

Long-Term Care Facilities COVID-19 Advisory Group – Meeting Minutes

FEBRUARY 24, 2021
3:00PM-4:00PM

Review and approval of meeting minutes:

- Reviewed meeting minutes from last meeting – Approved and Seconded.

Presentation from DOH on WA Immunization Information System (WAIS):

Marisa Ortiz Robbins (DOH) shared IIS PPT and test system.

IIS is used by pharmacies, health plans, schools, etc. You have to have a health care provider as part of your organization that is authorized to provide care under WA law to access the system.

There are different types of access: view only, information sharing, etc.

Once the agreement is signed, DOH will set up the facility in the system. There is an IIS Helpdesk that can problem solve access issues and other questions.

Question: How long does it take to get approved to access the IIS? If the organization is already in the system, 1-2 days.

Test system was presented (not real data). Marisa showed views of individual records, record summaries, inventory, how to order vaccinations, transfer them to other facilities, and different reports that can be run out of the system.

One of the needs/issues of concern with this stakeholder group is that patients come in and out of facilities. There are requirements that they are offered the flu vaccination and now requirements to offer the COVID vaccination. Tracking this (who's had what vaccination and when) is important and necessary.

Question: Can nursing facilities, assisted living, adult family homes, etc be enrolled? Do they have to enroll one facility at a time?

Response: With COVID, the approved guidelines require each facility to enroll individually to be a COVID provider. It takes about 5 days for approval.

Comment: I don't think we want to be a COVID provider, we just want to know if the patients got the vaccination.

Per DOH: That's not as difficult. An organization can enroll and then add individual users for Read Only access to that organization in the system.

Question: Many providers use facility-based Electronic Health Record system (EHR) that isn't the traditional EHR. Can there be an interface to our EHR?

Response from DOH: Yes, the data exchange team at DOH can help with that. There is a fee for this and a contractor that contracts with DOH that connects the two (an EHR to the IIS).

Page 1 of 4

*Please note: Comments expressed by individual stakeholders within these minutes do not necessarily represent the views of the entire advisory group.

Marisa to share PowerPoint and Resources.

Here are resource links from Marisa's PowerPoint presentation:

Information on how to get access:

- www.doh.wa.gov/WAIIIS

IIS Help Desk:

- 1-800-325-5599
- WAIIISHelpDesk@doh.wa.gov

Training:

- <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/DataReportingandRetrieval/ImmunizationInformationSystem/IISTrainingMaterials>

Vaccination Update:

Still many discussions on 3rd and 4th clinics, new residents, new staff and what we are going to do in the future.

Still working on the Adult Family Home vaccinations. RCS did another round of calls to AFHs yesterday and today and are getting the list to Kathy Bay at DOH for tracking.

In the next week, RCS is getting the list of all AFHs to confirm we didn't miss anyone – make sure they are in process.

Many groups are doing vaccinations: pharmacies, mobile teams, fire districts, LHJs

1,400 AFHs in federal program. Of those 1,000 have had first clinic. RCS and DOH are working on the remaining 2,000 homes that are not in the federal program.

John is concerned about a conversation he had with the LHJ earlier and the organization of this. He sent an email to Kathy. It seems disorganized at the statewide and county/LHJ level based on that conversation.

Monoclonal antibodies (mAb therapy) discussion:

Biggest challenge is the payer source. Medicare service fee has to be infusion therapy or home health.

Another challenge is in Supported Living or AFH, monitoring after therapy.

Empress contracted with the Dept to start therapy in COVID nursing facilities.

If any facilities, especially nursing facilities want to participate, let RCS know because the Rapid Response Teams can do direct care while the nurses from the facility do the mAb therapy.

Outpatient options: ER could do outpatient clinics and return the patient to their facility.

Also discussed 1) Once infusion and observation is over, there is no further observation required so it lends itself well to infusion clinic. We are looking at having those done in the COVID unit and then the patient can go back home or be admitted to the NF COVID unit.

We are also looking at workflow – how can requests be made to get patients to Empress contracted building to get infusion done.

In other states, there is a dedicated email that is monitored by a pharmacist who takes them through their options.

Dr. von Preyss spoke to a colleague in TN whose facility has given 250 doses with zero mortality. They don't wait to give it. If the patient tests positive for COVID, they give the therapy.

Per DOH, there are 3,000 doses available in WA per month and they are not using them.

They should not be given to very sick patients.

In a Willapa WA home, 5 patients that were vaccinated tested positive for COVID. They did contact tracing back to a staff person. The patients are doing well and said the mAb therapy may not make a difference as they are doing so well.

Healthy WA Safe Start Plans:

Discussion scheduled for March 4 to talk about future plans. There are 16 individuals from different areas of expertise signed up to participate. If others would like to join, let Mike know.

Comment: We should schedule other meetings now versus waiting until March 4 to decide on future meetings. We used to call these "sprints" – projects on a fast track that needed several project meetings.

Comment: Data on protection afforded by the vaccine – if you are vaccinated and are exposed by an unvaccinated person, the risk to the vaccinated person is spreading the virus is zero or near zero.

We are hoping at the March 4th meeting that someone from the medical community can share some of this data. There was some interesting data from a LeadingAge National Call led by Dr. Monica Gandhi:

<https://soundcloud.com/user-801206844/monica-gandhi-md-brings-good-news-about-life-after-covid-19-vaccination>

<https://www.leadingage.org/leadingage-coronavirus-spotlights#Feb%2024>

Comment: We also need to recognize that there are whole facilities in WA that have zero COVID because of the vaccination so lets keep that in mind when we talk about reopening and what that looks like.

We aren't talking about throwing the doors open now or even in the near future but let's talk about what reopening looks like in the best circumstances and in the worst.

And let's do it by sector/facility type because their circumstances and status in the process may be different – their needs may be different.

Agenda for next meeting:

Follow up on today's agenda items.