinic Review, Allergies, Medication Review, and History. The main content area shows a document titled 'Telehealth Video Connection Instructions'. The text within this document reads: 'To connect to the patient for this telehealth video visit, please open the following website on your smartphone. Log in with your email address and password, and then follow prompts to connect.' Below this text is the URL 'https://hph.doxy.me/sign-in'.

Ambtest, Eric

Snapshot Chart Review **Video Visit** History Screens/Flowsheets Progress Note Notes Plan Wrap-Up Communications Episodes of C...

Video Visit

PATIENT REVIEW
Telehealth Conne...
Questionnaires
Chief Complaint
Pt Clinic Rev
Allergies
Medication Review
History

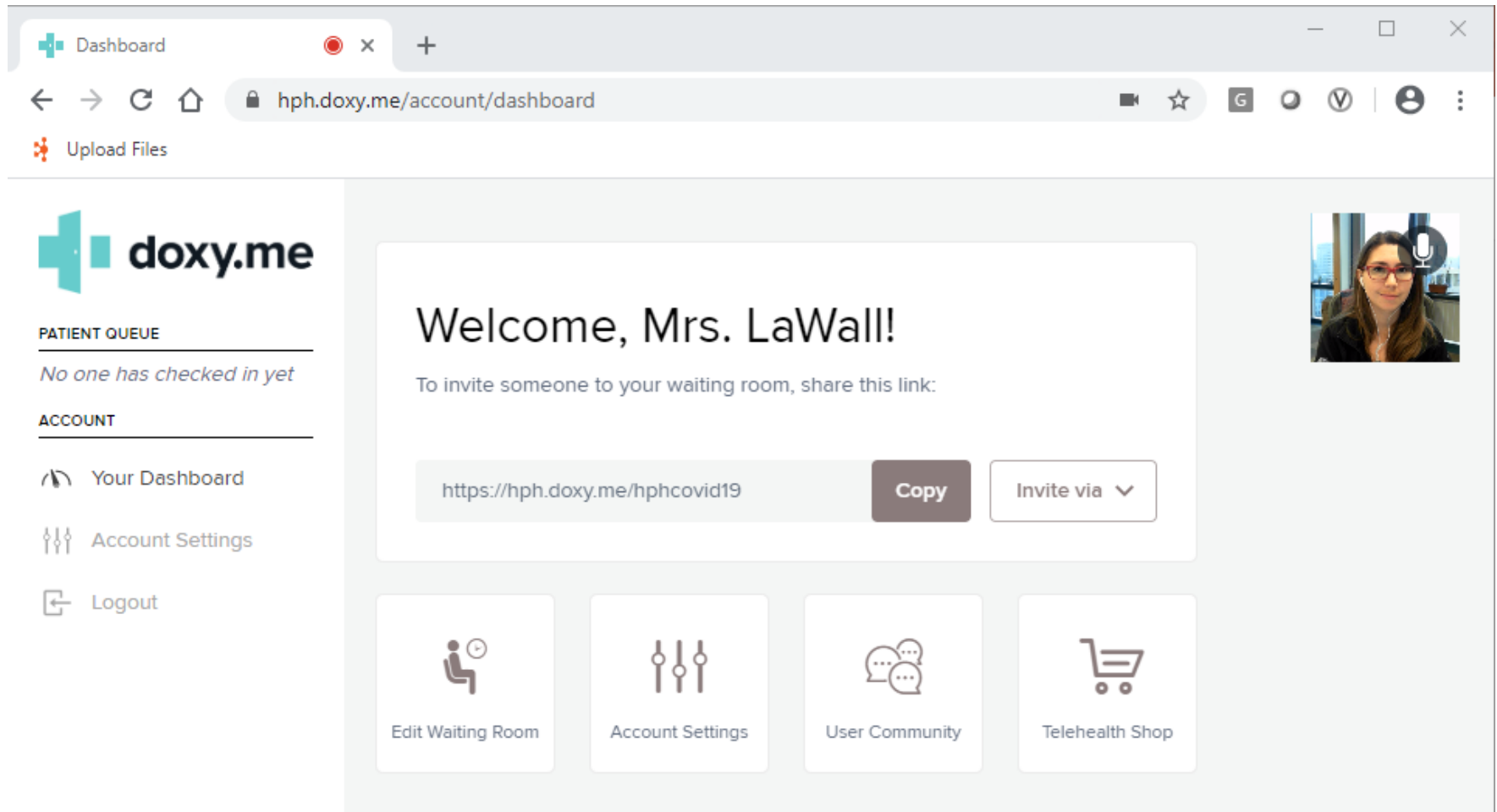
Telehealth Video Connection Instructions

Telehealth Video Visit Instructions

To connect to the patient for this telehealth video visit, please open the following website on your smartphone. Log in with your email address and password, and then follow prompts to connect.

<https://hph.doxy.me/sign-in>

Provider View of hph.doxy.me (after sign-up)



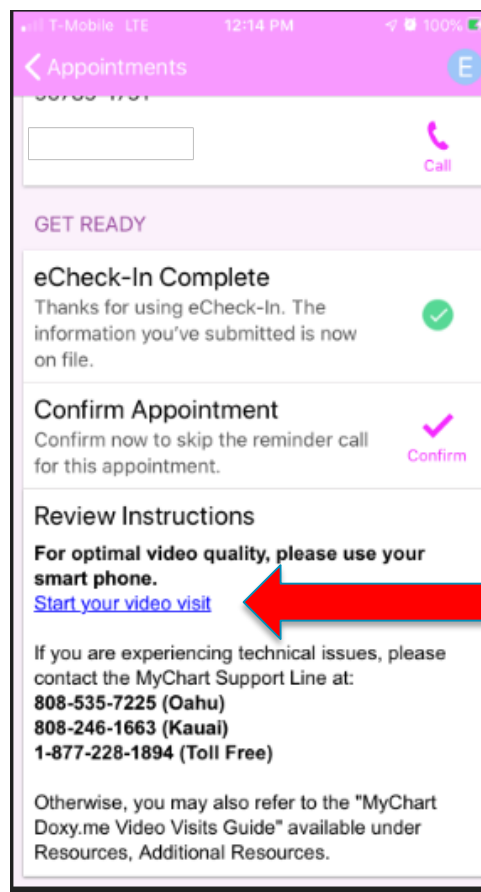
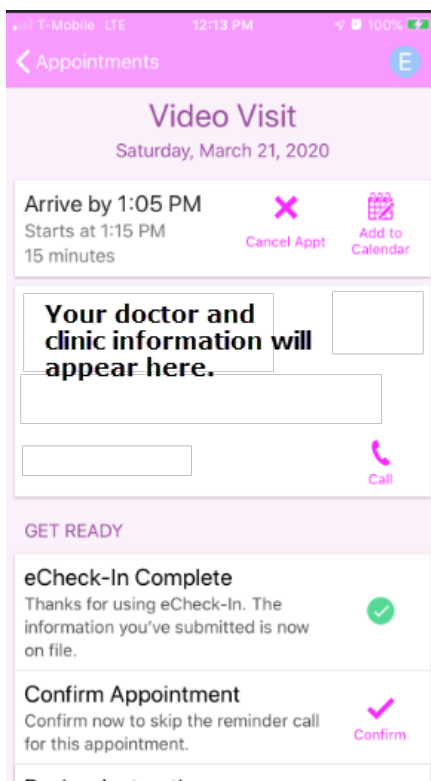
HPH Branding Forthcoming

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View for Patients

After eCheck-in, verification of medications, allergies, consent, etc.



6. Click to start the video visit.



View for Patients

Click Continue

The screenshot shows the MyChart mobile app interface. At the top, the status bar indicates 'T-Mobile LTE', '12:40 PM', and '100%' battery. The app header shows 'Appointments' and a user profile icon. Below the header, there's a 'GET READY' section. A green checkmark indicates 'eCheck-In Complete'. A modal dialog is displayed in the center, asking 'Do you wish to open this link outside MyChart?' with the URL 'https://hph.doxy.me/1235424318'. The dialog has two buttons: 'Stay Here' and 'Continue'. Below the dialog, there's a 'Revisit' section with a link to 'Start your video visit'. At the bottom, there's contact information for the MyChart Support Line.

Appointments

GET READY

eCheck-In Complete

Thanks for using eCheck-In. The information you've submitted is now on file.

Do you wish to open this link outside MyChart?
<https://hph.doxy.me/1235424318>

Stay Here Continue

Revisit

For o smart phone.
[Start your video visit](#)

If you are experiencing technical issues, please contact the MyChart Support Line at:
808-535-7225 (Oahu)
808-246-1663 (Kauai)
1-877-228-1894 (Toll Free)

Otherwise, you may also refer to the "MyChart Doxy.me Video Visits Guide" available under Resources, Additional Resources.

The screenshot shows the hph.doxy.me website on a mobile browser. The status bar at the top indicates 'MyChart LTE', '12:41 PM', and '100%' battery. The browser address bar shows 'hph.doxy.me'. The website header features the 'doxy.me' logo and a 'PROVIDERS OFFLINE' status. The main content area has a 'Welcome!' message, followed by a prompt to 'Please check in below to let Ms. Borton know you are here'. Below this is a text input field with the placeholder 'Type your name here' and a 'Check In' button.

MyChart LTE 12:41 PM 100%

hph.doxy.me

doxy.me PROVIDERS OFFLINE

Welcome!

Please check in below to let Ms. Borton know you are here

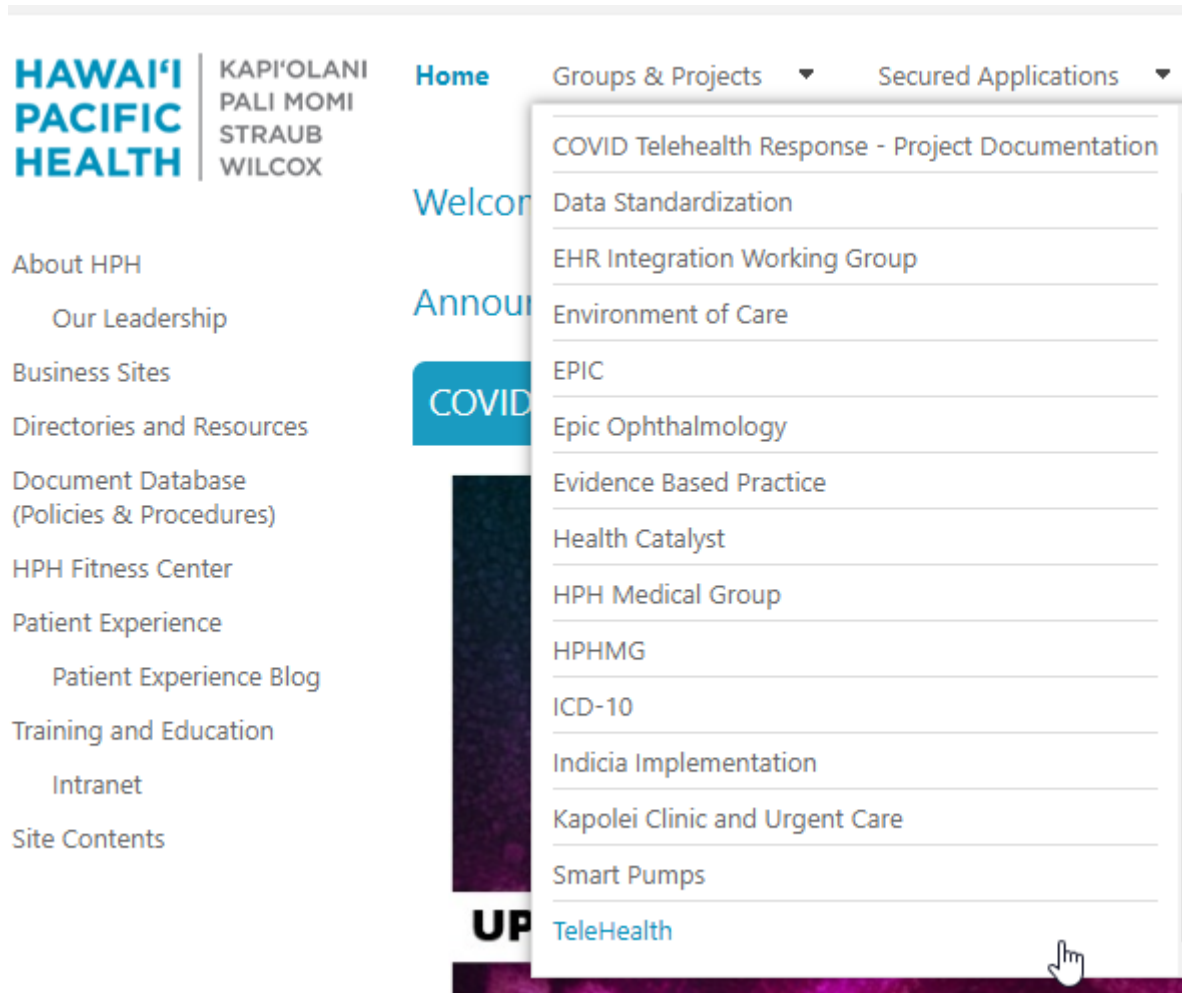
Type your name here

Check In

Type in
your name

Click
Check In

Request telemedicine video visit access and training



Do you have a need for TeleHealth Encounters?

We have created a simplified form to request EVisits, Scheduled Telephone Encounters, and Video Visits during the COVID-19 Emergency.

Submit a Request for **Employed Physicians**

Submit a Request for **Health Advantage Connect**

Please be patient with our team as we respond to the high volume of requests.

Announcements

Title	Modified
03/17/20: CMS Changes to Telehealth Policies	3/18/2020 7:26 PM

CMS Changes to Telehealth Policies

In light of current events, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare Telehealth Services so that beneficiaries can have convenient access to health care services without needing to travel to a facility. Hawaii Pacific Health is aware of this change and physician leadership is working with HPH Information Technology to determine appropriate use. More information on this project, including a timeframe for implementation, is forthcoming soon.

HMSA Update

Andy Lee, MD

Medical Director

Hawai'i Health Partners

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HMSA

- **HMSA Online Care option**
 - HIPAA Compliant Web-based system
 - Available to anyone in Hawai‘i
 - Built in malpractice insurance
 - Paid FFS in addition to PMPM
 - Direct reimbursement per Online Care encounter (for all participating providers)
- **Telephone visits**
 - Can bill for “Virtual check in” (brief 5-10 min communication with established patient)
- **E-visits**
 - Service must be initiated by an established patient
- **Telemedicine visits**
 - Real time Interactive audio and video telecommunication system
 - Providers must bill with place of service code 2
- Apple FaceTime, Skype, Google Hangouts video, Facebook Messenger video chat
 - Providers can use above platforms
 - HMSA will follow federal guidelines
- All virtual visits are covered by HMSA plans
 - No out-of-pocket expense for patients
- PCP
 - PCP in PT will not get additional FFS payments for virtual visits
 - PCP in PT will get separate FFS payments if using HMSA Online care
 - Email HOCinfo@hmsa.com if interested

HMSA

Type of Service	What is the service?	HCPCS/CPT CODE		Patient Relationship with Provider
Medicare Telehealth Visits	A visit with a provider that uses telecommunication systems between a provider and a patient	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, ED or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) 		For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
Virtual Check-In	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 		For established patients
E-visit	A communication between a patient and their provider through an online patient portal	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 	<ul style="list-style-type: none"> • G2061 • G2062 • G2063 	For established patients

HHP in Covid-19

- Complex Care
- Patient Outreach
- Resources (HHP website)
 - Care Algorithms and Guidelines
- Staying Connected
 - Weekly calls
 - HHP Central Support
- HMSA

FAQs

Q: Can COVID-19 be transmitted by asymptomatic patients?

A: There is a case report in a family with very close contact and very tight cramped quarters in China. Other than that, it is very rare to transmit when asymptomatic.

Q: Do I need to change the mask between each patient?

A: No, change mask after aerosolizing procedure or if mask gets soiled, or sneezed or coughed on.

Q: Should I order a CXR or CT to rule out COVID-19?

A: CDC doesn't recommend imaging to dx COVID-19.

Q&A

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Thank you!

- A recording of the meeting will be available afterwards.
- Unanswered question?
 - Contact us at Covid19Bulletin@hawaiipacifichealth.org

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