



National Hispanic Medical Association

VIRTUAL BRIEFING SERIES

SESSION 1

Managing Chronic Care Patients with COVID-19

May 28, 2020

7:00 PM – 8:00 PM EDT

NHMAmd.org



Welcome

Elena Rios, MD, MSPH, FACP

President & CEO

National Hispanic Medical Association

Washington, DC



Learner Notification

Acknowledgement of Financial Commercial Support

No financial commercial support was received for this educational activity.

Acknowledgement of In-Kind Commercial Support

No in-kind commercial support was received for this educational activity.

Satisfactory Completion

Learners must complete an evaluation form to receive a certificate of completion. You must participate in the entire activity as partial credit is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

Physicians



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and National Hispanic Medical Association. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Credit Designation Statement – Amedco LLC designates this enduring activity for a maximum of 1.00 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Objectives - After attending this program you should be able to:

- To discuss COVID-19 impact on Latinos and underserved populations
- To increase awareness of the AllofUs Research Program and enrollment needs for Latino research
- To discuss caring for patients with chronic disease & COVID-19

Disclosure of Conflict of Interest

The following table of disclosure information is provided to learners and contains the relevant financial relationships that each individual in a position to control the content disclosed to Amedco. All of these relationships were treated as a conflict of interest, and have been resolved. (C7 SCS 6.1--6.2, 6.5)

All individuals in a position to control the content of CE are listed below.

First	Last	Commercial Interest
Nereida	Correa	NA
Ben	Melano	NA
Sylvia	Preciado	NA
Elena	Rios, MD, MSPH, FACP	NA
Leonardo	Seoane	NA

An Introduction to the

All of Us Research Program

All of Us
RESEARCH PROGRAM

The
Future of
Health Begins
With You



National Institutes
of Health

JoinAllofUs.org
ResearchAllofUs.org
AllofUs.nih.gov

What is the *All of Us* Research Program?



The *All of Us* Research Program is a historic, longitudinal effort to **gather data from one million or more people** living in the United States to **accelerate research and improve health**. By taking into account individual differences in **lifestyle, socioeconomics, environment, and biology**, researchers will uncover paths toward delivering **precision medicine – or individualized prevention, treatment, and care – for all of us**.



“All of Us is among the most ambitious research efforts that our nation has undertaken!”

NIH Director Francis Collins, M.D., Ph.D.

All of Us Mission and Objectives

Nurture relationships

with one million or more participant partners, from all walks of life, for decades



Our mission

To accelerate health research and medical breakthroughs, enabling individualized prevention, treatment, and care for all of us

Deliver the largest, richest biomedical dataset ever

that is easy, safe, and free to access



Catalyze a robust ecosystem

of researchers and funders hungry to use and support it



***All of Us* Research Program Core Values**

1. Participation is **open** to all.
2. Participants reflect the rich **diversity** of the U.S.
3. Participants are **partners**.
4. Trust will be earned through **transparency**.
5. Participants will have **access** to their information.
6. Data will be accessed **broadly** for research purposes.
7. Security and privacy will be of **highest** importance.
8. The program will be a catalyst for positive **change** in research.

A Transformational Approach to Data Access



All of Us will invest to level the playing field so diverse researchers will have equal access.

- *All of Us* data will be available to **all types of users**
- Data collection will **start small** and **grow over time**
- The program will adhere to the highest **privacy** and **security standards**
- The data resources will be **centralized, tiered**, and operate on a **passport system** of access
- Project information will be made **public** and **auditable**

Enrollment

- > **311,000** participants enrolled
- > **242,000** participants completed initial steps
- **80%** of current participants self-identify as belonging to one or more population that has been historically underrepresented in biomedical research
- Nearly **400 active enrollment clinics** open across the US



All of Us Research Hub: Coming in 2020

Welcome, *All of Us* Researchers.

The *All of Us* Research Program, part of the National Institutes of Health, is building one of the largest biomedical data resources of its kind. The *All of Us* Research Hub will store health data from one million or more diverse participants in the *All of Us* Research Program.

Here in the Research Hub, everyone can learn more about the types of data participants are providing and how approved researchers can use our data and tools to conduct studies that may speed up medical breakthroughs.

SEE THE DATA

✓
Scroll Down

Data Snapshots

Interested in quickly viewing the diversity of the *All of Us* Research Program participant data? Our Data Snapshots are the fastest way to view the diversity of the *All of Us* Research Program participant data set. Updated regularly, these snapshots provide visualizations of participant demographics, geographical distribution, and more.

Help

COVID-19 Cases in CA, NY, and LA

Total U.S. Cases¹: 1,678,843

Total Deaths¹: 99,031

Number of cases by state¹

California	New York	Louisiana
90,631	362,859	37,163

Percent deaths by race/ethnicity

California ²		NYC ³		NYS excl. NYC ³		Louisiana ⁴	
Hispanic	African American/Black	Hispanic	African American/Black	Hispanic	African American/Black	Hispanic	African American/Black
38.9	6	34	28	14	18	1.93	54.58

1. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> (as of May 27, 2020)

2. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx> (as of May 24, 2020)

3. <https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n> (as of May 24, 2020)

4. <http://ldh.la.gov/Coronavirus/> (as of May 24, 2020)

Private Practice & Women's Health Perspective

Nereida Correa, MD, MPH

Chairwoman, NHMA Board of Directors

Associate Clinical Professor, Obstetrics and Gynecology

Albert Einstein College of Medicine

Attending Physician, North Central Bronx Hospital

CEO, Eastchester Medical Associates

Bronx, NY

Social Determinants of Health

Economic Stability

- Employment
- Food Insecurity
- Housing Instability
- Poverty



Neighborhood and Built Environment

Neighborhood and Built Environment

- Access to Foods that Support Healthy Eating Patterns
- Crime and Violence
- Environmental Conditions
- Quality of Housing

Economic Stability

Health and Health Care

Health and Health Care

- Access to Health Care
- Access to Primary Care
- Health Literacy

SDOH

Education

Social and Community Context

Social and Community Context

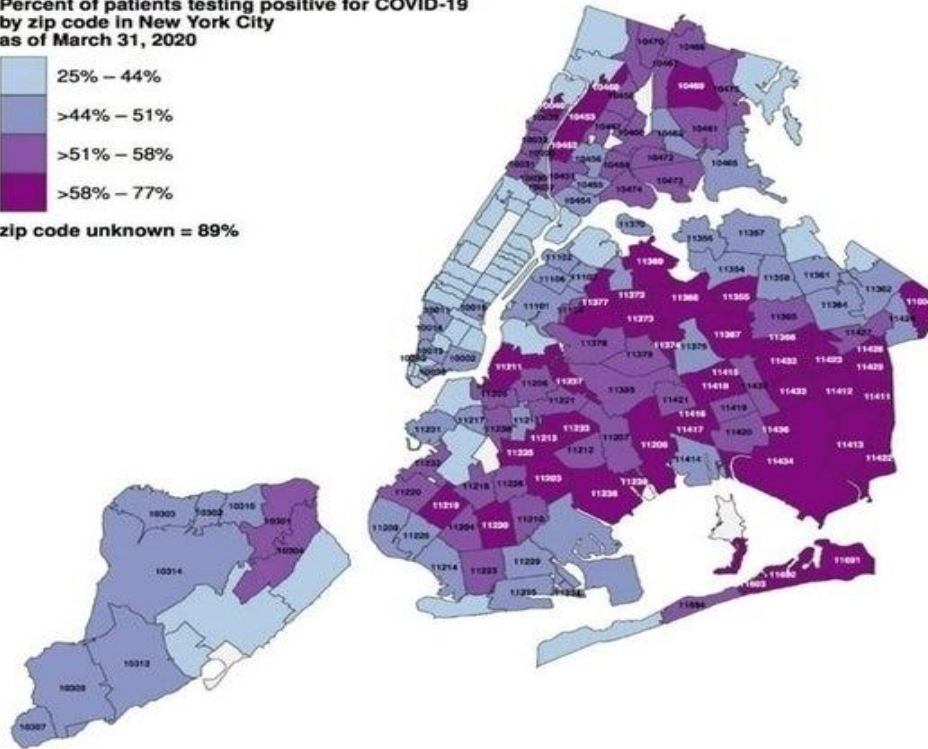
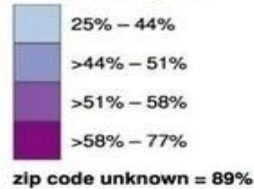
- Civic Participation
- Discrimination
- Incarceration
- Social Cohesion

Education

- Early Childhood Education and Development
- Enrollment in Higher Education
- High School Graduation
- Language and Literacy

"There are clear inequalities, clear disparities in how this disease is impacting New York City," de Blasio

Percent of patients testing positive for COVID-19 by zip code in New York City as of March 31, 2020

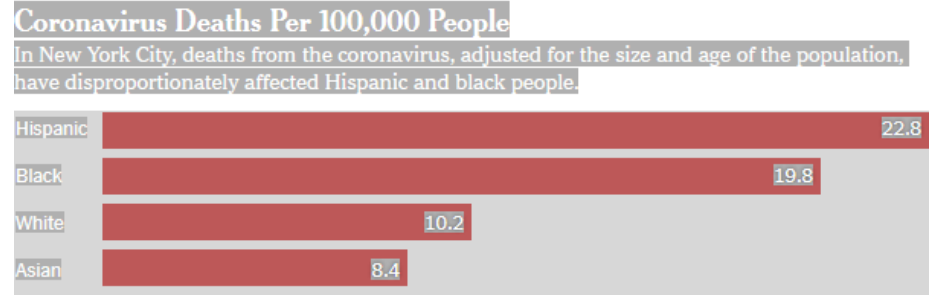


By [Kathleen Culliton, Patch Staff](#)

Apr 8, 2020 10:06 am ET | Updated Apr 8, 2020 5:12 pm E

Health Disparity in COVID-19 in New York City

According to preliminary data from New York City's Health Department, Latinos represent 34 percent of the people who have died of the coronavirus but make up 29 percent of the city's. Blacks represent 28 percent of deaths but make up 22 percent of the population

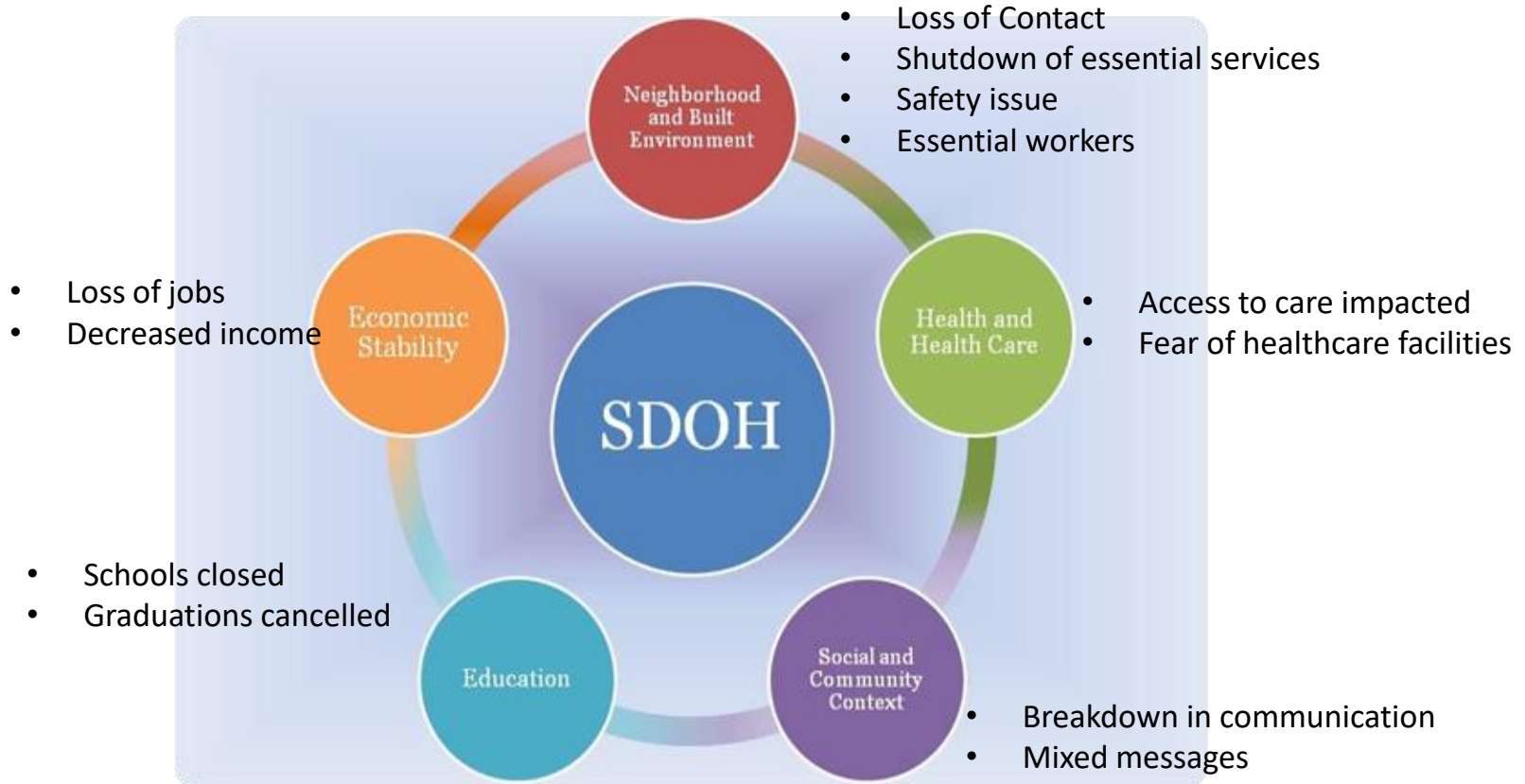


By The New York Times | Source: New York City Department of Health and Mental Hygiene

Virus Is Twice as Deadly for Black and Latino People Than Whites in N.Y.C

New York Times, Jeffrey Mays and Andy Newman, May 7, 2020

Impact of COVID-19



Private Practice: Community Based and preferred by many Latinx and others in the neighborhood because they speak Spanish and understand their culture

Current Issues

- Unstable in its finances since the Affordable Care Act favored Federally Qualified Health Centers
- Fear of infection kept patients away
- Need to close for a prolonged period
- Paycheck Protection Program with 75% payroll support
- Rent, malpractice and other expenses may prevent practice from re-opening

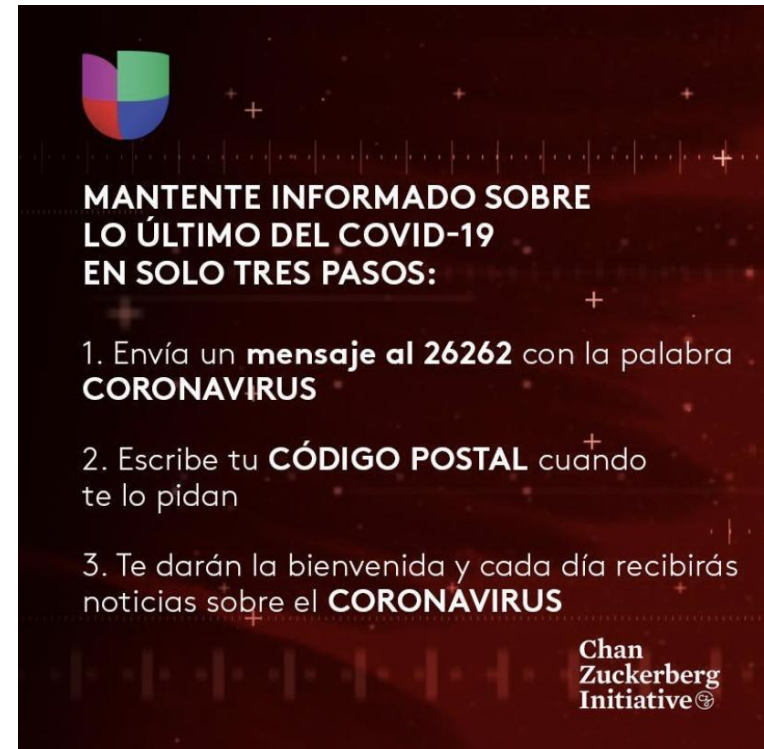
Just 2 months ago with office staff




The state of the pandemic

- Physicians in the same building were COVID infected and had to close their offices, others closed in fear
- Dental office next door closed indefinitely
- Office closed except for 1 day a week and appointments were converted to Televisits
- Personal protective gear was needed and not in good supply anywhere
- Cleaning materials and essential paper products were scarce
- Masks had to be produced by staff!

Resources in Spanish





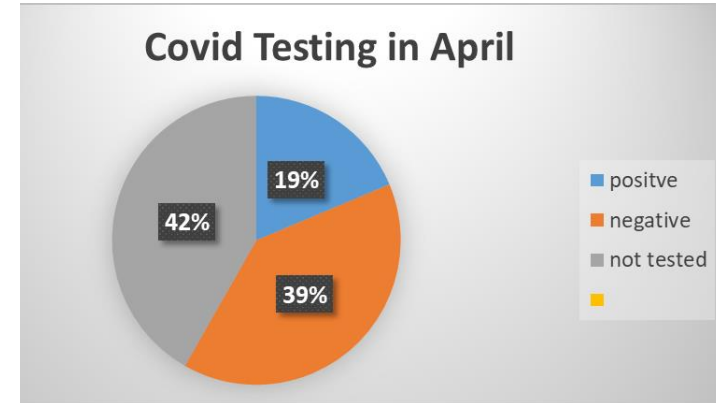
**MANTENTE INFORMADO SOBRE
LO ÚLTIMO DEL COVID-19
EN SOLO TRES PASOS:**

1. Envía un **mensaje al 26262** con la palabra **CORONAVIRUS**
2. Escribe tu **CÓDIGO POSTAL** cuando te lo pidan
3. Te darán la bienvenida y cada día recibirás noticias sobre el **CORONAVIRUS**

Chan
Zuckerberg
Initiative

Women's Health: Changes in Maternity Services

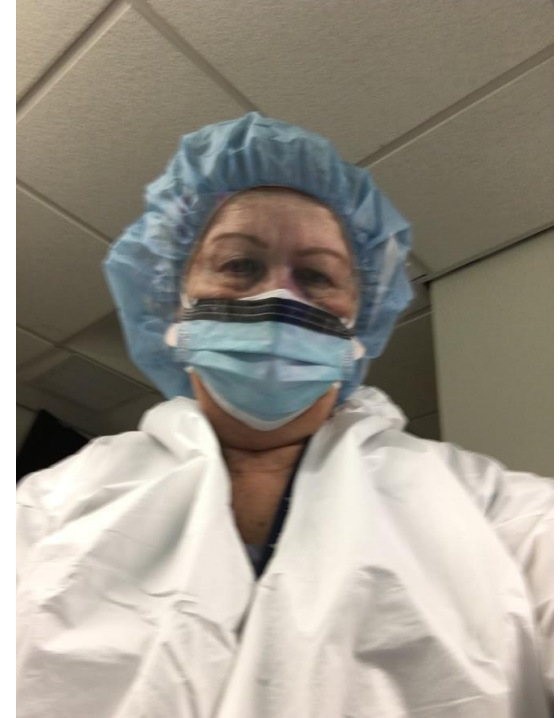
- Universal testing for all women admitted to L&D
- Approximately 1/3 test positive, most are asymptomatic
- Need for Personal Protective Gear for staff forced decrease in visitors and there was less support for the patient
- Partners could no longer go into the OR, again due to PPE scarcity
- Issues regarding how to handle the baby after delivery-bonding, breast-feeding instructions for protecting baby and the family
- Need for anticoagulation due to increased risk of pulmonary embolism and other clotting disorders



Tested 53%
Positive 38%

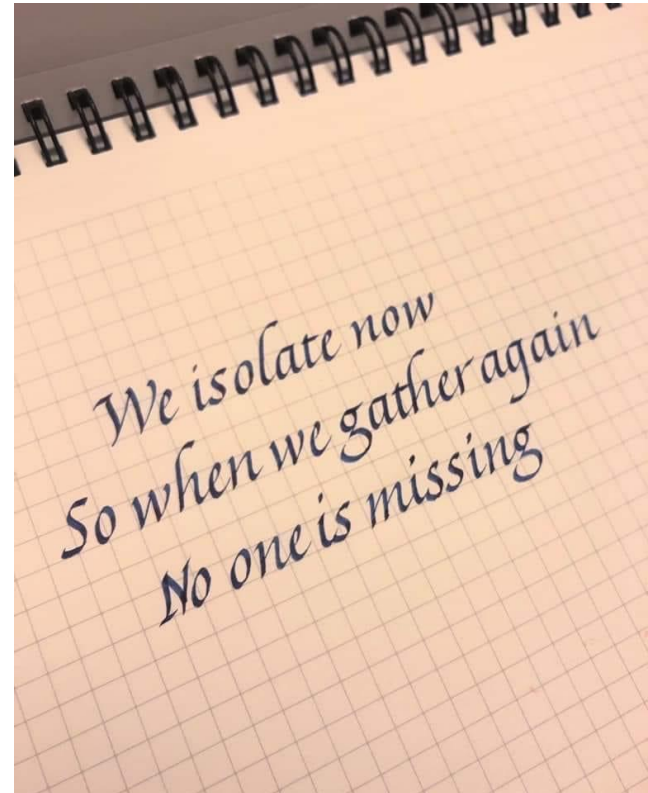
Lessons Learned

- Personal Protective Gear became a major concern and forced many clinical decisions
- Staff and essential workers were at risk of infection
- Hospital eateries were closed and food was being provided by donors
- Many areas in the hospital were converted into COVID Units and these filled rapidly
- Staff from clinics were redeployed to newly created COVID Units
- Support came from unexpected sources



Pain and suffering

- The sound of codes rang multiple times of day signaling that someone was having a cardiac arrest or needed to be intubated
- Fear was in all our eyes above the mask
- Many died and some were staff, emergency workers, nurses, housekeeping, doctors, visiting staff
- Those who died in the Bronx, more than 60% were African American or Latinx
- Those infected were predominantly African American or Latinx, the numbers cannot explain the human toll



Conclusions

- The human toll can be counted and explained in many ways yet we are aware of the pre-existing disparities that exist in the US that were present before COVID-19 and they cross over all of Social Determinants of Health:
 - Rising Infant and Maternal mortality among African Americans and Latinas
 - High incarceration rates among people of color
 - Increase in chronic diseases such as diabetes, hypertension, obesity
 - Disparities in access to housing, education, jobs
 - Front line workers are largely people of color: Police, Nurses, Transit, Housekeeping, Restaurant workers, Sanitation, all were exposed before most of the general population

Impacts of the Coronavirus on a Community

Sylvia Preciado, MD

Internal Medicine

Co-Chair, COVID-19 External Surge Committee

Co-Chair, Operation COVID-19

Community Liaison

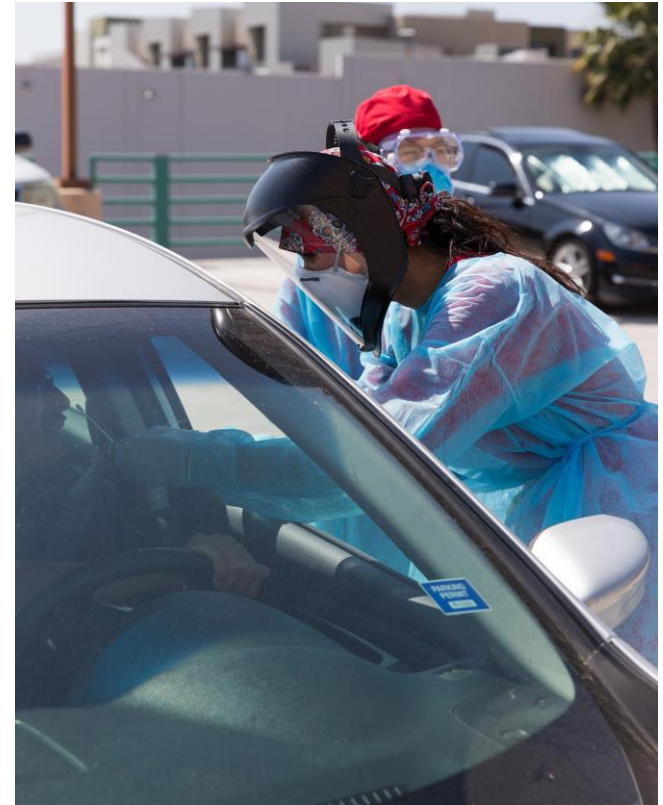
Huntington Memorial Hospital, Pasadena, CA

Board Member, NHMA Board of Directors

COVID-19

Operation COVID-19 is a group of Practicing Physicians who teamed up to address areas of vulnerability related to the Novel Coronavirus within our:

1. NURSING HOMES
2. ASSISTED LIVING FACILITIES
3. OUR COMMUNITY



COVID-19

1. **Mitigation** via testing, education of staff in nursing homes and community to reduce infection rates.
2. **Drive through testing** and COVID-19 testing at nursing homes.
3. Obtaining **donations** for appropriate PPE, which was shared with nursing homes.
4. **Support** one another by sharing latest evidence based data, testing and STATS.
5. **Planning** for an external surge situation within our community
6. **Maintaining quality of care** for our elderly who have other chronic illnesses (eg: Cardiovascular diseases, HTN, and Diabetes)
7. **Reduce admissions** to Emergency Room and Hospital
8. **Utilize other services** such as Home Health and Hospice to assist chronically-ill patients

OPERATION COVID-19 REGISTRATION FORM FOR SKILLED NURSING FACILITIES



Patient Information

Name: _____ D.O.B.: _____ Height: _____ Weight: _____
Home #: _____ Cell #: _____ Email: _____
Mailing Address: _____

Are you experiencing any of the following symptoms (circle if present)?

Body Aches	Nausea or vomiting	Nasal Congestion	Rash
Chest Pain (scale of 1-10) _____	Diarrhea	Sore Throat	Abdominal pain
Chills	Temperature (>99° F)	Pink Eye	Cough (productive)
Confusion	Temperature (>100.4° F)	Shortness of Breath	Headaches
Coughing up blood	Fatigue	Loss of taste	Loss of Smell
Cough (dry)	None of the above		

Please answer the following questions:

What was your highest temperature? _____ ° F

Are you taking any medications for any of the above symptoms? Yes, please list _____ No

What is your ethnicity (circle)? White/Caucasian Hispanic Black/African-American Asian/Pacific Islander
Unknown

What is your highest education level (circle)?

Less than high school high school some college associate college degree professional degree

Do you work more than 1 job? Yes, how many?: _____ No

What is your annual income bracket?: <20k 20-39k 40-59k 60-74k 75-149k >150k

How many family members live in your home? _____

Do you have an isolation bedroom (for only yourself if you become ill)? Yes No

Do you have an isolation bathroom (for only yourself if you become ill)? Yes No

Have you traveled in the last month?

If you traveled recently, where to/from?

YES NO Are you in a high-risk occupation (ex. healthcare worker, EMT, police officer, fire department...)
If so, what is your occupation?

YES NO Have you had close contact with a positive COVID person?
If you've had close contact, approximately how long ago?

YES NO Are you currently immune-compromised?
If you are immune-compromised, please briefly describe.

YES NO Do you have any diabetes?

YES NO Do you have high blood pressure?
If you have high blood pressure, what medications are you taking?

YES NO Do you have asthma?
If you have asthma, what medications are you taking?

YES NO Did you or do you smoke on a regular basis?

YES NO Is it OK for us to contact you in the future if we chose to enroll your data anonymously in a study?

COVID-19

Pasadena LTC Facilities

- Arbor Vista Assisted Living
- Brighton Care Center
- Foothill Heights Care Center
- Californian Pasadena Conv. Hospital
- Huntington Dialysis Center
- Rose Garden Healthcare Center
- Pilgrim Tower North
- Pasadena Care Center
- Pasa Alta Manor Residential Care Centers
- The Villas by Regency Park
- Villa Esperanza Allen House
- Villa Esperanza Murphy Home
- Villa Esperanza Services (Main)
- Golden Cross Health Care
- Jasmine Terrace
- Villa Esperanza Wagner House
- Villa Esperanza Wynn House
- Camellia Garden Care Center
- Regency Park Comm (Fair Oaks/Oak Knoll)
- GEM Transitional Care Center
- Jasmin Terrace
- Legacy Care of Pasadena
- St. Vincent Health Care
- Villa Gardens Health Center
- Regency Park Astoria
- Regency Park Oak Knoll
- The Fair Oaks by Regency Park
- The Villa by Regency Park
- Pasadena Grove Health Care
- Pasadena Meadows Nursing Facilities

COVID-19

What did we learn about risk for elderly patients?

- There was a higher incidence of infection in nursing homes in certain communities. It appeared that nursing homes in less affluent communities had higher infection rates. My observation is that the less affluent nursing homes were mostly occupied by Latinos and African-Americans.
- Primary Care Physicians are the most essential part of the care team
- It is very difficult to effectively isolate patients in the standard SNF environment.
- Staff adequately trained in the proper PPE usage and sanitation is a key element in preventing transmission of the virus.
- Because many employees work several jobs at multiple facilities, they are a significant concern regarding source of transmission.
- The Public Health Dept. is a valuable partner in combating the virus.

COVID-19

CARDIOVASCULAR DISEASES ARE THE #1 KILLER IN THE UNITED STATES.

Our elderly Latino population has a high incidence of cardiovascular diseases, in addition to other chronic diseases and are already at risk for poor outcome from everyday illnesses. This places our elderly Latino patients at enormous disadvantage in successfully combating this Novel Coronavirus disease. Being ill-prepared to address this crisis magnifies the challenges. To be successful at dealing with this and similar crisis, we have to re-design how we think and behave on a daily basis going forward. My hope is that more Physicians will see it as a call to duty, to participate on the front line when challenges such as this occurs.

COVID-19

COVID-19 exposed our areas of weaknesses, especially in regards to caring and managing issues related to our most vulnerable population, the elderly. We must re-engineer how we work within the SNF environment. As a start these are my suggestions:

- Policy and Procedure must be amended to address these issues
- Management teams must include the appropriate personnel and they must understand their individual roles during times of crisis.
- Physicians must participate in the decisions regarding care of the patients, structure of the care environment, and training of the accessory health team (LVNs, MA, Therapist, etc.)
- Involvement and education of family members (who can be source of transmission of diseases such as Flu viruses, common cold, etc.)

COVID-19

COMMUNITY EDUCATION

- The general community has an important role in the effort to address this COVID-19 disease. They must be adequately informed on:
 - Consequences of COVID-19 infection in high risk groups (SNF patients, lower income patients)
 - Techniques to prevent transmission
 - What to do when they get sick
 - How to seek medical help, especially if they do not have a PCP

COVID-19 Lessons Learned in the ICU

Leonardo Seoane, MD, FACP

*Chief Academic Officer & Vice President, Ochsner Health
Associate Vice Chancellor Academic Affairs, LSU Health-
Shreveport*

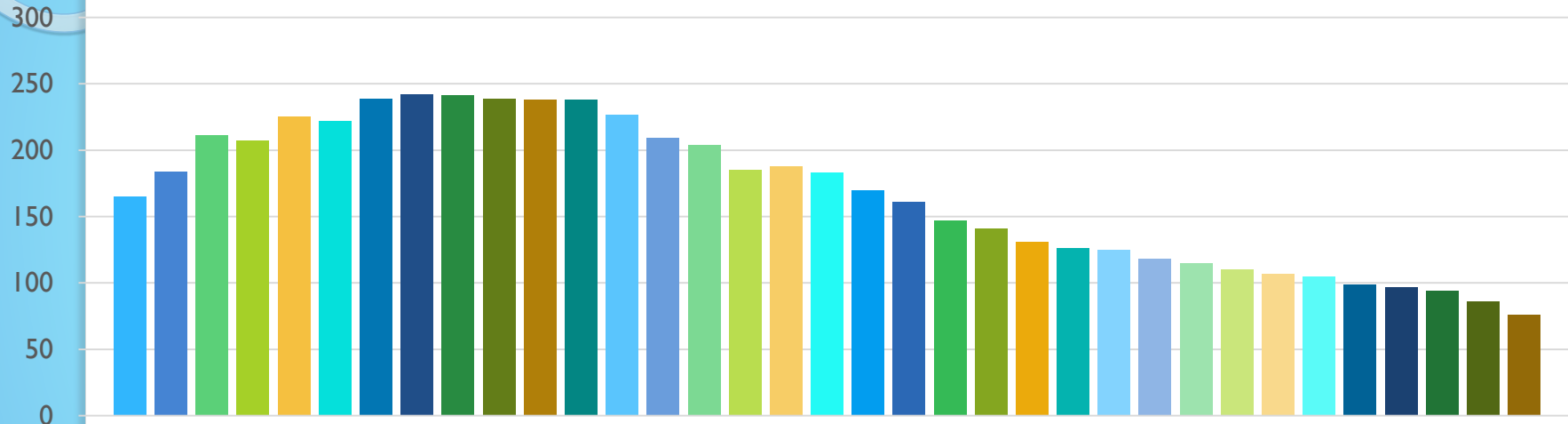
*Chapter Chair, NHMA Gulf Coast Chapter
New Orleans, LA*

Key Lessons Learned in Caring for ICU COVID-19 Patients

- Use of Non-invasive mechanical ventilation and High Flow Nasal Cannula Decreases the need for Mechanical Ventilation
- Evidence-based therapies for ARDS are successful in treating COVID-19 ventilated patients
- Hypercoagulable state in critically ill patients leads to morbidity and mortality

Ochsner COVID-19 ICU Patients

Total COVID ICU Patients Ochsner New Orleans Region



ICU COVID

- 28-Mar ■ 29-Mar ■ 30-Mar ■ 31-Mar ■ 1-Apr ■ 2-Apr ■ 3-Apr ■ 4-Apr ■ 5-Apr ■ 6-Apr ■ 7-Apr ■ 8-Apr
- 9-Apr ■ 10-Apr ■ 11-Apr ■ 12-Apr ■ 13-Apr ■ 14-Apr ■ 15-Apr ■ 16-Apr ■ 17-Apr ■ 18-Apr ■ 19-Apr ■ 20-Apr
- 21-Apr ■ 22-Apr ■ 23-Apr ■ 24-Apr ■ 25-Apr ■ 26-Apr ■ 27-Apr ■ 28-Apr ■ 29-Apr ■ 30-Apr ■ 1-May

“Best way to reduce VILI is to never put them on the ventilator”

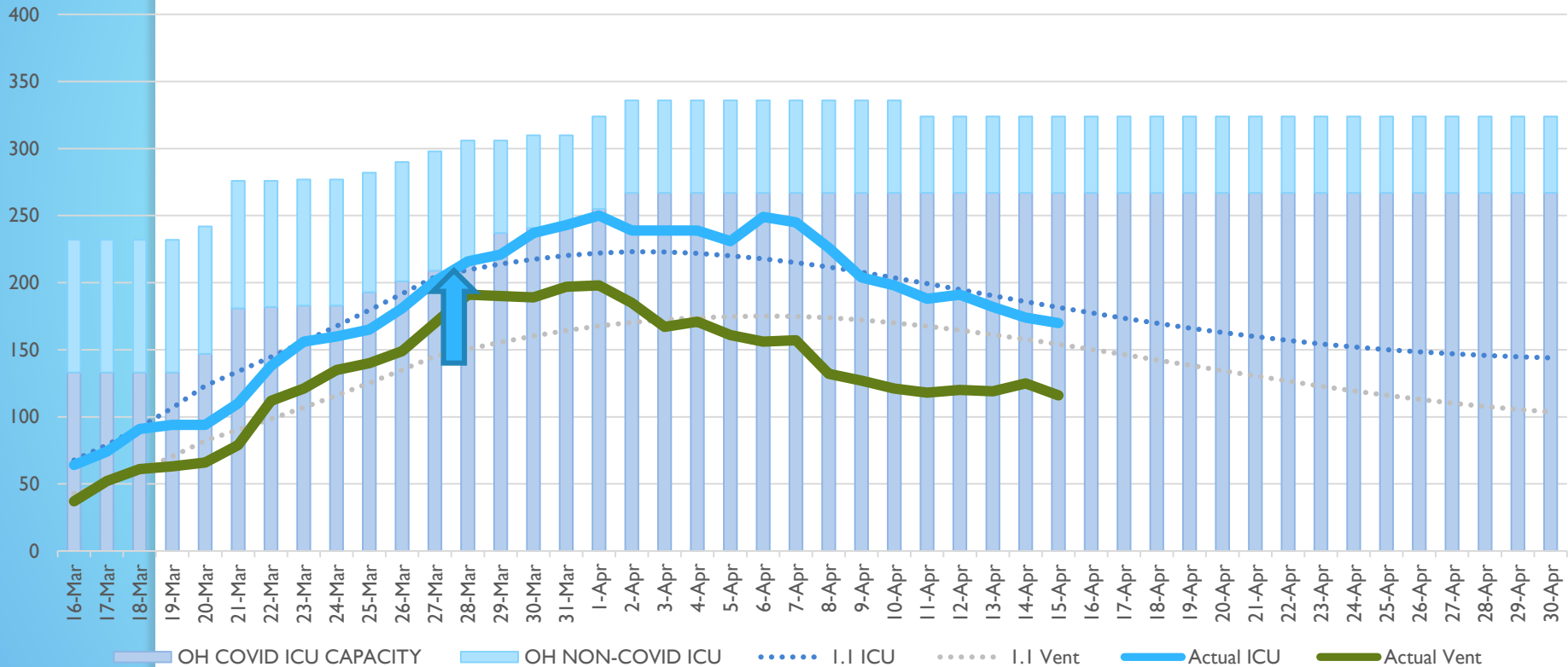
- Early recommendations from Europe were to intubate early to close circuit, protect healthcare workers
 - Significant complications from Mechanical Ventilation
 - Difficult to sedate
 - Paralytic requirement results in prolonged recovery
 - VILI Worsening lung compliance over time
- Non-invasive mechanical ventilation and high flow nasal cannula may decrease MV in COVID respiratory failure.
 - Non-intubated prone positioning 1,2
 - BiPAP and CPAP
 - HFNC (Comfort Flow) 3
 - *Accept permissive hypoxemia*

1) Elharrar et al JAMA May 15, 2020. doi 10.1001

2) Ding et al Crit Care 2020;24(1):28

3) Frat et al NEJM 2015;372(23):2185-96

Ochsner ICU and Intubated Patients Overtime



Management of COVID-19 ARDS

- Beware of false prophets
- *FLARE Fast Literature Assessment and Review*
- Low tidal volume 6cc/kg ventilation saves lives (NNT 11) 1
- Prone Positioning in ARDS (NNT 5.5) 2
 - 16 hours prone daily as long PaO₂/FIO₂ ratio less 150
- Conservative fluid management helps get patients off the ventilator earlier 3
- 66 COVID-19 intubated patients with 34 day f/u (4)
 - 62% extubated, median time on vent 16 days
 - 16.7% mortality

1) ARDSNetwork NEJM 2000;342:1301-8

2) NEJM 2013;368:2159-68

3) NEJM 2006;354:2564-75

4) AJRCCM April 29,2020

10.1164/rccm.202004-1163LE

Thrombotic Complications of COVID-19

- Hyper-coagulability
 - Disseminated Intravascular Coagulation
 - Thrombocytopenia (36%), Elevated D-Dimer (46%)
 - Increased deep vein thrombosis and pulmonary embolism
 - Frequent clotting of dialysis lines
- Anticoagulation
 - Treatment with LMWH may be associated with decrease mortality (elevated d-Dimer or +sepsis induced coagulopathy ≥ 4)
 - Our Protocol
 - LMWH DVT prophylaxis dose for all hospitalized patients
 - Intermediate intensity for all ICU patients
 - Low threshold to check for DVT/PE and fully anticoagulated



Discussion & Questions



RingCentral Meetings Group Chat

To: Ben Melano (Privately) More ▾

Type message here...

Participants (2)

W wsalcedo (Me)  

BM Ben Melano (Host)  

Mute Me Raise Hand





National Hispanic Medical Association

VIRTUAL BRIEFING SERIES

SESSION 1: THURSDAY, MAY 28, 2020

Managing Chronic Care Patients with COVID-19

7:00 PM - 8:00 PM Eastern Time

SESSION 2: WEDNESDAY, JUNE 24, 2020

COVID-19 and Latino Mental Health

7:00 PM - 8:00 PM Eastern Time

SESSION 3: WEDNESDAY, JULY 22, 2020

COVID-19 Impact on Health Care Delivery

7:00 PM - 8:00 PM Eastern Time

For more information & to register: <https://bit.ly/NHMACOVIDSeries>

