

# PRACTICE LEARNING COMMUNITY

NOV 19, 2020

## Call Instructions:

### *Please*

- **Mute your phone, microphone, and speakers on your computer/device to prevent background noise**
- **Enter your name/organization in the chat box feature for attendance**
- **Submit questions via the chat box feature**
  - *Questions will be answered following the presentation*
  - *Time to ask questions via audio will be offered for those on the phone, \*6 to unmute your phone*

# PRACTICE LEARNING COMMUNITY

MONTHLY THE 3<sup>RD</sup> THURSDAY 12:00-1:00 PM

Aug 20	Social Needs
Sept 17	Telehealth
Oct 15	Policy
Nov 19	COVID 19
Dec 17	E&M in 2021
Jan 21	Providing Value

[Registration Link](#)

**Recordings and Slides:**  
<https://www.practiceinnovationco.org/isp/for-practices/>

# How Can Primary Care Partner with Public Health?

Lindsey Martin Webb, MPH | 19 November 2020





# How can primary care partner with public health?

## By...

- Signing up for HANs to receive new information from CDPHE
- Testing anyone who is symptomatic and understanding the various testing options
- Providing patients with appropriate guidance regarding isolation and quarantine
- Supporting public health case investigation and contact tracing
- Encouraging use of the Exposure Notifications app
- Encouraging mask use for everyone over 2 years old
- Being familiar with school guidance and Return to Learn information
- Following isolation/quarantine guidance if ***you (or your staff)*** have symptoms, test positive, or are exposed to COVID-19
- Promoting flu shots and routine vaccinations - even non-COVID illnesses are disruptive



# Isolation and Quarantine



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# Isolation

- Isolation is for people who:
  - Have a positive COVID-19 test
  - Have symptoms of COVID-19: [cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)
  - Are getting ill, even with mild symptoms, and think they might have COVID-19
- Isolation:
  - Separates sick people with a contagious disease from people who are not sick
  - Is for people who are already sick
  - Can be voluntary, but public health agencies have legal authority to issue isolation orders to sick people
- How long does it last? You should be in isolation (stay away from others) until:
  - You have had no fever for at least 24 hours (without using medicine that reduces fevers), **AND**
  - Other symptoms have improved (e.g., when cough or shortness of breath have improved), **AND**
  - At least 10 days have passed since symptoms first appeared (or positive test date, if asymptomatic)
    - Health care workers, people with severe illness, or people who are immunocompromised may require longer isolation periods.
  - We do not recommend testing out of isolation



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# Quarantine

- Quarantine is for people who **have had contact** with someone who:
  - Has had a positive COVID-19 test
  - Has symptoms of COVID-19: [cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)
  - Is getting ill, even with mild symptoms, and thinks they might have COVID-19
- Quarantine:
  - Separates people and restricts their movement after exposure to prevent exposing others -- people with COVID-19 can be contagious even without having symptoms
  - Is for people who are not sick, but who may have been in close contact with someone who is sick
  - Can be voluntary, but public health agencies have legal authority to issue quarantine orders to people who were exposed to a contagious disease
- How long does it last? You should be in quarantine (stay away from others) until:
  - 14 days after your last possible exposure - if there is ongoing exposure to someone with COVID-19 (e.g., a household member you are caring for), you must quarantine for their entire isolation period + 14 days
  - If you get sick, get tested and follow isolation instructions
  - There is no way to end quarantine early. ***You cannot test out of quarantine.***



# Isolation

## WHO:

People with confirmed *or suspected* COVID-19

## WHY:

To keep a person known or suspected to have COVID-19 from infecting others

## WHERE:

Away from others - at home, in a healthcare facility, or in a designated isolation location

## HOW LONG:

For at least\* 10 days, where the date of symptom onset (or test date for an asymptomatic person) is Day 0, **AND** the person has been fever-free without fever-reducing medications for at least 24 hours, **AND** other symptoms are improving

**\*Health care workers, people with severe illness, or people who are immunocompromised may require longer isolation periods.**

# Quarantine

## WHO:

People who may have been exposed to COVID-19

## WHY:

To keep a person who was exposed to COVID-19 and may be asymptomatic or presymptomatic from infecting others

## WHERE:

Away from others - at home or in a designated quarantine location

## HOW LONG:

For 14 days, where the last possible date of exposure\* is Day 0\*\*

**\*For people exposed by a household member, quarantine ends 14 days after the last date of isolation for all hh members.**

**\*\*Under NO circumstances is it possible to test out of quarantine.**



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# Case Investigation and Contact Tracing



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# Case Investigation and Contact Tracing in Colorado

- Conducting CI/CT is a responsibility of public health
- Decentralized public health system in CO
- CI/CT is routinely conducted for reportable communicable diseases
- LPHAs conduct most routine case investigations
- Data is centrally housed and supported by CDPHE
- CDPHE epidemiologists are available for programmatic support and technical assistance



# Routine CI/CT Process

- Case is reported to public health
- Record is created in database
- Case is shared with LPHA for county of residence
- Case is assigned to investigator
- Investigator conducts an interview - collect clinical, demographic, exposure info; provides isolation info
- Investigator notifies exposed contacts; provides quarantine info



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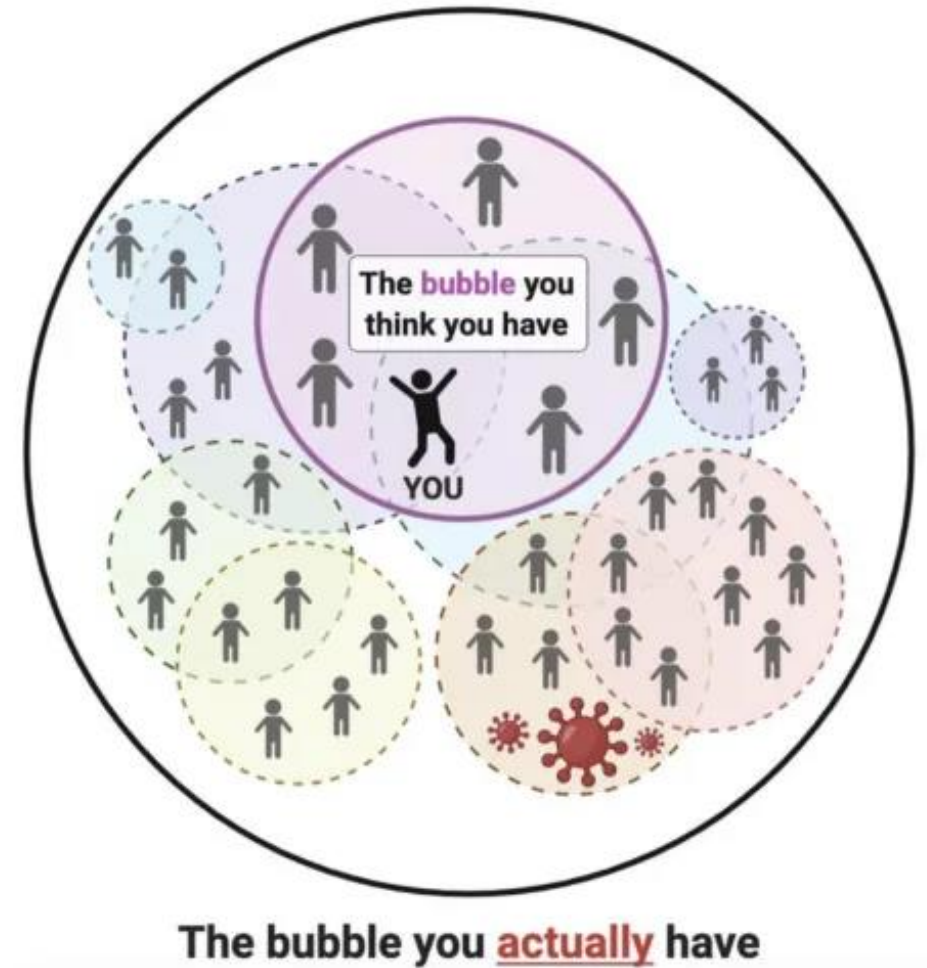
# What is the role of primary care?

- Case Reporting
  - Know the requirements for each disease, provide complete information
  - <https://www.colorado.gov/pacific/cdphe/report-a-disease>
- Outbreak Identification
  - Notify public health of suspected outbreaks
  - <https://covid19.colorado.gov/workplace-outbreak-guidance>
- Isolation and Quarantine Guidance
  - Provide up-to-date guidance to patients without waiting for test results
    - Sometimes, the only I/Q guidance patients receive will come from providers!
  - <https://covid19.colorado.gov/covid-19-in-colorado/about-covid-19/isolation-and-quarantine>
- Prepare patients for public health follow-up
  - <https://covid19.colorado.gov/prevent-the-spread-of-covid-19/contact-tracing>



# What have we learned through CI/CT?

- No new magic solution to COVID-19 containment
- Social distancing and masking remain critically important
- High risk environments:
  - Household contacts
  - Group gatherings
  - Crowded settings
- Individual actions can have huge impacts





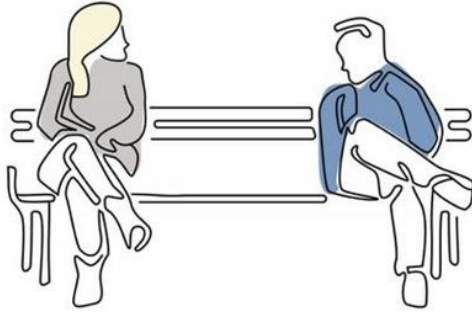
# Exposure Notifications



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# How do Exposure Notifications work?

Alice and Bob meet each other for the first time and have a 10-minute conversation.

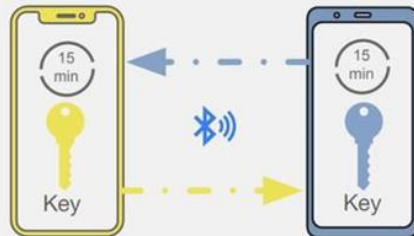


Bob is positively diagnosed for COVID-19 and enters the test result in an app from a public health authority.



A few days later...

Their phones exchange anonymous identifier beacons (which change frequently).



With Bob's consent, his phone uploads the last 14 days of keys for his broadcast beacons to the cloud.

Apps can only get more information via user consent



Apple | Google



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# How do Exposure Notifications work?

Alice continues her day unaware she had been near a potentially contagious person.

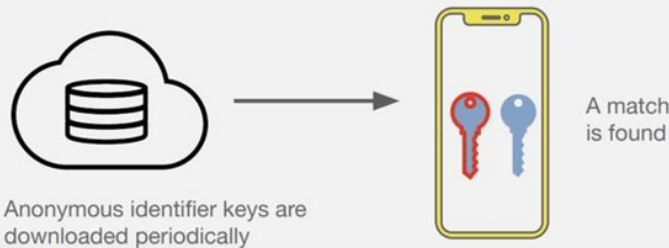


Alice sees a notification on her phone.



Sometime later...

Alice's phone periodically downloads the broadcast beacon keys of everyone who has tested positive for COVID-19 in her region. A match is found with the Bob's anonymous identifier beacons.



Alice's phone receives a notification with information about what to do next.



Additional information is provided by the health authority app or website



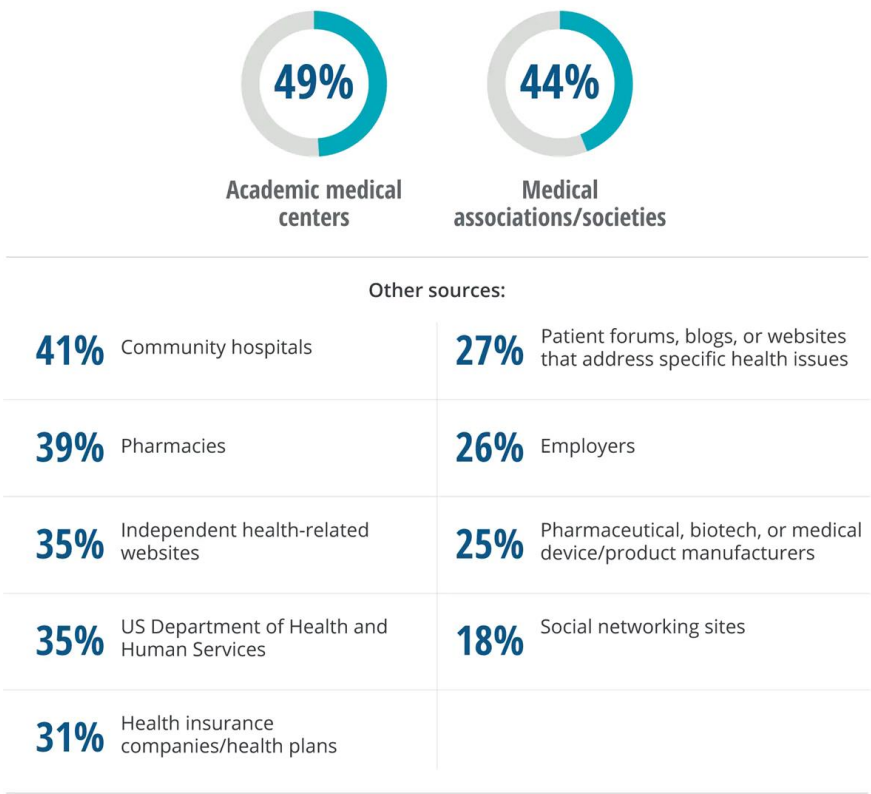
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# How can primary care providers participate?

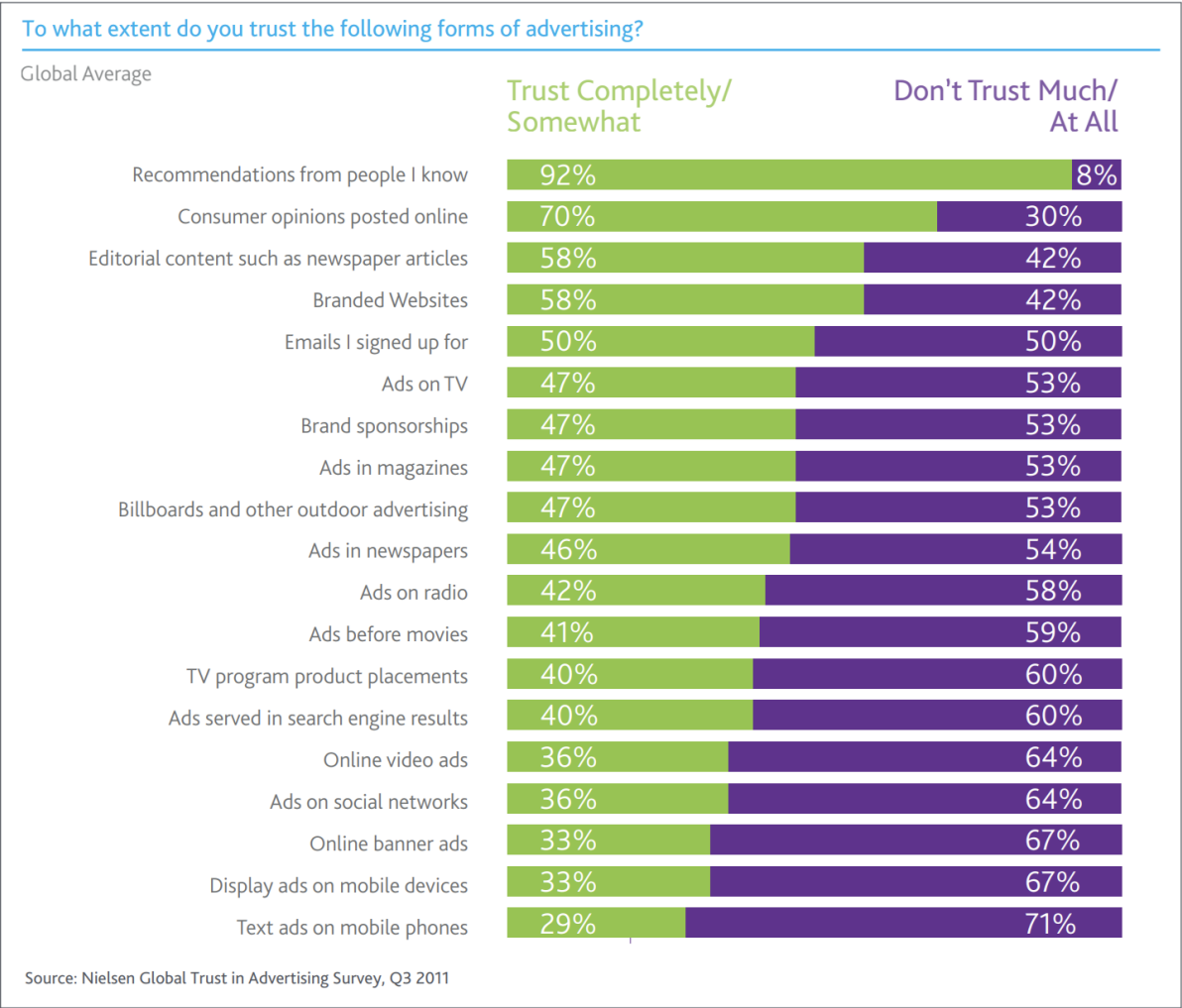
FIGURE 6

**Hospitals and medical societies top the list as trusted sources of reliable information on effective/safe treatments**

Survey question: If you wanted information about the most effective and safe treatment(s) for a certain health condition, how much trust would you have in the following sources to provide reliable information?\*

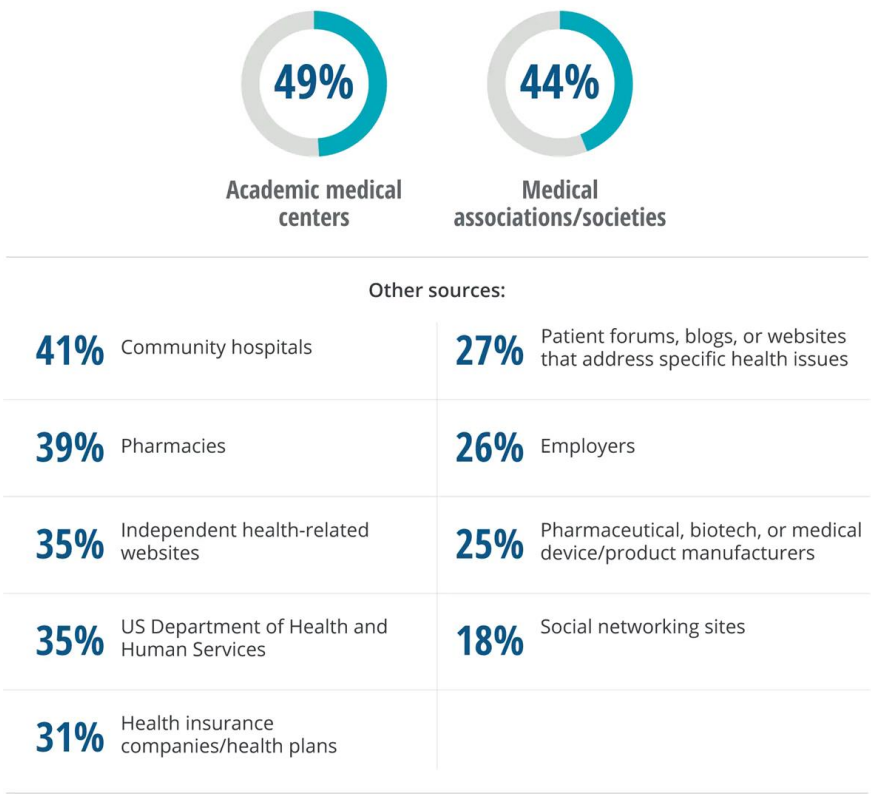


\*Chart shows percentage of respondents who answered 8, 9, or 10 on a 10-point scale, where 1 is “no trust” and 10 is “complete trust.”  
Source: Deloitte 2018 Survey of US Health Care Consumers.



# How can primary care providers participate?

FIGURE 6  
**Hospitals and medical societies top the list as trusted sources of reliable information on effective/safe treatments**  
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\*Chart shows percentage of respondents who answered 8, 9, or 10 on a 10-point scale, where 1 is “no trust” and 10 is “complete trust.”  
Source: Deloitte 2018 Survey of US Health Care Consumers.

- Healthcare providers are a trusted source of information
- Educate yourself by visiting [covid19.colorado.gov/Exposure-notifications](https://covid19.colorado.gov/Exposure-notifications)
- The Exposure Notification system only works if it’s *already enabled* when someone is exposed or is potentially exposing others
- Encourage patients to turn on the Exposure Notification system *before* becoming symptomatic or testing positive
- Encourage patients who have the system turned on to participate in the public health process and to upload their diagnosis code when they receive it from public health



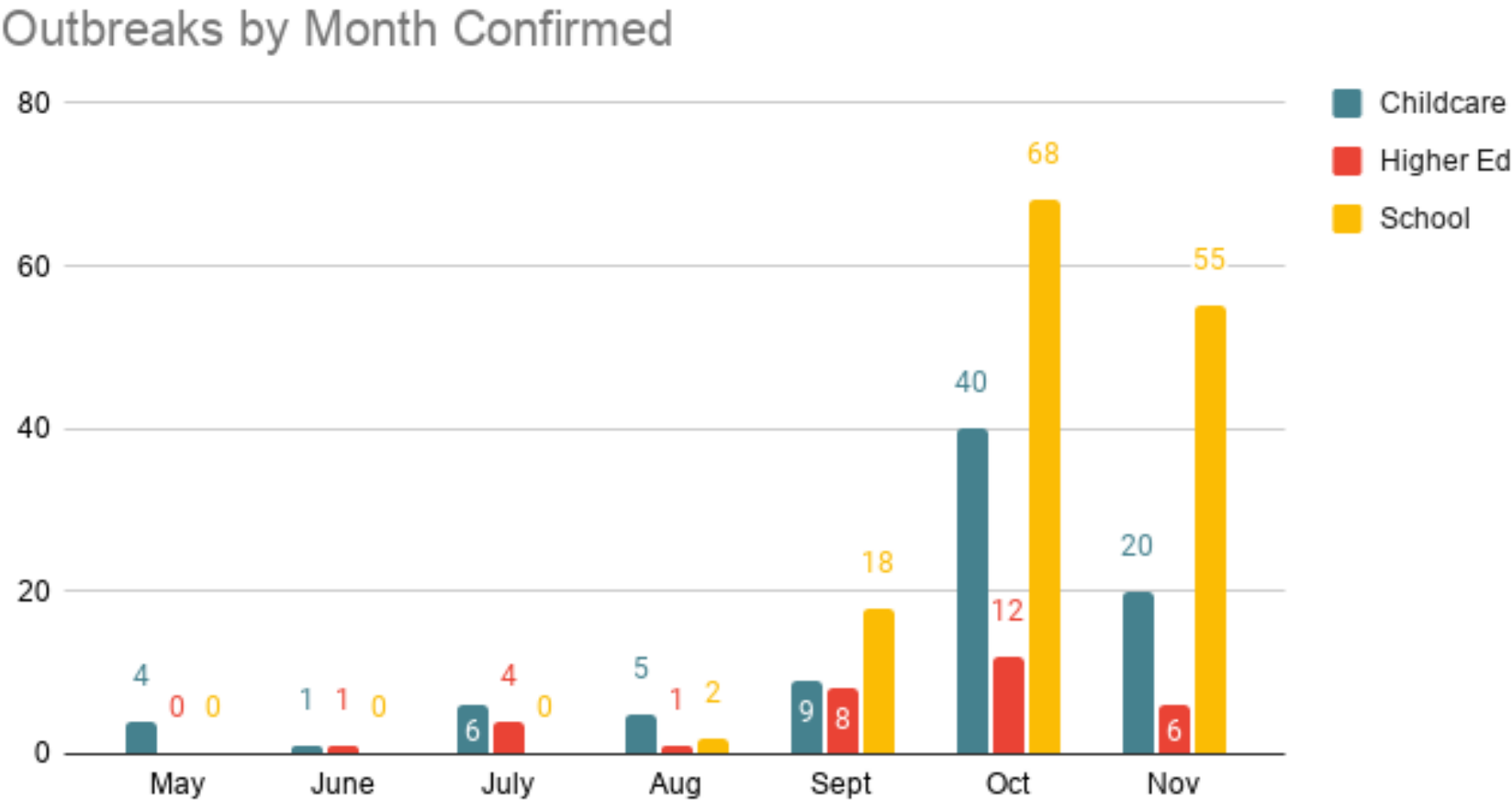


# School Guidance



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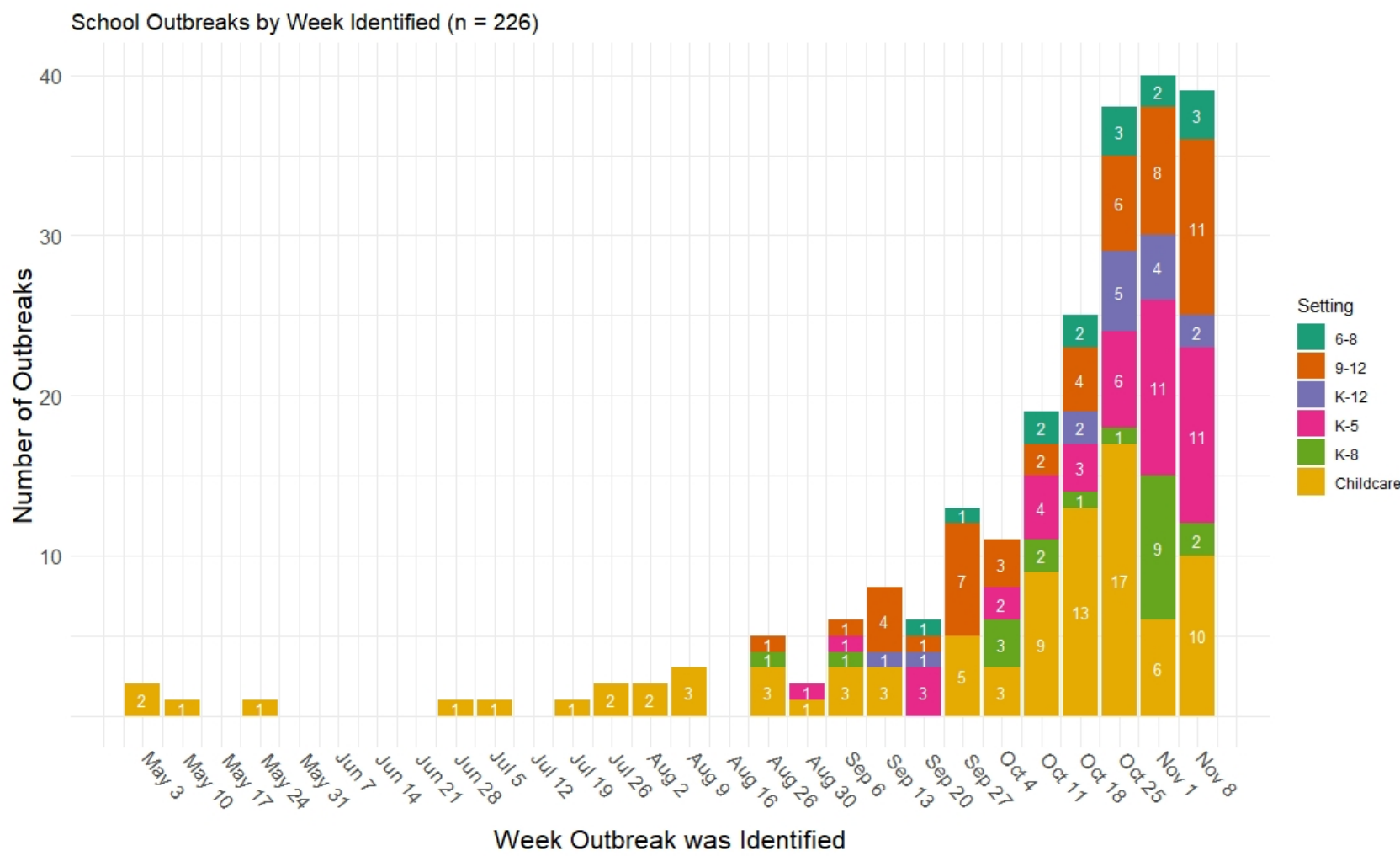
# COVID-19 Outbreaks in Colorado Schools



\*Data as of 11/12/2020



# COVID-19 Outbreaks in Colorado Schools

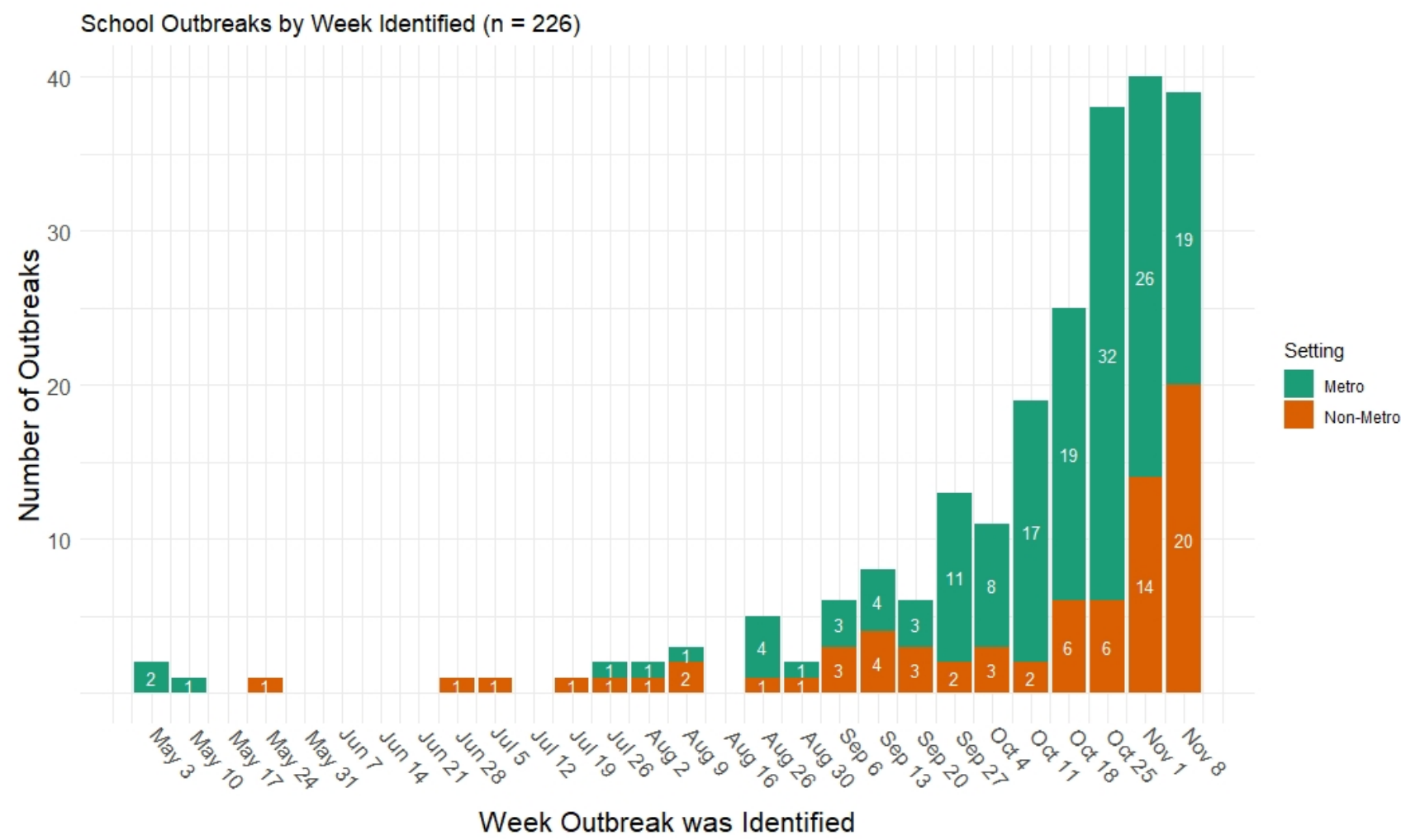


\*Data as of 11/12/2020



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# COVID-19 Outbreaks in Colorado Schools



\*Data as of 11/12/2020



## On This Page

### [Definitions](#)

#### [Defining COVID-19 outbreaks in schools](#)

##### [Confirmed outbreak definition](#)

##### [Suspected outbreak definition](#)

#### [Tools to determine who needs to be home from school](#)

1. [“At-home COVID-19 symptom screening tool for parents and staff.”](#) A home checklist for parents and staff.
2. [“Child/staff feels/appears unwell after arriving at school.”](#) A screening tool to determine who needs to be sent home from school.
3. [“Return to learn: guidance following a positive symptom screen for COVID-19.”](#) A tool to determine how long a person needs to stay home after staying/going home sick.
4. [“What happens to the contacts?”](#) A tool to determine if classmates or cohort members or close contacts of a sick person need to stay home.
5. [“Who is a close contact?”](#) A tool to determine who is a close contact in schools meeting specific criteria for disease prevalence, administrative capacity, and transmission risk mitigation strategies. This tool is not to be used in schools that are using small cohorts of students and staff where the same group of students and staff limit their exposures by staying together for more than one class period.

### [Responding to COVID-19 outbreaks in schools](#)

#### [Criteria for closures](#)

#### [Notification letter templates](#)

#### [Considerations for...](#)

##### [Siblings](#)

##### [COVID-19 testing in schools](#)

##### [Concurrent respiratory infections](#)

#### [School surveillance for COVID-19 and outbreak reporting for schools and child care providers](#)

##### [School surveillance](#)

#### [Case and outbreak reporting for schools and child care providers](#)

#### [Helpful links](#)

#### [Frequently Asked Questions](#)

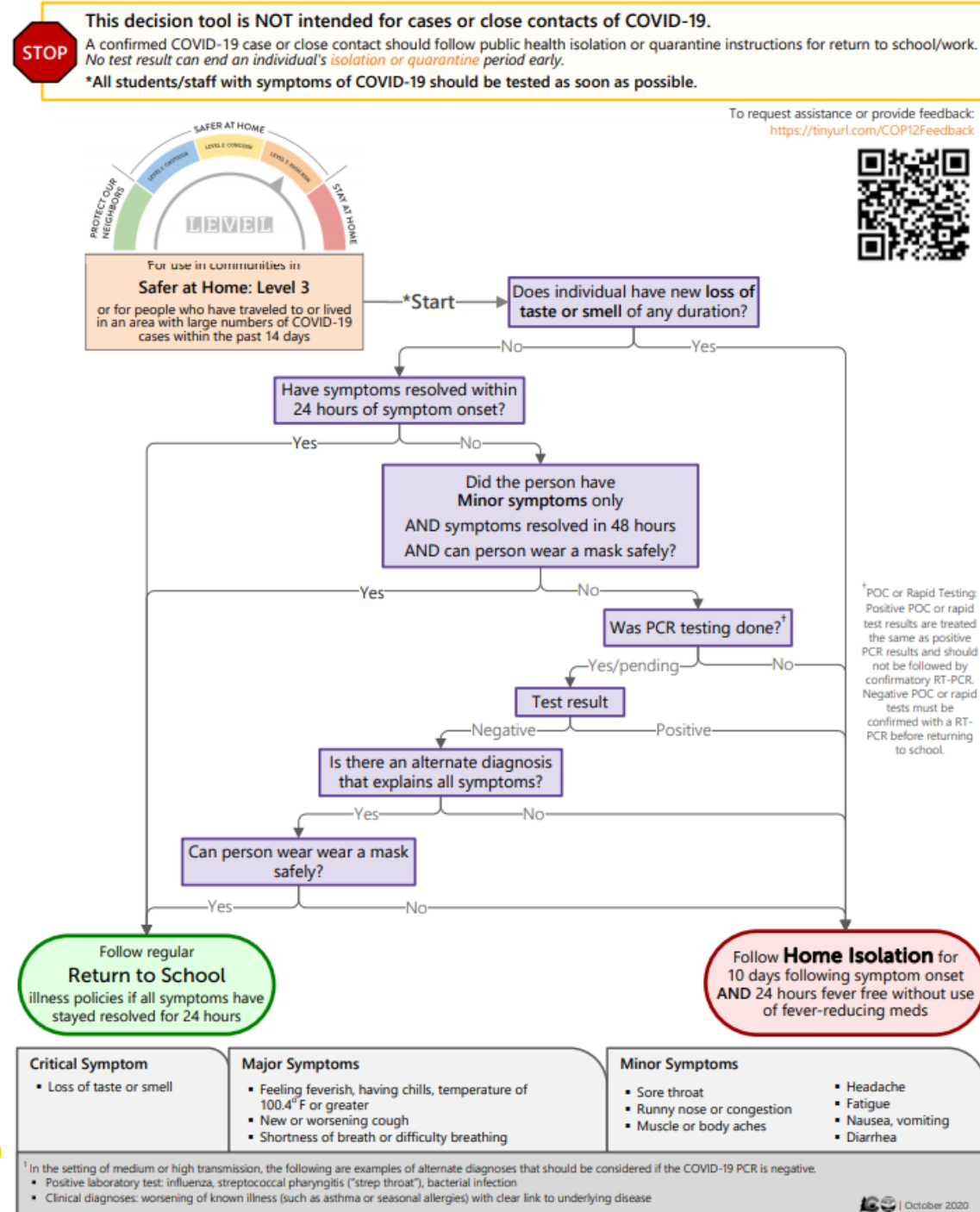
#### [Appendix](#)





# Return to Learn

- Return to Learn Guidance for each Dial Level:  
<https://drive.google.com/file/d/1rBdLkPppzWDRFQOHmetvRcwollDOageq/view>
- Return to School Note for Healthcare Providers:  
<https://drive.google.com/file/d/1MRhnK4JJGI5-ZpDfM9mHCvfvxc-ZKB15/view>



# CO-HAN: Health Alert Network



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# CO-HAN

- Colorado's Health Alert Network provides actionable information for healthcare providers
- Sign up by visiting <https://conotification.state.co.us/>
- Encourage your colleagues to sign up!

HEALTH ALERT NETWORK BROADCAST  
MESSAGE ID: 11052020 09:45  
FROM: CO-CDPHE  
SUBJECT: HAN Update - COVID-19  
RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians / Coroners  
RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers  
This information is for the public health and health care community. Do not post this document on a public web or social media site

## HEALTH UPDATE | COVID-19 | Nov. 5, 2020

Health care providers: Please distribute widely in your office

### Key points

- As additional tests become available in Colorado, choosing and interpreting tests for SARS-CoV-2 (the virus that causes COVID-19) correctly can be challenging. Recommendations on the use and interpretation of different testing modalities can be found below.
- CDC has officially clarified that in the definition of a close contact, the 15 minutes is **cumulative within 24 hours**:  
<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html>
- CDPHE continues to recommend testing asymptomatic contacts of COVID-19 cases at approximately seven days after their exposure. Symptomatic contacts should be tested at the onset of symptoms.
- CDPHE has released guidance on ventilation, which can be found at:  
<https://drive.google.com/file/d/1oNUhQx2CCwSsMrbSkIOreAN1Yjp62sYd/view>
- CDPHE has released new guidance on critical workers, which can be found at:  
<https://drive.google.com/file/d/1mo8ThFri69P1Y4XEDGYoPjJTvvxrAILL/view>
- When testing a patient suspected to have COVID-19 or who has been exposed to someone with COVID-19, providers should consider offering patients information on the Healthy Family and Workplaces Act of 2020. This act requires employers to provide paid leave to an employee under certain conditions including having symptoms and seeking a medical diagnosis, isolation, quarantine, or caring for someone under isolation or quarantine: <https://cdle.colorado.gov/interpretive-notice-formal-opinions-infos> (see INFO #6A)
- FDA has new guidance on giving instructions to patients who are self-collecting nasal swabs, citing concerns for lower sensitivity in specimens collected without proper instructions:  
<https://www.fda.gov/medical-devices/letters-health-care-providers/recommendations-providing-clear-instr>



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# Testing Information from 11-5-2020 HAN

PCR testing			
Test characteristics	Appropriate use	Need for confirmatory testing	Considerations for Serial Testing
Generally high sensitivity and specificity. Comparative data now available at: <a href="https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-reference-panel-comparative-data">https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-reference-panel-comparative-data</a>	Most laboratory-based PCR tests are appropriate for use in symptomatic and asymptomatic individuals.	Not needed for positive or negative results. Inconclusive tests should be recollected as soon as results are received and treated as presumptively positive while pending.	Gold standard. Most appropriate tool for cohorting in residential facilities and other congregate settings.
PCR testing: Curative SARS-Cov-2 Assay with Buccal Swab ("Oral fluid swab")			
Test characteristics	Appropriate use	Need for confirmatory testing	Considerations for Serial Testing
When used according to EUA, can be considered similar to quantitative PCR tests.	Current EUA is for symptomatic individuals within 14 days of symptom onset. However, preliminary data on use in asymptomatic individuals suggest it may perform well in this population. Kit swab can be used as a nasal swab or for oral fluid specimen collection. <b>Must be directly observed and directed by a trained healthcare worker.</b>	Not needed for positive or negative results. Invalid test results should be recollected.	Appropriate for serial testing when individuals are tested at least once per week. May be used for cohorting in residential facilities and other congregate settings.



# Testing Information from 11-5-2020 HAN

Non-PCR Molecular Point of Care (POC) testing: Abbott ID NOW			
Test characteristics	Appropriate use	Need for confirmatory testing	Considerations for Serial Testing
Generally lower sensitivity than PCR tests but good specificity (unlikely false positives).	The updated Abbott ID NOW EUA specifies that it is only appropriate for use in <b>symptomatic</b> individuals within seven days of symptom onset. Tests should be performed using direct swab <b>without</b> viral transport media.	Not needed when used on symptomatic individuals within seven days of symptom onset. New data on use of the test with direct swabs, without viral transport media, demonstrate improved sensitivity.	May be used for serial testing in lower-risk populations when individuals are tested at least once per week. This testing platform is <b>not</b> recommended for cohorting purposes in residential facilities or other congregate settings.
Antigen Point of Care (POC) Testing			
Test characteristics	Appropriate use	Need for confirmatory testing	Considerations for Serial Testing
Lower sensitivity than other testing platforms. Ongoing questions about specificity (potential for false positives with certain tests or if handled incorrectly). CDPHE Antigen FAQ: <a href="https://drive.google.com/file/d/1aHWxauGCNPoRwF6vmpJohQdaCKzHvAuD/view">https://drive.google.com/file/d/1aHWxauGCNPoRwF6vmpJohQdaCKzHvAuD/view</a>  FDA Letter to Providers regarding false positive risk: <a href="https://www.fda.gov/medical-devices/letters-health-care-providers/potential-false-positive-results-antigen-tests-rapid-detection-sars-cov-2-letter-clinical-laboratory">https://www.fda.gov/medical-devices/letters-health-care-providers/potential-false-positive-results-antigen-tests-rapid-detection-sars-cov-2-letter-clinical-laboratory</a>	<b>Community: only appropriate</b> for use in <b>symptomatic</b> individuals within the timeframe indicated by the test's EUA (usually within five days of symptom onset) unless they are part of a serial testing program.  <b>Residential facilities*:</b> may be used as part of a serial screening program for residents and staff as indicated by CMS and CDC guidance. However, this testing platform is not currently recommended for making cohorting decisions given the ongoing questions about test characteristics.	<b>Community members not part of a serial testing program:</b> the need for confirmatory testing of <b>negative</b> results depends on pre-test probability ( <b>see table below**</b> ); all positive antigen tests will be classified as probable cases regardless of any additional negative results.  <b>Residential facilities*:</b> per CDC algorithm ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf</a> ) However, all results should be confirmed prior to any cohorting decisions.	EUA is for symptomatic individuals, but may be used for serial testing when individuals are tested at least once per week.  Due to ongoing questions about test characteristics, antigen test results should not be used for cohorting purposes in residential facilities and other congregate settings. As additional information about test performance becomes available, this recommendation may change.



# Testing Information from 11-5-2020 HAN

Serology (antibody) testing			
Test characteristics	Appropriate use	Need for confirmatory testing	Considerations for Serial Testing
Extremely variable test characteristics based on specific tests. More information at: <a href="https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medicinal-devices/eua-authorize-serology-test-performance">https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medicinal-devices/eua-authorize-serology-test-performance</a>	CDC Guidance: <a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests-guidelines.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests-guidelines.html</a> Antibody tests can tell you whether you <b>might</b> have had COVID-19.	Antibody testing cannot rule-in or rule-out active COVID-19 infection.  Additional testing such as PCR should be performed if trying to diagnose current infection and should be	Not recommended.

COLORADO HEALTH ALERT NETWORK MESSAGE

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<a href="https://www.fda.gov/medical-devices/eua-authorize-serology-test-performance">dical-devices/eua-authorize-serology-test-performance</a> Test performance varies considerably based on a person's likelihood of having had COVID-19, which is primarily based on community prevalence.	Antibody tests cannot be used to determine <b>when</b> a person had COVID-19, <b>if a person is currently infectious</b> , or <b>if they are immune</b> to COVID-19. Antibody testing is helpful for the diagnosis of Multisystem Inflammatory Syndrome in Children (MISC)	considered for those with antibody results suggestive of recent infection (e.g. high IgM to IgG ratio).	
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# We are asking for your help!



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# We are asking for your help to contain COVID-19!

 Provide patients with appropriate guidance regarding isolation & quarantine:

→ [covid19.colorado.gov/isolation-and-quarantine](https://covid19.colorado.gov/isolation-and-quarantine)

 Encourage use of Exposure Notifications:

→ [covid19.colorado.gov/Exposure-notifications](https://covid19.colorado.gov/Exposure-notifications)  
→ [www.addyourphone.com/](https://www.addyourphone.com/)

 Sign up for HANs to receive new & actionable information from CDPHE\*:

→ [conotification.state.co.us/](https://conotification.state.co.us/)

\*Some local public health agencies also issue HANs. Find your LPHA here:  
[www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency](https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency)

 Follow isolation/quarantine guidance if you have symptoms, test positive, or are exposed:

→ <https://drive.google.com/file/d/1mo8ThFri69P1Y4XEDGYoPjJTvvxrAILL/view>

 Support public health case investigation and contact tracing:

→ [covid19.colorado.gov/prevent-the-spread-of-covid-19/contact-tracing](https://covid19.colorado.gov/prevent-the-spread-of-covid-19/contact-tracing)

 Encourage masks for people >2 years old:

→ [covid19.colorado.gov/mask-guidance](https://covid19.colorado.gov/mask-guidance)  
→ [www.aappublications.org/news/2020/08/13/covid19facecoverings081320](https://www.aappublications.org/news/2020/08/13/covid19facecoverings081320)

 Test anyone who is symptomatic:

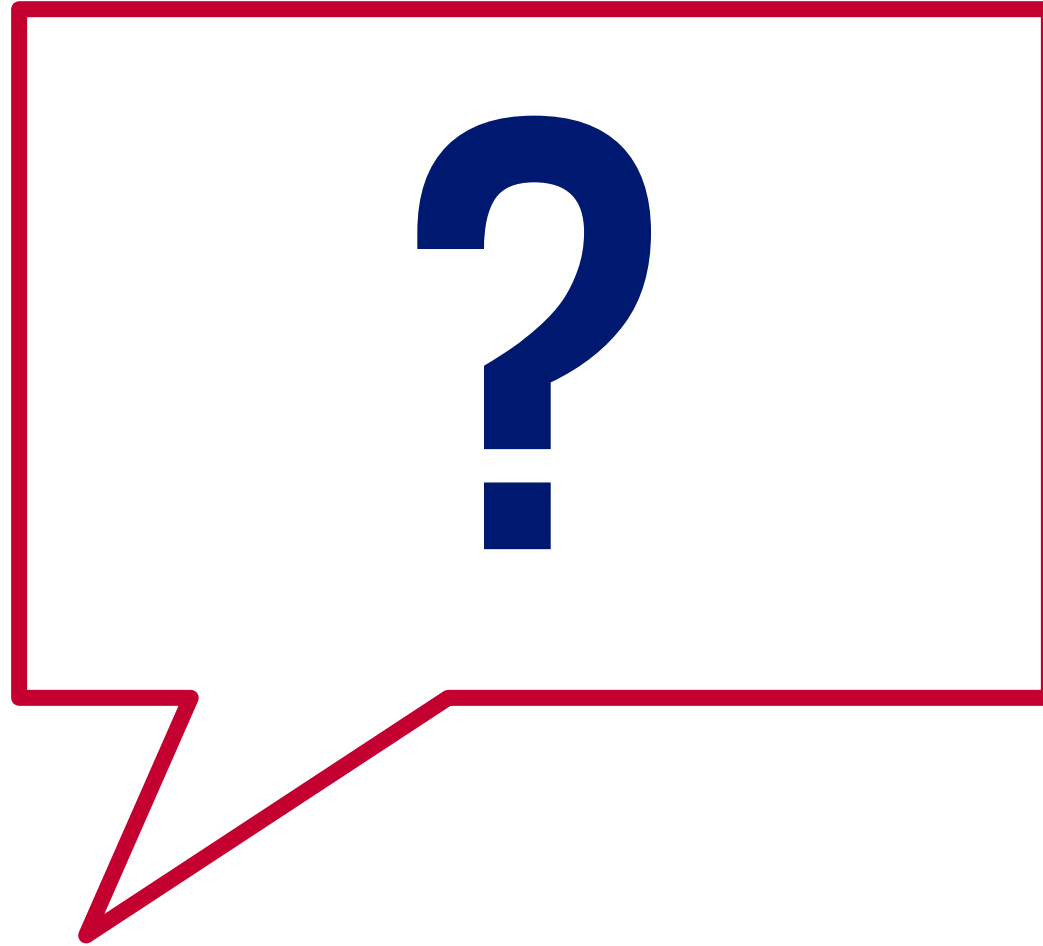
→ [covid19.colorado.gov/testing](https://covid19.colorado.gov/testing)

 Be familiar with school guidance and Return to Learn information:

→ <https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools>



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and Outbreak Program Manager**

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# Resources

- Practice Innovation Program Colorado;  
<http://www.practiceinnovationco.org/>
- eLearning; <https://cuelearning.org/>
- Events: <http://www.practiceinnovationco.org/events/>
- Facilitating Alcohol Referral & Treatment (FAST);  
<https://www.practiceinnovationco.org/alcohol/>
- Innovation Support Project (ISP);  
<https://www.practiceinnovationco.org/isp/>
- Opioid Management; <https://www.practiceinnovationco.org/opioids/>
- PIPCO: Coronavirus Resources;  
<https://www.practiceinnovationco.org/covid-19/>

# University Practice Innovation Team Contact Information

**Practice Transformation** – [Stephanie.Kirchner@ucdenver.edu](mailto:Stephanie.Kirchner@ucdenver.edu)

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**SPLIT** – [Help Desk](#)